



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 June 2025				
Title of report	Domestic Abuse in Shropshire				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)		Information only (No recommendations)
Reporting Officer & email	Wendy Bulman, Domestic Abuse Strategic Lead, Shropshire Council Wendy.bulman@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X	
	Mental Health	X	Improving Population Health	X	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X	
	Workforce	X	Reduce inequalities (see below)	X	
What inequalities does this report address?	Mental Health Disparities, Gender Based Inequality Access to Support Services, Systemic and Structural Inequalities Workforce and Training Gaps				

Report content -

1. Executive Summary

This report presents key findings from the Shropshire Domestic Abuse Needs Assessment (2022–2024), with a focus on the role of the Health and Wellbeing Board in addressing domestic abuse. The data underscores the widespread prevalence of domestic abuse across the county and highlights the urgent need for coordinated, health-informed responses.

2. Recommendations

The Board are asked to note these recommendations and to task the Domestic Abuse leads from across the Health Partnership/Workforce to come to the Domestic Abuse Local Partnership Board to collaborate. The aim will be to strengthen the local response to domestic abuse and reduce its long-term impact on individuals and services.

3. Report

Key insights include:

- Mental health issues were the most common disability among victims and survivors.
- **114** suspected suicides occurred in the context of domestic abuse between 2020–2022, with 85% of those who died being **women**.
- Survivors consistently called for **improved mental health support**, tailored services, and better awareness among professionals.

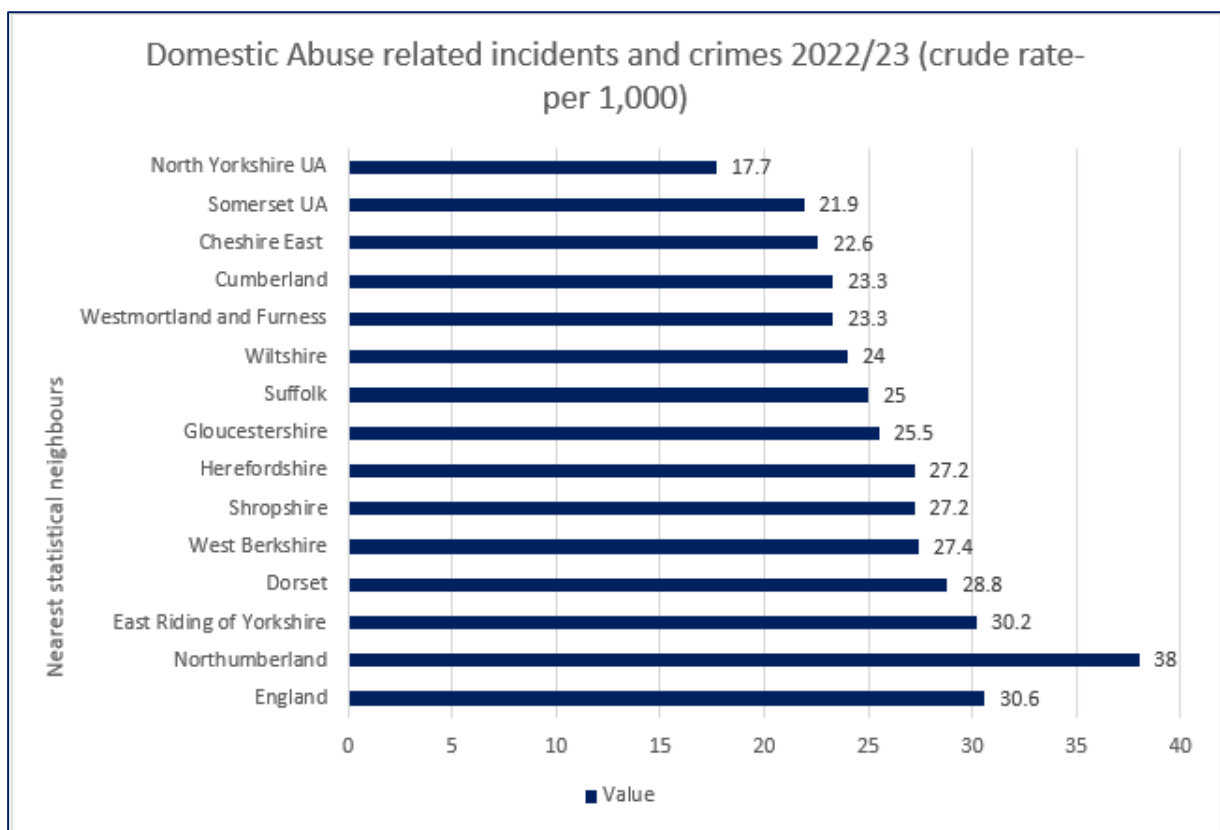
It also presents the Crossing Pathways project and IRISi interventions as mentioned in the DA Act 2021 statutory guidance.

Cost Benefits identified as:

- The estimated annual cost of domestic abuse to Shropshire's health services is **£11.13 million**.
- National research shows that every **£1 invested** in specialist domestic abuse services could yield a **£9 return** in public sector savings.
- Crossing Pathways Project cost-benefit estimates for every **£1 invested in health services**, a saving of **£50** could be achieved.(Appendix 1)

Prevalence, reporting, and referrals

The chart below displays the rates of domestic abuse related incidents and crimes recorded in 2022/23 for Shropshire and nearest statistical neighbours that have a similar demographic and/or geographic profile to Shropshire, (OHID Fingertips 2024).



For Shropshire, this rate was 27.2 incidents per 1,000 people. This rate is joint 5th highest out of 14 statistical neighbour local areas (range 17.7 per 1,000 to 38 per 1,000) but is observationally lower than the England average rate of 30.6 domestic abuse related incidents and crimes per 1000 over the same period.

Across West Mercia, all 4 local authority areas shared the rate of 27.2, which across the West Midlands was comparatively low with the norm being 41.0 incidents per 1,000 people.

Our **needs assessment** were provided with the following relevant health services information, noting that data was unable to be provided by: SARC (Sexual Assault Referral Centre) – The Glade, because they transferred from G4S to Mountain Healthcare from the 1st of May 2024, and as a result they did not have access to any figures/data for 2022/23 and 2023/24.

Disclosures, reporting or referrals for adult victims/survivors 2022-2024	
• Midlands Partnership Foundation Trust (MPFT)	: 19
• Shrewsbury and Telford Hospital NHS Trust (SaTH)	: 197
• SaTH Maternity	: 47
• West Mercia Women's Aid Hospital IDVA (WMWA)	: 142
• Shropshire Recovery Partnership (SRP)	: 778
• Adult social care (records open with DA recorded)	: 500

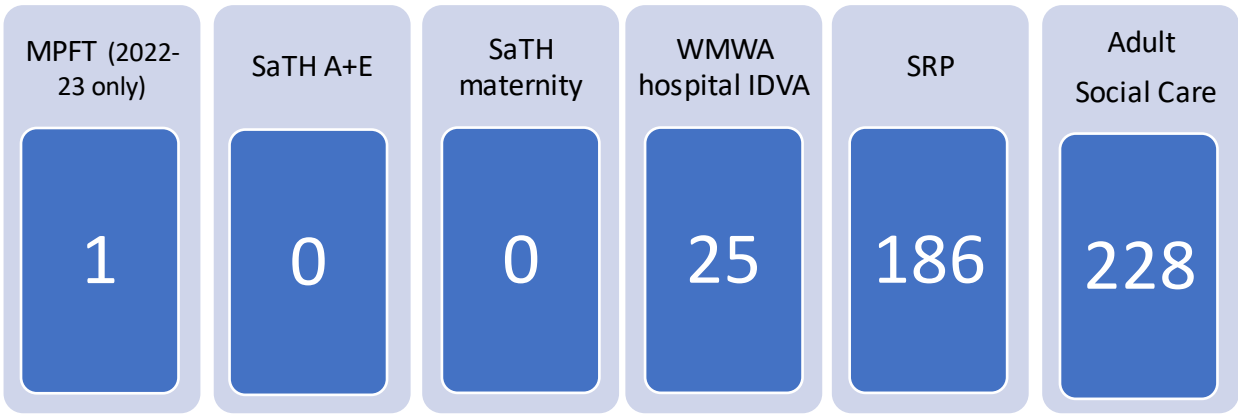
In terms of repeat referrals we found 27.5% of the Hospital IDVA referrals were repeats.

A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on victims at the highest risk of serious harm or murder due to domestic abuse.

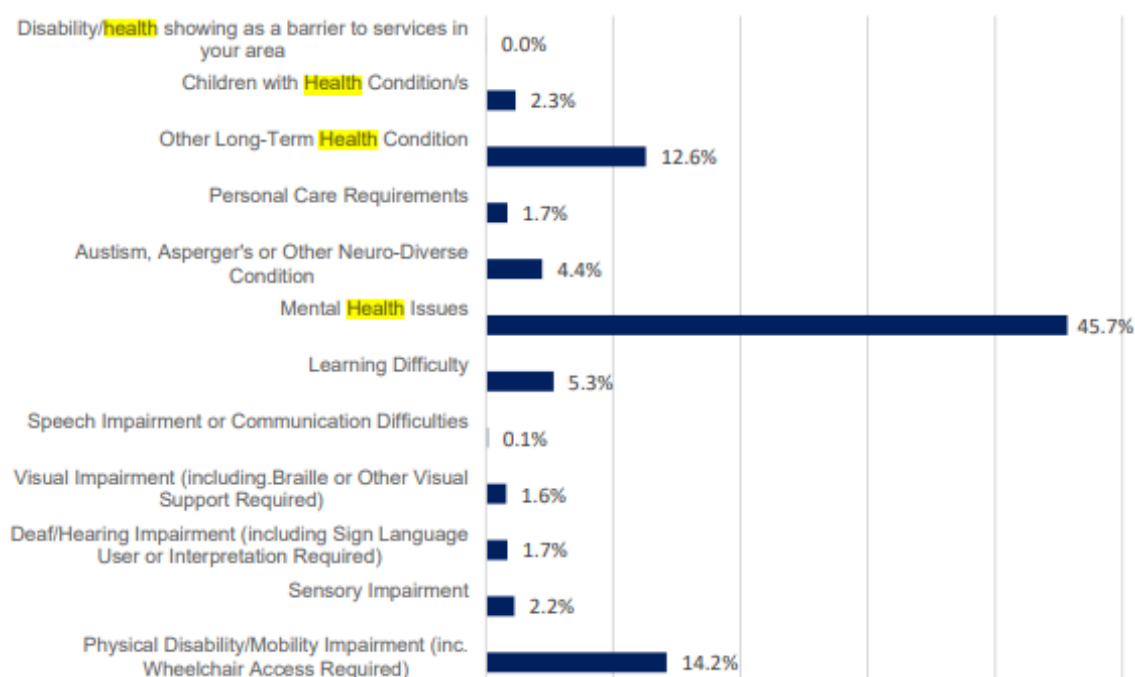
Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=577)
Health - A&E	7.1%
IDVA (West Mercia Women's Aid)	5.0%
Mental Health - Midlands Partnership Foundation Trust	1.4%
Health – GP	0.5%
Local Authority Adult Social Care	0.3%

This is the only area of the needs assessment where we have been able to capture any domestic abuse related data from GP practices.

Patients reporting Disabilities across the listed services:



Average % victim with disabilities 2022/23 and 2023/24



The table above shows the reported disabilities from all the data provided across all services that took part in the needs assessment. The most common disability of victims and survivors between 2022/23 and 2023/24 was mental health issues.

Domestic abuse can have a devastating and long-lasting impact on the mental health of survivors and their children. Tailored support is essential, especially for disabled individuals fleeing domestic abuse. A buddy service can aid the transition to independence.

The Shropshire Safeguarding Community Partnership (SSCP) reported:

The SSCP learning briefing showed between 2020-2022

114 people died of suspected suicide in the backdrop of domestic abuse

That's 5 people a month

85% of those who died were women

15% men

In year 3, there was a 7% decrease (17 people less) in the recorded number of deaths compared with year 2.

Dr Christine Christie, presented to the Domestic Abuse Local Partnership Board the findings from the report [Domestic Abuse links to Suicide](#) - which recommended the creation and testing of an assessment tool that aims to identify the predictors of suicide by gathering information from the survivor drew attention to the destruction of the victim's homeostasis (self-regulating of physiological and psychological system to maintain the stability necessary for wellbeing) by the abuser which may diminish the victim's ability to cognitively respond to the situation, feeling every option for support has disappeared or not work resulting in them taking their own life, sometimes without warning.

We are working with the Suicide Prevention Group to look at ways we can respond more effectively to reduce the likelihood of people ending their lives by suicide as a result of the impact domestic abuse has had on them.

Survivor Input

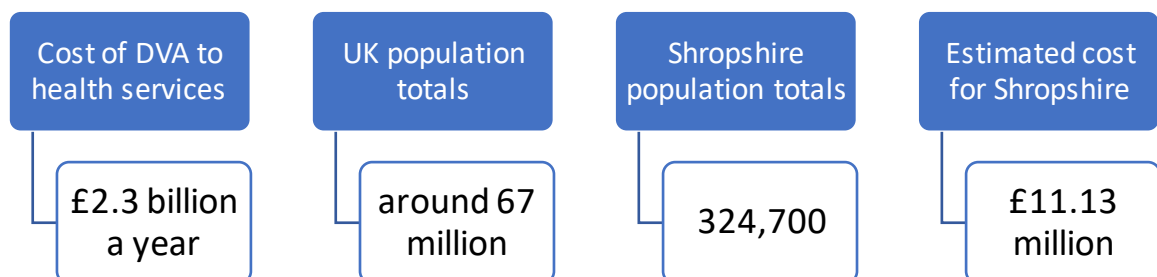
Survivors who took part in the needs assessment provided valuable insights into the barriers faced when seeking help and the types of support that are most effective. Participants of the survey were asked 'How can we improve the domestic abuse response in Shropshire?'. They mentioned things such as:

- Improving Understanding and Awareness
- Enhancing Service Responses
- Funding and Support Provision
- They also shared the need for Tailored Support and Mental Health Services

Some participants shared that having a designated mental health support worker, for domestic abuse survivors in Shropshire would be beneficial. One participant shared that having a mental health worker would create stability. Therefore, in order to improve domestic abuse response in Shropshire, designated mental health support workers, along with routine appointments would enhance the overall domestic abuse response.

We are working together with domestic abuse, mental health and substance use services (commissioned and non-commissioned, statutory and community groups) to strengthen and create protocols aimed at a more co-ordinated response to those presenting as a victim or perpetrator of domestic abuse.

Cost of Domestic Violence & Abuse (DVA) to Health services as found during the national Crossing Pathways project.



This in turn translates to potential savings of around £115 billion nationally and **£556.5 million** in Shropshire **annually**.

Recommendations from the Needs Assessment:

Multi-Agency Collaboration:

Action: Adopt the Whole Health Co-ordinated Community Response (CCR) Framework
Align local commissioning with the Whole Health approach developed by STADA, ensuring that domestic abuse is recognised as a health issue and embedded across all levels of service planning and delivery.

Outcome: Ensures domestic abuse is recognised and addressed as a public health issue, embedding a trauma-informed, multi-agency approach across all levels of service planning and commissioning to improve outcomes for individuals and communities.

Whilst this is something that will take time to plan and align, we should look to achieve the following in the medium to short term period:

Integrated Health Services:

Action: Develop IRISi or a similar model across GP practices in Shropshire, with training and referral pathways embedded.

Outcome: Earlier identification of abuse, especially in hidden or high-risk cases.

Action: Pilot a co-located mental health practitioner within SDAS or WMWA to support survivors with complex trauma.

Outcome: Reduced crisis presentations, improved recovery outcomes, and better integration of care.

For all services to be involved in guiding the development of enhanced data collection:

Action: Create a shared dashboard to track referrals, outcomes, and service use across health, social care, and DA providers.

Outcome: Better commissioning decisions, real-time monitoring, and accountability.

Training and Awareness:

Action: Commission a rolling programme of domestic abuse training for all frontline NHS and social care staff in Shropshire.

Outcome: Improved identification, referral, and support for survivors across primary care, A&E, maternity, and mental health services.

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental

This has yet to be completed fully.

Associated risks to be completed:

Strategic partnership breakdown
Ensure services are accessible to all with a focus on the protected characteristics
Consider the needs of perpetrators as well as victims
How to actively engage with young people under the age of 16; consider barriers related to consent from a person with parental responsibility

consequences and other Consultation)	Opportunities: Duty to collaborate Lived Experience/Co-production models in place Crossing Pathways model IRISi – response in GP practices model, researched and evidenced and being considered across the ICB in Herefordshire.	
Financial implications <i>(Any financial implications of note)</i>	Re-organisation of systems and processes to enable an investment in training and resources without additional budget, to be considered Lack of government funding for community based domestic abuse services	
Climate Change Appraisal as applicable	Not considered	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Crossing Pathways Key Findings Report – March 2025 – Standing Together Against Domestic Abuse Domestic Abuse links to Suicide – April 2023 - Christie, C. Rockey, J. C., Bradbury-Jones, C., Bandyopadhyay, S. & Flowe, H. D. (2023) IRISi Interventions		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Cllr Ruth Houghton, Portfolio Holder for Social Care, Shropshire Council Billy Webster, Assistant Director – Transformation, Efficiency & Programme Management, Shropshire Council		
Appendices <i>(Please include as appropriate)</i> Appendix A. IRIS Cost Effectiveness Appendix B. Domestic Abuse Needs Assessment - Exec Summary Appendix C. Domestic Abuse Needs Assessment 2024		