

SAFER CORNWALL

Kernow Salwa

DOMESTIC ABUSE AND SEXUAL VIOLENCE STRATEGIC NEEDS ASSESSMENT

REFRESH 2025



Acknowledgements

Domestic Abuse and Sexual Violence Needs Assessment prepared by:

- Amethyst Community Safety Intelligence Team, Cornwall Council
- With support from the Domestic Abuse and Sexual Violence Partnership Board, thematic specialists, domestic abuse and sexual violence service providers and service users

We would like to thank the following agencies, partnerships and organisations who also provided data, material and/or comment on this profile's content and supported us in its production:

- Cornwall Council
- Devon and Cornwall Police
- Peninsula Crime Analysts' Network
- Probation Service
- Office of the Police and Crime Commissioner
- Royal Cornwall Hospitals NHS Trust
- NHS Cornwall and Isles of Scilly
- Cornwall Partnership NHS Foundation Trust

Contents

INTRODUCTION	4
KEY FINDINGS	5
POLICY CONTEXT	9
Our Progress	13
PART 1: DOMESTIC ABUSE	23
Definitions: what is domestic abuse?	23
Our Domestic Abuse Services	27
Prevalence and trends	30
Have Your Say Survey	34
Vulnerable Groups	40
Focus on: Stalking & Harassment	50
Focus on: Non-Fatal Strangulation	53
Community Service: People profile	55
Multi-Agency Risk Assessment Conferences	62
Adult Family Violence	66
Children, Young People and Families	69
Focus on: Child sexual abuse and domestic abuse	71
Focus on: Coercive control through child contact	74
Domestic Abuse Related Deaths	76
PART 2: SAFE ACCOMMODATION	82
Referrals and bedspaces	84
Types of support	85
Who is being supported?	87
Households unable to be supported	91
PART 3: SEXUAL VIOLENCE	93
Definitions: what is sexual violence?	93
Local Support Services	95
Prevalence and trends: Adults	100
Prevalence and trends: Children & young people	105
Focus on: Looked after children	107
Focus on: Deepfakes	109
Child Sexual Exploitation	114
APPENDICES	124

INTRODUCTION

Aims and objectives

A community safety needs assessment aims to provide a **shared understanding of local need** around a specific theme, to inform the development of local services and enable victims, perpetrators, their families and children to have their **needs met more effectively**.

The impact of this document should be two-fold:

- To **inform commissioning** of domestic abuse and sexual violence services and inform commissioning decisions in other areas that affect this area of work
- To **influence how organisations respond** to domestic abuse and sexual violence and their development of policy and practice.

The last **comprehensive needs assessment** on domestic abuse and sexual violence in Cornwall was published in 2022.

The **Domestic Abuse Act 2021** introduced specific duties with respect to providing safe accommodation, including a local needs assessment and a strategy. A separate **Safe Accommodation Needs Assessment** was originally developed for this purpose and was a partner document to the main needs assessment.

This update focuses on **emerging trends and risks and key changes** since the last assessment. It includes a more in-depth look at the following issues:



- Stalking & Harassment
- Non-Fatal Strangulation
- Adult Family Violence
- The link between child sexual abuse and domestic abuse
- Coercive control through child contact
- Sexual abuse and Looked After children
- Deepfakes
- Child Sexual Exploitation

The document **brings together the latest data and information** from a broad range of local partners – including police, commissioned domestic abuse and sexual violence service providers and housing – alongside national data and research. **Qualitative insights** have been gathered through multi-agency workshops.

As this document updates both needs assessments together, it is presented as three sections – **Domestic Abuse, Safe Accommodation** and **Sexual Violence** – recognising that there is a significant crossover between all three areas.

KEY FINDINGS

A national emergency

Violence against women and girls has been declared '**a national emergency.**' National strategies in place to tackle DASV and VAWG are established but evolving, with a greater focus on **prevention.**

- The new [Safer Streets Mission](#) aims to **halve violence against women and girls** within the next decade.
- New measures have been introduced to manage **people who perpetrate abuse**
- The [Victims and Prisoners' Act](#) sets out plans to improve **end-to-end support for victims**
- The approach to tackle **Child Sexual Exploitation and Abuse** has been strengthened, with new measures to reduce on-line harm.

Domestic abuse is a major cause of violence and harm

Based on national estimates, **23,500 people** experienced domestic abuse in Cornwall the last year.

7,000 adults received support in 2024/25, 30% of the estimate – identifying a potential **unmet need of 70%.**

- National research¹ indicates a **small incremental reduction** in

prevalence of domestic abuse over the last 5 years.

- **Nationally** police recorded domestic abuse **crimes have started to fall** for the first time in a decade.
- **Reported crimes are still increasing in Cornwall.** 11,500 incidents were reported to police, up by 6% from with last year.
- Domestic abuse makes up **one third of violent assaults** and one quarter of sexual offences.
- **Sex, age, disability and identifying as LGBT** are key predictors of greater risk.
- **Criminal justice outcomes** for domestic abuse crimes are low (5%) and have declined over time. Improving DASV outcome rates is a **police priority** and recent local data indicates that these efforts are having a positive impact.

Deaths by suicide make up the majority of Domestic Abuse Related Deaths (DARDs)

- DARD Reviews have **steadily increased** since 2018 with inclusion of suicides being a key factor. **6 out of 7 referrals** for DARD Reviews in 2024/25 were for deaths by suicide.
- The rising **number of DARDs** is putting a strain on capacity and funding (there are 16 ongoing).
- **Key themes** from Cornwall's DARDs include coercive control; unmet complex needs; Adult Family Violence and exploitation.

¹ [Domestic abuse prevalence and trends](#), England and Wales: year ending March 2024, Office for National Statistics, November 2024

Over 8,000 people were supported in Cornwall last year

7,000 adults and **1,200 children and young people** received some form of support from across the DASV partnership in 2024/25.

- **Adults being supported increased** by 5%, whereas children and young people reduced by 5%.
- **Young** people, **older** people and people who are **not White British** are under-represented in support services.
- The largest area of support relates to **therapeutic and recovery** interventions; young people receive longer episodes of 1:1 support; adults receive shorter episodes of more intensive support.
- **Multiple and overlapping support** needs - mental and physical ill-health, housing problems, drugs and alcohol, learning disability and communication issues.

More cases are being heard at MARAC²

642 cases were heard at MARAC in 2024/25, an **increase of 8%**. This reflects our efforts to drive up referrals through increased **awareness, training** and support. We are now achieving around **70%** of the level **recommended by SafeLives**.

- **Young people** and **men** continue to be under-represented in the MARAC cohort.
- **Repeat referrals** have consistently been within the SafeLives **benchmark range for an effective MARAC** (28-40%), although we did see a short-term dip to 27% in early 2025.

Emerging risks and knowledge gaps

- The **online environment presents an increasing threat** as an enabler of stalking, harassment and abuse.
- Since **non-fatal strangulation** was made a specific standalone offence, the number of these crimes recorded has steadily increased.
- **Victims with multiple complex needs** are particularly vulnerable to exploitation and further harm; **childhood trauma and sexual abuse** are common factors.
- 4 DARDs in Cornwall have featured **Adult Family Violence**; services report a rising trend.

Demands on safe accommodation are more complex and increasing

265 people were supported in 2024/25, up by 18%. Locally we have a **higher prevalence** of mental health needs, drug and alcohol support needs amongst people supported.

² Multi-Agency Risk Assessment Conference, where high risk domestic abuse cases are managed

- **58 bedspaces** of safe accommodation are available in Cornwall; we have a shortfall of **4 spaces for women**.³
- **9.4 referrals per 10,000 people** for safe accommodation, below the England average (11 per 10,000).
- **24%** of people seeking safe accommodation in Cornwall were from **out of area** (England 12%); this increased to 47% in 2024/25.
- We supported a **higher proportion of children** than last year (46% up from 31%) and above national average (39%)
- **221 referrals** were made via the **Sanctuary Scheme** for adaptations to the homes of victims of domestic abuse in Cornwall to help protect them.
- Safe Accommodation is available for survivors from **all groups with specialist characteristics**; there is a focus on increasing confidence and capability in the workforce to meet **intersecting needs** of all groups.
- Within the safe accommodation available, we have a higher percentage of **specialist and dispersed accommodation** than the national average.
- **276 households were not supported**; a third because we could not meet their needs – including mental health, drugs and alcohol.

Lifetime impacts of domestic abuse often start in childhood

It is estimated that **1 in 4 children** in Cornwall live in households where an adult is or has been affected by domestic abuse; for around **4,000 children** domestic abuse co-occurs with mental ill health and drug/alcohol dependency

- Child sexual abuse often **coexists** with domestic abuse but remains **hidden** – there is strong correlation between child sexual abuse and later victimisation through domestic abuse.
- **Children exposed to coercive control** and unresolved abuse through contact arrangements may experience **continued trauma**, with limited access to safe spaces for recovery.
- **Young people** experience the highest rate of domestic abuse in their relationships but have one of the **lowest reporting rates** and are under-represented in support.

Sexual violence remains hugely under-reported, and prevalence has increased

Based on national estimates, **10,500 people aged 16+** experienced a sexual assault in Cornwall in the last year. Only **8%** of this number **reported an assault** to the police.

³ Measured against population-based recommendations from the Council of Europe.

- Although there is **year-to-year volatility** in national prevalence⁴ estimates, over the last 10 years there has been a measurable **increase in sexual assault**.
- **2,027 crimes** in 2024/25, a rise of 12%; there has been a **sustained increase** in rape and other sexual offences recorded by police, largely due to increased awareness and reporting.
- **58% of victims are adults** and this is where we are seeing the rise. The trend for offences against children is fairly stable.
- **Age (youth)** is a significant predictor of risk and under-reporting is highest; **1 in 5 suspects** is a young male under 18 years of age.
- **No consolidated figure** for people being supported – 1,955 cases are open to Safer Futures, 350-400 people (each) supported by 4 other agencies.
- **Criminal justice outcomes** for sexual violence are low (2%) and have declined over the longer term UK-wide. Improving these outcome rates are a **priority for the police** and recent local data suggests that these efforts are having a positive impact.

Identification of exploitation has improved for children, but hidden harms remain

- **946 MARU referrals/contacts** where experience/risk of child exploitation identified (as at Q1 2025/26); up by 143% from last

year. **Greater awareness and training**, especially in Education, is likely to be a key factor.

- **282 crimes** were flagged as Child Sexual Exploitation in police data, up by 10%.
- Children known to services have **multiple vulnerabilities**, including experience of domestic abuse at home. **Being out of school**⁵ is a recurrent risk factor for exploitation and other harms.
- The level of **group-based CSE offences** recorded in the Southwest is **lower than** expected based on population.
- Nationally a **rise in CSA and CSE** and an increase in offences **committed by children** is predicted.
- Our understanding of CSE is skewed towards females and we may be **less adept at recognising CSE in boys**.
- Knowledge gaps around **online CSE and generative AI**; both likely to be widely underreported; potential hidden risk in **holiday accommodation and Air BNBs**.
- **Limited information recorded on offenders**; details of ethnicity are inconsistent or absent (local and national issue).
- We have **well-established multi-agency responses** in place for children. Identification and response for **young adults involved in exploitation** are still developing, particularly in the context of improving outcomes for people with **multiple vulnerabilities**.

⁴ [Crime Survey for England and Wales](#), year ending March 2024.

⁵ Due to persistent absence, suspension or exclusion

POLICY CONTEXT

A national emergency: Violence Against Women and Girls

Violence against women and girls has been declared '**a national emergency**' – this is due to **epidemic levels** of stalking, harassment, sexual assault and domestic abuse affecting women across the country, with recorded offences rapidly increasing and perpetrators getting younger.

Key factors cited in the rise in reported crimes over the last decade include greater **public awareness and confidence** to report, and improved **recording standards**.

The Domestic Abuse Act 2021

The [Domestic Abuse Act](#) came into effect in April 2021 enhancing protections for those who are affected by domestic abuse and seeking stronger measures against those who perpetrate abuse.

- The Act created a **statutory definition of domestic abuse**, emphasising that domestic abuse is not just physical violence but also includes emotional and economic abuse and coercive and controlling behaviour.
- This law placed a statutory **duty on local authorities to provide accommodation for victims** and their children fleeing abuse, known as Safe Accommodation.
- It introduced a new **Domestic Abuse Commissioner** to stand up for survivors and monitor the response from local authorities,

the criminal justice system and other statutory agencies.

The [Tackling Violence against Women and Girls Strategy](#) set out the Government's plan to reduce the prevalence of violence towards women and girls, including crimes that occur online, and improve support for victims and survivors.

The Government has since announced a suite of **new measures and amendments** to the law to strengthen support for those affected by domestic abuse and sexual violence, under the banner of the new [Safer Streets Mission](#), which aims to **halve violence against women and girls within the next decade**.

The strategy complements the [Domestic Abuse Plan](#) which sets out how the Domestic Abuse Act will be delivered.

This includes a greater focus on prevention with the **introduction of new Relationships, Sex and Health Education to the school curriculum** to teach young people how to recognise abusive behaviours.

It also sets out a **multi-year funding package** to deliver community-based support services as well as accommodation-based support to improve provision for victims.

New measures focused on people who perpetrate abuse

As part of this programme of work new measures will be introduced to manage more closely **people who perpetrate abuse**.

Controlling or coercive behaviour is a high-risk factor of future violence towards victims and a known risk factor in **domestic homicides and suicides**.

People who are convicted of coercive or controlling behaviour and sentenced to 12 months or more in prison will now be automatically managed through **Multi-Agency Public Protection Arrangements** (known as MAPPA) which are a set of arrangements through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent or sexual offenders.

Under this new law, agencies will be **legally required to share any information which indicates increased risk** to others, such as former partners or members of the public.

Evidence shows that offenders who are managed through MAPPA arrangements are less likely to re-offend.

The Government has also announced that it will be investing £53 million over the next four years to roll-out a **behaviour change** programme **targeting high risk perpetrators** of domestic abuse.

The [Drive Project](#) has been piloted since 2016 and seeks to **address the root causes of abuse** through intensive case management for up to 12 months, working alongside treatment for drug/alcohol dependency and **ensuring victims are protected** through protection orders. Victims are supported with a dedicated Independent Domestic Violence Advisor.

Domestic Abuse Protection Orders and Notices have also been introduced in some parts of the country to restrict people who commit domestic abuse from coming into contact with their victims.

The notices will be issued by the courts and will **cover all forms of abuse** such as physical, psychological, stalking and coercive control.

The **orders will initially be trialled** in Greater Manchester, three London boroughs and with the British Transport Police ahead of a national rollout. Police will also be able to **issue notices immediately following an incident** of abuse, providing immediate protection for those affected by abuse.

These restrictions will include applying **exclusion zones**, mandating attendance at a **behaviour change programme** and in the most serious cases imposing **electronic tagging** via family courts. The orders will have **no time restrictions** and breaching

them could result in a prison sentence.

The Home Office have also announced **further powers to protect victims of stalking**. They will introduce a 'right to know' for victims of online stalking. This means Police will need to reveal the identity of online stalkers to their victims at the earliest opportunity. **Stalking Protection Orders** will also be made more widely available with the courts now able to issue them to provide further protection to victims.

End-to-end support for victims

The [Victims and Prisoners' Act](#) received Royal Assent in May 2025. It sets out plans to improve **end-to-end support for victims** of domestic abuse, sexual violence and serious violence. It will **directly affect how we commission services** for domestic abuse and sexual violence in Cornwall which currently sit under the Local Authority.

- This legislation places a joint [Duty To Collaborate](#) on Police and Crime Commissioners, Integrated Care Boards and local authorities to work together when commissioning support, placing a **greater focus on working in partnership** to provide effective support.
- **Statutory guidance** now sets out the roles of the Independent Domestic Violence Advisor and

Independent Sexual Violence Advisor, including training and qualifications.

- The overarching principles of the [Victims' Code](#) are placed into primary legislation, to send a clear signal about what victims of crime can and should expect from the criminal justice system, and the Act places a duty on relevant bodies⁶ to promote awareness of the Victims' Code.

Victims of domestic abuse are able to **receive payments from the Government to help them escape** an abusive situation. The Home Office initially provided £2 million worth of funding until the end of March 2025. The scheme followed an initial **pilot and research by Women's Aid** which found that almost three-quarters of women living with their abuser found it harder to leave as a result of the associated costs of living. This scheme has now been **extended to February 2026**.

In 2025 the Government announced changes to make it easier for **victims of child sexual abuse** to pursue claims in civil court.

Removing the **three-year time limit for victims to bring personal injury claims** to be brought forward as well as the need for victims to prove that a fair trial is possible in order for it to go ahead. Currently civil child sexual abuse claims must be brought within three years of

⁶ Police, Crown Prosecution Service, Courts and Tribunals Service, Prison and Probation

Service and its executive agencies, and Youth Offending Teams.

turning 18, unless the victim can prove a fair trial can proceed despite the time lapse.

The **reform of the Law of Apologies** will encourage employers to apologise to people wronged by their employees. This means that victims are more likely to receive apologies from schools, care institutions or hospitals for abuse carried out by in these places.

The recently published [National Audit on Group-based Child Sexual Exploitation and Abuse](#) (CSEA) sets out the recommendations by Baroness Casey about group-based child exploitation.⁷ The report emphasised that responsibility for child sexual exploitation sits across government departments and both the public and voluntary sectors.

Recommendations include the need for **mandatory sharing of information** between all statutory safeguarding partners, police systems to be upgraded and children allocated unique reference numbers to aid data sharing, a **national police operation** coordinating a series of targeted investigations into CSE as well as a **commitment from Government to resourcing** these recommendations.

The use of **technology** to **perpetrate abuse** has become more common and affects both

adults and children. The government has introduced new laws to target these crimes but technology and **online** environments continue to be exploited to abuse, stalk, impersonate and harass victims.

The UK has become the first country to create an offence for making sexual abuse images using **Artificial Intelligence** (AI). It will be illegal to possess, create or distribute AI tools designed to generate child sexual abuse material and possess any AI 'paedophile manuals' which teach people how to abuse children.

This follows recent legislation making it **illegal to use sexually explicit or deepfake images without consent**. Deepfakes have become more prevalent in recent years and can be shared multiple times online.

If someone **creates a sexually explicit deepfake**, even if they have no intent to share it but purely want to cause alarm, distress or humiliation to the victim, they will be **committing a criminal offence**.

These new laws will be introduced under the **Crime and Policing Bill** which aims to further protect children from online sexual abuse. In addition, the Home Office will also make it an offence to run a website designed for paedophiles, punishable by up to 10 years in prison.

⁷ The model used by grooming gangs often involves targeting vulnerable children, grooming children into thinking they are in a

'relationship', using drugs and alcohol to make children compliant and moving children from one place to another to be exploited.

Our Progress

This section provides a comprehensive update on progress made in 2024/25 against each of our strategic priorities.

Priority 1: Prevention and Early Identification of Domestic Abuse, Sexual Violence and VAWG

'We aim to strengthen our approach to prevention to enable identification of domestic abuse and sexual abuse/violence at the earliest opportunity, intervene effectively, safely and prevent escalation. We aim to break the potential cycle of abuse and trauma, considering the needs of the whole family.'

Public Awareness and Community Campaigns

Multiple high-profile campaigns were successfully delivered across the partnership, leading to an increase in awareness of domestic abuse, sexual violence and VAWG and where to go for support. This included:

- **16 Days of Activism Against Gender-Based Violence** with pop-up events, professionals training, and media outreach across the whole of Cornwall. This led to an increase in referrals to Safer Futures (Community Domestic Abuse Service) of 13% in the month following the campaign when compared to the month prior to the campaign.
- **Is This Love?** A joint Safer Cornwall and Our Safeguarding Children's Partnership campaign promoting healthy relationships for children and young people. The seven-day campaign covered gas lighting and coercion and control, sextortion, sexual abuse, and healthy relationships. The campaign achieved a total reach of 7614 people.

- **Stop It Now campaign** across Devon and Cornwall, which focused on deterring online child sexual abuse.

These campaigns have helped create an environment in which **conversations about domestic abuse and sexual violence are more open** and accessible to the public.

As part of the Safer Streets initiatives, **student-developed campaigns** created at Truro College and Falmouth University around healthy relationships are now **in use in colleges and universities across Devon and Cornwall**. The initiatives aim to inform students of how to identify unhealthy relationships, their impacts and what they can do to challenge and change unhealthy relationships.

2024/25 saw the development and delivery of over **600-attendee webinars** on learning difficulties and domestic abuse, non-fatal

strangulation, coercion and control, Multi Agency Risk Assessment Conference (MARAC), and financial abuse.

Education and Early Years Engagement

A **Healthy Relationship Alliance** was established with providers, commissioners, schools and leads coming together to share best practice, reduce duplication and expand delivery.

A [dedicated webpage](#) for resources has been set up and detailed action plan for delivery has been developed. Comprehensive healthy relationship programmes for both young people and vulnerable adults were piloted, delivered, and evaluated.

Through this initiative, we have **reached over 5000 young people with healthy relationships education** this year. A healthy relationship "train the trainer" approach was also developed and implemented in schools and services for broader sustainability.

We have **trained 300 teachers** this year, equipping them with the tools to deliver this vital education moving forward. On top of this approximately 500 parents/cares have attended parent/carers sessions on healthy relationships.

Bystander and Community Interventions

Bystander training, which equips people in the community (including staff in the nighttime economy) to **safely and confidently challenge inappropriate behaviours**, reached 175 individuals across 20 sessions in 2024/25.

This included a **targeted 'Train the Trainer' programme** in which a community of practice has been developed to provide ongoing support to those who have been trained.

Workforce Development and Professional Training

There has been significant **expansion of the DASV training programme** to cover courageous conversations (working with those who cause harm), MARAC 'Lunch and Learn', economic abuse, and abuse of older people and those with learning difficulties.

Trauma stabilisation training was delivered to over 200 professionals across Devon and Cornwall, equipping professionals with the skills and tools to help individuals who have experienced trauma manage their emotional and physiological responses.

A **review of the current training offer against Domestic Abuse Related Death Reviews (DARDRs)** and rapid review findings has informed future service specifications and the development of a DASV training framework.

Through the wider DASV training delivery, awareness of domestic abuse and sexual violence has been raised across Cornwall, and we have **developed the confidence of the local workforce** to respond effectively.

Over **2,000 professionals have received training**, ensuring they are better equipped to identify and support those affected by domestic abuse and sexual violence. We have also **trained over 1,000 managers across Cornwall Council**. This has enhanced the ability of our local authority to implement strategies and provide appropriate support for victims.

Health System Integration

Sustained funding has been secured for DASV primary care services and Health Independent Domestic Violence Advocates for 2025/26.

In 2024/25, just under **800 referrals** for DASV support were received from **GP surgeries**. Prior to the implementation of this service 4 years ago there were under 10 referrals from GP per year. This includes referrals for behaviour change interventions for those engaging in harm.

A **Trauma Stabilisation Hub** has been piloted and implemented within the Sexual Assault Referral Centre

(SARC) with secured funding for the future.

This hub **brings professionals together across mental health and sexual violence services** to ensure the appropriate support is provided to those with complex trauma who have experienced sexual violence.

NHS England launched the **Sexual Safety Charter** and have now published a new sexual misconduct national policy framework, policy and e-learning module.

This is to support employers in meeting their **new legal duty** under the Worker Protection Act 2023 **to prevent the sexual harassment of staff**.

There has been a very positive response to this from NHS organisations in the Safer Cornwall areas, with **both trusts and the ICB signing up to the charter** and approving and launching policies for sexual misconduct in the work place.

The policies have a clear focus on **zero tolerance to sexual misconduct** and ensuring affected staff receive a trauma informed response. Domestic Abuse leads have been identified across major health providers (RCHT and CFT), integrating into the wider champions' network.

Priority 2: Greater Support for Victims and Survivors of Domestic Abuse and Sexual Violence

'We aim to provide gender informed support to those impacted by domestic abuse and sexual abuse/ violence who are accessing, trying to access or unable to access specialist support.'

Incredible service provision

Cornwall has been recognised time and time again for its high quality services for victims of domestic abuse and sexual violence and violence against women and girls. Throughout 2024/25, they have worked tirelessly to provide flexible and adaptable support to meet people's needs and the growing demand. In the year ending December 2024, nearly 7,000 people accessed commissioned services in Cornwall, and 642 cases were heard at MARAC.

Securing Increased Budget for 2025/26

One of the most significant achievements this year has been the successful negotiation of an increased budget for domestic abuse and sexual violence services in 2025/26. This ensures continued funding for specialist services, expanding our capacity to support victims and survivors.

Children and Young People

Sustained Support: Young People's Independent Sexual Violence Advisors, Domestic Violence Advisors and **worker roles have been integrated into long-term contracts** (5–10 years) across Cornwall. This includes all our safe accommodation services who may

have families residing with them. This ensures children and young people can receive support in their own right for their experiences.

Our recovery programmes for children and young people in the community have also expanded. **Reconnect** now offers a range of support for children and young people and their safe parent. There is also the **Respect Reconnect** programme to support **children and young people engaging in harmful behaviour** towards parents/carers.

The integration of a **Family Domestic Abuse Service within social care** has been a pivotal development. This service provides comprehensive support for families known to Social Care affected by domestic abuse, ensuring that all family members receive the care and intervention they need to break the cycle of abuse.

A **child's voice domestic abuse toolkit** has been drafted jointly by Safer Cornwall and the OSCP, to guide practice to equip practitioners with skills, knowledge, and confidence to hear and respond to the voice of the child.

A **Child Voice Subgroup** has been developed which brings together

service-level decision-makers and practitioner to hear the lived experiences of children and young people affected by domestic abuse, build stronger links, understand cross-cutting themes and improve the system through co-production.

Gender-Informed, Inclusive Services

Training and service specifications across services supporting those with multiple vulnerabilities now include **gender-informed expectations**, including the need to offer gender specific options. We have both women and male only refuge provision, recovery groups and a new women's only drug and alcohol service.

Training on **anti-racist practice, intersectionality and honour-based abuse** was piloted across Devon and Cornwall, with 64 professionals receiving this training. In addition, all orienteering sessions for Afghan families coming into Cornwall include a conversation about trauma and domestic abuse, this includes talking to women alone.

Longer-Term Trauma Support

Through the **Sexual Violence Peninsula Pathfinder**, we have Successfully piloted new trauma-informed models across Devon and Cornwall.

This has included a **trauma stabilisation hub at the Sexual Assault Referral Centre** which bring sexual violence and mental health services together, the delivery

of trauma stabilisation training to over 200 professionals and intensive and flexible support for women with complex needs.

Due to the success of these pilots, all have **secured recurrent funding in 2025/26**. In addition, the pilot of trauma stabilisation interventions within domestic abuse services has shown this support was successful in **reducing waiting lists** for counselling services.

Court and Family Support

Funding has been secured through 2025/26 for the continuation of the **family court Independent Domestic Violence Advisor**. In addition, a Court Subgroup has been developed to look at embedding a **Specialist Domestic Abuse Court** within criminal courts in Cornwall.

A **pilot support model** has been developed by the partnership for those who are at risk of having **repeat children removed from their care**. This pilot will be implemented in 2025/26.

Multi Agency Risk Assessment Conference (MARAC)

We have continued to develop MARAC using learning from avoidable death reviews and experts by experience. In 2024/25, changes included:

- Ensuring we **capture the voice of friends and family** more explicitly in the MARAC process
- An **escalation process** for those discussed at MARAC 3+ times

- Ensuring **outcomes are captured** of actions set and risk reduction
- **'Lunch and Learn' events** to raise awareness of MARAC and how to refer
- Establishing **MARAC representative networking events** to bring practitioners together to learn together and build relationships.

Locally, Cornwall's inclusive MARAC approach was praised. A housing provider now attends all MARACs in its service area across the SW region and noted a stark contrast with restrictive practices elsewhere.

Safe Accommodation

Following the 2023 tender process, **new Safe Accommodation contracts** commenced in April 2024, delivering a total of **58 units**.

These include two women's refuges, one male refuge, one specialist refuge for women with complex needs, and 24 units of dispersed, self-contained safe accommodation.

The **contracts were awarded to existing providers**, which allowed for a smooth mobilisation process. With an initial term of four years and the option to extend for up to six additional years, the contracts support the development of more sustainable services with a **strong focus on quality and continuous improvement**.

Experts by Experience (EbEs) and Co-production

Integrated in Practice: EbEs are part of the DASV Strategic team, DARDR learning subgroup and are influencing service design and project development.

Priority 3: Behaviour Change, Justice and Protection

'We aim to progress and extend gender informed prevention, support and interventions to challenge and change abusive behaviour. We aim to improve the Criminal Justice System (CJS) response to domestic abuse and sexual abuse/ violence by providing trauma informed support for survivors and holding those engaging in abusive behaviours to account.'

Training & Awareness Initiatives

We have successfully rolled out **Courageous Conversations training** as a multi-agency programme to support professionals in identifying and working with individuals causing harm. 105 professionals have received this training so far.

175 professionals have been trained in **Bystander intervention training**. This equips people in the community (including people working in pubs and clubs) to safely and confidently challenge inappropriate behaviours. This has included a Train-the-Trainer component and community hub for sharing best practice.

A **Healthy Foundations Train-the-Trainer programme** was developed to support other agencies to deliver healthy relationships interventions for adults across Cornwall.

Community Behaviour Change Programmes

Despite the reduction in funding from the Home Office we have been able to continue delivery of **Cornwall's behaviour change programme 'Change 4U'** for those who engage in harm, with sustainable funding secured for 2025/26.

This includes an **expanded delivery model which offers the Healthy Foundations Programme** to couples who are struggling within their relationships but wish to remain together. **Partner support is integrated** at all three levels of the Change 4 You programme.

Reviewing the support for those engaging in harm is integral to MARACs in Cornwall. This includes access to Change 4U, where 153 people were referred in 2024/25.

The OPCC has also commissioned a **conditional cautioning behaviour change programme** for standard-risk domestic abuse offenders, commencing in June 2025.

Victim Support and justice

In 2025/26 the **Independent Sexual Violence Advisor service** was recommissioned. The new service delivered by The Bridge Partnership started in October 2025.

Community awareness of services has increased, along with referral numbers. There has been **growth in training and engagement** through community hubs, networks, and programme development.

The **Victim Care Unit** is actively reviewing needs assessments and referrals and a **Victim Information Guide and trauma-informed training** are in place across Devon and Cornwall Police to support practice. In addition, **safe spaces for disclosures** have been established in police buildings.

Policing and Prevention

Project Nighteye and Project Vigilant are operational, focusing on **high-risk public spaces and online threats**. Hotspot Policing and High Harm Desk are developing to target repeat and high-risk offenders.

Operation Moonstone and Soteria

Bluestone have been embedded to **improve investigation quality** and victim support across DASV.

Cultural Change and Accountability

Training and internal messaging has been deployed across Devon and Cornwall Police to **challenge sexism and misogyny in policing**. In addition, listening circles and male ally forums are being developed across the force. A **new policy** is in place for **police perpetrated domestic abuse** and professional standards actively investigate misconduct within the force.

Priority 4: Increasing access and breaking down barriers

'We aim to develop an inclusive and needs-led, coordinated community system accessible to all.'

Initiatives to increase access to information and services

Through joint working across EOS, the Peninsula Domestic Abuse Commissioning Board, and the voluntary sector we have supported system improvements for groups in the community who are often underrepresented in services. All resources are available via the [Safer Cornwall website](#).

This includes:

- **Learning Difficulties Peninsula Programme:** Developed a training programme and toolkit for professionals which now available on the Safer Cornwall website. In addition, training from the DIVAs in domestic abuse and learning difficulties was rolled out to professionals across Cornwall.
- **Older People's Pilot:** Resulted in an Older Persons Charter which is being implemented into DASV service specifications and a training toolkit to support professionals in improving their response to older people impacted by DA. Training was delivered to over 300 professionals across Cornwall.
- **Interpreter Review Implementation:** Led to multilingual videos about domestic abuse, trauma-informed interpreter services, and women-only groups for non-English speakers.

Support for marginalised groups

We continue to be able to support access to **safe accommodation for those with No Recourse to Public Funds**. The continued funding offers flexibility and access to support.

Funding was also secured for the ongoing commissioning of an **LGBTQ+ IDVA** through our community services offer.

Healthy Relationship Programmes for people with complex needs have been piloted in Harbour Housing. This has allowed those who may struggle to engage in a formal group programme to access the information and support in a flexible and adaptable way.

Safe and Well Hubs are operational in multiple locations across Cornwall with more in development. This provides a place where services can co-locate, work and learn together. Some hubs are also supporting the delivery of the Kernow Recovery Community which provides peer led services for those in recovery.

4 outreach system days were delivered in 2024/25. These brought together professionals across drug and alcohol, DASV, mental health and homelessness to share learning, reduce duplication and be innovative in working together to better

improve the system for those with multiple vulnerabilities.

Systemic Improvements

The **Joint System Commissioning Optimisation Group** come together on a weekly basis to trial new ways of working to improve the system for those with multiple vulnerabilities. This includes **trialling a Human Learning System approach within Commissioning**. This has an emphasis on learning and reflection over Key Performance Indicators.

Outreach Integration: through 4 outreach system days we have seen cross-sector collaboration to reduce

duplication and improve service delivery for those with multiple vulnerabilities. These days brought together professionals across drug and alcohol, DASV, mental health and homelessness to share learning and training and be innovative in new ways of working together.

Compassionate Cornwall: this all-age Trauma framework was launched in July 2025. This includes a training framework and a co-production toolkit, with a commissioning guide planned.

Priority 5: Working Together

'We aim to lead by example by working collaboratively and through co-production to simplify the system for those who use it'

Shared data and learning framework

We have expanded the DASV learning framework with the development of a **Power BI dashboard**. This has allowed for the collation of multi-agency data to support learning at the DASV Partnership Board which includes quarterly deep dives.

The **DASV learning framework** has also been expanded to include children and young people and has been **linked to the data dashboard for Our Safeguarding Children Partnership**. There are, however, data gaps remaining for safeguarding and children's services.

Community Engagement

The **Time Credits model** has been adapted for the Kernow Recovery Community (KRC). This allows those volunteering within the KRC to receive reward and recognition for the invaluable contributions.

Local **Community Area Partnerships** and Working in Place Operational Groups are addressing DASV issues with tailored local initiatives.

Peninsula Collaboration

Joint commissioning activities across Devon, Cornwall, Torbay and Plymouth through the EOS Board have been recognised as best

practice nationally. These activities include:

- The **Older Persons Pilot**, as previously described.
- Successful implementation of the **Peninsula Sexual Violence Pathfinder**, leading to recurrent funding.
- An **LGBTQ+ IDVA** to improve our response to the LGBTQ+ community who experience DASV.
- **Joint commissioning of sexual violence services** across the Peninsula, including shared funding.
- **Shared training opportunities**, and communication strategies (such as 16 days of Activism against Gender Based Violence).

Service Integration and Commissioning

The **Joint System Commissioning Optimisation Group** meet weekly, focused on testing new ways of working to improve the system for those with multiple vulnerabilities. The group are trialling a Human Learning System approach within Commissioning, which emphasises learning and reflection over Key Performance Indicators.

The **joint commissioning model and pooled budget** for DASV services in Cornwall has been recognised as **best practice** in the National Violence Against Women and Girls Commissioning Toolkit.

Learning and Review

2024/25 saw the establishment of a **Domestic Abuse Related Death Review (DARDR) Subgroup** to ensure learning from DARDRs is embedded across the system.

This has been supported by Cornwall being involved in the **Domestic Abuse Commissioners Office pilot** around DARDRs which aims to provide a framework to ensure DARDRs achieve real change.

Alongside this, the **DARDR protocol** has been updated to ensure learning from joint reviews (Safeguarding Adults Reviews, DARDRs, etc.) is captured and future reviews will **reduce duplication** for families and professionals and **improve systemic learning**.

Following a DARDR, a number of **changes were made to the MARAC process** in Cornwall. This includes, ensuring the voices of family and friends are captured at MARAC, actions are completed but also risk reduction is captured, the support for wider family, children and young people and those engaging in harm is also considered.

We have been working **collaboratively across suicide** in relation to DASV, Drug Related Deaths and DARDRs, which has been working well. Changes across the health and care system offer a new opportunity to strengthen partnership working and prioritising this work.

PART 1: DOMESTIC ABUSE

Definitions: what is domestic abuse?

This needs assessment aims to cover **all types of domestic abuse**, insofar as is possible.

The Domestic Abuse Act 2020 confirms the revised **cross-government definition** of domestic abuse as:

*The behaviour of a person towards another person is domestic abuse if a) the two people are each **aged 16 or over** and **personally connected** to each other, and b) the behaviour is **abusive**. This can include behaviour directed at the child of the person experiencing abuse.*

The Domestic Abuse Act 2021 extended the term victim to include **any child** who is a relation of either individual, and/or **sees, hears, or experiences** the effects of abuse.

Two people are considered **personally connected** to each other if they are, or have been:

- Married (or have agreed to be)
- Civil partners (or have entered into a civil partnership agreement)
- In an intimate personal relationship
- In a parental relationship in relation to the same child
- Related to each other

Behaviour is **abusive** if it consists of

physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse. It does not matter whether the behaviour consists of a single incident or a course of conduct.

Economic abuse means any behaviour that has an adverse effect on the ability of the person experiencing the abuse to acquire, use or maintain money or property, or obtain goods or services.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by **isolating them from sources of support**, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating daily behaviour.

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

Types of domestic abuse

Intimate Partner Violence

Domestic abuse most commonly takes place in intimate partner relationships. The vast majority is perpetrated by men against women, but men are also subject to abuse by female partners, and both men and

women experience abuse from same sex partners.

Such abuse in intimate relationships can **vary in severity and frequency**, ranging from a one-off occurrence to a continued pattern of behaviour.

It can involve or be **perpetrated alongside abuse by other family members** and in extended family households or settings, particularly where the victim is living with the perpetrator's family.

Abuse often continues even when a relationship has ended, which can be a significantly dangerous time for a victim. Post-separation abuse, including stalking, harassment and forms of physical, emotional, sexual and economic abuse often continues and causes ongoing harm.

Abuse by Family Members

Abuse within a family set up **can encompass a number of different behaviours**. A wide range of family members will be considered to be "relatives" that can perpetrate and be victims of abuse.

Adult Family Violence is domestic abuse that takes place between family members who are not intimate partners – for example, an adult child and parent, or siblings. In a study of 32 Domestic Homicide Reviews, a quarter were family-

related homicide, with most of those cases involving a parent killed by their adult child.⁸

A forced marriage is where one or both people do not (or, in cases where a person lacks mental capacity, cannot) consent to the marriage and pressure or abuse is used.

'Honour' based abuse is a form of domestic abuse which is perpetrated in the name of so called 'honour'. Women, especially young women, are the most common targets, often when they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour.

Female Genital Mutilation (FGM) is any procedure that is designed to alter or injure a female's genital organs for non-medical reasons.

It's sometimes known as 'female circumcision' or 'female genital cutting' and is mostly carried out on young girls. FGM procedures can cause severe bleeding, infections and problems with giving birth later in life (including causing death of the baby).

FGM is **illegal in the UK** under the Female Genital Mutilation Act 2003. It is also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this.

⁸ Sharp-Jeffs and Kelly, [Domestic Homicide Review Case Analysis](#), 2016

FGM violates a number of human rights principles, including the principles of equality and non-discrimination on the basis of sex. It is considered as a **form of violence** against girls and women and a **form of child abuse**.

Teenage Relationship Abuse

Relationship abuse happens at all ages, not just in adult relationships: the latest national figures⁹ for experience of domestic abuse by age group show 16-19 year olds have the highest rate.

Domestic abuse in teenage relationships is just as severe and has the potential to be as life threatening as abuse in adult relationships.¹⁰ Young people may experience a **complex transition** from childhood to adulthood, which impacts on behaviour and decision making.

It may have an impact on the way that young people respond to abuse as well as the way that they engage with services. Additionally, they may be **unequipped to deal with practical problems** such as moving home to escape the abuse or managing their own finances. As a result, young people who experience abuse do so at a **very vulnerable point in their lives**.

Young people experiencing **abuse in their own relationships** need to be supported in a way that is

specifically tailored to their needs – those aged 16 to 17, due to their age, will have to rely on specialist services designed for adult victims that are not always appropriate.

Abuse in relationships between those under the age of 16 years will be treated as child abuse as a matter of law and child safeguarding procedures should be followed. Abuse perpetrated by an adult over the age of 18 against a person under 18 years of age also constitutes child abuse by law.

Information and data relating to child sexual abuse is included in the [Sexual Violence](#) volume of this report.

Child and Adolescent to Parent Violence and Abuse (CAPVA)

The term Child and Adolescent to Parent Violence and Abuse describes the dynamic where a young person (aged 8-18 years) engages in **repeated abusive behaviour towards a parent or adult carer**.

Abusive behaviour can include physical violence; emotional, economic or sexual abuse; and coercive control. It may also include damage to property and abuse towards other family members, particularly siblings.

A **government consultation** took place in 2024 regarding a definition for CAPVA. The current position,

⁹ Crime Survey for England and Wales, ONS 2021

¹⁰ [Safe Young Lives](#) programme, Safe Lives

however, is that there remains “no agreed definition for this type of harm or abuse, making it difficult to identify and talk about.”

In the absence of an agreed definition, the statutory definition¹¹ of domestic abuse is referred to, with the **definition of CAPVA applying to only those under the age of 16**, to avoid duplication with the statutory definition (which concerns abuse between people aged 16 years and over).

It is the view of the **Domestic Abuse Commissioner**, however, that there must be **more flexibility, as opposed to age alone**, in determining whether behaviour constitutes a domestic abuse response or a CAPVA intervention.

It is recognised that there needs to be a clear distinction between the two harm types and uniformity to enable a clear-cut definition and guidance. A distinction by only age, however, is **not sufficiently nuanced** to take into account the needs of the victim, the driving factors behind the behaviour, or the vulnerability of the children/young people who are exhibiting this harmful behaviour.

[Working Together to Safeguard Children](#) is clear that all children (0-18) should receive a safeguarding response, “including where they are causing harm to others and steps should be taken to understand the child’s behaviour.”

Dynamics and motivations behind these behaviours may be different to partner abuse but it is important that a young person using abusive behaviour receives a **safeguarding response**, which may include referral to MARAC, regardless of whether there is any police action taken. Responders should use their discretion and professional judgement when addressing cases of CAPVA.

The parent experiencing abuse should also receive appropriate domestic abuse response and support. The provision of an **understanding, respectful and professional first response** is vital in determining the future resolution of this family crisis. Parents say that one of the most important forms of support is being **listened to and believed**.

¹¹ As defined in the Domestic Abuse Act 2021

Our Domestic Abuse Services

This review relates to **all services commissioned by Safer Cornwall**, in place up to the end of 2025/26. There is a wide variety of choice and support options available for people who are experiencing / fleeing domestic abuse in Cornwall.

Safe Accommodation

There are **two refuges** offering communal living and support for women and their children provided by Cornwall Refuge Trust and West Cornwall Women's Aid, and there is a **men's refuge** supporting men and their children, provided by Cornwall Refuge Trust.

Dispersed units provided by LiveWest meet the needs of people fleeing domestic abuse for whom communal living might not be suitable.

A **Vulnerable Women's Unit** provided by Harbour Housing supports women who also have complex needs. This may include substance dependency, mental health needs or a history of offending.

Refuges

Support in Cornwall's refuges is provided by support workers seven days per week – five days a week on site with support available via telephone out of hours and at weekends. Direct support is provided to residents for all their needs including any specialist support for complex cases such as those with No

Recourse to Public Funds, i.e., court preparation, risk/security assessments around location and technology, safety planning, and management of referrals.

Children's support workers have specialist training, such as play therapy, they build relationships with a child through conversation, play and observation. Initial needs assessments are led by observation and conversations with the parent and child. **Support is provided on an individual basis** in the play house, during family time and sometimes with all residents, and through activities outdoors. There is support for school admissions and school visits.

Resettlement support is provided in the refuges to help residents to move-on which includes support planning, registration with local agencies, application for benefits, and emotional support. There is also support for the physical move into a new home such as sourcing removals, furniture, sanctuary adaptations, and crisis care. **Follow-on support** is also available to help residents settle into their new area.

Dispersed units

Dispersed accommodation is provided by Live West New Horizons in the form of self-contained houses and flats. Individuals and families are supported with housing related support, guidance on benefits and paying bills.

Holistic support is based around the needs of the resident, building a trusting relationship and emotional support is provided to help residents to move on and become independent.

Children's support workers build relationships with the child, provide emotional support, support to move on, which is led by the individual child.

Resettlement support is also provided which includes securing settled accommodation and practical support to move and settle into the new home and community.

Vulnerable Women's Unit – EVA Project

The **EVA project hosted by Harbour Housing** provides specialist support for women with complex needs. Support is provided in a shared house with self-contained rooms.

Housing related support is provided on benefits, signing licence agreements, understanding accommodation policies and behaviour. **Dynamic risk assessments, referrals and links with agencies are completed.**

Support is provided to set up appointments, register with health agencies and access support services such as for substance misuse.

Support workers help to guide residents with Smart steps enabling short and long term goals.

A **counsellor is employed to work with trauma**, there is a hypnotherapist, and other therapy rooms. A support worker specialising in **drug and alcohol support** from With You provides a service on site, as well as other external agencies such as liver health. **Educational activities and enrichment** can be accessed within Harbour Housing.

Resettlement support is provided for residents to find move-on accommodations, help with bids, tenancy interviews, sourcing furniture and utilities and making connections with the community.

A **DASV recovery programme tailored for people with complex needs** has been developed and is delivered in-house.

Community Support

Safer Futures - our community DASV Services offer a range of support for individuals and families. This includes a single point of contact for domestic abuse, providing support and signposting to a range of community support across Cornwall from helpline and crisis support to recovery and therapy.

The services provide **a choice of support**, including group and 1-1 support for **all age groups and genders**; this includes psycho educational programmes, support groups, therapy and counselling.

Independent Domestic Violence Advisors are accessible across different settings including health,

the criminal justice system, for adults, children and all genders.

Outreach support is provided to reach people who would not necessarily access services and who services traditionally struggle to engage, such as those who are homeless, drug and/or alcohol dependent or displaying abusive behaviours.

Healthy Relationship

Programmes are delivered in schools to enable and equip children and young people to have a clear understanding of what constitutes a healthy and respectful relationship, so they can make informed and safe decisions throughout their life.

Behaviour change programmes

provide single-gender group support to men and women who display abusive behaviour within their relationships. It aims to **re-educate clients about beliefs and behaviours** so they can develop respectful, responsible attitudes towards others and themselves. The programme provides a wide range of support to partners and ex-partners to keep families safe.

Training on domestic abuse is available for all professionals across all sectors.

This supports professionals to recognise and respond to domestic abuse, including risk assessments, safety planning and where to go for support.



Prevalence and trends

Key statistics¹²

- **23,500 adults** in Cornwall estimated to experience domestic abuse each year
- **7,363** domestic abuse crimes reported to police (all ages) ▶+4%
 - **1,674** DA violence with injury crimes ▼-5%, 36% of all violence with injury
 - **1,935** DA stalking offences ▲+12%, 42% of all stalking offences
- **4,205** domestic abuse non-crime incidents ▶+2%
- **6,907 people** supported by our Safer Futures service¹³ ▲+5%
- **333 people** completed an initial request for **Safe Accommodation** support ▶-5%
- **6 domestic abuse related death reviews** commissioned to date in 2025 with a further 13 in progress and 14 published.

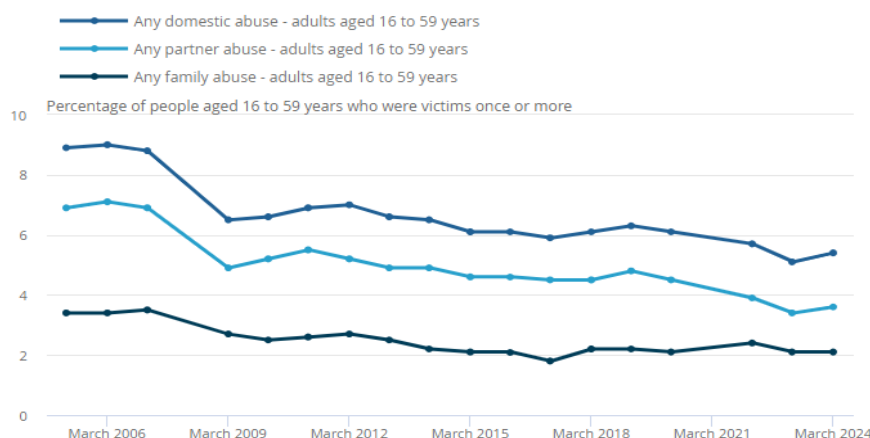
National research indicates that domestic abuse is reducing

The Crime Survey for England and Wales¹⁴ estimates that **6.6% of women and 3.0% of men experienced some form of domestic abuse** in the 12 month period to 31st March 2024. This equates to 4.8% of the population, or just under 1 in 20 people.

For Cornwall and Isles of Scilly this provides an estimate of **23,500 people having experienced domestic abuse** in the last year – 16,500 women and 7,000 men.

The estimated prevalence of domestic abuse shows a **small reduction** over the last 5 years. The change in the last year is not statistically significant.

Prevalence of domestic abuse in the last year among people aged 16 to 59 years, England and Wales, year ending (YE) March 2005 to YE March 2024



Domestic abuse prevalence and trends, England and Wales: year ending March 2024 (this is the latest release)

Prevalence, long-term trends and types of domestic abuse experienced by people aged 16 years and over, based on findings from the Crime Survey for England and Wales, and police recorded crime.

Just under 7,000 people in total were supported in our commissioned

DASV services in 2024/25, equating to **30% of the estimated people**

¹² Data covers 2024/25 unless otherwise stated, compared with the previous year, Police data to June 2025

¹³ Over 18s known to the service in 2024/25

¹⁴ [Domestic abuse prevalence and trends, England and Wales: year ending March 2024](#), Office for National Statistics, November 2024

in need. This has increased year on year – it was 24% in 2021/22.

There was a 5% increase in the last 12 months. This growth is particularly evident within the **therapeutic elements** of the service. The service continues to support **primarily women**, who make up 81% of the total cohort, but the number of **men is increasing** at a faster rate, with a year-on-year rise of 16%.¹⁵

Complexity of needs is becoming more evident amongst people seeking support. This includes factors such as **childhood and adult trauma**, poor **mental health**, problematic **drug and/or alcohol** use and **social isolation** for both victims and perpetrators.

Cornwall MARAC has seen several young women with **multiple vulnerabilities** linked to modern slavery, sexual exploitation and trafficking.

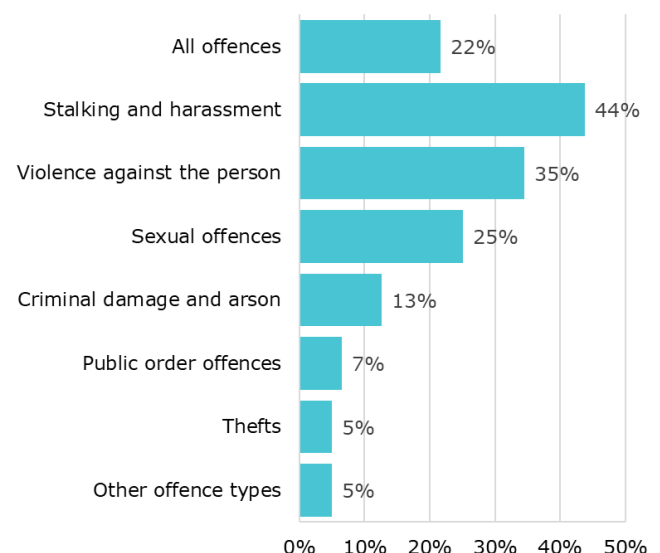
Domestic abuse is a major driver of violence in Cornwall

Over the last ten years, police recorded **domestic abuse has more than doubled**. This increase is largely attributed to **improved recording**, more active **encouragement for victims** to come forward to report these crimes and greater **victim confidence** in services to help and support them.

11,568 incidents of domestic abuse were reported to the police in Cornwall in 2024/25, up by 6% from last year. The rise is primarily in stalking and harassment offences and sexual offences.

In 2024/25, domestic abuse-related crimes made up **22% of all crimes recorded** by the police in Cornwall.

Stalking and harassment had the highest proportion of offences identified as domestic abuse-related (44%) followed by other **violence against the person** (35%).



Compared with similar areas elsewhere in the country, our **local rates of violent crime are high**. Domestic abuse makes up a **higher proportion** of recorded crime locally¹⁶ - **37% of all violence is recorded as domestic abuse** in Devon and Cornwall, compared with 33% average across similar forces.

¹⁵ Numbers include those working with the behaviour change element of the service

¹⁶ [ONS Domestic Abuse Data Tool](#), data provided at force level.

In Cornwall, the **level of domestic abuse crimes reported is still increasing**, whereas nationally police recorded domestic abuse crimes have started to fall for the first time in a decade.

Police are recording more domestic abuse, but under-reporting remains high

Just under two thirds of reported domestic abuse incidents were crimes (63%), relating to **5,454 people experiencing abuse**¹⁷.

This equates to **23%** of the prevalence estimate, highlighting the continued **under-reporting gap** despite long term growth in reports.

Estimated **reporting rates are lowest for older people** (10% for people aged 60 and over) and highest for people aged 35-44 (around 42%).

54% of people reporting domestic abuse to the police were recorded as **repeat victims** (similar to 2023/24, when it was 55%).

Deaths by suicide now make up the majority of Domestic Abuse Related Deaths

Safer Cornwall has received notification of 27 potential domestic abuse related deaths since the end of 2022, with **12 meeting the criteria** for a Domestic Abuse Related Death Review. The **rate of these referrals is rising** steadily.

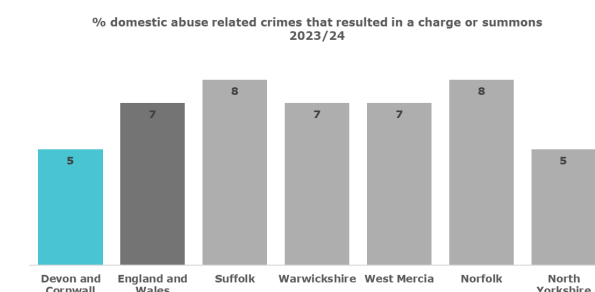
This increase has been linked to an **improving awareness** of the impact of domestic abuse amongst partner agencies, with consideration to elements such as **suicide now a prominent feature** of the process. So far in 2025, 6 reviews have been commissioned and a further 15 currently ongoing.

In 2024, Domestic Homicide Reviews were renamed to **Domestic Abuse Related Death Reviews** following calls to better recognise deaths from domestic abuse related **suicide**.

This has resulted in a greater number of referrals for reviews and reviews being commissioned. In 2024/25 **6 out of 7 DARDR referrals were notifications of suicides**.

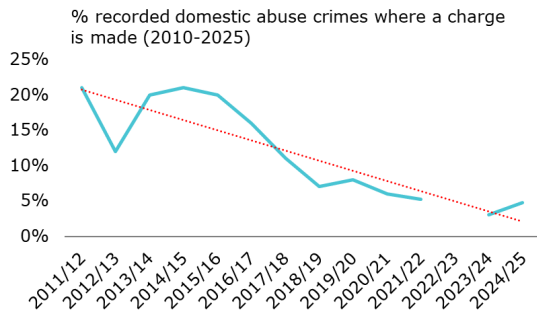
Criminal Justice outcomes are at an all-time low

5% of all domestic abuse related crimes in Cornwall resulted in a charge or summons in 2024/25. This is below the 7% rate for England and Wales, and also below three of our most similar police force areas.

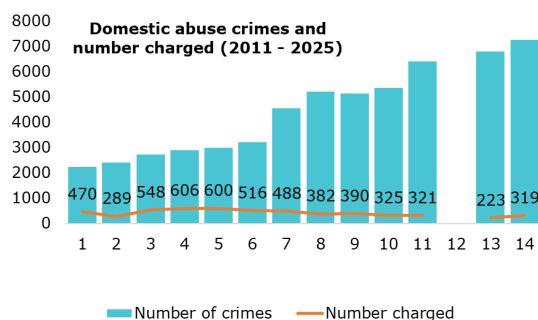


¹⁷ Victim details recorded in 97% of crimes

The chart below shows the **declining charge rate since 2011**, when the charge rate stood at 21% of all domestic abuse crimes.



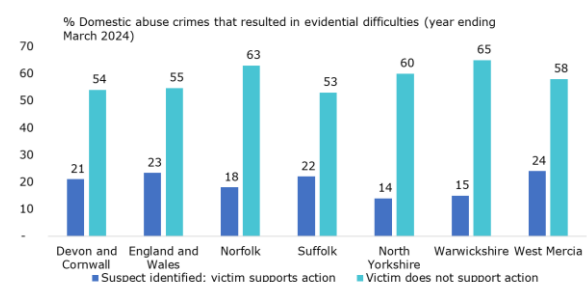
The **increased number of domestic abuse crimes reported is a key factor** in the dropping rate, but we can see that the number of crimes charged has also reduced over time.



Whilst Magistrates courts in Cornwall lead the way nationally for wait times, **Crown Courts are taking two to three years** to see cases brought to trial.

We see low numbers of evidence-led prosecutions; increases in **complexity of cases** means that victims are more vulnerable, with potential to be using **drugs or alcohol, or involved in offending**, all of which might make them appear to be **poor witnesses**.

Most prosecutions generally rely upon victims being willing to participate. **Cases are taking longer and longer to bring to court**, and evidence around coercive control is very hard to prove, meaning cases are either shelved before reaching court or victims often 'walk away'. This can feed into **cycle of negativity** around both services and the criminal justice pathway.



ONS data (above) shows the high proportion of crimes that **do not proceed due to evidential difficulties**. Where the victim supports action, the proportion in Devon and Cornwall is lower than the national average and similar forces, but similar where the victim does not support action.

Emerging risks and knowledge gaps

The **online environment presents an increasing threat** as an enabler of stalking, harassment and abuse. **27%** of all [stalking and harassment](#) crimes were recorded as cyber-crimes in 2024/25, up from 20% the previous year.

Many of the more challenging domestic abuse cases in Cornwall involve victims with **multiple and overlapping complex needs**,

making them particularly **vulnerable to [exploitation and further harm](#)**. A significant proportion of these individuals have experienced abuse and exploitation dating back to childhood.

Since **non-fatal strangulation** was made a standalone offence¹⁸ the number of these crimes recorded has **steadily increased**. In Cornwall 475 crimes of non-fatal strangulation were recorded last year¹⁹ (up by 16% from 2024), of which 76% were recorded as **domestic abuse**.

Overall, three-quarters of the victims were **women**. Young people under 18 make up 16% of recorded victims and amongst young people the gender split is more equal.

Four Domestic Related Death Reviews in Cornwall have featured [Adult Family Violence](#). The reviews have highlighted a lack of consistency of response to the needs and risks of the perpetrator, the victim and other family members.

- **Adult family violence is often overlooked**, misclassified as intimate partner violence, or dismissed as part of broader family dynamics. Victims may underreport or minimise the abuse due to the **complexity of their relationship** with the perpetrator.

Have Your Say Survey

Safer Cornwall's "Have Your Say" survey **asks residents about the community safety issues that matter to them** on a day-to-day basis in their local area and what they think partners should do to improve things.

As part of the 2024 survey²⁰, we asked some specific questions about domestic abuse and sexual violence and analysed the responses.

Do you know how to access support if you think someone is experiencing domestic abuse? If you thought that someone was experiencing domestic abuse, would you feel comfortable asking them if they needed help?

What do you think we should do to help increase awareness of domestic abuse and sexual violence and the services available to help?

Do you know how to access support if you think someone is experiencing sexual violence or abuse? If you thought that someone was experiencing or had experienced sexual violence or abuse, would you feel comfortable asking them if they needed help?

¹⁸ Under the Domestic Abuse Act 2021, officially coming into force in June 2022

¹⁹ 12 months to June 2025

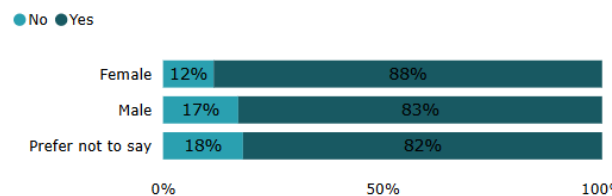
²⁰ The survey was available on-line in July and August 2024 to gather people's views to inform the development of the new Safer Cornwall Partnership Plan 2025-2028.

Reaching out and signposting to support

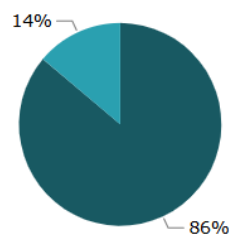
"If you thought that someone was experiencing domestic abuse, would you feel comfortable asking them if they needed help?"

86% of respondents felt they would feel comfortable asking if they needed help. 17% of males and 12% of females felt that they would not be comfortable asking.

If you thought that someone was experiencing domestic abuse, would you feel comfortable asking them if they needed help?



If you thought that someone was experiencing domestic abuse, would you feel comfortable asking them if they needed help?



Men were less likely than women to feel comfortable asking someone if they needed help with domestic abuse (83% v 88%).

Below is a breakdown of the reasons why people indicated they would not feel comfortable asking if someone needed help if they suspected someone was experiencing domestic abuse.

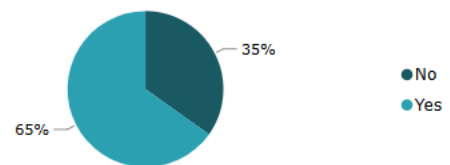
- Fear of repercussions – personal safety and privacy concerns
- Perceived as prying
- Lack of training

- Preference for professional intervention
- Previous negative experiences
- Uncertainty
- Causing embarrassment and shame

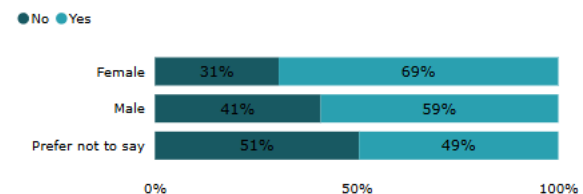
"Do you know how to access support if you think someone is experiencing domestic abuse?"

65% of respondents felt they knew how to access support. Men were less likely than women to know how to access support if they thought someone is experiencing domestic abuse (59% v 69%).

Do you know how to access support if you think someone is experiencing domestic abuse?



Do you know how to access support if you think someone is experiencing domestic abuse?



The following recommendations were made on how to increase awareness of domestic abuse and sexual violence as well as the services available to help.

- Social media platforms
- Targeted campaigns
- Collaborations with influencers
- Interactive content
- Awareness campaigns
- Support resources
- Community engagement

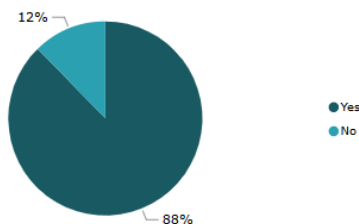
Sexual violence or abuse

"If you thought that someone was experiencing or had experienced sexual violence or abuse, would you feel comfortable asking them if they needed help?"

If you thought that someone was experiencing or had experienced sexual violence or abuse, would you feel comfortable asking them if they needed help?



88% of respondents stated that they would feel comfortable asking them if they needed help. 19% of men, and 9% of women would not feel comfortable asking someone if they needed help.



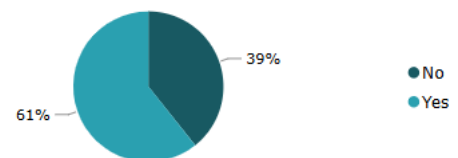
The main reasons why respondents felt uncomfortable asking someone if they needed help with sexual violence or abuse, are summarised below.

- Fear of being wrong or interfering
- Lack of training or knowledge
- Concerns about personal safety
- Belief that it is a personal matter
- Previous negative experiences

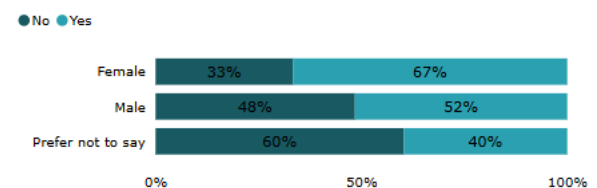
"Do you know how to access support if you or someone you know is experiencing sexual violence or abuse?"

61% of respondents agreed that they know how to access support for those experiencing sexual violence or abuse. Men are slightly less likely than women to know how to access support for sexual violence or abuse (48% v 33% respectively).

Do you know how to access support if you or someone you know is experiencing sexual violence or abuse?



Do you know how to access support if you or someone you know is experiencing sexual violence or abuse?

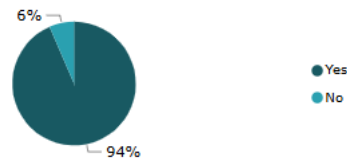


Safeguarding

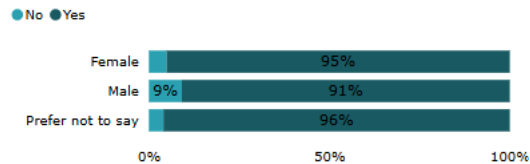
"If you thought that a child was being abused, would you feel confident to raise your concerns in order to find them professional help?"

94% of respondents agreed that they would feel confident to raise concerns in order to find a child professional help for child abuse. Men are slightly less likely than women to feel confident to raise their concerns to find them professional help (91% v 95%).

If you thought that a child was being abused, would you feel confident to raise your concerns in order to find them some professional help?

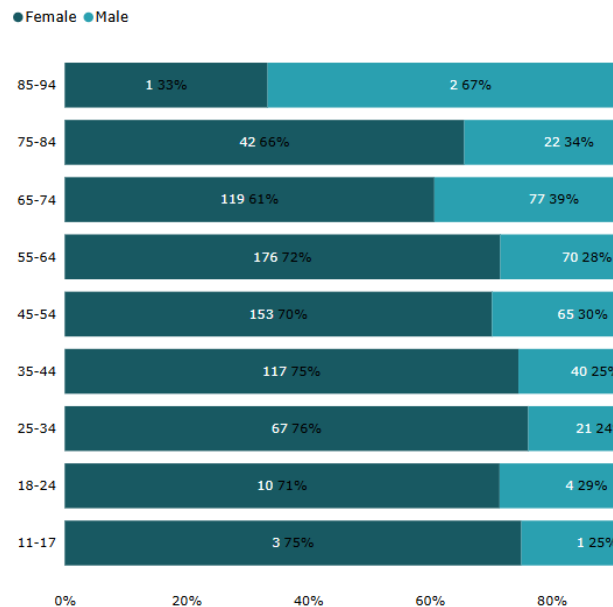


If you thought that a child was being abused, would you feel confident to raise your concerns in order to find them some professional help?



The table below shows the number and percentage of men and women by age group, who agreed that they were confident to raise their concerns.

Those feeling confident to raise concerns by age and sex



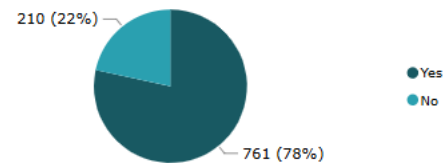
There were a number of key themes within the reasons why respondents did not feel confident to report suspected child abuse:

- Lack of knowledge/training
- Fear of consequences
- Doubt in effectiveness of the response
- Uncertainty and hesitation

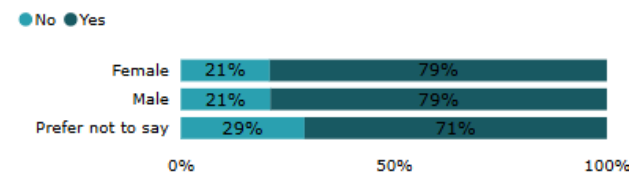
"If you saw or experienced abuse of an adult, would you know what to do?"

78% of respondents stated that they would know what to do if they saw or experienced abuse of an adult, with men and women being equally as likely to know what to do.

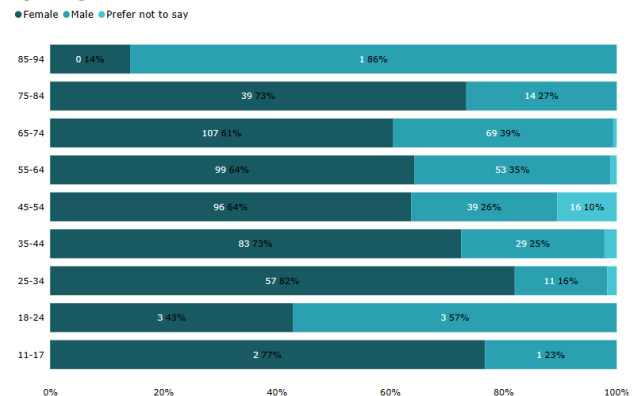
If you saw or experienced abuse of an adult, would you know what to do?



If you saw or experienced abuse of an adult, would you know what to do?



Those who would know what to do if they saw or experienced abuse of an adult - by age and gender



Here are the suggestions for raising awareness about safeguarding adults, ordered by how frequently they were suggested:

- Social media
- Posters in public places including toilets
- Leaflets

- More frequently communicated through council websites, monthly emails, Council Tax bills
- Local media including TV and radio adverts and newspapers
- Dedicated phonelines
- Public awareness campaigns
- Workplace training
- One-stop shops
- Evening workshops

Who Responded?

1,142 people filled out the survey and provided their postcode, almost double last year's responses (581).

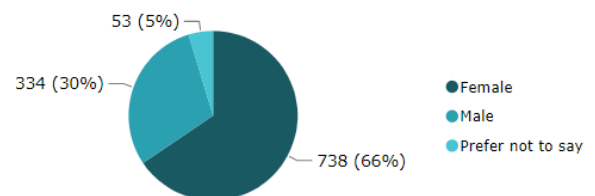
Age group	% in local population	Survey (2023)	Survey (2024)
11-24	15%	2%	2%
25-34	10%	5%	9%
35-44	12%	13%	15%
45-54	13%	20%	21%
55-64	15%	24%	24%
65-74	13%	22%	19%
75-84	9%	8%	6%
85-94	4%	<1%	<1%

The town with the most respondents was Camborne (274). 26 towns had less than 25 respondents each which has improved (2023 – 31 towns).

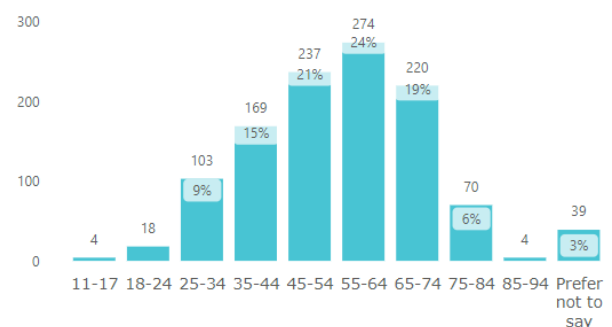
Town	Responses	%
Camborne	274	24
Truro/TMS	129	11
Liskeard	104	9
Redruth	63	6
Saltash	62	5
St Austell	56	5
CPR Rural	36	3
China Clay	33	3
Penzance	32	3
Bodmin	31	3
Looe	26	2

Reported findings (excluding qualitative feedback) are weighted by population to prevent any skewing of the data by Camborne and Truro residents.

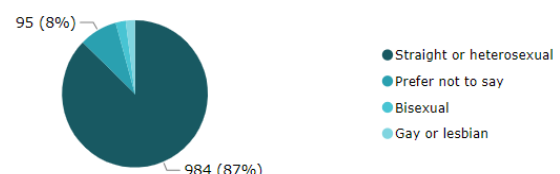
There was a clear gender skew with **66% of respondents being women**. This is an identical proportion to 2023's sex breakdown. Just **under a third were men** at 30%, 18% less than the population proportion.



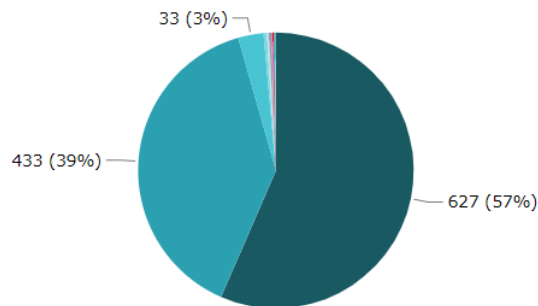
Younger age groups were under-represented when compared with the population profile in Cornwall. **Middle and older age groups were over-represented** (all groups from 45 to 74 years of age).



87% of people identified as heterosexual, only **4% of people identified as LGBTQIA+** and 8% did not disclose their sexual identity.



Most respondents identified as White British at 57%, followed by 39% as Cornish. **Less than 1% of people responding** were from Black, Asian, or other non-white minority ethnic groups.



- White British
- White Cornish
- White Other
- Mixed Cornish (e.g. Cornish and Asian)
- Asian Other
- Mixed British (e.g. British and Asian)
- Black British
- Asian Cornish
- Black Cornish
- Black Other
- Mixed Other (e.g. Italian and Asian)

6% of respondents were from 'Other' White ethnic groups which includes many other European ethnic groups and Gypsy, Roma and Traveller communities.

20% of respondents stated that they had a disability. 5% of respondents chose not to respond to this question.

36% identified themselves as **non-paid carers**, a slight increase from 2023.



Vulnerable Groups

Sex, age, disability and sexual orientation are key predictors of risk

Comparing national prevalence data²¹ alongside our local data helps us to understand the **experience of domestic abuse for different groups** and their engagement in support. More detail about **risk factors and barriers** to support for different groups can be found in the [2021/22 assessment](#).

Sex: women

Women are more than twice as likely to experience domestic abuse than men (6.6% vs 3.0%). Based on crime data, **under-reporting rates** are estimated to be **similar for men and women** (24% and 22% respectively). This means that the **majority** of people experiencing or at risk of harm through domestic abuse and **not receiving help are women**.

In the last 12 months, the police recorded just over **5,000 crimes with a female victim**, accounting for 71% of domestic abuse crimes. Women are also more likely to be **repeat victims** (57% vs. 48% for men).

Women are more likely to be experience **stalking and harassment** and be subjected to **coercive control**. High levels of **fear** may impact negatively on their ability to seek support.

Sexism and misogyny can be used to excuse behaviour. Women may

fear not being believed or that the abuse is minimised. Other characteristics (such as having a disability) may **increase vulnerability** to abuse and act as **barriers to seeking help**.

Pregnancy

Domestic abuse can start in pregnancy and escalate in frequency and severity during pregnancy and the first year after birth, it is estimated that as much as **30% of domestic abuse starts in pregnancy**.

Although pregnancy is a well-recognised risk factor, research by the Maternal Health Alliance found that **perinatal mental health services lack awareness and education** on how to respond to domestic abuse.

Barriers include a **medical model** approach, a **lack of understanding** of coercive control, stigma, challenges for people from **minority ethnic groups**, a fear of **re-traumatisation** and systemic issues. They also highlight concerns

²¹ Office for National Statistics (2024); Crime Survey for England and Wales: Prevalence of domestic abuse in the last year among adults aged 16 to 74, by personal characteristics and sex, year ending March 2024

about **insufficient training** and a **lack of routine inquiry**.

Independent Domestic Abuse Advisors in maternity settings can help but funding and implementation across the country is inconsistent.

In Cornwall, we have a **dedicated Health IDVA** within the Integrated Safeguarding Team and a clear maternity pathway¹ supporting **routine inquiry, identification, referral and specialist support**.

The Maternal Health Alliance states the immediate need to **improve responses** nationwide and make specialist perinatal mental health services, universal services and all essential services **trauma-informed**. Their recommendations for best practice and more information about their research can be found on their [Maternal Health Alliance website](#).

Over recent years, the specialist maternity safeguarding team²³ have seen an **increase of people in care proceedings**, specifically those with **repeat pregnancies** and then subsequent care proceedings.

Between April 2021 and June 2023, maternity safeguarding data recorded **25 cases where a newborn was separated from their mother directly from the**

postnatal ward following an Interim Care Order being granted.

The majority of women had suffered some form of **abuse or neglect** in their own childhood and had a **previous child separated** from them. These are significantly high numbers when we consider life trajectory and intergenerational trauma.



Experience of **domestic abuse** and **problem use of drugs and/or alcohol** were common complexity factors across this cohort. Other **vulnerabilities** included social deprivation, homelessness, learning disability and non-English speaking. 21 of the 25 partners/fathers of the baby were known to services, with **18 being known to the police**.

A **system-wide stakeholder workshop** took place in November 2023 to examine the system-wide picture of the complex, interacting

²² [Domestic Abuse and Sexual Violence Clinical Guideline for Maternity Staff](#) (V4.0) July 2025, Royal Cornwall Hospitals NHS Trust

²³ The maternity safeguarding team are part of the integrated safeguarding team for Royal Cornwall Hospital (RCHT) and Cornwall Foundation Partnership Trust, based at RCHT.

factors that result in families experiencing **repeat removals**.

This has led to the creation of a **System Improvement and support model** to be piloted as a two-year test and learn project with families at risk of having a child removed (before or after social care are involved).

From the family's perspective, the new model works from the core belief that **families are entitled to the best support** and this process is not a 'punishment' for being a bad parent.

The model will involve a **panel of experienced decision makers** who understand the holistic needs of the family and can **allocate resources** to support them, including enabling their service to **flex where needed**.

There will be a **single whole family plan** designed by the panel with the family. A specialist worker/key-worker will provide holistic care and support, supported by a **multi-disciplinary team around the worker**.

Ongoing review is key to the model, focused on whether family needs are being met and what is enabling or hindering that. As a **system change project**, it will use learning to adapt, improve and evaluate progress.

The group created a 2-year goal statement to provide a **clear vision**.

In 2 years' time...

A **comprehensive pathway** will be in place that ensures all relevant professionals and services are usefully linked to enable **all families to have optimal support to prevent child removal**.

If child removal is necessary the pathway continues to fully support all key people - child, parent, wider family and workforce.

Domestic abuse is a known vulnerability factor amongst people in the criminal justice system, particularly women.

An analysis²⁴ of the **Women's Risk Needs Assessments**²⁵ of 506 women across 7 women's centres highlighted abuse and trauma as a recurrent theme.

81% experienced physical or sexual abuse, with childhood trauma particularly prevalent. The Criminal Justice system doesn't currently sufficiently recognise the impact of abuse suffered by **women offenders** and assessments do not capture **previous trauma**.

The closest female prison is in Gloucestershire; short sentences can result in **loss of housing and**

²⁴ JABBS Foundation [Research-Summaries-.pdf](#) The Women, Crime and Justice Research Group (2024), Exploring Needs Profiles in Criminal Justice Involved Women

²⁵ An assessment of the unique needs of women and pathways into crime. It covers attitudes, criminal history, education, housing, mental health and abuse/trauma.

contact with their children.

Potentially women have to return home to their abuser if there is no other provision.

It is often **harder for women to complete community sentences.**

Commitments including family and children, experience of domestic abuse, substance use and poor mental health are all contributory factors for dropping out at a higher rate than men.

*Women only services in Cornwall***The Women's Centre Cornwall**

- Specialist by and for women support service for women and girls aged 11 and over.
- Psycho-educational, emotional and trauma-informed support delivered using an Empowerment model. The core support offer is 1:1 support over 20-26 weeks.
- Other forms of support include helpline, an online peer support forum, bodywork and therapeutic group work.
- The Open service offers emotional and practical support for women leaving prison or on Probation across Dorset, Devon & Cornwall.

West Cornwall Women's Aid

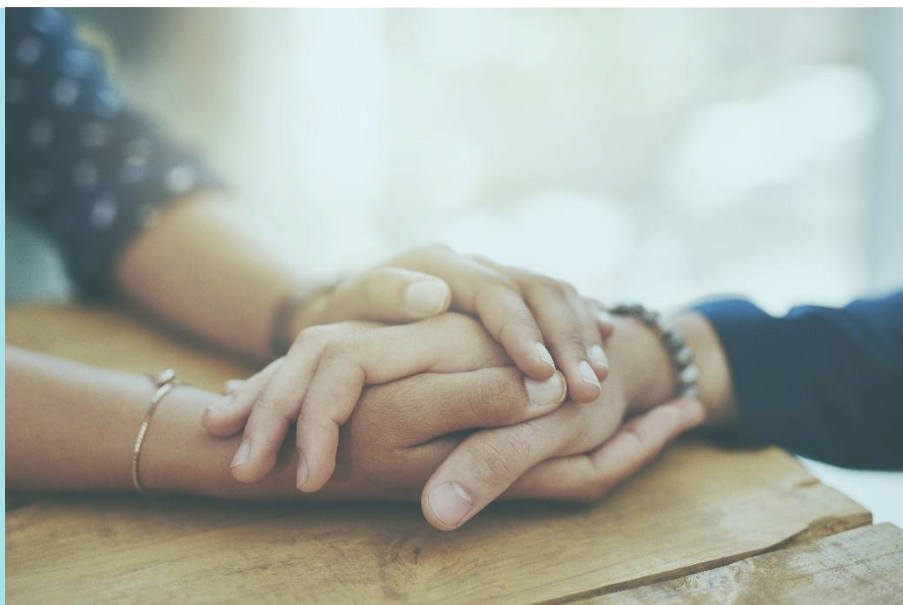
- Counselling, helpline, outreach and group services

Refuges

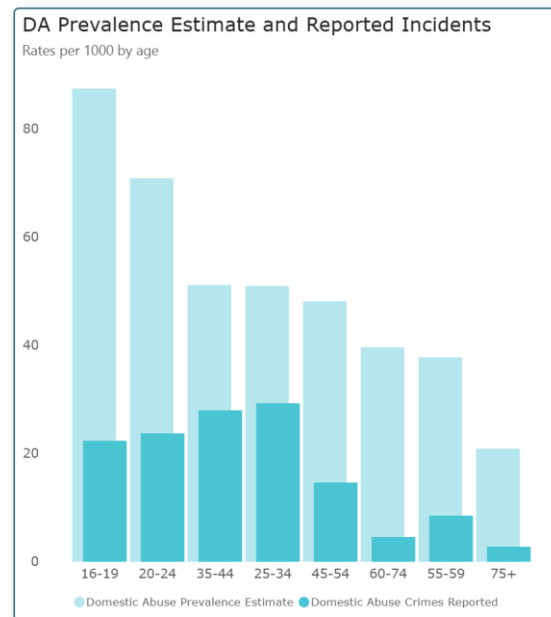
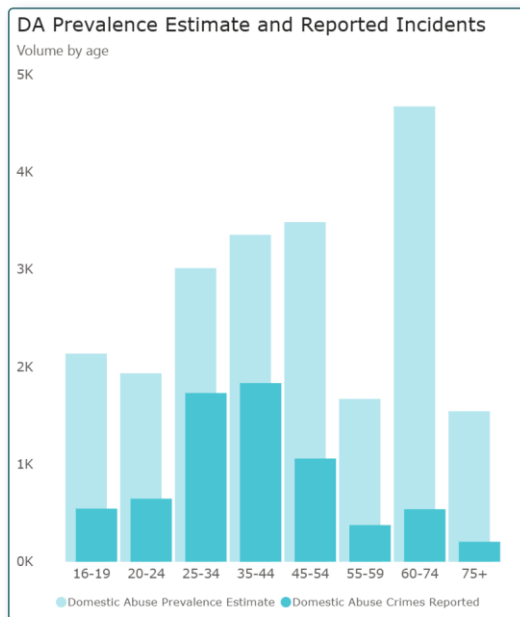
- Cornwall Refuge Trust
- West Cornwall Women's Aid

Vulnerable Women's Unit

- Eva Project hosted by Harbour housing provides specialist support for women with complex needs.



Age



Young people

Young people are **disproportionately affected by domestic abuse**, both as children in abusive households and as young adults experiencing abuse within their own relationships. Children who experience abuse in the home are discussed in more detail under [Children, Young People and Families](#).

Young people experience the highest rates of domestic abuse in their relationships of any age group – 8.2% for the 16-19 age group, compared with 4.8% for all ages.

Reporting rates have improved for this age group – around **21% of estimated prevalence**, compared with 15% at the time of the last assessment) but remain slightly below average. They also experience the highest rates of victimisation for **stalking**.

Some groups are at higher risk of experiencing DASV or violence, noting that the resulting **vulnerabilities often overlap** with each other:

- Young people that have a **history with social care**
- Residential/foster **care leavers**
- Teenage parents
- Young people in a **same sex** relationship
- Young people with **adverse childhood experiences**

The number of crimes reported involving **younger victims has seen a higher rate of increase** than the overall rise of 4%. In the year, the police recorded:

- 425 crimes where the **victim was under-18** ▲+23%, with the rise predominantly in crimes involving 16 and 17 year olds.

- 940 crimes where the victim was **18-24 years old** ▲+5%

1,164 under-18s were known to the commissioned Safer Futures service over the last year, but the majority of them are accessing support due to having experienced domestic abuse in the home.

Approximately **one in ten clients are receiving support from a Young Person's IDVA** or a comparable specialist worker due to immediate and ongoing risk.

Contrary to the trend in police recorded domestic abuse, the number of **16/17 year olds receiving support** through our community service, with a **9% drop** in numbers over the year. Reasons for the decline include a **consolidation and reduction of waiting lists** as well as a vacancy in the Young Person's IDVA team.

Additionally, the MARAC Steering Group has identified the notably **low number of referrals for victims under the age of 18** — just 10 in 2024/25 (2% of 642 referrals) — as a priority area for further exploration and targeted improvement.

The number of **18-24 year olds in service has also shrunk** back towards 2023/24 levels (-6%) to 961 people over the same period.

Services specifically for young people in Cornwall

Community support

- Specialist IDVA for children and young people
- Therapeutic intervention for adults and young people aged 16+ provided by WAVES
- CLEAR provides therapeutic support up to 18 years following experiences of abuse – covering a wide range of therapies designed for different age groups and levels of need

Safe Accommodation support

- A small number of dispersed units are **allocated at lower rent** for young people in lower paid employment or receiving benefits.
- Previous case studies indicated that housing support was more likely to be **provided through young people's housing provision**, rather than in safe accommodation.

Healthy Relationships Programme

– universal prevention programme delivered in education settings

WILD Young Parents project

– supports young Mums and Dads through group work, outreach and casework. Includes the **Safer Parents, Safer Babies** project.

Gweres Kernow – service for young people displaying concerning/harmful sexual behaviour

Gweres Tus Yowynk – run by the Youth Offending Service and Cornwall Council Children and Family adolescent service to help young people at risk.

Older people

The **estimated prevalence of domestic abuse declines with age**. For people aged 60-74 the rate is 4%, 17% below the rate for all-ages, and less than half the average rate for those aged 75+ (2.1%).

That being said, the over 60s make up 39% of the population aged 16+ years and should account for around **27% of people experiencing domestic abuse**, compared with the 11% reported in the police data. This does represent an increase, however, from the last assessment when it was only 7%.

In the last 12 months:

- 742 crimes were recorded by police where the **victim was aged 60+ years**; no change overall but a **rise of 36%** for crimes involving people aged **75 and over**.
- People aged 65+ make up **6% of people receiving support** from domestic abuse services, with the percentage slightly higher for men (7%) than women (5%)

There are a range of **additional risk factors** that may make it more difficult to identify domestic abuse, including **care and support needs** and coercion and control in a relationship where one person lacks capacity.

Caring responsibilities present a risk factor for older people in adult family violence, both as carers of adult children who are unwell or

substance dependent, and as elderly victims with care and support needs.

63% of **victims** of [Adult Family Homicide](#) were **aged 55+**, while 60% of suspects were aged 16-34.

Of the people supported in Safe Accommodation in Cornwall, **1% were aged 65+**, which is in line with the national average.

Services specifically for older people in Cornwall

Older Persons Project

Further to the pilot in Newquay – older persons' charter implemented into DASV service specifications and training toolkit. An Older Person's DASH is also being piloted.

Safe Accommodation support

A range of Safe Accommodation in Cornwall including communal living and self-contained flats for people fleeing DASV.

Access may be limited due to physical accessibility or additional care and support needs – Of the 58 units 12 are accessible for people for **people with mild to moderate mobility issues** and 1 is a wheelchair-designed unit.

- EVA Project has 1 wheelchair designed unit, and 9 semi-accessible units for women with complex needs
- Norda men's refuge has 1 unit suitable for mild to moderate mobility issues
- 2 of the dispersed units are on the

Disability

National prevalence estimates indicate that **a person with a disability²⁶ is more than twice as likely to experience domestic abuse** than a person with no disability (9.2% vs 3.9%).

Two-thirds of people supported by our commissioned community service reported experiencing **poor mental health**, while one in eight disclosed a **long-term health condition or disability** — significantly higher than the estimated one in twenty within the general population.

Similarly, in Safe Accommodation, 67% of people supported had a **history of mental ill-health**, much higher than the 43% recorded for England. 18% of people declared a disability and this was lower than the England average of 26%.

Risk factors include **physical dependency due to care needs** and health needs may mask abuse or prevent disclosure. **Isolation and reduced autonomy** increases vulnerability to abuse, both for children and adults.

Barriers to accessing services include professionals not recognising abuse, physical accessibility issues, isolation and impairment due to disability.

Services specifically for people with disabilities in Cornwall

The Women's Centre Cornwall – staff receive specialist training by the [DIVAs](#), a group of women with learning disabilities, autism or neurodiversity who have experienced sexual and/ or domestic abuse. The DIVAs offer **training and consultancy to professionals** locally and nationally to increase their awareness and improve their services.

The Learning Disability and DASV project co-produced **easy-read guides** with DIVAs and an **easy-read DASH Risk Assessment**.

Safe Accommodation support

A range of Safe Accommodation in Cornwall including communal living and self-contained flats for people fleeing DASV. 12 the 58 units are accessible for people for **people with mild to moderate mobility issues** and there is 1 wheelchair designed unit.

- EVA Project has 1 wheelchair designed unit, and 9 semi-accessible units for women with complex needs
- Norda men's refuge has 1 unit suitable for mild to moderate mobility issues
- 2 dispersed units are on the ground floor

²⁶ The definition of disability is consistent with the Equality Act 2010 – this relates to long-standing illness, disability or impairment

which causes difficulty with day-to-day activities.

LGBTQ+

Experience of domestic abuse is estimated to be **higher for people who identify as Lesbian, Gay or Bisexual** than those who identify as Heterosexual – the difference is particularly marked for Bisexual women (11.2% compared with 6.3% for heterosexual women).

People who are **transgender** are also almost **twice as likely to experience domestic abuse** than the population average (9.8% vs 4.8%).

The characteristics disclosed by people referred to our community services for support in the last 12 months provide **local evidence of higher prevalence rates** amongst LGBTQ+ people.

117 people or **4% of referrals identified as a different gender** to their sex registered at birth, substantially **above the 0.3% of Cornwall's population** that described themselves in the Census as transgender/non-binary or other.

130 people or **6% of referrals** identified as Gay, Lesbian or Bi-sexual and a further 1% selected 'Other' (*sexual orientation*). This **compares with 3.0% in the population** based on the Census.

Additional barriers for people who identify as LGBTQ+ include fear of **discrimination**, not wanting to disclose their sexual identity, **low confidence in statutory services** particularly the police and perceiving (and experiencing) that services are

not 'for them' and a **lack understanding of and connectedness to the LGBTQ+ community**.

The **threat of disclosure or 'outing'** and the unique dynamic of this as a **means of control** is a specific risk factor for this population.

Services for people who identify as LGBTQ+ in Cornwall

LGBTQ+ IDVA

A specialist IDVA was commissioned as part of our community services offer in 2024/25, to help improve our response to the LGBTQ+ community who experience DASV.

Cornwall Refuge Trust uses an online portal for referrals for LGBTQ+ that is linked with GALOP – a national LGBTQ+ and Domestic Abuse Service to access services and accommodation vacancies across the UK.

Ethnicity

The CSEW estimates that **experience of domestic abuse is lower** than the population average for people from Black and Asian ethnic groups, but **higher for people of Mixed ethnicity** or from Other Ethnic groups.

The estimated prevalence amongst people in Cornwall who are **not White British is 1,220 people**²⁷ – of which 800 people are from an 'Other White' ethnic group.

287 people receiving support from our services identified as non-White British, and **20 people required the support of an interpreter** to access services. This accounts for **24% of the estimated number of people at risk**.

SafeLives report **lower reporting rates and greater risk of serious harm** within minority ethnic communities which suggests that the CSEW may be an under-estimate.

Ethnicity is under-recorded in police data, with 20% of recorded domestic abuse crimes missing this information about the victim. Where this was recorded, in the last 12 months, **187 crimes (3%)** were recorded where the victim was from an **Asian/Black/Mixed or Other Ethnic Group** and a further 1% described as 'Other White'.

Additional barriers to reporting and accessing support include fear of **discrimination**, cultural and/or language barriers and **fear of social isolation/rejection** in communities.

Projects such as the [Traveller Movement](#) highlight specific issues for Gypsy, Romany and Irish Traveller communities in relation to **accessibility, support and trust** in services; mainstream services are often **unaware of their needs** and the safeguarding response required.

We have a very small but growing population of **resettled refugees and asylum seekers**. Currently we are unable to identify them within our data sets and determine whether there are any unmet needs.

Services for minority ethnic groups in Cornwall

- **The Women's Centre Cornwall** - 3 bi-lingual Community Engagement Workers to engage with migrant European women in their first language.
- **Multilingual videos** about domestic abuse, trauma-informed **interpreter services**, and **women-only groups** for non-English speakers.
- No specialist 'by and for' services within Safe Accommodation, but we continue to support access for those with **No Recourse to Public Funds**.

²⁷ Based on population aged 24 years and over, due to limitations in the population estimates by ethnicity from the Census 2021



Focus on: Stalking & Harassment

Harassment is defined by the actions of an individual that cause a person(s) to feel **distressed, humiliated, threatened** or fearful of further violence and **occur more than once**.¹⁵

Stalking is broadly defined as 'A pattern of **fixated and obsessive behaviour** which is repeated, persistent, intrusive and causes **fear of violence** or engenders alarm and distress in the victim.'¹⁶

The impacts of stalking are **far reaching**, victims are constantly vigilant, outline a **loss of freedom** alongside experiencing **lack of trust, anxiety, stress and prolonged psychological harm**.²⁸ Aside from the impact on the health and wellbeing of victims, **children are often the hidden victims** of this crime²⁹.

The Law

The **Protection from Harassment Act 1997**³⁰ was originally introduced to address harassment and stalking but was not seen as expansive enough so was amended in 2012 to make stalking an official offence³¹. **Stalking Protection Orders** were introduced under the Stalking Protection Act 2019³² to help protect the victims of stalking and to **enable criminal sanctions for breaches** to be imposed; despite their introduction there has been **limited use locally** and across the UK.³³

Local context

Police recorded 4,413 incidents of stalking and harassment in Cornwall in 2024/25, up by 15% compared with 2023/24. 44% of these crimes were recorded with a domestic abuse flag (1,935 crimes) with a slightly higher annual increase of 18%.

27% of domestic abuse stalking and harassment crimes were **cyber-related** compared with 20% the year before. This reflects **improved identification and recording of cyber** as a factor. Based on crime data, domestic abuse stalking and harassment offences are less likely to be cyber-related than non-DA (39%).

Recording challenges

The Crime Survey for England and Wales (CSEW) shows **stalking trends have been relatively flat** in

²⁸ [Paladin – National Stalking Advocacy Service](#)

²⁹ [London Stalking Review 2024.pdf](#)

³⁰ [Protection from Harassment Act 1997](#)

³¹ [Circular: a change to the Protection from Harassment Act 1997 - GOV.UK](#)

³² [Stalking Protection Act 2019](#)

³³ Less than 1% of stalking cases recorded where a SPO was issued in Devon and Cornwall - [Tiny proportion of stalking cases result in protection orders - BBC News](#)

the last decade.³⁴ therefore the **increases flagged by police** are likely to reflect **improvements to recording practices** and changes to Home Office counting rules.

Despite this, nationally the number of **police recorded stalking** offences **remain well below levels reported in the CSEW**, which may reflect the sensitive nature of the crime and reluctance of victims to report incidents.

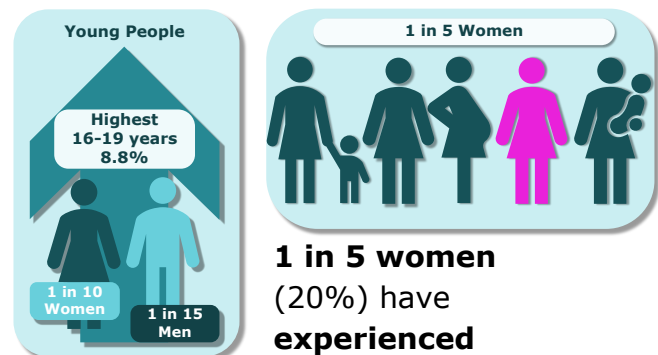
Differentiating between harassment and stalking is problematic making definitive recording by the police difficult. In a recent deep dive study of stalking in London the Mayor's Office for Policing and Crime (MOPAC) identified that **8 out of 10 coded stalking offences were not initially identified as stalking** by responding officers, with 42% initially classified as harassment³⁵.

Following a 'super complaint' submitted by The National Stalking Consortium a recommendation to **amend the criminal law** on stalking in order that it is **easier for police to understand and apply** was proposed. This need for clear guidance was echoed by the London Victims' Commissioner who pointed out that Police are **struggling to distinguish** between stalking and

harassment which **could lead to** people getting away with **lighter sentences or evading justice** completely.³⁶

National picture

The Crime Survey for England and Wales³⁷ estimates that **3.8%** (an estimated 1.5 million) of people aged 16 to 59 years **experienced stalking in the last year** equating to 1 in 25 women (4%) a higher proportion than men (2%)



1 in 5 women (20%) have **experienced stalking** at some point since age 16. A **higher percentage of younger people** experienced stalking, with the highest rate of victimisation among those aged 16 to 19 years (9%).

Experience of stalking was also higher for **single person households with children** (12%). Out of approximately **1.5 million stalking victims** in the year ending March 2024, an **estimated 423,000 (28%) were victims of domestic stalking**, with 314,000 (21%) being

³⁴ Some experiences captured in the Crime Survey may not meet the threshold for the police to record a crime. It is also possible that some people who have this experience does not recognise it as a crime or report it.

³⁵ The London Stalking Report 2024 - <https://www.london.gov.uk/media/106265/download?attachment>

³⁶ [London's Victims' Commissioner on Stalking Reform | London City Hall](#)

³⁷ [The nature of violent crime in England and Wales - Office for National Statistics](#)

stalked by a partner or ex-partner and 141,000 (9%) being stalked by a family member.

9% of people aged 16 years and over reported experiencing harassment.³⁸ A **higher proportion of women** experienced harassment (11%) than men (7%), **particularly sexual harassment**.

Higher percentages of **harassment** were noted in **young people** – 16-19 (20%); people with **disabilities** (15%) and **gay, lesbian** (21%) and **bisexual** people (35%).

The MOPAC deep coded review of 365 stalking cases revealed that **7 in 10 were ex-partners** with **29% having children together**.

Amongst those experiencing stalking, half had previously been the victim of any crime, with **26% having been subject to stalking or harassment before**. 32% had suffered domestic abuse.

Those who were **responsible for stalking** in the study had **previous allegations of crime in 62% of cases** and 29% for stalking and harassment specifically. There was also evidence to suggest a **history of perpetrating domestic abuse** and violence (36% and 30% respectively).

Stalking as a key indicator for potential escalation of harm is a critical consideration³⁹ and emphasises the importance of understanding the wider context in which an incident of stalking sits.

Online Threats

The 2024 National Policing Statement specifically highlighted **online and tech-enabled VAWG** as an **evolving threat**.⁴⁰



Between August 2022 and July 2023 125,515 VAWG offences were recorded with an **online element**. **Stalking and harassment accounts for 85%** of all online and tech-enabled offences. **1 in 5** stalking and harassment offences are recorded as 'online'.

436,196 stalking and harassment offences were recorded by police in 2022/23. This **equates to 40% of all VAWG** offences.

The Crime Survey estimates that approximately **42%** of victims (635,000 people) will have experienced **stalking that involved online methods**, like using electronic communications to threaten or harass.

³⁸ [Crime in England and Wales - Office for National Statistics](#)

³⁹ Monckton-Smith, J., Szymanska, K. & Haile, S. (2017) Exploring the Relationship between Stalking & Homicide. Project Report.

University of Gloucestershire in association with Suzy Lamplugh Trust, Cheltenham. <https://eprints.glos.ac.uk/4553/1/NSAW%20Report%2004.17%20-%20finalsmall.pdf>
⁴⁰ [Violence Against Women and Girls](#)

Despite the rise in stalking cases involving online technology, the findings of an investigation by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services into the police response to stalking found that **police continue to underuse the online flag in recording stalking cases.**⁴¹

This is particularly significant given that **all cases reported** to the **Stalking Helpline** now **include** some form of **online offending**.

The **police** acknowledge the challenges posed by evolving online mechanisms employed to facilitate stalking and are **seeking to understand both scale and nature** to help inform response and strategic direction.⁴²

Aside from the well documented impacts another **harm specific to online stalking** is victims' **fear** and distrust around **using technology and social media** after an incident, further exacerbating psychological distress as they become **isolated** from friends and family.



Focus on: Non-Fatal Strangulation

Non-fatal strangulation was made a **specific standalone offence** as part of the Domestic Abuse Act 2021, officially coming into force in June 2022. *'The practice typically involves a perpetrator strangling or intentionally affecting their victim's ability to breathe in an attempt to control or intimidate them.'*

Legislative change followed **sustained campaigning by advocacy groups** and reflects the need to properly recognise the severity of the act.

Strangulation frequently leaves no visible injuries, yet can result in **serious internal harm**, psychological trauma, and **long-term health consequences**.

By establishing a standalone offence, prosecutors are now able to pursue charges based on a lower evidential threshold, rather than relying on physical evidence alone. Previously, such cases were often prosecuted as **common assault**, which required proof of injury.

Evidence indicates that victims who experience non-fatal strangulation are **seven times more likely to be murdered by their partner**.

⁴¹ 123 of the 384 [stalking](#) cases involved some form of online offending but forces only used this in 36 of these. This is not a new finding. HMICFRS reached the same conclusion in its [2019 stalking report](#), and

made a recommendation to police to improve the use of the online flag.

⁴² [national delivery framework for VAWG \(PDF document\)](#)

Additionally, there has been a noted increase in the number of such cases being discussed at **MARAC** over the past year, underscoring its significance as a **high-risk factor**.

During the **first year** of the offence coming into existence, **nearly 24,000 reports** of strangulation and suffocation were made to the police in England and Wales.⁴³

SafeLives Insights IDVA⁴⁴ Dataset 2024 records that **38% of cases had experienced strangulation**.

A Home Office report reviewing 124 Domestic Homicide Reviews⁴⁵ found that **25% involved strangulation**, which included asphyxiation, pressure to the neck and suffocation. Of the victims, **80% were female and 20% male**.

In Cornwall, **475** non-fatal strangulation offences were recorded by police in the last 12 months, **up by 16%** on the previous year. 76% were recorded as **domestic abuse**.

Overall, three-quarters of the victims were **women**. Young people under 18 make up 16% of recorded victims and **amongst young people the gender split is more equal**.

Strangulation during sex is common among young people. A 2024 IFAS survey⁴⁶ of over 2,300 respondents found that **35% of 16–34-year-olds** had experienced being strangled or choked during consensual sex, while **27%** reported having done so to a partner—highlighting the widespread nature of the practice within this age group.

Key Local Insights

- Strangulation presents a **serious risk** and must be understood both as a **violent and coercive act**—often part of wider patterns of abuse—and as a **behaviour increasingly normalised within the sexual experiences of young people**. While some may perceive it as consensual, limited understanding of ongoing consent and how to withdraw it means this behaviour can easily cross into violence and abuse.
- **Victim-shaming** and uncertainty around **understanding consent** are significant **barriers to disclosure**. Building trust and creating safe, non-judgmental spaces for victims is essential.
- There is an urgent need for **wider education**—both within schools and across the general public—to **raise awareness of the risks** associated with strangulation, **challenge harmful behaviours**, and **support safer, informed relationships**.

⁴³ [UK Prevalence of Non-Fatal Strangulation](#) (2025)

⁴⁴ Independent Domestic Abuse Advocate or Adviser

⁴⁵ [Key findings from analysis of domestic homicide reviews](#), Home Office (2024)

⁴⁶ [Strangulation during sex in the UK](#), IFAS (2024)

Community Service: People profile

The data for this section was drawn from the electronic case management system for the commissioned integrated **Domestic Abuse and Sexual Violence service**, with the wider system numbers coming from individual service returns from partners.

While we are unable to reconcile the exact number of individuals

accessing services overall, we estimate that around **7,000 adults and 1,400 children and young people** received some form of intervention across the Domestic Abuse and Sexual Violence agency partnership in Cornwall, the table below gives a basic breakdown of the number of people known to each partner agency over the year to March 2025.

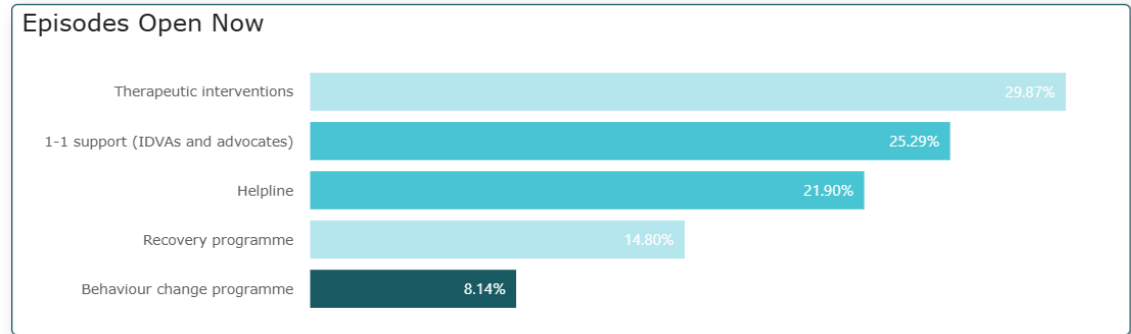
	CLEAR	Krefta Kernow	Safer Futures	Women's Centre Cornwall ⁴⁷	West Cornwall Women's Aid	Refuge Partnership
Adults	396	326	6,907	321	362	60
Children & young people	370	<5	1,092	46	48	N/A

Approximately **10,000 referrals** were made into our commissioned community service (Safer Futures) over the same time period.

Around **4,200 are new clients** that have **not been in contact** with the service before⁴⁸ with the remainder coming from internal referrals

between departments (where the client is embarking upon the next stage of their recovery journey) and re-referrals for people that have sought support previously.

Among the 4,200 new clients, **3,500 are adults**, while the remaining **700 are children and young people**.



⁴⁷ Data from 2023/24

⁴⁸ At least not since the earliest recorded referral in the data, 1st April 2021



While the number of adults known to the service has seen a small rise of 5%, the number of **children and young people has dropped by 6%**. This may reflect a reduction in the number of the Children and Young Person's IDVAs.

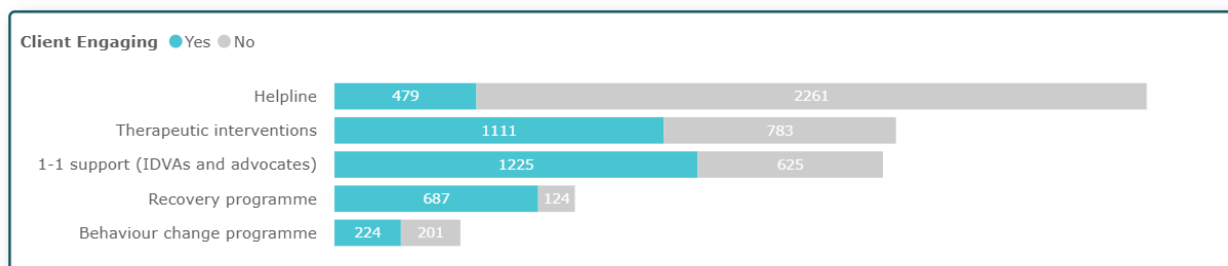
Around 2,200 clients are open to the service at any given time, with approximately one fifth open to the **Helpline** element of the provision.

A quarter of all episodes are assigned to an IDVA or DASA – dealing with **ongoing, current risk** – and around 1 in 10 episodes are focussed on **behaviour change**.⁴⁹

The largest area of support relates to **therapy and recovery activities**, aimed at dealing with the longer-term impacts of non-recent abuse.

Engagement rates⁵⁰ are 77% for adults and 69% for children and young people, excluding Helpline.

The **Recovery Programme** demonstrates the **highest rates of engagement** across both cohorts – 87% for adults and 78% for children and young people. Among the remaining service elements, the **strongest engagement** is seen in the Therapeutic teams for children and young people, and in 1-1 support for adults.



⁴⁹ Around half of these are Healthy Relationship interventions focussing on working with both partners

⁵⁰ The following logic is used to define engaged clients: individual clients with one or more open episodes 01/04/24 to 31/03/25 with at least one contact recorded under at least one of these reasons: Admin/telephone, Admin, 1st session - residential, Acupuncture, Attempted Contact, Brief intervention group, Child core group meeting,

Closure, Community Outreach, Comp Assessment, Court outreach work, Drop in/Duty, Family meeting, HSG contact, Inter-agency contact, Keyworker session, Life skills (Advocacy, education, employment, wellbeing, health, other), Out of Hours, Safeguarding, Safeguarding adult meeting, Safeguarding children AND one of the following outcomes: Attended, Attended Late, Case Discussion, Completed, Discharged, Planned Meeting

Service Category	U18s		Adults	
	Average length of episode (weeks)	Average # sessions	Average length of episode (weeks)	Average # sessions
1-1 support (IDVAs and advocates)	39	3.2	10	5.7
Behaviour change programme	28	2.4	32	11.9
Recovery programme	21	9.5	23	16.6
Therapeutic interventions	25	5.3	25	6.6
Total	26	5.9	17	7.8

The average **length of intervention for under-18s is approximately nine weeks longer** than the equivalent adult episode. A closer examination of the data indicates that this difference is almost entirely attributable to the **one-to-one support services** for children and young people, which focus on reducing immediate and ongoing risk. On average, episodes within this service area remain open for 3x longer than those for adults.

Conversely, **adult clients** tend to **engage with their support workers more frequently**, suggesting a **more intensive** model of engagement — characterised by a higher number of sessions over a shorter duration.

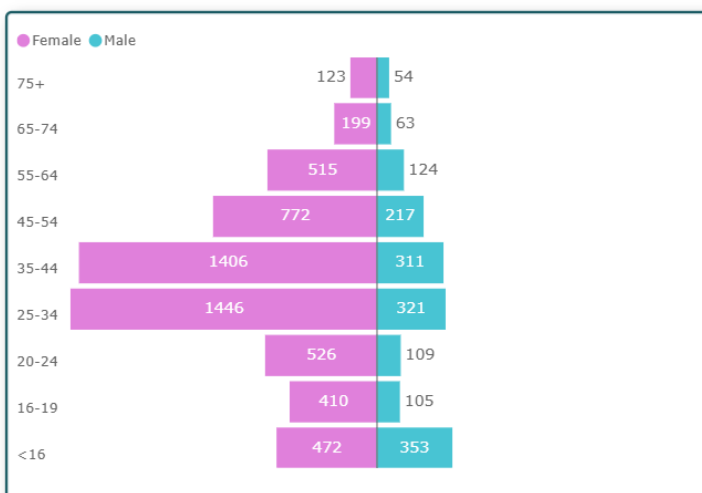
Client demographics

Basic information such as sex and date of birth are generally **recorded for all clients**. A **more in-depth assessment** doesn't usually take place until the client has been through an initial assessment and, if required, internally referred through to a specialist area of the service. For this reason **Helpline episode data is excluded** from the following analysis (apart from age and sex).

99% of clients **identify as either male or female**. Transgender identity is covered in more depth over the coming pages, but the number is too small to be shown in the visualisation here.

More than **three quarters of clients** working with the service are **women**. The largest age groups are 25-34 and 35-44 years, true for both males and females.

The split between female and male clients is **more even in the under-16s age group**, and if we look at all children and young people (under-18s) with an open episode, we can



see that the split is more like 63% female to 36% male.

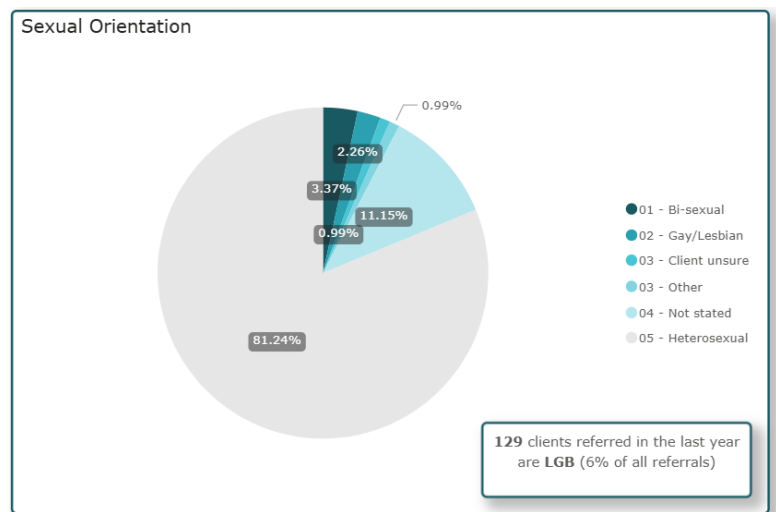
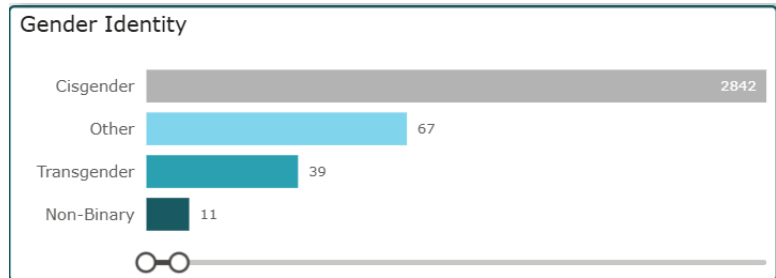
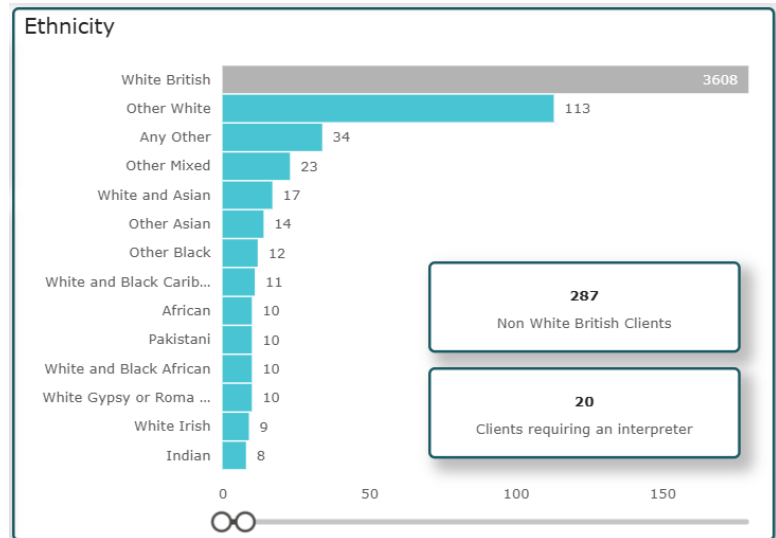
Most clients (92%) identify as **White British**, which closely reflects the demographic profile reported in the Cornwall Census.

Among all other ethnic groups, only **'Other White'** represents more than 1% of the total, with the remaining categories each accounting for less than 1% each. In total, 287 clients identified as non-White British, and **20 individuals required the support of an interpreter** to access services.

117 people (4%) referred in the last 12 months identified as a different gender to their sex registered at birth – describing themselves as Transgender, Binary or 'Other'. ⁵¹

In cases where **sexual orientation** is recorded, the data indicates that 130 clients are Gay, Lesbian or Bi-sexual, equating to around **6% of people referred**, a further 1% selected 'Other' (*sexual orientation*).

This is a **higher proportion than might be expected from our population profile**. The 2021 Census⁵² estimates that 3.0% of people in Cornwall identified with an LGB+ sexual orientation and 0.3% identified as transgender/non-binary or other.



⁵¹ 'Other' includes Questioning (Gender), Gender Fluid, Not Given, Other, Prefer not to

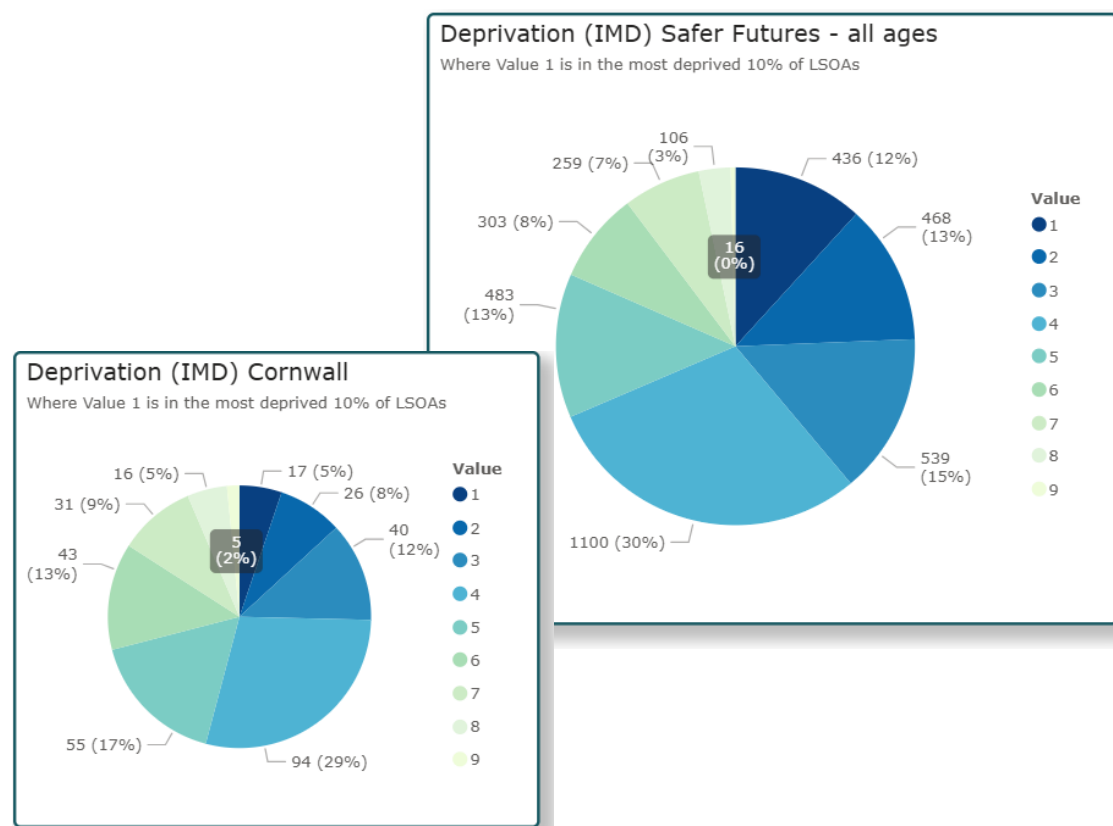
say, Unknown, Bigender, Third Gender/Pangender, Androgyny
⁵² [UK Census 2021](#)

The pie charts below take data from the English Indices of Deprivation⁵³, the darker areas (blue, lower values) of the pie represent the **proportion of people living in the most deprived areas** and the lighter areas (green, higher values) represent people living in the least deprived areas.

As shown in the comparison, **a higher proportion of Safer Future's clients live in more deprived areas** than would be expected if you took a representative sample from the wider Cornwall population. In fact, more than twice the expected number of clients live

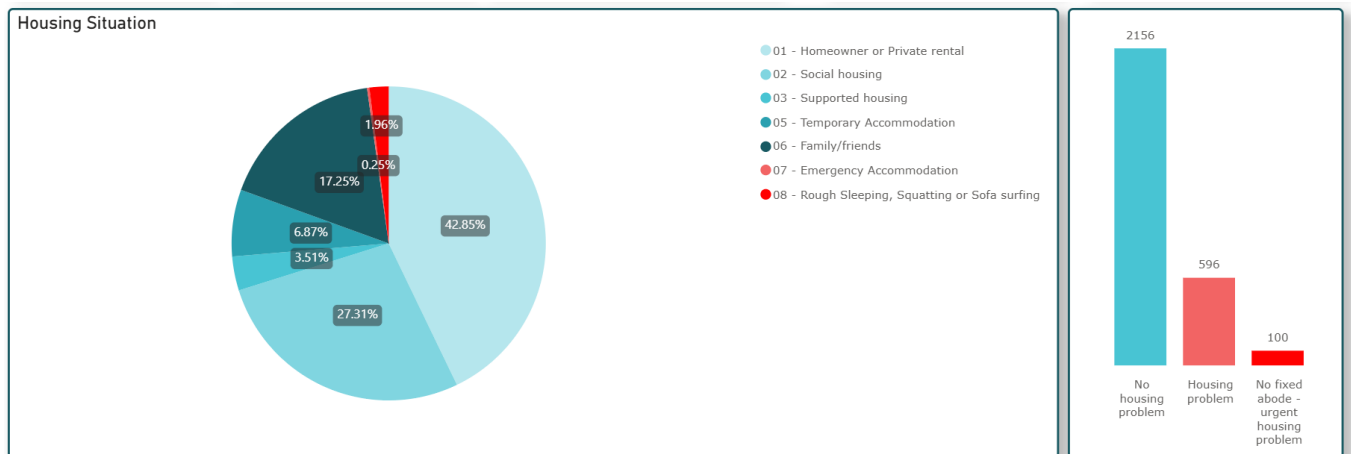
in areas within the most deprived decile. Overall, around **four in ten clients live in the 30% most deprived areas** and those living in the least deprived areas are underrepresented.

There may be several reasons why this is the case. Some hypotheses may include: a **higher incidence of abuse** occurring in deprived areas; more **effective reach and service provision** in these locations; or that victims of abuse in less deprived areas may have greater access to resources, including social capital, enabling them to escape their situations more effectively.



⁵³ [Indices of Deprivation 2019](#): Provides a set of relative measures of deprivation for small areas (Lower-layer Super Output Areas) across England, based on seven different domains of deprivation: • Income

Deprivation • Employment Deprivation • Education, Skills and Training Deprivation • Health Deprivation and Disability • Crime • Barriers to Housing and Services • Living Environment Deprivation



Of the 2,800 people assessed for their housing situation within the latest year, around a quarter reported that they have a **housing problem** (600 clients) or an **urgent housing problem** (100 clients). Around 60 people were **rough sleeping**, squatting or sofa surfing.

Three quarters of the cohort reported a **stable housing situation**, being either in self-owned, rented, social or supported accommodation.

Just under 500 people were **living with their abuser at the point of assessment**, and almost half of these (44%) also report a housing problem or urgent housing problem.

Understanding multiple vulnerabilities

Over 2,500 clients referred in the latest year reported suffering from **poor mental health, around two thirds of all referrals** (where the data was collected).

210 of these individuals also disclosed **problem use of drugs and/or alcohol** alongside their mental health difficulties.

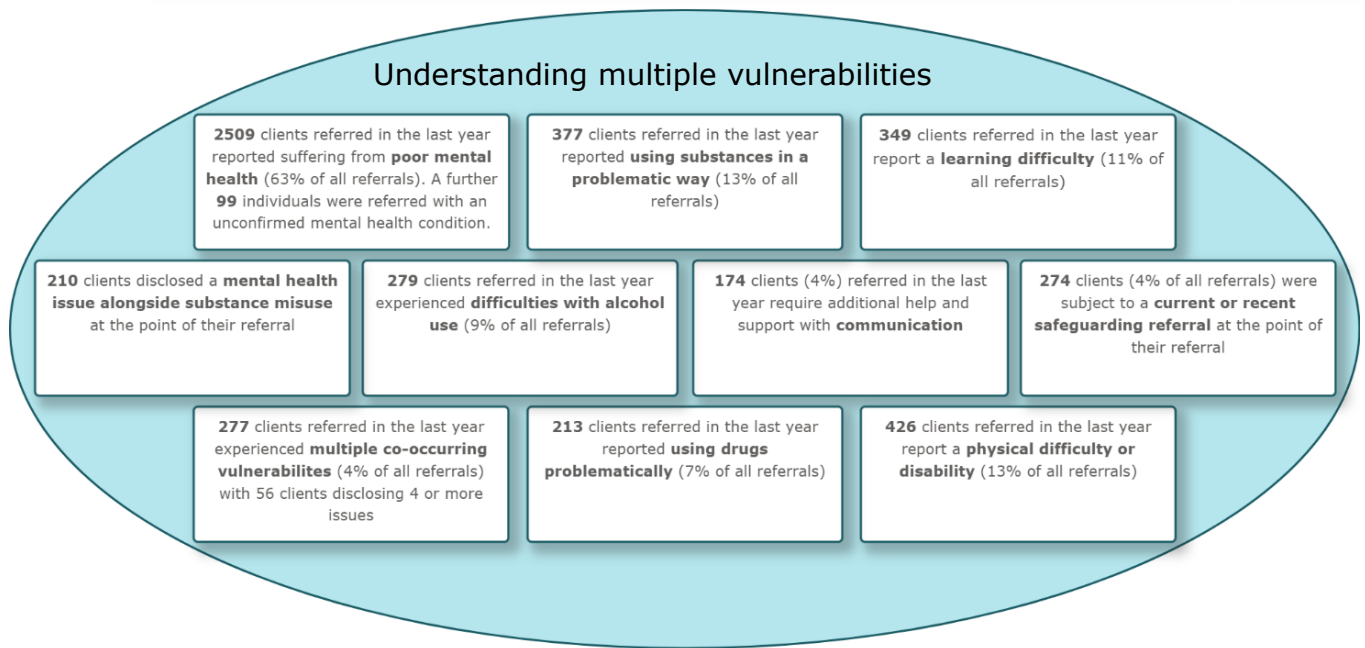
Overall, 380 clients (approximately 13% of all referrals) stated that they were **using drugs or alcohol in a problematic way**, 280 experiencing difficulty with **alcohol** and 210 indicated use of **illicit or prescribed drugs**.

350 referrals cited a **learning difficulty** as a significant barrier in their daily lives, around 200 required additional support with day-to-day **communication**, while over 400 people described a **physical difficulty or disability**.

Overall, 280 clients supported by the service flagged the experience of **multiple co-occurring vulnerabilities**⁵⁴ (around one in twenty referrals). Just over 50 people acknowledged struggling with 4 or more separate issues.

⁵⁴ Issues identified in the data were: Mental Health, Physical Difficulty, Learning Difficulty,

Communication Difficulty, Drug Issues, Alcohol Issues



Where multiple vulnerabilities did co-occur, **mental health** was commonly the underpinning issue, the most common groups being:

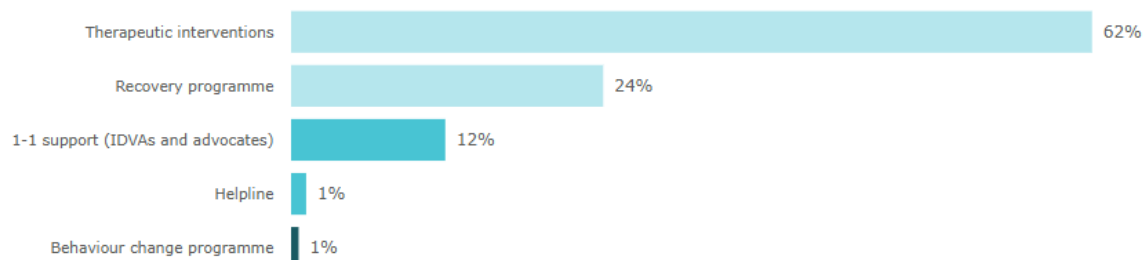
- Mental health with substance misuse – 210 clients
- Mental health with a physical difficulty or disability – 192 clients
- Mental health with a learning difficulty – 136 clients

At the time this report was compiled, 340 **children and young people** under the age of 18 had at least one open episode within the community service.

The intervention profile for this group leans heavily towards the **therapeutic and recovery-focused elements** of the service offer, which account for 86% of all open episodes.

As well as working directly with children and young people, the community service records some basic information around the children

Episodes Open Now - Children and Young People (U18)



that are living with, or linked to, their clients.

The latest year's data reveals that just over **1,800 children** under the age of 18 were recorded as being linked to around 1700 clients⁵⁵, accounting for 25% of all clients with an open episode.

26 of these linked children were known to have been on a **Child Protection Plan** in the last 3 years, 74 had been assessed as a **Child in Need** while 7 were in the care of the local authority as **looked after children**. In addition, 207 clients, 4% of all those with a open episode, said that they were **pregnant** or thought they might be.



Multi-Agency Risk Assessment Conferences

642 cases involving 471 individual victims were heard at MARAC during 2024/25, reflecting an **8% year-on-year increase** and achieving 70% of the long-term target of 920 cases annually.

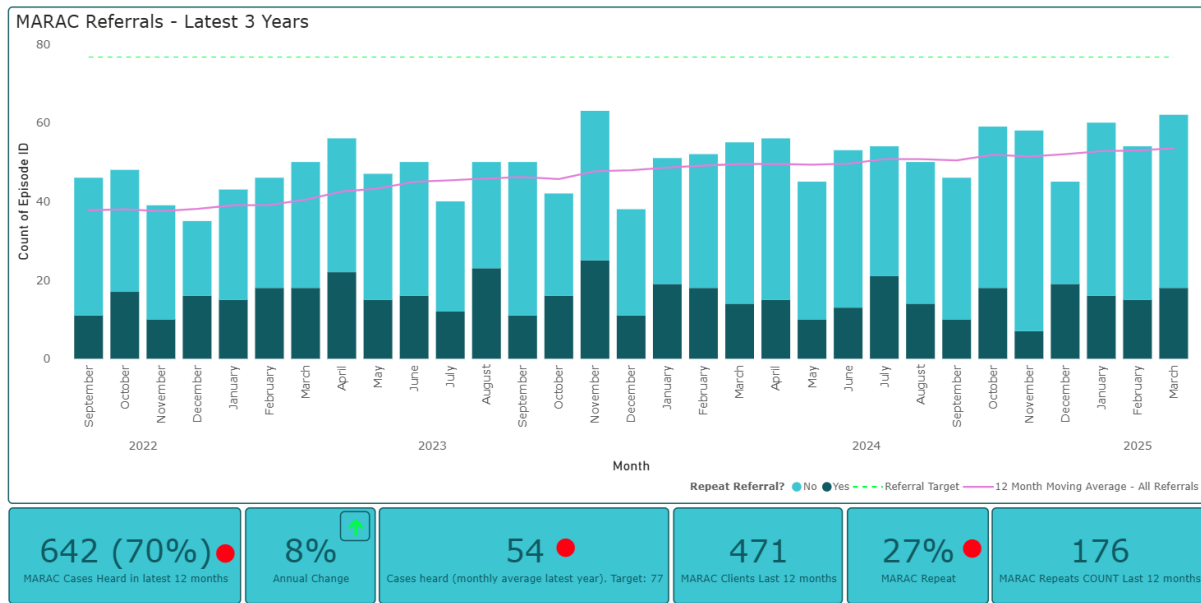
Referral volumes are rising, and there is evidence of **increasing**

diversity in referral sources.

Notably, referrals from Probation (+21%), Adult Social Care (+28%), and drug and alcohol services have all increased, indicating improved identification of high-risk cases across a wider range of frontline services.

⁵⁵ Clients aged 16 or over, not necessarily a parent and could be sibling or other family

member or friend. Would generally be living in the same household, but not always



A brief analysis of demographic data reveals **that 95% of cases discussed at MARAC involve female victims**, with the most commonly represented age groups falling between 25 and 44 years.

This pronounced gender disparity may indicate an **under-representation of male victims** within the cohort. Additionally, the MARAC Steering Group has identified the notably **low number of referrals for victims under the age of 18** — just 10 in 2024/25 — as a priority area for further exploration and targeted improvement.

The Community Safety DASV team has continued to deliver **targeted training** to partner agencies, including MARAC Lunch and Learn sessions and broader Domestic Abuse and Sexual Violence training.

In response to concerns raised last year regarding the quality of MARAC referrals — including incomplete

submissions, inappropriate cases, and missing key information such as details of the person displaying abusive behaviour — the MARAC Steering Group implemented a series of **quality assurance and improvement measures**.

These included **embedding referral guidance** into MARAC Representative training and Lunch and Learn sessions and establishing weekly MARAC Referral **Quality Assurance Meetings** attended by the MARAC Chair, Domestic Abuse Officers (Moonstone), and an Independent Domestic Violence Advocate (IDVA).

These changes have led to a **reduction in cases being rejected** and an increase in professionals seeking pre-referral guidance, helping to **eliminate gatekeeping** and ensure a **more consistent and robust** referral process.

Police referrals currently account for **56% of the total**, slightly below

the national average of 64%. Referrals from the commissioned service have declined, which may indicate **improved risk identification by partner agencies** — enabling earlier intervention before cases escalate to police or specialist services.

Referrals from **Health and Housing remain below national benchmarks**, though local arrangements such as the hospital-based IDVA service may be influencing these figures.

While overall referral numbers have not yet reached the target, the system demonstrates a strengthening multi-agency approach, evidenced by over **1,100 actions set in the past year** — a 10% increase.

Repeat referrals to MARAC have consistently been within the SafeLives recommended range⁵⁶ for an effective MARAC, but this did dip down to 27% last year (but has since recovered).

The dip may reflect an **increase in first-time referrals**, though further analysis is required to understand the underlying drivers. The trend aligns broadly with the national picture (29%) but **warrants ongoing monitoring** to assess its implications for long-term risk management and service responsiveness.

Exploitation of domestic abuse victims

Many of the more challenging domestic abuse cases in Cornwall involve victims with **multiple and overlapping complex needs**, making them particularly **vulnerable to exploitation and further harm**. A significant proportion of these individuals have experienced abuse and exploitation dating back to childhood.

The Victims' Commissioner's report "*Sowing the Seeds*" highlights how childhood experiences of domestic abuse often correlate with **later criminal exploitation**. These individuals face increased risks of offending, gang involvement, knife crime, and exploitation through county lines. The report calls for earlier intervention and improved recognition of intersecting vulnerabilities.

In the past year, nearly 300 adults approached Safer Futures for support related to **historic childhood abuse**. Of these, around two-thirds also disclosed experiences of ongoing or historic domestic and/or sexual violence.

County Lines operations frequently target domestic abuse survivors and other vulnerable individuals — both adults and children — coercing them into drug trafficking, sex work, and other forms of criminal activity.

⁵⁶ The SafeLives recommended target range for repeat cases (heard within 12 months of original) is between 28% and 40%

Victims are often manipulated through violence, debt bondage, and threats. The 2023 Adults DASV MoRiLE assessment noted that **sex work is increasingly linked to county lines and organised crime**, with some women being forced to sell sex to repay their abuser's drug debts.

In the last 12 months, approximately 400 clients known to Safer Futures disclosed **problematic use of drugs and/or alcohol** — a factor that can result from and contribute to cycles of abuse and exploitation.

These patterns underscore the need for trauma-informed, multi-agency responses that address both the immediate safety, and the long-term recovery needs of victims.

Key Local Insights

- Victims with histories of sexual abuse, violent relationships, and problem drug or alcohol use often face **repeated exploitative relationships**. Abusive people target people due to their multiple vulnerabilities, creating a persistent cycle of control and abuse.
- Rising complexity in victim presentations is placing significant **strain on services**. Healthcare and social care teams report **longer engagement times** and **increased demand**, with younger adults requiring more **advocacy** to access support.
- **Hidden homelessness and lack of suitable accommodation** heighten **exploitation risks**. Victims may remain with abusers due to housing shortages, while those with complex needs often struggle to maintain tenancies without intensive support.
- Sustained support is hindered by limited resources. Practitioners highlight the need for **wraparound, multi-agency approaches** to mitigate long-term harm, particularly for families, but this requires more **capacity and secure funding**.

Adult Family Violence

The definition of domestic abuse⁵⁷ includes **abusive behaviour between people who are personally connected** as well as intimate partners. This includes family relationships such as parent-child, siblings, and other relatives. This encompasses physical, emotional, psychological, financial, and coercive behaviours.

While domestic abuse research has traditionally focused on intimate partner violence, this emphasis has created a knowledge gap around **adult family violence and abuse**. As a result, existing **risk assessment tools often fail** to adequately capture the dynamics and risks associated with interfamilial abuse.

4 Domestic Abuse Related Death reviews in Cornwall have featured **Adult Family Homicide**.

In the past year, around **130 adults** supported by Safer Futures **reported abuse from a relative** — 80% were women.

Adult Family Homicide (AFH) is defined as the killing of an individual aged 18 or over by an adult family member (excluding current or former intimate partners).



Adult family violence is often overlooked, misclassified as intimate partner violence, or dismissed as part of broader family dynamics. Victims may underreport or minimise the abuse due to the **complexity of their relationship** with the perpetrator.

The **Vulnerability Knowledge and Practice Programme's** national study⁵⁸ of Domestic Homicide Reviews over four years found that AFH accounted for **17% of the 1,012 cases** reviewed.

Key findings included:

- **AFV is gendered** both in terms of victimisation and perpetration, albeit with a more pronounced gender split in the latter.
- **Mothers and sisters** continue to be the main victims of **fatal violence from their sons and brothers**. 90% of suspects were male.
- In 60% of cases, the victim was a parent and suspect their child.

⁵⁷ Domestic Abuse Act 2021

⁵⁸ [Domestic Homicides and Suspected Victim Suicides 2020-2024 Report](#), Vulnerability

- 63% of **victims** were **aged 55+**, while 60% of **suspects** were **aged 16–34**.
- 63% of suspects had **mental health needs**. Mental health issues affect the majority of perpetrators of AFV, including depression, self-harm, psychosis and paranoid schizophrenia.
- Nearly half of perpetrators of AFV had a history of **domestic abuse**, and 34% had problems with **drug or alcohol use**.
- 20% of suspects had **caring responsibilities**, and victims often had physical health needs.

Caring relationships and responsibilities manifest themselves in a number of different ways:

- Victims are **parents informally caring for adult children** (often mothers caring for sons) who are mentally unwell or substance dependent.
- Victims are **elderly, vulnerable parents with care and support needs** who are being cared for by their adult children.
- **Victims and perpetrators are adult children** involved in the care of a vulnerable parent. The vulnerable parent is not the direct victim of AFV, but issues relating to caring responsibilities are a crucial feature in the background of the family relationship.

Research into Adult Family Homicides showed a **high degree of instability**⁵⁹ in the lives of those

who committed the murders. This included, for example:

- **Inability to sustain employment** due to mental health and associated issues
- **Lack of stable, long-term relationships** and/or breakdown of intimate relationships
- A **high degree of transience** due to lack of housing options or difficulties in sustaining independent living

This in turn **increased their financial and emotional dependence** on their parents and other family members, which was evident in that most adult children were living with their parents. **Social isolation** was an additional poignant feature in the lives of perpetrators.

Due to complex **family relationships, caring responsibilities**, and perceived **support needs** of the perpetrators, as well as lack of suitable options, family members affected by abusive behaviours are often **less likely to engage in support** with police, prosecution, or IDVA. They are more likely to minimise safety concerns and **less able to articulate their experience as 'abuse'**.

This may **reinforce assumptions** made by professionals, such as police and CPS, about their level of risk. This **increases the isolation of victims** and barriers to help-seeking and access to support.

⁵⁹ [Adult Family Violence Briefing](#), Standing Together against Domestic Abuse, July 2020

Adult Family Violence in Cornwall

The 4 Domestic Abuse Related Death reviews that featured **Adult Family Homicide** occurred between May 2021 and April 2023.

The reviews highlighted several systemic issues for AFV:

- A **lack of holistic approaches** to risk identification, assessment, and intervention—often focusing on individuals or incidents rather than cumulative family risk.
- **Siloed working**, with mental health concerns considered in isolation from patterns of domestic abuse. Agencies often **failed to collaborate** or engage in multi-agency discussions.

- Developing **tailored guidance** and tools to distinguish AFV from Intimate Partner Violence.
- **Training and upskilling** across agencies to recognise, flag, and respond to risk factors collectively.
- Creating **robust data capture** and analysis mechanisms to inform preventative practice.
- Establishing and promoting methods for **sharing good practice** across services.

A number of issues were raised for MARAC which included **earlier referrals** based on multiple incidents, **recognition of risk** and developing and implementing **outcome focused plans**.

Recommended responses include:

- Raising **awareness of the prevalence** and unique characteristics of AFV, which can escalate if unaddressed.

Key Local Insights

- Services report an increasing trend in **child on parent abuse**; this type of abuse has varying and different complexities to intimate partner abuse and victims tend to be very reluctant to report.
- **Lack of suitable housing increases risk** if family groups remain living in the same property, limiting options for safe separation.
- The local system has **significant gaps** in identifying and responding to **honour-based abuse**, particularly affecting young adults.

Children, Young People and Families

Key statistics⁶⁰

- **7,363** domestic abuse crimes ►+4%
- **4,205** domestic abuse non-crime incidents ►+2%
- **1,164 under-18s known to Safer Futures** service ▼-5%
- Around 460 clients under-18 received support from partner agencies in 2024/25:
 - **370** people were supported by **CLEAR**
 - **46** people were supported by **The Women's Centre Cornwall**
 - **48** people were supported by **West Cornwall Women's Aid**
- **333** people completed an initial request for **Safe Accommodation** support (►-3%)
 - 100 (30%) had parental responsibility for at least one child under the age of 18.
- **2,700 social care referrals** where domestic abuse was recorded as concern
 - 218 step ups for social care assessment, 27% of all step ups were due to DA
- **3,519** pupils received **Healthy Relationships education** across 56 schools in the year to March 2025 ▲+12%
- **3,862** Operation Encompass notifications from police to schools ▲+83% (2024)

Young people can experience domestic abuse in a multitude of ways. They can:

- Witness domestic abuse **in the family home** and may be directly victimised by the perpetrator of that abuse.
- They can also experience domestic abuse in their own **intimate partner relationships**.
- They may **demonstrate harmful behaviours themselves**, towards partners or family members.

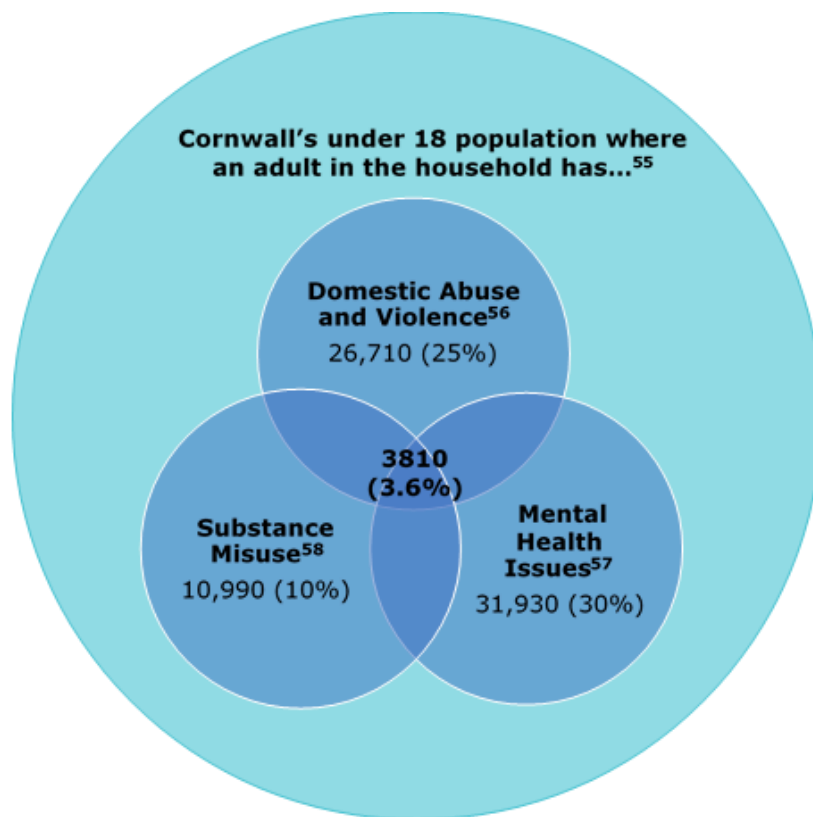
Children are now recognised as primary victims under Section 3 of

the Domestic Abuse Act 2021. This legislative shift, reinforced by Dame Nicole Jacobs' 2025 review "Victims in their own right?", has driven **greater awareness** and reporting of harm experienced by children who see, hear, or are otherwise affected by domestic abuse.

It is estimated⁶¹ that **1 in 4 children in Cornwall** (26,710 children) live in households where an adult is or has been affected by domestic abuse. For **6.2% of children** (6,620 children or 1 in 16) the abuse will have been experienced **in the last year**.

⁶⁰ Data covers year to March 2025 unless otherwise stated, compared with previous 12-month period. Crime statistics provided by Devon and Cornwall Police cover the 12 months to June 2025

⁶¹ [Estimating the prevalence of the 'toxic trio'](#), Children's Commissioner's Office (Chowdry, 2018)



3.6% of children under 18 years old in Cornwall (4,000 children) are estimated to live in a household where an adult is or has been affected by co-occurring domestic abuse, drug and/or alcohol problems and mental health problems.

[Operation Encompass](#) is a nationally adopted initiative that aims to support schools in responding to domestic abuse by **providing timely information to school safeguarding leads** about all police attended incidents of domestic abuse. The safeguarding lead then makes sure the child gets the immediate support that they need.

Training is also offered to school staff - teaching them to identify and support children affected by domestic abuse.

Limited access to the latest Operation Encompass data shows **just under 4,000 notifications were made** in the 2024 calendar year, an **increase of 83%** compared with 2023.

[Healthy Relationships education](#) in schools also improves early identification and support, as well as aiming to equip our young people with the knowledge and confidence that they need to navigate their own relationships.

The **Healthy Relationships Programme** was delivered to 3,519 pupils across 56 schools in 2024/25, rising back up to 2022/23 levels following a drop last year. Training was also provided to school staff using a 'Train the Trainer' model.

Children's Social Care data identifies 2,700 referrals in 2024/25 where domestic abuse was recorded as concern, equating to **13.5%** of all referrals, noting that domestic abuse may not have been the primary reason for referral.

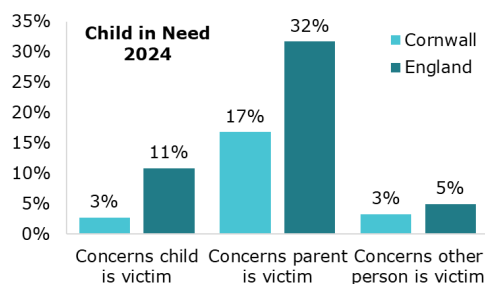
Further work would be required to understand whether the referral resulted in a DASH⁶² assessment

⁶²Domestic Abuse, Stalking and Harassment and Honour Based Abuse Risk Identification and Assessment. The DASH risk checklist is used by IDVAs and other frontline

professionals to identify and assess risks when a potential victim discloses domestic abuse, 'honour'- based violence or stalking.

being undertaken and onwards referral for specialist support.

Data from the **2024 Child In Need Census**⁶³ indicates that, compared with the national average, we are less likely to identify domestic abuse as a risk factor in referrals in Cornwall.



The number of referrals where domestic abuse was recorded as a factor had also **reduced compared with 2023** - by 15% for concerns that the parent is the victim, and by 8% for concerns where the child is the victim.

The 2024/25 data is due to be published at the end of October.

Overall, the number of people in contact with commissioned domestic abuse services has continued to grow, albeit at a slower rate of around 3% per annum (further to rising sharply since 2021).

1,164 under-18s were recorded as receiving support through **Safer Futures** in 2024/25 representing a **small 5% drop** from the peak of

1200+ seen during 2023. The majority of children and young people are accessing support due to having **experienced domestic abuse in the home**.

- 213 (62%) of 343 open cases were open to the **therapeutic Recovery Pathway**
- 49% of clients under-18 cited domestic abuse as the reason for their referral, with the majority stating that the **abuse happened in the past**

Around **500 children** were identified as being **linked to 225 cases discussed at MARAC**, with one in ten of these children being the subject of a **Child Protection Plan**.



Focus on: Child sexual abuse and domestic abuse

A review into factors associated with disclosure of child sexual abuse⁶⁴ found that closed family systems with rigid roles that enforce patriarchal authority and teach **child obedience to adults** are linked with lower or **delayed disclosure rates**.

Communication in these families is often closed, with members avoiding discussing family issues, and in many cases, this **coexists with domestic abuse**.

⁶³ Department for Education, October 2024, [Children in Need](#), 12 months to 31 March 2024 (latest published)

⁶⁴ Science Direct (January 2024), [A systematic review of factors associated with disclosure of child sexual abuse - ScienceDirect](#),

A report⁶⁵ by the Centre of Expertise on Child Sexual Abuse found that many **looked-after children** who have been sexually abused have also experienced domestic violence or neglect. It is important to consider the different risks and responses for boys and girls as well as children from different ethnic backgrounds and those with disabilities.

Sex and relationship education should be carefully delivered to looked-after children, emphasising mutuality and consent as well as openly discussing grooming (including online, exploitation, and control and coercion) in relationships as well as covering gender dynamics and LGBTI issues.

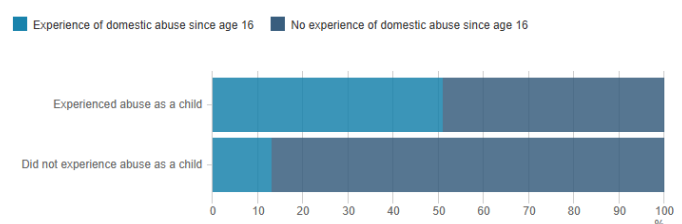
The *National Review into Child Sexual Abuse within the Family Environment* (March 2020) was commissioned by the **Child Safeguarding Practice Review Panel**. It examines how agencies respond to child sexual abuse (CSA) within families, drawing on serious case reviews and safeguarding incidents to identify systemic challenges and areas to improve.

- **CSA often co-occurs with other forms of harm**, particularly domestic abuse and neglect. These overlapping risks can obscure the signs of sexual abuse, making it harder for professionals to identify and respond effectively.

- A **consistent theme** was the **over-reliance on children to verbally disclose abuse**, despite evidence that many face significant barriers to doing so — including fear, trauma, loyalty to family members, and shame. This reliance can lead to missed safeguarding opportunities.
- Professionals may focus on adult victims of domestic abuse without fully exploring the child's experience. The review calls for **greater professional curiosity**, improved multi-agency coordination, and a **child-centred approach** that interprets behavioural and emotional indicators of abuse and acts proactively, not just in response to disclosure.

Survivors of child sexual exploitation (CSE) and other forms of abuse often **carry unresolved trauma into adulthood**, increasing susceptibility to coercive relationships and victimisation. Previous research for the Crime Survey for England and Wales (CSEW)⁶⁶ reveals a stark correlation between childhood abuse and later experiences of domestic abuse.

Survivors of child abuse or not and whether they experienced domestic abuse as an adult, CSEW year ending March 2016



⁶⁵ Centre of Expertise on CSA (September 2019), [Looked-after children and child sexual abuse | CSA Centre](#)

⁶⁶ Office for National Statistics (2021), [People who were abused as children are more likely to be abused as an adult](#)

According to the survey, 51% of adults who experienced abuse as children reported being a victim of domestic abuse since turning 16, compared with just 13% of those without a history of childhood abuse.

The risk is not only elevated by the presence of childhood abuse but increases significantly with the number of abuse types experienced — a pattern confirmed by additional ONS data showing a rise from 24% to 77% as abuse types accumulate.

The evidence supports a **trauma-informed approach** to safeguarding and risk management with an integrated approach that tracks and responds to abuse histories across life stages.

The Domestic Abuse Commissioner's 2025 report reframes children and young people affected by domestic abuse not merely as witnesses but as **primary victims**.

It highlights the developmental, emotional, and behavioural impacts of DA exposure, including increased risks of **mental health** issues, **drug and alcohol use**, and **future victimisation**.

The report calls for a **shift from reactive safeguarding to proactive**, rights-based support for young people.

A central theme is the lack of specialist services for adolescents, who often fall between child protection and adult DA services.

The report **recommends whole-school approaches**, improved Relationships and Sex Education (RSE), and better **integration of services** across education, health, and justice. Initiatives like "Tell Nicole" are cited as promising models for amplifying young voices and shaping policy around lived experience.

Key Local Insights

- Child sexual abuse often **coexists** with domestic abuse, but remains **hidden** due to fear, loyalty to non-abusive family members, and systemic gaps in **routine enquiry**.
- Disclosure is complex and fragile—children may retract or withhold information due to fear of upheaval, confusion, or **mistrust in services**, especially when language and processes feel **overwhelming**.
- Practitioner **confidence** and **trauma-informed** practice are essential—building trust, recognising non-verbal cues, and using sensitive language can support earlier and more sustained disclosures.
- Systemic change is needed—moving away from **a referral culture**, embedding **multi-agency expertise**, and addressing capacity issues (especially in education) are critical to protecting children and breaking cycles of harm.



Focus on: Coercive control through child contact

Post-separation abuse can be defined as the ongoing, wilful pattern of intimidation of a former intimate partner including legal abuse, economic abuse, threats and endangerment to children, isolation and discrediting and harassment and stalking.⁶⁷

Intimate partner violence (IPV) is more prevalent among couples with children, **60% of couples experiencing IPV have children living in the household.**

Separation from an abusive partner is often thought to be the solution to ending violence, however we know that **domestic abuse often continues after the relationship has ended.** In some cases, it can trigger an escalation in that abuse, and it's associated risk.

Perpetrators often create a charming public persona, making it difficult for victims to seek help and be believed. This manipulation can lead professionals to misjudge the risk posed, especially when the abuser appears cooperative or caring in formal settings.

Women's Aid (2016)⁶⁸ conducted a review of child homicides, examining 12 cases in which 19 children were killed by abusers who retained formal or informal contact with them following parental separation.

A key finding was that **professionals often failed to recognise separation as a high-risk period in the context of domestic abuse**, which contributed to missed opportunities for safeguarding. The study underscores the need for greater awareness of how post-separation contact can be used as a mechanism for coercive control, and how this can escalate to fatal outcomes.

The Duluth Post Separation⁶⁹ wheel was developed by the [Domestic Abuse Intervention Project](#) in America (they also produced the Power and Control wheel which is well known and widely used in domestic abuse practice in the UK). The wheels were created as a tool to describe domestic abuse to practitioners, victims, perpetrators and the general public.

The wheel identifies the different **types of post-separation abuse commonly used by abusers** and then goes further to outline the **specific types of behaviour** that

⁶⁷ Spearman KJ et al (2022), [Post-separation abuse: A concept analysis](#)

⁶⁸ Women's Aid (2016), [Nineteen child homicides: What must change so children are](#)

[put first in child contact arrangements and the family courts.](#)

⁶⁹ DVACT- PAI, Post Separation Abuse Wheel, January 2021, The Post Separation Abuse Wheel

indicate that these types of abuse are being used.

The types of abuse, including examples, are:

- Using **physical and sexual violence** against parent and children (threatening to kidnap the children)
- Using **harassment and intimidation** (destroying belongings connected to the other parent or children)
- Undermining the **victim's ability to care for the children** (disrupting sleep or feeding routines)
- **Discrediting them** as a parent (using their social status against them)
- Withholding **financial support** (refusing to pay child support, insurance, or medical costs)
- **Endangering children** (neglecting them while they are in the abuser's care)
- **Disregarding children** (Ignoring school schedules or homework responsibilities)
- **Disrupting the parent-child relationship** (coercing children to side with the abuser)

The wheel is especially helpful for combating the common myth that women should "just leave".

Key Local Insights

- The **family court system is not consistently trauma-informed** and can be misused by abusers to maintain control. Limited access to legal aid and advocacy leaves victims and children vulnerable to further harm.
- **Children exposed to coercive control** and unresolved abuse through contact arrangements may experience **continued trauma**, with limited access to safe therapeutic spaces for recovery.
- **Schools are a vital point of contact for children** navigating parental separation, but overstretched staff and limited awareness of family dynamics can hinder their ability to provide meaningful support.

Domestic Abuse Related Deaths

Domestic Homicide Reviews

The purpose of a domestic homicide review (DHR) is to **consider the circumstances that led to the death** of a person(s) and identify where responses to the situation could be improved in the future. In so doing, the **lessons learned** can be **taken on board** by the **professionals and agencies** involved, such as the police, social services, councils, and other community based organisations.

The **number of DHRs relating to suicide** reported by local authorities nationally has seen a **steady increase** since 2018.⁷⁰ In response to better recognising the often-hidden victims of domestic abuse who die after suicide, coercive and controlling behaviour and economic abuse, in 2024 **DHRs were renamed Domestic Abuse Related Death Reviews** (DARDRs).⁷¹

In Cornwall there has been an **increase in referrals** due to better **knowledge and identification** of domestic abuse related suicide within local agencies, particularly Public Health, and in response to the announcement by the Government in February 2024.

Since the implementation of the statutory duty for Domestic Homicide

Reviews in 2011, **Safer Cornwall has commissioned 36 DHRs**; 20 have been [published](#), 16 are ongoing. This includes a thematic DARDR of 4 women who died by suicide.

Safer Cornwall has also jointly commissioned a **tri-partnership thematic review of 4 care leavers** which was conducted using Local Child Safeguarding Practice Review process.

In 2024/25, out of the 7 formal DARD notifications received, **6 were suicides**.

Broadening the definition, whilst welcome in identifying the wider impacts of domestic abuse in relation to preventable deaths, does present capacity challenges in terms of the increased number of cases submitted for review. There is an inevitable **strain placed on resources** to facilitate higher numbers which leads to **delays in implementing lessons learned** and **impacts families** and friends.

A national survey of local authorities in England reported a **76% rise in the number** of DHRs conducted between 2018/19 and 2022/23, with a **45% increase in costs** from 2021/2022. The **average cost** of processing a DHR in 2022/23 was **£1m**.

⁷⁰ [Domestic Homicide Review Survey 2024](#)

⁷¹ [Victims and Prisoners Act 2024](#)

Challenges reported by Community Safety Partnerships **echo the local picture** and included Home Office delays, funding constraints, increasing numbers of DHRs and sourcing chairs.⁷²

The level of associated **complex needs** of both **victims and perpetrators** has also emerged as a theme in Cornwall, which further exacerbates the involvedness of the review process.

Interim feedback from the **Domestic Abuse Commissioners (DAC) oversight pilot** re-iterated the resource challenges faced by Community Safety Partnerships in delivering DARRs but also **highlighted good partnership working**, a desire to learn from DHRs to prevent future death and a commitment to implement recommendations.

Exploitation has emerged as a strong theme within the recent joint thematic review. This was a tri-partnership Local Child Safeguarding Practice Review to consider the learning from the lives and deaths of four care-experienced young women in Cornwall.

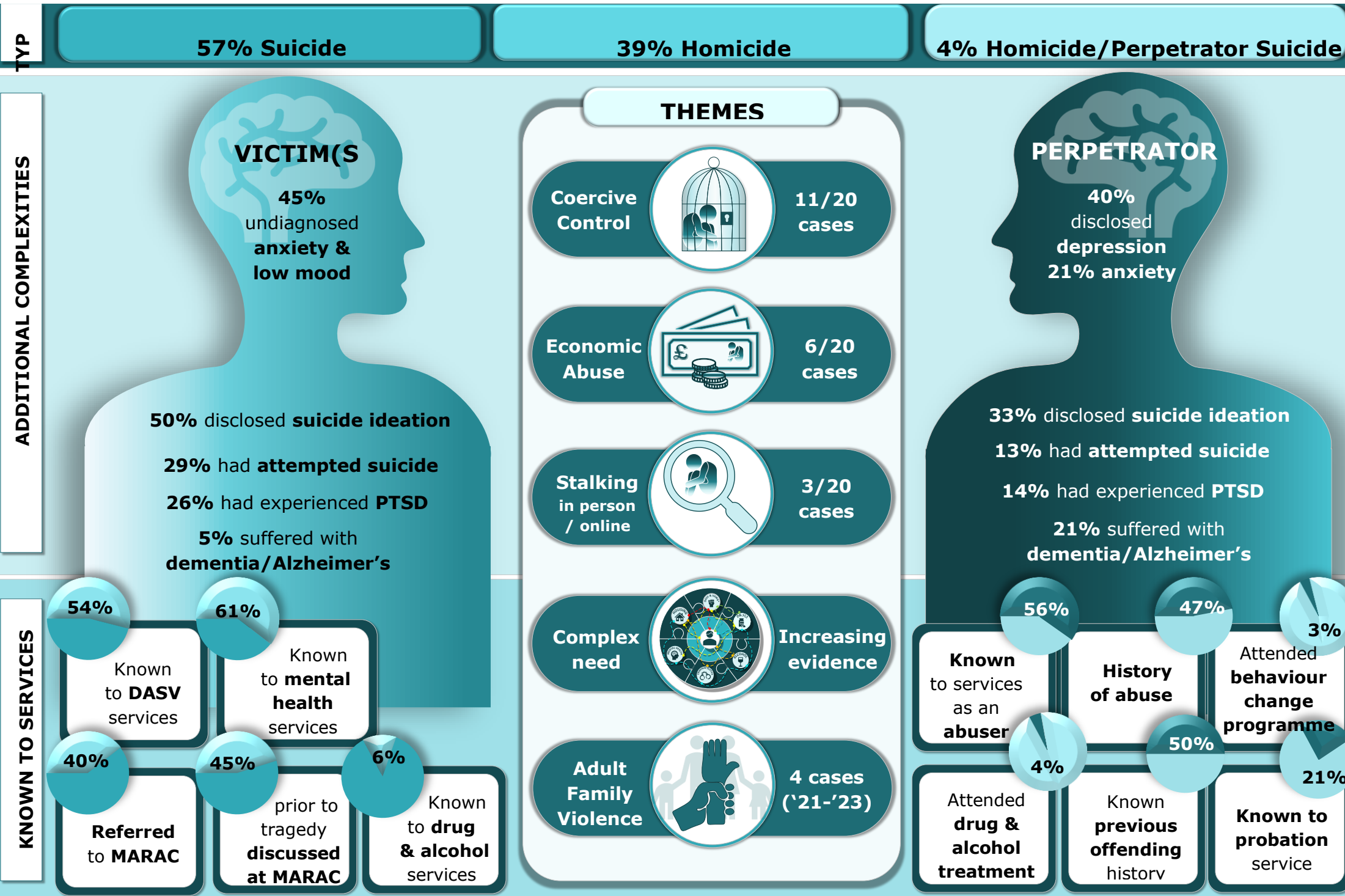
All four young women experienced poor mental health, **exploitation, sexual violence**, domestic abuse and drug use, whilst case files noted parental and professional concerns about escalating 'risky' behaviours and 'choices.'

The review highlights the need to respond to the **underlying causes for behaviour** and the crucial importance of all agencies working together to ensure young people's **psychological and relational safety**, as well as their physical safety – particularly where parents have experienced adversity or are holding complex trauma and the impact that this has in the home.

The review makes a number of recommendations regarding developing **joint targeted services and support** for vulnerable adolescents, young adults and parents, including a needs profile and outcome framework.

⁷² [Domestic Homicide Review Survey 2024](#) - 103 responses were received, covering 182 authorities (57%).

Cornwall Context - Review of 20 Domestic Abuse Related Deaths - Themes



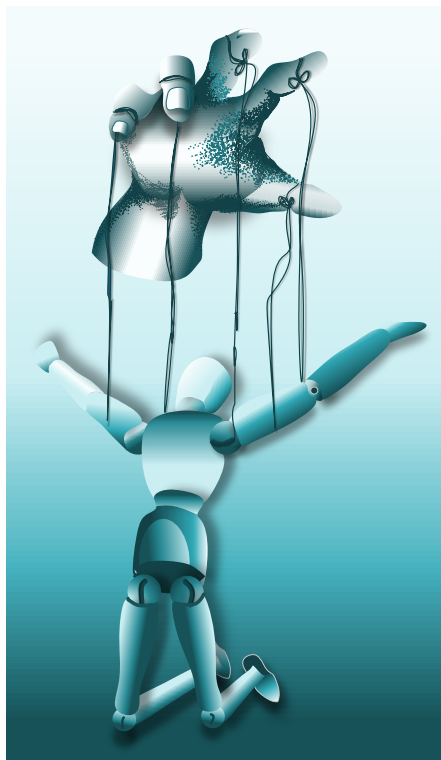
Domestic Abuse Related Deaths - Key Themes

Coercive control

Limitations of the professional system in **identifying and responding to coercive control** and the extent of the psychological manipulation of victims by abusers

Coercive control was a theme in **11 out of 20 DHRs** in Cornwall. This has led to an **audit of practice guidance and policies**, training take up and training content.

The work will include a deep dive into the implementation of DHR recommendations and will result in **re-modelling of practice and attitude** while influencing wider **systemic change**.



The extent of coercive control and its impact is **reflected nationally**. The Vulnerability Knowledge Practice Programme reviewed **354 Suspected Victim Suicides following Domestic Abuse** recorded between 2020 and 2024. **206 victims** from an intimate partner were also identified as having a **history of Coercive and Controlling Behaviour** within the relationships, accounting for **58%**.⁷³

The **Crime Survey for England and Wales** has also incorporated **questions specifically** related to **coercive control** from April 2025 to assist in improved outcomes and support for victims.⁷⁴

Complex Needs

DHRs in Cornwall have highlighted the **level of complexity** that is evident in the cases reviewed

The definition of 'complex' refers to people who are experiencing **multiple vulnerabilities**.

This primarily includes a combination of homelessness, drug and alcohol use, mental health issues, domestic abuse



⁷³ [Executive-Summary-Y4-Report-final.pdf](#)
Domestic Homicides and Suspected Victim Suicides 2020-2024 Year 4 Report VKPP

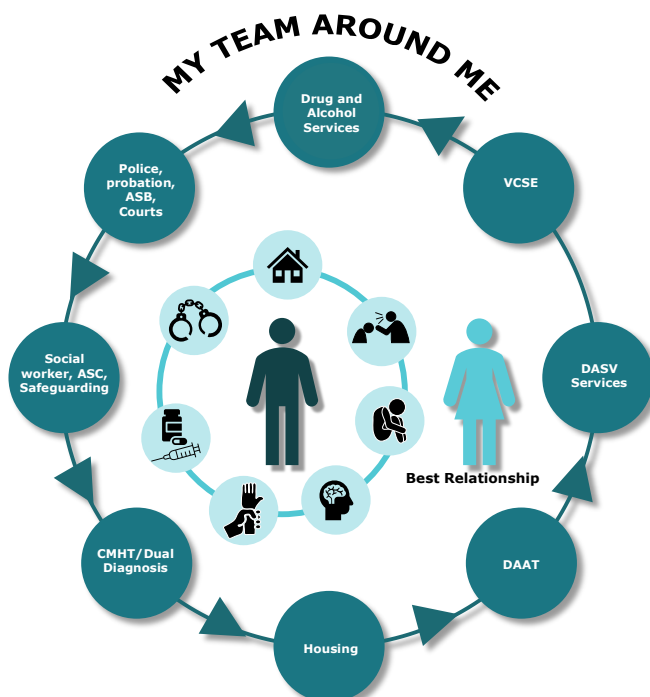
⁷⁴ [Providing a better understanding of domestic abuse | National Statistical](#)

and contact with the criminal justice system.

There is a recognition that the lives of people affected by multiple vulnerabilities are **made more complex by system issues**, including information sharing, lack of co-ordination, assumptions made, multiple handoffs and competing thresholds.

Recommendations to address complexity have centred around **embedding dual diagnosis** and developing a **co-ordinated response to the delivery of trauma informed services** for individuals with complex needs.

This requires **better multi-agency working** including review of process and practice. One of the fundamental changes to be embedded across the system to address these challenges will be the rollout of a **My Team Around Me (MTAM) approach**.



This involves **bringing together multi-disciplinary teams** to work in a co-ordinated and compassionate way with the **autonomy to explore innovative solutions**, collectively manage and identify risk and **escalate swiftly where appropriate**. Mechanisms are built into the model to capture learning and replicate best practice.

Other initiatives aiming to improve support and outcomes for people with multiple vulnerabilities include:

- Safer Cornwall and DAAT **training programme**
- **Housing Support Grant** - focusing support particularly around vulnerable women
- **Dual diagnosis guidelines** launched, and implementation sessions being delivered across the system
- **Sexual violence pathfinder** and trauma stabilisation training
- Launch of the **Recovery Communities** across Cornwall and supported by 'experts by experience'

Adult Family Violence

4 DHRs in Cornwall featured Adult Family Violence (AFV)

A **lack of consistent response** to the needs and risks of the perpetrator, the victim and other family members was highlighted in 2 out of the 4 cases.

[Adult Family Violence](#) is a focus topic in this assessment with its own section.

Risk Assessment of Domestic Abuse and safety planning

Ineffective collective assessment of risk and lack of recognition of risk was identified in 10 DHR reviews

The **Multi-Agency Risk Assessment Conference** (MARAC) involves the active participation of all of the key statutory and voluntary agencies who might be involved in supporting a person(s) experiencing domestic abuse. It is the most appropriate place to consider recommendations around improvements to assessment of risk.

Issues raised for MARAC included **earlier referrals** based on multiple incidents, **recognition of risk** and developing and implementing **outcome focused plans**.

In response, the MARAC **Operating Protocol and SafeLives guidance** are being reviewed. This is looking at an **escalation route** into MARAC based on **frequency of abuse** and an audit of the effectiveness of MARAC action planning, with a focus on AFV and complex cases.

A DASV Partnership Board **Task and Finish Group** has been established to take a **deep dive into risk assessment**, with the aim of defining what good looks like.

The MARAC Research Form has been modified to enable the **voice of the**

victim and their family to be recorded and incorporated.

An assertive outreach DA team has been commissioned to support people who are **hard to engage**. They have low caseloads so they can offer **flexible support** in a way that better supports people with multiple intersecting needs. **Extra time** has been factored into MARAC to explore **creative ways to connect** with those who are hard to engage.

Safer Futures are reviewing consent in relation to information provided by service users' support networks (e.g. family and friends). This in turn can feed into the safety planning process through MARAC. A **pilot around affected others** has been implemented to provide wider support to families, enabling them to support loved ones.

Safer Cornwall now has **Domestic Abuse Support Advisors** (DASAs) **attached to GP surgeries** who regularly attend MARAC.

Inherent jurisdiction as a tool currently being piloted by MARAC where level of risk is high, and agencies have exhausted all options to keep the victim safe.

The **Learning Disability and DASV project** co-produced easy-read guides with The Women's Centre Cornwall's DIVAs⁷⁵ and an easy-read DASH Risk Assessment.

⁷⁵ A group of women with Learning Disabilities, Neurodiversity and Autism with experience of DASV

<https://www.womenscentrecornwall.org.uk/divas>

PART 2: SAFE ACCOMMODATION

This report provides a summary of data⁷⁶ provided to the Department of Levelling Up, Housing and Communities about the **provision of domestic abuse 'Safe Accommodation' in Cornwall** between April 2023 and March 2024. The latest figures for 2024/25 have also been included, however, benchmarking data is not yet available for this period.

Where possible, comparisons have been made between Cornwall and the local authorities that provided data. This is intended to help us understand **how Cornwall compares with other areas** and to identify key areas of need.

A business intelligence dashboard has also been created to show these results and compare areas.

Not all of the questions were mandatory, and **some recording practices will vary between local authorities**, which is why data may not have been submitted for all of the questions. This was the first submission for this data, so local authorities may have interpreted the questions and definitions in slightly different ways which could account for some of the disparities.

The types of **Domestic Abuse Safe Accommodation** reflect the needs of the people being housed and the support being provided:

- **Refuge** accommodation is single sex/gender accommodation that includes children, may be in shared or self-contained housing and includes peer related support.
- **Dispersed** accommodation – self-contained accommodation with a similar level of specialist support as a refuge but may be more suitable for people who cannot live in communal spaces such as those with complex needs or teenage children.
- **Specialist** accommodation – offering single sex/ gender support alongside dedicated domestic abuse support which is tailored to a particular protected characteristic or vulnerability.
- **Sanctuary** schemes – properties within local authority or social housing providers which provide enhanced physical security measures.
- **Second stage** - temporarily provided to victims including children who are moving on and no-longer need intensive support such as refuge. Not all victims will require this level of support.
- **Other** forms of domestic abuse emergency accommodation – a safe place with domestic abuse accommodation tied to the provision.

⁷⁶ Department for Levelling up, Housing and Communities, December 2023, [Support in domestic abuse safe accommodation](https://www.gov.uk/government/publications/support-in-domestic-abuse-safe-accommodation):

[financial year 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/financial-year-2022-to-2023)

Key findings

- The number of **referrals for Safe Accommodation is below the national average which increased over the past year.** There are 9 referrals per 10,000 people in Cornwall which is lower than the England average (11 per 10,000 people). It is important to note that national figures include sanctuary and second stage accommodation which we do not count in Cornwall – this is likely to explain the lower number of referrals in Cornwall.
- 24% of people seeking safe accommodation in Cornwall **are from out of the area** which is lower than the previous year (35%) but **higher than the average for England** (12%).
- The number of dispersed, refuge and specialist bedspaces in Cornwall is in line with the England average (1 per 10,000 people).
- When looking at dispersed, refuge and specialist bedspaces only, there are **8.8 referrals per bedspace in Cornwall compared with the England average of 10.4 referrals per bedspace.** Nationally there has been a greater increase in referrals than in Cornwall.
- There has been a big **increase in the number of children supported** in Safe Accommodation during 2023/24. 46% of people supported were children in Cornwall compared with 39% nationally and 31% in Cornwall last year. **10% of adults were male,** compared with 5% nationally.
- There are a higher proportion of people staying in **specialist accommodation** (21% in Cornwall, 6% nationally) and **dispersed accommodation** (41% in Cornwall, 9% nationally).
- Of the people supported, there were significantly more with a history of **mental health** in Cornwall (67%) than the national average (43%). There were also higher proportions of people with **alcohol support needs** in Cornwall (17%) compared with the national average (6%) and **drug support needs** in Cornwall (20%) compared with the national average (7%). This is likely to reflect the significant work undertaken to ensure people with multiple vulnerabilities can access Safe Accommodation in Cornwall.
- People **spend longer in refuge and dispersed accommodation** in Cornwall than the national average. There are a higher proportion of people staying 6+ months in specialist accommodation in Cornwall than the national average.
- **Fewer people are supported** in Safe Accommodation in **Cornwall per Full Time Equivalent (FTE) staff** – 7 people supported per FTE in Cornwall compared with 38 per FTE nationally. The higher number of people supported per FTE nationally may be due to other authorities including people supported in sanctuary housing.

Referrals and bedspaces

In 2023/24 there were **9 referrals per 10,000 people** in Cornwall which is the same as the previous year. The England average has increased over this period to 11 referrals per 10,000 people from 9 per 10,000 the previous year. Cornwall ranks 65th out of 125 local authorities for referrals per population (where 1 is the highest).

Cornwall has **one bedspace per 10,000 population** (when looking at dispersed, refuge and specialist accommodation only). This is the same as the England average and the same as the previous year.

The 2021/22 Safe Accommodation Needs Assessment found that

There were **58 bedspaces available** in Cornwall during 2023/24 which included 24 dispersed, 22 refuge and 12 specialist bedspaces. Five of the 58 spaces are reserved for men only and 24 are open to men and women. This leaves a **shortfall of four bedspaces for women** – based on the Council of Europe's recommendation.

There were 8.8 referrals per bedspace in Cornwall which is similar to last year and lower than the England average which has seen an increase.

Cornwall needed to provide 57 refuge spaces for women. This is based on the Council of Europe's 'combating violence against women minimum standards for support services' that recommends that there is one family space per 10,000 people.

Safe accommodation bedspace in Cornwall 23/24



Within Cornwall we have included all approaches where we had information about a client and their basic need even if it did not progress to a full referral. Other local authorities may have interpreted the definition of 'referrals' differently.

The latest data for 2024/25 shows that there has been a slight **increase in the number of referrals per bedspace** up to 9.4. While there has been a slight increase in referrals (544) the number of bedspaces has stayed at 58.

Types of support

223 people were supported in Cornwall in Safe Accommodation

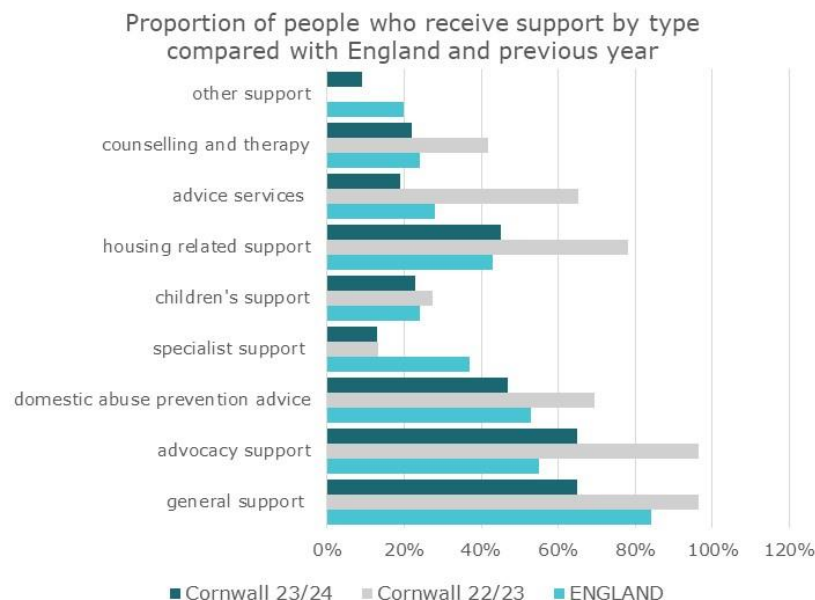
which is 5 more than the previous year.

Of those supported, 65% received general support, 65% received advocacy support, 47% received domestic abuse prevention advice, 13% received specialist support, 23% received children's support, 45% received housing related support, 19% advice services, 22% counselling/therapy and 9% other support.

Across the majority of support types, the proportion of people **receiving support services was lower compared with last year** with the exception of specialist support which was given to 13% of people (the same as last year).

We supported more people in 2024/25 than the previous year. 265 people were supported in Safe Accommodation last year which is 42 more people than the previous year.

Last year a greater proportion of people in Cornwall received support services than the England average, however, this year **the proportion is lower than the national average**. This is due to the proportion of young children and babies who were too young to engage with these services. Children whose parents have received support from a dedicated child and young person worker would not be counted within this data.



General support includes **non-specialist staff** providing support such as help with the day-to-day running of the service within safe accommodation. It also includes staff providing day-to-day management of services (such as support and supervision of staff, finance, and liaison with the local authority).

There were 33 Full Time Equivalent (FTE)⁷⁷ staff members in Safe Accommodation in Cornwall which is 5.4 FTE higher than last year. During 2023/24, 7 people were supported per FTE in Cornwall which is **lower than** the 9 people supported per FTE **last year** and **lower than the national average** of 38 people supported per FTE.

Specialist services for survivor groups

Cornwall does not commission any 'by or for' services specifically for survivors with protected characteristics. Safe Accommodation is **available for survivors from all groups with specialist characteristics**, however, and we are upskilling the safe accommodation workforce to increase confidence and capability to meet the intersecting needs of all groups.

In Cornwall, there are two specialist safe accommodation services (with a total of 36⁷⁸ bed spaces) available for survivors with 'other' specialist needs. One service offers specialist

The latest data shows that there has been a **slight decrease in the number of FTE** in Cornwall, with 31.3 during 2024/25 and an **increase in the people supported per staff member**, up to 8.5 supported per FTE.

support to women with complex needs and the dispersed unit service offers complex needs support to any individual in all of the units.

There were 0.03 specialist bedspaces per 10,000 people in Cornwall which is **lower than the England** average (0.08 specialist services per 10,000 people).

Our Safe Accommodation provision in Cornwall has:

- **One wheelchair designed Safe Accommodation unit** and 11 units that are accessible for people with mild to moderate mobility issues.
- Limited services specifically for **LGBT+ survivors** in Cornwall.
- No specialist 'by and for' service for **minority ethnic groups**.

⁷⁷ Number of full time employees e.g. one FTE could be one staff member working full time or two staff members working 0.5 of a role.

⁷⁸ The number of bed spaces here includes the 24 bed spaces that fall within dispersed accommodation but also provide specialist support services for those with complex needs.

Who is being supported?

223 people were supported in Cornwall between 1st April 2023 and 31st March 2024. All of these people were supported in either refuge, dispersed or specialist accommodation.

In Cornwall, 3.9 people were supported in refuge, dispersed or specialist accommodation per 10,000 people which is **lower than the England average** (5.7 people per 10,000 people) but slightly higher than last year (3.7).

The latest data for 2024/25 shows **an increase in the number of people supported**, with 4.5 supported per 10,000 people in Cornwall.

There has been a large increase in the number of children being supported over this period. 46% of the people supported in Safe Accommodation in Cornwall were children.

This is **much higher than last year** and is now above the national average (36%). In 2022/23 we supported 68 children and in 2023/24 we supported 102 children.

The higher proportion of children supported during 2023/24 could explain why there has been a lower proportion of people being given

other types of support compared with last year.

More children were supported in 2024/25 than the previous year. 111 children were supported, 9 more than in 2023/24.

0.2 adults were supported for every **referral which is below the national average** (England 0.6 adults supported per referral). However, it is important to note that national figures will include referrals for sanctuary and second stage accommodation which we do not count in Cornwall. This is likely to explain the lower proportion of adults supported in Cornwall.

In 2024/25, **221 referrals were made through the Sanctuary Scheme** for adaptations to be made to the homes of victims of domestic abuse in Cornwall to help protect them.

90% of the adults supported in Cornwall were female (England average 95%) and 10% were male (England average 5%). Cornwall ranks 16th out of 131 local authorities (1st being the highest) for percentage of people supported that were male. None of the people supported this year identified as trans/non binary.

Individuals supported by accommodation type

There were **58 Safe Accommodation bedspaces** in total in Cornwall between April 2023 and March 2024 which is one less dispersed bedspace than last year. Of these, 22 were within refuge accommodation, 24 were in dispersed accommodation and 12 were in specialist accommodation.

In Cornwall, 38% of our Safe Accommodation was classed as refuge, 41% was dispersed and 21% was specialist accommodation. Those supported will therefore be placed in the most suitably available accommodation types which reflect locally available provision.

39% of people supported during this period were placed in refuge accommodation which is slightly higher than the national average (31%). 50% were placed in dispersed accommodation which is much higher than the England average of 9% and 11% were placed in specialist accommodation which is in line with the national average.

One hypothesis for the higher percentage of refuge support may be that we have a **wider range of options available than other areas**, with two women's refuges that are geographically spread and a male refuge. We also may have **more dispersed units than other areas** which are across Cornwall and also provide us with greater opportunities to manage risk. We also have an optimal stay of 20

weeks in refuge and 26 weeks in dispersed accommodation, which may result in a **higher throughput than other areas**.

Cornwall does not have any second stage or other safe accommodation, but we do provide support through the **Sanctuary Scheme**.

- In 2023/24, **92 households** where Sanctuary was installed were also supported by commissioned DASV services such as Safer Futures, Krefta Kernow Outreach and Safe Accommodation
- In 2024/25, **168 households** were also supported by commissioned DASV services such as Safer Futures, Krefta Kernow Outreach and Safe Accommodation

We have been unable to date to include Sanctuary in the annual data provided to MHCLG as the current monitoring provided by the police (who manage the referrals) does not provide the level of information that allows us to monitor outcomes of support. Future monitoring will form part of the review of the Sanctuary service to enable improved outcome monitoring.

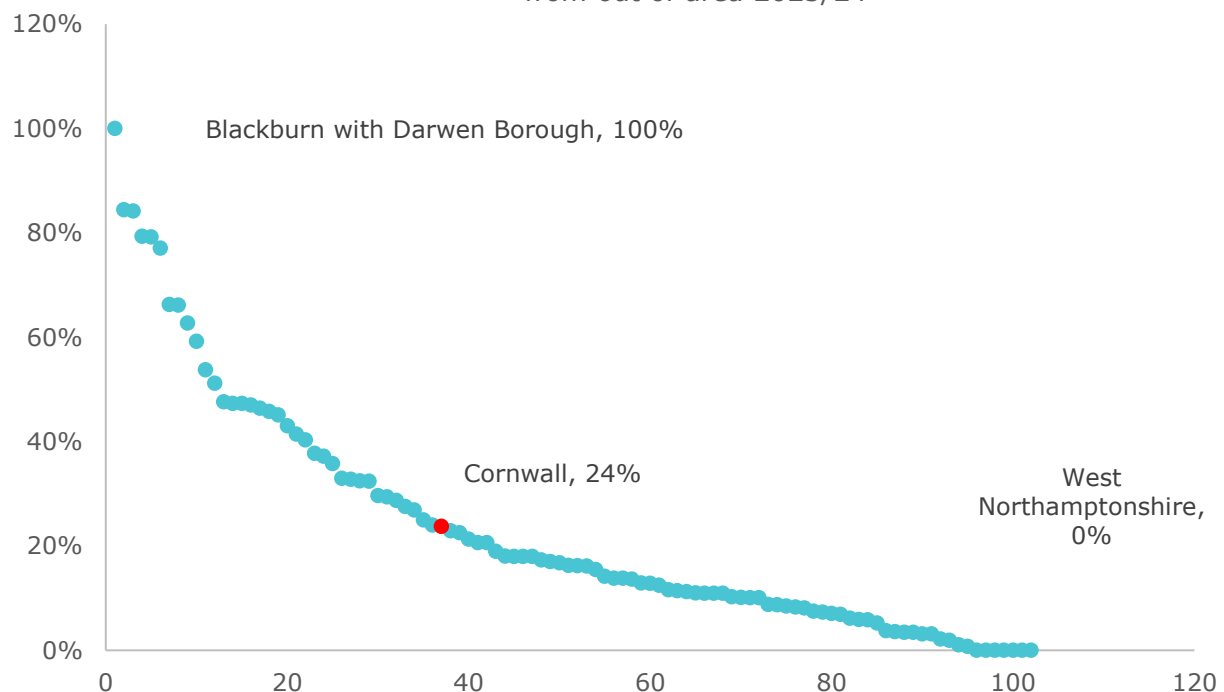
Of the people supported throughout the year, **24% came from out of the area** which is much **higher than the 12% national average**. In 2023/24, Cornwall ranked 37th out of 102 local authorities (1st being the highest percentage) for supporting people from outside of the area.

This shows that there is a **demand for Safe Accommodation in Cornwall from people living outside of Cornwall** but that the proportion of people supported from outside Cornwall (24%) fell in 2023/24 compared with 2022/23 (35%).

There was a large **increase in the proportion of people supported who come from outside Cornwall** during 2024/25. 47% of people supported in 2024/25 were from out of the area which shows these numbers are subject to change each year.

Resident population is a factor in the funding formula, so funding does not factor in demand from people seeking safe accommodation from out of the area.

Percentage of people supported in Safe Accommodation that come from out of area 2023/24



Length of stay

This question looks at the **length of time spent at refuge, dispersed and specialist accommodation**.

This does not give a complete picture of the time spent in supported accommodation – as the length of stay recorded for some people will be longer because their support was on-going and they were still residing in the accommodation at the time of this survey.

There were 200 people supported at **dispersed and refuge accommodation** over this time period. Of these, 69 people had a length of stay recorded (35% of people supported). Length of stay compared with national profile:

- 41% stayed 6+ months (England average 33%)
- 29% stayed 3-6 months (England average 25%)
- 14% stayed 1-3 months (England average 23%)
- 16% stayed less than a month (20%).

Compared with the national profile, more people are supported in Safe Accommodation for 6+ months and fewer people stay for less than one month.

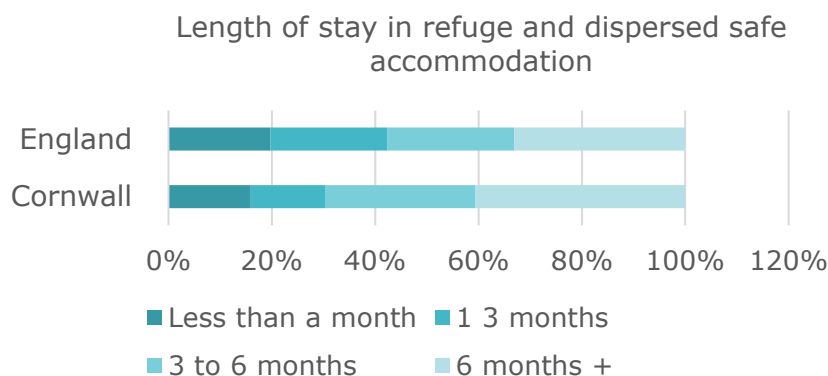
Analysis of the 2024/25 data shows that people are **spending longer in dispersed accommodation than refuge accommodation** in Cornwall. Of those living in dispersed accommodation during 2024/25, 100% stayed for 6+ months compared with 36% of those in refuge accommodation.

There were 24 people (-44% on last year) supported at **specialist accommodation** in Cornwall.

Of these:

- 25% stayed 6+ months (England average 42%)
- 25% stayed 3-6 months (England average 26%)
- 29% stayed 1-3 months (England average 26%)
- 25% stayed less than a month (England average 12%)

The data shows that the length of time people spent in specialist accommodation in Cornwall was similar to the national profile.



People with specialist characteristics

Of the 218 people supported in safe accommodation, **70% declared specialist characteristics**. Of these, **mental ill-health** was the most frequently recorded specialist characteristic.

There was a **lower proportion of people from black and minority ethnic groups** compared with the national profile, and this is likely to reflect the demographic profile of residents living in Cornwall. There are **higher than average** numbers of people being supported with a history of **mental ill-health and drug and alcohol support needs**. This is likely due to the provision we have in place to support people with multiple vulnerabilities, which enables includes these characteristics.

Within Safe Accommodation in Cornwall:

- 67% of people supported had a **history of mental ill-health**, much higher than the 43% recorded for England.
- 20% had a **drug support need** and 17% had an **alcohol**

support need – these are much higher than national averages of 4% and 6% respectively.

- 18% of individuals were **disabled** which is **lower than the England average** of 26%.
- 3% were **ex-offenders**, the same as the national average.
- 18% of people supported were from a **black/minoritised group** in comparison with 46% nationally.
- 3% of individuals supported were **LGBTQ+** which is similar to the England average of 5%
- 11% were aged **under 25**, below the national average of 19%.
- 1% were **aged 65 and over**, in line with the national average.

In 2024/25 we supported more people from Black and minority ethnic groups, more people with disabilities, more people who had experience of the criminal justice system, more people with a drug and alcohol support needs.

Households unable to be supported

In Cornwall there were **276 households that were unable to be supported** over this year which is 28% lower than last year. Of these, the highest proportion (33%) were not supported because they could not meet their needs.

Of those households unable to be supported:

- 33% **could not meet their needs** (20% in England)
- 29% **did not accept the referral** (15% in England)
- 26% were due to **capacity issues** (39% in England)
- 20% were **uncontactable** (9% in England)

- 12% were due to **mental health** (3% in England)
- 12% were due to **other reasons** (13% in England)
- 8% were due to **drugs** (2% in England)
- 6% were due to **alcohol** (2% in England)
- 5% were due to **disability** (1% in England)

We know that 18% of people that were supported had a disability which shows that there was a much lower proportion of people with a disability (5%) that we were unable to help.

In 2024/25, there were a lower proportion that we could not meet their needs (12%) and a slightly lower proportion due to capacity issues (22%).

Households that stopped receiving domestic abuse services

Between 1st April 2023 and 31st March 2024, **84 households stopped receiving support in Safe Accommodation**. There are 114 entries recorded in Cornwall within the reasons why they have stopped receiving domestic abuse services. Therefore, these households may have had more than one reason for leaving safe accommodation and it is not possible to draw comparisons with other areas.

Of the households that stopped receiving domestic abuse safe accommodation services, **the majority of households (56) moved on as planned**. 28 households moved on unplanned, 12 were evicted/asked to leave, 7 moved in with the perpetrator and 11 moved into another form of Safe Accommodation.



PART 3: SEXUAL VIOLENCE

Definitions: what is sexual violence?

'Sexual violence' is a term used to describe **any sexual activity that happened without consent**.

There are lots of **different types** of sexual violence – this assessment focuses on rape, sexual assault, child sexual abuse and exploitation.

Rape and sexual assault

The legal definition of rape in England and Wales is when someone intentionally penetrates another person's vagina, anus or mouth with their penis, without that person's consent.

The [Sexual Offences Act 2003](#) says that someone commits rape if all of the following happens:

- They **intentionally penetrate** the vagina, anus or mouth of another person with their penis.
- The **other person does not consent** to the penetration.
- They do not reasonably believe that the other person consents.

This includes if:

- The two people are married or in a relationship.
- The other person consented to one type of penetration (e.g. vaginal or oral sex), but not another (e.g. anal sex).
- Someone removes a condom without the other person's permission – or lies about putting one on. This is commonly known as '[stealthing](#)'.

How the law defines 'consent'

Under English and Welsh law, someone consents to sex or other sexual activity when they agree to it by **choice** and have both the **freedom** and the **capacity** to make that choice.

This means that someone does not consent to sex or other sexual activity if they:

- Say '**no**'.
- Seem **unsure or upset**, stay quiet, move away or don't respond.
- Are asleep, **unconscious**, or **under the influence** of alcohol or drugs.
- Are **pressured, manipulated, tricked or scared** into saying 'yes'.
- Are **too young or vulnerable** to have the freedom and capacity to make that choice.

The term 'sexual assault' is commonly used to refer to any form of sexual violence or abuse that **involves intentional physical contact** between the person responsible and the victim, **without that person's consent** – and does not come under the definition of rape.

Sexual assault can involve the touching of skin, clothing or the use of something else to touch skin or clothing.

Other sexual offences

The Home Office offence group of 'Other sexual offences' includes a range of other behaviours including **Exposure and Voyeurism** and **sharing intimate sexual images** without consent.

Child sexual abuse and exploitation

Child sexual abuse is **sexual activity that happens to a person under the age of 18** and is unwanted or involves pressure, manipulation, bullying, intimidation, threats, deception or force.

Abuse can be committed:

- By a **family member** (described as intra-familial)
- In any **non-family setting** by a person in a position of trust and power over children (described as institutional)
- By another **young person** (sometimes referred to as 'peer on peer')
- **Image-based**, including 'revenge porn'
- **Online** grooming, sexual harassment, exploitation or threats of sexual violence or abuse

Sexual abuse in childhood is significant **adverse childhood experience**, which has **long-term repercussions** for physical, psychological, and socioeconomic well-being and poor health-related quality of life.

Child sexual exploitation is a form of child sexual abuse.

It occurs where an individual or group **takes advantage of an imbalance of power** to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- In exchange for **something the victim needs** or wants, and/or
- For the **financial advantage or increased status** of the perpetrator or facilitator.

The victim may have been sexually exploited **even if the sexual activity appears consensual** – a child cannot consent to their own abuse.

Child sexual exploitation can:

- Affect **anyone under the age of 18** including 16 and 17 year olds who are able to legally consent to sex. It can **still be abuse** even if sexual activity **appears consensual**.
- Involve contact and non-contact sexual activity, with the latter increasingly utilising **online methods** familiar to children such as WhatsApp and snapchat
- Involve force or enticement as a means of coercion and can be accompanied by threats of, or actual, violence.
- **Occur without** the young person's **immediate knowledge** through online technology such as nudification apps.
- Be **typified by a power imbalance** in favour of the perpetrator, including age, gender, cognitive ability and sexual orientation.

Local Support Services

For a number of years, the system has struggled to address the **growing demand for sexual violence support**.

The multi-agency “Whole Systems for Whole People” workstream and the Health Needs Assessment conducted by Perpetuity Research in 2022 were undertaken to **identify the key changes** in the system required through listening to the voices of **people with lived experience and practitioners**.

This research concluded that there are **many committed and enthusiastic professionals** working in the field, with ambitions to improve support for survivors of sexual abuse, BUT:

- Victims/survivors **did not always feel believed**, listened to or understood when they disclosed.
- Victims/survivors are asked to **retell their story** to meet individual organisation’s assessment processes, which is re-traumatising.
- There is a **‘scattergun’ approach to referrals**, which results in people sitting on multiple waiting lists.
- Victims/survivors are **not being directed to the right service** for them immediately.
- Victims/survivors are **bounced between organisations** only to be considered unsuitable for the organisation’s service and referred on again. This issue is

compounded by long waiting lists for assessment.

- Victims/survivors **felt a lack of power** over their journey through the system.

Organisations have **low awareness of what is available elsewhere** or how to negotiate and navigate this complex system. This fragmentation and confusion creates **duplication and inefficiencies within the system** and means resources available are not maximised.

The system fails to recognise that **young people** who exhibit harmful sexual behaviour **can be both victims/survivors and perpetrators** at the same time. This limits access to appropriate support for young people displaying harmful sexual behaviour.

Following these findings, a **Peninsula partnership** spanning Plymouth City Council, Torbay Council, Devon County Council, Cornwall Council, the Office of the Police and Crime Commissioner, and the two Integrated Care Boards (ICBs) for Devon and Cornwall was successful in securing funding from NHS England to become **one of the first Sexual Violence and Trauma Pathfinder sites in 2021**.

This opportunity **built upon existing collaborative work** in the region and a shared commitment to improving outcomes through integrated, trauma-informed approaches.

Sexual Violence Pathfinder

The overarching aim of the Pathfinder was to **improve care** for adult victims and survivors of sexual assault and abuse with **complex, trauma-related mental health needs**, so that they can recover, heal, and rebuild their lives.

To achieve this, the Pathfinder set out the following objectives:

- **Reduce symptoms/responses of complex trauma** and improve overall quality of life, enabling better healing and recovery.
- **Improve access to professionals who are trained** to recognise and respond to the specific mental health needs

linked to sexual assault and abuse.

- **Create and strengthen pathways** and promote partnership working to offer coordinated, responsive support for individuals with complex trauma.
- **Encourage the development of trauma-informed systems** with lasting impact beyond the Pathfinder programme itself.
- **Build an evidence base** that demonstrates the value of innovative, trauma-informed approaches to sexual violence and mental health support.

Four priority areas were identified.

Trauma Stabilisation Learning Programme

Aim: Equipping non-therapists to deliver trauma-stabilisation interventions to be accessible beyond clinical settings

Key features:

- **Train non-clinical staff** to deliver trauma-stabilising interventions in community-based services
- **Embed trauma-stabilisation approaches within VCSE** settings to improve early access for survivors
- **Help survivors become experts in their own trauma** responses through psychoeducation that explains trauma impacts and builds self-regulation skills

Women with complex needs

Aim: Develop relationship-based support for women facing multiple disadvantages, recognising that trust and stability must come before formal interventions

Key features:

- **Create and sustain trusted relationships** that hold survivors safely over time and support readiness for further intervention
- **Support engagement at the survivor's pace** avoiding re-traumatisation or exclusion
- Offer **person-centred trauma stabilisation** support
- **Provide gentle bridges** into specialist therapeutic or mental health services when appropriate.

Falling through the Gaps

Aim: Test new ways of providing therapeutic support to those who currently fall through the gaps

Key features:

- **Test new ways** of addressing the current lack of flexible, accessible, therapeutic options
- **Develop clear, co-ordinated routes** into stabilisation and trauma-processing therapy

Trauma Resilience Hub

Aim: Provide specialist consultation, support and therapy for complex cases, while prototyping innovative solutions for individuals

Key features:

- **Offer clinical consultation to frontline practitioners** managing complex, high-risk clients
- **Support navigation of mental health systems** for both practitioners and survivors
- Deliver a **therapeutic offer** (including trauma stabilisation and processing) for **those unable to access help** elsewhere
- Prototype **creative, individualised responses** to meet unmet needs

These were to **test solutions that embedded the key themes in different settings** and with different cohorts of people across the system. The idea was to provide an evidence base of where the gaps are, what therapeutic support victims want and what helps them recover to help inform future commissioning.

Throughout the programme, we applied an iterative design and learning cycle. Our approach was also influenced by the **Human Learning Systems** approach. This approach rejects linear cause-and-effect models in public services. Instead, it embraces complexity, **prioritising human relationships, learning, and adaptive, person-centred responses**.

Our thinking was further influenced by realist models of research and evaluation, which recognise complexity in systems and seek to understand **'what works, for whom, and in what circumstances'**.

Information about individual priority areas is provided in [Appendix A](#).

Overall learning

The Pathfinder Programme supported **adults who had experienced sexual violence** often in both childhood and adulthood and who lived with complex trauma and unmet mental health needs.

While our projects targeted different groups, it became clear that those of **greatest concern** shared a common profile: **multiple, intersecting**

needs that do not fit neatly into existing service categories.

This revealed a **systemic paradox**: people with the **highest levels of trauma**, including relational trauma, are expected to navigate the most **fragmented support structures**. Those who **struggle to build trust** are expected to do so repeatedly across **multiple single-issue services** — housing, mental health, substance use, and safeguarding.

From the outset of the programme, we aimed to identify a **quantitative method to understand the impact** of Pathfinder projects across different sites. However, we quickly encountered the challenges of applying a single assessment tool across diverse delivery models and people's needs.

We also recognised the limitations of defining outcomes *a priori*, which **may not align with what truly matters** to individuals receiving support. However, what was clear throughout all of the projects was that **the way we work with people is the key factor** in success:

- **Trusted relationships** are foundational
- Being **heard and believed** is healing in itself
- **Persistence and tenacity** matter
- **Trauma Stabilisation techniques work** — when offered through safe relationships

- **Flexible person-centred** approach: therapy alone is not enough
- **Supportive relationships** open doors to further help
- **Trauma processing** can be transformative — if the timing is right
- The need for **coordinated compassionate responses**
- **Practitioner wellbeing** and support must be prioritised

For individuals living with complex trauma and mental health challenges, **recovery is rarely linear**. Many have experienced repeated harm and rejection; both personally and from the systems meant to help. In this context, **a trusting relationship** isn't just a starting point, it is the intervention.

These **relationships take time, persistence, and care**. When built safely, they offer the emotional stability people need to begin managing trauma responses and, for some, to access further therapeutic support. In many cases, **trauma stabilisation itself becomes a life-changing tool**, not simply a prelude to therapy.

This work also highlighted that **practitioners must be supported**. Those working with people with complex trauma need access to clinical consultation, reflective practice, and peer support not only to sustain themselves, but to deliver safe and effective care.

Following the Pathfinder, **services for sexual violence have been**

redesigned across Devon, Torbay, Plymouth and Cornwall. A **joint commissioning model** has been developed which provides a pooled budget for sexual violence support between Local Authorities, Integrated Care Boards, NHS England and the Office of the Police and Crime Commissioner.

Support for victims (all ages) of acute sexual violence in Cornwall is provided by the [Sexual Assault Referral Centre](#) (SARC) in Truro, specialising in medical and forensic services.

The **new Trauma Resilience Hub** located within the SARC supports the sexual violence workforce to support individuals with complex, trauma-related mental health needs associated with sexual assault and abuse by providing:

- **Case Consultation:** A space for practitioners across the system to think through their work with people who have experienced SV and whose needs seem complex to meet either individually or collectively within teams/services.
- **Interface with Secondary Mental Health:** Advocating for access to secondary mental health support and for trauma needs to be met when in secondary mental health.
- **Multi-agency co-ordination:** Chair and co-ordinate multi-agency meetings for complex clients and support sexual violence services to do the same.
- **Reflective Practice for practitioners** within the sexual

violence workforce to think creatively and learn from each other.

- **System Development:** Create and improve pathways and partnership working approaches to enable more creative solutions.

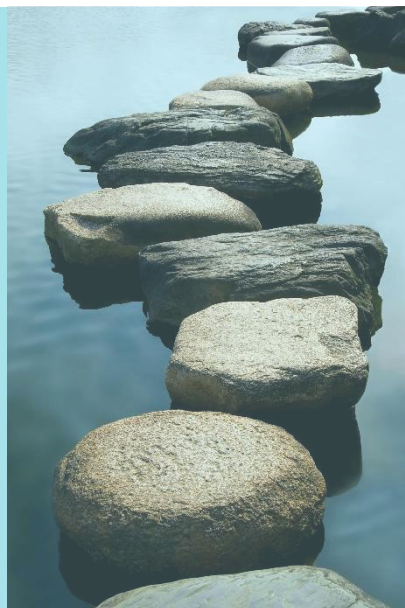
Ongoing support for people with a case entering into the Criminal Justice System is provided by **Independent Sexual Violence Advisors** (ISVAs) who work with both adult and child cases.

Recovery support for Sexual Violence - the new service model is dedicated to providing support to

adults and children who live in Torbay, Plymouth, Devon and Cornwall and who have experienced rape and sexual assault and / or childhood sexual abuse.

Each area will have a core offer of support, that includes:

- Adults' sexual violence and abuse support
- Adults' specialist counselling and therapy
- Helping to Heal: for adults with complex trauma
- Children's specialist sexual abuse support



Prevalence and trends: Adults

Key Statistics⁷⁹

- **2,027 Sexual offences** (all ages) reported to police ▲+12% (year to June 2025)
 - 58% adult victims: 493 Rapes ▲+20%, 680 Other sexual offences ▲+25%
- **391** significant adult interventions at Cornwall **SARC**, with 102 forensic medicals
- **1,955** cases open to Safer Futures⁸⁰ receiving support for rape and/or sexual assault
- **321** adult women supported by the **Women's Centre Cornwall**
- **396** adult survivors supported by **CLEAR**
- **362** adult survivors supported by **West Cornwall Women's Aid**

The consequences of **sexual violence** are extensively documented and can result in **profound and enduring harm** to a victim's mental health and emotional well-being.

These impacts may include diminished **social functioning**, the development of **chronic physical health conditions**, and adverse effects on **sexual health**, often persisting long after the initial trauma.

In the last year, an estimated 1 in 50 adults experienced sexual assault

Current estimates project that around **10,500 people aged 16 years or over in Cornwall** are victims of sexual assault each year (2.2% of the population).⁸¹

The Crime Survey found that, although there is year-to-year volatility in these estimates, over the last 10 years there has been **an increase in sexual assault** (further to a decrease in the ten year period prior to March 2014).

England and Wales, annual estimates



Prevalence of sexual assault in England and Wales: year ending March 2024

Prevalence, long-term trends in sexual assault experienced by people aged 16 years and over, based on findings from the Crime Survey for England and Wales

⁷⁹ Unless otherwise stated, data relates to 2024/25, compared with the previous year, 2023/24

⁸⁰ Over 18s known to the service in 2024/25

⁸¹ [Crime Survey for England and Wales](#), year ending March 2024. 0.8% of men and 3.4% of women aged 16+ experienced a sexual assault in the last year; mid-2022 population estimate (Office for National Statistics)

The Crime Survey also estimates that 16.3% of the population has experienced any **sexual assault since the age of 16** – which equates to **80,900 people** in Cornwall.

Reported crime data records **956 unique victims of sexual assault aged 16+**⁸², of which 87% had reported an assault that took place within the year.

This equates to **8%** of the prevalence estimate – 9% for women and 4% for men – highlighting the substantial **under-reporting gap** despite long term growth in reports.

A continued rise in reports to police as awareness and reporting improves

There has been a **sustained increase** in recorded rape and other sexual offences over the last five years in Devon and Cornwall Police, having increased by 57% from 2020 to 2024.

Devon and Cornwall Police has the **highest volume** of recorded rape and other sexual offences **amongst its most similar group of forces**.

Previous analysis has explored potential drivers behind these increases, including **heightened public awareness** following the #MeToo movement and **high-profile cases** (such as the murders of Sarah Everard and Sabina Nessa).

In the year to June 2025, in Cornwall the total number of sexual offences reported to police saw **a further rise of 12%**.

Crimes involving **adult victims make up 58%** of recorded sexual violence crimes and the overall growth is primarily in this group (a **23% rise** compared with last year).

Amongst adults the rise is greatest in **domestic abuse** flagged crime and there has been a greater percentage rise in **crimes against men**, although the **women continue to be the most affected** by sexual violence (86% of crimes are against women vs 14% men).

Over the last couple of years in Cornwall, **ongoing improvements in recording standards** and more accessible reporting methods have also driven crime numbers up.

Reporting of sexual offences to police is also showing **a shift towards victims coming forward earlier**, with 68% of sexual offences involving an adult victim being reported within 7 days of the crime being committed.

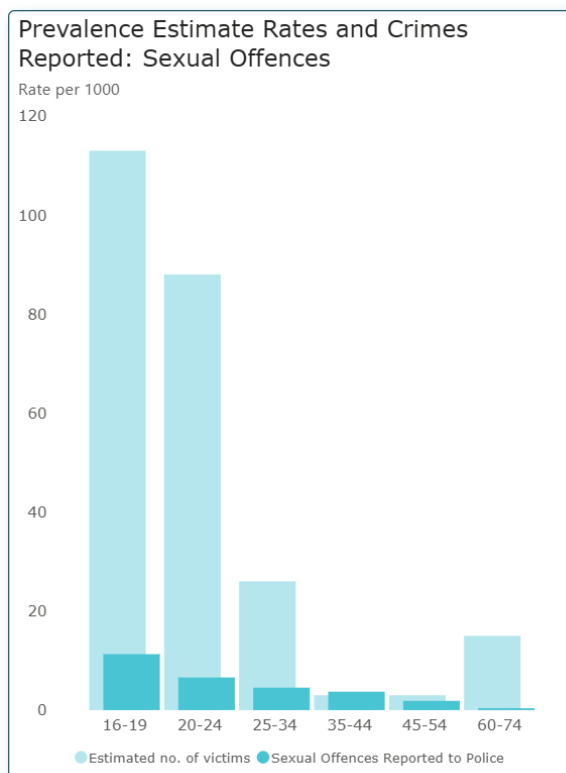
Age is a strong predictor of risk – and under-reporting

The highest risk age categories, in terms of annual prevalence estimates, are **predominantly amongst young people**, with the estimated number of victims far exceeding reports to police across

⁸² Victim details recorded in 94% of crimes

the age groups up to, and including, 34 years as well as for the **oldest age group** in the sample.

Potentially, this highlights a number of **distinct vulnerabilities** in these groups, whether that be access to support, advocacy or an understanding of abuse and acceptable behaviour.



Research by Devon and Cornwall Police⁸³ found that a large proportion, **18% or almost 1 in 5 suspects** in rape and sexual assault cases are **males aged under 18**.

When the suspect is aged under 18, they are **more likely to know the victim** as either a friend,

acquaintance or colleague, highlighting the extent of **child-on-child offending**.

13% of all suspects of rape and sexual assault were **suspected of committing two or more crimes**.

The **repeat rate** for suspects of rape and sexual assault is much **higher** when the suspect has an **identified learning disability** (32.5%).

The more crimes an offender is suspected of committing, the more likely it is that they will commit a further crime.

Non-recent sexual abuse is a recurrent theme

There are a **range of organisations providing support** to victims of sexual violence, both current and non-recent.

There is **no way currently of consolidating the data** from all of these sources to create a single picture of who is accessing support and understanding who isn't (unmet need).

We can quantify who is accessing support by **5 individual providers**, but without knowing the extent to which these groups overlap.

- **391** adult interventions at Cornwall SARC
- **321** women supported by the Women's Centre Cornwall

⁸³ Devon and Cornwall Police (July 2025), Strategic Problem Profile: Rape and Serious Sexual Offences Partner Profile

- **396** adults supported by CLEAR
- **362** adults supported by West Cornwall Women's Aid
- **1,955** cases open to Safer Futures at the end of March 2025

There are some common themes however regarding an increasing number of adults seeking support for **sexual abuse in childhood** and **complexity** of presenting needs, particularly **mental health**.

Information shared by our commissioned services and partners suggests that the **majority** of the people being supported following disclosures of sexual violence (a range of 60-80%) have **experienced non-recent trauma**.

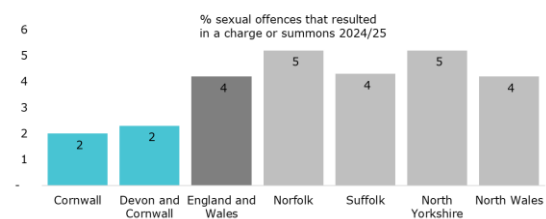
- Of the 1,955 cases open at the end of March 2025, **60% had experienced a previous rape and/or sexual assault** (1,161 people).
- **1 in 4** (473 people or 24%) were open to the **therapeutic Recovery Pathway** element of the service.
- **1 in 5** (1,200 people or 18%) Safer Futures clients cite **sexual abuse** as a reason for referral, mostly **non-recent**.
- **Two thirds** of the 321 clients currently engaged with **The Women's Centre Cornwall** are receiving support for **non-recent sexual abuse**⁸⁴

⁸⁴ 188 of 321 clients engaged in the latest 12 months (March 2024 data)

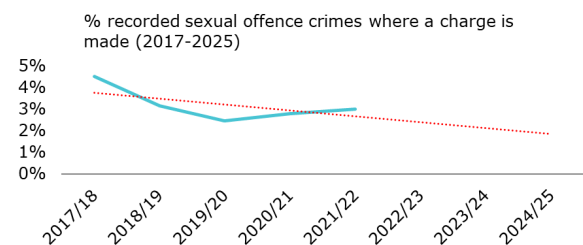
Very few sexual offences result in a brought to justice outcome

2.3% of sexual violence cases closed in the 12 months ending August 2025 **resulted in a positive offender outcome**, 33 out of 1,448 cases closed. Of the 33 cases, 23 resulted in a charge.

This is below the 4% rate for England and Wales, and also below five of our most similar police force areas.



The chart belows shows the **declining charge rate since 2017**, when the charge rate stood at 5% of all sexual offence crimes.

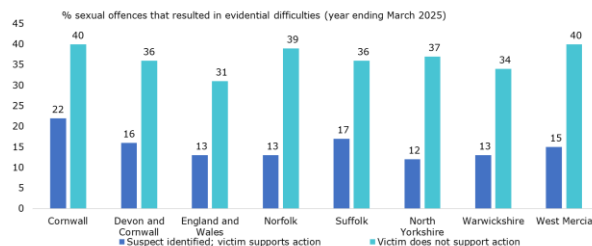


Police research into outcomes for rape and sexual assault found that when a crime positively identifies a suspect, only around **a quarter of these cases involves the suspect being arrested**.

Rape offences are more likely to result in an arrest (31%)

compared with other sexual offences (18%); however, rape offence arrests are less timely.

Most prosecutions generally rely upon victims being willing to participate. **Cases are taking longer to bring to court.**



ONS data (above) shows the high proportion of crimes that **do not proceed due to evidential difficulties**. Where the victim supports action, the proportion in Devon and Cornwall is higher than the national average and similar forces, and also higher than most similar forces where the victim does not support action.

Long waits for cases to start, **delays** and the often-last-minute **postponement** of cases all have a significant impact on the victims of

crime, particularly for victims of Rape and Serious Sexual Offences and violent crimes, seriously disrupting their lives, **inflicting additional distress** on people who have already experienced terrible trauma, and **leading many to withdraw** from cases.

As well as the toll on the **victim's wellbeing**, it is **challenging for services** who are supporting the victim to remain engaged in a lengthy and distressing process.

In the year to June 2024, nationally **59% of victims of adult rape cases dropped out**⁸⁵ of the justice process pre-charge, which research by the Victims' Commissioner attributes to victims' **unwillingness to prolong their trauma** through long court cases that may not even lead to a conviction.

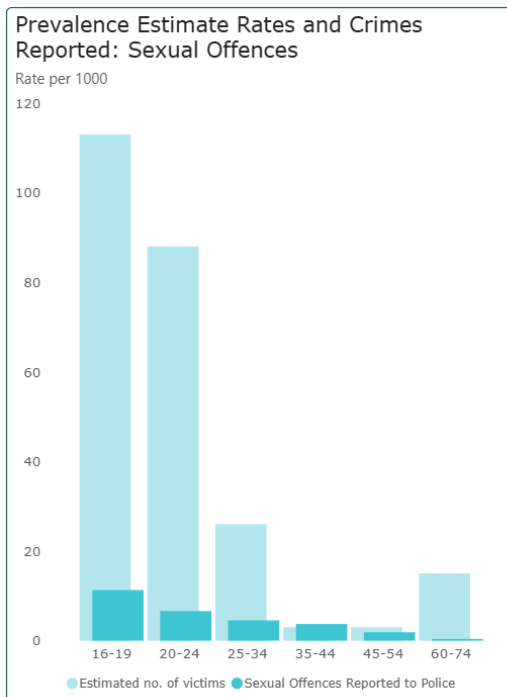
Government reform under the [Sentencing Bill 2025](#) aims to make the system more sustainable but impactful positive change is still a way off.

⁸⁵ Committee of Public Accounts (March 2025), [Crown Court backlogs](#), Twelfth Report of Session 2024/25 HC 348

Prevalence and trends: Children & young people

Key Statistics⁸⁶

- **2,027 Sexual offences** (all ages) reported to police ▲+12% (year to June 2025)
 - 42% victims under-18: 231 Rapes ▼-9%, 680 Other sexual offences ►+4%
- **180** acute referrals to the **paediatric SARC** (Sexual Assault Referrals Centre)
- **950** Child Sexual Abuse Strategy Meetings attended by SARC (2024/25)
- **1,164** people under-18 known to Safer Futures service⁸⁷ (▼-5%)



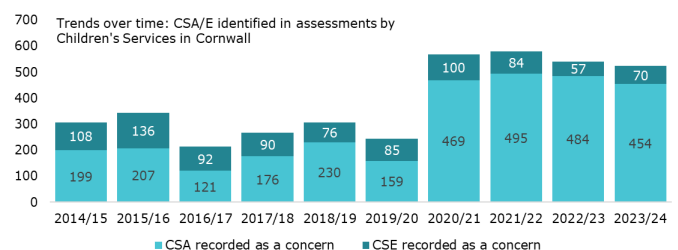
Prevalence estimates from the Crime Survey for England and Wales (for people aged 16+) indicates that **teenagers aged 16-19 years** are most likely to experience sexual violence.

This is echoed in reported crime but there is significant under-reporting in the **16-19** and **20-24 age groups**, with the level of recorded crimes

falling considerably short of the estimated prevalence.

Research into the scale and nature of child sexual abuse⁸⁸ estimates that at least **15% of girls and 5% of boys** experience some form of sexual abuse before the age of 16. The level of **child sexual abuse recorded** by police, local authorities and community services fall **far below these estimates of scale**.

In Cornwall in 2023/24, Children's Services recorded 454 assessments⁸⁹ where **child sexual abuse** was a factor, equating to a rate of 4.30 per 1,000 people aged 0-17. The rate of assessments is well **above the national rate** of 2.58, having **more than doubled** over the last 5 years.



⁸⁶ Unless otherwise stated, this data relates to 2024/25, compared with the previous year (2023/24)

⁸⁷ Year to March 2025

⁸⁸ Centre of Expertise on Child Sexual Abuse (K. Karsna and Prof. L Kelly, June 2021), [The](#)

[scale and nature of child sexual abuse: Review of evidence](#)

⁸⁹ Data Insights Hub [Microsoft Power BI](#). Data for the Isles of Scilly is suppressed due to low numbers.

Whilst sexual offences reported to Devon and Cornwall Police have continued to rise overall, **sexual offences relating to victims under-18** has been **stable** over the latest two years, having risen by a third in the preceding four.

The vast majority (83%) of victims of rape and other sexual offences are **female** with the largest numbers appearing across the **12-19 years age groups**. Girls aged 15 and boys aged 14 were most likely to become a victim of child sexual abuse.

Police analysis of child sexual abuse crimes⁹⁰ found that **girls were 3.5 times more likely than boys** to be the victim of child sexual abuse. It was noted, however, that under-reporting amongst males is believed to be greater than for females.

It is likely there are a number of **cross-over threats that make children more at risk** of becoming involved in child sexual abuse, both from a victim, and a suspect/offender perspective, including **learning disability, missing episodes**, and witnessing or being directly involved in **domestic abuse** in the household.

The police profile notes that reported volumes of child sexual abuse are **notably lower during August**, most likely caused by the school summer holidays limiting the

opportunity for victims to report offences through their school. This emphasises the **importance of schools as a place for safe disclosure**.

For offences involving **young children**, the time between when the offence takes place and reporting to the police is much higher than for older children.

The **age of the victim** is likely to be a factor, with young children **less able to articulate what has happened** due to their limited language or understanding, especially if they are under school age. Offences against young children are also largely **contact related and often involve family members**, thus limiting their opportunities to escape the abuse and seek help.

Crimes involving a **suspect under the age of 18**, regardless of gender, was more likely to involve **offending against victims of a similar age**.

1,164 under-18s were known to the commissioned Safer Futures service⁹¹ over the last year; the majority are accessing support due to having experienced domestic abuse in the home.⁹² 166 Safer Futures clients under the age of 18 (14%) cite **sexual abuse as a reason for referral**; predominantly this relates to a **past experience**.

⁹⁰ Devon and Cornwall Police (November 2024), Strategic Problem Profile: Child Sexual Abuse (CSA)

⁹¹ Year to March 2025

⁹² Of 343 cases open at the end of March 2024, 62% were open to the therapeutic Recovery Pathway.



Focus on: Looked after children

Children are taken into care to protect them from neglect and abuse, including sexual abuse, within their families or communities.

However, some children may **continue to experience abuse**—or become newly at risk—while in care settings. Children who are looked after are among the **most vulnerable in society**, and those who are taken into care because they have been sexually abused experience specific challenges.⁹³

These challenges can include complex trauma, disrupted attachment, stigma and betrayal.

As a result, children may display **difficult or erratic behaviour**, experience **poor mental health**, and **face instability in placements**—factors that can further complicate recovery and safeguarding.

The number of children in residential care who have been sexually abused is believed to be **underreported**.

Research suggests that around 1 in 20 children in the UK have experienced sexual abuse⁹⁴, though the true figure may be higher due to underreporting. **Looked-after**

children are likely to face even **greater risks** due to their increased **vulnerability** and exposure to unsafe environments.

These children may display a reluctance to disclose abuse to authorities if they fear reprisals, and younger children may not recognise or name abusive behaviours.

Workers and carers need to be skilled at spotting the signs of sexual abuse to identify at-risk children in their care. Open communication among workers and carers helps to build an **accurate understanding** of a child's experience of sexual abuse.

A 2022 study⁹⁵ into children in care found that **16% of assessments** for children in care in England in 2018 identified child sexual exploitation. **Children in residential care** are at heightened risk of sexual abuse, often alongside physical and emotional abuse.

The inquiry found that abuse in these settings was frequently **repeated** and **prolonged**, sometimes occurring across **multiple placements**.

Perpetrators included residential care workers, and other children of the same age and older, with a notable proportion of abuse involving

⁹³ Centre of expertise on child sexual abuse (2019), [Key messages from research on looked-after children and child sexual abuse](#)

⁹⁴ Radford, L. et al (2011) [Child abuse and neglect in the UK today](#).

⁹⁵ Independent Inquiry Child Sexual Abuse (2022): [Child sexual exploitation by organised networks](#)

female perpetrators, which is less common in other contexts. A culture of aggression and violence, combined with poor oversight, allowed abuse to occur in unsupervised areas or off-site.

Victims described how **perpetrators had unquestioned access to children** and how **staff often suspected abuse but failed to act**. Half of the survivors reported knowing of other children being abused in the same institution, highlighting **systemic failures in safeguarding**.

Compared with younger children, **teenagers** in care are six times **more likely to be victims** of sexual exploitation. 12% of children in care aged 13 and over had **sexual exploitation identified** in their assessments. A diligently chosen placement that meets the child's particular needs can reduce the risk of sexual exploitation.

The report recognises that staff cannot protect children in their care from every risk and agencies must be realistic about what staff can do, while acknowledging and addressing failures. It is crucial that staff and other **carers receive appropriate training**, including in adopting **trauma-informed approaches**.

Additional **risk factors** that heighten vulnerability include:

- **Disability** – disabled children are more likely to be placed in institutional care where factors such as physical dependency, intimate care needs, isolation and reduced autonomy increase their vulnerability to abuse.
- **Ethnicity** – children from Black, Asian and minoritised ethnic communities face additional risks due to racism, bias or cultural misunderstanding.

Key Local Insights

- **Intergenerational trauma** is increasingly recognised as a critical factor **complicating care placements**, with fractured family networks, delayed disclosures of historic abuse, and unsafe kinship arrangements contributing to long-term harm and socio-economic disadvantage.



Focus on: Deepfakes

Synthetic sexual content is often referred to as '**deepfake**'. It is a form of intimate image abuse and refers to any sexual or nude media created through the use of deep learning algorithms to manipulate or **fabricate visual and auditory content in a hyper-realistic manner using AI**.

Examples include swapping someone's face with another nude body and using 'nudification' apps to alter a clothed image to make it appear nude.

99% of sexually explicit deepfakes online are of women and girls, and the tools that are used to create them often **do not work on men and boys**. Apps are readily downloadable from Google and the app store with free trials⁹⁶ and are advertised on prominent platforms, providing widespread opportunities for exploitation and revenge.

The extent of the problem

In 2023, more deepfake abuse videos were shared than the total number from every other year in history. On the **top 40 sites** dedicated to deepfake abuse there were over **270 thousand videos, gaining over 4 billion views** with Google Search driving 68% of traffic to this content. This is a 3000% increase from 2019.⁹⁷

As an example, content on the most visited bespoke websites for sexually explicit deepfakes received 40 million views in the month of January 2024 alone with a predicted **8 million deepfakes** being **created and shared online by 2025**.⁹⁸

Threats to young people

The routine exposure of younger people to deepfakes is of particular concern, Ofcom found that young people are consistently adjusting their ages to **circumvent social media age restrictions**, with boys aged 8-17 more likely to have a user age of at least 18 than girls (25% vs 19%).

Contact with harmful content on video sharing platforms is particularly pronounced among under 18s. Some **6–12 year olds** have been **exposed to nudity** while **half of 13–17 year olds** have unexpectedly seen unsuitable or

⁹⁶ [Children-nudification-tools-and-sexually-explicit-deepfakes-April-2025.pdf](#) Ofcom suggest children are being increasingly exposed to these tools because they are so accessible and easy to use

⁹⁷ [Home - #MyImageMyChoice](#) – Deepfake Abuse: Landscape Analysis

⁹⁸ Should I Delete That? Podcast Alex Light and Em Clarkson – Cyber brothels, AI girlfriends and misogynistic algorithms: Laura Bates on the new age of sexism - May 2025

graphic sexual imagery in the past three months.⁹⁹

A 2024 survey by Internet Matters found that **13% of teenagers have had an experience with a deepfake nude**, which equates to approximately **half a million (529, 632) children**.¹⁰⁰ Young people aged 16-24 were more likely to be exposed to sexually explicit deepfakes than adults aged 55+ (20% v 6%).

Impacts

Because the vast majority of explicit deepfakes are exclusively women and girls, **young people** have a very **differential experience and view of technology**.

Boys, in particular, viewed personal risk as conditional, reasoning that someone would have to have a motive for doing this to them, whereas girls' perception is that people create these images/videos just because they can.

There is an **inherent fear amongst girls** around nudification technology which is akin to the threat of sexual assault in public places, this is leading them to withdraw, curtailing both their online and offline behaviour for fear they may become targeted.

Documented **impacts** include severe emotional distress, reputational damage, financial exploitation, suicidal ideation, anxiety, sleep disorders and depression.

Victims report this type of abuse as being all pervasive, engendering fear and eroding a sense of safety.

Increasing concern around **deepfakes** focuses on the way in which this technology can be manipulated to facilitate the **creation and dissemination of Child Sex Abuse Material (CSAM)**.¹⁰¹ Graeme Biggar, director general of the UK's National Crime Agency stated that viewing this type of material, whether real or computer generated, 'materially increases the risk of offenders moving on to sexually abuse children themselves.'¹⁰²

Non-Consensual Intimate Image Abuse or 'Revenge Porn'

This involves taking an intimate image without knowledge or consent, **threatening to share** intimate images and **actually sharing intimate images**, either on or offline, without consent.¹⁰³

There has been a move away from the term 'revenge porn' as its title is problematic suggesting both salacious content and inferring that

⁹⁹ [Summary factsheet: Understanding how platforms with video-sharing capabilities protect users from harmful content online - GOV.UK](#)

¹⁰⁰ [Children's experiences of nude deepfakes research.pdf](#)

¹⁰¹ [Technological Tipping Point Reached in Fight Against Child Sexual Abuse - National Crime Agency](#)

¹⁰² The New Age of Sexism – Laura Bates 2025

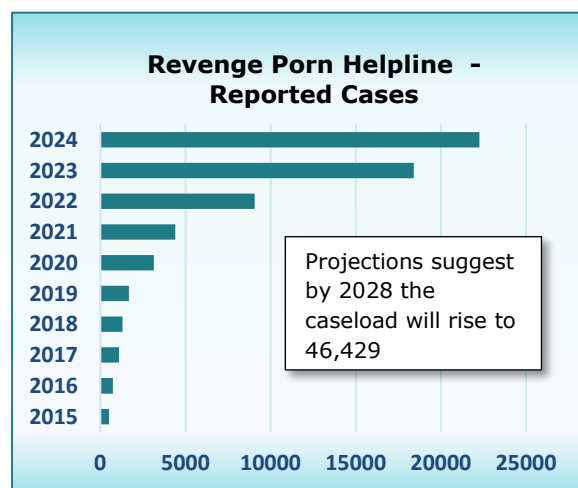
¹⁰³ [Revenge Porn Helpline - 0345 6000 459 | Revenge Porn Helpline](#)

the victim had done something to illicit the response.

Analysis suggests **1.42% of adult women** in the UK **experience non-consensual intimate image (NCII) abuse** annually equivalent to the entire adult female population of Birmingham. The prevalence of this abuse is growing rapidly reflecting broader trends in technology-facilitated gender-based violence.

Significant amounts of NCII sharing **goes unreported** because barriers to disclosure—including fear of stigma, lack of trust in law enforcement, and platform inaction—continue to suppress reporting rates so it is **difficult to quantify the true extent**.¹⁰⁴

The swift evolution of NCII abuse is reflected in traffic to the Revenge Porn Helpline which shows an exponential increase in reported cases.



¹⁰⁴ [The Scale of Non-Consensual Intimate Image \(NCII\) Abuse: A Data-Driven Global Analysis](#)

¹⁰⁵ [Revenge Porn Helpline - 0345 6000 459 | Revenge Porn Helpline](#)

¹⁰⁶ In a Freedom of Information request submitted to UK police forces for the year

Over 81% of cases **involved a male perpetrator** and, where identified, **58% were current or former partners**, 22.7% were known acquaintances, and 8.9% were linked to criminal gangs.

Sextortion was the **most reported harm**, accounting for 22.7% of cases with **65%** of these being **male victims of organised crime**, reflecting large-scale systematic targeting of men for monetary gain. Images from **historic cases** often **remain in circulation** causing re-victimisation and demonstrating ongoing impact of sharing.

The vast majority of NCII are copied, downloaded and stored so even if someone is successful in removing the original image it **can resurface at any point**.

On average, **each case** involving an adult female victim **contained 9.1 non-consensually shared images** distributed across multiple platforms with repeated uploads.¹⁰⁵

Despite legislation being in place **conviction rates are extremely low** (approx. 4%¹⁰⁶) and reflect a need to ensure enforcement agencies are sufficiently skilled and adept at applying the law and securing convictions.

2024, based upon responses from 37 forces there were 6459 complaints made by victims related to NCII. Of those complaints, 1037 arrests were made, and 264 resulted in a caution or charge – only 4% of the of complaints made.

Victims are four times more likely to have negative experiences when reporting NCII to police largely due to lack of specialised knowledge around the law and this is more pronounced for women.

Cases have arisen where, following the criminal justice process, perpetrators have had devices containing the NCII returned to them¹⁰⁷ In addition **online platforms do little to respond to complaints** with 52% of women who reported online abuse to social media companies stating it was handled badly and **29%** disclosing they **received no response at all**.¹⁰⁸

The Law

In an effort to curb the proliferation of deepfakes and non-consensual intimate images the **Online Safety Act was amended in 2023**¹⁰⁹ to **include sharing of intimate images without consent** as the most serious type of online offence, with Ofcom given powers to impose hefty fines on social media companies that do not seek to address both creation and removal of deepfake content.

Strengthening the law is the government's response to **tackling**

sexual offending and the normalisation of misogynistic material online as part of the wider Violence Against Women and Girls (VAWG) strategy.

Despite sharing of nude deepfakes featuring adults being made a criminal offence as part of the changes to the act, it is **not currently illegal to produce consensual nude deepfakes** featuring adults as long as the image isn't shared further the consequence of this is that nudification apps have been able to proliferate.¹¹⁰

Although positive changes have been made to legislation¹¹¹ its effects will be **reliant on how Ofcom regulate it**, and organisations caution changes to the law do not go far enough in:

- Considering the **broader scope** – implications for culturally sensitive material in relation to **LGBTQ+** people and **religious groups**.
- Expecting the threat of the law being a deterrent in itself – **sufficient training for police and the wider criminal justice system** in order that they are responsive and have enforcement powers.

¹⁰⁷ Women and Equalities Committee – Tackling non-consensual intimate image abuse – Fourth report of session 2024-25

¹⁰⁸ Refuge Report [Unsocial-Spaces.pdf](#)

¹⁰⁹ [Online Safety Act: explainer - GOV.UK](#)

¹¹⁰ [Children's experiences of nude deepfakes research.pdf](#)

¹¹¹ Reforms brought in by the [Online Safety Act 2023](#) reforms have strengthened the legal framework by removing the

requirement to prove intent to cause distress when prosecuting cases of non-consensual image sharing. The new legislation also introduces harsher penalties, with offenders facing up to two years imprisonment for sharing intimate images. Threatening to share an intimate image has also been made a separate offence. The scope of the law has been expanded to include AI generated content.

- Understanding **growth and power of the 'deepfake economy'** - an ecosystem that facilitates the creation and distribution of sexually explicit deepfakes between users for profit.
- understanding the **limitations in reaching the worst kind of content** on smaller unregulated websites¹¹²
- **prioritising safety in designing processes** that disincentivise harmful behaviour rather than focusing on taking down content

Wider implications of deepfake and NCII

The creation of deepfakes is **already emerging in educational settings** reinforcing the urgent need to **include teaching** about NCIIIs and nude deepfakes, what they are, legal

and ethical considerations around sharing them, and reporting mechanisms, **as part of the Relationships and Sex Education (RSE) programme.**

By raising awareness and tackling harmful perceptions of gender, informed by online misogyny and violent pornography, schools can play a part in challenging image sharing norms among young people.¹¹³

A survey carried out by Refuge highlighted that **only 1 in 5 women (21%) self-identified as experiencing abuse** on an online platform despite evidence to the contrary, which indicates the gulf between those who are experiencing tech abuse, and those who are able to identify and name the abuse.¹¹⁴



¹¹² Should I Delete That? Podcast Alex Light and Em Clarkson – Cyber brothels, AI girlfriends and misogynistic algorithms; Laura Bates on the new age of sexism (May 2025)

¹¹³ [Children's experiences of nude deepfakes research.pdf](#)

¹¹⁴ Refuge Report [Unsocial-Spaces.pdf](#)

Child Sexual Exploitation

National picture

Police forces in England and Wales recorded **101,199 child sexual abuse offences** during 2023/24, 4% fewer than in the previous year.

One in six (17%) were offences classified as 'child sexual exploitation' and these offences decreased by **14%**. There were increases in **prosecutions** relating to all child sexual abuse offence types except abuse through **child sexual exploitation**, which **fell by 20%**.

Conversely recorded **grooming offences rose by 10%** to the highest level ever recorded (7,365). The MAPPA population of individuals with **sexual convictions increased** by 52% over the last 10 years, with **probation supervising 55% more** people convicted of a sexual offence across England and Wales in the last 4 years.¹¹⁵

The Centre of Expertise on Child Sexual Abuse highlight a **decline in CSA/E identified in child needs assessments** undertaken by local authorities.

There is a **mismatch** between the rates of child sexual abuse/exploitation **detected by children's**

services and the rates of **police recorded crime for contact child sexual abuse**, with the latter being significantly higher. This is understood not to reflect the actual landscape and needs wider investigation.

In January 2025, the Home Secretary confirmed that in addition to taking forward the 20 recommendations from the final Independent Inquiry into Child Sexual Abuse, **specific actions** would be taken to tackle child sexual exploitation.¹¹⁶

The measures include **improving the criminal justice response**, boosting police resources to **review historic cases** of sexual abuse and exploitation and targeting **evolving threats** posed by **online** mechanisms employed for abuse.

The **data that local areas collect** will be overhauled as part of a new performance framework and '**problem profiles**' produced on the nature of **grooming gangs** by area.

In order to provide a fuller and more detailed picture of scale, challenges and future requirements, **Baroness Casey** was asked to oversee a **rapid audit** of the current extent and

¹¹⁵ [Child sexual abuse in 2023/24: Trends in official data](#) – Centre of expertise on child sexual abuse.

¹¹⁶ [Next steps to tackle child sexual exploitation - GOV.UK](#) – Home Secretary Yvette Cooper – 16th January 2025

nature of **group-based sexual exploitation** and abuse across the country.¹¹⁷

The audit identified **700 recorded cases of group-based CSE with 127 major police investigations** currently underway on child sexual exploitation and gang grooming across 29 different police forces.¹¹⁸

The report was emphatic that figures recorded by police forces and other agencies are **not representative of the actual extent of child abuse and CSE** which is widely underreported and not always identified.

The audit found inconsistencies in the way that CSE is identified and recorded, with **different definitions and incomplete data** across police, local authorities, health and the criminal justice system. The concept of 'grooming gangs' is not captured clearly in any official data set.

In particular, it highlights a failure to fully understand or effectively tackle the **ethnicity of perpetrators and offender motivations**, underpinned by poor data collection.

The impact of the **growth of online sexual abuse offending**, now accounting for 40% of all sexual abuse crime, has altered the age profile of offenders and made it harder to see the profile of both perpetrators and victims.

Increased reporting of child criminal exploitation, which is easier to identify, may also have affected how child sexual exploitation is identified.

The audit highlights frequent issues with **perceived 'consent' for abuse** amongst 13 to 15 year olds and an **ambivalent attitude to adolescent girls** both in society and in the culture of many organisations.

These factors have contributed to a "collective failure to properly deter and prosecute offenders or to protect children from harm."

The audit made 12 key recommendations to improve the **identification, recording and investigation** of CSE and get better outcomes for victims.

¹¹⁷ [National Audit on Group-based Child Sexual Exploitation and Abuse](#), Home Office, June 2025

¹¹⁸ The Child Sexual Exploitation Police Taskforce

Adults who have sex with a child under 18 are charged with mandatory rape	National police operation and inquiry into CSE	Review criminal convictions of CSE victims – disregard those who should have been protected	Mandatory collection of ethnicity and nationality data for suspects and victims
Mandatory information sharing and compliance among safeguarding partners	DfE to introduce Unique Reference Numbers for children (URNs) to improve sharing of information	Update police systems to facilitate the use of URNs	CSE investigations should be approached in the same way as Serious and Organised Crime
DfE to analyse local authority data to understand the decline in CSA/E in child needs assessments	Government research into the drivers of group-based CSE, including online and cultural factors	DfT to end out-of-area taxis and implement more stringent local authority licensing	Implementation of recommendations is fully resourced over multiple years by the government

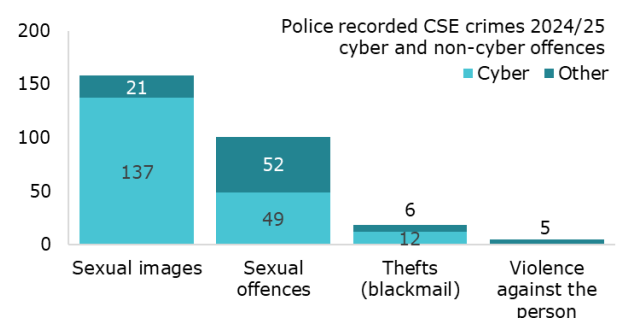
DfE - Department for Education, DfT - Department for Transport

Local data

Key statistics¹¹⁹

- **282 crimes** flagged as Child Sexual Exploitation ▲+10%
 - **198 crimes** (70%) recorded as **Cyber Crime**
- **946 MARU¹²⁰ referrals/contacts** where experience/risk of child exploitation identified
- **346 children** referred to MACE¹²¹ for safeguarding and disruption interventions ▲+6%
- **70 social care assessments** where CSE was identified as a factor ▲+23% (2023/24)
 - **0.66 children per 1,000** aged 10-17¹²² (national rate 1.16)

The **impacts of child sexual exploitation on victims are significant** and can lead to a myriad of harms including anxiety, depression, addiction, low self-esteem, self-harm, eating disorders, PTSD and attachment and relationship problems. Most activity



¹¹⁹ Data covers 2024/25, compared with 2023/24 unless otherwise stated

¹²⁰ Multi-Agency Referral Unit - the MARU provides a multi-disciplinary response to concerns about the welfare or safety of a child or young person, in line with statutory guidance.

¹²¹ Multi-agency Missing and Child Exploitation Panel convened by Children's Social Care

¹²² Children in need census data reported by local authorities to the Department for Education; assessments recording factors of child sexual exploitation, 2023/24 [Data Insights Hub](#)

is **hidden** and communities are not affected, but high profile cases that attract media attention can drive up fear.

Child sexual exploitation is occurring across Cornwall and the Isles of Scilly but, akin to domestic abuse, is often hidden and children rarely self-report, so **prevalence data is hard to ascertain**. Last year we assessed our confidence in the intelligence assessment for child sexual exploitation as 25-35%.

Police recorded crimes flagged as CSE in Cornwall show an **upward trajectory**, likely to reflect better identification and recording practices.

- The majority of CSE crimes are recorded as **cyber-crime and relate to sexual images** (70%). Child-to-child taking/sharing of images is a notable element of this type of crime.
- There were 24 sexual offences related to **sexual grooming**, an increase from 11 identified in 2023/24.
- Information about the victim was provided in only 42% of all CSE cases. Around **two thirds were female** and a third male.
- **3%** of CSE crimes achieved a **positive offender outcome** (offender charged or cautioned) over the last two years.
- Just over **a third of crimes are deemed as not in the public interest** to continue (primarily

relating to sharing of sexual images). No suspect was identified in 22% of cases and, where a suspect was identified, 20% were not progressed due to **evidential difficulties** and in 15% of cases the **victim declined to support** action being taken.

Data from the Complex and Organised Child Abuse Database (COCAD) indicates that the South West has a **lower than average number of group-based CSE offences** than would be expected based on population. There has been **little evidence of group-based offending in hotels** in the region but the extent to which self-letting accommodation (such as holiday lets) is used is unknown.¹²³

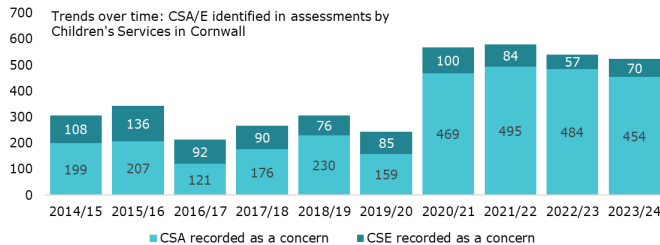
Understanding the **role of holiday accommodation and Air B&Bs** as a mechanism through which CSE can proliferate unmonitored continues to be flagged as an area of concern. The extent to which this may be happening in Cornwall is **unknown/hidden** due to lack of awareness.

In Cornwall in 2023/24, Children's Services recorded 70 assessments¹²⁴ where **child sexual exploitation** was a factor, equating to a rate of 0.66 per 1,000 people aged 0-17.

¹²³ CSE Problem Profile, Devon and Cornwall Police, December 2024 (redacted for partners)

¹²⁴ Data Insights Hub [Microsoft Power BI](#). Data for the Isles of Scilly is suppressed due to low numbers.

This is **below the national rate** (1.16 per 1,000) and, although the most recent year shows a rise, the **trend over time is reducing**.



Conversely, the rate of assessments where **child sexual abuse** was identified is well **above the national rate** and has **more than doubled** over the last five years.

Data provided by Children's Social Care to the Missing and Exploitation Group is based on the **broader definition of child exploitation**, which includes criminal and drug-related exploitation (including exploitation through County Lines).

Data shared about children and young people **includes gender, age, ethnicity and vulnerability factors**. Additional information is provided through a regular narrative report. Information on **persons of concern** is not included in the data but limited information is **provided through the narrative report**. Ethnicity was included within the latest report.

Other than police data, **data on CE/CSE is shared only by Children's Social Care**, with the rationale that all CSE-related concerns are referred to MARU. The **most common referral route** into MARU for exploitation-related

concerns is **schools**, accounting for around half of all referrals. **Health services and police** make up the majority of the other half.

- Where risk/harm is identified, children and young people are **referred to MACE panel** for safeguarding and disruption interventions. MACE Panel referrals saw a **small rise in 2024/25** compared with the previous year.
- The majority of children and young people are aged between **14 and 16 years** but there are instances of younger children being referred.
- The **gender split of MARU referrals is roughly equal** but a slightly higher percentage of males are discussed at MACE Panel.
- The type of **exploitation has a gendered nature**. For females, the type of exploitation is predominantly identified as CSE and for males the primary concerns are recorded as drugs and criminal activity.
- Commonly presenting issues at MACE over the last year include concerns about **drug use, drug dealing and anti-social behaviour**.
- To our knowledge at the time of our last assessment, there had been **no instances of exploitation of refugee children**, but some of the families have teenage children and delays getting into school may be a risk factor.

Being out of school increases risk for young people

Risk factors for young people strongly highlight **low school attendance and/or exclusion**, with more time spent in the community increasing their risk of exploitation and exposure to harm. This appears to escalate with age.

- Nationally, numbers of suspensions and permanent exclusions **increased rapidly after the pandemic** but local rises for both were much greater. Rates of permanent exclusions and suspensions (per 100 pupils) **are well above national rates**.¹²⁵
- Exclusions **disproportionately affect vulnerable groups**, including students with special educational needs (SEND), those from lower socioeconomic backgrounds, and ethnic minorities.

A lack of suitable education, coupled with other vulnerabilities can lead to the **loss of a sense of belonging** from their school or community.

Loss of contact with professionals who can identify them as being at risk of harm means that **targeted work could come too late** and increase the risk.

With more **young people being excluded** and exposed to greater risk of exploitation, it is likely that there is more we need to

understand, in particular **peer networks** and young people **travelling between towns**.

Local data from Children's Services shows that two thirds of children identified as at risk/experiencing child exploitation (note this includes all types of child exploitation) had **4 or more identified vulnerability factors**, including:

- **Domestic abuse** in the home 37%
- Parents use **drugs and/or alcohol** 27%
- **Child in care** 11% or subject to a **Child Protection Plan** 5%
- Other vulnerabilities include having experienced a **previous sexual assault** and **homelessness**

A dip sample of **victims of multiple CSE offences** was examined as part of a police problem profile on CSE – this found that over half of the victims had additional vulnerabilities, either through neurodivergence, **sexual or gender identity** or **adverse childhood events**.

Online risks present an involving and increasing threat

Capacity and capability to effectively **tackle on-line risks** were flagged as a challenge in last year's assessment, recognising that risks are dynamic and **criminal use of technology** moves at pace. It was also noted that the approach to

¹²⁵ [Suspensions and permanent exclusions in England](#), Academic Year 2023/24,

Department for Education official statistics (July 2025)

tackling online abuse varies across schools.

Police analysis of child sexual abuse (CSA) offences¹²⁶ in Devon and Cornwall found that **over half** of all offences for sexual images in the last 12 months **involved a suspect or offender under the age of 18**, which is consistently higher than other CSA types.

Offences typically **involve children of similar age who are likely sharing indecent images** via social media and instant messaging platforms. Snapchat is the most referred to social media app in this type of offending.

The majority of recorded CSE crimes in Cornwall are cyber offences relating to **sharing sexual images**. Whilst remaining low in volume, the number of crimes has **increased year on year**, thought to be driven by a mix of increased prevalence of sharing sexual images between children and **improved recording** by the police.

The 2025 National Crime Agency Needs Assessment outlines the **evolving threat online methods** employed by offenders pose in **driving and enabling complex forms of child sex abuse and exploitation**. There has been a significant rise in reports of child sexual abuse material or other

sexually exploitative content related to generative artificial intelligence throughout 2024.

The scale of child-on-child exploitation is hard to quantify

The complexity of **child-on-child exploitation** is hard to address and can be extremely nuanced due to **considerable overlap between victimisation and offending**, particularly in relation to criminal exploitation.

Many of those children who offend are also at risk of, and have experienced, victimisation and abuse and may have been **coerced into recruiting others** into exploitation. Ways that some children cope with adversity include behaviours which are considered “challenging.”¹²⁷

Nationally the first six months of 2023 saw **child-on-child sexual abuse and exploitation increase to 56%** of cases compared with 40% of cases in the whole of the previous year.¹²⁸

¹²⁶ Strategic Problem Profile: Child Sexual Abuse, Devon and Cornwall Police (November 2024)

¹²⁷ [CoTN Crime-Justice Report 11.pdf](#)

¹²⁸ [National Policing Statement 2024 For Violence Against Women and Girls \(VAWG\) - July 2024 WEBSITE PUBLICATION \(2\).pdf](#)

The Hydrant Programme which leads the **Child Sexual Exploitation Taskforce** are responsible for analysing group-based¹²⁹ child sexual exploitation and abuse.¹³⁰

The Hydrant Programme predicts a **continuing rise** in overall crime rates in relation to **child sexual abuse and exploitation** and an increase in **offences committed by children**. This is based on continuous data collection through the programme.

- Locally, the majority of CSE/A crimes related to **sharing sexual images** are understood to be child-on-child. There is little information on other types of CSE child-on-child crimes (due to the low completion of offender data).
- In the last strategic assessment, we flagged **an increase in harmful sexual behaviours** reported in schools in Cornwall. This was considered to reflect some **positive impacts of greater awareness** (impact of Healthy Relationships and Sex Education) and improved support, but **an increase in prevalence** was suggested in some areas.
- The number of children referred to Gweres Kernow for **interventions for harmful**

sexual behaviours fluctuates, but numbers in 2024/25 were higher than the previous year

- Only half of all secondary pupils** responding to the Right On¹³¹ survey in 2023, said that they 'usually' or 'always' **felt safe at school**, with reported feelings of safety much lower for girls than for boys.

Police identifying **child-on-child sexual image offences** would complete a PPN for both children and make a referral to MARU. Despite these types of offence being seen as important, they **may not score as highly as other harms** (so may not require a Strategy Meeting) and are usually seen as **not in the public interest to pursue by police**.

There are significant and rising concerns about young men who are effectively **radicalised by exposure to online pornography**. Use of **AI is a recognised risk factor** and has been linked to blackmail and bullying.

Partners on the Isles of Scilly have expressed concerns about a lack of oversight for **young people from the Isles of Scilly** when they attend secondary education in Cornwall.

¹²⁹ [Independent Inquiry into Child Sexual Abuse](#), October 2022. Group-based offending is defined as a network of two or more individuals who are known to or associated with one another and known to be involved in or to facilitate the sexual exploitation of children and young people.

¹³⁰ [Group-Based Offending Publication](#), Hydrant Programme, November 2024. Analysis and commentary regarding 2023

data submitted by 44 police forces to the Hydrant Programme.

¹³¹ The Cornwall Right-On Survey was developed by the Schools Health Education Unit in partnership with Cornwall Council. 8,200 children from school years 4 to 12+ took part in 2023, including 3,850 pupils from 17 secondary schools. The results of the 2025 survey are due but not yet shared.

'Adultification' of victims can result in a poor response

Children cannot consent to sexual exploitation as they cannot consent to their own abuse.

The Baroness Casey audit highlights the prevalence of '**adultification**' where a child is viewed as more mature than they are, with responses based on this shift of perception. Adultified victims are **seen as responsible or complicit, or more resilient** to harm.

Some receive a criminal justice response rather than a safeguarding one with the potential for further harm, including **longer term impact on life chances**, increasing exponentially.

National legislative changes around consent are required, ensuring that the Crown Prosecution Service are on-board with decisions around the age of consent and how this is imposed by the courts, it is not something that can be done at a local level.

Appropriate language is important to ensure victims of CSE are **not seen as complicit** in their own exploitation. For example, a young person presenting at an ED intoxicated may be seen as 'the problem', rather than their alcohol use being seen as a flag for wider curiosity and an opportunity for earlier intervention.

Exploitation was a strong **theme within the recent [thematic tri-partnership Local Child Safeguarding](#)**

[Practice Review](#), undertaken to consider the learning from the lives and deaths of four care-experienced young women in Cornwall.

All four young women experienced poor mental health, **exploitation, sexual violence**, domestic abuse and drug use, whilst case files noted parental and professional concerns about escalating 'risky' behaviours and 'choices.'

Identification and response for young adults needs to improve

We have **well-established multi-agency responses** in place for child exploitation, which include population level and targeted prevention activities.

Operational response centres on the **Missing and Child Exploitation** (MACE) triage and panel and **Local Disruption and Support Meetings** (LDSM). LDSMs are a contextual safeguarding response to any escalation in exploitation risk in a specific geographic area.

Identification and response for **young adults involved in exploitation** are developing, particularly in the context of improving outcomes for people with **multiple vulnerabilities**.

The referral pathway via Adult Social Care is only supporting young adults with care and support needs (as defined in Section 42 Care Act 2014) currently – there is a recognised gap for **young adults whose needs fall outside** this definition.

Very little information on offenders is recorded and recording of **ethnicity is absent/inconsistent**. There are recognised gaps in police reporting which are to be addressed nationally

and will set the pace for local recording.

Workshop Insights: summary

- The **extent to which CSE-related concerns are recorded** within agencies other than police and MARU is a **mixed picture**. How are other agencies **capturing and flagging CSE** and are there other data sets that would help us understand how this looks?
- There is a real knowledge gap around **online CSE and generative AI** and this is likely to be **widely underreported**.
- **Child-on-child sexual image offences** may not be prioritised in the same way as 'real world' CSE, despite these behaviours being seen as harmful. Understanding is starting to shift, however, and there are significant and rising concerns about young men who are effectively **radicalised by exposure to online pornography**.
- The importance of extending **professional curiosity** beyond the presenting person was identified. Individuals may well be linked to a **wider group/network** of other people experiencing or being part of CSE because often the networks are quite extensive.
- It is recognised that because our understanding of the experience of CSE is skewed towards females, we may be **less adept at recognising CSE in boys**. Agencies need to be careful that awareness raising of CSE and the responses to it, are **inclusive** rather than gender specific, and we provide **continuous opportunities for disclosure** through open and curious conversations.

Knowledge gaps

- Understanding the **role of holiday accommodation and Air B&Bs** as a mechanism through which CSE can proliferate unmonitored continues to be flagged as an area of concern. The extent to which this may be happening in Cornwall is unknown/hidden due to lack of awareness.
- **Very little information relating to offenders is recorded** and recording of ethnicity is absent/inconsistent. There are recognised gaps in police reporting which are to be addressed nationally and will set the pace for local recording.
- Concerns about a lack of oversight for **young people from the Isles of Scilly** when they attend secondary education in Cornwall.

APPENDICES

Appendix A: Sexual Violence Pathfinder

The overarching aim of the Pathfinder was to **improve care** for adult victims and survivors of sexual assault and abuse with **complex, trauma-related mental health needs**, so that they can recover, heal, and rebuild their lives.

To achieve this, the Pathfinder set out the following objectives:

- **Reduce symptoms/responses of complex trauma** and improve overall quality of life, enabling better healing and recovery.
 - **Improve access to professionals who are trained** to recognise and respond to the specific mental health needs linked to sexual assault and abuse.
 - **Create and strengthen pathways** and promote partnership working to offer coordinated, responsive support for individuals with complex trauma.
 - **Encourage the development of trauma-informed systems** with lasting impact beyond the Pathfinder programme itself.
 - **Build an evidence base** that demonstrates the value of innovative, trauma-informed approaches to sexual violence and mental health support.
- Four priority areas** were identified:
- Equipping non-therapists to deliver **trauma-stabilisation interventions** to be accessible beyond clinical settings
 - Develop relationship-based support for **women facing multiple disadvantages**, recognising that trust and stability must come before formal interventions
 - Test new ways of providing therapeutic **support to those who currently 'fall through the gaps'**
 - Through a **Trauma Resilience Hub** provide specialist consultation, support and therapy for complex cases, whilst prototyping innovative solutions for individuals

These were to **test solutions that embedded the key themes in different settings** and with different cohorts of people across the system. The idea was to provide an evidence base of where the gaps are, what therapeutic support victims want and what helps them recover to help inform future commissioning.

Throughout the programme, we applied an iterative design and learning cycle. Our approach was also influenced by the **Human Learning Systems** approach. This approach rejects linear cause-and-effect models in public services. Instead, it embraces complexity, **prioritising human relationships, learning, and adaptive, person-centred responses.**

Our thinking was further influenced by realist models of research and

evaluation, which recognise complexity in systems and seek to understand **'what works, for whom, and in what circumstances'**.

Priority 1: Trauma Stabilisation

339 people have attended the training to date, and by the end of the Programme, at least 350 practitioners will have been trained in trauma stabilisation.

A pre and post questionnaire was completed by all participants who completed the training to measure the impact on their knowledge and confidence around trauma stabilisation.

Findings demonstrated there was a positive shift across all areas, with the **greatest shifts in knowledge of and confidence in using trauma stabilisation approaches** with clients.

"Really informative, great to have the workbook to research over time. I was slightly cynical about how I could incorporate the approaches in a hospital setting. I now feel confident that I can. Refreshing to have conversations about how trauma can physically affect you".

Eight follow-up interviews were completed with participants who volunteered after 1-3 months of completing the training to identify what impact it has had on their practice.

Team managers reflected that they saw the impact on their teams, that

they were sharing their learning and that they were using the tools and techniques on a regular basis.

"I have been using the tools and sharing since the first day, in particular the soothing box, window of tolerance, drama triangle".

Several participants reflected on how it has **changed the way they view people's behaviour and problems** and gave them tools to help them with their distress.

"I have been able to understand how someone's behaviour is now a response to what has happened to them. I can come from an informed position of understanding, and it has helped guide me to a solution".

"I could see how people use depressants or stimulants to get into their window of tolerance or to stay out of it. And how this can become a vicious cycle. I can use the window of tolerance to talk to them about this".

Others felt the training **moved them into a position of strength and empowerment**, giving them the knowledge and skills to hold people whilst they were waiting for more specialist support. The manual was seen as a significant resource to reference and draw on in their practice.

Several participants felt that the training gave them permission to **reflect on their own personal experience and utilise the tools and techniques** themselves. Whilst this was challenging for some, many

noted the value in the opportunity for self-reflection and more importantly self-care in the current climate.

"I was aware of the window of tolerance and breathing techniques before, but the training provided a safe space to apply it to myself and gain understanding and confidence. It was almost therapy for me".

Priority 2: Women with Complex Needs

Though **models varied by local context, they shared core principles** of relationship-based practice, flexibility, and integration within existing services supporting women with multiple disadvantages.

The **Women's Centre Cornwall** (TWCC) employed a Sexual Violence and Trauma Lead (25 hours a week) and two specialist sexual violence and trauma workers (27.5 hours).

TWCC already delivered **outreach to women who experienced homelessness** or were temporarily housed. The Sexual Violence and Trauma Pathfinder project was designed to build on this.

The Sexual Violence and Trauma Lead **trained the outreach staff in trauma stabilisation** so that they could integrate this offer into their work with women. If the women needed a **more structured programme** of support, the outreach workers would **refer them on** to the Sexual Violence and Trauma Pathfinder project.

The project workers initially provided one to one support to women; as a result of reviewing the impact of these sessions, they subsequently developed a **trauma stabilisation group that women could attend together**.

From April 2023 to March 2025, the complex women projects in Cornwall received **102 referrals**.

All women referred had experienced sexual violence, with a breakdown as follows:

- 55% experienced sexual violence in an intimate relationship
- 52% experienced childhood sexual abuse
- 50% experienced sexual violence outside a relationship

As expected from the target group, many participants faced intersecting forms of disadvantage:

- 24% had a diagnosed mental health disorder (34% in Cornwall, 17% in North Devon)
- 65% had substance misuse issues
- 63% experienced domestic abuse
- 60% faced housing instability
- 45% had financial needs
- 42% had children or family-related issues
- 27% were on probation (rising to 35% in Exeter)
- 19% were mothers separated from their children (32% in Exeter)
- 8% were care leavers (12% in North Devon)

The workers used **flexible and trauma-informed approaches**.

Women were met in safe, preferred locations — from coffee shops and libraries to therapy offices — and offered open-ended, relationship-based engagement.

The average number of sessions per woman ranged from 2 to over 50, but the average was 17 sessions.

Support focused on:

- Emotional support (30%) — highest in North Devon (36%)
- Trauma stabilisation (23%) — highest in Cornwall (27%)
- Practical support (15%)
- Crisis support and advocacy (20%) — highest in Exeter (32%)

The **qualitative and quantitative data demonstrates meaningful improvement** in trauma symptoms, emotional regulation, and overall functioning.

The staff within the complex women's projects also recorded **changes in trauma-related symptoms/responses across 20 areas** based on their observations of their client. There was an average reduction of 18% across all symptomologies.

The projects **scaffolded women into other support** when needed or activities to support with reconnection when wanted.

Of those women who completed support with successful outcomes:

- 23% in Devon and 20% in Cornwall moved onto secondary

mental health, specialist sexual violence counselling or detox programme.

- 38% in Devon and 33% accessed further community-based support such as the Donkey Sanctuary and Women's Assertive Outreach Team.
- 15% in Devon and 20% in Cornwall have started or continued to attend groups run by the organisation.
- 4 people Devon and Cornwall have started paid employment or volunteering. One woman became a peer support worker in a secure mental health unit, and another got a paid job.

'The (worker) made me feel like she really cared, like I wasn't just the next person on the list that she had to see that day' (client from TWCC).

Trust-building required time, flexibility, and persistence. Many women were not ready for formal therapy until those relationships were firmly in place.

"She phoned... she persisted... she came round even when I couldn't get out. That's what kept me going through the worst parts" – Client from TWCC

The **ability to choose how, when, and where support happened** improved accessibility and emotional safety.

Open-door policies allowed women to return when ready, reducing pressure and supporting autonomy. Through trusted relationships, women engaged with

psychoeducation and emotional regulation techniques, finding new ways to understand and manage their trauma responses.

"The advice I'm given calms me down... and there's no judgment. I feel supported." (TWCC client)

Priority 3: People falling through the "Gap"

Four organisations, including CLEAR for Cornwall, **prototyped different ways of meeting the therapeutic needs of victims** who were asking for help but unable to access the support they needed due to **not meeting the criteria for secondary mental health services** and often being deemed **too complex** in terms of their mental health for therapy services.

The five people who received direct intervention showed measurable or observed **improvement in psychological wellbeing and/or functioning** after engaging with the trauma stabilisation and/or counselling interventions, despite the high complexity and risk profile of the cohort.

The Core-10 scores showed an average shift from severe/moderate to mild psychological distress. People reported being **better able to manage activation and emotional overwhelm** and reductions in self-harm and suicidal ideation behaviours using tools learned in trauma stabilisation sessions. Additionally, CLEAR staff reported that they are now **more effectively assessing readiness to engage in their offers**, and this, combined

with new staff coming into the organisation providing even broader range of therapies, means they are more discretionary in matching people to the right offer.

Finding people who were able to engage in the project was more difficult than expected.

Many people missed or cancelled sessions due to physical health crisis, dissociation or emotional instability, disrupting continuity and outcomes.

Therapists faced high emotional demand and some personal risk, including exposure to aggression or crisis behaviour in shared spaces. This underlined the need for both safeguarding protocols and enhanced support systems for staff.

Priority 4: Trauma Resilience Hub

The TRH was established as a **specialist consultation and support service for practitioners** working with people affected by sexual violence, especially those with complex needs.

Its core functions included:

- Case consultations offering:
 - Trauma-informed formulations
 - Advice on trauma stabilisation and trauma processing readiness
 - Navigation of voluntary/statutory services
 - Creative problem-solving
- Direct involvement where needed, including:
- Coordinating multi-agency meetings and care planning

- Delivering therapeutic interventions when gaps exist

This approach has proved vital in some situations, where staff were able to engage with **others who had experienced falling 'through gaps'** and were not deemed ready for trauma processing interventions. *"For the first time since I started working with [the client], it feels like she might be able to access appropriate services."* – Practitioner

Where no other service was available, the Trauma Resilience Hub (TRH) provided trauma stabilisation or trauma processing interventions. Although limited in number, these interventions had measurable and meaningful impact. CORE-10 results demonstrated a significant **reduction in psychological distress** among participants, with scores shifting from severe to mild following trauma stabilisation support.

Four clients received trauma processing support. Of these, three required no further therapeutic intervention, highlighting the effectiveness of the TRH's responsive, tailored approach. This highlights the **importance of a flexible therapeutic approaches**, especially for individuals whose needs fall between traditional service thresholds. *"Even though all four clients had sexual violence histories, they didn't want to start there—we built trust and addressed what mattered to them first."* – Clinical Psychologist

Clients described significant recovery, including greater understanding of their trauma responses, improved emotional regulation and increased self-worth and a renewed sense of control. Feedback from colleagues highlighted that the most valuable aspect of the case consultations was the **dedicated space to reflect on challenging situations**. Many practitioners noted that simply having time to pause and explore cases allowed them to identify new approaches and solutions that they had not previously considered.

As a direct result of these consultations, several **multidisciplinary team (MDT) meetings were convened**, leading to positive outcomes for both practitioners and the individuals they supported. These collaborative efforts not only **improved risk management** but also strengthened **professional confidence** and system responsiveness. *"I felt safe and hopeful again—I wasn't holding it all alone anymore."* – Practitioner accessing case consultation

Overall learning

The Pathfinder Programme supported adults who had experienced sexual violence often in both childhood and adulthood and who lived with complex trauma and unmet mental health needs.

While our projects targeted different groups, it became clear that those of greatest concern shared a common profile: multiple, intersecting needs

that do not fit neatly into existing service categories.

This revealed a systemic paradox in the system: people with the highest levels of trauma, including relational trauma, are expected to navigate the most fragmented support structures. Those who struggle to build trust are expected to do so repeatedly across multiple single-issue services—housing, mental health, substance use, and safeguarding.

From the outset of the programme, we aimed to identify a quantitative method to understand the impact of Pathfinder projects across different sites. However, we quickly encountered the challenges of applying a single assessment tool across diverse delivery models and people's needs.

We also recognised the limitations of defining outcomes a priori, which may not align with what truly matters to individuals receiving support. However, what was clear throughout all of the projects was that the way we work with people is the key factor in success:

- **Trusted Relationships Are Foundational**
"It's about having someone there who is like, 'OK, I'm here to listen to you and work out what you need.'"
 Complex Women Worker, Cornwall
- **Being Heard and Believed Is Healing in Itself**
"It's having somebody that believes and understands you...that helps to sort of move you forward."

- **Persistence and Tenacity Matter**
"She phoned... she persisted... even when I couldn't get out... That's what's really kept me going through some of the worst parts... I'd go to bed at night and think I'm not going to survive the night."
- **Trauma Stabilisation Techniques Work — When Offered Through Safe Relationships**
"She understands me... the advice I'm given calms me down. There's no judgement. I feel supported."
- **Flexible Person-Centred approach: Therapy Alone Is Not Enough**
"They're not there to deal with one thing, but to support with whatever the woman needs support with... you're actually holding the whole person."
- **Supportive Relationships Open Doors to Further Help**
"The support I got from (worker) and going to the groups... it literally gave me something to live for."
- **Trauma Processing Can Be Transformative — If the Timing Is Right**
"Even though all four clients had a history of sexual violence, this was not what they wanted to focus on initially. Using a person-centred and flexible approach allowed us to gently address the impact."
- **The Need for Coordinated, Compassionate Responses**

- Practitioner Wellbeing and Support Must Be Prioritised

For individuals living with complex trauma and mental health challenges, **recovery is rarely linear**. Many have experienced repeated harm and rejection; both personally and from the systems meant to help. In this context, **a trusting relationship** isn't just a starting point, it is the intervention.

These **relationships take time, persistence, and care**. When built safely, they offer the emotional stability people need to begin managing trauma responses and, for some, to access further therapeutic support. In many cases, trauma

stabilisation itself becomes a life-changing tool, not simply a prelude to therapy.

This work also highlighted that practitioners must be supported. Those working with people with complex trauma need access to clinical consultation, reflective practice, and peer support not only to sustain themselves, but to deliver safe and effective care.





If you would like this information in another format, please contact:
 Domestic Abuse and Sexual Violence Team,
 Community Services, Cornwall Council
 Call: 0300 1234 100 email: mail@safercornwall.co.uk

www.safercornwall.co.uk/what-we-do/dasv-hub/