

## VAWG SPECIAL

November 25<sup>th</sup> is the [United Nations International Day for the Elimination of Violence Against Women](#). It marks the start of 16 days of activism against gender-based violence which ends on December 10<sup>th</sup> (Human Rights Day). Violence against women and girls (VAWG) remains a pervasive problem worldwide with one in three women globally being a victim of physical or sexual violence at least once in their life. Within this newsletter we focus on the theme of VAWG, exploring recent relevant research and data within the UK context.

## FEMICIDE CENSUS

In September 2025, the [Femicide Census](#) published their annual report of women killed by men in the UK. This report found that 122 women were killed by men during the year 2022, of which 51% were killed by a current or former partner, 10% were killed by their son and 9% by a stranger. The majority (70%) were killed in their home with a sharp object being the method for 53% of deaths. 'Overkilling' or excessive violence beyond that necessary to cause a death was identified in 67% of deaths, with sexual violence present in 7%. Of the 56 cases where previous abuse was known, 61% had informed statutory agencies, e.g. police. Of the 125 men convicted of killing a woman or women, 49% were aged between 20 and 39 years of age, 57% had a history of violence against women, and 19 cases were identified where the perpetrator had problematic substance use. Homicide charges were brought against 111 men with 12 men killing themselves, and one classed as unfit to be interviewed by police. Merseyside Police force area had the highest rate of femicides (0.557 per 100,000 population).

## FEMALE YOUTH VIOLENCE

A [parliamentary report](#) on VAWG reports that 72.5% of domestic abuse crimes had female victims with girls aged between 16 and 24 years most likely to be victims of sexual assaults. Black women and girls are disproportionality impacted by online abuse and public sexual harassment, with LGBT+ young people at higher risk of sexism and gender-based crime. Migrant girls were more at risk of VAWG, and those with SEND at risk of experiencing violence within a relationship. Girls aged between 10 and 15 years are particularly vulnerable to online abuse, however, data on those aged under 16 is lacking, leaving gaps and blind spots in policy making and support for those individuals.

**Author:** Jen Germain

## NOT ALL VAWG IS PHYSICAL

VAWG accounts for nearly 20% of all recorded crime in England and Wales. In recent years the internet has become both a powerful tool for connection and a dangerous space for abuse. Among other things online abuse includes misogynistic trolling, sending threatening messages, cyberflashing and non-consensual intimate image (NCII) sharing.

In the UK, online harms targeting women and girls have reached alarming levels, prompting calls for reform and protection. The virtual world is increasingly mirroring the gender-based violence we see offline. Recent reports from Ofcom and the End Violence Against Women Coalition (EVAM) reveal that women and girls face disproportionate levels of abuse online. Ofcom's draft guidance on Violence Against Women and Girls (VAMG), titled [A Different World is Possible](#) published in February 2025 has proposed new measures for tech companies to tackle online harms. The guidance focuses on four issues:

1. Online misogyny
2. 'Pile-ons' and online harassment
3. Online domestic abuse
4. Intimate image-based abuse

Ofcom have identified areas where tech companies should do more to improve the online safety of women and girls. These include technology to prevent image-based abuse, accessible reporting tools and moderation teams trained to deal with domestic abuse.

The [UK Parliament's POSTnote titled Violence against women and girls in schools and among children and young people](#) from August 2025 emphasises the rising incidence of online abuse among children and young people, with girls disproportionately affected. Schools are increasingly tasked with educating students about digital safety, consent and respectful online behaviour. While the Online Safety Act and Ofcom's guidance represent progress, experts warn that implementation will be key. Tech companies must not only comply with regulations but also look at their ethical responsibility to design safer platforms. Policymakers and educators must continue to advocate for transparency, accountability and survivor-centred approaches. The challenge against online harms remains, but with coordinated action we can create a digital world where women and girls are free to express themselves without fear.

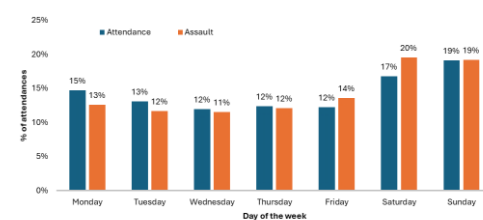
**Author:** Ann Lincoln

## WHAT DOES A&E DATA TELL US?

Investigating hospital trends for assault victims provides insights into days, times and locations where violence against women and girls is higher. From April 2018 to March 2025, assault attendances to A&E peaked in 2019 and dropped during the COVID-19 pandemic. Whilst slowly rising since this time, violence against women and girls appears to be trending lower than that prior to the pandemic.



The mean age of patients was 33 years with 41% aged between 20 and 34 years of age. Three in ten patients (30%) were brought in by ambulance, and 7% were admitted into hospital. Where collected, 69% of assaults did not involve a weapon, e.g. patient was punched, kicked etc, and 25% had been assaulted by the same person before. Most common days for patients to both be assaulted and attend hospital for an assault was Saturday and Sunday. This suggests most individuals do not wait significant periods to attend hospital after experiencing an assault.



Women are most commonly assaulted between midnight and 2am, but most likely to attend during daytime hours. Throughout the day attendances are higher than assault occurrences until 8pm where this changes to assaults being higher than attendances. This may be indicative of assaults being more likely to occur overnight but individuals not attending hospitals for the injuries until later that day.

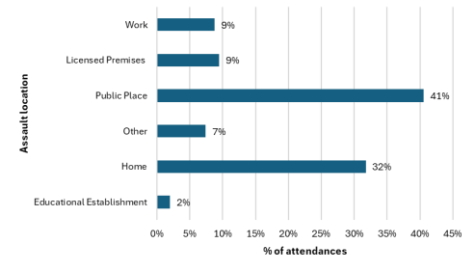
Regarding most common locations where violence against women and girls occur, 30% of assaults are reported to occur in the home, and 18% occur in a public place such as a bar, club, public building or public transport. Other categories include educational establishments, hospital, prison, road/ RTA, however, make up much smaller percentages. Around eight in ten patients (82%) reported the location of their

assault. Where collected, 63% of women were assaulted by men only with those aged between 20 and 34 years being most likely to have been assaulted by a man (72%). Investigating these trends allows for greater awareness of at risk groups for VAWG, and help to identify key times and days of the week where greater focus can be applied in order to eliminate violence against women and girls.

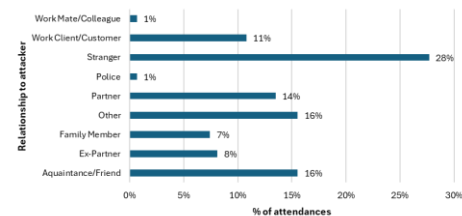
**Author:** Ellie Williamson

## HOW USEFUL IS HOME ASSAULTS AS A PROXY FOR IPV?

Assaults that occur within the home setting is often used as a proxy measure for intimate partner violence (IPV) when information on the victim and attacker relationship is not known. However, there may be issues with this measure as not all IPV will take place in the home and not all violence within the home will be IPV. To assess how accurate this measure is, data from one A&E who collect data to a high standard on relationship to attacker and assault location for assault attendances was examined. Using data from January to October 2025, there were 148 female assault attendances identified (33% of all assaults). Of those, 47 (32%) took place in the home.



When we examine the relationship to attacker of assaults in the home, only 34% was committed by a partner and 19% by an ex-partner, with the remaining being by family members, friends and strangers. This suggests that assaults in the home as a proxy for IPV may result in an overreporting and discount other violence types such as child to parent, wider familial violence and stranger violence. However, it should also be noted that only focusing on assaults in the home may result in some IPV being missed.



Overall, there were 20 assaults committed towards women by a partner and a further 12 by an ex-partner. Of those assaults, 78% took place in the home but 22% did not, instead taking place in public spaces such as pubs, clubs and bars. Whilst assaults in the home can be a useful proxy for IPV, it does not tell the full story. It misses other types of violence which takes place in the home as well as IPV

that occurs outside of the home setting. Therefore, we encourage our health data providers to consider collecting data relating to attacker details to further strengthen and improve the information collected and shared and support us in tackling VAWG and IPV. Furthermore, the presence of IPV across both public and home settings underscores the need for comprehensive interventions and strategies in addressing both private and public environments.

**Author:** Jane Webster

## TRENDS FROM DIP

The Drug Interventions Programme (DIP) was established by the Home Office in 2003, with the aim of breaking the cycle between drug use and acquisitive crime in England and Wales. Since its formation, the Public Health Institute at LJMU has been monitoring interventions for adults in the criminal justice system who use drugs/alcohol, including Merseyside Police [Drug Testing on Arrest](#) (DTaA) records and data collected by the Criminal Justice Intervention Teams (CJITs) from the Merseyside treatment providers.

DV has become an area of interest by the Home Office who last year requested Merseyside Police recorded whether offences were domestic related in DTaA data. In 2024/25, there were 231 tests for specified Class A drugs following an arrest for DV in Merseyside. Subsequently, seven in ten (70%) tested positive; of which, the majority (83%) were positive for powder/crack cocaine. Furthermore, the Government is planning to expand DTaA: the range of drugs tested to include all controlled drugs under the Misuse of Drugs Act; and, the list of trigger offences, including offences key to the Government's [Safer Streets](#) mission, e.g. those linked to VAWG, knife crime and anti-social behaviour.

Historically, the proportion of offenders brought into contact with CJITs through all routes (i.e. police, prison, probation and voluntarily) due to DV has been relatively low, usually less than five individuals a month per Local Authority (LA). However, recent data suggests numbers are increasing, with two LAs reporting an 80% and 150% increase in the number of contacts following DV just six months into 2025/26 when compared to the previous year.

In addition to this, specific LAs are working collaboratively to understand the correlation between violence and substance use. As a response to identifying a large cohort of DV perpetrators who use non-opiates, specifically powder cocaine, a Merseyside treatment provider routinely attend and share information at Multi-Agency Risk Assessment Conference (MARAC) meetings. DIP monitoring is led by [Karen Critchley](#), in collaboration with local stakeholders, and is important in understanding instances of violence in Merseyside, including DV.

It should be noted that DV reported within DIP likely only represent a small proportion of the total amount of DV cases, as many go unreported ([NCDV](#)), but can be used as a proxy measure for DV on the whole. Highlighting DV trends within this data is important and may be fundamental when implementing interventions aimed at reducing DV and VAWG in Merseyside.

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## VIOLENCE CPD





Learn about VAWG and all types of violence with LJMU. Violence is a continuing problem for NHS staff working in every area of health service provision. Around one in seven NHS staff reported experiencing physical violence from patients, their relatives, or members of the public in the past year; and around one in four staff experienced harassment, bullying, or abuse.

LJMU offers a 30 credit M level Certificate in Professional Development aimed at NHS staff members with a role in aggression and violence management. Through a combination of taught sessions, action learning, and guided project design the course aims to provide the public health skills and knowledge to devise, plan and initiate a violence reduction project in the workplace or community.





The CPD runs twice a year with intakes in September and January. For more information email: [c.leavey@ljmu.ac.uk](mailto:c.leavey@ljmu.ac.uk) or [apply direct](#)

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## MEET THE TEAM



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