

TORBAY COUNCIL

Development of the Strategy

- Domestic Abuse Strategic review completed alongside statutory Safe Accommodation Needs Assessment and Strategy (DAA21)
- Review included comprehensive Listening Exercise with 25 victims of DVA
- Call to Action sexual violence work with Devon and Plymouth 2021 including Lived Experience interviews with victims of SVA
- Are You OK Survey 2021
- Sexual violence position statement
- DASVEG decision June 2022 for new strategy to be combined DA & SV

Headline Review Findings

Victims don't report because they think they won't be believed

Victims are not always sure that what they have experienced is DV/SVA

Victims fear statutory interventions (e.g. children removed) if they report

Victims who do report have negative experiences

System focuses on the victim rather than holding the perpetrator accountable

Victims find it difficult to find a safe place to live if they choose to leave

System responses are not trauma informed - instead they re-traumatise

Risk management by the MARAC could be more effective Culture of victim blaming and myths evident within the system

Limited or no understanding of the needs of victims from minoritised communities

No consistent and coordinated data recording – strategic response is not always evidence based

Response to sexual violence is limited despite high profile

Voice of victims is unheard in strategic response

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The Five Pillars



EMBED LIVED EXPERIENCE AND COPRODUCTION



PREVENTION OF HARMFUL BEHAVIOUR



OF
HARMFUL
BEHAVIOUR



OF
HARMFUL
BEHAVIOUR



DEVELOP DATA
AND
UNDERSTANDING

The Objectives

- Trauma—informed support for victims and survivors and their families
- Prevent harm in the first place whilst disrupting harmful behaviour
- Hold those who harm accountable for their actions
- Ensure that victims know they are believed
- Address victims and survivors fears about system generated reprisals
- Recognise that sexual violence is the poor relation to domestic abuse in terms of the strategic response and take bold steps to address the imbalance
- Support children and young people as victims in their own right
- Activities underpinned by listening and acting on the voices of lived experience

Co-Producing the Delivery Plan

70+
recommendations
refined into
headline activities
(Under each Pillar)
and suggested
actions



Virtual stakeholder engagement events in November to:

- review the key activities and actions to ensure the objectives are addressed
 - identify any gaps or duplication
 - Identify priorities



A separate
exercise will take
place with people
with lived
experience to
gather their views
and suggestions on
the plan



The feedback will be reported to the DASVEG in January 2024 for final decisions on timings and resources



Outcomes

Response to DASV is informed and designed by those with lived experience

System response to SV is elevated to parity with that of DVA

Everyone – victims, workforce and wider community – understands how DVA and SV presents in intimate relationships and the mechanisms victims use to keep themselves and their children safe

Victims are believed, know where to seek help they can trust that supports what they need at the time without fearing system reprisals

Removing the invisibility of the person causing harm and not holding the victim accountable (Victim blaming)

Improving our understanding – data, trends, quality, typologies of abuse.



Domestic Abuse Act 2021 Safe Accommodation Duty

- Domestic Abuse Act 2021 introduced a requirement on Tier 1
 Authorities to provide support to victims of domestic abuse and their children in designated safe accommodation. This includes those from outside the area.
- Three yearly needs assessment of safe accommodation and support provision and victim and CYP, to be refreshed annually.
- Produce a Safe Accommodation Strategy setting out how identified gaps will be met.
- Establish a Local Domestic Abuse Partnership Board

How we are meeting the Safe Accommodation duty

- 22 units of "safe accommodation" self- contained properties of various sizes dispersed across the Bay, with specialist support
- Joint working between Housing Options and the commissioned DV service to ensure DV victims are moved from temporary accommodation and into safe accommodation
- Safe Accommodation Strategy in place and needs assessment being refreshed
- Collaboration and joint working with neighbouring authorities
- DASVEG acts as the statutory Local Domestic Abuse Partnership Board



Collette Eaton-Harris Interpersonal Trauma & Violence Lead, NHS Devon and Chair of MARAC Steering Group



MARAC Action Plan

- Develop MARAC Operating protocol and information sharing agreement as a matter of urgency
- Improve agency representation and participation
- Review rates of repeated domestic abuse
- Training for workforce to ensure understanding of dynamics of domestic violence, and appropriate referral into MARAC
- Improved data collection
- Increased focus on the person causing harm

Improving the System Response – Health

NHS Devon
Strategy on
domestic abuse
and sexual violence

Interpersonal
Trauma Response
Service in GP
practices

Specialist
Independent
Domestic Abuse
Adviser (IDVA) pilot
in Torbay Hospital

Domestic Abuse: a health issue



Patient A presented at least 135 times in primary care and 16 times in secondary care over a 10 year period. Her main presenting problems were; sexually transmitted infection (20), emergency contraception (14), menstrual disorders (9), contraception (6), thrush (6), IBS (5), musculoskeletal symptoms (5) unwanted pregnancy (4), stress and low mood (4), attempts at IUD insertion (3), injury or assault (2), multiple unexplained symptoms (2), other (2), miscarriage (1), homelessness (1), out of hours service (4).

These are all conditions strongly associated with DASV. In total, over 14 years 101 prescriptions and 31 sick notes were issued.