

An aerial photograph of Torbay, Devon, showing a coastal town with a mix of residential buildings and green spaces. The town is situated on a peninsula with a sandy beach and a large body of water in the foreground. The background shows rolling hills under a clear blue sky.

A review of the whole system response to domestic abuse in Torbay (Short Version)

April 2022

Foreword

Davis and Associates Consultancy Limited is a small consultancy firm offering expertise in interpersonal violence with a particular specialism in domestic abuse and the wider forms of violence against women and girls. By conducting robust research and evaluation, we help local areas to understand social issues and work with them to find evidence-based solutions to improve outcomes for the community.

Commissioned by Torbay Council we have been pleased to have worked with the Domestic Abuse Partnership locally conduct this a strategic review of the whole system response to domestic abuse. This report is the fourth and final one in a series and provides an overarching review of the system in Torbay. It should be read in accompaniment with the safe accommodation needs assessment, Marac review and victim and survivor listening exercise, although key points from all of these will be presented in this summative report.

This report is a culmination of the efforts of all stakeholders who we thank for their active collaboration in sharing data and information with us for the report, with acknowledgements to Shirley Beauchamp who has seamlessly coordinated the project throughout and support from David Parsons, Victoria McGeough and Jason Preece.

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Section 1: Introduction

1.1 Scope

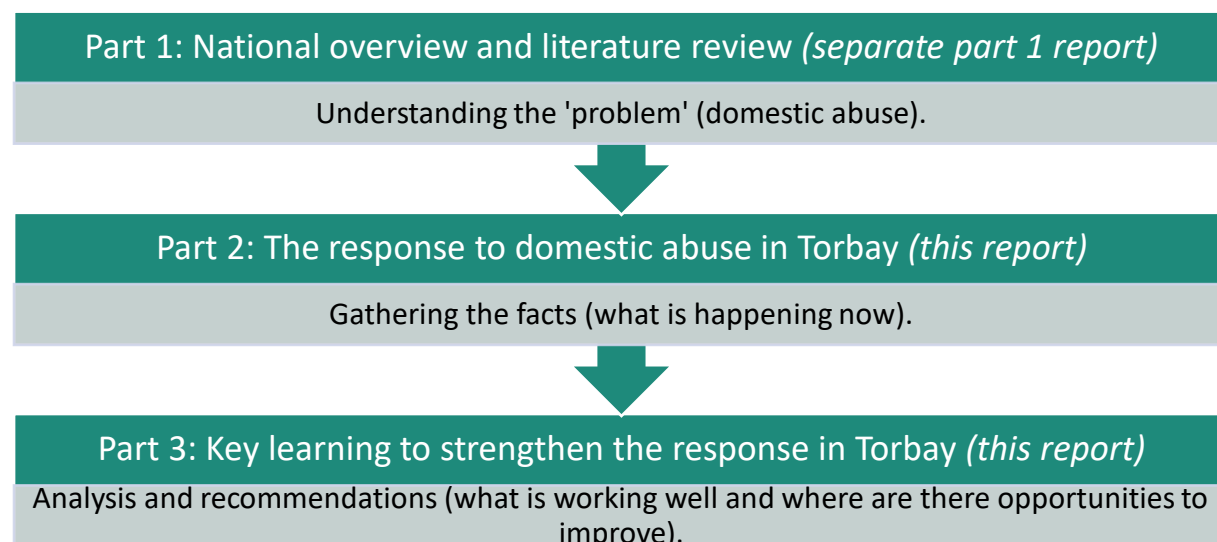
1.1.1 About this report

This report is one in a series of reports which have formed part of our strategic review of the whole system response to domestic abuse in Torbay. This report is the final report, which provides a culmination of all of our learning through each of our specific reviews including:

- The safe accommodation needs assessment
- The Marac review
- The listening exercise

Each of the above reports provide more in depth detail around the specific methodologies of the particular review. This report will use the findings and learning from these reports but attempt to do so in summary where possible with reference to the supplementary reports where required. This is to enable us to avoid duplication and ensure the strategic review report is as concise as possible, recognising the vast breadth of information is required to cover.

The report for this reason will be broken down into three component parts starting with a wide lens, analysing the problem at a national and theoretical level to provide context to our review approach and subsequent findings. Part 1 is a separate report providing the national overview and literature. Part two will provide the bulk of the review by presenting our findings in terms of the response in Torbay. This section will focus on the facts with some reflection and interpretation, however our full analysis and bringing together of these facts and what lessons we can draw from them, will be presented in Part 3 where we present our analysis.



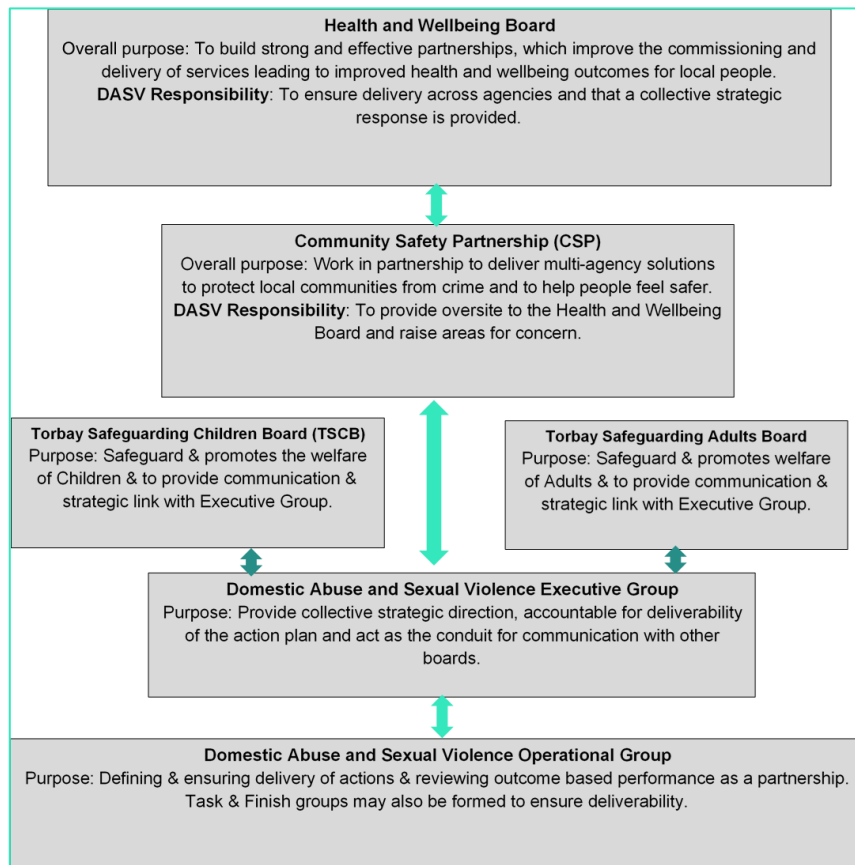
As this report is of significant length, with many chapters containing a range of key information, we have endeavoured to include a chapter summary with key information from the chapter at the beginning of each section.

Section 2: Domestic abuse partnership and governance arrangements

Summary

- The current strategy is due to end and requires a refresh. The existing approach follows the national 'four p' approach; prevent, protect, provision and protection. The strategy is delivered through an established governance structure led by the Domestic Abuse and Sexual Violence Executive Group (DASVEG) which feeds directly into the Community Safety Partnership.
- There is an operational arm to the governance and partnership arrangements in Torbay through the Domestic Abuse and Sexual Violence Operational Group (DASVOG) and the Marac steering group. Arrangements in terms of how communication occurs vertically and horizontally across these structures is ad hoc and could be formalised.
- There is currently no clear mechanism for victims and children's voices to be represented across the partnership. This will need to be addressed as the Domestic Abuse Act (2021) stipulates under the regulations that this is a requirement. There are agencies that represent both victims and children on the Board, so these representatives could become formalised in terms of their role to represent the voice of children and victims, but the mechanism for this must be clarified. Our listening exercise report provides recommendations around embedding lived experience including options for appraisal.
- The Are You Okay 'brand' is positive and provides a clear message and one space for victims to go to in terms of getting advice and information. How this links with wider arrangements is not clear including links to the Standing Tall partnership. Torbay should consider how the operational and delivery arms of the partnership feed in to the overall strategy and approach.
- The DASVEG feeds in to the Children's Safeguarding Board through the Community Safety Partnership and is chaired by a children's services representative. The Domestic Abuse Act (2021) recognises children as direct victims in their own right now which will have implications around the governance and partnership arrangements. The children's Board have updated their guidance to reference the Act, however the old definition remains and there is no reference to this change. Additionally the guidance contains some problematic language which the partnership and Board should consider updating.
- CRAFT has initially been a positive programme in order to create culture change across the system. The evaluation remains pending, but the DASVEG should consider following this how it could be embedded.
- Victims and survivors discussed through the listening exercise how they would like agencies to work more collaboratively together. They experienced some agencies not understanding the role or remit of other organisations which impacted victims getting help quickly and rather felt as though they were being pushed from 'pillar to post'.

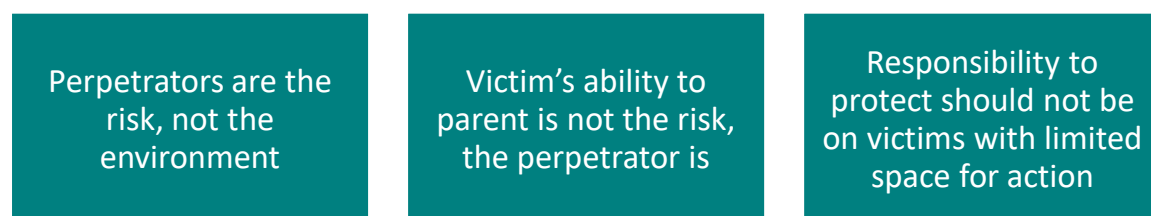
Overview of the domestic abuse and sexual violence governance structure in Torbay



Learning points – “the invisibility of the perpetrator”

The key theme that emerged from the review of the Children’s Safeguarding Partnership guidance was the invisibility of the perpetrator and the focus on the victim.

Three key learning points identified are:



Feedback from victim survivors:

What victims think is working well	What victims think requires development
<ul style="list-style-type: none"> In some instances organisations within the system are able to support them to speak with other services and navigate pathways through advocacy. 	<ul style="list-style-type: none"> Not all services and organisations understand one another's role or remit which means victims do not know what to expect when signposted Victims felt they had to repeat their story to multiple services In some survivors experiences they described having to 'chase' services who were difficult to get hold of and not proactive

Recommendations

- The DASVEG should agree and outline within the terms of reference the mechanism they will adopt to ensure victims and children's voices are represented across the partnership.
- The children's safeguarding partnership should update their domestic abuse practice guidance to reflect the Domestic Abuse Act new definition.
- The children's safeguarding partnership should update their domestic abuse practice guidance to reflect the Domestic Abuse Act recognising children as direct victims in their own right.
- The DASVEG and children's safeguarding partnership should conduct a joint deep dive audit of the current whole system pathway for children including identification (e.g. in early years and school settings such as encompass) through to the provision and intervention offer.
- The children's safeguarding partnership should develop a task and finish group which includes individuals with domestic abuse expertise (e.g. providers) to work to update their domestic abuse practice guidance in line with the learning points described.
- Commissioners should identify a budget for the champions network to develop the coordination function to ensure all organisations are clear on who the champion within their organisation is (this could include a list on the Are You Okay website)
- The domestic abuse partnership should consider developing a set of practice principles/values outlining a minimum standard all professionals sign up to in terms of working with victims of domestic abuse.

- The domestic abuse partnership should consider developing one leaflet/booklet for victims in Torbay which gives an overview of all services within the system they may come in to contact with including their role and escalation processes. This could be electronically published on the Are You Okay website as well as hard copies for victims to be given.
- The domestic abuse partnership, alongside the safeguarding boards, should develop a quality assurance monitoring framework to routinely assess the quality of practice across all services in the system, this should specifically measure multi-agency working such as information sharing.

Section 3: Estimated prevalence of domestic abuse in Torbay

This section considers the local population size¹ alongside the domestic abuse evidence base² to estimate how many people in Torbay will have experienced domestic abuse.

Summary

- **Domestic abuse is highly prevalent:** On an annual basis, this equates to 6,430 individuals likely to have experienced domestic abuse (both familial and intimate partner violence) of which around three quarters (n=4,730, 74%) will be intimate partner violence.
- **It disproportionately affects women:** Of those experiencing abuse each year 68% are likely to be female, and 32% male. Domestic abuse also often starts or escalates during pregnancy. In 2018 there were 1,714 conceptions in Torbay (ONS, 2020). If we use the national prevalence rate of domestic abuse amongst women (7.3%) we can estimate at least 125 pregnant women might experience domestic abuse each year.
- **There are fewer young people than the national average in Torbay, but they are at higher risk of experiencing DA:** In Torbay we estimate that 1,080 young people between 16-24 will experience domestic abuse every year. Of those around a quarter (n=260, 24%) will be 16–17-year-olds.
- **There is a significant role for adult social care in the response:** Based on the age of the population in Torbay we estimate around 1,690 individuals over the age of 60 will experience domestic abuse every year. We estimate there are around 30,480

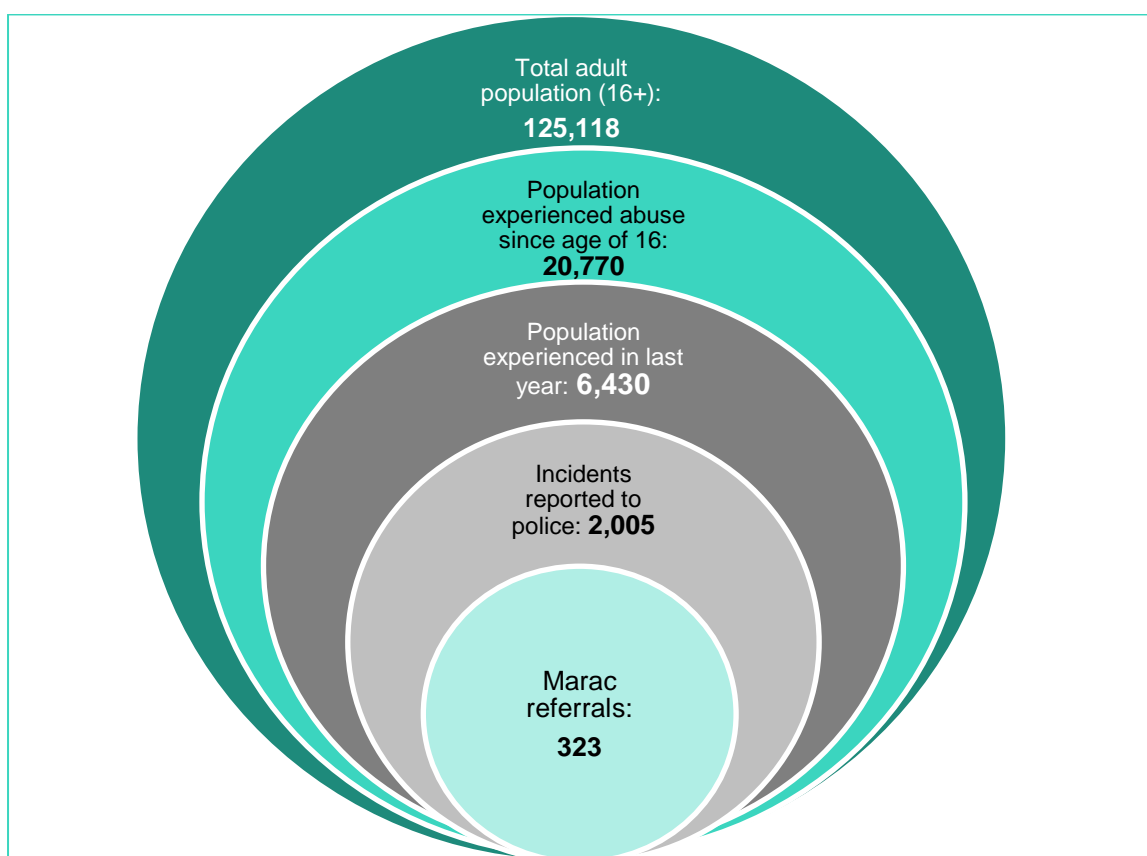
¹ Office for National Statistics Mid-year estimates (2019)

² Crime survey for England and Wales

individuals with a disability in Torbay. Of those individuals around 3,520 are likely to experience domestic abuse every year.

- **Marginalised communities may be invisible to the system:** Around 810 victims of domestic abuse each year in Torbay will identify as LGBT+. The total non-white population in Torbay is 3,260 which is around 2.4% of the total population. Using this figure alongside the estimated prevalence of domestic abuse we can estimate that around 110 victims of domestic abuse in Torbay will be from a Black or racially minoritised community

Overview of domestic abuse prevalence in Torbay



Female	155	1,440	34%
Male	5	490	24%
Total	160	1930	-

Learning Point

In keeping with the findings from the Safe Accommodation Needs Assessment, there is a lack of consistent and comprehensive data collection across agencies in Torbay, thus making it challenging to monitor demand and develop system responses to meet identified needs.

Recommendations:

- The DASV partnership should develop a performance dashboard which includes the data presented here as a baseline to track and monitor prevalence and demand on a quarterly basis across the strategy period
- The DASV should set up a task and finish group to review data quality across all organisations around domestic abuse to ensure all agencies are able to, and consistently collect data around domestic abuse cases to understand the nature of abuse in Torbay (e.g. referral numbers, needs presenting, outcomes)
- The DASV partnership through the data quality task and finish group also audit the demographic data collection (e.g. ethnicity, disability) across all organisations to i) ensure it is collected in comparable formats across all services, ii) ensure it is collected consistently by all organisations. This should culminate in a recommended data collection approach for the DASVEG to approve and continuously monitor.

Section 4: An overview of victim and survivor experiences of domestic abuse in Torbay

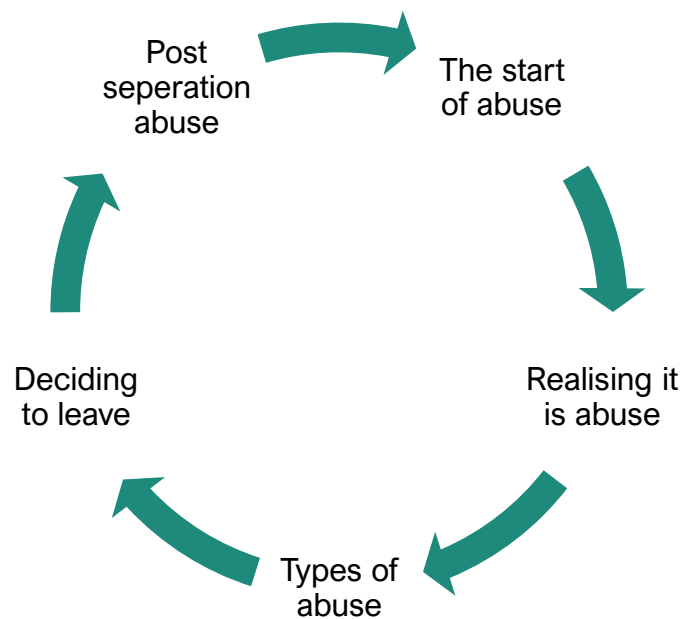
Summary

- Victims and survivors of domestic abuse in Torbay go through a process in which they often do not realise the perpetrator is abusive due to deliberate tactics they use to normalise abusive behaviours. Efforts across the system are required through targeted awareness activities to support the realisation process as soon as possible to reduce harm.
- Victims are not a homogenous group, and neither are their support needs. As needs vary considerably and can include emotional, mental health, practical and wider support, there must be a clear offer outlining the options for survivors so they can pick the options right for them. These needs differ over time, with many survivors continuing to experience post separation abuse which is often when they describe support as 'dropping off'.
- Survivors in Torbay are clear that there is not enough done about perpetrators. Our evidence highlights several ways in which perpetrators will portray an external face to professionals which is designed to undermine the credibility of the victim. There is an urgent need for professionals to receive adequate training around working with perpetrators. Moreover many survivors discussed how they feel action should be taken against perpetrators such as removal from the home or conviction which currently does not happen consistently.

- The cost of leaving an abusive relationship and finding freedom is costly. Survivors are navigating complex systems around courts, finances and housing with little support. Domestic abuse services currently are not set up to offer this type of support so clear partnerships between sectors is required to ensure survivors are able to safely leave and remain separated from perpetrators.

Thematic analysis of victim and survivor interviews

Through our interviews with survivors we noted key patterns emerge in terms of the trajectory of abusive relationships. Whether they were short term or long term relationships these patterns appeared apparent across almost all of the experiences we heard.



Learning points

The table below provides an overview of each of these five stages of abusive relationships as well as some of the quotes illustrating these key learning points.

Please note that the content of the quotes may be triggering.

Timeline of abuse	Key points	Quotes
<p>The start of, and realising abuse</p>	<p>Pace: there was a binary learning point in terms of the pace of abuse starting with some survivors stating that the abuse happened quickly, whilst several suggested it was gradual.</p> <p>Hard to spot: most survivors discussed that the start of abuse was difficult to recognise. Where it was a relationship starting at pace, some of the controlling elements mirrored the initial 'honeymoon' phase of a normal relationship. Those that were gradual usually started with coercive control too, and perpetrators were manipulating victims to believe their behaviour was 'normal' which led victims to accept they were the problem.</p>	<ul style="list-style-type: none"> • <i>"looking back on it now, it's very clear, you know, sort of buying your interest, there was a lot of that, you know, going on and showering me with different experiences that to the naive 19 year old it's like 'this is amazing' and he was quite older than me"</i> • <i>"but I didn't recognise it for a long time and it just sort of like gradually happened"</i>. • <i>"he wasn't violent the entire time, but I really don't know when it started"</i> • <i>"before I was thinking, because he's so lovely and that was the real him, and then the horrible stuff happened and the rape happened, that wasn't really him. That was my fault somehow"</i>.
<p>The experience of abuse</p>	<p>A range of tactics: perpetrators all appeared to use a range of tactics; with no victims we spoke to describing one form of abuse. The abuse ranged from physical abuse and violence through to non-physical. Several victims discussed how perpetrators would be economically abusive and limit their actual, or access to resources. Many of the tactics were specifically designed to manipulate victims in to not seeking help and support which must be considered in terms of interventions. This ranged from manipulating them that it was their fault through to threats that children would be removed.</p> <p>An external face: many victims discussed how perpetrators would display an external face to friends, family and professionals in which they would appear to be 'charming'. It appeared that this was a tactic to diminish the victims credibility as people would be shocked, or not believe them if they were to disclose. This tactic would often work as some</p>	<ul style="list-style-type: none"> • <i>"the violent episodes, just escalated and lots of physical violence being locked in rooms and homes and going [...] and very controlling of what I'd wear and what I would eat and people that I spoke to"</i> • <i>"He being so controlling. Always said everything in his name. Nothing mine and stuff like that"</i>. • <i>"he said to me all the time, when I will be going from him, children will be gone. Social services will take my children. I be so scared"</i>. • <i>"he would be verbally abusive; he would isolate me from friends. He would be abusive to friends that came to the house, so they wouldn't come again"</i> • <i>"Just general destruction of property. Kicking laundry baskets. I think we've replaced that. Damage to woodwork, wood frames on the door. Constant banging, banging, banging. Just injuries to me. I have permanent injuries to my legs and arms"</i>

Timeline of abuse	Key points	Quotes
	<p>survivors noted not seeking help due to this, or when they did they felt professionals did not believe them in favour of the perpetrator.</p> <p>Violence to consolidate control: a number of survivors described how perpetrators use of violence would be functional rather than sporadic. Specifically survivors discussed how the use of violence created a context around perpetrators behaviour which enabled controlling tactics to work, as victims were frightened of violence as a potential, feeling it was a consistent threat.</p>	<ul style="list-style-type: none"> • <i>“Once I’d been hit quite a few times, even just raising his voice was enough. So, you just anticipate and what else might follow. And quite often, there wasn’t any physical violence, but I was as scared as if he would be”.</i> • <i>“when I had my first child, I had to have DNA testing because he was adamant that I was cheating on him and it was just that sort of controlling, constant accusations, constant not letting me leave the house”</i> • <i>“So controlling behaviour, strangling, head-butting, theft, which I found out recently how much had actually been taken, because it’s from an account that I never really used”.</i> • <i>“if I’d gone against whatever he wanted me to do and I would be punished in the sense that he would not speak to me for days on end, and he would barricade himself in the bedroom”</i> • <i>“Having the phone taken off me, texting my family making out that was me and I was alright”</i> • <i>“Then there was sexual violence, financial abuse. And, I mean, to be honest, I find it easier to say what he didn’t do than what he did. So, never used a firearm, never murdered me”.</i>
<p>Deciding to leave the relationship</p>	<p>A process: leaving an abusive relationship was noted by all survivors as a process which was incredibly difficult and challenging to navigate. There were a range of complexities including fear of repercussions and the trauma of the relationship which had made some of the survivors we spoke to feel the abuse was their fault. Support around this process is a necessary part of survivors journey to safety to ensure they can dip in and out of</p>	<ul style="list-style-type: none"> • <i>“to be going into a bed & breakfast or a refuge and having nothing of your own. That makes it a lot worse”</i> • <i>“I remember running down my road, where we used to live and going to a family member’s house”</i> • <i>“I think and then it was lots of like going back and trying again to leave. And going back again and mostly just because I didn’t feel safe and it was, it was like if I went back, it kept him happy for a bit. And</i>

Timeline of abuse	Key points	Quotes
	<p>support whilst they make up their mind.</p> <p>A point of escalation: several survivors discussed that it was a particular event or behaviour which escalated that acted as a catalyst enabling them to leave the relationship. For some victims it was an act of severe physical violence, and for others the threat or risk of harm to their children. This is important learning as there is an opportunity for commissioners in Torbay to work to offer support (including information, advice and guidance) at a lower level to support decisions to leave before the point of escalation. This will reduce the harm to families significantly.</p> <p>Practical barriers: at the point in which survivors decide to leave the relationship, we observed all victims noting practical barrier which prevented them. This related primarily to housing and finances, highlighting the necessity of support around these areas to enable survivors to leave.</p>	<p><i>I think I was kind of kidding myself that that was safer.”</i></p> <ul style="list-style-type: none"> • <i>“If I'd known there was some way that if I was to have made that move and I'm not saying everything will be handed to you on a plate. But that they could help them. And I mean, a proper accommodation, not necessarily you're having to stay in a B&B room for six months”</i> • <i>“I've been made to believe that everything I did was wrong. I couldn't get anything right, and I failed at everything and when you're in that mindset and you've been made to believe that for so many years, the thought of actually breaking away and doing it yourself is terrifying”</i> • <i>“You hear this criticism all the time about ‘Oh, why did she go back to him?’ It's very obvious why women go back, because they're convinced that it's their fault, that they deserve to be mistreated and it's so bloody difficult to get away. It's so hard”</i> • <i>“at one point I had thought about moving really far away, to get away and be safe. But I couldn't because of the stability I still had with the job being there”.</i>
<p>Post separation abuse</p>	<p>It gets worse before it gets better: the majority of survivors described experiencing an escalation in abuse at the point of leaving, which mirrors national findings. The DASH risk assessment specifically asks about whether there has been a recent separation for this reason and the increased risk in homicide. It is vital that the strategic approach including commissioned pathway recognises this and services are available to ‘wrap around’ survivors at this point.</p> <p>Practical processes take time: survivors discussed how the practical process after leaving such as housing, finances and court arrangements can take time. This</p>	<ul style="list-style-type: none"> • <i>“he was still abusing me by coming to my house, by getting his brother to come to my house, by pulling up alongside me in the car. All those kinds of things that still carried on, threatening my friends.”</i> • <i>“he actually applied for several loans and credit cards in my name because I was still registered with the property. It was just something, I didn't, I didn't think I needed to worry about.”</i> • <i>“Even though he wasn't even with me, and then, obviously then, controlled the following relationship I had, because everything we did was controlled”</i>

Timeline of abuse	Key points	Quotes
	<p>often means victims have to keep in some contact with perpetrators who continue to use these systems and processes as a means to further abuse victims. In some cases this can become so stressful and overwhelming that some victims described returning to the perpetrator at this point before they finally left for good. It is vital therefore that commissioned services and pathways include specialist advice around housing, finances, and legal support to ensure victims do not feel returning to abusive partners is their own option.</p> <p>Using children and wider networks: finally, we found that there was a local synergy in Torbay with Marianne Hester’s three planet model in which victims that had left for the safety of themselves and their children were then involved in complex child contact arrangements which the perpetrator would use to continue their abuse. As well as children, perpetrators would use wider family and peer networks as part of their continued abuse efforts including to directly engage in the abuse, to humiliate victims in front of peers either in person or online as well as to direct threats towards victims friends and family members to scare them.</p>	<ul style="list-style-type: none"> • <i>“I’ve been split up with him five years, but it’s taken me four years, for him to leave me alone”.</i> • <i>“when you leave the abusive relationship that escalates the domestic violence more. But what people don’t understand is it escalates even more four years, five years down the line. They get really, really bitter. And that’s when they fight, and they’ll fight until they’re blue in the face”.</i> • <i>“he actually moved in to a flat directly across the road from where I lived. And, and that was kind of like, you know, so close that he could even see my front door from his living room window”.</i> • <i>“my ex was still abusing my daughter, so I was trying to stop that, and I was taking him to court to trying to get residency. He was trying to steal my house of me by taking me to court for that. It was very complicated. So in, in one year, there were 14 different court cases. And I was absolutely terrified of him”</i>

Recommendations

- The DASV partnership should consider a follow up Are You Okay survey which takes more of a general population view to get a better insight in to i) true prevalence and ii) perceptions of abuse (what people define as DA/SV) to target intervention and resource more effectively

- The DASV partnership should work with all health colleagues to review policies around enquiry (e.g. routine) within health settings where injuries may be reported (e.g. GP, A&E and minor injury clinics) to understand current guidance and practice. This should include a review of how repeat injury presentations are recorded and reported.
- The DASV partnership and Are You Okay partnership should ensure domestic abuse awareness materials are displayed within settings such as A&E and minor injury clinics to promote help seeking.
- The Are You Okay champions network should include at least one champion from health settings where injuries may be reported.
- The new integrated service which includes the Idva service should include key performance indicators to be reported through contract monitoring around how many victims are spoken to (and their views collected) about their needs from Marac.
- The DA strategy should consider how to support victims identify the abuse as early as possible before harm escalates. Case study examples should be used so residents are clear on what constitutes abuse and how it can start to appear in relationships.
- The DASV partnership should formalise arrangements with Standing Tall to ensure there is a clear pathway between CVS organisations and commissioned services with a single point of contact in the system (a front door) for information and advice where victims are unsure if their experience constitutes abuse and want to 'talk it through'
- The DASV partnership should work with the safeguarding partnerships to review the training offer and quality assurance (e.g. which agencies attend) of training around compassionate domestic abuse enquiry in Torbay (including post training evaluations to continue to monitor confidence levels of all professionals)
- The DASV partnership should consider the development of a common assessment tool around domestic abuse which all services use when domestic abuse is identified (incorporating the DASH and wider tools). This assessment could be shared with the victim so they can use it as a 'passport' or 'logbook' to access wider services without repeating their 'story.'

Section 5: Domestic abuse service provision and pathways in Torbay

Summary

- There is only one commissioned service provider in Torbay which is commissioned through the Local Authority. They provide an Idva service, safe houses, awareness courses and group work, and an outreach service. The Idva service has good engagement rates of 88% in 2020/21 and all Marac referrals were contacted to be offered support.
- Overall TDAS are commissioned to deliver 15 'refuge' spaces, although one of these is a two bedroom flat share so could accommodate two individuals. The number of referrals to the refuge in TDAS has been variable year on year with a substantial but steady decline from 108 in 2018-19 to only 39 in 2020-21. The 2020-21 numbers may have been affected by the pandemic. The most common referral source by a considerable margin into refuge is self-referral or a referral from the community based domestic abuse service. During 2020-21 housing only referred 3 victims to refuge, and the police only 2. All of the victims and survivors accessing refuge over a three year period have been women.
- There is a vibrant community and voluntary sector in Torbay providing support for victims and survivors including through the Standing Tall partnership.
- The Marac in Torbay is currently at high volume with referrals at 57 cases per 10,000 population compared to the national recommendation of 40 per 10,000. There is also a high level of repeats with over half being repeat cases. This suggests a challenge locally in terms of identifying the right cases, which in part may be due to the Marac hearing medium risk cases. In addition to this there is very limited multi agency engagement with only 6% of referrals coming from partner agencies (outside of police and Idva).
- The listening exercise found in relation to domestic abuse service provision that most survivors had positive experiences from services with feelings of being listened to and believed. However many survivors felt that there were limited options in terms of meeting their needs with several referencing being told a refuge was their only option. Additionally they found domestic abuse services too generic to meet all of their needs so required additional support around housing, finances, legal and mental health support which they found difficult to access.
- Survivors in Torbay highlighted a strong preference towards a by and for service where the people supporting them had lived experience of domestic abuse. In some instances, survivors had experienced this and felt the level of empathy and understanding reassuring. Other survivors had not experienced this but noted that they believe it would have been something important to them.

Recommendations for development of the Marac (see separate Marac review report)

Principle	Recommendations
Identification	<ul style="list-style-type: none"> • The Marac steering group should begin to review data on Marac referrals to identify the ratio of professional judgement and visible high risk referrals • The Marac steering group should consider whether medium risk cases continue to be heard, and if so agree the legal basis for sharing information (including updating the ISP) • The Marac steering group should work with the DASVOG to understand practitioners awareness and knowledge around identifying, risk assessing and pathways in to the Marac • The current definition in Torbay of a repeat should be reviewed and revised in line with national guidance
Multi-agency engagement	<ul style="list-style-type: none"> • Core agencies with less than 90% attendance should be reviewed to understand causes • All multi-agency representatives (core and non-core) should update the Marac steering group with a named deputy
Independent representation and support for victims	<ul style="list-style-type: none"> • Idva capacity should be reviewed to increase the FTE equivalent by 0.5 • At the Marac meeting the case discussion structure should be changed with the Chair asking the referrer to present the case followed by any information from the Idva to ensure the victims voice and wishes is at the forefront of the discussion • The Idva's should be recognised at the Marac as experts in the dynamics of domestic abuse and particular patterns within each individual case to ensure key questions around victim behaviour and decision making is explored
Information sharing	<ul style="list-style-type: none"> • At the Marac meeting the case discussion structure should be changed to ensure that after the referrer and Idva information the Chair goes to each agency individually to ensure all information is sought before action planning starts • All Marac representatives should be encouraged to constructively, and compassionately, challenge colleagues where their language may constitute victim blaming.
Action planning	<ul style="list-style-type: none"> • At the Marac meeting the case discussion structure should be changed to ensure the Chair to asks the administrator to recap on actions at the end of each case.

Number of cases	<ul style="list-style-type: none"> The Marac steering group should conduct an audit of repeat cases to the Marac to understand why the volume is so high and develop a plan to mitigate the number of repeat cases
Equality	<ul style="list-style-type: none"> The Marac steering group should begin to review data around diversity including ethnicity, disability and sexuality
Operational support	<ul style="list-style-type: none"> The Marac administrator capacity of 1 FTE should be maintained The Marac administrator should collate minutes of the Marac which outlines the information shared and risks identified as well as the actions All Marac representatives should receive continued professional development opportunities and training which includes understanding the dynamics of domestic abuse, trauma informed practice and victim blaming
Governance	<ul style="list-style-type: none"> A role profile for the Marac steering group chair should be created which outlines how they work with the Marac chair's employment organisation around supervision A Marac Operating Protocol and Information Sharing Protocol should be developed immediately

Torbay victim and survivor experiences of domestic abuse service provision

The accompanying Safe Accommodation Needs Assessment report and Listening exercise details the experiences of victims and survivors accessing the domestic abuse service in Torbay. It also covers the housing response as outlined in section 8 of this report.

The key recommendations from the Safe Accommodation Needs Assessment are:

Recommendations

- The dispersed, self-contained model for safe spaces should continue to ensure capacity for all victims and survivors including those with teenage sons, or male victims
- Additional capacity for more safe spaces should be explored to reduce the number of referrals declined currently
- Developing additional spaces with mobility access should be explored in partnership with Adult Social Care to ensure a holistic offer for adults with a disability (including those with statutory care and support needs)

- Data collection for homelessness applicants should include more robust demographic data including disability, ethnicity, and sexual orientation to ensure the true need is evidenced
- Data collection for the safe accommodation service provider should be more robust ensuring routine collection of demographic data including disability, ethnicity, and sexual orientation to ensure the true need is evidenced
- An operational partnership that includes domestic abuse, housing, financial and legal specialists should be considered. The practical elements above should all be included to ensure specialist domestic abuse services have Single Point Of Contact (SPOCs) within each sector making referral pathways simple and advice timely.
- Through commissioning of the safe accommodation service and the voluntary sector Standing Tall partnership, the development of joint domestic abuse and practical support 'drop in's' should be considered in partnership with local services (e.g. legal firms). A timetable of these could be given to all victims entering appropriate safe accommodation as a 'welcome' style leaflet/pack.
- The Are You Okay website should be widely promoted across Torbay and include a page relating to safe accommodation options and practical support to ensure as many residents as possible experiencing domestic abuse that need to flee are aware of their options.
- As discussed in previous section: A flexible funding pot should be made available to remove some of the financial barriers to accessing safe accommodation.
- Operation encompass should be explored to consider notifications to schools to inform them of when children have had to leave their home and go in to safe accommodation. This could link to the existing pathway for support for children in safe accommodation.
- Review and improve data collection across agencies in relation to children accessing safe accommodation. This should include identification, agencies signposted too, risk assessment levels, identified needs, outcomes and demographics to ensure the true need of children is explored.
- Data on children within safe accommodation should feed in to partnership sub groups across the Domestic Abuse and Sexual Violence partnership as well as Children's Safeguarding Board.
- Commissioning of safe accommodation services should include the allocation of a dedicated children's worker for each child to support and advocate on their behalf. They should continue to work with the child through to resettlement and ensure appropriate referrals to other agencies are in place for more formalised therapeutic or statutory support.
- Safe accommodation support should continue through to when victims have settled in their long term home to ensure a positive transition.

- Commissioned safe accommodation services should work in partnership with the Standing Tall partnership to ensure as part of victim and children's resettlement, they are introduced and offered community based support.

Section 6: Domestic abuse and the criminal justice and court system

Summary

- Police reported domestic abuse incidents and crimes has remained reasonably stable over the past three years, ranging from a peak of 2,470 crimes in 2018-19, to a low of 2,319 in 2020-21. Approximately 80% of domestic abuse incidents are assessed by the police as being standard or medium risk, with high risk cases accounting for 7% to 8% of the total. Up to a further 17% of incidents have been classified as 'unknown' risk level.
- Sanction detection rates for both domestic and non-domestic abuse crimes in Torbay have reduced in the past three years. The number of individuals charged/summonsed for domestic abuse crimes has also fallen, from a high of 235 in 2018-19 to a low of 164 in 2020-21. The proportion classified as evidential difficulties in cases where the victim supports action has increased, from 18% in 2018-19 to 43% of total section 15 outcomes in 2020-21.
- There is a clear gendered element to domestic abuse in Torbay with female victims have accounted for approximately 72% of all domestic abuse victims in Torbay whilst perpetrators remain predominantly male. This was the same as probation where over 90% of domestic abuse perpetrators through probation were male.
- Probation have 180 perpetrators of domestic abuse identified within the Torbay PDU cohort. Of these 85 SARA risk assessments were carried out, with 53% being assessed as 'medium' risk, and a further 31% as 'high' risk. In terms of the whole system and multi-agency working 4% of the domestic abuse perpetrator cohort were part of the IOM scheme, and 38 were being managed under multi-agency public protection arrangements (MAPPA).
- Not all domestic abuse perpetrators through probation access an accredited programme such as Building Better Relationships. The number of times an accredited programme for domestic abuse was recommended has reduced, from a high of 16 in 2019-20 to a low of 3 in 2020-21. This is considerably low given the number of perpetrators and should be further explored to understand how perpetrators are offered opportunities to change their behaviour. Despite a drop in recommended programmes, the completion rates for those accessing them has remained stable.
- Our listening exercise with victims and survivors found that positive experiences of the criminal justice system, particularly police officers could be the turning point for them in terms of feeling believed and supported. However, from the cohort we spoke

to many described a more negative experience. In particular there were some areas for development around key themes including victims not feeling, or being believed, a lack of action being taken, where action is taken it being inappropriate, automatic referrals to children social care and understanding victims when English is not their first language.

Victims experiences of the police in Torbay

From the 25 survivors we spoke to the biggest disparity they experienced from services across the system was the response from the police. In some instances survivors described a positive experience, whilst others note the challenges and negative experiences they had. Of the negative experiences, the key themes that emerged were:

- Victims not feeling, or being believed
- A lack of action taken by the police
- Inappropriate action taken by the police
- Automatic referrals to children social care
- Understanding victims whose first language is not English

Summary of learning points

What victims think is working well	What victims think requires development
<ul style="list-style-type: none"> • The use of the DASH risk assessment was seen as beneficial to support victims to understand their experience and feel validated in their feelings of being unsafe • Where officers had demonstrated compassion and empathy victims had felt believed 	<ul style="list-style-type: none"> • Where there was no action taken by the police, victims felt confused and disappointed. In a number of cases they had not understood why action was not taken which made them feel they were not being believed or taken seriously • In many cases the police had removed the perpetrator (either formally through custody or informally by requesting they leave and driving them somewhere else) and then released them with no restrictions so they went straight back to the victim • Where victims had called the police they sometimes felt pushed in to supporting a prosecution even if it did not feel right for them at the time • Police did not always follow up with victims after they reported, including where they had asked to be referred for support

Recommendations

- The DA strategic lead within Torbay should agree with counterparts across the peninsula a proposed police data and outcomes dashboard which measures police activity around domestic abuse including 'soft' outcomes such as referrals for specialist services
- The DA leads across the peninsula should work with senior police colleagues to appraise and approve the data and outcomes dashboard, which should feed in to each local partnership board (the DASVEG in Torbay)
- Torbay should work with Devon and Cornwall police to embed the voices of those with lived experience in to quality assurance and performance reviews

Peninsula- wide:

- The domestic abuse partnership should initiate peninsula wide discussions (particularly with the OPCC) about an approach to audit the response³ victims of domestic abuse get from the police to include gathering survivor feedback
- Devon and Cornwall police should work with the local domestic abuse partnerships across the peninsula, and the OPCC, to create an awareness raising campaign around two key messages: a) highlighting that victims of domestic abuse will be believed and b) ensuring victims know they can report non-physical abuse. We would encourage the use of 'good news' case studies as part of this.

Section 7: Domestic abuse and the housing system

This section does not have a section summary to avoid duplication. The safe accommodation needs assessment should be referred to for full details and information regarding the housing system across Torbay. The recommendations are as outlined in section 5 above and are captured in full at the end of this document.

³ This audit should include the extent to which the victims code is realised within domestic abuse cases as well as softer police culture and values by asking victims about the extent to which they felt believed or taken seriously. This mixed approach will enable the practice to be better understood and developed than looking at criminal justice and process outcomes alone.

Section 8: Domestic abuse and the health system

Summary

- Positively Torbay has an IRIS service across primary care. Between its start and June 2021, a total of 681 referrals have been made to IRIS across Devon and Torbay of which 20% of referrals (136) were from Torbay. Within Torbay, the majority of IRIS referrals were domestic abuse related, forming 87% of the total. 13% of IRIS referrals in Torbay were sexual violence related. Since the start of the IRIS programme, there have been 29 referrals to MARAC, 35 referrals to Children Services and 12 referrals to Adult Social Care
- The biggest barrier victims and survivors noted in terms of health was waiting lists for mental health services, and a generic response from GPs in which they were more often medicated than signposted for support. Of the survivors we spoke to none had referenced IRIS which could suggest they did not attend the IRIS practices, or that IRIS was not yet fully embedded. This may be an area for exploration.
- Children's services have commissioned Operation Encompass across health visiting which is positive. Initial data highlights the pathways has been successful in increasing identification of domestic abuse. The listening exercise included some survivors who had been allocated a health visitor. One noted that the impact of domestic abuse was picked up through the mental health questions, however she did not receive support around the domestic abuse but triggered a referral to children's services who removed her children. This is likely an extreme example, however it highlights the opportunity health visitors have to offer advice and signposting.
- Substance use services did not identify domestic abuse in most of their cases, however of the 37 service users that were noted to be experiencing domestic abuse in 2020-21 around half (49%) of these were perpetrators of domestic abuse with 38% being identified as a victim. In both the victim and perpetrator cohort alcohol was a more significant treatment need than alcohol use, however perpetrators were more likely than victims to have co-morbid drug and alcohol needs. Interestingly 22% were noted to be 'both'. Almost all service users identified (86%) were referred to Marac.

Learning Points

Three key themes emerged from the feedback from victims and survivors using health services in Torbay

- The need for greater awareness of the risks around domestic abuse at the point of pregnancy
- Understanding the impacts of trauma and it's relation to poor mental health
- Opportunities for undertaking safe enquiry and exercising professional curiosity.

Theme	Details
<p>Safe and appropriate enquiry and signposting</p>	<p>Midwifery service to show and discuss the leaflet with patients as an opportunity for enquiry and asking them if they would like it to be left in their booklet.</p> <p><i>“When I was with my abuser and I fell pregnant and I went to a midwife here, the midwife, I don’t know if you’ve got kids. But when you go for your first midwife appointment, they give you like a booklet, and they give you loads of leaflets. One of the leaflets they give you is a domestic abuse one. Obviously, when you go back home and the abuser is there, they look through everything that you’ve been given. So, before I even got back out of the waiting room, I ripped up and put it in the bin, because if he’s seen that, he would have been like, well what you’ve been saying about me for them to give you that leaflet”</i></p> <p>Another experience one survivor had was around proactive enquiry, as she had to have what she defined as an abortion, but seemingly appeared to be a miscarriage following an assault:</p> <p><i>“I had to have an abortion, because he kicked me so hard, I was bleeding, I was going to lose baby anyway. But still, I got told by social services, basically, I’ll lose my other kids, if I kept the baby anyway. So it’s all very much, you get threats, you spend the entire time with the abuser getting threats and then you get threats from social services”</i></p> <p>She found she was not asked about her experience of domestic abuse but discussed how the impact of the abuse meant children’s services may have removed her child had she not had the medical intervention.</p>
<p>Awareness of links between maternity, mental health and domestic abuse</p>	<p>There were some links around health visitors and domestic abuse discussed with survivors often feeling there was not enough support following the birth of their children:</p> <p><i>“I mean I went in to the health visitor one day and when they did my mental health check, they said, how are you feeling? And I said, ‘the only way I can describe it is if you took my child, I can’t say I wouldn’t consider suicide’. Next thing you knew they’d taken him off me for six months”</i></p> <p><i>“the health visitor. My mental health got so bad that we’re not sure if it progressed into postnatal depression or if it was just depression that got severe, but it got to the point where they took my child off me for six months because they deemed I was unsafe”</i></p>
<p>Pathologisation of victim survivors and</p>	

the need for a trauma informed approach

“apparently it was PTSD, you know, especially after the rape. So, there’s just not a great deal they can do. They put me in touch with like group counselling and like Talk Works and things. They’ve put me on anti-depressants, which I didn’t want to go on, because it was like such specific thing, I knew it wasn’t that I was depressed as such, it was the situation”

The only people that were helping was the doctors and all they were doing was giving more and more anti-depressants which wasn’t helping at all.

“I’d already made a suicide attempt and hadn’t asked for any help and so I shouldn’t survive, but I did, and I was not happy I survived. So when I was in the hospital, they diagnosed me with PTSD, anxiety, and depression due to my domestic situation. And the only help I got from them was a psychiatrist, sitting down telling me I’ve got to fight, and he told me that about six times, telling me ‘you’ve got to fight’. And I remember looking at him completely blankly and thinking he’s mad. I had no psychiatric support”

“The support that I did get from mental health services kicked in a bit later and that was useless. That was all doing what they wanted me to do. But not listening to me to find out what I needed help with. So, it was like ‘will you attend this course on mindfulness”

Recommendations

- DASVEG should look to embed versions of the Devon CCG Domestic Abuse and Sexual Violence GP Policy across all services as the messaging is transferable to all settings.
- CCG to fully embed IRIS approach (or similar) across all GP practices in Torbay
- CCG to improve data collection and embed key performance indicators to monitor trends and demonstrate how the strategy is being delivered in Health settings
- Ensure health visiting and midwifery services are aware of the heightened risk and links between pregnancy and childbirth, poor mental health, and domestic violence; and explore potential for safe signposting including proactive enquiry.
- As part of service design the newly procured Multiple Complex Needs Alliance (MCN) service incorporating the domestic violence, substance treatment and homeless hostel services to consider how to respond to bi-directional/situational couple violence, and the high level of needs within the MCN cohort
- Develop a specialist service response for support around finances, particularly for those identified as economically inactive due to long or short term health issues.
- Implement trauma informed workforce development across key health settings to raise awareness of trauma and its impacts and reduce pathologisation of victim survivors

- Develop community based therapeutic support offers for those waiting for acute mental health support or who do not meet required thresholds.

Section 9: Domestic abuse and the safeguarding system

Summary

There is low identification of domestic abuse through the adult social care system. Referrals to adult social care has varied, from a low of 9 in 2019-20, to a high of 15 in 2020-21. The most common referral source of domestic abuse S42 enquiries was recorded as unknown, accounting for 91% of the total. The only other referral source recorded between 2018 and 2021 was the police, accounting for 3 of 35 referrals. This suggests there are minimal multi agency referrals to adult social care, but also low identification amongst the population who have already been identified to have a care and support need. The majority (78%) of referrals do result in action being taken.

Most victims of domestic abuse identified through adult social care are female (80% between 2018 and 2021) however there is an increasing proportion of male victims/survivors has been noted in the most recent year, accounting for 27% of the 2020-21 total. The most common age group of identified domestic abuse victims/survivors known to Torbay adult social care was 65 to 74 years. Interestingly only 9% of victims through adult social care have a disability.

Children's services data is currently limited with data only being collected around the children. Although this may in part be due to a change in case management systems, this was the case previously and an area for improvement. It would be beneficial for data to be collected around parents, particularly where it is their needs that may be the cause for the safeguarding concern. Early help data is more challenging and no domestic abuse specific data is able to be extrapolated, with data presented in this section providing an overview of all referrals.

Overall, there were 667 referrals in 2020-21 having domestic abuse as a factor and all progressed to a Child In Need (CIN) assessment and 316 progressed to a Child Protection (CP) assessment. Domestic abuse is a leading cause for children becoming looked after in Torbay which is similar to our findings within the listening exercises. The number of children who started to be looked after where domestic abuse was a factor has varied year on year since 2018 however at its highest in 2019-20, domestic abuse was a factor for 61% of children who started to be looked after. The most common reasons recorded where domestic abuse was a factor were abuse or neglect (82%) and family dysfunction (10%).

The listening exercise highlighted victims' experiences of children's social care. Positively, where social workers create trusting relationships with victims where they feel listened to, believed and respected, victims find children's services supportive.

However, most victims discussed a negative experience in which they report being told they are not being protective parents due to domestic abuse which makes them feel blamed, and fearful to be honest or report further incidents. We noted this within the guidance explored in section 2 which we have recommended is changed to focus more on the perpetrator rather than victims having to modify their behaviour. Additionally victims report not feeling children’s services spend enough time speaking with them to understand their experiences to support them, but rather feel the process punitive and some victims described having their children removed due to their experience of domestic abuse which has caused significant trauma. This was noted through the Domestic Homicide Review explored in section 2.

To avoid duplication and repetition, a separate abstract is available outlining the Children’s Services response in Torbay, which should be read alongside the abstract on Torbay Safeguarding Children’s partnership. In addition the Listening exercise details the experiences of victims and survivors accessing the domestic abuse response in Torbay.

Overview of experiences of the safeguarding system

What victims think is working well	What victims think requires development
<ul style="list-style-type: none"> Where social workers create trusting relationships with victims where they feel listened to, believed and respected, victims find children’s services supportive 	<ul style="list-style-type: none"> Victims discuss being told they are not being protective parents due to domestic abuse which makes them feel blamed, and fearful to be honest or report further incidents Victims report not feeling children’s services spend enough time speaking with them to understand their experiences to support them, but rather feel the process punitive Some victims have described having their children removed due to their experience of domestic abuse which has caused significant trauma

Recommendations

- The safeguarding boards should conduct an annual domestic abuse quality assurance audit, using specialist domestic abuse services expertise. The results of the audits should be presented to the domestic abuse partnership for joint recommendations and action plans to be developed.
- The training offer for children’s services should be reviewed to ensure it includes the key concepts of trauma informed practice with non-abusive parents

- Children’s social care should develop a domestic abuse protocol and guidance which stipulates the minimum standard for assessments and working with families where domestic abuse is a significant risk. This should include the need for all victims to have independent support and advocacy to meet their needs and represent their views in meetings.

Section 10: Conclusions: applying systems thinking to the Torbay response to improve the system

10.1 Context

10.1.1 Creating systems change

Throughout the strategic review we have gathered facts and data about the current response to domestic abuse in Torbay with a view to understand the whole system response to effect positive change. There is no uniformed definition for systems change currently, however the below provides a useful insight in to our interpretation of ‘systems change’:

“A system is an interconnected and independent series of entities, where decisions and actions in one entity are consequential to other neighbouring entities”

Welbourn, D. et al (2012)

Systems include policies, routines, relationships, resources, and power. This makes them a challenge to review as many elements of systems are intangible. However there are a number of tangible elements of the system, such as the organisations who are entities within it. Each of these organisations are micro-systems within their own right, which makes the boundaries of the domestic abuse system, vast. As such we have attempted to consider the domestic abuse system as a multi-layered system, and our analysis is broken down in to each of these.

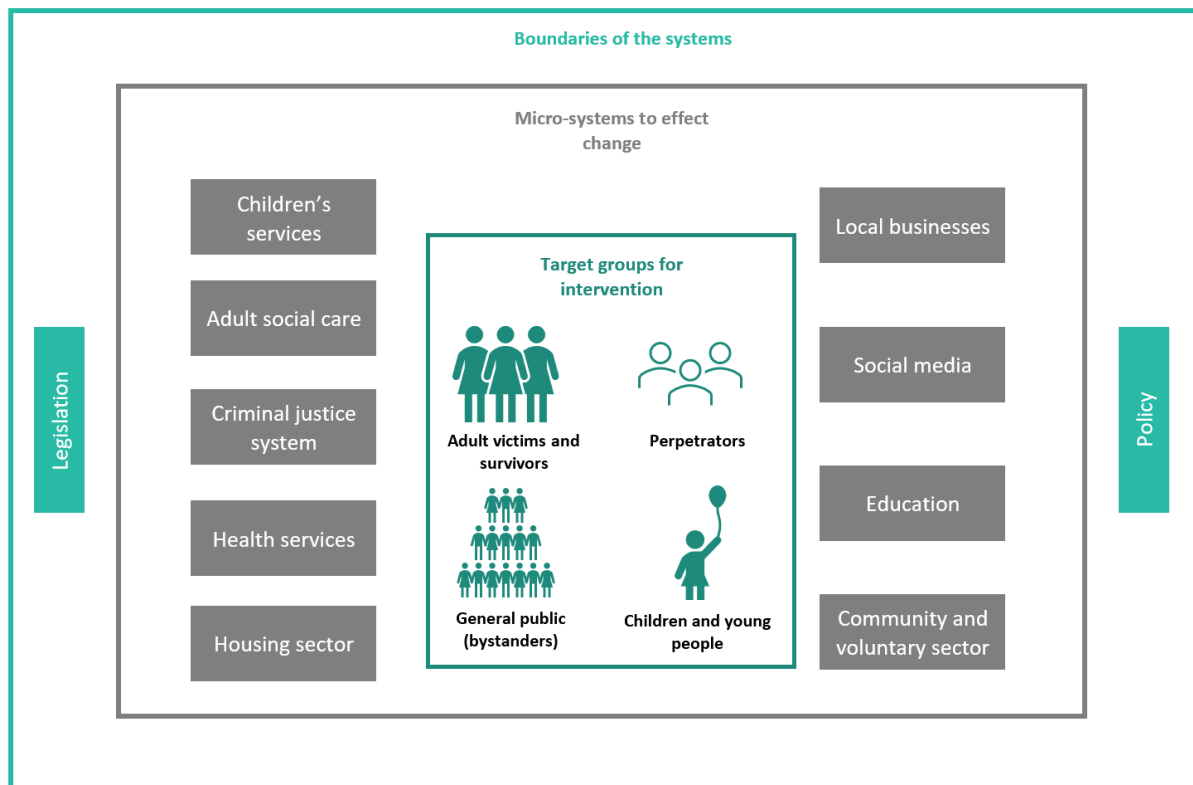
10.2 Analysis of the domestic abuse system

10.2.1 Defining the system

Domestic abuse is a complex, multi-faceted societal issue which means defining and setting system boundaries is also challenging, as there a wide range of agents involved. The diagram below highlights how we have set the system boundaries for this strategic review. The outer

layer of the system includes the national context through legislation and policy. We recognise this as an impactful agent within the system, but one which is particularly difficult to influence through local strategy.

The second layer of the system includes the ‘micro-systems’ that exist locally in Torbay that could be considered key players in creating an impact on reducing or responding to domestic abuse. These microsystems are broad, and each has its own relationships with the outer system boundaries through the varying Governmental departments they report in to. These are the main focus of our strategic review as they are micro-systems that can be influenced, to a large extent, at a local level to improve the lives of victims and families experiencing abuse.



Throughout the review we have approached each of these microsystems separately to understand their current response by reviewing data and speaking to key stakeholders. We have tested these findings through our lived experience exercise to fully understand their current approach and response. The inner part of the system is the target groups for intervention which these microsystems will be in contact with. This is a key point of exploration to understand the interaction and experiences between target groups and microsystems.

This section considers all of these lessons through a wide lens to pull out key lessons in relation to how these microsystems work together, or indeed against one another, to make recommendations for a future whole system response.

10.2.3 Commissioning and pathways for victims

It was clear from discussions with stakeholders, reviewing data and hearing from those with lived experience that there is a need to further develop the way victims and survivors move ‘through’ the various microsystems that are involved in their experience. For example, we know that during their experience they may have contact with a range of agencies including

police, specialist domestic abuse services, children's services, housing and health services. Although there is a significant amount of positive practice in terms of this, including the commissioning of a new integrated service, there were some key learning points we observed through our review.

Improving the current response at the point of help seeking

The review indicated that victims and survivors needs are not static, they change depending on the timeline of the abuse. For example what victims need at the start of a new relationship to identify abuse is significantly different to their needs after leaving when they experience post-separation abuse. The feedback from the survivors we spoke to, as well as several professionals, was that there is no clear distinction across this timeframe currently.

Primarily most survivors discussed receiving an overwhelming amount of support at the point of escalation when the types of abuse they were experiencing were at the highest risk, or at the point in which they decided to leave. At this point a wide range of agencies become involved, but from a survivors perspective this is not always joined up and they are required to discuss their experience with a wide range of professionals who all have different remits and expectations of the victim. Survivors used words such as 'confusing' at this time.

Filling the gap around earlier intervention

There is an opportunity before this stage for the whole system response to act earlier through a more strategic approach to communications and awareness, to support victims in a more informal way to spot the signs of abuse, and to have a safe space to talk to get advice, information, and guidance where they may have concerns. This would need to be confidential as many survivors noted their fear of being judged, not being believed, or having their children removed, so having to give personal details would likely deter them accessing this. At this point there is a key role for the domestic abuse partnership through upskilling all professionals in identifying the signs and engaging in proactive enquiry, as well as through community and voluntary sector organisations who can offer informal support.

Filling the gap around recovery

Survivors also discussed how support services would often 'drop off' after they were seen as safe or had left the relationship. This highlights how the system leans towards the highest risk end of the spectrum in terms of support but suggests there may be a gap in terms of longer term support once victims are physically safe.

The below diagram provides an overview of our learning points in terms of a recommended model. We do not suggest this model as final, but rather an initial discussion point for the DASV partnership to consider in developing the response for victims at each stage of their relationship, recognising their needs, and what barriers may exist at each stage. We have thematically considered the barriers we heard from victims in terms of barriers, and how the partnership could develop these into core operating principles across the system. These principles should be further developed alongside measurable indicators to enable the system to test the extent to which these are reality for survivors. They are:

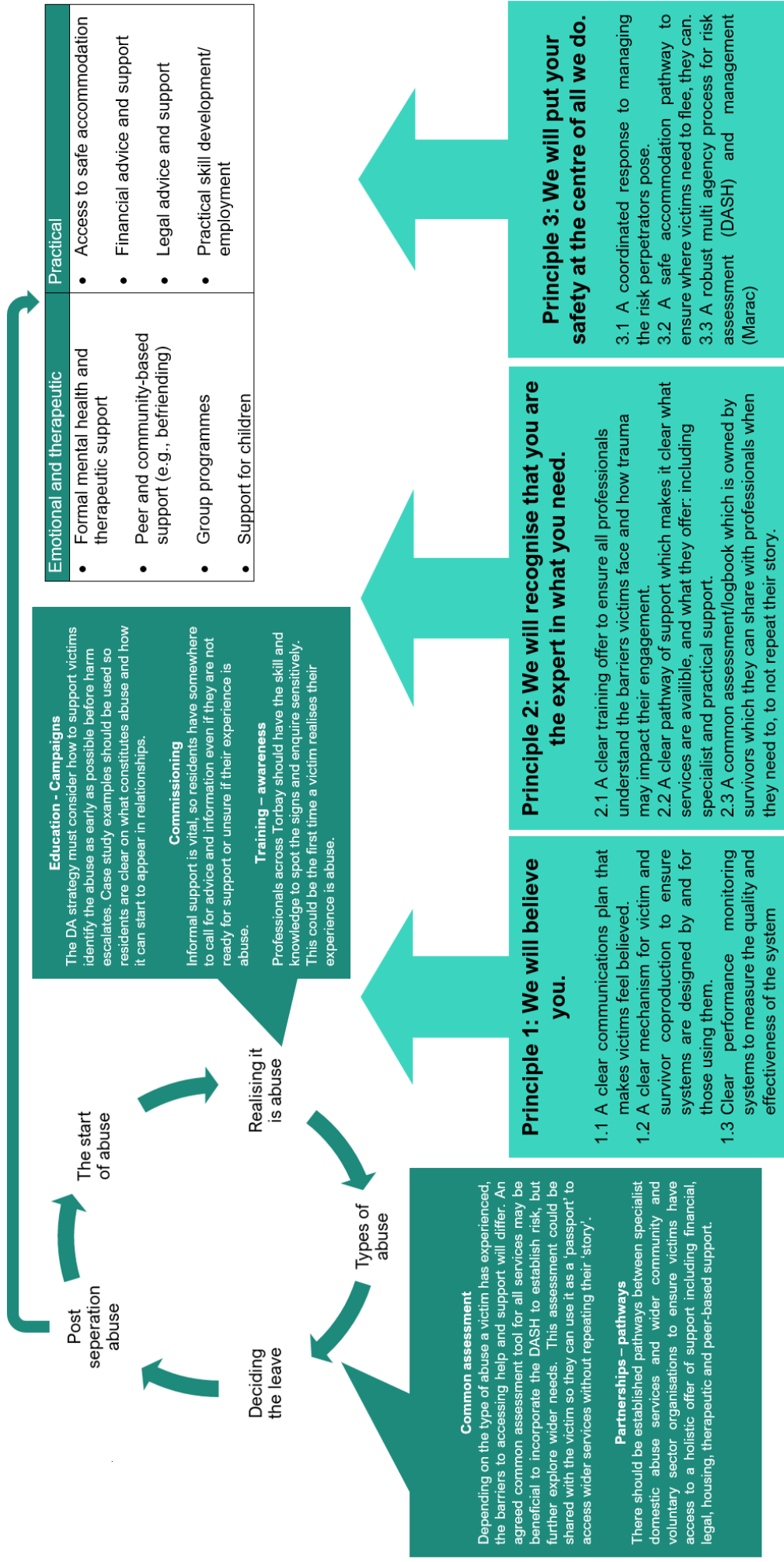
- Principle 1: We will believe you.

- Principle 2: We will recognise that you are the expert in what you need.
- Principle 3: We will put your safety at the centre of all we do.

In any commissioned activity such as service provision, training, communications or campaigns, these principles can be used as a central thread to improve the experience of victims in Torbay. These cannot however just be ambitions; they must be realised to ensure they are not misleading.

During the abuse

After the abuse



10.2.4 The statutory system

As established through our review, we observed a causal loop that is currently occurring within Torbay in respect of the criminal justice system and children's services. The diagram below provides an overview of this causal loop.

In the green we can observe the current way the system works. The start of the causal loop is the perpetrator who is using a number of threats and abusive behaviours. Those that are specific to this causal loop related to:

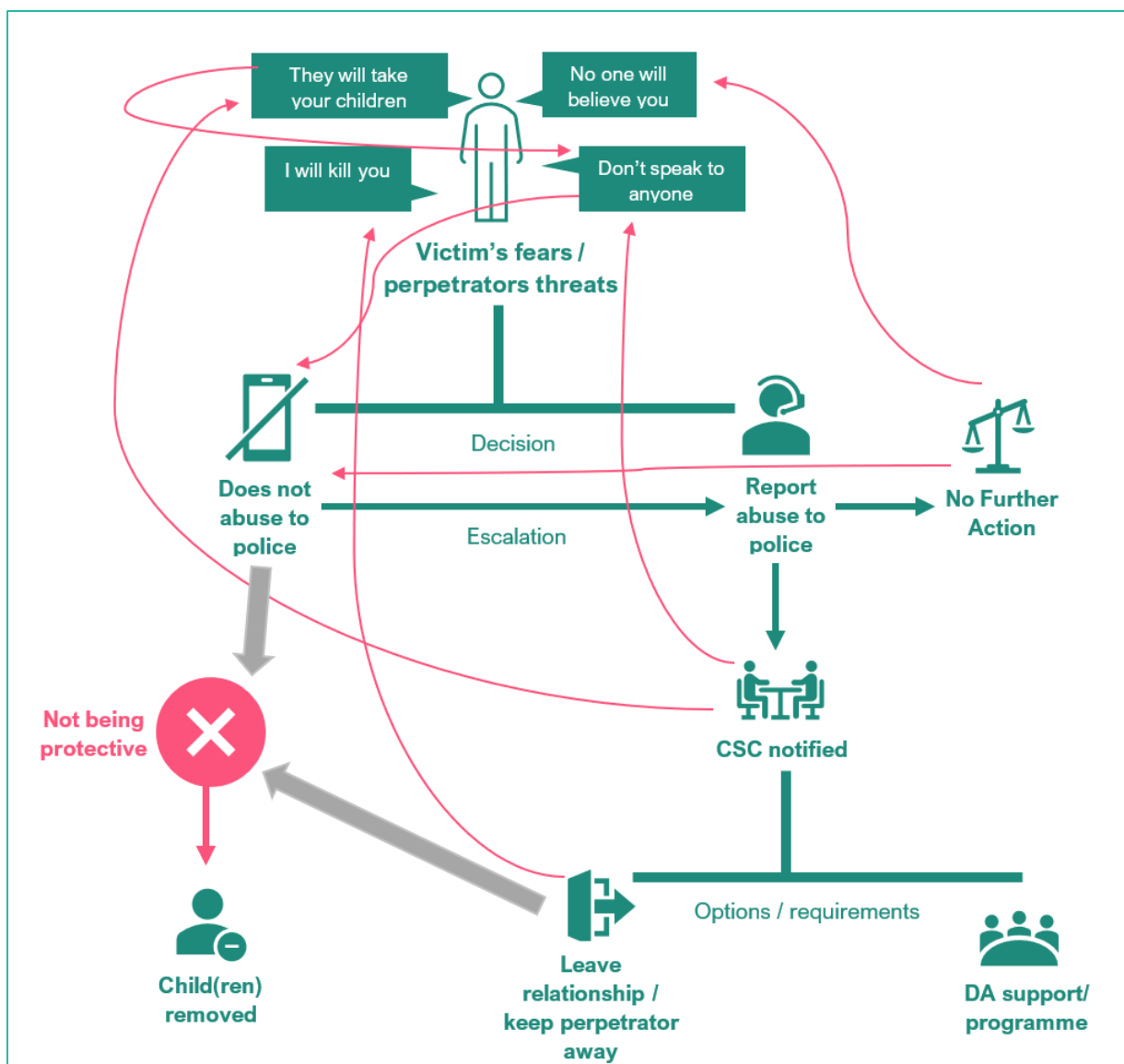
- Threats around children such as they will be removed, or the perpetrator will take them
- Threats around victims credibility that they will not be believed
- Threats of harm if the victim speaks to anyone about the abuse including threats of significant harm including homicide

These behaviours and the tactics that perpetrators use against the victim dictate the decision they make to report the abuse to the police or not. From our review this decision was heavily influenced by fear such as that described above in terms of children being removed or not being believed. In fact often victims were only making the decision to report to the police at points of significant escalation where they feel it is their only option.

Where victims report abuse to the police they describe a lack of action being taken against the perpetrator. From our interviews this is due to them not feeling able to support a prosecution which relates back to the victims fears about repercussions or due to the police not feeling they have enough evidence. The lack of police action reinforces the idea victims hold that they will not be believed. This therefore creates a causal loop in which the decision to report to the police becomes less likely over time.

In instance where victims have reported to the police a notification is sent to children's services. This usually results in the victim having to take some kind of action to prove they are safeguarding their child(ren). Most commonly referenced from our interviews was the necessity to leave the perpetrator and ensure they are kept away from the home. Despite this instruction the victim remains in fear as per the start of the cycle (that there will be repercussions, or their children will be removed). This makes following through with these actions a challenge which is combined by the fact that perpetrators continue to seek contact with the child(ren) which is often mandated through the family court.

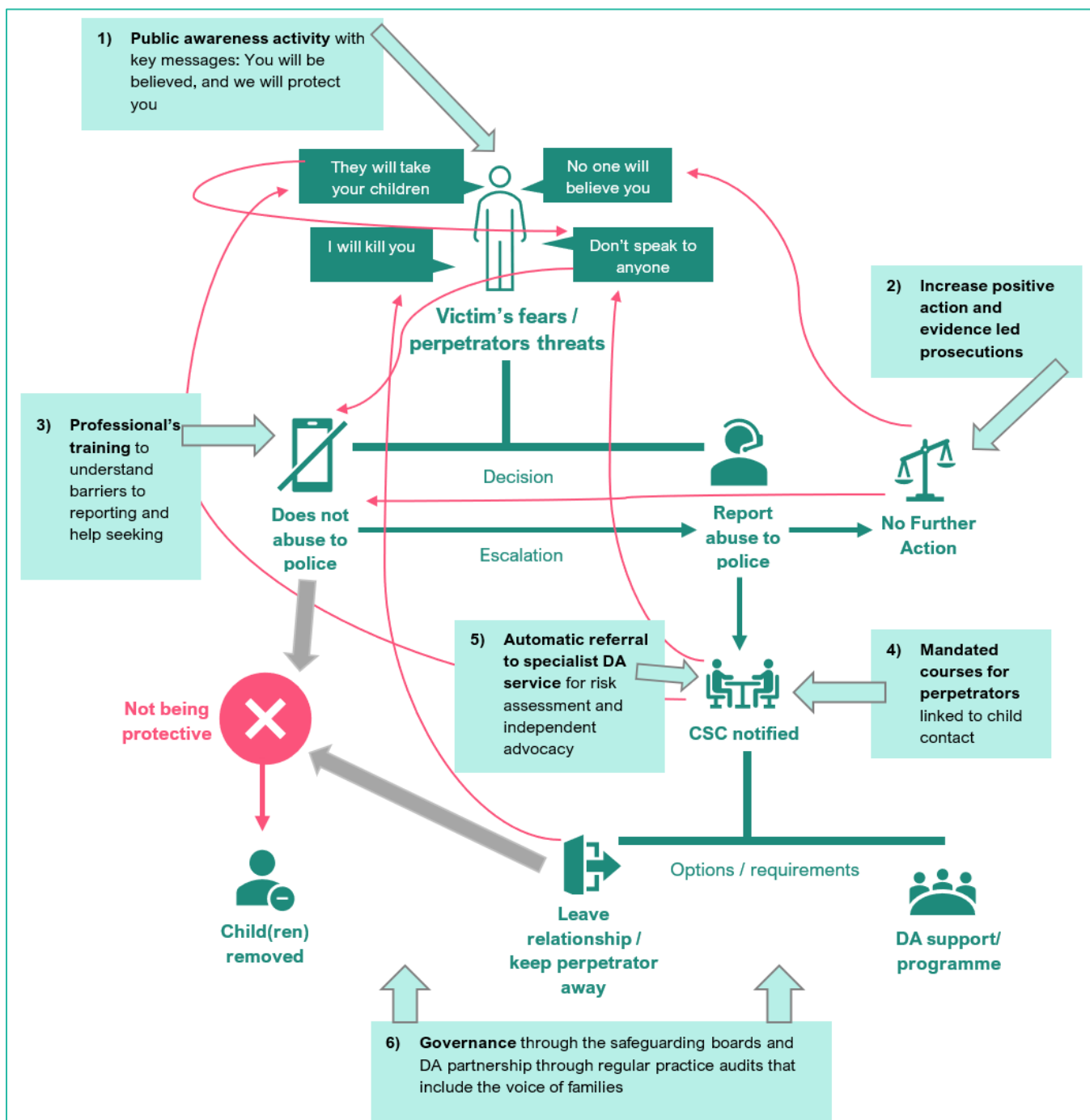
The combination of unrealistic instructions alongside a lack of action when victims do report to the police creates a paradox in which victims are penalised as being 'not protective' if they do not continue to report incidents but told that no action can be taken if they do. This reinforces the fear of not being believed and increases their risk of repercussions from the perpetrator if they do continue.



As a result many victims report being told they are not protecting their children which acts as a further reinforcement to the original cycle in which they fear their children being removed. In some of the instances we heard, victims children were eventually removed and became looked after.

This is a reinforcing cycle where the way the current system in Torbay is structured and works together, serves to reinforce the abusive tactics used by perpetrators which further reduces victim and survivors availability of choice. *One of the most significant areas Torbay could strengthen to improve the response to domestic abuse is to disrupt this cycle through a number of key activities to ensure the response is empowering and strengths based rather than reinforcing.*

The below diagram includes (in light green) the key six activities we believe will disrupt the current reinforcing cycle. These actions range from communications activities through to service provision. The key underpinning action is the governance and continuous review of the cycle through the joined up working between the domestic abuse partnership and Children's safeguarding board.



10.2.5 Safe accommodation pathways

As part of the strategic review it was evident that *housing and accommodation is one of the biggest factors within victim and survivor experiences. Safe accommodation was noted as both a barrier to leaving, a reason for returning as well as a means for post separation abuse.*

Overall we identified three distinct pathways in relation to victims and survivors who need to find a safe space to stay which includes;

- a) Those that would like to remain in their own home
- b) Those that need to leave their home, but it is not an immediate emergency, and they may have time to plan their move
- c) Those that need to leave their home in an emergency situation and do not have time to plan

We will not reiterate the learning here from the safe accommodation needs assessment to reduce duplication, but it is vital that the learning and recommendations from the review are used alongside the development of the proposed model in section 13.2.4 of this report.

Section 11: Summary of recommendations

This section provides an overview of the recommendations throughout this report. The recommendations from the Safe Accommodation Needs Assessment, Marac Review and the Listening Exercise are added at sections 11.5 onwards for completeness.

Recommendations

To aid the recommendations to be appraised in the correct forums we have themed the recommendations throughout this review by audience. We would be pleased to support the partnership in developing relevant implementation plans if required.

11.1 For the DASV partnership

1. The DASVEG should agree and outline within the terms of reference the mechanism they will adopt to ensure victims and children's voices are represented across the partnership.
2. The DASVEG and children's safeguarding partnership should conduct a joint deep dive audit of the current whole system pathway for children including identification (e.g. in early years and school settings such as encompass) through to the provision and intervention offer.
3. The domestic abuse partnership should consider developing a set of practice principles/values outlining a minimum standard all professionals sign up to in terms of working with victims of domestic abuse.
4. The domestic abuse partnership should consider developing one leaflet/booklet for victims in Torbay which gives an overview of all services within the system they may come in to contact with including their role and escalation processes. This could be electronically published on the Are You Okay website as well as hard copies for victims to be given (where appropriate).
5. The domestic abuse partnership, alongside the safeguarding boards, should develop a quality assurance monitoring framework to routinely assess the quality of practice across all services in the system, this should specifically measure multi-agency working such as information sharing.
6. The DASV partnership should develop a performance dashboard which includes the data presented here as a baseline to track and monitor prevalence and demand on a quarterly basis across the strategy period
7. The DASV should set up a task and finish group to review data quality across all organisations around domestic abuse to ensure all agencies are able to, and consistently collect data around domestic abuse cases to understand the nature of abuse in Torbay (e.g. referral numbers, needs presenting, outcomes)
8. The DASV partnership through the data quality task and finish group also audit the demographic data collection (e.g. ethnicity, disability) across all organisations to a)

ensure it is collected in comparable formats across all services, b) ensure it is collected consistently by all organisations. This should culminate in a recommended data collection approach for the DASVEG to approve and continuously monitor.

9. The DASV partnership should consider a follow up Are You Okay survey which takes more of a general population view to get a better insight in to a) true prevalence and b) perceptions of abuse (what people define as DA/SV) to target intervention and resource more effectively.
10. The DASV partnership should work with all health colleagues to review policies around enquiry (e.g. routine) within health settings where injuries may be reported (e.g. GP, A&E and minor injury clinics) to understand current guidance and practice. This should include a review of how repeat injury presentations are recorded.
11. The DASV partnership should ensure domestic abuse awareness materials are displayed within settings such as A&E and minor injury clinics to promote help seeking.
12. The Domestic Abuse champions network should include at least one champion from health settings where injuries may be reported.
13. The DA strategy should consider how to support victims identify the abuse as early as possible before harm escalates. Case study examples should be used so residents are clear on what constitutes abuse and how it can start to appear in relationships.
14. The DASV partnership should formalise arrangements with Standing Tall to ensure there is a clear pathway between CVS organisations and commissioned services with a single point of contact in the system (a front door) for information and advice where victims are unsure if their experience constitutes abuse and want to 'talk it through'
15. The DASV partnership should work with the safeguarding partnerships to review the training offer and quality assurance (e.g. which agencies attend) of training around compassionate domestic abuse enquiry in Torbay (including post training evaluations to continue to monitor confidence levels of all professionals)
16. The DASV partnership should consider the development of a common assessment tool around domestic abuse which all services use when domestic abuse is identified (incorporating the DASH and wider tools). This assessment could be shared with the victim so they can use it as a 'passport' or 'logbook' to access wider services without repeating their 'story'.
17. The DA strategic lead within Torbay should agree with counterparts across the peninsula a proposed police data and outcomes dashboard which measures police activity around domestic abuse including 'soft' outcomes such as referrals for specialist services

11.2 Commissioners

1. Commissioners should identify a budget for the champions network to develop the coordination function to ensure all organisations are clear on who the champion within their organisation is (this could include a list on the Are You Okay website)

2. The new integrated service which includes the Idva service should include key performance indicators to be reported through contract monitoring around how many victims are spoken to (and their views collected) about their needs from Marac.

11.3 For the children's safeguarding partnership

1. The children's safeguarding partnership should update their domestic abuse practice guidance to reflect the Domestic Abuse Act new definition.
2. The children's safeguarding partnership should update their domestic abuse practice guidance to reflect the Domestic Abuse Act recognising children as direct victims in their own right.
3. The children's safeguarding partnership should develop a task and finish group which includes individuals with domestic abuse expertise (e.g. providers) to work to update their domestic abuse practice guidance in line with the learning points above
4. The safeguarding boards should conduct an annual domestic abuse quality assurance audit, using specialist domestic abuse services' expertise. The results of the audits should be presented to the domestic abuse partnership for joint recommendations and action plans to be developed.
5. The training offer for children's services should be reviewed to ensure it includes the key concepts of trauma informed practice with non-abusive parents
6. Children's social care should develop a domestic abuse protocol and guidance which stipulates the minimum standard for assessments and working with families where domestic abuse is a significant risk. This should include the need for all victims to have independent support and advocacy to meet their needs and represent their views in meetings.

11.4 Peninsula-wide

1. The DA leads across the peninsula should work with senior police colleagues to appraise and approve the data and outcomes dashboard, which should feed in to each local partnership board (the DASVEG in Torbay)
2. Torbay should work with Devon and Cornwall police to embed the voices of those with lived experience in to quality assurance and performance reviews
3. The domestic abuse partnership should initiate peninsula wide discussions (particularly with the OPCC) about an approach to audit the response victims of domestic abuse get from the police to include gathering survivor feedback
4. Devon and Cornwall police should work with the local domestic abuse partnerships across the peninsula, and the OPCC, to create an awareness raising campaign around two key messages: a) highlighting that victims of domestic abuse will be believed and b) ensuring victims know they can report non-physical abuse. We would encourage the use of 'good news' case studies as part of this.

11.5 Safe Accommodation specific recommendations

1. The dispersed, self-contained model for safe spaces should continue to ensure capacity for all victims and survivors including those with teenage sons, or male victims
2. Additional capacity for more safe spaces should be explored to reduce the number of referrals declined currently
3. Developing additional spaces with mobility access should be explored in partnership with Adult Social Care to ensure a holistic offer for adults with a disability (including those with statutory care and support needs)
4. Data collection for homelessness applicants should include more robust demographic data including disability, ethnicity and sexual orientation to ensure the true need is evidenced
5. Data collection for the safe accommodation service provider should be more robust ensuring routine collection of demographic data including disability, ethnicity and sexual orientation to ensure the true need is evidenced
6. An operational partnership that includes domestic abuse, housing, financial and legal specialists should be considered. The practical elements above should all be included to ensure specialist domestic abuse services have Single Point Of Contact (SPOCs) within each sector making referral pathways simple and advice timely.
7. Through commissioning of the safe accommodation service and the voluntary sector Standing Tall partnership, the development of joint domestic abuse and practical support 'drop in's' should be considered in partnership with local services (e.g. legal firms). A timetable of these could be given to all victims entering appropriate safe accommodation as a 'welcome' style leaflet/pack.
8. The Are You Okay website should be widely promoted across Torbay and include a page relating to safe accommodation options and practical support to ensure as many residents as possible experiencing domestic abuse that need to flee are aware of their options.
9. A flexible funding pot should be made available to remove some of the financial barriers to accessing safe accommodation.
10. Operation encompass should be explored to consider notifications to schools to inform them of when children have had to leave their home and go in to safe accommodation. This could link to the existing pathway for support for children in safe accommodation.

11. Review and improve data collection across agencies in relation to children accessing safe accommodation. This should include identification, agencies signposted too, risk assessment levels, identified needs, outcomes and demographics to ensure the true need of children is explored.
12. Data on children within safe accommodation should feed in to partnership sub groups across the Domestic Abuse and Sexual Violence partnership as well as Children's Safeguarding Board.
13. Commissioning of safe accommodation services should include the allocation of a dedicated children's worker for each child to support and advocate on their behalf. They should continue to work with the child through to resettlement and ensure appropriate referrals to other agencies are in place for more formalised therapeutic or statutory support.
14. Safe accommodation support should continue through to when victims have settled in their long term home to ensure a positive transition.
15. Commissioned safe accommodation services should work in partnership with the Standing Tall partnership to ensure as part of victim and children's resettlement, they are introduced and offered community based support.

11.6 Marac specific recommendations

1. Priorities for Torbay Marac

The priorities for the Marac going forward based on this review should be:

Priority	Key performance indicators	Baseline	Target
To increase the identification of all victims at the highest risk of harm and homicide across the whole system	% of non-police/Idva referrals	6.1%	25%
	% Black and minority ethnic victims identified	4.6%	5.2%
	% LGBT+ victims identified	0.3%	2.5%

	% victims with a disability identified	2.4%	19%
	% male victims identified	3.4%	5%
To reduce the demand on the Marac to ensure it is able to safeguard victims at the highest risk of harm or homicide	Cases identified at high risk per 10,000	57	40
	Repeat referrals	56%	28-40%
	Number of referrals at high risk	Unknown	100%
To increase the effectiveness of the Marac in reducing the risk of harm perpetrators pose to victims including children	Attendance of probation at Marac	83%	100%
	# DVPN/O's through Marac	N/a	Tbc
	# DVDS through Marac	N/a	Tbc
	# actions focussed on perpetrators	N/a	Tbc
To improve the knowledge, awareness and confidence of the Marac to perform their function	# multi agency referrals	6%	25-40%

2. Recommendations for Torbay Marac and wider system

Principle	Recommendations
Identification	<ul style="list-style-type: none"> The Marac steering group should begin to review data on Marac referrals to identify the ratio of professional judgement and visible high risk referrals

	<ul style="list-style-type: none"> • The Marac steering group should consider whether medium risk cases continue to be heard, and if so agree the legal basis for sharing information (including updating the ISP) • The Marac steering group should work with the DASVOG to understand practitioners' awareness and knowledge around identifying, risk assessing and pathways in to the Marac • The current definition in Torbay of a repeat should be reviewed and revised in line with national guidance
Multi-agency engagement	<ul style="list-style-type: none"> • Core agencies with less than 90% attendance should be reviewed to understand causes • All multi-agency representatives (core and non-core) should update the Marac steering group with a named deputy
Independent representation and support for victims	<ul style="list-style-type: none"> • Idva capacity should be reviewed to increase the FTE equivalent by 0.5 • At the Marac meeting the case discussion structure should be changed with the Chair asking the referrer to present the case followed by any information from the Idva to ensure the victims voice and wishes is at the forefront of the discussion • The Idvas should be recognised at the Marac as experts in the dynamics of domestic abuse and particular patterns within each individual case to ensure key questions around victim behaviour and decision making is explored
Information sharing	<ul style="list-style-type: none"> • At the Marac meeting the case discussion structure should be changed to ensure that after the referrer and Idva information the Chair goes to each agency individually to ensure all information is sought before action planning starts • All Marac representatives should be encouraged to constructively, and compassionately, challenge colleagues where their language may constitute victim blaming.
Action planning	<ul style="list-style-type: none"> • At the Marac meeting the case discussion structure should be changed to ensure the Chair to asks the administrator to recap on actions at the end of each case.
Number of cases	<ul style="list-style-type: none"> • The Marac steering group should conduct an audit of repeat cases to the Marac to understand why the volume is so high and develop a plan to mitigate the number of repeat cases

Equality	<ul style="list-style-type: none"> • The Marac steering group should begin to review data around diversity including ethnicity, disability, and sexuality
Operational support	<ul style="list-style-type: none"> • The Marac administrator capacity of 1 FTE should be maintained • The Marac administrator should collate minutes of the Marac which outlines the information shared and risks identified as well as the actions • All Marac representatives should receive continued professional development opportunities and training which includes understanding the dynamics of domestic abuse, trauma informed practice and victim blaming
Governance	<ul style="list-style-type: none"> • A role profile for the Marac steering group chair should be created which outlines how they work with the Marac chair's employment organisation around supervision • A Marac Operating Protocol and Information Sharing Protocol should be developed immediately

11.7 Recommendations from the Listening Exercise

Recommendations to support system change:

1. The Domestic Abuse and Sexual Violence Executive Group (DASVEG) should commit within the next domestic abuse strategic period to embedding the voices of lived experience at every opportunity across the partnership.
2. The Domestic Abuse and Sexual Violence Executive Group (DASVEG) should commit to developing a 'Torbay victims charter' to stipulate the minimum expectations victims can expect if they approach any service.

Other Recommendations:

1. The DASV partnership should consider a follow up Are You Okay survey which takes more of a general population view to get a better insight in to i) true prevalence and ii) perceptions of abuse (what people define as DA/SV) to target intervention and resource more effectively

2. The DASV partnership should work with all health colleagues to review policies around enquiry (e.g. routine) within health settings where injuries may be reported (e.g. GP, A&E and minor injury clinics) to understand current guidance and practice. This should include a review of how repeat injury presentations are recorded.
3. The DASV partnership and Are You Okay partnership should ensure domestic abuse awareness materials are displayed within settings such as A&E and minor injury clinics to promote help seeking.
4. The Are You Okay champions network should include at least one champion from health settings where injuries may be reported.
5. Working with the Standing Tall partnership and residents with lived experience, the domestic abuse partnership should consider using case studies throughout campaign work across Torbay to ensure it supports victims to understand non-physical abuse tactics perpetrators may use, particularly in early stages of the relationship, so they can seek support as early as possible.
6. The domestic abuse partnership (through DASVOG) should conduct an audit of existing awareness raising activities including public awareness campaigns and education to ensure they a) reflect different types or abuse, b) represent different relational perspectives of domestic abuse, c) consider bystander messaging for peer networks and d) challenge stereotypical beliefs around domestic abuse
7. The audit (conducted through DASVOG) should be presented to DASVEG with clear recommendations for a domestic abuse awareness raising policy as part of the refreshed domestic abuse strategy
8. Domestic abuse commissioners should consider commissioning a specialist domestic abuse organisation to develop a 'leaving pack' with information about support options for victims considering leaving.
9. Domestic abuse service providers across Torbay, including commissioned and the voluntary sector, should offer the leaving pack to survivors and ensure it is downloadable on the Are You Okay website.
10. Domestic abuse commissioners should include specific economic abuse advocacy as part of domestic abuse service provision contracts, and ensure this includes support post separation

11. The domestic abuse partnership should undertake a mapping exercise to understand the agencies across Torbay with expertise around economic matters such as debt, money advice and housing and raise awareness around domestic abuse with these services

12. The domestic abuse partnership should formalise the roles of economic sector agencies as members across the governance structure, and facilitate operational partnerships with the standing tall partnership and commissioned services

13. The domestic abuse partnership, following the evaluation of CRAFT, should consider full implementation to ensure social workers are able to work compassionately with survivors and understand child contact related post separation abuse

14. The domestic abuse partnership should develop a one front door approach so victims have one place they can go to for support. This pathway should include at the point of referral an assessment to understand which services (commissioned or community based) the victim needs. This could be through developing an existing 'brand' such as the Are You Okay model or Standing Tall partnership.

15. The domestic abuse partnership should consider developing a set of practice principles/values outlining a minimum standard all professionals sign up to in terms of working with victims of domestic abuse.

16. The domestic abuse partnership should consider developing one leaflet for victims in Torbay which gives an overview of all services within the system they may come in to contact with including their role and escalation processes. This could be electronically published on the Are You Okay website as well as hard copies for victims to be given.

17. The domestic abuse partnership, alongside the safeguarding boards, should develop a quality assurance monitoring framework to routinely assess the quality of practice across all services in the system, this should specifically measure multi-agency working such as information sharing.

18. We recognise that Devon and Cornwall police are not distinct to Torbay and so we have tried to ensure our recommendations reflect realistic ambitions that would work across the peninsula. The domestic abuse partnership should initiate peninsula wide discussions (particularly with the OPCC) about an approach to audit the response victims of domestic abuse get from the police to include gathering survivor feedback

20. Devon and Cornwall police should work with the local domestic abuse partnerships across the peninsula, and the OPCC, to create an awareness raising campaign around two key messages: a) highlighting that victims of domestic abuse will be believed and b) ensuring

victims know they can report non-physical abuse. We would encourage the use of 'good news' case studies as part of this

21. The safeguarding boards should conduct an annual domestic abuse quality assurance audit, using specialist domestic abuse services expertise. The results of the audits should be presented to the domestic abuse partnership for joint recommendations and action plans to be developed.

22. The training offer for children's services should be reviewed to ensure it includes the key concepts of trauma informed practice with non-abusive parents

23. Children's social care should develop a domestic abuse protocol and guidance which stipulates the minimum standard for assessments and working with families where domestic abuse is a significant risk. This should include the need for all victims to have independent support and advocacy to meet their needs and represent their views in meetings.