North Yorkshire and City of York: Public Health Approach to Ending Domestic Abuse

July 2023

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About SafeLives



We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.



We are independent, practical and evidence-led, with survivor voice at the heart of our thinking.



We work with organisations across the UK to transform the response to domestic abuse.

We want what you want for your best friend:



Action before someone is harmed or harms others

Harmful behaviour identified and stopped

Increased safety for everyone at risk



The ability for people to live the life they want after harm has happened

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Whole person



Seeing and responding to the whole person, not addressing a series of issues

Whole family



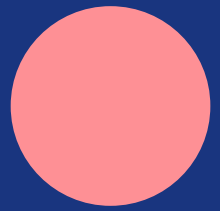
Considering the physical, mental, and emotional safety and wellbeing of all family members.

Whole community



Equipping communities of geography, identity, workspace and to identify, understand and act on domestic abuse

Whole society



Challenging and deconstructing gender stereotypes – particularly those of masculinity – supporting boys and men to break these norms.

Whole Picture



A whole picture approach can transform the local response to domestic abuse, keeping families safe sooner

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About this project

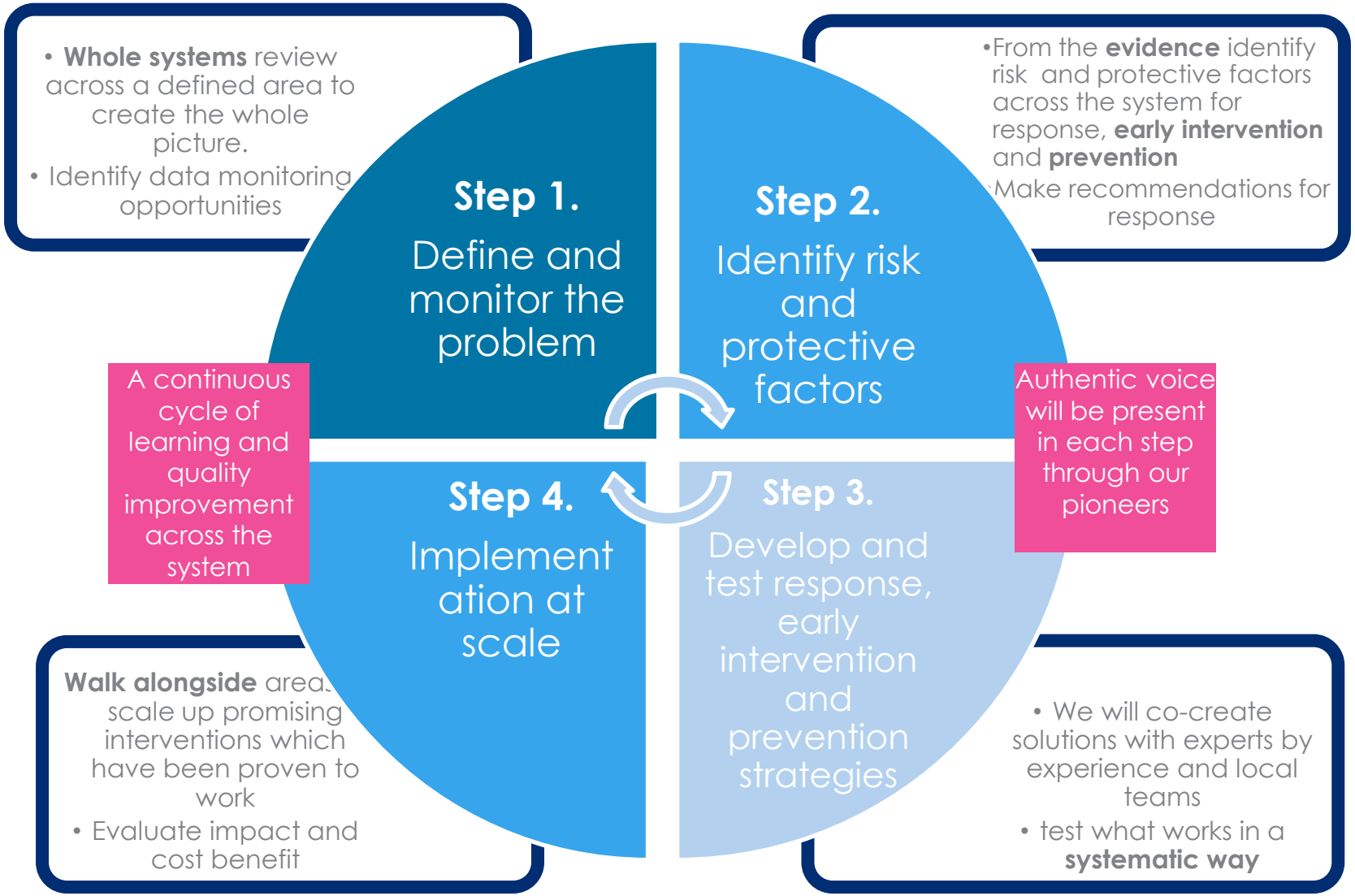
Overview

SafeLives have been commissioned to undertake a whole system domestic abuse review by operationalising a Public Health Approach. Using systems thinking methodology and through the lens of the whole family we will identify opportunities for improving the risk led response, early intervention, and prevention of domestic abuse. This includes a systems-wide assessment of the current local landscape, identifying data and ongoing monitoring opportunities, consulting with victims, survivors, children, those who harm and local agencies providers to understand risk and protective factors.

Using data, voice and practice, this project encompasses Steps 1 and 2 of our Public Health Approach

We appreciate the time and commitment from local stakeholders, who have worked with us to ensure we gain a clear understanding of the domestic abuse system and response in North Yorkshire and City of York

Practice Team Framework for Delivery
'Whole Picture'



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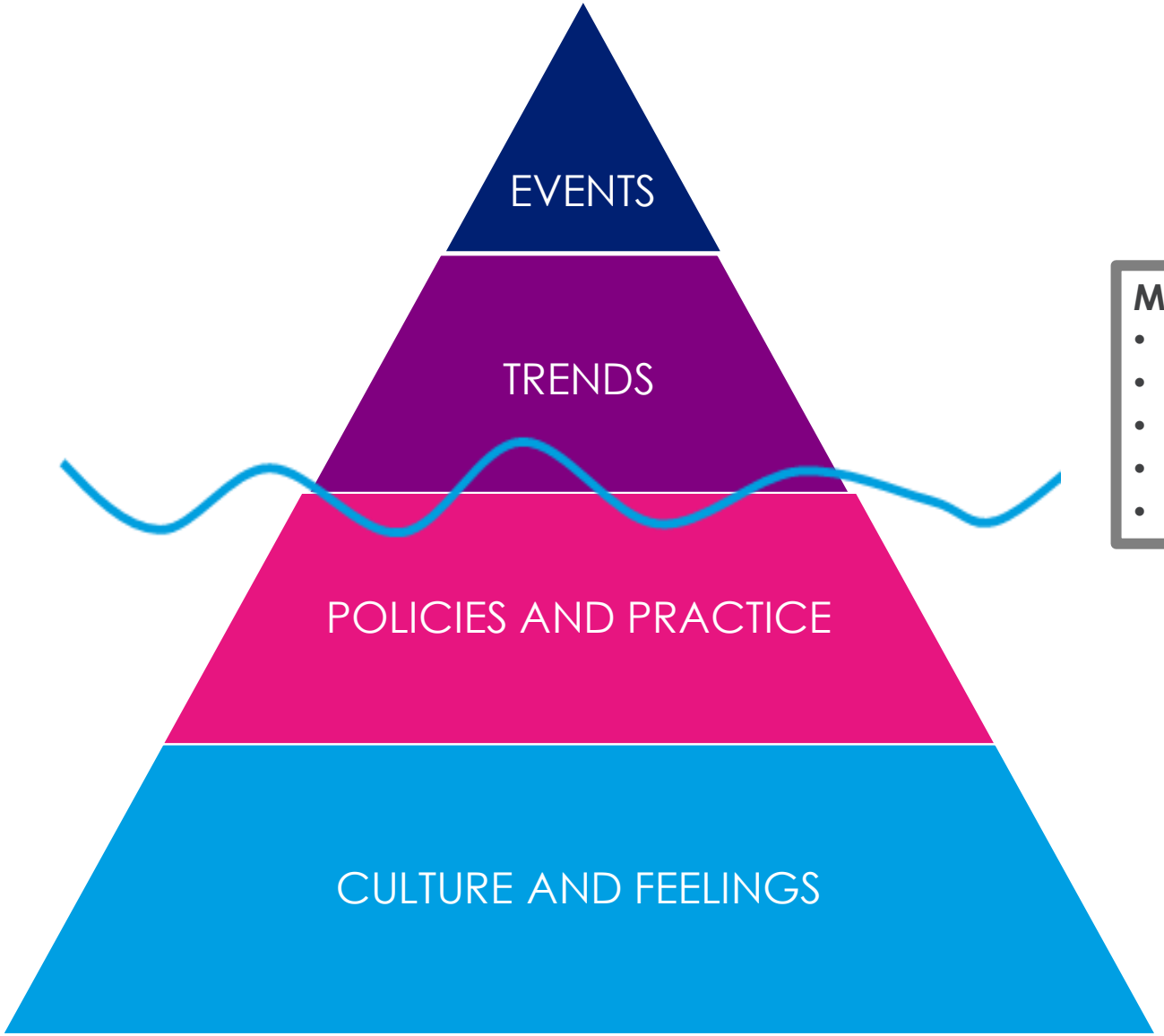
Systems Thinking Iceberg



Step 1.

Define and monitor the problem

Methodology:

- Self-assessments
- Surveys
- Semi-structured Interviews
- Focus Groups
- Case Studies

Review

- Data
- Voice of survivors (adult and child)
- Speaking to professionals
- Hearing from those who harm
- Policies, procedures, practice

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Step 2.
Identify risk and protective factors

Risk and protective factors across the system

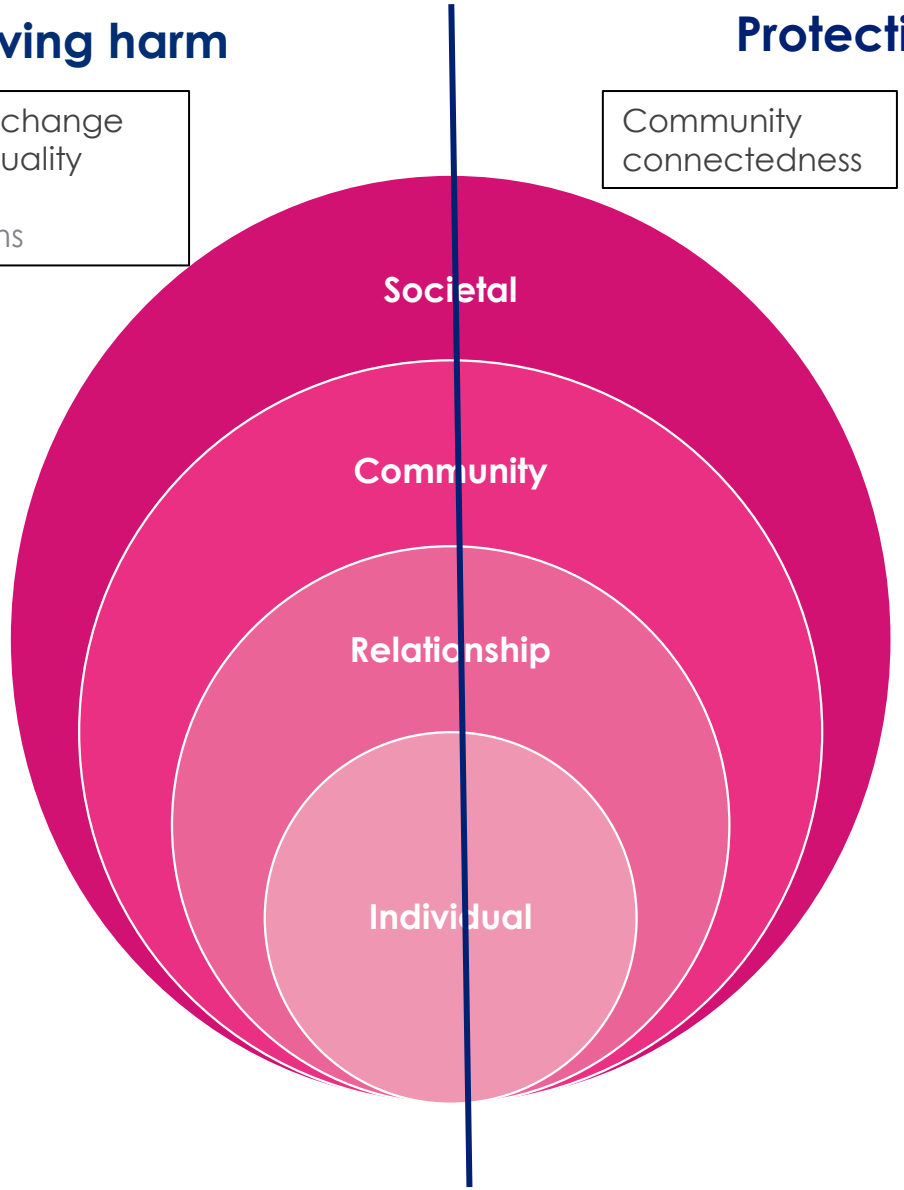
Risk Factors – driving harm

Rapid social change
Gender inequality
Poverty
Cultural norms

Poverty
↑crime levels
↑unemployment
Drug trade
Misogyny
Poor education opps
Inequalities linked to race, sexuality, geography, age

Domestic abuse
↓Socioeconomic status
-ve Peer group influence

Mental health
Alcohol/ substance abuse
Violent behaviour
Other forms of exploitation & abuse



Protective Factors – mitigate harm

Community connectedness

Spectrum of support and response for those who harm

Safe accommodation

Early identification of domestic abuse

Education, healthy relationships
+ve role models

Cultural change training programmes across the system

Trusted adult

Coordinated multiagency response across risk levels

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Activities completed in North Yorkshire and City of York

Professional Discussions

- 27 discussions

Survivor Engagement

- 2 focus groups with 7 survivors
- 10 interviews with survivors

Case Audits

- 5 Case audits in City of York
- 5 Case audits in North Yorkshire

Those Who Harm

- 2 Foundation Sessions attended with 6 participants

Surveys*

- 18 Survivor Survey responses
- 111 Professional Survey responses
- 6 Those who harm survey responses

Meeting Observations

- 5 Marac meetings
- 5 Matac meetings

Systems Mapping

- Mapping of the current domestic abuse system across North Yorkshire and the City of York

*There are a number of caveats related to the surveys. These can be found with Appendix A

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Professional interviews

Who we talked to:

27

Interviews were conducted with professionals working across agencies in **North Yorkshire and City of York**.

The findings include quotes from some of these interviews. Please note, the quotes will not represent all professionals and agencies working across North Yorkshire and City of York.



Methodology:

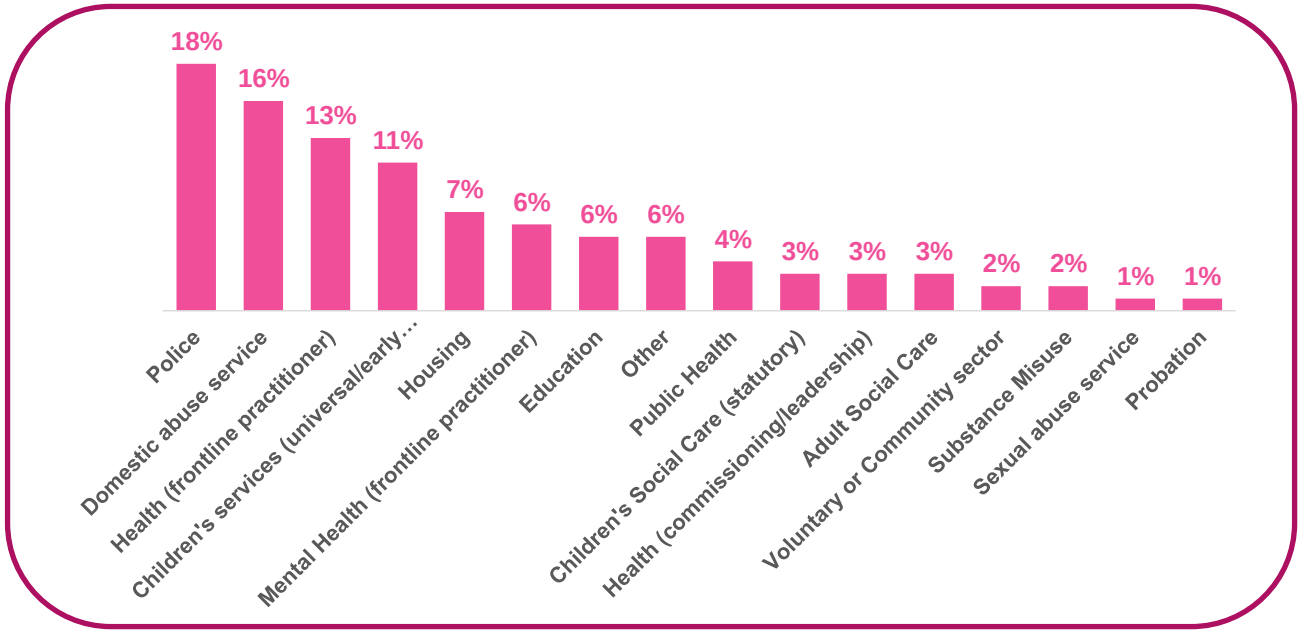
- Interviews were transcribed
- Transcripts were coded by researchers within the SafeLives research and practice teams
- The data were analysed using thematic analysis and codes were grouped into themes and subthemes

Professional survey respondents

We conducted a professionals survey which was sent to all agencies across North Yorkshire and City of York. The tables below detail the breakdown of agency responses and job role. Some agencies work across the both areas, therefore we have included the areas professionals work in with 59% working in North Yorkshire, 24% in City of York and 24% across both areas.* Area specific details is available in Appendix A.

Respondents were spread across **a range of agencies** with **most responses coming from the Police**.

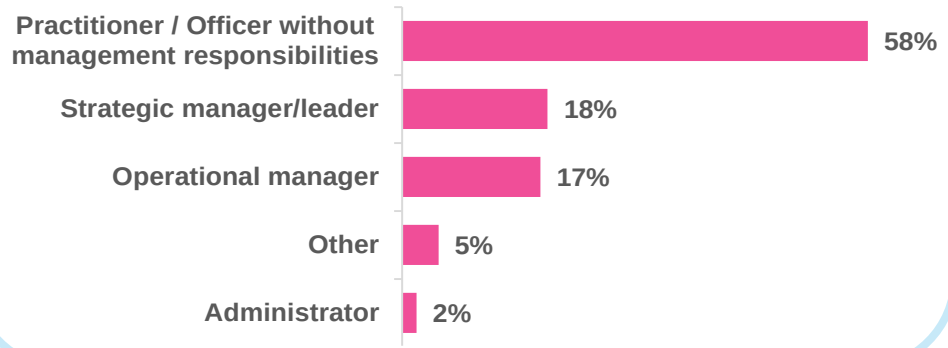
111 **responses to the professional survey**



The majority of respondents worked in **North Yorkshire.**



Over half of the respondents from North Yorkshire and City of York were **practitioners or officers** without management responsibilities



*Comparisons between areas are not made due to the variation in types of agencies and number of agencies representing each area

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Survivor Voice

"We've walked through fire to get our voices back; we're not going to give them up now."
Ursula, Pioneer

SafeLives are committed to placing people with lived experience at the heart of all we do, valuing internal and external survivors' experience as an asset.

Working together, we can aggregate and amplify survivors' voices and interweave authenticity and independence throughout all our work. By listening and responding to views that are different to our own, professionals and survivors can critically assess and address challenges together. To do this authentically we support survivors to tell their truth and speak with an unmediated voice.

As part of this work, we engaged with local survivors to understand their experience.



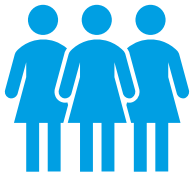
18 survivors completed the survivor survey



1 focus group with 5 women



10 interviews with 10 women



1 focus group with 2 women

Whilst this is a fraction of the number of people experiencing domestic abuse in the area, their experiences reveal a lot about the provision for victims in North Yorkshire and City of York.

We are extremely grateful to the survivors who shared their experiences and journey with us.

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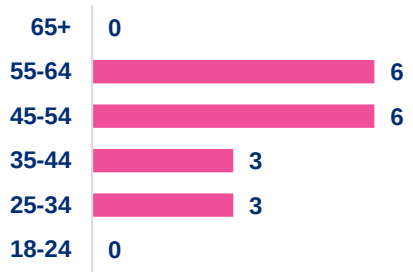
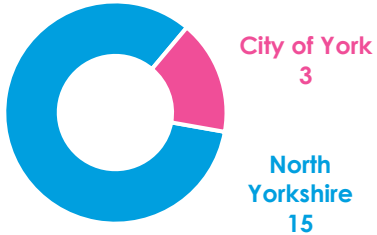
Survivor Survey – Who responded?

18 responses to the survivor survey

Age



Area Breakdown



The **majority** of respondents (12) were between **45 and 64** years old.

It's important to note that **no respondents** were between **18 and 24** or **65 and above**.

It is worth noting that the **majority of respondents** identified as **White (17)** and **female (17).**

Results should not be generalised to all survivors in the local area.

All but one were not living with the person who was abusive.

The majority used to live with the person using harmful behaviours, with **nine** moving out and **seven** saying the other person moved out.

14 had children (including independent adult children)

Six identified as being disabled or having a long-term health condition[1]

No respondents identified as LGBTQ+[2]

17 had previously experienced abuse and one was currently experiencing abuse

When asked who the individual using harmful behaviours was:

14 respondents answered 'an ex-intimate partner'

Three respondents answered 'another family member'

Two respondents answered 'child'

[1]Includes long-term physical and mental health conditions

[2]You can access Stonewall's list of LGBTQ+ identities on their website at www.stonewall.org.uk

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Co-collaboration Workshop

As part of our Public Health Approach we invite key stakeholder to attend a co-collaboration workshop.

The aim of this workshop is to

- Review the finding of the work undertaken
- Discuss the identified examples of good practice and areas for improvement with partners
- Identify key priority areas for North Yorkshire and the City of York
- Being shaping an improvement plan for North Yorkshire and the City of York based on SafeLives' findings and discussions with partners

Within the workshop, attendees worked in groups and were asked to consider the following –



Priorities for the area



Barriers in the area



Action plan (How are we going to move forward)

We were pleased to be joined on the day by two local survivors, a SafeLives Pioneer and representatives from the following agencies –

City of York Council, North Yorkshire Council, North Yorkshire Police, Office of Police, Fire and Crime Commissioner, IDAS, National Probation Service, Broadacres, TEWV NHS Trust, HDFT, Halo, Foundations and Inspire North.

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Demographic Overview

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Demographic info

North Yorkshire and the City of York form the ceremonial county of North Yorkshire, the largest county in England.

The population of North Yorkshire per the 2021 census is **615,400** and **202,800** in the City of York[1]. Harrogate has the largest population and Richmondshire having the smallest with **49,700**. there have been various changes in population across the areas. Richmondshire has seen a decrease in population of **4.4%**[2] and Scarborough's remains the same. All other areas have seen an increase with Hambleton seeing **1.8%, 2.4%** in City of York ranging to **10.2%** in Selby.

There is a large and growing older population in North Yorkshire and City of York will all areas seeing a significant increase in the over 65 population. City of York has the lowest increase with **15.8%** and Selby the greatest with **34.9%**[3]**.** This is compared to an overall increase of **20.1%** in England.

ONS data from the 2021 census shows that **3.3%** of individuals in North Yorkshire and **7.2%** of individuals in City of York are Black, Asian or racially minoritised[4].

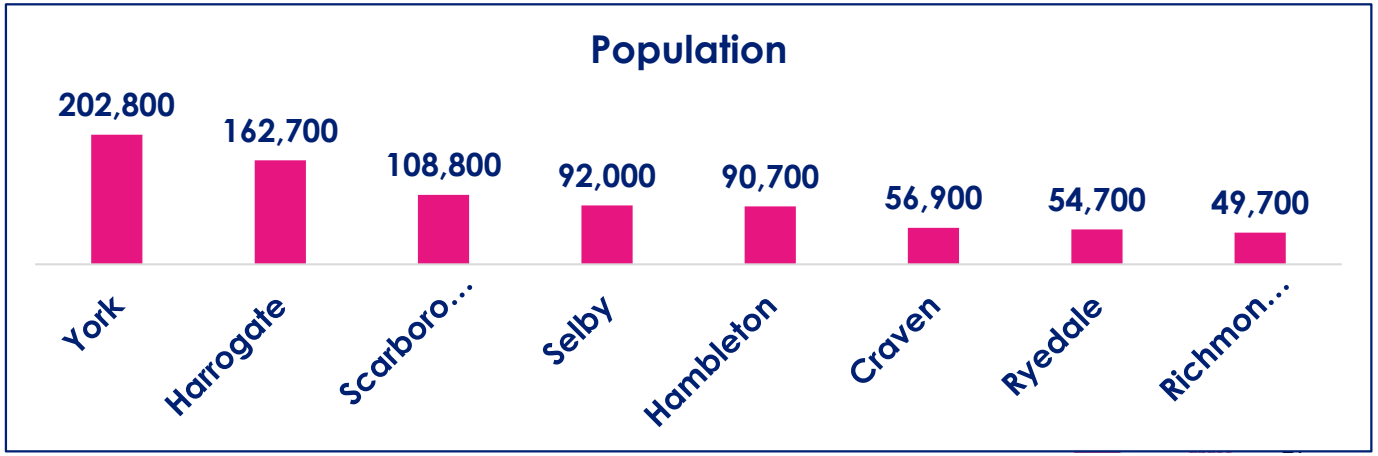
The landscape of North Yorkshire is rural with **5 of the 7 districts**[5] being classed as Mainly Rural. The districts of North Yorkshire account for **7 of the 8 least densely populated areas** of Yorkshire and The Humber's 21 local authority areas with Ryedale being the least densely populated[6].

The City of York is classed as Predominantly Urban – Urban with city and town and is the **9th most densely populated** local authority area across Yorkshire and Humber.

The City of York also has two universities – University of York and York St John with a student population of around **26,500**[7] in 2019 – 20.

North Yorkshire, a local authority area, is among the least deprived in England. It is ranked **125th least deprived** out of 152 upper tier local authorities for the Index of Multiple Deprivation (IMD) in 2015. Scarborough is the most deprived district and there are pockets of high deprivation across the county with 23 of the Lower Layer Super Output Areas (LSOAs) being in the 20% most deprived in England.[8]

York is ranked **140th out of 151 upper tier local authorities** in 2019 having risen 5 places since 2015. of the 120 LSOAs in York, 6 LSOAs are within the 20% most deprived and 62 LSOAs within least deprived quintile.[9]



1. Population and household estimates, Wales - Office for National Statistics (ons.gov.uk)
2. *https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000015/*>
3. *https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000015/*>
4. https://www.nomisweb.co.uk/sources/census_2021
5. Rural_Urban_Classification_2011_lookup_tables_for_local_authority_areas.ods (live.com)
6. *https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000166/*
7. *https://en.wikipedia.org/wiki/City_of_York*>
8. .Indices of Deprivation Summary (northyorks.gov.uk)
9. deprivation-in-york-2019.pptx (live.com)

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Prevalence of Domestic Abuse

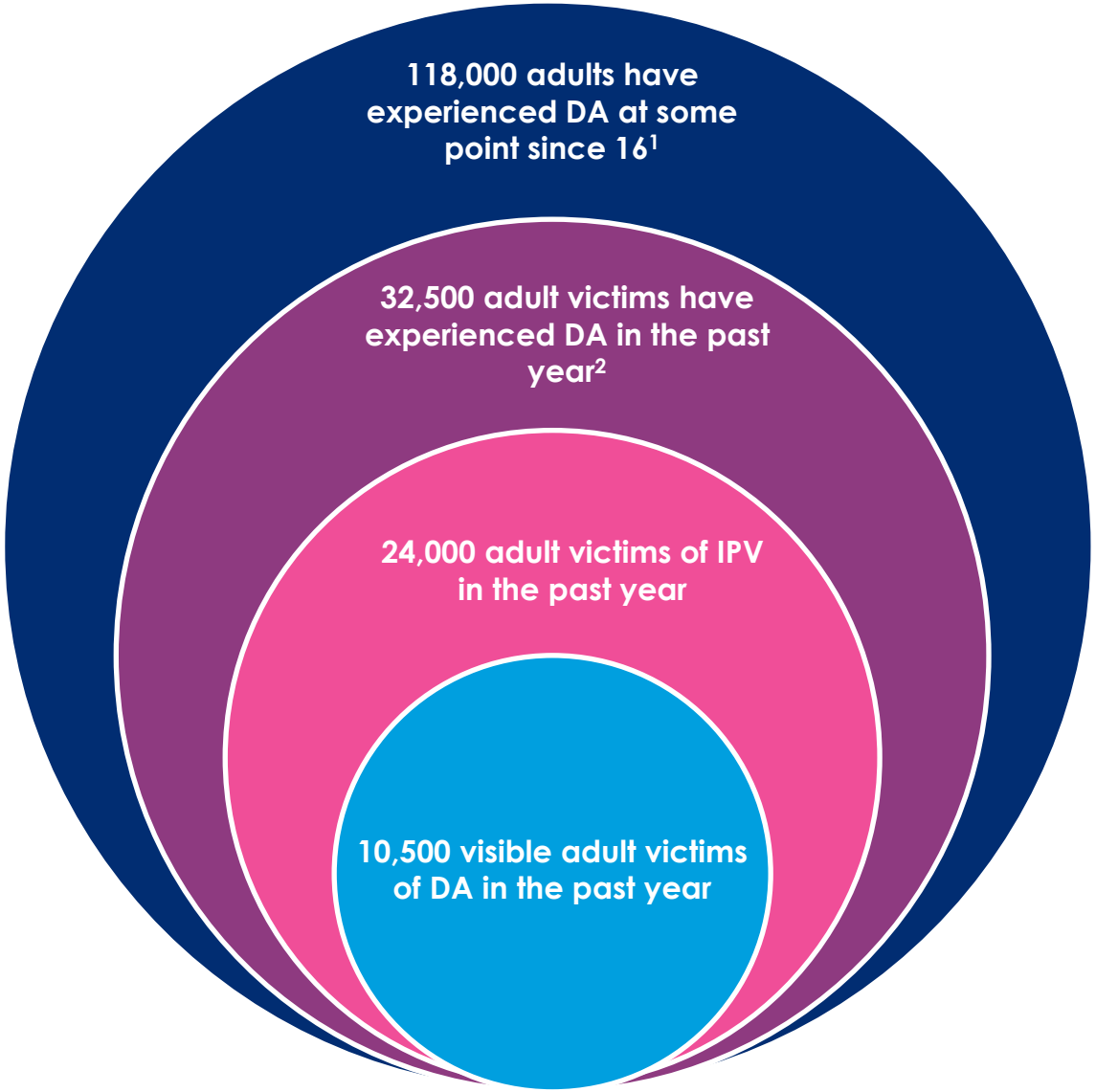
North Yorkshire and City of York

North Yorkshire

City of York

Number of victims: Overview

North Yorkshire and City of York



The SafeLives prevalence tool uses data from the Crime Survey England and Wales (CSEW) merged with local population data. It is in the ONS domestic abuse bulletin and more specifically the prevalence and trends paper. We also use Marac data to capture a true understanding of the prevalence of domestic abuse in a local area.

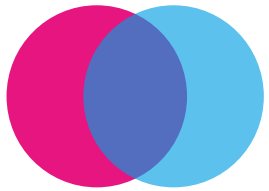
This details the estimated number of victims who have experienced domestic abuse (DA) , not the number of victims who have accessed services.

[1]Around 15% will have experienced both partner abuse and family abuse
[2]Around 8% will have experienced both partner abuse and family abuse

Prevalence of adult victims – since the age of 16

North Yorkshire and City of York

We estimate there are **118,000** adult victims in North Yorkshire and the City of York who have experienced domestic abuse at **some point in their lives since the age of 16**



An estimated **15%** of these adult victims will have experienced **both partner and family abuse**



Of the total estimated adult victims **79,000 (67%)** are estimated to be **female**

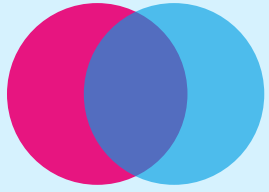


Of the total estimated adult victims **39,000 (33%)** are estimated to be **male**

Prevalence of adult victims – in the past year

North Yorkshire and City of York

We estimate there are **32,500** adult victims in North Yorkshire and the City of York who have experienced domestic abuse at **some point in the last year**



We estimate that around **8%** of those adult victims will have experienced **both partner and family abuse**



Of the total estimated adult victims in the past year, **22,000 (67%)** are estimated to be **female**

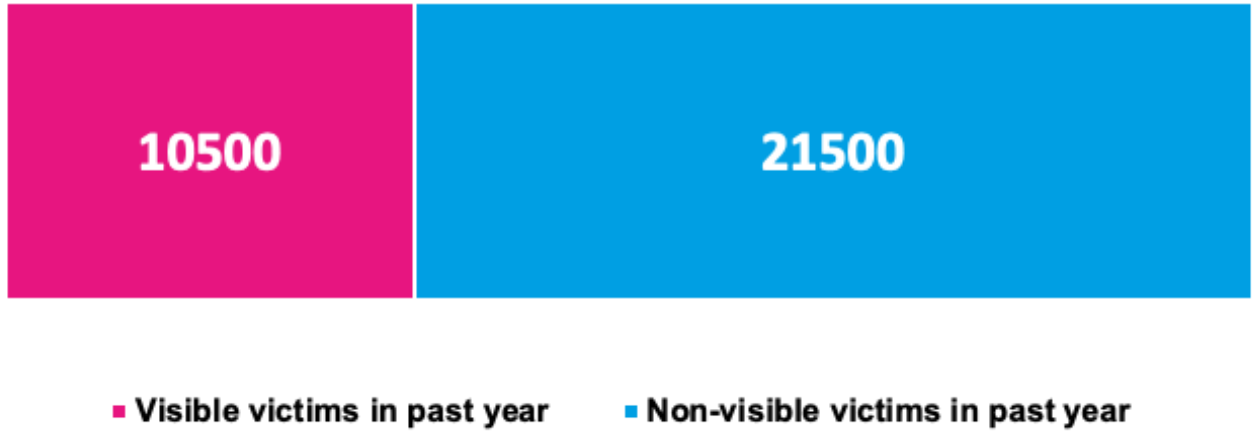


Of the total estimated adult victims in the past year, **10,500 (33%)** are estimated to be **male**

Caveat: Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

Prevalence of adult victims – in the past year – visible victims

North Yorkshire and City of York



Visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as wishing to access services. This is as they reported in the CSEW that they had "told other support professional or organisation". This calculation uses a combination of Marac data to show visible high-risk victims and CSEW data for visible non-high risk victims.

Non-visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as not wishing to access service / not visible to services.

Caveat: Marac data recording can vary amongst local areas depending on their Marac processes, for instance some have triaging systems where not all the initial referrals are recorded. These differences will impact on the prevalence estimations for visible high-risk victims.

This shows the estimated number of **visible** adult victims in the local area in the past year. We estimate that a **third (34%) of female victims** and a **quarter (24%) of male victims** in the past year were visible. This calculation uses a combination of Marac data to show visible high-risk victims and data from the Crime Survey for England and Wales (CSEW) for visible non-high risk victims as they reported in the CSEW that they had "told other support professional or organisation".

Prevalence of adult victims – in the past year – marginalised groups

North Yorkshire and City of York



We estimate that there were **6,500 Young victims** aged 16-24[1]

- Useful resource: see our Spotlights on Young People and DA



We estimate that there were **6,500 Older victims** aged 60+[2]

- Useful resource: see our Spotlights on Older People and DA



We estimate that there were **1,200 Black, Asian and racially minoritised victims** who have experienced domestic abuse in the past year[3]

- Useful resource: see our Spotlights on 'Honour'-based Violence and Forced marriage and DA



We estimate that there were **17,500 Disabled victims** of domestic abuse in the past year

- Useful resource: see our Spotlights on Disabled people and DA



We estimate that there were **4,000 LGB+ victims** of domestic abuse in the past year[4]

- Useful resource: see our Spotlights on LGBT+ people and DA

1. The CSEW only provides prevalence rates for 16-19 and 20-24 year olds, therefore an average of these two was calculated for the 18-24 group.

2. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

3. The CSEW does not accurately reflect the impact of domestic abuse on Black Asian and racially minoritised people, thus, we multiply the number of victims with the Black Asian and racially minoritised proportion of the area (data obtained from the ONS census 2011).

4 The prevalence statistic for LGB+ people is based on the CSEW aggregate for Gay and Lesbian people. It does not include trans people as the sample size is too small

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Prevalence – in the past year – partner abuse (IPV)

North Yorkshire and City of York



We estimate that there were **24,000** adult victims in the local area who have experienced partner abuse in the past year[1].



We estimate that there were **18,000 children living in a household with partner abuse** in the past year[2]

- Useful resource: see our Spotlights on Parenting and DA and our Spotlights on Young People and DA



We estimate that there were **19,000 people using abusive behaviours** in their intimate partner relationships in the past year in the local area



Of those **20%** are estimated to be **serial perpetrators of domestic abuse**[3]

1. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for those aged 60-74 only.

2. Uses estimations of 41% of households with partner abuse having children in with an average of 1.85 children per household – this data comes from the ONS, with details in SafeLives 'A safe fund' report.

3. Robinson, A.L., Clancy, A. and Hanks, S., 2014. Prevalence and characteristics of serial domestic abuse perpetrators: Multi-agency evidence from Wales.

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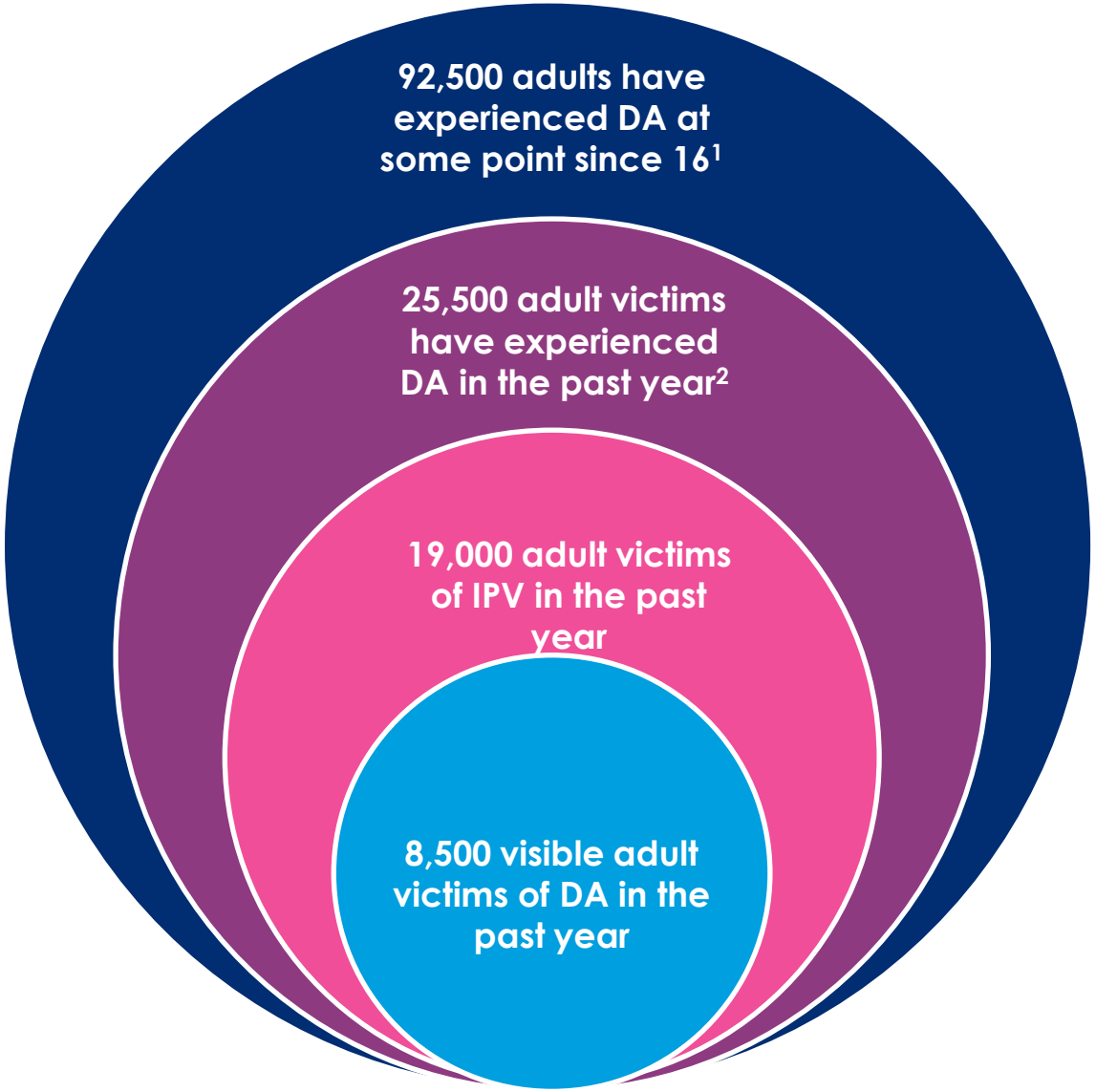
Number of victims: Overview

North Yorkshire



The SafeLives prevalence tool uses data from the Crime Survey England and Wales (CSEW) merged with local population data. It is in the ONS domestic abuse bulletin and more specifically the prevalence and trends paper. We also use Marac data to capture a true understanding of the prevalence of domestic abuse in a local area.

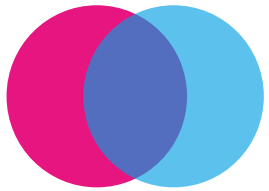
This details the estimated number of victims who have experienced domestic abuse (DA) , not the number of victims who have accessed services.

[1]Around 15% will have experienced both partner abuse and family abuse
[2]Around 8% will have experienced both partner abuse and family abuse

Prevalence of adult victims – since the age of 16

North Yorkshire

We estimate there are **92,500** adult victims in North Yorkshire who have experienced domestic abuse at **some point in their lives since the age of 16**



An estimated **15%** of these adult victims will have experienced **both partner and family abuse**

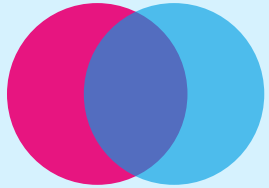
Of the total estimated adult victims **62,000 (67%)** are estimated to be **female**

Of the total estimated adult victims **30,500 (33%)** are estimated to be **male**

Prevalence of adult victims – in the past year

North Yorkshire

We estimate there are **25,500** adult victims in North Yorkshire who have experienced domestic abuse at **some point in the last year**



We estimate that around **8%** of those adult victims will have experienced **both partner and family abuse**

Of the total estimated adult victims in the past year, **17,500 (67%)** are estimated to be **female**

Of the total estimated adult victims in the past year, **8000 (33%)** are estimated to be **male**

Caveat: Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

Prevalence of adult victims – in the past year – visible victims

North Yorkshire



Visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as wishing to access services. This is as they reported in the CSEW that they had "told other support professional or organisation". This calculation uses a combination of Marac data to show visible high-risk victims and CSEW data for visible non-high risk victims.

Non-visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as not wishing to access service / not visible to services.

Caveat: Marac data recording can vary amongst local areas depending on their Marac processes, for instance some have triaging systems where not all the initial referrals are recorded. These differences will impact on the prevalence estimations for visible high-risk victims.

This shows the estimated number of **visible** adult victims in the local area in the past year. We estimate that a **third (34%) of female victims** and a **quarter (24%) of male victims** in the past year were visible. This calculation uses a combination of Marac data to show visible high-risk victims and data from the Crime Survey for England and Wales (CSEW) for visible non-high risk victims as they reported in the CSEW that they had "told other support professional or organisation".

Prevalence of adult victims – in the past year – marginalised groups

North Yorkshire



We estimate that there were **5000 Young victims** aged 16-24[1]

- Useful resource: see our Spotlights on Young People and DA



We estimate that there were **5000 Older victims** aged 60+[2]

- Useful resource: see our Spotlights on Older People and DA



We estimate that there were **600 Black, Asian and racially minoritised victims** who have experienced domestic abuse in the past year[3]

- Useful resource: see our Spotlights on 'Honour'-based Violence and Forced marriage and DA



We estimate that there were **13,500 Disabled victims** of domestic abuse in the past year

- Useful resource: see our Spotlights on Disabled people and DA



We estimate that there were **3,000 LGB+ victims** of domestic abuse in the past year[4]

- Useful resource: see our Spotlights on LGBT+ people and DA

1. The CSEW only provides prevalence rates for 16-19 and 20-24 year olds, therefore an average of these two was calculated for the 18-24 group.

2. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

3. The CSEW does not accurately reflect the impact of domestic abuse on Black Asian and racially minoritised people, thus, we multiply the number of victims with the Black Asian and racially minoritised proportion of the area (data obtained from the ONS census 2011).

4 The prevalence statistic for LGB+ people is based on the CSEW aggregate for Gay and Lesbian people. It does not include trans people as the sample size is too small

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Prevalence – in the past year – partner abuse (IPV)

North Yorkshire



We estimate that there were **19,000** adult victims in the local area who have experienced partner abuse in the past year[1].



We estimate that there were **14,000 children living in a household with partner abuse** in the past year[2]

- Useful resource: see our Spotlights on Parenting and DA and our Spotlights on Young People and DA



We estimate that there were **15,000 people using abusive behaviours** in their intimate partner relationships in the past year in the local area



Of those **20%** are estimated to be **serial perpetrators of domestic abuse**[3]

1. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for those aged 60-74 only.

2. Uses estimations of 41% of households with partner abuse having children in with an average of 1.85 children per household – this data comes from the ONS, with details in SafeLives 'A safe fund' report.

3. Robinson, A.L., Clancy, A. and Hanks, S., 2014. Prevalence and characteristics of serial domestic abuse perpetrators: Multi-agency evidence from Wales.

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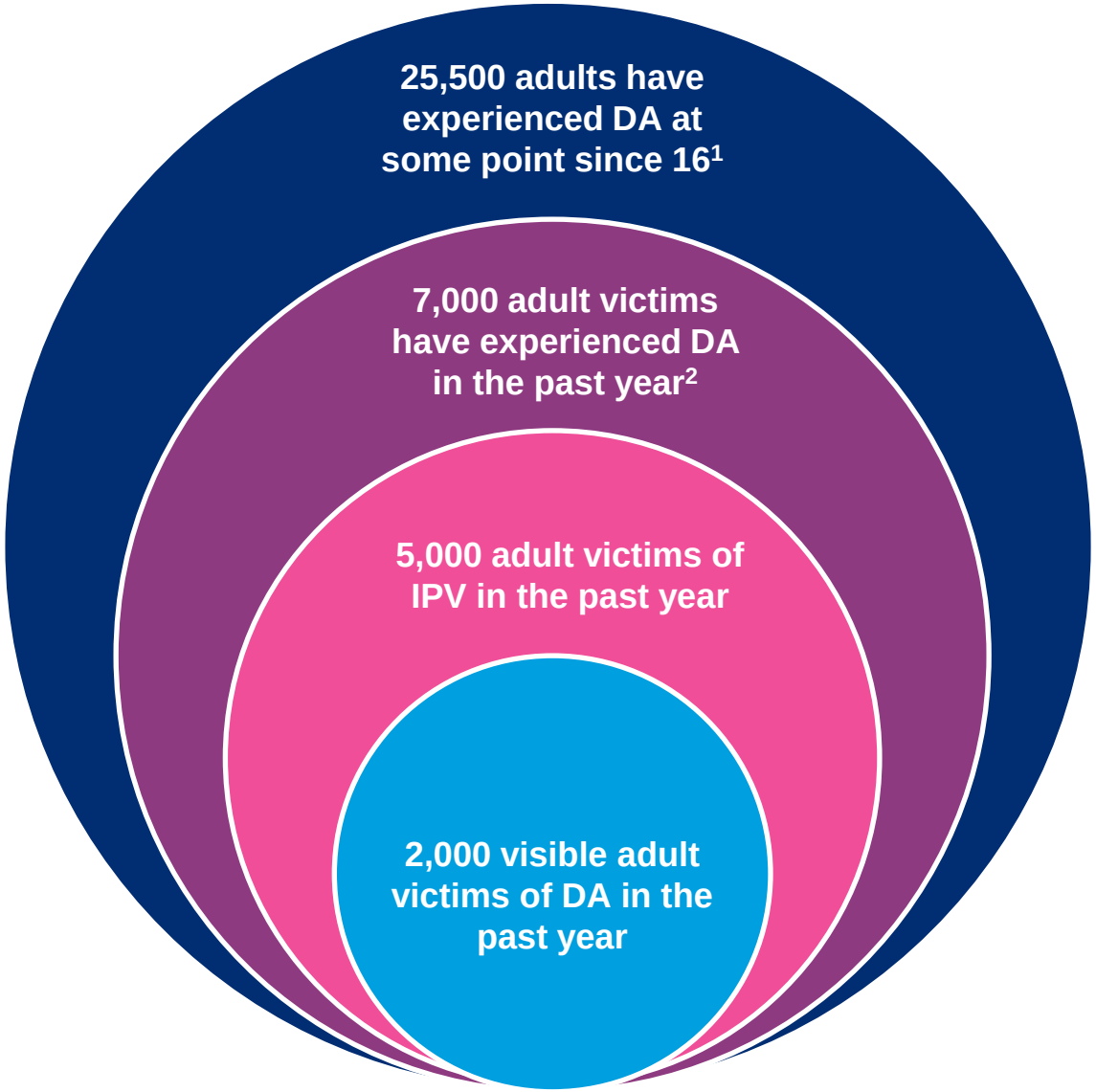
Number of victims: Overview

City of York



The SafeLives prevalence tool uses data from the Crime Survey England and Wales (CSEW) merged with local population data. It is in the ONS domestic abuse bulletin and more specifically the prevalence and trends paper. We also use Marac data to capture a true understanding of the prevalence of domestic abuse in a local area.

This details the estimated number of victims who have experienced domestic abuse (DA) , not the number of victims who have accessed services.

[1]Around 15% will have experienced both partner abuse and family abuse
[2]Around 8% will have experienced both partner abuse and family abuse

Prevalence of adult victims – since the age of 16

City of York

We estimate there are **25,500** adult victims in the City of York who have experienced domestic abuse at **some point in their lives since the age of 16**

An estimated **15%** of these adult victims will have experienced **both partner and family abuse**

Of the total estimated adult victims **17,000 (67%)** are estimated to be **female**

Of the total estimated adult victims **8,500 (33%)** are estimated to be **male**

Prevalence of adult victims – in the past year

City of York

We estimate there are **7000** adult victims in the City of York who have experienced domestic abuse at **some point in the last year**

We estimate that around **8%** of those adult victims will have experienced **both partner and family abuse**

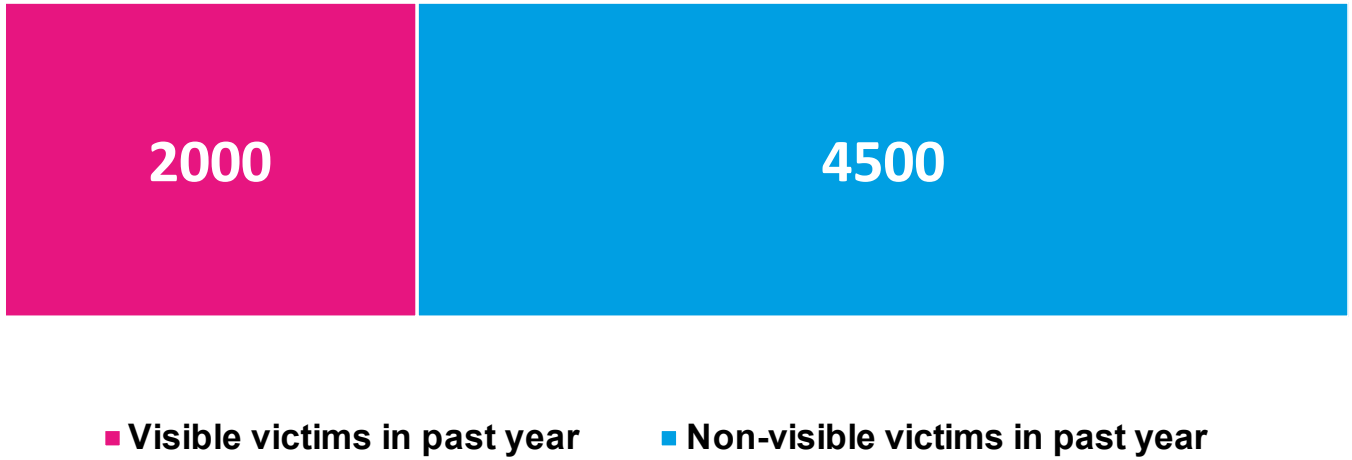
Of the total estimated adult victims in the past year, **4,500 (67%)** are estimated to be **female**

Of the total estimated adult victims in the past year, **2000 (33%)** are estimated to be **male**

Caveat: Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

Prevalence of adult victims – in the past year – visible victims

City of York



Visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as wishing to access services. This is as they reported in the CSEW that they had "told other support professional or organisation". This calculation uses a combination of Marac data to show visible high-risk victims and CSEW data for visible non-high risk victims.

Non-visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as not wishing to access service / not visible to services.

Caveat: Marac data recording can vary amongst local areas depending on their Marac processes, for instance some have triaging systems where not all the initial referrals are recorded. These differences will impact on the prevalence estimations for visible high-risk victims.

This shows the estimated number of **visible** adult victims in the local area in the past year. We estimate that a **third (34%) of female victims** and a **quarter (24%) of male victims** in the past year were visible. This calculation uses a combination of Marac data to show visible high-risk victims and data from the Crime Survey for England and Wales (CSEW) for visible non-high risk victims as they reported in the CSEW that they had "told other support professional or organisation".

Prevalence of adult victims – in the past year – marginalised groups

City of York



We estimate that there were **1,500 Young victims** aged 16-24[1]

- Useful resource: see our Spotlights on Young People and DA



We estimate that there were **1000 Older victims** aged 60+[2]

- Useful resource: see our Spotlights on Older People and DA



We estimate that there were **500 Black, Asian and racially minoritised victims** who have experienced domestic abuse in the past year[3]

- Useful resource: see our Spotlights on 'Honour'-based Violence and Forced marriage and DA



We estimate that there were **3500 Disabled victims** of domestic abuse in the past year

- Useful resource: see our Spotlights on Disabled people and DA



We estimate that there were **800 LGB+ victims** of domestic abuse in the past year[4]

- Useful resource: see our Spotlights on LGBT+ people and DA

1. The CSEW only provides prevalence rates for 16-19 and 20-24 year olds, therefore an average of these two was calculated for the 18-24 group.

2. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

3. The CSEW does not accurately reflect the impact of domestic abuse on Black Asian and racially minoritised people, thus, we multiply the number of victims with the Black Asian and racially minoritised proportion of the area (data obtained from the ONS census 2011).

4 The prevalence statistic for LGB+ people is based on the CSEW aggregate for Gay and Lesbian people. It does not include trans people as the sample size is too small

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Prevalence – in the past year – partner abuse (IPV)

City of York



We estimate that there were **5000** adult victims in the local area who have experienced partner abuse in the past year[1].



We estimate that there were **3500 children living in a household with partner abuse** in the past year[2]

- Useful resource: see our Spotlights on Parenting and DA and our Spotlights on Young People and DA



We estimate that there were **4000 people using abusive behaviours** in their intimate partner relationships in the past year in the local area



Of those **20%** are estimated to be **serial perpetrators of domestic abuse**[3]

1. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for those aged 60-74 only.

2. Uses estimations of 41% of households with partner abuse having children in with an average of 1.85 children per household – this data comes from the ONS, with details in SafeLives 'A safe fund' report.

3. Robinson, A.L., Clancy, A. and Hanks, S., 2014. Prevalence and characteristics of serial domestic abuse perpetrators: Multi-agency evidence from Wales.

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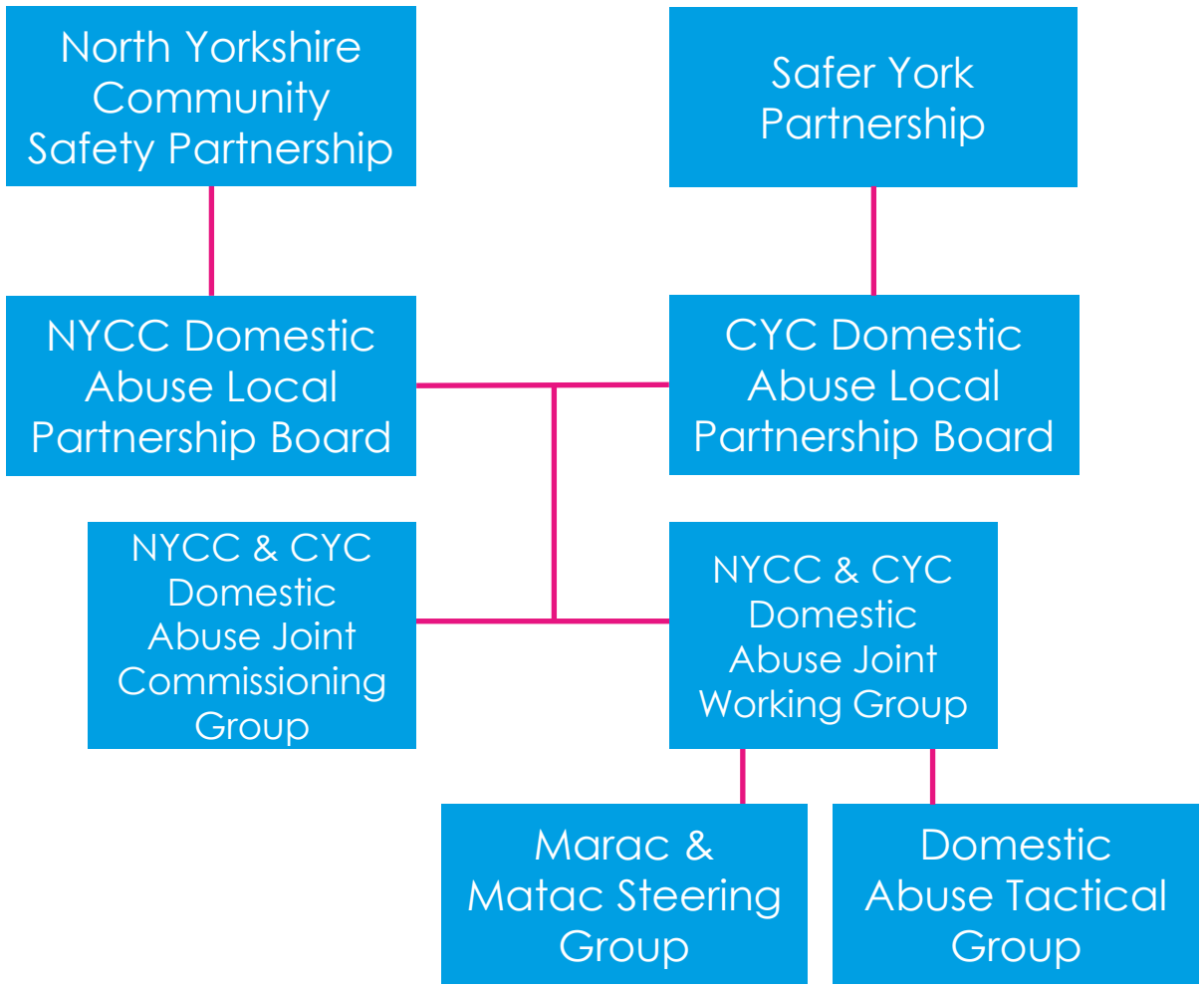
Governance Structures

Governance Structures



Having reviewed membership of the boards, there are opportunities to strengthen. It is noted that work to include the Survivor Advisory Board within the Partnership Boards is ongoing.

Professionals in the area identified that there is a gap between strategic decision making and operational delivery, specifically highlighting a lack of clarity regarding approach, inefficient use of resources across the region, and inconsistent or unclear messaging.

This risks inconsistency in interpretation of strategy and implementation and response to victims. It is vital that governance structures ensure that strategy is informed by and mindful of operational delivery, and that strategic messaging is designed to support and encourage effective translation into frontline delivery of services.

Partnership boards are responsible for oversight of this process, as well as ongoing monitoring and governance of strategic aims across the region.

More information can be found in the Multi-agency Working section of the report.

Accessibility

Rural vs Urban

Armed Forces

Disability

By and For Services

Multiple Disadvantage

Accessibility

Throughout the workshop session we asked agencies to consider the accessibility needs of victims, survivors, children and those who harm, and the impact this has on the services we provide.

Victims must be treated first and foremost as an individual. We need to look at the person as a whole, taking into account all of their needs.

Victims with complex needs require flexibility and specialist support that meets their individual needs – preventing people from falling through the gaps in services and improving their long term safety and wellbeing.

The complexities of domestic abuse and links to other adverse experiences and needs must be understood and treated holistically.

Rural vs Urban



Armed Forces



Disability



By & For Services



Multiple Disadvantage



Rural Response



The landscape of North Yorkshire is rural with **5 of the 7 districts**[1] being classed as Mainly Rural. The districts in North Yorkshire account for **7 of the 8 least densely populated areas** of Yorkshire and The Humber's 21 local authority areas with Ryedale being the least densely populated[2].

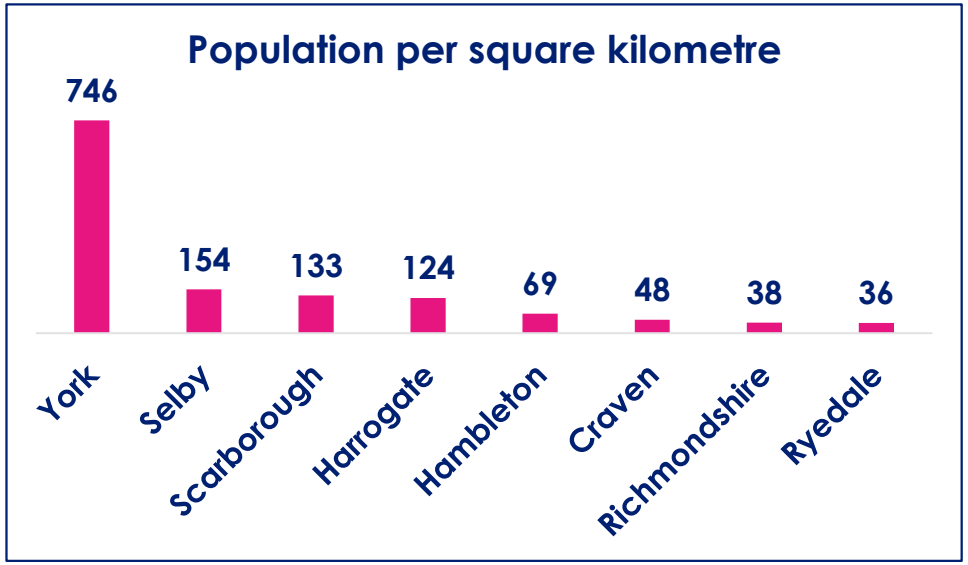
The City of York is classed as Predominantly Urban – Urban with city and town and is the **9th most densely populated**[3] local authority area across Yorkshire and Humber.

The North Yorkshire Rural Commission was established in 2019 to look at new ways of living to make rural life more sustainable whilst preserving the countryside.

There were seven themes which the commission examined- rural economy; energy transition; digital connectivity; farming and land management; rural schools, education and training; rural housing; rural transport. There were also a number of cross cutting themes - the demographic challenge and the missing generations; leadership; the importance of community and climate change.

From this the Rural North Yorkshire: The way forward[4] report provided a number of recommendations which have been taken forward. A plan for devolution for York and North Yorkshire has also been announced.

The new North Yorkshire Council aims to ensure that local priorities will be decided by community network supported by a Local Area Coordinator and by working with Area Constituency Committees and town and parish councils.



1. Rural_Urban_Classification_2011_lookup_tables_for_local_authority_areas.ods (live.com)
2. https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000166/
3. https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000165/>
4. Rural Commission Report FINAL-compressed.pdf (northyorks.gov.uk)

Rural v Urban

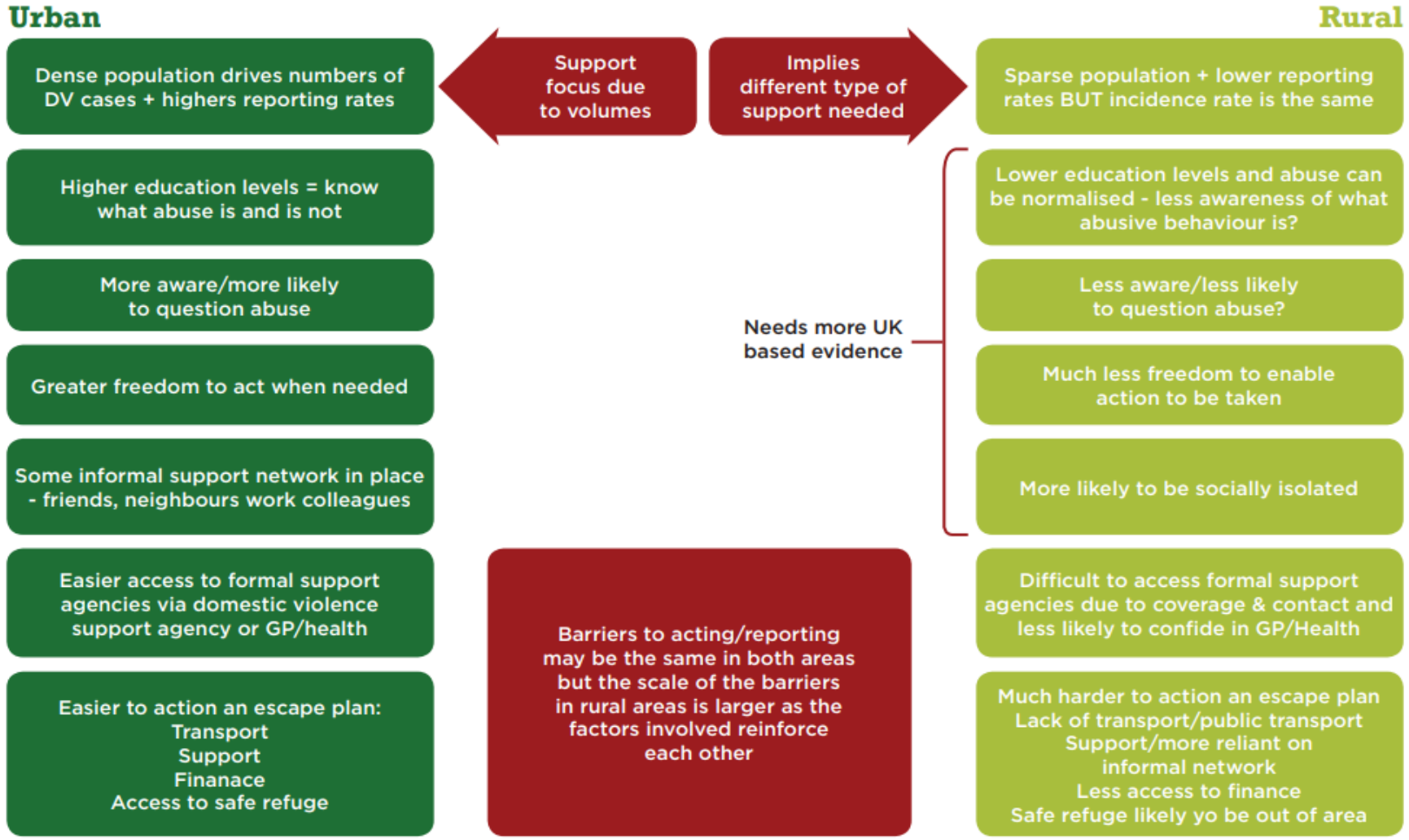


Figure 3: Differences noted between Urban and Rural areas for Domestic Abuse

1. Captive & Controlled - Domestic Abuse in Rural Areas - National Rural Crime Network

The themes highlighted within the Rural North Yorkshire: The way forward, have a significant impact on domestic abuse victims and the support they receive.

The National Rural Crime Network commissioned a piece of research regarding Domestic Abuse in rural areas – Captive and Controlled[1].

A key part of this research was to understand whether there is a difference in the nature and patterns of domestic abuse between those in rural areas compared to urban areas.

The table opposite highlights those potential differences, which have been simplified to assist with research.

Rural v Urban

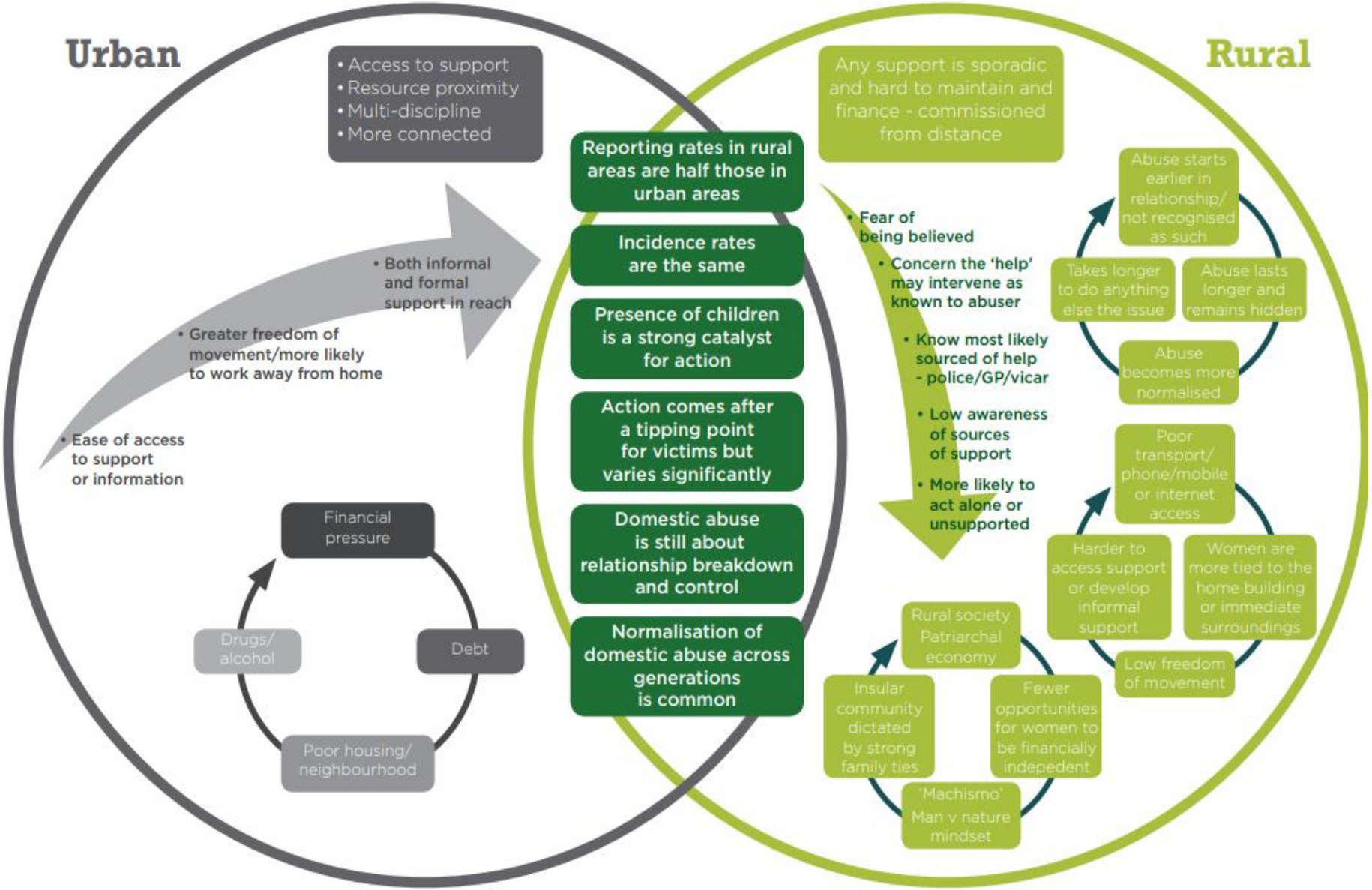


Figure 7: Composite View of Urban v rural issues based on Literature Review

The dark green section highlights the drivers of domestic abuse. Whilst there are similarities, it is shown within this research that the scale of barriers faced by rural victims is significantly greater that those in urban areas. This can be due to geographic, cultural and societal differences in addition to isolation having an impact on the ability to report abuse.

We can see within the grey circle the factors impacting domestic abuse rates and barriers to action for those in urban areas.

The green circle shows the factors impacting domestic abuse rates and barriers to action for those in rural areas. Whilst not all will be present in each case, this highlights the additional barriers to disclosure and support. Not only the practical barriers such as lack of transport and support services, but the cultural and social barriers including a lack of awareness of domestic abuse and a fear of not being believed.

[Captive & Controlled - Domestic Abuse in Rural Areas - National Rural Crime Network]

Rural Response

The Captive and Controlled report detailed 10 Key Findings, many of which have been highlighted by professionals we have spoken to.

1. **Abuse lasts, on average, 25% longer in the most rural areas**
Due to the significant additional barriers within rural communities compared to urban areas including accessing schools, animals to look after, lack of services, and the societal structures make the ability to flee less likely and results in rural victims being half as likely to report their abuse

2. **The policing response is largely inadequate**
This is improving however feedback from victims shows that the response in rural areas is not as positive as those in urban areas. This may be due to the lack of female police officers and fewer officers with appropriate training. Also, the locality of the victim being further away from a visible police presence impacts the likelihood of the victim calling the police. Whilst calling the police can increase immediate risk regardless of locations, the visibility of police presence in a rural community can be greater

3. **The more rural the setting, the higher the risk of harm**
Alongside the additional length of time a rural victim will experience abuse, the more rurally you live, support can be less effective, harder to obtain therefore the higher risk and harm experienced is in the most isolated settings

> “think of rural areas, so in [place], for example, there aren't lots of other services out there. So, in terms of our referrals, I think it doesn't reflect the amount of domestic abuse that is happening. I think there are fewer services available for people to access, therefore there is fewer opportunities for people to disclose when they're experiencing abuse. So I think that's always an issue. – **Professional, Domestic Abuse Service**

> “there are people that perhaps are **living within a rural community with very little community-based support or curiosity to pick up some of those signs and indicators** of a member of staff or anybody work… living in… within that community. – **Professional, Council**

> “he did say he felt that there was **inconsistent response from […] service in relation with domestic abuse in rural areas for older people.** – **Professional, Council**

Rural Response

The Captive and Controlled report detailed 10 Key Findings, many of which have been highlighted by professionals we have spoken to.

4. **Rurality and isolation are deliberately used as weapons by abusers**
There is evidence that those who harm specifically move victims to rural areas to create further isolation or, where they are already in a rural area, use that isolation to their advantage. The more rural the area, the greater the impact.

5. **Close-knit rural communities facilitate abuse**
The community spirit of rural areas can unwillingly facilitate abuse. Due to these communities it may be almost impossible to seek support without others knowing or share concerns with people in confidence. There is evidence that those who harm 'recruit' members of the community in their abuse which then controls and isolates the victim further

6. **Traditional, patriarchal communities control and subjugate women**
Victim and survivor interviews show that rural communities are still dominated by men and follow traditional patriarchal societal rules. This leads to women being more vulnerable to coercion and control and barriers to speaking out and accessing support

7. **Support services are scarce – less available, less visible and less effective**
Victims stated that Domestic Abuse services are much harder to find and engage with in rural settings. There is also less understanding of how abuse presents in rural areas and therefore support can be less effective. Their needs are very different and this needs to be understood.

> "we do work in rural areas and that obviously has it's downsides, and the fact that **there's the whole stigma, stereotypes in rural areas** where we can't… you know, everybody will know down the street or in the village about what's happening so we can't disclose it. – **Professional, Housing**

> "So **that worker in that service, understands domestic abuse**, understands how IDAS works, and they're very good at making referrals. **When that person moves on to something else, that link is lost**. So there's a **constant need to kind of revisit** in a way that I think when you work in a more urban area, **with bigger teams who all know what's going on, you don't lose those connections**. – **Professional, Domestic Abuse Service**

> "it's a rural area, **there's not much housing stock**. – **Professional, Domestic Abuse Service**

Rural Response

The Captive ad Controlled report detailed 10 Key Findings, many of which have been highlighted by professionals we have spoken to.

8. **Retreating rural resources make help and escape harder**
The decreasing availability of public services in rural areas is limiting support networks and escape routes available to victims. This includes reduction in GPs and ineffective broadband as well as public transport meaning it is very difficult to travel without a private vehicle. This again is used by those that harm to limit the victim and adds another barrier to accessing services

9. **The short-term, often hand-to-mouth funding model has created competing and fragmented service provision**
Whilst some of the lack of services may be due to lack of understanding, most see a fragmented landscape of provision with many providers spending a disproportionate amount of time chasing funding instead of providing support. In some areas there were overlapping services and inefficient use of resources

10. **An endemic data bias against rural communities leads to serious gaps in response and support**
Rural victims are half as likely to report their abuse meaning that much less is known about the needs of rural victims are, best practice around interventions and how to effectively prevent rural domestic abuse. It creates a demand led service resulting in less services in place to support which creates a continuing cycle. As there is less data available, less Is being done to address this effectively as many decisions are based on urban group data.

> so let's imagine they're having to be in [place] Magistrates Court, they're expected to be there for 09:00, 09:30. […] So public transport, there isn't a train, there is no bus, but **there isn't a train that's going to get you to that court in time**. The next train that's going to get you from there is going to get you there at maybe 13:30. But you're expected to be there in the afternoon to court, so earlier. **So you're either in [place], potentially running into the perpetrator and you're going to have to kill time for three hours or whatever**. So it's those things that make it incredibly difficult for people to just be part of that system. – **Professional, Domestic Abuse Service**

> So I think moving forward with the LGR and actually having one big council, although it's going to be a sizeable task, I think that **will be easier for things to fit much better within localities** and things **working together under a clear strategy**, rather than it being something different perhaps in [place] compared to [place], for example. – Professional, Health

Armed Forces

There is a large Armed Forces community within the area with over **10,000** serving personnel in North Yorkshire and **720** in the City of York. There is also a significant number of veterans with **41,000** veterans in North Yorkshire and **14,000** in York, the majority of whom are 75 or older. There are also **12,461** working age veterans in North Yorkshire and 3185 in City of York.

Richmondshire has the highest Army population **(75%)** in the county including ex service personnel and their families with more than **90%** of the RAF personnel **(1690)** of North Yorkshire located in **Hambleton**

3,707 pupils from military families attend schools in North Yorkshire with half of that number being educated in Richmondshire, 20% in Hambleton, and 20% in Harrogate. We also know that North Yorkshire has the highest number of small schools in England.

As we know that 1 in 4 women and 1 in 7 men will experience domestic abuse in their lifetime, those within military families will also experience domestic abuse. There is also some evidence to suggest that military families experience more serious and severe violence.

Research by The King's Centre for Military Health Research has suggested that **12.6% of Regulars** (one in eight) reported having physically assaulted someone in the weeks following deployment with there being a strong association with combat. Over a third of victims are someone in the family – ordinarily a wife or girlfriend.

Additionally, a US study suggested a link between domestic violence and PTSD. As between **15% and 20%** of military personnel report symptoms of PTSD, anxiety or depression following deployment, there is a concern that in the aftermath of deployments to Afghanistan and Iraq, levels of domestic abuse amongst military families and former military families may have risen or will rise.[1]

There are also a number of ongoing studies by the Kings College London regarding domestic abuse in the military[2].

The findings from the North Yorkshire Armed Forces Needs Assessment[3] highlighted a need for –

- **Greater sharing of expertise** between Armed Forces, schools and parents.
- **Armed Forces Champions in every school** and linking in with existing service children meeting and arrangements within the local authorities

The Army Welfare Service is available for serving personnel and families across North Yorkshire and City of York including Domestic Abuse support. They are a key partner in supporting victims, children and addressing the behaviour of those who harm within the Army.

1. MILITARY-FAMILIES.pdf (centreforsocialjustice.org.uk)
2. King's College London - Domestic Violence and Abuse in the Military (kcl.ac.uk)
3. 2019-armed-forces-needs-assessment.pdf (healthyork.org)

Armed Forces Bases

Richmondshire

Catterick Garrison

Harrogate

Army Foundation College

Dishforth

York

Worsley Barracks

Queen Elizabeth II (to close)

Imphal Barracks

Hambleton

Alanbrooke Barracks

RAF Leeming

Ryedale

RAF Filingdales

Disability Data

SafeLives estimate that there were **17,500 Disabled victims** of domestic abuse in the past year, with **13,500** in North Yorkshire and **3500** in City of York.

Over **67%** of victims identified in the needs assessment did not have their disability needs captured

Six Survivor survey respondents identified as being disabled or having a long-term health condition[1]

Of those in refuge in 2021 – 22 **36%** identified as having a physical disability & **3%** with a learning disability

There have been **0** cases heard at Marac in 2021 – 22 where a victim has a disability

[1]Includes long-term physical and mental health conditions

Research shows -



SafeLives Spotlight on Disabled People and Domestic Abuse[1] has found that disabled victims of domestic abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims.

SafeLives' data reveals that disabled victims typically endure abuse for an average of **3.3 years** before accessing support, compared to **2.3 years** for non-disabled victims. Even after receiving support, disabled victims were **8%** more likely than non-disabled victims to continue to experience abuse. For **one in five (20%)** this ongoing abuse was physical and for **7%** it was sexual.

This is in line with Public Health England's (2015)[2] report that **disabled people**:

- experience disproportionately higher rates of domestic abuse.
- experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people.
- encounter differing dynamics of domestic abuse, which may include more severe coercion, control or abuse from carers.

We also know that women with learning disabilities and/or autism are **three times more likely** to experience domestic abuse than their non-disabled peers.[3]

SafeLives have also undertaken research, in partnership with the Vision Foundation regarding the impact of domestic abuse on those who are visually impaired. **One in 12** visually impaired people in the UK is believed to be a victim or survivor of domestic abuse, meaning that **188,000** of the 2.19 million blind and partially sighted people living in this country have experience of domestic abuse. The report highlighted the additional barriers and abuse faced by those who are visually impaired[4]

As mentioned in the Safe Accommodation Needs Assessment, an area of concern is regarding Marac cases. There have been no cases heard at Marac in 2020 – 21 or 2021 – 22 and only **0.8%** of cases in 2019 – 20. This is compared to the National figure at **8.5%,** MSF group **4.1%** and Yorkshire and Humber **10.5%** The SafeLives recommended figure is **19%.**

If a victims disability is not recorded and acknowledged, not all risks can be identified and therefore subsequent action plans and support cannot be specific to that persons needs and family circumstances.

1. Spotlight #2: Disabled people and domestic abuse | Safelives
2. Outcomes for disabled people in the UK - Office for National Statistics (ons.gov.uk)
3. Disability & Domestic Abuse https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf
4. The Unseen: Blind and partially sighted people's experiences of domestic abuse | Safelives

SafeLives Ending domestic abuse

Disability



The Us Too project[1], a team of women with learning disabilities, autism or both, most of whom were survivors of various forms of domestic abuse and or sexual violence were supported to share their experiences and use them as a basis for devising learning packages for:

- Girls and women with learning disabilities, autism or both on how to stay safe in relationships
- Social care and social work professionals on how to keep women safe
- Domestic Abuse and sexual violence services on how to improve the accessibility and quality of their services to women with learning disabilities, autism or both

A survey by the Us Too project carried out amongst girls and women with learning disabilities, autism or both found that:

24% think it is OK if their partner assaults them, but then says sorry and buys them chocolates

29% have never heard of domestic abuse

23% think it is OK if their partner tells them what to do the whole time

100% don't know how to contact their local domestic abuse services

Focus groups with victims and survivors with learning disabilities spoken to as part of the Domestic Abuse Commissioners report – A Patchwork of Provision[2] said that counselling and therapeutic support was particularly vital, but that they did not always know that they needed specialist help or support. Some victims and survivors said that they particularly valued support and information that would help them to recognise that they were victims of abuse and from this they could then consider what types of support they most needed.

The Us Too team believe that if you offer your service on the assumption that everybody you work with may have a learning disability, autism or both then not only will it be accessible for those people, it will be accessible for everyone.

1. Us Too Resources - ARC England
2. 'A Patchwork of Provision' - Domestic Abuse Commissioner

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By & For Services

There are two by & for services in North Yorkshire and City of York

HALO Project – Break the Silence

Supporting victims and survivors of abuse from black and minoritised communities

Horton Housing – Improving Lives Together

Horton Housing for Gypsy, Roma, Traveller community

There isn't currently a direct referral pathway into Halo from services such as the Police. They work closely alongside IDAS.

Horton Housing support the Gypsy Roma Traveller community within their sites.

We must consider intersectionality, the needs of and specific barriers for victims who may fall into more than one protected characteristic and/or unique complex needs.

We must listen to those dedicated services who have the expertise, specialist knowledge and perspective of those who they represent and most importantly we must ensure we are hearing the voices of survivors from marginalised groups.

1 out of the 18 survivor survey respondents did not identify as white

3 out of the 15 survivors we spoke to did not identify as white[1]

13 out of the 18 survivor survey respondents would prefer support from someone who understands their own personal beliefs

1 Not all survivors completed the diversity information

By & For Services

Within the professional discussions there was varied professional knowledge about the needs of victim/survivors from marginalised communities, and some professionals mentioned inaction, stigma and inconsistent responses.

This professional stated that there is a **need for more support for marginalised victim/survivors.**

> I think **our by and for service offer needs to be enhanced.** I do think there is a need for that because of who we get come into our refuges **– Professional, Council**

One professional understands that **there is no 'one size fits all' approach to supporting victim/survivors** of domestic abuse, and that **programmes must be tailored to the survivors they are supporting.**

> It's the same as if you look at the Freedom programme which has got a track record to help in the recovery of anybody whose faced domestic abuse. **Fabulous programme, but it's not appropriate for our women's needs – Professional, Domestic Abuse Partnership**

The response to the Gypsy, Roma and Traveller communities in the area had room for improvement. The community appeared to face stigma from professionals which could impact the support they receive. This professional stated that **stigma is present in the police response and can act as a barrier to disclosure.**

> And that happens all the time with that community. **The police do not wanna get involved. And it's very much that kind of... 'Well, that's the way they live'.** That's the kind of attitude we get **–**
>
> continued] if someone's in need and someone's trying to report a crime or... Particularly in terms of domestic violence. I mean, **I'm not quite sure they would disclose that to the police, but having that kind of attitude from the start off is not going to help anybody opening up about their vulnerability and their experience – Professional, Other Professional, Other**

By & For Services

The Domestic Abuse Commissioners report – A Patchwork of Provision[1] tell us

Victims and Survivors from minoritised communities wanted to access specialist support that was delivered 'by and for' their own communities …..

67% of Black and minoritised victims and survivors

61% of LGBT+ victims and survivors

55% of disabled victims and survivors with a sensory impairment, physical or learning disability

16 of the 62 Deaf respondents

21 of the 23 trans victims

Of the survey respondents wanted to access a specialist 'by & for' service

1. DAC_Mapping-Abuse-Suvivors_Long-Policy-Report_Nov2022_FA.pdf (domesticabusecommissioner.uk)



The Patchwork of Provision report showed differences in outcome for the minoritised victims and survivors depending on whether they accessed a 'by & for' service.

Data from the focus groups highlighted support provided to victims and survivors by non by & for services were often not able to meet their needs.

There were challenges in understanding the complexity of their circumstances, the nuances of abuse and/or did not address their intersecting needs.

The survey showed that of those Black and minoritised victims and survivors accessing 'by and for' services –

78% felt safer compared to **48%** of those who had accessed another kind of service

78% felt more in control compared to **55%** of those who had accessed another kind of service

Multiple Disadvantage

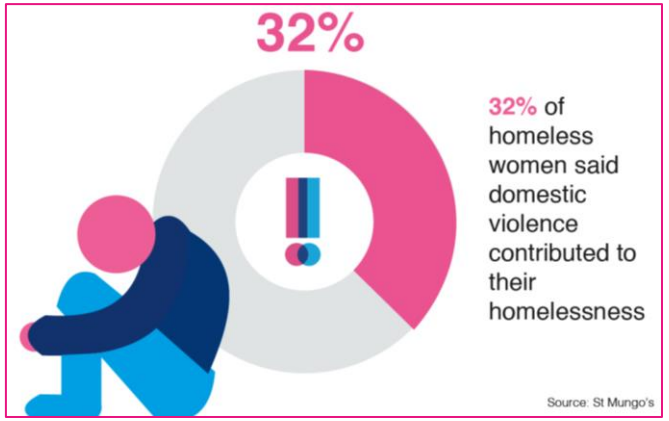
Many people experiencing domestic abuse will have a wide range of other support needs, often as a result of the abuse they have experienced, or exacerbated by the abuse.



Around **four out of ten** victims of domestic abuse report mental health issues



One in ten victims of domestic abuse are misusing substances



We need to look at the person as a whole, taking into account all of their needs. Victims with multiple disadvantage and complex needs require flexibility and specialist support that meets their individual needs – preventing people from falling through the gaps in services and improving their long term safety and wellbeing.

> ***I want a check in call to ask me how I am not just whether I have completed my actions.***
> Zina, survivor consulted as part of development of complex needs intervention

> ***I think we need a more therapeutic assessment as well as the risk stuff to make sure you understand our needs.***
> Sayma, survivor consulted as part of development of complex needs intervention

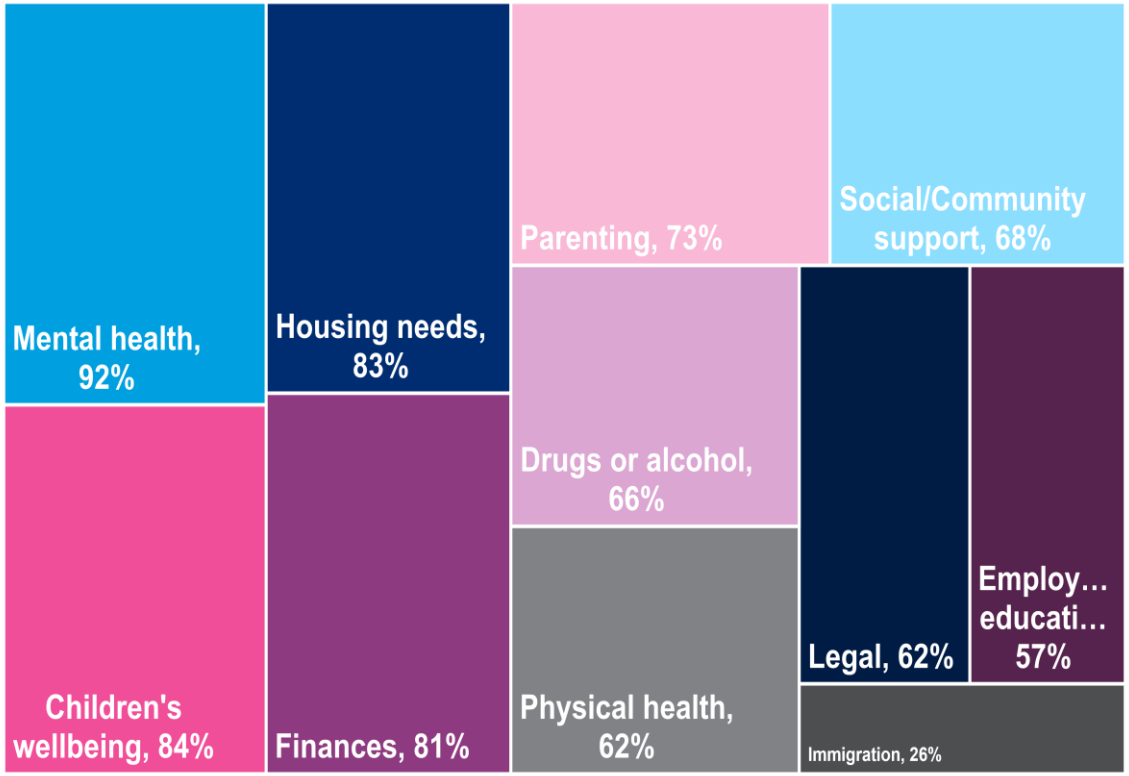
> ***I think women drop out of services because the workers have too many clients and not enough time. This limits the quality of care the women with complex needs get.***
> Jenny, survivor consulted as part of development of complex needs intervention

> ***We need to not feel overwhelmed by support from lots of different services.***
> Emma, survivor consultant as part of the development of complex needs intervention

SafeLives, Idva Insights national dataset, 2018
Spotlight #5: Homelessness and domestic abuse | Safelives

Local support provision for victims and families

Respondents to the professionals survey identified many **areas of need**, most commonly **mental health**, **children's wellbeing**, **housing needs**, and **Finances**.



Percentages of those respondents who said they had worked with clients/service users that were or they suspected were victims of domestic abuse. Size of boxes represent counts where larger boxes = higher counts. Total N = 90.

Within professional discussions, it was highlighted that victims who need additional support have been framed as disruptive or challenging.

These professionals described examples from their workplaces of **how staff have reacted to survivors with multiple needs**:

> "more or less saying, **'she's hard work, isn't she?'**. That kind of thing, 'she's hard work, **she's causing all these problems, she's drinking all the time anyway.'** Or 'her mental health, she's pushed him to it.' **- Professional, Police**

> "I know how difficult it is, if you've got a client in crisis, particularly some of our, what we would class as more **chaotic clients**, and they come in and they've got a prescription issue and they are homeless, and somewhere along that they have just made a disclosure that their partner may have hit them and it's like, **what do I deal with first? – Professional, Substance Misuse**

There was some **awareness** about supporting victim/survivors with multiple needs

> "you can't just fix one thing or work on one thing. We've got to all come together and work on all of them things to get the best outcome **– Professional, Housing**

Summary of Findings

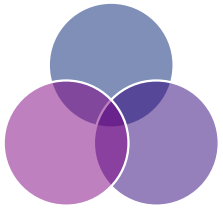
Key themes

The following have been highlighted as key themes within North Yorkshire and the City of York. These will be explored in greater depth in the sections that follow.

Training & Domestic Abuse awareness



Culture and Language



Authentic Voice



Whole Family Approach



Multi-agency working



Marac & Matac



Working with those who harm



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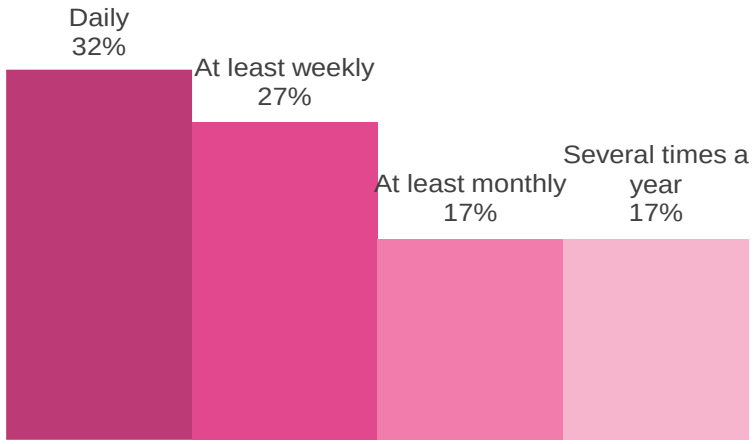
Training and Domestic Abuse Awareness

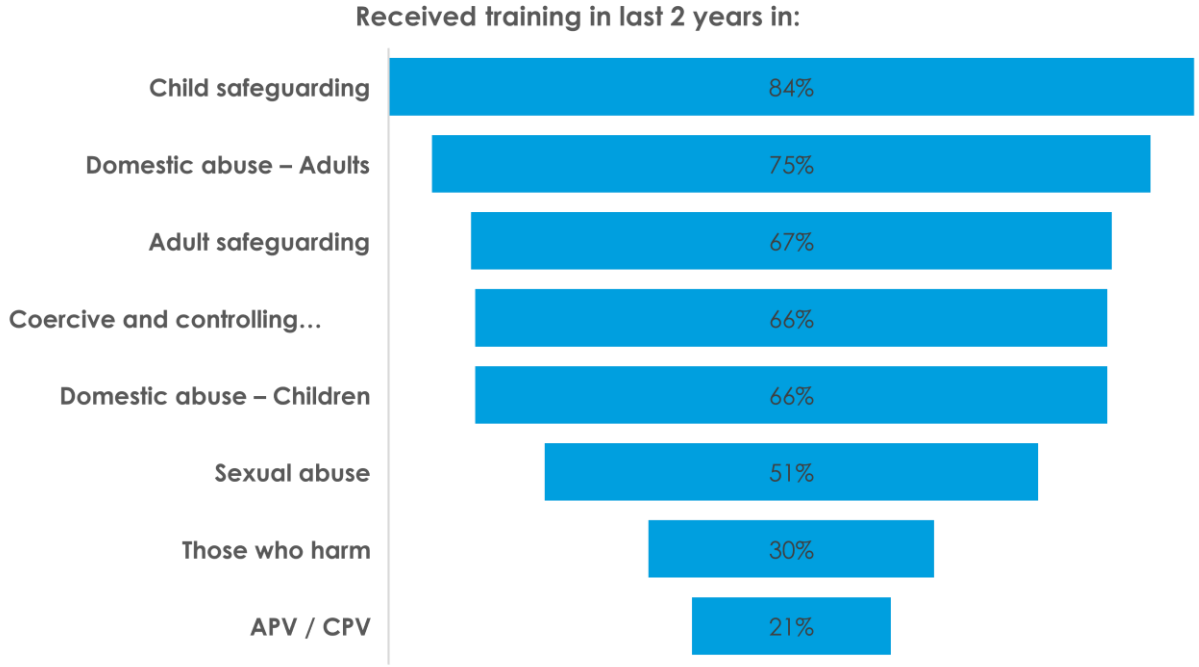
Frequency of Contact with Victims of Domestic Abuse

93% of respondents said they had worked with service users that were **victims or suspected victims** of domestic abuse

Most respondents came across domestic abuse **daily**.



In the last two years, respondents have had the **least training** in **those who harm** and **adolescent-to-parent / child-to-parent violence**



The Training Offer

The majority of professionals in the area reported that they have received domestic abuse related training in the last two years.

71% of respondents in North Yorkshire received Adult Safeguarding training in the last two years

64% of respondents in North Yorkshire and **56%** in City of York reported receiving training in Coercive and Controlling Behaviour in the last two years

62% of respondents in North Yorkshire and **70%** of respondents in City of York received Domestic Abuse - Children training in the last two years

It was acknowledged that this training could be quite basic.

> "we always signpost to IDAS so they have their free training which is very basic but it looks at domestic abuse, sexual violence. So they would always be encouraged to do that - **Professional, Police**

We identified that the most commonly identified training for staff was an E-Learning course, developed and delivered by IDAS. Additional in-person IDAS training was also available, generally for individuals in specialist roles. Staff also reported that they attended conferences, webinars or additional training sessions as required, although this was often the responsibility of the individual staff member or team to identify and secure. The training offer varied by agency and department, with some offering different or additional induction training and other offering no mandatory domestic abuse training at all.

Overall, professionals self reported a high level of confidence in regard to their knowledge and understanding of domestic abuse, their ability to identify and respond to domestic abuse, and the local referral pathway.

"I have a good understanding of DA"	**89% Strongly agree or agree with this statement**	**9% are undecided**	**2% Strongly disagree or disagree with this statement**
"I feel confident recognising the signs of DA"	**89% Strongly agree or agree with this statement**	**6% are undecided**	**5% Strongly disagree or disagree with this statement**
"I feel equipped to respond to a disclosure of DA"	**85% Strongly agree or agree with this statement**	**5% are undecided**	**5% Strongly disagree or disagree with this statement**
"I am confident talk about DA with my clients/service users"	**84% Strongly agree or agree with this statement**	**7% are undecided**	**5% Strongly disagree or disagree with this statement**
I am aware of the DA referral pathway"	**81% Strongly agree or agree with this statement**	**5% are undecided**	**8% Strongly disagree or disagree with this statement**

> "Well, from the safeguarding training years ago our street scene staff picked up a domestic case in [place] after having the safeguarding training, recognised the signs. And within, I don't know, it was within hours, wasn't it, [name], the person was up at [place] Council seeing IDAS. So, it does work. - **Professional, Housing**

> "If there's mention of any violence that goes with that, then I'll put that through to Marac because even if it's low-level violence, because I know, from doing the domestic homicide timeline training, that actually when you've got those three things together then your risk of suicide increases massively. - **Professional, Police**

The Training Offer

While many professionals reported receiving mandatory training, some reported inconsistencies such as a lack of mandatory training around domestic abuse, including among some specialist teams such as domestic abuse officers within the police.

Refresher training was also frequently requested by professionals as they acknowledged a need for it and recognised there had been large gaps since previous training.

15% of professional survey respondents felt **lack of knowledge** was the area that most required improvement. This was the most frequently reported category.

We also identified gaps in knowledge and understanding that could impact whether domestic abuse is identified, whether professionals intervene at the right time, and the quality of those interventions.

This was identified across the system.

> I **haven't received any domestic abuse training**. […]. I've had no domestic abuse training and, as far as I'm aware, **none of our domestic abuse officers have had any**. - **Professional, Police**

> And I think the- you know, there's – even around the skill base, **we've got a very good skill base in the team, but I think we would all benefit from, you know, more skills, more knowledge, more support** in that respect, because- because of the- the- the amount of domestic abuse related concerns that- that we are finding coming through the door at the moment. - **Professional, Council**

> I would probably, if I'm gonna be super critical, advocate the fact that it... **we could probably be better at doing more refreshers** or maybe even looking at more in... really sort of like a **more in-depth training - Professional, Substance Misuse**

05/07/22
Victim reported that the perpetrator had been aggressive and had damaged things in their address. Police attended and spoke to both parties**. It was established that it appeared the perpetrator had suffered a mental health episode causing him to be aggressive and the victim felt it was not directed at her. The incident was therefore dealt with as a mental health matter rather than a domestic abuse incident** and support was arranged, including a MH triage for the perp. No further action was taken by the police.

Case Audit Contact (Police) - Domestic abuse incident labelled and responded to as a mental health episode.

20/10/21
Face to face mental health assessment with victim. **She having difficulty with anxiety due to husbands moods and presentations, and that she was finding it difficult to manage his behaviours and unpredictability. Stated that she feels like she is walking on eggshells, that she is constantly having to manage all household tasks, and feels that she has no time for herself**. Triggers are about not feeling good enough about self, being a good mother, wife etc.

Case Audit Contact (GP) - Domestic abuse risk indicators not identified and responded to

> it was like **they suddenly just went into overdrive mode** and was like, 'Oh.' They said, 'Oh, you know, that's rape and that's...' And this... **it suddenly got very serious** and he was very quickly like on the phone, ringing more people in, coming them down... bringing other people down to take statements as well. **And all of a sudden, I felt very overwhelmed by it all. Sort of like, I didn't wanna be part of it anymore - Survivor**

Victim speaking about response from police.

Knowledge and Understanding

We also identified some misconceptions or misunderstandings regarding domestic abuse which appear to be held by a number of professionals in the area.

The survey showed that **21%** of professionals agree that domestic abuse usually involved physical violence or abuse. **5%** were unsure.

8% of professionals stated that they were unsure whether in most cases the victim and the person causing harm are as bad as each other.

12% of professionals disagreed that most victims of domestic abuse are women. **13%** were unsure.

9% of professionals stated that it is hard to understand why victims of domestic abuse don't just leave. **1%** were unsure. While this is a minority of professionals the numbers are higher than we would expect.

Some professionals displayed a lack of professional curiosity around Domestic Abuse, suggesting a lack of awareness that can lead to cases failing to be identified or referrals being made. Professionals should take every opportunity to identify and respond to domestic abuse, even if this is not within the specific remit of their agency or organisation.

In other instances, poor trauma awareness may lead to risks of re-traumatising victims by requesting that they repeat their story in written format without appropriate support in place, and a lack of knowledge and understanding created additional risks for some victims.

Some of these gaps may be caused or exacerbated by a reliance on online training in place of face-to-face, which was identified as not being as effective.

> "If someone came to us for a random, well, unconnected reason **we wouldn't discuss domestic abuse with them at all.** We would just, we would, we would just let them do the talking of what the reason, you know? - **Professional, Housing**

> "This is **someone that is fleeing [place] and then the police were advising her to go back to [place] to report the crime.** And it's just like well, that's not gonna happen - **Professional, Other**

> "I ask the applicants to **write a personal statement detailing the events that have led them to flee their accommoda**tion - **Professional, Housing**

> "housing officers, homelessness officers, you tend to kind of have, you've got your little groove that you're in and you see things, I don't mean my staff don't have good empathetic skills as they do, but **your focus is, is this person homeless? Your mind starts thinking about what your duties are - Professional, Housing**

> "**I think training is one of the areas where there is a real need for more work**, and that's always been the case. […] So, **all of our training at the moment is online**, and I certainly, here's where my personal opinion comes in, my personal opinion from my experience within community safety, **is that does not in any way shape or form replicate the same value that you get out of face-to-face training - Professional, Community Safety Partnership**

Knowledge and Understanding

Professionals appeared on occasion to be making decisions on behalf of victims. Either directly by pointing them towards particular interventions based on their home ownership status rather than their needs, or indirectly by applying pressure on victims to access a particular service. This creates a risk of failing to consider the specific needs of the victim, and instead prioritising the views of the professionals.

Professionals and survivors both identified gaps in knowledge in Children's Social Care. This was also reflected in case audit analysis, which highlighted responses from Children's Social Workers that were at times ineffective, and at times demonstrated a victim blaming attitude.

Survivors consistently speak about reluctance to engage with social care for fear of losing access to their children, and poor understanding and approach can exacerbate these fears, disincentivise engagement and risk harm to both victims and children as a result.

> **if somebody was a home owner**, […] we would go through… say, **'You need to be in a refuge. This is a safe place for you. This is where you're gonna get the right support to…'** you know, highlighting the things that… you know, support around the areas that you need - **Professional, Housing**

> **she said she felt like she had to say yes** [to refuge] cos the housing worker was really nice and she didn't wanna upset her - **Professional, Domestic Abuse Agency**

> From working with Domestic Abuse daily it is very apparent there **is a real lack in knowledge with childrens services and can depend on the individual workers knowledge**. - **Professional Survey Response**

> their ultimate goal is really to get the two parents to work together for the sake of the children, but **without really seeing so much how difficult that can be when you're dealing with an abusive partner**, particularly the type of abuse that I've suffered - **Survivor**

> **Better understanding from agencies**, e.g. social care of the impact of domestic [sic] abuse on victims. There is o**ften pressure put on victims to keep their children safe but very little pressure put on perpetrators** to make changes which keeps children safe. - **Professional Survey Response**

Knowledge and Understanding

We also identified a significant degree of uncertainty from professionals regarding certain aspects of domestic abuse. In a number of key questions on the professional survey the responses suggested a wide spread of opinions, as well as a significant number of responses stating that they were unsure.

We also identified a degree of inconsistency in response, approach and understanding from professionals, suggesting that there is a risk of victims experiencing a lottery system in regard to the quality of the local response

> "I think largely **it's a mixed bag** probably [laugh] like in every force you can get some brilliant officers and that first contact for DA's is so important that officer first through the door that sees that victim **if they've had a bad night or if they're just lazy or they're just not interested in DA, then that can just turn everything on it's head -** **Professional, Police**

> "cos trauma informed is the... is like the new sort of **buzz word** that everyone says. **– Professional, Substance Abuse**

> "In my view, … **we put everything under domestic abuse** rather than thinking about really understanding behaviours and impact of those behaviours and what that… what that means - **Professional, Children's Social Care**

It is the responsibility of victims of DA to protect their children	Victims of DA always think that the person causing harm will change	DA is more common in certain cultures	People that are abusive in family relationships were usually abused themselves
37% Strongly agree or agree with this statement	31% Strongly agree or agree with this statement	27% Strongly agree or agree with this statement	29% Strongly agree or agree with this statement
32% are undecided	38% are undecided	36% are undecided	41% are undecided
31% Strongly disagree or disagree with this statement	30% Strongly disagree or disagree with this statement	37% Strongly disagree or disagree with this statement	30% Strongly disagree or disagree with this statement

We did identify a number of examples of good knowledge and understanding of domestic abuse, but in some instances it was suggested that this was because of an overreliance on the skills of individuals, their level of interest in domestic abuse, and their experience in previous roles.

> "if there's a concern that somebody is at risk of domestic violence, but potentially are not divulging it, […] [sighs]... **unfortunately, it becomes one of the ex... the competence of the staff member** I think, to try to, you know, see if they feel like they can [pause] support to get some more information **– Professional, Substance Misuse**

> "I'm **lucky** that one of my workers is an **ex-IDVA. – Professional, Police**

Knowledge and Understanding

These gaps in knowledge and understanding, and the inconsistency of domestic abuse awareness, was highlighted by victims, who felt that the response they received varied drastically depending on who they were speaking to. This was specifically highlighted in relation to the police, with significant variation in quality of response recorded by victims.

Survey data and case audit information identified police as one of the agencies most likely to be in contact with victims first and most often. As a result an inconsistent or negative experience risks alienating victims, a reluctance to continue to engage, risks being missed or inappropriately responded to.

> "And then when I got my Non-Molestation in September and he broke it twice… once unfortunately I didn't have enough evidence, the second time obviously I did have the evidence to then go back to court. **That Police Officer that dealt with both of them situations was absolutely fantastic**, like, I can't fault them enough, like, I can't thank them enough sorry… I can't fault them at all. He's… he's like fantastic - **Survivor**

> "I remember the first Police Officer that came out to me she was absolutely**… she just… she looked me up and down… was just so rude to me** and however**, I've then since had amazing Police Officers as well**. So, it's… it's a bit of a… a mixed bag there to be honest. I think some of them are a bit more, like, sympathetic to things than others [tut] but, yeah. - **Survivor**

> "I think obviously if they have had training, I think some officers have maybe grasped it a lot better than others. **And I think maybe it's a case of identifying them officers that maybe aren't grasping it as much and maybe offering them a bit more to be able to support individuals better. - Survivor**

> "At first with the Police it, it was a bit… **it wasn't that great**. It was, like, you know, sort of a case of, you know, you need to, you know, get a ring doorbell, you need to do this, you need to do that. [sigh] And then I think as more… **more things happened and the more times the Police were had to be called I think that's when they started to take it a bit more serious**." - **Survivor**

> "The police **could do nothing about either until I was physically harmed**. I was told no crime had been committed and the best they could do was give a warning which mad e things worse. **I was spoken to as though I were a hysterical woman**. - **Survivor Survey respondent**

> "Police were h**appy to leave me in the house with a clearly drunk and unstable partner when they should have been aware of previous abuse**. - **Survivor Survey respondent**

Summary of Findings

Our work in North Yorkshire and City of York has shown the following

- In general, training is made available to professionals. This training is often basic and provided without access to a face-to-face facilitator.
- Some key agencies and professionals had not received any domestic abuse training, or did not receive training that was appropriate to their role.
- While professionals were generally positive about this training, and reported a confidence in their knowledge, this did not translate into consistently effective identification of and response to domestic abuse.
- The high levels of self-reported confidence among professionals also suggests that not everyone is aware of the gaps in their knowledge and the impact this has on their practice.
- While a number of professionals demonstrated good knowledge and understanding of domestic abuse, this was not consistent either within or between agencies, risking a lottery in regard to the quality of response that a victim can expect.
- Professionals demonstrating good knowledge often reported the need to seek out this training and knowledge themselves, or were relying on expertise from previous roles, suggesting a lack of organisational support for the development of domestic abuse knowledge.

These gaps evidence a lack of consistency in the local response to domestic abuse, which in turn evidences a system wide failure to identify and intervene in abusive situations, but also risks alienating or disenfranchising victims. The causal loop illustrated to the right demonstrates the importance of effective domestic abuse knowledge and understanding, as this allows for timely and effective identification and intervention, breaking the cycle and potentially avoiding further or more serious incidents.



Training and Domestic Abuse Awareness– Workshop Discussion



Priorities

Professionals identified a need to expand the training that was available, and ensure that the training was appropriate for the service and the role of the professional. It was also felt that a degree of mandatory domestic abuse training for all agencies was important, and that this did not get lost among other mandatory training that may be on offer.

It was felt that this training should be bespoke, utilise local multi-agency skills and knowledge, include information about identifying and responding to domestic abuse, and focus on both ensuring broad cultural buy-in and acceptance of the 'basics', as well as more specific or specialist knowledge.

It was felt that this would require a cultural shift in how professionals see and engage with training.

Barriers

Professionals highlighted concerns relating to practical access to training, specifically resources, capacity and staff turnover. Rurality was also identified.

Professionals also felt that a lack of professional curiosity and staff attitudes may be a barrier, and that commissioning arrangements may need to be considered.

Action Plan

Professionals stated that it is important to understand the current offer and ensure that resources are used effectively, which could be achieved with the use of mapping activities.

It was also felt that this should be tied into a longer term strategy for training in the region and effective governance and oversight of the process.

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Training and Domestic Abuse Awareness– Recommendations

Based on our work and discussions held at the co-creation workshop we would recommend the following

- North Yorkshire and the City of York to implement a training framework which should include a comprehensive training package, performance, and monitoring. This may include a review of the current offer and/or a training needs analysis which should be reported against with the strategic board annually to measure the impact of training.
- Each agency involved in the domestic abuse response to review their current mandatory training offer and ensure that it includes Domestic Abuse Awareness for all staff that may encounter domestic abuse victims or those that harm as part of their role. Specialist staff within those agencies should have access to more in depth domestic abuse training, which includes coercive control, domestic abuse risk identification and response, victim blaming language and trauma informed practice.
- Specialist teams who work exclusively or primarily with victims of domestic abuse should have access to mandatory specialist training beyond basic e-learning courses, covering both domestic abuse awareness but also specialist related topics.
- Where possible, this training should utilise local skills and knowledge, facilitated by individuals with an understanding of the local domestic abuse response and referral pathways, as well as specialist knowledge of the domestic abuse sector.
- North Yorkshire and the City of York should develop a domestic abuse champions network amongst frontline professionals, with a key lead in each organisation (or team) to support colleagues in understanding local processes and pathways. The network should be clearly advertised, with key contacts in each agency identified. The role of a champion should be clearly defined, in writing, with a confirmed set of responsibilities and expectations. Appropriate training and support should be provided for champions, with enough time to carry out the role built into their existing schedule. Champions should be visible within their organisations and teams and their input recognised, heard, and respected by individuals within senior positions.

It is vital to ensure that victims engaging with agencies can expect a consistent level of skills and knowledge, and that they can rely on a positive, compassionate and effective response when they seek support. Ensuring that the training offer in the region provides professionals with a fundamental level of competence and knowledge will ensure that victims can be confident in the response that they receive, whether this is from a specialist service or a non-domestic abuse specific agency.

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Culture and Language

The 3 Planets Theory, Marianne Hester

Within the Public Health Workshop we watched the 3 Planets Theory by Marianne Hester[1].

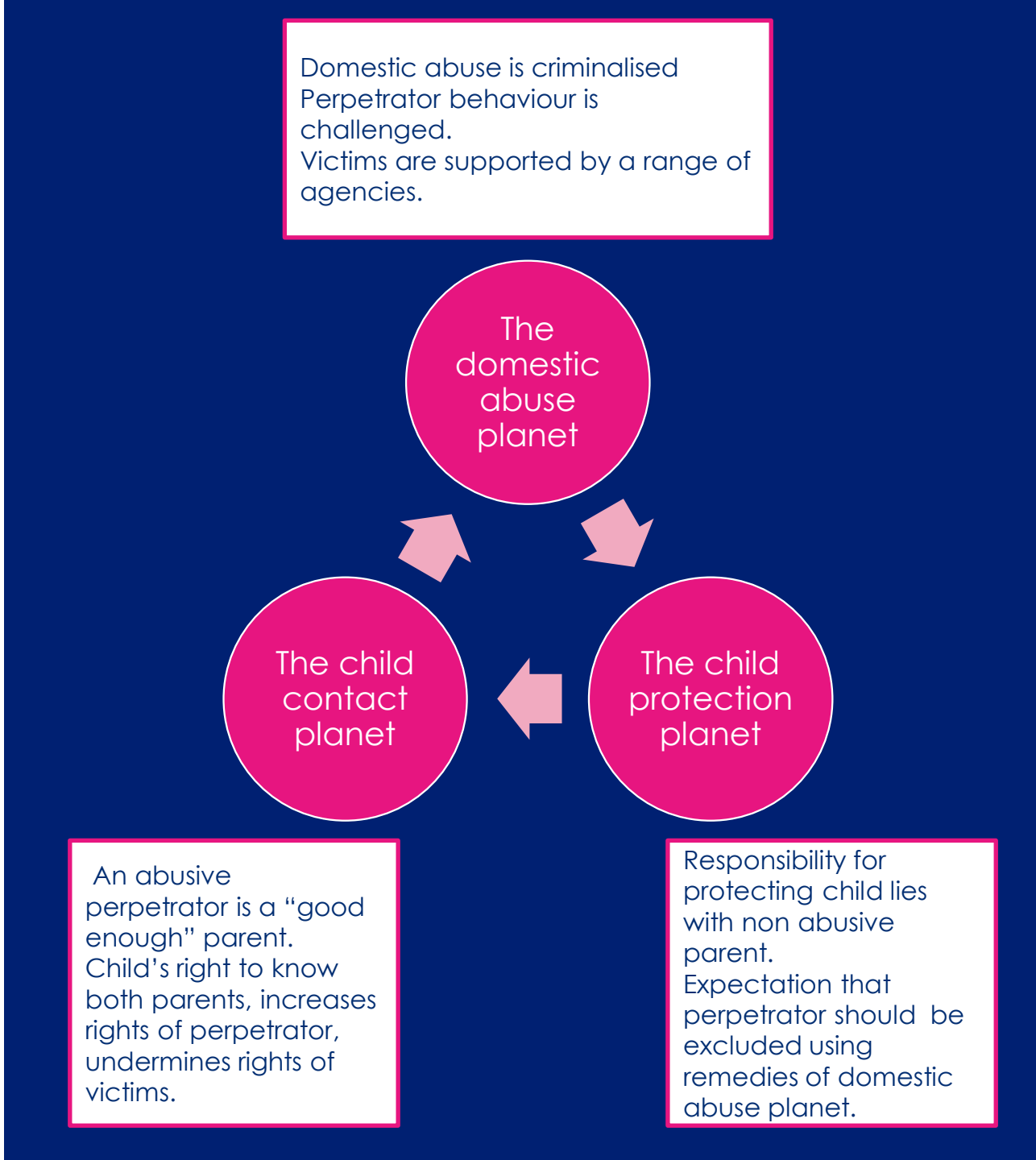
It is based on the idea that there are three planets-

- Domestic abuse planet
- Child protection planet
- Child contact Planet

Each consisting of different laws, ideas, cultures agencies and practice approaches. Each time a victim moves to another planet, they may be told something different and given different expectations which may be in conflict with that they have been asked to do on a different planet.

We have seen this theory played out in practice across North Yorkshire and the City of York within observations and case audits.

1. untitled (ceu.edu)



Understanding of Domestic Abuse

Within the surveys we asked a number of questions about the understanding of domestic abuse

It is the responsibility of victims of domestic abuse to protect their children*

37% Strongly agree or agree with this statement

32% are undecided

31% Strongly disagree or disagree with this statement

From the case audits and observations we are frequently seeing the responsibility placed with the victim to safeguard and protect their children with very little, if any engagement with the person causing harm.

Three key themes have been identified.

Victim is responsible for child contact

There are multiple examples where the victim has been told that they have to organise child contact. An observation at Matac highlights that contact should take place outside of the family home but the father keeps attending the home address. Support was not offered to the victim nor was the father spoken to. This is not a victim led or risk led approach.

'informed victim that **she would need to organise pick up and drop off points** with perps father, and stated that **she must not speak with perp this process as this would breech his bail condition**s. Victim agreed with this'

'Discussed with victim **that if perpetrator has been drinking then their daughter will not be able to stay with him.** Victim agreed with this.'

Victim is held accountable for person causing harms behaviour

Victims are not responsible the person causing harms behaviour, yet they are being held accountable whilst the person causing harm is not including in conversations and actions. In a case audit, one of the victims disclosed that the person causing harm made her feel so bad she felt she had to let him stay there.

This links back to the need for training, a lack of understanding of coercive and controlling behaviour and the nuances of domestic abuse.

'Social Worker asked **whether victim would be able to keep perpetrator away if needed** and she stated that she would'

'Child' made subject of a Child Protection Plan …. due to domestic abuse risk, **lack of responsiveness to risk/failure to protect on both parents' part**'

'if **victim and perp did want to work on their relationship** that they would need to follow the safety plan'

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Domestic abuse vs parental conflict with the priority being victims and perpetrators co parenting and child contact

We observed examples and heard from survivors how the priority has been the need to work together and co parent without acknowledging or understanding the risks and the impact of the ongoing post separation abuse. It is a concern that a victim discussed at Marac is reporting to agencies the challenges they are experiencing in relation to child contact yet is being asked by agencies to co parent despite being at high risk of significant harm or death.

This is not a victim centred or risk led approach.

Marac victim reports daily conflict over child contact, case is open to Early Help and **parents are asked to look at co parenting** and safe contact arrangements

"their [Early Help] ultimate goal is really to **get the two parents to work together** for the sake of the children, but **without really seeing so much how difficult that can be when you're dealing with an abusive partner,** particularly the type of abuse that I've suffered - **Survivor**

In regard to parental conflict we are aware that there is an ongoing piece of work within the areas to look at the response.

Domestic abuse is not parental conflict and it is imperative that the dynamics and typologies of domestic abuse are understood to ensure that it is not misidentified as parental conflict. Where there are power and control dynamics, there is domestic abuse and a thorough domestic abuse risk assessment must be completed.

We must also consider this alongside what has been highlighted within the training and awareness section of this report.

Understanding of Domestic Abuse

Professionals Survey

In most cases the victim & person causing harm are both as abusive as one another

91% Strongly disagree or disagree with this statement

8% are undecided

0% Strongly agree or agree with this statement

There are lots of malicious reports of domestic abuse e.g. making false allegations about people to agencies*

50% Strongly disagree or disagree with this statement

41% are undecided

10% Strongly agree or agree with this statement

Survivor Survey

Many people falsely report domestic abuse to the police, social care etc

9 Strongly disagree or disagree with this statement

7 are undecided

2 Strongly agree or agree with this statement

From the survey we can see that no professional agreed with the first statement, this is not what has been observed in practice. Within the case audits and observations there have been many incidents where that attitude has come through and the victim is treated as a perpetrator.

This includes language such as they are both as bad as each other, hard to tell who is really the victim. This is turn affects the response given to a victim and a worry as to how they feel they will be perceived. It can also be indicative of what they have been told by those using harm – they won't believe you, you caused this etc. On occasion this was challenged by the chair.

'999 call related to a **high risk** domestic incident in which the **perpetrator assaulted the victim** while she was in bed with their child. **The child was also indirectly assaulted** during the incident. The victim had visible injuries to her head and hand. **Note states that victim admitted to retaliating and assaulting the perpetrator prior to fleeing out onto the street with their child'**

Whilst this case audit acknowledges the victim was fleeing, by using language such as retaliated, this does not reflect that the victim was using violent resistance to protect herself and her child. Again this links back to lack of knowledge and understanding of the dynamics and typologies of domestic abuse

> "challenge is when it may be a victim of domestic abuse but **also showing unhealthy behaviour towards other partners/people in their life**, **difficult for them to understand they are also being unhealthy but also a victim** - mix of emotions, and lots of blame/anger when this is mentioned
>
> **Professionals Survey respondent**

Understanding of Domestic Abuse



The current process is not risk led, agencies are following an incident led approach.

The case audits and conversations with survivors show many incidents where victims are calling the police but no positive action is taken. During a Marac observation, it was heard that the Police had contacted the social worker to ask them to ask the victim to stop calling in incidents. Social care refused to do so and advised they would encourage victim to reported if needed.

The causal loop opposite highlights the impact of a incident let approach. Within this case audit, the person causing harm had called police to advise that the victim had stabbed him. During interview the victim stated that the perpetrator had been staying with her for several days and had been following her around the house and hassling her, which led to an argument, during which he had grabbed her around the neck. She had pushed him and thrown an ornament at him in response, initially denied stabbing but admitted it later.

The victim was charged with a Section 18 wounding and remanded. The perpetrator received an NFA for the Section 39 assault. The case was assessed as high risk.

There does not appear to be an acknowledgment of the abuse the victim had experienced including the non fatal strangulation. When a future incident happens this experience impacts her trust in services and her decision to report.

It is imperative that the primary victim and primary perpetrator are identified correctly to ensure that the risk is not escalated. This shows the importance of a risk led approach and a full assessment of both parties regardless of who is presenting as the victim or person causing harm.

Wrongly identifying a victim can have grave consequences for the primary victim, including –

- Increased risk
- Lack of trust/faith in services
- Person causing harm having further control and power over the victim
- Increased knowledge of the domestic abuse system by the person causing harm therefore an increased ability to control and isolate the victim

Victims of Domestic Abuse are confident they will be believed

This question was asked in both the professionals and survivor surveys. Almost all of the professionals and survivor who completed the survey do not agree that victims are confident they will be believed.

Professionals Survey — **3% Strongly agree or agree with this statement**

Survivor Survey — **1 respondent strongly agree or agree with this statement**

We have seen multiple examples of this throughout our work. Survivors have shared experiences of judgement, victim blaming and having their stories misrepresent leading to mistrust and fear of services

> **When I spoke to the police, a man, he didn't think my claims were "that serious"** Member of the public

> the social workers would **sometimes twist**… you **would say something and the social services would twist it. –** Survivor

> Yes, they make me very held depressed, **I am scared because maybe they just want to take my children off of me**. – Survivor

> it was a friend's wedding, they kind of **judged it off that**, so that's the first police officers. I didn't- I felt he was basically saying, '**well, you've had a drink, so you're not really recollecting what's happened**'. That made me feel bad, because it's like, yeah, drink or not, the abuse that I sustained, that- **no matter what, it's not acceptable, but it's like they made a pre-judgement, thinking, 'oh, it's just someone else who's drunk, and they've done this'– Survivor**

The case audits show incident where a victim placed an abandoned call to the Police. She called again, reported a verbal argument and was upset. The notes state that Police attended and spoke to both parties and that the perpetrator clarified that the argument had been due to his refusal to have sex due to an injury and tiredness. He had shouted at her and she had called the police. They were advised to cool off by the Police.

Not only was the victim not believed in this incident. This was not viewed in a risk led way. There had already been seven domestic abuse police incidents and missed referrals to Marac at this point in the audit.

Victims of domestic abuse should be heard and believed. The voice of the victim is essential to the risk led response and victims must feel confident that they will be supported when accessing services.

Victims of Domestic Abuse are confident they will be believed

While all the survivors who were interviewed sought help, some mentioned apprehension and uncertainty about how people, including professionals and the person causing them harm, would respond to them reaching out. This appeared to be a barrier to seeking or to continue receiving support.

This survivor spoke about the fear they felt around the potential response of the person causing them harm after telling someone about their experience

> "**I'd never spoken to anyone about it**, cos people that go through it, they don't, **because of the fear of getting into trouble and being found out**, and that's **instilled into you**, going through that.
>
> [continued] that could even **strike more fear if a police officer comes to someone's house**, and if the **perpetrator is there** […] and then they leave, so then it's **more trouble**, cos then that person's like, **'what have you done that for'? – Survivor**

Others explained how fear of a service might act as a barrier to reporting abuse

> " sometimes, with Child Services, **is to knock, to try and get rid of the taboo that Child Services are gonna take your child away from you, because people have that**. Make it more… I say, for people to contact, to make it more… like I say, I think more 'family friendly', 'look, if you're worried, if your child's going through this, and ring this number', but because then **people worry, 'if my partner's done this to my child, do they think well, actually, you're responsible as well'? And it's not the case**, because you're frightened, and you are scared, in that situation. – **Survivor**

Survivor Survey

The survivor survey shows that -

Three respondents did not feel that they were believed by professionals

Seven respondents worried or worry about being judged by professionals

Both of these statements could link in with the perception of what a victim 'looks like', misidentification of the primary victim and how this affects the response a victim receives.

Sixteen respondents would prefer a non judgement approach to their support

> " They **shouldn't come in with that judgement.** Yeah, they're right, they don't know what they're walking in to, **well then, judge it like you don't know what you're walking into; don't be like, 'oh well, it's another one of these'** – **Survivor**

Understanding of Domestic Abuse



Seven respondents to the survivor survey thought their friends/family understood what they went through

A victim's family and friends may not have the knowledge and understanding of domestic abuse, particularly around coercive and controlling behaviour and may minimise the behaviour. In addition, a person using harm may present very differently in public than in private which can also impact how family and friends view the situation.

Within communities, particularly small communities and considering the rural context, communities can be tight knit and it can feel that everyone is aware of a victims situation.

The communication strategy needs to be strong enough to counter what families are saying. It is about empowering communities and educating them about domestic abuse and ensuring the message is out there in the public domain.



No respondents to the survivor survey agreed that it is easy to recognise that you are in an abusive relationship

This was also a theme when speaking to survivors. In a number of cases, it was not apparent to the survivor that their relationship was abusive. Some expressed feelings of guilt and culpability for what happened to them and their children even though it is not their fault.

> "**I do feel guilty** that my kids have experienced this because of like who I chose to have children with and... and my... like **the fact that I didn't act, to remove us from the situation, earlier – Survivor**

Survivors spoke about how the abuse became normalised, they knew something wasn't right but did not recognise it as domestic abuse and only sought support once the abuse became physical. In the survivor survey, **5** respondents agreed or strongly agreed that domestic abuse is physical.

> "**I thought I'd done something wrong** and that's what I thought for **ten years – Survivor**

> "Cos in my own head it was never like that. **I think I've been so conditioned to it for years… – Survivor**

> "**I didn't realise, as a lot of people don't, that they're in an abusive situation** already, and I didn't realise that. **I had a feeling that something was wrong, but I didn't know what it was – Survivor**

> "**it was the first time it was physical**, but this had actually been built up, and to have the realisation that, actually, this is… what was happening, but… like me, **I thought abuse really was just physical – Survivor**

> "At the time **I thought it was normal behaviour. I now know it's not.** - **Member of the public**

Understanding of Domestic Abuse

Here we highlight the need for an awareness raising and communication strategy across the whole system and society to encompass all forms of harmful and abusive relationships. For victims, their families, employers and professionals around them to recognise an abusive relationship, reach in and offer support.

For victims, domestic abuse is only one part of their life and story and as we have heard, it can be difficult to recognise that they are experiencing abuse especially when they feel to blame for the situation.

Survivors told us that they wanted more people to be able to spot the signs of domestic abuse, more people to talk about abuse and for there to be a greater understanding about the help available.

This includes -

Increasing public awareness could improve the routes to support

> **I don't think people are probably aware as much of how much they can get some help.** And I think maybe that's where a bit more funding could go into to maybe… well not even funding as such, is it… it's like just **making people more aware.** Making it be **spoken about more** and I think that's something I'd always advocate now is **speak up and make sure that people know where to get some help – Survivor**

The importance of families and friends having an awareness of abusive behaviour, the role they might play in providing support

> For other people like **family members and friends**, if you think you can see it; **this is like the 'check-point'; if you've noticed these behaviours, you can spot it**, and **help other people** with it **– Survivor**

More awareness is needed about non-physical types of abuse, such as coercive and controlling behaviour

> I kind of knew that it wasn't quite right because of how argument happened and I was **verbally abused**, frequ... like quite frequently, every time... every time we had an argument but **when he assaulted me, that was... that was like, no, I'm gonna put an end to this – Survivor**

> that's more damaging than the physical, sometimes, is the psychological part. But even like I said, **cos more people could be sat in that situation, that could save someone's life; they think, 's**t, I'm in that'.** And then it would direct you to services… like IDAS, but more like if you need to get away **– Survivor**

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Victim Blaming Culture

Throughout our work in North Yorkshire and City of York we have observed an undertone of victim blaming culture from all agencies which is woven through every aspect of work.

Some professionals stated in the discussions that victim blaming language is not present, however this is not reflected in what we have seen and may indicate a gap in understanding about overt and covert victim blaming. While professionals felt that this was not intentional and could be due to the lack of training, some had heard covert victim blaming language. This was also seen frequently within the case audits and observations.

Case Audits



'victim was **unable to understand risk to herself and unborn child** from the perpetrator'

'Worker discussed concerns about **victim hiding the perpetrator under her bed** when he was arrested.'

Victim was **reluctant to engage with CSC** but agreed following visit

Discussed **concerns around lack of engagement** and missed appointments

Observations



She is **wanting to resume** the relationship

she's **lying to us** all

Concerned that **she is not reporting breaches of bail**

She has **allowed him to move back in and is minimising behaviours**

Professional interviews



"It's a really difficult scenario, isn't it, because **people have choice and there's so much time you'd go, 'Why do you keep doing this? You're putting yourself at risk.' –** Professional, Housing

"I think sometimes **they don't know any better,** so they'll say, you know again**, 'I don't know why she doesn't leave.' Or 'she's refused to support a prosecution.' –** Professional, Police

Victim Blaming Culture



In the professionals survey we asked

'When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?'[1]

The top three answers were

- **Victim/survivor engagement – 38%**
- **Timing – 14%**
- **Multi agency working – 13%**

The greatest challenge identified by professionals in ensuring victims and families get the support they need is victim/survivor engagement. We must consider why victim engagement is the biggest challenge to ensuring support.

We have frequently seen that responsibility is placed with the victim and there is a lack of understanding of coercive and controlling behaviour, the dynamics and the typologies of domestic abuse.

The culture of blame and responsibility of the victim is leading to victims feeling under extreme pressure and lacking trust in agencies which prevents them from being able to engage. Rather than providing support for victims to feel safe, supported and able to engage, they are viewed as uncooperative or difficult.

This is demonstrated in the causal loop opposite.

This also highlights the importance of regular clinical supervision for those working with domestic abuse to prevent burnout and compassion fatigue.

We must consider how professionals and agencies can be accessible to victims, the impact of listening to a victims own risk assessment, understanding and supporting their individual needs rather than making a victim fit a process which is not suitable for them

> "For the victims to come to terms with the fact that **they are being abused and recognising that they need help**. - Professional Survey respondent

1. Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Percentages out of total number of codes = 80.

Summary of Findings

Our work in North Yorkshire and City of York has shown the following

- The current culture is a barrier to victims and there is a disconnect between what professionals say and perceive to be happening to what has been observed in practice
- There is a undertone of a victim blaming culture from all agencies which is woven throughout the system with victims being held responsible for the abuse they experience
- Victims are being held responsible for child contact which is not a risk led approach and are frequently being held responsible for the person causing harms behaviour, who has limited or no engagement with agencies. There is little, if any acknowledgement of the coercion of the victim in these situations. This highlights lack of understanding of coercive and controlling behaviour and the nuances of domestic abuse
- Victims are being asked to co parent with the person causing harm, which is frequently incorrectly labelled as conflict rather than domestic abuse. This includes Marac victims. This is not a victim centred or risk led approach
- Agencies are taking an incident led approach which is resulting in the primary victim not being identified which can have a significant impact on the risk to the victim
- Victims within the area are not confident that they will be believed by professionals and are worried about being judged. Many spoke of their experiences of not feeling believed and feeling judged
- Survivors spoke about friends and family not understanding what they are going through, that they did not recognise that they were experiencing abuse and the need for awareness raising regarding routes to support, for family and friends and of non physical types of abuse
- Professionals have stated that victim engagement is their biggest challenge in ensuring families experiencing domestic abuse receive the support they need

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Culture and Language – Workshop Discussion

Priorities

There was a clear them in the discussions about the need for education, increased awareness, change in mindset and belief.

Professionals highlighted the importance of the impact of 'language used' and a suggestion to include culture and language within training by using case examples/reports. Authentic voice can also link into this.

It was felt that there needs to be a shift and to rebalance the lens from victim to perpetrator and a need for perpetrator challenge with the courts, missing fathers and holding to account highlighted.

The legal protective barriers was highlighted but it is unclear what this is in relation to. This may be due around increased knowledge of these legal interventions or ensuring the focus of maintaining these protective measures are placed with the person causing harm.

It was clear that multi agency working, leadership and strategies to address joint working across the board were needed to drive culture change, address the culture and language identified and have it reflected in policy and practice guidance.

Barriers

Professionals highlighted that professionals own values, belief and unconscious bias are barriers as well stigmatisation, othering and professionals defensive practice.

Other wider societal issues such as misogyny and the multi generational cycle of abuse were also mentioned.

One group noted 'missed the memo for caring – burnout' This again highlights the importance of clinical supervision and regular support for staff working with domestic abuse.

Action plan

Professionals spoke of the importance of challenging language and terminology regarding victims and survivors and using the circle of influence.

Co production with those with lived experience in the redesign of services and information was highlighted and a need to look at organisation polices and procedures.

Consistent key messages to influence young men and women as well as a whole system/whole society approach were also mentioned.

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Culture and Language – Recommendations

Based on our work and discussions held at the co-creation workshop, we would recommend the following

Training

A number of the points raised in this section highlight a need for training and awareness particularly around the dynamics and typologies of domestic abuse. Whilst this has already been reflected within the Training and Awareness section of this report, there are key training recommendations in regards to the improvement of the culture and language

- Culture of Engagement training

  For key services working with families including Children's Social Care, Adult Social Care, Youth Offending Teams, Probation/CRC, heath and mental health services, housing and substance misuse services.

  The aim is to create a culture of engagement for families by changing the approach of services working with families where there is domestic abuse to improve risk assessment and risk management. It aims to shift the position of agencies from risk identification and avoidance to, where safe to do so, an approach that works with all members of the family to better understand the situation and circumstances, and identify what the options are for the family. This allows agencies to be cited on risk assessment and management with the aim of increasing the safety of victims and children.

  The approach centres on a multi-agency response and decision making, so services are better informed and supported by the expertise agencies can bring when working together.

- Parental Conflict and Child Contact

  This has been highlighted as a key issue in North Yorkshire and City of York. If there is robust domestic abuse training, professionals should be able to identify domestic abuse and response appropriately. Training should be provided to agencies in particular those in Children's Services and Early Help around the impact of domestic abuse on children particularly around child contact.

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Culture and Language – Recommendations

Polices and Procedures

- Non victim blaming culture and language should be embedded within polices and procedures across all agencies. Polices should also include measures on holding those who harm accountable for their behaviour and how this should be managed. This will be address later within the Those Who Harm section of this report.

Staff Supervision

- Regular and robust support and supervision should be provided to all staff to prevent compassion fatigue and burnout and to provide education and challenge to inappropriate culture and language. Managers should receive appropriate training to enable them to do so.

Communication Strategy

- North Yorkshire and City of York Partnership boards should identify a communications lead who will be part of a locality wide governance structure and manage communications at strategic level. This will ensure that recommendations around communication remain a priority and are embedded within the development of strategy and processes.
- Develop a communications strategy for professionals around myth busting and stereotyping of domestic abuse. This can link to the training strategy.
- Develop a public communications strategy around myth busting and stereotyping of domestic abuse, 'no them and us' and to highlight the prevalence of domestic abuse with the aim to increase awareness, the confidence of victims to disclose and reduce the impact of shame which victims feels.
- The Domestic Abuse Partnership boards should link into the local communities via the Area Constituency Committees, town and parish councils to provide resources and access to information and services to strengthen community awareness and response.

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Authentic Voice

Authentic Voice

> ***"We've walked through fire to get our voices back; we're not going to give them up now."*** *Ursula, Pioneer*

SafeLives are committed to placing people with lived experience at the heart of all we do, valuing internal and external survivors' experience as an asset.

Working together, we can aggregate and amplify survivors' voices and interweave authenticity and independence throughout all our work. By listening and responding to views that are different to our own, professionals and survivors can critically assess and address challenges together. To do this authentically we support survivors to tell their truth and speak with an unmediated voice.

What is Authentic Voice?

Authentic Voice is the voice of a survivor of domestic abuse who has chosen to share what they have learned from their experience. How, when and what a survivor shares is always their choice.

Why is Authentic Voice important?

Authentic Voice is an essential part of a high-quality response to domestic abuse. It requires services and professionals to highly value the expert knowledge, perspectives, skills and strengths survivors bring. It is not an optional extra, or something that is achieved by only listening to voices that agree with you. It is embraced by organisations and individuals aiming to end domestic abuse as it ensures responses to domestic abuse are rooted in lived experience.

Our Pioneers

Survivors are at the heart of everything we do

Pioneers help us to be human, rigorous and brave

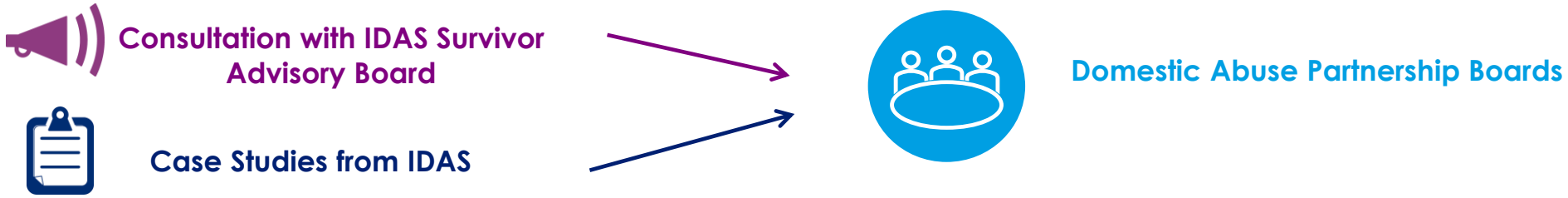
When we speak out, we are all empowered

There is no 'them and us' - only 'us'

> "Being a Pioneer, **you feel like you can achieve anything.** I know with the backing of SafeLives that they can see what I do and they are so supportive. **I know that I am going to change the world.**
> **SafeLives Pioneer**

Authentic Voice

The current process for Authentic Voice within North Yorkshire and the City of York is the IDAS Survivor Advisory Board is consulted with by the Domestic Abuse Partnership Boards and case studies are presented by IDAS.



This process asks survivors to rate rather than co-create and although it reflects an element of survivor engagement is not true authentic survivor voice.

Within the professionals interviews we noted themes regarding authentic voice.

Authentic voice is seen as useful but often misunderstood.

The involvement of survivor voice was spoken of highly by professionals and there was an interest in engaging further with this work. There was a lack of in-depth understanding of the definition of survivor voice which limits the use of expertise of victim/survivors.

Many professionals considered survivor voice a valuable element of the development of services

> “but how we make sure that we get those **survivor links into that planning** I think will be **key**. **– Professional, Community Safety Partnership**

There were some professionals who lacked understanding of the meaning of ‘survivor voice’:

> “I would say each time, personally, I always try and take the victim's opinion into account.**– Professional, Police**

Survivor voice was understood better by professionals in Domestic Abuse roles or services. There was still room for improvement in their understanding of true Authentic Voice, as cocreation was not mentioned:

> “We do a lot of feedback. So for my team, they do a lot of feedback with agencies **– Professional, Domestic Abuse Service**

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Authentic Voice

The system supports some aspects of survivor engagement but not true, effective Authentic Voice

Some of the key considerations of survivor voice were missing which means that the system was not fully supporting co-creation or incorporating it as authentically and valuably as it could be.

At times, professionals considered victim/survivors and staff distinct groups. This implies a 'them and us' approach which may limit the extent survivor voice can be integrated into the work, as well as the impact it will have.

> "we attend quite a lot of meetings with IDAS, but we didn't specifically ask them regarding our policy, because **it's really about how staff deal with issues and concerns, as opposed to how we deal with the general public.** **– Professional, Housing**

It is important to remember that there is no 'them and us'. Domestic abuse can happen to anyone and our response to domestic abuse must reflect this. Organisations must recognise that it is very likely they will have staff who have experience of, or have been impacted by, domestic abuse. Professionals may be survivors, and survivors may be professionals.

> " I'm not confident about much, **but I know I can make a difference** within the service.... if only **I was listened to**, given the platform **to use my experiences to educate others** – **SafeLives Pioneer (professional in statutory agency)**

Survivor voice appeared to not be included in many policies and procedures, and therefore valuable knowledge that is vital in responding well to domestic abuse is missing.

> " I think I- I was part of a group that kind of updated the, well, the policy at one point and I know that **we certainly didn't link in with any survivor groups** then **– Professional, Police**

Authentic Voice

Support for Staff

Staff who were or could be experiencing domestic abuse had appropriate support available in most agencies however, support and access to it could be inhibited by a lack of formal policies.

There was widespread acknowledgement of the need for staff support, both working with and who may be experiencing domestic abuse with a broad provision including the Employer's Charter across North Yorkshire Council

Many agencies did not have a domestic abuse policy in place for staff experiencing abuse. This links back to 'no them and us' and the importance of the system reflecting this.

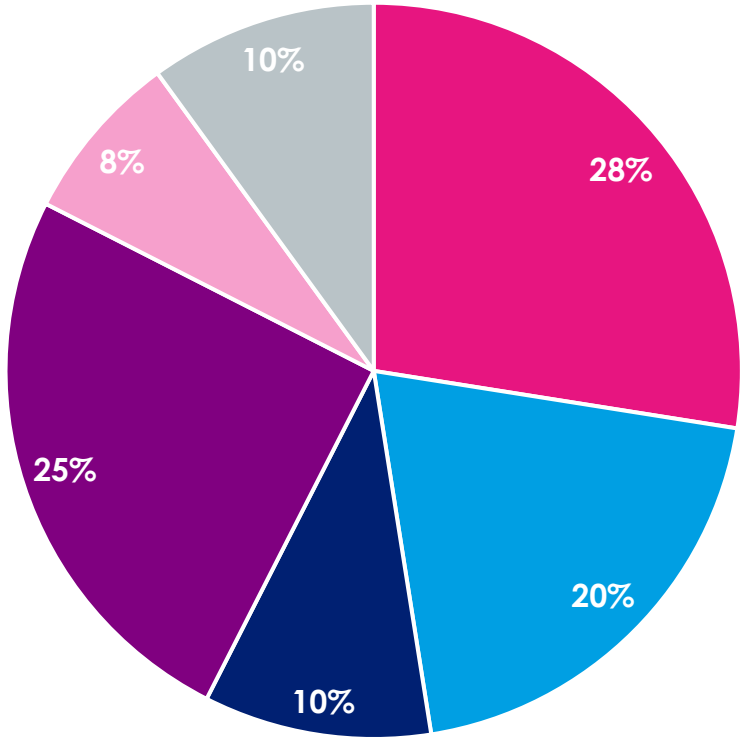
We heard positive examples of employer support from survivors including an employer supporting a victim to access services on the work premises including paying additional wages so the person causing harm did not question the additional working hours and arranging a place for them to stay whilst waiting for a refuge.

> "**We haven't got a policy, stating that**, and like I say, that's been highlighted that perhaps we do need to have a look at that. I'm confident that our local managers would do everything possible to support that individual, but **we haven't got anything in writing** – **Professional, Substance Misuse**

One professional was apprehensive about disclosing to people in the workplace due to concerns around confidentiality. Agencies need to consider processes and policies to ensure victims and survivors feel safe and supported to disclose domestic abuse.

> "we would absolutely know that everybody would know about it. I don't… **I'm not confident in how it would be handled** […] **how could I report domestic abuse without all… a number of my colleagues knowing about it?** – **Professional, Police**

Pioneer Activities in the Last Year



“With SL **my voice matters, my experiences matter and I matter. Something I have never experienced ever before in my life** - **SafeLives Pioneer**

We were grateful to be joined at the workshop by two local survivors and a SafeLives Pioneer, Jessica.

Jessica spoke about her journey as a victim and as a pioneer, the impact it has made on her and the impact she has made on others.

The chart opposite shows the activities undertaken by the SafeLives Pioneers in the last 12 months, showing the wide range of involvement they have.

Survivors are experts by experience, they hold vital knowledge and information which can support change and improvement within the system and it is vital that they are heard.

It is important that we ensure we are hearing of all survivors and not solely focused on one demographic or from what is seen as the ‘ideal victim’. All have a right to be heard and agencies should consider and find ways to be accessible and available for survivors to be part of the discussion.

“ [Her] voice and message was loud and clear ‘**WE WANT TO HELP & HEAR OUR VOICE’.** – This is so important for us to hear to make sure **what we do in our practices, keeps us true to the lived experiences of people who are ‘Experts by experience’. - Inspector and DA Champions Lead who attended a session for Police DA Champion Leads to incorporate survivor voice into their responses**

Authentic Voice Principles

The SafeLives Authentic Voice Principles have been co-created by SafeLives Pioneers and professionals some of whom also have lived experience of Domestic abuse.

There have been created for the those who are working or engaging with survivors (including colleagues with experience of domestic abuse) to safely support the sharing of their voice and for survivors who are or considering sharing their voice to know what they should expect from organisations and individuals they are engaging with.

Do No Harm
- Harm can occur as a result of what we do, or don't do
- Risk is recognised and addressed with the survivor
- Authentic voice work is trauma-informed

Speak Your Truth
- Survivors are not spokespeople for organisations they work with
- Survivors can choose what they share, when they share, and who they share with
- Survivors recognise the impact their voices may have on others

Equality and diversity
- Anyone can experience domestic abuse, and our experience is affected by our different identities
- Services find ways to access the voices they are not hearing

Expert by Experience
- Survivors and professionals bring knowledge which is vital in responding well to domestic abuse
- No 'them and us'
- Survivors are valued and compensated for their expertise

Heart and Start
- Survivors' voices are included at the very beginning and involved through to the end of all work
- Create not rate
- Survivors are informed of the impact of their work, and are safely acknowledged

Caring
- Services and survivors work together to understand the potential emotional impact of sharing their voice
- Services give choices in the support they offer survivors; survivors share responsibility in taking care of themselves
- Survivors and services learn and develop together – nobody knows everything

Summary of Findings

Our work in North Yorkshire and City of York has shown the following

- Whilst Authentic Voice is seen as useful, there is limited understanding of its potential impact and is often misunderstood
- The current Authentic Voice process appears to be on a consultancy basis rather than coproduction
- The demographics of those survivors involved in the process is limited, lacking the voices of those in marginalised communities
- There is a 'them and us' culture within some organisations which may limit the integration of Authentic Voice and it's impact
- Authentic Voice is missing from many domestic abuse policies and procedures.
- There is widespread acknowledgement of the need for support for staff working with or experiencing domestic abuse, with a range of support available, however many agencies do not have a domestic abuse policy for staff experiencing abuse and a professional expressed concerns around disclosing at work and confidentiality

Authentic Voice – Workshop Discussion

Priorities

Professionals spoke about the importance of having the right person to speak to at the right time with the clients story at the forefront of everything whilst avoiding re-traumatisation.

Discussions were had about how to engage with people via feedback forms and to engage with people who are non visible, not engaging in services and ensuring inclusion of all demographics.

It was highlighted that there is a need to value the basics of building the foundations, the sharing of power and to understand how to and what is safe to do.

It was acknowledged that this is a new skill set for many organisations and there should be an investment in an inclusive, multi agency survivor engagement plan.

Barriers

A clear theme in relation to barriers was time and commitment. The time and commitment from those involved to complete the work and the time to build relationships.

Capacity was also a key theme. The capacity to 'seek out' survivors to speak to, who would lead on the work, finances around the work and managing expectations.

In terms of engaging with survivors, discussions took place around the equality of engagement and voices, how to work with people who are not receiving support, the demographics of those involved and survivors 'being brave enough to speak up'. The issue of re-traumatisation, safeguarding, support and empowerment being available was also discussed.

It was noted that this can be seen as a tick box exercise and there should be a coproduction of the level of engagement need.

Action plan

Within the discussions there were questions such as 'what do we want to create?', 'whose voice?' and 'how to empower people who don't want to come forward?' Questions were also raised regarding whether this should be a collective North Yorkshire and City of York group or separate and should their be a youth group. It was felt by some that victims services and the voluntary sector are key to driving this work and some that it should be directed by the Domestic Abuse Partnership Boards.

It was raised that this process should be trauma informed and should engage with seldom heard groups.

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Authentic Voice – Recommendations

Based on our work and discussions held at the co-creation workshop, we would recommend the following:

Strategy

- North Yorkshire and the City of York Partnership Boards to develop an Authentic Voice strategy and framework that embeds the expertise of survivors with lived experience into every part of the domestic abuse system and routinely listens to the experiences of survivors with services as part of the development of a learning and improvement culture.

  This process should ensure that survivors are actively involved in the design, wording and process by which information is communicated, and that these groups do not merely 'sign-off' work that is already complete.

- North Yorkshire and the City of York can implement SafeLives' Authentic Voice Toolkit which sets out principles that should be adhered to when working to develop a sustainable and tangible model for co-creation and empowerment.

Training

- During the workshop, North Yorkshire Police invited a local survivor to meet to discuss attending training sessions with new Police Officers to share their experience.
- Authentic Voice should be embedded within the training provided

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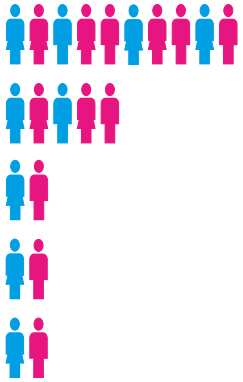
Whole Family Approach

Experience of seeking help

The survivor survey asks survivors about their experience of seeking support. What we can see is that survivors accessed a wide range of support with **14 respondents** received at least **one type** of support.



10 received **counselling/therapeutic** support

5 received **Idva support**

2 attended a Domestic Abuse recovery programme

2 were rehoused

2 accessed refuge

Over half of these responses mentioned a **positive experience with services,** with one respondent describing services as **'helpful'** and one as **'life saving'.**

> I found that **IDAS are brilliant for support and advice,** both in an emergency and for recovery. – **Survivor Survey Respondent**

> Kyra Project for women and counselling. **Most helpful was attending the Freedom Project at Kyra,** which helped me recognize the abuse - **Survivor Survey Respondent**

IDAS

HALO Project Break the Silence

Horton Housing Improving Lives Together

kyra women's project



17 respondents **told someone** about the abuse



16 respondents **said they know how to get help** if experiencing abuse



Four felt they got the **right type** of support



Five felt they got support at the **right time**



Four did not receive any support

Safe Lives Ending domestic abuse

Experience of seeking help

Survivors interviewed spoke positively about the support received from IDAS. They valued effective communication and support from knowledgeable, familiar professionals with some noting that a quick response from the domestic abuse services and professionals taking ownership was beneficial to their experience.

> "I literally phoned **IDAS** and **within twenty four hours I had this spot** – **Survivor**

> "**I could not be more thankful** for the police, at that time, and the abuse officer as well. **They did it straight away**, and I didn't feel I had to go and then find it; **they did it for me** – **Survivor**

Some survivors reflected on how contact with professionals was easy, available and flexible and spoke about the possible impact this had. Survivors valued that they could contact their support workers informally at any time, particularly by phone and text.

> "even if I hadn't gotten an appointment scheduled, **I could always ring up and get a hold of her.** Or if she didn't answer straight away, **she'd always call me straight back** as soon as she could. And **that was really invaluable.** […] **I'd have really struggled without that and I don't think I would've pursued anything like I did without that** – **Survivor**

Survivors valued the compassion, knowledge and expertise of the IDAS service

> "I think that- that **access to that service** is probably, you know, re- **really helpful**, very **supportive, very nurturing, knowledgeable** – you know, like I say, **it's their niche**, isn't it? – **Survivor**

> "**my worker knows exactly without me having to say anything what type of a-abuse** – you know, I don't have to lead her anywhere because she knows it. **She knows.** You know, so, yeah. **IDAS have been particularly supportive** – **Survivor**

> "IDAS are obviously very- you know, they- **they're aware and they understand the abuse** and they can **support through the abuse** – **Survivor**

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Experience of seeking help

As mentioned earlier in this report many survivors were not aware that their relationship was abusive. They were supported by IDAS who identified and explained the types and dynamics of domestic abuse that they had experienced in a supportive and non – judgemental manner. Survivors spoke about how domestic abuse services helped them to recognise signs of abuse and to understand that they were not to blame for what happened to them.

> I think it's **helping me to understand the situation** and how my ex-boyfriend manipulated me and he always gave me problems all the time **– Survivor**

> it was actually **really nice to hear** that actually, do you know what, this is… […] **this is what people who suffer this go through, you know, it isn't you it's… the problem isn't you – Survivor**

> every time that I've kind of had a wobble or thought, you know, had been... sort of had self-doubt and... about what I was doing, **they've always been there** to say, you know, like, **reassure me** pick me up and make me really realise that, you know, **I shouldn't be feeling guilty. I'm not in the wrong – Survivor**

This links back to the previous data shared around survivors feeling guilt and wanting a non judgmental approach to their support and highlights a need for awareness raising.

Survivors valued consistency and highlighted that being supported by the same professionals throughout the process was beneficial. They described being able to build a rapport and that the professionals developed an understanding of their circumstances that enabled them to provide appropriate, tailored support.

> **my worker knows exactly without me having to say anything what type of a-abuse** – you know, I don't have to lead her anywhere because she knows it. **She knows.** You know, so, yeah. **IDAS have been particularly supportive – Survivor**

> I think it's **helping me to understand the situation** and how my ex-boyfriend manipulated me and he always gave me problems all the time **– Survivor**

> Cos obviously [name] **has been through it all the way from the beginning**, so **he knows it inside out**, and I know I've got that support, so I feel… I know I've always got it, so **it's really helpful – Survivor**

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Experience of seeking help

While survivors generally felt supported, within the survivor survey there were some expressed feelings of disappointment with services and a lack of long term support.

> they were **helpful in the short term** but have **never addressed the long-term damage** that I continue to suffer - **Survivor Survey respondent**

> **Patchy . Good but unreliable - Survivor Survey respondent**

> I **felt a little let down with IDA**, never received many phone calls **unaware who was my advisor** […] - **Survivor Survey respondent**

This highlights the impact of consistency of relationships with the Idva or support worker and the importance of step down and recovery as shown in the positive feedback.

Within the interviews survivors expressed that they wanted help to be more accessible. While some survivors noted that communication was a strength, there was still room for improvement. With a survivor highlighting that not everyone can communicate with agencies in the same way and another that access, availability and awareness of services were important.

> some people are **too frightened to call** […] I know there are some services, but more like **messaging services.** […] **you've got to think of every other avenue**, because some partners, like mine, got control of my phone, so he could see if a text had gone backwards and forwards **– Survivor**

> things need to be more **available twenty-four seven**, cos **it can happen at whatever time**. People need to know if I need to go, I can go, and you don't have to wait 'til nine. You could be dead by nine **– Survivor**

Within the survivor survey, of the 18 respondents, when asked about their preferred approach to their support, **13 stated they would prefer evening availability**, **12 a flexible service**, **11 a 24 hour service** and **9 text support**.

When asked about the type of support they felt they need/needed in relation to the abuse the top three responses were **someone to talk to in person (n.16), emotional (n.15) and information and advice (n.13).**

This highlights that there is not a 'one fits all' approach to providing and accessing support.

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Barriers to Support

In addition to what has already been discussed, survivors spoke to us about the barriers they faced in accessing support.

Survivors with additional needs and multiple disadvantage face extra barriers.

Survivors mentioned a range of support needs that were either exacerbated by the abuse or seemed to be as a result of it. In some cases, experiencing barriers to specialist support appeared to have an impact on their physical and mental wellbeing.

This survivor spoke about how they experienced barriers to financial and legal support because of their immigration status. They specifically mentioned the challenge of their immigration status being linked to the person causing harm.

> “I can’t do anything right now until I get my situation resolved and I’m able to **detach myself from my husband with my stay in the country.** That’s been very long, and **I can’t seem to get any support because of my status** – **Survivor**

This survivor spoke about the impact having to flee their home had on their pre-existing health condition.

> “I’ve kind of just been **moved around** and put back at the **bottom of waiting lists** – **Survivor**

One survivor who required a BSL interpreter discussed a positive experience with IDAS. In this case, effective and timely contact between professionals meant that barriers were overcome, their needs were met and they were supported to access their GP service.

> “They're **booking interpreters**, those, those kinds of needs around barriers and so forth. And then so, for example, like, you know, **going to a GP**, trying to go by myself, **someone was able to call, you know, explain the deaf awareness**, what the **barriers** were. So **that was really great help.** So the **IDAS team have been great** – **Survivor**

This survivor did not have the same experience each time they were in contact with a service in the area. In this instance, a lack of flexibility in line with the survivor’s needs meant there were barriers to contacting their GP.

> “So I've asked, 'You know, **is there any way how I can text to make appointments?'** But they've said, 'Well, […] You just have to go through the reception at the GP, like even going in person.' But I said, 'Well, you know, that doesn't really work. So that... That is kind of **a barrier in terms of trying to contact the GP** – **Survivor**

Barriers to support

Survivors spoke about the impact of financial barriers, facing different types of financial barriers during and after their experiences of domestic abuse, as well as experiencing economic abuse.

We know that **95%** of cases of domestic abuse involve economic abuse[1].

Some survivors highlighted that they needed financial support at some point during their experience of abuse.

> in the beginning **I needed help from the local council** and, just to say, 'look, this is the situation; I'm gonna struggle at the moment', cos I wasn't on […] **so they helped me with the benefit thing** cos I wasn't on it with him and I had to do all that again **– Survivor**

This survivor spoke about their experience of trying to access Universal Credit and of experiencing economic abuse. Both of these quotes indicate positive experiences with services, but it is important to note the potential barriers.

> I explained that **I wanted to apply** but my partner wasn't allowing me to do a joint application because he was like I don't want to be on the dole, but my situation…,, **I needed the support in that situation**, and **he refused for me to apply for it because it's a joint application** and obviously if you're living together, you have to give a joint application, so I rang them up in tears and explained and they were like, okay, **this sounds like a domestic violence situation** and they **assigned me a special case worker** and then they **let me do a single application** **– Survivor**

1. Source: SafeLives 2022 Idva Insights data; Annual statutory homelessness statistics for 2021-22; SafeLives Insights Dataset outreach 2020-21

Some survivors experienced economic abuse which impacted their living situation and their ability to access support during and after the relationship.

> I think again it was another thing of 'well you can pay for it yourself' and all this, and it's always [sigh] **it's always been about money with him, like controlling the money side of things or controlling what I was able to do** **– Survivor**

> But he actually took- **he actually took all our joint savings out of our joint account**, took every penny, and there was a substantial amount, and **I had nobody to turn to** **– Survivor**

In one case, this led to a survivor being in debt due to rent arrears which, in turn, led to further housing insecurity as she was unable to fully access the social housing register until she had completed a 13 week payment plan. This victim was penalised for being a victim of domestic abuse resulting in her and her family remaining in refuge accommodation for an extended period of time.

> So, basically, obviously **my other half wasn't paying the rent**, so **we've got quite a bit of rent arrears on our property**, which has obviously been pre, **re-possessed.**
> *[continued] Interviewer - And that's, that's impacting your ability to move on?*
> Respondent - Yeah, basically yeah, because it's a lot for me to, **I can't do it all on my own**, because I see it as **I've got three kids to bring up** as well, you know, which is like food, clothes, anything the kids need and **I'm yet still paying for all his […] His debt that he's got us into** **– Survivor**

The Court Process

A number of survivors we spoke to spoke about the challenges and barriers expressed concerns regarding the court process, in both criminal and family court settings.

They expressed concerns mostly in relation to the financial aspect and their experience in the courtroom.

This survivor spoke about experiencing barriers to financial support and Legal Aid due to owning a property.

> “ I certainly could have benefited from being able to have an **easier way of getting Legal Aid**, even if you own a house. **Just because I own a house, doesn't mean I've got lots of money in the bank.** I... **it's costing me thousands** to take [name] to court **– Survivor**

This survivor indicated that there may be **apprehension about engaging with the court process** because **cross-examination** could make survivors **feel that they are on trial** instead of the person causing them harm.

> “ and they go to court and they know **they're gonna get questioned and made out to be the perpetrator ….** **– Survivor**

There is a lack of support and guidance during and after the court process and this negatively impacted survivors.

Survivors spoke about their negative experiences with the court process and found that legal advice and emotional support was lacking before, during and after their engagement with the court resulting in the process being traumatic and hard to navigate and understand.

> “ just making it that **little bit easier for victims of domes... domestics abuse**, to get financial assistance, to help with the court case and I mean, **in an ideal world, to make it slightly easier because the hoops I'm having to jump through are very... like very long** – **Survivor**

> “ there was **no support for survivors afterwards** that have gone through that. There's no, 'right, do you want a quick de-brief or have a cup of tea or whatever? Just to calm your nerves before you go. Right, you know, **you've done it now, brilliant; it's sorted, you've done your bit, well done'. …The worst bit's over, you've done it**. Just sit and have a cup of tea before you go, if you need to have a chat. - **Survivor**

> “ so **I was just left on my own** to seek legal advice and I didn't really know what I was doing. It was really **scary and stressful**, so yes, the legal side of things has been an absolute nightmare. **It's probably been one of the worst experiences of my life, navigating the legal things – Survivor**

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The Court Process

Some survivors did receive a form of support during the court process however professionals were unable to provide the in-depth support that survivors needed. This survivor explained how they found having restricted mental health support to be a barrier to recovery.

> "The only other agency a bit later was to do with court, and I had a **counsellor**, as well. Like I said, she was brilliant, as well, but the only thing that I found a problem with is, **you can't talk about the event itself, cos it's seen as coaching.** So I found that a **barrier**, cos it's like, **'this is what I'm going to court for, it's this incident I'm going for'** **– Survivor**

This survivor noted another example of **available but limited support.** They found that the **legal advice** they received from a charity **was missing important elements.** The guidance, therefore, **did not reassure them completely before their appearance in court.**

> "So they ring and go through it with you; they talk you through it. They're volunteers, and they go through it. And don't get me wrong- they were good too, to an extent, but **they couldn't go into, like, some bits of detail that I needed**, if I'm gonna go into this room. **I need to know what I'm gonna go into, because it's daunting as it is for anyone** **– Survivor**

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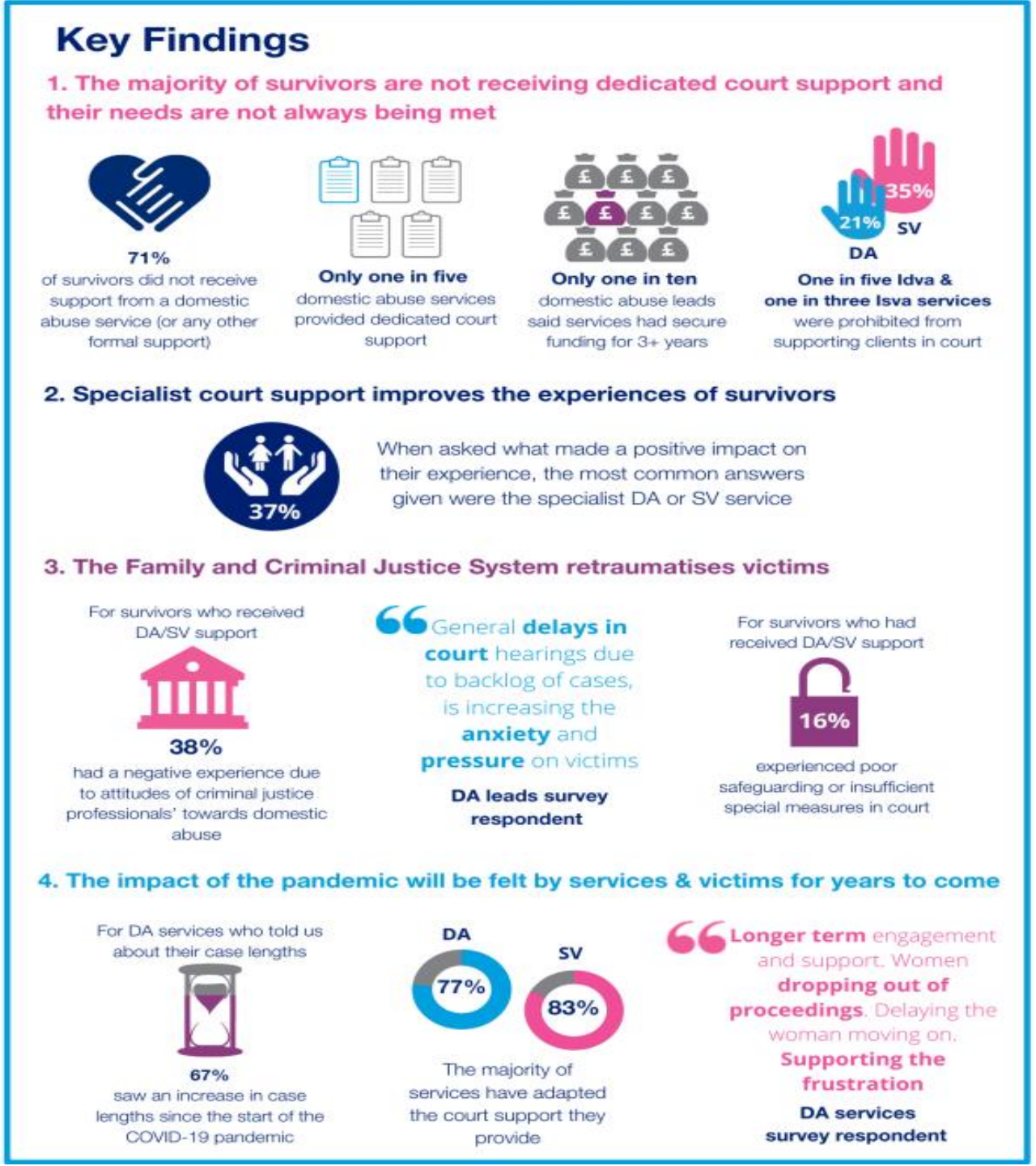

The Court Process

SafeLives were commissioned by the Domestic abuse Commissioner to shine a spotlight on the support victims and survivors of domestic abuse receive in both the criminal and family justice system.

Alongside the key findings opposite the Understanding Court support for Domestic Abuse Victims report[1] recommends –

- **Need for urgent action on court backlogs and increased long-term investment.**
- **Recognising the role of IDVAs as an integral part of court systems**
- **Realising 'trauma-informed' courts and cultural change training for all professionals**
- **Better strategic support, coordination and understanding of sexual violence.**

The Government's Assessing Risk of Harm to Children and Parents in Private Law Children Cases report[2] found that the family courts were putting domestic abuse victims and their children at risk of additional harm and laid out a series of recommendations which included –

- **As a matter of course, IDVAs, domestic abuse advocates and mental health support workers be allowed to accompany the party they are supporting into court.**

1. "The family and criminal court system retraumatises victims", according to a new report commissioned by the Domestic Abuse Commissioner | Safelives
2. Assessing Risk of Harm to Children and Parents in Private Law Children Cases (publishing.service.gov.uk)

Post Separation Abuse

The Domestic Abuse Act, for the first time, included post separation within the definition of domestic abuse and extending the controlling and coercive behaviour offence to cover post separation abuse.

We know that domestic abuse does not stop because the relationship has ended.

We have seen multiple examples throughout our observations and case audits of victims experiencing post separation abuse. This was a also a theme within our discussions with survivors.

Survivors shared that post separation abuse resulted in an inability to stay at home and being forced to move. In addition, the survivor in this situation was not advised regarding an occupation order until this incident despite being in contact with services.

> **so I had a text message saying, just to let you know, I've been made homeless. So I've moved back into the house.** So obviously [laughs] I phoned... I also had a missed call from [place] police. […] Spoke to the police and they were like, [name]'s moved back into the house. […] I will talk to you but I'm not coming back to the house because obviously I had the children, at the time and I'm not gonna subject them to have to see their dad. So the police officer came and spoke to me at the sports centre car park and... and kind of essentially said, yes, [name]'s moved back in. He won't... **he's refusing to leave and I said, well I've got this court order that he's not allowed contact and they were like... so they were the like, oh, well actually, it's not a no contact.** It's a... he... he... he's not been given any contact. So you don't have to make the children see him. So... and actually we... so because he's legally allowed, cos his name's on like the property, we can't... we're not gonna remove him **but we recommend that you get an emergency occupation order. So I did that**. - **Survivor**

Ongoing economic abuse and the use of the court system to facilitate post separation abuse was shared by survivors

> He was allowed **to make us have a completely irrelevant hearing**, in addition to the ones that were in place for the injunction. So **that cost me a... a... about three thousand pounds and it's completely irrelevant**. The court hearing was supposed to last ninety minutes. We were thrown out, after three hours, because it was the end of the day. Just wasn't made to shut up, when he was just arguing with everybody… I'm worried about how I'm gonna pay for that. He's not engaged. So I've got a court hearing in two weeks... but it's not what it was supposed to be because [name]'s not engaged. **So I'm having to... to pay to go to court, in two weeks time, and them I'm gonna have to pay for the actual hearing, when he is forced to do what he's supposed to do.** - **Survivor**

> I found out not long since from my landlord, I was like **is he actually paying towards it and apparently, he's not** and that, that really annoyed me because it's just like why, **why am I paying it, and he's not paying anything?...**It's a joint one, you know, he should be, **he's liable as much as I am for that…And I'm paying it and he's not** - **Survivor**

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Post Separation Abuse

One survivor explained how there was a poor referral process and lack of awareness around support for those facing emotional abuse and how it compounds issues where disability or mental health support is also needed.

> What I'm st- what I struggle with – and I don't know who could- could support with this, and I have phoned IDAS without having an appointment; I phoned my worker up before because I felt in such a tailspin – is, **I get bombarded sometimes with text messages from my ex and I don't know what to do with them, if that makes sense.** And it- it turns me upside down. So, I do- it's like, housing's fine. I don't really feel like I need any support with that practical sort of stuff. **It's more that emotional thing. But I don't know who would be best placed to offer that.** Because like I say, I've got other – it's not just that I've had this experience of abuse, it's that my brain- I- I – if I've not got ADHD I will eat my hat. And I think it's the way that my brain's processing. So, who do you go to with that? I'm not- I- it's rhetori- you know, I'm not saying, '[name], who do I go to?' I'm saying, you know… - **Survivor**

The impact of post separation abuse, including the impact on children is shown through the words of survivors. This again highlights the importance of ongoing step down and recovery work.

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Support for Children

There are currently two services available for children across North Yorkshire and the City of York –

Domestic Abuse Whole Family Approach (age 10 and over)

Respect: Services for Young Perpetrators of Domestic Abuse

While the Domestic Abuse Whole Family service can be flexible in it's approach, the criteria is for children over the age of 10. Where a child is under 10, they will work with victim on how to support their children. It can be difficult for victims to have those conversations with their children particularly in times of crisis and can be traumatic for both the child and the victim. There is also the concern that the victim may be accused of parental alienation.

> we did ask about IDAS, **but they don't do it for his age here**, at the moment - **Survivor**

All children, regardless of their age, need their own space to speak to a specialist professional who is in place to support them.

This survivor spoke about the importance of her son having someone he can trust, separate to her, whom he can speak to.

> I think my son really- **he does get a lot out of seeing- seeing the Early Help worker**. And things have come out. You know, he's- he's spoken to – he's called [name] – he's spoken to [name] and **he's disclosed things**, you know, and it s- and it makes you s- it makes you think. So, I think **if he's able to talk to somebody that he can trust and maybe say things to him that he feels that he can't say to me, then that's beneficial**. I think, you know, that goes a long way. - **Survivor**

This survivor highlights that although her child was very young, she was still aware of the situation and abuse

> like child services were... they did come and I say obviously we... we've... we made those books if they start asking about their dad and things like that. So that's kind of support for them, I suppose. **They're so young,** there's not... there wasn't really... I mean my eldest is four. So they're not... when this started, she was only like two and a half. So it was sort of... **it was a bit difficult cos at one stage, they wanted to talk to her and she didn't... she was too young.** She was too young to really say... I mean, **she was old enough to pick up on things that were going on and know what was going on**, but I was very much sort of kept her out of things. And I think once they'd met her once and seen how good she is, they just... they weren't... **they didn't want to sort of push things further. - Survivor**

Support for Children

Many survivors spoke of the need for more support for their children. Most of their children were under 10 and had not accessed support from the services mentioned. As discussed within the Safe Accommodation needs assessment, survivors living in refuge also expressed a need for greater support for children and for them as parents.



Out of the **14 survivors survey respondents** who had children, **only one respondent** said that their **children were offered support** which was anger management.

It is important to note that this was not offered to the children who was using harmful behaviours and it unclear why this form of support was offered

> Everything is mainly aimed for us isn't, **and the kids** probably could**…** **they've been affected as well, there isn't much in place for them at all.** **– Survivor**

> I suppose it's just this how long will **he- how long will he wait for this counselling?** You know, all counselling services are- are very busy, aren't they? **– Survivor**

A positive is many of the children had been supported via education and there is good communication between education and survivors as parents.

> The school used to **help my daughter a lot**. They used to help her understand. **She used to have a little bit of a special plan.** [inaudible 16:02] woman, and she used to [inaudible 16:02]. for her. Writing painting and things like that, and **it was very helpful. - Survivor**

> They've **been offered ELSA support**, at school, which they've both had but **I think it's only in six... six weeks**, of course. **– Survivor**

> And the **school as well massively helped with my son** even to this day; they helped him, so they kept an eye out on him, to see if he had outbursts, cos obviously it was a massive change, and it's even bigger, for him, cos he's getting tested for autism, so change… it was a change like that; this person was no longer in the house. **But they helped me to explain to my son why this has happened, in a 'child-friendly' way, without scaring him. - Survivor**

Support for Children

As part of the project we carried out a survey with children and young people to which there were **5 respondents.**

5 **Respondents were from North Yorkshire (excluding the City of York)**

4 **Respondents were 17 or 18 years old**

Within this group of respondents, young people had **ethnic minority backgrounds**, **LGBTQ+ identities**, **disabilities** and **care-experience**[1].

2 **Respondents said Yes, they had felt unsafe, afraid or been harmed at home**

- **Neither** respondent had received **help from a service**
- **Both** respondents had **told somebody** about it.
- **One** respondent felt speaking to someone had **helped a lot – the other said it did not help at all.**

4 **Respondents had been in a romantic relationship, but none had felt unsafe in their relationship**

[1]Details around some demographic information has not been included due to the low numbers of respondents in order to protect their anonymity

4 **Respondents** had received some teaching about harmful relationships

- **Three** described it as **useful or very useful**
- **One** was **not sure**

These lessons took place within



School or college



Home



Youth club

Our report on exploring Relationships and Sex Education in schools[2] shows that

- **Only 46% of students feel confident about who to talk to if they or someone they know is experiencing abuse**
- **Just 24% of young people recall being taught about 'coercive control' in RSE and as little as 13% believe this was taught well**
- **Only 52% agree or strongly agree that RSE classes gave them a good understanding of toxic and health relationships**
- **Young people that they want more from their Relationship and Sex Education classes. Students want 'more relevant examples' (47%), 'more open discussions' (44%) and 'more regular classes' (42%).**

2. "I love it, but I wish it was taken more seriously" | Safelives

Support for Children

Respondents were asked where they might go for support or advice in future if they were feeling unsafe:

In romantic relationships



- Friends
- Teachers/adults at school
- Parents and other family members (excluding siblings)

At home



- Friends
- Teachers/adults at school
- Other family members (excluding parents and siblings)

One young person didn't know where they might go for support and advice.

This highlights that there are many opportunities to reach children and young people.

Respondent were less likely to reach out to parents and siblings about feeling unsafe at home and less likely to reach out to partners about feeling unsafe in their romantic relationships.

If they were feeling unsafe at home or in a relationship, they would like to access support in dedicated spaces outside of home and outside of school which is a private space separate from their parents.

There was a preference for one to one support or a mixture of one to one and group sessions

Your Best Friend[1], a project looking at how young people react to abuse in a close friend's relationship, found that **92%** of the young people felt the time to step in and speak to a professional was when their friend was being physically harmed

The top three places to **advertise support** were:



Youth club or local community centre



At school



Social media

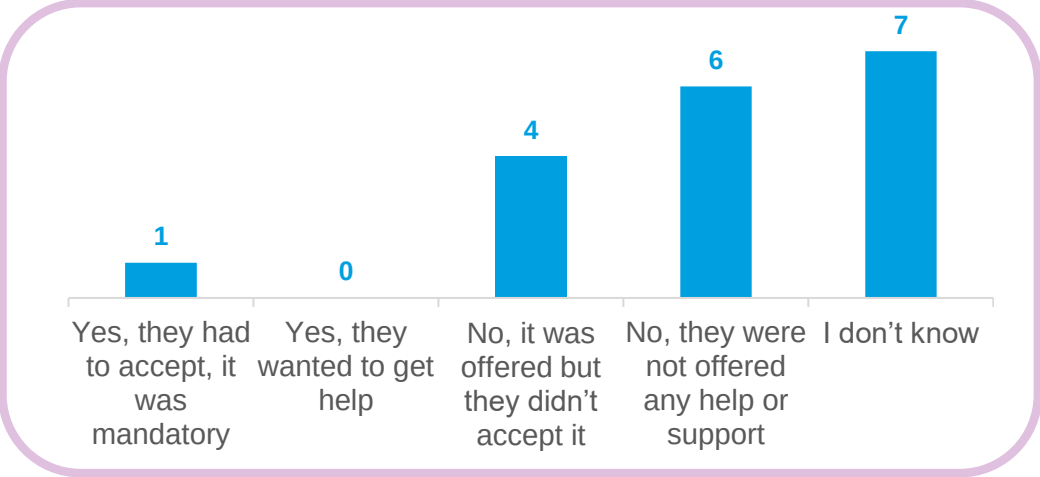
Young people told us that it was important that support came from someone relatable, for instance from the same background, and that the person would listen, give advice and help young people plan what to do when they didn't feel safe.

> "I think that support for young people **should be immediate and with realistic and helpful advice not a temporary fix**. – **Children and Young People survey respondent**

1.Your Best Friend | Safelives

Those who harm

The survivor survey shows that only **one respondent** said that the person using harmful behaviours **received support**, which was **mandatory.** They felt it had no impact on their behaviour.



Survivors shared experiences of agencies trying to engage with those who harm which produced mixed results

Yeah. They were good though. That… I mean, obviously they were… **she closed the case in the end** because obviously there was… [name] was **just not doing any of the things that we were trying to plan to try and get him to have regular contact. - Survivor**

so, **he is involved as well with Early Help** because they've got to work with the family. **So, even if he declined – this is what, like, Early Help have told me – even if he declined, Early Help could still work with us,** but he needs- he needed to be asked and **at the moment he is engaging. - Survivor**

Throughout case audits and observations we have seen a lack of meaningful engagement and positive action with the person using harmful behaviours.

This will be discussed within the Those Who Harm section of this report.

Local support provision for victims and families

In the professionals survey we asked if they identified someone they suspected may be a victim of domestic abuse what would they do.

82% would discuss concerns with the individual

78% would signpost the would signpost the children/family to support services

47% would support the individual to leave their home

81% would signpost the children/family to statutory services

76% would discuss concerns with their manager or a colleague

13% would discuss concerns with the person that has been abusive

78% would signpost the individual to other service(s)

57% would complete a risk assessment

5% stated it wouldn't be their role to do anything

Respondents said they would most commonly raise their concerns with the individual and signpost the children/family to statutory services and the individual to other services.

Only **13%** would discuss their concerns with the person who has been abusive. This will be addressed further within the Those Who Harm section of this report

Professionals were also asked to rate how easy or difficult they found a number of tasks when working with someone who they suspected may be a victim of domestic abuse.

- **87% stating that it was easy or very easy to find services that could help them**
- **87% stating that it was easy or very easy to refer to specialist domestic abuse agencies**
- **81% stating that it was easy or very easy to share information with other agencies**
- **77% stated it was easy or very easy to ask about what was wrong**
- **74% stating that it was easy or very easy to complete an assessment of their needs**
- **81% stating that it was easy or very easy to share information with other agencies**

When asked about completing a risk assessment, **65% stated that it was easy or very easy with 13% saying it was something they did not do.**

This is in contrast to the data opposite where only 57% of respondents would complete a risk assessment

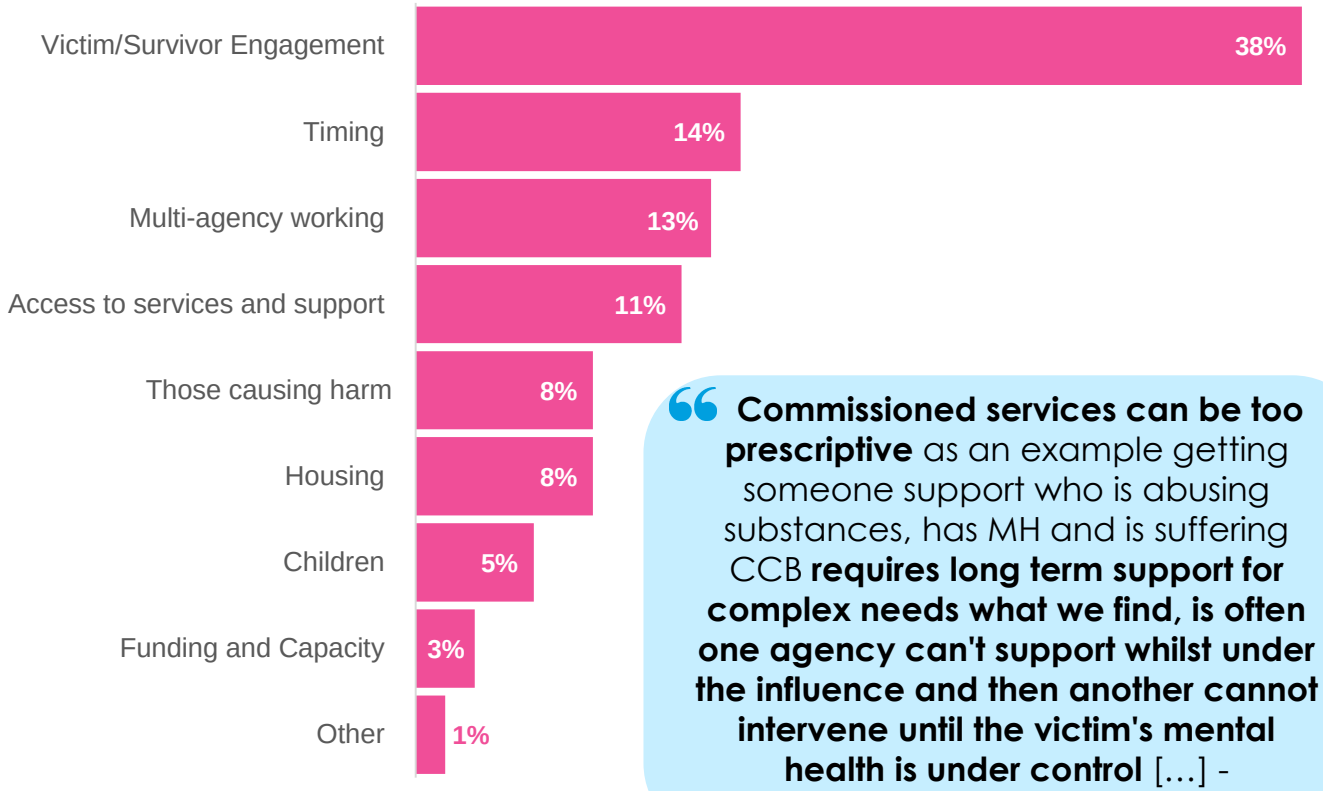
By not completing a risk assessment professionals cannot gain an understanding of the risk level and the response required.

Local support provision for victims and families

"When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?"

As previously discussed in this report, professional identified **victim-survivor engagement as the greatest challenge** in ensuring victims got the support they needed.

Timing, **Multi-agency working**, and **access to services and support** were also frequently mentioned as challenges



Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Percentages out of total number of codes = 80.

Comments about **timing** involved long waiting lists and speed of referrals, and survivors changing their mind after disclosing.

Respondents also identified challenges in **multi-agency working** around getting support from some agencies and knowledge of abuse.

> **Commissioned services can be too prescriptive** as an example getting someone support who is abusing substances, has MH and is suffering CCB **requires long term support for complex needs what we find, is often one agency can't support whilst under the influence and then another cannot intervene until the victim's mental health is under control** […] - **Professional Survey Respondent**

> Find it hard **when they disclose but then go back on this before support can be put in place** Can feel frustrating and make professional feel helpless - **Professional Survey Respondent**

> The victims I usually work with are **being abused by an older son** and it sometimes difficult **to get agencies to see the parent as the victim**. - **Professional Survey Respondent**

> Aside from that, **lack of staffing at support services means long waiting lists** for the support they need or delays in response **times from support services. This leads to the fears already mentioned increasing**. - **Professional Survey Respondent**

Whole Family Approach

When speaking to professionals they spoke about the separation of issues in relation to the whole family.

This professional spoke about the disparity between the label 'whole family' and the reality of fully engaging with a whole family approach.

> it said that we have a whole family approach and that's the service we commission. […] I think that **whilst it's whole family it's not really** because, it just… in terms of **perpetrators of domestic abuse they're not seen within that whole family are they they're just… they're referred to a separate service.** **– Professional, Children's services**

This professional states that they are making efforts to change ways of working to include the whole family

> And **everything sort of dealt with as a separate entity**, apart from like children and the victims, they can sort of link together if the victim is with the children, or if they're going to be with the children. So yeah. **But maybe that's the thing that we're missing a little bit, is that, how do we link it in?** **– Professional, Other**

Some professionals recognised children as victims in their own right, whereas others did not take a whole family approach to disclosures of domestic abuse

> *Interviewer - And if there were a concern or a disclosure of domestic abuse and you knew that there was a child in the family, would there be a process that you would follow for that?*
>
> Respondent - **No, we wouldn't automatically, we wouldn't automatically make a referral** **– Professional, Housing**

Some survivors were judged and perceived as not needing services, resulting in some service not being offered to them and a lack of a whole family approach.

> I've got Early Help involved but they're **just concentrating more on the children rather than- than me**. I think because – and this is – I think because I come acro- I mean, I don't today. I've- I've- I've sounded completely, like, all over the place. But I think **because I come across as being quite, like, empowered and quite knowledgeable and assertive, I think people assume that I can do everything** and I'm okay with everything. But actually, there are some – there's- **there's a lot of gaps – Survivor**

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Summary of Findings



Our work in North Yorkshire and City of York has shown the following

- Survivors spoke positively about support received from IDAS valuing effective communication, support, compassion and flexible response from familiar, consistent and knowledgeable professionals which was tailored to their needs
- Many survivors were unaware that they were experiencing abuse and felt IDAS helped them to recognise the signs of abuse in a judgemental way
- Some survivors expressed disappointment with a lack of long term support highlighting the importance of step down and recovery
- Survivors felt that services should be more accessible and an awareness of services was important
- Additional needs and multiple disadvantage such as immigration and disabilities created additional barriers to support for victims
- Economic abuse was a factor for many of the survivors we spoke to and created additional barriers
- The court process, both criminal and family courts, was challenging for survivors with the lack of support during and after, and access to Legal Aid being key barriers
- Post separation abuse was a factor for many survivors and remains a key issue. Again this highlights the need for ongoing step down and recovery services
- Support for children is available but limited with many expressing a need for greater support. There is currently no service available for those under 10 years old
- Education play a key role in supporting child victims of domestic abuse in North Yorkshire and City of York
- Young people are wanting to access support and guidance around healthy relationship in a variety of ways and places
- There is limited engagement with those using harmful behaviours
- Not all professionals are completing risk assessments when identifying domestic abuse and not all are referring to specialist services
- In additional to victim-survivor engagement, timing including long waiting lists and speed of referrals, and multi-agency working including getting support from agencies and their knowledge of domestic abuse were highlighted as challenges to getting support for victims
- The understanding of a whole family approach is not consistent across the area

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Whole Family Approach – Workshop Discussion



Priorities

A key theme was the need to have a collective understanding of what a whole family approach is, how that looks in practice and to raise awareness. Foundations and IDAS advised that they provide training on a whole family approach.

Professionals felt that it was important to understand what makes a family as there can be a large family network, inclusivity and to look at the strengths and protective factors available. It was also raised about the importance of breaking the cycle of intergenerational abuse.

Understanding and having a clear service design so all members of the family can receive the right support at the right time. This includes challenging abusive behaviours.

A discussion regarding incentives to engagement also took place.

Barriers

There were many barriers highlighted within this discussion. The need for a safety led response, understanding of the complex nature and the culture and background of families was raised.

In regards to those using harm, professionals discussed that by them not acknowledging their behaviour and therefore not engaging, particularly when Children's Services close cases, it is not a whole family approach. How do professionals have those discussions to gain consent when mandated programmes are not appropriate. Engagement with men, particularly fathers was highlighted as an issue overall in the area as well at the need to manage expectations with too much placed on the victim/survivor.

For children, their age and lack of specialist children's workers was highlighted.

Professionals acknowledged the challenges around rurality, the limits in accessibility and accessing services, the lack of resources to meet the need and the difficulties due to budgets including short term funding grants.

Understanding and navigating the system for families alongside, poor information sharing, acronyms and lack of accessible language, and the commitment of key agencies to a whole family approach were also highlighted as barriers.

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Whole Family Approach – Workshop Discussion



Action plan

The development and upskilling of professionals was discussed alongside an increased understanding of disguised compliance.

Longer term funding views and multi agency funding opportunities were also discussed.

Foundations shared details of their support services for those who harm and of their training opportunities

The Caring Dads Programme was also mentioned however it is important to note that this is not a DVPPP programme, it is a programme for those who have used abusive behaviours to support them to improve their parenting skills

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Whole Family Approach – Recommendations



Based on our work and discussions held at the co-creation workshop, we would recommend the following:

Polices and Procedures

- A collective understanding of a Whole Family Approach should be embedded within policies and procedures for all agencies including expectations of support for all members of the family
- All staff working with domestic abuse to be aware of a whole family, risk led approach, completion of risk assessments and the referral pathways to support services
- Within the multi agency approach, each agencies should have expertise with victim, children and those who harm focused support

Specialist services

- North Yorkshire and City of York to contribute to the effective planning, design and securing of specialist and 'by and for' services, based on a thorough understanding of need across the local area, identified through a regularly conducted and comprehensive needs assessment, with data disaggregated by gender, ethnicity, age and all protected characteristics. This needs assessment should be used to identify gaps in provision and understand how services could better meet the needs of underrepresented and minoritised groups.
- Consideration to how current 'by and for services' can be enhanced and included within the current system such as direct referral pathways
- Consideration to having Idva's co-located within services such Health services, LGBT+ services and Substance Misuse to enable victims to access domestic abuse support through the service they feel most comfortable engaging with
- Consideration to providing and/or enhancing dedicated domestic abuse support for victims within the court arena. This may include linking in with Victim Support and other witness support services
- North Yorkshire and City of York to promote awareness of specialist and by and for services that exist in their local area or elsewhere if the provision isn't available and how to refer into them via the communications strategy recommended within the Culture and Language section of this report
- North Yorkshire and City of York to enhance their joint domestic abuse commissioning strategy between partners to cover the provision of services for the whole family. This strategy should be based on a thorough understanding of need across the area, service mapping and analysis of current and future resources.

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Whole Family Approach – Recommendations



Support for Children

- Children and Young People interventions should support the local multi-agency response to safeguard children and young people from the impact of domestic abuse and therefore should be part of a multi-disciplinary team, which works with each member of the family
- The current support offer for children should be expanded to include children of all ages and can be enhanced by including age specific programme such as Do you feel what I feel? Toolkit, a specialist early years programme for child victims and their non abusive parent
- The North Yorkshire and City of York Domestic Abuse Partnership Boards should ensure training for children's social workers and youth workers provides an understanding of the dynamics of domestic abuse for all children and young people including victims of domestic abuse in their own intimate relationships and those who harm
- Training should also be provided for schools and other youth agencies/service providers which adequately addresses the full range of domestic abuse that young people may experience or be engaged in
- Local services should be funded, enabled and supported to provide ways of supporting young victims of domestic abuse which reflect their preferred method of communication – for example online support such as specialist chat-bots or online peer-to-peer support.
- Provision for Ypva's and long-term support for young people experiencing domestic abuse should be available alongside the funding of Idva provision and outreach services
- Appropriate referral pathways must be available for young people below 16 who experience domestic abuse
- The Respect Provision for young people using harmful behaviours towards their partners and towards parent/guardians which offer dual support to the parent/guardian and young person should continue with all agencies aware of the service. Links should be made between such services and the Youth Justice system to ensure these options are available as part of the criminal justice response
- A communication strategy specifically targeting young people using their preferred communication methods to raise awareness and signposting to relevant services including linking into local communities via the Area Constituency Committees, town and parish councils
- North Yorkshire and City of York Councils and schools should draw on the expertise of specialist domestic abuse education providers when developing the new RSE guidance and school curriculums

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Whole Family Approach – Recommendations



Step Down and Recovery

- North Yorkshire and City of York should work alongside local survivors to scope and review appropriate move-on, step down and recovery support to build in provisions and therapeutic options for survivors after harm has occurred.

  This includes delivering and supporting survivor groups, peer mentoring, therapeutic support both face to dace and online and using spot purchasing. Options which can facilitate this include -

  - **Recovery toolkit** https://rockpool.life/the-recovery-toolkit/ Rockpool's Recovery Toolkit is a 12 week course for Survivors who are no longer in an abusive relationship. It concentrates on the emotions Survivors feel as they look to rebuild their lives and the challenges they may experience in their recovery.
  - **Freedom programme** https://www.freedomprogramme.co.uk/ The Freedom programme examines the attitudes and beliefs of people who perpetrate domestic abuse and dissects the reality for domestic abuse victims and what they experience(d).
  - **Pattern changing** https://www.ndada.co.uk/courses/pattern-changing/ This programme lasts 14 weeks. It is an educational course for women who have been in an abusive relationship. Pattern Changing is designed to help Survivors understand domestic abuse, how it has affected their lives, and how to move forward, positively, after the abuse has stopped
  - **Peer mentoring programmes** give clients the opportunity to use their qualities, experience, talents and skills to support other Survivors. Opportunities for this involvement should be based on individual assessments of their recovery, support needs and plans.
  - **One-to-one humanistic counselling** is a fundamental need in the recovery of Survivors of Domestic Abuse and should be considered integral to a Survivor's support plan, if and when they want to access it.
  - To ensure Survivors feel valued and empowered in their recovery, it is important that their support is individualised and tailored for them; an activity fund which is available for **spot purchases** can help with this. Specific items that have been purchased for Survivors are, for example:-
    - •Yoga/exercise sessions
    - •Counselling hours
    - •Stationary
    - •Travel expenses
    - •Training courses
    - •Creche/Nursery hours

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Whole Family Approach – Recommendations



Those who harm

- There is a clear need to work with those who harm and further recommendations will be made within the Those Who Harm section of this report

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Multi-agency working

Support Needs of Victims

Our survey asked survivors to state what kind of support they needed in relation to the abuse that they experienced, giving a list of responses to choose from.

Mental health support and counselling were selected most often, showing a clear need for this kind of support.

All of the options provided were selected by at least one survivor, demonstrating the wide array of support needs that some survivors experience, and highlighting the need for a broad range of interventions.

12 of 18 respondents felt they needed **counselling** in relation to the abuse

11 of 18 respondents felt they needed **financial advice** in relation to the abuse

10 of 18 respondents felt they needed **legal support** in relation to the abuse

felt they needed **mental health support** in relation to the abuse

Every option was selected by **at least one respondent**, showing that a **broad range of holistic support** is required

Survivors told us that while experiencing abuse they were in touch with a wide range of professionals and services, with the most common professionals being their GP and the Police.

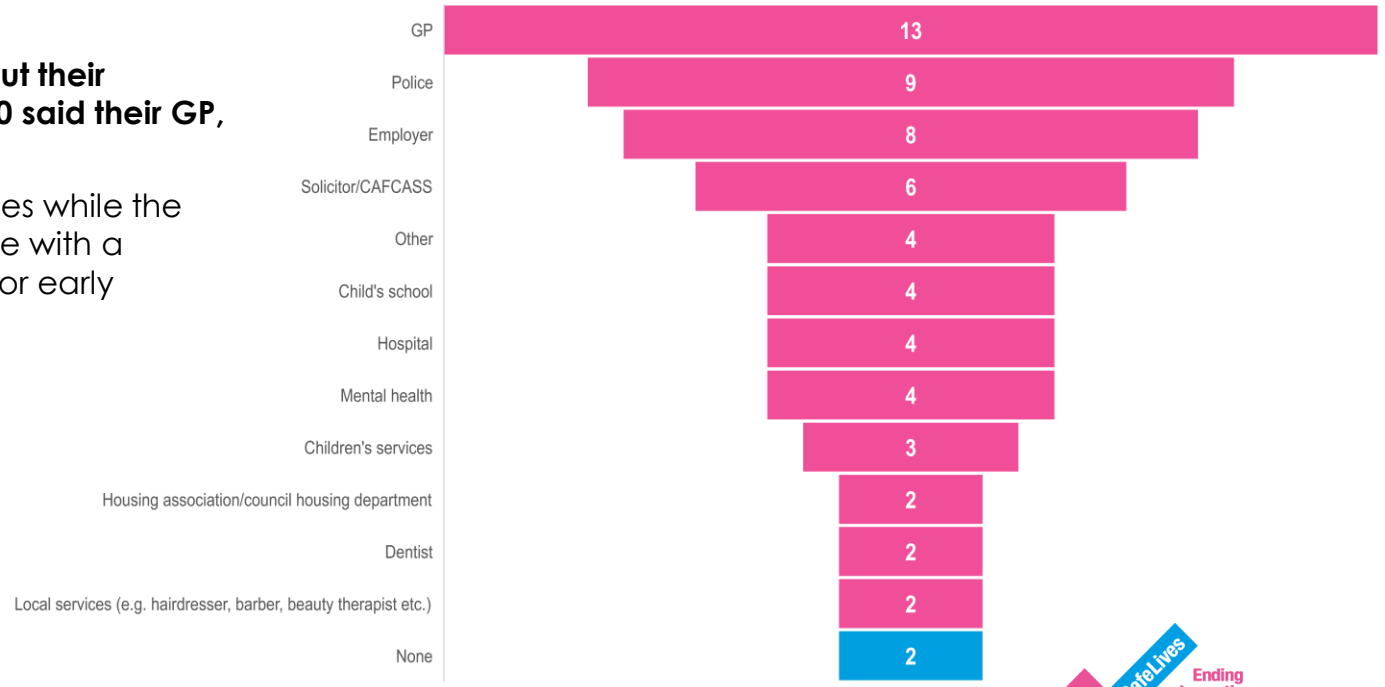
Out of 18 survey respondents, **16 said that they would tell family about their experience of abuse, 12 said a parent or carer, 10 said the police, 10 said their GP, 9 said a local hospital and 8 said their child's school.**

This suggests that victims are both known to a wide range of agencies while the abuse is occurring, and that they are willing to share their experience with a number of different professionals, presenting a positive opportunity for early intervention and engagement.

All families identified during our case audits were working with at least two different agencies during the highlighted 23 month period.

The highest number of agencies working with a single family was eight, with the overall average being 4.4.

This demonstrates the importance of effective communication between agencies when working with survivors of domestic abuse, something which was not reliably observed.



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Mental Health Support

Survivors highlighted challenges accessing mental health and counselling services, specifically speaking about waiting lists, unclear criteria, lack of communication and professionals signposting them back to domestic abuse services for mental health support. As mental health and counselling is consistently identified as a primary support need for victims of domestic abuse, it is vital that such services are accessible.

> I mean, I've been assessed seven times but they keep telling me that **I'm still on the waiting list and it's a long list, so they can't really do much**. - **Survivor**

> And then she phoned me and she was just like 'we've had to refer you to a specialist because your needs are too complex' and **I haven't heard back yet. And I phoned them two days., two or three days ago and I still ain't heard back again. - Survivor**

> It was an hour long assessment, and the result was '**you're not eligible for help** because you're currently going through [inaudible 06:20 -06:25]. And I was like 'but I'm with IDAS; that's who referred me to you', and I got bounced back to IDAS. They said **'well, you should be supported by the staff in the refuge - Survivor**

Several survivors spoke positively about the quality of the mental health support that they received once they were able to access it, and compared them favourably to services in other areas.

> So I had a lot of **help and support from the perinatal midwives**. And that was in the form of them coming round... first, it was like coming round and sort of like one-on-one kind of chats and talking to me. And then from there, they did a number of... there was a few like video therapy sessions. There were a few. And then there was a course of like CBTs sort of**. It was really good cos they were kind of giving me ways of kind of coping and dealing with things**. - **Survivor**

> **I have got all these services up here. I've got a lot more support up** here than I've had in fifteen years of being down south and having mental health problems. So, no, **I'm not leaving because the services up here are much better - Survivor**

> I've got a psychiatrist. I've also got epilepsy, so I've also got a neurologist **which is really good because I've only been here three months - Survivor**

Relationships Between Agencies

Professionals were able to identify and articulate the importance of multi-agency working, and felt that there were generally positive relationships with other agencies locally.

When asked about multi-agency relationships, **37% of professionals stated that they disagree or were unsure** that they feel valued by professionals in other agencies, and **26% stated that they disagree or were unsure** that they are able to effectively communicate with other agencies about cases of domestic abuse.

Higher than expected numbers of professionals also stated that they find it challenging to understand some professional terminology, and that they don't feel that professionals from other agencies safely identify and respond to domestic abuse, or have the best interests of victims at heart.

23% of professionals also stated that they disagreed that there is a clear process for protecting victims among the various agencies, with 44% stating that they are unsure.

This presents a contrasting picture, and suggests that there are a significant number of professionals who feel unable to effectively work in a multi-agency way, or do not feel that other agencies are operating effectively or safely.

> "You know, we all need to work together, […] **nobody really comes into Refuge with just domestic abuse; there's always other issues that go with it**. Generally, mental health; you know, self-medicating with drugs and alcohol; you know, **there's always something else, and so you can't, you can't just fix one thing or work on one thing. We've got to all come together and work on all of them things to get the best outcome. - Professional, Housing**

> "they're [IDAS] very, very supportive with all our services in [place], keeping constant contact. We have regular kind of meetings with them. Always on the phone to have a chat as well - **Professional, Housing**

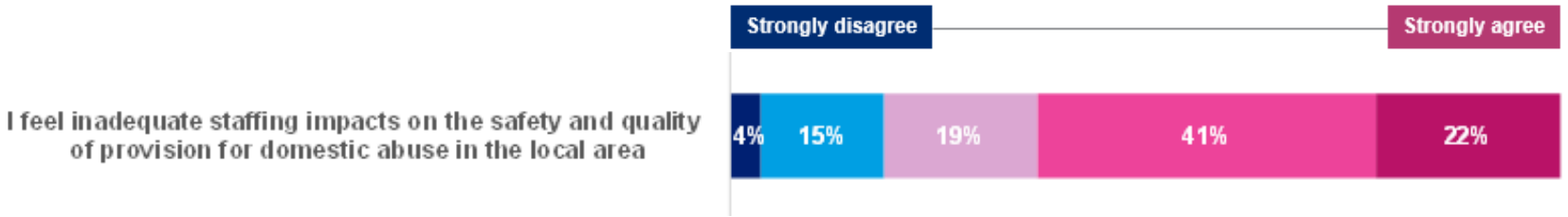
> "I think we're pretty strong and I think that's how we were able to quickly mobilise and understand demand during COVID. You know, cos if we didn't get on, when the pressure's on you fall apart, and we didn't - **Professional, Housing**

I find it hard to understand the professional terminology used by other agencies	**11% Strongly agree or agree with this statement**	**41% are undecided**	**49% Strongly disagree or disagree with this statement**
I trust professionals from other agencies to advocate for a victim of DA and have their best interests at heart	**66% Strongly agree or agree with this statement**	**22% are undecided**	**11% Strongly disagree or disagree with this statement**
I feel that agencies in my local area safely identify and respond to domestic abuse	**52% Strongly agree or agree with this statement**	**30% are undecided**	**19% Strongly disagree or disagree with this statement**
I feel that there is a clear process for making decisions to protect victims among the various agencies	**34% Strongly agree or agree with this statement**	**44% are undecided**	**23% Strongly disagree or disagree with this statement**

Relationships Between Agencies

"I think we've got some really good relationships with our partners in [place]. I think it can... **I think it relies as with a lot, and this isn't just domestic abuse, I think it relies on a small cohort driving and leading - Professional, Community Safety Partnership**

"sometimes, finding the right person as well. I know when we thought, right, we need to call a multiagency meeting about this individual, **actually just trying to locate the correct person to attend is sometimes difficult"** Professional, Substance Misuse



"The challenge is that, **then obviously there are these dedicated individuals but there's not many of them**, more us so it is just being mindful, it is getting bigger and bigger. - **Professional, Council**

"I feel like **we're having these really healthy, positive, multi-agency discussions but without people actually being able to deter or disrupt these individuals on a day to day basis.** I'm not sure we're getting the response that we could if we had more resources. - **Professional, Police**

While we did identify some examples of positive relationships between agencies, this often appeared to be the result of personal relationships between individual members of staff rather than processes within systems, leaving the response vulnerable to gaps when staff members are not available or no longer in post.

This is particularly likely to cause problems within the system when taken in conjunction with reported concerns about resource and capacity, which was identified by a number of professionals.

63% of professionals agreed that inadequate staffing levels impacts on their ability to provide a safe and effective domestic abuse response.

While it is recognised that this is a national issue, it is important to consider the ability of agencies to communicate and work together effectively if they are unable to guarantee that they have the time and resources to do so, and services should be designed with this in mind.

Understanding of the Role of Agencies

Professionals felt that some agencies did not fully understand their role and remit, leading to misunderstandings or frustrations, and some survivors told us that they felt that they were left responsible for navigating an often complex system to secure the support that they needed, or felt that services worked with them for short periods of time and failed to adequately signpost and refer once the work was complete.

Victims of abuse, many of whom are experiencing or have recently experienced trauma, will often struggle to navigate complex systems, and will find the process confusing, intimidating or re-traumatising. This in turn acts as a disincentive and a barrier, and reduces the probability of someone being able to engage with the support available.

> “ I generally do feel we all work as a team. It does feel sometimes that police are often left with a lot of the responsibility […] I'm not blaming any agencies here. But sometimes if it's a police-led case and we haven't got any agencies in, it almost feels like, okay, we need to do more, but we can't do more because we need help from this service, but they're not involved yet. That can be quite challenging. - **Professional, Police**

> “I had a lot of safeguarding leads from schools coming to me and saying, ‘Halo, so what do you do? Oh, right. Okay. Well, no, it’s not relevant to us because we haven’t got anybody who’s black’. To which you say, well what about Eastern European women and communities you’ve got? ‘Oh are they BME?’ [sigh] So, that’s just one example of how much more awareness is needed - **Professional, Domestic Abuse Partnership**

> “ I think I have been quite lucky in the fact that I have had quite a lot of good support but I do think a lot of it I’ve sought myself…I think a lot of it… I don’t think people are probably aware as much of how much they can get some help. - **Survivor**

> “ They were out of my house what seven eight weeks, something like that, then that’s it nothing. I didn’t get put onto anybody else, I didn’t get any extra… I think the Crisis Team could’ve maybe pinpointed something else to maybe go to. - **Survivor**

> “ I think people probably don’t totally understand what we do as a whole. - **Professional, Substance Misuse**

Communication with Victims

We identified multiple occasions in which victims were given incorrect, confusing or conflicting advice from professionals, leading to situations in which they were uncertain of how best to respond, or what actions to take. Survivors also identified that they felt that some of the advice received was unhelpful, or led to negative outcomes.

> I remember that one Friday I received a call and they told me, Monday, you need to be in a refuge, it's one hour [inaudible 19:21] and Monday in the morning when I was prepared to leave, they called me and **they said that they don't accept me there, because it's too near, it's near [place] and I need something far**, and again one week, about a week they called some refuges and **then the last call that I had was from here and they say okay doesn't matter how far it is - Survivor**

> And the same with the solicitors and the police. **It's kind of like the police are telling me one thing, the solicitors are telling me the other.** And I know there's a difference between like criminal and civil law, but it was still... it still kind of felt like I'm this person in this situation [laughs], what am I meant to do to move forward and get out of it? **And you just end up with all these people telling me their restraints, but not giving me a solution**. - **Survivor**

> **they said I should apply for Clare's Law to try and find out more information.** And the police... IDVAs said this as well and advised me to do it. The police officer, the investigating officer said, 'Go down that route.' She said, 'There's some... there's stuff that you really need to know,' which obviously made me a bit concerned. So then I spoke to the domestic abuse officer, which is the way that you sort of were meant to go to apply for it. And she said, **'Oh, you can't do it cos you're not in a relationship with him anymore**.' And I thought, **'Well, why are all these other people telling me that I need to do it?' And all of a sudden I'm being told that I can't**. - **Survivor**

> **I did find that I was getting slightly conflicting advice between everyone**. […] So yeah, I had a couple of problems that way, **which eventually sort of caused problems with the police investigation**. - **Survivor**

> mean, it was on her advice that **I only pursued that option because she said that there was enough to charge him. So now I felt like I had all these other avenues that I could have gone down, but I chose not to because they said they had enough on him with this one thing. And now there's... you know, now I'm in this position where he's sort of feels like he's been vindicated.** He's, you know, let off. There's no... nothing being pressed. And I've just been dragged through all this turmoil of giving all these statements, reliving everything again, doing all these video interviews, and I've literally got nowhere with it. And that was really, really hard. - **Survivor**

Communication with Victims

> “ It was this kind **of lack of knowing what's going on particularly with regard to the situation from the police.** Cos I mean my mum was in the same position as me and we were just so worried that [pause] me like speaking out was going to escalate things further. **And there wasn't really kind of any reassurance around that or any sort of, 'Look, if he does this, this is what's going to happen.’** - **Survivor**

> “ she was there as the communication link between myself and the police and she was meant to be there as like a support through it. **But you'd often find when she came around, she'd be saying to me like, 'Oh, have you heard anything from the police?'** And I'd be like, 'No. Have you heard anything from the police?' And she'd say, 'No.' So then she'd say, 'Oh, I'll try and get in touch with them.' **But she had the same problem with me. The phone number wasn't working, she couldn't get a hold of anyone - Survivor**

> “ **but she had with accessing social services because they didn’t call her back, they didn’t reply to emails.** For example, when she had a call group meeting, it happened that social services forgot to attend the call group meetings as well - **Survivor**

> “ **social services have massively let u down. Massively**. They haven’t even been to see my baby; they’ve just rang to check he’s okay. They haven’t even been - **Survivor**

In other cases communication and support from professionals was inconsistent, and responsibility was placed on victims to chase professionals for information.

Again, this creates a barrier to engagement, which can act as a significant disincentive to victims who are experiencing abuse, living in challenging or insecure circumstances and may be experiencing trauma.

Victims rely on professionals to provide support, guidance and information that is accurate, timely and accessible. Incorrect, incomplete or missing information can have significant consequences, practically and emotionally, for victims.

Multi-agency Communication

As identified previously, victims were most commonly in touch with their GP and the police while the abuse was occurring.

This was supported by evidence from our case audits, which saw the police and GP surgeries record the highest number of contacts with victims and families in eight out of nine cases.

Despite the regularity of contact with these two agencies they were disproportionately least likely to ask about the victim's experience of abuse, and GP surgeries rarely interacted with non-health agencies regarding the abuse, even when it was disclosed.

In a single cases we recorded **12 GP contacts over a 23 month period**, and no referrals or contacts from the GP with any non-health agencies.

This presents a significant opportunity for improved multi-agency working, early intervention and support for victims by ensuring that GPs and GP surgeries are supported to engage more effectively with the local domestic abuse system.



13 people had been in touch with their **GP**

Seven had been asked about their experience of abuse.



Nine people had been in touch with the **police**

Six had been asked about their experience of abuse.



Eight people had been in touch with their **employer**

Seven had been asked about their experience of abuse.



Six people had been in touch with a **Solicitor/ CAFCASS**

Five had been asked about their experience of abuse.

5/8 cases we audited recorded the police as the primary agency

3/8 cases recorded the GP as the primary agency.

44 – The highest number of police contacts in a single case

15 – The highest number of GP contacts in a single case

Multi-agency Communication

GP surgeries were regularly in contact with victims and discussing the abuse, but often did not refer or signpost beyond mental health or social prescribing services, and would on occasional fail to identify patterns of behaviour as identifiers of domestic abuse. GPs rarely attended Marac, even in cases with significant GP involvement.

Where GPs were often in contact with victims regularly, they provided significant support beyond direct health advice, and appeared to provide an empathetic and consistent service to victims.

18/11/21
GP was asked by social worker to refer the victim back to Mental health services. During phone call with victim, GP asked about how she was coping with two children with disabilities, multiple bereavements, her own physical health issues, ongoing anxiety and history of domestic abuse. Specifically about 'no escape' for her from a generally stressful situation. Referred to Mental Health services. A follow up text message was also sent detailing other support services available, including; Samaritans, SHOUT, NHS 111, Haven Mental health hub, CRISIS team, attend ED in an emergency.

03/11/21
Face to face mental health assessment with victim. Discussed anxiety and coping mechanisms. Relationship difficulties continue, has tried making time for self, however this has been met with resistance from partner. At risk of deliberate self harm. Agreed to review again in two weeks.

In these examples, we can identify specific high risk indicators of domestic abuse being disclosed and discussed with the GP.

In these cases the GP did not follow up with referrals into any specialist domestic abuse agencies, did not appear to discuss the abuse further, and did not communicate with any non-health related agencies regarding the disclosure.

Agency Attendance and Engagement

Attendance by agencies was highlighted as being inconsistent and generally on a decline, and meeting effectiveness was further impacted by the right people not necessarily attending.

> And again we have **this glide path downwards of attendance from other agencies**. So- so we have some real stalwarts, but we have a real mixed bag across different areas of the county. **- Professional, Council**

> But the attendance can range from twenty-five people down to six people and **they're not really necessarily the right people you want to take that learning into the community**. **- Professional, Council**

> **there is also some degree of lethargy**. You know, I think it's always- it's always felt that it's been there, and it's not necessarily just DA. […] sometimes you go to strategic partnership meetings and **you do a lot of talking but then the energy dries up after that meeting**. Do you know what I mean? And you know, **unless you are questioning and- and reminding and trying to progress it, things can quite quickly run into the sand. - Professional, Council**

Some professionals expressed varied issues with the length and number of meetings, and with maintaining momentum after meetings, including a sense of lethargy, and a difficulty turning strategic discussion into action.

Information sharing was identified by professionals as a barrier to effective working and risk management, and this creates situations in which professionals have to ask potentially re-traumatising questions, or ask victims to recount their experiences.

> So **we don't want to be kind of asking sensitive traumatic questions to people all the time** when they've told countless people about something that happened in their past, which they're not really don't wanna talk about. **But at the same time, we need to know the risks. And some agencies are a little bit... Not always good in terms of providing that information**. **- Professional, Other**

> I think **some agencies think that by providing some information might prevent us from taking that person on as a service user**, which is worrying because we need to know everything. Yeah. So that **does concern me sometimes that some information is maybe omitted to get that person into our service - Professional, Other**

> We've commissioned three new domestic abuse workers to work with gypsies and travellers.' I went, 'Oh, that's great, because we've got a gypsy and traveller site in [place.]' **'Oh, no, it's not to work on that site, it's just to work on our sites.'** And I went, 'What? So, across North [place], you haven't looked holistically at that need group and you're just doing it on your sites?' 'Ah, yes, well the people we've got doing it will only go on the site' And **it's just mismatched, for me it's mismatched. We need to commission together, and we don't. - Professional, Housing**

Inconsistent engagement and communication across the region caused inefficient commissioning, leading to groups of survivors being missed or not being provided with appropriate support

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Strategic Aims

We identified that some professionals felt there was a disconnect between strategic aims and operational delivery. Some professionals stated this directly and told us that they did not always understand the relevance of central strategies, or did not see a clear connection to their work, and others told us that they were unaware if there was a strategy at all, or that they were unaware of the details.

Professionals also expressed that capacity and resource challenges make it difficult for agencies to think about the bigger regional picture.

This was particularly present in district housing teams, who often stated that their local delivery felt distinct from regional strategies, and that they felt resources were not always utilised across the region in an effective manner.

We also identified that district housing teams often lacked structured domestic abuse skills development, and demonstrated an approach which was not always in line with best practice.

This gap risks exacerbating the inconsistent response identified in previous sections of the report creating a lottery system for victims seeking support.

We appreciate that moves to unify the district councils should address some of these concerns, but it is important to continue to ensure that strategy is relevant and useful to frontline services, and that the information is communicated and supported effectively.

> it's interesting what you said about strategic perspectives and frontline perspectives, **there can be a massive void between the two** - **Professional, Community Safety partnership**

> I think all the meetings are fine, **I just don't know, unless they're really operational or they're about tasking or they're about a specific person like we tend to do, I'm not sure strategically where we're wanting to go.** Do you know what I mean? - **Professional, Housing**

> You know, you think about some of the organisations around the table, **they can be very silo working without working in the partnership piece**, if that makes sense? You know, so the... you know, you write a strategy, you involve partners , you involve the survivors voice etc., but actually delivering the strategy that, you know, just writing it isn't the end, is it? **The key bit is the so what bit.** And I think the join up at times, and I think that goes... that is understandable because that goes hand in hand with everything I've been saying around capacity. You know, we're going into a new... a huge new council, you know, my capacity's shot […] **So there is a real challenge across partners and that multiagency capacity that makes it difficult at times** - **Professional, Domestic Abuse Service**

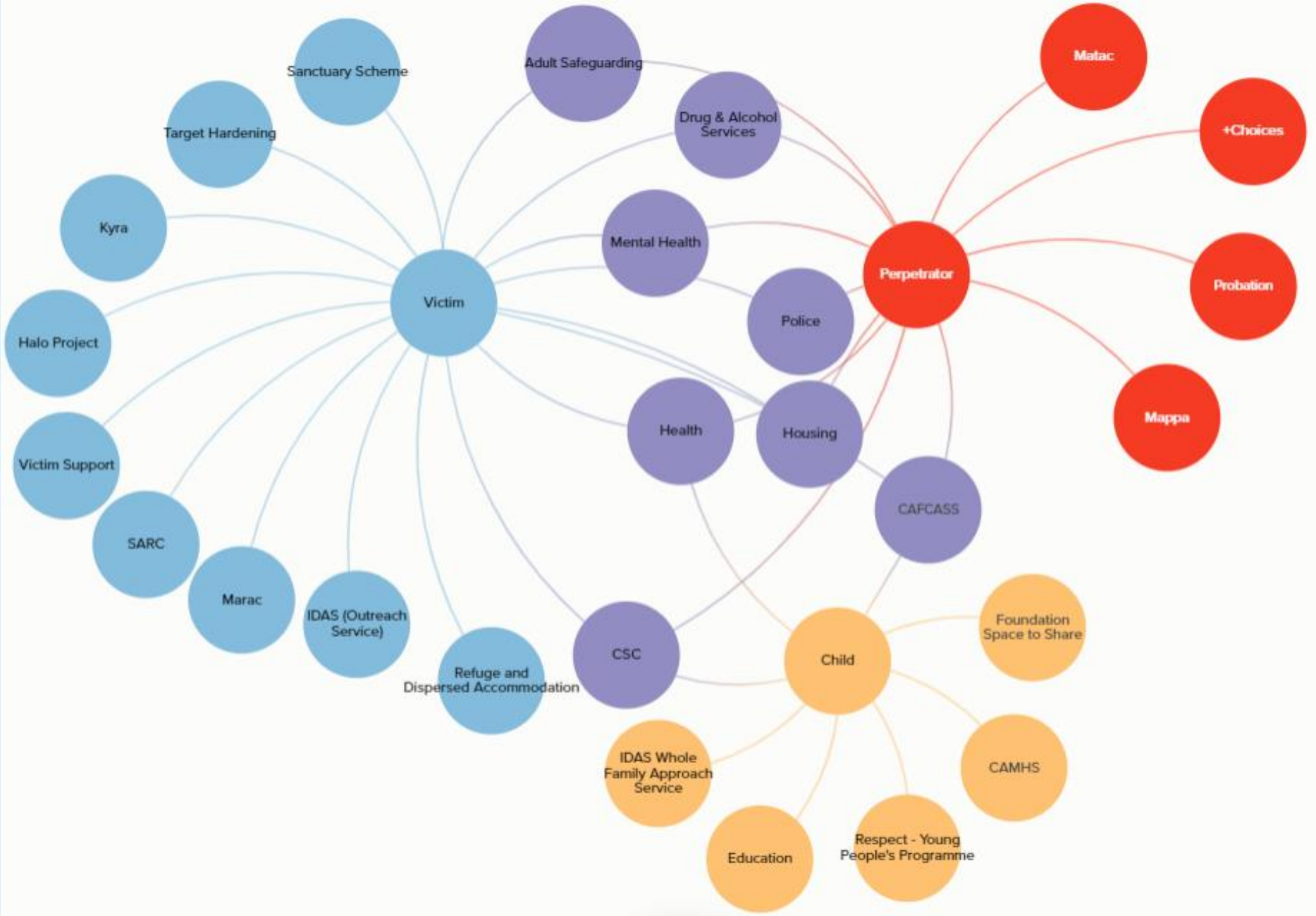
Systems Mapping

This map visualises the range of services currently operating in North Yorkshire and the City of York.

As you can see, there are a range of services available for victims, with notably fewer available for both children and young people and those using harmful behaviours, leading to potential missed opportunities to provide support, intervention and disruption.

An effective domestic abuse system should include a wide range of services for each family member, and ensure that individual needs are represented by the provision of specialist services.

Please note, this image is not exhaustive, and is provided for illustrative reasons



Summary of Findings



Our work in North Yorkshire and City of York has shown the following:

- Survivors who are known to services will generally have support needs in a wide range of areas, and need a joined up approach in order to meet those needs.
- Survivors are generally known to more than one service.
- Those services can effectively communicate and work collaboratively, but this is not consistently the case, and many survivors do not feel that the support they received was effectively joined up. This was supported by evidence from case studies, which saw some agencies (specifically the police and GP surgeries) often being the first agency to identify domestic abuse, but not always completing appropriate referrals or communicating effectively with other agencies.
- Agencies that are most commonly in contact with victims (GP surgeries and the police) are also disproportionately less likely to identify or ask about the abuse, or effectively coordinate with other services. Health services in particular did not appear to be regularly referring into specialist domestic abuse services or Marac.
- GP surgeries in particular are not effectively integrated into the wider domestic abuse system, leading to missed opportunities for effective information sharing and multi-agency working.
- Professionals generally believe that they have positive relationships with other agencies, but there are a significant number who don't agree, and either don't understand work carried out by other agencies or do not trust them to work effectively.
- Survivors often receive conflicting or confusing information, or struggle to communicate effectively with key agencies.
- Pressure on resources acts as a barrier to effective multi-agency working.
- Professionals are not always aware of broader strategic aims in relation to domestic abuse, and those that are aware often do not feel that these strategic aims translate into operational processes.

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Multi-agency Working– Workshop Discussion



Priorities

Professionals at the co-creation workshop felt that it was important to set and monitor expectations, and that local agencies should be held accountable for ongoing multi-agency working. It was also felt that this would require senior strategic leadership and top-down oversight, including elected members and executives.

Emphasis was placed on the importance of clarity of expectations and effective communication, including confirming single points of contact within each agency and setting a tangible, clear action plan to ensure ongoing compliance.

There was also mention of practical considerations regarding information sharing, and the need for a clear agreement.

Barriers

It was felt that resources and capacity makes it difficult to work effectively with other agencies, and that agencies can respond to these challenges by looking inwards and focussing on internal processes and priorities at the expense of a coherent joined up response. It was also identified that staff changes can make it difficult to forge longer term relationships, and that it can be challenging to find the time to attend strategic meetings when work pressures are significant.

Professionals also identified the complexity of the system and technical jargon as barriers, and that while there are often a significant number of agencies involved with a case, the system itself often appears linear.

Action Plan

Professionals stated that reviews and refinement of terms of reference for multi-agency meeting would be helpful, and that staff should receive training in data protection to ensure that information is being shared effectively.

There was mention of the need for more face-to-face meetings, and more flexible methods of contact such as drop-in sessions. There was also a need for more data, both quantitative and qualitative, including the use of experts-by-experience to influence ongoing action planning.

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Multi-agency Working– Recommendations



Based on our work and discussions held at the co-creation workshop, we would recommend the following:

- The current mental health support offering for victims of domestic abuse should be reviewed, specifically focusing on waiting times and referral criteria. Efforts should be made to ensure that appropriate mental health support is available to victims of domestic abuse in a timely manner
- Multi-agency forums (e.g. Marac, MAPPA) ensure their membership always includes a mental health representative who is supported and equipped to actively participate and share expert insights.
- Local multi-agency training strategies should embed an understanding of the relationship between mental health problems and domestic abuse in victim/survivors and those perpetrating abuse, including the risk dynamic where both parties have mental health difficulties
- Domestic abuse services and mental health services should work closely together and ensure clear referral routes are established. Mental health services should have training in domestic abuse, and Domestic Abuse services should have training in mental health. Integrated Care Boards should note NHS England's guidance on their responsibilities under the Domestic Abuse Act 2021 to highlight the need for Joint Forward Plans to ensure this happens
- Mental Health Trusts and non-statutory mental health associations should review their current strategy and ensure it sufficiently covers a response to victim/survivors (both adults and children) and perpetrators of domestic abuse. The strategy should be based around providing trauma-informed care
- Current key multi-agency meetings and their terms of reference should be reviewed, with a focus on ensuring quality of meetings, appropriate agency representation and clarity of purpose.
- Consideration should be given to supporting multi-agency forums in which agencies can share knowledge and best practice, specifically to support better understanding of the roles, responsibilities and limits of professionals within those agencies.
- Additional efforts should be made to provide police and GP surgery staff with training and support, both in regard to general domestic abuse awareness, but specifically related to local referral pathways.
- Efforts should be made to ensure that GPs and GP surgery staff are included in local domestic abuse planning and development, and that they are present at multi-agency meetings wherever possible. Specialist domestic abuse agencies could also consider reaching out to GP surgeries to provide additional support and guidance, and to establish relationships.
- The development of regional strategy should focus on operationalising high-level aims and oversight for how that strategy will be implemented on a local level.

SafeLives Ending domestic abuse

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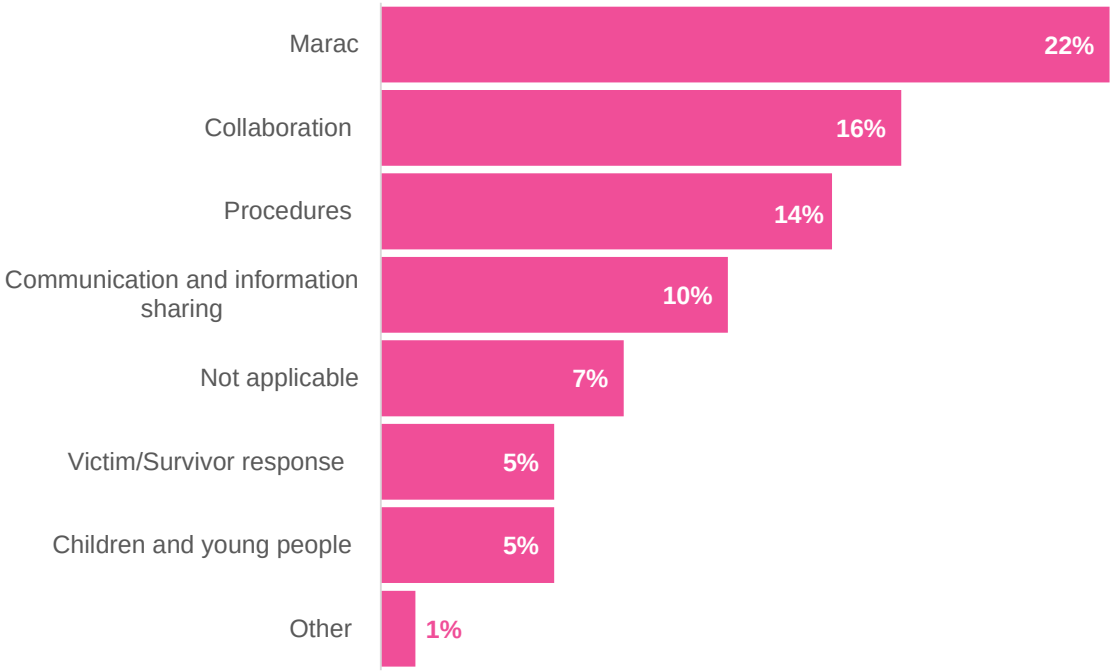
Marac and Matac

View of Marac

When asked about their experience, professionals most frequently identified Marac as the most effective part of the local domestic abuse response, with 22% of professionals responding in that way. The majority of professionals also felt that Marac greatly or somewhat improved the safety of victims and children, although the response was more mixed in relation to those that harm. Overall, it appears that professionals have a positive view of the Marac.



82% of professional survey respondents felt the **Marac Greatly or Somewhat** improved the **safety of victims**

96% of professional survey respondents felt the **Marac Greatly or Somewhat** improved the **safety of children**

50% of professional survey respondents felt the **Marac Greatly or Somewhat** addresses the **behaviour of those who harm**

> Twice weekly MARAC which is **well attended by a consistent group of agencies** and other agencies as needed eg schools. **Good multi agency work** in progress and **good communication** outside of the meetings for actions etc. - **Professional Survey Response**

> MARAC **is good for information sharing** and helping to build a full picture about what is going on. It allows you to **build relationships with people from other agencies** which then opens doors when seeking advice/making referrals etc. **It helps to identify gaps in safeguarding** and ensure all basis are covered. - **Professional Survey Response**

Marac Observations

We observed five Maracs covering 37 cases total. We identified a number of concerns about the functioning of the Marac.

The meeting appears to be seen as an information sharing forum by a number of agencies, and we observed inappropriate, repeated and irrelevant information being shared in almost all cases we observed. This included significant irrelevant medical and mental health related information about victims and children, the victim's historical and unrelated criminal convictions, and information dating back several years, in one case as far back as 1998.

Marac is a forum for management of serious risk, and information that is shared should be necessary and proportionate. Failure to adopt this principle demonstrates an institutional lack of respect for the privacy of victims, and creates capacity issues which make it difficult for agencies to focus on active risk management processes. Some of the information shared also risked creating a prejudiced or hostile environment toward the victim, primarily information related to unrelated criminal convictions.

We observed multiple examples of victim blaming language from agency reps, which largely went unchallenged, although on occasion the Chair did highlight and correct the use of insensitive or inappropriate language.

> "I do find though sometimes with MARACs that there's a lot of talking but like what was the point of having the discussion because like nothing ever changes. - **Professional, Housing**

> "it can turn into a bit of a talking shop about, well, 'are there any round table updates?'- **Professional, Housing**

Marac Observations

Of the 37 cases we observed, contact was attempted with the victim 36 times, which was positive however we did not observe an active presence of victim voice for any cases. It was often unclear as to whether the victim was aware that the meeting was being held or whether they would be updated.

During interviews professionals almost always stated that victim voice was present, with many specifically mentioning the presence of an Idva at the meeting as evidence of this. It is important to note that the presence of an Idva does not automatically lead to victim voice being represented, and that all agencies should be prioritising the voice of the victim collectively. One victim told us that she believed that she was not allowed to know what was discussed about her at Marac.

We also identified a lack of robust action planning, with the average number of actions per case being 2.9. We would recommend that a Marac risk management plan should contain no less than seven actions, with 15 being an appropriate number for a high risk case. Actions were not always tied to risk, and on multiple occasions serious risks were identified and not directly addressed in the action planning process. We also observed a lack of active engagement from agencies in action planning, with the majority of the actions suggested by the Chair. Actions were generally not SMART, and none were given timeframes for completion.

We did observe examples of positive practice from the Chair, who was proactive in advocating for the victim, actively identified risk and encouraged and supported agencies to engage in the creation of risk management plans, challenged agencies in a positive and appropriate manner, and made efforts to address and correct victim blaming language.

> So it seemed like, say the **advice was conflicting and no one really knew**... well, I suppose they were all brought together at kind of like the MARAC meetings and things, **but then I'm not meant to know what's happened in those either. - Survivor**

> the frustration I see…**I would like them to do more, I feel like it's more their responsibility and you're having to sort of push it**…where you maybe shouldn't have to or the mental health stuff 'oh well, he's declined support', Okay well, he's clearly not in a position to make good choices cos he's threatening to kill everybody [laugh] so at what point does it not become voluntary, that's my sort of concern, because we all have our own areas of expertise, I find it a little bit frustrating sometimes that, **I think a lot of the action is potentially just left to the police to do. - Professional, Police**

Attendance at Marac

Professionals did recognise that Marac and Matac, when attended, were run well and resulted in stronger relationships and better information sharing.

> "I think **MARAC's run very well, they're very well organised,** [pause], not always quite sure sometimes, **there's a lot of good information sharing at MARAC which is absolutely crucial,** provided that people turn up, of course" - **Professional, Housing**

> I think **good information sharing comes from agencies that are regular attendees at MARAC and know the process and are familiar with- with the- the system** if you like - **Professional, Council**

> **we know how important it is that agencies to have representation at MARAC**, but everybody's so stretched that **there are certain agencies that unless they are directly involved with a victim or survivor, they might not attend** regular MARAC. - **Professional, Domestic Abuse Service**

> **a lot of agencies now are just coming to cases that are open to them** and just sharing information about cases that are open to them and **will just dip in and out** of Marac - **Professional, Police**

Despite **94%** of professional survey responses indicating that their agency regularly has a representative at Marac, we observed and were informed of irregular agency attendance and engagement, with agencies not always present, representatives not always of sufficient seniority, or agencies attending only for cases in which they had active involvement.

This can lead to gaps in planning, as agencies with key skills and knowledge are not reliably present to offer advice and engagement in risk management planning.

> the problem is if you've not got those people sat around that table, you know say we haven't got a case for them so we're not going to come, **but actually the purpose of it is that you've got lots of different brains around the table, isn't it to try to work out the best solution for a significant problem, you know a problem that is a risk of death or serious harm**. So, in an ideal world everybody on the list should be going to those whether they've got cases there or not because that is what it's about, isn't it**? People with different experiences different expertise, different powers, different know you, interventions sitting around - Professional, Police**

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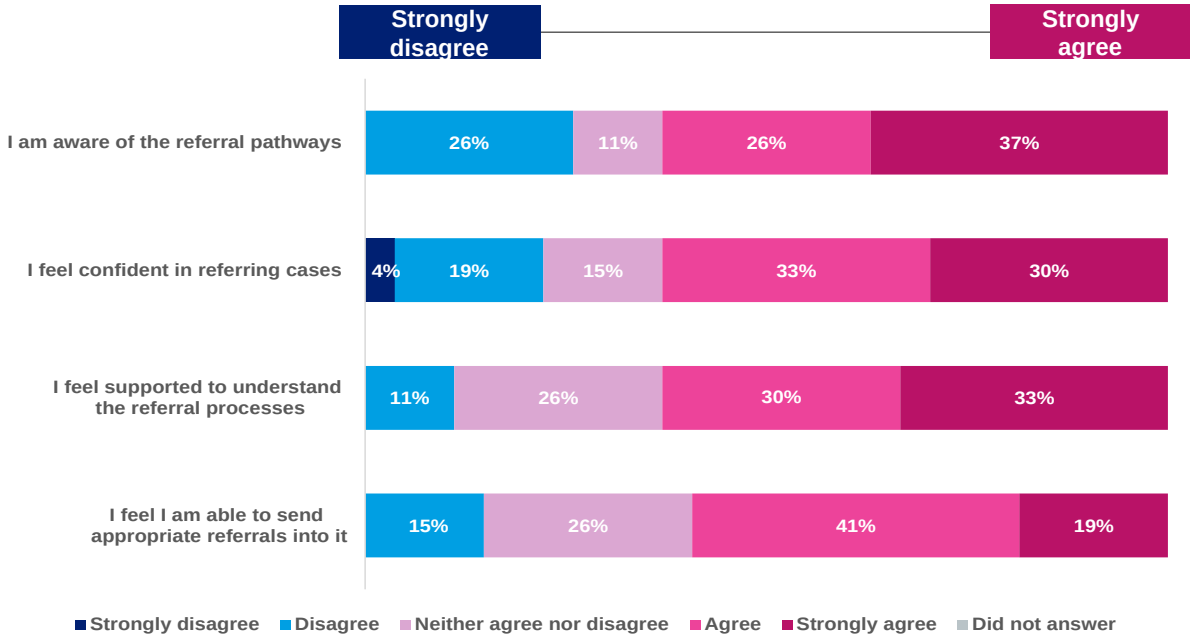
Marac Referrals



33 – Total number of missed Marac referrals across 9 case audits

12 – Total number of missed Marac referrals in a single case audit

19 – Number of high-risk incidents identified for a case heard at Marac

4 – Number of Marac referrals in that case

> "Many of the referrals that are received into MARAC do not meet the high-risk criteria when using the severity of harm grid, **I believe this is the cessation of the MARAC / MAPPA/MATAC multi-agency training that used to operate via workforce development in the respective Local Authorities** - **Professional Survey Response**

> "What we find on some occasion is some agencies across different parts of North Yorkshire, and this comes back to that kind of different, you know, what we see differently, operating differently across different areas is that **you will get people that haven't been to MARAC before being asked to submit MARAC referrals and not quite knowing what information is required and not knowing the people either that they're referring** - **Professional, Council**

> "the more I learn and understand about domestic abuse, the more I read, the more I get and understand risk, **the more cases I'll take to Marac [...] I'd rather have it at Marac than not have it at Marac and I can find, and see, risk in anything** - **Professional, Police**

We identified a lack of understanding of the referral pathway into Marac, with **over a third of professionals** demonstrating some degree of uncertainty or lack of confidence in completing and sending appropriate referrals.

This was also observed during our analysis of case audit information, which revealed a significant number of missed opportunities for Marac referrals, including 12 such opportunities in a single case.

During interviews some professionals demonstrated a misunderstanding of the role of the Marac, and told us that they believe that some Marac referrals are completed by professionals without the appropriate levels of experience and knowledge of the individuals in question.

This will impact the ability of the Marac to operate effectively, and has lead to the Chair monitoring and quality assuring referrals, the responsibility for which should sit with the referring agency.

Matac

We observed one Matac meeting, during which we identified a number of concerns about the process. We identified:

- **Victim blaming language and behaviour**, and responsibility placed on the victim to safeguard children from the perpetrator.
- **Lack of awareness of coercive control**.
- A lack of actions related to **engagement with or disruption of the perpetrator**
- High risk situations identified and discussed but not addressed, and **minimal risk management measures taken**.
- A focus on the practicalities of serving letters to perpetrators. This was often completed by Police, **missing opportunities for further engagement** from other agencies
- **A lack of victim focus and risk management**. Letters were served without the victim being made aware, **creating or exacerbating unmanaged risk**. This occurred even in cases where this **risk was identified**.
- We identified positive information sharing – **most of the information shared was necessary, proportionate and appropriate**
- **There was a recognition that there were problems with the Matac by one professional from the Police**

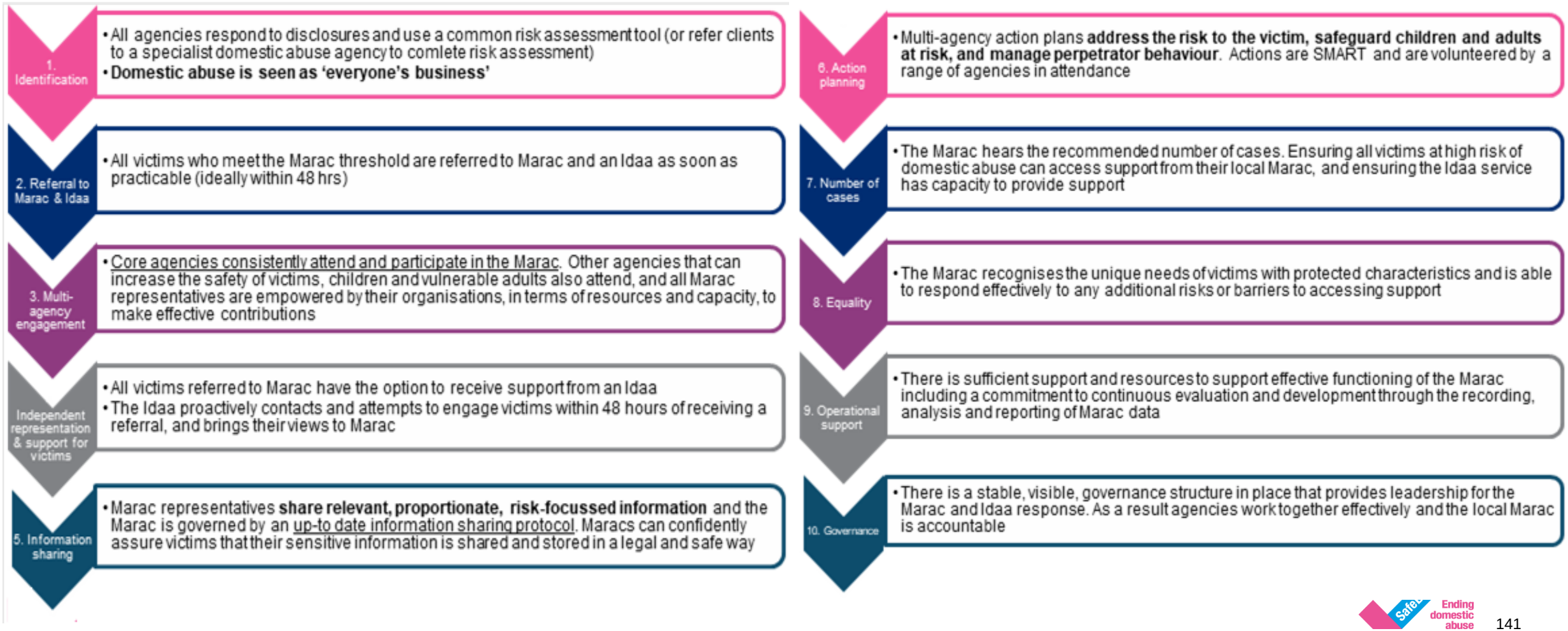
> “Now that letter, **even though it's come from the police, the perpetrator may well think it's a result of the victim,** as we know that there's a lot of that blame on that individual. **So we do have to manage risk there as well - Professional, Police**

> “In terms of MATAC, compared to other forces, **I think we are missing a trick. We're really quite far behind.** I've been to [place] Police to see how they do it and I've touched base with [place] and **they've got it much more embedded - Professional, Police**

The 10 Principles of an Effective Marac

An effective Marac will operate according to the 10 principles below. It is the responsibility of all attendees to understand and implement the principles in their working practice.

These principles are explored in more detail during Marac training, which all agency representatives should attend.



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Summary of Findings



Our work in North Yorkshire and City of York has shown the following:

- Marac is not operating effectively in several key areas.
- Agencies have inconsistent engagement with the process, both in terms of attendance, but also in regard to engagement with the meeting and action planning process itself.
- Information sharing is consistently excessive, and irrelevant sensitive information is shared by agencies as a matter of course.
- Risks are often identified but not addressed via the action planning process. Actions are generally not targeted, SMART or given timeframes for completion. Agencies rarely take responsibility for suggesting actions, and rely on the Chair to complete this process.
- A number of key professionals involved in the process appear to misunderstand the principles of an effective Marac, leading to a focus on information sharing and unnecessary cases being heard.
- Victim voice is not considered consistently. When it is considered it is generally not made explicit, or is incidental and not built into the Marac process. Agencies are not consistently advocating for the victim, and victim-blaming language is tolerated.
- The meeting relies on the work of the Chair, who holds more responsibility for the process, quality and the functioning of the Marac than is appropriate. While we observed several instance of good practice from the Chair, this is not built into the functioning of the meeting, and is reliant on their continued engagement as a result.
- The Matac is overly system driven, and appears to be focused on the administrative tasks required for the agencies rather than effective perpetrator work.
- The victim is not actively considered at the Matac, and significant risks to victims are identified, discussed, and not acted upon due to concerns about delays to these administrative processes.
- Agencies at the Matac are not sufficiently engaged with the need to work with perpetrators, and on occasion were observed actively avoiding responsibility for follow up work.

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Marac and Matac– Workshop Discussion



Priorities

Professionals at the co-creation workshop felt that there was a need to clarify the objectives and purpose of the Marac, and that work was needed to encourage and ensure professional engagement in the process from all key agencies, including increased accountability and follow-up and nominating appropriate reps to attend. It was suggested that this should also include GP surgeries.

It was also felt that professionals needed to do more to actively challenge victim blaming. It was suggested that this could be achieved by stripping the process back to basics and ensuring that all attendees have received appropriate training, and that more is done to promote the importance of Marac across the whole multi-agency system to encourage participation and referrals.

Barriers

Capacity and resourcing was highlighted most frequently as a barrier, with pressures on staff time across the system causing difficulties in committing time to attend and prepare for Marac.

Professionals also identified gaps in understanding and a lack of innovation, and cultural issues which impact attendance.

Actions

Professionals identified the need for training for all attendees and a review of the process, and the need to 'relaunch' Marac with focus on clear principles, sharing of good practice, clear links to SafeLives Marac principles and updated local guidance.

It was identified that strategic buy-in from all key agencies was vital, and that it may be possible to explore links between Marac and Matac to ensure that they are working as effectively as possible.

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Marac and Matac– Recommendations



Based on our work and discussions held at the co-creation workshop, we would recommend the following:

- Marac training was not consistent, and some reps either had not received training, or had received it but not for several years. All reps and the Chair should receive updated, accredited Marac training to refresh knowledge and understanding.
- Agencies attending multi-agency meetings, such as Marac, Mappa etc, should ensure the same individuals act as representatives for their agency to assure continuity and trust between organisations, and that these individuals are of sufficient seniority to suggest and allocate actions. Chairs of meetings should take time to ensure that new members are inducted, and that terms of reference and expectations are clear from the outset. These individuals should quality assure referrals from their agency.
- All Marac reps and the Chair should attend specialist domestic abuse awareness training to ensure that discussions during the Marac and Matac are informed.
- Agencies should ensure that reps are prepared to actively engage with the Marac process. During remote meetings it is recommended that cameras be switched on throughout to encourage this engagement.
- Key agencies should take steps to ensure that victim voice is actively discussed at Marac, beyond confirmation that contact has been made. This should include the victim's wishes in regard to the abuse itself and how they wish to be supported, what they would like to achieve as an outcome, and their views on the Marac process itself. This should be confirmed for each case heard at Marac.
- Further review work should be undertaken at a local level to properly assess the Matac, with a particular focus on victim safety and risk management.

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Working with those who harm

Current Perpetrator Provision in North Yorkshire and City of York

+Choices

Operated by Foundation

Designed for perpetrators of domestic abuse, "providing an opportunity to recognise, acknowledge and change abuse behaviour".

Provides a whole picture response, and works alongside specialist domestic abuse agencies.

Referrals are accepted from a range of agencies, or perpetrators themselves

Offers a range of interventions, including one-to-one support, group sessions and housing.

Individuals must give consent, and must recognise their abusive behaviour and be ready to engage in the behaviour change programme.

North Yorkshire and the City of York do not currently operate a high risk, high harm perpetrator intervention service.

Working with Those That Harm

Professionals were broadly in agreement that the biggest challenges when working with those that harm relate to recognition of harmful behaviour and engagement with services. This was identified in the professional survey and interviews. It was also identified that more focus was needed to support and encourage perpetrators to change their behaviour.

This highlights the importance of pre-contemplation work, and engagement with those that harm focused on helping them to recognise and identify harmful behaviours and engage with support.

> A lot of response seems **focused on victim and children**, but **I'm not aware whether there is much push to support perpetrators with their harmful behaviour.** - **Professional Survey Response**

> **more focus to be on how perpetrator's behaviour can be changed,** probation/horizons do attend, but would be good to have more contact from services like perpetrator programmes on marac's also - **we can safety plan very robustly, but if perpetrator's behaviour does not change, the safety plan sometimes seems void as victim can do absolutely everything but still be at severe high risk** - **Professional Survey Response**

48% of professionals stated that the biggest challenge is that perpetrators do not recognise that their behaviour is abusive

> Speaking to them, they often dont accept their behaviour is abusive so its finding a way to find support but not with a domestic abusive service. These calls can be challenging to take - **Professional Survey Response**

> Explaining support services to them and getting their consent for referral - **Professional Survey Response**

24% of professionals stated that the biggest challenge was encouraging perpetrators to engage with services.

> Admitting that they are being abusive and have a problem that needs to be addressed. Also for them to recognise that their behaviour is having a significant and detrimental impact on just about every area of their and their family's lives. - **Professional Survey Response**

> Their willingness to engage in support services, as often they are in denial of their own behaviours. - **Professional Survey Response**

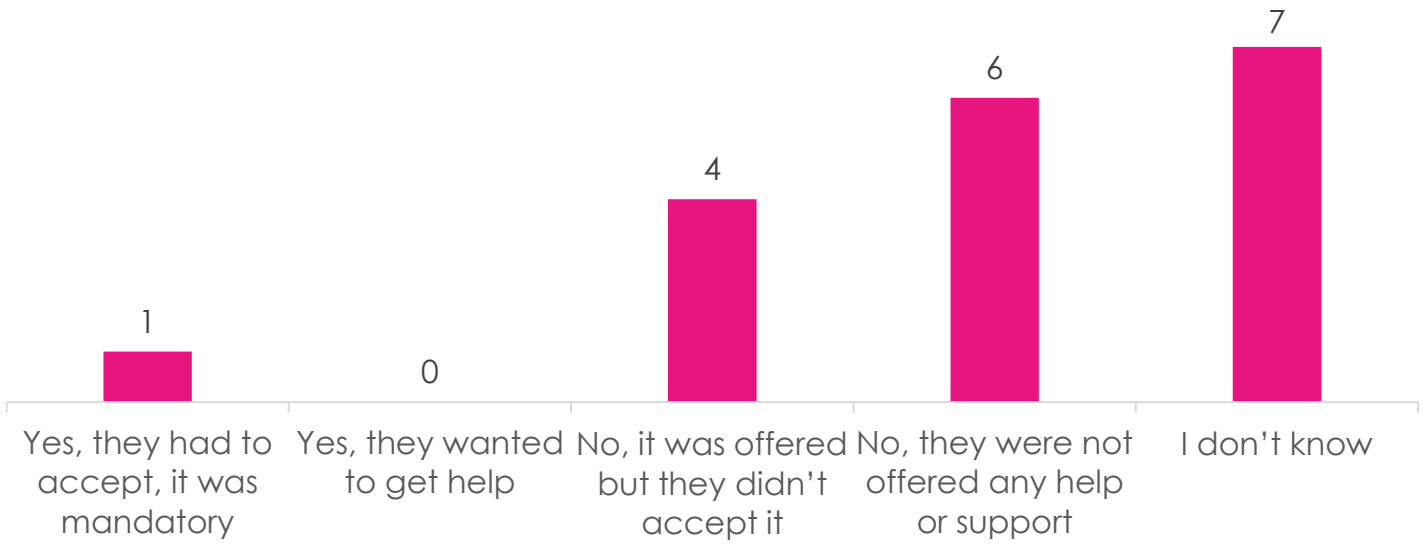
Engagement with Those That Harm

> I think **it is a shame that we don't have the perpetrator support anymore**, as in like the perpetrator programme - **Professional**

> I think, like you say, maybe what we are **lacking** in this area is **perpetrator work" - Professional**

> I hear, **'oh, we've got nothing for perpetrators'. Well actually, yes we do** [laughs]. So it's making sure that people are aware of, I think the biggest challenge, what is out there from a commission point of view - **Professional**

> **when I was trying to clutch at straws to make things work, I said, 'is there a perpetrator's course or anything?** Is there a- is there an abuser's co- is there something that I can encourage him to access to try and make things better?' **But no. Apparent- apparently not. Maybe there is, I don't know, but I was told not**. - **Survivor**



We identified a broad lack of engagement with those that harm across the system, with professionals failing to proactively work with perpetrators of abuse to complete pre-contemplation work.

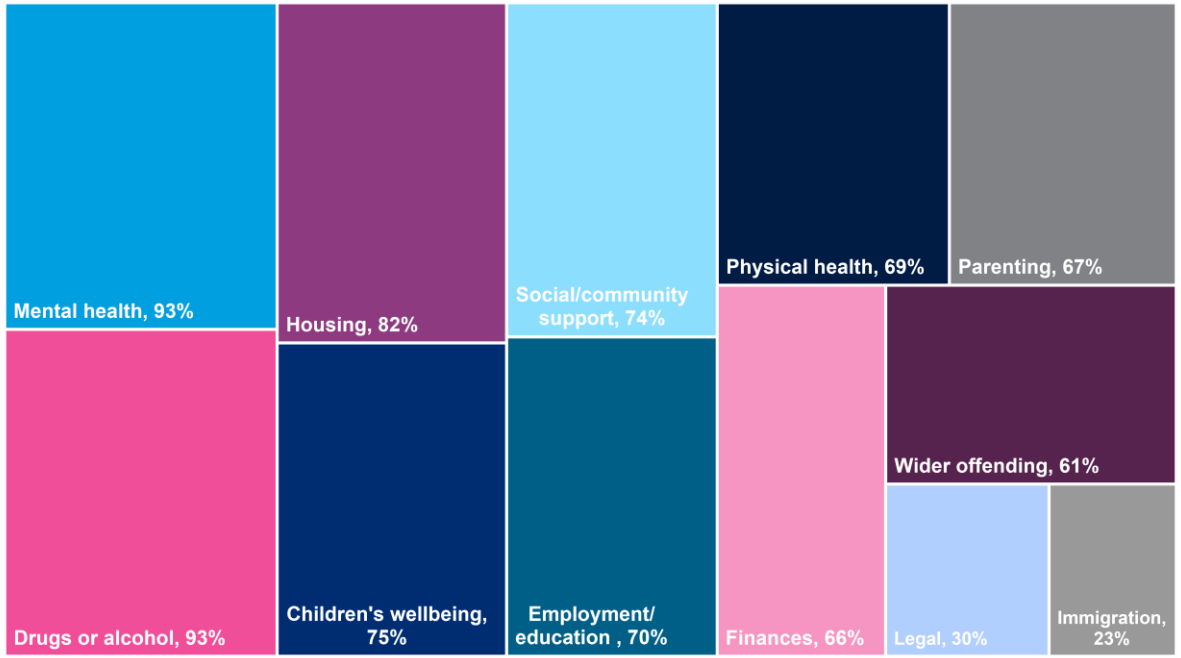
Out of nine case audits, only two cases saw the perpetrator engaged with +Choices. In one of those cases this involvement was a single phone call, after which the perpetrator declined further support. In five cases agencies recorded extensive contact with the perpetrator but failed to record any supportive or disruptive activity, and did not discuss referring those individuals into +Choices, the perpetrator engagement program in the area.

This lack of consideration for the +Choices program could be because the individuals in these cases were considered too high risk for the service, as +Choices is a consent only service for those who already recognise their behaviour as abusive, but we also identified a number of professionals who did not appear to know that the service exists.

Only one survivor who responded to our survey stated that the person that had perpetrated abuse towards them received support. This support was mandatory, and they stated that it had no impact on their behaviour.

Seven of the respondents stated that they were unaware if support had been offered; the largest identified category. This suggests a lack of communication with victims from agencies.

Engagement with Those That Harm



Professionals also identified that individuals who use harmful behaviours are likely to present with a wide range of support needs, suggesting that there are significant opportunities for agencies who come into contact with those that harm to be engaged with pre-contemplation work, alongside multi-agency partners.

During case audit analysis we identified multiple occasions in which agencies including health services, social prescribing services, police and housing teams were engaging with perpetrators on multiple occasions over the 23 month period. These agencies generally did not appear to be engaging in joined up working with specialist agencies, and did not record attempts to address harmful behaviour directly. The exception to this was the police, who utilised Criminal Justice Mechanisms in order to address this behaviour.

Three respondents had been in touch with their **GP**

One had been asked about their abusive behaviour

One has told the GP about their behaviour

Three respondents had been in touch with the **police**

One was asked about their abusive behaviour

Three have told the police about their behaviour

When asked, individuals who responded to our perpetrator survey stated that they had most commonly been in contact with the police and their GP while the abuse was occurring.

They were directly asked about their behaviour on one occasion by each agency. Two of the six respondents said if the GP had asked them about their behaviour they would have told them. For six other services, at least one respondent said they would have told them if they had been asked.

This suggests that providing professionals with the skills and confidence to directly challenge or ask about harmful behaviour would increase opportunities for engagement.

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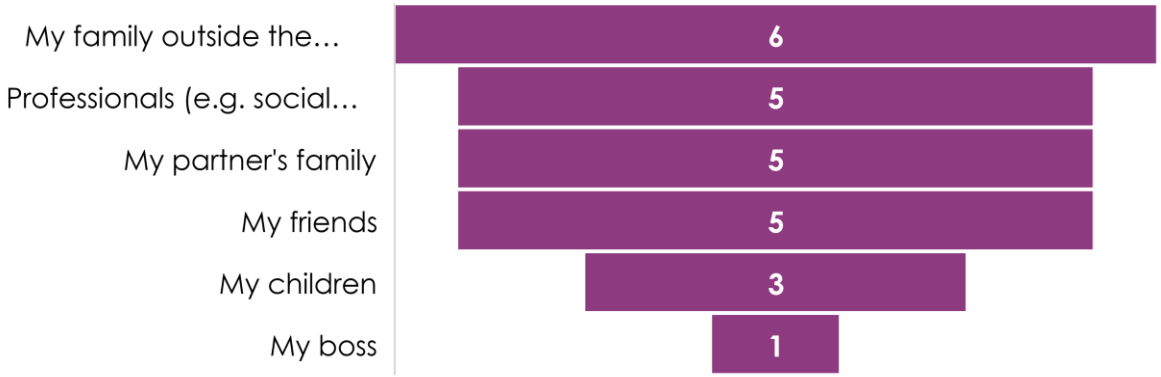
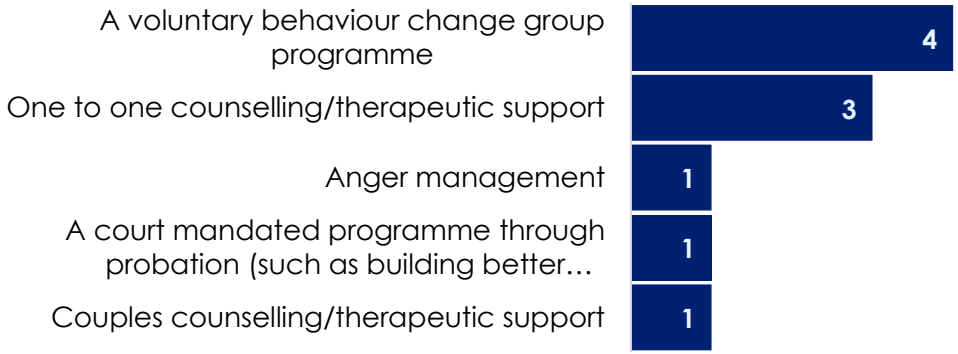
Engagement with Those That Harm





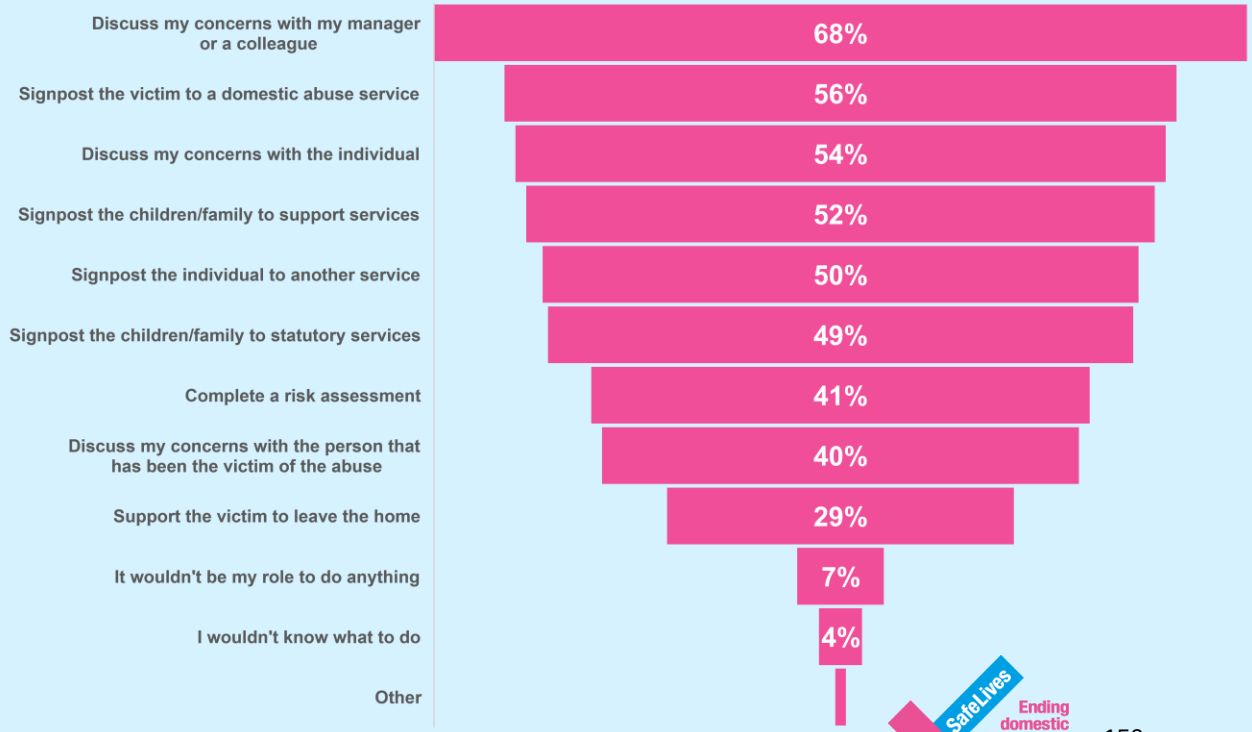
When we surveyed those who had used harmful behaviour, they informed us that in five out of six cases professionals were aware of the harmful behaviour, and in all cases they had accessed some form of support.

While it should be noted that individuals who are accessing support to address their harmful behaviours are more likely to engage in research, these responses further support the suggestion that perpetrators of abuse are often known to services in some capacity, presenting opportunities for engagement and disruption.

When asked, professionals identified multiple paths they would take if they identified that they were working with someone who was displaying abusive behaviours.

Most commonly they would discuss concerns with their manager and signpost the victim to a domestic abuse service. This did not always appear to be occurring in practice, and relatively few of these interventions were identified during case audit analysis.

11% of respondents stated that it would not be their role to act at all, or that they were unsure of what they would do.



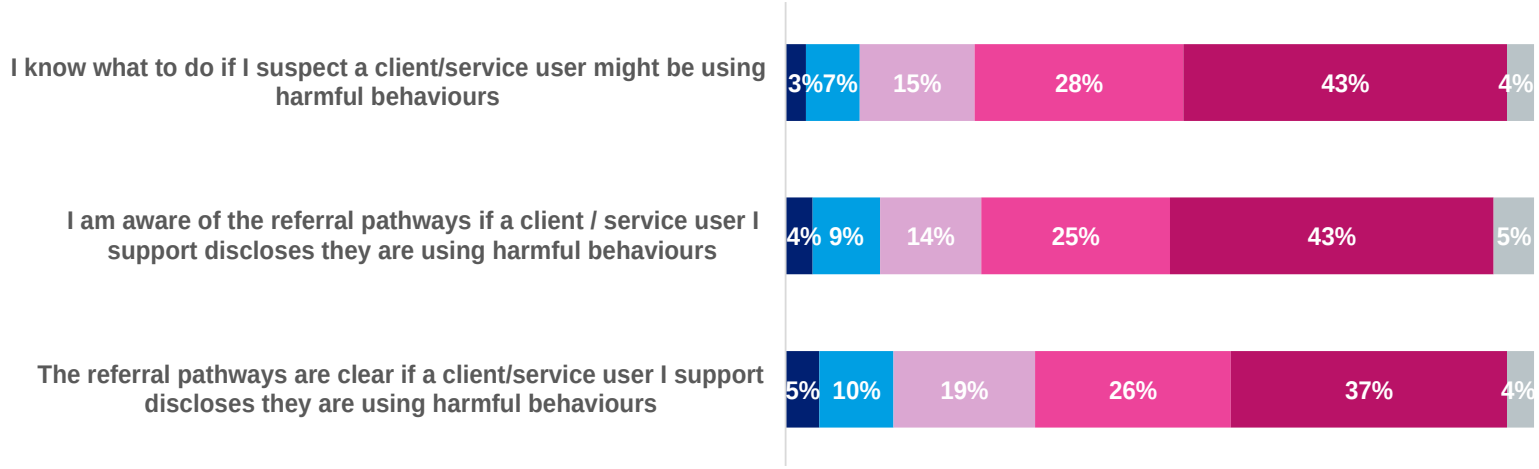
Engagement with Those That Harm

In the same survey we also identified that between 25% and 35% of professionals surveyed expressed a lack of confidence in how to respond to a client/service user using harmful behaviours, and what the local referral pathway looks like.

This uncertainty has practical implications, and we identified occasions in which professionals either enabled or colluded with perpetrators of abuse due to a lack of understanding.

This not only allows abuse to continue, but also alienates victims and contributes to a hostile environment, which often presents as victim blaming behaviour or language, or responsibility placed on victims to keep children safe or manage the behaviour of those that harm.

This was observed during Marac observations and case audit analysis.



> “It appears that the social workers that are involved almost, sort of, **enabling that behaviour.** I don’t know because I don’t know all of the background, but it’s just something that’s being highlighted about, where do we actually go with this? **Are people aware of this, sort of, coercion and control?** - **Professional**

> “in my own experience of- of this separation with my partner and Early Help being involved, one of the workers who I’ve actually known for a long, long time, **it only took one phone call to- to my ex for her to be convinced that he was a good guy. Just one phone call** - **Survivor**

Despite professionals acknowledging gaps in understanding and reporting a lack of training, only 8% of professionals identified a lack of knowledge as a significant barrier to effective work with those that harm. This suggests that professionals do not always recognise the impact of these gaps on victims.

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Engagement with Those That Harm

"I just felt like, obviously with his illness and then him being off and then things like that **I think it, kind of got left a little bit.** And then they kept saying, yeah, we'll do it tonight, we'll… or we'll do it in the next few days, we're lifting him. I'd get to a point and it'll be like, why is he still in work, why is… you know, what's going on, like, I've not heard anything…**I don't think it's individual I do think it was just the whole Police Force in that sense,** like, I don't think it had then been passed on properly to be dealt with. And I think that's… **that's a little bit of a failure on their because it should've been done a lot quicker than that, really**. -**Survivor**

"Most of the time, seventy-five percent, they've been really good, but **sometimes there's incidences and they've not really done anything about it, and then it's too late**; they go, 'oh, we can't, now'. 'Right; why not'? I know they're busy, don't get me wrong, and I said that every time when I rang up, 'I know you're busy, but this is a five minute thing. - **Survivor**

"A couple of the officers I've spoken to... one... **essentially have told me that [name]'s allowed to write whatever he wants on his own Fa... own Facebook page and if I didn't wanna... don't want to see it, block him** but the non molestation order specifically states, he's not allowed to write about me or the children, which he is doing but there are a few... so I've made a... several statements - **Survivor**

" he tried to kill himself as well, between the assault and the court hearing for the conviction. Yeah, he... he stole some chemicals from his workplace and tried to kill himself with chloroform and acetone, in the car park. **So he... obviously he... he then had a conviction. He was... he was sectioned** - **Survivor**

"He used to send letters and stuff, and **it was all a breach of his bail, but nothing got done about it, cos they left it for nine weeks, and then said, 'oh, no, we took it to the sergeant and we can't do anything about it'**. 'Well, you could have, cos you got that nine weeks ago, and you spoke to me, and took an interview, and you could have done that' - **Survivor**

Survivors expressed some frustration around a failure to engage the perpetrator or respond to their behaviour. Police were highlighted as sometimes taking too long to respond to activity or appearing to not want to be involved with the perpetrator. Some victims identified that this may be a resource or capacity issue but felt that the response was inconsistent.

This lack of engagement was identified as a contributory factor in escalations in perpetrator's behaviour.

We also identified that work with those that harm often fell to police due to a lack of alternative options.

During Marac observations and case audit analysis we identified that the majority of perpetrator work was focused on criminal justice interventions.

" we are effective to the point where we are picking up the phone and ringing perpetrators. **We're trying our best to engage them remotely as we can** - **Professional, Police**

" sometimes if it's a police-led case and we haven't got any agencies in, it almost feels like, okay, we need to do more, but we can't do more because we need help from this service, but they're not involved yet. That can be quite challenging. **It often feels like a lot of the responsibility falls on the police - Professional, Police**

Range of Services

When individuals attended the +Choices groups they spoke positively about it's impact on their attitudes and behaviour, suggesting that the service is effective when utilised.

It is also likely that it would not be appropriate for a significant number of individuals identified as using abusive behaviour, due to their requirement that individuals consent to referrals, and already understand and recognise their behaviour as harmful.

The lack of a local high risk, high harm service such as Drive means that it is challenging to complete effective disruption and engagement work with perpetrators of abuse, and risks seeing repeated incidents of high harm abusive behaviour.

> "I was accepted by a Domestic Abuse programme who helped me see my behaviour an [sic] change it - **Perpetrator**

> "foundation have been great with helping me see things in a better light - **Perpetrator**

> "…the choices group which has helped me understand relationships better - **Perpetrator**

> "The course has been very enlightening and showed that others are in the same problems - **Perpetrator**

> "…the group sessions help and the support is amazing. Group sessions are good because you are interacting with people with similar troubles - **Perpetrator**

Research into the effectiveness of the Drive model found the following:

The number of Drive service users using each type of domestic violence and abuse (DVA) behaviour reduced substantially. For example, use of high-risk: physical abuse reduced by 82%, sexual abuse reduced by 88%, harassment and stalking behaviours reduced by 75%, and jealous and controlling behaviours reduced by 73%.

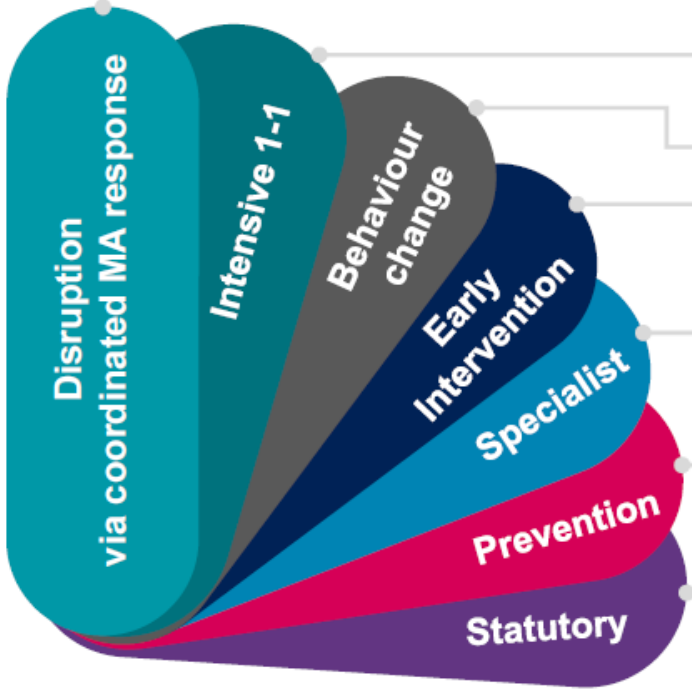
IDVAs assessed risk as 'permanently eliminated' at the point of case closure in almost 3 times as many cases for victims-survivors in the Drive associated group (11%) compared to those in the control group (4%), Drive victim-survivors were more likely (82%) to experience a moderate or significant reduction in risk than their control counterparts (78%).

MARAC data shows that Drive helped to reduce high-risk perpetration including by serial and repeat perpetrators, and this was sustained for a year after the case was closed.

Police data for a matched sample in Year 2 of the pilot showed perpetration of DVA offending had reduced by 30% for Drive service users recorded in the 6 months after the intervention compared to 6 months before, where the control group were reported as perpetrating DVA at the same level.

A comprehensive response to perpetrators should include a range of interventions

Example of a comprehensive response:



Coordinated multi-agency response and disruption, typically focused on high risk high harm perpetrators and through DA perpetrator panels

Intensive 1-1 case management intervention, typically for high risk high harm perpetrators and those with multiple disadvantage

Behaviour change structured group work programme

Early intervention: identifying and responding to patterns of domestic abuse at the earliest opportunity, with a pathway to a behaviour change intervention

Specialist: a response for a specific group such as LGBTQ+ perpetrators, women who use violence, those with disabilities, or young people using violence and abuse towards parents/carers

Prevention through education and awareness exploring healthy relationships vs. signs of domestic abuse

Statutory provision for perpetrators via policing, courts and the criminal justice system (CJS)

Referred to as "Community -based" or "voluntary" programmes

*ALL INTERVENTIONS MUST BE **INTEGRATED WITH SUPPORT FOR VICTIMS** AND HAVE **BROAD AND EFFECTIVE REFERRAL PATHWAYS** AND **INFORMATION SHARING, CUTURALLY APPROPRIATE PRACTICE, GOOD GOVERNANCE** AND **QUALITY ASSURANCE***

Respect SafeLives Ending domestic abuse SOCIAL FINANCE

Summary of Findings

Our work in North Yorkshire and City of York has shown the following:

- Individuals who use harmful behaviours appear to be accessing a wide range of services and demonstrate a number of different support needs.
- A number of local agencies are aware of individuals using harmful behaviour.
- Agencies are failing to actively challenge perpetrators of abuse, and are generally not engaging effectively with them to address it or conduct pre-contemplation work.
- Professionals are often uncertain about how best to respond to someone using harmful behaviour, or do not appear to believe that it is their role to respond.
- There are gaps in knowledge among some professionals, leading to risk of enabling abusive behaviour or colluding with perpetrators of abuse, or missing warning signs entirely. Minimal training appears to be available for professionals, and professionals don't always appear to recognise gaps in their own knowledge and response.
- Services that are available appear to be effective, but are not being reliably utilised, and there are gaps in awareness of these services, leading to missed referral opportunities.
- These service are also limited in their ability to work with high risk, high harm perpetrators of abuse, and no service locally appears to work with this cohort of individuals, leading to a focus on CJS interventions in such cases, which may not be effective at supporting long term behaviour change.

These gaps risk a systemic failure to identify and effectively respond to perpetrators of abuse, meaning that meaningful activity and engagement is not carried out and cycles of abuse continue.

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Working with those who harm– Workshop Discussion

Priorities

Attendees identified a need for more effective multi-agency working, and less reliance on police. They also suggested a need for increased awareness of the existing services and the referral pathway into that service, as well as coordinated pre-contemplation work across the system.

The majority of responses highlighted the need for a high risk, high harm service

Barriers

Comments included challenges related to commissioning arrangements, funding issues, gaps in knowledge and a lack of coordination in response from agencies resulting in conflicting information being shared, a lack of communication with victims, a lack of a whole family approach and agencies not engaging effectively.

Professionals also highlighted issues with disguised compliance or non-engagement from perpetrators, and society wide issues including misogyny.

Actions

Actions included increasing awareness of existing services, increasing access to training, exploring incentives to encourage engagement and taking steps to ensure that agencies all understand their role in regard to responding to those that harm.

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Working with those who harm– Recommendations

Based on our work and discussions held at the co-creation workshop, we would recommend the following:

- The North Yorkshire and City of York Partnership Boards should set up a perpetrator working group to ensure a robust perpetrator strategy and tailored provision as a priority. This strategy should focus on ensuring that all key local agencies have clear guidance about how to respond when abusive behaviour is identified, and their responsibilities in regard to multi-agency working.
- The North Yorkshire and City of York Partnership Boards should support the wider workforce and empower professionals to work with those who perpetrate domestic abuse, that includes Engaging with those who harm training.
- Identify local specialist services that can support non-specialist agencies to develop internal processes in regard to responding to and challenging abusive behaviour.
- Carry out communication work to ensure that all local agencies are aware of existing perpetrator services such as +Choices, and that the referral pathway and criteria is understood. This should also include ensuring that Foundation and +Choices representatives are present at key local multi-agency meetings.
- Consider the need for a high risk, high harm perpetrator intervention service.

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Case Audit Summary

City of York Case 1

Case One involved a married couple living in the City of York.

Over the 23 month period recorded, both husband and wife made allegations of domestic abuse, and also alleged that they were both victims of abuse from the husband's family. It was also alleged that the husband was abusing and neglecting their children.

Health services engaged with both husband and wife and provided support and referrals into alternative health and mental health agencies.

We recorded

- 2 Police Incidents
- 1 High Risk Incident
- 1 Missed Marac Referral

Agency Involvement

6 agencies were involved with the family

The primary agency was the GP, with 15 contacts recorded over a 23 month period.

Areas for Development

- Health professionals did not communicate effectively with external organisations, and failed to complete all possible referrals
- Children's Social Care stated that they did not believe that the victim's experience constituted domestic abuse
- Missed Marac referral

Key Strengths

- The GP and associated health professionals were consistent, demonstrated professional curiosity and communicated efficiently with each other in a complex situation.
- IDAS completed a Halo referral, although this could have been completed earlier.

City of York Case 2

Case Two involved a couple without children living in the City of York.

Over the 23 month period the police were called out to domestic incidents on a number of occasions, including occasions in which violence, damage to the property and significant fear of the perpetrator were reported.

The victim engaged with her GP, IDAS and the social prescribing service, and the perpetrator was referred to +Choices and engaged with their group sessions.

We recorded

- 11 Police Incidents, 4 of which were not graded
- 3 Medium Risk Police Incidents
- 2 High Risk Police Incidents
- 2 Marac Referrals
- 5 Missed Marac Referrals
- 8 Incidents No Further Actioned by Police

Agency Involvement

Four agencies were involved with the family

The primary agency was the Police, with 11 contacts recorded over a 23 month period.

Areas for Development

- The Police worked in an incident led manner, often failing to consider escalation in frequency and severity of calls and grading incidents including violence as medium risk.
- Some victim blaming and minimisation of impact of domestic abuse by police.
- Failure to consider evidence-led prosecutions
- Five Missed Marac referrals

Key Strengths

- GP demonstrated consistency in approach, and contacted victim and completed referrals quickly and effectively.

City of York Case 3

Case Three involved a victim living with her two children in the refuge in York.

Due to limited agency involvement over the 23 month period little is known about her circumstances.

There were 12 GP contacts recorded over the 23 month period, but most of these contacts related to professional information sharing rather than direct contact with the victim.

Despite multiple references to the children being subjected to protection plans, no contacts from Children's Social Care were identified during this time period.

We recorded

- 2 High Risk DASH RIC Assessments
- 2 Marac Referrals
- 1 Missed Marac Referral

Agency Involvement

Two agencies were involved with the family

The primary agency was the GP, with 12 contacts recorded over a 23 month period.

The other agency involved was IDAS, with seven contacts.

Areas for Development

- Minimal agency involvement, and the two agencies that were involved do not appear to have communicated with each other.
- Some missed opportunities for referrals and support in refuge, such as when the victim was told to seek out charities to assist with feelings of isolation.
- Missed Marac referral

Key Strengths

- Positive examples of support from refuge staff.

City of York Case 4

Case Four included a significant number of contacts, primarily with the police and probation, and we can observe a number of high risk incidents of domestic abuse.

We identified an overall failure in risk management and safety planning, and an incident led response which meant that individual incidents were managed without consideration for the broader picture and a clear escalation in violent behaviour from the perpetrator.

Multiple opportunities for Marac referrals were missed, and there was a lack of evidence of meaningful action following Marac meetings.

We recorded

- 21 Domestic Abuse Related Police Incidents
- 11 Ungraded Police Incidents
- 3 Medium Risk Police Incidents
- 7 High Risk Police Incidents
- 3 Recorded Marac Referrals
- 4 Marac Meetings Held
- 12 Missed Marac Referrals
- 11 incidents No Further Actioned by Police
- 7 Incidents Leading to Police Action

Agency Involvement

Five agencies were involved with the family, recording a total of 74 contacts

The primary agency was the police, with 29 contacts recorded over a 23 month period.

Probation recorded 25 contacts.

Areas for Development

- High risk incidents, including non-fatal strangulation, not responded to effectively by police.
- Missed opportunities to disrupt and engage perpetrator via +Choices, arrest and housing support.
- Multiple missed opportunities for Marac referrals, and missed opportunities for effective Marac actions when the case was heard.
- Incident led approach from police, failing to identify patterns of behaviour.
- Some victim blaming from police.
- Missed opportunities to engage with the victim and complete appropriate referrals
- Inconsistency in safety planning

City of York Case 5

Case 5 was nominated by Children's Social Care.

For this case no contacts were recorded by any agencies that submitted case information.

As a result we were unable to conduct an audit on this case.

North Yorkshire Case 1

Case One involved significant police intervention for a range of incidents, including allegations of harassment from both victim and perpetrator, reports of sexual assaults to both the victim and her child, multiple breaches of restraining order and bail conditions and potential risk to children in the home.

Seven agencies in total were involved, but five of those agencies had fewer than ten contacts recorded, with the police making up the vast majority with 44 contacts.

We recorded

- 8 Domestic Abuse Related Police Incidents Related to Primary Perpetrator
- 4 Ungraded Police Incidents
- 1 High Risk Police Incident
- 2 Medium Risk Police Incidents
- 1 Confirmed Marac Referral (3 Marac Meetings Referenced)
- 3 Marac Meetings
- 7 Marac Referral (however 1 may be due to a referral made 2 days prior)
- 7 Incidents No Further Actioned by Police (this includes incidents where perp was arrested but subsequently No Further Actioned)
- 1 Incident Leading to Police Action

Agency Involvement

Seven agencies were involved with the family, recording a total of 81 contacts

The primary agency was the police, with 44 contacts recorded over a 23 month period.

IDAS were the second most engaged agency with 15 contacts

Areas for Development

- Communication between agencies and note-keeping appeared inconsistent, with some agencies making reference to actions taken by other agencies who do not themselves record them. Occasionally unclear who actions relate to, and some notes are missing context. Marac meetings highlighted by some agencies but not others. Agencies often appear to be working in siloes.
- Some victim blaming language.
- Inappropriate interventions considered for the perpetrator.
- Limited involvement from Children's Social Care, despite several mentions of CIN and CP plans and risks to children in the home.
- Missed opportunities to engage with the perpetrator.
- Lack of positive action from agencies, specifically police

North Yorkshire Case 2

Case 2 related to a woman being subjected to domestic abuse from her husband.

They lived together with their child. During the course of the recorded 23 months the victim secured a property away from her husband and relocated with her child, with financial assistance from the perpetrator.

This case saw no involvement from police, no Marac referrals and no reports of physical abuse, but ongoing coercive and controlling behaviour and unpredictable moods, leading to significant anxiety and fear.

We did not identify any missed opportunities for Marac referrals or police involvement.

Agency Involvement

Four agencies were involved with the family.

The primary agency was the GP, with a total of 15 contacts over the 23 month period. Housing recorded 10 contacts.

Key Strengths

- Both the GP and the Housing team demonstrated consistency and compassion in their approach, and appeared to have the best interests of the victim in mind during their work.

Areas for Development

- The GP surgery often appeared to be operating in a silo, and did not regularly communicate with non-health agencies.
- GP demonstrated a lack of professional curiosity, and often received reports from the victim of concerning behaviour from the perpetrator and did not signpost or refer.
- Escalation in abusive behaviour is not identified by agencies, partly due to a lack of robust communication.
- Despite multiple Domestic Abuse related contacts, the Housing team failed to carry out risk assessments

North Yorkshire Case 3

Limited information is available regarding Case Three, as only eight contacts were identified over the 23 month period.

The majority of the contacts were with IDAS, during which emotional and practical support were provided, and the victim was assisted with legal orders.

We did not identify any missed opportunities for Marac referrals.

- 1 Incident No Further Actioned by Police following referral to diversion scheme.

Agency Involvement

Two agencies were involved with the family, police and IDAS.

The primary agency was IDAS, recording six of the eight contacts. The police recorded two contacts, one of which related to a road traffic accident and was unrelated to domestic abuse.

Key Strengths

- IDAS engagement was frequent and consistent once the support had begun.

Areas for Development

- IDAS identified an escalation of abuse but did not complete a Marac referral. Unclear whether the escalation warranted this.
- Neither agency appears to have referred into Children's Social Care during contact.
- Police referred the perpetrator to a generic diversion scheme rather than +Choices

North Yorkshire Case 4

Case Four relates to a victim experiencing ongoing, high risk physical and emotional abuse from her partner, culminating in potentially serious injuries caused to the child by the perpetrator during a domestic abuse incident.

The police recorded a significant number of contacts with the family, but the victim was consistently reluctant to support prosecution.

We Recorded

- 4 Domestic Abuse Related Police Incidents
- 2 Ungraded Police Incidents
- 2 High Risk Police Incidents
- 2 Recorded Marac Referrals
- 3 Maracs Held
- 7 Missed Marac Referrals (however 1 may be due to a referral made 2 days prior)
- 2 Incidents No Further Actioned by Police (this includes incidents where perp was arrested but subsequently No Further Actioned)
- 2 Incidents Leading to Police Action

Agency Involvement

Four agencies were involved with the family.

The primary agency was the police, who recorded 23 contacts. Other agencies recorded five – six contacts each.

Areas for Development

- Police recorded an IDAS referral, but IDAS did not have any contacts with the victim recorded, so unsure if this was actioned.
- Multiple missed opportunities for Marac referrals, and a lack of actions recorded following meetings.
- Some victim blaming language from police, specifically related to her engagement.
- Lack of understanding of Domestic Abuse from Children's Social Care, leading to inappropriate suggestions to the victim and inappropriate signposting to perpetrator. Suggestion that they need to 'work on their relationship', and responsibility placed on the victim to safeguard the child.

North Yorkshire Case 5

Case Five relates to a victim experiencing significant levels of physical abuse and coercive and controlling behaviour from her partner.

Initial contact was primarily with the police, mental health services and her GP, but during the 23 recorded months she became pregnant, leading to involvement from Children's Social Care.

We Recorded

- 9 Domestic Abuse Related Police Incidents
- 3 Ungraded Police Incidents
- 3 High Risk Police Incidents
- 2 Medium Risk Police Incidents
- 1 Standard Risk Police Incident
- 3 Marac Referrals (no information about Maracs recorded)
- 2 Missed Marac Referrals
- 7 Incidents No Further Actioned by Police
- 2 Incidents Leading to Police Action

Agency Involvement

Five agencies were involved with the family, however one of those agencies (IDAS) recorded only a single contact.

The remaining contacts were split between mental health services (12 contacts), police (18 contacts), health (11 contacts) and Children's Social Care (15 contacts).

Areas for Development

- Lack of positive action from GP and police. On multiple occasions opportunities for referrals were missed, specifically in regard to substance use. GP records that IDAS were involved but they did not identify any contacts with the victim around this time.
- Lack of creativity from agencies and Marac meeting leading to missed opportunities to provide support or disrupt the perpetrator
- High risk domestic abuse indicators not reliably identified by GP
- Multiple examples of victim blaming from Children's Social Care, as well as general poor understanding of domestic abuse and coercive control. Significant responsibility placed on the victim to manage the behaviour of the perpetrator and victim held accountable or blamed for his abusive behaviour.
- Children's social care contacted the victim and held a conversation about her relationship with the perpetrator while the victim was in labour.



Social Value Engine

Social Value Engine

SafeLives use the Social Value Engine to review polices, procedures and practice in the Public Health Approach to domestic abuse.

The Social Value Engine is an online tool, accredited by Social Value UK, which enables us to identify a monetary value to represent the social impact created by each area.

Social value is the description of how much a project creates value and a ratio that states how much social value in monetary terms is created for every £1 or funding.

'If £1 is spent on the delivery of services, can that same £1 be used to also produce wider benefit to the community?'

Public Services (Social Value Act) 2012

The estimated social value of completing steps one and two of the Public Health Approach to Domestic Abuse in North Yorkshire and the City of York is -



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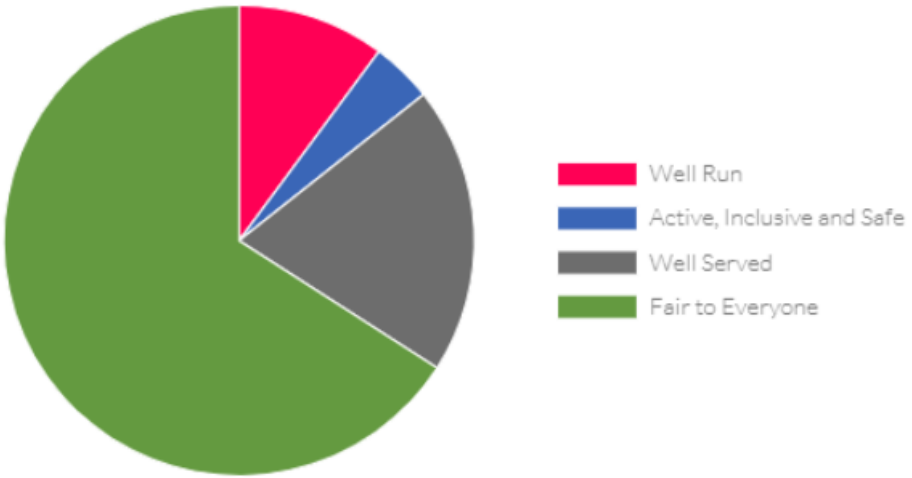
Social Value Engine

SafeLives use the Social Value Engine and have identified a number of proxies from peer reviewed research to review polices, procedures and practice in the Public Health Approach to domestic abuse to calculate a social value return.

OUTCOME		PROXY	QUANTITY	DURATION	VALUE	LEAKAGE	ATTRIB'TN	DDW'GHT	DISPL'MNT	DRP-OFF	IMPACT	SOURCE
Survivor network, feeling involved in decision making	Reduced social isolation for community members	Value of being a member of a social group	17 Victims and survivors	1 years	£2,122.92	0%	50%	50%	0%	50%	£9,022.41	The Economics of Community Asset Transfers - ...
Improving awareness of support around domestic abuse	Improved community safety	Cost of a domestic abuse awareness campaign	1 Campaign/s benefiting the victims and survivors	2 years	£4,324.00	0%	50%	50%	0%	50%	£1,081.00	Home Office - The economic and social costs o...
Improved organisational structures and understanding resulting in improved organisational and multi agency culture	Building a strong voluntary and community sector	Improved governance relationships, improved staff relationships	22 Organisation staff members	1 years	£7,375.53	0%	70%	50%	0%	50%	£24,339.25	Stage 2 Predictive SROI Study Report, Page 7...
The Impact of late intervention resulting in Marac cases	Northern Ireland Specific Values	Annual short-run cost to the public sector of late intervention in Northern Ireland	1916 Victims and survivors	1 years	£330.49	0%	50%	50%	0%	50%	£158,304.71	Early Intervention Foundation, Report, Page 5...
Improved multi agency working and collaboration	Greater sense of cohesion and cooperation across different sectors	Cost of time spent collaborating	25 Partner organisations	1 years	£9,501.49	0%	60%	50%	0%	50%	£47,507.45	Talk Business, Inefficient communications and...
											£240,254.82	
											Present Value (PV)	

IMPACT AREA



BRISTOL ACCORD	
Active, Inclusive and Safe	£10,103.41
Well Run	£24,339.25
Fair to Everyone	£158,304.71
Well Served	£47,507.45
Total	£240,254.82

Total Present Value (PV)	£232,634.82
Net Present Value (NPV)	£197,634.82
Social Return £ per £	£6.65 :£1
Net Social Return on Investment	£5.65 :£1

INPUTS	
Direct Costs	£35,000.00
Total	£35,000.00

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SafeLives
Ending domestic abuse

Conclusion

Conclusion

Our work in North Yorkshire and the City of York has shown that whilst there are positives in the support survivors are receiving from specialist services, there are significant areas for development across the whole system.

Authentic Voice is an essential part of a high-quality response to domestic abuse and must be embedded throughout all our work like a golden thread.

There is currently a process for Authentic voice which is seen as useful but often misunderstood and appears to be on a consultancy basis rather than co production. Additionally, demographics of those survivors involved in the process is limited meaning that the voices of those in marginalised communities are not being heard.

There is a 'them and us' culture within some organisations which may limit the integration of Authentic Voice and its impact.

A positive from the workshop was the desire to improve engagement with survivors and the invitation to a local survivor from North Yorkshire Police to discuss attending training for new Police Officers.

We highlighted a training need for professionals. Whilst training is generally available this is limited and predominantly e-learning with some key agencies not receiving any training or the level was not appropriate for their role. Those who attend domestic abuse training were generally positive, reporting a confidence in their knowledge, however, this did not translate in consistently effective identification of and response to domestic abuse. The level of knowledge was not consistent across the system with a greater knowledge stemming from an individual's interest and/or previous experience resulting in a lottery as to the quality of response and support a victim could receive.

The highlighted training need has an impact on the culture within North Yorkshire and City of York which is of concern. There is a clear disconnect between what professionals say and what is happening in practice.

There is an undertone of victim blaming culture from all agencies across the system and there have been multiple examples of victims being held responsible for their abuse highlighting a lack of understanding of coercive and controlling behaviour and the nuances of domestic abuse.

Victims are asked to be responsible for arranging child contact and asked to co parent with the person causing harm which is not a victim or risk led approach. Victims are asked to be responsible for arranging child contact and asked to co parent with the person causing harm which is not a victim or risk led approach.

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Conclusion

Agencies are taking an incident led approach to domestic abuse rather than a risk led approach which is impacting the identification of the primary victim. Professionals have also stated that the biggest challenge in ensuring families receive the support they need is victim engagement.

It was clear from our work that victims are not confident they will be believed and worry about being judged and spoke about their experience of judgement from professionals.

The current incident led and victim blaming culture is a barrier for victims being able to engage with services and access support.

When considering a whole family approach a key theme from the workshops discussions was the lack of collective understanding of what a whole family approach is and how this looks in practice highlighting a need for this approach to be embedded within agencies policies and procedures.

Survivors spoke positivity about support received from IDAS valuing effective communication, support, compassion and flexible response from familiar, consistent and knowledgeable professionals which was tailored to their needs however Some survivors expressed disappointment with a lack of long term support highlighting the importance of step down and recovery.

Many survivors spoke about not recognising that they were experiencing abuse, and others not understanding what they were going through highlighting a need for a public communications strategy to raise awareness. IDAS have supported many survivors to recognise the signs of abuse in a non-judgemental way which was extremely important to survivors.

Additional needs and multiple disadvantage such as immigration and disabilities created additional barriers to support for victims with many also experiencing economic abuse and post separation abuse highlighting the need for ongoing stepdown and recovery work. Survivors also spoke about the challenges and impact of the court process and the lack of support during this.

Many survivors spoken to or within the case audits have multiple support needs, generally being known to more than one service and require a holistic, person centred approach to meet those needs.

For children and young people, support is limited to those age 10 and over with many survivors expressing the need for greater support especially for younger children. Education have played a key role in supporting child victims through various measures. As such, the current support offer should be enhanced for children.

Young people told us that they want to access support and guidance around healthy relationships in a variety of wats and places. It is important to support and enable communication with young people via their preferred method of communication and this should be explored further.

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Conclusion

We have also seen a consistent lack of engagement with those using harmful behaviours. Those using harmful behaviours appear to be accessing a wide range of services, demonstrating a number of support needs resulting in a number of agencies being aware of their behaviour. Agencies are failing to actively challenge perpetrators of abuse and are generally not engaging effectively with them to address it or conduct pre-contemplation work. This feeds into the current culture of victim blaming and victims being held accountable for the person causing harms behaviour.

Additionally, due to the lack of knowledge around dynamics and typologies of domestic abuse there have been examples of professionals enabling abusive behaviour, colluding with those causing harm or mis/non identification, all of which is of concern.

The Positive Choices service is available in North Yorkshire and City of York however many professionals are unaware of this service and therefore are not referring. In addition, Positive Choices does not work with those who are using high risk/high harm behaviours therefore there is no such service within North Yorkshire and City of York.

We identified that many professionals are not completing risk assessments when identifying domestic abuse and therefore do not understand the risk level and response required.

Whilst agencies felt they communicated effectively and work collaboratively many survivors did not feel that the support they received was effectively joined up with survivors often receiving conflicting or confusing information from with key agencies. Whilst many professionals believe they have positive relationships with partner agencies, there are a significant number who don't agree, don't understand the roles of other agencies or do not trust them to work effectively. Individual relationship play a key role in the multi-agency response in North Yorkshire and the City of York. In addition, pressure on resources acts as a barrier to effective multi-agency working.

GP surgeries play a key role as they are one of the most commonly accessed agencies by victims, survivors and those who harm however they are not effectively integrated into the wider domestic abuse system, leading to missed opportunities for effective information sharing and multi-agency working.

There is a disconnect between strategic decision making and operational delivery with professionals not always being aware of the broader strategic aims and if aware do not feel they translate to operational processes.

There is widespread acknowledged of the need for support for staff working with or experiencing domestic abuse with a range of support available. Many agencies do not have a domestic abuse policy for staff experiencing abuse. In addition Authentic Voice is missing from many domestic abuse policies and procedures,

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Conclusion

As part of our work we observed the maracs and matacs operating across North Yorkshire Police Force.

Currently these processes are not operating effectively in key areas. There appears to be a misunderstanding from professionals of the purpose and principles of a marac with a key focus on information sharing rather than action planning.

There is inconsistent engagement from agencies in regard to attendance and within the meeting and action planning process itself with much of the work held with the Chair. Information sharing is excessive and is not relevant and proportionate. Not all risks are identified and therefore not addressed within the action planning process. Again the majority of actions are suggested by the chair with agencies rarely offering actions.

Victim voice is integral to the marac process but it is not consistent present or considered within the marac process. Agencies are not advocating for the victim and victim blaming language is tolerated.

This is also the case for the matacs which is not working in a risk led approach with victim safety at the centre. The victim is not actively considered throughout this process with significant risks being identified and discussed but not acted upon. There is currently no victim link working with the victim with a reliance on IDAS supporting, however the victim is not aware that the person using harm is subject to a Matac which may impact their want to speak to services as they want them to receive support.

The purpose of the meeting feels unclear and is process driven with the focus on administrative tasks rather than effective engagement with the person using harmful behaviours. Not all agencies are engaged with the Matac process or understand their role resulting in a disconnect and reliance on North Yorkshire Police. As such the process is Police led.

Discussions within the collaboration workshop acknowledged the information presented and the areas for development. Agencies expressed a want to improve the system to improve safety and support for victims and survivors of domestic abuse, their families and to hold those who harm to account for their behaviour by providing appropriate support.

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Conclusion

At the end of the workshop we asked professionals a number of questions –

What is the most important action I will take away today?

Challenging myself to work more closely with other colleagues from the wider system

Update procedures on domestic abuse incorporating info on safe lives

To continue to educate and drive forward how health can improve our contribution to supporting our victims and working closely with our partner agencies

Multi agency approach, sharing best practice

Encouraging all services to challenge abusive behaviour

Challenge the ICB on health representation in DA

The need for more partnership working to make services more easily accessible for victims

There are lots of actions

To better include survivor voice in training and other work going forward

Ensure staff understand role in MARAC and how valuable this framework is

Review of Marac referrals for my agency. - quality and pathways

To take every opportunity to improve partnership working

Work together

Promote need for whole family system approach and multi-agency work in all relevant cases

I will take away the impact of domestic abuse on victims and my commmittment to make outcomes better

Putting the recommendations into action

Explore trauma informed approachesWithin my organisation including training

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Conclusion

At the end of the workshop we asked professionals a number of questions –

What action can you take away to strengthen authentic voice in your role and agency?

Work with maternity voices partnership from a SG perspective

Include survivor voice in student officer training

Trauma informed approaches .. to not re traumatise people

Listen to what people are saying Identify who family is

Meaningful plan with advice and support from Safe Lives???

Explore ways to engage with survivors

Ensure consideration always given to impact of risk management strategies on victims and work with key agencies to ensure their voice is captured and responded appropriately to

To ensure victim voice is heard

Determine how services other than specialist services engage capture survivor voice and create a platform for sharing this

I will take forward options to bring to life the victims voice with our CSP and other boards. I will ensure I understand what else is being done across other agencies to ensure the work is joined up

Work within whole family approach framework to ensure a voice for all

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Conclusion

At the end of the workshop we asked professionals a number of questions –

What one word would you use to describe the future of North Yorkshire and City of York's response to domestic abuse?



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Summary of Recommendations

Training and Awareness

	North Yorkshire and the City of York to implement a training framework which should include a comprehensive training package, performance, and monitoring. This may include a review of the current offer and/or a training needs analysis which should be reported against with the strategic board annually to measure the impact of training.
	Each agency involved in the domestic abuse response to review their current mandatory training offer and ensure that it includes Domestic Abuse Awareness for all staff that may encounter domestic abuse victims or those that harm as part of their role. Specialist staff within those agencies should have access to more in depth domestic abuse training, which includes coercive control, domestic abuse risk identification and response, victim blaming language and trauma informed practice.
	Specialist teams who work exclusively or primarily with victims of domestic abuse should have access to mandatory specialist training beyond basic e-learning courses, covering both domestic abuse awareness but also specialist related topics.
	Where possible, this training should utilise local skills and knowledge, facilitated by individuals with an understanding of the local domestic abuse response and referral pathways, as well as specialist knowledge of the domestic abuse sector
	North Yorkshire and the City of York should develop a domestic abuse champions network amongst frontline professionals, with a key lead in each organisation (or team) to support colleagues in understanding local processes and pathways. The network should be clearly advertised, with key contacts in each agency identified. The role of a champion should be clearly defined, in writing, with a confirmed set of responsibilities and expectations. Appropriate training and support should be provided for champions, with enough time to carry out the role built into their existing schedule. Champions should be visible within their organisations and teams and their input recognised, heard, and respected by individuals within senior positions.

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Culture and Language

	Culture of Engagement training For key services working with families including Children's Social Care, Adult Social Care, Youth Offending Teams, Probation/CRC, heath and mental health services, housing and substance misuse services. The aim is to create a culture of engagement for families by changing the approach of services working with families where there is domestic abuse to improve risk assessment and risk management. It aims to shift the position of agencies from risk identification and avoidance to, where safe to do so, an approach that works with all members of the family to better understand the situation and circumstances, and identify what the options are for the family. This allows agencies to be cited on risk assessment and management with the aim of increasing the safety of victims and children. The approach centres on a multi-agency response and decision making, so services are better informed and supported by the expertise agencies can bring when working together.
	Parental Conflict and Child Contact has been highlighted as a key issue in North Yorkshire and City of York. If there is robust domestic abuse training, professionals should be able to identify domestic abuse and response appropriately. Training should be provided to agencies in particular those in Children's Services and Early Help around the impact of domestic abuse on children particularly around child contact.
	Non victim blaming culture and language should be embedded within polices and procedures across all agencies. Polices should also include measures on holding those who harm accountable for their behaviour and how this should be managed. This will be address later within the Those Who Harm section of this report.

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Culture and Language

	Regular and robust support and supervision should be provided to all staff to prevent compassion fatigue and burnout and to provide education and challenge to inappropriate culture and language. Managers should receive appropriate training to enable them to do so.
	North Yorkshire and City of York Partnership boards should identify a communications lead who will be part of a locality wide governance structure and manage communications at strategic level. This will ensure that recommendations around communication remain a priority and are embedded within the development of strategy and processes.
	Develop a communications strategy for professionals around myth busting and stereotyping of domestic abuse. This can link to the training strategy.
	Develop a public communications strategy around myth busting and stereotyping of domestic abuse, 'no them and us' and to highlight the prevalence of domestic abuse with the aim to increase awareness, the confidence of victims to disclose and reduce the impact of shame which victims feels.
	The Domestic Abuse Partnership boards should link into the local communities via the Area Constituency Committees, town and parish councils to provide resources and access to information and services to strengthen community awareness and response.

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Authentic Voice

	North Yorkshire and the City of York Partnership Boards to develop an Authentic Voice strategy and framework that embeds the expertise of survivors with lived experience into every part of the domestic abuse system and routinely listens to the experiences of survivors with services as part of the development of a learning and improvement culture. This process should ensure that survivors are actively involved in the design, wording and process by which information is communicated, and that these groups do not merely 'sign-off' work that is already complete.
	North Yorkshire and the City of York can implement SafeLives' Authentic Voice Toolkit which sets out principles that should be adhered to when working to develop a sustainable and tangible model for co-creation and empowerment.
	During the workshop, North Yorkshire Police invited a local survivor to meet to discuss attending training sessions with new Police Officers to share their experience.
	Authentic Voice should be embedded within the training provided

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Whole Family Approach

	A collective understanding of a Whole Family Approach should be embedded within policies and procedures for all agencies including expectations of support for all members of the family
	All staff working with domestic abuse to be aware of a whole family, risk led approach, completion of risk assessments and the referral pathways to support services
	Within the multi agency approach, each agencies should have expertise with victim, children and those who harm focused support
	North Yorkshire and City of York to contribute to the effective planning, design and securing of specialist and 'by and for' services, based on a thorough understanding of need across the local area, identified through a regularly conducted and comprehensive needs assessment, with data disaggregated by gender, ethnicity, age and all protected characteristics. This needs assessment should be used to identify gaps in provision and understand how services could better meet the needs of underrepresented and minoritised groups.
	Consideration to how current 'by and for services' can be enhanced and included within the current system such as direct referral pathways
	Consideration to having Idva's co-located within services such Health services, LGBT+ services and Substance Misuse to enable victims to access domestic abuse support through the service they feel most comfortable engaging with
	Consideration to providing and/or enhancing dedicated domestic abuse support for victims within the court arena. This may include linking in with Victim Support and other witness support services
	North Yorkshire and City of York to promote awareness of specialist and by and for services that exist in their local area or elsewhere if the provision isn't available and how to refer into them via the communications strategy recommended within the Culture and Language section of this report

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Whole Family Approach

	North Yorkshire and City of York to enhance their joint domestic abuse commissioning strategy between partners to cover the provision of services for the whole family. This strategy should be based on a thorough understanding of need across the area, service mapping and analysis of current and future resources.
	Children and Young People interventions should support the local multi-agency response to safeguard children and young people from the impact of domestic abuse and therefore should be part of a multi-disciplinary team, which works with each member of the family
	The current support offer for children should be expanded to include children of all ages and can be enhanced by including age specific programme such as Do you feel what I feel? Toolkit, a specialist early years programme for child victims and their non abusive parent
	The North Yorkshire and City of York Domestic Abuse Partnership Boards should ensure training for children's social workers and youth workers provides an understanding of the dynamics of domestic abuse for all children and young people including victims of domestic abuse in their own intimate relationships and those who harm
	Training should also be provided for schools and other youth agencies/service providers which adequately addresses the full range of domestic abuse that young people may experience or be engaged in
	Local services should be funded, enabled and supported to provide ways of supporting young victims of domestic abuse which reflect their preferred method of communication – for example online support such as specialist chat-bots or online peer-to-peer support.
	Provision for Ypva's and long-term support for young people experiencing domestic abuse should be available alongside the funding of Idva provision and outreach services

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Whole Family Approach

	Appropriate referral pathways must be available for young people below 16 who experience domestic abuse
	The Respect Provision for young people using harmful behaviours towards their partners and towards parent/guardians which offer dual support to the parent/guardian and young person should continue with all agencies aware of the service. Links should be made between such services and the Youth Justice system to ensure these options are available as part of the criminal justice response
	A communication strategy specifically targeting young people using their preferred communication methods to raise awareness and signposting to relevant services including linking into local communities via the Area Constituency Committees, town and parish councils
	North Yorkshire and City of York Councils and schools should draw on the expertise of specialist domestic abuse education providers when developing the new RSE guidance and school curriculums
	• North Yorkshire and City of York should work alongside local survivors to scope and review appropriate move-on, step down and recovery support to build in provisions and therapeutic options for survivors after harm has occurred. This includes delivering and supporting survivor groups, peer mentoring, therapeutic support both face to dace and online and using spot purchasing. Options which can facilitate this include - • **Recovery toolkit** https://rockpool.life/the-recovery-toolkit/ • **Freedom programme** https://www.freedomprogramme.co.uk/ • **Pattern changing** https://www.ndada.co.uk/courses/pattern-changing/ • **Peer mentoring programmes** • **One-to-one humanistic counselling** . • Individualised support via an activity fund which is available for **spot purchases**

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Multi Agency Working

	The current mental health support offering for victims of domestic abuse should be reviewed, specifically focusing on waiting times and referral criteria. Efforts should be made to ensure that appropriate mental health support is available to victims of domestic abuse in a timely manner
	Multi-agency forums (e.g. Marac, MAPPA) ensure their membership always includes a mental health representative who is supported and equipped to actively participate and share expert insights.
	Local multi-agency training strategies should embed an understanding of the relationship between mental health problems and domestic abuse in victim/survivors and those perpetrating abuse, including the risk dynamic where both parties have mental health difficulties
	Domestic abuse services and mental health services should work closely together and ensure clear referral routes are established. Mental health services should have training in domestic abuse, and Domestic Abuse services should have training in mental health. Integrated Care Boards should note NHS England's guidance on their responsibilities under the Domestic Abuse Act 2021 to highlight the need for Joint Forward Plans to ensure this happens
	Mental Health Trusts and non-statutory mental health associations should review their current strategy and ensure it sufficiently covers a response to victim/survivors (both adults and children) and perpetrators of domestic abuse. The strategy should be based around providing trauma-informed care
	Current key multi-agency meetings and their terms of reference should be reviewed, with a focus on ensuring quality of meetings, appropriate agency representation and clarity of purpose.
	Consideration should be given to supporting multi-agency forums in which agencies can share knowledge and best practice, specifically to support better understanding of the roles, responsibilities and limits of professionals within those agencies.

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Multi Agency Working

	Additional efforts should be made to provide police and GP surgery staff with training and support, both in regard to general domestic abuse awareness, but specifically related to local referral pathways.
	Efforts should be made to ensure that GPs and GP surgery staff are included in local domestic abuse planning and development, and that they are present at multi-agency meetings wherever possible. Specialist domestic abuse agencies could also consider reaching out to GP surgeries to provide additional support and guidance, and to establish relationships.
	The development of regional strategy should focus on operationalising high-level aims and oversight for how that strategy will be implemented on a local level.

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Marac and Matac



	Marac training was not consistent, and some reps either had not received training, or had received it but not for several years. All reps and the Chair should receive updated, accredited Marac training to refresh knowledge and understanding.
	Agencies attending multi-agency meetings, such as Marac, Mappa etc, should ensure the same individuals act as representatives for their agency to assure continuity and trust between organisations, and that these individuals are of sufficient seniority to suggest and allocate actions. Chairs of meetings should take time to ensure that new members are inducted, and that terms of reference and expectations are clear from the outset. These individuals should quality assure referrals from their agency.
	All Marac reps and the Chair should attend specialist domestic abuse awareness training to ensure that discussions during the Marac and Matac are informed.
	Agencies should ensure that reps are prepared to actively engage with the Marac process. During remote meetings it is recommended that cameras be switched on throughout to encourage this engagement.
	Key agencies should take steps to ensure that victim voice is actively discussed at Marac, beyond confirmation that contact has been made. This should include the victim's wishes in regard to the abuse itself and how they wish to be supported, what they would like to achieve as an outcome, and their views on the Marac process itself. This should be confirmed for each case heard at Marac.
	Further review work should be undertaken at a local level to properly assess the Matac, with a particular focus on victim safety and risk management.

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Working with those who harm

	The North Yorkshire and City of York Partnership Boards should set up a perpetrator working group to ensure a robust perpetrator strategy and tailored provision as a priority. This strategy should focus on ensuring that all key local agencies have clear guidance about how to respond when abusive behaviour is identified, and their responsibilities in regard to multi-agency working.
	The North Yorkshire and City of York Partnership Boards should support the wider workforce and empower professionals to work with those who perpetrate domestic abuse, that includes Engaging with those who harm training.
	Identify local specialist services that can support non-specialist agencies to develop internal processes in regard to responding to and challenging abusive behaviour.
	Carry out communication work to ensure that all local agencies are aware of existing perpetrator services such as +Choices, and that the referral pathway and criteria is understood. This should also include ensuring that Foundation and +Choices representatives are present at key local multi-agency meetings.
	Consider the need for a high risk, high harm perpetrator intervention service.

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Appendix A –
Public Health Approach Surveys:
North Yorkshire and City of York

Slides created: March 2023

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Surveys

Due to the number of responses to some of the surveys it is important to note a number of caveats -

All surveys - Please be aware that where the data is shown as percentages, the figures have been rounded to the nearest whole number

Survivor

Please be aware that there were only **18 responses** to the survivor survey. The survey data is showing count values rather than percentages. Results should not be generalised to all survivors in the local area.

Comparisons cannot be made between the City of York and North Yorkshire due to the sample sizes.

Those Who Harm

Please be aware that as there were only **6 responses** to the those that harm survey the following data is showing count values not percentages. This also means the results cannot be generalised to everyone who uses harmful behaviour

It is also important to note that most respondents are currently participating in a behaviour change programme and have likely accessed the survey through this service. This should be taken into consideration when interpreting findings as these respondents are already accessing support.

Public

The total number of respondents to the Public survey was **494.**

The majority of these responses appear not to be genuine and we suspect this may be related to the prize draw. It has been difficult to identify and remove the invalid responses with any certainty and so we have not included a breakdown of the data collected.

We have selected and included some open-text responses, many of which disclose lived experience and appear to be genuine responses. These cannot be generalised to the wider public but could inform what we know about domestic abuse and how it is understood in the local area.

Children and Young People

Please be aware that as there were only **5 responses** to the children and young people's survey the following data is showing count values not percentages. This also means that demographic data is not included. Results cannot be generalised to all children and young people in the local area.

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Professional survey

Data based on all responses between 20/10/2022 to 09/12/2022

Total responses = 111

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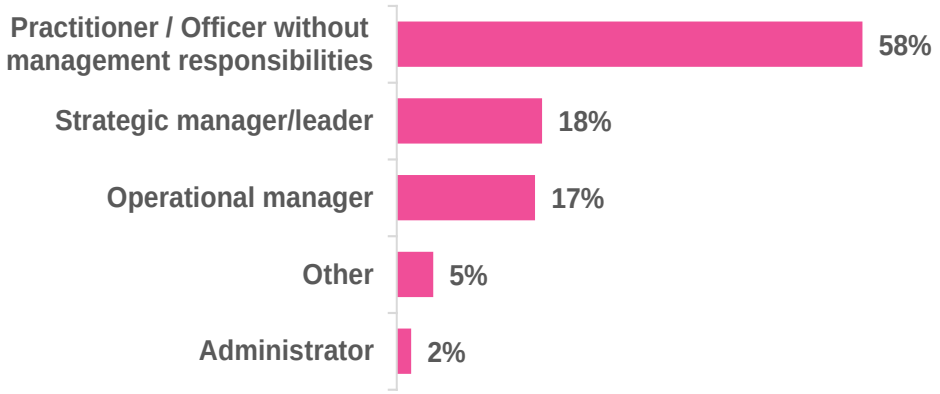
Who responded?

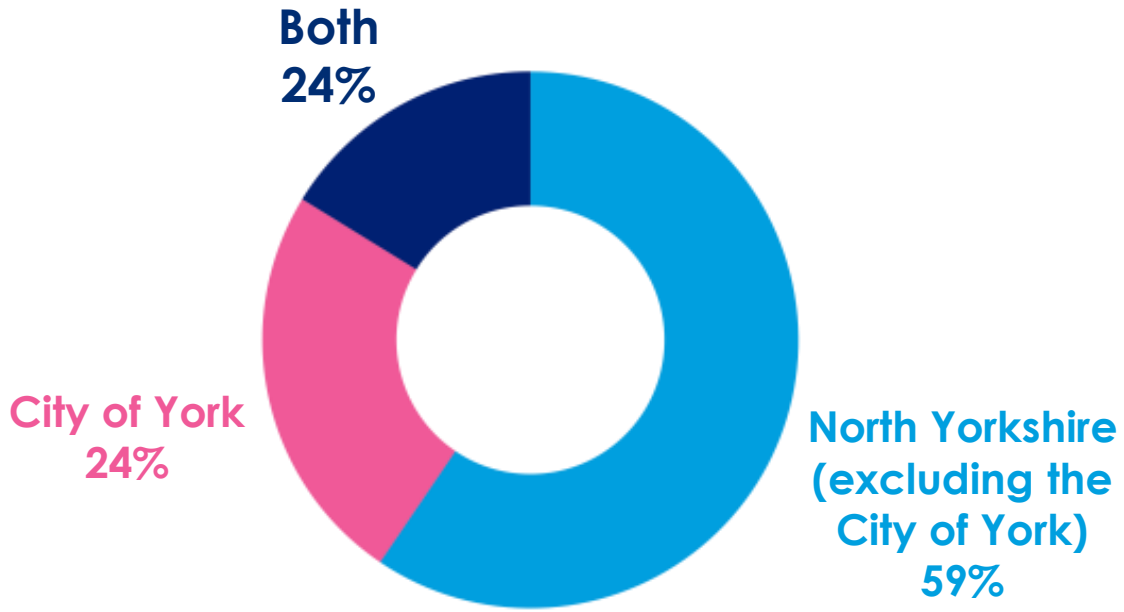
111

responses to the professional survey

Over half of the respondents from North Yorkshire and City of York were **practitioners or officers** without management responsibilities



The majority of respondents worked in **North Yorkshire.**



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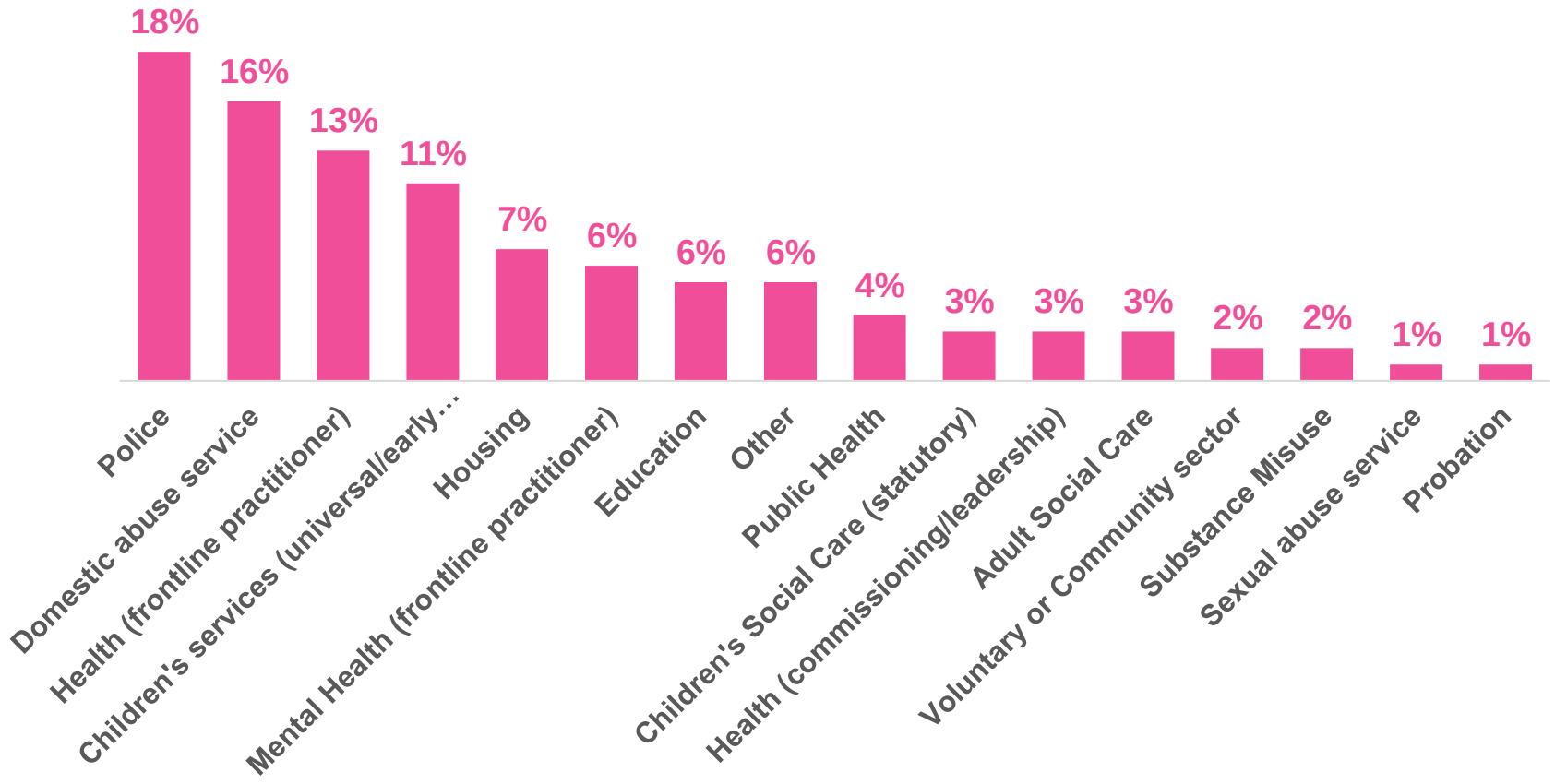
Who has responded?

Respondents were spread across **a range of agencies** with **most responses coming from the Police**. There were no responses from professionals who described their agency as a Mental Health (Commissioning/Leadership) agency.



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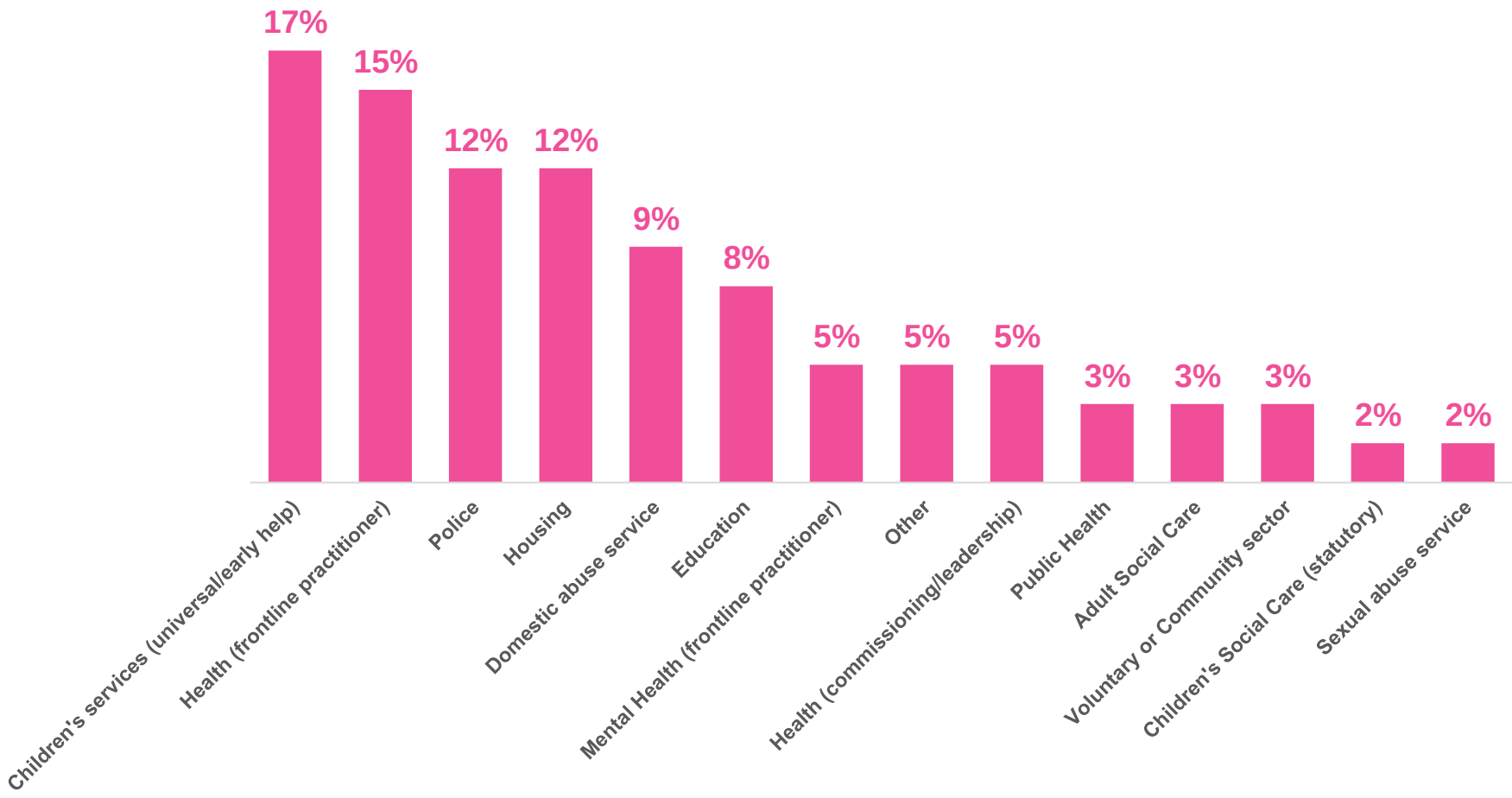
Who has responded - North Yorkshire

North Yorkshire is primarily represented by Children's Services, Health, Police, and Housing agencies.



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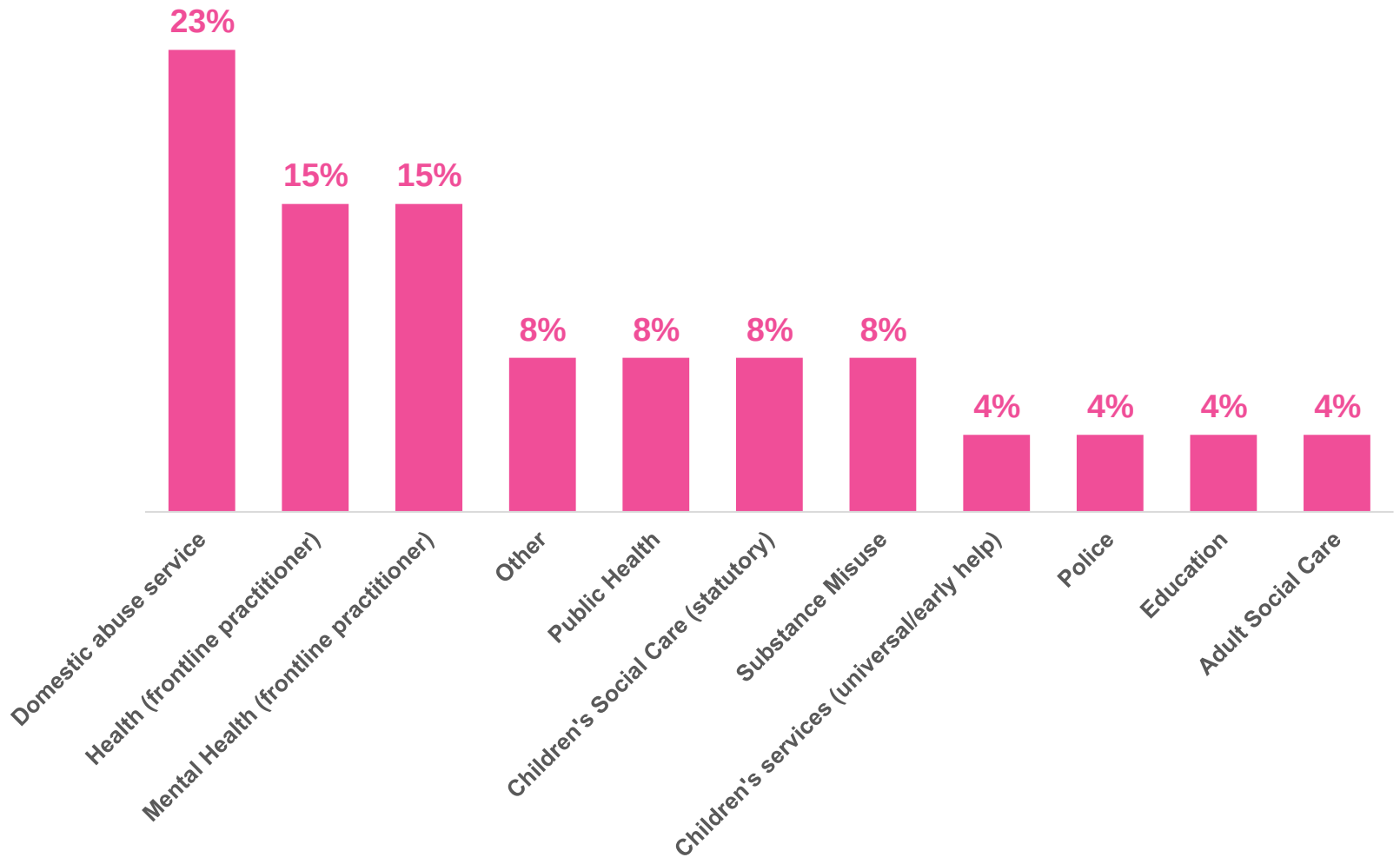
Who has responded – City of York

City of York is primarily represented by Domestic abuse service, Health, and mental health agencies.



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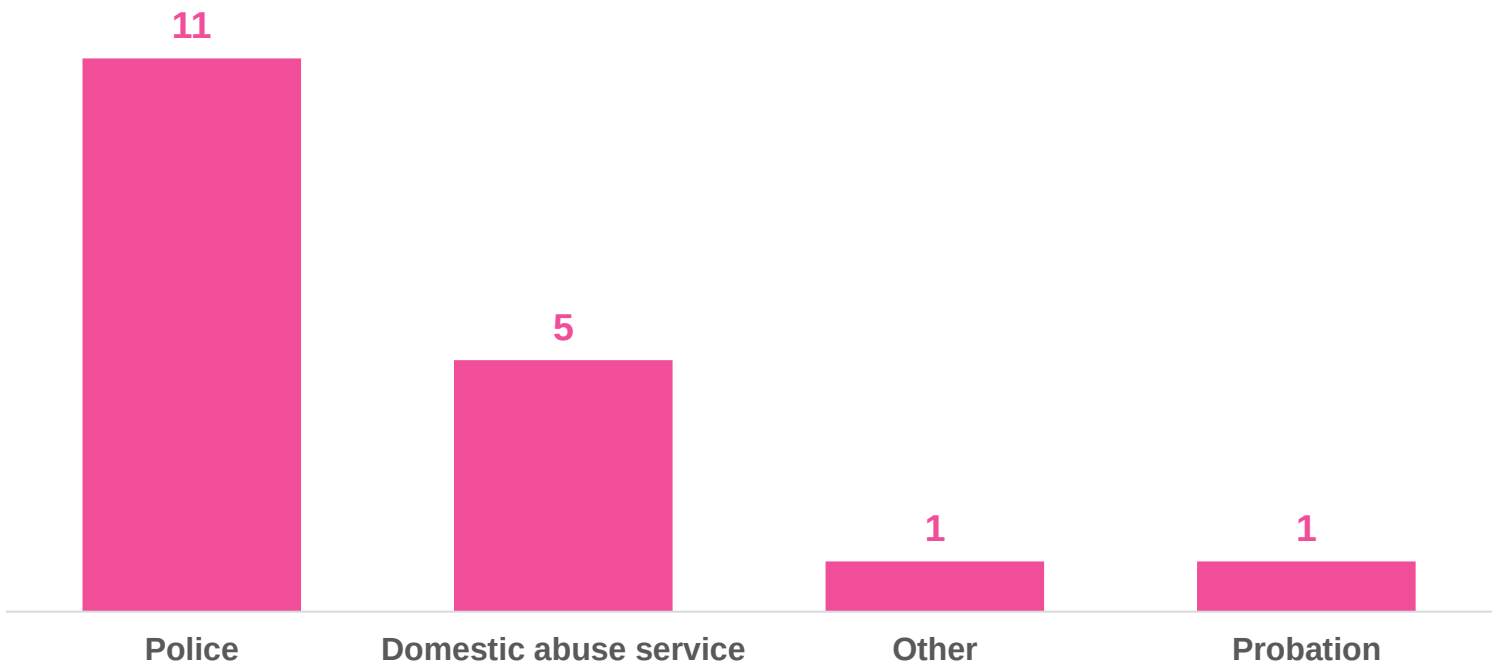
Who has responded – Both

The police represented over half of the respondents working in both areas.



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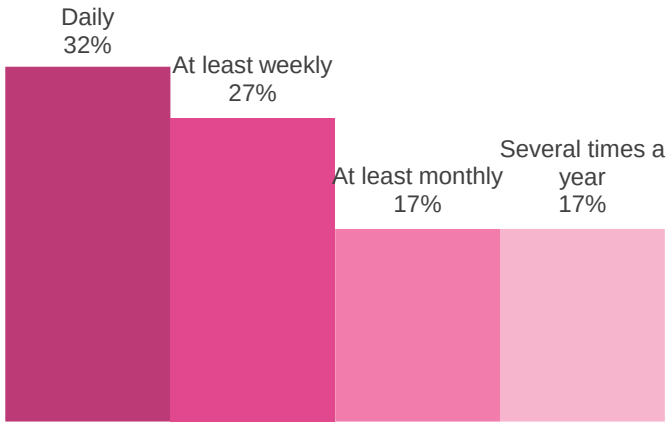
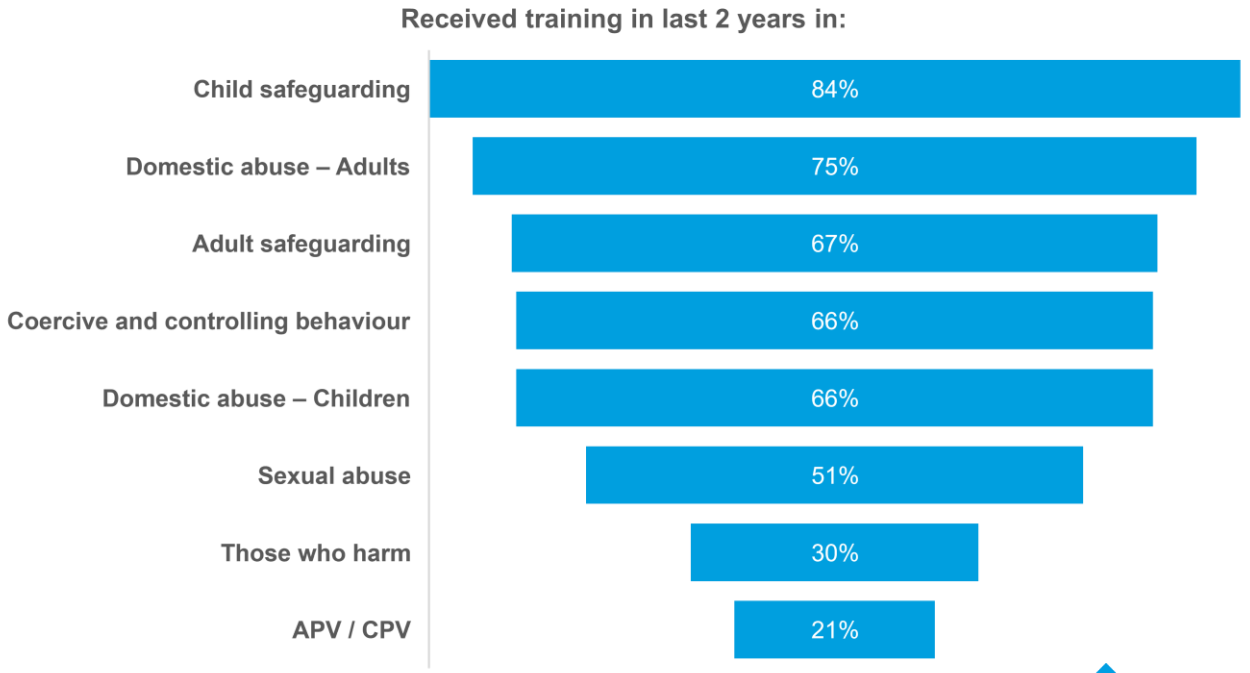
Domestic abuse exposure and training

93% of respondents said they had worked with service users that were **victims or suspected victims** of domestic abuse

Most respondents came across domestic abuse **daily**.



In the last two years, respondents have had the **least training** in **those who harm** and **adolescent-to-parent / child-to-parent violence.**



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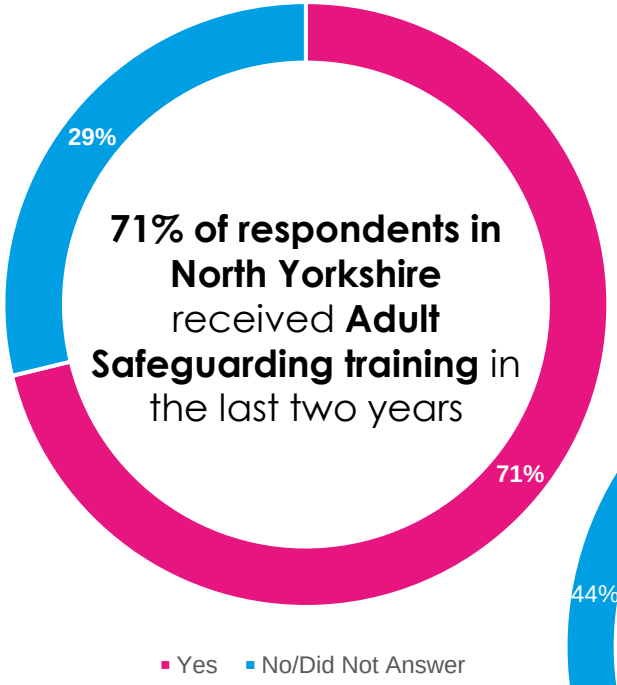
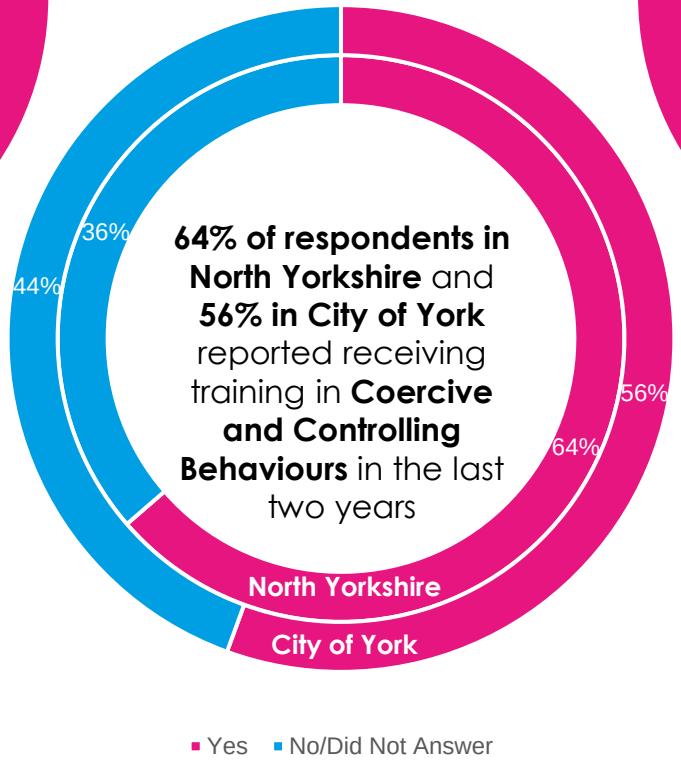
Domestic abuse exposure and training



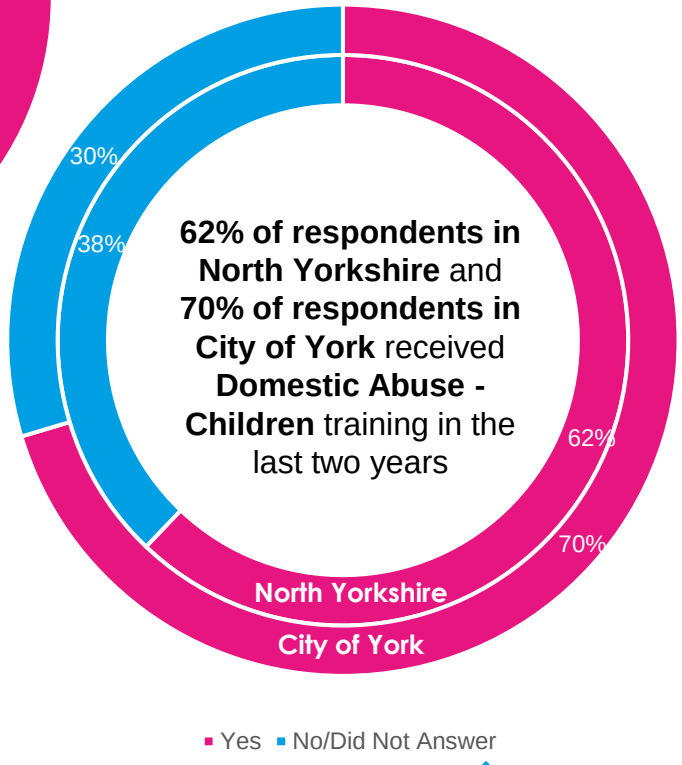
71% of respondents in North Yorkshire received **Adult Safeguarding training** in the last two years



64% of respondents in North Yorkshire and **56% in City of York** reported receiving training in **Coercive and Controlling Behaviours** in the last two years



Only **one respondent** who works in **both** areas reported **not receiving training** in **Domestic Abuse-Adult Training** in the last 2 years



62% of respondents in North Yorkshire and **70% of respondents in City of York** received **Domestic Abuse - Children** training in the last two years

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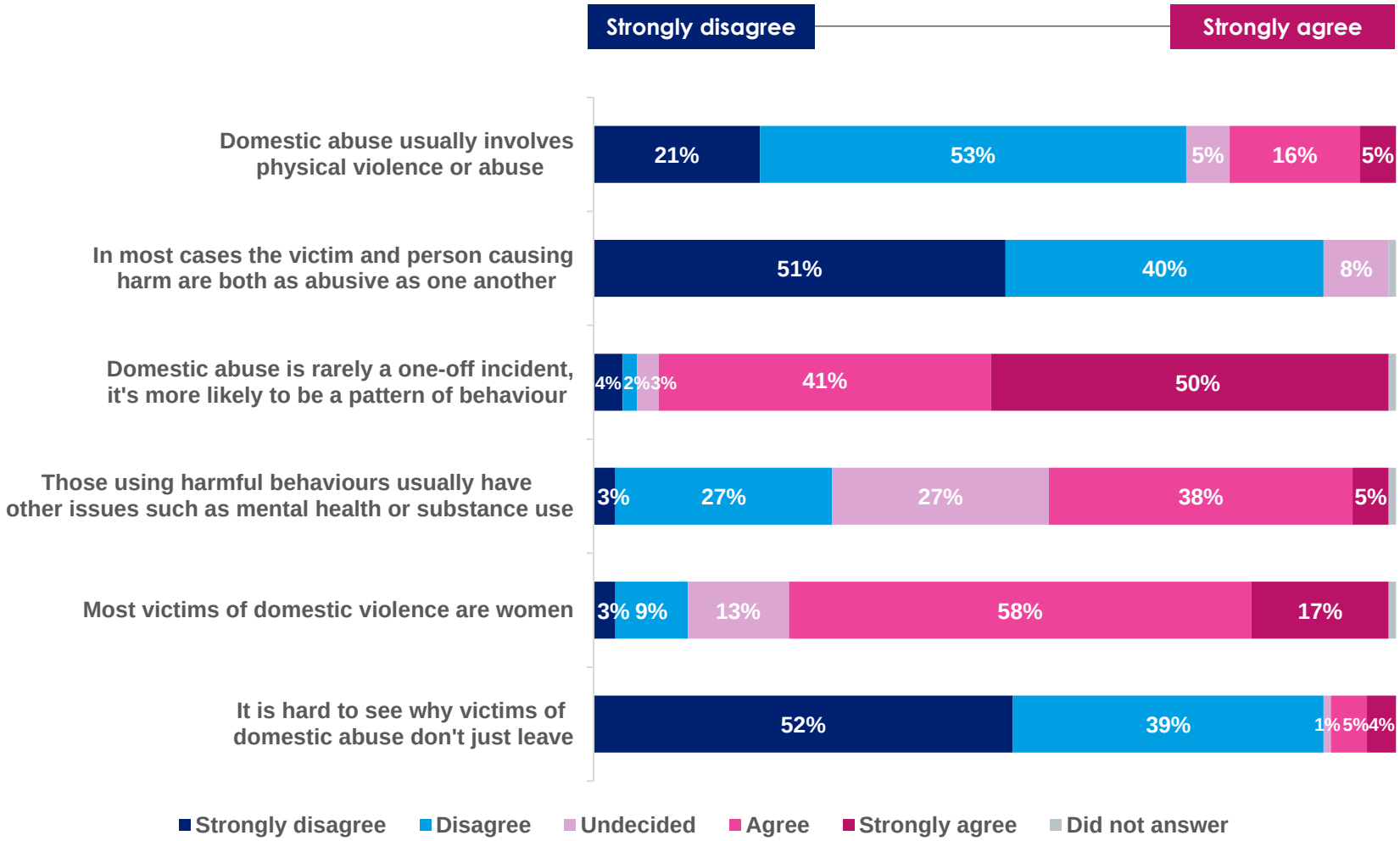
Understanding of domestic abuse - Overview

Respondents rated how much they agreed with the following statements:



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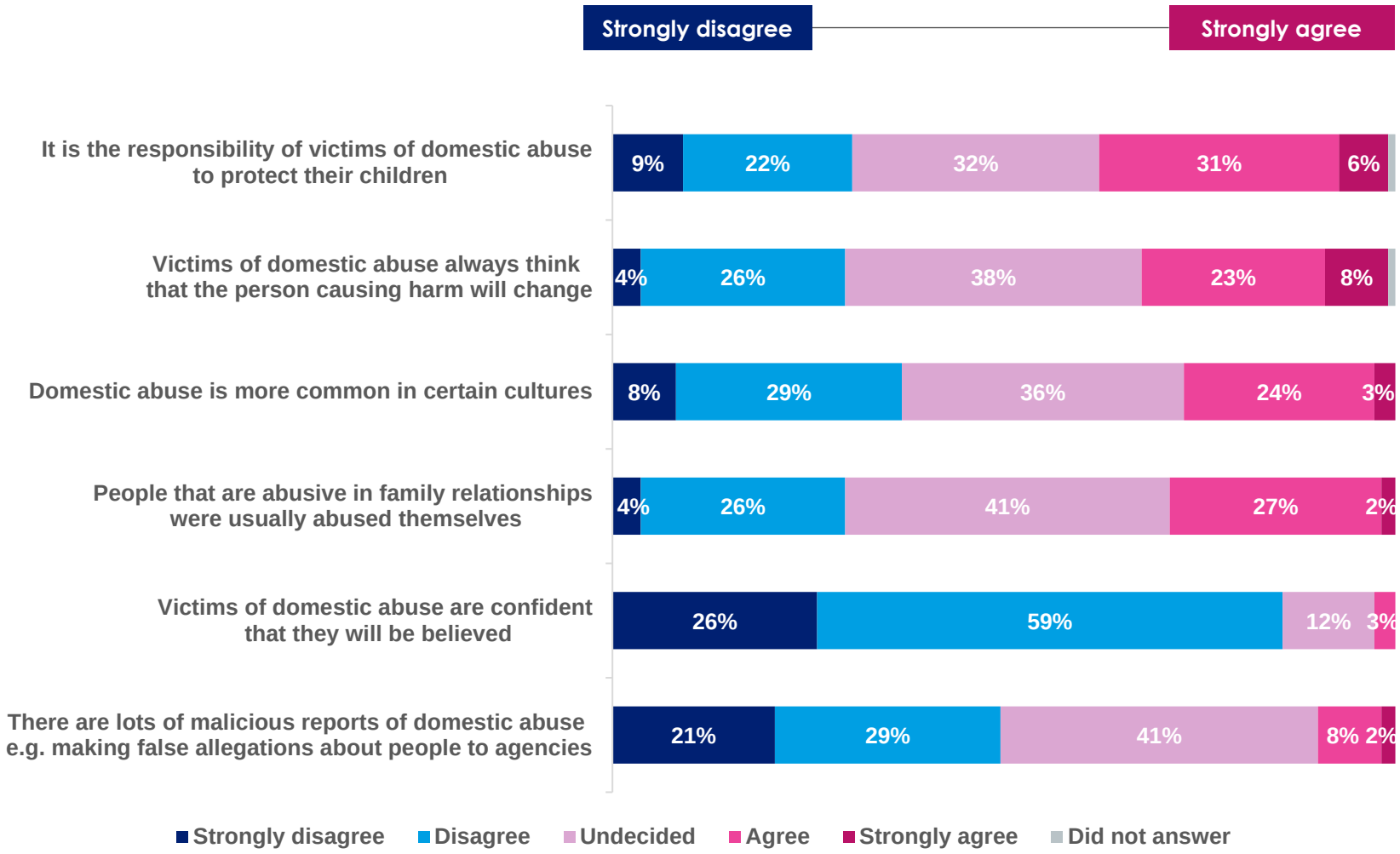
Understanding of domestic abuse - Overview continued

Respondents rated how much they agreed with the following statements:



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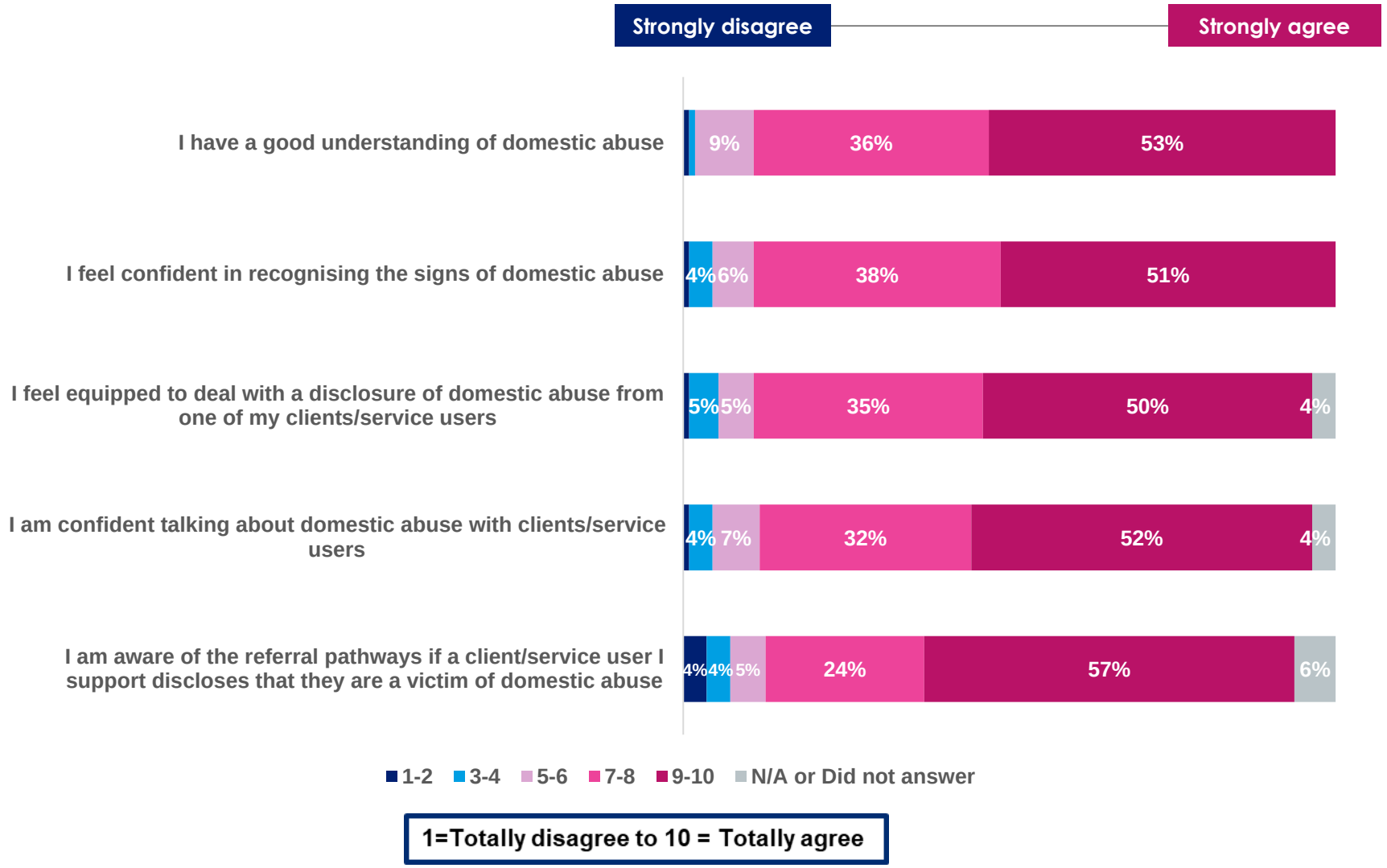
Knowledge of domestic abuse and referral pathways in local area

Respondents rated each statement on a 1-10 agreement scale, where 1 = Totally disagree and 10 = Totally agree



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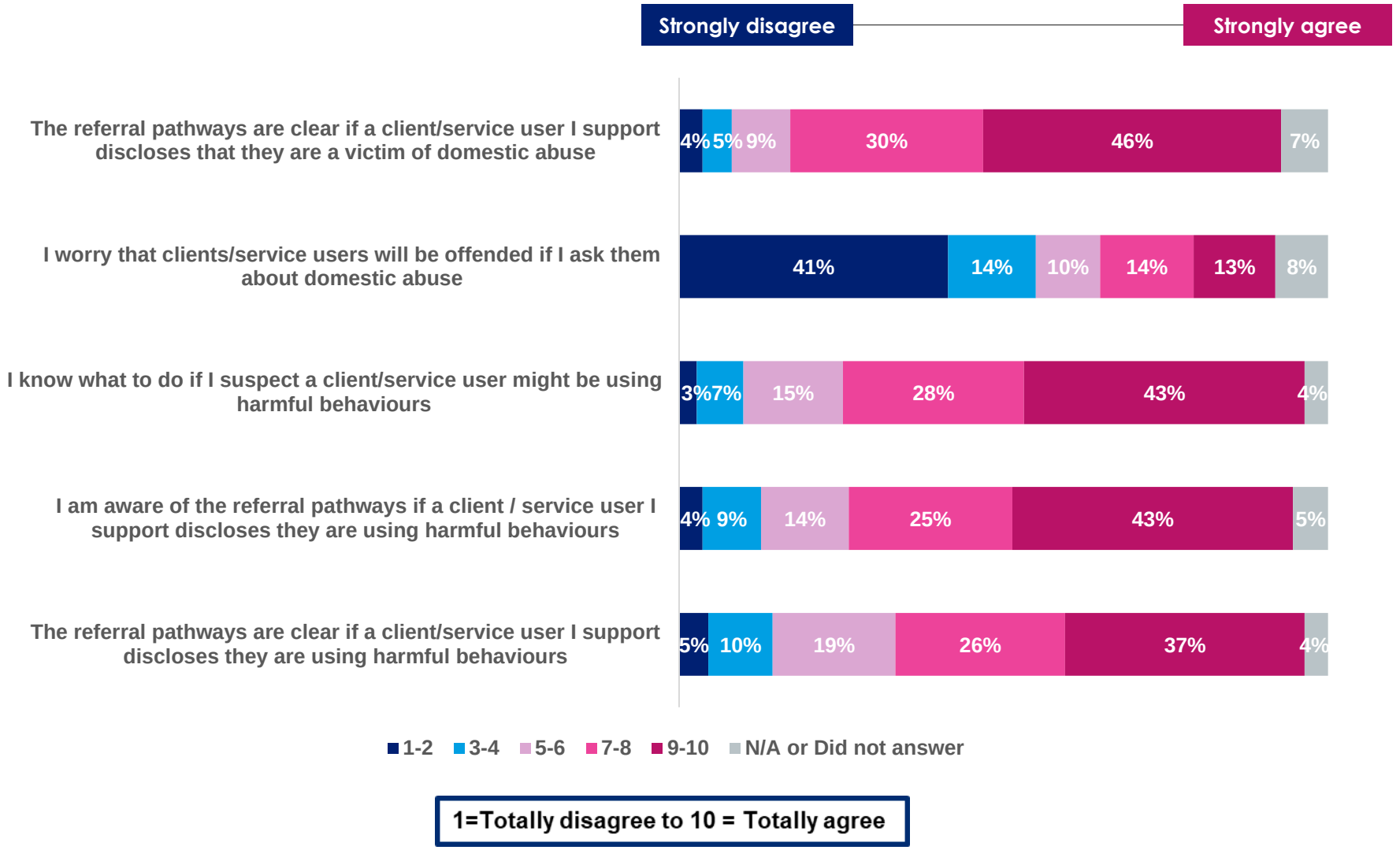
Knowledge of domestic abuse and referral pathways in local area

Respondents rated each statement on a 1-10 agreement scale, where 1 = Totally disagree and 10 = Totally agree



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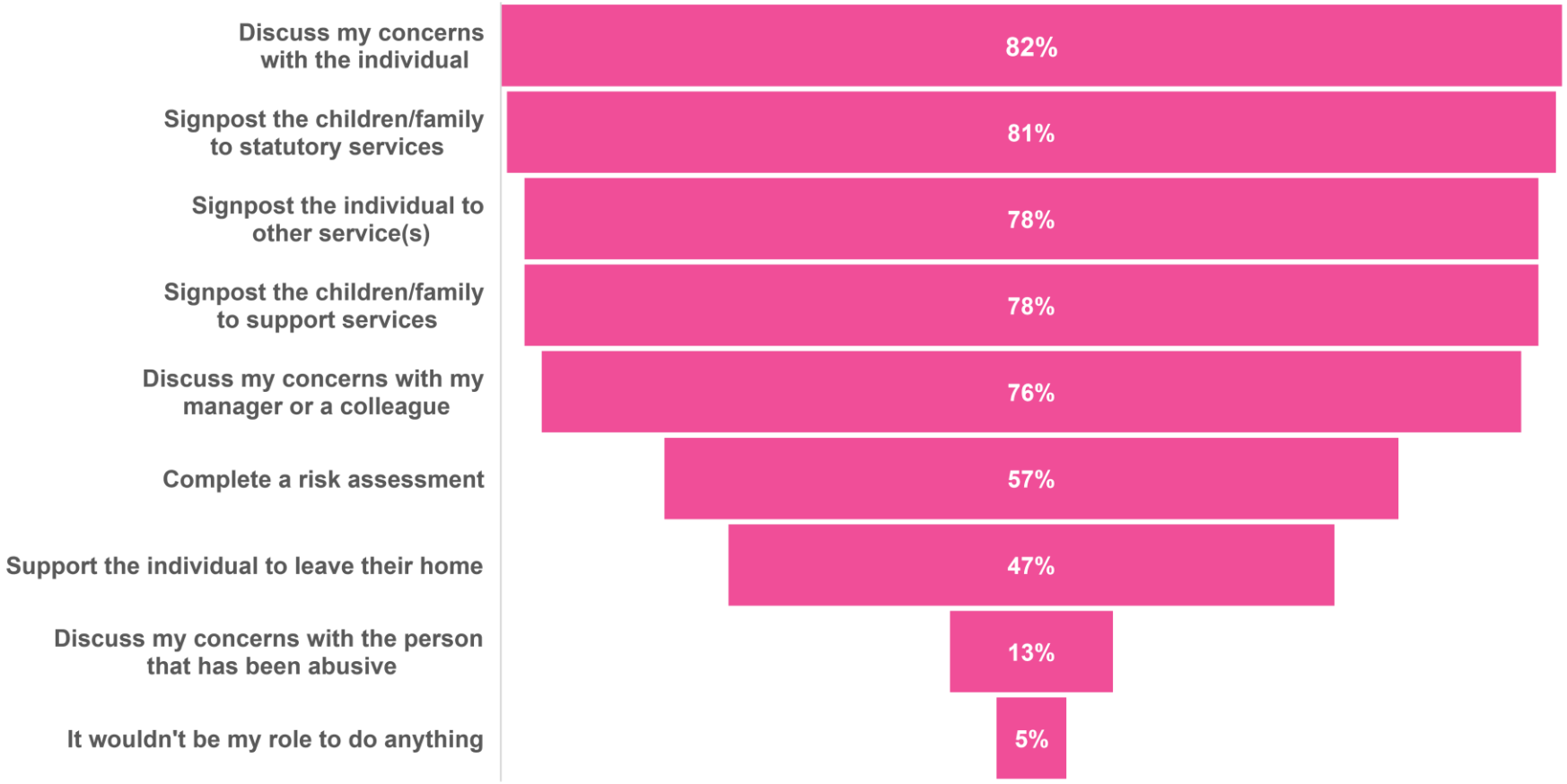
Local support provision for victims and families

If respondents **identified someone they suspected may be a victim** they would most commonly **raise their concerns with the individual** and **signpost the individual** to other services.



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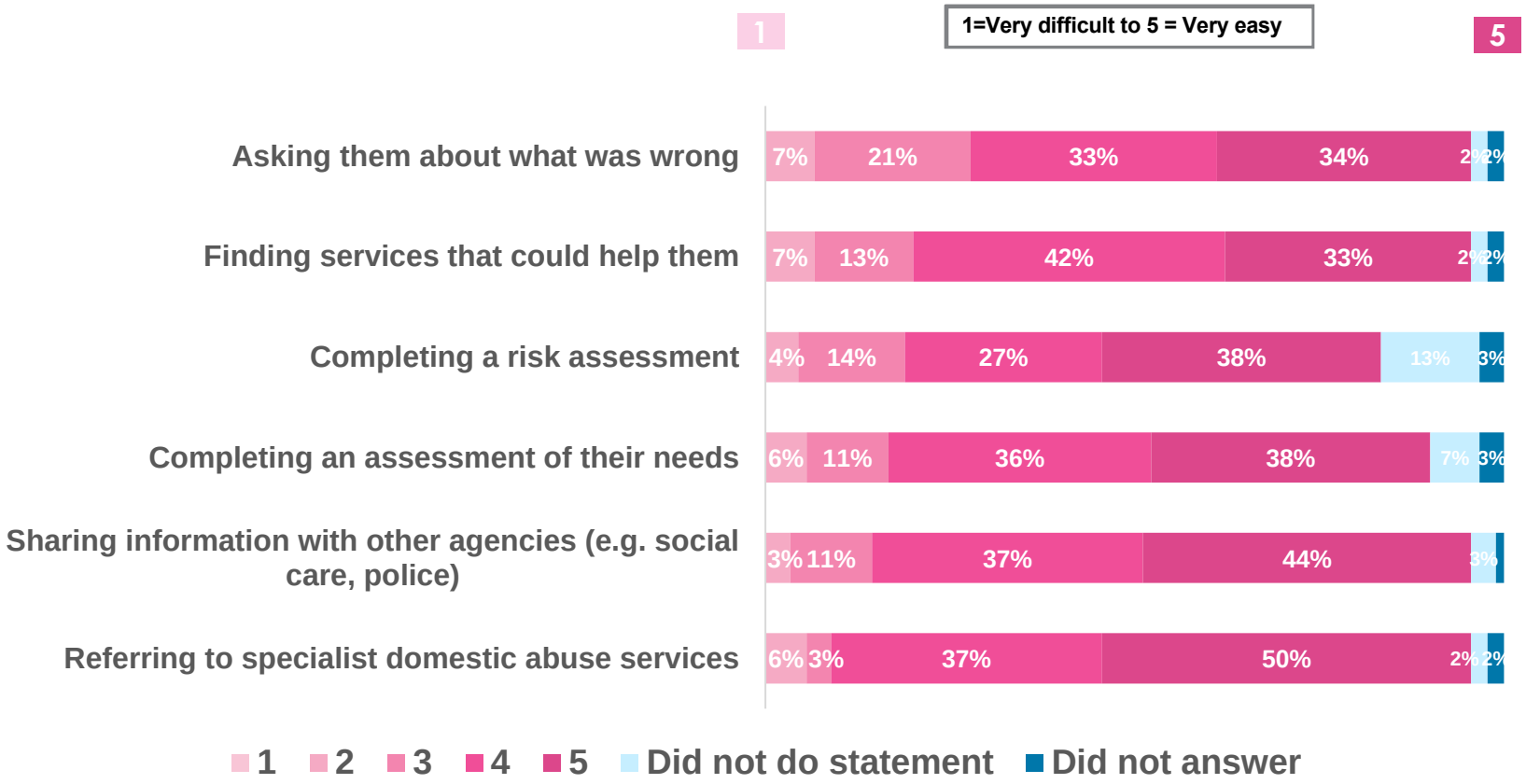
Local support provision for victims and families

Almost nine out of ten respondents (87%) described it as **easy or very easy** to refer victims to **specialist abuse services**.



Percentages out of those respondents who said they had worked with clients/service users that were or they suspected were victims of domestic abuse, Total N =90.

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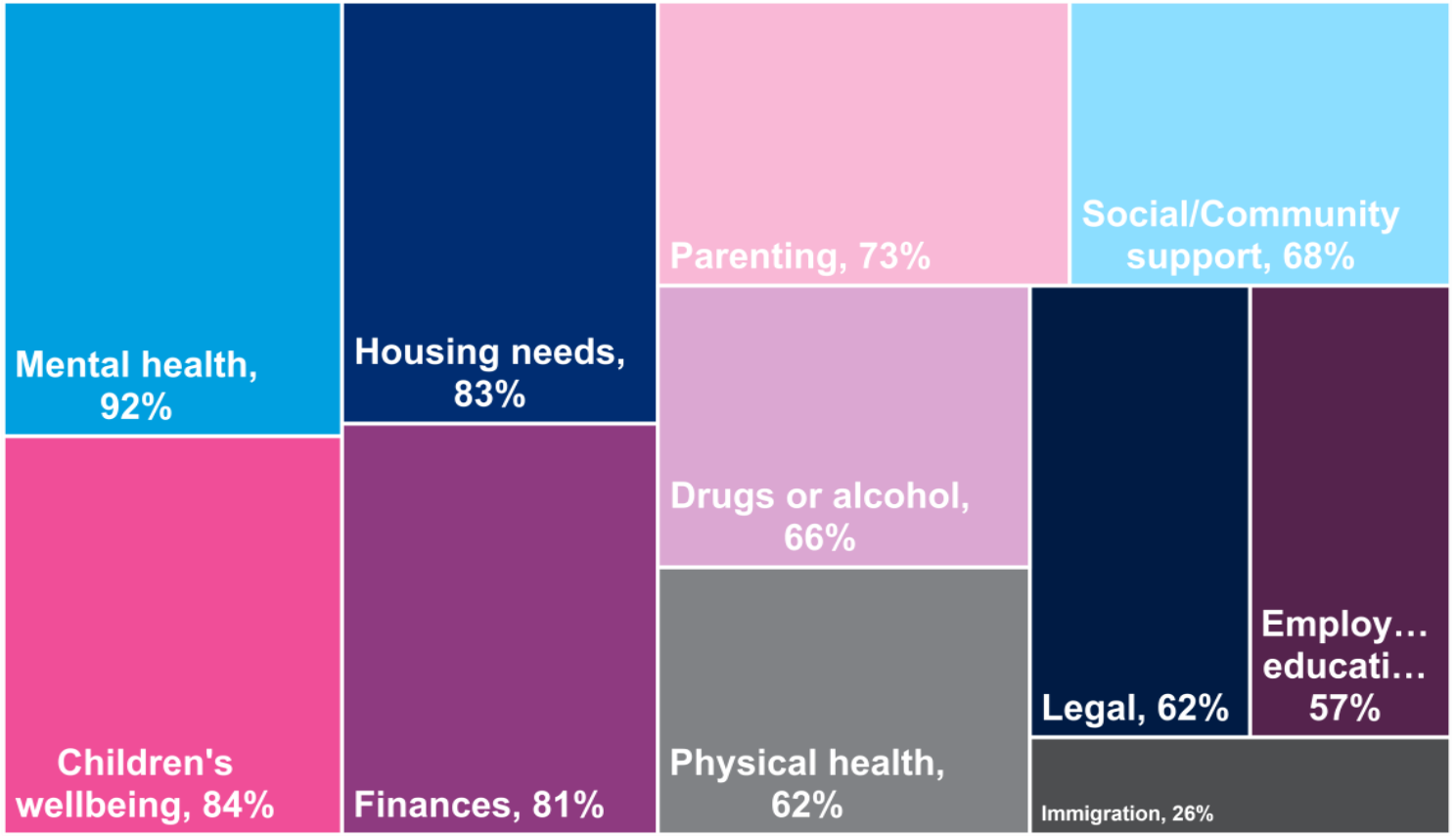
Local support provision for victims and families

Respondents identified many **areas of need**, most commonly **mental health**, **children's wellbeing**, **housing needs**, and **Finances**.



Percentages of those respondents who said they had worked with clients/service users that were or they suspected were victims of domestic abuse. Size of boxes represent counts where larger boxes = higher counts. Total N = 90.

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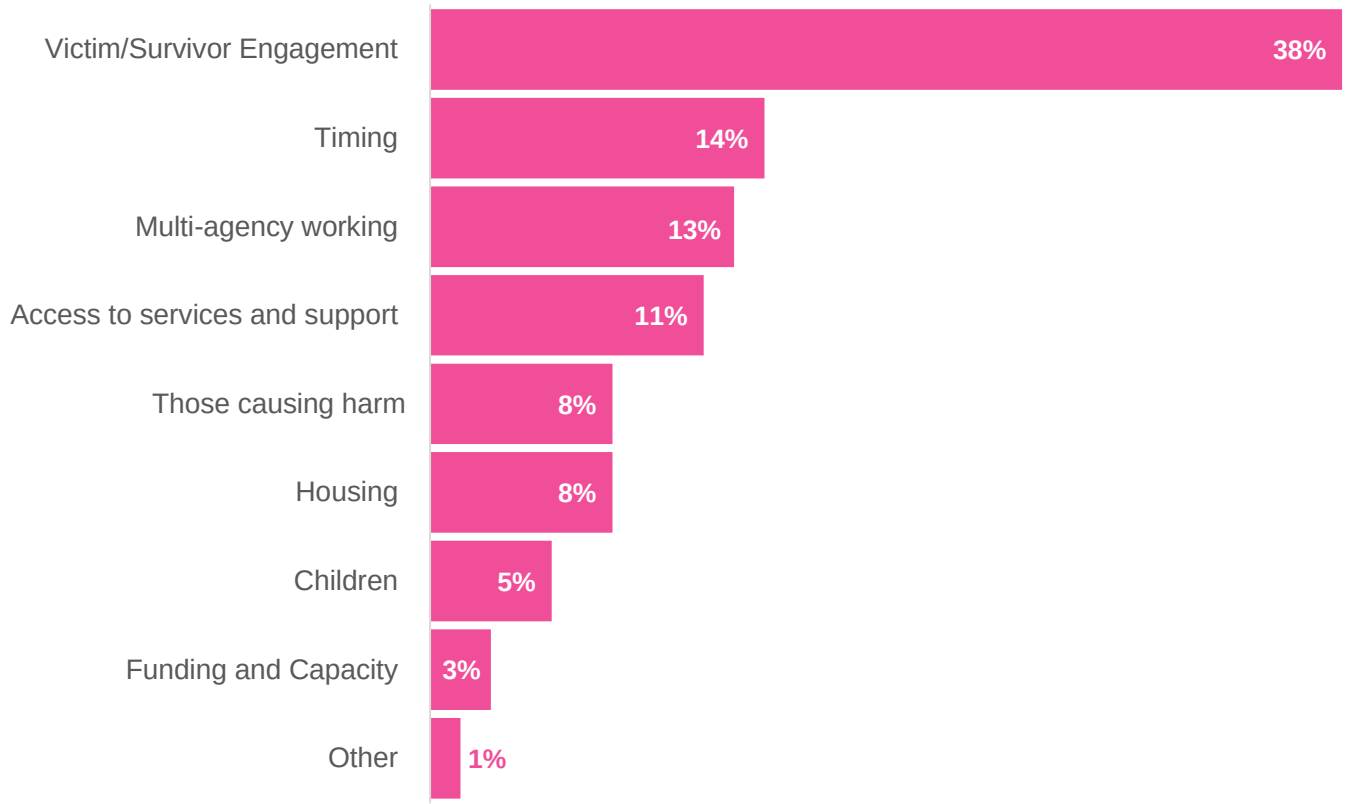
Local support provision for victims and families

"When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?"

Responses identified **victim-survivor engagement as the greatest challenge** in ensuring victims got the support they needed.

Timing, **Multi-agency working**, and **access to services and support** were also frequently mentioned as challenges.



Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Percentages out of total number of codes = 80.

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Local support provision for victims and families

Comments about **victim-survivor engagement** mentioned willingness to engage, recognising signs of impact, and fear of repercussions.

> **Fear of having their children taken away from them. Fear of potential repercussions from the perpetrator. Fear of losing their home or financial security and lack of legal support, especially when it comes to property and children.** Professional

> **For the victims to come to terms with the fact that they are being abused and recognising that they need help.** Professional

> **trying to make contact, not knowing when it is the best time to make contact, not wanting to increase risk by making contact at the wrong time. Not knowing what is the best way to make contact** Professional

Comments about **timing** involved long waiting lists and speed of referrals, and survivors changing their mind after disclosing.

> **Speed of referrals and access to timely support/intervention** Professional

> **Find it hard when they disclose but then go back on this before support can be put in place Can feel frustrating and make professional feel helpless** Professional

> **[…] Aside from that, lack of staffing at support services means long waiting lists for the support they need or delays in response times from support services. This leads to the fears already mentioned increasing.** Professional

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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Local support provision for victims and families

Respondents also identified challenges in **multi-agency working** around getting support from some agencies and knowledge of abuse.

> **Commissioned services can be too prescriptive as an example getting someone support who is abusing substances, has MH and is suffering CCB requires long term support for complex needs what we find, is often one agency can't support whilst under the influence and then another cannot intervene until the victim's mental health is under control […]** Professional

> **[...] police may not act, social services may offer advice which puts the victim at more blame**
> Professional

> **The victims I usually work with are being abused by an older son and it sometimes difficult to get agencies to see the parent as the victim.**
> Professional

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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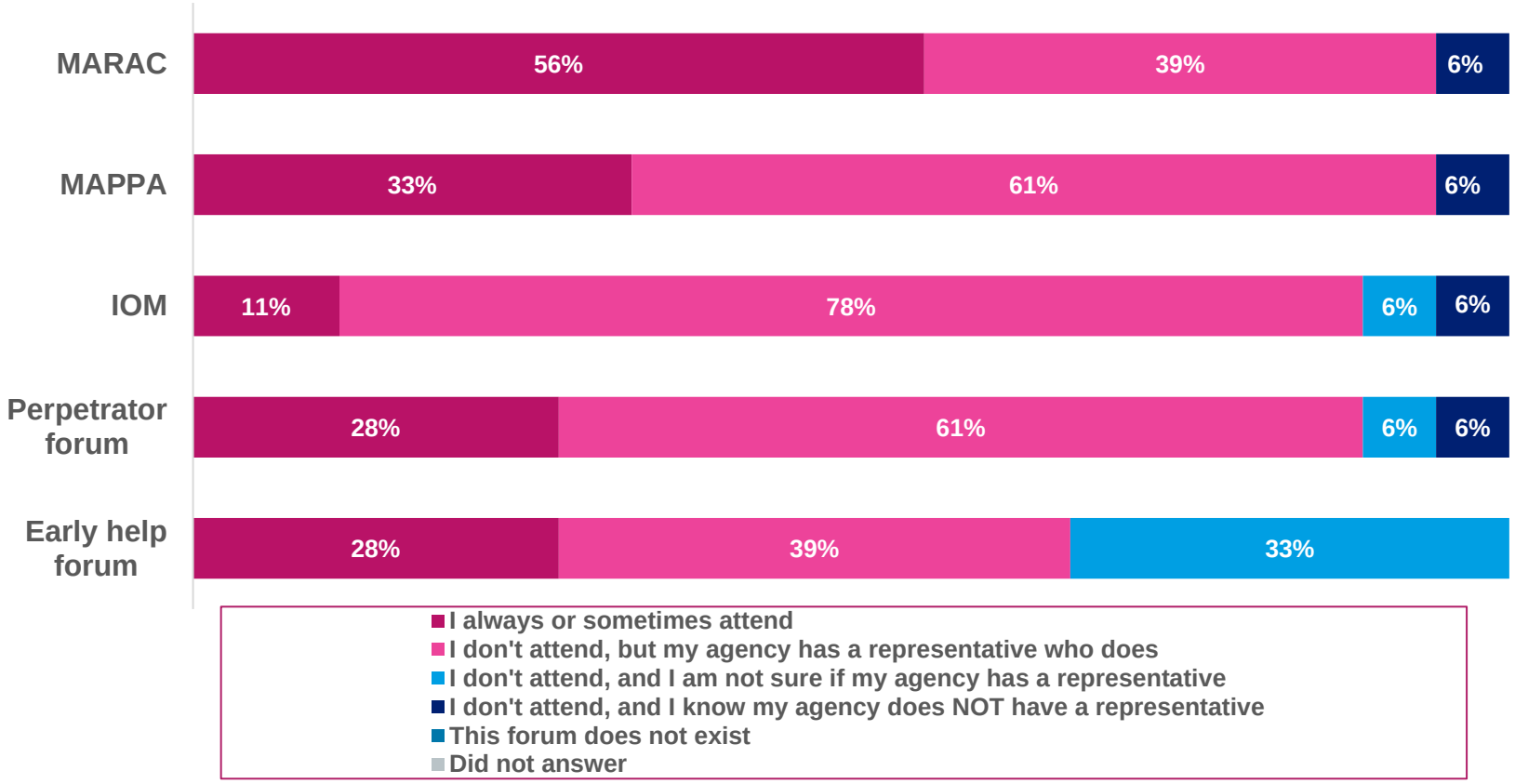
Multiagency Response: Representation at forums

Most respondents (94%) attended **MARAC and MAPPA** or had a representative from their agency who attended.

Early help forum was least attended with 67% of respondents or representatives from their agencies attending.



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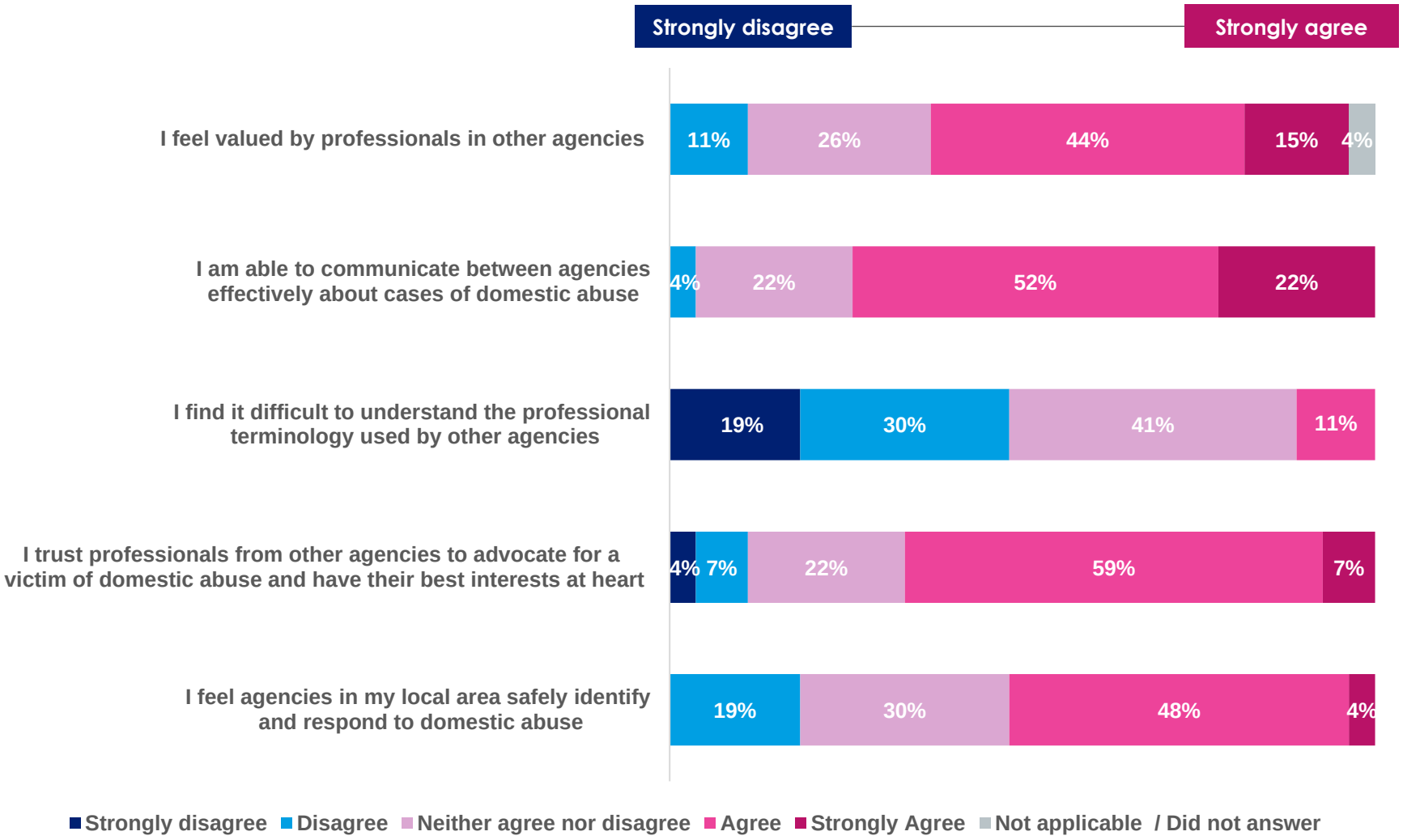
Multiagency Response: The Culture



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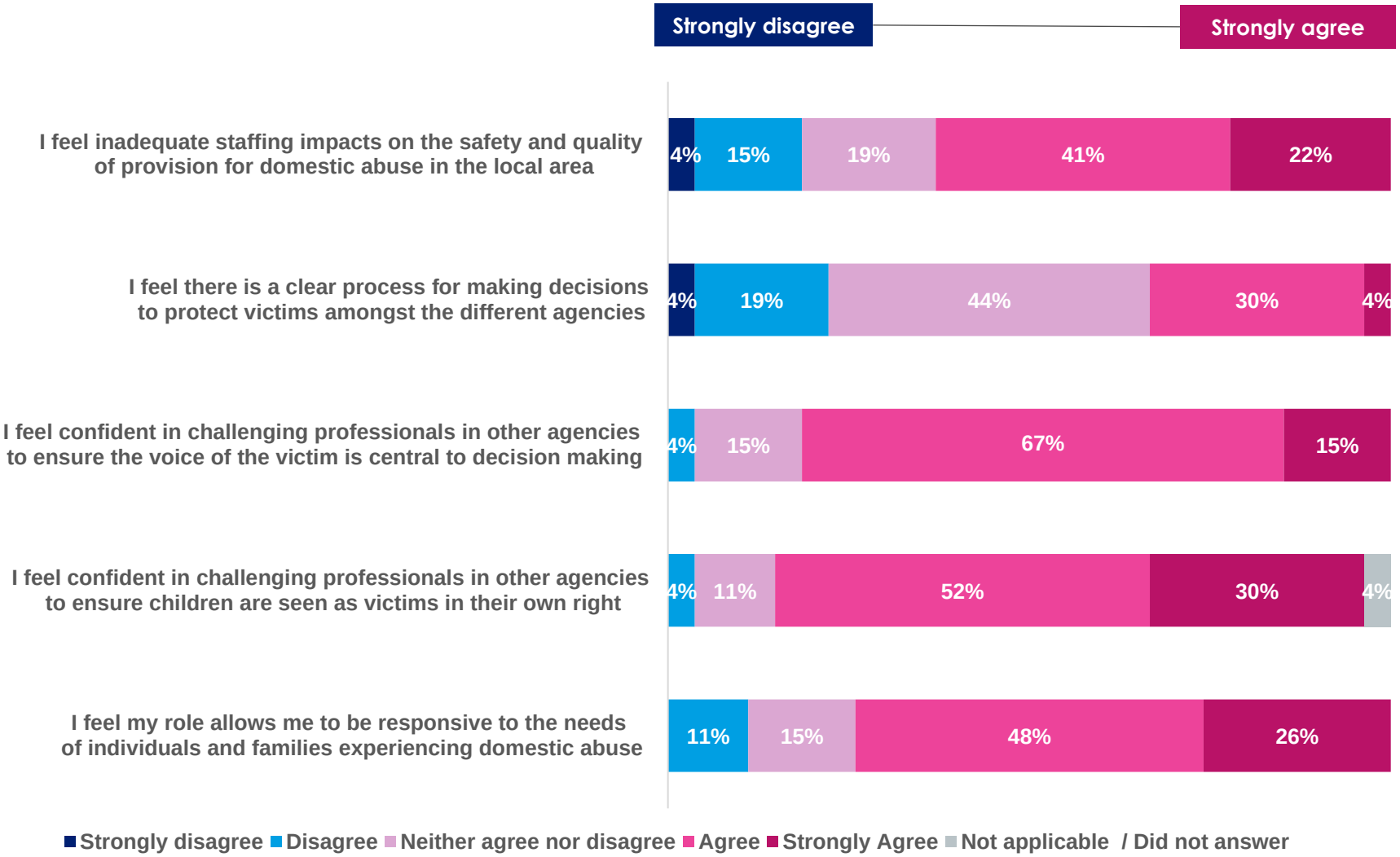
Multiagency Response: The Culture



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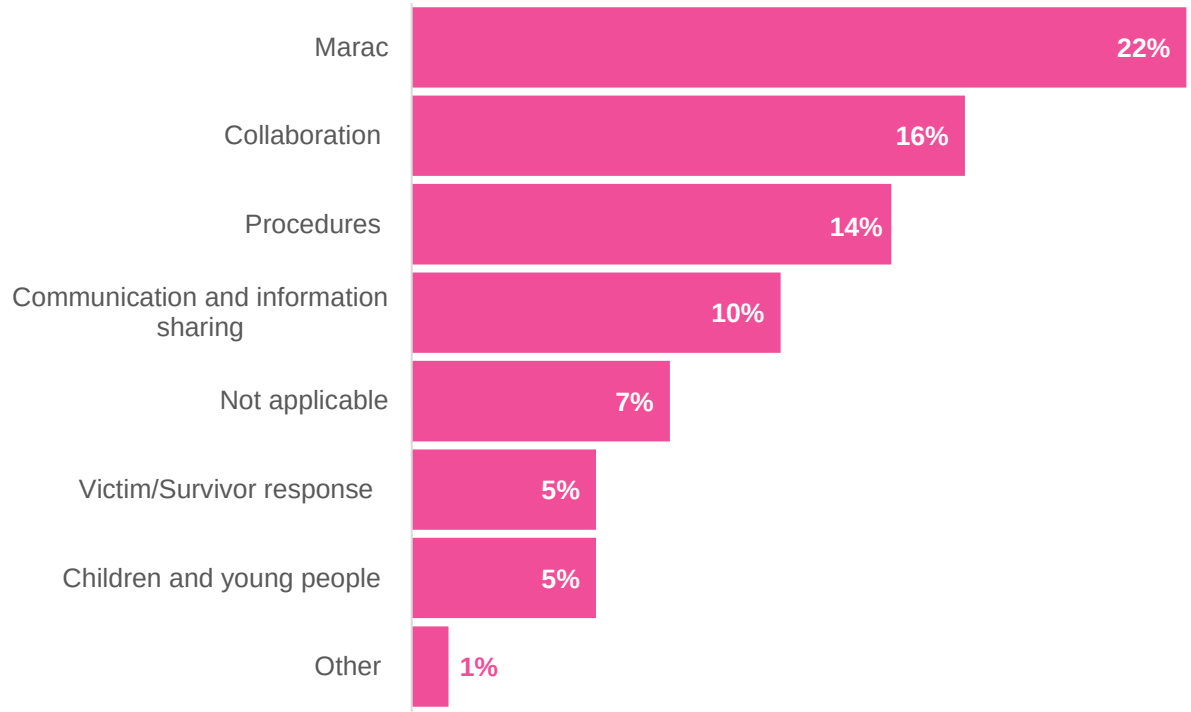
Multiagency Response: What's working well?

When asked about their experience, respondents most frequently described **Marac** as **working well within the multi-agency response** to domestic abuse.

Out of the **96 respondents** who answered this question, **almost 1 in 3** also mentioned **collaboration and procedures were also working well.**



Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Total number of codes = 97

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Multiagency Response: What's working well?

Responses appreciated how **MARAC** is **well attended** and encouraged **information sharing.**

> **MARAC is good for information sharing and helping to build a full picture about what is going on. It allows you to build relationships with people from other agencies which then opens doors when seeking advice/making referrals etc. It helps to identify gaps in safeguarding and ensure all basis are covered.** Professional

> **Twice weekly MARAC which is well attended by a consistent group of agencies and other agencies as needed eg schools. Good multi agency work in progress and good communication outside of the meetings for actions etc.** Professional

Comments also highlighted **collaboration** working well through increased **co-ordination between agencies**

> **good relationships with other services - coordinated working domestic abuse is highly understood by all services on a marac, focus is on victim/children and their safety** Professional

> **I think that multi-agency forums, such as MARAC/MATAC and MAPPA are increasing the quality of collaborative working which is strengthening our approach to tackling DA and safegaurding victims. […] Staff are increasing knowledge and skills through more training available, showing more interest and passion for dealing with these cases, setting operational KPI's and becoming increasingly confident around issues such as disclosure, whether under MAPPA, DVDS or outside these arenas as a responsibility lead agencies may have to safeguard.** Professional

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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Multiagency Response: What's working well?

Professionals described **procedures** and **information sharing** as **working well**

> **The processes are well established and meetings are held at least weekly so there is a good response.** Professional

> **There are secure procedures to protect the privacy of victims. To solve the case** Professional

> **Local agencies working well together in a timely and coordinated way. The sharing of information is crucial to addressing and understanding these issues, and I feel that the LA, Health and the Police are well represented at these forums, but I do think that a representatives from education is really needed** Professional

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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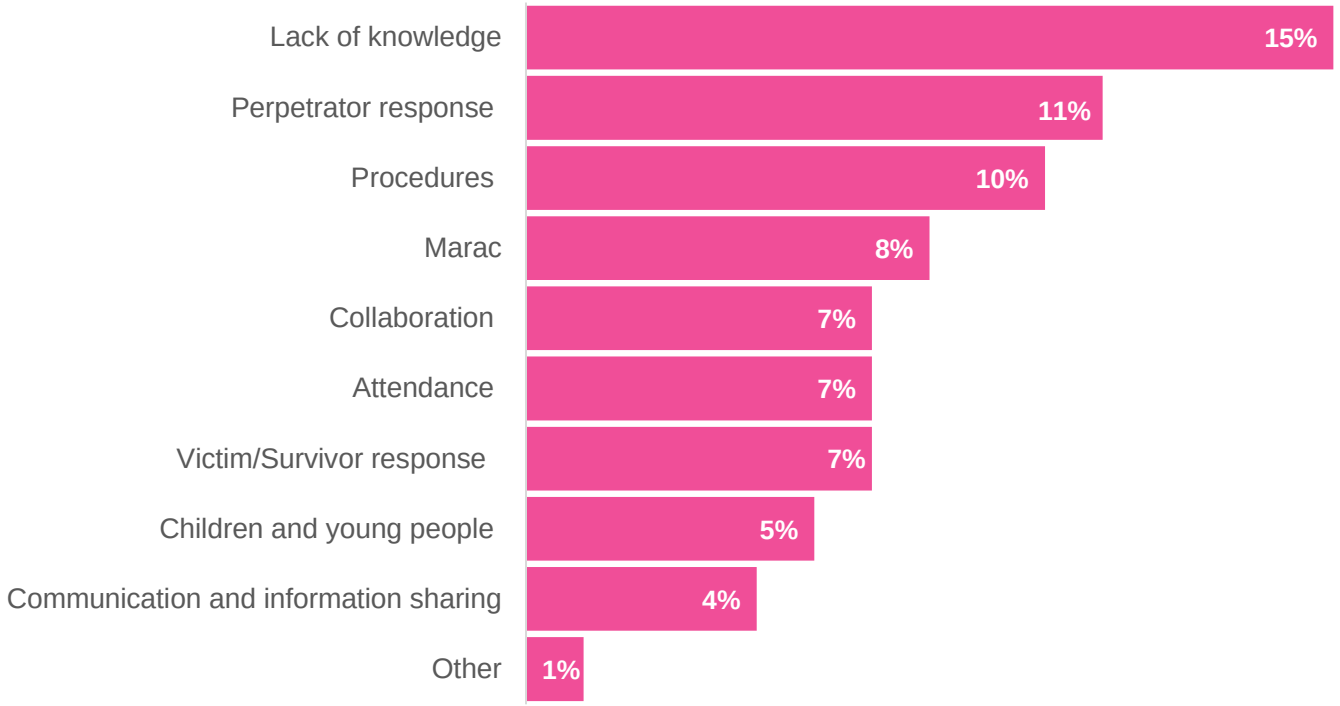
Multiagency Response: What could be improved?

When asked about the multi-agency response in the local area, respondents most frequently felt **lack of knowledge**, **perpetrator response**, **procedures** and **Marac needed to be improved**.



Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Total number of codes = 90

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Multiagency Response: What could be improved?

Comments on **lack of training** identified various areas where more information or better understanding is needed.

> **From working with Domestic Abuse daily it is very apparent there is a real lack in knowledge with childrens services and can depend on the individual workers knowledge.** Professional

> **Better understanding from agencies, e.g. social care of the impact of domestic [sic] abuse on victims. There is often pressure put on victims to keep their children safe but very little pressure put on perpetrators to make changes which keeps children safe.** Professional

> **Many of the referrals that are received into MARAC do not meet the high-risk criteria when using the severity of harm grid, I believe this is the cessation of the MARAC / MAPPA/MATAC multi-agency training that used to operate via workforce development in the respective Local Authorities** Professional

Comments about **perpetrator responses** called for more attention on changing behaviours.

> **A lot of response seems focused on victim and children, but i'm not aware whether there is much push to support perpetrators with their harmful behaviour.** Professional

> **Improvement on services available to perpetrators - support and housing** Professional

> **more focus to be on how perpetrator's behaviour can be changed, probation/horizons do attend, but would be good to have more contact from services like perpetrator programmes on marac's also - we can safety plan very robustly, but if perpetrator's behaviour does not change, the safety plan sometimes seems void as victim can do absolutely everything but still be at severe high risk** Professional

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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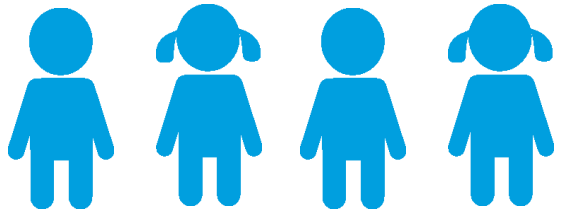
Multiagency Response: A focus on MARAC

82% felt the **Marac Greatly or Somewhat** improved the **safety of victims**

96% felt the **Marac Greatly or Somewhat** improved the **safety of children**



50% felt the **Marac Greatly or Somewhat** addresses the **behaviour of those who harm**

Percentages out of those respondents who on the previous question did not say that the Marac did not exist or left the question blank, total N = 110

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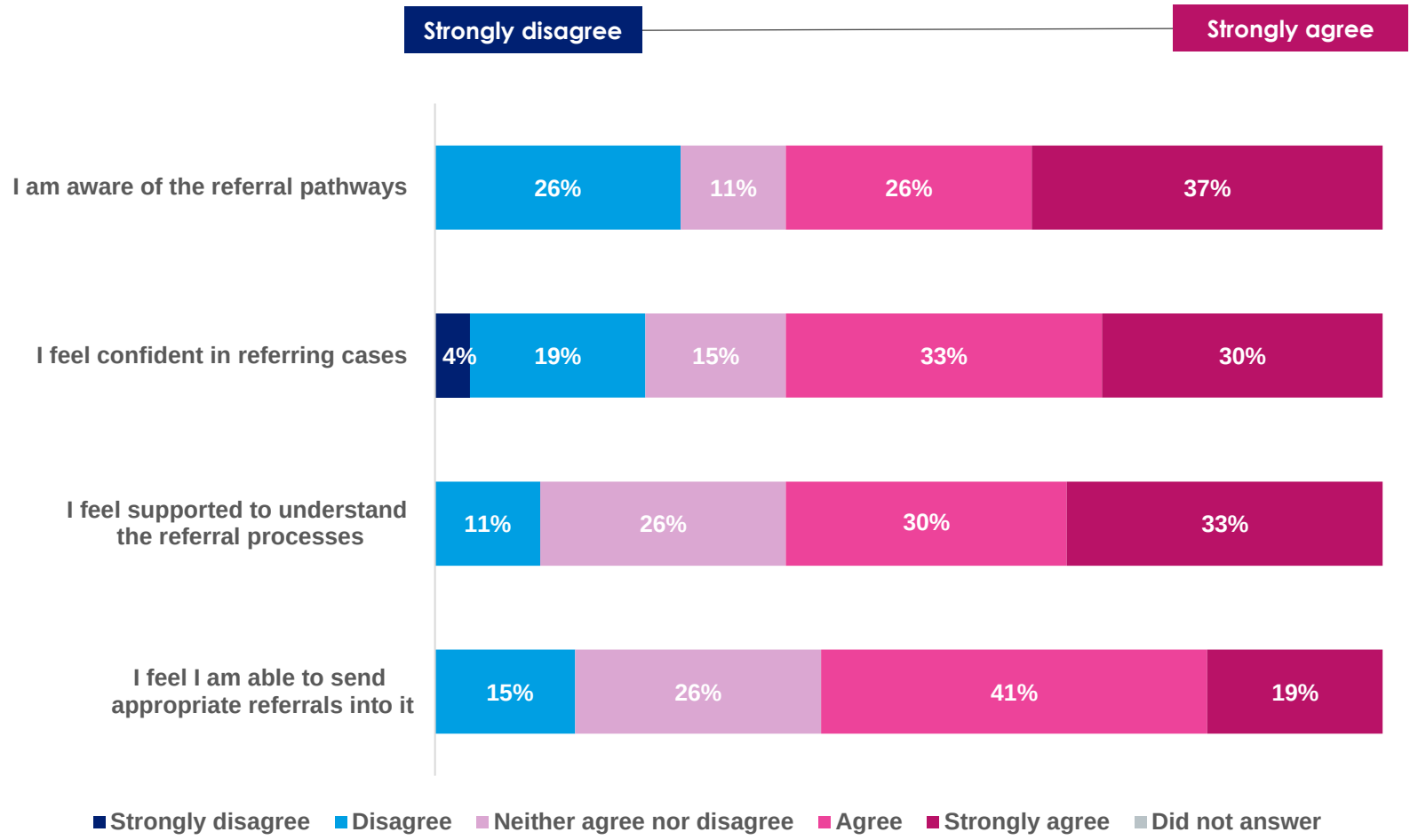
Multiagency Response: A focus on MARAC

Respondents rated how much they agreed with the following statements:



Percentages out of those respondents who did not say that the Marac did not exist or left the question blank, total N = 110.

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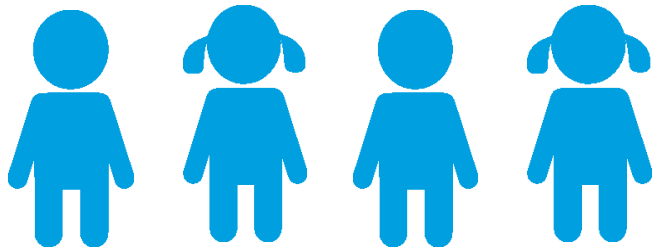
Multiagency Response: A focus on MAPPA

59% felt the **Mappa Greatly or Somewhat** improved the **safety of victims**

54% felt the **Mappa Greatly or Somewhat** improved the **safety of children**



51% felt the **Mappa Greatly or Somewhat** addresses the **behaviour of those who harm**

Percentages out of those respondents who on the previous question did not say that the Mappa did not exist or left the question blank, total N =110.

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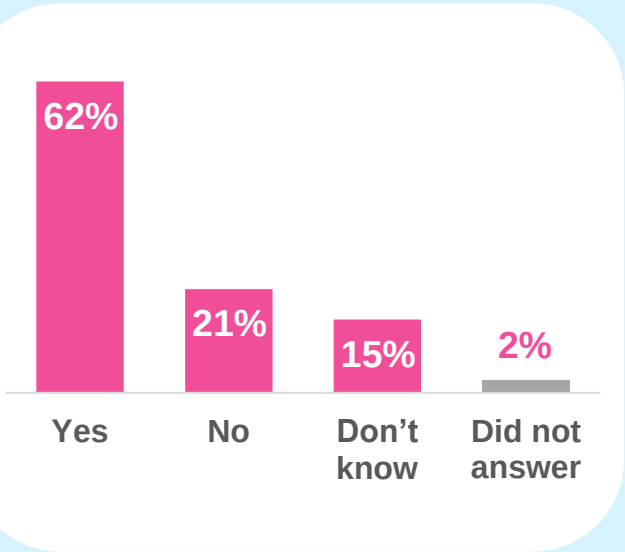
Multiagency Response: A focus on MASH

Six in ten respondents said **their agency was part of the MASH** in the local area.



82% of professionals felt the **Mash Greatly or Somewhat** improved the **safety of victims**

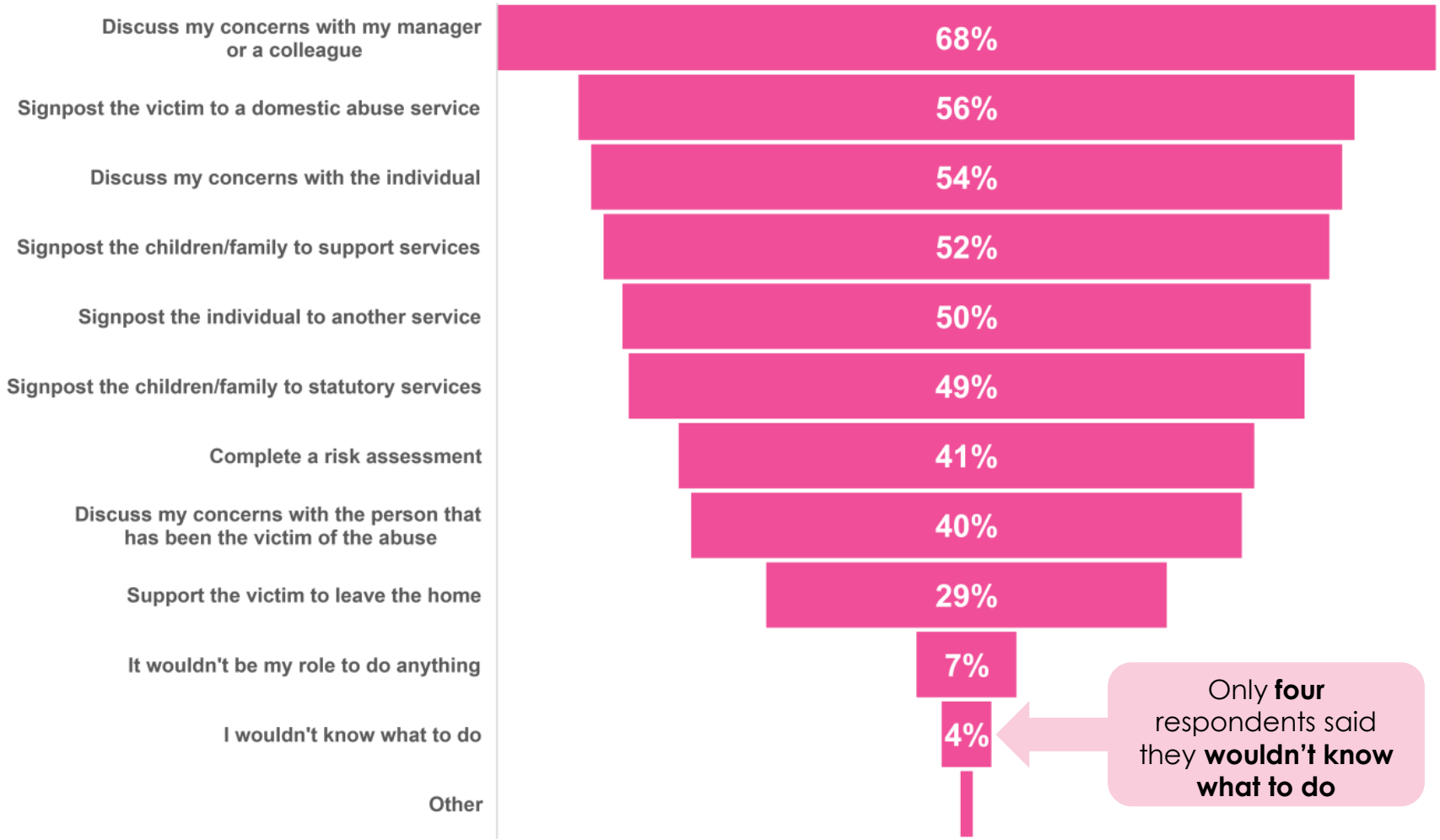
80% of professionals felt the **Mash Greatly or Somewhat** improved the **safety of children**

41% of professionals felt the **Mash Greatly or Somewhat** addresses the **behaviour of those who harm**

N numbers out of those respondents who on the previous question did not say that the Mash did not exist or left the question blank, total N = 82.

Local response to those who harm

If respondents identified someone they **suspected may be using abusive behaviours**, they were most likely to **discuss their concerns with someone at work** and **signpost the victim to a domestic abuse service**.



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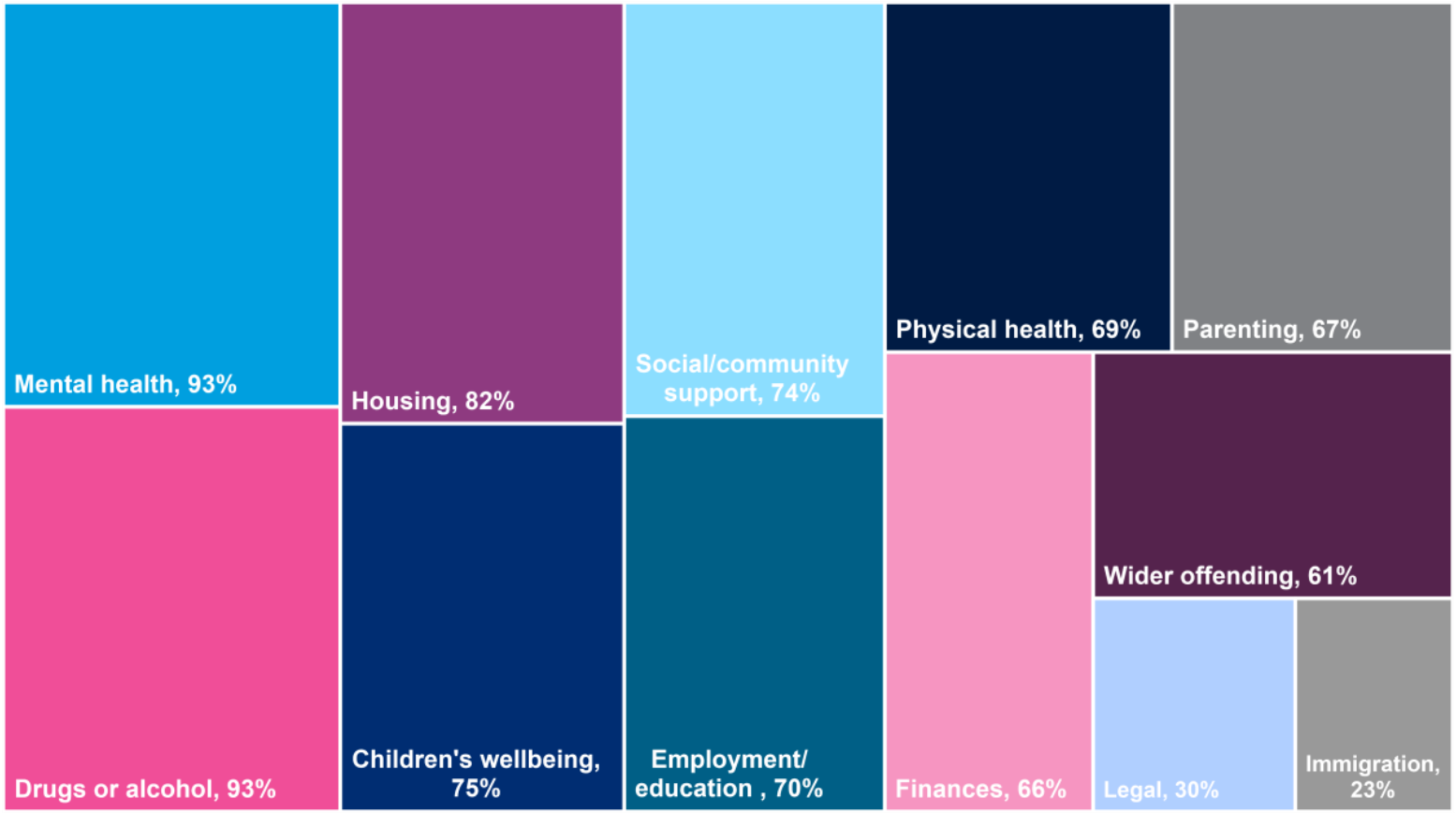
Local response to those who harm

61 respondents said they had worked with clients/service users that were, or suspected were, using abusive behaviours



When working with **those who harm**, respondents identified many **areas of need**. Most frequently these were needs around **mental health** and **drugs or alcohol**.

Count of respondents who said they had worked with clients/service users that were or they suspected were using abusive behaviours, Size of boxes represent counts where larger boxes = higher counts. Total N = 61

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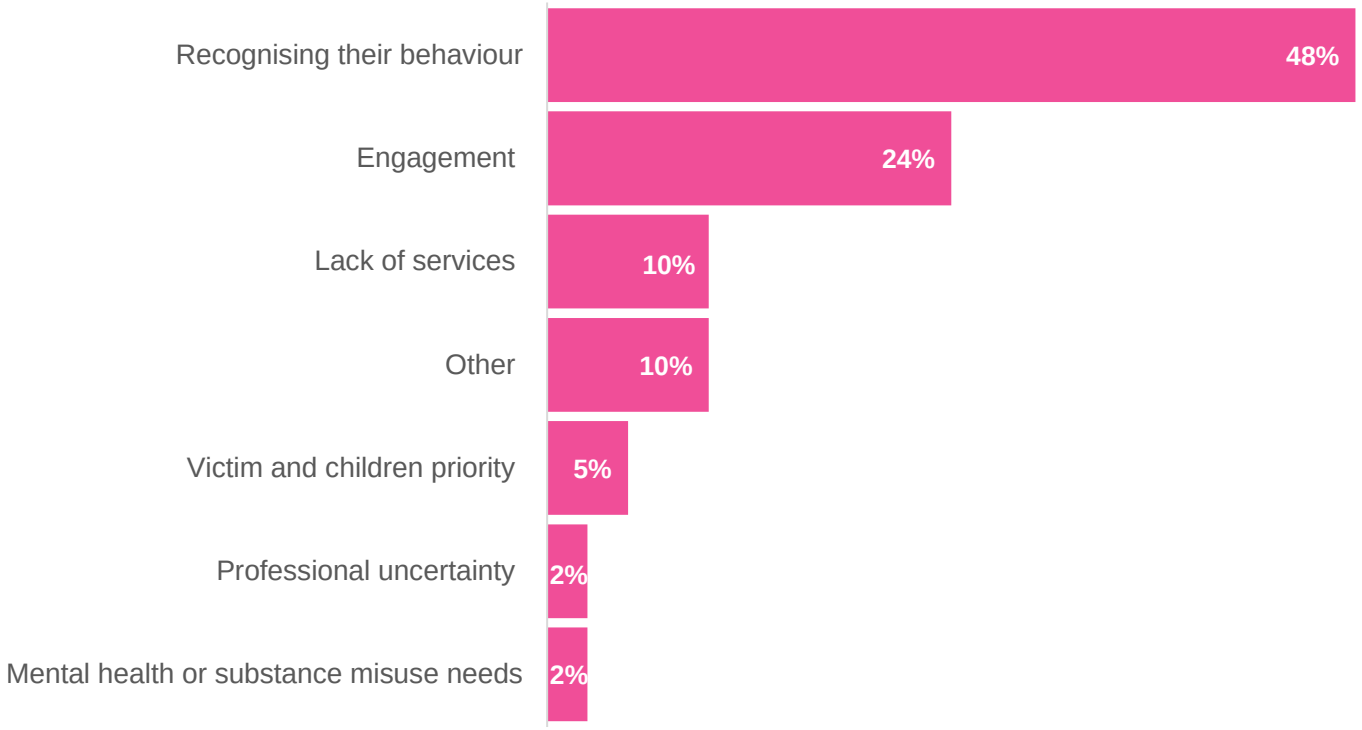
Local response to those who harm

"When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?"

Responses identified getting those who harm to **recognise their behaviour as the biggest challenge** to ensuring they get the support to change.

Lack of engagement and **lack of services** was also frequently mentioned as a key challenge.



Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Percentages out of total number of codes = 42.

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Local response to perpetrators of abuse

Comments about **recognising their behaviour** involve not accepting their behaviour as abusive or recognising the impact of it

> **Admitting that they are being abusive and have a problem that needs to be addressed. Also for them to recognise that their behaviour is having a significant and detrimental impact on just about every area of their and their family's lives.** Professional

> **Speaking to them, they often dont accept their behaviour is abusive so its finding a way to find support but not with a domestic abusive service. These calls can be challenging to take** Professional

> **challenge is when it may be a victim of domestic abuse but also showing unhealthy behaviour towards other partners/people in their life, difficult for them to understand they are also being unhealthy but also a victim - mix of emotions, and lots of blame/anger when this is mentioned** Professional

Professionals also highlighted issues with **engagement** such as obtaining permissions, willingness to engage with services.

> **Their willingness to engage in support services, as often they are in denial of their own behaviours.** Professional

> **Explaining support services to them and getting their consent for referral** Professional

> **Explaining support services to them and getting their consent for referral** Professional

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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Victim & survivor survey

Data based on all responses between 20/10/2022 to 06/12/2022

Total responses = 18

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Important caveat: Please be aware that there were only **18 responses** to the survivor survey. The following data is showing count values rather than percentages. Results should not be generalised to all survivors in the

Comparisons cannot be made between the City of York and North Yorkshire due to the sample

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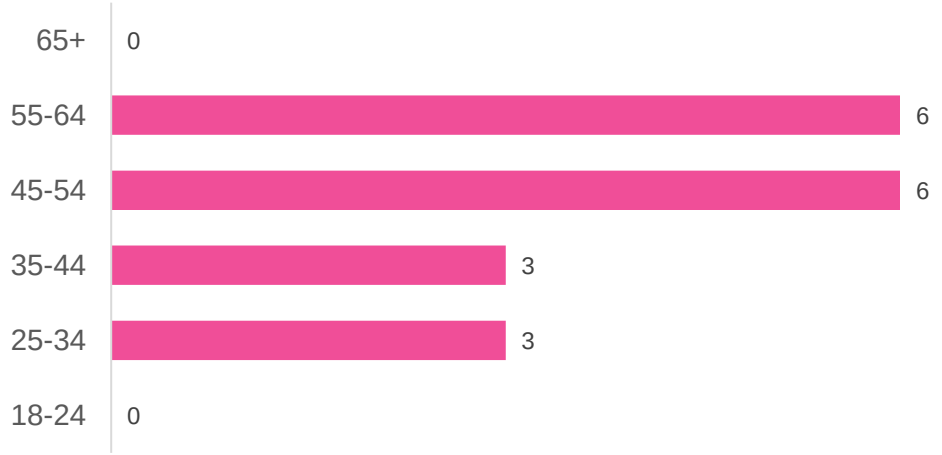
Who responded?

18 **responses to the survivor survey**

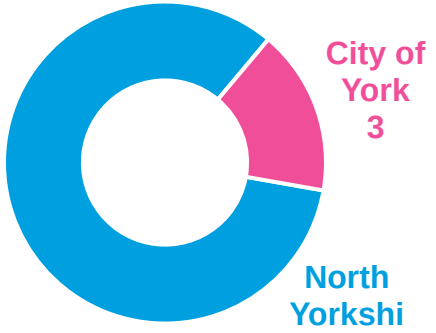
Age



The **majority** of respondents (12) were between **45 and 64** years old.

It's important to note that **no respondents** were between **18 and 24** or **65 and above**.

Area Breakdown



It is worth noting that the **majority of respondents** identified as **White (17)** and **female (17).**

Results should not be generalised to all survivors in the local area.

14 had children (including independent adult children)

Six identified as being disabled or having a long-term health condition[1]

No respondents identified as LGBTQ+[2]

[1]Includes long-term physical and mental health conditions

[2]You can access Stonewall's list of LGBTQ+ identities on their website at www.stonewall.org.uk

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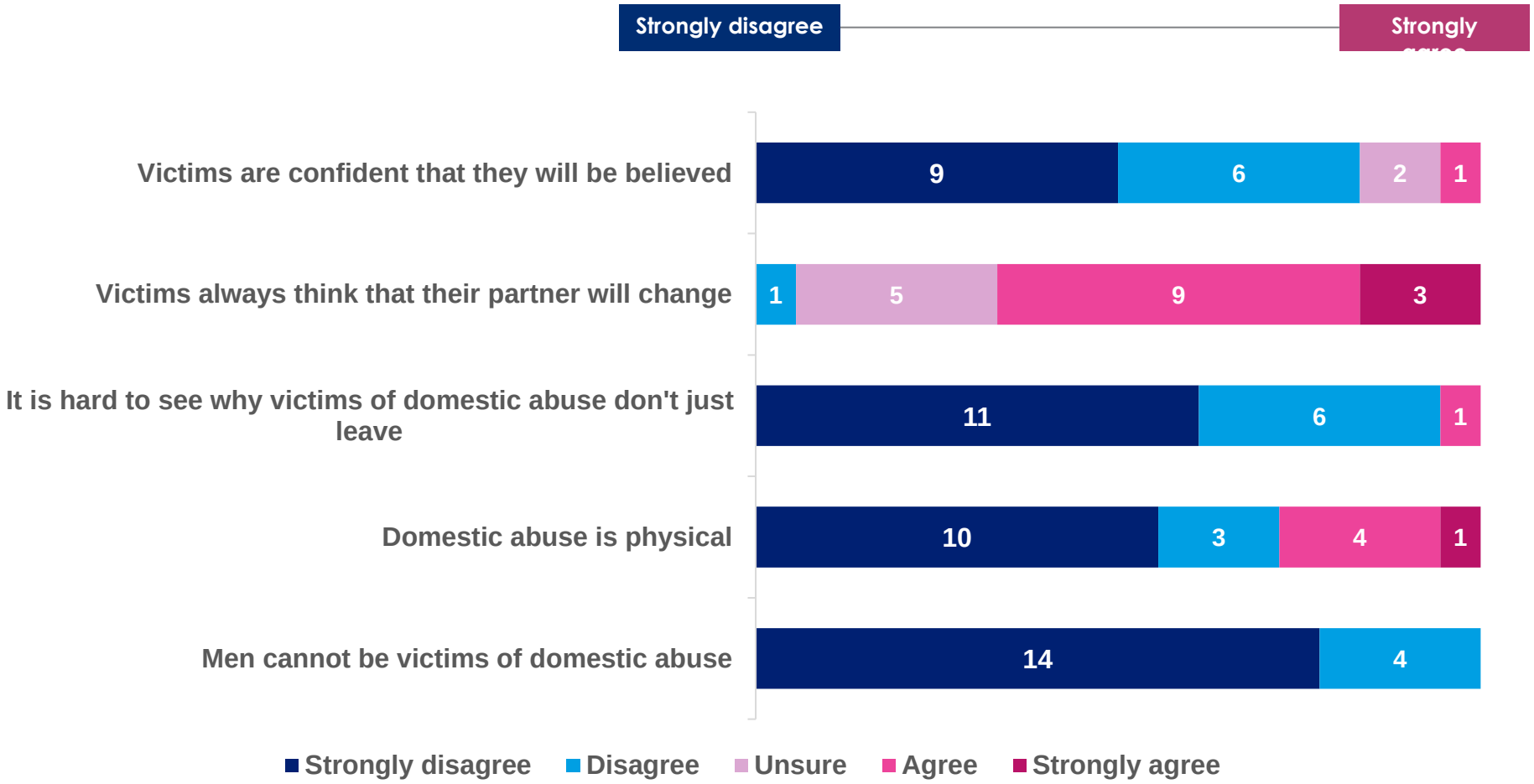
Domestic abuse attitudes

Respondents rated how much they agreed with the following statements:



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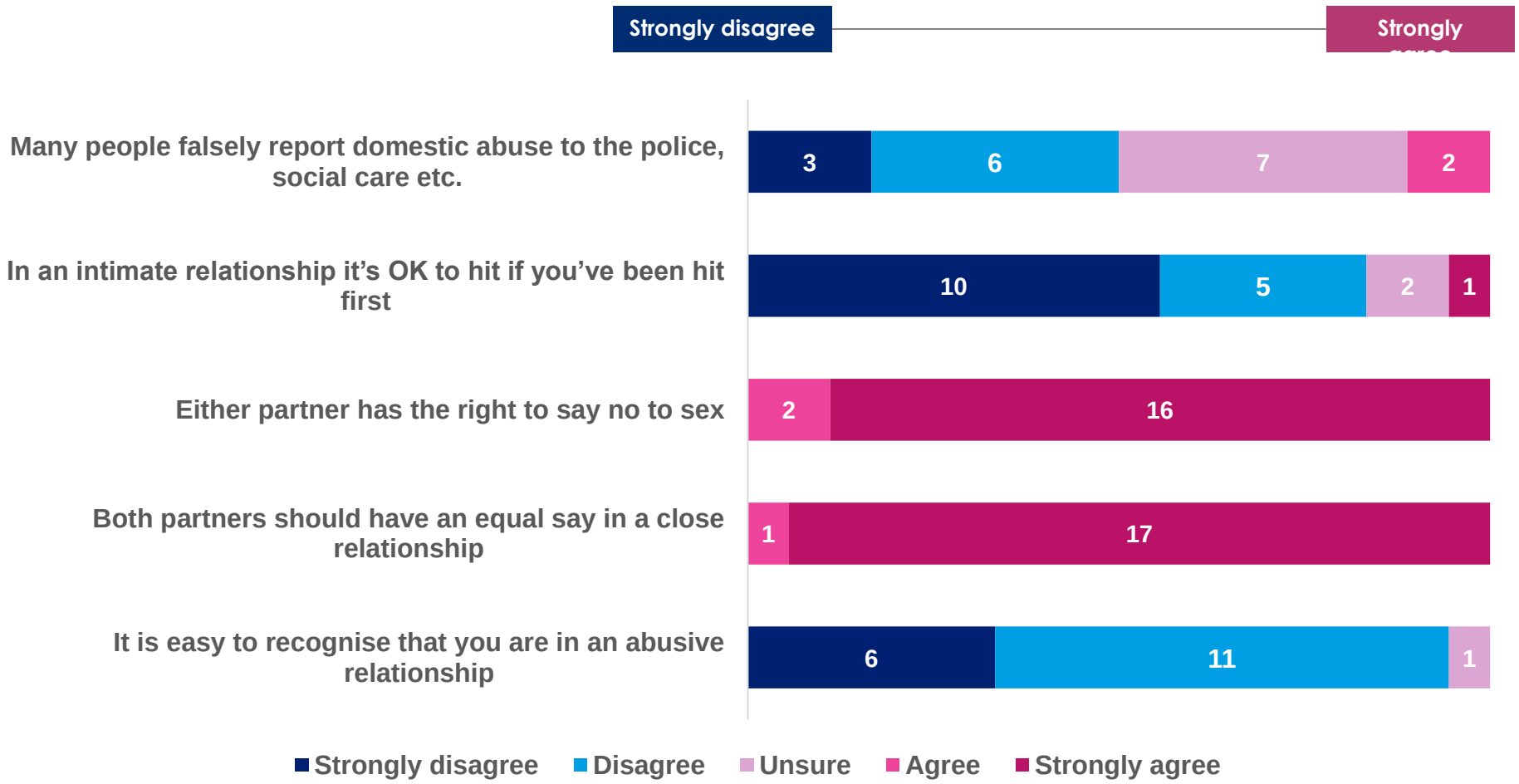
Domestic abuse attitudes

Respondents rated how much they agreed with the following statements:



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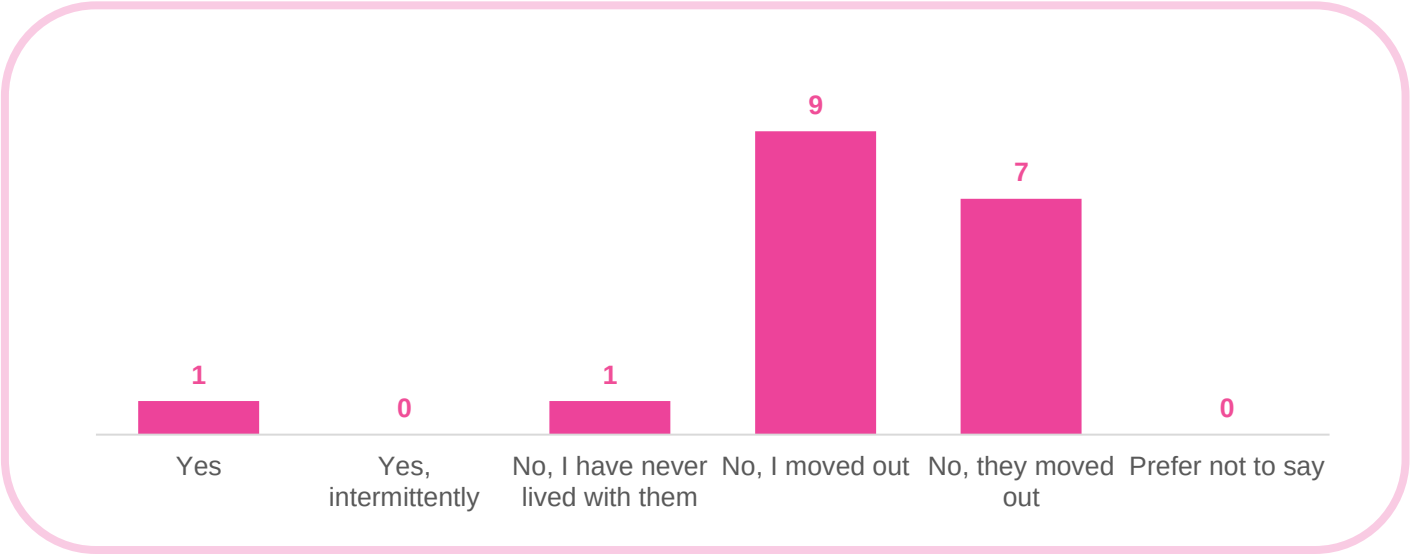
Domestic abuse context

All but one were not living with the person who was abusive. The majority used to live with the person using harmful behaviours, with **nine** moving out and **seven** saying the other person moved out.



Space for comments:

17 had previously experienced abuse and one was currently experiencing abuse

When asked who the individual using harmful behaviours was:

14 respondents answered 'an ex-intimate partner'

Three respondents answered 'another family member'

Two respondents answered 'child'

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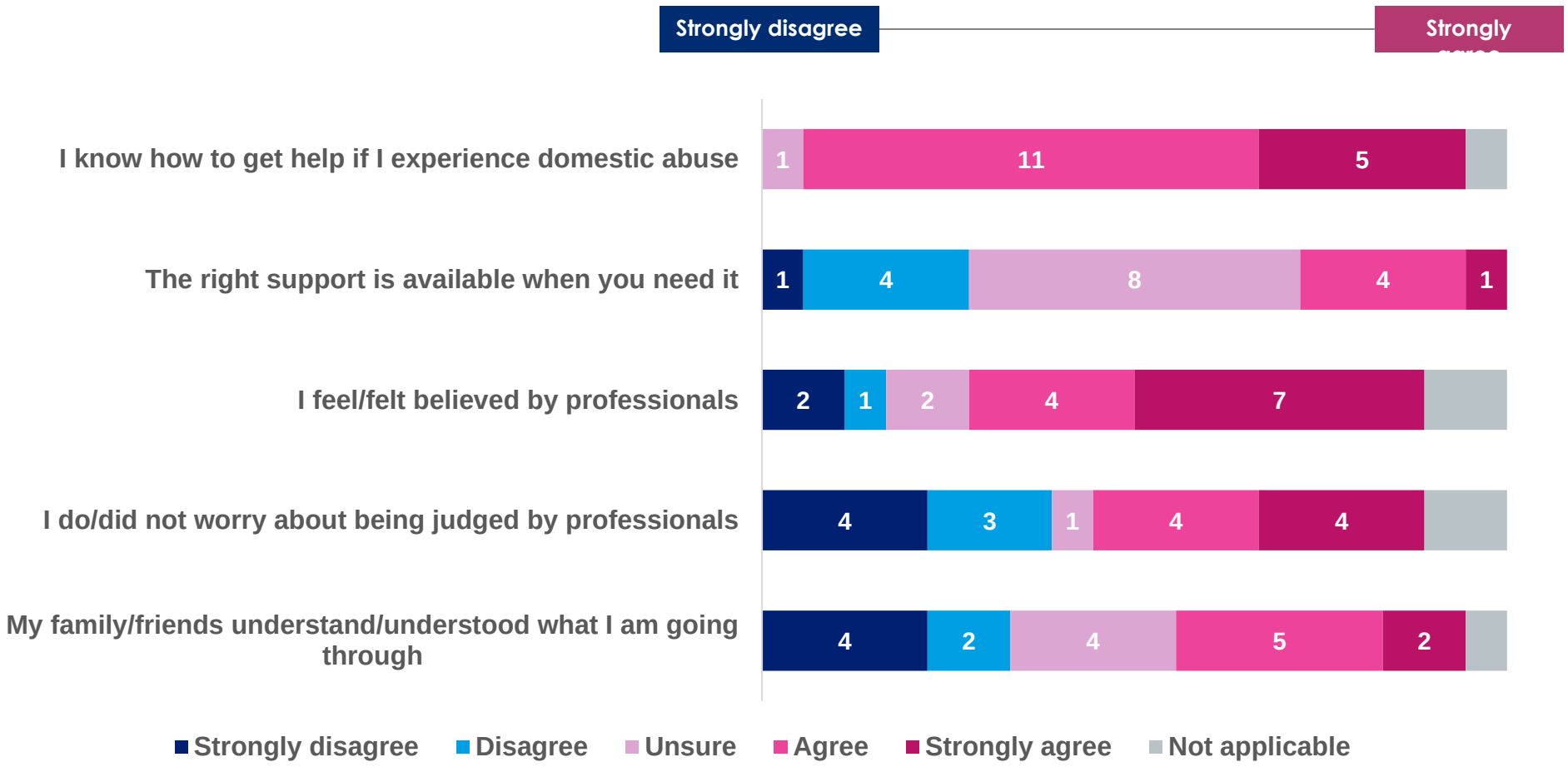
Experience of seeking help

Respondents rated how much they agreed with the following statements:



One respondent did not tell anyone about the abuse.

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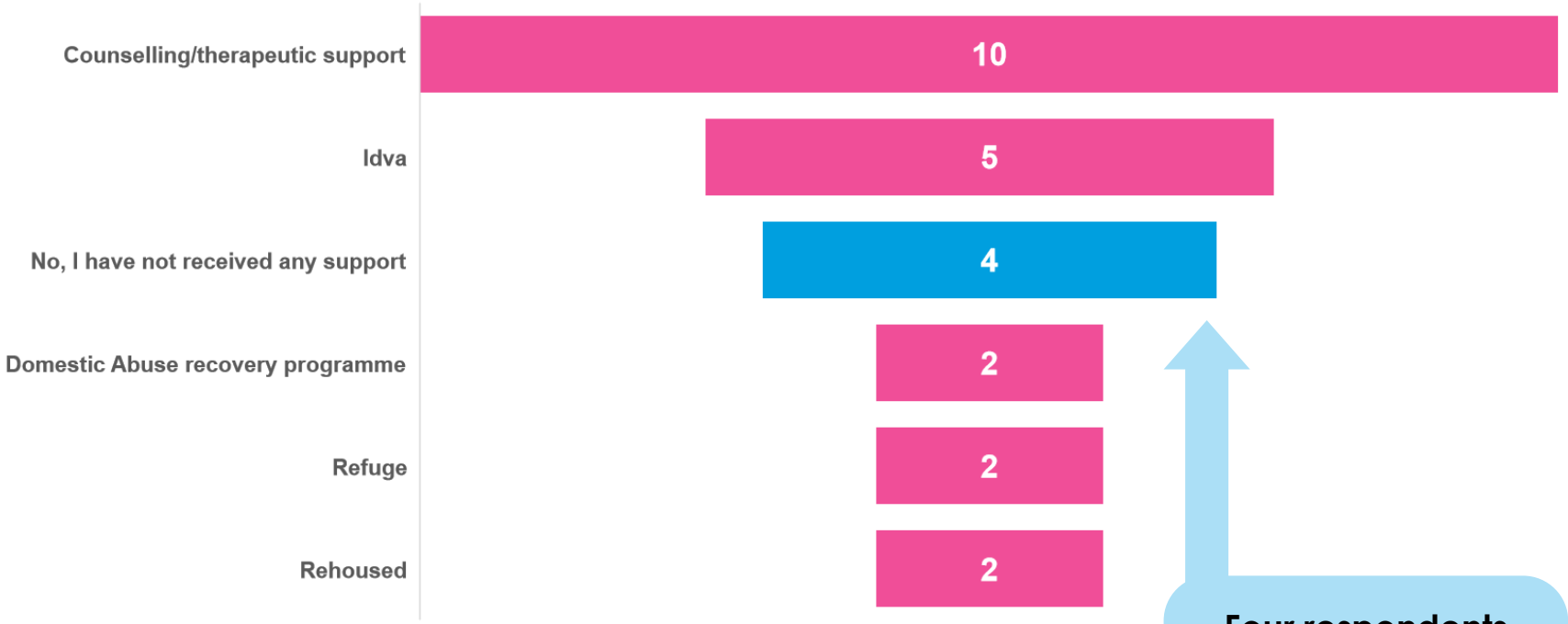
Experience of seeking help

14 respondents received at least **one type** of support and **ten** received **counselling/therapeutic** support.



Four respondents had **not received any support** in relation to the abuse.

17 respondents **told someone** about the abuse

Four felt they got the **right type** of support

Five felt they got support at the **right time**

Experience of seeking help

There were **14 respondents** who experienced domestic abuse and accessed **at least one type of support**.

Half of these responses mentioned a **positive experience with services**, with one respondent describing services as **'helpful'** and one as **'life saving'.**

Respondents described **positive** experiences with specific services, such as **IDAS and Kyra Women's Project**

> **I found that IDAS are brilliant for support and advice, both in an emergency and for recovery.**
>
> Survivor

> **Kyra Project for women and counselling. Most helpful was attending the Freedom Project at Kyra, which helped me recognize the abuse**
>
> Survivor

Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. Total number of codes = 4

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Experience of seeking help

One quarter of responses mentioned **good mental health support**

> **[…] Let's connect therapy services have been life saving for me incredible in every way.**
> Survivor

> **I received counselling for a number of years, and this had a strong positive impact on my life and future. I was able to speak to someone who was non-judgemental, and who supported me going forward.** Survivor

Negative responses expressed feelings of **disappointment** with services and a **lack of long term support**

> **I felt a little let down with IDA, never received many phone calls unaware who was my advisor […]** Survivor

> **they were helpful in the short term but have never addressed the long-term damage that I continue to suffer** Survivor

> **Patchy . Good but unreliable** Survivor

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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Police response

When asked if they had anything else to share, **two respondents** mentioned **poor police response.** One respondent said:

> **[…] The police officer that arrived sympathised with my husband, admitting that his wife had had an affair so he understood how my husband felt). This only served to exacerbate the situation as once the officer had left, my husband felt that he was in the right and continued the abuse, however, I didn't feel there was any point in calling the police again.**
>
> Survivor

Notes: This respondent told us that their experience was 30 years ago and things might have changed since then, but this experience might have a long-term impact on their feelings towards the police and/or a wider impact if anyone were to disclose abuse to them

Please see the data report for the full list of responses to the open text question. Example quotes given from a few selected common codes only.

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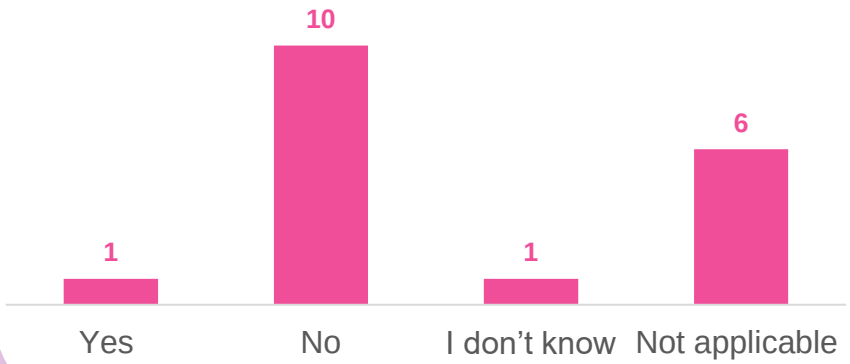
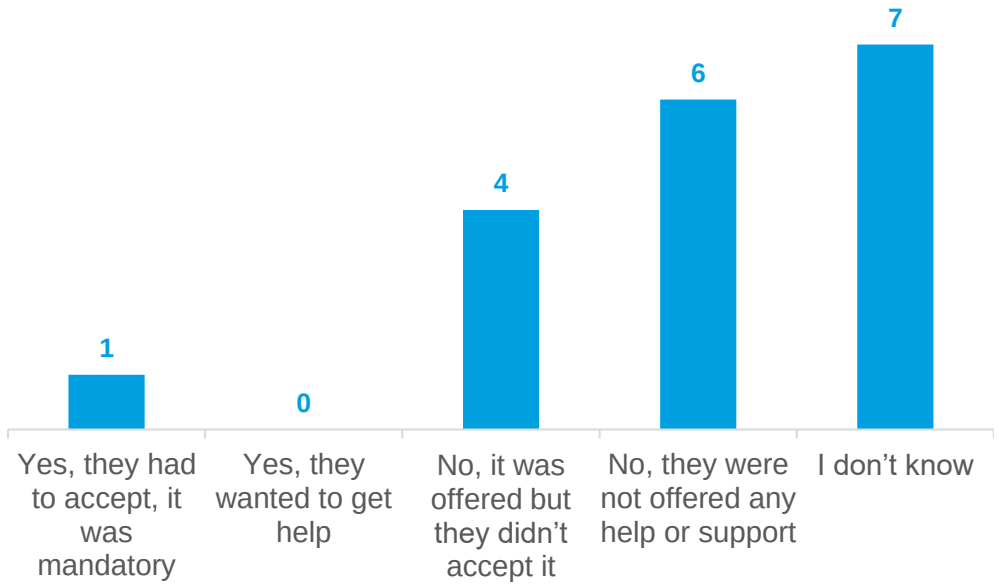
Support for the whole family

Out of the **14 survivors** who had children, **only one respondent** said that their **children were offered support**.



10 respondents said that their **children were not offered support**

The respondent whose child **was offered support** told us that their **son** was offered **anger management**



Only **one respondent** said that the person using harmful behaviours **received support**, which was **mandatory.**

The **one respondent** who answered that the person causing harm received mandatory support felt that it had **no impact** on their abusive behaviour.

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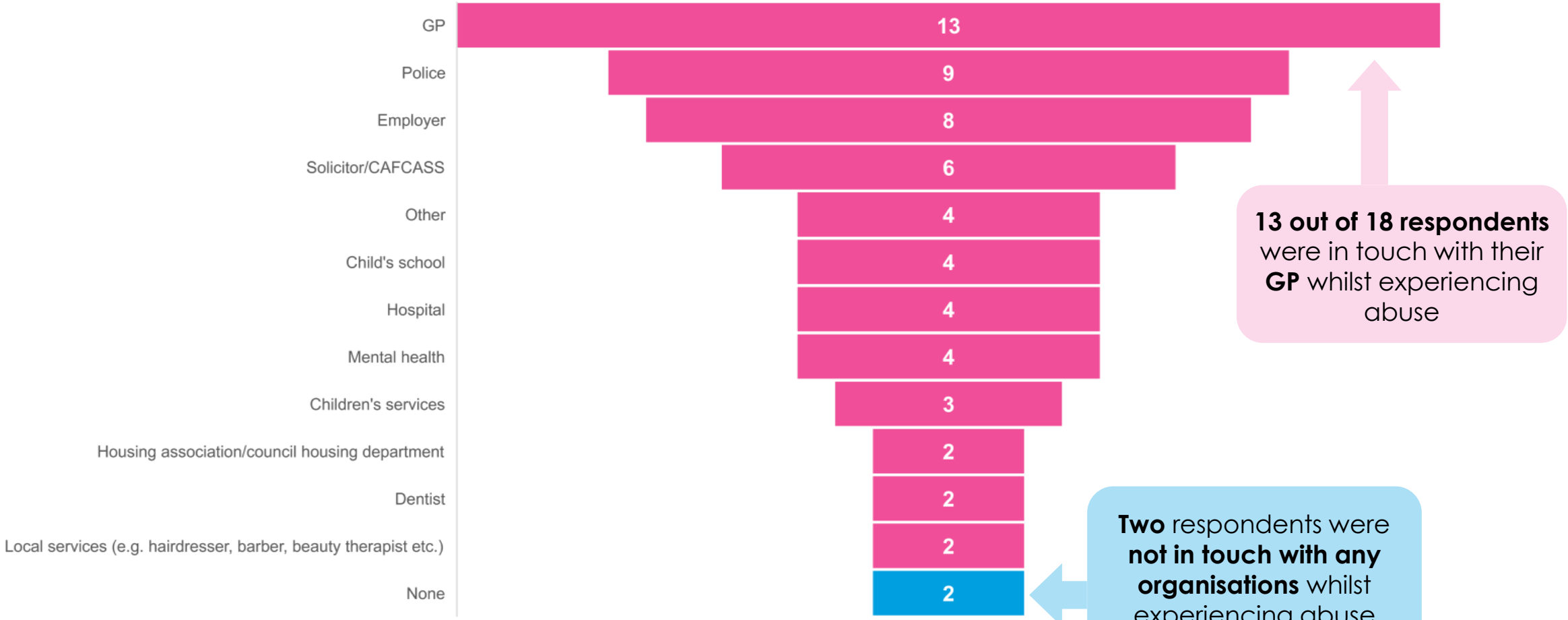
Opportunities for support

Whilst experiencing abuse, respondents were **most commonly in touch** with the **GP, the police and/or their employer.**



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Opportunities for support

13 people had been in touch with their **GP**

Seven had been asked about their experience of abuse.

Nine people had been in touch with the **police**

Six had been asked about their experience of abuse.

Eight people had been in touch with their **employer**

Seven had been asked about their experience of abuse.

Six people had been in touch with a **Solicitor/ CAFCASS**

Five had been asked about their experience of abuse.

Showing top 4 most common agencies that victims were in touch with whilst experiencing abuse.

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Opportunities for support

Here is the proportion of respondents who have either **told or would tell the following people/agencies if they asked about the abuse**:

Family



16

A parent or carer



12

Police



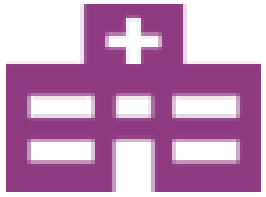
10

GP



10

Hospital



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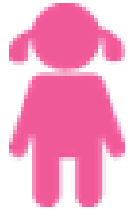
Child's school



8

Showing top 6 agencies. Full list of agencies can be found in the report.

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Opportunities for support

One respondent did not tell anyone about the abuse. They told us that, if asked, they would tell the following people/agencies:



A friend



A religious establishment



A parent/carer



Their hospital



Their GP

This victim-survivor was **worried that friends/family would not understand** and **did not know who to ask** about the abuse.

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Preferred support

When asked what type of support the respondents felt they need/needed in relation to the abuse, the top three responses were: **someone to talk to in person**, **emotional support**, and **information and advice** in relation to the abuse.



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Preferred support

12 respondents

felt they needed **counselling** in relation to the abuse

felt they needed **mental health support** in relation to the abuse

11 respondents

felt they needed **financial advice** in relation to the abuse

10 respondents

felt they needed **legal support** in relation to the abuse

Every option was selected by **at least one respondent**, showing that a **broad range of holistic support** is required

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Preferred support

A **high proportion** of respondents told us that they **would prefer a confidential and non-judgemental approach to their support.**

This links back to the **seven respondents** who were worried or worry about being judged by professionals, and the **three** who did not feel that they were believed.



Size of boxes represent counts where larger boxes = higher counts. Showing top 10 highest answers only, full results in survey data

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Those who harm survey

Data based on all responses between 03/01/2023 and 10/01/2023

Total responses = 6

Important caveat:

Please be aware that as there were only 6 responses to the those that harm survey the following data is showing count values not percentages. This also means the results cannot be generalised to everyone who uses harmful behaviour in the local area.

It is also important to note that most respondents are currently participating in a behaviour change programme and have likely accessed the survey through this service. This should be taken into consideration when interpreting findings as these respondents are already accessing support.

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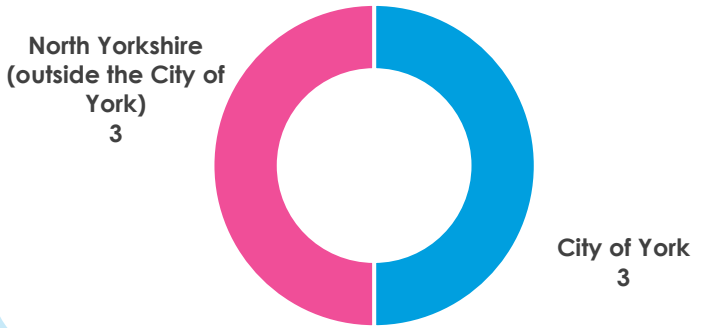
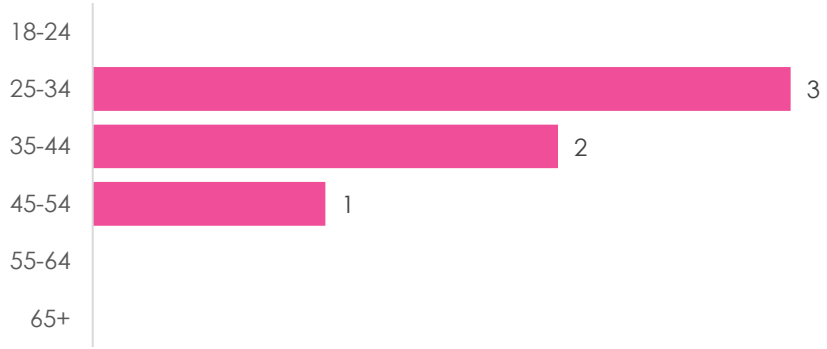
Who responded?

6 responses to the those who harm survey

Area Breakdown



Ages ranged between 25 and 54, with three of the six respondents being 34 years old or younger.



All respondents identified as a man

All respondents identified as White

Five identified as heterosexual (One person did not answer)

One identified as being disabled or having a long-term health condition[1]

All respondents had children (One respondent's children were independent adults)

[1]Includes long-term physical and mental health conditions

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Domestic abuse context

None said they were currently abusive to a partner

All said they had previously been abusive to a partner

Are you currently living with the person you are/were abusive to?



Four said they were in a relationship with, and living with, the victim



Two said they were separated from the victim and no longer lived together



Four of the six respondents had **already accepted help** around changing their behaviour.

Domestic abuse context

Past



Four were concerned about their behaviour in a previous relationship



Two said their previous partner was concerned about their behaviour



Four said they had been violent in a previous relationship



Three were controlling and/or verbally abusive in a previous relationship

Present



One was concerned about their behaviour in their current relationship



One said their current partner was concerned about their behaviour



Four said they had been violent in their current relationship



One was controlling and/or verbally abusive in their current relationship

Respondents could tick all statements which applied to them.

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Domestic abuse attitudes

All respondents **disagreed** or **strongly disagreed** with the following statements:

- How I treat my partner in the privacy of my own home is my own business
- In an intimate relationship it's OK to hit, if you've been hit first
- It is hard to see why victims of domestic abuse don't just leave
- Sometimes hitting is the only way to express your feelings
- Victims of domestic abuse will have bruises and marks on their body as a result of the abuse

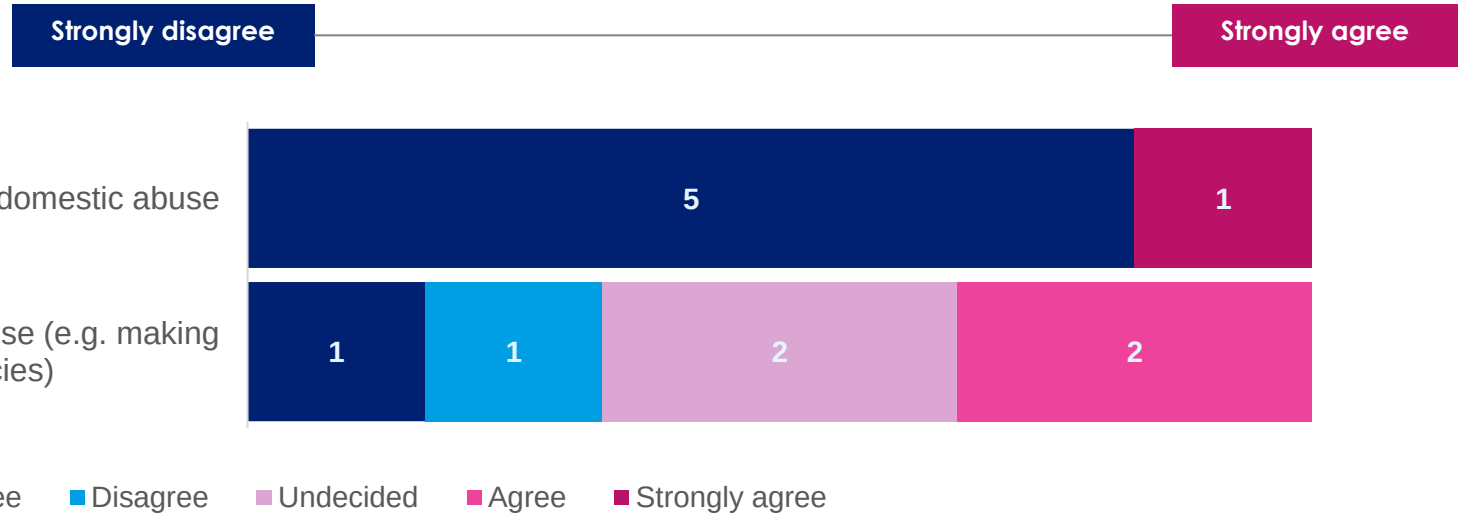


All respondents **agreed** or **strongly agreed** that everyone should encourage people who are violent to their partners to change their behaviour.

Domestic abuse attitudes

One respondent **strongly agreed** that men cannot be victims of domestic abuse.

Four out of the six respondents **agreed** or **strongly agreed** that there are a lot of malicious reports of domestic abuse.



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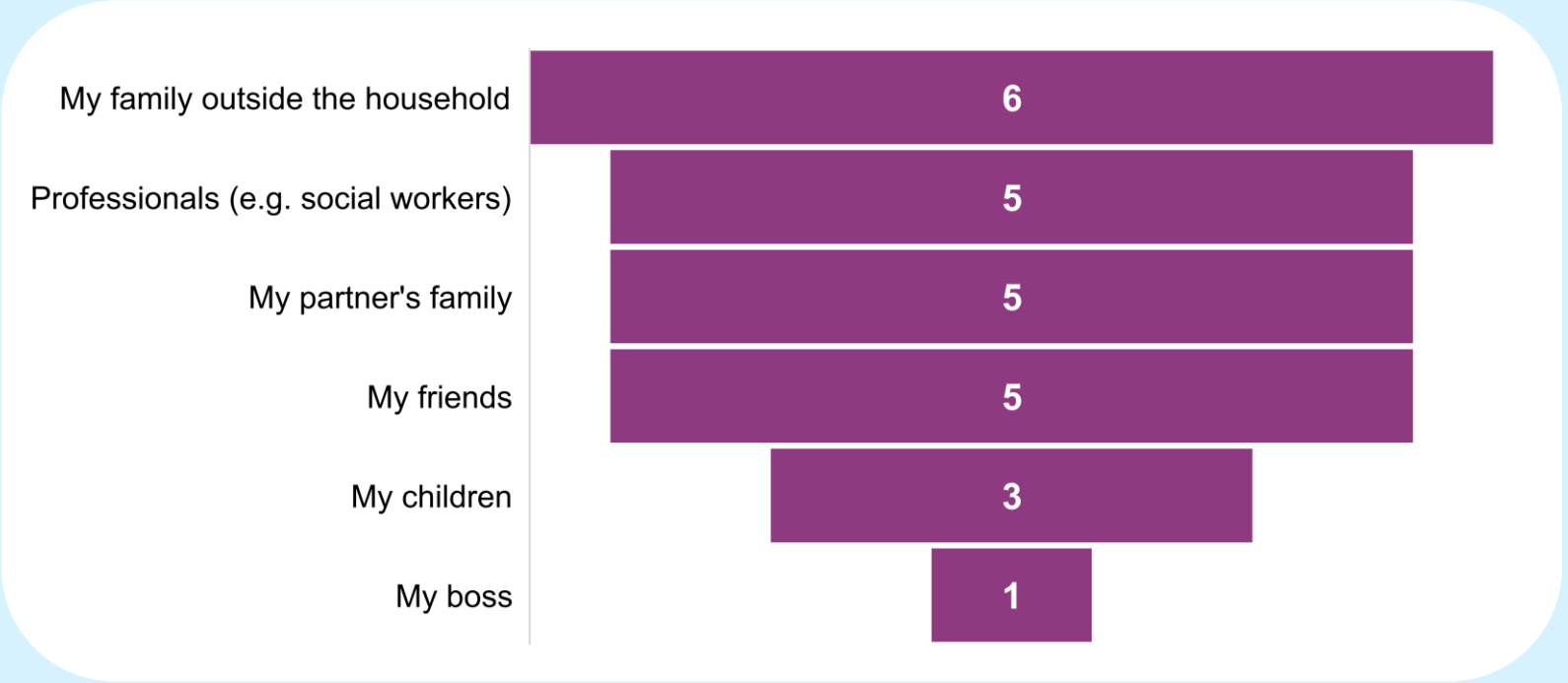
Behaviour of those who harm

All respondents said that family outside the household were aware of the abusive behaviour.

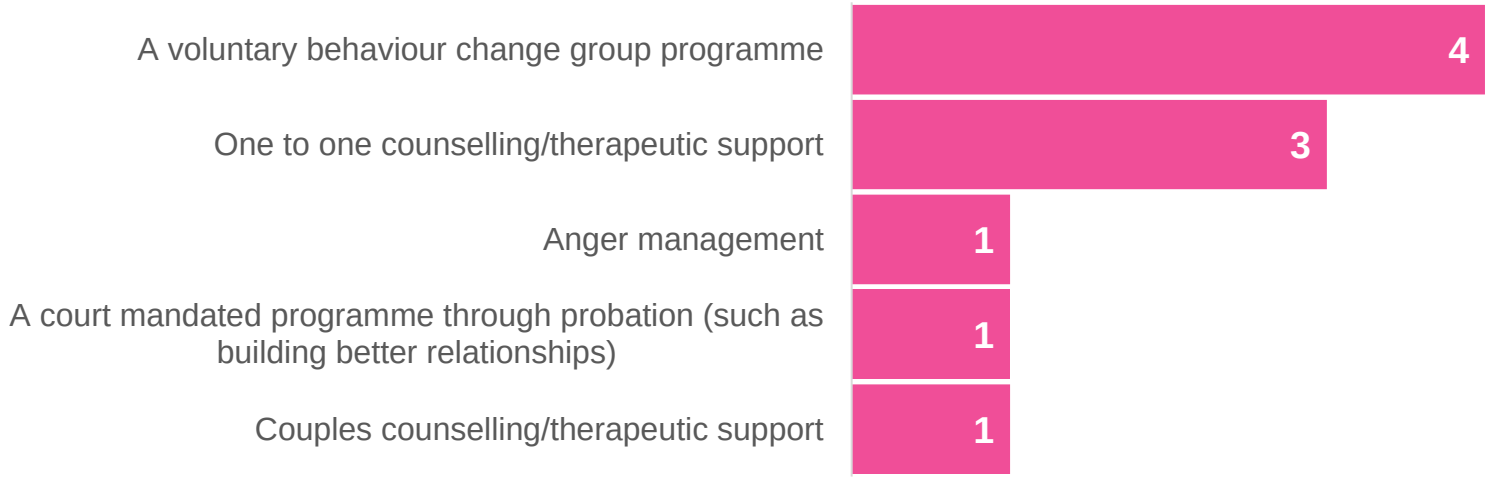
Professionals, the partner's **family** and the respondent's **friends** were also aware for most respondents.



Accessing support

All respondents had accessed some form of support. It was most common for respondents to have received support in the form of a **voluntary behaviour change programme** or **one-to-one therapeutic support**:

Five respondents said they got **the right help at the right time**; one said they somewhat did.



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Accessing support



All six respondents said they were **referred by somebody else** when they received help for their behaviour.



For **two respondents**, at least some of the help they received was **court-mandated.**



All respondents agreed or **strongly agreed** with the statement "I feel **I know what to do and where to go** to get help for my behaviour"

Accessing support

When asked **“What motivated you to address your behaviour?”** respondents talked about:



Home life or relationship with a **partner**



Their **children**



Advice from a **professional**

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Experience of Services

Since the abusive behaviour started:



Three respondents had been in touch with the **police**

One was asked about their abusive behaviour

Three have told the police about their behaviour



Three respondents had been in touch with their **GP**

One had been asked about their abusive behaviour

One has told the GP about their behaviour

Two of the six respondents said **if the GP had asked them** about their behaviour they would have told them.

For **six other services**, at least one respondent said they would have told them **if they had been asked.**

Respondents 'in touch' with services since abusive behaviour started did not have to have told them about the abuse. Respondents were asked which services they have told about the abuse in a later question.

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Experience of Services

When asked about **the effect of support**, respondents mentioned a greater understanding of harmful behaviour and its impact on others.

> **Developed empathy, reengaged with my emotional response to situations/my behaviour, a 'think-first' approach to how my behaviour could/does impact others, and an understanding of the extent of the damage I have caused/can cause.**
>
> Respondent

> **made me think about how my actions and behaviour affected my family**
>
> Respondent

Please see the data report for the full list of responses to the open text question.

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Needs and Support

If seeking support in future, respondents would most like to find information in the following places:



Four said from a referral by someone else (e.g. GP, social worker, police)



Two said websites (e.g. Google, BBC)



Two said Social media (e.g. Facebook, Twitter)



One said being told by a friend or family member



One said television

Total respondents = 6

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Needs and Support

"What help or support do you think would have been helpful in changing your abusive behaviour?"

Three of the six respondents said support with **anger management or controlling their behaviour** would be helpful.

Respondents also talked about **mental health support** and **help for their family**.

> **Seeing a clinical psychologist changed my life, and this was something I was only able to access after attempting suicide. My behaviour is my responsibility, but I had tried to access talking therapy a number of times over the years without success (via GP)**
>
> Respondent

Please see the data report for the full list of responses to the open text question.

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Needs and Support

Respondents most commonly felt they needed support for anger management, one-to-one support and support on a behaviour change programme.



Size of boxes represent %s with larger boxes = higher %s.

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Anything else…

When asked if they had anything else to share, one respondent described their positive experience with Crossroads and the Foundation group:

> **I've found crossroads and the foundation group absolutely fantastic they have really helped me**
>
> Respondent

Please see the data report for the full list of responses to the open text question.

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Public survey

Data based on all responses between 20/10/2022 to 11/12/2022

Total responses = N/A

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Important caveat

The total number of respondents to the Public survey was 494.

The majority of these responses appear ingenuine and we suspect this may be related to the prize draw. It has been difficult to identify and remove the invalid responses with any certainty and so we have not included a breakdown of the data collected.

We have selected and included some open-text responses, many of which disclose lived experience and appear to be genuine responses. These cannot be generalised to the wider public but could inform what we know about domestic abuse and how it is understood in the local area.

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Awareness around domestic abuse

Respondents spoke about **understanding** and **awareness** of domestic abuse.

> **People need to be trained accordingly […] When I spoke to the police, a man, he didn't think my claims were "that serious"**
>
> Member of the public

> **At the time I thought it was normal behaviour. I now know it's not.**
>
> Member of the public

> **There should be more education about domestic abuse in schools, and the sooner it becomes universal, the better**
>
> Member of the public

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Changing attitudes

Some respondents commented on **improvements** over time.

> **I'm so glad things are improving. I didnt have any support when I experienced it around 40 years ago**
>
> Member of the public

> **Attitudes are changing towards domestic abuse and general public are more aware then several years ago. Things are improving - but it is still not enough to help everyone live a life free from abuse**
>
> Member of the public

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Response to domestic abuse

Respondents described **negative experiences with the police.**

> **The police could do nothing about either until I was physically harmed. I was told no crime had been committed and the best they could do was give a warning which mad e things worse. I was spoken to as though I were a hysterical woman.**
>
> Member of the public

> **Police were happy to leave me in the house with a clearly drunk and unstable partner when they should have been aware of previous abuse.**
>
> Member of the public

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Seeking support

Respondents commented on **knowing where to access support** and the importance that support is **easily accessible**.

> **Having experienced DV in the past it is important that there are opportunities for those who need help to be able to seek help easily and that there are safe spaces to go.**
>
> Member of the public

> **It is often difficult for people to know where to go for support and to escape the perpetrator. It is difficult to get help immediately and they can't just disappear, despite sometimes wanting to. It can be a lengthy process to stand up to domestic violence and sometimes people do not have the strength to do it.**
>
> Member of the public

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Children and Young People's survey

Data based on all responses between 04/01/2023 to 09/01/2023

Total responses = 5

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Important caveat: Please be aware that as there were only 5 responses to the children and young people's survey the following data is showing count values not percentages. This also means that demographic data is not included. Results cannot be generalised to all children and young people in the local area.

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Who responded?



All five respondents came from **North Yorkshire** (excluding the City of York)



Four out of the five respondents were **17 or 18 years old**



Within this group of respondents, young people had **ethnic minority backgrounds**, **LGBTQ+ identities**, **disabilities** and **care-experience**[1].

[1]Details around some demographic information has not been included due to the low numbers of respondents in order to protect their anonymity

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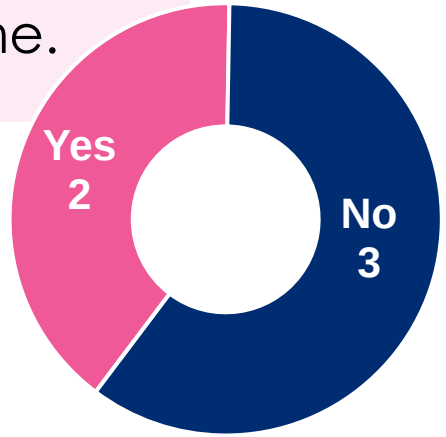
Home life and romantic relationships

Children and young people were asked if they had ever felt unsafe at home or in romantic relationships.

Two respondents said **Yes**, they had felt unsafe, afraid or been harmed at home.



- **Neither** respondent had received **help from a service**
- **Both** respondents had **told somebody** about it.
- **One** respondent felt speaking to someone had **helped a lot – the other said it did not help at all.**

Four out of five respondents had been in a romantic relationship before, but none of them had ever felt unsafe in their relationship.

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Learning about harmful relationships

Four respondents had received some teaching about harmful relationships. These lessons had occurred in the following places:

 **School or college**

 **Home**

 **Youth club**

When asked how useful the lessons had been:

- Three of the four respondents described them as **useful or very useful**
- One respondent said they were **not sure**

Respondents could choose multiple places where they had been taught about harmful behaviour in relationships

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Accessing support

Respondents were asked where they might go for support or advice in future if they were feeling unsafe:

At home



- Friends
- Teachers/adults at school
- Other family members (excluding parents and siblings)

In romantic relationships



- Friends
- Teachers/adults at school
- Parents and other family members (excluding siblings)

One young person didn't know where they might go for support or advice.

Showing the top three most commonly chosen places

Accessing support

If they were feeling unsafe at home or in a relationship, the respondents to this survey indicated they would like to access support in dedicated spaces outside of home and outside of school.

The top three places to **advertise support** were:



Youth club or local community centre



At school



Social media

Respondents expressed a preference for one-to-one support or a mixture of one-to-one and group sessions.

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Needs and support

It was important that support came from someone **relatable**, for instance from the same background, and that the person would **listen**, **give advice** and help young people **plan what to do when they didn't feel safe**.

Respondents also felt it was important for support to be somewhere they can go if they **need a break from home**.

> **I think that support for young people should be immediate and with realistic and helpful advice not a temporary fix.**
>
> Young person

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