Shropshire Council

Shropshire Domestic Abuse Strategy Consultation

Feedback Report

March 2026



www.shropshire.gov.uk
General Enquiries: 0345 678 9000

1 Background

In February 2026 Shropshire Council sought to consult on the draft Domestic Abuse Strategy 2026-2029. The draft strategy aims to promote a cultural shift across Shropshire's services and recognizes the need for a more joined-up, proactive and timely approach to protect victims of domestic abuse and give them the ability to live safe, healthy and fulfilling lives.

This strategy sets out a collaborative, multi-agency plan to reduce domestic abuse in Shropshire over the next three years and is working to address the inequalities between rural and urban living. Developed by the Domestic Abuse Local Partnership Board (DALPB) in partnership with Shropshire's Lived Experience Advisory Group (LEAG) and input from the community.

This strategy focuses on the four priorities:

- Victims
- Perpetrators
- Workforce
- Community

The strategy recognises that ending domestic abuse in Shropshire requires collective action across all sectors and communities. It aligns with national legislation as outlined in The Domestic Abuse Act 2021 and will be delivered through a joint action plan overseen by the Domestic Abuse Local Partnership Board (DALPB).

Domestic abuse includes any pattern of controlling, coercive, threatening behaviour, violence, or abuse between individuals aged 16 or over who are personally connected. Abuse may be emotional, psychological, economic, sexual, physical or digital and includes coercive controlling behaviours.

Who Can Be Affected?

- Anyone: women, men, LGBTQ+ individuals, children, and adults from all backgrounds.
- Children, including unborn, who see, hear, or experience abuse are considered as victims (in their own right) in law.
- It can occur in any personal relationship, including intimate partners, family members, siblings, parent/guardians or those sharing parental responsibility and carers.
- People with protected characteristics, such as disabilities minority ethnic groups, faiths, or immigration statuses, can also be affected.

Recognising that domestic abuse can affect anyone is essential to creating an inclusive and effective response. It ensures support is accessible to everyone, including those who face extra barriers—such as people living in rural communities. The Rural Crime Network reported in 2019 that domestic abuse lasts **up to 25% longer** in most rural areas. With around **57% of Shropshire's population** living in rural communities, the draft strategy places rurality at the forefront to ensure no one is left without the support they need.

The draft has been developed with input from members of the public through previous engagement activities and with partner organisations and other stakeholders. Working groups have influenced the development of the strategy, the contents of each theme and the strategic objectives and outcomes included.

The survey to consult on the draft Strategy ran from 2nd February 2026 to 2nd March 2026 with a view to presenting the final version of the Strategy for consideration at Shropshire Council's cabinet meeting in April 2026. It was available online and was widely publicized to achieve a good level of engagement, as public opinion will help form the final version.

This report describes the survey findings within 5 main sections:

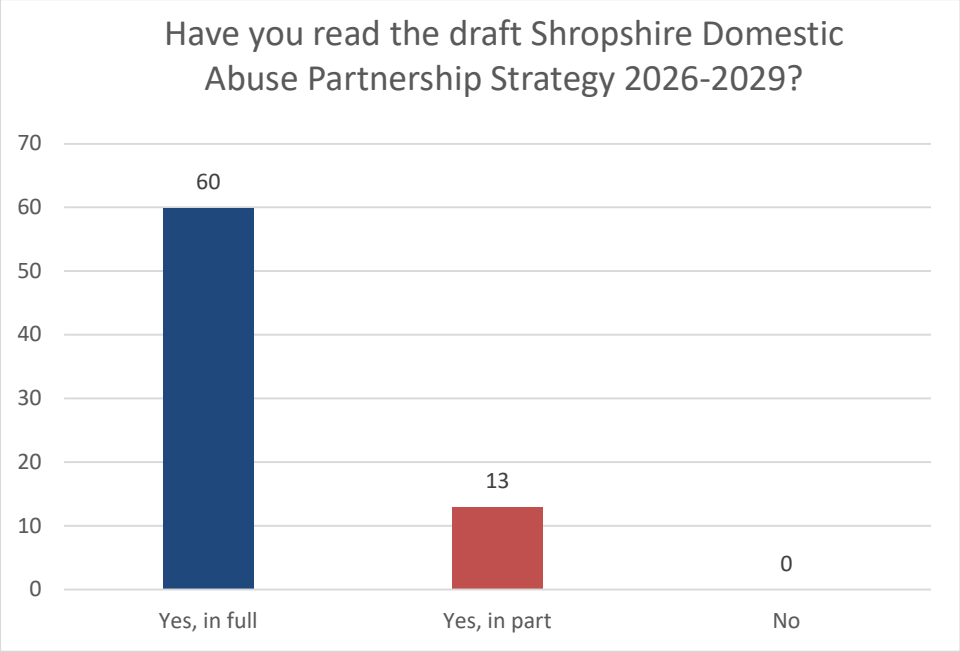
- **Section 1: Background** (this section) provides an overview of the survey and how it was promoted.
- **Section 2: Respondents** covers those engaged within the survey to provide context to the feedback and understand whether the response is representative of the wider community.
- **Section 3: About the respondents** considers the background characteristics of the respondents.
- **Section 4: Recommendations** explores possible actions based on the results of this survey and report's findings.
- **Section 5: Summary and Conclusion** provides a brief summary and conclusion based on the overall analysis of the feedback received.

2 Respondents

The online survey was responded to by 73 people. The survey was open from 2nd February 2026 to 2nd March 2026 and alternative versions of the survey offered to anyone unable to respond online. The survey was designed to gather views and opinions on the draft Strategy, which would form the final Strategy document, to be presented at Cabinet.

The first question focused on whether people answering the survey had read the draft Strategy, which was provided alongside the survey. All respondents answered this question, which shows a good engagement with the survey and reflects the importance of the issue. Figure 1 will show the results in full.

Figure 1 – graph that shows the number of people who have read the draft Strategy



As shown in Figure 1, 73 people answered and overwhelmingly people had read the draft Strategy in full; 82% (60 responses) and 18% (13 responses) answered that they had read the draft in part, and there were no responses to say that the draft had not been read before answering. This is encouraging to see; it benefits the respondents to have read the draft Strategy as they answer questions reflective of important information in the document, and it provides accurate and considered insights to be analyzed in this report.

The survey then asked how satisfied people were with the draft strategy. Again, 73 people answered and rated their satisfaction ranging from very satisfied to very dissatisfied. Figure 2 will show the results in full:

Figure 2 – graph showing range of satisfaction score

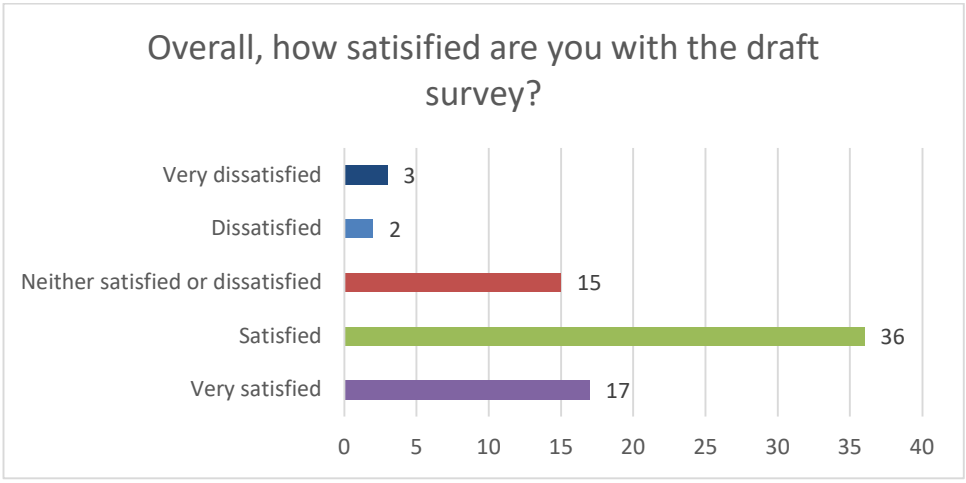


Figure 2 shows that generally people are satisfied with the draft Strategy. 49% (36 responses) are satisfied and 23% (17 responses) are very satisfied. There are some neutral opinions about the draft strategy as 21% (15) answered they were neither satisfied nor dissatisfied. 3% (2 responses) were dissatisfied and 4% (3 responses) were very dissatisfied. This is positive to see that more people are satisfied or very satisfied collectively, than neutral, dissatisfied or very dissatisfied.

The next question asked the respondents to determine how satisfied they were with 5 statements; that the vision in the strategy was well described; that the strategy outlines the assessment of needs, and local and national context effectively; that the way the strategy fits with national and local policies and plans is made clear; that the strategy clearly explains the key achievements made since the Domestic Abuse Act 2021; and that the strategy clearly describes the priorities for the next 3 years. Figure 3 will show the results in full.

Figure 3 – graph to show how respondents agree or disagree with the 5 statements

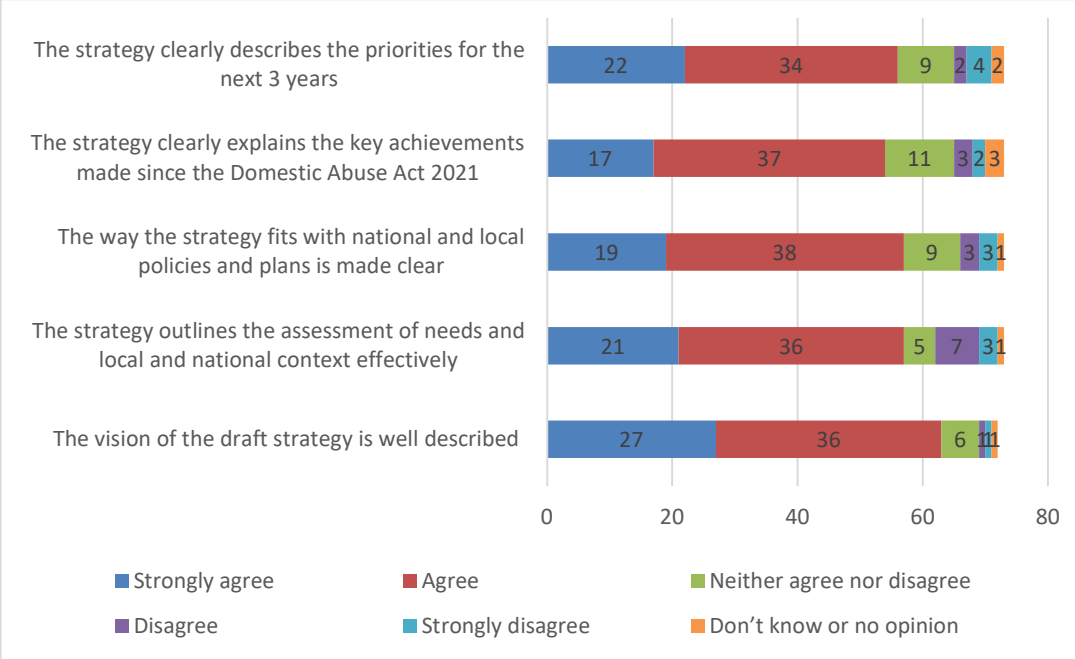


Figure 3 shows that across the 5 statements, people generally agree with the sentiments of the statements. There is an element of agreeing strongly with the statements but to a lesser extent. The reassuring result is that more people are either in strong agreement or agreement with the statements than, neither agreeing or disagreeing, disagreeing or strongly disagreeing, or not knowing or having no opinion collectively. 73 people answered this question, which shows good engagement and allows for meaningful insight.

The next question allowed for some expansion on respondents' opinions as it asked if there was anything they didn't like about the strategy. They were asked to answer if they didn't like the strategy overall or if they had particularly disagreed with any of the previous statements. 40 people answered this question and 33 declined to answer, they will all feature here.
The key insights from these comments are seen in table 1.

Table 1- Table of themes analyzed from the comments

Theme	Explanation
Need for clearer accountability and partnership commitment	• Respondents want partner organizations to explicitly demonstrate commitment (i.e. signing off the strategy and agreeing to information-sharing) • Several comments highlight gaps in partnership working (e.g. Family Court). Without partnerships people fear enabling ongoing abuse. • Stronger detail needed on safeguarding and escalation pathways
Lack of practical detail and clarity	• Feedback indicates that the strategy is high-level and lacks clear actions, timelines, success measures and practical implementation steps. • Some felt the draft was descriptive rather than action-focused.
Insufficient local service provision	• Concern that some services referenced in the strategy do not exist in some areas, especially rural areas. • Broader concerns about the quality and availability of support from police and health services.
Gaps related to victims, perpetrators and specific groups	Some felt that the strategy: • Does not clearly identify perpetrators or acknowledge gaps (abuse in same-sex relationships) • Misses the experience of those

	wrongly accused of domestic abuse. • Lacks adequate focus on children, including impact and support needs.
Issues of tone, accessibility and structure	• Acronyms are off-putting and exclusionary. • There are some typos and missing definitions for key terms. • More meaningful content (vision, priorities) is pushed to the back and should be at the beginning. • Comments about the document being more accessible for those with cognitive or processing problems.
Approach and workforce needs	• Strong emphasis on trauma-informed approach • Respondents feel that workforce training is essential and that some teams currently lack understanding of domestic abuse (Children Services)
Stronger links to other services needed	• Comments suggest the strategy does not clearly connect domestic abuse with mental health needs or cross-agency working to address them.
Distrust of strategic documents	• A few respondents expressed cynicism (tick box exercise). • Feeling disconnected from real lived experience of domestic abuse survivors.
Rurality concerns	• Questions arose about why rural abuse statistics were outdated.
Desire for stronger victim voice	• Respondents working in participation want better alignment with youth voice and stronger integration of lived experience in governance structures. • Includes hidden or hard to reach social groups.

Comments:

- *Although the organisations are shown on the cover it would have been nice to see them signing off at the end with a few words of commitment and agreement to share information. It ignores the Family Court system which perpetrators use to continue their abuse. The strategy needs to recognise a responsibility to engage with the courts to bring the strategy to their attention to positively protect victims*

and their children.

- *Whilst the strategy outlines priorities it lacks detail concerning how this will be achieved in practice.*
- *Strategy suggests that you want educational programs for survivors, yet in my town of Whitchurch, these are no longer available.*
- *It is just made up of a list of headings; there is no actual substance or firm clear details.*
- *Although it highlights the risk for 1 in 3 females and 1 in 6 males who may be victims, it does not highlight who the perpetrator of the abuse is. I feel that that same sex couple abuse is not highlighted.*
- *Whilst I fully understand the need to out victories at the centre, there is a cohort of victims missing. The wrongly accused. I have seen cases where men mainly are accused of controlling behaviour, harassment even stalking where there is no evidence. The impact of false accusations is far reaching, even when cases are not taken forward the accused is traumatised by the experience.*
- *This is yet another document to make those who write and read these things feel good, you cannot possibly understand what I went through and I cannot cope with revealing what I went through.*
- *Why is there not an updated statistic from 2019 - 25% of DA lasts longer in rural areas.*
- *Structure: only pgs 9-12 out of a 13 pg draft of any value. The rest is justifying its need and statements of intent. Vision etc. (i.e. pgs 9-12) should be at front of the document. No clear action plan, timescale or success measures, & certainly none for victims. As with many of these "strategies" it is written from perspective of corporate bodies/agencies, not the individuals it affects.*
- *Just a couple of suggestions. Page 10, there is a typo. In the victims section under Our 'key area of focus', it says 'inclusing' instead of 'including'. Also in that same section, it would be helpful to outline what FFP and MACPT stand for.*
- *I feel it's one thing putting in writing but quite different in practice. Plus, unless you've actually been through it you have no idea whatsoever how delicate you have to be rather than going at things like a bull at a gate. The perpetrators have so much power over their chosen targets.*
- *The format of the strategy is clear in respect of partnership working and how strategies will support those in a domestic abuse experience. It is the practical link to how services can act on domestic abuse situations linking to support. Furthermore, how agencies support trauma enforced behaviours.*
- *Joint working and communication are key.*
- *Overall, the draft strategy is well intentioned, inclusive and clearly aligned with the Domestic Abuse Act 2021. It provides a solid high-level framework and demonstrates a good understanding of the breadth of domestic abuse and the particular challenges faced by rural communities in Shropshire. However, the strategy is largely descriptive rather than evaluative or directive. It does not clearly set out what has been achieved since the introduction of the Domestic Abuse Act 2021, making it difficult to understand what progress has been made, what has worked well, and where gaps remain. Without this baseline, it is challenging to assess how the next phase of the strategy will build on learning or deliver improved outcomes. In addition, while the four priority areas are appropriate, the priorities for the next three years are not sufficiently specific. The strategy would benefit from clearer articulation of what will change in practice, how priorities will be sequenced, and how success will be measured particularly in relation to*

reducing repeat victimisation, addressing perpetrator behaviour, and improving outcomes for children affected by domestic abuse.

- *As participation and governance worker I am keen to align victim voice and in particular young people's voice with Youth Voice and Participation.*
- *I don't like the use of acronyms. There are quite a few acronyms in this report. This excludes people.*
- *The support offered in the area for victims of DA, especially from Police and CHS isn't satisfying at all.*
- *I absolutely see the need to disrupt and challenge perp behaviours as a priority - however - to support victims and survivors, in a trauma informed way, I personally believe workforce should be of higher priority. When you consider the rates of burnout that professionals working in this sector face.*
- *This isn't a strategy - where is the how you are going to do it - what are you going to do next Where is the link between domestic abuse and mental health and how the services need to link up Where is the child - they are affected most This is a tick box document with no real intent behind it.*
- *Our experience of social workers, especially in the Disabled Children's Team, is that they have minimal understanding of domestic abuse. I would really appreciate the learning gaps of Shropshire Council being acknowledged and addressed, as this legislation has been on the statute book since 2021. And Shropshire Council children's services are not trauma informed, it does not signpost to support and its failure to recognise children as victims instead of witnesses has been simply devastating.*
- *Within the Victims Section of the framework on Page 10 in Key Areas of Focus there are 2 acronyms which won't make sense to most people "Delivery of FFP to MACPT". Some people may have been put off by this.*
- *I would like to have seen an appendix of the public and private partners multi-agency partners who are likely to be involved in enabling the training and implementation of the strategy. I would also like to have seen some kind of diagram showing how the various agencies will cover things on the ground in each of the Market Towns and their surrounding rural areas. I think it would have been beneficial to see how the new strategy will be promoted in communities. e, g. I am aware that some LA areas in the past have involved those who work on a one to one with people in the community i.e. hairdressers / barbers, who had 'training' on how to 'explore the topic with clients- I can't remember which police authority area this happened in. It would have been good to see if there would be any plan to promote it alongside or 'piggyback' on to other community-based support approaches such as 'My name is Angela, in pubs, nightclubs etc. or the Safe Places initiative.*
- *I've read both documents. I support the overall aims and recognition of domestic abuse as a serious issue. However, I feel the strategies are quite broad and would benefit from clearer accountability measures and more detail on how agencies will be held responsible if support fails. I would also like to see stronger emphasis on mental health response and support for families with complex needs. Overall, I agree with the principles but believe implementation and accountability are key.*
- *The document lacks detail of implementation to be able to make any judgements as to the impact this strategy may make although the aspirations are appropriate*
- *My son and I are victims of domestic abuse. We fled to my mum's empty house. What should have happened is that social services or police specialising in domestic abuse came to see us promptly. This didn't happen. The school was left to investigate which is not their job. Strategies will only work if they involve*

concrete commitments, such as making sure that domestic abuse police of social work specialists see in person a family who has had to flee within a day or two to make and initial report.

- *Strategy describes what, but not [the] how. It doesn't detail what the expected outcomes are and how progress will be measured and by when. What does success look like? How will progress be measured? It is not clear how the relationship with commissioned / statutory organisations will work. What the key deliverables will be compared to previous approaches? Who is accountable for what? Are there any structural changes that need to be considered e.g. matrix structures, cultural changes.*
- *We welcome the draft strategy and the chance to input into this. We would highlight some issues that need more attention. • A greater focus on prevention. We feel that this should be the starting point for the strategy and work on challenging misogony, work with schools and the community to create a better environment where DA does not go unchallenged and we can bear down on the prolific rate of DA in our community. •There needs to be a greater focus on the underlying triggers that can lead to DA the effect of drugs/alcohol and poor mental health. •Early intervention needs to be emphasised and self-help tools. • Child protection pathways - with the above in mind we have seen this above on Hampshire's strategy and this may better capture the priorities. We also want to see how we measure the success; do we have a review each year, audit, and performance measures. We didn't like the 'Perpetrators have nowhere to hide' line. We agree with a strong line on enforcing the law and use of legal powers but also need an understanding of triggers and how we can challenge and change behaviours. We don't think that Workforce is a priority. Who's workforce, it's not about the Council and many of the things partners can do can be addressed in other priorities. Should we recognise DA as a national emergency. Some of the strategy is vague and could be more specific and therefore harder hitting. Should the strategy pull out from the needs assessment the major gaps/issues that need to be addressed as what has already been achieved. We welcome the involvement of victims and co production of the strategy. We hope these comments help and we are happy to discuss if you need us to further clarify our thoughts.*
- *I welcome the draft Shropshire Domestic Abuse Partnership Strategy 2026–2029 and support its overall direction. However, there remains a significant gap regarding how the Council intends to identify victims who are visa-dependent, socially isolated, and effectively hidden from public services. Many women on spouse visas are prevented from socialising, working, accessing healthcare, holding bank accounts, or leaving the home without permission. These circumstances create a high-risk cohort that current identification pathways do not reach. I strongly urge the Council and central government to introduce mandatory domestic abuse awareness sessions and safeguarding interviews for all spouse-visa holders, to ensure early identification, informed consent, and access to support.*
- *I don't like the way you describe the people in the strategy; Victims and Perpetrators, the language is not inclusive and feels like it blames people.*
- *The strategy outlines clear priorities and reflects a strong partnership approach. To further strengthen the document, it would be helpful to provide greater detail regarding safeguarding escalation pathways and independent oversight mechanisms where systemic concerns arise. Clarifying how inter-agency communication issues are identified, reviewed and addressed would enhance*

transparency and reinforce public confidence in governance arrangements.

- *Overall, I found the draft strategy clear, well-structured and aligned with the priorities of supporting victims, holding perpetrators accountable, strengthening workforce capability and improving community awareness. One area that could potentially be strengthened is recognition of the more complex dynamics of domestic abuse within family systems, particularly coercive and controlling behaviours that may impact children directly or continue after parental separation. Increasing awareness of these dynamics across services could help support earlier identification and more effective support for families. From an education perspective, there may also be value in referencing more preventative, "upstream" work in schools and communities around healthy relationships, coercive control and recognising abusive behaviours, which could contribute to longer-term prevention. These reflections are offered as potential areas for further development rather than concerns about the overall strategy.*
- *I found it extremely difficult to process. It would benefit from being inclusively adapted to reduce cognitive load so everyone can easily access the content.*
- *The Strategy makes no reference to the importance of a local Domestic Abuse Strategy in tackling Violence Against Women and Girls and indeed takes great care to be completely inclusive. The only reference is on page 1 which starts "We acknowledge the gendered nature of domestic abuse..." and that appears to state that the gendered nature of domestic abuse as a factor has not influenced the strategy. Certainly, there is nothing in the rest of the document to suggest that it has.*
- *No (2)*
- *Nothing.*
- *N/a (2)*

The comments and the subsequent themes should be taken constructively, there are some insights into practical aspects of the strategy (acronyms, definitions); gaps related to victims; lack of collaboration between support services; concerns about rurality and more. These comments can be used to iron out the problems before the strategy is finalized and goes before Cabinet.

Question 5 asked what people liked about the strategy. This question elicited 43 responses whilst 30 skipped the question. The key insights are shown in Table 2.

Table 2 – table showing key insights on comments about what people like about the strategy.

Theme	Explanation
Approval of Lived Experience/Survivor voice and Trauma-informed practice	Respondents praised: • Emphasis on trauma-informed approaches • Recognition of survivors lived experience. • Inclusion of children as victims in their own right. • The presence of survivor narratives within the strategy.
Positive reception of partnership working and multi-agency coordination	Many comments highlighted: • Appreciation for collaboration between agencies. • Recognition that only a multi-agency approach can address domestic abuse effectively. • Approval of aligning with national legislation and local structures.

	People want to see the joined-up approach strengthened.
Rurality recognition is a major strength	Acknowledgement of rurality is welcomed: • Specific recognition of rural barriers. • Efforts to tailor the strategy to the geography of Shropshire. People want tangible rural solutions to accompany the recognition.
Clarity, visual layout, and accessibility are appreciated	Many praised: • Clean visual style. • Clear structure. • Digestible, concise layout • Graphics and diagrams that break up information. Strategy design style generally well received that suggest a solid foundation on which to build. The respondents wanted clear, simple priorities and objectives but the strategy was too high level and needed more detail.
Recognition of Equal treatment for all victims	Respondents specifically appreciated: • That men are not overlooked as victims. • Inclusive framing of who can experience abuse. • Explicit mention of different groups impacted. Inclusive and clear language is essential and positively viewed.
Value on holding perpetrators to account	Multiple comments welcomed • Accountability emphasis. • Perpetrator interventions • Recognition of coercive and post-separation abuse. • Calls for mandatory behaviour-change programmes. Respondents want stronger enforcement and clearer mechanisms.
Support for Prevention via Education	Some comments appreciated efforts to acknowledge the need for early intervention, the idea of raising awareness in schools, and community-based prevention work.
Validation that the strategy aligns with stakeholder priorities	Respondent felt: • Priorities are 'correct' • The strategy is well-rounded and aligned with policy. • Real confidence in the strategic direction – the issue is execution not vision.
Relief that domestic abuse is being taken seriously	Some comments expressed: • Gratitude that the Council is addressing domestic abuse. • Relief that the issue is being made visible. • Appreciation that the whole-system nature of the problem is recognized

Comments

- *It is brief, high-level and accessible.*
- *I particularly appreciated the clear focus on supporting victims and survivors and*

the emphasis on trauma-informed support and accessible pathways to help. The commitment to strengthening workforce training and awareness is also very positive, as equipping professionals with the knowledge and confidence to recognise domestic abuse early can make a significant difference. I also welcomed the recognition that children are affected by domestic abuse and require support. Acknowledging children as victims, rather than only witnesses, is an important step in ensuring they receive the understanding and support they need. The inclusion of community awareness and shared responsibility across agencies and communities also feels like an important part of creating a coordinated response to domestic abuse.

- *It is visually very appealing, easy to digest and very well-articulated without having to rely upon loads of unnecessary text or jargon - I think it is accessible whilst containing the right level of detail.*
- *The emphasis on trauma-informed practice, survivor voice, and partnership working is particularly welcome. The recognition of rurality and its impact on access to services is also important and well-articulated.*
- *I think the priorities are correct.*
- *Pleased to see reference to DHRs and the layout is user friendly.*
- *Very clear and easy to digest.*
- *I like the fact that men are given equal priority to women, having been in an abusive marriage for 20 years it was very hard to find someone to believe me and to get help and support.*
- *It's clear what the vision is, but not how that vision will be achieved. What will success look like? What is actually changing? How and who will drive cultural shifts both internally and third-party stakeholders?*
- *I like the commitment to hold perpetrators to account. But, again, this is just words because it doesn't happen. It was me who had to persuade my ex-husband to do the Cranson men and masculinities course after we fled, but then he got removed from the course because of his attitude and because he took me to court for access to my son. Please, please do hold perpetrators to account because perpetrators do not even accept that they are perpetrators, so it needs to be mandatory for them to receive interventions such as courses or mental health support or counselling or volunteer work to account for what they have done. Police action can go alongside this, but police action is extremely slow (years) and perpetrators often continue post-separation controlling abuse via the family courts etc. or by stalking, harassment or further violence.*
- *The focus on rurality as a unique aspect of Shropshire.*
- *I appreciate that the strategy recognises domestic abuse as a serious and complex issue, including coercive control and the impact on children. I welcome the focus on partnership working, early intervention, and recognising victims in their own right. Committing to a trauma-informed approach and improving support pathways is particularly important.*
- *The priorities are clear and concise.*
- *Yes, I like how clearly it clarifies all the different personnel who can be impacted by domestic abuse and the plans to try and ensure all are supported appropriately wherever possible.*
- *That is contains Accountability for Perpetrators. There has not been enough emphasis on this, and I hope that the police will be accountable with stats on reports vs prosecutions, numbers of Claire's Law requests vs how many responses they have made, numbers of DAPOs issued etc.*

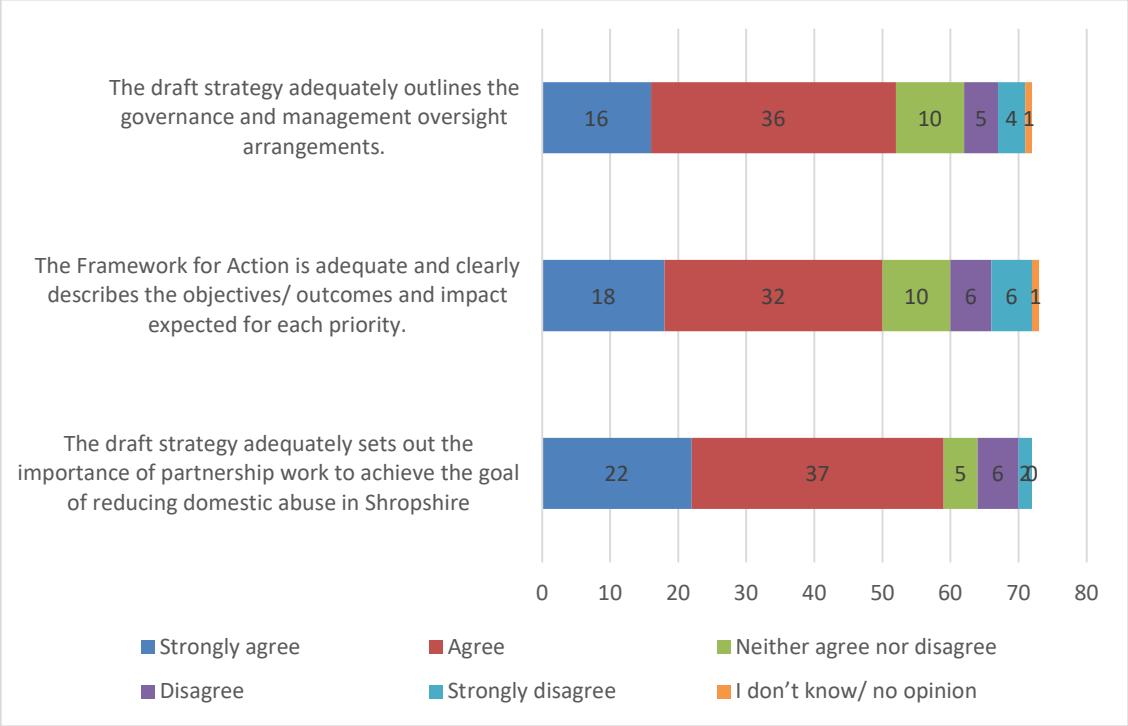
- *Use of illustrations of key information.*
- *Inclusive, and agree, having a holistic approach is the only way forward.*
- *Everything…at last something is getting done about domestic abuse.*
- *So glad to see so much brought together as I was afraid that the only person who saw the whole picture was the victim. Agencies have shown a reluctance to look beyond their own area to see how the wider picture fits.*
- *The inclusion of survivors' experiences and reference to the community.*
- *Concise.*
- *No, it is just a vague list.*
- *The layout with the circle and use of colours makes that page easy to read and follow. The objectives are clear although brief.*
- *It is simple, effective guide for us to see the areas of focus. It doesn't shy away from the fact we need to do more work to ensure there is work going to ensure perpetrators are accountable for their behaviour. It also tackles the hope to upskill our communities in their understanding and response to Domestic abuse.*
- *Clear strategy with meaning to why this is very important for rural areas too.*
- *The pictures break up the pages and make short, bite size pieces of information. This tied into a concern I had for an employee, it was good to see the links with employment, and I can share that this worked well internally within Shropshire Council.*
- *The focus is on collaboration, awareness, understanding and support for survivors.*
- *Writing about it is not dealing with it.*
- *That SCC has even moved forward with this important subject.*
- *Looks good on the page: good combination of text & graphics. The overall look is good, but very thin on detail & too much "blurb".*
- *The inclusion of CPA within the strategy.*
- *The partnership approach - not just a council strategy.*
- *There are clear identified goals, removing reasons for barriers between agencies. Clear visions and an identified collaboration and understanding the varied experiences of those in a rural area.*
- *It makes good points but it's following them through that's key.*
- *I like the fact that children are included as our support systems for children impacted by DA are diminishing.*
- *The recognition of rurality is welcome, but the document would be strengthened by outlining more tangible rural solutions, rather than primarily acknowledging the issue. Overall, the strategy sets a strong direction of travel, but its impact will depend heavily on the accompanying action plan being detailed, time bound, and accountable.*
- *The strategy is well rounded and addresses the issues in line with policies.*
- *I like that it was co-produced. I like that it has been written and is holding organsiations to account for their actions around Domestic Violence.*
- *The priorities are clear, simple and achievable. Strategy is clear and to the point.*
- *The reflection of the survivor's voice is powerful. A multi-agency approach will hopefully reduce risk for survivors, provide good quality advocacy for service users.*
- *I like that experienced and well-respected individuals such as [name redacted] have put their name to it. I think it's an excellent start, it's well presented too.*

Generally, the comments are seen to be more positive in sentiment but also contain

constructive expectations and cautions about implementation. There are new insights that were not present in the previous table, particularly around stakeholder value and where they believe strengths could be built upon. Respondents expressed strong approval for the strategy's emphasis on trauma-informed practice, survivor voice, and the recognition of children as victims in their own right. They valued the partnership and multi-agency approach, the clear visual layout, and the accessibility of the document, including its concise structure and use of graphics. Many welcomed the strategy's inclusive framing of all victims—particularly the acknowledgement of men, rural communities, and diverse groups—and appreciated the commitment to holding perpetrators accountable. Positive feedback also highlighted the recognition of rural challenges, the focus on prevention and early intervention, and a sense that the strategic direction aligns well with stakeholder priorities, even though detailed implementation will be crucial for its success.

The strategy has 3 objectives and question 6 was asked to gather people's degree of agreement on how well the strategy outlined them. Figure 4 shows the results in full.

Figure 4 – graph to show agreement with statements



This figure shows again, the respondents were generally in agreement and strong agreement with the statements, rather than being neutral, in disagreement and strong disagreement, or not knowing or having no opinion.

There are 4 main priorities set out in the Strategy and in question 7, the survey asked how well they were addressed in the draft strategy. The 4 priorities are; to ensure victims and survivors, including children, have prompt access to trauma-informed support and advocacy; to equip the workforce with the essential skills, knowledge, confidence required to provide effective responses to domestic abuse, to enable individuals to identify and respond to domestic abuse appropriately; prevent harm through targeted interventions while ensuring perpetrators are held accountable; reinforcing zero tolerance for harmful acts and promoting change; a coordinated community approach to domestic

abuse, providing communities with the skills, knowledge and confidence needed to respond effectively.

Figure 5 – graph to show how the priorities in the strategy have been addressed.

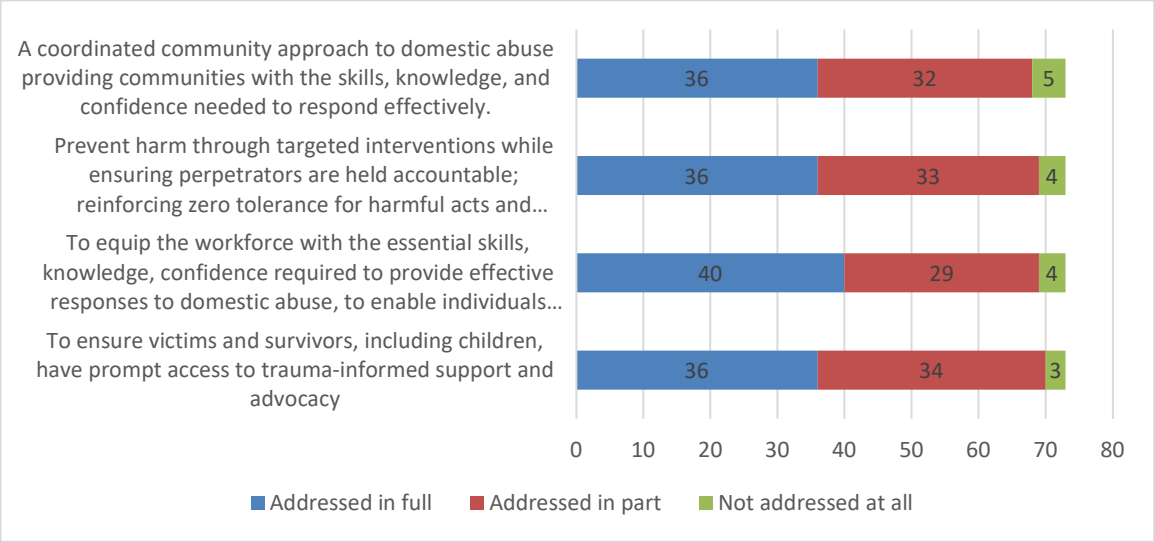


Figure 5 shows that across the 4 objectives; the respondents considered the priorities to be addressed in full and addressed in part. It is encouraging that there are few responses that suggest the strategy does not address the objectives at all, considering the comments to the open-ended questions have suggested that the Strategy is too high level.

Question 8 asked the respondents to expand on any gaps in the priorities that they feel might be missing, that would help Shropshire Council to achieve the objectives outlined. There were 48 respondents and 24 people skipped this question. Table 3 will show the insights from these comments.

Table 3 – showing the insights when asked about any gaps in the draft

Theme	Explanation
How will the Strategy be delivered?	Respondents asked for: • Actual actions • Timescales • Success measures • Practical steps • Clear pathways and processes • Evidence of how priorities will be turned into practice It is seen as too high level and needs an operational delivery plan. Similar theme to the previous question.
Gaps in support for different victim groups	Respondents highlighted multiple gaps affecting: • Disabled survivors • People with longstanding illnesses • Victims with mental health needs • Parents caring for disabled children The strategy needs more explicit focus on accessibility, disability inclusion and complex-needs families.
Hidden victim groups are not reached	Strong concerns raised: • Spouse-visa holders who are isolated by partners • Victims unable to access healthcare, banking, or community

	spaces • Women without immigration independence who are effectively 'invisible'
Insufficient focus on Children as distinct victims	Respondents repeatedly said: • Children need more explicit focus across all priorities • Services often fail to understand children's trauma responses • Schools are not sufficiently supported or trained • Non-abusive parents often feel blamed rather than supported
Lack of clear accountability, escalation, and oversight mechanisms	Respondents want: • Clear standards for inter-agency information sharing • Transparent review processes when systems fail • Clarity on who is accountable for what • Independent oversight for safeguarding failures • Stronger mechanisms to track agency performance
Workforce capability gaps are significant	Themes included: • Some agencies lack DA understanding • Police consistently do not understand or apply coercive control laws • Agencies sometimes retraumatize victims • Need for mandatory training, better supervision, and trauma-informed culture change
Need for better rural service models	While rurality is acknowledged elsewhere, comments here emphasis: • Inconsistent service availability across rural areas • Need for outreach models that do not require travel • Exploration of community-based safe spaces • More creative rural engagement approaches
Recognition of victims who are wrongly accused	A small but notable subset of comments emphasized: • People falsely accused of domestic abuse • Their emotional and psychological harm • There is a need for the strategy to recognise this scenario sensitively.
Strong need for improved multi-agency coordination	Suggestions included: • Co-located services • One-stop support hubs • Better communication between health, police, schools, and social care A unified single point-of-contact for victims
Calls for community-based approaches and local volunteer involvement	Ideas included: • Local volunteers supporting PSCOs • Working with community groups • Hyper-local survivor support in market towns Respondents want grassroots, localized and culturally aware engagement.

Comments

- *A realistic reflection on the capacity needed to achieve the outcomes, and the compromises that are acceptable if the capacity is not there.*
- *What support is there for survivors of DA in Shropshire who are disabled and are being let down by the police? For example, having to wait 4+ months to have their statement taken, numerous appointments either cancelled last minute or a no-show, pretty much breaching the Victim's Code?*
- *Overall, the four priorities provide a clear framework. One area that may benefit from further development is greater recognition of the more complex dynamics of domestic abuse within family systems, particularly coercive and controlling behaviour that can impact children directly or continue after parental separation. Increasing awareness of these dynamics across services may support earlier identification and more effective support for both children and parents. There may also be an opportunity to strengthen the preventative aspect of the strategy by including more reference to education and awareness work in schools and communities around healthy relationships, coercive control and recognising abusive behaviours. Early education and community awareness could contribute to longer-term cultural change and prevention.*
- *The strategy could more explicitly reference safeguarding escalation thresholds and mechanisms for independent review where concerns arise about systemic response. Clear standards for inter-agency information sharing, documentation of decision-making, and transparency of post-incident review processes would strengthen the Workforce and Governance elements. Embedding defined accountability pathways would further reinforce the strategy's commitment to public confidence and learning.*
- *I think it's too short and requires more detail about how you will do what you are setting out to achieve: style over substance.*
- *The draft strategy is constructive and well-structured, but it does not sufficiently address the systemic invisibility of domestic abuse victims who are visa nationals, particularly women on spouse visas who face severe restrictions on movement, social contact, and financial independence. Many have no GP registration, no bank account, and no safe opportunity to disclose abuse. Without a clear mechanism to identify and engage this group, the strategy risks leaving a substantial proportion of victims unprotected. I recommend that the Council work with the Home Office to introduce compulsory domestic abuse education and safeguarding interviews for all spouse-visa applicants and holders, ensuring that isolated victims are proactively reached.*
- *I would like to see more focus on DA and suicide and work.*
- *When thinking about the 'workforce' section and/or 'partnership working', which seems to be a running theme, e.g. quote on page 6 and then considering the strategy, I think we need to be bolder in our approach if we are to reach our goal of reducing domestic abuse in Shropshire. By 'bold' I'm referring to different ways of working, e.g. coproducing services, far greater interagency coordination, co-locating with other services... I don't have the answer but to achieve such a goal will likely need a radical rethink rather than status quo. This may be what is meant by 'intersectionality' under the partnership section, and I also note elements on page 11 cover this.*
- *Victims need to be seen in person and their experiences need to be reported in writing for them to help the victims build up a picture of what has happened to them with could then be used by multiple agencies. I have experienced a lot of emails*

with links to websites about trauma (not helpful at all, I could use google to find that information). Non-abusive mothers with children to look after are extremely busy individuals, with multiple daily challenges, especially if they have had to flee their homes. Multi-agencies need to understand that and respect non-abusive mothers because non-abusive mothers are expected to do everything to safeguard their children and protect them from the abuser and then do everything to help support their children recover. Having been in a child in need plan for my child, all the judgement was placed on me: why did my child have problems with attendance, what was I doing to help his mental health, etc etc. Multi agencies need to support non-abusive mothers, BELIEVE non-abusive mothers experiences, BELIEVE children affected at school by domestic abuse and support them and not victim-blame or shame. I think that community understanding of domestic abuse is a priority: people need to understand that it can be subtle, especially in terms of controlling behaviours. I have experienced a lot of people in my town telling me that our abuser is NOT an abuser because THEY KNOW HIM. They do not know him because they were not living with him. There is a lot of stigma still within Shropshire and a tendency to victim shaming and turning a blind eye.

- *Men as victims as opposed to abusers needs addressing as this is a huge cultural shift and victims remain out of sight for a number of reasons or not believed as the shift towards violence to women and girls subconsciously or consciously clouds judgement.*
- *While the four priorities are clear, there are gaps that may limit their effectiveness. There is insufficient detail on accountability if agencies fail to deliver appropriate support. Stronger focus is needed on mental health crisis response, long-term trauma recovery, and practical support for families with complex needs, including disabled children and carers. Without clearer responsibility and measurable outcomes in these areas, it will be difficult to ensure the objectives are consistently achieved.*
- *Not a gap but more focus on children being victims so we always remember them when we talk about the victim and what they need (often focused on the parent victim).*
- *Safe accommodation- this can also refer to current home with measures in place (e.g. sanctuary measures).*
- *Unless my interpretation of the strategy is wrong, I could not quite tell what, if anything would be in place for trauma experienced perpetrators.*
- *In the Victims Section it should include ensuring "Understanding" for children and adults as well as safety, wellbeing etc. It doesn't specify how "Trust in local systems" will be addressed which is key and I've responded to this in Education. In Workforce I think that Education should also ensure the recognition of the impact of DA is address within agencies as understanding appears to be limited within some agencies and victims retraumatized instead of supported. Education is needed so that agencies can recognize the impact so that they can provide appropriate support rather than re victimize.*
- *Training police, to understand coercive control, and the laws set in place around DA, as I do not believe they do, even though they have training, as well as other agencies, as they still do not understand, even if they have had training in some cases, they do not apply it.*
- *No - If we come across something that may require an alternative approach we would need to be adaptable.*
- *I was surprised local health bodies were not involved. Every GP practice and the Community Pediatrics' in particular need to be much more aware of the information*

that other agencies have to assist and they must provide facilities to keep perpetrators and victims apart.

- *It's good.*
- *Furter detail on how the strategy translates to practice.*
- *More work with survivors actually in the communities they live in, without them travelling far, as often this is not possible.*
- *Plenty of gaps, no information whatsoever regarding how these lists are going to achieve any outcomes.*
- *Schools. And a focus on preventative education- working with children and young people at a younger age - looking at healthy relationships, abusive/ unacceptable behaviours, holding males accountable for comments and behaviours at a younger age to reinforce that it is unacceptable.*
- *The wrongly accused, they are victims too.*
- *It will be part of community but to ensure we are exploring and working to understand how we can support specific communities - such as the military/travelers/religious/and different ethnic communities we have in Shropshire. To ensure we work towards providing the right kind of support and awareness of support in these communities.*
- *The workforce priority, I hope to see all agencies involved come together to get the correct support in place.*
- *Include invitations to localised community volunteers who could assist local PCSOs after training.*
- *Clear actions, accountabilities, measurements, reporting and timescale.*
- *More focus on supporting victims to remain in their own homes. I am aware of sanctuary scheme but never understand why they have to leave and perpetrator stays!*
- *I think you need to keep to your word with the plan. Please always bear in mind that decisions could result in harm or even death.*
- *There are no gaps in key areas of focus. I feel there is no idea as to how this will work or the practical actions will be acted on to support those experiencing domestic abuse.*
- *Children need to be included but have different needs.*
- *The four priorities are appropriate, but there are some gaps. The strategy would benefit from a clearer, explicit focus on children's outcomes across all priorities, not just recognition in principle. There is also a gap around reducing repeat harm and managing serial perpetrators, with limited detail on prevention and accountability. Early intervention before abuse escalates is underdeveloped, and there is limited clarity on measurable outcomes to show impact. Finally, while rurality is acknowledged, there is a gap in how consistent access and quality of support will be ensured across rural communities.*
- *Involvement from families from all parties.*
- *Data collection and better technology usage.*
- *I think there could be more about who the priorities are going to be achieved.*
- *I mentioned above that workforce, in my opinion, sits high in terms of priority - linking to training, good quality supervision.*
- *Joining things up so victims have one source of help and support - where is the joining-up with the family centres.*
- *ALL social workers need to understand what the Domestic Abuse Act is and reflect it in their practice. Instead, we have experienced social workers claiming they're "experienced professionals", with no knowledge whatsoever of this crucial*

legislation.

- *No (7)*

The themes show that respondents are broadly aligned in saying the four priorities are correct, but underdeveloped. The missing elements they highlighted included reaching hidden victims, strengthening child-centered practice, improving accountability and workforce competence, providing practical and detailed 'how-to' actions, developing better rural and community-based support, and improving multi-agency coordination.

Throughout the draft Strategy the term 'perpetrators' has been used to describe those that are abusive and question 9 asked for opinions on whether this was appropriate wording, and if not, what would be better. There were 55 responses, showing positive engagement with the question, potentially denoting how important people see getting this term correct. The comments are in full below:

Comments

- *The wording implies deviance - that perpetrators are an identifiable and probably a minority group of individuals and the reference in the Framework suggests that bespoke programmes can address perpetration. Yet DVA is so widespread that for some the behaviour is considered an accepted norm. The term implies an understanding of the perpetration of DVA that is not reflected in reality and the actions described are just the tip of the Prevention iceberg.*
- *Yes, perpetrator' is accurate wording.*
- *The term "perpetrators" is widely used within domestic abuse policy and clearly reflects the importance of accountability for harmful behaviour. However, some strategies also use language such as "those who use harmful behaviours" or "those causing harm," which can help emphasise behaviour change and intervention alongside accountability. The current wording is appropriate, but it may also be helpful for the strategy to recognise both accountability and opportunities for behaviour change within its terminology. If you'd like, Jan, I can also show you the two most common alternatives councils use now (and why they sometimes move away from the word perpetrator), because the reasoning is quite interesting and may help you decide whether you want to suggest a different title or not.*
- *I think this is suitable in this context.*
- *The term "Perpetrators" is consistent with statutory language and appropriate within a strategic framework. However, continued emphasis on behaviour changes and prevention alongside accountability is important to ensure a balanced approach.*
- *No, it's not inclusive and attributes blame. I would suggest we see each person as developing strategies that are harmful; or not - I don't believe all who use violence or become abusive, do so through choice or commission, sometime this is as a result of trauma, etc. I would like to see terms like a 'person' who is abusive or a person who is violent or an unhealthy relationship. Any term can be problematic as it labels.*
- *Offenders/Perpetrators.*
- *An interesting question... It's important for individuals to own their actions and to take steps in changing behaviour and to acknowledge they are a perpetrator. You also don't want a 'label' to put off individuals engaging with programmes, and some perpetrators will have been victims.*

- *Thoughts on 'Perpetrator', which I can include in comments if useful. Unsure what comments have already been made in the consultation, but I don't think it's wrong per say to use 'perpetrator' as that wording is in line with the DA Act – although only in the stat guidance that accompanies it. The Act itself refers to 'behaviour of a person A towards another person B' (if personally connected etc.) and the guidance explains A and B to be 'perpetrator and victim'. Therefore, it wouldn't be wrong to use 'perpetrator' in terms of what is legally acceptable? Is the fact that it can sound 'criminalising' being questioned? Has the term 'victim' been questioned? Just as a side the conversation cropped up when meeting with the DAHA regional lead this week. Internally, in conversations, case notes etc. we do use the term 'alleged perpetrator'. He suggested that it's not wrong to use this but that he prefers 'reported perpetrator' as it takes away any doubt that what the victim/survivor might be reporting is believed. Something to consider.*
- *Abusive men do not like being called perpetrators because it labels them as already 'guilty'. It might help encourage these men to engage in helpful courses or mental health help or addiction support, etc. if another term was used in these courses, although it is okay to call them perpetrators in a strategy.*
- *While "Perpetrators" is accurate in policy terms, it can feel narrow and person-focused rather than behaviour-focused. A title such as "Prevention and Behaviour Change" or "Addressing Harmful Behavior" may better reflect the aim of reducing abuse, increasing accountability, and preventing re-offending. This wording keeps the focus on responsibility while also emphasising intervention and long-term prevention.*
- *I think perpetrators is a good enough Priority Title and seems to convey more than for example Miscreants.*
- *I'm happy with Perpetrator. I'm not sure what connotations this has in the wider world. Offender...?*
- *Potential source of risk.*
- *Yes, it is an appropriate title, as they are perpetrators, and by changing it, normalises DA, and we need to call it what it is.*
- *Perpetrators is fine with me - I called the one I know a serial abuser, but without a conviction. Somehow it needs to be emphasised that abuse does not stop with the victim bringing herself and children away from danger. Post separation coercive control/ intimidation is real and should be mentioned in the strategy.*
- *It's fine.*
- *'Perpetrator' appears to be current language used by the government and Domestics abuse support focused organisations.*
- *Difficult to find a better word.*
- *I can imagine the title will definitely put some of them off wanting to engage and change their behaviour, although I'm struggling to think of an appropriate replacement. Also, I can imagine a lot of perpetrators may not actually know what Perpetrators actually means. A simpler title, more accessible to all levels of education, might help?*
- *Very concerning that so called professionals cannot even decide on appropriate word here.*
- *I think it is a powerful word, but that it is the necessary word to hold them accountable as well and reinforce victims they are not to blame!*
- *It's fine, as long as the perpetrators are perpetrators and not victims themselves.*
- *Maybe consider using the words: subject of report. Then, when having conversations with the victims, we don't have to keep bringing up the trauma by*

saying perpetrator.

- *I appreciate this can create shame for perpetrators and therefore could trigger a trauma response to fight further rather than an open response to engage in support however I cannot think of a better word, that does not minimize the experience of the victim / survivor's experiences.*
- *I think perpetrators is suitable.*
- *Perpetrators, excellent word.*
- *Fully agree with using term "perpetrators".*
- *Yes - I feel perpetrators is the best term to use.*
- *Not for children under the age of 16.*
- *Happy with term.*
- *It's the most appropriate.*
- *Perpetrator is a good word to identify someone's behaviours it is not a word to help people listen. Therefore, a single word may not help. However, I believe talking about harmful behaviours and how this could show perpetrating behaviours.*
- *Abusive Perpetrator.*
- *"Perpetrators" is an accurate and accepted term; however, "Perpetrator Accountability and Behaviour Change" would be a stronger title. It maintains clear responsibility for harm while better reflecting the purpose of this priority, which is to hold individuals to account, prevent repeat abuse, and support meaningful behaviour change.*
- *I agree with the terminology, however I prefer survivor for the victim as this is more positive, I don't feel a positive term should be accredited to the perpetrator as that describes what role they play.*
- *Only other title could be abuser.*
- *I'm not sure it is but I can't think what would be better. Maybe "perpetrators of Domestic Violence"*
- *Yes, I think this should be used.*
- *From a criminal justice view this is accurate From some victims and survivors we do use perpetrator, using causing harm minimises the seriousness, for example my friend cause me harm by upsetting me in some way, or a colleague at work but I wouldn't say they were in the same league as perpetrators of abuse I accept that for some people behaviour change can happen but surely the starting point is to accept their behaviour is abusive… saying behaviour is harmful sounds less than the extreme impact domestic abuse has on families.*
- *I would be mindful of not using alleged perpetrator - however, I would also be mindful of minimizing and creating any sense of doubt or disbelief for survivors.*
- *Most perpetrators won't accept that this is what their behaviour is. There is also very limited evidence that perpetrator programmes work. Social care has tended to lump protective parents and perpetrators together claiming a relationship is "toxic" or "high conflict". This is incredibly dangerous and damaging. It doesn't protect victims; it's just lazy social workers and it is commonplace in Shropshire. That's likely a contributing factor as to why Shropshire has had the largest increase of children in care in the country. So, differentiate the parents, possibly label behaviour of the perpetrator as "unsafe". However, giving the title of perpetrator will likely lead to disengagement. Social workers tend to speak in acronyms, with sweeping statements and make oblique references to the Children Act to assert authority. Throwing that word around won't help anyone. That's why I'm suggesting language is behaviour focused, as I've seen what happens when social*

workers don't know what they're doing and are let loose.
- *Yes, it's appropriate as in context they are perpetrators of the abuse.*
- *Abuser (3).*
- *Yes, I do (6).*

As seen in the above comments, respondents were divided: many supported keeping "perpetrator" because it is accurate, clear, and accountable, while others felt it was too harsh, stigmatising, or counterproductive for behaviour-change engagement. Several suggested behaviour-focused alternatives that emphasise accountability without defining a person solely by their actions. Additional nuance emerged around legal accuracy, risks of mislabelling, and the need for adapted terminology when referring to children and young people. It stands to reason that there isn't a solid consensus, it can be a divisive and highly emotional subject.

The survey then asked whether the description of domestic abuse and its impacts, on page 1 of the strategy, accurately reflects all forms of domestic abuse. There were 46 respondents. The comments are below in full:

Comments

- *There is no reference to the overwhelming national and local evidence that demonstrates that domestic abuse is a cause and a consequence of women's inequality and that any response has to address these issues for women and children. This is a fundamental omission.*
- *The description broadly reflects the statutory definition of domestic abuse and clearly recognises coercive and controlling behaviour as well as the impact on children who see or hear abuse. One area that could potentially be expanded is recognition of the more complex ways coercive control can occur within family systems, particularly where children may be directly affected by controlling or manipulative behaviours, or where abuse can continue after parental separation. In practice, some children may experience emotional pressure, manipulation or conflict dynamics that place them in difficult positions between adults. It may also be helpful to reference the psychological and emotional aspects of coercive control more explicitly, including patterns such as intimidation, gaslighting, isolation or ongoing manipulation, which can sometimes be harder to recognise but can have significant long-term impacts. Expanding awareness of these dynamics may help professionals and communities identify domestic abuse earlier and provide more effective support to both adults and children.*
- *Recognition that children (particularly older/teenage children) can be perpetrators too, and the effect this has upon whole families.*
- *Consider including reference to the cumulative impact of coercive control on mental health and wellbeing, and how prolonged psychological abuse may increase vulnerability. A brief acknowledgment of the intersection between domestic abuse and mental health safeguarding would enhance completeness.*
- *Domestic abuse culturally is often regarded by certain fractions of society / law enforcement as less serious than assault by a stranger. It is misunderstood by many members of society/ Law enforcement that the victim is complicit in what is happening and they experience "victim blaming" because they "allow" the abuse to continue and don't leave. Domestic abuse is in my experience taken less seriously by Police forces, where in some cases no further action is taken because it is their belief that the victim will stay or return and it is too much paperwork. I think the term Domestic Abuse is outdated and associated more closely to male to female*

abuse. Abuse is abuse. Perhaps Relationship Abuse is more inclusive? Many victims don't necessarily live with their abusers.

- *You could include post-separation abuse because abuse often gets worse at the point of separation and afterwards.*
- *The description captures many key elements of domestic abuse, including coercive control and the impact on victims and children. However, it could be strengthened by more explicit reference to post-separation abuse, systems abuse (for example, misuse of legal or statutory processes), and the long-term mental health impact of trauma. It may also be helpful to more clearly acknowledge the experiences of male victims, disabled people, and families with complex needs. Expanding these areas would provide a more complete reflection of the realities many victims face.*
- *I think that overall, it has been described well and ensures that the focus is not weighted on for example, domestic violence. Again, perhaps a further appendix could give some exemplary case study examples of the various forms of domestic abuse.*
- *I'm happy with it; it incorporates CPA even though it doesn't specifically mention it.*
- *I feel it reflects accurately.*
- *My experience is that the Police in particular (but Family Courts as well) do not understand the emotional/phycological damage of coercive control and I would like to see that with more emphasis in the strategy.*
- *Perhaps reference to older people's experience of domestic abuse often being perpetrated by adult children.*
- *Again, can't the actual professionals answer this question.*
- *It includes the main types of abuse. However, a lot of victims are not aware of what constitutes emotional abuse and coercive control so don't identify as a victim of domestic abuse, therefore they don't reach out for support or don't feel entitled to that support. I think more focus on children being victims is needed and to highlight further that they are victims under law when exposed to abuse. One more thing I feel is missing is how perpetrators can use children to abuse the adult victim, whether through gaslighting or encouraging the child to be abusive - so a need to highlight this is the perpetrators abuse as well as education for the children on how to recognise this, how to tell someone but being considerate of the guilt and loyalty they may be faced with in sharing.*
- *Yes, cases where one party is accused, but it later transpires the roles of victim and perpetrator is reversed.*
- *Believe the current description of this explains it well.*
- *The subject is so large you could not put all the information on one page. It is clear there is a link for further reading. There is also a nice section about why it is important to know domestic abuse can help everyone to try to promote people feeling safe to talk.*
- *Should victims not be survivors?*
- *Elder abuse? Pet abuse?*
- *I believe it is impossible in writing out criteria to be fully flexible for all life circumstances for abuse. Rather than identifying further needs that each category is flexible in its support and actions.*
- *Financial. Gaslighting. Needs to break down the terms. Trauma bond. Reactive abuse.*
- *Perhaps provide examples of intimidating behaviour - such as stalking.*
- *Domestic abuse is a huge area, it is impossible to account for every single form,*

- *With regards to sexual abuse, given the current court situation, I feel a huge impact on those that choose to pursue the criminal justice route, are court delays.... often years.*
- *It doesn't reflect the challenges victims have to face in leaving - including facing court, perpetrators still having to see the parents, managing all that entails and risk to safety of victims.*
- *Disability is mentioned as a risk, but I think it could be improved. Women victims are much more likely to come to physical harm. I'd really appreciate same sex spaces for survivors being recognised as a service that should be commissioned.*
- *I can't think of anything further that has been missed. (3)*
- *Happy with description.*
- *Everything seems to be covered.*
- *Yes (9)*
- *I think it's a good overview.*
- *Accurate.*

These comments show broad support for the strategy's description of domestic abuse but call for it to be deepened with more recognition of coercive control, post-separation abuse, manipulation involving children, and the needs of overlooked groups. Respondents want clearer, more accessible explanations of abusive behaviours, greater emphasis on children, and acknowledgment of systemic barriers victims face.

The draft strategy was written alongside an EISHA (Equalities Inclusivity and Social health assessment) with a view to ensuring opinions from all people. Question 11 asked if the respondents had any other comments to make about the strategy and how it will ensure equality, social inclusion and health impact. 24 people answered and the comments are seen here in full:

Comments

- *The Equality Act 2010 is explicit about the need to for proportionate means to achieve the aim of establishing equality for groups that are disadvantaged and that includes women. A domestic abuse strategy is an opportunity to take action to address women's inequality in terms of the rights to personal safety. There is overwhelming evidence that women in the UK - including Shropshire - do not enjoy that basic human right but this is not recognised in the strategy. I would suggest that this is fundamental and in fact is inconsistent with the legislation.*
- *Are there clear steps for reporting domestic abuse to the police? There isn't enough info re - support agencies victims/survivors can contact.*
- *The strategy clearly recognises the importance of inclusivity and ensuring that support is accessible to individuals from all backgrounds, including those with protected characteristics. The acknowledgement of Shropshire's rurality is also important, as geographical isolation can create additional barriers for those experiencing domestic abuse. In considering equality and social inclusion, it may also be helpful to ensure that awareness and education around domestic abuse, coercive control and healthy relationships are embedded more widely across communities and schools. Increasing understanding at an earlier stage may support prevention, reduce stigma, and help young people and families recognise abusive behaviours sooner. Ensuring that children and young people are supported not only as witnesses to domestic abuse but also as individuals who may be directly affected by complex family dynamics could also strengthen the*

strategy's longer-term impact on wellbeing and prevention. Overall, the strategy provides a strong framework for partnership working and support across Shropshire.

- *Ensuring intersectional safeguarding approaches that recognise mental health vulnerability, rural isolation, disability and access barriers will be key to delivering equitable outcomes. Ongoing evaluation should include qualitative survivor feedback on system navigation and response.*
- *The draft strategy is positive, but it overlooks a critical safeguarding issue: victims of domestic abuse who are visa nationals and isolated within the home. Women on spouse visas are often denied access to healthcare, banking, employment, and community spaces, leaving them entirely hidden from statutory services. These victims cannot be identified through existing pathways. I respectfully request that the Council and government consider mandatory domestic abuse awareness courses and individual safeguarding interviews for all spouse-visa holders, so that vulnerable individuals—who may otherwise never be seen—can be identified and supported at an early stage.*
- *Being a survivor of "Domestic Abuse" the single most important thing that made me feel empowered to end the relationship was the caring, supportive male Police Officer who said, "it's not ok" and "we will support you fully" I was assigned a female support worker who visited me weekly. The role of the Police and their approach is so important. I've experienced good and bad with the police's approach. There is a view that many abusers use, and they tell victims the Police won't do anything, it's just domestic! Often that's true, but when it's not it is so empowering.*
- *You could also clarify that abuse affects people of all social classes and financial status and educational status as it is a myth that it only affects people in poverty or who have low educational level. And that perpetrators, similarly, can come from all walks of life and may have a completely different persona inside their homes as opposed to in the community. I have a PhD and it didn't stop me being a victim of abuse, but it does make people doubt that I have been a victim of abuse. In addition, neurodiversity, such as autism, can make individuals more vulnerable to abuse.*
- *The strategy demonstrates awareness of equality and inclusion; however, delivery will be key to ensuring these principles are realised in practice. Greater clarity on how services will be made accessible to disabled people, male victims, rural communities, and those experiencing mental health difficulties would strengthen the approach. Consideration should also be given to how cumulative disadvantage, trauma, poverty, and caring responsibilities intersect and increase vulnerability. Clear monitoring of outcomes across different groups would help ensure that equality, social inclusion, and health impacts are actively measured rather than assumed.*
- *My only concern is how well the strategy will really be able to sufficiently ensure that in particular long term sufferers of DA who have become hard wired and feel it is their fault, carry excess shame, or worry about the health, wellbeing and safety of their children, are given sufficient information to feel it is safe enough to 'come forward' and 'not lose everything'.*
- *Please use the opportunity to advocate a better Family Court system to protect victims and back up the good work you are setting out here. You can't do it alone, but you could become a leading light in getting the change desperately needed in the Courts.*
- *Working with a vulnerable group we see a high level of domestic abuse. Ensuring*

those who struggle to access services are appropriately supported and reasonable adjustments are made is critical. Providing outreach in known spaces for example

- *It will only ensure this if it ensures this obviously.*
- *When a victim doesn't recognise or identify as a victim of abuse, they can be labelled as lying for their partner (as if this is their choice), choosing to stay with them, not safeguarding their children. This is noticed in public but also professional views and needs to be addressed early on. There's no note of care leavers.*
- *I feel it needs to be a more collaborative approach rather than the victim having to take the lead to get help.*
- *The strategy demonstrates a strong commitment to equality and inclusion by recognising rurality, protected characteristics, and the diverse experiences of domestic abuse in Shropshire. However, it would benefit from clearer detail on how health impacts such as trauma, mental health, disability, and long-term conditions particularly prevalent in Shropshire's rural and ageing population will be addressed in practice, and how barriers linked to isolation, transport, and access to services will be actively reduced.*
- *I would add that partnership working is key to this across the sector and pulling local housing providers together as opposed to working separately would be great to share best practice across the county.*
- *Professionals especially social care need training but also someone needs to be checking they have learned and implemented what they have been taught rather than what appears to be the standard I've attended training , I'm trauma informed yet their actions suggest they either don't believe the full impact of abuse and how the impact can last years after it has stopped.*
- *Keep up the good work in the Domestic Abuse Team.*
- *Not sufficient detail to be able to offer an opinion.*
- *No comments.*
- *None (3).*

These comments collectively urge the strategy to:

- Align more closely with equality legislation and address women's safety as a fundamental right.
- Provide clear, accessible pathways for reporting and support.
- Recognise and address the needs of hidden and vulnerable groups, including visa nationals and those with complex needs.
- Ensure practical delivery, ongoing monitoring, and accountability for professionals.
- Foster collaboration across sectors and advocate for systemic improvements, especially in the Family Court.

As mentioned previously in the survey, and throughout the Strategy, Shropshire Council has worked with partnership organizations, such as through Domestic Abuse Local Partnership Board (DALPB), and question 12 asked if the respondents had any suggestions for further partnership working or engagement. 27 people answered and the comments are shown below in full:

Comments

- *Engagement with women's groups across the county. The WI groups are very active, for example. Local community organisations also have a genuine interest in*

DVA and it would be interesting to get their perspective and to use that as an opportunity to build community support for the prevention of DVA across the county.

- *It may be beneficial to strengthen partnerships with schools, youth services and community organisations to support earlier awareness and prevention work around domestic abuse, healthy relationships and coercive control. Engaging young people through education and community-based programmes could help build understanding at an earlier stage and contribute to longer-term cultural change. There may also be opportunities to continue strengthening collaboration between therapeutic services, specialist domestic abuse services and wider safeguarding partners so that children and families experiencing domestic abuse can access coordinated and consistent support. Ongoing engagement with individuals with lived experience will also remain important in helping partnerships understand how services are experienced in practice and where improvements can continue to be made.*
- *Consider establishing a formal multi-agency learning review mechanism that captures themes arising from serious incidents and disseminates anonymised learning across the partnership annually.*
- *Further steps on how to engage victims and perpetrators.*
- *Needs to be more than just words on a document.*
- *Further partnership working could be strengthened through closer integration between domestic abuse services, mental health services, adult and children's social care, housing, and specialist disability support providers. Clear escalation pathways between agencies when risk increases would also improve consistency of response. In addition, meaningful engagement with people who have lived experience, including those from underrepresented groups and rural communities, would help ensure services remain responsive and effective. Regular multi-agency review of complex cases could also support shared accountability and learning.*
- *Lived Experienced personnel should be in the position of being able to vet /interview those board personnel at the top of the hierarchical model to try and check for any unconscious bias etc. Also, considering historic and more recent cases of different types of once powerful personnel being convicted or investigated for some form of perpetration, vulnerable individuals need to know that perpetrators are not 'hiding in plain sight' and manipulating outcomes etc. in some way.*
- *Shropshire has a large farming community we need to look at working with partners who are involved daily/ weekly - Vets, NFU, Agricultural suppliers, targeted groups such as women in dairy, vintage tractor clubs to name a couple, there are many out there.*
- *Please get GP practices involved, preparators are a nuisance to them and victims when they play the "parental responsibility" card. If ever there was a phrase that needs redefining it is that!*
- *Outreach in spaces used by the autistic community (such as the autism hub) to allow for barriers to access to be broken down and for awareness to be raised about what domestic abuse includes.*
- *I'm not sure I saw GP'S mentioned. I know some GP's have been extremely helpful and supportive of survivors. I still believe most are woefully unaware of any real understanding of the problem, and don't understand how to access help needed by victims. Apologies if I've missed it.*
- *General public opinions on how the nightmare of forced working from home is impacting families, mental health and addictions and destroying stable home*

environments.

- *If a victim doesn't identity as a victim they may not reach out for support, therefore to reach them a different approach may be needed - potentially a healthy relationship worker rather than domestic abuse worker so they feel able to talk about their experience and then the abuse can be explored and signposted to domestic abuse workers for support once they are able to recognise this. Same with children! The words domestic abuse may sound too "extreme" for all they've know, but talking to a support worker about arguing, fighting, shouting, hurting, scaring etc. may be easier to identify.*
- *The strategy looks at positive plans. It would be helpful to have more communication with partnership agencies like the police with regards to the support mechanisms they have acted on reported incidents whether there is a crime reported or not and handing over of the situational environment that a victim has experienced so if there is a case worker supporting agencies are linked.*
- *Further partnership working should place greater emphasis on rural villages, where isolation, visibility, and lack of transport can prevent people from seeking help. Stronger engagement with parish councils, village halls, rural GP surgeries, pharmacies, schools, and faith groups could create trusted, discreet access points for information and support. Working more closely with local voluntary and community groups already embedded in villages would help identify risk earlier and ensure support reaches people who may never engage with town-based services. Continued involvement of people with lived experience from rural villages would be essential to ensure approaches are realistic and safe in small communities.*
- *I would add that partnership working is key to this across the sector and pulling local housing providers together as opposed to working separately would be great to share best practice across the county.*
- *Citizen Advice Bureau as household name so safe space.*
- *Join up services - one place where all the support is available.*
- *I would like the training that every social worker receives on domestic abuse to meet the standards recommended by the Domestic Abuse Commissioner.*
- *As above (4).*
- *None (4).*

Though there are not that many comments on this question, there is a strong core message; partnership working must be more integrated, community led and informed by lived experience. There must be stronger pathways, deeper rural engagement, and more robust training and accountability.

The last question that allowed the respondents to add anything else they wanted to, regarding the strategy. 25 people answered and the key themes of this final open-ended question are seen in Table 4

Table 4 – Table of themes from the comments about whether there was anything else people wanted to add.

Theme	Explanation
Acknowledge gendered patterns of abuse	Several respondents emphasis that: • Domestic abuse disproportionately affects women. • A strategy can and should be both gender aware and inclusive of all victims.

Strengthen prevention through education and youth engagement	Respondents widely support: • Education in schools about healthy relationships and coercive control • Youth focused programmes to create long-term cultural change • Early awareness-building to help recognize abuse sooner.
Clarity on accountability, escalation and review	Partnership accountability structures require clearer articulation and more public visibility.
Hidden victims	The strategy should address the safeguard gap affecting migrant and visa-dependent victims.
Monitoring and continuous improvement	Respondents ask for: • Quarterly evaluation of the strategy's progress/ • Review of KPI's to ensure they measure the right outcomes. • Focus on value for money and cost-benefit analysis. Regular structure evaluation is needed for accountability and improvement.
Rurality needs dedicated solutions	Rural communities face unique barriers; solutions must be place-based, discreet, accessible, and consider the unique nature and culture of rural areas and their inhabitants. There is a need for rural professional training and better health integration.
Reduction in face-to-face support is a concern	Respondents are worried that: • Less face-to-face support reduces safe disclosure opportunities. • Some survivors can't safely use phones or social media. • There is also concern about reduced services for children.
Cultural education is needed	• Community-based attitudinal change is needed, particularly among men and boys. • Perpetrator accountability is also required.
Recognition of false accusations	A smaller theme but is notable through the questions. The strategy could acknowledge the harm of false allegations while keeping victim safety central.
Lived experience should be embedded more deeply	Respondents want: • Lived experience voices aligned with participation structures. • Clear voice of the child, young person and survivor in governance and co-production. • Lived experience should inform decision making at every level.

Comments

- *It is entirely possible to have a strategy that acknowledges the disproportionate impact of DVA [Domestic Violence and Abuse] on women's lives and the importance of addressing this explicitly whilst at the same time ensuring that there is support in place for those of all genders who experience domestic abuse - and indeed those for whom that abuse reflects the abuse of a power imbalance that is to do with age or with other features that create innate vulnerability in domestic relationships. The ambition for the strategy and the pillars are an interesting and relevant approach, but to choose to ignore the importance of DVA as a key*

contributory factor in VAWG [Violence Against Women and Girls] is a fundamental flaw.

- *Overall, the strategy provides a clear and thoughtful framework for partnership working to reduce domestic abuse in Shropshire. It is encouraging to see the emphasis on trauma-informed support, workforce awareness and community engagement. One reflection is that continuing to strengthen prevention and early awareness across communities, particularly through education and youth-focused work, could play an important role in longer-term cultural change. Supporting young people to recognise healthy relationships, coercive control and abusive behaviours may help prevent harm before it escalates and ensure that children and families feel better equipped to seek support when needed. I appreciate the opportunity to contribute to the consultation and to see the continued involvement of lived experience voices in shaping the strategy.*
- *Strengthening clarity around accountability, escalation, and review mechanisms will enhance public confidence in the partnership's work and reinforce the strategy's stated commitment to transparency and continuous improvement.*
- *The draft strategy is positive, but it overlooks a critical safeguarding issue: victims of domestic abuse who are visa nationals and isolated within the home. Women on spouse visas are often denied access to healthcare, banking, employment, and community spaces, leaving them entirely hidden from statutory services. These victims cannot be identified through existing pathways. I respectfully request that the Council and government consider mandatory domestic abuse awareness courses and individual safeguarding interviews for all spouse-visa holders, so that vulnerable individuals—who may otherwise never be seen—can be identified and supported at an early stage.*
- *Regular, at a minimum quarterly evaluation of the implementation of the strategy against agreed KPIs should be undertaken as indeed evaluating whether the data / KPI's being collected etc. are themselves the right ones. Looking for Continuous Improvement should underpin everything alongside value for money and cost benefit analysis.*
- *Understanding farming finance, generational impact, when you are part of a inheritance that will be handed down to the next generation, I have come across farming adult children increasing pressure onto their parents to hand the reins over to them, I have come across this more often as our farming population are nearing retirement, some are even forced out of their homes. The parents are afraid to speak up due to embarrassment to the wider farming community. I'm not sure if it is relevant to this but I felt I needed to tell you.*
- *So much work has gone into this strategy and will be so beneficial to all those who need support and help due to Domestic Violence in the County.*
- *Good Luck. I hope this produces some real change at the front line of all the services involved.*
- *Acting immediately is very important.*
- *From what I understand, face to face, community support by workers for survivors is being vastly reduced. This will have an impact on survivors/victims. If you're not meeting with regularly, opportunities to offer help and support will be missed. Some people cannot make a phone call without the perpetrator knowing.*
- *Please can surveys be put out that haven't been created by AI and actually have context and not just a series of lists.*
- *I think there needs to be recognition that women are most at risk when they leave the relationship - therefore adding to the notion they "chose to stay" Finally when I have spoken with people about domestic abuse, often males have said "I would*

never do that" but when challenged and i have asked them if they were in a pub with mates and one male friend was talking about his behaviours that constitute abuse or are publicly shaming / gas lighting but stating "it's a joke", would they challenge that male friend and in most cases they say they wouldn't. So, I think that needs to be highlighted as an issue as they are complacent in allowing those behaviours to continue but may need educating on how to challenge this behaviour with friends, and I think again this needs to be done with young people too!!

- *False accusations destroy lives as effectively as abuse does.*
- *Please remember, not everyone is on any social media.*
- *All services for children are being cut. Please ensure children's voices are heard and support is available.*
- *Review of practical supports available to those experiencing abuse.*
- *What is working and what could be strengthened: Improve access in rural villages through mobile outreach, discreet village-based support points (GPs, pharmacies, village halls), and funded transport for victims. Ensure early and automatic support for children affected by domestic abuse, including emotional and therapeutic help without long waiting thresholds. Strengthen perpetrator accountability, particularly for repeat and high-risk offenders, with consistent interventions across rural and urban areas and clear links to victim safety. Equip rural-facing professionals (GPs, housing, early help, schools, parish staff) with specialist training and clear escalation routes. Increase community engagement in rural areas, working with parish councils, faith groups, farming and voluntary organisations to reduce isolation and improve early identification. Embed health responses, strengthening links with primary care and mental health services to address trauma and long-term health impacts, especially for older adults. Ensure consistency and accountability, reducing postcode variation and using local data and lived experience to monitor repeat harm and outcomes.*
- *I would like to align Lived Experience with Participation and voice of the child, young person and survivor.*
- *It is well set out and ordered and the graphics are effective. I think you should be more specific and not so generic in the terms you use.*
- *Online training is not as effective as face to face. Social workers are the gatekeepers to support and when they get it wrong, there simply is no partnership working.*

Across these comments, respondents are calling for greater stronger accountability and deeper recognition of gendered patterns; better rural and migrant support; stronger youth education and culture change, and a commitment to face-to-face, trauma-informed practice.

Along with the online survey, there were two emails received detailing personal account of domestic abuse. All names have been redacted but the comments are as follows:

Email 1

- *My experience is that I am 73. I was married for 20 years to a narcissist believing I was the one at fault until he died. I then realised that I could actually live a decent life quite well and manage finances even though only working part time and supporting two teenage children 3 cats and 2 dogs. I then met my second narcissist who I was married to for over 30 years. Thankfully I plucked up the*

courage to leave last year with only my clothes and sentimental things. I've since been recommended to the freedom programme and soda. These two groups have been a godsend and made me realise that I am a victim of a narcissist how to spot one and most importantly that they chose to verbally and mentally abused me and not that they just couldn't help it because of ..... whatever excuse they came up with. I realise that there is more help now than 50 odd years ago when my torment began and I think that young women should get educated about narcissistic behaviour to avoid making the mistakes I made.

Email 2

- *Being a survivor of this myself twice, these are my findings. One of the main factors in why people do not leave domestic abuse situations is because they cannot take their pets with them. Yes, there are several reasons why not. But these would be outweighed by being able to escape with your pet. Often used to blindside the person who is the escapee is the black mail & threats over pets. I have seen this many times.*

Whilst these emails do not answer all the questions set out in the survey, they provide valuable insight into lived experiences, which is a core theme throughout the comments in the survey; respondents want decisions to be trauma-informed and led by lived experience.

Email 1 also shows how education at a young age can help victims, in this case if the victim had been taught how to spot a perpetrator early on, they would have been more informed and could have made different choices.

Email 2 is the first point where the theme of pets or animals is mentioned as a barrier to leaving a domestic abuse situation, but it is a valuable insight and can help support the findings throughout this report. Pets are a clear example of a hidden barrier that traditional pathways do not routinely consider and support the comments made about complex constraints (to victims leaving abusive situations) needing to be better understood to provide a better service. There is also a core theme across responses that suggest the strategy lacks practical support by failing to have a real-world understanding of everyday barriers and what it takes to leave safely.

These emails provide unique but powerful examples of domestic abuse that can be used to strengthen the strategy by demonstrating the complexity of real-life decision making for the victims and we would like to extend our thanks to the senders for their bravery and honesty in their disclosures.

Section Summary

This section provides an overview of who engaged with the consultation and what they thought of the draft Shropshire Domestic Abuse Strategy 2026-2029. A total of 73 individuals completed the online survey, demonstrating a strong level of public engagement with this issue.

Most respondents had read the draft strategy in full or in part, enabling them to give informed feedback. Satisfaction levels were generally positive, with the majority reporting that they were either *satisfied* or *very satisfied* with the draft. Across detailed questions,

respondents also showed high levels of agreement that the vision, needs assessment, policy alignment, achievements since the Domestic Abuse Act 2021, and the three-year priorities were clearly described.

When invited to comment on what they did not like, respondents raised concerns about the lack of practical detail, insufficient clarity around implementation, the use of acronyms, gaps in support for certain groups, and the need for stronger accountability and partnership working. These concerns informed a set of thematic insights summarised in the report's tables.

Conversely, when asked what they liked, respondents praised the clear layout, the trauma-informed focus, the inclusion of lived experience, acknowledgement of rural challenges, and the emphasis on partnership working. Many described the strategy as accessible, visually appealing, and well aligned to statutory responsibilities.

Further questions explored gaps in the strategy's four priorities, prompting detailed responses on issues such as unmet needs within rural areas, disabled victims, children, visa-dependent women, and victims who do not self-identify. Respondents also highlighted the need for stronger workforce development, multi-agency coordination, accountability mechanisms, and community-based approaches. Views on the term *perpetrator* were mixed, with some respondents preferring alternative behavioural terminology while others supported retaining the term for clarity and accountability.

Feedback on whether the description of domestic abuse was accurate showed broad agreement but called for deeper recognition of coercive control, post-separation abuse, systems abuse, children's experiences, and the ways in which abuse manifests across different communities. Additional comments relating to equality, inclusion, social health impacts, and partnership working emphasised the need for responsive services, diverse engagement, and systemic improvements.

The section also incorporates two powerful personal accounts submitted by email, offering further insight into lived experiences—one illustrating the lifelong impact of narcissistic abuse and the importance of education, and the other emphasising the critical role pets can play as a barrier to leaving an abusive situation.

Overall, this section paints a detailed picture of a highly engaged respondent group who offered both constructive challenge and strong support for the strategy's aims. Their insights form the evidence base for the recommendations and refinement of the final strategy. It should also be noted that all comments and feedback presented in this report are the views of the respondents and should not be interpreted as reflecting the views of Shropshire Council.

3 About the respondents

The survey was published online to capture the opinions of as many people as possible, either individuals or people answering on behalf of an organization.

People were asked in what capacity they were responding to this survey, whether as an individual or on behalf of an organization. 69 people answered and overwhelmingly, they were responding as individuals. Figure 6 shows the split between the respondents.

Figure 6 – graph to show the split between responses

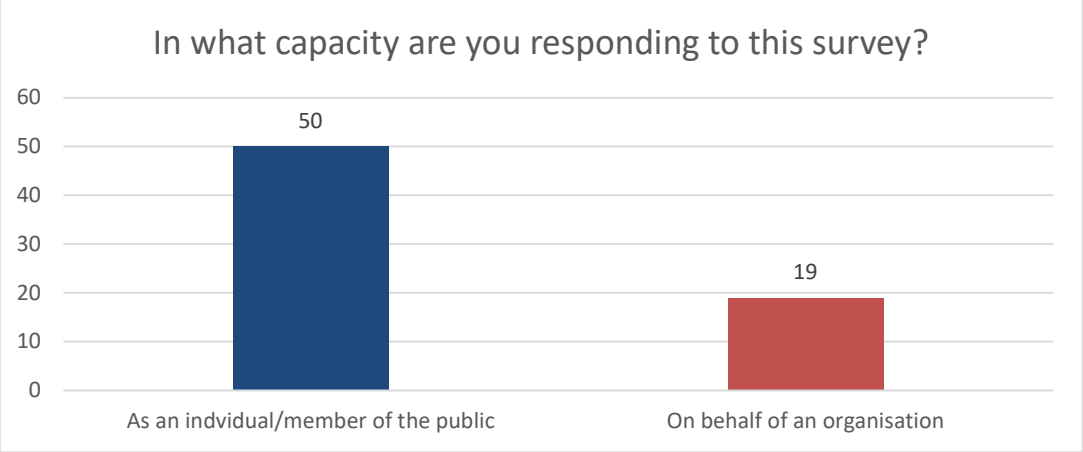
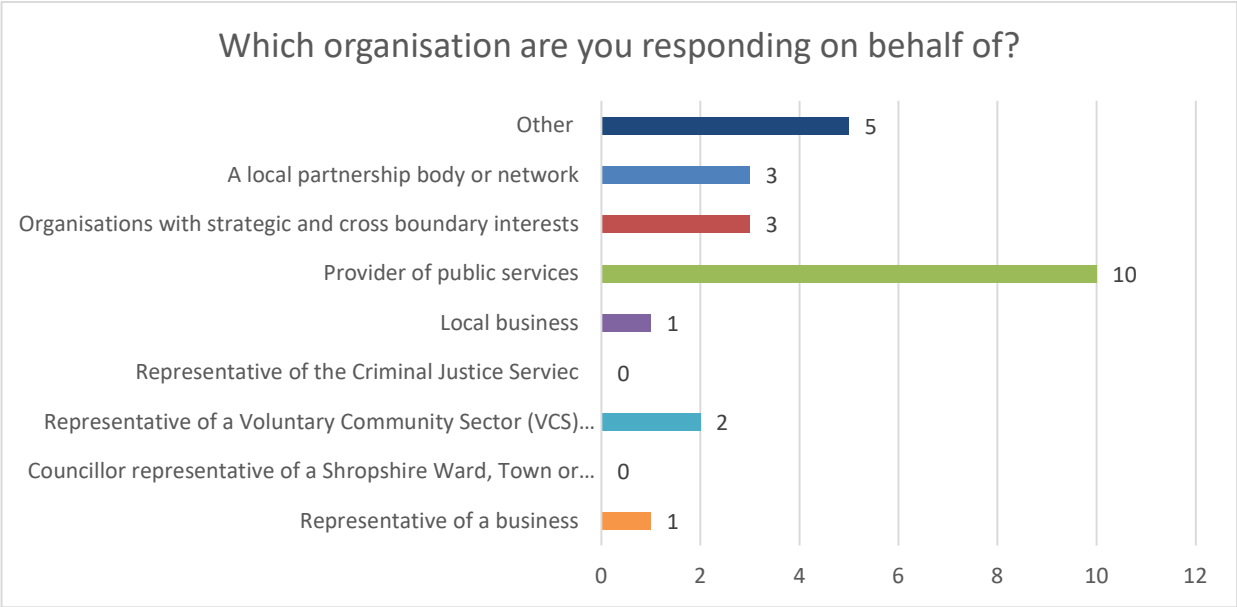


Figure 6 shows that 73% of the respondents are individuals and 28% were responding on behalf of an organization.

The survey returned to the people who were responding on behalf of an organization and asked which type of organization they were responding on behalf of. This was answered by 25 people and figure 7 shows that overall, people were responding on behalf of a provider of public services.

Figure 7 – a graph to show respondents' organisations

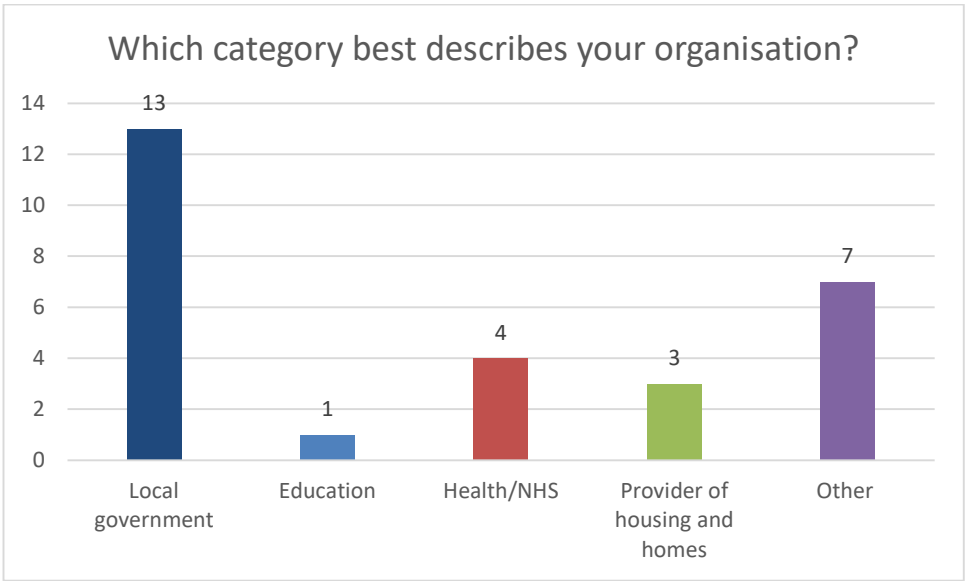


As seen in figure 7, 40% (10 responses) were from a provider of public services, 20% (5 responses) from 'Other' and 12% (3 responses) respectively for organisations with strategic and cross boundary interest and a local partnership body or network. There were 8 comments attached to this question, which are fully below:

- *Shropshire Council (3)*
- *Axis Counselling.*
- *A victim volunteering to work with Shropshire Domestic Abuse Team.*
- *Charity with contracts with NHS and local government.*
- *Member of the public.*
- *N/a.*

If they were from a public sector organization, they were asked which category best described their organization, 28 people answered, and the answer was overwhelmingly local government, as seen in Figure 8.

Figure 8 – a graph to show which category best described respondents' organizations.



As figure 8 shows that 46% (13 responses) answered local government, 25% (7 responses) answered ‘Other’; 14% (4 responses) were from Health/NHS, 11% (3 responses) from providers of housing and homes and 4% from education.

People were asked to provide the name of their organization, which they could skip if they did not wish to be identified, which were provided by 11 people. The responses were:

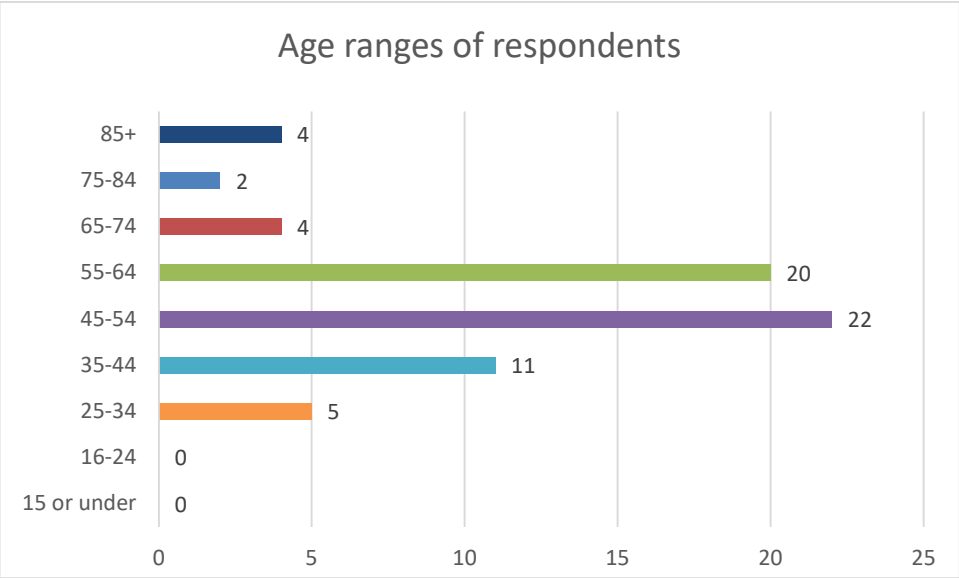
- *West Mercia Women’s Aid.*
- *ICB.*
- *Axis.*
- *Shropshire Recovery Partnership.*
- *Shropshire Autism Hub.*
- *Shropshire Council.*
- *Shropshire Council.*
- *Homelessness team, Shropshire Council.*
- *Housing Plus Group.*
- *I am not responding as an organization. I am responding with my personal opinion.*
- *N/a.*

The responses to this question and last, show that most people were responding on behalf of Shropshire Council. There were a few responses that were not applicable or were from individuals, and other responses were from Shropshire based services.

When asked their gender, 69 people answered and 81% were female (56 responses), 13% were male (9 responses) and 6% preferred not to say (4 responses). This does not surprise as the strategy acknowledges the gendered nature of domestic abuse, but these figures could be used to engage more men in future strategies or services provision.

There was a range of age groups to choose from and of the 68 people who answered, the majority, 32%, were in the 45-54 group (22 responses). 55–64-year-olds made up the next most frequent respondents with 29% (20 respondents) and 35-44 year olds made up 16% of responses (11). Figure 9 shows the breakdown in detail.

Figure 9 – graph to show respondents age range



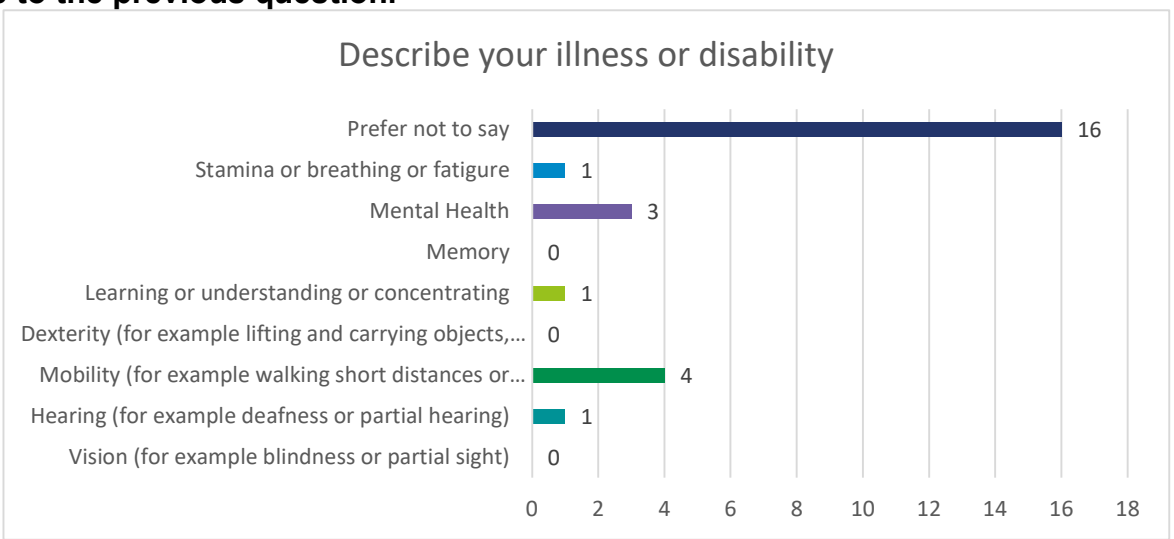
When asked about if their gender has remained the same since birth, of the 68 people answered 91% (62 responses) answered ‘yes’ and 9% (6 responses) answered prefer not to say. No one answered no.

The next question asked about their sexual orientation and of the 67 people who answered, 84% (56 responses) were straight or heterosexual, 15% (10 responses) preferred not to say and 2% (1 responses) were bisexual.

When asked about if they had any long-standing illnesses or disabilities that limit daily activity, the respondents answered mostly with ‘no’; 40 responses out of the 67 who answered (60%). 16 people (24%) answered yes, and 11 (16%) people preferred not to say.

The question was followed up by asking the respondents who answered yes to describe their illness or disability. They could skip the question if they wanted to, though it was asked to best understand the needs of the people answering. 26 people answered this question, and the results are shown in figure 10.

Figure 10 – A graph to show the illness or disability of respondents who answered yes to the previous question.



As shown in figure 10 overall, 62% of people (16 responses) answered prefer not to say, with mobility and mental health being the next most frequently answered with 15% (4 responses) and 12% (3 responses) respectively.

When asked about neurodiversity and whether anyone who had answered sat under that umbrella term, 64 people responded and overwhelmingly with no – 77% (49 responses) 13% (8 responses) preferred not to say and 11% (7 responses) said yes.

The next question for individuals to answer was whether they were currently pregnant and of the 66 people who answered, 86% (57 responses) answered no, 8% (5 responses) preferred not to say and 6% (4 responses) said it was not applicable.

People were asked about their ethnic group next and there was a mixture of responses which figure 11 will show:

Figure 11 – graph show the breakdown of respondent's ethnic groups



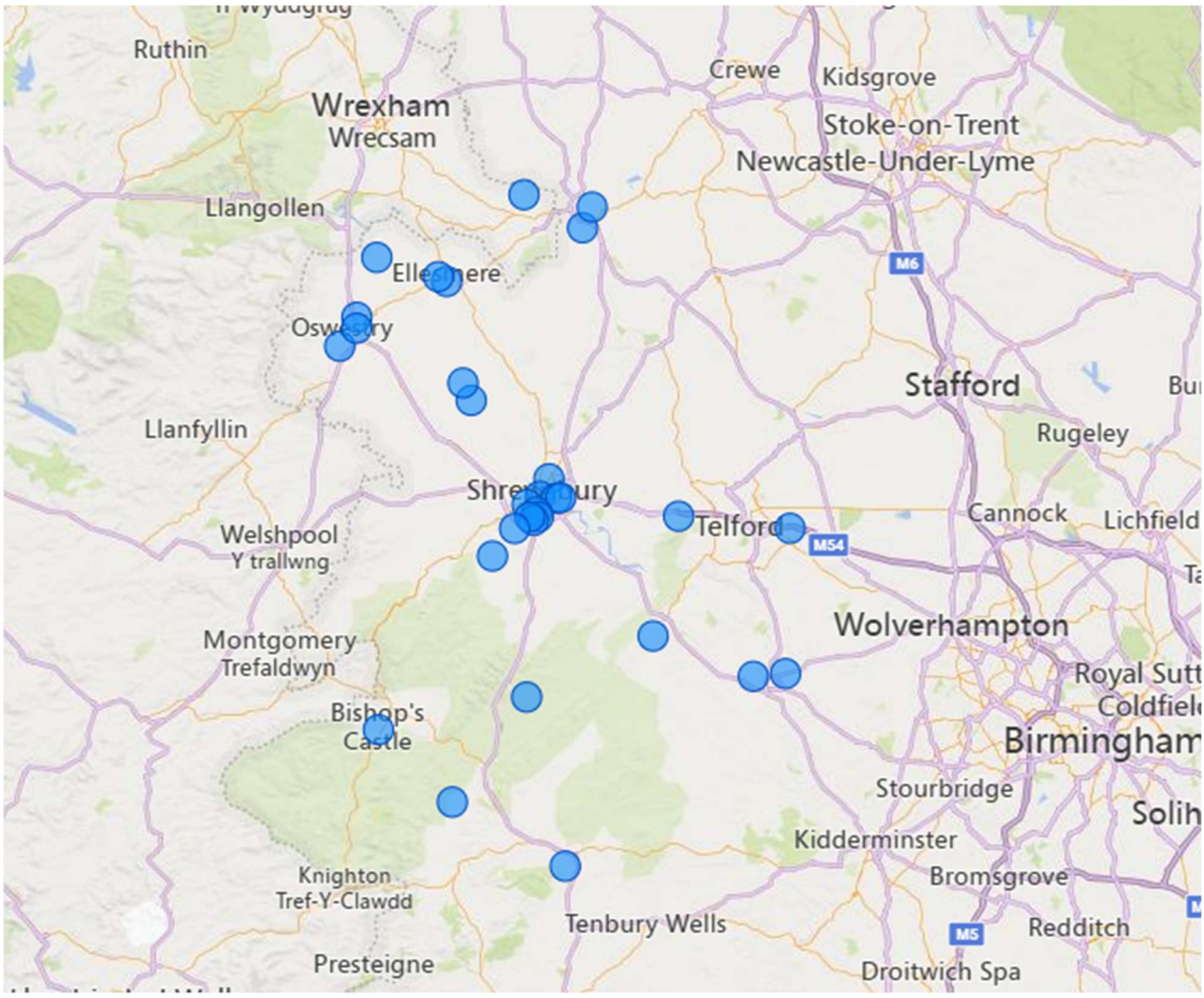
As figure 11 shows, mostly those that answered were white of British, Irish or Welsh descent.

When asked about their religion or particular beliefs, of the 66 respondents, 49% (32 responses) answered no religion, and 32% (21 responses) answered Christian. 15% (10 responses) preferred not to say whereas Buddhist, Agnostic and Muslim made up 2% (1 response) of responses each.

The next question asked whether they were in care or a care leaver, no one answered this question, so there is no data to analysis here. Not answering did not prevent the respondents from moving on in the survey.

The map below shows where people were responding from.

Map 1 – Map to show the postcodes of respondents.



As we can see from Map 1, most respondents have a Shropshire (SY) postcode. It should be noted that this map also contains the postcodes of people who are responding on behalf of an organization and they may not live within the county.

4 Recommendations

This section makes recommendations for the draft Strategy which are based on the feedback from responses analysed and presented within this report. It is acknowledged that there will be budget and staffing constraints and other limiting factors that may prevent these recommendations from being taken forward and implemented. The recommendations are presented as an ambition for the future. Readers are asked to recognise the council's budget situation (like many local authorities across the UK) and the financial emergency announced in September 2025, do not form the economic conditions necessary for significant service investment. Despite this, the recommendations can form ambitions should funding and other resources increase in future.

1. Add Clear Operational Detail and Delivery Plans

Respondents repeatedly asked *how* the strategy will be implemented. Strengthen by adding:

A Delivery Plan With:

- Specific, time-bound actions for each priority.
- Named lead agencies and accountable officers.
- Measures of success (KPIs) and how data will be reviewed.
- Escalation pathways when failures occur.

This ensures the strategy is not seen as "high-level only" or a "tick-box document".

2. Strengthen Accountability & Governance

Evidence across the report shows a need for clearer, more transparent structures.

Actions to take:

- Publish governance diagrams showing DALPB leadership, decision routes, and partner roles.
- Create a multi-agency learning review mechanism for cases where systems fail.
- Introduce an annual publicly reported review of progress.
- Embed independent oversight for safeguarding concerns.

3. Expand Support for Hidden, Under-Reached and High-Risk Groups

The report highlights several overlooked groups, including disabled victims, spouse-visa holders, neurodivergent people, rural residents, parents with disabled children, and survivors unable to safely use phones or travel.

Recommendations:

- Include explicit pathways for visa-dependent / no-recourse-to-public-funds victims.
- Improve access for disabled and neurodivergent people (easy-read documents, low-stimulus versions, outreach).
- Strengthen joint working with immigration, health, and specialist support providers.
- Ensure equal access to services across rural areas.

4. Deepen Focus on Children as Distinct Victims

Although the draft recognises children as victims, respondents want this to be fully embedded.

Strengthen by:

- Making children's outcomes visible across every priority, not just Victims.
- Including expectations for schools, early help, and children's social care.
- Highlighting coercive control involving children, including manipulation, pressure, or conflict dynamics.
- Ensuring therapeutic support is available without long thresholds.

5. Expand Prevention and Early-Intervention Work

Evidence strongly supports broadening prevention efforts.

Recommendations:

- Embed education on healthy relationships, coercive control and online safety in schools and colleges.
- Provide resources for parents, youth groups, and community settings.
- Develop training for bystanders, employers, parish councils, and rural groups (e.g., farming networks).

6. Strengthen Workforce Development and Trauma-Informed Practice

The report exposes significant gaps in professional understanding, especially around coercive control, re-traumatisation, and child-centred practice.

Develop:

- Mandatory domestic abuse training for all agencies, consistent with Domestic Abuse Commissioner standards.
- Trauma-informed supervision and reflective practice.
- Skills for recognising manipulation, systems abuse, and post-separation abuse.
- Specialist training for police, children's services, GPs, and rural-facing professionals.

7. Improve Multi-Agency Coordination and Access to Support

Respondents emphasised the need for continuity of support without repeating their stories.

Proposals:

- Create single-front-door or one-stop hubs for victims.
- Improve handovers between police, health, schools, and social care.
- Co-locate support teams where possible.
- Ensure partners share information consistently and safely.
- Better integrate housing, mental health, and disability support providers.

8. Introduce Rural-Specific Service Models

Rurality is a standout theme across the consultation.

Suggested models:

- Mobile outreach teams that visit market towns and remote villages.
- Use trusted rural assets (pharmacies, vets, parish halls, agricultural suppliers) as discreet help-points.
- Training for rural professionals who may be first point of contact.
- Consider funded transport solutions for victims without safe travel options.

9. Enhance Language, Accessibility and Document Structure

The report provides clear user-experience feedback.

Improvements:

- Reduce acronyms or include an acronym glossary.
- Move core content (vision, priorities) earlier in the document.
- Offer easy-read and cognitively accessible versions.
- Add more real-world examples, including lived experience narratives (with consent).
- Clarify terms like “perpetrator” and offer behaviour-focused alternatives when appropriate.

10. Recognise Gendered Patterns While Remaining Inclusive

Respondents want the strategy to acknowledge:

- The disproportionate impact on women.
- Cultural patterns that shape abuse.
- The need for male victims, LGBTQ+ victims and falsely accused individuals to be recognised.

A balanced, evidence-based framing is recommended.

11. Strengthen Perpetrator Accountability and Behaviour-Change Pathways

People strongly want clearer expectations for:

- Consistent police action.
- Early intervention with perpetrators.
- Post-separation abuse responses.
- Clear referral routes into behavioural programmes.
- Mechanisms to track and manage serial or repeat offenders.

12. Embed Lived Experience in Governance

Respondents want lived experience to not just inform but shape decision-making.

Actions:

- Include survivors (adults and young people) in governance groups.
- Create a **Lived Experience Advisory Group** with formal roles.
- Ensure feedback loops so lived experience meaningfully influences change.

5 Summary and Conclusion

The Shropshire Domestic Abuse Strategy 2026–2029 consultation generated extensive, thoughtful engagement from 73 survey respondents and two individuals who submitted personal accounts by email. Overall, the feedback demonstrates strong support for the strategic direction, vision and principles underpinning the draft strategy, alongside a clear call for greater depth, specificity and operational clarity to ensure the strategy translates effectively into meaningful change.

Across the consultation, respondents expressed confidence in the strategy's recognition of trauma-informed practice, the inclusion of lived experience, and the emphasis on partnership working. The document's accessibility, layout and clarity were consistently praised, as was its acknowledgement of rurality and the unique challenges faced by Shropshire's dispersed communities. Respondents also welcomed the inclusive framing of domestic abuse, recognising victims of all genders, children as victims, and the need to hold those who cause harm accountable.

However, the feedback also highlighted several areas where significant strengthening is required. The most prominent theme across responses was the need for a practical, detailed delivery plan to ensure the strategy's ambitions can be realised. Respondents described gaps in accountability structures, insufficient clarity around governance, and a lack of measurable actions, timetables and defined responsibilities. Many felt the strategy's high-level descriptions should be underpinned by operational pathways that demonstrate how services will work together in practice.

Another consistent concern related to gaps in support for hidden or underserved groups, including disabled victims, individuals with complex needs, neurodivergent people, parents of disabled children, visa-dependent residents, and those living in rural isolation. Respondents highlighted the need for enhanced recognition of coercive control, post-separation abuse, the experiences of children, and the structural barriers that prevent many victims from accessing help. Several emphasised that survivors often face stigma, disbelief or re-traumatisation from services, underscoring the need for stronger workforce training across agencies.

The consultation also revealed strong interest in expanding prevention and early-intervention work, particularly through education on healthy relationships, coercive control and bystander responsibility. Respondents expressed the desire for a deeper cultural shift across communities, schools, workplaces and rural groups. Calls for improved multi-agency coordination—including single points of access, better information sharing and reduced fragmentation—were widespread, alongside requests to improve service provision in rural areas through outreach, trusted local spaces and community-based support.

In evaluating terminology, respondents expressed mixed views about the use of the word "perpetrators"—with some valuing its clarity and accountability, while others preferred language centred on behaviours rather than labels. Similarly, while most respondents found the strategy's description of domestic abuse broadly accurate, many advocated for more explicit reference to nuanced forms of harm such as systems abuse, psychological manipulation, and the complex dynamics involving children.

Finally, respondents emphasised the importance of embedding lived experience meaningfully within governance and ongoing evaluation. Many expressed the need for regular review cycles, transparent monitoring of outcomes, and mechanisms that ensure the strategy evolves with emerging needs and lived feedback.

In conclusion, the consultation demonstrates clear public and professional support for the strategy's direction and intent. Respondents recognise the value of its trauma-informed ethos, inclusive approach and commitment to partnership working. At the same time, they call for a more detailed, practical and accountable framework that reflects the real complexities of domestic abuse—particularly in rural communities and among hidden or marginalised groups. The insights gathered provide a robust evidence base for refining the strategy before final publication, ensuring that it is not only aspirational but also operationally grounded, equitable and capable of delivering meaningful change for victims, survivors, children and communities across Shropshire.

Many thanks are extended to 73 online respondents and 2 email respondents for their thorough and well-considered responses.

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Analysis and reporting by:
Feedback and Insight Team, Shropshire Council
Email: TellUs@shropshire.gov.uk

Shropshire Council Lead:
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