<table>
<thead>
<tr>
<th>REPORT TO:</th>
<th>CABINET 17 SEPTEMBER 2012</th>
</tr>
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<tbody>
<tr>
<td>AGENDA ITEM:</td>
<td>8</td>
</tr>
<tr>
<td>SUBJECT:</td>
<td>Early Intervention: Croydon’s Domestic Abuse and Sexual Violence Strategy</td>
</tr>
</tbody>
</table>
| LEAD OFFICER: | Dwynwen Stepien  
Head of Early Intervention and Family Support Service |
| CABINET MEMBER: | Councillor Tim Pollard- Deputy Leader (Communications) and Cabinet Member for Children, Families & Learning |
| WARDS: | All |

**CORPORATE PRIORITY/POLICY CONTEXT:**

Reducing and preventing domestic and sexual violence is essential to make progress on: achieving equality; reducing homelessness; improving people’s physical and mental health; reducing the harm caused by alcohol and substance misuse; reducing the number of children in care and living in poverty; reducing the levels of offending; and minimising its impact on employers and on the local economy.

Establishing what works best at local level, providing effective return on investment, is critical for the long-term. The new strategic landscape puts prevention and early intervention at the centre of improving outcomes for those affected by domestic abuse and Croydon is well placed to respond to the challenges and opportunities this brings.

The Violence Against Women and Girls strategy 2010 (VAWG) has set out the range of serious violent crime types which are predominantly, but not exclusively, experienced by women and girls which include the following: Domestic Violence Rape and Sexual Violence; Female Genital Mutilation; Forced Marriage; Crimes in the name of “honour”; Sexual Harassment; Stalking; Trafficking; Prostitution/ Sexual Exploitation. Croydon will align its definition of domestic violence and core objectives and outcomes with the national policy.

Developing an integrated response to domestic abuse though coordinated action across all agencies based on consistent and well informed policies, systems, resource sharing and leadership will enable us to create an environment where domestic abuse is not accepted or tolerated and is challenged and prevented within Croydon.
FINANCIAL IMPACT

The re-design of domestic violence services in Croydon will be undertaken within the existing budget but will lead to greater efficiencies by bringing together more services as part of a voluntary sector Hub.

Using the Walby formula the cost of domestic abuse in Croydon is estimated to be £37.4 million with the human and emotional costs at £64.5 million per annum. The strategy aims to reduce the impact and incidence of domestic violence in Croydon.

FORWARD PLAN KEY DECISION REFERENCE NO.  1160

This is a key decision as defined in the Council’s Constitution. The decision may be implemented from 1300 hours on the 5th working day after it is made, unless the decision is referred to the Scrutiny and Overview Committee by the required number of Councilors.

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below.

1. RECOMMENDATIONS

Having considered the Government’s new strategic approach and the domestic abuse and sexual violence strategy of Croydon together with the requirements of the Council’s public sector equalities duty in relation to the issues detailed in the body of the report and the Equalities Assessment (EA) at Appendix 1 (circulated separately), Cabinet is recommended to agree:

1.1 To fully implement the strategy (appendix 2 circulated separately) set out in the new strategic needs analysis for domestic abuse and sexual violence in Croydon.

1.2 In undertaking the above to take any mitigating actions detailed in the EA and any others that may be considered necessary.

2. EXECUTIVE SUMMARY

2.1 Dealing with domestic violence in Croydon has historically been the responsibility of the Safer Croydon Partnership which, whilst leading a multi-agency response and prioritising domestic violence, has emphasised the development of good practice predominantly in the criminal justice sector.

2.2 This paper sets out developments and further proposals for reshaping our approach towards domestic violence in Croydon. In refocusing our approach through early help and intervention we will:
   • Improve our co-ordinated response to domestic abuse currently;
• Build effective and stronger partnership working;
• Target our service delivery and ensure it is accessible for all and recognises the diversity within our communities;
• Commission effective, evidence informed domestic violence services;
• Respond appropriately to the needs of children and young people who have experienced and witnessed domestic abuse.

3. BACKGROUND DETAILS

3.1 Early evidence available has already identified some key gaps and we will address these through our core objectives and build on areas of good practice to achieve the following outcomes:

• An increase in the safety of survivors (adults and children) through an approach that maximises safe choices available and reduces the harm caused.
• A reduction in the risk of harm from perpetrators through holding abusers accountable for their behaviour in such a way that reduces risk and which not only acts as a future deterrent for them, but also as a deterrent to potential abusers.
• A decrease in social tolerance and approval of domestic violence, through awareness raising and challenging inaction by individuals, communities and organisations.
• An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.

3.2 Core objectives

Our outcomes will be achieved through the following core objectives; prevention; protection and reducing the risk; provision; partnership.

Prevention: through our work to prevent violence, we will;
• Change the attitudes, behaviours and practices which contribute to all domestic violence by means of appropriate and targeted challenge
• Increase public understanding of domestic violence by putting in place focussed awareness-raising initiatives which include looking at its root causes, hidden nature and economic cost to society
• Strengthen understanding of the unacceptability of domestic violence by ensuring our frontline partners can intervene early to challenge acceptability; and; develop understanding of family violence that addresses the issues of parent on child violence and child on parent violence by perpetrators under the age of 18
• Protect vulnerable children by working with frontline partners to make them aware of the tools and systems available to them to ensure the right first response.

**Protection and reducing the risk:** through our work to protect and reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice, we will;
• Increase the numbers of women and girls who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them
• Strengthen the framework to protect victims by ensuring the application of current legislative powers and risk management processes are both understood and effective; and
• Increase the number of offenders breaking out of a cycle of offending by ensuring the effectiveness of rehabilitation programmes.

**Provision:** through our work to provide adequate levels of support where violence does occur we will;
• Strengthen the basis for targeted appropriate services for all women and girls by creating a robust commissioning framework
• Send a clear signal to partners that support to victims of VAWG is a local priority
• Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs; and
• Deliver better and more effective outcomes for victims by the provision of training to frontline partners to recognise domestic violence and understand the actions to be taken.

**Partnership:** through working in partnership to obtain the best outcome for victims and their families, we will;
• Improve outcomes for victims of domestic violence locally by supporting community and voluntary groups to take a stand against violence and helping them understand how to do this effectively
• Strengthen the role of the community in tackling domestic violence by encouraging people to help themselves and each other using community-based initiatives such as community coaching; and
• Improve the life chances of victims of domestic violence overseas by working with partners to tackle it on a collaborative basis.

This strategy including and needs analysis (available on 18th September on Croydon Council Website) has been developed in partnership with the statutory, voluntary, private sector and local communities in Croydon to address the issues and to provide accessible and appropriate responses for all women, men, children and young people experiencing domestic abuse.
3.3 **Evidence from the needs analysis relating to children, young people and families**

**National**
There are well-established links between perpetrating adult domestic violence and child abuse. There is increasing evidence that women and men who have been abused as children are at increased risk of developing adolescent and adult substance problems – either drugs or alcohol.

Children’s needs are often overlooked when the focus is on the needs of the parent, while a focus on child protection can result in the impact of domestic violence on the abused parent being overlooked, highlighting the need for research into what help children living with domestic violence are given and what is effective for supporting both the child and the abused parent.

- The recent report by NSPCC and Refuge “Meeting the needs of children living with domestic violence in London “ (November 2011) and 4 Children (June 2012) shows a wider picture of conflict and violence that encompasses the whole family.

- Evidence suggests that violence is more widespread within the family than was previously thought: Adolescent on parent violence, extended family violence and domestic violence carried out by perpetrators under the age of 18 is now a growing concern.

- In the 12 months to August 2011, the police recorded **47,297** domestic violence offences in London.

- Domestic violence accounts for 29 per cent of violent crime in London. One in seven (**14.2 per cent**) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. This is equivalent to at least 260,400 of London’s children and young people.

- Not all children will be affected in the same way, living with domestic violence can adversely affect children’s healthy development, relationships, behaviour and emotional wellbeing although all children need to be safe, their need for support and help will vary.

- Domestic violence is a central issue in child protection and, has been a factor in the family backgrounds of two-thirds of the serious case reviews (SCRs) where a child has died.

- Work with children needs to develop beyond the focus on safety planning.
• Children need support to cope and develop strategies for resilience.

• There is a need to provide support to children and the parent who is the victim of domestic violence, in a range of settings appropriate to need.

• Munro report found 69% of high-risk adult victims of domestic abuse have children.

• Children living with their mother and the perpetrator are likely to have a high level of need, but are least likely to receive support.

• Fear of the consequences of disclosure, for example at school, is a significant barrier for children seeking emotional support. In 2010, only 0.2% (610) of the 265,438 ChildLine counselling contacts was identified as being from children living with domestic violence.

• Children are most likely to be made homeless as a result of family violence almost 18,000 children stayed in a domestic violence refuge in 2009/10, the largest single group of people who stayed there.

• Children who are exposed to a family atmosphere of domestic violence are just as adversely affected in terms of their brain development as children who are directly subjected to physical violence.

• Average of 56 children in England and Wales are killed at the hands of a family member every year.

• Particular groups of children and young adults are also at greater risk of domestic violence – including lesbian, gay and bisexual, transgendered young people.

• Evidence that young people who reveal their sexuality while living at home can be subjected to significant physical, emotional and sexual abuse – making them more at risk of suicide attempts, more likely to end up homeless and more likely to suffer long-term emotional issues.

3.4 Evidence from the local needs analysis in relation to children, young people and families

The local needs analysis supports the national evidence and strategy in relation to domestic violence being a gendered crime with a higher proportion of women experiencing domestic abuse than men in Croydon. However, further analysis is required to understand the breakdown of these statistics.
The research from the NSPCC/Refuge has highlighted concerns that the needs of children living with domestic abuse have been given insufficient priority in the planning of services, and that children and young people have not been engaged or listened to in shaping service provision in the area of domestic violence.

- There is little evidence locally of any recent consultation with victims/survivors of domestic abuse and appear to be no locality based forums for victims of domestic abuse.

- Some children and young people’s consultation has been undertaken in Croydon under the “staying safe” partnership group however this has not had a focus on domestic abuse.

- Evidence from data collected by the family resilience service, social care, and housing reflect the national evidence from 4 Children, that family violence and the prevalence of parent on child violence and child on parent violence, and domestic violence carried out by perpetrators under the age of 18 is a growing concern with the need for a multi agency approach to address this.

- In a snapshot of data from the Family Resilience Service a third of their families not only had experienced family violence but also had a parent or child with additional needs or a disability. This needs further analysis.

- Current definitions of domestic violence by implication do not address the issue of family violence or parent on child/young person violence, child/young person on parent violence.

- The evidence from the national gang violence strategy and related evidence of need in Croydon has highlighted the need for early prevention work to address the issues of gang violence and associated sexual violence and sexual exploitation with young people, particularly in relation to young women and girls.

- There is a lack of tailored domestic abuse awareness programmes in schools and a lack of tailored specialised domestic abuse support services to young adults under the age of 18 who may be experiencing domestic abuse.

- Greater awareness and training is required for professionals to better understand the overlapping issues of domestic abuse in Croydon in relation to mental health, substance misuse, sexual violence, and “honour” based violence FGM as again there is little evidence within the data available.

- An increased demand for MARAC and an increase in the numbers of people self-referring has increased the demand for the outreach and Independent Domestic Violence Advisers (IDVA) services in
the FJC. There is insufficient analysis of data from the MARAC due to the current manual collection of statistics.

- The Family Justice centre operates as a co-ordinated community response model but there appears to be a current disconnect with some statutory agencies providing services to users experiencing domestic abuse. It is also unclear as to what the current interface with other local, regional and national specialist services for domestic violence is.

The national statistics re domestic violence and child protection are indicative of the local picture in Croydon where it is a significant feature in most child protection cases but may not have been recorded as the initial presenting issue. Locally the need for accurate and consistent data across statutory and voluntary organisations and the effective collection analysis of disaggregated data across services is a significant gap that needs to be addressed urgently. This is essential to underpin future effective strategies to prevent and respond to domestic violence, and to ensure that trends are identified and specific needs of particularly vulnerable groups are met wherever possible.

There is a need to better understand the provision of services across Croydon working with domestic abuse to build capacity avoid duplication and outline a clear pathway for service users affected by domestic violence.

3.5 Moving towards a model of early intervention and prevention in Croydon for domestic violence

Providing innovative and cost effective approaches to early intervention that ensure universal and targeted services reach those in greatest need and reduce the need for more intensive and costly interventions underpins our approach to developing and refocusing domestic abuse services in Croydon.

Though the impact of domestic violence is widely recognised by public authorities and charities, and is highlighted by organisations such as Women’s Aid and Refuge, the awareness of family violence – including child on parent abuse, sibling abuse and in the wider extended family – remains low.

Research on children’s issues shows a wider picture of conflict and violence that encompasses the whole family – where both children and parents can be both victims and perpetrators. Early evidence from our needs analysis suggests that violence is more widespread within the family than was previously thought: adolescent on parent violence is a growing concern and we need to address the implications of this in our new strategy. We will make family violence a high priority and adopt a whole family approach to responding to domestic violence. To achieve this we will consult with our partners and the wider community on our
objectives as outlined earlier in this report and use the learning from our existing services and best evidence on what works from relevant research in the field.

Croydon’s Early Intervention and Family Support Strategy 2011 builds on the work of Total Place and is based on the research and national evidence in this process. Croydon is developing a staged approach to early help and intervention for children and families in Croydon. The Early Help and Staged intervention approach “wedge model” in Croydon has been developed in Croydon to help practitioners from all agencies understand the different levels of need as well as the support and services that are available at each stage.

Croydon’s Model of Staged Intervention

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal personalised services</td>
<td>Single and multi-agency help</td>
<td>Higher level intervention referred to specialist assessment &amp; services</td>
<td>Statutory intervention to promote and protect the welfare of children/young people</td>
</tr>
<tr>
<td>Lead Professional Team Around the Family (TAF) resolutions</td>
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Croydon’s model of early help and staged intervention identifies four levels of need

- Universal
- Low / vulnerable
- Complex
- Acute

Alongside this Croydon is developing a multi-agency safeguarding hub (MASH). National pilots on MASH show evidence of more effective and earlier identification of vulnerable children. It has reduced the number of different professionals being involved, while keeping the most appropriate professional to deliver interventions to meet the needs.
identified in any particular case. It has avoided unnecessary duplication and visits, and simplified processes while also improved communication between professionals.

### 3.6 Tiers of violence intervention

The current tiers of intervention model below which is used by domestic violence services currently is compatible with our staged intervention model and proposed MASH and we would seek to test this as part of the development of a domestic violence pathway for service users.

#### Tiers of Violence Intervention

**Tier 1**
- All families

**Tier 2**
- Vulnerable children and adults who are vulnerable as a result of violence
- Complex - victims who are already seriously disrupted by DV

**Tier 3**
- Acute - restorative interventions and serious harm

Moving forward our approach will:
- Build trusting consistent relationships
- Support inclusive social networks – particularly in the early stages
- Ensure that services are welcoming to those with highest levels of need
- Support parents for the emotional journey of parenting
- Offer consistent care at and after birth
- Improve flows of individuals and information between services
- Consistently support fathers to take an active role in parenting
- Support the aspirations of those who have low expectations
- Encourage employment and associated skills development for mothers
- Integrate schools better with the community to improve access to...
services.

3.7   Performance indicators for domestic violence

The following have been identified by the Home Office as national indicators to measure the impact that local authorities and partner organisations are having on domestic violence within their areas:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>NI 26</td>
<td>Specialist support to victims of a serious sexual offence</td>
</tr>
<tr>
<td>NI 31</td>
<td>Re-offending rate of registered sex offenders</td>
</tr>
<tr>
<td>NI 32</td>
<td>Repeat incidents of domestic Violence</td>
</tr>
<tr>
<td>NI 34</td>
<td>Domestic violence – murder</td>
</tr>
</tbody>
</table>

There are other national indicators which are monitored by other partnerships with interventions to reduce violence against women and girls which will have some impact on. For example those monitored by the Safer Croydon Partnership include but are not limited to:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>NI 15</td>
<td>Serious violent crime rate</td>
</tr>
<tr>
<td>NI 20</td>
<td>Assault with injury crime rate</td>
</tr>
<tr>
<td>NI 30</td>
<td>Re-offending rate of prolific and priority offenders</td>
</tr>
</tbody>
</table>

Similarly, those monitored by Croydon Safeguarding Children Board include but are not limited to:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>NI 69</td>
<td>Children who have experienced bullying</td>
</tr>
<tr>
<td>NI 70</td>
<td>Hospital admissions caused by unintentional and deliberate injuries to children</td>
</tr>
<tr>
<td>NI 71</td>
<td>Children who have run away from home/care overnight</td>
</tr>
</tbody>
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3.8   Timelines

**Timeframe 2012**

- 6th February (11-1pm): Partners workshop
- February-March: Strategic Needs Analysis
- June-July: consultation with users
- July-September: review of current services, identification of gaps; commissioning strategy in development
- July-September: service redesign
- September: approval of Strategy sought from Cabinet
- October: interim/pilot services in place
- October: performance framework developed
- September-April: longer-term commissioning developed
3.9 Governance
Governance arrangement is based on accountability for adult crime elements of the strategy being that of the Safer Croydon Partnership and the Children and Families Partnership being accountable for the child and family elements. The Early Intervention and Family Support Board will monitor and oversee the detailed delivery of the strategy (a multi-agency group that includes police, Safer Croydon, schools, voluntary sector, probation) reporting to both the Safer Croydon Partnership and Children and Families Partnership.

4. CONSULTATION

4.1 The partners in the Children, Families and Learners Partnership have been consulted on in relation to the proposed strategy and endorsed by the Executive Group endorsed the approach at its meeting in June. Across partners, the draft strategy and our new strategic approach have been positively welcomed. As part of the recent LAC Safeguarding, Ofsted commented on the comprehensiveness of the strategy and needs analysis.

4.2 The communication strategy has also involved:
- A strategy consultation event was held on the 10th May at CVA with over 60 partners present. The latest findings from research and best practice evidence from the NSPCC and Refuge on children living with domestic violence in London was presented and partners were asked to discuss each of the objectives of the strategy. Evaluations from this event were completed and the findings are feeding into the service redesign.
- A new domestic violence partnership bulletin has also been circulated to partners inviting further comments on the strategy.
- A provider forum with wider partner agencies that provide dedicated specialist services in respect of domestic violence has been established and meets 6 weekly and the draft strategy had been circulated to partners for comments.
- A dedicated resource from CVA is working with the strategic manager for domestic violence to undertake some further consultations with partner agencies and victims and survivors across the range of service user groups to shape the strategy and inform service redesign and future commissioning.
- The specialist resource from CVA has also publicised the Draft Domestic Violence Strategy widely amongst the voluntary and community sector by using existing networks
- The DV strategy has been posted on the CVA website and also on the Talk2Croydon website requesting comments.
- The DV strategy has been emailed to approximately 800 voluntary sector groups and individuals via the CVA e-bulletin.
• The strategy has been presented to the Children, Young People and Family Network meeting which had an audience of thirty voluntary organisations and responses to the draft strategy document was requested.

The in-depth consultation consisted of:

• Individual consultation sessions with 30 voluntary sector agencies.

• Establishing a number of focus groups to obtain service user feedback. Comments from 60 Croydon women who undertook a focus group in November 2011 have also been incorporated into the findings of the consultation.

4.3 The feedback from the voluntary sector consultations has provided invaluable insight into the experiences of DV users/survivors and practitioners and endorses the diverse approach taken in the consultation to inform the re-design of DV services. The detailed feedback is included within the strategy and there is a separate consultation summary report.

There is a strong willingness to work together to develop and improve DV services and reduce violence for all in Croydon.

4.4. A new Croydon Domestic Violence Forum is being established that will continue to build on this collaborative approach, ensuring greater service integration and continued development of services in line with the strategy.

5. Delivery of the Strategy

5.1 Re-commissioning and Re-design

As part of the development of the new Strategy, consultation with partners and users endorsed the need for a development of a more community based model for preventative work that is aimed at reducing the incidence and impact of domestic abuse and sexual violence.

In redesigning the key principles of the FJC will be maintained by bringing as many services together so that victims can access support swiftly and without having to repeat their stories. There is also an opportunity to build a much stronger voluntary sector Centre that seeks to offer preventative work including out-reach to universal services.

Links with the Troubled Families Initiative delivered through the Family Resilience Service will also be established.

5.2 Service Re-design Principles

The service redesign will be based on the following principles.
Protection
• Continued drive for prosecution of perpetrators
• Use Multi-agency Safeguarding Hub to ensure early identification of safeguarding issues particularly where children are involved
• All agencies signed up to use of Co-ordinated Action Against Domestic Abuse (CAADA) risk assessment and undertake CAADA training

Partnership
• Better integration of services to deliver seamless support around the victim through a triage service that enables access to specialist and universal services
• Innovative ways to deliver more preventative services especially through bringing together more voluntary sector in the FJC
• Ongoing participation with partners through a new Domestic Violence Forum
• Involvement of users/victims/survivors in the review and development of services

Provision
• Ensuring comprehensive provision of services for adults and families
• Development into a community facing provision that links more clearly with other community based provision such as children’s centres
• Victims/survivors provided with personalised support and advice
• Maximising opportunities for external grants and joining up resources across the voluntary and statutory sectors
• Ensuring a more focused approach to tackling Violence against Woman and Girls

Prevention
• Work with schools, colleges and youth services to build positive relationships and self-esteem
• Family approach so that impact on children is addressed as early as possible
• High quality training and advice that builds the capacity of universal services to support families and adults experiencing domestic violence

5.3 Phased approach

Following the finalisation of the strategy the council will establish a triage service which will link in with the development of the Multi-agency Safeguarding Hub (MASH) and the existing Croydon Information and Support Service (CRISS). New IDVA services will be commissioned from the voluntary sector with clear accountability to the MARAC (Multi-agency Risk Assessment Conferences that are co-ordinated by the police for high risk incidents).
From October a number of pilots of new areas of work will be established in response to the needs analysis and consultation with a view to longer term commissioning arrangements being in place from April 2013 onwards.

A key part of the strategy will be the development of a new Forum that brings together partners and services. Its aim will be to:

- better integrate existing voluntary and statutory services
- listen and respond to the voices of victims, including children
- identify service gaps and take collective action to address them
- develop new and innovative approach to preventative strategies and target those groups most at risk
- to ensure universal services are engaged with and supported to deliver preventative work
- to set up the Forum as a ‘group’ on the new PractitionerSpaceCroydon website that is dedicated to practitioners working with families

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 The effect of the decision

The 2012/13 funding available for this service is £561k and table 1 below details the funding sources along with the anticipated expenditure that will be incurred to deliver the service.

The estimated 2013/14 funding has been included within table 1 and will need to be reviewed and expenditure revised if funding allocations alter as part of the budget setting process.

The structure of the service to be provided needs to remain flexible to ensure that it can be delivered using the resources available.
### Base Line Projections

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<thead>
<tr>
<th>Income/ Funding available</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Revenue Funding</td>
<td>90,500</td>
<td>90,500</td>
</tr>
<tr>
<td>GLA Grant Funding for RASASC*</td>
<td>155,000</td>
<td>155,000</td>
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<tr>
<td>Home Office funding</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Early Intervention Grant</td>
<td>286,467</td>
<td>286,467</td>
</tr>
<tr>
<td>Shared outcomes - Troubled Families</td>
<td>0</td>
<td>50,000</td>
</tr>
<tr>
<td>Shared cost – Children’s Centres formula funding</td>
<td>10,000</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>TOTAL INCOME/FUNDING</strong></td>
<td><strong>561,967</strong></td>
<td><strong>621,967</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Expenditure</th>
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<tbody>
<tr>
<td>Staff Costs</td>
<td>61,416</td>
<td>61,416</td>
</tr>
<tr>
<td>Accommodation - Voluntary Sector Hub</td>
<td>30,000</td>
<td>60,551</td>
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<tr>
<td>Referral and Advice services</td>
<td>120,000</td>
<td>120,000</td>
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<tr>
<td>Assumed contract for RASASC</td>
<td>155,000</td>
<td>155,000</td>
</tr>
<tr>
<td>Third Sector Commissioning Arrangements - to include in 2012-13 voluntary sector development, independent advocacy/advice, Family Navigator pilot, crèche and counselling services</td>
<td>162,458</td>
<td>200,000</td>
</tr>
<tr>
<td>Day to day Resources</td>
<td>33,093</td>
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</tr>
<tr>
<td>Early Intervention Education Programme in Schools</td>
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<td>25000</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>561,967</strong></td>
<td><strong>621,967</strong></td>
</tr>
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*RASAC – Rape and Sexual Abuse Support Centre

### 6.2 Assessment of Options

As part of the strategy services will be redesigned in consultation with partners and users to ensure that the strategy can be delivered in line with its principles.

It has not been proposed to take the service in-house but to build on the work of the Family Justice Centre and develop a free-standing Voluntary Sector Hub that brings together the services and expertise that currently exist, addressing service gaps.

Analysis of other LA strategies and service provision has provided a proposed framework for reviewing our current provision and developing a commissioning strategy. By using a framework such as this we can easily identify current provision and gaps. We are currently looking at our service provision to ensure we fully understand what the range of current provision is and where the gaps are.
Draft relevant performance indicators have been developed within the strategy that provide a benchmark for development, they have been agreed with partners to take forward our joint work.

Analysis of other LA strategies and service provision has provided a proposed framework for reviewing our current provision and developing a commissioning strategy. By using a framework such as this we can easily identify current provision and gaps. We are currently looking at our specialist service provision to ensure we fully understand what the range of current provision is and where the gaps are mapped against the following;

i) **Core Services**: Services absolutely essential for the protection and prevention of harm (including crisis provision).

ii) **Supporting Services**: Services that are a key component in the support and delivery of core services.

iii) **Extended Services**: Services that play a valuable part but fall short of the threshold to be considered core or supportive services. This tier may include projects that offer a function that could potentially be covered by another service.

iv) **Supplementary Services**: Services that are valuable, and could be viewed as but under the economic climate are deemed supplementary. This tier may include projects that offer a function currently offered within the delivery of another service.

### 6.3 Risks

The needs analysis indicates considerable need which may be unmet and therefore significant gaps may emerge in services. However the links with the development of the Troubled Families programme, including the expansion of Family Resilience Services and voluntary sector resources, will lead to greater alignment of services that address the underpinning needs of families with regard to domestic abuse and family violence.

### 6.4 Savings

Research shows that the incidence of domestic violence is prevalent in complex families. The reduction in the incidence of domestic violence will impact overtime on families likely to require high cost services.

**Approved by**: Lisa Taylor – Head of Finance CFL on behalf of the Director of Finance
7. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

7.1 The Solicitor to the Council comments that there are no specific legal implications arising from the information contained in this report.

Approved by: Jacqueline Harris-Baker, Head of social care and education law on behalf of the Council Solicitor & Monitoring Officer.

8. HUMAN RESOURCES IMPACT

8.1 The only post currently employed directly by the authority is the Strategic Manager and will not be affected by these proposals.

8.2 All other roles are commissioned from the voluntary sector and a decommissioning process is underway that will be undertaken within procurement regulations.

Approved by: Atia Williams, HR Business Partner on behalf of the Director of Workforce & Community Resources

9. EQUALITIES IMPACT

9.1 A full assessment has been completed. It will be made available to Cabinet as final recommendations are proposed to evaluate whether the Council has complied with its public services equality duties.

9.2 The strategy is based on a comprehensive analysis of national data. Further work is being undertaken to build a local picture in Croydon in order to improve and inform service design. This includes using dedicated resource from CVA to work with the strategic manager for domestic violence to undertake consultations with partner agencies and victims and survivors across the age spectrum.

Approved by: Trisha Holmes - equalities lead, Children, Families and Learning.

10. ENVIRONMENTAL IMPACT

10.1 As the accommodation is already secured and mobile working procedures in place there will be minimal impact on the environment.

11. CRIME AND DISORDER REDUCTION IMPACT

The Domestic Abuse and Sexual Violence Strategic needs analysis 2012 will align with the Safer Croydon Community Safety Strategy 2011-2014
CONTACT OFFICER:  Dwynwen Stepien
Head of Early Intervention & Family Support
Telephone number: 020 8760 5626

Equality Impact Assessment – the process for analysing the effects on equality

APPENDICES 1-3 TO ITEM 8
CABINET 17 SEPTEMBER 2012
Appendix 1

Full EqIA

Domestic and Sexual Violence Strategy and Needs Analysis 2012
# EQUALITY IMPACT ASSESSMENT (EqIA)

## SECTION 1: SUMMARY OF EQUALITY IMPACT ASSESSMENT (EqIA)

### 1.1 Details of the Policy, Strategy, Function, Project or Activity

<table>
<thead>
<tr>
<th>Title of EQIA: Domestic and Sexual Violence Strategic needs analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of EQIA: 7.06.2012</td>
</tr>
<tr>
<td>State whether EqIA is on a policy, strategy, function, project or activity or a combination:</td>
</tr>
<tr>
<td>The EQIA is on a strategy</td>
</tr>
<tr>
<td>Indicate whether it is a ‘new’ or an ‘existing’ policy, strategy, function, project or activity:</td>
</tr>
<tr>
<td>This is a new strategy</td>
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</tbody>
</table>

### 1.2 Details of the person responsible for the EqIA

<table>
<thead>
<tr>
<th>Full Name: Dwynwen Stepien</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position: Head of Early Intervention and Family Support Service</td>
</tr>
<tr>
<td>Department: Children Families and Learners</td>
</tr>
<tr>
<td>Telephone number: 020 8604 7007</td>
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</table>
1.3 What is the aim and objective of the policy, strategy, function, project or activity?

The aim of the domestic and sexual violence strategic needs assessment is to identify and analyse the level of need in Croydon with a view to making recommendations and informing future strategy and commissioning decisions. Croydon’s aim is for all citizens to be free from all forms of domestic violence,

Outcomes

- An increase in the safety of survivors (adults and children) through an approach that maximises safe choices available and reduces the harm caused

- A reduction in the risk of harm from perpetrators through holding abusers accountable for their behaviour in such a way that reduces risk and which not only acts as a future deterrent for them, but also as a deterrent to potential abusers

- A decrease in social tolerance and approval of domestic violence, through awareness raising and challenging inaction by individuals, communities and organisations

- An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.

Our outcomes will be achieved through the following core objectives; prevention; provision; partnership; protection.

Prevention: through our work to prevent violence, we will

- Change the attitudes, behaviours and practices which contribute to all domestic violence by means of appropriate and targeted challenge

- Increase public understanding of domestic violence by putting in place focussed awareness-raising initiatives which include looking at its root causes, hidden nature and economic cost to society

- Strengthen understanding of the unacceptability of domestic violence by ensuring our frontline partners can intervene early to challenge acceptability

- Develop understanding of family violence that addresses the issues of parent on child violence and child on parent violence by perpetrators under the age of 18

- Protect vulnerable children by working with frontline partners to make them aware of the tools and systems available to them to ensure the right first response.
Provision: through our work to provide adequate levels of support where violence does occur, we will
- Strengthen the basis for targeted appropriate services for all women and girls by creating a robust commissioning framework
- Send a clear signal to partners that support to victims of VAWG is a local priority
- Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs; and
- Deliver better and more effective outcomes for victims by the provision of training to frontline partners to recognise domestic violence and understand the actions to be taken

Partnership: through working in partnership to obtain the best outcome for victims and their families, we will
- Improve outcomes for victims of domestic violence locally by supporting community and voluntary groups to take a stand against violence and helping them understand how to do this effectively
- Strengthen the role of the community in tackling domestic violence by encouraging people to help themselves and each other using community-based initiatives such as community coaching; and
- Improve the life chances of victims of domestic violence overseas by working with partners to tackle it on a collaborative basis.

Protection and reduce the risk: through our work to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice, we will
- Increase the numbers of women and girls who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them
- Strengthen the framework to protect victims by ensuring the application of current legislative powers and risk management processes are both understood and effective; and
- Increase the number of offenders breaking out of a cycle of offending by ensuring the effectiveness of rehabilitation programmes.

This strategy and needs analysis will be developed in partnership with the statutory, voluntary, private sector and local communities in Croydon to address the issues and to provide accessible and appropriate responses for all women, men, children and young people experiencing domestic abuse.

In refocusing our approach through early help and intervention we will:
- Improve our co-ordinated response to domestic abuse currently
- Build effective and stronger partnership working
- Target our service delivery and ensure it is accessible for all and recognises the diversity within our communities
- Commission effective, evidence informed domestic violence services
• Respond appropriately to the needs of children and young people who have experienced and witnessed domestic abuse

Developing an integrated response to domestic abuse through coordinated action across all agencies based on consistent and well-informed policies, systems, resource sharing and leadership will enable us to create an environment where domestic abuse is not accepted or tolerated and is challenged and prevented within Croydon.

SECTION 2: SCOPING THE ASSESSMENT

2.1 What information is currently available about the different protected groups that the policy, strategy, function, project or activity is likely to effect? (for examples see guidance)

There is now a greater understanding of interpersonal violence; that is the interconnected relationship between domestic violence, sexual assault and stalking. It is this increased understanding of the overlap between domestic and sexual violence that forms the rationale behind the Coalition Government decision to deal with both issues together in their national strategy, with predominantly women experiencing all three forms of inter-personal violence.

As figure 1 highlights 3.3% of women experienced all three forms of interpersonal violence at some point in their lives (compared to 0.3% for men).
Analysis of domestic and sexual violence is a problematic area due to the fact that victims are less likely to report their experiences to the authorities because of beliefs that their abuse is not a matter for police involvement, their experiences too trivial, or from fear of reprisal. There is significant under reporting of domestic abuse by victims, and it is acknowledged that data on reported incidents and cases prosecuted, which has recently started being collected by the criminal justice system, represents only a small element.

Unlike other crimes, it is often difficult to separate occurrences of domestic violence into discrete ‘incidents’: abuse may be continuous (e.g. living under a threat), or may occur with such frequency that the victim cannot reliably count the instances.

Sexual violence is also greatly underreported due to the very private and personal nature of the offence (it is estimated that only 11% of rapes are actually reported).

The community being served comprises victims and survivors of domestic violence. A profile of domestic violence victims and survivors by protected characteristics is provided below.

**Gender**

The national strategy identifies violence against women and girls as a gender based crime which requires a focused and robust cross-government approach underpinned by a single agreed definition. It is based on the United Nations (UN) Declaration (1993) on the elimination of violence against women to guide our work. It defines violence against women as:

*‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’.*

This model, views that domestic violence is supported by institutional sexism and an imbalance of power, including stereotypical beliefs and negative attitudes about the roles of men and women.

- The vast majority of domestic violence (73%) is perpetrated by men against women

- Although there is no agreed estimate of the scale of sex-trafficking in the UK Home Office estimated 4,000 women were trafficked into the UK for sexual exploitation

- A study of 207 women trafficked into prostitution found that 95% suffered physical and sexual abuse, with the same number experiencing
symptoms of trauma similar to those suffered by torture victims

- In the UK it is estimated 66,000 women are affected by female genital mutilation (FGM); 24,000 young girls are at high risk of FGM, and as many as 6,500 girls are at risk of FGM within the UK every year

- The UK Forced Marriage Unit received 1,682 reports of forced marriage in 2009, 86 per cent involved females and 14 per cent involved males

- On average two women each week are killed by a current or former male partner: This constitutes around one-third of all female homicide victims

- 1 in 4 women experience domestic violence over their lifetimes and between 6-10% of women suffer domestic violence in a given year

- Women and girls abused through prostitution are at increased risk of violence and control. Gender inequality in society has a strong link to prostitution and trafficking of women and girls

**Men who experience domestic abuse**

The British Crime Survey 2001 highlighted that 1 in 7 men experience domestic violence in their lifetime (compared to 1 in 3 for women). Furthermore, 1 in 20 men experienced domestic violence over the last 12 months (compared to 1 in 8 for women). Further, Taboos around male victims of domestic abuse have disadvantaged male victims and their families. The strategy will seek to ensure domestic abuse against men is recognised and support and protection planned for.

- Men do experience repeat victimisation (defined as 4 more incidents) in regards to domestic violence, albeit at a significantly lower rate to women (1 in 10 men compared to 1 in 3 women who reported

- Men can be victims of sexual attack regardless of their sexual orientation. While the attacker is more often male, men can be and are sexually assaulted by women

- Domestic violence against men can be perpetrated in a same sex relationship and by family members in the context of forced marriages and honour based violence

**LGBT**

Victims from LGBT communities are often victims of hate crimes in tandem with their domestic abuse. LGBT victims bear a double burden in this regard. Perpetrators may threaten to “out” victims.

Surveys suggest there is domestic violence in one in four lesbian, gay and bisexual (LGBT) adult relationships, and LGBT survivors’
experience of domestic violence may be compounded by issues specific to their sexuality or gender identity, abuse from past and present sexual partners, types of relationships, extended family members, carers, as well as abuse from entire communities.

**Gender reassignment**

Surveys suggest there is domestic violence in one in four lesbian, gay and bisexual (LGBT) adult relationships, and LGBT survivors’ experience of domestic violence may be compounded by issues specific to their sexuality or gender identity, abuse from past and present sexual partners, types of relationships, extended family members, carers, as well as abuse from entire communities.

**Pregnancy and maternity**

Domestic violence can start or get worse during pregnancy, during which there is an increased risk of miscarriage, still or premature birth, foetal brain injury and fractures. Domestic violence is also associated with women’s irregular or late attendance for ante-natal care. Poor attendance may be the result of low self esteem and depression or due to an abusive partner controlling and restricting women’s use of medical services.

The links between teenage pregnancy and rape (often referred to as non-consensual sex) has yet to be specifically addressed in the substantial UK evidence base on risk factors, conducive contexts, interventions and outcomes, despite international research findings that demonstrate connections between sexual abuse, coercion and intimate partner violence and teenage conception rates. However many recent studies show that young women are subject to emotional pressure and manipulation to consent to sex and also experience high levels of sexual violence.

- During pregnancy is a key point where severity and frequency of abuse will increase. 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth.

Research shows that pregnancy is a key risk factor in the onset and escalation in the severity and frequency of domestic violence. Domestic violence perpetrated during pregnancy can have a range of serious consequences for both the mother and babies and is associated with late take up of antenatal care. Violence in pregnancy is strongly associated with pre pregnancy violence.

**Race**

The British crime survey 2009 identified little variation in the likelihood of being a victim of domestic violence between white and non white groups. While there is insufficient evidence to suggest that women and men from some ethnic or cultural groups experience more domestic violence than others; however, it is the cultural setting in which the abuse occurs which may affect the way it is perceived, experienced and responded to.

Survivors of domestic violence in BAMER communities may face additional barriers to seeking help, such as racial discrimination, religious stereotyping, fear of community dishonour and rejection, and an insecure immigration status, all of which may prevent them from accessing protection.
For example, help seeking from the police differs significantly across BAMER communities. Some research does indicate that women from some BAMER groups are less likely to access existing services and there is generally a low level of awareness of refuge services among large numbers of BAMER women which leads them to endure abuse for longer periods.

Research also shows that Asian women in particular are likely to severely under-report abuse, and that women from BAMER communities are more likely to suffer from ongoing post-separation violence including threats through child contact arrangements and child abduction. This leads to many women underusing refuge and other domestic violence support services.

Language and culture are very important to women who are reluctant to access or approach services considered to lack an understanding of their experiences and needs. In particular, language can be a huge barrier in women accessing services.

Women may be unable to access written information about services, and interpreters are rarely present at police stations and hospitals; indeed women may be reluctant to fully recount their abuse to a stranger with whom they have no relationship of trust, or to an interpreter who is also a member of the local community.

The issue of so called ‘honour killing’, forced marriage and honour based violence (HBV) is of key relevance to BME communities. BME communities may experience barriers relating to the accessibility of language. The strategy acknowledges this need and considers emerging communities.

Domestic abuse is often experienced alongside hate crime, which would include that relating to race.

Religion and belief
Interpretation of beliefs by individual faith group members can be used to justify the subjugation of women. This includes female genital mutilation (FGM). The issue of so called ‘honour killing’, forced marriage and honour based violence is relevant to religion and belief.

Interpretation of beliefs by individual faith group members can be used to justify the subjugation of women and discriminated against groups such as lesbians, gay men and disabled people. Domestic abuse is often experienced alongside hate crime, which would include that relating to religion/belief.

Disability
In Croydon there is limited data on the prevalence, experience and needs of disabled people experiencing domestic violence.

Research shows that disabled women experience a greater need for services – based on the nature and extent of the abuse they experience – but this is accompanied by far less provision than is generally available for non-disabled women; therefore the barriers and difficulties facing
disabled women who try to escape from abuse and find appropriate services are extensive.

For example, one study showed that disabled women with physical and sensory impairments comprise seven per cent of women using domestic violence services. Very few organisations for disabled people considered dealing with domestic violence to be part of their remit, and their limited resources made it difficult for them to address the issue. Impairments are frequently used in the abuse by perpetrators, who include intimate partners, personal assistants, and family members.

Research shows that rates of domestic violence may be twice as high for disabled women (50%) as for non-disabled women (25%).

Disabled victims may have reduced access to information on support if their active sphere is reduced through disability or control by an abuser. Disabled victims may be less able to find opportunities to routes to disclosure. Domestic abuse is often experienced alongside hate crime, which would include that relating to disability.

**Mental Health**

According to the World Health Organisation, domestic and sexual violence and gender inequality has a higher toll on women's health: there is a strong association between gender based violence and mental, physical and sexual health problems; and gender inequality exacerbates the harmful effects that violence has on women's health. Between 50 and 60 per cent of women mental health service users have experienced domestic violence, and up to 20 per cent will be experiencing current abuse. Domestic violence and other abuse is the most prevalent cause of depression and other mental health difficulties in women. Between 35 and 73 per cent of abused women experience depression or anxiety disorders; this is at least three times greater than the general population.

Women who experience domestic violence have twice the level of usage of general medical services and between three to eight times the level of usage of mental health services, yet their disclosure to medical professionals remains low.

**Sexual orientation**

Data on sexuality has been included in the self-completion module of the British Crime Survey since 2007. However, data around the prevalence of domestic violence by sexuality must be treated with some caution due to small sample sizes nationally. The findings, from both the 2007/08 and 2008/09 surveys however, show that people who were lesbian, gay or bisexual were more likely to have experienced any domestic abuse in the past year compared with heterosexual people (13 per cent compared with five per cent).

Those who responded ‘do not know’ or ‘do not want to answer’ to the question on sexuality were also more likely to have experienced any domestic violence in the past year compared with heterosexual people (seven per cent compared with five per cent). These results could be in part due to the large proportion of those identifying as lesbian, gay or bisexual who were in younger age groups, where risk of victimisation...
Surveys suggest there is domestic violence in one in four lesbian, gay and bisexual (LGBT) adult relationships, and LGBT survivors’ experience of domestic violence may be compounded by issues specific to their sexuality or gender identity, abuse from past and present sexual partners, types of relationships, extended family members, carers, as well as abuse from entire communities.

Victims from LGBT communities are often victims of hate crimes in tandem with their domestic abuse. LGBT victims bear a double burden in this regard. Perpetrators may threaten to “out” victims. LGBT victims may yet to define their status or their relationship with their abuser.

**Age**

**Children and young people experiencing domestic violence**

There is limited data on the prevalence, experience and needs of young people experiencing domestic violence in their own relationships. There are well-established links between perpetrating adult domestic violence and child abuse. There is increasing evidence that women and men who have been abused as children are at increased risk of developing adolescent and adult substance problems – either drugs or alcohol.

Children’s needs are often overlooked when the focus is on the needs of the parent, while a focus on child protection can result in the impact of domestic violence on the abused parent being overlooked, highlighting the need for research into what help children living with domestic violence are given and what is effective for supporting both the child and the abused parent.

The recent report by Nspcc and Refuge “Meeting the needs of children living with domestic violence in London “Nov 2011 and 4 Children’s research shows a wider picture of conflict and violence that encompasses the whole family.

Evidence suggests that violence is more widespread within the family than was previously thought: Adolescent on parent violence, extended family violence and domestic violence carried out by perpetrators under the age of 18 is now a growing concern.

- In the 12 months to August 2011, the police recorded 47,297 domestic violence offences in London.
- Domestic violence accounts for 29 per cent of violent crime in London. One in seven (14.2 per cent) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. This is equivalent to at least 260,400 of London’s children and young people.
- Not all children will be affected in the same way, living with domestic violence can adversely affect children’s healthy development, relationships, behaviour and emotional wellbeing although all children need to be safe, their need for support and help will vary.
• Domestic violence is a central issue in child protection and, has been a factor in the family backgrounds of two-thirds of the serious case reviews (SCRs) where a child has died

• Work with children needs to develop beyond the focus on safety planning

• Children need support to cope and develop strategies for resilience

• Need to provide support to children and the parent who is the victim of domestic violence, in a range of settings appropriate to need

• Munro report found 69% of high-risk adult victims of domestic abuse have children

• Children living with their mother and the perpetrator are likely to have a high level of need, but are least likely to receive support

• Fear of the consequences of disclosure, for example at school, is a significant barrier for children seeking emotional support. In 2010, only 0.2% (610) of the 265,438 ChildLine counselling contacts were identified as being from children living with domestic violence

• Children are most likely to be made homeless as a result of family violence (almost 18,000 children stayed in a domestic violence refuge in 2009/10, the largest single group of people who stayed there

• Children who are exposed to a family atmosphere of domestic violence are just as adversely affected in terms of their brain development as children who are directly subjected to physical violence

• Research from the Journal of Epidemiology and Community Health emotional trauma may stunt intellectual development. The results suggest that [maltreatment and witnessing domestic violence] in early childhood, particularly during the first two years, has significant and enduring effects on cognitive development, even after adjusting for other risk factors

• These findings echo those of other researchers who have identified changes in brain circuitry and structure associated with trauma and adversity in early life. Changes in early brain development may have lifelong consequences.
• Average of 56 children in England and Wales are killed at the hands of a family member every year

• Particular groups of children and young adults are also at greater risk of domestic violence – including lesbian, gay and bisexual young people

• Evidence that young people who reveal their sexuality while living at home can be subjected to significant physical, emotional and sexual abuse – making them more at risk of suicide attempts, more likely to end up homeless and more likely to suffer long-term emotional issues

A 2 year inquiry by the Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG0 was launched in 2011 to identify the scope, nature and extent of the sexual exploitation, victimisation and abuse that girls and boys in England are subjected by street gangs and loosely formed groups.

Specific actions outlined within the plan include: improving identification, early intervention and support for young women affected by gangs and sexual violence, developing safe reporting mechanisms for girls experiencing serious youth violence including rape and sexual exploitation, encouraging greater learning.

• Current data based on limited reporting indicates that up to 10,000 children may be affected. It is argued that the data available underestimates the extent of the problem

• Multiple perpetrator rape is less likely to be reported than other offences because of ‘social links’ between victims and perpetrators.

• Some young people tend to ‘normalise’ the sexual violence they experience in gangs and minimise the impact that it has upon them.

• 36% cent of the victims of multiple perpetrator rape identified in 2008 were aged 15 or younger

• The number of reported multiple perpetrator rapes appears to be increasing. The Metropolitan Police Service identified 93 such rapes in 2008/9
• In 2008/09 8% of multiple perpetrator rape suspects were identified as white, 32% were identified as black and 24% were identified as 'different ethnicities'. The ethnicity of the remaining 36% is unknown.

• The proportion of white victims fell from 69% in 1998/99 to 50% in 2008. During the same period, the proportion of black victims rose from 17% to 34% (MPS 2009). In London, the boroughs with highest rates of multiple perpetrator rape are Lambeth, Croydon, Newham, Southwark, Westminster and Hackney.

• The Family Resilience Service (FRS) is a key part of the new staged intervention approach to working with children and families in Croydon. FRS works with families in Croydon with multiple and complex needs in Croydon. In a recent snapshot of 70 cases, family violence was a feature in the majority of these families. Over a third of the families had a child or children with additional needs. There was also a significant number of incidents of child on parent violence, which supports the national findings on family violence outlined earlier in this report.

• A random sample of 100 cases was selected for auditing from the total contacts during the week beginning 27th June to 1st July 2011. The total number of contacts for that period was 407. Domestic violence incidents account for 30% of the contacts.

Older people

Often domestic violence against older people is subsumed under the broader heading of “elder abuse”, and so there is no firm data about the extent of domestic violence amongst older people.

An overview of the research by Women’s Aid suggests that older women experiencing domestic violence are less likely to come to the attention of statutory agencies or specialist services, and that older women may be even less aware than younger women of the services and other options available to those experiencing domestic violence. Some older women may also think services are only for younger women, or for women with children.

Professionals tend not to consider domestic violence as an issue for older women and therefore rarely ask about it and they may assume that injuries are the results of age-related conditions. They may also assume that older men are not a serious threat, and/or that domestic violence lessens as people age.

Older victims in long standing relationships may feel less able to acknowledge options open to them.

Older female victims may have reduced access to individual savings/pensions due to gender inequality in public policy.
The domestic violence partnership strategy group is reviewing how data is collected in relation to domestic and sexual violence and other associated issues of abuse and this will improve and inform future service redesign, as it recognizes that data currently in respect of key groups in relation to domestic violence is poor.

A multi-agency training strategy in relation to domestic abuse is being developed and this will also be integral to the way data is collected on protected groups in relation to domestic violence.

The local needs analysis supports the national evidence and strategy in relation to domestic violence being a gendered crime with a higher proportion of women experiencing domestic abuse than men in Croydon. Further analysis is required to understand the breakdown of these statistics. Locally the need for accurate and consistent data across statutory and voluntary organisations and the effective collection analysis of disaggregated data across services is a significant gap that needs to be addressed urgently. This is essential to underpin future effective strategies to prevent and respond to domestic violence, and to ensure that trends are identified and specific needs of particularly vulnerable groups are. A multi-agency training strategy in relation to domestic abuse is being developed and this will also be integral to the way data is collected on protected groups in relation to domestic violence.

In view of the issues relating to data collection and for the purposes of this strategy we have taken what data is available nationally, internationally, London wide and the likely trends for Croydon. We are continuing to consult with partners and will update this document as appropriate.

**Age**

**Children and young people**

The data does not accurately reflect the number of contacts received where domestic violence is a factor. This is because when recording the reason for the referral there is a wide range of choices which include:

- assessment of child in need
- child at risk
- child protection enquiry (section 47)

Any of these can be used when domestic violence is a factor. The child protection enquiry category is used when undertaking a S47 investigation and this also includes those where domestic violence is the main issue. The child at risk category is used when there are other factors but it is not a S47 e.g. concerns regarding the state of the home, parental mental health etc. It may also not be known that domestic
violence is a factor until the assessment is undertaken. This means that the data vastly under represents the number of contacts and referrals we receive where domestic violence is an issue.

The domestic violence partnership strategy group is reviewing how data is collected in relation to domestic and sexual violence and other associated issues of abuse and this will improve and inform future service redesign.

**Young people**

The homelessness review identified anecdotal evidence that an increased number of young women are approaching HAP<25, the housing advice service for young people as a result of family violence. There is a connection to partners being involved in gang violence These incidents are under-reported; young women may not perceive the abuse as family violence and may be reluctant to report it due to their links with their partners’ gang activity. The Metropolitan police have recorded 2211 family violence incidents per year in Croydon.

The Metropolitan police have recorded 2211 family violence incidents per year in Croydon. In the last five years a number of services have been established in Croydon which have between them completely modernised our approach to assisting people fleeing family violence: the Family Justice Centre, specialist court, sanctuary scheme (making homes safe), short-term emergency accommodation, and supervised child contact centre have been developed.

Housing advisers at HAP<25 report an increased number of young people experiencing family violence; where the violence affects other members of the family home this becomes a driving factor behind some parental exclusions. Housing advisers report that young women do not generally perceive the violence as family violence and it remains under-reported and are currently looking at the reasons the reasons why young women fail to report family violence and how they can tackle the situation.

**Mental health**

Despite domestic violence being closely linked to long-term mental illness, to significant physical and sexual health problems and to problematic substance misuse there is a lack is a lack of information available about domestic violence referrals, identification and response in these areas.

Socio-economic factors can influence crime rates and while domestic violence cuts across all social classes we also know there is a correlation between areas of high deprivation and crime rates in Croydon.

In 2011 the number of charges against DV offenders exceeded that of cautions, when 51% of them had the more serious sanction levied. This may be an indication that DV incidents in 2011 were of a more serious nature. There were 563 charges compared to 550 cautions.

In each of the previous two years charges made up 43% of sanctions.

A more detailed analysis is required that can then be more usefully utilised in devising anti domestic violence strategies.
The information required to complete this would include crime type; location of the incident; date and time of the incident; victim name (required in order to identify repeat victims); victim age, sex and ethnicity; accused name (required in order to identify repeat offenders); accuses age, sex and ethnicity. Additional information in the crime record comments for more context.

There were 5,972 allegations of domestic violence recorded in Croydon in the calendar year January to December 2011. Subsequently 2,267 offences (38% of total allegations) were charged from these allegations.

The victims of domestic violence are primarily women and children, but some men are also victims.

There was a total of 635 female victims of violence in the age range running from 20 to 39 where the suspects were aged 20 or over compared to 408 male victims.

April 2010 – March 2011 supervised 352 young people of which 36% have either witnessed abuse and or witnesses violence in a family context of these 17 young people committed sexual offences.

2.3 Who have you engaged with (staff, service users, community groups etc)?
   Describe the methods of engagement you used
   What are the issues arising from the engagement?
   What are the outcomes of this engagement?
   What engagement did not or could not take place?

Ongoing consultation on the strategy has taken place with partners on the strategic project development group, with representatives from Health, Housing, Commissioning, CAFCASS, Probation, Police, CVA, Children and Adult social care, Community Safety, Family Justice Centre, Youth Offending Service, Integrated Youth Support service,

A strategy consultation event was held on the 10th May at CVA with over 60 partners present. The latest findings from research and best practice evidence from the NSPCC and Refuge on children living with domestic violence in London was presented and partners were asked to discuss each of the objectives of the strategy.
Evaluations from this event were completed and the findings are feeding into the service redesign. From this event further opportunities were made available to meet on an individual basis with the new strategic domestic violence manager and these meetings are currently ongoing.

A new domestic violence partnership bulletin has also been circulated to partners inviting further comments on the strategy.

A consultation event with head teachers regarding the new approach and an eg of good practice nationally of work with schools has been arranged.

A provider forum with wider partner agencies who provide dedicated specialist services in respect of domestic violence has been established and meets 6 weekly and the draft strategy had been circulated to partners for comments.

Dedicated resource from CVA is working with the strategic manager for domestic violence to undertake some further consultations with partner agencies and victims and survivors across the age spectrum to shape our strategy and inform service redesign and future commissioning.

Consultations are still ongoing.

SECTION 3: ANALYSING YOUR EQUALITY INFORMATION

3.1 From the information you have gathered (including information gathered to fill existing gaps) and the engagement you have undertaken how are each protected group affected (positively or negatively, or not affected at all)?

What changes could be made to the policy, strategy, function, project or activity to mitigate a negative impact?

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–18 years</td>
<td>Y</td>
<td></td>
<td></td>
<td>Positive - the strategy is aligning the work of the Safer Croydon Partnership and the Children and Families partnership so that the needs of children and young people affected by domestic and sexual violence are addressed and outcomes improved. Reducing the</td>
<td></td>
</tr>
</tbody>
</table>
incidence of domestic abuse through an early intervention approach will improve the long term outcomes for children and young people. Develop understanding of family violence that addresses the issues of parent on child violence and child on parent violence by perpetrators under the age of 18

Protect vulnerable children by working with frontline partners to make them aware of the tools and systems available to them to ensure the right first response

| 19-35 | Y  | The strategy will have a positive impact

The strategy is aligning the work of the Safer Croydon Partnership and the Children and Families partnership so that the needs of all people across this age group affected by domestic and sexual violence are addressed and outcomes improved. Reducing the incidence of domestic abuse through an early intervention approach will improve the long term outcomes for younger adults.

Improved support for victims and survivors
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Y/N</th>
<th>Details</th>
</tr>
</thead>
</table>
| 36-65     | Y   | The strategy will have a positive impact  
  The strategy is aligning the work of the Safer Croydon Partnership and he Children and Families partnership so that the needs of all people across this age group affected by domestic and sexual violence are addressed and outcomes improved. Reducing the incidence of domestic abuse through an early intervention approach will improve the long term outcomes for adults.  
  Improved support for victims and survivors |
| Over 65   | Y   | The strategy will have a positive impact  
  The strategy is aligning the work of the Safer Croydon Partnership and he Children and Families partnership so that the needs of all people across this age group affected by domestic and sexual violence are addressed and outcomes improved. Reducing the incidence of domestic abuse through an early intervention approach will improve the long term outcomes for older adults and Croydon will be working with voluntary and community and faith groups for |
older people to improve services for this target group.

Improved support for victims and survivors

<table>
<thead>
<tr>
<th>Disability</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>Y</td>
<td></td>
<td></td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
<td>The safer Croydon Hate Crime PDG have engaged with this group and are in the process of exploring how we might improve third sector engagement to support victims of hate crime</td>
</tr>
<tr>
<td>Physical disability</td>
<td>Y</td>
<td></td>
<td></td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and</td>
<td></td>
</tr>
</tbody>
</table>
The safer Croydon Hate Crime PDG have engaged with this group and are in the process of exploring how we might improve third sector engagement to support victims of hate crime.

Ongoing consultations are taking place with partners and survivors and victims from this group to inform our approach and service redesign.

Improved support for victims and survivors

**Mental health**

- Y

An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.

Improved support for victims and survivors.

Ongoing consultations are taking place with partners and survivors and victims from this group to inform
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deaf or hard of hearing</strong></td>
<td>Y</td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence. Ongoing consultations are taking place with partners and survivors and victims from this group to inform our approach and service redesign. Improved support for victims and survivors.</td>
</tr>
<tr>
<td><strong>Visually impaired</strong></td>
<td>Y</td>
<td>Ongoing consultations are taking place with partners and survivors and victims from this group to inform our approach and service redesign. An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.</td>
</tr>
<tr>
<td>Other, incl carers</td>
<td>Y</td>
<td>Improved support for victims and survivors</td>
</tr>
<tr>
<td>-------------------</td>
<td>---</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing consultations are taking place with partners and survivors and victims from this group to inform our approach and service redesign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improving support for victims and survivors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender/Sex</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Y</td>
<td></td>
<td></td>
<td>Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs;</td>
<td>A reduction in the risk of harm from</td>
</tr>
</tbody>
</table>
perpetrators through holding abusers accountable for their behaviour in such a way that reduces risk and which not only acts as a future deterrent for them, but also as a deterrent to potential abusers

An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence

<table>
<thead>
<tr>
<th>Male</th>
<th>Y</th>
</tr>
</thead>
</table>
| Change the attitudes, behaviours and practices which contribute to all domestic violence by means of appropriate and targeted challenge

A reduction in the risk of harm from male perpetrators through holding abusers accountable for their behaviour in such a way that reduces risk and which not only acts as a future deterrent for them, but also as a deterrent to potential abusers |
Increase the number of offenders breaking out of a cycle of offending by ensuring the effectiveness of rehabilitation programmes.

An increase in the knowledge and skills of boys and male adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.

| Gender reassignment | Y | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence. Improved support for victims as this group are at most at risk of hate crime. |

| Race/Ethnicity | Positive Impact | Negative Impact | None | Brief detail of impact | What changes could be made? |
| Asian     | Y | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence

Improved support for victims as this group are at most at risk of hate crime |

| Black     | Y | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence

Improved support for victims as this group are at most at risk of hate crime |

| White     | Y | An increase in the knowledge and |
An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence

Improved support for victims

| Mixed  | Y     | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence

Improved support for victims |

| Other, such as Travelers | Y     | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence |

Improved support for victims |
Improved support for victims as this group are at most at risk of hate crime

<table>
<thead>
<tr>
<th>Religious/Faith Groups</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
<td>Y</td>
<td></td>
<td></td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>Y</td>
<td></td>
<td></td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>Y</td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish</td>
<td>Y</td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>Y</td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sikh</td>
<td>Y</td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence

| No religion/faith | Y | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence |
| Other | Y | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence |

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>Y</td>
<td>Improved support for victims</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-----</td>
<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian</td>
<td>Y</td>
<td>Improved support for victims</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>Y</td>
<td>Improved support for victims as this group are at risk of hate crimes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td>Y</td>
<td>Improved support for victims as this group are at risk of hate crimes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pregnancy and maternity

<table>
<thead>
<tr>
<th>Pregnancy and maternity</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td>Work with partners in the health sector to ensure that policies incorporate all forms of violence against women and girls and effectively measure their implementation and that health services ensure that women and girls have access to information about the support available.</td>
<td></td>
</tr>
</tbody>
</table>

### Marriage and civil partnership

<table>
<thead>
<tr>
<th>Marriage/civil partnership</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>None</th>
<th>Brief detail of impact</th>
<th>What changes could be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy</td>
<td></td>
</tr>
</tbody>
</table>
relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.

| 3.2 | From the information you have gathered and the engagement you have undertaken describe how the policy, strategy, function, project or activity actively enables the council to meet its public duties to: |

| Advance equality of opportunity between different groups of people by removing or minimizing disadvantages | The act covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the act protects everyone against unfair treatment. The protected characteristics are:  
- age  
- disability  
- gender reassignment  
- marriage and civil partnership  
- pregnancy and maternity  
- race  
- religion or belief  
- sex  
- sexual orientation  
The Equality Act sets out the different ways in which it is unlawful to treat someone, such as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person.  
The strategy identifies the diversity of needs relating to protected groups of people who experience domestic and sexual violence and will put support measures in place to help them improve their life chances. |
| Advance equality of opportunity between different groups of people by taking steps to meet needs | The strategy identifies the diversity of needs relating to protected groups of people who experience domestic and sexual violence. Croydon's aim is for all citizens to be free from all forms of domestic violence, by achieving the following:

- An increase in the safety of survivors (adults and children) through an approach that maximises safe choices available and reduces the harm caused.
- A reduction in the risk of harm from perpetrators through holding abusers accountable for their behaviour in such a way that reduces risk and which not only acts as a future deterrent for them, but also as a deterrent to potential abusers.
- A decrease in social tolerance and approval of domestic violence, through awareness raising and challenging inaction by individuals, communities and organizations.
- An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence. |
|---|---|
| Advance equality of opportunity between different groups of people by encouraging participation in public life | **Partnership:** through working in partnership to obtain the best outcome for victims and their families, we will:

- Improve outcomes for victims of domestic violence locally by supporting community and voluntary groups to take a stand against violence and helping them understand how to do this effectively.
- Strengthen the role of the community in tackling domestic violence by encouraging people to help themselves and each other using community-based initiatives such as community coaching; and
- Improve the life chances of victims of domestic violence overseas by working with partners to tackle it on a collaborative basis. |
| Eliminate discrimination | • Increase the numbers of women and girls who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them  
• Strengthen the framework to protect victims by ensuring the application of current legislative powers and risk management processes are both understood and effective; and  
• Increase the number of offenders breaking out of a cycle of offending by ensuring the effectiveness of rehabilitation programmes  
• An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence |
| --- | --- |
| Eliminate harassment | • An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence  
• Increase the numbers of women and girls who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them  
• Strengthen the framework to protect victims by ensuring the application of current legislative powers and risk management processes are both understood and effective; and  
• Increase the number of offenders breaking out of a cycle of offending by ensuring the effectiveness of rehabilitation programmes  
• Better support for victims of hate crime and better engagement from the voluntary and community sector  
• Continue to develop and publicise third party reporting systems to assist hate crime victims who may not wish to go to the police. |
| Eliminate victimisation | • Developing an integrated response to domestic abuse though coordinated action across all agencies based on consistent and well informed policies, systems, resource sharing and leadership will enable us to create an environment where domestic abuse is not accepted or tolerated and is challenged and prevented within Croydon.  
• An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence |
| Foster good relations between different groups and communities by tackling prejudice | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence. Developing an integrated response to domestic abuse though coordinated action across all agencies based on consistent and well informed policies, systems, resource sharing and leadership will enable us to create an environment where domestic abuse is not accepted or tolerated and is challenged and prevented within Croydon. |

| Foster good relations between different groups and communities by promoting understanding | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence. Developing an integrated response to domestic abuse though coordinated action across all agencies based on consistent and well informed policies, systems, resource sharing and leadership will enable us to create an environment where domestic abuse is not accepted or tolerated and is challenged and prevented within Croydon.|
Having considered the potential or actual effect of the policy, strategy, function, project or activity on equality make an informed judgment about what should be done (more than one may apply)?

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Definition (more information is available in the guidance)</th>
<th>Judgment (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: no major change</td>
<td>Your assessment demonstrates that the policy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</td>
<td>Y</td>
</tr>
<tr>
<td>Outcome 2: adjust the policy</td>
<td>This involves taking steps to remove barriers or to better advance equality and introducing measures to mitigate the potential effect.</td>
<td></td>
</tr>
<tr>
<td>Outcome 3: continue the policy</td>
<td>This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate.</td>
<td></td>
</tr>
<tr>
<td>Outcome 4: stop and remove the policy</td>
<td>If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy altogether. If a policy shows unlawful discrimination it must be removed or changed.</td>
<td></td>
</tr>
</tbody>
</table>

Planning actions – please record all actions arising from the assessment, with clear targets, milestone and lines of responsibility.

<table>
<thead>
<tr>
<th>Protected group</th>
<th>Action (SMART)</th>
<th>Intended Outcome</th>
<th>Completion Date</th>
<th>Lead Officer</th>
<th>Lead Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Raise awareness amongst all professionals of the issues of domestic violence across BMER communities in</td>
<td>Reduction in the number of domestic violence incidents and incidents of hate crime experienced by people from BMER</td>
<td>Ongoing</td>
<td>Dwynwen Stepien</td>
<td>Council</td>
</tr>
</tbody>
</table>

1 Enter in this column which of the protected characteristics that the action encompasses: race/ethnicity (r), disability (d), age (a), sexual orientation (so), gender/sex (g), religion/belief (rb), gender reassignment (gr), marriage and civil partnerships (m), pregnancy and maternity (pm).

2 If appropriate.
<table>
<thead>
<tr>
<th>Age</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children/Young people</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational targets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Croydon and ensure best practice responses are developed and embedded level to ensure greater take up of services.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target our service delivery and ensure it is accessible for all and recognises the diversity within our communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure that services are aware of immigration status issues and access correct services to ascertain support required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop training and awareness on so-called honour based violence and forced marriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships and protective behaviours.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A decrease in social tolerance and approval of domestic violence, through awareness raising and challenging inaction by individuals, communities and organisations.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dwywen Stepien**
<table>
<thead>
<tr>
<th>Older people</th>
<th>though the rolling out of a domestic violence education programme in schools</th>
<th>relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.</th>
<th>Older people living lives free from fear of domestic violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work with adult services and partner agencies to better understand the scale the problem locally</td>
<td>Identify best practice in respect of DV and older people and what works and ensure services commissioned reflect the distinctive support needs of this group.</td>
<td>Greater take up of services relating to domestic violence by older people.</td>
</tr>
<tr>
<td></td>
<td>Ensure the personalisation agenda highlights DV</td>
<td></td>
<td>Reduced nos of incidents relating to older people and domestic violence</td>
</tr>
</tbody>
</table>
| **Disability** | Consultation with victims and survivors of domestic abuse who are disabled involved in the redesign of services

Identify the service needs of survivors and victims who are disabled.

Awareness raising with professionals as to the issues disabled victims and survivors face.

Ensure the personalisation agenda highlights DV work with And E and other local health initiatives to improve responses to disabled people affected by DV |  |  |  | Disabled people are able to feel safe and confident in accessing the services for domestic abuse in Croydon and out of Borough

Better understanding of the needs of disabled victims and survivors | Dywnwen Stepien |
<table>
<thead>
<tr>
<th>Gender/sex</th>
<th>Women and girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase understanding of violence against women and girls, its nature, scale and impact</strong></td>
<td>assist service providers in identifying violence against women and girls, build skills and knowledge about preventative approaches, early interventions and reducing the long term impacts of violence</td>
</tr>
<tr>
<td>Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs and set up locality based domestic violence forums to do this</td>
<td></td>
</tr>
<tr>
<td><strong>Develop a proactive link with national helplines and services</strong></td>
<td><strong>Improved outcomes for female victims of domestic violence locally by supporting community and voluntary groups to take a stand against violence and helping them understand how to do this effectively</strong></td>
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<td>Better outcomes in the criminal justice system for women and girls who are the victims of domestic violence</td>
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Dywnwen Stepien
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<th>Boys and men</th>
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<td>that work with men and women so that there is 24 hour local access to a helpline service</td>
<td>Undertake prevention awareness work re domestic and sexual violence with boys</td>
<td>Target preventative work with men and fathers re domestic and sexual violence</td>
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<td></td>
<td>Develop a proactive link with national helplines and services that work with men and women so that there is 24 hour local access to a helpline service</td>
<td>An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.</td>
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<tr>
<td>Sexual orientation</td>
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<tr>
<td>Further consult with groups from LGBT to understand the needs of persons experiencing domestic violence and identify best</td>
<td>People from LGBT are able to access accessible services responsive to their needs</td>
<td>Dywnwen Stepien</td>
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| **Marriage and civil partnerships** | Change the attitudes, behaviours and practices which contribute to all domestic violence by means of appropriate and targeted challenge.  
Increase public understanding of domestic violence by putting in place focussed awareness-raising initiatives which include looking at its root causes, | An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence. | Dywnwen Stepien |
| Pregnancy and maternity | Work with partners in the health sector to ensure that policies incorporate all forms of violence against women and girls and effectively measure their implementation.  
Health services should ensure that women and girls have access to information about the support available given the high rates of Dv that start in pregnancy.  
Routine enquiry should be extended to cover a wider range of forms of violence in more of the health settings likely to be in contact with women and girls who have experienced violence. | Reduced incidence of Dv in pregnancy | Dywnwen Stepien |
| Ensure training on Dv is being accessed by midwives and health visitors in Croydon |  |  |  |
Please indicate the risks and what will be done to address them? Risks may need to be recorded in your risk register.

<table>
<thead>
<tr>
<th>Risk/ issues identified</th>
<th>Action required</th>
<th>Resource implications</th>
<th>Timescales</th>
<th>Lead Officer</th>
<th>Expected outcome</th>
<th>Progress</th>
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SECTION 4: MONITORING AND REVIEW

4.1 Equality impact assessment is an ongoing process that does not end once a policy, strategy, function, project or activity has been agreed or implemented.

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<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>How will you measure the effects of the policy on equality?</td>
<td>Monitoring and performance data will help to measure the equality impact and offer greater segmentation of need</td>
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<tr>
<td>When will the policy be reviewed?</td>
<td>The policy will be reviewed bi-annually</td>
</tr>
<tr>
<td>What type of equality information is needed for monitoring and how often will it be analysed?</td>
<td>Qualitative and quantitative monitoring data is required on all the protected groups in relation to DV and reviewed and analysed annually</td>
</tr>
<tr>
<td>How will stakeholders be engaged in the implementation, monitoring and review?</td>
<td>Stakeholders will be engaged through evaluations of any new services commissioned and through regular consultation for services that are being developed</td>
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</table>
5.1 Before sending the EqIA to be approved by the relevant director use the following checklist to ensure the process is completed. The completed initial EqIA should also be checked.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Y/N</th>
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<tr>
<td>The EqIA clearly outlines the purpose of the policy, strategy, function, project or activity? (initial and full assessment template)</td>
<td>Y</td>
</tr>
<tr>
<td>The EqIA clearly outlines how the policy, strategy, function, project or activity relates to equalities and to the council’s public duties? (initial and full assessment template)</td>
<td>Y</td>
</tr>
<tr>
<td>The EqIA clearly outlines the evidence available and the information gathered for the assessment? (full template only)</td>
<td>Y</td>
</tr>
<tr>
<td>The EqIA clearly outlines the community engagement undertaken for the assessment? (full template only)</td>
<td>Y</td>
</tr>
<tr>
<td>The EqIA clearly identifies the impact on each protected group based on the information available and how the policy, strategy, function, project or activity enables the council to meets its public duties? (full template only)</td>
<td>Y</td>
</tr>
<tr>
<td>Final judgement has been made based on the evidence available? (full template only)</td>
<td>Y</td>
</tr>
<tr>
<td>The EqIA identifies SMART actions and identifies risks? (full template only)</td>
<td>Y</td>
</tr>
<tr>
<td>The EqIA includes information on how the policy, strategy, function, project or activity will be monitored and reviewed? (full template only)</td>
<td>Y</td>
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SECTION 6: DECISION MAKING AND PUBLICATION
I agree with the outcome of the above EqIA and actions arising, and have integrated the outcome into the policy decision.

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<td>Date</td>
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Date sent to corporate equalities and cohesion team ([data.equalities@croydon.gov.uk](mailto:data.equalities@croydon.gov.uk))

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**THIS SECTION TO BE COMPLETED BY THE CORPORATE EQUALITIES AND COHESION TEAM**

<table>
<thead>
<tr>
<th>Publication Date (summary on website)</th>
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Appendix 2

Croydon Domestic Abuse and Sexual Violence Strategy 2012-2015

Contents

Executive summary
1: Introduction
2: Equality of access
3: Background
4: Definitions
5: Domestic Violence the national context
6: Domestic Abuse and Sexual Violence in Croydon
7: Summary of needs analysis and implications
8: Consultation on the strategy
9: Moving towards a model of early intervention and prevention in Croydon for domestic abuse and sexual violence

Appendix 1: Strategic Action Plan 2012-2013
Appendix 2: Governance Structure
References
**Vision**

Domestic abuse and sexual violence impacts upon each of us, whether it is apparent in our place of work, in our community or in the lives of those connected to us. The consequences of domestic abuse and sexual violence are far reaching and can leave devastating injuries (emotional, physical, psychological, sexual and financial) and can result in death.

Croydon's aim is for all citizens to be free from domestic abuse and sexual violence. We want to tackle the negative impacts on society, the family and the individuals through an integrated and holistic family approach. Through this strategy we aim to put in place a more co-ordinated community response to preventing and reducing domestic, sexual and gender based violence. By enabling partner agencies to work together and share information. In this way we can protect the most vulnerable whilst preventing future harm.

**Foreword**

*Paul Greenhalgh, Executive Director, Children and Families and Learning*

I am pleased to introduce Croydon’s Domestic Abuse and Sexual Violence Strategy and Action Plan for the Borough. This 2012 - 2015 strategy acknowledges the good foundations already in place and highlights the future work essential to protect and safeguard some of the most vulnerable people within our community.

Croydon has taken positive action to tackle domestic violence since the Family Justice Centre was set up more than 6 years ago. The model seeks to wrap victims in support and services, and end the frustrating journey for victims of having to go from agency to agency. We will continue this approach whilst developing more preventative work and addressing the longer-term impact on all victims, including children and young people.

Croydon has developed a Domestic Abuse and Sexual Violence Strategic Partnership Group, gaining commitment from statutory and voluntary services to share the responsibility for ensuring the fundamental rights of all residents in the borough to live their lives in an environment which will not tolerate domestic violence, will support victims/survivors and will hold perpetrators accountable for their actions. Delivering better outcomes for residents during a time of reducing and limited resources requires effective partnerships to provide services at the right time, the right way, for the people that need it most.

This local strategy will compliment the national domestic violence strategies and plans incorporating Domestic Violence, Rape and Sexual Violence; Female Genital Mutilation; Forced Marriage; Crimes in the name of “honour”; Sexual Harassment; Stalking; Trafficking; Prostitution/ Sexual Exploitation to offer a locally driven, nationally supported framework to meet the needs of the stakeholders and service users consulted in the process of producing our collective objectives, taking us closer to our goal of eliminating domestic, sexual and gender based violence in Croydon.
Executive summary

This document should be read in conjunction with the accompanying Action Plan (Appendix 1), which provides greater detail on the activities that will be undertaken in Croydon to tackle domestic violence.

This strategy has been developed and will be delivered in partnership with the statutory and voluntary sector agencies that are working together in Croydon to tackle domestic violence.

It sets out our priorities from 2012 to 2015 and identifies the national, regional and local policy context within which joint working to address domestic violence in Croydon will take place.

The strategy also identifies what we need to do to prevent domestic violence by raising awareness and challenging attitudes, beliefs and behaviour that tolerate and condone violence, provide victims of domestic violence with the support they need and protect victims by managing offenders/perpetrators to prevent further domestic violence and abuse.

In refocusing our approach through early help and intervention we will:

- Improve our co-ordinated response to domestic abuse currently
- Build effective and stronger partnership working
- Target our service delivery and ensure it is accessible for all and recognises the diversity within our communities
- Commission effective, evidence informed domestic violence services
- Respond appropriately to the needs of children and young people who have experienced and witnessed domestic abuse.

Developing an integrated response to domestic abuse and sexual violence through coordinated action across all agencies based on consistent and well informed policies, systems, resource sharing and leadership will enable us to create an environment where domestic abuse and sexual violence in all its forms is not accepted or tolerated and is challenged and prevented within Croydon.

Reducing and preventing domestic abuse and sexual violence is essential to make progress on: achieving equality; reducing homelessness; improving people’s physical and mental health; reducing the harm caused by alcohol and substance misuse; reducing the number of children in care and living in poverty; reducing the levels of offending; and minimising its impact on employers and on the local economy. Applying the Walby formula the cost of domestic abuse and sexual violence in Croydon is estimated to be £37.4 million with the human and emotional costs at £64.5 million.

The national ‘Violence Against Women and Girls Strategy 2010 (VAWG)’ has set out the range of violent crime types which are predominantly, but not exclusively, experienced by women and girls which include the following: Domestic violence, Rape and Sexual violence, Female Genital Mutilation, Forced Marriage, Crimes in
the name of ‘Honour’, Sexual Harassment, Stalking, Trafficking, Prostitution/Sexual exploitation.1

Croydon’s strategic approach ensures the inclusion of both women and girls, whilst recognising that there will also be men and boys who experience the forms of violence covered; that the majority of victim-survivors are female and the vast majority of perpetrators (including against men and boys) are male requires a gendered approach whilst recognising victims that are male and/or within same sex relationships.

Establishing what works best at local level, providing effective return on investment, is critical for the long-term. The new strategic landscape puts prevention and early intervention at the centre of improving outcomes for those affected by domestic abuse and sexual violence and Croydon is committed to respond to the challenges and opportunities this brings.

While the new strategic framework has not changed significantly, the proposed strategy is based around actions to integrate the four “Ps” of Prevention, Provision and Partnership and Protection into our approach.

- **Prevention**: prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it

- **Provision**: provide adequate support where violence does occur

- **Partnership**: work in partnership to obtain the best outcome for victims and their families, and;

- **Protection**: take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice.

The new framework places a strong emphasis on early intervention through education and training in order that front-line workers are equipped with the knowledge and skills to identify issues earlier.

**1: Introduction**

**1.1 Purpose and scope of the strategy**

The learning from the Total Place approach ‘Child, Family, Place’ in Croydon emphasised the need for a whole system approach with a focus on earlier intervention to improve outcomes across our local priorities and make the most efficient use of limited resources. The development of the Community Budget approach to addressing the needs of complex families and the new initiative of ‘Troubled Families’ means that Croydon is prepared and committed to develop a holistic and preventative strategy that reduces the incidence and impact of domestic violence on the lives of children, young people and adults.
Building on the analysis of domestic violence as outlined in the Croydon Safety Strategy review 2011 this document draws on other national, regional and local strategies and plans and the latest research evidence. The Strategic Needs Assessment examined available national and local data in order to determine the level of need in Croydon in regards to addressing domestic and sexual violence, looking at the level of incidence and the long-term impact that victimisation has on survivors and their children.2

The national ‘Violence Against Women and Girls strategy 2010 (VAWG)’ has set out the range of violent crime types which are predominantly, but not exclusively, experienced by women and girls which include the following: Domestic Violence, Rape and Sexual Violence; Female Genital Mutilation; Forced Marriage; Crimes in the name of “honour”; Sexual Harassment; Stalking; Trafficking; Prostitution/Sexual Exploitation.

This strategy will bring together the work of the Safer Croydon Partnership and the Children and Families Partnership to ensure shared accountability and responsibility that includes a whole system ‘think family’ approach to domestic violence.

2: Equality of Access

The Safer Croydon Partnership is committed to working to reduce disadvantages, discrimination, and inequalities of opportunity, and promote diversity in terms of the people it serves, the partners it works with and the services it delivers.

The Strategy, Needs Assessment, and Equality Impact Assessment will consider ways in which we can ensure that all people are able to access domestic abuse and sexual violence and abuse services, and that these services are provided appropriately to meet their needs.

The strategy acknowledges that the majority of domestic abuse and sexual violence is rooted in gender inequality and that this will be reflected in the provision of services to meet the identified needs. The strategy aims to address the issues holistically and inclusively in recognition that domestic abuse and sexual violence is multi-faceted.

Croydon will align its definition of domestic abuse and sexual violence and core objectives and outcomes with the national policy. The needs analysis and consultation with partner agencies and service users have been critical to developing our future commissioning strategy and has identified some key gaps and we will address these through our core objectives and build on areas of good practice.
3: Background

3.1 Legislative and strategic context

Domestic violence is a human rights violation. While domestic violence is often treated as a private matter, the human rights framework provides a tool to challenge this perception and reframe it as a collective problem that society as a whole must address.

The International Bill of Human Rights articulates

It is a state’s duty to protect fundamental human rights that are commonly violated in domestic violence cases. Those rights include:

Article 2: Right to life

The state has an obligation to protect life and requires the state to take certain positive steps to protect the lives of people within its jurisdiction. Article 2 can also create a more active obligation to protect life, for example where a public authority is aware of a real and imminent threat to someone’s life, or where a person is under the care of a public authority.

- If a public authority knows of the existence of a real and immediate risk to someone’s life from the criminal acts of another individual, then it should take appropriate preventive operational measures to protect that person.
- If a public authority undertakes care of a person, for example by putting them in prison or placing them in a home, then it must take appropriate steps to ensure that the person is safe.
- Where the work of a public authority concerns persons known to be dangerous, there is an obligation to take appropriate steps to safeguard the public from such persons. For example this will be relevant to the parole and probation services, the police and social services.

Article 3: Prohibition of torture

Everyone has the absolute right not to be tortured or subjected to treatment or punishment that is inhuman or degrading.

Conduct that amounts to any one of these forms of ill treatment will be in breach of Article 3:

Torture – deliberate infliction of severe pain or suffering, whether to punish or intimidate, or to obtain information.

Inhuman treatment – treatment which is less severe than torture but still causes serious physical and/or mental pain or suffering.
**Degrading treatment** – treatment arousing feelings of fear, anguish and inferiority, capable of humiliating and debasing the victim.

- There is a negative obligation to refrain from subjecting people to torture or to inhuman or degrading treatment or punishment. But in some cases this may necessitate the application of extra resources in order to prevent inhuman or degrading treatment.
- There is a positive obligation on public authorities to intervene to stop torture, inhuman or degrading treatment or punishment as soon as they become aware of it, even if a private individual is carrying it out.
- There is a positive obligation on states to investigate any allegations of torture or of inhuman or degrading treatment or punishment.

**Article 8: Right to respect for private and family life**

Everyone has the right to respect for their private and family life, their home and their correspondence.

**Home** – Everyone has the right to enjoy living in their home without public authorities intruding or preventing them from entering it or living in it. People also have the right to enjoy their homes peacefully. This may mean, for example, that the state has to take positive action so that a person can peacefully enjoy their home.

The international human rights protection systems offer alternative channels through which people may advocate for fundamental rights, social change and institutional reform.

Under international directives upheld by the United Nations all governments are now required to demonstrate their intentions and progress towards eliminating gender based violence. The previous government strategy “Together We Can End Violence against Women 2009” had marked a move away from the narrower definition of domestic violence.

**3.2 Violence against women and girls strategy, 2009-11**

The Coalition Governments strategic vision in regards to domestic violence is now set out in the “Call to End Violence against Women and Girls” document (Nov 2010) which together with the Greater London Authority (GLA) strategy “The Way Forward: Violence Against Women and Girls Strategy, 2009-11” provides the framework for a greater emphasis on tackling all forms of violence.³

The strategic vision is now explicit in stating the long-term detrimental affect violence against women and girls can have including increased risk of offending and subsequent risk of incarceration, risk of substance misuse and poor physical and mental health outcomes. It encompasses the issues of sexual violence, prostitution, violence against Black and other Minority Ethnic (BME) women and trafficking.
These strategies draw upon a number of recent reviews, including the Health Taskforce which examined the National Health Service response to violence against women and girls; the Department for Children’s Schools and Families (DCSF) Violence Against Women and Girls Advisory Group findings on the role of schools in preventing violence against women and girls as well as the Stern Review of the criminal justice service and its agencies’ response to rape complaints.4

The national strategy identifies violence against women and girls as a gender based crime which requires a focused and robust cross-government approach underpinned by a single agreed definition. It is based on the United Nations (UN) Declaration (1993) on the elimination of violence against women to guide our work. It defines violence against women as:

‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’.5

3.3 National Health guidance on responding to domestic violence

Reducing and preventing domestic violence is a national health priority. The Crime and Disorder Act 1998 gave Primary Care Trusts a statutory duty to work within Community Safety Partnerships to reduce local crime – including domestic violence. Domestic violence has also been an important consideration in health consultations and inquiries e.g. Why mothers die, 2000–02; Confidential Enquiry into Maternal and Child Health, 2004) and 2004 and 2005 White Papers. In 2004/5 the Department of Health and National Institute for Mental Health in England collaborated on a substantial programme of work to alleviate the health and mental health effects of domestic violence on women and children.

These national publications have been acknowledged in the development of this strategy and inform the action plan.

3.4 Principles and aims

This strategy provides a framework for developing a comprehensive, multi-agency approach to tackling the issues of domestic abuse and sexual violence within Croydon. The aims are organised under four key themes:

Protection and reduction of risk

- **Reduce the risk:** through our work to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice, we will
- In partnership with the voluntary sector and statutory agencies we will increase the reporting of domestic abuse and sexual violence and the confidence of victims to access the criminal justice system by seeking continued improvement in the effectiveness of the Criminal Justice
System response to all reports of domestic, sexual and gender based violence
• Strengthen the framework to protect victims by ensuring the application of current legislative powers and risk management processes are both understood and effectively and consistently implemented
• Reduce the number of offenders re-offending by ensuring the effectiveness of rehabilitation programmes.

Partnership: through working in partnership with the voluntary sector and statutory agencies to obtain the best outcome for victims and their families, we will
• Improve outcomes for victims of domestic abuse and sexual violence locally by supporting community and voluntary groups to take a stand against violence and work together to understand how to do this effectively
• Strengthen the role of the community in tackling domestic abuse and sexual violence by using community-based initiatives.

Provision: through our work to provide timely and appropriate support where violence does occur, we will
• Strengthen the basis for targeted services by creating a robust commissioning framework
• Send a clear signal to partners that support to victims of Violence Against Women and Girls is a local priority
• Improve the support that is provided locally by enabling local communities to tailor service provision to meet local needs
• Deliver better and more effective outcomes for victims by the provision of training to frontline staff and partners to recognise domestic abuse and sexual violence and understand the actions to be taken.

Prevention: through our work to prevent violence, we will
• Change the attitudes, behaviours and practices which contribute to all domestic, sexual and gender based violence by means of appropriate and targeted challenge
• Increase public understanding of domestic violence by putting in place focussed awareness-raising initiatives which include examining the root causes, hidden nature and economic cost to society
• Strengthen understanding of the unacceptability of domestic violence by ensuring our frontline partners can intervene early to challenge acceptability
• Develop knowledge and understanding of family violence that addresses the issues of parent on child violence and child on parent violence by perpetrators under the age of 18
• Protect vulnerable children by working with frontline partners to make them aware of the tools and systems available to them to ensure the right first response.

Our outcomes will be achieved through the following core objectives;
• An increase in the safety of survivors (adults and children) through an approach that maximises safe choices available and reduces the harm caused
• A reduction in the risk of harm from perpetrators through holding abusers accountable for their behaviour in such a way that reduces risk and which not only acts as a future deterrent for them, but also as a deterrent to potential abusers
• A decrease in social tolerance and approval of domestic abuse and sexual violence, through awareness raising and challenging inaction by individuals, communities and organisations
• An increase in the knowledge and skills of children, young people and adults about forming healthy relationships, through prevention education and learning, so that they are better equipped to form relationships based on equality and respect, mutual understanding, shared power and a commitment to non-violence.

4: Definitions

4.1 Defining domestic abuse and sexual violence

Defining domestic abuse and sexual violence can be a challenge to partnership working with different individuals and agencies focusing on one aspect over another. The best definitions recognise the wide-ranging effects of domestic abuse and sexual violence.

Domestic violence is a general term (and in this document is used inter-changeably with domestic abuse and sexual violence) that describes ongoing controlling and coercive behaviours by one person using emotional, financial, physical and/or sexually abusive behaviours to ensure power and control over another with whom they have, or have had, an intimate or family relationship. The main characteristic of domestic violence is that the behaviour is intentional and is calculated to induce fear, and involves the misuse of power to control how the victim thinks, feels and behaves.

The Home Office definition of domestic violence for monitoring purposes, nationally and locally is;

“Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so-called ‘honour based violence’, female genital mutilation (FGM) and forced marriage. An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in-laws or stepfamily.”

This is an incident based definition for monitoring purposes and therefore does not make any distinction between incidents used to control, frighten, cause injury or fear, and those used in self-defence or defence of children.
The government is currently consulting with all stakeholders on whether the current cross-government definition of domestic violence should be widened and if the current definition is being applied consistently across government and if it is understood by practitioners, victims and perpetrators. The consultation includes consideration that the definition of domestic violence is amended to include coercive control and extended to all those under 18.

4.2 Domestic violence and interpersonal violence

There is now a greater understanding of interpersonal violence; that is the interconnected relationship between domestic violence, sexual assault and stalking. It is this increased understanding of the overlap between domestic and sexual violence that forms the rationale behind the Coalition Government decision to deal with both issues together in their national strategy, with predominantly women experiencing all three forms of inter-personal violence.

As figure 1 highlights 3.3% of women experienced all three forms of interpersonal violence at some point in their lives (0.3% for men).

![Figure 1: Female overlap between types of inter-personal violence](image)

While the national strategy provides a broad definition of gender-based violence against women it is also useful to clarify what we mean by domestic and sexual violence in a general sense that acknowledges male victims as well. Men’s domestic violence is an equally serious and inadequately addressed problem however, it is not rooted in the political, legal and socio-cultural context that, historically, has ignored or condoned men’s violence to women.

**Sexual Violence** is more complex and lacks a Home Office approved definition. The World Health Organisation defines sexual violence as; “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”\(^8\)
Whilst the above definition outlines the scope of what is considered as domestic violence in this strategy, local data will not necessarily align with the above definitions because many organisations do not identify and/or record different aspects of domestic violence amongst different communities and groups. Where data is available, the scope of the needs assessment will also include information about the needs of children and young people affected by domestic violence.

For the purposes of this strategy; Croydon acknowledges and accepts that all forms of domestic abuse and sexual violence are serious and unacceptable for those that experience it, inclusive of men, women and children. Therefore this strategy has incorporated both elements within the title of the strategy and in this way seeks to adopt the broadest sense of the definitions.

4.3 Causes of domestic violence

In addressing the need to reduce violence against girls and women Croydon uses the approach of the “Duluth model of Power and Control”. This approach asserts violence against women and girls is caused by the abuser’s belief in the benefits of behaviour which exerts power and control over their partner, ex partner, children or other family members. This model views domestic violence as supported by institutional sexism and an imbalance of power, including stereotypical beliefs and negative attitudes about the roles of men and women and is rooted in gender inequality. The Duluth Model is grounded in the experience of victims, helps offenders and society change, and pulls the whole community together to respond.

Domestic abuse and sexual violence is not caused by alcohol, drugs, unemployment, stress or ill health, however, they are likely to be triggers or contribute to the severity of domestic abuse.9

5: Domestic Violence: the national context

Analysis of domestic abuse is a problematic area due to the fact that victims are less likely to report their experiences to the authorities because of beliefs that their abuse is not a matter for police involvement, their experiences too trivial, or from fear of reprisal. There is significant underreporting of domestic abuse by victims, and it is acknowledged that data on reported incidents and cases prosecuted, which has recently started being collected by the criminal justice system, represents only a small element as less than 40% of domestic violence is reported to the police.

Unlike other crimes, it is often difficult to separate occurrences of domestic abuse into discrete ‘incidents’: abuse may be continuous (e.g. living under a threat) or may occur with such frequency that the victim cannot reliably count the instances.
Sexual violence is also greatly underreported due to the very private and personal nature of the offence (it is estimated that only 11% of rapes are actually reported.)

Below are some key national statistics to inform the strategy development:

- On average two women each week are killed by a current or former male partner: This constitutes around one-third of all female homicide victims.
- Despite underreporting, the police still receive on average one call about domestic violence every minute (over 570,000 per year).
- During pregnancy is a key point where severity and frequency of abuse will increase. 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth.
- Reported domestic violence accounts for 16% of all violent, however, other studies estimate the figure to be closer to 25%.
- The vast majority of domestic violence (73%) is perpetrated by men against women.
- 54% of rapists were intimates and a further 29% were known to the victim.
- Although there is no agreed estimate of the scale of sex-trafficking in the UK Home Office estimated 4,000 women were trafficked into the UK for sexual exploitation.
- A study of 207 women trafficked into prostitution found that 95% suffered physical and sexual abuse, with the same number experiencing symptoms of trauma similar to those suffered by torture victims.
- 200,000 children in England live in households where there is a known risk of domestic violence.
- 2009 national analysis of Serious Case Reviews found evidence of past or present domestic violence in over half of cases.
- In the UK it is estimated 66,000 women are affected by female genital mutilation (FGM); 24,000 young girls are at high risk of FGM, and as many as 6,500 girls are at risk of FGM within the UK every year.
- The UK Forced Marriage Unit received 1,682 reports of forced marriage in 2009, 86% involved females and 14% involved males.
- 1 in 4 women experience domestic violence over their lifetimes and between 6-10% of women suffer domestic violence in a given year.
- Domestic violence is prone to incidents of repeat victimisation (more than any other crime) and the British Crime Survey highlighted that 57% of victims are involved in more than one incident.
- According to Women’s Aid, 70% of teenage mothers are in a violent relationship.
- Alcohol, is a key characteristic in the majority of domestic and sexual violence cases, whilst not a cause, it is an important factor for perpetrators and survivors: Several US studies of alcohol treatment populations show clear evidence of high rates of domestic violence perpetration among treatment populations.
• There is evidence to suggest an individual’s increasing alcohol consumption heightens their risk of becoming a victim of domestic violence and that that a survivors alcohol problems is worsened by domestic violence through the use of alcohol as a coping mechanism.29

• 73% of Domestic violence offenders had been drinking at the time of the assault. Many perpetrators of sexual violence drunk alcohol immediately prior to the incident and/or have drinking problems.30,31

• A number of domestic violence studies found that the perpetrators’ use of alcohol, particularly heavy drinking, was likely to increase the severity of the injury.32,33

• Many victims of sexual violence also develop drinking problems.34

• There is a high rate of prevalence of domestic violence victimisation among women presenting to alcohol and drug services

• There is a high incidence of women who come into the Criminal Justice System who have experienced domestic abuse, sexual violence and/or child abuse

5.1 Sexual Violence - who is at risk?

Sexual violence represents a form of gender inequality and, similarly to domestic violence, women are disproportionately affected by sexual violence compared to males.35

Adult sexual violence and child sexual abuse is often normally committed by someone known to the victim and many abusers are partners or family members. Rape is associated with the most severe cases of domestic violence, and is a risk factor for domestic homicide.36

The British Crime Survey (2004-5) found that 51% of serious sexual assaults were committed by current or former partners of the victim and 11% were committed by strangers.

The risk of sexual violence will vary among different groups of women, for example younger women are more likely to be victims than older women.37 Women aged 16 to 24 are 4 times more likely to have experienced sexual assault in the last year than women aged 45 – 59. There are, however, no significant differences in domestic or sexual violence against women between urban and rural areas.38

Whilst females are disproportionately the victims of sexual assault it is important to note that males are also victims. The British Crime Survey (BCS) section of the Annual Crime Report 2008/2009 found 1% of men aged 16-59 years disclosed that they had experienced a sexual assault in the previous twelve months (April 2008 - March 2009) (compared to 3 % for females).

Although there is no agreed estimate of the scale of sex-trafficking in the UK, in 2003 the Home Office estimated 4,000 women were trafficked into the UK for sexual exploitation.39 A study of 207 women trafficked into prostitution found that 95% suffered physical and sexual abuse, with the same number experiencing symptoms of trauma similar to those suffered by torture victims.
The teenage rape prevention campaign, launched on 5 March 2012, targets 13-18 year old boys and girls and aims to prevent teenagers from becoming victims and perpetrators of sexual violence and abuse. It encourages teenagers to re-think their views of rape, sexual assault, violence and abuse, and directs them to places for help and advice by:

- Raising awareness of the issue of rape and sexual violence improving
- Understanding of what constitutes rape, sexual assault and consent
- Empowering young people to avoid, challenge and report sexually violent behaviour.

5.2 Domestic violence and men

Research evidence shows that whilst both men and women can be violent, there are significant differences in the way men and women use violence and abuse against their partners.

The British Crime Survey 2001 highlighted that 1 in 7 men experience domestic violence in their life time (compared to 1 in 3 for women). Furthermore, 1 in 20 men experienced domestic violence over the last 12 months (compared to 1 in 8 women).

It also found there are significant differences in the impact of such behaviour, which needs to be taken into account when determining risk and interventions to increase victim safety. For example, men were found to inflict more violence than women and were significantly more likely than women to use physical violence, threats harassment and to damage the women’s property; men’s violence tended to create a context of fear and control and men tended to be perpetrators of repeat and escalating violence.

Men do experience repeat victimisation (defined as 4 more incidents) in regards to domestic violence, albeit at a significantly lower rate to women (1 in 10 men compared to 1 in 3 women who reported.

- Reports to the Police from the ‘Domestic Violence Day Count’ (Sep 2000) in England revealed that 8% of calls related to violence perpetrated by women against men and 7% in regards to men in a same sex relationship.

- Men can be victims of sexual attack regardless of their sexual orientation. While the attacker is more often male, men can be and are sexually assaulted by women.

- Domestic violence against men can be perpetrated in a same sex relationship and by family members in the context of forced marriages and honour based violence.
5.3 Domestic violence and black, Asian, minority ethnic and refugee (BAMER) communities

There is no evidence to suggest that women and men from some ethnic or cultural groups experience more domestic violence than others; however, it is the cultural setting in which the abuse occurs which may affect the way it is perceived, experienced and responded to.

Survivors of domestic abuse and sexual violence in BAMER communities may face additional barriers to seeking help, such as racial discrimination, religious stereotyping, fear of community dishonour and rejection, and an insecure immigration status, all of which may prevent them from accessing protection.

For example, help seeking from the police differs significantly across BAMER communities. Some research does indicate that women from some BAMER groups are less likely to access existing services and there is generally a low level of awareness of refuge services among large numbers of BAMER women which leads them to endure abuse for longer periods.

Research also shows that Asian women in particular are likely to severely under-report abuse, and that women from BAMER communities are more likely to suffer from ongoing post-separation violence including threats through child contact arrangements and child abduction.\textsuperscript{5} Ref. This leads to many women under using refuge and other domestic violence support services.

Language and culture can be a huge barrier in women accessing or approaching services which they consider lack an understanding of their experiences and needs.

Women may be unable to access written information about services, and interpreters are rarely present at police stations and hospitals; indeed women may be reluctant to fully recount their abuse to a stranger with whom they have no relationship of trust, or to an interpreter who is also a member of the local community.

5.4 Domestic violence and older people

Often domestic violence against older people is subsumed under the broader heading of “elder abuse”, and so there is no firm data about the extent of domestic violence amongst older people.

An overview of the research by Women’s Aid suggests that older women experiencing domestic violence are less likely to come to the attention of statutory agencies or specialist services, and that older women may be even less aware than younger women of the services and other options available to those experiencing domestic violence. Some older women may also think services are only for younger women, or for women with children.\textsuperscript{40}

Professionals tend not to consider domestic violence as an issue for older women and therefore rarely ask about it and they may assume that injuries
are the results of age-related conditions. They may also assume that older
men are not a serious threat, and/or that domestic violence lessens as people
age.

5.5 Domestic violence and disabled people

Research shows that disabled women experience a greater need for services
based on the nature and extent of the abuse they experience, but this is
accompanied by far less provision than is generally available for non-disabled
women; therefore the barriers and difficulties facing disabled women who try
to escape from abuse and find appropriate services are extensive.

For example, one study showed that disabled women with physical and
sensory impairments comprise 7% of women using domestic violence
services. Very few organisations for disabled people considered dealing with
domestic violence to be part of their remit, and their limited resources made it
difficult for them to address the issue. Impairments are frequently used in the
abuse by perpetrators, who include intimate partners, personal assistants,
and family members.

5.6 Domestic violence and lesbian, bisexual and gay and transgender
relationships

Surveys suggest there is domestic abuse in one in four lesbian, gay and
bisexual (LGBT) adult relationships, and LGBT survivors’ experience of
domestic violence may be compounded by issues specific to their sexuality or
gender identity, abuse from past and present sexual partners, types of
relationships, extended family members, carers, as well as abuse from entire
communities.41

More data is required to assess what is reported, anecdotally, as a growing
area of incidence.

5.7 Children and young people experiencing domestic violence

There are well-established links between perpetrating adult domestic violence
and child abuse. There is increasing evidence that women and men who have
been abused as children are at increased risk of domestic violence and
developing adolescent and adult substance problems – either drugs or
alcohol.42,43

Children’s needs are often overlooked when the focus is on the needs of the
parent, while a focus on child protection can result in the impact of domestic
violence on the abused parent being overlooked, highlighting the need for
research into what help children living with domestic violence are given and
what is effective for supporting both the child and the abused parent.

The recent report by NSPCC and Refuge “Meeting the needs of children living
with domestic violence in London” and 4 Children’s research shows a wider
picture of conflict and violence that encompasses the whole family.44
Research suggests that violence is more widespread within the family than was previously thought showing a wider picture of conflict and violence that encompasses the whole family. Adolescent on parent violence, extended family violence and domestic violence carried out by perpetrators under the age of 18 is now a growing concern.45

- In the 12 months to August 2011, the police recorded 47,297 domestic violence offences in London.
- Domestic violence accounts for 29% of violent crime in London.
- One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. This is equivalent to at least 260,400 of London’s children and young people.
- Not all children will be affected in the same way, living with domestic violence can adversely affect children’s healthy development, relationships, behaviour and emotional wellbeing although all children need to be safe, their need for support and help will vary.
- Domestic violence is a central issue in child protection and, has been a factor in the family backgrounds of two-thirds of the serious case reviews (SCRs) where a child has died.46
- Work with children requires development needs to develop beyond the focus on safety planning.
- Children need support to cope and develop strategies for resilience.
- There is a need to provide support to both the children and the parent who is the victim of domestic violence, in a range of settings appropriate to need.
- Munro report found 69% of high-risk adult victims of domestic violence have children.47
- On average 56 children in England and Wales are killed at the hands of a family member every year.
- Children living with their mother and the perpetrator are likely to have a high level of need, but are least likely to receive support.
- Fear of the consequences of disclosure, for example at school, is a significant barrier for children seeking emotional support. In 2010, only 0.2% (610) of the 265,438 Child Line counselling contacts were identified as being from children living with domestic violence.
- Children are most likely to be made homeless as a result of family violence (almost 18,000 children stayed in a domestic violence refuge in 2009/10, the largest single group of people who stayed there)
- Children who are exposed to a family atmosphere of domestic violence are just as adversely affected in terms of their brain development as children who are directly subjected to physical violence.

Research from the Journal of Epidemiology and Community Health emotional trauma may stunt intellectual development. There is evidence that in early childhood, particularly during the first two years, witnessing domestic abuse and sexual violence has significant and enduring effects on cognitive development. Even after adjusting for other risk factors, emotional trauma
may inhibit intellectual development. These findings echo those of other researchers who have identified changes in brain circuitry and structure associated with trauma and adversity in early life. Changes in early brain development may have lifelong consequences.

Particular groups of children and young adults are also at greater risk of domestic violence – including lesbian, gay and bisexual young people. There is also emerging evidence that young people who reveal their sexuality while living at home can be subjected to significant physical, emotional and sexual abuse – making them more at risk of suicide attempts, more likely to end up homeless and more likely to suffer long-term emotional issues.

5.8 Domestic violence within teenage pregnancy

The potential links between teenage pregnancy and abuse were also reiterated in the public consultation on the Teenage Pregnancy Strategy (DCSF 2010) ‘2010 and Beyond’ and the NHS Taskforce on Violence against Women and Children referred to teenage pregnancy as one of many impacts of abuse.

- In July 2010 the first contemporary UK study to focus on this association was published, and also found that there are links between teenage pregnancy and non-consensual sex.
- It found that many local authority areas lack data on possible links between non-consensual sex and teenage conception.
- Many Teenage Pregnancy Coordinators in local authority areas have no national or local agenda steer to address how violence, abuse and coercion intersect with teenage conception thus limiting the development of policy and practice in terms of developing work on non-consensual sex.
- The links between sexual violence and teenage pregnancy have not been addressed nationally or locally. Thus, not only is sexual violence in young women’s lives not addressed, nor are the links with teenage pregnancy.

5.9 Domestic violence and the impact on economic exclusion and child poverty

Studies indicate that between 43% and 89% of women experience economic abuse as part of domestic violence, irrespective of their class or economic status, and the experience of economic abuse, as part of domestic violence, leads many women to become financially excluded’.48

Many survivors are subjected to financial control and abuse, and inhibited from accessing employment or education and training by perpetrators. Economic abuse experienced can take many forms but can; for example, include preventing survivors from access to their own money.

Domestic violence can undermine women’s autonomy and the self-confidence needed to seek paid work; and a review of research on welfare and domestic
violence suggests that violent men can ‘sabotage their partners’ attempts to become self-sufficient through education, job training or employment.49

Addressing child poverty is a national and local priority: one in five children and young people in England live in poverty, and outcomes for children raised in poverty are significantly worse than for those who are not. Domestic violence is one of the recognised drivers of child poverty, which itself is inextricably linked with women’s poverty.50

5.10 Economic and social consequences of domestic violence

Domestic abuse and sexual violence can have a detrimental impact on businesses and organisations through its effect on the productivity of employees, employee absenteeism and turnover, and it can also impact on other staff and certainly has consequences in terms of financial costs.

Research has shown that one in ten people who has experienced domestic violence has been forced to take time off work because of the effects of the abuse, and 20% of those have been absent for more than a month.

The total national cost of domestic violence to services (criminal justice system, health social services, housing and civil legal), the loss to the economy and the cost in terms of human and emotional suffering is estimated to be £23 billion a year. The cost to employers of people taking time off work due to domestic violence related injuries is £19 billion each year, and the cost of public services to those who suffer domestic violence is nearly £4 billion. Nationally, the cost of domestic homicide is estimated to be £112 million per annum, and the cost of responding to each domestic violence homicide is £1 million.51

5.11 Gang violence and associated sexual violence and exploitation

In 2007, a survey by the Metropolitan Police Service (MPS) identified approximately 170 to 178 youth gangs in London alone, many using firearms. These gangs were estimated to be responsible for 20% of the youth crime in the capital and 28 knife and gun murders (MPS 2007). Dying to Belong published by the Centre for Social Justice (2009) estimates that around 50,000 young people in England and Wales have some involvement with violent youth gangs.52

A 2 year inquiry by the Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG0 was launched in 2011 to identify the scope, nature and extent of the sexual exploitation, victimisation and abuse that girls and boys in England are subjected to by street gangs and loosely formed groups.

Specific actions outlined within the plan include: improving identification, early intervention and support for young women affected by gangs and sexual violence, developing safe reporting mechanisms for girls experiencing serious youth violence including rape and sexual exploitation, encouraging greater learning.53
• Current data based on limited reporting indicates that up to 10,000 children may be affected. It is argued that the data available underestimates the extent of the problem.
• Multiple perpetrator rape is less likely to be reported than other offences because of ‘social links’ between victims and perpetrators.
• Some young people tend to ‘normalise’ the sexual violence they experience in gangs and minimise the impact that it has upon them.
• 36% of the victims of multiple perpetrator rape identified in 2008 were aged 15 or younger.
• The number of reported multiple perpetrator rapes appears to be increasing. The Metropolitan Police Service identified 93 such rapes in 2008/9.
• In 2008/09 8% of multiple perpetrator rape suspects were identified as white, 32% were identified as black and 24% were identified as ‘different ethnicities’. The ethnicity of the remaining 36% is unknown.
• The proportion of white victims fell from 69% in 1998/99 to 50% in 2008. During the same period, the proportion of black victims rose from 17% to 34% (MPS 2009). In London, the boroughs with highest rates of multiple perpetrator rape are Lambeth, Croydon, Newham, Southwark, Westminster and Hackney.

6: Domestic abuse and sexual violence in Croydon

6.1 Croydon Demographics

Socio-economic factors can influence crime rates and while domestic violence cuts across all social classes we also know there is a correlation between areas of high deprivation and crime rates in Croydon; more crime is committed in the north of the borough largely due to a higher population density, and multiple deprivation.

With a population of 363,000 people, Croydon has both the largest population of any London authority, and the largest population of children and young people aged 0 to 19, at nearly 90,000. Croydon is an area of diversity.

There is a significant mixture of affluence and deprivation across its neighbourhoods, with some areas classified as within the 10% most deprived in England. Deprived areas are concentrated in Croydon’s major social housing estates and in the north of the area while wealth is mainly in the south.

Outcomes for people who live in Croydon vary enormously; there is an 11 year gap in life expectancy. The diversity is of course reflected in our children and families birth rates: Croydon’s birth rate (70 per 1000 women) is higher than the London average of 68 and the national average of 62. There are more than 5,500 births per year in Croydon – and this number is likely to rise.
**Ethnicity:** Many of the births in Croydon are from mothers who are members of black or minority ethnic groups, as well as mothers who themselves were born outside of the country. By 2026 the black and minority ethnic population in Croydon will be greater than 50%, making Croydon a minority–majority borough.

**Child poverty:** One in four children in Croydon grow up in poverty and there is a relatively high percentage of lone parents who are benefit recipients, with 3.1% of the population versus the London average of 2.8% and the national average of 1.9%.

### 6.2 Housing

**Homelessness and temporary accommodation**

Children are overrepresented in families on the housing register who are classified as homeless. In October 2009 the housing department undertook a review and found that 86% of homeless households had children in them and 53% of homeless individuals were children. Most of these families are living in some form of temporary accommodation which is very transitory and complicates access to other services.

In Croydon the main causes of homelessness among households for whom a housing duty was accepted are:

- exclusion by parents, relatives and friends (42% overall, including 26% exclusion by parents)
- ending of assured short hold tenancy (20%)
- family violence (7%)

However, half of applicants are from outside the borough. Almost three quarters (74%) of applications due to family violence were from most deprived areas; the north-west, New Addington and central Croydon.

Croydon’s Housing Advisers (HAP<25) report an increased number of young people experiencing family violence. Housing advisers report that there is under-reporting of violence within the home from young women and are currently looking at the reasons why young women fail to report family violence and how they can tackle the situation.

The review highlighted a gap in support services for gay, lesbian, bisexual and transgender people generally and, in particular, the needs of young people threatened with homelessness as a result of homophobia within their families.

The council will continue to raise awareness of services for victims of family violence through the housing options promotion campaign, liaison with private landlords and a programme of training for housing department and registered social landlords (RSL) staff.

### 6.3 Criminal justice outcomes for domestic violence in Croydon
Questions are frequently asked about the reliability of data around crimes of Domestic Violence. It is understood to be a massively under-reported crime (a commonly cited statistic is that a woman will undergo more than 30 incidents of violence before making a crime report) and one that sees a very high rate of repeat offending.

The Safer Croydon Partnership undertook a strategic assessment on all crime and anti-social behaviour was completed in 2011. As overall crime patterns do not significantly alter from year to year agreed to focus on specific priority crime types for this year's assessment. In 2011-12 efforts were focused on producing a violent Crime data product which included analysis on Serious Youth Violence, Domestic Violence and Gangs. The key findings from the 2011 Violent Crime Strategic Assessment identified 5,972 allegations of domestic violence recorded in Croydon in the calendar year January to December 2011. The victims of which are primarily women and children, but some men are also victims. Other findings are outlined in the following paragraphs.

Domestic Violence Trends

There has been a clear peak period for DV allegations in Croydon over recent years running from June through to August with December occurring as a lesser peak.

The chart below shows the monthly percentage rates whereby domestic violence allegations are subsequently classified as offences over the last three years.

![Percentage of DV allegations recorded as offences](chart.png)
The chart above shows a consistently higher rate for allegations resulting in offences throughout 2009, when compared month by month with the two subsequent years. It suggests that the fall in the allegation: offence ratio began early in 2010 and continued to decline at a consistent rate through the first half of the year. In the second half of the year there was inconsistency from month to month, with the rate twice falling below 35% (in August and October). The rate was much more consistent last year and only fell below 35% in September, and hovered around the 38% average for much of the year.

The chart below shows box plots illustrating key statistics for domestic violence offences over the last three years.

This chart shows a declining pattern in offences of domestic violence. The maximum number of offences in any month fell from 253 in 2009, to 226 in 2010 to 221 last year. All other key statistics also fell.

While for many crime types lower offence totals would be broadly welcomed, with domestic violence, because we are so aware of the problem of under-reporting, we have to be concerned that falling offences represent further under-reporting and not a cause for mutual congratulation.

**Arrests**

The rate of arrests of perpetrators of domestic violence has been around 80% or better over the last 3 years. In 2011 the rate was 87%, a slight fall from the rate of 89% seen in 2010, which was a significant improvement on the 78% rate achieved in 2009.
The monthly totals for sanction detections have shown much variation from month to month over the last three years. Sanction detections are the subject of a local performance target which for the financial year 2011 / 12 is a 48%.

The success rate for the last three years has been 48% in 2009, 52% in 2010 and 49% in 2011, indicating that the police are on target for the financial year.

**Charges and cautions**

In 2011 the number of charges against domestic violence offenders exceeded that of cautions, when 51% of perpetrators had the more serious sanction levied. This may be an indication that domestic violence incidents in 2011 were of a more serious nature. In each of the previous two years charges made up 43% of sanctions.

Identification of repeat victims is a key issue as these people will be among the most vulnerable residents in the borough and will require adequate protection and support. Nationally the figures reported are that 66% of incidents are repeat victims.

**Domestic homicides**

Between 2008 and 2011 there have been 5 domestic violence homicides in Croydon. Three of which were female victims, each murdered by their husbands. The remaining 2 offences were against parents by their adult children, which further highlights the issue of family violence.

**Gang violence in Croydon**

The overall picture of Guns, Gangs and Knives in Croydon is incomplete and very fragmented because datasets (from the police, Youth Offending Service, London Ambulance Service and the Strategic Assessment) are disparate cannot be readily matched and analysed to produce a comprehensive overview. This problem is being addressed.

There were a total of 635 female victims of violence in the age range running from 20 to 39 where the suspects were aged 20 or over compared to 408 male victims. Proportionally there were 56% more female victims than males is this age range.

Croydon’s main gangs draw membership from the north and a distinct area in the east of the Borough.

**Domestic violence perpetrators**

Within Croydon Probationary Service Local Delivery Unit (June 2012), there are at present 175 offenders registered as domestic violence perpetrators, which equates to 10.4% of the caseload. Of the 175 offenders registered as domestic violence perpetrators, the age breakdown has identified that the largest cohort of offenders is within the 25-30 age range. Followed closely by the 41-50 year age group, of the perpetrators, all were recorded as male.
The breakdown of ethnicity highlights that the highest amount of offenders registered as domestic violence perpetrators are of White–British background with 41%.

<table>
<thead>
<tr>
<th>General Ethnicity</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>80</td>
<td>46%</td>
</tr>
<tr>
<td>Black</td>
<td>57</td>
<td>33%</td>
</tr>
<tr>
<td>Mixed</td>
<td>18</td>
<td>10%</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Refused</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175</strong></td>
<td></td>
</tr>
</tbody>
</table>

In terms of risk of harm, the Probation Service has recorded risk of harm of the domestic violence perpetrators and has indicated that 78% of the offenders are within the medium range as detailed in the following table.

<table>
<thead>
<tr>
<th>Risk Of Harm</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>High</td>
<td>30</td>
<td>17%</td>
</tr>
<tr>
<td>Medium</td>
<td>136</td>
<td>78%</td>
</tr>
<tr>
<td>Low</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>175</strong></td>
<td></td>
</tr>
</tbody>
</table>

For perpetrators the current orders are outlined below

<table>
<thead>
<tr>
<th>Current Order and Sentence Status</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Order</td>
<td>99</td>
<td>57%</td>
</tr>
<tr>
<td>Custody</td>
<td>21</td>
<td>12%</td>
</tr>
<tr>
<td>Released From Custody</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Suspended Sentence Order</td>
<td>41</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>175</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Youth Offending Service in Croydon**

April 2010 – March 2011 supervised 352 young people of which 36% have either witnessed abuse and or witnessed violence in a family context of these 17 young people committed sexual offences.

6.3. Other sources of data indicating level of need
The Family Resilience Service (FRS) is a key part of the new staged intervention approach to working with children and families in Croydon. FRS works with families in Croydon with multiple and complex needs in Croydon.

In a recent snapshot of 70 cases, family violence was a feature in the majority of these families. Over a third of the families had a child or children with additional needs. There were also a significant number of incidents of child on parent violence, which supports the national findings on family violence outlined earlier in this report.

6.4 Children’s social care case audit

The purpose of the audit was to ascertain the volume and type of enquiries currently being received by Children’s Social Care. Random samples of 100 cases were selected for auditing from the total contacts during the week beginning 27th June to 1st July 2011. The total number of contacts for that period was 407.

The following graph shows the primary reasons for contact, based on the details provided by the referrer:

![Graph showing primary reasons for contact](image)

Domestic violence incidents account for 30% of the contacts. In two of these contacts there were additional concerns, one in relation to neglect and the other, parental mental health. It is also important to note that the contacts regarding concerns about parental mental health also included additional concerns in relation to domestic violence, and therefore the incidence of domestic violence is higher, however the findings indicate that the issues are more complex.
The data does not accurately reflect the number of contacts received where domestic violence is a factor. This is because when recording the reason for the referral there is a wide range of choices which include:

- assessment of child in need
- child at risk
- child protection enquiry (section 47)

Any of these can be used when domestic violence is a factor. The child protection enquiry category is used when undertaking a S47 investigation and this also includes those where domestic violence is the main issue. The child at risk category is used when there are other factors but it is not a S47 e.g. concerns regarding the state of the home, parental mental health etc. It may also not be known that domestic violence is a factor until the assessment is undertaken.

This means that the data vastly under represents the number of contacts and referrals we receive where domestic violence is an issue.

6.5 Health indicators

Domestic, sexual and gender based violence causes significant health problems, for example, injuries, self-harm, eating disorders, suicide attempts, depression and other mental health problems, and substance misuse.

Domestic Violence in Pregnancy and Maternity

Croydon teenage pregnancy rates are higher than the average across London and the rest of the UK.

Domestic violence is also associated with women’s irregular or late attendance for ante-natal care. Poor attendance may be the result of low self esteem and depression or due to an abusive partner controlling and restricting women’s use of medical services.

During pregnancy is a key point where severity and frequency of abuse will increase. There is evidence that 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth. Research shows that pregnancy is a key risk factor in the onset and escalation in the severity and frequency of domestic violence.

Domestic violence perpetrated during pregnancy can have a range of serious consequences for both the mother and babies and is associated with late take up of antenatal care. Violence in pregnancy is strongly associated with pre pregnancy violence.

According to the Department of Health, routine enquiry into domestic violence should be being implemented in key parts of the health service: midwives are required to be trained to ask sensitively about domestic violence as part of the
health, social needs and risk assessment, and the National Programme on Mental Health Violence and Abuse Policy Implementation supports training and routine enquiry about abuse in childhood and adulthood in all assessments by mental health provider trusts.

**Alcohol, Mental Health, Drugs**

Despite domestic violence being closely linked to long-term mental illness, to significant physical and sexual health problems and to problematic substance misuse there is a lack of information available about domestic violence referrals, identification and response in these areas. The following statistics are here to simply show the prevalence of these issues in Croydon.

**Alcohol**

Croydon has significantly higher rates of alcohol related crime and drug offences than the England average, although similar to the average for London. For other alcohol indicators to Croydon is slightly lower than the national average.

The estimated number of adults in Croydon who binge drink is 14%, similar to the London average but below the England average of 20%. In 2008/09 the rate of alcohol related hospital admissions in Croydon was 1,510 per 100,000 population, higher than London (1,490) but lower than England (1,582).

**Drugs**

The rate of drug offences in Croydon is higher than the England average, but lower than the London average. These estimates define problem drug use as opiate and/or crack cocaine users.

There are estimated to be about 1900 problematic drug users in Croydon of whom it is estimated that 800 use opiates and crack cocaine, 500 use opiates only and 600 use crack cocaine only. 17% are estimated to be aged 15-24, 28% aged 25-34 and 55% aged 35-64 years.

**Mental Health**

In 2006, the estimated prevalence of mental health problems amongst adults aged between 16 and 74 in Croydon was 17.2%, below the average for London (18.2%) but above the England average (16.6%).

The prevalence of severe mental illness in 2008/09 as recorded by GPs was slightly higher in Croydon (1.0%) than the London average (0.9%), but significantly higher than the England average (0.7%).

**6.6 Specialist Domestic Violence Services in Croydon**

The following outlines the co-ordinated community response which underpins the FJC model.
The model is based on the understanding that the criminal justice system is just one aspect of a fully functioning coordinated approach particularly when only a small number of victims report to the police and only a percentage of these cases will carry through into court.

Health, children’s services, schools, the wider community of family, friends and work colleagues, as well as the voluntary agencies which support individuals and families, all have an important role to play in the response to domestic violence.

This model was designed as a blueprint against which local commissioners, services and strategy co-ordinators could map their provision for domestic violence services in order to assess their current response and identify any gaps.

Services based at FJC services include counselling, advice, police investigation, solicitors, translation and interpreting services. There is a considerable amount of in kind provision with statutory and voluntary sector providers operating out of the centre.

There is currently in place a FJC Helpline which is a confidential telephone service that allows Croydon residents to talk to a helpline worker about issues relating to experiences of domestic / family sexual and honour based violence to themselves or extended family members/ friends. Additionally helpline
workers respond to all police reported incidents of domestic violence in the borough on a daily basis offering information and access to onsite services and discussing risk assessment and personalised safety plans where appropriate.

### Clients supported by the FJC helpline and assessors

<table>
<thead>
<tr>
<th>Month</th>
<th>Clients contacted by F.J.C helpline/outreach workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-09</td>
<td>752</td>
</tr>
<tr>
<td>Feb-09</td>
<td>733</td>
</tr>
<tr>
<td>Mar-09</td>
<td>762</td>
</tr>
<tr>
<td>Apr-09</td>
<td>717</td>
</tr>
<tr>
<td>May-09</td>
<td>792</td>
</tr>
<tr>
<td>Jun-09</td>
<td>846</td>
</tr>
<tr>
<td>Jul-09</td>
<td>343</td>
</tr>
<tr>
<td>Aug-09</td>
<td>373</td>
</tr>
<tr>
<td>Sep-09</td>
<td>394</td>
</tr>
<tr>
<td>Oct-09</td>
<td>316</td>
</tr>
<tr>
<td>Nov-09</td>
<td>822</td>
</tr>
<tr>
<td>Dec-09</td>
<td>1006</td>
</tr>
</tbody>
</table>

Note: Includes Police and other Agency referrals to FJC.

### 6.7 Multi-agency Risk Assessment Conference (MARAC)

Systems to manage and reduce risk to domestic violence victims in Croydon have been developed based on national research into interventions that address the risk factors associated with an increased risk of homicide.

A Multi-agency Risk Assessment Conference (MARAC) is a multi-agency forum for sharing information and action planning for domestic violence cases where there is a high risk that the survivor will be attacked again. The MARAC is police led in partnership with the local authority and other key partners.

The main objectives of the MARAC are:

- To gather detailed and relevant information which can be shared with other agencies
- To identify those who will need more intensive support
- To make agencies aware of the most dangerous offenders

Around 400 people per year are referred to the high risk MARAC panel and receive intensive interventions and support.

Croydon Police and the LA Strategic Lead jointly chair the key stakeholders locally in the implementation of the MARAC ensuring effective coordination of the referral process which involves ensuring that accurate research and
papers are prepared for each conference and that partners are aware of the operational processes and protocols and attend the fortnightly meetings.

The MARAC coordinator is also responsible for coordinating the development and sharing of good practice and ensuring the actions are completed and the risk plans remain effective.

Nationally a number of independent evaluations have been undertaken on the MARAC model to assess its success at improving the safety of victims. Outcomes measured include the number of police domestic violence complaints post MARAC, and the number of police call-outs for Domestic Violence post MARAC. Among the findings of these studies were:

- A majority of victims (about 60%) had not been re-victimised since MARAC.
- Police data has demonstrated a substantive decrease in repeat victimisation (from 31% in 2001 to 16% in 2004).

Currently referrals to MARAC are below predicted and further work will be undertaken in raising the level of understanding of MARAC referral processes.

7: Summary of needs analysis and implications

This local needs analysis supports the national evidence and strategy in relation to domestic violence being a gendered crime with a higher proportion of women experiencing domestic abuse than men in Croydon. Further analysis is required to understand the breakdown of these statistics.

The research from the NSPCC/Refuge has highlighted concerns that the needs of children living with domestic abuse have been given insufficient priority in the planning of services, and that children and young people have not been engaged or listened to in shaping service provision in the area of domestic violence.

There is little evidence locally of any recent consultation with victims/survivors of domestic abuse and appear to be no locality based forums for victims of domestic abuse. Some consultation with children and young people has been undertaken in Croydon under the “staying safe” partnership group however this has not had a focus on domestic violence.

Evidence from data collected by the Family Resilience Service, social care, and housing reflect the national evidence from 4 Children, that family violence and the prevalence of parent on child violence and child on parent violence, and domestic violence carried out by perpetrators under the age of 18 is a growing concern with the need for a multi agency approach to address this.
Current definitions of domestic violence by implication do not address the issue of family violence or parent on child/young person violence, child/young person on parent violence.

The evidence from the national gang violence strategy and related evidence of need in Croydon has highlighted the need for early prevention work to address the issues of sexual violence with young people, particularly in relation to the sexual coercion of girls in gangs.

There is a lack of tailored domestic abuse awareness programmes in schools and a lack of tailored specialised domestic abuse support services to young adults under the age of 18 who may be experiencing domestic abuse.

Greater awareness and training is required for professionals to better understand the overlapping issues of domestic abuse in Croydon in relation to mental health, substance misuse, sexual violence, and “honour” based violence and FGM.

There is a need to develop an accredited multi-agency training strategy in domestic violence reflective of safeguarding issues across children and adults.

The development of a locally tailored multi agency communication strategy would help to increase the awareness of domestic abuse and encourage victims to report and seek support.

An increased demand for MARAC and an increase in the numbers of people self-referring has increased the demand for the outreach and IDVA services that require a more integrated and holistic approach that will include the support from other universal and targeted services within the community.

Currently the Family Justice centre operates as a co-ordinated community response model but there appears to be a current disconnect with some statutory agencies providing services to users experiencing domestic abuse. It is also unclear as to what the current interface with other local, regional and national specialist services for domestic violence is.

Croydon needs to address the social and economic impacts of domestic violence as civil protection orders in relation to domestic violence can be prohibitive for women who are not eligible for legal aid.

Locally the need for accurate and consistent data across statutory and voluntary organisations and the effective collection analysis of disaggregated data across services is a significant gap that needs to be addressed urgently. This is essential to underpin future effective strategies to prevent and respond to domestic violence, and to ensure that trends are identified and specific needs of particularly vulnerable groups are.
There is a need to better understand the provision of services across Croydon working with domestic abuse to build capacity avoid duplication and outline a clear pathway for service users affected by domestic violence.

**8: Consultation on the Strategy**

The draft strategy was widely distributed for consultation and the findings have been used to inform and develop the final strategy (a summary consultation document is available on the Croydon council website). The consultation period was from April until July 2012 and consisted of a variety of approaches to ensure a diverse range of responses to the strategy and re-design of domestic violence services. This consultation has incorporated statutory agencies, voluntary sector agencies, as well as providers of Domestic Violence services. The consultation has also sought to capture service users’ experience of domestic violence services in Croydon.

The consultation consisted of:

- Individual in-depth consultation sessions with 30 voluntary sector agencies.
- Establishing a number of focus groups to obtain service user feedback. Comments from 60 Croydon women who undertook a focus group in November 2011 have also been incorporated into the findings of the consultation.

Key findings from the consultation with individual agencies and practitioners are outlined below.

- It was acknowledged that the strategy relates to a wide range of people affected by abuse, including domestic household violence which may be a whole range of combinations as well as sexual violence. It has been suggested to revise the title of the strategy to ‘Domestic Abuse and Sexual Violence Strategy’ to encompass the multi-faceted nature of abuse.
- There has been an overall response that a new model for the Family Justice Centre is required.
- The whole family approach was welcomed by all organisations, however several participants cautioned that this approach should not preclude the safeguarding of victims who do not have children or victims who are elderly and no longer in the children and family system.
- Practitioners are calling for involvement of all practitioners, universal through to targeted specialist providers, to form a partnership with shared responsibility for responding to and tackling domestic violence.
Practitioners raised the requirement for specialist; evidence based professional services at the heart of domestic violence provision.

All organisations highlighted the desire to work more closely with statutory agencies and for data and information to be shared. There was recognition that co-production is needed; with cross sector capacity building, public and not-for-profit organisations can skill share and learn from each other. Joint training and a unified data recording system would enhance consistency against delivery.

All agencies spoke of the difficulty in finding out what services are available and not knowing where to make referrals to specialist services.

Practitioners all spoke about the displacement of women in the process of safeguarding them and wanted the return of the Sanctuary scheme to be available to those women who did not want to leave their homes.

Several respondents felt performance management needed strengthening and that there should be key performance indicators to the strategy.

9: Moving towards a model of Early Intervention and Prevention in Croydon for Domestic Abuse and Sexual Violence

9.1 Croydon’s model for staged intervention

Providing innovative and cost effective approaches to early intervention that ensure universal and targeted services reach those in greatest need and reduce the need for more intensive and costly interventions underpins our approach to developing and refocusing domestic abuse services in Croydon.

Though the impact of domestic violence is widely recognised by public authorities and charities, and is highlighted by organisations such as Women’s Aid and Refuge, the awareness of family violence – including child on parent abuse, sibling abuse and in the wider extended family – remains low.

Children’s research shows a wider picture of conflict and violence that encompasses the whole family – where both children and parents can be both victims and perpetrators.

Early evidence from our needs analysis suggests that violence is more widespread within the family than was previously thought. Adolescent on parent violence is a growing concern and we need to address the implications of this in our new strategy. We will make family violence a high priority and adopt a whole family approach to responding to domestic violence. To
achieve this we will consult with our partners and the wider community on our objectives as outlined earlier in this report and use the learning from our existing services and best evidence on what works from relevant research in the field.

Croydon has developed a staged approach to early help and intervention for children and families in Croydon. The Early Help and Staged intervention approach “wedge model” in Croydon has been developed in Croydon to help practitioners from all agencies understand the different levels of need as well as the support and services that are available at each stage.

Staged intervention is a process to identify, assess and support the needs of children and young people. Using a solution focused approach it involves parents/ carers, children and young people, relevant staff and support services.

Alongside this Croydon is developing a multi-agency safeguarding hub (MASH). National pilots on MASH show evidence of more effective and earlier identification of vulnerable children. It has reduced the number of different professionals being involved, while keeping the most appropriate professional to deliver interventions to meet the needs identified in any particular case. It has avoided unnecessary duplication and visits, and simplified processes while also improved communication between professionals.

9.2 Tiers of violence intervention

The current tiers of intervention model below which is used by domestic violence services currently is compatible with our staged intervention model and proposed MASH and we would seek to test this as part of the development of a domestic violence pathway for service users.
Moving forward our approach will;

- Build trusting consistent relationships
- Support inclusive social networks – particularly in the early stages
- Ensure that services are welcoming to those with highest levels of need
- Support parents for the emotional journey of parenting
- Offer consistent care at and after birth
- Improve flows of individuals and information between services
- Consistently support fathers to take an active role in parenting
- Support the aspirations of those who have low expectations
- Encourage employment and associated skills development for mothers
- Integrate schools better with the community to improve access to services.

9.3 Re-commissioning and re-design in line with the new Strategy

As part of the development of the strategy, a number of partners have clearly stated the need for a development of a more community based model for preventative work that is aimed at reducing the incidence and impact of domestic violence.

By bringing in the domestic violence work to the Children, Families and Learners department within the council there is an opportunity for a more integrated approach that links to the council’s investment in early intervention and family support, in particular through children’s centres and the Family
Resilience Service. In this way the effectiveness of services across the whole staged early intervention strategy can be maximised.

In redesigning the new ‘offer’ it will incorporate the basic principles of the FJC bringing as many services together so that victims can access support swiftly and without having to repeat their stories. We also have an opportunity to build a much stronger voluntary sector hub that seeks to offer preventative work including out-reach to universal services.

**The service will include the following**

**Core Services:** Services absolutely essential for the protection and prevention of harm (including crisis provision).

**Supporting Services:** Services that are a key component in the support and delivery of core services.

**Extended Services:** Services that play a valuable part but fall short of the threshold to be considered core or supportive services. This tier may include projects that offer a function that could potentially be covered by another service.

**Supplementary Services:** Services that are valuable, and could be viewed as ‘going the extra mile’ for the vulnerable, but under the economic climate are deemed supplementary. This tier may include projects that offer a function currently offered within the delivery of another service.

The direction of travel for the future commissioning of services is also set out with a national commitment to support existing rape crisis centre provision and to establish new centres on a stable basis. A flat cash settlement of £28m has been allocated nationally over the next four years to support core front line services for

- Independent sexual violence advisors (ISVAs)
- Sexual Assault Referral centres (SARCs)
- Independent domestic violence advisors (IDVAs)
- Multi-agency risk assessment conference (MARAC) co-ordinators/administrators

**9.4 Establishing a new Domestic Violence Forum for Croydon**

A key part of the strategy will be the development of a new Forum that brings together partners and services. Its aim will be to

- Better integrate existing voluntary and statutory services
- listen and respond to the voices of victims, including children
- Identify service gaps and take collective action to address them
- To develop preventative strategies and target those groups most at risk e.g. pregnant mothers
- To ensure universal services are engaged with and supported to deliver preventative work
• To set up the Forum as a ‘group’ on the new PractitionerSpace website that is dedicated to practitioners working with families.

9.5 Multi-agency Safeguarding Hub (MASH)

By 2013 the triaging of all police incidents will take place within MASH in order to minimise duplication and improve information sharing and risk management. All stage 2 referrals will come via Croydon Information and Support Service (CRISS).

The voluntary sector hub will support ‘referred’ clients plus ‘drop-in’ victims – this will greatly reduce any safeguarding risks and duplication.

9.6 Priorities for re-design within the 4 ‘P’s

<table>
<thead>
<tr>
<th>Protection</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use MASH to ensure early identification and safeguarding</td>
<td>• More community based approach to delivery</td>
</tr>
<tr>
<td>• Role of MARAC to protect most vulnerable</td>
<td>• Adopt a family approach so that impact on children is addressed</td>
</tr>
<tr>
<td>• Align the service with CAADA* principles and for all agencies sign up to use of CAADA risk assessment and case management framework</td>
<td>• Role of universal services, particularly children’s centres and schools to educate children and young people to raise awareness and promote healthy relationships and lifestyles</td>
</tr>
<tr>
<td>• Develop role of IDVA/ISVA service to provide support for the most vulnerable and have access to personalised support and advice</td>
<td>• Integration with CRISS</td>
</tr>
<tr>
<td>• Continued drive for prosecution</td>
<td>• High quality training and advice that builds the capacity of universal services to support families and adults experiencing domestic violence and to recognise the early signs and risk factors of domestic and sexual violence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Better integration of services to deliver seamless support around the victim</td>
<td>Re-commissioning and re-design services retaining the ethos and principles of the FJC:</td>
</tr>
<tr>
<td>• Innovative ways to deliver more preventative community facing service especially through voluntary sector</td>
<td>• Ensuring comprehensive provision of services for adults and families</td>
</tr>
<tr>
<td></td>
<td>• Community facing provision also</td>
</tr>
</tbody>
</table>
9.7 Performance indicators for domestic violence

The following have been identified by the Home Office as national indicators to measure the impact that local authorities and partner organisations are having on violence against women and girls within their areas:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI 26</td>
<td>Specialist support to victims of a serious sexual offence</td>
</tr>
<tr>
<td>NI 31</td>
<td>Re-offending rate of registered sex Offenders</td>
</tr>
<tr>
<td>NI 32</td>
<td>Repeat incidents of domestic Violence</td>
</tr>
<tr>
<td>NI 34</td>
<td>Domestic violence – murder</td>
</tr>
</tbody>
</table>

There are other national indicators which are monitored by other partnerships with interventions to reduce violence against women and girls which will have some impact on. For example those monitored by the Safer Croydon Partnership include but are not limited to:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI 15</td>
<td>Serious violent crime rate</td>
</tr>
<tr>
<td>NI 20</td>
<td>Assault with injury crime rate</td>
</tr>
<tr>
<td>NI 30</td>
<td>Re-offending rate of prolific and priority offenders</td>
</tr>
</tbody>
</table>

Similarly, those monitored by Croydon Safeguarding Children Board include but are not limited to:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI 69</td>
<td>Children who have experienced bullying</td>
</tr>
<tr>
<td>NI 70</td>
<td>Hospital admissions caused by unintentional and deliberate injuries to children</td>
</tr>
<tr>
<td>NI 71</td>
<td>Children who have run away from home/care overnight</td>
</tr>
</tbody>
</table>

9.8 Governance
Dealing with domestic violence in Croydon has historically been the responsibility of the Safer Croydon Partnership which, whilst leading a multi-agency response and prioritising domestic violence, has emphasised the development of good practice predominantly in the criminal justice sector.

The new governance structure and processes will ensure oversight of the delivery of an integrated response to domestic, sexual and gender based violence (see appendix 3).

Governance arrangement is shared between the Safer Croydon Partnership and the Children and Families Partnership. This reflects the shift in the strategic approach to incorporate a whole family approach whilst ensuring safeguarding and criminal justice responsibilities.

The Early Intervention and Family Support Board will monitor and oversee the delivery of the strategy (a multi-agency group that includes police, Safer Croydon, schools, voluntary sector, probation) reporting to both the Safer Croydon Partnership and Children and Families Partnership.

In line with the national strategy “Call to End Violence Against Women and Girls” Nov (2010) Croydon has established a multi agency domestic violence project group to review our strategic approach to domestic violence.

A revised monitoring system is being developed and will include
- performance indicators
- VAWG incidents reported to police
- domestic and sexual violence in Child Protection cases as % of cases
- abuse by family members as a percentage of Adult Social Service Cases
- equalities
- training provided and undertaken
- MARAC referrals and impact
- conviction rates

9.9 Key dates

<table>
<thead>
<tr>
<th>Timeframe 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>February: Partners workshop</td>
</tr>
<tr>
<td>February-March: Strategic Needs Analysis</td>
</tr>
<tr>
<td>June-July: consultation with users</td>
</tr>
<tr>
<td>July-September: review of current services, identification of gaps; commissioning strategy in development</td>
</tr>
<tr>
<td>July-December: service redesign</td>
</tr>
<tr>
<td>September: approval of Strategy sought from Cabinet</td>
</tr>
<tr>
<td>October: interim/pilot services in place</td>
</tr>
<tr>
<td>October: performance framework developed</td>
</tr>
<tr>
<td>September-April: longer-term commissioning developed</td>
</tr>
</tbody>
</table>
## Appendix 1: Strategic Action Plan 2012-2013

<table>
<thead>
<tr>
<th>Service Design Principles</th>
<th>Outcomes</th>
<th>Key tasks</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protection</strong></td>
<td>Use of MASH to ensure early identification safeguarding</td>
<td>An increase in the safety of survivors Services able to manage and reduce the risk of perpetrators and prevent violence</td>
<td>Align service with MASH to ensure high risk factors are managed in liaison with police, adult and children’s social care</td>
<td>DV Strategic Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduction in repeat referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use of MARAC to protect most vulnerable</strong></td>
<td>An increase in the safety of survivors Services able to manage and reduce the risk of perpetrators and prevent violence</td>
<td>Develop role of IDVA/ISVA service to provide support for the most vulnerable</td>
<td>DV Strategic Manager</td>
<td>December 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduction in repeat referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All agencies sign up to use of CAADA risk assessment and case management framework</strong></td>
<td>Services able to identify and assess the risk of perpetrators and prevent violence</td>
<td>Training and guidance provided to community based services and outreach work ensuring CAADA processes</td>
<td>DV Strategic Manager</td>
<td>September 2012</td>
</tr>
<tr>
<td><strong>Continued drive for prosecution</strong></td>
<td>A reduction in the risk of harm from perpetrators through holding abusers accountable</td>
<td>Ensure continued engagement with solicitors and support for injunctions and prosecutions</td>
<td>DV Strategic Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>Partnership</strong></td>
<td>Better integration of services to deliver seamless support around the victim</td>
<td>Improved co-operation and joint action between key partnership agencies with responses to survivors, perpetrators and their children in a safe and consistent manner</td>
<td>Development of DV Forum as part of the CVA network. Ensure that the specific needs of Croydon diverse communities are taken into account when planning, providing and monitoring services for survivors, perpetrators and children. Improve engagement with housing and closer relationship with Women's Refuges.</td>
<td>Voluntary Sector Co-ordinator</td>
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<tr>
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</tr>
<tr>
<td><strong>Provision</strong></td>
<td>Innovative ways to deliver more preventative community facing service especially through voluntary sector</td>
<td>Local people engaged and contributing to safer stronger communities. Shared responsibility for responding to domestic abuse.</td>
<td>All services sign up to partnership agreement about how to work together, refer and develop a team around the family approach.</td>
<td>Voluntary Sector Co-ordinator</td>
</tr>
<tr>
<td><strong>Provision</strong></td>
<td>Ensuring comprehensive provision of specialist domestic abuse and sexual violence services for adults and families.</td>
<td>Appropriate and accessible services to meet needs.</td>
<td>Review of existing preventive provision.</td>
<td>DV Strategic Manager</td>
</tr>
<tr>
<td><strong>Provision</strong></td>
<td>Community facing provision also enabling for</td>
<td>Reduced stigma and less tolerance.</td>
<td>FJC is expanded to include a</td>
<td>Voluntary Sector Co-ordinator</td>
</tr>
<tr>
<td>Safety of victims for drop-in support</td>
<td>and social acceptance of domestic violence within communities</td>
<td>‘Voluntary Sector Hub’ with clear understanding of how services work together – consider possible new location</td>
<td>Ordinator</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Victims/survivors provided with personalised support and advice</td>
<td>Increased knowledge of rights to access services for those affected by and of the right to live violence-free lives</td>
<td>IDVAs input recruited via voluntary sector to provide support to victims</td>
<td>DV Strategic Manager</td>
<td></td>
</tr>
<tr>
<td>Maximise opportunity for external grants and joining up resources</td>
<td>Appropriate and accessible services to meet needs</td>
<td>Develop a commissioning strategy and voluntary sector supported to engage through workshops</td>
<td>DV Strategic Manager</td>
<td></td>
</tr>
<tr>
<td>Ensuring a focus on tackling Violence against Woman and Girls</td>
<td>Partnerships to include specialist VAWG services Opportunities for joint working and integration that enable common understanding of: VAWG and best</td>
<td>Mapping out of support for victims of sexual violence and addressing gaps &amp; provision of RASASC services Work with partners to ensure that policies</td>
<td>DV Strategic Manager and RASASC</td>
<td></td>
</tr>
</tbody>
</table>
| Prevention | More community based approach to delivery of specialist domestic abuse and sexual violence services | Increased awareness across all communities in Croydon of the impact on families
Increased knowledge of rights to access services for those affected by and of the right to live violence-free lives | Mapping universal /targeted preventative Develop targeted early intervention work with users at risk of repeat and escalating violence | DV Strategic Manager and Voluntary Sector Co-ordinator | March 2013 |
<p>| Family approach so that impact on children is addressed | Children and families are actively listened to and engaged in positive healthy relationships | All services sign up to partnership agreement about how to work together, refer and develop a team around the family approach | | DV Strategic Manager | December 2012 |
| Role of universal services and integration with CRISS (Croydon Information and Support Service) | Children and young people understand and recognise what domestic abuse and sexual violence is &amp; what to do about it Increased public | Develop a whole systems approach supported by a common set of preventative tools to increase the resilience of survivors, children young people and their families | | DV Strategic Manager | March 2013 |</p>
<table>
<thead>
<tr>
<th>Workforce Development</th>
<th>Educate young people on positive relationships and protective behaviour</th>
<th>Social Work Academy</th>
<th>Phase 1 Training programme to be rolled out September – December 2012</th>
</tr>
</thead>
<tbody>
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<td>Increased knowledge of rights to access services and awareness of the options and resources available for communities and individuals affected by domestic abuse and sexual violence</td>
<td>High quality training and advice that builds the capacity of universal services to support families and adults experiencing DV and to recognise the early signs and risk factors of domestic and sexual violence, and what an effective response should be</td>
<td>Phase 1 Training programme to be rolled out September – December 2012</td>
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<td>Educate young people on positive relationships and protective behaviour</td>
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<td>Phase 1 Training programme to be rolled out September – December 2012</td>
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Appendix 2 Governance Structure

Local Strategic Partnership

Community Safety Partnership

Children and Families Partnership

Adults and Children’s Safeguarding Boards

Domestic Abuse and Sexual Violence Project Board

Early Intervention & Family Support Sub Group

Domestic Abuse and Sexual Violence Forum

MARAC

CYP&FN
References

1. HM Government: Nov 2010: "Call to End Violence Against Women and Girls"


5. Article 1 of the UN Declaration on the Elimination of Violence against Women, proclaimed by the UN General Assembly in its resolution 48/104 of 20 December 1993

6. From Good Intentions to Good Practice, by Catherine Humphreys, Marianne Hester, Gill Hague, Audrey Mullender, Hilary Abrahams and Pam Lowe-Joseph Rowntree Foundation 2002


10. In the 2008/09 British Crime Survey, 42% of victims of all violent offences reported the incident to police, compared with 16% of domestic violence victims. [Home Office Crime in England and Wales 2008/09


17. HM Government: Nov 2010: "Call to End Violence Against Women and Girls"

An analysis of 10 separate domestic violence prevalence studies found consistent findings (Council of Europe, 2002).


37. HM Government (November 2009) Together We Can End Violence against Women and Girls: A Strategy


40. Womens Aid(2007)Older women and domestic violence; An overview


42, 43, 44, 45, 46; Meeting the needs of children living with domestic violence in London; research report Lorraine Radford, Ruth Aitken, Pam Miller,
Jane Ellis, Jill Roberts and Ana Firkic Refuge/NSPCC research project funded by the City Bridge Trust November 2011


53. URL: [http://www.theduluthmodel.org/about/index.html](http://www.theduluthmodel.org/about/index.html) [accessed 23.08.12]
Consultation report on Domestic Violence Strategy

The purpose of this document is to report on the feedback from the Voluntary sector Domestic Violence services and service users’ response to the consultation on the London Borough of Croydon Draft Domestic Violence Strategy 2012. The CVA was commissioned to undertake this consultation.

Methodology

The consultation period was from April 2012 until July 2012 and consisted of a variety of approaches to ensure a diverse range of responses to the strategy and redesign of Domestic Violence services. This consultation has incorporated statutory agencies, voluntary sector agencies, as well as providers of Domestic Violence services. The consultation has also sought to capture service users’ experience of Domestic Violence services in Croydon.

Information sharing has taken place with partners on the Strategic Project Board as well as awareness raising with representatives from Health, Housing, Commissioning CAFCASS, Probation, Police, CVA, Children’s and Adult social care, Community Safety, Family Justice Centre, Youth Offending Service, Integrated Youth Support service to ensure the full range of partners are aware of the draft strategy and to invite participation with the consultation. Our communication strategy has also involved:

- A strategy consultation event was held on the 10th May at CVA with over 60 partners present. The latest findings from research and best practice evidence from the NSPCC and Refuge on children living with domestic violence in London was presented and partners were asked to discuss each of the objectives of the strategy. Evaluations from this event were completed and the findings are feeding into the service redesign.

- A new domestic violence partnership bulletin has also been circulated to partners inviting further comments on the strategy.

- A provider forum with wider partner agencies that provide dedicated specialist services in respect of domestic violence has been established and meets 6 weekly and the draft strategy had been circulated to partners for comments.

- A dedicated resource from CVA is working with the strategic manager for domestic violence to undertake some further consultations with partner
agencies and victims and survivors across the range of service user groups to shape the strategy and inform service redesign and future commissioning.

- The specialist resource from CVA has also publicised the Draft Domestic Violence Strategy widely amongst the voluntary and community sector by using existing networks.
- The DV strategy has been posted on the CVA website and also on the Talk2Croydon website requesting comments.
- The DV strategy has been emailed to approximately 800 voluntary sector groups and individuals via the CVA e-bulletin.
- The strategy has been presented to the Children, Young People and Family Network meeting which had an audience of thirty voluntary organisations and responses to the draft strategy document was requested.

The consultation consisted of:

- Individual in-depth consultation sessions with 30 voluntary sector agencies.
- Establishing a number of focus groups to obtain service user feedback.
  Comments from 60 Croydon women who undertook a focus group in November 2011 have also been incorporated into the findings of the consultation.

**Rationale**

**Practitioner Consultations**

In order to achieve a balance of views from both professionals and service users the methodology has incorporated both consultation with a range of agencies delivering both direct domestic violence support and also those referring into specialist services.

Practitioner consultations took the form of ethnographic narrative semi-structured interviews and written responses to the strategy document. Some groups that were targeted were not direct providers of DV services however acknowledge considerable numbers of users of their services presenting with DV support needs.

From the 30 targeted (VCS) organisations 5 focus groups of users_survivors of Domestic violence were held, participants were in the age range of 19-65 and were all female.

Three open and simple questions were asked of the focus groups:

1. What have your experiences of DV services been?
2. What would have helped?

3. Do you have any views on the re-design of services?

Agencies were asked to give their comments on the Draft strategy.

**Focus Groups**

Participating agencies were requested to hold focus groups with users/survivors of DV services and/or DV practitioners. This approach was decided upon as often DV victims who are early in the process of receiving support are often too traumatised to take part in a focus group and some agencies did not feel it appropriate to ask service users to participate in another process they had not agreed to at the outset of engaging on a recovery programme, in these instances practitioners gave their views on the strategy document and their experiences of delivering DV services

The focus groups were asked to apply these three questions to the four themes of

- Protection
- Provision
- Prevention
- Partnership

**Findings**

The feedback is therefore presented in two sections

- Part 1 – Individual agency practitioner feedback
- Part 2 – Service user focus group feedback
## Individual agency practitioner feedback

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<th>Protection</th>
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<td>Statutory agencies, partnerships and service commissioners need to recognise the crucial role of specialist women’s services and BME women’s services in providing longer-term therapeutic and group support for women and girls, which in turn promotes women’s self-esteem and empowerment as a means of preventing violence in the short and longer term.</td>
<td>Training for all professionals who work with children/young people. Covering the barriers and impact of domestic violence.</td>
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<td>Direct line systems, similar to the process in place for Child Protection need to be introduced to enable direct reporting of DV and also to enable anonymous third party reporting in neighbourhoods and communities.</td>
<td>Measures to prevent trafficking of women.</td>
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<td>“Displacement of women because of DV is wrong, they lose their support structure, children have to leave schools, why do women have to move? Why is the perpetrator left to remain in his local area? We need a stronger Sanctuary scheme”.</td>
<td>Resources to support work done by voluntary organisations such as work with Croydon Community Against Trafficking (CCAT); NRPF (No Recourse To Public Funds); Zakia; RASASC (Rape &amp; Sexual Abuse Support Centre) etc.</td>
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<td>The Court services need to ensure consistent access to safety mechanisms and special measures to help women and girls give evidence in cases of violence and abuse. Women need to be regularly updated about the progress of their case, and cases of rape and sexual violence should be fast tracked as the criminal justice system can take up to 18 months.</td>
<td>Health services (such as health visitors, GPs, practice nurses, A&amp;E consultants, midwives, dentists, opticians, sexual health and psychiatric services), social services, community mental health and drug and alcohol rehabilitation services should be required to routinely ask about violence as part of existing procedures and be trained to respond effectively on disclosure, referring to specialist support services where necessary.</td>
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<td>Follow ups from agencies involved in the family. Floating support for 6 months. It is a fact that families are very vulnerable within this time from leaving</td>
<td>Thorough risk assessments to be carried out around child contact so family do not continue to live in fear.</td>
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“All statutory services require a culture change where women and girls are not disbelieved or seen as to blame for violence perpetrated against them”.

Women are as concerned with how a service is delivered as what is being delivered, and want to be treated with dignity and respect whoever they came into contact with.

Duty solicitors at the Family Justice Centre expressed that difficulties with police responses have been exacerbated by the new changes in Legal Aid as DV victims have to prove the police were called and did not take action before women can access legal aid to obtain a non-molestation order or injunction.

Women affected by DV who are subject to the NRPF (No Recourse to Public Funds) ruling should be treated equally as any other person experiencing DV.

Health services (such as health visitors, GPs, practice nurses, A&E consultants, midwives, dentists, opticians, sexual health and psychiatric services), social services, community mental health and drug and alcohol rehabilitation services should be required to routinely ask about violence as part of existing procedures and be trained to respond effectively on disclosure, referring to specialist support services where necessary.

More criminal justice prosecution action to be taken against perpetrators.
More awareness/sensitivity from police/GPs.
More awareness/protection from courts in relation to child access.
Thorough risk assessments to be carried out around child contact so family do not continue to live in fear.

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<th>Partnership</th>
<th>Provision</th>
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<td>Cross sector sharing of data and information.</td>
<td>Culturally sensitive therapists.</td>
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<td>Training and co-production capacity building across sectors to enable integrated working together.</td>
<td>Mapping of all DV services/support in Croydon.</td>
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<td>DV Forum to be expanded.</td>
<td>Carers’ organisation reported they have had 5 cases of DV in the last two months and that it is very complicated especially if the person being cared for is the perpetrator.</td>
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<td>MARAC to include key DV providers</td>
<td>“Refuges do not empower women when they are left there for 18 months to 3 years”.</td>
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The level of service or response from professionals differed greatly and was inconsistent. Some of the responses resulted in women staying with an abusive partner.

More IDVA’s (Independent Domestic Violence Advisors) and therapeutic services for DV adults and children.

In-house Counsellors for refuges.
## Service User Focus Groups

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<td>BAMER focus group contributed; “There is a stigma of entering FJC building, some years ago an Islamic woman was arrested there, it has a terrible reputation in the Islamic community that you will be questioned about family members, this has spread throughout the Muslim community and women would never go there, also the first person you have to ask where to go is a man at the reception!”</td>
<td>Empowering Victims/Survivors and their families to take action and support each other – there is a need for a support participation project for Survivors.</td>
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<td>90% of women said the police were not helpful enough and they felt as if they were not heard or believed when communicating with the police.</td>
<td>Education for girls to ensure they recognise the value of being a woman and to increase their self-worth. Education of boys about equality.</td>
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<td>A woman who is a Carer for her son who is diagnosed with Schizophrenia related that she was a victim of DV from her son. Police took a statement from the perpetrator and then dropped the case. The woman was eventually supported by the voluntary sector.</td>
<td>Women’s safety to be discussed at a community safety forum.</td>
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<td>93% of women said “The people who supported and facilitated them getting help was the most important help they received”</td>
<td>Increased Policing and training for police and community groups about domestic violence, abuse, trafficking and forced marriage issues.</td>
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<td>Women also reported that “Contact Orders often left them afraid of further attacks”.</td>
<td>Measures to prevent trafficking of women – support work done by voluntary organisations such as work with Croydon Community Against Trafficking (CCAT)</td>
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<td>Disabled women said that they were often faced with complex</td>
<td>Credit union facilities to help prevent women and girls entering or being trapped in prostitution.</td>
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<td>Better street lighting and especially in car parks</td>
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<td>Women also said they wanted media campaigns in various languages targeting BAMER communities, publicising the fact that violence against women and girls (in particular FGM and</td>
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issues as the perpetrator may be their carer. Also the option of leaving a specially adapted property was sometimes “just too hard”.

Women said that health services should do much more to ensure women were seen separately from partners and family members, so that the question about DV could be asked and abuse disclosed in a safe environment. They stressed they felt unable or afraid to reveal the abuse to NHS staff if their abuser was with them.

forced marriage) is unacceptable, illegal, and will not be tolerated.

Women wanted specialist women’s services, including BME services, to be consulted in the development of campaign materials and suggested an awareness raising DVD in several languages.

Pre birth-Midwives to be trained around Domestic violence.

Women said “There should be publicity: in places women will access e.g. Clothes shops”.

Women said “DV literature to be in community languages”.

Signpost women to advice/support in their mother tongue.

Women said “Survivors of domestic violence including children/young people to talk in training/schools from their view points”.

Women said that health services should do much more to ensure women were seen separately from partners and family members, so that the question about DV could be asked and abuse disclosed in a safe environment. They stressed they felt unable or afraid to reveal the abuse to NHS staff if their abuser was with them.
<table>
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<tr>
<td>Women said “It was so distressing having to tell my story over and over again as I was sent back and forth from one agency to another”.</td>
<td>To raise awareness of refuges and alternative support that is available so as to give DV victims a choice. Information on all options for example. What happens next if family go to refuge, benefits, housing, and education? Consulting women before decisions are made. Women highlighted the need for free courses or help in maintaining their house as a single parent. From finance to DIY. Credit Union membership was also highlighted by another focus group.</td>
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Analysis

The consultations have highlighted 8 emerging themes.

Resource and Information Sharing

Specialist voluntary sector organisations face resource issues and require support to maintain their capacity to deliver services.

All organisations highlighted the desire to work more closely with statutory agencies and for data and information to be shared. There was recognition that co-production is needed; with cross sector capacity building, public and not-for-profit organisations can skill share and learn from each other. Joint training and a unified data recording system would enhance consistency against delivery.

There have been several responses that there should be wider access to the DV Providers Forum so that Voluntary Community Sector groups who are not providers but who are being presented with DV users can get support and signpost effectively.

Focus/Audience of strategy

Some participants in the consultation felt there is a need for clarity on the main focus of the strategy and to strengthen the strategy to emphasise that all violence is unacceptable.

The strategy relates to a wide range of people affected by violence, including domestic household violence which may be a whole range of combinations, e.g. intimate relationships, parent/child, step parents, step children, grandparents, extended families etc. There are also many forms of sexual violence which may be perpetrated by both intimates and strangers. Any of these acts of violence may affect males and females, adults or children. The strategy aims to encompass FGM (Female Genital Mutilation) and also ‘Honour’ based violence. It has been suggested to revise the title of the strategy to ‘Domestic Abuse/Violence and or Sexual Violence Strategy’ to encompass the multi-faceted nature of abuse.

Service Mapping

All agencies spoke of the difficulty in finding out what services are available and not knowing where to make referrals to specialist services. Up to date mapping of DV services has been raised by the majority of practitioner participants. There has been widespread feedback that whilst there are good services for young people at the Turnaround Centre etc, there is little known about services for young people specifically experiencing Domestic Violence.
A new approach to delivery

There has been an overall response that a new model for the FJC Family Justice Centre is required. There is a consensus in the Voluntary and Community Sector responses that the Hub and Spoke model is the most successful and the proposed model would consist of 'The Spokes' to be universal (schools, children centres, Midwifes, GP’s etc) and targeted services to be delivered via the Voluntary Community sector (VCS). The ‘Spokes’, with basic Domestic Abuse/Domestic Violence knowledge would refer into the Hub, which would include specialist and cross sector expertise.

Balance Safeguarding Adults and Children

The whole family approach was welcomed by all organisations, however several participants cautioned that this approach should not preclude the safeguarding of victims who do not have children or victims who are elderly and no longer in the children and family system.

There has been widespread feedback that whilst there are good services for young people at the Turnaround Centre etc., there is little known about services for young people experiencing DV.

BAMER groups all raised the issue of resources needed to do awareness training in their communities, for example production of a DVD in several languages and access to interpreting services. Awareness raising by organisations that provide services to young people was also highlighted by several organisations.

Practitioners all spoke about the displacement of women in the process of safeguarding them and wanted the return of the Sanctuary scheme to be available to those women who did not want to leave their homes.

Professionalism

Responses on the strategy included comments that ‘Any strategy on violence against women and girls needs to establish and implement a comprehensive legislative, policy and service framework to prevent violence against women and girls, and be underpinned by clear responsibilities, targets, and review mechanisms, and sustainable resources for national and local specialist services for women and children experiencing violence and abuse’

Practitioners raised the requirement for specialist; evidence based professional services at the heart of Domestic Abuse/Domestic Violence provision.

It is important to be clear about what is meant by specialist services that are not mainstreamed into statutory provision. For example rape crisis centres work with
women who have suffered historic abuse as well as recent abuse and who may not want police involvement but do want counselling and support. Specialist services may also relate to a very specific issue requiring specialist not generic skills and knowledge and affecting often quite a defined group of women such as women exiting prostitution, women survivors of trafficking, girls affected by internal grooming or by gang violence, women with no recourse to public funds, refugee women, FGM, so called honour based violence, forced marriage or a culturally specific group such as Kurdish women, Latin American women etc., amongst others.

All practitioners called for more IDVAS (Independent Domestic Violence Advisors)

**Financial Transparency and Partnership**

Responses highlighted the ownership and leadership of the strategy by statutory partners to be clearly identified.

VCS practitioners expressed partnership decision making needs to be explicit and that the commissioning process needs to be competitive and exclusive.

Several respondents felt performance management needed strengthening and that there should be key performance indicators to the strategy.

**Equality Impact**

BAMER groups have raised the issue of access, language, location, and the eradication of stigma and danger of accessing the FJC.

Practitioners are calling for involvement of all practitioners, universal through to targeted specialist providers, to form a partnership with shared responsibility for responding to and tackling domestic violence. This may include joint training and developing a set of agreed standards (e.g. CAADA) to ensure delivery and provision is of a quality standard. BAMER groups all raised the need for resources to undertake awareness training in their communities, for example, production of a DVD in several languages and access to interpreting services. Therapeutic services for children/adults with culturally sensitive therapists were also deemed essential.

Responses highlighted that ‘DV Awareness raising’ by organisations who provide services to young people needed to be prioritised.

The establishment of an accessible helpline for Domestic Violence as there is for Child Protection out of hours. Research shows that DV increases at holiday periods, weekends, through the night, following large sporting events etc., a 24 hour helpline is requested as well as a helpline for males.
SUMMARY

The feedback from the voluntary sector consultations has provided invaluable insight into the experiences of DV users/survivors and practitioners and endorses the diverse approach taken in the consultation to inform the re-design of DV services.

There is a strong willingness to work together to develop and improve DV services and reduce violence for all in Croydon.

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Tel: 0208 253 1271

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