



HEALTH & WELLBEING BOARD

Subject Heading:

Domestic Violence

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report provides an overview of Domestic Abuse within Havering and the associated Health and wellbeing implications for victims, their children and the wider community. The report identifies current gaps in knowledge and service provision and asks that the Board consider the recommendations below.

RECOMMENDATIONS

1. That the Board consider refreshing the JSNA for Violence Against Women and Girls (VAWG) given the changing demographics in the Borough
2. That the Board support the HCSP to develop a joint VAWG strategy for Havering

Health and Well Being Board, July 2014

3. That the Board adopt a consistent approach across the Council and CCG to the commissioning of services for victims and their children, and perpetrators, and seek to secure a long-term joined up partnership response to DV/VAWG.

REPORT DETAIL

1. Background

Domestic Violence is defined as

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”*

*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

In 2011/12, 7.3% women (1.2 million) and 5% men (800,000) in the UK reported having experienced domestic abuse (ONS 2013). An analysis of 10 separate domestic violence prevalence studies found consistent findings that 1 in 4 women experience domestic violence over their lifetimes and between 6-10% of women suffer domestic violence in a given year (Council of Europe, 2002). On average, two women a week are killed by a violent partner or ex-partner. This constitutes nearly 40% of all female homicide victims. (Povey, (ed.), 2005; Home Office, 1999; Department of Health, 2005.)

Abused women are more likely to suffer from depression, anxiety, eating problems and sexual dysfunction. Violence may also affect their reproductive health. (WHO 2000). It is estimated that 30% of domestic violence starts in pregnancy and domestic violence has been identified as a prime cause of miscarriage or still-birth and of maternal deaths during childbirth. (Lewis and Drife, 2001) Many women use alcohol or drugs as a response to and a way of dealing with abuse. Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.

Health and Well Being Board, July 2014

Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life. (Hester et al 2007). The term 'toxic trio' is used to describe the comorbidity of domestic abuse, mental ill-health and substance misuse. National level biennial reports reviewing the learning from serious case reviews (SCRs) note the prevalence of domestic violence, misuse of alcohol and/or drugs, and parental mental health problems in the lives of the families at the centre of SCRs. The last biannual report, drawn from 139 overview reports, finds 'evidence that about two-thirds of cases featured domestic violence, and mental ill health of one or both parents was identified in nearly 60% of the families. A wealth of research has been conducted in this field and more background information is available in Appendix 1

2. Domestic Abuse in Havering

Domestic violence (DV) is prevalent in the borough and we know that it has a significant impact on the health and wellbeing of victims and their children.

The current rate of Domestic Violence in Havering (represented as DV Offences and Incidents in below table) stood at 8.6 per 1,000 residents, slightly below the MPS average of 9.2 per 1,000 residents; for the 12-month rolling period to October 2013 with Havering ranked 19th of 32 boroughs, where 32 is best.

In the current financial year Havering has seen one of the highest increases in Domestic Violence. Havering as of June 2014 ranks as 16th highest in London, and has a rate higher than the regional average. This is due to a significant rise in reported incidents. Havering has seen one of the highest increases for both DV crimes and DV incidents this financial year (5th highest increase of 32 boroughs).

The table below shows there have been 985 VAWG offences in Quarter 1 of 2014, a rise of 213 compared to the same period in 2013 (+27.6%).

Official Performance Data Metropolitan Police				
Offence	FYTD June 2014	FYTD June 2013	Change No.	Change %
DV Offences	170	119	+51	+42.9%
DV Offences and Incidents	283	214	+69	+32.2%
Rape	675	544	+131	+24.1%
Other Sexual	27	14	+13	+60.0%
Total Violence against Women & Girls	985	772	+213	+27.6%

Source: MPS Violence Against Women and Girls Report June 2014

Based on MPS raw CRIS data for Havering for the 12-months to June 2014, there were 172 repeat victims who reported three or more Domestic Violence events to police (10 fewer than in December 2013). This accounts for 6.8% of total victims reporting to police 19.6% of all DV incidents on record (put simply, less than 1 in 10 victims contributed to almost 1 in 4 records). If we consider those with 2 or more reports to police, then 19.3% of victims contributed to 38.6% of the total number of reports (486 victims).

Health and Well Being Board, July 2014

Last 12 Months Rolling	Domestic Crime				Domestic Crime & Incidents Total			
	No. Victims	% Victims	No. Crimes Reported	% Crimes	No. Victims	% Victims	No. Crimes Reported	% Crimes
4 or more	5	0.7	20	16.0	80	3.2	370	11.2
3 calls	18	2.4	54	43.2	92	3.7	276	8.4
2 calls	51	6.7	102	81.6	314	12.5	628	19.0
1 call	829	108.4	829	663.2	2,028	80.7	2,028	61.4
Total	903	118.0	1,005	804.0	2,514	100.0	3,302	100.0

Source: MPS CRIS/Crime Recording Incident System data for 12-months to June 2014

The table which follows gives a breakdown of sanctioned detections, arrests charges and cautions for Havering compared with the MPS average. In the most recent 12-months there has been a decline in sanctioned detection rates for DV offences and DV Violence with Injury offences. The rates in Havering at June 2014 were below the MPS average. Similarly, there has been a reduction in the charge and caution rate which is also currently below the MPS average.

Sanctioned Detection (SD) Data Metropolitan Police			
Offence	Havering Current 12-months	MPS Current 12-months	Havering Change compared to Previous 12-months
Domestic Violence – Violence with Injury (Sanctioned Detection)	36.3%	50.5%	-14.7
Domestic Violence – Total Offences (Sanctioned Detection)	38.5%	45.2%	-6.4
Domestic Violence – Arrest Rate	71.0%	84.0%	-7.0
Domestic Violence – Charge Rate	20.1%	25.9%	-5.1
Domestic Violence – Cautions	18.4%	19.3%	-1.2

Source: MPS Met Stats data for 12-months to June 2014

In the 12-months to November 2013 Havering had a successful prosecution rate of 69.8% (157 successful prosecutions) for DV cases heard at Magistrates Courts, this was the 5th highest within the MPS and above the London average of 63.4%. The national average was higher at 74.3%. For cases heard at Crown Courts, of which there were 35 in Havering, the successful prosecution rate was 57.1% locally compared to a regional average of 62.4% and national average of 75.7%. Havering ranked 21st within the MPS.

Prosecution Data						
Havering Data	Successful no.	Total no.	Conviction Rate	Regional Rate	National Rate	Rank in London
Crown	20	35	57.1	62.4	75.7	21 st
Magistrates	157	225	69.8	63.4	74.3	5 th

Referrals to children's social care are made when someone believes that a child may be at risk of significant harm. In 2012/13, 168 referrals were made to Havering's children's social care where domestic violence was recorded as the primary need. Domestic violence is likely to be a factor in many more referrals, but it will not always be recorded as the primary issue.

Health and Well Being Board, July 2014

All instances of a child or young person, who comes to the attention of a police officer, where it is believed there are concerns about the child's well-being or safety, must be recorded onto a MERLIN PAC form. Jan – June 2013 saw an overall 15.5% increase in the number of police Merlin reports where domestic violence was a factor, compared to the same time period in 2012

3. Why is this an issue for the Health and Well Being Board?

In November 2013 the Mayor of London launched his second strategy on violence against women and girls (VAWG) with one of the key objectives being “addressing health, social and economic consequences of violence.” Boroughs are being encouraged to develop a wider response to VAWG which includes domestic violence , rape and other sexual offences, Female genital mutilation, forced marriage , Honour-based violence and trafficking and prostitution (See appendix 2)

Domestic Abuse remains a high priority for the Havering Community Safety Partnership. However limited funding is available through the Mayor’s Office for Policing and Crime to develop responses to domestic violence and wider VAWG agenda, with only £76,000 made available in 2014-15.

Commissioning of services for victims of domestic abuse is limited compared to other London Boroughs

- The Council current funds a full time Independent domestic violence advocate based in victim support to support high risk victims of DV, commissioned by Community Safety .
- Domestic violence advocacy services are provided for 8-12 hours per week through Havering Women’s Aid (HWA) funded through MOPAC grant funding. The SLA for this service is managed by Community Safety.
- Refuge provision in the Borough is again provided by HWA, commissioned by Homes and Housing, via two refuges within Havering. The three year contract is due to end October 2014 (with an option to extend for one year), and future funding will be reviewed between September and December 2014.
- There are no specific services for children experiencing violence at home and limited funding is available to deliver prevention work with young people and perpetrators. However for 2014-15 the Early Help team has seconded a DV specialist worker to support staff in early help settings to support families with children experiencing DV.

A DV JSNA was completed by Health in 2012 (see appendix 3) which made a number of key recommendations for decision makers and commissioners - many of which have not been taken forward due to the changes in Health care provision locally and nationally.

Referrals to the MASH have seen an increase in families where comorbidity of domestic abuse, mental ill-health and substance misuse is an issue.

Health and Well Being Board, July 2014

The recently published “Domestic homicide review: lessons learned” (Home Office, Nov 2013) found that a number of reports identified the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals. There have been cases where victims had made disclosures but they had not been followed up or referred on to the appropriate agencies. In some cases, the review has stated that the healthcare professional had not known what to do when a patient disclosed domestic violence.

Although NELFT have recently developed a domestic abuse and sexual violence strategy and associated policy there is to date no borough wide strategy setting out the responsibilities and agreed actions of all borough including the CCG, Local Authority, Police and Acute Trust. The recently established VAWG group has recognised the need for such a plan and work is now in progress.

The plan will need to address emerging issue identified for partners including the rising trends, effective identification of prevalence within health services; the GP is usually a victim’s first route into the statutory sector and maternity services at BHRUT are also often the first to spot signs of abuse and well placed to intervene early. With the removal of the dedicated resource in the Trust we need to ensure that they are meeting their obligations in this area.

In addition the Borough needs to improve identification of repeat victimisation across services (victims report victimisation to multiple different agencies). To do this we need to obtain data from health services for the purpose of crime prevention, gauging prevalence and identifying gaps in service provision, which is currently not easily available.

Once the plan is drafted it will be presented to the Health and Wellbeing Board for comment before being considered by the Crime and Safety Partnership.

4. Recommendations for consideration by commissioners including short and long term priorities

Prevention

- Develop focus on early identification and early intervention (just 29% of GP’s in England said they felt comfortable asking appropriate questions of suspected victims of abuse - Royal College of General Practitioners 2012).
- Introduction of the Identification and Referral to Improve Safety system (IRIS). IRIS is a general practice-based domestic violence and abuse (DVA) training support and referral programme that has been evaluated in a randomised controlled trial. Core areas of the programme are training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. The target patient population is women who are experiencing DV from a current partner, ex-partner or adult family member. IRIS also provides information and signposting for male victims and for perpetrators.

Provision

- Consider the case for additional Independent Domestic Violence Advocacy Services (IDVAs), support and community resources for victims/survivors

Health and Well Being Board, July 2014

- Enhance alcohol, substance misuse and mental health services for victims/survivors of DV/VAWG
- Enhance services for people from minority groups, children and young people

Protection

- Address high level of repeat cases through the Multi Agency Risk Assessment Conference (MARAC). Havering MARAC is a monthly meeting where information is shared on the high risk domestic violence cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
- Improve levels of practitioner referrals to MARAC (just 24% of GPs said they were prepared to make appropriate referrals for victims – Royal College of General Practitioners 2012)

IMPLICATIONS AND RISKS

Financial implications and risks:

Failure to identify funding to tackle the issues raised in this report may impact on the Councils and other partner's ability to respond to a trend of rising domestic abuse within Havering.

The services already provided for domestic violence victims are funded from existing resource and, in the case of the Women's Aid advocacy service, via a grant from MOPAC.

Failure to comply with terms and conditions of the grant agreement, which does not allow any flexibility in spend, may result in funding for future years being withdrawn

Legal implications and risks:

The Council and other statutory partners including Health has a responsibility under the Crime and Disorder Act 1998 to address crime and disorder within the borough.

Although the funding available to the HCSP is consistent with previous years, we no longer have the flexibility of how we spend the funds which will impact on the Partnerships ability to respond to emerging crime trends over the coming year.

Failure to comply with terms and conditions of the grant agreement may result in funding for future years being withdrawn.

Human Resources implications and risks:

The Domestic Violence IDVA is employed by Victim Support London on an annual contract and therefore there are no HR implications for the Council if future funding is not secured.

Equalities implications and risks:

Equalities implications run throughout each of the strands of the MOPAC VAWG strategy and analysis of data in relation to the demographics of victims and offenders must be used to develop future services to address violence against women and girls.

Data will continue to be collected and reviewed to ensure services are delivered appropriately and that the needs of the changing communities in Havering are accommodated.

Health and Well Being Board, July 2014

All commissioned services must ensure as part of our contractual arrangements and corporate procurement processes that they are compliant with the Equality Act 2010 and in particular the Public Sector Equality Duty. This will be monitored through the equalities monitoring of those who access the services

BACKGROUND PAPERS

- Appendix 1** Women's Aid – Statistics on Domestic Violence
- Appendix 2** MOPAC Mayoral Strategy on violence against women and girls 2013-17
- Appendix 3** Havering JSNA for Domestic Violence 2012