



## 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 presents the first Violence against Women and Girls Strategy for Havering for consultation.

### RECOMMENDATIONS

1. That the Board members review the content of the strategy and provide comments to Community Safety via [diane.egan@havering.gov.uk](mailto:diane.egan@havering.gov.uk) by 28<sup>th</sup> of February 2015

### REPORT DETAIL

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### 1. Background

Domestic Violence ( Home Office 2013) 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.

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

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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 rising in the borough and we know that it has a significant impact on the health and wellbeing of victims and their children.

The total number of reported and recorded Violence against Women & Girls incidents and offences has increased by 861 offences in the current financial year to date (to December 2014), representing a rise of 20.4%. This has been driven by a notable rise in the volume of both Domestic Offences and Domestic Incidents.

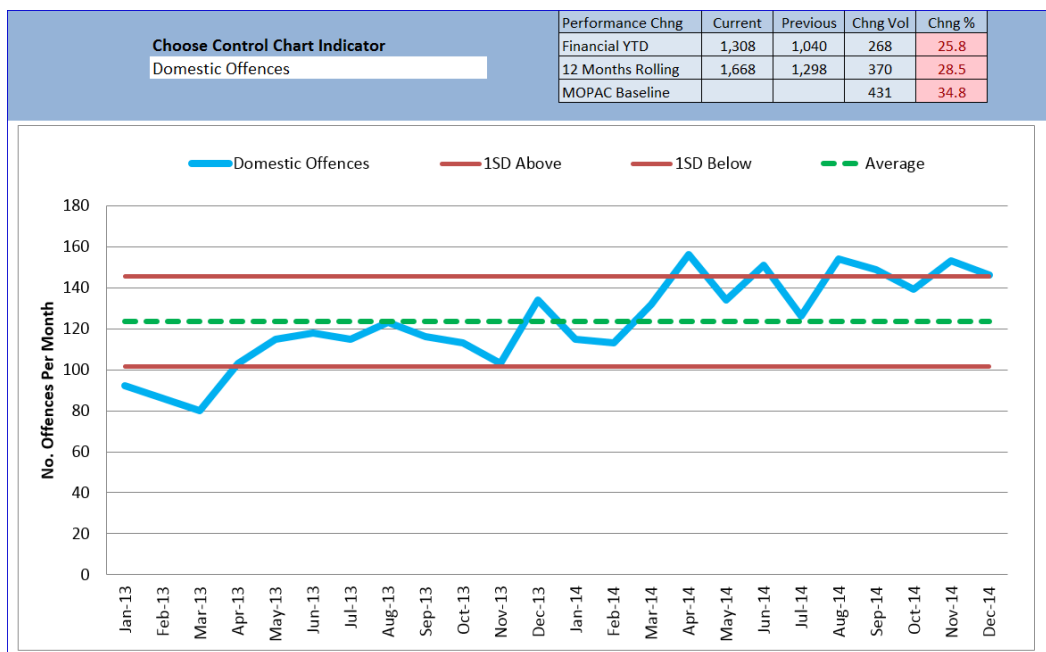
The increase in DV Offences is at present currently above the regional average, showing a 27% increase compared to a 22% increase across London. Where DV Violence with Injury is concerned, Havering has the 9<sup>th</sup> highest numerical increase and the 7<sup>th</sup> highest percentage increase.

Official Performance Data Metropolitan Police				
Offence	Offences Current FYTD	Offences Previous FYTD	Change No.	Change %
DV Violence with Injury	453	367	+86	+23.4
DV Offences	1,319	1,040	+279	+26.8
DV Incidents	3,128	2,688	+440	+16.4
Rape & Sexual Assault	191	135	+56	+41.5
Total Violence against Women & Girls	5,091	4,230	+861	+20.4

Source: MPS Met Stats Data to December 2014

The rate of overall Domestic Abuse per 1,000 residents this financial year to date is 19.0, slightly behind the regional average of 20.0. This ranks Havering 17<sup>th</sup> of London's 32 boroughs, falling from 20<sup>th</sup> the previous year (where 32 is best).

The control chart below shows the rising levels of Domestic Abuse offences, with average monthly totals pre December 2013 being consistently below 120, whilst post March 2014 they have averaged in the region of 145.



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A new repeat offender and victim data sheet has been produced by the Metropolitan Police, which allows for easier identification of repeat cases. This is currently a 6-month rolling perspective rather than 12-month rolling. During the last 6 months there were:

- 99 high harm victims identified in Havering who were victims in 331 records over the previous 6 months
- 40 of those victims (excludes victims who are also recorded as perpetrators) were victims 3 or more times in the previous 6 months (7 males and 33 females)

The number of repeat cases referred to the domestic violence Multi-Agency Risk Assessment Conference (MARAC) in Havering currently stands at 21% for the previous 12 months rolling (46 of 219 cases).

The table below shows a breakdown of all repeat domestic violence victims by borough at November 2014 (*Source: Metropolitan Police Repeat Victims Report*). Havering had 126, of which 11 reported victimisation between 7 and 15 times, and 34 between 3 and 6 times. The total percentage of victims in Havering who are repeat victims is 32.8%, the fifth highest of 32 London boroughs and highest of East London boroughs.

Currently, detections, arrest rates, charge rates and cautioning rates have all fallen in Havering. This is also true regionally. Havering is performing below the Metropolitan Police area average in all indicators with the exception of cautions.

Sanctioned Detection (SD) Data Metropolitan Police				
Offence	Havering Current FYTD	Havering Previous FYTD	Havering Direction of Travel current FYTD	MPS Current Average (Havering rank in MPS)
Domestic Violence – Violence with Injury (Sanctioned Detection)	39.8	49.7	↓	44.6 (29)
Domestic Violence – Total Offences (Sanctioned Detection)	36.2	44.9	↓	36.2 (21)
Domestic Violence – Arrest Rate	69.6	79.3	↓	71.4 (24)
Domestic Violence – Charge Rate	21.0	28.8	↓	22.0 (21)
Domestic Violence – Cautions	15.2	16.2	↓	14.2 (14)

*Source: MPS Met Stats data for FYTD to December 2014*

The number of referrals to MARAC has continued to increase, with 219 for the 12 months to December 2014. There has been a significant rise in the volume and percentage of referrals being made via Children's Social Care and the Early Help Team (from 14 to 38). Police referrals increased in the last 12 months from 42 to 57 whilst the Independent Domestic Violence Advocates (IDVAs) contributed to the highest number of referrals with 86.

With regard to the aforementioned repeats database of high harm victims and offenders, collated by the Metropolitan Police:

- Of the 40 high harm victims with 3 or more repeats in the last 6 months, 14 had been referred to the MARAC on at least one occasion. It is unknown whether the remaining 26 are known to services other than the MPS and whether or not they are accessing services.
- Of all cases discussed at MARAC in the previous 6 months, only 9 have appeared on the high harm repeat datasheet produced by the Metropolitan Police.
- The remaining 26 referrals by police colleagues were not identified as repeat victims (based on volume of reports to police)

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- In the last 6 months police contributed to 35 of 88 individuals referred.
- Approximately 60% of those referred by other agencies had not reported incidents/crimes to police, and thus may have been unknown to police before the MARAC meeting.

Other MARAC data showed a decline in BME victims being referred (32 down to 23), an increase in male victims (6 up to 10), and an increase in victims with a disability (3 up to 5). There remain 0 referrals for LGBT cases and just 1 whereby the victim was aged 16-17.

### **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

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 (MOPAC) to develop responses to domestic violence and the wider VAWG agenda, with only £76,000 made available in 2014-15. Commissioning of services for victims of domestic abuse is therefore limited compared to other London Boroughs

- The Council current funds a full time independent domestic violence advocate (idva) based in Victim Support to support high risk victims of DV, commissioned by Community Safety .
- MOPAC is in the process of commissioning a Pan London DV IDVA service which will see an up-lift in provision of an additional 3.5 IDVAs.
- Domestic violence advocacy services are provided for 8-12 hours per week through Havering Women’s Aid (HWA) funded through MOPAC grant funding. The Service Level Agreement (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 in spring 2015.
- 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 chapter was completed by Health in 2012 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. These have been incorporated into the new VAWG strategy.

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

Areas of consideration by Health providers include

### **Prevention**

- Consider the 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 have been evaluated in a randomised controlled trial showing reductions in repeat victimisation. 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 how Havering can enhance alcohol, substance misuse and mental health services for victims/survivors of DV/VAWG
- Consider how Havering can enhance services for people from minority groups, children and young people

### **Protection**

- Improve levels of general 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 Council's and other partners' 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 have a responsibility under the Crime and Disorder Act 1998 to address crime and disorder within the borough.

Although the funding available to the Havering Community Safety Partnership (HCSP) is consistent with previous years, we no longer have the flexibility of how we spend the funds which will impact on the Partnership's 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.

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**