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## 1: Foreword

Paul Greenhalgh, Executive Director, Children and Families and Learning and Mark Watson, Cabinet Member for Safety and Justice.

Croydon's vision is for those living and working in the borough to eliminate and reduce the incidence of domestic abuse and sexual violence. Domestic abuse and sexual violence impacts upon each of us, whether it is apparent in our place of work, within our communities or closer to home and in the lives of those connected to us.

Intimate relationship and familial abuse is a pervasive issue and the consequences of this abuse is far reaching and can have devastating long term effects on those directly and indirectly impacted, the costs to victims and their families is often incalculable.

Our 2015 –2018 strategy reflects the progress we have made in delivering integrated domestic abuse services over recent years, which is considerable, but we have further to go, we are determined to leave no stone unturned, and reduces the incidence of abuse and its occurrence. The 2015-2018 strategy highlights our achievements and shows how we will build on our strong partnership foundations to protect and safeguard those who are vulnerable as a result of domestic abuse and sexual violence.

Croydon has developed a domestic abuse and sexual violence executive group that drives our strategic partnership action plan and provides challenge and support to internal and external partners to provide services and responses to those impacted by domestic abuse and sexual violence.

We have named domestic abuse and sexual violence Champions in key organisations to share the responsibility for ensuring the fundamental rights of all residents in the borough to live their lives without fear and in an environment which will not tolerate domestic violence.

We are committed to raising awareness in our community in how to access help and support, and in ensuring that all professionals working with adults and or children are trained in identifying the signs of abuse and have an understanding on how to respond and access specialist support

The Safer Croydon Partnership Board is committed to ensuring that tackling domestic abuse and sexual violence remains a key priority for both safeguarding adults and children's boards, and that that it is a feature in all key aspects of the Council's business.

This local strategy compliments 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.

## 2: Executive summary

This document should be read in conjunction with the accompanying Partnership Action Plan (Appendix 5), which provides greater detail on the activities that will be undertaken in Croydon to tackle domestic abuse and sexual violence.

The strategy sets out our partnership priorities from 2015 to 2018 and identifies the national, regional and local policy context and reflects local data that reflects the prevalence within Croydon. A cornerstone of this strategy is the views of victims and survivors which informs our practice and operational delivery, this will be a key part of the 3 year strategy.

The strategy also identifies what we what we need to do to prevent domestic abuse and sexual violence by raising awareness, challenging attitudes and beliefs and mobilizing our community to stand against domestic abuse. We are committed to challenging behaviour that tolerates and condones violence, providing victims of domestic abuse with the support they need and to protect them and by tackling perpetrators to prevent further incidence.

Set out below are the four key priorities that the Local Strategic Partnership believe will drive forward the Strategy and work across the borough

- Engaging communities in changing attitudes and by encouraging people to help themselves and each other using community-based support
- Ensuring sufficiency of resources to deliver the Strategy, the campaigns and develop a hub and spoke approach that increases preventative approaches
- Developing a data and intelligence framework that enables partners to scrutinise the delivery of the Strategy and impact of partnership actions
- A drive to influence the wider legal framework and criminal justice system to enable more effective actions against perpetrators will also be undertaken

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.<sup>1</sup>

The national 'Violence against Women and Girls Strategy 2010 (VAWG)<sup>2</sup> 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 the name of 'Honour', Sexual Harassment, Stalking, Trafficking, Prostitution/Sexual exploitation.

Croydon's approach ensures that Violence Against Women and Girls (VAWG) is at the heart of this Strategy recognising that gender inequality is a form of discrimination, a violation of human rights and that the vast majority of gender based violence is committed by men against women and girls.

We recognise that there will also be men and boys who experience the forms of violence covered and we remain committed to providing high quality interventions to those impacted and affected regardless of gender.

We acknowledge that Domestic Abuse and Sexual Violence affects individuals in every community regardless of 'race' or ethnicity, age, religion, sexual orientation, gender, educational background and economic status.

The strategic framework and the partnership action plan remains focused on the integration of Prevention, Provision and Partnership and Protection.

## **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 of the 2015-2018 strategic plan are outlined under our 4 key themes and measures of success.

**Prevention:** through our work to prevent domestic abuse and sexual violence, we will:

- Campaign and challenge attitudes, behaviours and practices which contribute to all domestic abuse and sexual abuse by strengthening our media campaign, by becoming a White Ribbon Borough, engaging employers and having robust engagement with our communities
- Promote programmes of 'healthy relationships' so that children, young people and adults are better equipped to form relationships based on equality and respect and address the need for couple relationship work as a basis of strengthening family resilience
- Strengthen the understanding of those who work with adults and families so that frontline partners in universal and community services can intervene early to challenge acceptability and to seek support as early as possible through training, use of the toolkit, culturally sensitive guidance and support and clear pathways to specialist guidance
- Ensure community and services such as schools, voluntary sector, GP practices have identified domestic abuse leads who are supported and confident in their role to support those at risk, or are victims, of domestic abuse and sexual violence
- Develop a 'think family approach' and use the troubled families programme and social care interventions to support whole families at risk or experiencing domestic abuse and sexual violence

## **Measures of success:**

- Increase in the use of whole family interventions to reduce the incidence and impact of domestic abuse and sexual violence
- Percentage of schools with a 'healthy relationship' programme that tackle issues of domestic abuse and sexual violence such as Values versus Violence

- Increased number of universal services where the designated Child Protection lead is signed up as the domestic abuse and sexual violence champion

**Protection and reducing the risk:** through our work to protect and reduce the risk to those who are victims of domestic abuse and sexual violence and ensure that perpetrators are brought to justice, we will:

- Reduce the risk of harm from perpetrators through tackling the top 5 perpetrators in the borough and promoting the use of the Domestic Violence Disclosure Scheme
- Increase the numbers of those affected by domestic abuse and sexual violence who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them
- Increase the number of offenders breaking out of a cycle of offending by ensuring the access to, and effectiveness of, rehabilitation programmes
- Better identify high risk victims through risk assessment and increased referrals to MARAC, including reducing the number of repeat incidents of victimization
- Proactive identification of adults and young people at risk of domestic abuse and sexual violence by targeting work with these groups such as LGBT, disabled people
- Campaign for better use of statutory and legal powers to ensure increasingly successful prosecution of perpetrators

**Proposed measures of success:**

- Increase in sanction and detection rate
- Reduction in referrals to MARAC and reduction in repeat victimization
- Increase in the number of perpetrators accessing rehabilitation programmes
- Increase in the use of Domestic Violence Disclosure Scheme

**Provision of support to reduce violence against women and girls:** through our work to provide adequate levels of support where violence does occur we will:

- Strengthen the understanding of violence against women and girls so that all partners have a clear role to play in addressing sexual violence and gender inequality
- Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs
- Deliver better and more effective outcomes for victims of sexual violence by the provision of training to frontline partners to recognise sexual violence and understand the actions to be taken

**Proposed measures of success:**

- Increase in the sanction and detection rate for domestic abuse and sexual violence offences
- Increase in the numbers of women and girls who coming forward and seeking support
- Increased engagement of partners in the take up of domestic abuse and sexual violence training as an integral part of safeguarding

**Partnership:** through working in partnership to obtain the best outcome for victims and their families, we will:

- Develop a hub and spoke approach to provide advice to universal provision such as GPs and health visitors, community and faith groups, schools and

early years settings, have access to advice and increase the number of victims accessing support

- Mobilise the community in tackling domestic violence by encouraging people to help themselves and each other using community-based support through the hub and spoke approach
- Develop a volunteer programme to support those affected by domestic abuse and needing short term input to stabilise their situation
- Challenging attitudes and beliefs and enable community, voluntary and faith sector to take a stand against domestic abuse and sexual violence
- Working closely with partners to ensure clear pathways with work to tackle harmful practices at all levels

**Proposed measures of success:**

- Increase in the number of victims seeking support through Family Justice Centre and community based spokes
- Increased referrals by GPs as measured by the use of the GP's DASV notepad
- Increase in the number of victims being supported by volunteers
- Increase in the number of voluntary, community and faith groups with Domestic abuse and sexual violence champions and engaged in the Croydon DASV Kitemark

Our outcomes will be achieved through the following core objectives;

- An increase in the safety of victims and 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.

### **3: Introduction**

#### **3.1 Purpose and scope of the strategy**

The purpose of this strategy is to provide a partnership framework for the delivery of services aimed at tackling the pervasive issue of domestic abuse and sexual violence.

This strategy reflects the responsibilities of the Safer Croydon Partnership and the both the Adults Safeguarding and the Children's Safeguarding Boards to underpin our shared approach and joint accountability system 'think family' approach to domestic abuse and sexual violence.

Underpinning themes of this strategy are:

- to change attitudes and behaviours in Croydon by raising awareness of the borough's zero tolerance approach to domestic abuse and sexual violence through becoming a White Ribbon Borough, a drive to engage employers and a wider community response as well as a high profile campaign
- to develop a hub and spoke approach to provide advice to universal provision such as GPs and health visitors, community and faith groups, schools and early years settings, and to increase the number of victims accessing support
- to continue to focus on reducing the risk of harm from perpetrators through tackling the top 5 perpetrators in the borough, bringing in an evidence based perpetrators rehabilitation programme and promoting the use of the Domestic Violence Disclosure Scheme
- to tackle violence against women and girls (VAWG) so that all partners have a clear role to play in addressing gender inequality
- To campaign for legislative improvements that protect victims

A drive to influence the wider legal framework and criminal justice system to enable more effective actions against perpetrators will also be undertaken.

#### **4: 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.

## **5: Background and legislative context**

### **5.1 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.

## **6: Definitions**

### **6.1 Defining domestic abuse and sexual violence**

Domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to psychological, physical sexual, financial and emotional abuse.

In 2013 the definition of domestic violence was widened to include 16-17 year olds and whilst not a legal definition, the wording changed to reflect coercive control, and includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and victims are not confined to one gender or ethnic group. This new definition recognises that 16-17 year olds can also be victims of domestic violence and abuse.

**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 the victim.<sup>3</sup>

Domestic violence is a learned intentional behaviour and perpetrators choose this behaviour to get what they want and gain control frequently avoiding taking responsibility for their behaviour, by blaming their violence on someone or something else, denying it took place at all or minimising their behaviour.<sup>4</sup> These behaviours whilst not inherently violent or criminal offences may include:

**Psychological and emotional violence** which includes harassment; destructive criticism; threats; verbal abuse; isolation; destroying possessions; humiliation and degradation and a range of other abusive behaviours.<sup>5</sup>

**Physical violence** which may include punching; slapping; hitting; biting; pinching; kicking; pulling hair out; pushing; shoving; burning or strangling.<sup>6</sup>

**Sexual violence within a domestic violence context** (perpetrated by current or former partners and/or family members) includes rape, sexual assault, sexual abuse and exploitation. The majority of rape and sexual assault takes place within this context but is often poorly recognised. In addition there is an association between the existence of physical violence in adult relationships and child sexual abuse within the family.<sup>7</sup>

**Financial abuse** is one of the most prominent forms of control tactics involving three distinct but overlapping factors, all of which can have a negative impact on a survivor's economic wellbeing. These include the perpetrator using male privilege to exploit existing economic disadvantage; causing survivors to incur financial costs as a result of domestic violence, and using economic abuse to deliberately threaten their economic security.<sup>8</sup>

**Female Genital Mutilation (FGM)<sup>9</sup>**, also known as female circumcision or female genital cutting, involves procedures that include partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. Medically this is unnecessary, extremely painful and depending on the degree of mutilation, has serious short and long term health consequences both physically and psychologically. The origins of FGM are complex but it generally derives from beliefs that it is a religious requirement or a necessary rite of passage to womanhood, that it ensures cleanliness or better marriage prospects, prevents promiscuity and excessive clitoral growth, preserves virginity and enhances male sexuality. It also relates to tradition, power inequalities and the compliance of women.

When mutilation is performed ranges from a few days old to adolescence, before marriage and occasionally on pregnant women and widows.

FGM is illegal in the United Kingdom (UK) either to perform or arrange for a girl to be taken abroad to have it performed. However, it is estimated that over 20,000 girls under the age of 15 years are at risk of FGM in the UK each year, and 66,000 women in the UK are living with the consequences of FGM. However, due to the hidden nature of this crime the full extent is unknown.

The largest communities in the United Kingdom where women are at risk of FGM are those with backgrounds from Kenya, Nigeria, Ghana, Uganda, Somalia, Tanzania, Sierra Leone, Egypt, Ethiopia and Sudan. The countries with the highest rates of prevalence are Djibouti (98%), Egypt (97%), Somalia (97%), Mali (91.6%), Sierra Leone (90%), North Sudan (90%), Eritrea (88.7%), Ethiopia (79.9%), Gambia (79%) and Burkina Faso (76.6%).<sup>10</sup>

### Forced Marriage

In the UK, forced marriage is recognised as a form of violence against women and men, domestic /child abuse and a serious abuse of human rights. A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. This can be in the form of physical (including threats, actual physical violence and sexual violence) or emotional and psychological, financial, sexual and emotional pressure.

There is a clear distinction between forced marriages and an arranged marriage. In an arranged marriage, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Forced marriages affect people across culture, class and religion and happen worldwide tending to originate from Asia.

In 2012, the Forced Marriage Unit (FMU) received 1485 reports of possible forced marriages; however the true scale of forced marriage is unknown.

### Honour crime or honour based violence

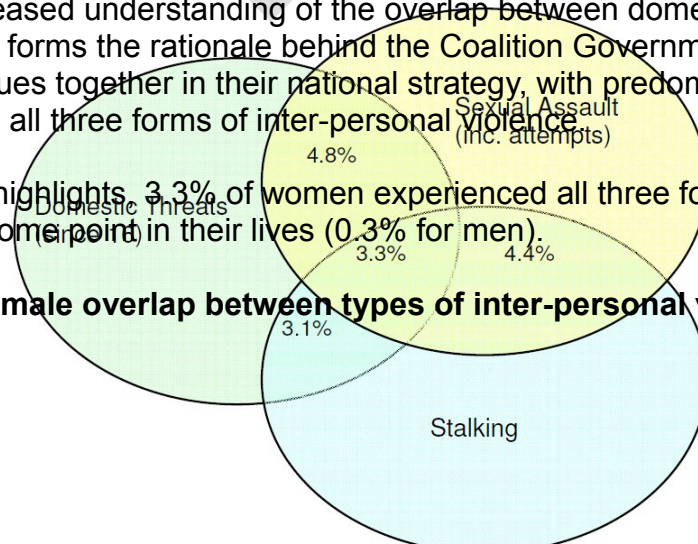
Honour crime or honour- based violence consists of a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. Not conforming to this code of behaviour brings shame or dishonour on the family.

Honour- based violence can exist in any culture or community where males are in position to establish and enforce women's conduct but males can also become victims when a relationship has been deemed as inappropriate

## 6.2 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**

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".<sup>11</sup>

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, whilst not losing sight of the importance of Gender inequality.

## **7: Domestic Abuse and Sexual 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.)<sup>12</sup>

**7.1** The 2013-17 Mayoral Strategy on Violence against Women and Girls (VAWG)<sup>13</sup> provides a framework for addressing VAWG and sets out five pan-London objectives. It focuses on the needs of women and girls and is a response to the disproportionate impact of VAWG crimes on women and girls, notwithstanding the fact that there are men who are victims of, for example, rape, forced marriage, or domestic violence.

## **7.2** 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.

## **7.3** NICE evidence review

In 2013, NICE commissioned a review of the evidence relating to domestic abuse.<sup>14</sup> It aimed to investigate "interventions to identify, prevent, reduce and respond to domestic violence between family members or between people who are (or who have been) intimate partners". A large number of gaps were identified in the evidence, where no or very little research existed. However, some significant findings were uncovered, which will be reflected in Croydon's new strategic plan.

These include:

- The use of screening tools, antenatal screening, and that cueing (providing information about a patient prior to a clinical encounter) improves identification of domestic abuse.
- There is moderate evidence of improvements in domestic abuse outcomes for advocacy, skills-building, counseling and brief interventions, therapy, individual interventions for abusers, short duration group interventions measuring attitudinal, psychological and interpersonal outcomes, and couples' interventions including substance use treatment.
- Where children are exposed to domestic abuse, interventions aimed at both mothers and children together appear to have the most positive impact on outcomes.
- Partnerships to address domestic abuse were effective at increasing referrals, reducing further violence, and supporting victims of DV.

**7.4** The Early Intervention Foundation is one of the government's 'what works' groups that aims to identify evidence about what will improve the social and emotional wellbeing of children and young people. It undertook an extensive review of domestic abuse and set out six recommendations<sup>15</sup>:

- Greater use of proven evidence-based programmes and practice.

- A clear action plan on Violence against Women and Girls (VAWG) and a series of improvements to it.
- More effective support to deliver school-based programmes to scale for example Personal, Social Health Education and Sex and Relationship Education.
- Strengthen the support for couple and family relationships where there is a risk or history of domestic violence and abuse.
- A comprehensive workforce development plan on domestic violence and abuse for all Early Intervention workers.
- Improved measurement, evaluation and research of domestic violence and abuse with a particular focus on the impact of early help in preventing it.

**7.5** The Centre for Public Scrutiny has produced guidance following the Rotherham and mid-Staffordshire investigations<sup>16</sup> in relation to the importance of scrutiny by systems leaders. Scrutiny was seen as much more than 'formal reporting' but in providing critical challenge and collating information from a range of sources beyond that contained within the performance management process. The guidance for council officers, councillors and partners provides 10 key questions that are helpful to the local Strategic Partnership in ensuring it is providing appropriate scrutiny and oversight.

**7.6** The Independent Inquiry into Child Sexual Exploitation in Rotherham<sup>17</sup> highlights the links between domestic abuse and child maltreatment. *'Many of the case files we read described children who had troubled family backgrounds, with a history of domestic violence, parental addiction, and in some cases serious mental health problems'*.

**Table 1: The scale of Domestic abuse in England and Wales**

All figures relate to the 43 Police force data returns and are for the twelve-month period to 31 August 2013	
Volume police business	
1,010,000	Calls for assistance to the police for domestic abuse related incidents
269,700	Domestic abuse related crimes
6,400	Domestic abuse related sexual offences
96,000	Domestic abuse related assault with injury crimes
27,300	Domestic abuse related harassment crimes
Domestic abuse related crime is	
8%	of total crime
11%	of all recorded sexual offences
33%	of all recorded assault with injury crimes
49%	of all recorded harassment crimes
High risk police business	
57,900	high risk of serious harm or murder cases referred to MARAC
On average <b>every 30 seconds someone</b> contacts the police for assistance with domestic abuse	

Source: Everyone's business HMIC report 2014

## 7.7 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.<sup>18</sup>

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.<sup>19</sup>

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.<sup>20</sup> 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.<sup>21</sup>

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.<sup>22</sup> 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.

## **7.8 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<sup>23</sup> 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 women 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.

## **7.9 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.<sup>24</sup> 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.

## **7.10 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.<sup>25</sup>

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.

### **7.11 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.

### **7.12 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.<sup>26</sup>

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

### **7.13 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.<sup>27, 28</sup>

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.<sup>29</sup>

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.<sup>30</sup>

- 8 million people in the UK (24.4% of people between the ages of 16 and 59) have been victims of domestic violence and abuse (6.1% in the year 2011/12) and 25% of young people have witnessed at least one episode of domestic violence and abuse by the age of 18.<sup>i</sup> Estimated prevalence among male victims was 4.4% in 2012/13 and among female victims 7.1%, broadly stable on the previous year.
- There were 838,026 incidents of domestic violence and abuse reported to police in England and Wales in 2012/13, up from 740,000 in 2010/11 and 817,522 in 2011/12.<sup>ii</sup>
- Prosecutions have fallen to 70,702 in 2012/13 from a peak of 82,187 in 2010/11.<sup>iii</sup>
- The percentage of successful convictions has risen, from 71.9% in 2010/11 to 74.3% in 2012/13.<sup>iv</sup>
- Prevalence has tended to be particularly high among young women. 11.3% of 16-19 year old women suffered from domestic violence and abuse in 2012/13, down from 13.7% in 2011/12.<sup>v</sup>
- Nearly one in three (31%) pregnant teenagers at intake to one targeted Early Intervention programme had experienced domestic violence and abuse.<sup>vi</sup>
- 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.
- 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.<sup>31</sup>
- Work with children requires development needs to develop beyond the focus on safety planning.
- Munro report found 69% of high-risk adult victims of domestic violence have children.<sup>32</sup>
- Children living with their mother and the perpetrator are likely to have a high level of need, but are least likely to receive support.
- 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.

CAADA has developed a new version of their *Insights* outcomes measurement tool and national dataset specifically focused on the experiences of children who accessed specialist children's support projects in four Independent Domestic Violence Advocacy (IDVA) services.<sup>33</sup> In addition to providing comparable data on children's exposure to harm, wellbeing and outcomes post intervention from specialist services, *Children's Insights*<sup>34</sup> gathers non-controlled pre and post intervention views and feelings of anxiety, safety and wellbeing directly from the children (877 at intake and 526 at exit in the forthcoming dataset). It reports that:

- 50% of children frequently felt worried at entry into the IDVA service. This dropped to 22% at exit (i.e. after receiving support).
- 44% frequently felt unhappy at entry into the service. This dropped to 14% at exit.
- 57% found it difficult to control their emotions at entry into the service. This reduced to 19% after receiving support.
- 58% found it difficult to fall asleep and stay asleep at entry into the service. This dropped to 31% at exit.
- At entry into the service 39% felt like it was their fault when bad things happened. This dropped to 17% after engagement.

- At entry into the service 47% frequently felt angry. This reduced to 20% after receiving support.

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.

#### **7.14 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.

The Early Intervention Foundation's (2014) report on domestic violence found that in the UK the Family Nurse Partnership (or Nurse Family Partnership in the US) is provided for women becoming parents at a young age, with an eligibility criteria recently broadened in the UK to under 20 years. Many have a low income, do not live with their partner and have few educational qualifications or steady employment. In addition, many have other significant vulnerabilities including physical health difficulties, mental health problems, experience of domestic violence and abuse and homelessness.<sup>35</sup>

The programme involves weekly visiting in the home during pregnancy followed by a fortnightly visiting programme for two years following birth. It uses a psycho-educational approach to provide intensive, ongoing support to first time young mothers to improve maternal health and behaviours in pregnancy, quality of caregiving child and maternal health, and to increase confidence, self-efficacy and economic self-sufficiency.<sup>36</sup>

- 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.

## **7.15 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'.<sup>37</sup>

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.<sup>38</sup>

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.<sup>39</sup>

## **7.16 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.<sup>40</sup>

## **7.16 Sexual Exploitation and Missing Children**

In Croydon we have learnt from national research that you cannot separate missing children from children who are sexually exploited as these needs are often conjoined and coterminous. Therefore the strategy presented here is cross-cutting with Croydon strategic response to CSE as well as its wider re Croydon has the highest number of missing children in London.

This is because Croydon has the largest population of young people aged 10 – 17 of all London Boroughs. We also have a large number of independent providers of fostering and residential services based in the borough. This means other local authorities' children services, from across London, are placing vulnerable young people in Croydon.

Croydon Safeguarding Children Board (CSCB) through the Missing and Children Sexually Exploited Sub-Group have developed a multi-agency strategy to improve how we work with this vulnerable group. In developing this strategy the partners have; consulted and implemented *'the Statutory Guidance on Children Who Run Away or Go Missing From Home and Care'* (DoE: 2014), learning from the Independent Inquiry into Child Sexual Exploitation in Rotherham (Jay: 2014) research capturing young peoples' voices about going missing (Green & Hayden: 2014) and the Young Runaways Action Plan (DCSF: 2008). This strategy has further been informed by the November 2014 CSCB commissioned audit 'Improving Outcomes for Vulnerable Children'.

### **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.<sup>41</sup>

## **8: Domestic abuse and sexual violence in Croydon**

### **8.1 Croydon Domestic Homicide Reviews**

Two Domestic Homicide reviews have been undertaken in Croydon over the past 18 months. Although only one of the reviews has been published, partners have already worked developed their action plans and progress made.

There are a number of issues raised that have informed the proposed 2015-18 strategy such as:

- The "Think Family" approach has to be highlighted and explained so that practitioners, professionals and clinicians understand the concept and their roles and responsibilities regarding safeguarding children.
- Training need for both GPs and A&E to recognise the risks of domestic abuse and conduct clinical enquires for DA and to be aware of their role and responsibilities.
- There was a lack of information sharing between agencies within the health service and between other agencies such as the police and council and between these agencies and NHS agencies. The Multi Agency Safeguarding

Hub has a significant role to enable information sharing to proceed.

## 8.2 Croydon Demographics

### Population profile

Based on data from the 2013 mid-population estimates there are 372,752 residents in Croydon of which 52% are female (191,975) and 48% are male (180,777). There are 91,628 residents aged under 18, with males making up 51% of this age group. For the 18-64 year old age group there are 233,648 residents with females making up 51% of this age group. For the 65 and over age group there are 47,476 residents with females making up 56% of this age group.

**Table 2: Gender demographics**

Gender	Under 18		18-64		65+		Total	
	Number	%	Number	%	Number	%	Number	%
Male	46,417	51%	113,347	49%	21,013	44%	180,777	48%
Female	45,211	49%	120,301	51%	26,463	56%	191,975	52%
<b>Total</b>	<b>91,628</b>	<b>100%</b>	<b>233,648</b>	<b>100%</b>	<b>47,476</b>	<b>100%</b>	<b>372,752</b>	<b>100%</b>

Source: ONS Mid-2013 Population Estimates

**Population:** Population growth is a factor that impacts on potential demand for safeguarding services. Data from the 2011 Census shows that Croydon has the highest number of residents aged 0-19 years compared to all the other London boroughs, at 97,800 residents within this age group (26.9% of Croydon's total population). Data for single year of age shows that the 0-19 population peaks at the pre-school ages between 0-4 years and residents aged 14-17 years, secondary school ages.

**Families:** Understanding the family profile in Croydon is vital to the development of local services, for example ensuring universal services designed to deliver within catchment areas are responding to the needs of families within that particular geography. According to the 2011 Census there are 98,856 families in Croydon and just over a half 51.5% (50,958) have one or more dependent children. Wards in the south of the borough have a higher proportion of families with no dependent children. Fieldway has the highest percentage of families with dependent children at 62.3%, followed closely by Broad Green at 62.2% and Thornton Heath 61.0%, both wards are in the north of Croydon.

**Diversity:** Croydon has one of the largest BME populations, making up 44.9% of the total resident population. Croydon's younger population is more diverse than the older population, locally there is a higher proportion of residents aged 0-19 years from BME communities compared to residents classified as 'white'.

Ethnicity projections published by the GLA show that Croydon will become more ethnically diverse over time, by 2015 the overall percentage of residents from BME communities is projected to increase to 49.5% and by 2021 this will increase to 54.3%. Projections show that for the 0-19yr age group the overall percentage of residents from BME communities will increase to over 60% by 2021.

**Immigration:** Migration patterns are key factors in population growth and changes in



the demographic profile of specific areas. Data contained within the “Joint Strategic Needs Assessment 2012/2013 – An overview of mental health and well-being in Croydon” reports that around 6,000-7,000 new immigrants come to Croydon from outside the UK each year and 3,000 residents emigrate. In recent years immigration from South Asia, Eastern Europe and certain African countries has increased. ONS statistics for 2007-2010 showed that on average every year around 18,000 people move into Croydon and 20,000 people move out of Croydon to elsewhere within the UK. Croydon’s population is subject to a north to south flow of migrants from Inner South London to Outer South London and from Outer South London to Surrey.

This means that there is a net inflow of people from more deprived areas than Croydon and a net outflow of people to more affluent areas. Over time, these migration flows are likely to result in Croydon’s population becoming more deprived.

**Deprivation and poverty:** It has been well documented that children living in poverty are more likely to come into contact with safeguarding services. The Office for the Children’s Commissioner submission to the independent review on poverty and life chances 2010 states that ‘although safeguarding is not just a concern for poor families, there is a much higher correlation between living in poverty and abuse, neglect and maltreatment. Abuse, maltreatment and neglect can be seen as a secondary affect of living in poor families’.

The Index of Multiple Deprivation (IMD) 2010 shows that Croydon has become more deprived between 2004 and 2010, the north of borough is generally more deprived than the south, sharing more of the characteristics of inner London. The low-income families local measure (HMRC) shows that in Croydon 25.2% of children under 16 years live in low income families. At ward level there is a wide variation across the borough in the percentage of children living in low income families, the highest levels are in Fieldway (35.8%), New Addington (30.7%) and Selhurst (30.4%), compared to the lowest levels in the south of the borough, for example Sanderstead (7.3%) and Selsdon and Ballards (7.4%) . This variation correlates with the variation in deprivation at ward level.

The number of local residents claiming key out of work benefits has been on a downward trend over the last two years, with the latest rate (August 2013) now at 11% (26,690 claimants). The claimant rate for residents with 2,3,4 or more dependents has remained relatively unchanged, showing that parents in families with larger numbers of children are less likely to access employment opportunities, reducing their potential for social mobility.

Latest snapshot data for March 2014 shows that the current housing benefit caseload in Croydon is 36,491 residents, 46% of claimant had one dependant, 32% had two dependants and 22% had three or more dependants.

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.

**Housing:** The negative impact that homelessness can have on people’s lives is well documented, the Coalition Government recognises the particular impacts of homelessness and periods in poor quality temporary accommodation on children’s lives. Latest data for the quarter ending 31st December 2013 shows that the number

of homeless applications for assistance was 586. This is a reduction compared to the previous 12 months when the number was 810. In Croydon, at any one time, there are in excess of 2,000 households placed in some form of temporary accommodation. Latest data for the end of March 2014 shows that there was a total of 2,415 households living in temporary accommodation, comprising of 3,583 children. This represents an increase of 3.1% and 13.4% respectively on the previous year.

**Youth crime:** Crime, youth crime and domestic violence are key factors in the safeguarding of children. Children who experience poor parenting or violence within their families have both a higher risk of offending or becoming looked after to remove them from the risk of harm. Gang membership in Croydon remains very low and activity is limited to a small number of areas in the borough.

Locally there are two types of gangs, several groups of mainly young people – aged 11-25yrs – that are generally territory based, quite chaotic in structure and often in conflict with each other. There is also one adult group (Jaffna Boys, Tamil) who are engaged in more organised serious activities such as protection and class A drugs in and around the West Croydon, London road area.

During 2012/13 there was a total of 305 reported serious youth violent crimes committed by children and young people aged 10-19yrs, with robbery being the highest crime type. Most youth crimes of this type were committed by 18 and 17 year olds.

Over the same period there were 889 offences committed by YOT clients, the top four offences were theft and handling 21%, violence against the person 21%, drugs 16%, robbery 12 %. In terms of the profile of offenders, 85% were males, 71% were males aged 15-19 years.

**Health:** It is estimated that 1.3 million children under 16 are affected by a parent whose drinking is classified as either harmful or dependent. In Croydon, 45% of the alcohol treatment population (502 adults) had children living with them in 2012/13. The national proportion is around 28%.

In 2012/13 there were 140 young people in treatment (for substance misuse) locally, 71% male, 29% female and 39% from a 'White' background followed by 24% from a 'Black' background. The number of young people in treatment was higher for older children and young people, with 59% aged 16 and 17 years and 12% of those in treatment were Looked After Children in 2012/13 compared to 7% in 2011/12.

Parental mental illness does not necessarily have an adverse impact on a child's care and developmental needs, however where a parent has an enduring and/or severe mental ill-health, children in the household are more likely to be at risk of harm. It is not possible to obtain accurate figures of the number of parents in Croydon with mental health but based on the national prevalence rate it's reasonable to assume that many children in Croydon are living with at least one parent with a mental health problem. Some of these will be serious mental problems.

The data gap relating to parental factors present in safeguarding cases has been highlighted as an issue as currently this data is not collected on a consistent or compulsory basis. Work has been undertaken to better understand these factors through reviewing a 5% random sample of new referrals and new child protection

plans. The results of the analysis showed that there was a high level of domestic violence in both referrals and CPPs.

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.

### **8.3 Prevalence**

While in the short term there has been an increase, over the long term domestic violence and abuse offences have remained fairly constant. Between 2004–2013 there was an average of 2502 recorded domestic violence offences per year with higher numbers of offences in 2005 (2963), 2008 (2639) and 2009 (2657) compared with 2506 in 2013. This is supported by BCS data which shows that nationally domestic violence and abuse prevalence remained fairly constant between 2008/2009 and 2011/2012.

The majority of recorded victims of domestic violence and abuse in Croydon are women aged 21-30 years (586 allegations) and women aged 31-40 years (426 allegations). For those aged 21-30 years, 31-40 years and 41-50 years, most victims and accused belong to the same age band. For victims under 21 years of age, most accused are between 21-30 years old but for victims aged 51 years and above, the perpetrators tended to be younger

A small number of recorded allegations could be considered elder abuse. The best estimate based on national research prevalence rates and 2011 census figures, is that 1,154 Croydon residents aged 61 years and above experience elder abuse.

There are very poor data on domestic violence and abuse within lesbian, gay, bisexual and transgender (LGBT) communities.

An association between ethnicity and domestic violence allegations in Croydon cannot be demonstrated.

The 2011/12 BCS<sup>42</sup> showed 7.3% of all women and 5.0% of men experienced domestic violence and abuse in 2011/2012. In 2012 in England & Wales, around 1.2 million women suffered domestic abuse, over 400,000 women were sexually assaulted, 70,000 women were raped and thousands more were stalked. One in five women (aged 16 – 59 years) has experienced some form of sexual violence since the age of 16. Fewer than one in four people who suffer abuse at the hands of their partner, and only around one in ten women who experience serious sexual assault, report it to the police. These crimes are often hidden with the victims suffering in silence.

Using the BCS data it is possible to estimate the prevalence of domestic violence and abuse in Croydon. It is likely that around 13,700 women and 8,800 men experienced at least one incident of domestic abuse during 2011/2012, It is also likely that during the same period, around 12,600 women experienced four or more incidents of domestic abuse (mean average of 20 incidents) and just fewer than 1,000 men experienced four or more incidents (mean average of seven incidents). However, in Croydon, during the 12 month period from July 2011 to June 2012, there were just under 6,000 allegations of domestic violence and abuse, of which around

1,800 were allegations of violence of a serious nature, including grievous and actual bodily harm, rape and harassment.<sup>43</sup> Whilst a single person can be involved in more than one allegation, there is almost certainly underreporting as to the actual extent of domestic violence and abuse in the borough.

It has been estimated that the annual cost of domestic violence and abuse for Croydon is £100 million. Daily, local individuals and families experience the direct and indirect effects of domestic violence and abuse, the impact on individuals' livelihoods, health, and the ability to parent their children.

At a national level, the most reliable estimates of the extent of domestic violence and abuse come from the British Crime Survey (BCS). The BCS asks people about their experience as victims and picks up more crime than the official police figures, as not all crimes are reported to the police, and not all those reported are recorded. Given that there are no statistically significant regional variations in domestic violence rates, extrapolation from this national data can be used to determine local prevalence. In the UK in 2011/2012, 7.3% of women (1.2 million) and 5.0% of men (800,000) reported having experienced domestic abuse<sup>55</sup>. Using 2011 Census data it can be estimated that: **13,666 women and 8,810 men experienced domestic violence and abuse in Croydon during 2011/2012.**

Of all the respondents recording experience of domestic violence and abuse, 89% of women experienced four or more repeat incidents (with a mean average of 20 incidents per victim) compared to 11% of men (with a mean average of 7 incidents per victim) meaning that: **12,163 women and 969 men experienced four or more incidents of domestic violence and abuse in Croydon during 2011/2012.**

#### **8.4 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 year to date statistics from the Metropolitan Police Service (September 2013-September 2014) show an increase in reported Domestic Abuse offences from 2,567 to 3,180 which is an increase of 23.9%, this upward trajectory is considered as positive as under reporting of Domestic Abuse is well evidenced.

However:

- From April 2011 to March 2012, there were only 5,960 recorded allegations of domestic violence and abuse. A single person can be involved in more than one allegation so the number of victims this represents is likely to be even smaller.

Table 2 shows that while the proportion of female and male victims has remained similar in terms of allegations of domestic violence from 2011/2012 to 2012/2013, there has been an 8.4% increase (159 additional allegations) recorded during this time period.

Figure 2 shows that most of this is due to an additional 137 allegations of actual bodily harm (ABH) / malicious wounding. However, during this period there were 47

fewer allegations of common assault, potentially pointing to a partial change in recording rather than simply a change in the nature of incidents.

**Table 2: Number of domestic violence allegations for 2011/2012 and 2012/2013 by victims gender, and degree of change**

	Allegations (n)	Female victims (n)	Female victims (%)	Male victims (n)	Male victims (%)
2011/12	1,889	1,584	84	305	16
2012/13	2,048	1,683	82	365	18
Change	159 (+8.4%)	+99	-2%	+60	+2%

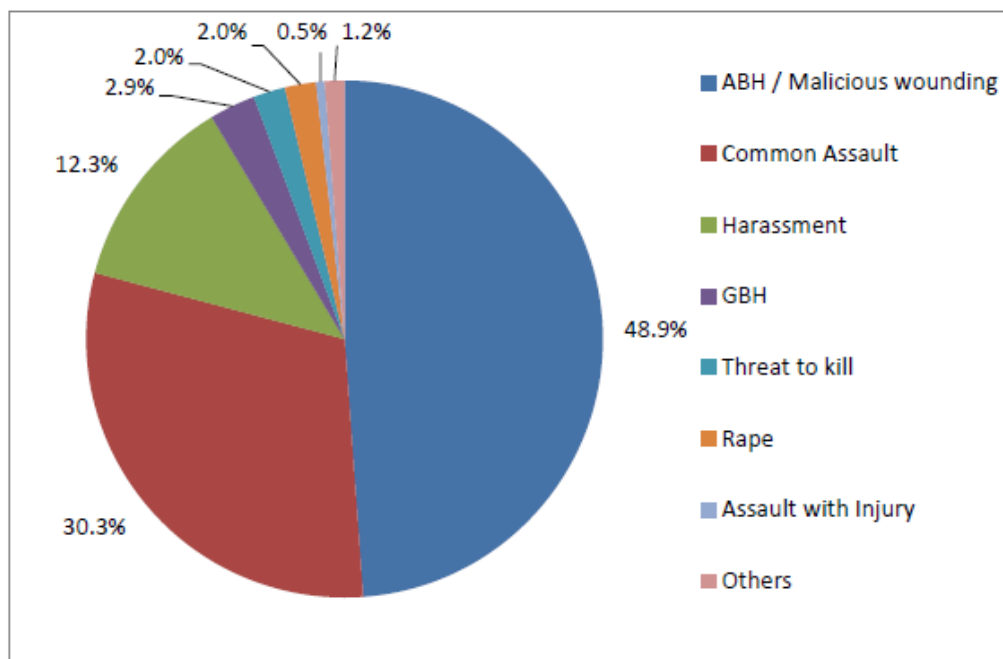
**Figure 2: Change in number of domestic violence allegations from 2011/2012 to 2012/2013, by violence category**



Source: Police Crime Report Information System (CRIS)

Figure 3 shows that the majority of domestic violence allegations relate to 'ABH / malicious wounding', 'common assault' and to a lesser extent 'harassment'. All of the categories with a significant number of allegations have around a 4:1 or greater female to male victim ratio except for grievous bodily harm (GBH), which has a ratio of 3:2 (although this category includes only a relatively small number of cases, meaning that such comparisons may not be reliable).

**Figure 3: Domestic violence allegations by category 2012/13**



Source: Police Crime Report Information System (CRIS)

### 3.2 Female Genital Mutilation

Data on Female Genital Mutilation (FGM) is not captured by police domestic violence data. A 2007 report by the Foundation for Women's Health Research and Development (FORWARD)<sup>56</sup> on the prevalence of FGM (that is, women living with mutilation) in England and Wales based on 2001 census data estimated that there were 65,790 women, or 0.1% of the total population, with FGM in 2001. The 2011 census found that the percentage of Croydon residents born outside the UK was much higher than the national average, at 29.6%, with 44.9% of residents belonging to Black and Minority Ethnic (BME) communities. Given that many of the communities living within Croydon are known to have high FGM prevalence rates, the current percentage of women with FGM in Croydon is almost certainly likely to be higher than the 0.1% estimate.

Table 2 shows the FORWARD report's estimated numbers and proportion of women with FGM giving birth in Croydon.

Table 2: estimated percentage of women resident in Croydon giving birth with FGM 2001 – 2004

Year	Number	Percentage
2001	106	2.43
2002	121	2.79
2003	132	2.91
2004	148	3.08

In 2012/13, 4,180 women gave birth at Croydon University Hospital. Croydon Healthcare Services do not collect data on FGM or on women with FGM who give birth, although the NSPCC FGM helpline notes that this is the practice at other midwifery departments in the country (personal communication).

However, as part of the UK government's commitment to ending the practice of FGM, from September 2014<sup>57</sup>, all acute hospitals will be required to report data to the Department of Health:

- If the patient has had FGM
- If there is a family history of FGM
- If an FGM related procedure has been carried out on women

#### 8.4 Forced Marriage

The Home Office and Foreign and Commonwealth Office Forced Marriage Unit (FMU) only provides data at a regional level. Between January and December 2012 the FMU gave advice or support related to a possible forced marriage in 1485 cases. Of these cases 21% were from the London region and 66% of the cases involved people from countries within South Asia.

#### 8.5 Comparative Data and Trends

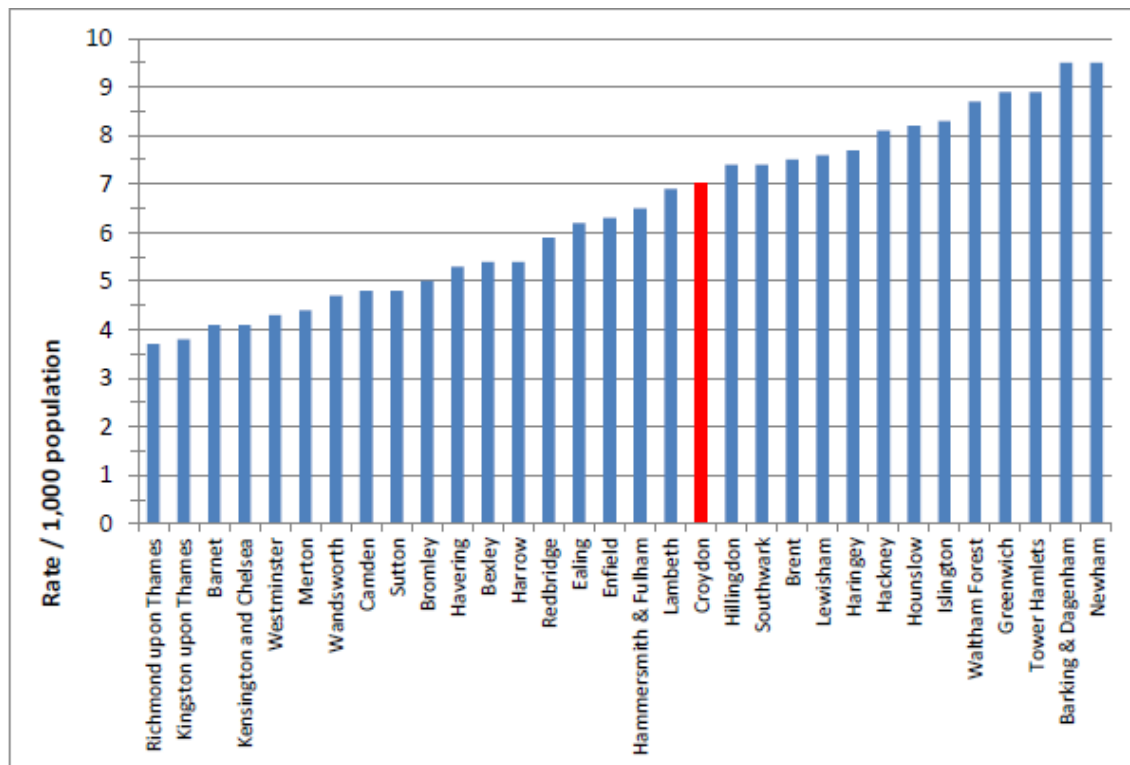
Comparative data are based on offences rather than allegations of domestic violence. Croydon reported 2,342 domestic violence offences in 2011/2012 and 2,436 in 2012/2013: an increase of 4.0% (Table 3). Croydon has the largest number of domestic violence offences of any of the London boroughs, but it is important to note that Croydon is also the capital's most populous borough. The domestic violence rate for Croydon is 7.0 offences per 1,000 population compared to 5.7 per 1000 population for similar Crime and Disorder Reduction Partnership (CDRP) boroughs and 6.4 per 1000 population for London as a whole. The recent 4.0% increase in offences is less than the 5.5% increase in similar CDRP boroughs and the 6.0% increase in London over the same period. In 2012/2013 Croydon ranked 19th out of the 32 London boroughs in terms of rates of domestic violence offences (Figure 3).

**Table 3: Domestic violence offences for Croydon, Crime Reduction Partnership Boroughs and London, shown as number, volume and percentage change, and rate per 1,000 population, from September 2011- August 201**

Borough	September 2011 to August 2012	September 2012 to August 2013	Volume change	% change	Rate / 1,000 population
Croydon	2,342	2,436	+94	4.0%	7.0
'CDRP' borough average	1,348	1,422	+74	5.5%	5.7
London	47,518	50,386	+2,868	6.0%	6.4

Source: Metropolitan Police Management Information System (MetMis)

**Figure 4: Rate of domestic violence offences per 1,000 population for all London boroughs, September 2012 to August 2013**

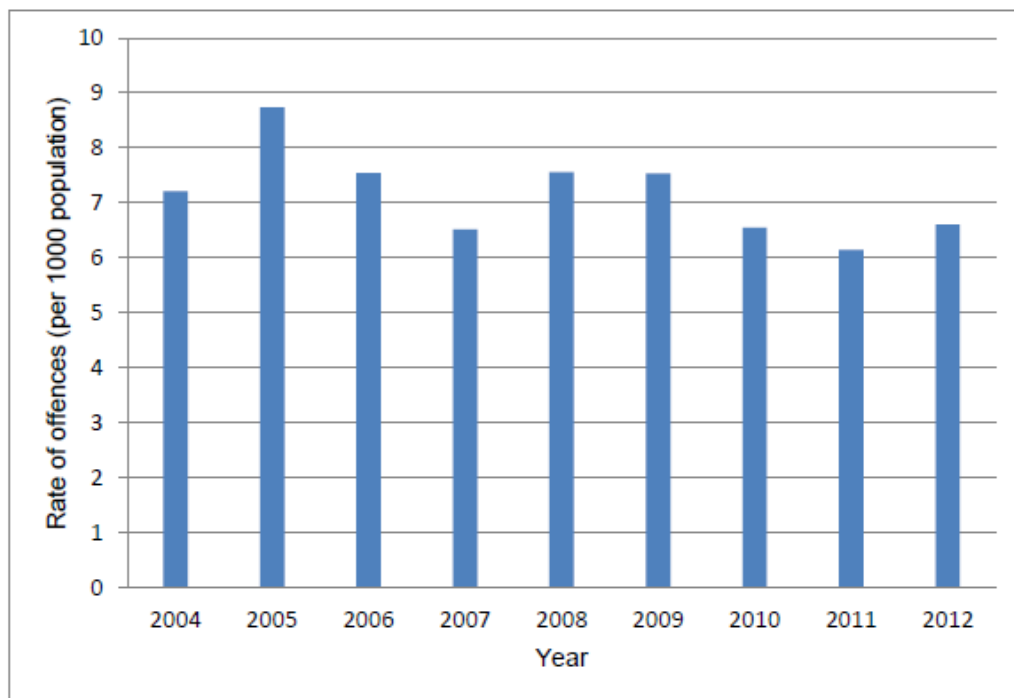


Source: Metropolitan Police Management Information System (MetMis)

In Croydon, while there has been a short term increase in domestic violence offences, in the long term the number of offences has remained steady. Ten year data show an average of 2502 offences per year, with higher numbers of offences in 2005 (2963), 2008 (2639) and 2009 (2657) compared with the 2506 offences in 2013. Figure 4 shows the rate of domestic offences per 1000 population 2004 – 2012.



**Figure 5: Rate of domestic violence offences per 1000 residents in Croydon, 2004-2012**



Sources: 1) Mid-2001 to Mid-2012 Population Estimates: Components of Population change for local authorities in the United Kingdom: usual residents. ONS, 2013. Accessed 24/01/14; 2) Metropolitan Police

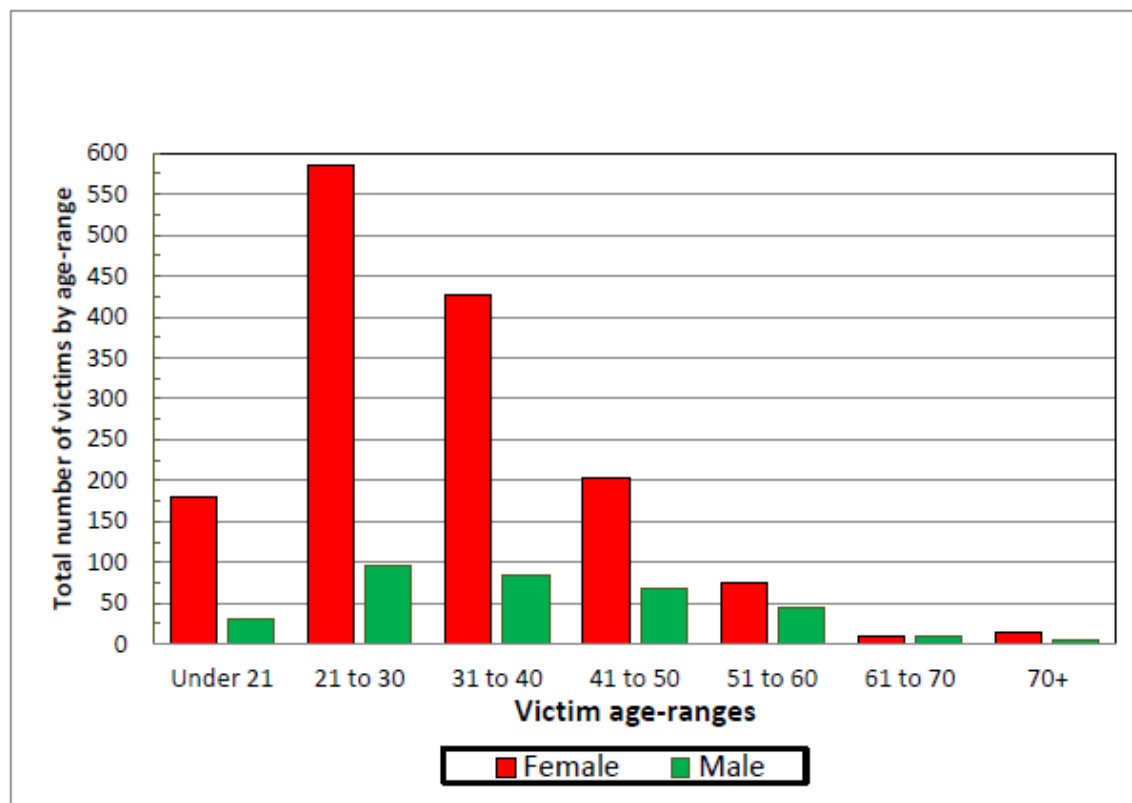
There has been little change in the rate of domestic violence in Croydon and nationally this is similar to the findings of the Crime Survey for England and Wales 2011/2012 who suggest very little change in the rate of self-reported domestic violence from 2008/2009.

## **8.6 Victims and Perpetrators**

### **Age and gender**

In 2012/2013, the majority of victims of domestic violence in Croydon were women aged 21-30 (586 allegations), and women aged 31-40 (426 allegations) (Figure 6).

**Figure 6: Victims of domestic violence in Croydon by age and gender, 2012/2013**



Source: Police Crime Report Information System (CRIS)

For victims of DV aged 21-30 years, 31-40 years and 41-50 years the majority of perpetrators are in the same age range, whilst for victims under 21 years, nearly a half of the perpetrators are aged between 21 and 30 years and for victims aged 51+ years, the perpetrators tend to be younger<sup>44</sup>.

There are a small number of reported instances of domestic violence allegations that could be considered elder abuse as the victim is aged 61 or above. The UK Study of Abuse and Neglect of Older People<sup>45</sup> indicated that 2.6% of people aged 66 and over, living in private households, reported that they had experienced mistreatment involving a family member, close friend or care worker (i.e. those in a traditional position of trust) during the past year. This would amount to 1154 Croydon residents aged 65+ based on 2011 census figures. However, it is worth noting that abuse and neglect perpetrated by a care worker would not be defined as domestic abuse under the current Home Office definition<sup>46</sup>.

### Ethnicity

Ethnicity	%
White	55.1
Black	20.2
Asian	16.4
Mixed	6.6
Other	1.8

The 2011 census found that the largest ethnic group in Croydon was White, followed by Black, Asian and Mixed groups (Table 4).

**Table 4: Ethnicity of Croydon residents 2011**

Self-reported ethnicity as recorded in the census

Source: ONS 2012

does not always correspond to the police identity code (IC)<sup>47</sup>, which is based on an individual's visual appearance as perceived by the police officer. However for the purposes of comparison here, IC1 and IC2 will be considered as White, IC3 as Black, IC4 as Asian, and IC5 and IC6 as Other. The census category "Mixed" (reflecting 6.6% of Croydon residents) has no direct IC equivalent.

Categorisation of domestic violence victims and perpetrators by IC code shows a similar pattern to the census profile for all groups except 'Black'. The proportion of victims and accused described by IC codes as Black is nearly double what would be expected (Table 5).

**Table 5: Male and female victim and accused IC code by number and percentage 2012/2013**

IC Code	Ethnicity	Female victim (n)	Female victim (%)	Male victim (n)	Male victim (%)	Female accused (n)	Female accused (%)	Male accused (n)	Male accused (%)
1	White: North European	831	50.2	178	50.1	43	48.9	277	43.1
2	White: South European	51	3.1	18	5.1%	6	6.8	32	5.0
3	Black	572	34.5	116	32.7	31	35.2	243	37.9
4	Asian	185	11.2	41	11.5	6	61.8	74	11.5
5	Other: includes: Chinese, Japanese or South East Asian	9	0.5	1	0.3	1	1.1	4	0.6
6	Other includes: Arab / North African	8	0.5	1	0.3	1	1.1	12	1.9
<b>Total</b>		1656		355		642		88	

Source: Police Crime Report Information System (CRIS)

## Sexuality

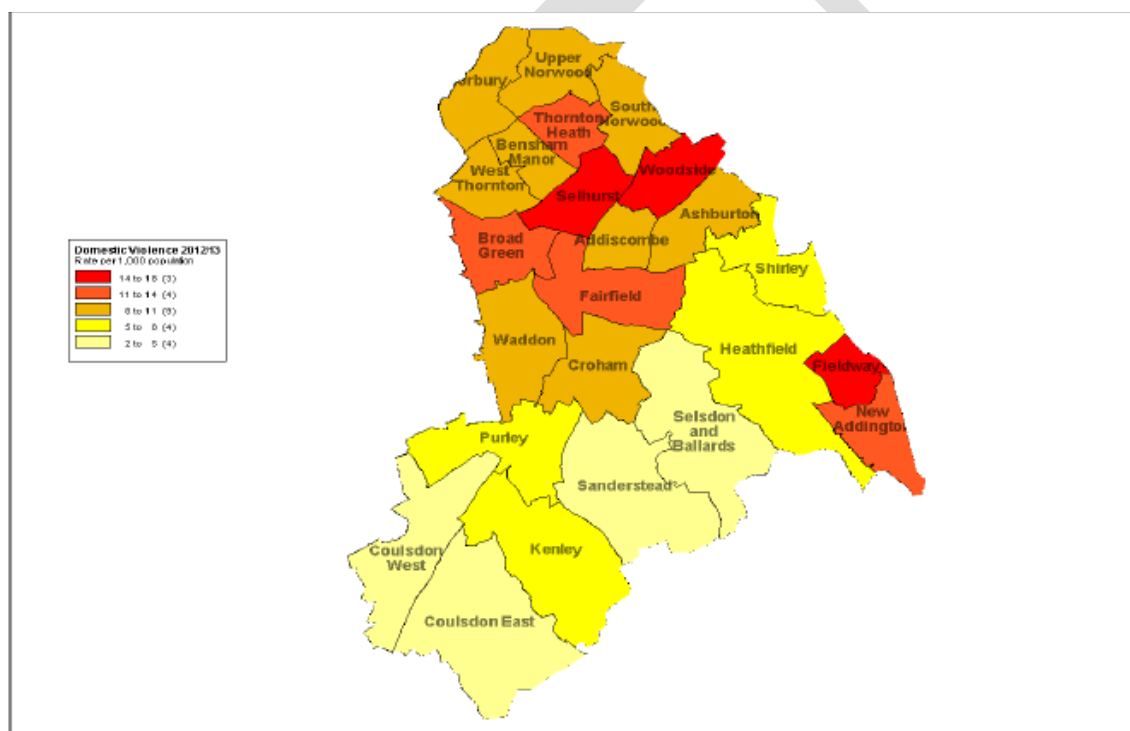
There is no self-reported data on sexuality and domestic violence available for Croydon, and it is only possible to make very rough estimates of recorded same sex domestic violence prevalence from data on the accused and victim gender. In 2012/2013 there were 67 allegations of domestic violence in which the victim and the accused were of the same sex. These comprised of 9% of

all allegations where genders of both victims and accused were recorded. The Greater London Authority (GLA) has estimated the lesbian-gay-bisexual (LGB) population of London as being around 10%, suggesting that the risk of domestic abuse within same sex relationships in Croydon may be broadly similar to the risk within heterosexual relationships. However, it must be noted that these data include violence between same sex family members, in addition to intimate same sex partners.

### Domestic violence locations

Rates of domestic violence in Croydon are higher in the more deprived areas in the north of the borough, and in Fieldway and New Addington than in the less deprived south of the borough (Figure 7).

**Figure 7: Rates of alleged domestic violence per 1,000 residents by ward population, 2012/2013**



Source: Police Crime Report Information System (CRIS)

Croydon wards with the highest (Selhurst) and lowest (Selsdon and Ballards) rates of DV have retained these positions over time. The wards showing notable increases in numbers of allegations are Fieldway (+60), Woodside (+57), Norbury (+56) and Ashburton (+46). The only wards recording a reduction in DV numbers are South Norwood (-11) and Purley (-10).

### Domestic homicides

Between 2012 and 2014 there were 3 domestic violence homicides in the borough, all 3 were female victims, each murdered by a previous or current male partner. In one of these cases the offence was committed in borough and both the victim and perpetrator were resident in another borough. All 3 of these cases resulted in Domestic Homicide Reviews.

## **Gang violence in Croydon**

Croydon's gang population exists of approximately six active gangs at any given time, with the total number of nominals averaging 90-100. Our gangs are typically made up of young adult males aged 14-25. Their offending consists of violence, often directed at each other and including use of weapons in inter gang rivalry, and drug supply. Gang activity is mainly concentrated in the north of the Borough, Town Centre, and a distinct area in the east.

The past 18-24 months has seen a significant decrease in gang-related street violence, but an emerging trend of Class A drug supply.

Gang-affected young women who are experiencing violent and/or sexual exploitation are identified through our multi-agency Gangs Team. They are safeguarded through the CSE protocol and offered individual and group support by Safer London Foundation.

## **Domestic violence perpetrators**

There are currently 177 cases on supervision in the community in Croydon who are identified as DV perpetrators. This represents 12.1% of the current caseload (total of 1460). Of these 177 cases the largest age group is 19-25 making up 29% followed by the 41+ age group which account for a further 23%.

Data includes both the Community Rehabilitation Company and the National Probation Service.

## **8.7 Children's social care**

### **Children in Need**

**Profile:** The number of Children in Need in Croydon has fallen over the past three years, by an overall 20%, from 4,616 in 2011 children to 3,710 children in 2013. Locally there has been a year on year decrease, in contrast to both London and England where the rates decreased in 2012 and then increased in 2013. However the local rate of Children in Need remains 11% higher than London and 19% higher than England in 2013. The majority of Children in Need in Croydon are aged 10 or over, with the highest proportion aged 16 years and over. The ethnic profile of Children in Need shows that over two thirds of children come from BME communities, which is higher than the overall ethnic profile for all children (0-19years) resident in the borough.

**Child Protection Conference and Child Protection Plan:** Year on year the number of children who had an Initial Child Protection Conference in Croydon has increased, in 2011 the number was 301, this increased by 15% to 346 children in 2012 and then increased again by 22.5% to 424 children in 2013.

Between 2011 and 2013 there has been an overall fall in the number of children who were the subject of a Child Protection Plan. Data for children who were the subject of a Plan by initial category of abuse shows that during 2011 and 2012 Croydon had a higher percentage of children whose initial category of abuse was 'neglect' compared to London and England which was 'emotional abuse'. By 2013 the number of children who were subject of a Plan in Croydon due to 'neglect' had fallen

in line with London and England. The number of children categorised as experiencing 'physical abuse' increased dramatically from 25.5% in 2011 to 45.1% in 2013.

## **Looked After Children**

**Profile:** Local unpublished data as at March 14 shows there are currently 797 Looked After Children in Croydon. This cohort is made up of 437 indigenous children and 360 unaccompanied asylum seeking children (UASC). Published data as at March 2013 shows that Croydon has the highest number of Looked After Children compared to all other London boroughs and consistently has a higher number of UASC than any other local authority.

## **8.8 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.<sup>55</sup>

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.<sup>56</sup>

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%).

### **8.9 Specialist Domestic Violence Services in Croydon**

The following outlines the coordinated community response which underpins the Domestic Abuse and Sexual Violence delivery model.

Since 2012 significant improvements in the work of the Family Justice Centre have been achieved. There are strong relationships between the centre, police, housing etc that enables a more rapid and holistic support, particularly for more complex victims. The identification of high-risk victims continues to strengthen, however some partners still have low referral rates indicating the need for on-going work.

In 2012, the management and staffing of the Family Justice Centre moved to the Early Intervention Support Service in the Children, Families and Learning Department. This has enabled a more preventative approach to start to develop with a new focus on the safeguarding of children and more of a whole family approach where the victim is a parent. A successful bid for funding will enable a two year pilot of two mental health workers for victims and children of victims that will start in place in 2015.

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.

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 personalized safety plans where appropriate.

Appendix 3 contains the 2012-2013 data report for the Family Justice Centre

### **8.10 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
- To hold partners to account to action in high risk cases

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:



Appendix 3 contains the 2012-2013 MARAC data in the FJC report

## **9: 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.

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.

**Universal services:** Croydon's children's centers deliver universal services to families with children aged under five years from a range of access points and outreach centres. In 2013/14 there were 11,195 families and 10,843 children seen at Croydon's children's centres, and there has been an increase in all types of families, children and carers seen at the centres compared to 2011/12. The number of teenage parents accessing children centre services has nearly doubled over this period, from 107 to 199, with the number of pregnant teenagers also significantly increasing 16 to 57.

**Stage 2 services:** CAF data shows that 456 early help assessments were undertaken in the last financial year. The age profile of children and young people receiving early help assessments shows the highest percentage of assessments were for children and young people aged 16-18 years between 2011 and 2014 and in terms of ethnicity the highest percentage was classified as 'white'. Data on the reason and source of referral and outcomes is not available since these data sets are not currently collected on a consistent basis. Development work is currently being undertaken to improve the quality of CAF data which includes the number of cases being stepped up and stepped down from social care.

Family Engagement Partnerships (FEPs) went live in September 2012. A total of 963 families with children aged from conception to under five years were referred through the FEP process from April 2013 to March 2014. In 2013/14, most families had more than one presenting need and the most common were: parenting support, support with child development, support with child's behaviour and domestic violence support. Most referrals to FEPs came from health visitors (23%) and children's centres (22%).

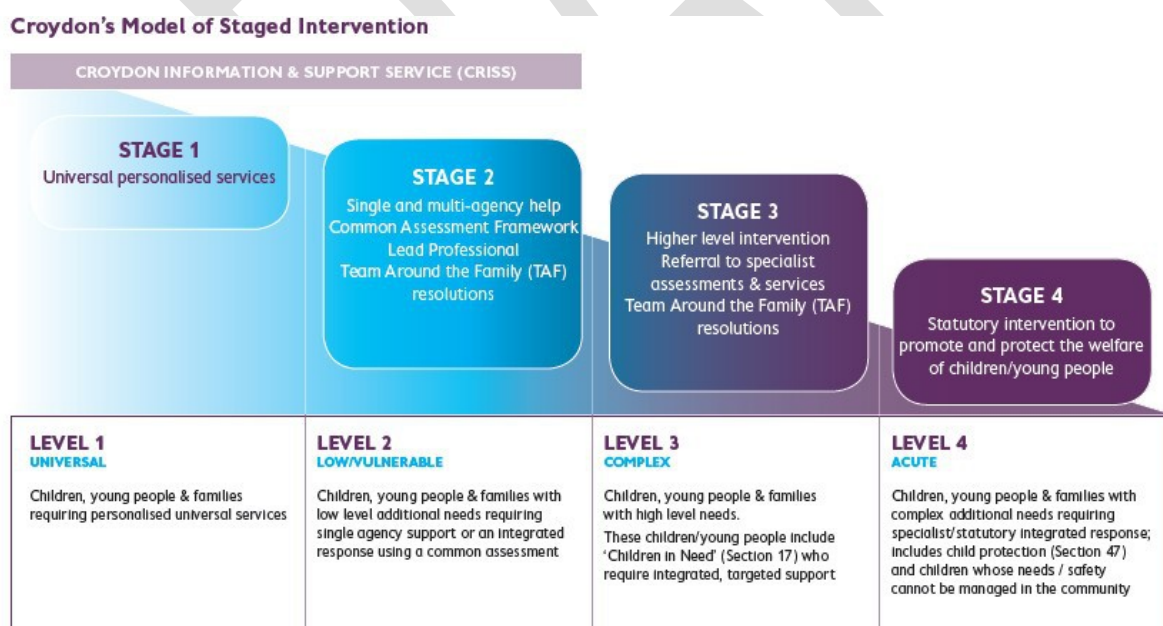
**Stage 3 services:** In 2013/14 there were 543 families referred to the Troubled Families programme, of which 267 met the criteria to enter into this programme. 192 families met the crime/anti-social behaviour criteria, 177 met the education criteria, 208 met the out of work criteria and 166 met the local discretionary high cost criteria.

The majority of referrals (83%) were from the YOS court disposals (35%), Education (25%) and Out of Court Disposals (22%),

Data on the profile of families for 2013/14, shows that 44.6% of families who met the criteria were white and 55.4% were from BME communities, there were 697 children in the families who met the criteria, of which 43% were aged between 12 and 16yrs.

Out of those families that met the criteria as of the 31st July 2013, the highest percentage of turnaround was for families who met the ASB criteria (55.4%), followed by crime (44.4%).

**Figure 8: Croydon's Model of Staged Intervention**



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.

## 9.2 Multi-agency Safeguarding Hub (MASH)

By 2014 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 Early Help team

The recent development of the Croydon MASH is to be more effective and intervene earlier with vulnerable children and families. This will reduce 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.

## **10: Summary of needs analysis and implications**

The Joint Strategic Needs Assessment 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.

The research from the CADDAs, and the Early Intervention Foundation 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.

We need to improve and embed our consultation methods with victims/survivors and family members affected by domestic abuse and ensure this is integral to all practice and provision.

Evidence from data collected by the Troubled Families programme 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 as working to eliminate familial violence requires a different approach to working with intimate partner violence.

There is a need to consider how we support families with their relationships, working in partnership with them, where possible to have healthy resilient relationships with the ability to problem solve where abuse is not apparent but where the stresses of life are having a negative impact.

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, our current independent deep dive on peer on peer abuse should help inform the strategy going forward.

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, Forced Marriage and Female Genital Mutilation, trafficking and Prostitution.

There is a need to develop multi- agency training strategy in domestic abuse and build Domestic Abuse and Sexual Violence into all safeguarding training for both children and adults.

The development of a locally tailored multi agency communication strategy has helped increase the awareness of domestic abuse and sexual violence and this is being monitored and evaluated in terms of its effectiveness.

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.

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.

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.

The Hub and spoke model is transitional; our aim is to drive client contact into localities (our spokes) thus freeing the hub to deal with high risk cases, over a period of time this will see a decrease in footfall at our hub ( the FJC) and will increase our reach to support clients in our Best Start localities.

## **11: Progress and Priorities: An ambitious Croydon**

### **11.1 Good Foundations**

#### **Governance**

Key areas of achievement include the establishment of robust governance processes. Domestic abuse and sexual violence is a priority for this administration and the Local Strategic Partnership (LSP) and a strategic executive group has been established to drive this work forward. This executive group is chaired by the Cabinet Member responsible for safety, justice and communities, reporting to the LSP Board chaired by the Leader of the Council as well as the Safer Croydon Partnership Board. Domestic abuse and sexual violence is a cross-cutting priority for all the partnership boards with Safer Croydon Partnership being accountable for delivering improvements in line with the strategic plan. Croydon's adults and children's safeguarding boards ensure that domestic abuse is within their oversight and that each partner is accountable for ensuring domestic abuse is highlighted within safeguarding plans.

#### **Partnership working**

A much strengthened partnership now exists with a Champion's Group challenging and supporting each partner's action plans. A multi-agency Partnership Forum of 40-50 members has met twice annually ensuring the new Strategic Plan is fully reflective of their ambitions. A voluntary sector forum also meets.

#### **Marketing**

An extensive joint media/marketing and communication campaign has been raising awareness across the borough bringing together police and council resources. The impact of this has been evidenced by the increasing contact with the Family Justice Centre and the work of local newspapers in highlighting key issues. This forms a strong platform for the next phase of development which will include a more concerted approach with employers including sign-up to the White Ribbon campaign but also greater focus on workplace policies. Research and workplace materials are available on the website of the Equality and Human Rights Commission. The important message to employers is that work is often the safest place for people experiencing domestic abuse and sexual violence.

#### **Workforce**

Workforce development has included a multi-agency training package through the local Safeguarding Children's Board and regular multi-agency support and advice sessions at the Family Justice Centre, with the team also offering workshops for teams across the borough. This greater awareness has supported improved multi-agency pathways that have been agreed by champions and agencies. Ongoing training and guidance is required to further develop practitioner confidence and competence in identifying and assessing needs.

#### **Young people**

With the national change in definition of domestic abuse in 2013, a Young Persons Violence Advocate role has been developed and is now in place in the Family Justice Centre. This work is aligned with key strands of work including sexual exploitation, gangs and peer on peer work.

#### **Independent Domestic Abuse Advisors**

2014 has seen the Family Justice Centre, police and Croydon Health Service piloting two Independent Domestic Abuse Advisors, one based in the police station and another at A & E. These posts will be reviewed in 2015 to test their impact and in order to seek sustainable funding by relevant partners. The lessons from these pilots can be used in the development of the proposed hub and spoke model.

### **Family Justice Centre**

Since 2012 significant improvements in the work of the Family Justice Centre have been achieved. There are strong relationships between the centre, police, housing etc that enables a more rapid and holistic support, particularly for more complex victims. The identification of high-risk victims continues to strengthen, however some partners still have low referral rates indicating the need for on-going work.

In 2012, the management and staffing of the Family Justice Centre moved to the Early Intervention Support Service in the Children, Families and Learning Department. This has enabled a more preventative approach to start to develop with a new focus on the safeguarding of children and more of a whole family approach where the victim is a parent. A successful bid for funding will enable a two year pilot of two mental health workers for victims and children of victims that will start in place in 2015. It is proposed to develop a virtual and locality based team of Domestic Abuse Advisors team as part of the hub and spoke approach to build the capacity of universal services as well as ensuring greater reach to all communities by a more flexible and accessible advice and support service. This team will play a key role in the Croydon Best Start programme which focusses on early intervention for families with babies and children under 5.

### **Victim support groups**

The Freedom programme, funded by Early Intervention Support Service and children's centres, provides group support for victims of domestic abuse. The borough wide coverage has provided support for more than 100 victims of domestic abuse, there has been a high retention rate and very positive user feedback.

### **Sexual violence and Rape Crisis Centre**

The Rape Crisis Centre (RASAC) has developed a specialised therapeutic model for working with survivors of sexual violence called the empowerment model. RASAC is funded by MOPAC and is the local lead agency for sexual violence. They are a highly regarded partner in Croydon and a specialist Independent Sexual Violence Advocate is seconded into the Family Justice Centre from RASAC.

**Online Toolkit:** In October 2014 Croydon's newly developed domestic abuse toolkit, including information on pathways/referrals, was made available on-line. This is an innovative approach that will enable greater access across all professional groups, and the wider community, to help them identify domestic abuse and sexual violence and understand the actions and steps they can take to help protect victims.

### **Mobilizing Communities**

A Croydon domestic abuse and sexual violence Kitemark is in the early stages of development. The Kitemark will take groups through a process of support and validation so that they can be recognised for their contribution to the prevention and early intervention of domestic abuse and sexual violence. It is particularly focused on mobilizing community resources by supporting community, voluntary and faith groups in developing their understanding of domestic abuse and sexual violence and their understanding of how to be proactive in tackling this in their community. The

Council's recently launched Active Communities Fund has a priority specifically aimed at developing a community response to domestic abuse and sexual violence.

**Online IDVA:** In its very early stage of development is the technological platform for an interactive web based / virtual support system where individuals can access advice on-line and a more flexible range of times. The team will be experienced and knowledgeable independent Domestic Abuse Advisors. Croydon is still well below the recommended number of Advisors and this approach will provide a more effective use of scarce advisory resources.

## **11.2 What needs to be further developed and what will help make Croydon a flagship authority**

In reviewing the 2012-2015 plan, the work undertaken and the evidence outlined above there are a number of key issues to be developed.

### **Sexual violence and gender inequality**

The Violence against Girls and Women (VAWG) strategy is embedded in the 2012-2015 strategy and the 2015-2018 plan needs to have a stronger focus on this issue. The work of RASAC is strong and provides expertise in helping drive forward the strategy to address the sexual violence against women and girls (VAWG) in Croydon. The issue of gender inequality and sexual violence needs to be addressed so that the high rate of sexual violence in Croydon can be tackled by all partners. The strategic plan will reflect specific priorities and actions relating to VAWG and strengthen the partnership response.

### **Harmful practices**

Recent work has been undertaken on developing borough wide strategy to FGM/Forced Marriage and Honour based violence in order to better tackle this issue and protect women and girls at risk of harmful practice. Croydon Safeguarding Children's Board is leading this work and it will be important to make sure there are strong links between the strategies. Clear pathways to the Safeguarding Children's Board's work on sexual exploitation will be made.

### **Healthy relationships and prevention**

Work has been done to set up prevention programmes in primary schools with a successful pilot. Further engagement with schools to promote work programmes such as Values versus Violence is needed.

### **Domestic Abuse and Sexual Violence Leadership**

Earlier in 2014 there was consideration that named Child Protection leads in all organisations are also Domestic Abuse and Sexual Violence leads so that regular communication and support can be provided as a single point of contact. Continuing workforce development for universal services, in particular GP practices and schools, needs to be a focus for 2015-2018 so that these agencies can better identify domestic abuse and sexual violence as early as possible and have conversations with victims including children who experience this within their family. Increasing referrals to MARAC of high risk victims needs to continue and there are a few partners from whom the level of referral remains lower than expected.

### **Safeguarding**

In late autumn 2013 Croydon established a Multi-agency Safeguarding Hub (MASH) that ensures a multi-agency response to concerns. In the next phase of

development it will be important to better identify where domestic abuse is an issue in MASH referrals so that progress can be tracked and successful interventions mapped.

### **Perpetrators**

The need to have in place an evidence-based perpetrator programme has been highlighted by all partners. Work with organization Respect will be undertaken to identify best practice in this area, funding will need to be identified to take this forward. The opportunity to increase the use Domestic Violence Disclosure Scheme (Claire's law) should be considered as a way of reducing serial perpetrators but also to give more control to women and offer better protection. The need for support for applicants will be required to ensure that Work with the Home Office to improve the reporting of domestic abuse and sexual violence and the responsibilities of all professionals.

### **Think Family**

The need for a 'think family approach' should be built into the 'troubled families' programme with the widening of the criteria of phase II of the scheme. This would reduce the impact on children as well as build resilience and independence in families. Caring Dads programme as well as parenting programmes will help rebuild parenting capacity that is often reduced as a result of domestic abuse and sexual abuse.

### **Hub and spoke**

Finally, the current building for the Family Justice Centre has proved the need for an anonymous central place where victims can seek support. However in order to move towards a more preventative approach where the resources of communities and faith groups can be harnessed, the need for more localized support and advice is crucial. With the Family Justice Centre lease ending in 2015 there is an opportunity to move to a hub and spoke model based on existing good practice at the Family Justice Centre but also building the capacity of local partners, in particular through the team of Advisors. Partners are clear that the hub and spoke model will deliver a more preventative approach that encourages independence within the community.

Relevant performance indicators and outcomes framework will be developed drawing on the current government performance indicators in relation to domestic abuse as set out below.

## **12: Governance**

Governance remains the responsibility of the Safer Croydon Partnership Board who have the overall responsibility for monitoring the Domestic Abuse and Sexual Violence work, however due to impact on both vulnerable adults and children this work is reported to both safeguarding boards. See appendix 1.

## **Appendices**

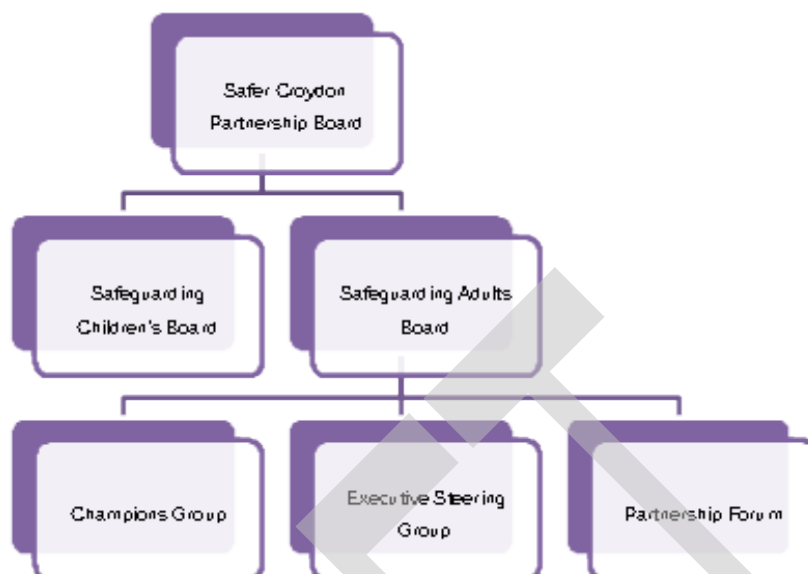
Appendix 1: Governance Structure



Appendix 2: Strategic Framework  
Appendix 3: FJC data report 2012-2013  
Appendix 4: DASV Service Mapping  
Appendix 5: Strategic Action Plan



## Appendix 1: Governance Structure



**Safer Croydon Partnership Board:** this board have overall responsibility for Domestic Abuse and Sexual Violence work and scrutinise the progress and areas for challenge and includes oversight of Domestic Homicide Reviews and Crime reporting and meets quarterly.

**Safeguarding Children's Board:** this board considers all facets of safeguarding children which includes a need to consider children impacted by Domestic Abuse and Sexual Violence and meets quarterly.

**Safeguarding Adults Board:** this board considers all facets of safeguarding adults including vulnerable adults who are experiencing by Domestic Abuse and Sexual Violence or who may be perpetrating abuse and meets quarterly.

**Champions Group:** this group drives forward are overarching operational plan, which informs operational practice and approaches in our key partnership agencies 6 weekly.

**Executive Steering Group:** this group is short term and is in place to ensure that we are delivering against this agenda as a manifesto priority and meets by monthly.

**Partnership Forum:** this is a combination of the voluntary and community sector and other key partner agencies and is a part of our community engagement and meets quarterly.

## Appendix 2: Strategic Framework

### Croydon Domestic Abuse and Sexual Violence Strategic Framework 2015-2018

Prevention	Protection	Provision for VAWG	Partnership
<p><b>Prevention:</b> through our work to prevent domestic abuse and sexual violence, we will;</p>	<p><b>Protection and reducing the risk:</b> through our work to protect and reduce the risk to those who are victims of domestic abuse and sexual violence and ensure that perpetrators are brought to justice, we will;</p>	<p><b>Provision of support to reduce violence against women and girls:</b> through our work to provide adequate levels of support where violence does occur we will;</p>	<p><b>Partnership:</b> through working in partnership to obtain the best outcome for victims and their families, we will;</p>
<p>Campaign and challenge attitudes, behaviours and practices which contribute to all domestic abuse and sexual abuse by strengthening our media campaign, by becoming a White Ribbon Borough,</p>	<p>Reduce the risk of harm from perpetrators through tackling the top 5 perpetrators in the borough and promoting the use of the Domestic Violence Disclosure Scheme.</p>	<p>Strengthen the understanding of violence against women and girls so that all partners have a clear role to play in addressing sexual violence and gender inequality.</p>	<p>Develop a hub and spoke approach to provide advice to universal provision such as GPs and health visitors, community and faith groups, schools and early years settings, have access to advice and increase the</p>

engaging employers especially the wider community.			number of victims accessing support.
Promote programmes of 'healthy relationships' so that children, young people and adults are better equipped to form relationships based on equality and respect and address the need for couple relationship work as a basis of strengthening family resilience.	Increase the numbers of those affected by domestic abuse and sexual violence who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them.	Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs.	Mobilise the community in tackling domestic violence by encouraging people to help themselves and each other using community-based support through the hub and spoke approach.
Strengthen the understanding of those who work with adults and families so that frontline partners in universal and community services can intervene early to challenge acceptability and to seek support as early as possible through training, use of	Increase the number of offenders breaking out of a cycle of offending by ensuring the access to, and effectiveness of, rehabilitation programmes.	Deliver better and more effective outcomes for victims of sexual violence by the provision of training to frontline partners to recognise sexual violence and understand the actions to be taken.	Develop a volunteer programme to support those affected by domestic abuse and needing short term input to stabilise their situation.

the toolkit, culturally sensitive guidance and support and clear pathways to specialist guidance.			
Ensure community and services such as schools, voluntary sector, GP practices have identified domestic abuse leads who are supported and confident in their role to support those at risk, or are victims, of domestic abuse and sexual violence.	Better identify high risk victims through risk assessment and increased referrals to MARAC, including reducing the number of repeat incidents of victimization.	Challenge attitudes and beliefs and enable community, voluntary and faith sector to take a stand against gender inequality.	Challenge attitudes and beliefs and enable community, voluntary and faith sector to take a stand against domestic abuse and sexual violence.
Develop a 'think family approach' and use the troubled families programme and social care interventions to support whole families at risk or experiencing domestic abuse and sexual violence.	Proactive identification of adults and young people at risk of domestic abuse and sexual violence by targeting work with these groups such as LGBT, disabled people.		Working closely with partners to ensure clear pathways with work to tackle harmful practices at all levels.
	Campaign for better use of statutory and legal		

	powers to ensure increasingly successful prosecution of perpetrators.		
<p><b>Measures of success:</b></p> <ul style="list-style-type: none"> <li>• Increase in the use of whole family interventions to reduce the incidence and impact of domestic abuse and sexual violence.</li> <li>• Percentage of schools with a 'healthy relationship' programme that tackle issues of domestic abuse and sexual violence such as Values versus Violence.</li> <li>• Increased number of universal services where the designated Child Protection lead is signed up as the domestic abuse and</li> </ul>	<p><b>Measures of success:</b></p> <ul style="list-style-type: none"> <li>• Increase in sanction and detection rate.</li> <li>• Reduction in referrals to MARAC and reduction in repeat victimization.</li> <li>• Increase in the number of perpetrators accessing rehabilitation programmes.</li> <li>• Increase in the use of Domestic Violence Disclosure Scheme.</li> </ul>	<p><b>Measures of success:</b></p> <ul style="list-style-type: none"> <li>• Increase in the sanction and detection rate for sexual violence offences.</li> <li>• Increase in the numbers of women and girls victims coming forward and seeking support.</li> <li>• Increased engagement of partners in the take up of training.</li> </ul>	<p><b>Measures of success:</b></p> <ul style="list-style-type: none"> <li>• Increase in the number of victims seeking support through Family Justice Centre and hubs.</li> <li>• Increased referrals by GPs as measured by the use of the GP's DASV notepad.</li> <li>• Increase in the number of victims being supported by volunteers.</li> <li>• Increase in the number of voluntary, community and faith groups with Domestic abuse and sexual violence champions and engaged in the Croydon DASV Kitemark.</li> </ul>

sexual champion.	violence			
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## Appendix 3

*'Turning the curve on Domestic Abuse'*

# The Family Justice Centre Domestic Abuse and Sexual Violence Report: 2013-2014

**CROYDON**  
[www.croydon.gov.uk](http://www.croydon.gov.uk)

This report contains an update on the data from the Family Justice Centre, headlines on recent achievements as well as the overarching and partnership action plans on Domestic Abuse and Sexual Violence.



# Contents

## DASV and Family Justice Centre (FJC): Highlights

- **Champions:** please see the DASV champions who will support delivery against our action plan

Paula Doherty – Strategic Manager, Croydon Council

Jenni Lester - Job Centre Plus (JCP)

Aisha Bryant – Croydon Voluntary Action

Rachel Blaney – Croydon CCG

Sian Thomas – Metropolitan Police, Croydon

Phil Coulthard – Croydon College

Ann Morling – Director of Midwifery, CHS

Christina Hickson – Associate Director of Nursing, CHS

Nero Uwghjabo- BME Forum

Sally Harper - London Fire Brigade

- **Action Plans:** Our shared high level partnership action plan is overseen by the borough's strategic lead for DASV, partnership accountability and subsequent partnership specific delivery plans sit underneath the high level plan and progress is monitored through the identified Champions. See appendix 1
- **Reporting Lines:** the current thinking on the best lines of reporting are that DASV reports to both adult and children safeguarding boards and then into the Safer Croydon Partnership. The Chief Executives Group will receive regular briefings and agenda this item when a fuller report is required, Nathan Elvery remains our corporate sponsor.
- **Workshops:** the 3 workshops that have taken place have been really useful. Through participants' contributions we have yielded a rich source of information and ideas for implementation that will feed into our action plan and strategy refresh; we will hold an update workshop in September.

- **Communications and campaigns:** we now have a clear communications plan and are working with partners to ensure messages are consistent and targeted, examples of our message to date are:
  - a joint Police and Local Authority leaflet campaign 'are you safe'
  - piloting lip balms with a hidden telephone number, we are currently trying to identify corporate sponsorship for this to be rolled out
  - a highly visual campaign around the football world cup, including Decaux 'bill boards' and social media with more direct messages such as "report it", "break the silence", "it's never ok"
  - a discreet public facilities (toilets) sticker campaign
  - the piloting of NCR pads in GP surgeries,
  - work that supports DV prompts in broader health settings
  
- **JSNA:** this is still in draft format with final iterations being made; the final report will be available before the summer.
  
- **Domestic Homicide Reviews:** both reviews are now with the Home Office for consideration. These may take some time to come back to the partners with the HO view so a decision has been taken across the board to implement the key recommendations. This is reflected in the partnership action plan and will be reflected in the DASV strategy refresh.
  
- **Training:** we have embarked upon a yearlong training plan on awareness of DASV and MARAC. This is currently available monthly but we hope to expand this by training DASV leads in key agencies to cascade this training to staff as a key part of safeguarding and public protection.
  
- **Practitioner Forum/ Information Sharing Network:** this forum is set up to take place monthly and will facilitate practitioners being able to work through cases, approaches, challenges and will complement the information sharing network by disseminating key research, legislation and evidence based practice.
  
- **Toolkit:** development of the practitioner toolkit is near completion. This aims to ensure that any practitioner working with adult and/or children has access to a supportive guide that identifies abuse, assessment processes, risk identification and clarifies pathways to support across the continuum of need.
  
- **IDVA Pilots:** we are currently identifying the right staff to operate a hub and spoke model and will be piloting an IDVA in the Police station and at Croydon University Hospital Emergency Department.
  
- **Domestic Violence Forum:** we continue to meet regularly with the Community and Voluntary Sector, faith groups and other community partners to continue to look at how we meet the needs of our diverse community. This forum is led by the Voluntary sector.

## **DASV and Family Justice Centre (FJC): Data Report**

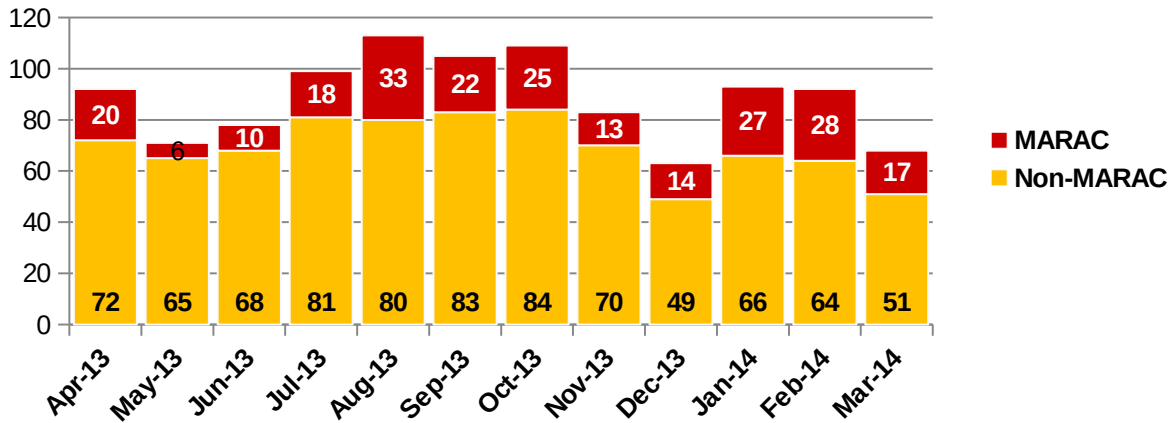
### **REFERRALS TO FJC**

In the period April 2013 – March 2014, 1066 new referrals were seen at the FJC. 22% of the new referrals were high risk victims referred to MARAC by staff at the FJC. Some of the MARAC referrals made by staff at the FJC are to other boroughs where the victims are resident.

MARAC is a Multi-Agency Risk Assessment Conference where high risk victims are discussed with partners and actions agreed to minimise the risk of harm to them.

The chart below shows the spread of these new referrals across the year, highlighting the high risk MARAC ones.

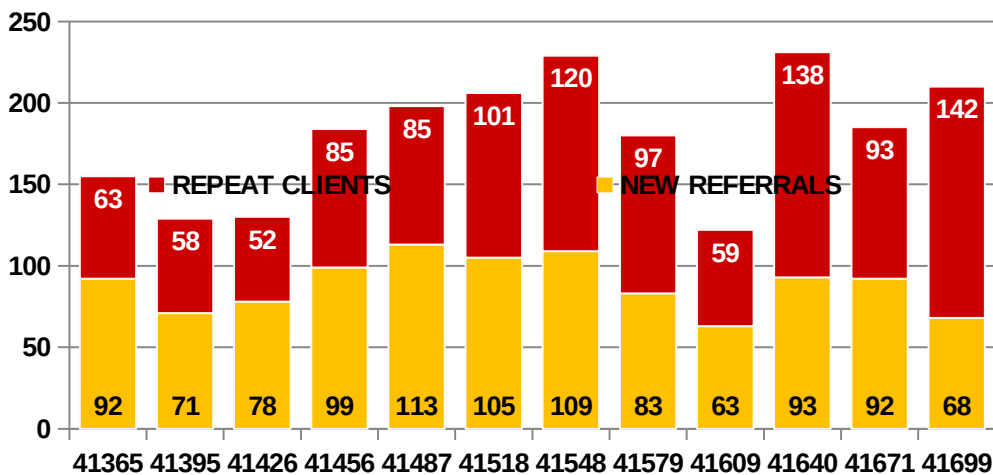
**New Referrals at the FJC,  
April 2013 - March 2014**



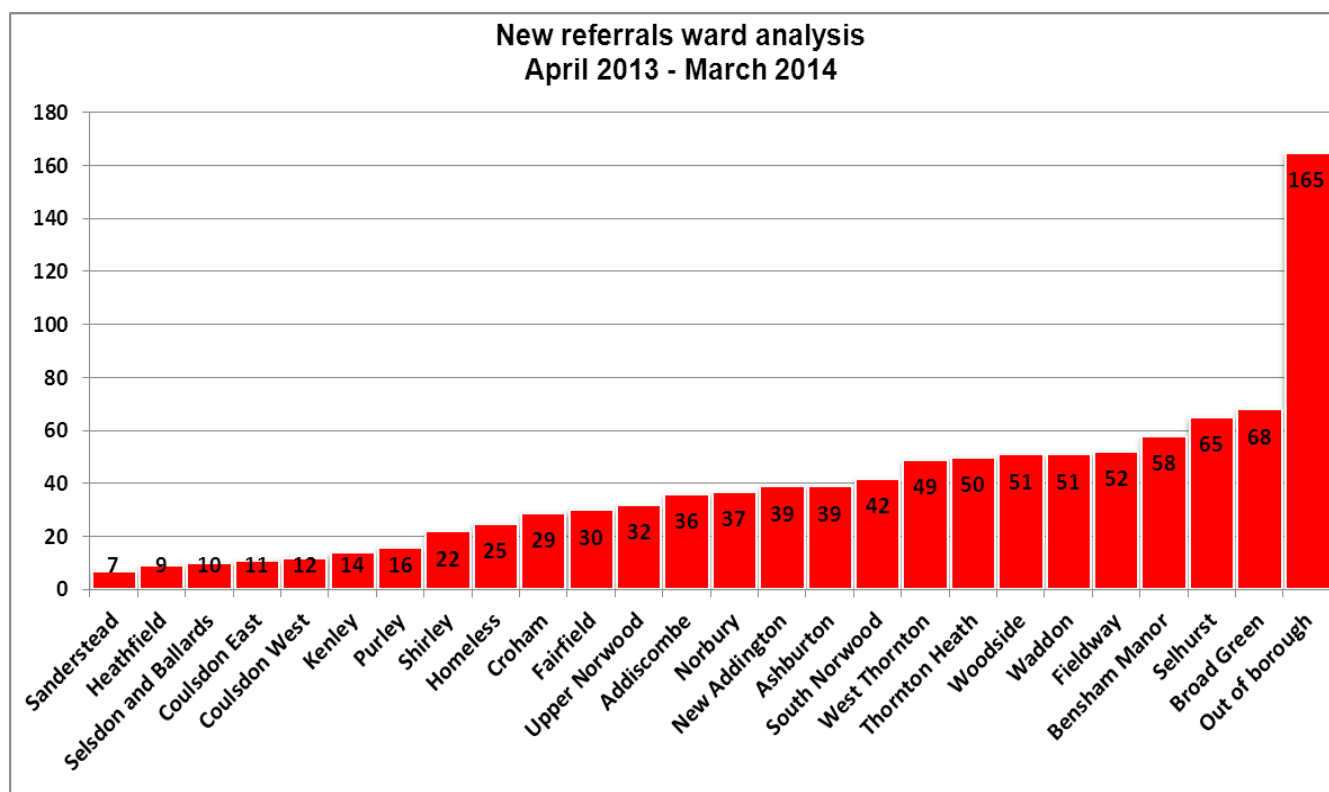
Data on the footfall at the FJC was recorded for the period April 2013 – March 2014 as 2159 people.

This is an average of 10 service users seen per day, some of whom are repeat visitors to the FJC. This is based on 52 weeks and 4 working days.

**Footfall at the FJC,  
April 2013 - March 2014**



The chart below shows where the new referrals to FJC live. This shows that 81% of the new clients seen at the FJC are Croydon residents.



## REFERRERS TO THE FJC

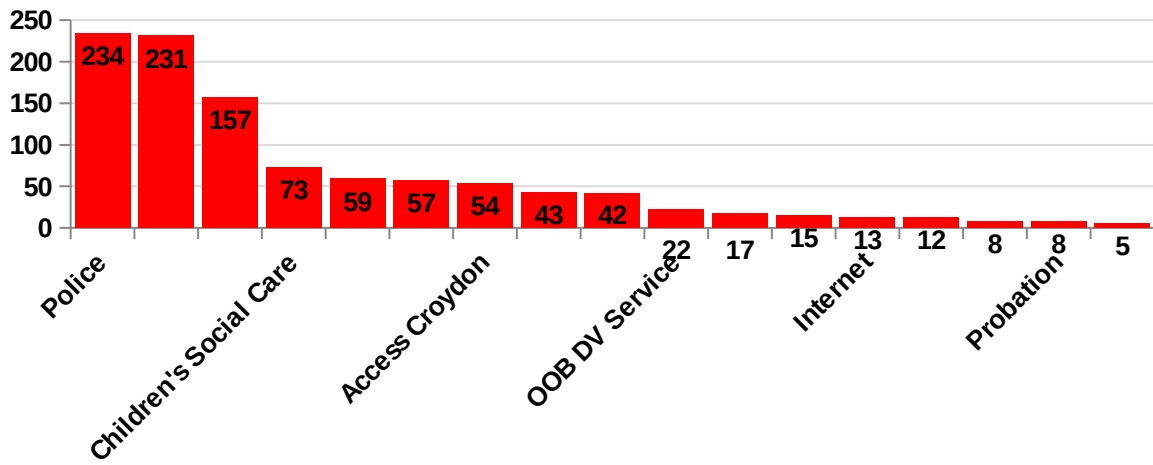
Most of the service users seen at the FJC are referred by the police and by the individuals themselves.

The category “out of borough DV service” includes referrals from refuges, national domestic violence helpline and other services outside Croydon.

“Health service” includes GPs, hospitals, health visitors and mental health services whereas education includes primary and secondary schools as well as colleges.

The category “other” is for referrals from substance misuse services, probation, registered social landlords and other Croydon council services.

### Referrers to the FJC, April 2013 - March 2014



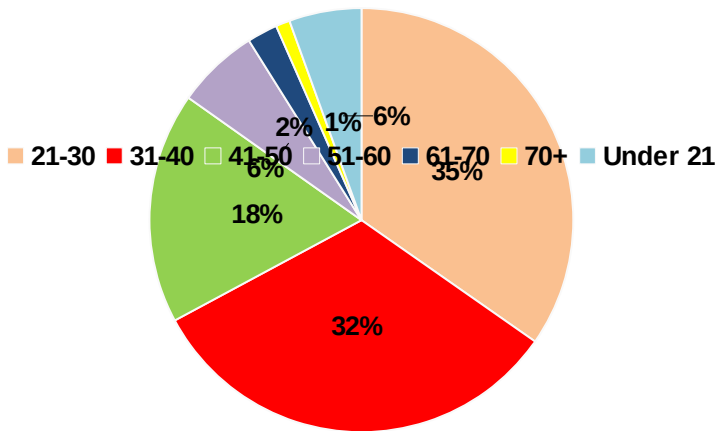
### SERVICE USERS PROFILES

Majority of the service users at FJC are in the 21-30 and 31-40 age brackets.

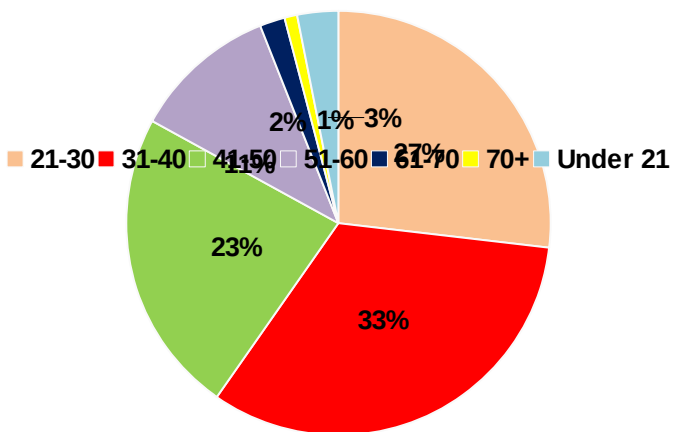
The same applies to the perpetrators reported to FJC by the service users.

This is illustrated in the charts below.

### Service Users Age Breakdown April 2013 - March 2014



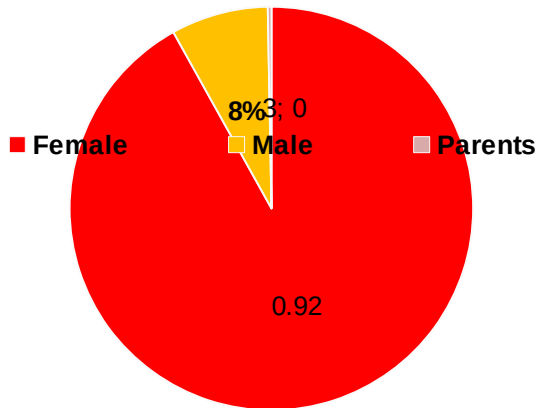
### Perpetrator Age Breakdown April 2013 - March 2014



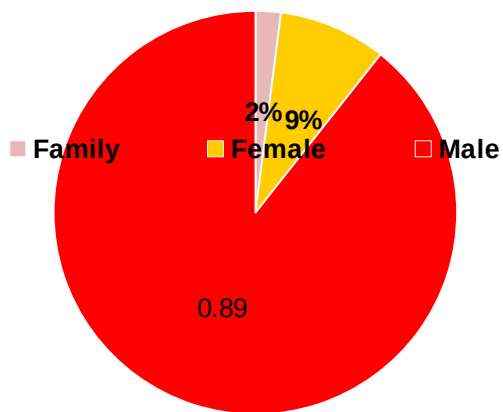
92% of the service users at FJC over the period April 2013 – March 2014 were female.

3 elderly parents presented to report abuse from their adult children.

**FJC service users gender analysis  
April 2013 - March 2014**



**Perpetrator gender analysis  
April 2013 - March 2014**



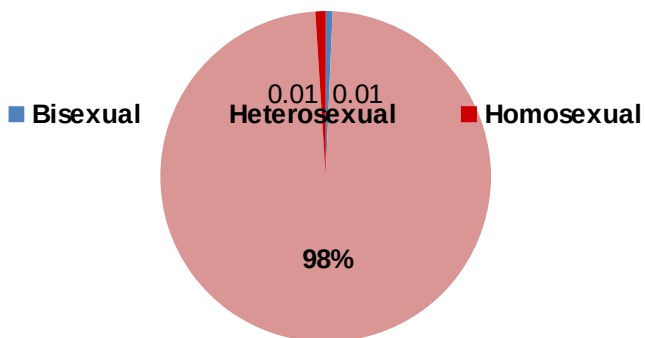
For the 2% where family is indicated as the perpetrator, it is broken down as below:

Type of abuse	Number of cases
Parents	8
Honour based violence	2
In-laws	1
Multiple family members but not honour related	6



Below is a breakdown of the sexual orientation reported by service users at the FJC. As shown, 98% are heterosexual.

**Sexual orientation of service users  
April 2013 - March 2014**

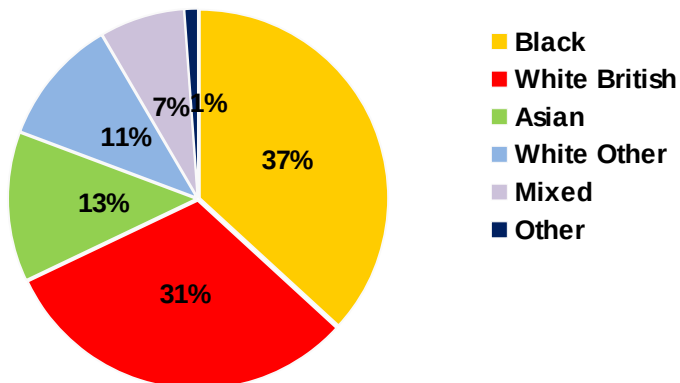


Sexual Orientation	Number of service users
Bisexual	7
Heterosexual	1002
Homosexual	10

58% of the service users accessing FJC are of Black and Minority Ethnic background. This is illustrated in the chart below.

The category “White Other” mainly represents service users who are EU nationals and “other” represents people of South American, Middle Eastern and North African origin.

**Ethnicity of FJC service users  
April 2013 - March 2014**

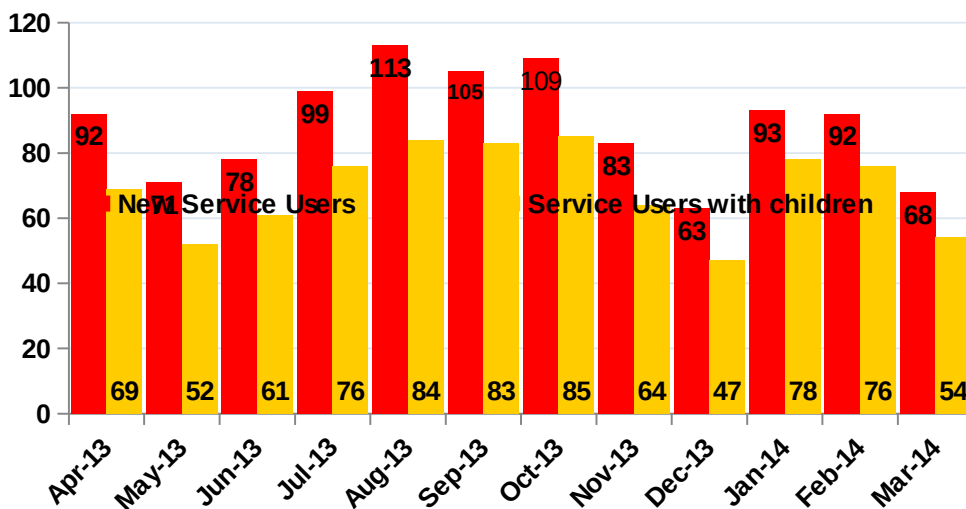


Ethnicity	Count of Ethnicity
Black	380
White British	321
Asian	132
White Other	112
Mixed	75
Other	12

On average, over 70% of the referrals to FJC each month have children as illustrated below.

CONTACT MONTH	% OF SERVICE USERS WITH CHILDREN
Apr-13	75
May-13	73
Jun-13	78
Jul-13	77
Aug-13	74
Sep-13	79
Oct-13	78
Nov-13	77
Dec-13	75
Jan-14	84
Feb-14	83
Mar-14	79

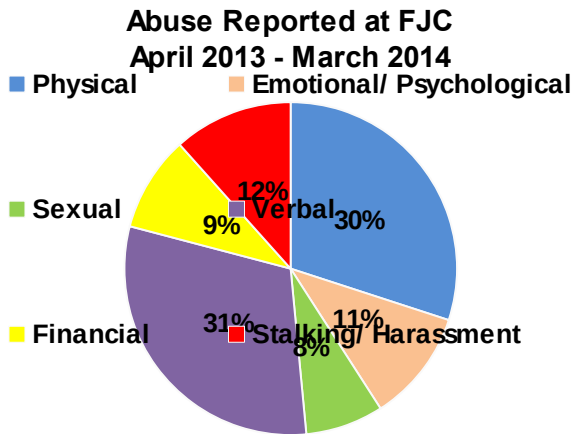
**FJC service users with children  
April 2013 - March 2014**



**ABUSE REPORTED**

The abuse reported by service users at the FJC is as illustrated below with verbal and physical abuse being the most commonly reported.

Of those reporting stalking/ harassment, 40% are under 30 years old.

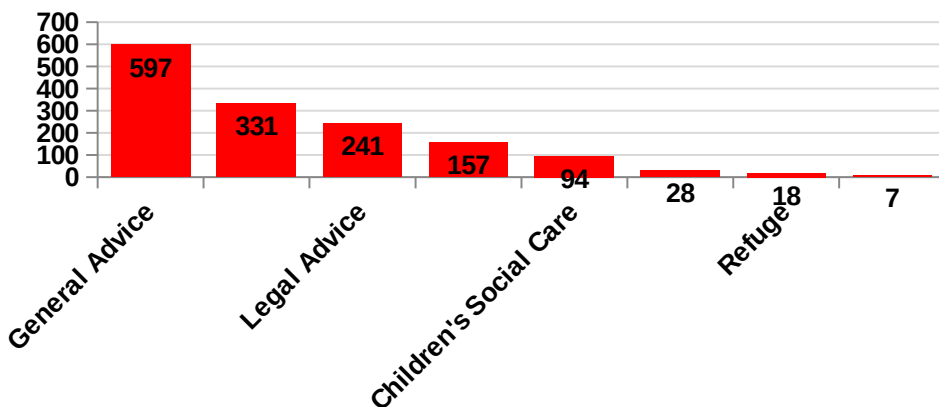


Service users reporting stalking/ harassment	
Age bracket	Number of service users
Under 21	57
21-30	358
31-40	334
41-50	182
51-60	65
61-70	24
70+	11

**SERVICES OFFERED**

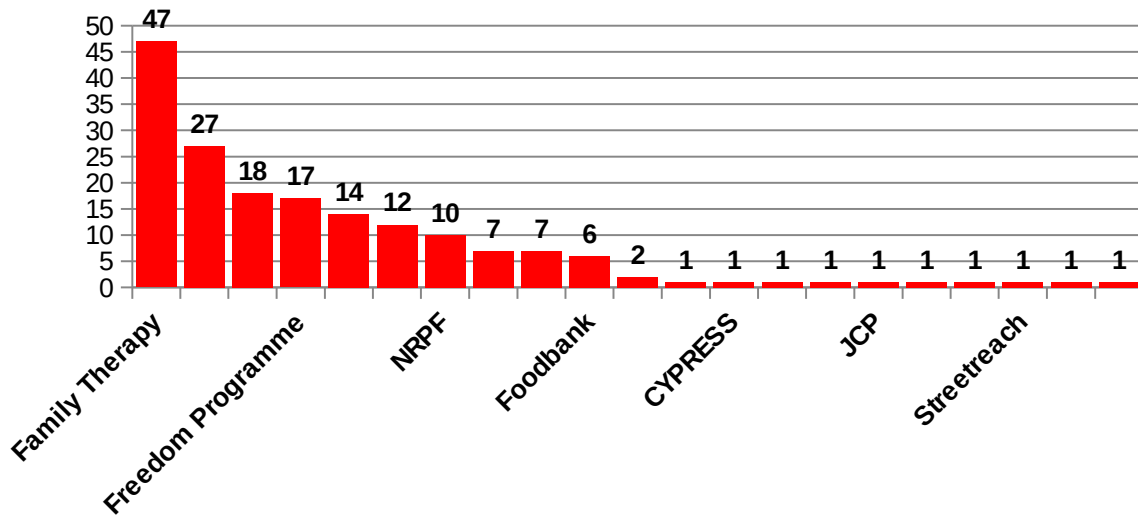
The services offered to clients in the period April 2013 – March 2014 is as shown below. A lot of the service users receive more than one service. General advice constitutes safety planning, emotional support and signposting to other agencies.

**Support offered & referrals made from the FJC April 2013 - March 2014**



The category “other referrals” is for a variety of services which staff at FJC refer service users to. This is as illustrated below.

**Other referrals made by the FJC  
April 2013 - March 2014**



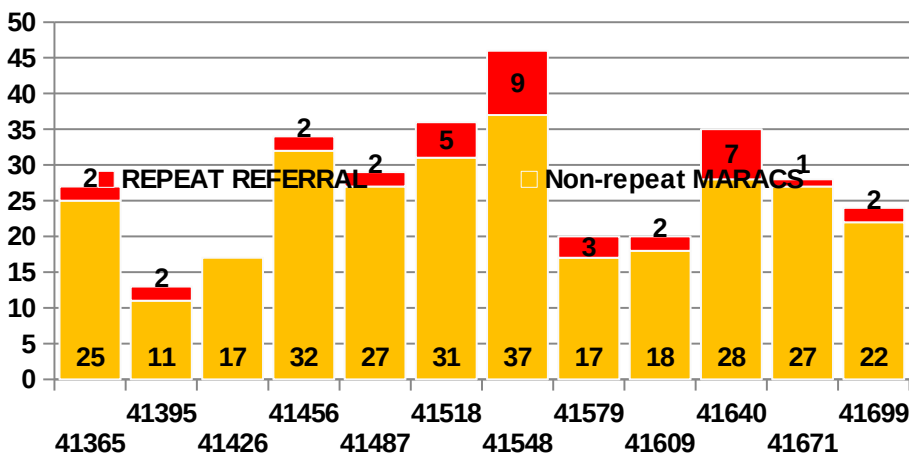
**MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)**

The number of referrals to Croydon MARAC for the period April 2013 – March 2014 is as detailed below.

11% of the cases are repeat referrals, whereby there has been a new incident between the same victim and perpetrator within 12 months of the initial referral.

Referral Month	Total MARAC referrals
Apr-13	27
May-13	13
Jun-13	17
Jul-13	34
Aug-13	29
Sep-13	36
Oct-13	46
Nov-13	20
Dec-13	20
Jan-14	35
Feb-14	28
Mar-14	24
<b>TOTAL</b>	<b>329</b>

**Total MARAC referrals showing repeat referrals  
April 2013 - March 2014**

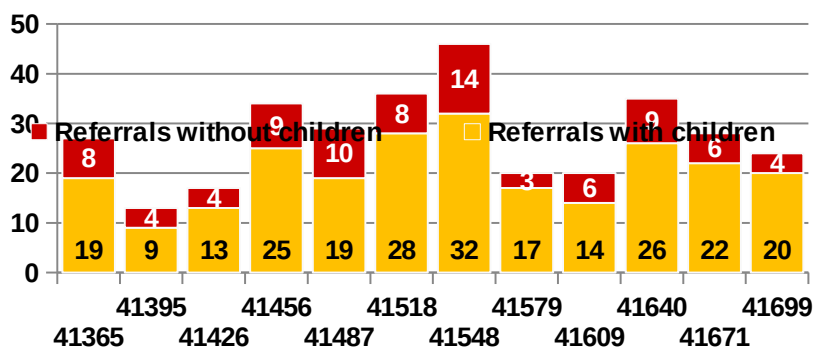


A break down of where referrals to MARAC originate is as shown below.

The category “other” includes Croydon Council services like the anti-social behaviour team, Family Resilience Service and Youth Offending Service

As shown below, majority of the MARAC referrals received have children.

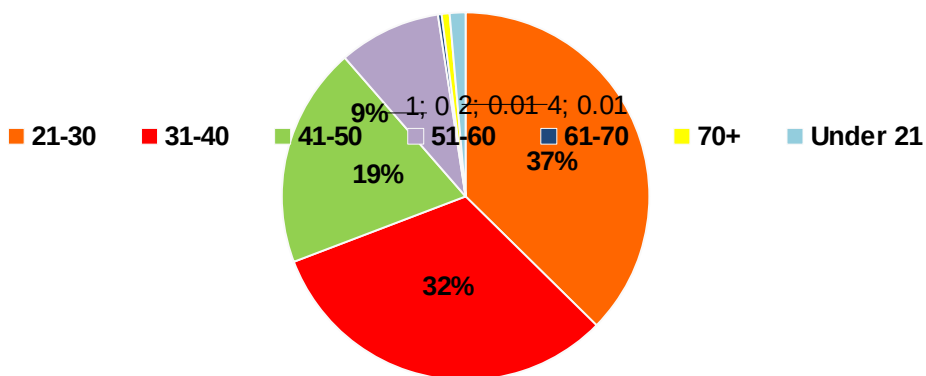
**Total MARAC referrals showing children in the family  
April 2013 - March 2014**



Referral Month	% of referrals with children
Apr-13	70
May-13	69
Jun-13	76
Jul-13	74
Aug-13	66
Sep-13	78
Oct-13	70
Nov-13	85
Dec-13	70
Jan-14	74
Feb-14	79
Mar-14	83

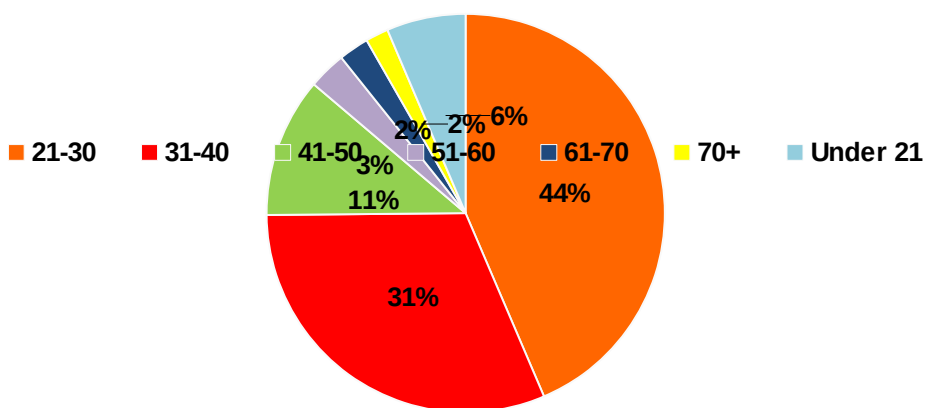
The biggest proportion of victims and perpetrators referred to MARAC are within the 21-30 and 31-40 age bracket as illustrated below.

**MARAC perpetrators age analysis  
April 2013 - March 2014**



Majority of the referrals to MARAC are a result of partner or ex-partner abuse as illustrated below.

**MARAC Victims Age Analysis  
April 2013 - March 2014**

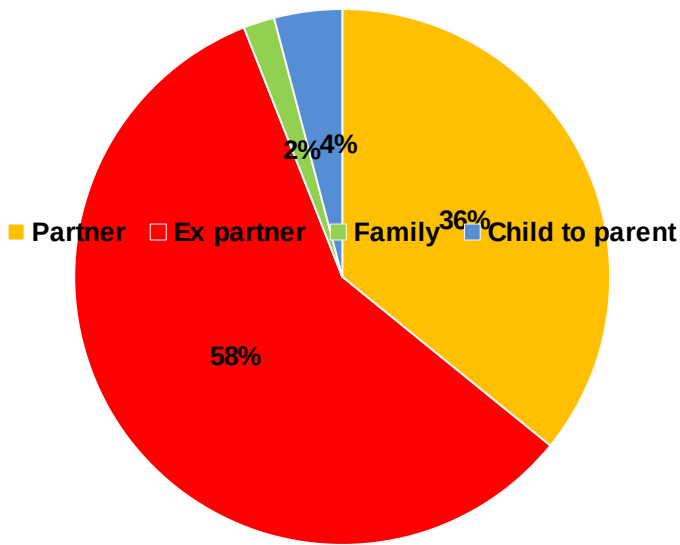


In the period April 2013 – March 2014, 13 MARAC referrals were a result of children abusing their parent. 11 of these cases constituted children abusing their elderly parents over 50 years old.

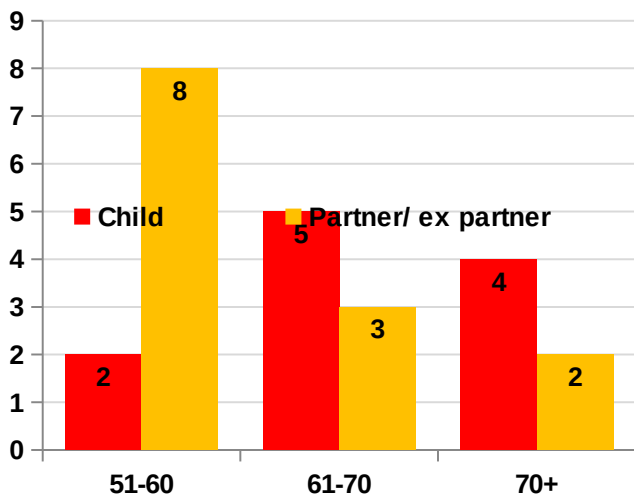
3 of the cases where family members are the perpetrators are of honour based violence.



**MARAC perpetrator relationship to victim**



**AC Perpetrator relationship to victims over 50 year**



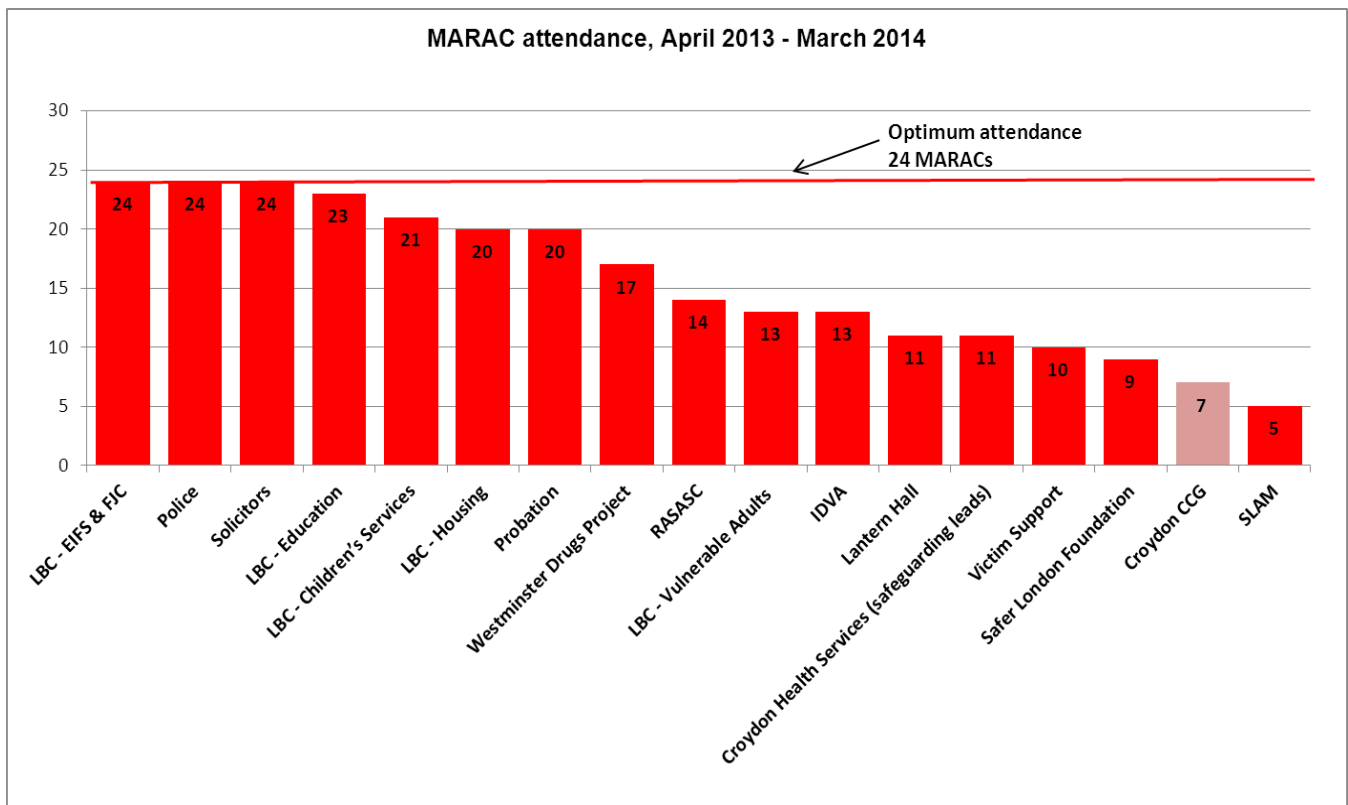
Perpetrator relationship to victim	Number of MARAC referrals
Partner	114
Ex-partner	185
Family	6
Child to parent	13

### MARAC attendance

A variety of agencies are represented at MARAC as illustrated below. The chart below shows the number of times these agencies have attended MARAC over the last four quarters.

The newest member to the MARAC is Croydon CCG who started attending in November 2013.

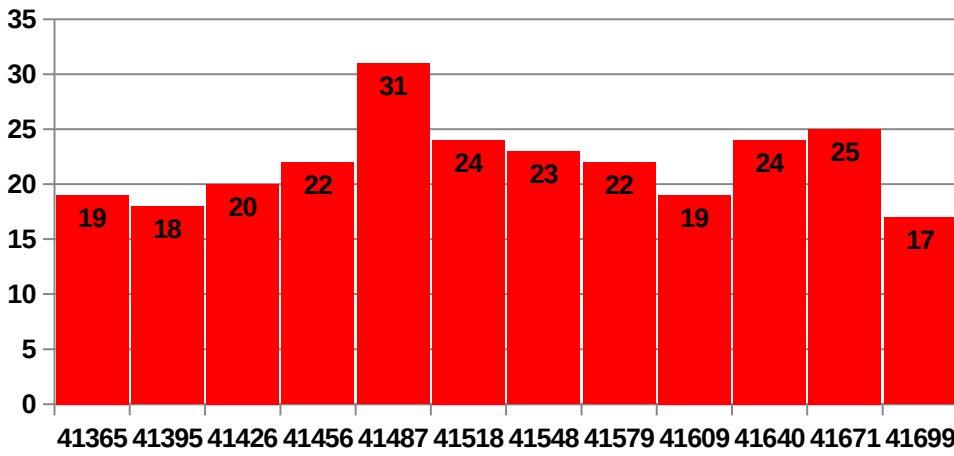
CCG who started attending in November 2013.



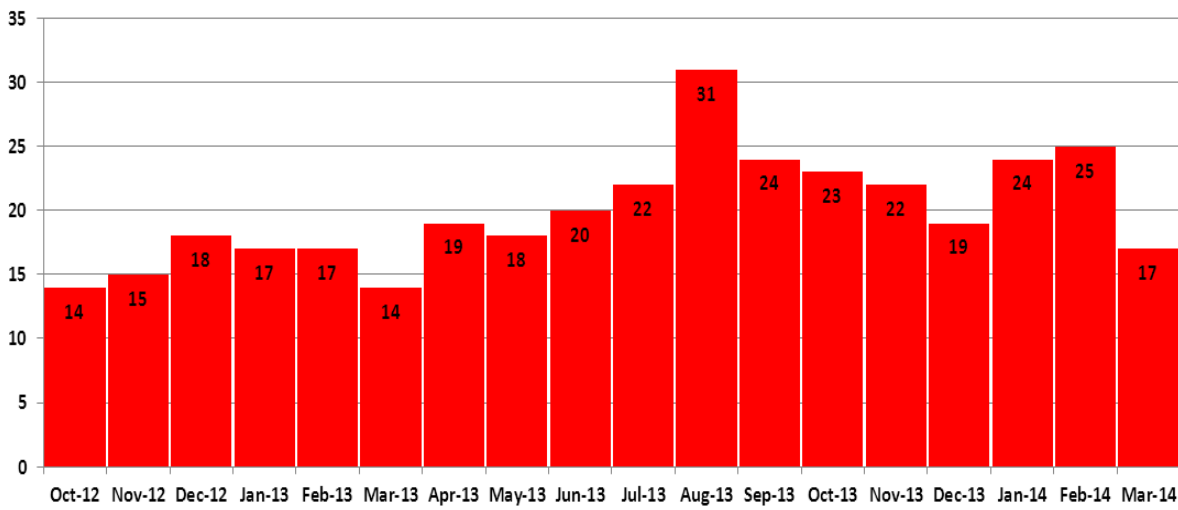
The chart below shows that over the years, the attendance at MARAC has improved.

The spike in August 2013 is because there were three Thursdays in that month, meaning one extra MARAC than usual was held.

**Number of MARAC members in attendance April 2013 - March 2014**

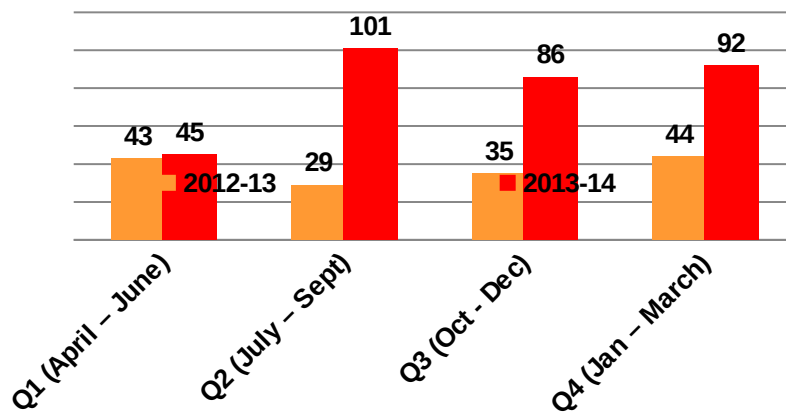


The chart below highlights the improvement in MARAC attendance over the period October 2012 – March 2014.



The number of cases discussed at MARAC over the last two years has increased by 115%.

## CASES DISCUSSED AT MARAC, QUARTERLY COMPARISON



The chart below shows the quarterly comparison of cases across the last two years.

QUARTER	2012-13	2013-14
Q1 (April – June)	43	45
Q2 (July – Sept)	29	101
Q3 (Oct - Dec)	35	86
Q4 (Jan – March)	44	92
<b>TOTAL</b>	<b>151</b>	<b>324</b>



## Appendix 4: DASV Service Mapping

### Croydon Domestic Violence Service Mapping (November 2013)

National and regional organisations/ services

Service / Organisation	Target group	Sector / Provider	Description
National Domestic Violence Helpline – Women’s Aid / Refuge (0808 2000 247)	Anyone experiencing DV	Voluntary and Community Sector	National 24-hour Domestic Violence support and advice line for women experiencing domestic violence, their family, friends and colleagues and others calling on their behalf. Includes translation services.
Ascent	Women	Voluntary and Community Sector	Primary Agency Contact, part of the Women and Girls’ Network, providing counselling and group work, and telephone support for victims of DV and support to service providers.
Broken Rainbow	LGBT	Voluntary and Community Sector	National LGBT Domestic Violence helpline supporting survivors, their families and friends, in addition to service provider support and training.
CASSA (Amicus Horizon)	Women and children under 11	Voluntary and Community Sector	Sanctuary, floating support
Domestic Violence Intervention Service	Men (nationwide, London-based)	Voluntary and Community Sector	Safety Planning, Immediate Network, Primary Contact Agency focused on challenging men, by Self-referrals or referrals from family courts , probation, social services, police or community groups, Referral by a referral form only
Encounter Freedom	Women	Private Sector	Primary Agency Contact offering group work programme for victims of DV
The Freedom Programme	Women	Private Sector	Primary Agency Contact providing group work for survivors of DASV
Service / Organisation	Target group	Sector / Provider	Description
Galop	LGBT	Voluntary and Community Sector	Support, advice and advocacy for LGBT people who have experienced hate crime, domestic abuse, sexual violence or problems with the police.
Jewish Women’s Aid	Women and children	Voluntary and	Support and accommodation for Jewish women and their children affected by

		Community Sector	domestic violence
Living Water Satisfies	Women survivors of Domestic Violence	Voluntary and Community Sector	Supporting women and their families to overcome domestic violence and mental ill health
Men's advice line	Male survivors of domestic violence	Voluntary and Community Sector	Advice and support for male survivors of domestic violence
No Recourse To Public Funds (NRPF) specialist refuge	Women And Children under 11	Voluntary and Community Sector	Immediate Network
One in Four	All survivors of sexual violence	Voluntary and Community Sector	Counselling, advocacy and support for survivors of sexual violence
Rape & Sexual Abuse Support Centre	All survivors of Sexual Violence	Voluntary and Community Sector	Advice and support for all survivors of sexual violence, in addition to training and support for providers.
Refuge	Women	Voluntary and Community Sector	A partnership with the National Domestic Violence Helpline, this is a national network providing emergency accommodation, emotional and practical support for women fleeing abuse. Includes culturally specific services for Eastern European, Asian and African families.
<b>Service / Organisation</b>	<b>Target group</b>	<b>Sector / Provider</b>	<b>Description</b>
Respect	Male and female perpetrators, young people who use violence and abuse, male victims	Voluntary and Community Sector	Develop, deliver and support effective services
Safer London Foundation	Girls and Young Women	Voluntary and Community	Primary Agency Contact, incorporating the 'Empower' Program focusing on sexual violence and exploitation of young

		Sector	women
South London African Women's Organisation	BME – African Women	Voluntary and Community Sector	Practical and emotional support for female victims and survivors of violence from BME communities.
Survivors UK	Men	Voluntary and Community Sector	Information, support and counselling for men who have been raped or sexually abused, including an advice line, training and consultancy.
IMECE Turkish-speaking women's group	BME – Turkish-speaking women	Voluntary and Community Sector	Immediate support, advice and information on DV, welfare, housing, immigration and outreach services for Turkish-speaking women.
Women and Girls' Network	Women and girls	Voluntary and Community Sector	Counselling and information services for women and girls who have experienced any form of violence of abuse.
Woman's Trust	Women	Voluntary and Community Sector	Immediate network, national body providing one-to-one counselling, support groups and workshops for women survivors of domestic violence.
Victim Support, all victims of Crime	All victims of crime including DASV	Voluntary and Community Sector	Primary Agency Contact



## Services and organisations local to Croydon

<b>Service / Organisation</b>	<b>Target group</b>	<b>Sector / Provider</b>	<b>Description</b>
Age UK Croydon	Older people	Voluntary and Community Sector	Identification and referral of older people at risk of and experiencing domestic violence and abuse. Support, information advice and guidance to older people, their carers and families.
Croydon Women's Aid	Women And Children under 11	Voluntary and Community Sector	Immediate Network, providing refuge and floating support, including legal, emotional, practical advice.
Croydon Sanctuary Project	People threatened by violence	Croydon Council Housing Department	Assistance in making homes more secure, for people vulnerable to or threatened by partners or ex-partners who want to remain in their homes.
Croydon University Hospital, GUM Clinic	Sexual Health	Croydon Health Services NHS Trust	Department of GU Medicine, including sexual health and sexual assault services
Croydon University Hospital, Midwifery Department	Women who have experienced FGM	Croydon Health Services NHS Trust	Lead midwife for FGM providing support, information and signposting for women who have experienced FGM
Cassandra Learning Centre	All young people who are DV survivors Young people	Voluntary and Community Sector	One-off advice, support and referral, or a series of appointments depending on need. Also provides education and training.
Edridge Road Community Health Centre	Contraception and Sexual Health (CASH)	Croydon Health Services NHS Trust	CASH, including sexual health assault services
Family Justice Centre, front line DASV service including, IDVA's, MARAC, counselling, legal advice housing, Croydon Family Violence Strategic	All domestic abuse and sexual violence (DASV) survivors	Croydon Council	Safety Planning, Immediate Network, Primary Contact Agency

Partnership Group			
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## References

1. Walby, S. (2009). The cost of Domestic Violence, National Statistics, Women and Equality Unit, 2004
2. HM Government: Nov 2010:” Call to End Violence Against Women and Girls”
3. Information for Local Areas on the change to the Definition of Domestic Violence and abuse 2013 Home Office
4. www.womensaid.org.uk accessed 07.03.2014
5. www.womensaid.org.uk accessed 07.03.2014
6. www.womensaid.org.uk accessed 07.03.2014
7. WHO Multi-country Study on Women’s Health and Domestic Violence against Women WHO 2005
8. www.womensaid.org.uk accessed 07.03.2014
9. Foundation for Womens Health, Research and Development (FORWARD) (2005) Female Genital Mutilation fact sheet
10. A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales. Dorkenoo E et al. 2007. DH
11. World Health Organization., World report on violence and health (Geneva: World Health Organization, 2002), 149
12. Povey, D. (Ed.), Coleman, K., Kaiza, P. and Roe, S. (2009) Homicides, firearm offences and intimate violence 2007/08 (Supplementary Volume 2 to Crime in England and Wales 2007/08), London: Home Office
13. The 2013-17 Mayoral Strategy on Violence against Women and Girls (VAWG)
14. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively 2014 NICE Public Health Guidance
15. Early Intervention in Domestic Violence and Abuse
16. The Centre for Public Scrutiny Guidance
17. The Independent Inquiry into Child Sexual Exploitation in Rotherham
18. HM Government (April 2007) Cross Government Action Plan on Sexual Violence and Abuse
19. Home Office (2009) Revised National Service Guide – A resource for developing Sexual Assault Referral Centres.
20. HM Government (November 2009) Together We Can End Violence against Women and Girls: A Strategy
21. HM Government (April 2007) Cross Government Action Plan on Sexual Violence and Abuse
22. Zimmerman, C et al (2006) Stolen Smiles: a summary report on the physical and psychological consequences of women and adolescents trafficked into Europe
23. British Crime Survey for England and Wales 2001
24. 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
25. Womens Aid(2007)Older women and domestic violence; An overview
26. Smith , K et al( 2010) Homicides, Firearms Offences and Intimate Violence 2008/2009 Home Office statistical bulletin
- 27, 28, 29, 30, Meeting the needs of children living with domestic violence in London; research report Lorraine Radford, Ruth Aitken, Pam Miller,

- 30.
- i. ONS, Focus on: Violent Crime and Sexual Offences, 2011/12, appendix tables 4.08
  - ii. Strickland, P. (2013), Domestic Violence, House of Commons Library
  - iii. Crown Prosecuting Service Violence against Women and Girls Crime Report 2012-13
  - iv. Ibid.
  - v. ONS, Op. Cit.
  - vi. Family Nurse Partnership, unpublished intake data
31. Meeting the needs of children living with domestic violence in London; research report Lorraine Radford, Ruth Aitken, Pam Miller,
32. Munro, E. (2011) The Munro Review of Child Protection. Final report: A child-centered system, London:DfE.
33. CAADA, *Children's Insights* unpublished slide pack, 2013
34. CAADA (Children's Insights) 2014
35. Barnes, J, Ball, M., Meadows P., Belsky J (2009) Nurse Family Partnership Programme: Implementation in England – Second Year in 10 Pilot Sites: the infancy period. London DCSF
36. The Family Nurse 2014 Partnership <http://fnp.nhs.uk/about> Last accessed on January
- 37, 38, 39, 40. Walby, S (2009) The cost of domestic violence: update 2009
41. Early stages in the development of the Integrated Domestic Abuse Programme (IDAP): implementing the Duluth Domestic Violence pathfinder Bilby, C. and Hatcher, R. (2004)
42. 2012/13 British Crime Survey
43. HM Government: The Way forward Violence Against Women and Girls 2009-2011
44. Police Crime Report Information System (CRIS)
45. [https://www.warwickshire.gov.uk/Web/corporate/wccweb.nsf/Links/6EA919F805F3B54180257885002E4C6B/\\$file/Full+Report\\_UK+Study+of+Abuse+and+Neglect+of+Older+People+v2.pdf](https://www.warwickshire.gov.uk/Web/corporate/wccweb.nsf/Links/6EA919F805F3B54180257885002E4C6B/$file/Full+Report_UK+Study+of+Abuse+and+Neglect+of+Older+People+v2.pdf)
46. <https://www.gov.uk/domestic-violence-and-abuse>
47. <http://www.listpoint.co.uk/CodeList/details/EthnicAppearance6PointCodeClass/3.1/1>