

# **Domestic and Sexual Violence**

## **A Strategy for Action in Harrow**

**2014 - 2017**

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## Foreword

Harrow is a low crime borough. At the time of writing, our crimes per thousand population were the third lowest in London and our total number of reported crimes was the sixth lowest in London. Despite this very encouraging record, Domestic and Sexual Violence forms a larger proportion of crime in Harrow than in any other London Borough. The Council, together with its partners in the Police, the Probation and Health Services and the Voluntary and Community Sector are determined to continue to provide interventions to help those at most risk and education to reduce the risks to future generations. This is also why we have agreed to invest additional funds to support local organisations to provide new and improved services in this area. In this way, we are standing up for those in need and making a difference for the vulnerable, for communities and for families in Harrow.

Domestic and Sexual Violence, which can be defined as physical, psychological, sexual or financial violence that takes place within an intimate or family-type relationship and forms a pattern of coercive and controlling behaviour, is the largest element of a collection of criminal activities which typically see women and girls as victims. In addition to domestic violence itself, these crimes include forced marriage, honour-based violence, female genital mutilation, sexual exploitation, trafficking and prostitution. The overwhelming majority of victims of violence are female (and the perpetrators male), but the services covered by this strategy are, usually, also available to male victims although in some cases in separate settings.

There has been a change over recent years in the public response to issues covered by these crimes including recent well supported campaigns against female genital mutilation and honour-based violence. It seems that we no longer regard violence within the home as none of society's business and this strategy seeks to capitalise on this new spirit. We want to raise public awareness about these issues still higher to ensure that general disapproval removes the comfort that perpetrators used to feel from the silence of friends and neighbours. We want to equip all professional staff to have the knowledge and confidence to recognise the symptoms of violence and refer victims to the appropriate interventions and we want to be able to intervene earlier to reduce the scale of silent suffering.

I encourage you to read the Strategy and the action plan and consider what you, your community or your organisation can do to help us reduce the damage that violence does to individuals and our society as a whole.

**Councillor Margaret Davine**

## 1. Introduction

1.1 Domestic and Sexual Violence is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and includes sexual assault, rape, domestic violence, forced marriage, stalking, sexual harassment, sexual exploitation, forced prostitution, trafficking, female genital mutilation (FGM), or so called ‘honour’ based violence.

1.2. According to the Crime Survey for England and Wales 2012-13, nearly a third of women, almost five million females, have experienced domestic abuse sometime in their adult lives. Over 1.2 million women and 800,000 men experienced some form of domestic abuse including violence, stalking and emotional abuse that year. Seventy seven women were killed by their partners in 2012-13. There were estimated to be over 400,000 victims of sexual assault and one million stalking victims in 2012-13. Over two thirds of these were women. One in ten people thought it was mostly or sometimes acceptable to hit their partner in response to having an affair. Respondents aged between 16 and 19 were the likeliest to think that it was acceptable, 16 per cent thought this was the case at least sometimes.

1.3. Harrow's Community Safety Plan (September 2013) set a target to make Harrow the safest borough in London by 2017, requiring a reduction of almost 2,500 crimes a year. As domestic abuse continues to be a high and rising proportion of crime in Harrow, this necessitates a concerted effort to reduce domestic abuse in the borough. The Council services and its partners making this happen include the Council's Policy Team, Children and Families Services; Adult Social Care Services; and Barnet & Harrow Public Health Team; the Metropolitan Police; The WISH Centre; Harrow Domestic and Sexual Violence Forum; Central and North West London NHS Foundation Trust; Harrow Clinical Commissioning Group, North West London Hospitals NHS Trust; The National Probation Service and the London Community Rehabilitation Company.

1.4. This document outlines Harrow's commitment to tackling gender based violence in all its forms over the next 3 years. It evidences the extent of violence in Harrow and commits the council and other public bodies, in partnership with the voluntary sector, to develop policies and services that appropriately address the full range of violence within a more joined-up approach and integrated framework. It links directly to the current Government's strategic narrative covering domestic violence and other forms of violence against women and girls under four broad headings of: Prevention, Provision, Partnership and Perpetrators, and outlines Harrow's vision to:

- 1 Prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it;
- 2 Provide adequate support where violence does occur;
- 3 Work in partnership to obtain the best outcome for victims and their families;
- 4 Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice.

## 2. National and London Picture

2.1 In 2010, the Government launched its strategy ‘A Call to End Violence Against Women and Girls’. The Coalition Government indicated it would treat violence against women and girls less as a criminal justice issue, but instead place greater emphasis on prevention and local action in line with its Big Society ethos. It adopted the core vision of “a society in which no woman should live in fear of violence, no man should think it acceptable to perpetrate violence against women and no children should grow up in a home where violence is an everyday occurrence.”<sup>1</sup> Nevertheless, the

known scale of violence remains overwhelming and the estimated amount of unreported abuse is many times larger:-

- Her Majesty's Inspectorate of Constabulary recently reported that domestic violence incidents accounted for eight percent of all recorded crime and one third of assaults with injury. One in four young people aged ten to 24 said they had experienced domestic violence or abuse during their childhood. On average, an emergency call is made to the police about domestic violence every 30 seconds. It is estimated that the Police remain unaware of 81 per cent of domestic abuse and 87 per cent of sexual assault victims, (Home Office, 2010).
- A 2009 Government report established that children who have witnessed domestic abuse are 2.5 times more likely to have serious social and behavioural problems than other children and that, in 30% to 60% of domestic abuse cases, the abusive partner is also directly abusing children in the family. It also revealed that domestic violence is a factor in two thirds of cases where children have been killed or seriously injured. (HM Government, 2009)
- Domestic violence is cited as the direct reason for presenting as homeless by 13 per cent of applicants to housing authorities (Lilith, 2005).
- The Forced Marriage Unit recorded 1,618 cases of forced marriage across the UK in 2008 (GLA, 2010). Of these cases, 339 were identified in London.
- There were 48,873 domestic abuse crimes reported to the Metropolitan Police Service (MPS) in London in 2012/13. 33 per cent of violence with injury in London occurs in the home.
- Compared to the rest of the country, London has the lowest percentage of successful outcomes (measured as convictions of prosecuted cases) for violence against women offences (Crown Prosecution Service, 2009). At the same time, there is a higher proportion of the population aged 20-44 - an age group which is associated with a greater risk of domestic violence and sexual assault (Walby & Allen, 2004).
- London's higher levels of poverty are also linked to experiences of violence; whilst violence against women cuts across all social classes, research shows that women in households with an income of less than £10,000 per annum are three and a half times more likely to suffer domestic violence than those living in households with an income of £20,000 (GLA, 2010).
- The Government's Strategic Narrative encompasses the four priorities of Prevention, Provision, Partnership and Perpetrators.

### **3. Harrow Picture**

#### **3.1 Prevalence of Violence in Harrow**

3.1.1 National estimates provided by the British Crime Survey self completion module on domestic abuse, suggest that 1.2 million females and 800,000 male victims have experienced domestic abuse in the last year<sup>2</sup>. The Ready Reckoner Tool (Home Office)<sup>3</sup> and the census estimated population

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<sup>1</sup> Call to End VAWG, HM Government Nov 2010

<sup>2</sup> Britton A, *Intimate violence: 2010/11 BCS Supplementary Volume to Crime England & Wales, 2012*

2011 (239,100) provides the estimated prevalence of domestic violence, sexual violence and stalking in Harrow. The estimates indicate that in Harrow:

- 5,617 women and girls aged 16-59 have been a victim of domestic abuse in the past year;
- 5,019 women and girls aged 16-59 have been a victim of a sexual assault in the past year;
- 9,940 women and girls aged 16-59 have been a victim of stalking in the past year.

3.1.2 The same tool reveals the estimated total economic cost (not including human and emotional) of domestic and sexual violence in an area with a population of this size to be £22,827,846. The breakdown of hidden costs is as follows:

- Physical & mental health: £4,919,077;
- Criminal Justice System: £3,098,358;
- Social Services: £583,481; and
- Other (including housing, civil, legal & environmental): £14,226,931

3.1.3 These figures do not include additional costs from stalking, female genital mutilation, 'honour'-based violence, and forced marriage.

- We also know that the most recent rolling 12 months figures for DV crimes with injury show a 20.6% increase over the previous rolling 12 months. Harrow police also report a 55% detection rate of domestic violence related crime.

## 3.2 Domestic Violence

### Definition

The Home Office in 2012 defined domestic violence as:

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.

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

Coercive behaviour: is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.<sup>4</sup>

3.2.1 Most of the local statistical information that follows covering domestic violence in Harrow is largely reliant on police reporting data:

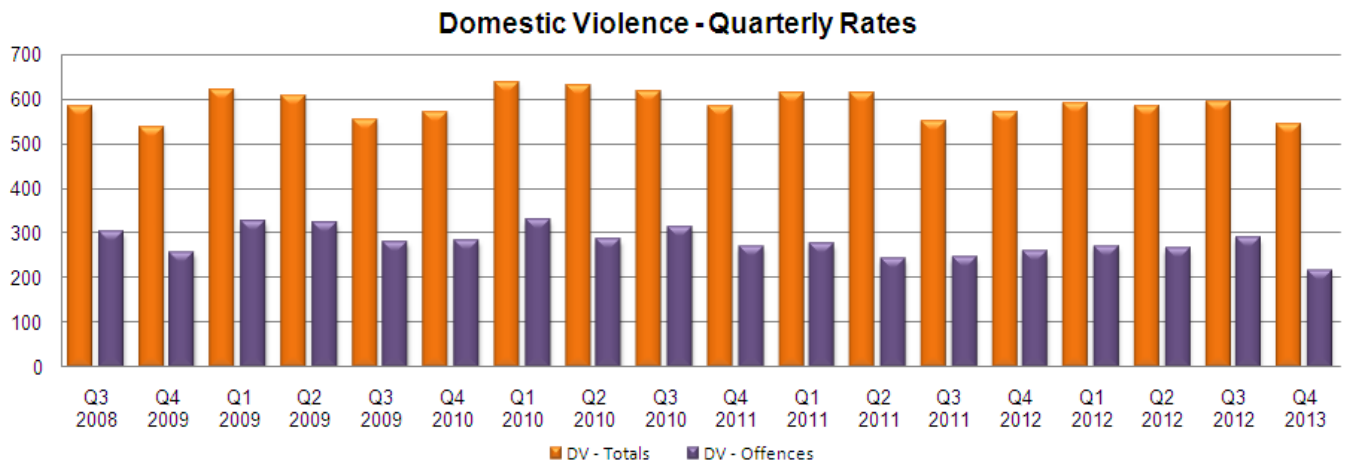
- Local police data (CRIS) provides information where a police officer has been dispatched to an incident regardless of whether a crime has been committed.
- Met Police Crime Figures data records actual offences committed.

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<sup>3</sup> Home Office. *Violence Against Women & Girls Ready Reckoner Tool*

<sup>4</sup> *Home Office 2012*

3.2.2. Neither data source captures unreported incidents of domestic violence, in contrast to national British Crime Survey estimates. The following local information includes the periods October 2008 – March 2013:



3.2.3. The CRIS data related to domestic violence includes, but is not limited to, actual bodily harm and wounding, affray, criminal damage, assault, harassment, sexual offences and threat to kill.

3.2.4 This data shows that:

#### Domestic Violence: Totals (reported incidents)

- There is a consistent level of Domestic Violence reports over the five years.
- Average number of reports per month over all dates : 196.1
- Average number of reports per Financial Year over all dates: 2,368

#### Domestic Violence: Offences

- There is an overall 12.5% decrease in Domestic Violence offences over the five years.
- Average number of offences per month over all dates: 93
- Average number of offences per Financial Year over all dates: 1,114
- On average, 44.9 % of Domestic Violence reports resulted in an offence at the initial period of the crime

#### Domestic Violence: Victim Profile

43.4% of Domestic Violence victims from all dates were between 20 and 34 years old

- 13.8% of all victims from all dates were in the age group 20-24 years old
- 15.5% of all victims from all dates were in the age group 25-29 years old
- 14.1% of all victims from all dates were in the age group 30-34 years old

3.2.5 Of those reported incidents of domestic violence within the reporting period, 91% of all victims recorded were females and less than 9% of victims were male. There is also information available (“Adult safeguarding and domestic abuse - a guide to support practitioners and managers” LGA/ADASS 2010) which highlights some important linkages between domestic violence and safeguarding vulnerable adults at risk including:

- 3% of women surveyed at refuges reported having a disability (Women’s Aid 1997/8) although this figure is dated and also unlikely to reflect true need;

- domestic abuse is experienced by women regardless of age, disability, ethnic background or mental health – the same is likely to be true of men too;
- more than 50 per cent of disabled women in the UK may have experienced domestic abuse in their lives, a rate which is twice that of non disabled women (Magown 2004);
- disabled women, regardless of age, sexuality, ethnicity or social class, may be assaulted or raped at a rate at least twice that of non-non-disabled women (Magown, 2004)

Making the links between adult safeguarding and domestic abuse is vital to make sure that people get access to the best help that can be offered, are treated with dignity and respect, and are supported to achieve the best outcomes for them. The LSAB recognises the key role that other main stream agencies perform as part of its wider prevention approach including Domestic Violence organisations where the victims are older people, have a learning or physical disability or a mental health problem.

### Domestic Violence: Offender Profile

23.5% of Domestic Violence suspects from all dates were between 20 and 34 years old

- 6.5% of all suspects from all dates were in the age group 20-24 years old
- 8.6% of all suspects from all dates were in the age group 25-29 years old
- 8.3% of all suspects from all dates were in the age group 30-34 years old

3.2.6 There was limited or no data available for the suspect’s age at the time of the crime in half of the reports.

3.2.7 The demographic of the suspect in all recorded domestic violence in Harrow indicates that slightly more than 85% of offenders were male and less than 15% of offenders were female.

### What the data tells us

3.2.8 Information on the Met Police ethnicity reporting categories suggests that the reported incidences of domestic violence are apparently random throughout the community in Harrow. There is no discernable and sustained trend suggesting that domestic violence is more prevalent amongst any particular ethnicity or social grouping. Women are, however, overwhelmingly disproportionately victims of domestic violence.

3.2.9 The concentration of both victims and offenders in the 20-34 age group suggests that preventative programmes such as Harrow Shield which is working with young people to embed the concept of healthy relationships could have a significant impact over the next decade.

### Domestic Violence: current police data

Number of Offences	Jan-Dec 2012		Jan-Dec 2013	
	Harrow	Met Total	Harrow	Met Total
Total Crimes	13,818	790,933	12,434	709,040
Domestic Crime	1,224	49,070	1,301	52,185
% total crime	9%	6%	10%	7%



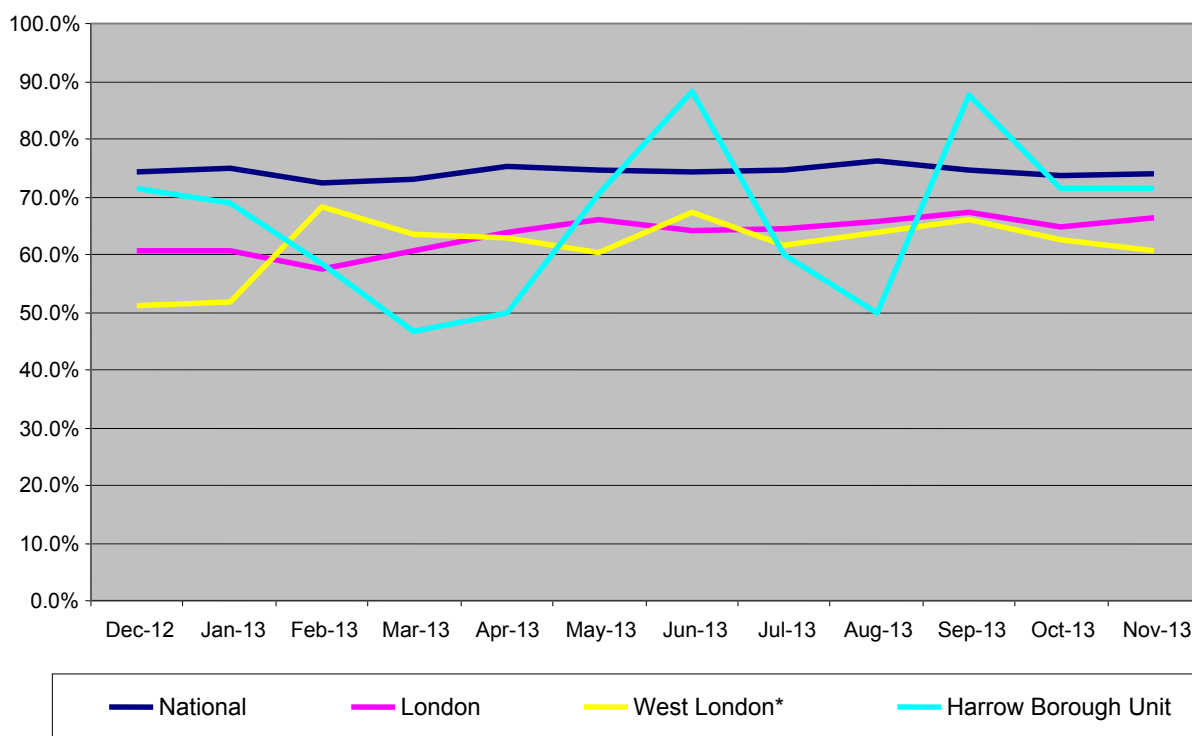
3.2.10 We know from current police data that the most recent rolling 12 months figures for Domestic Violence crimes with injury show a 20.6% increase over the previous rolling 12 months. Harrow police have attributed the increase to the public’s greater willingness and confidence to report Domestic Violence related crime. Approximately 55% of these crimes were detected, with approximately 560 detections, including cautions.

### Domestic Violence: conviction rates

#### What the data tells us

3.2.11 The data on Harrow’s conviction rates for domestic violence offences is based on monthly totals that are too low for meaningful trend analysis which is why the graph shows such wild fluctuations. There is greater significance in the very low numbers of prosecutions (179 in the Magistrates’ Court and 32 in the Crown Court in the rolling year to November 2013) compared to the number of reports of Violence (2,307) in the same period. This illustrates the difficulty in getting cases to court and, further, in securing prosecutions. The provision of body cameras for the Police may help to provide evidence of physical damage to property and injuries to victims to help convince the Crown Prosecution Service to send cases to Court and help secure convictions where justified.

**Magistrates Court Conviction Rates Domestic Violence**

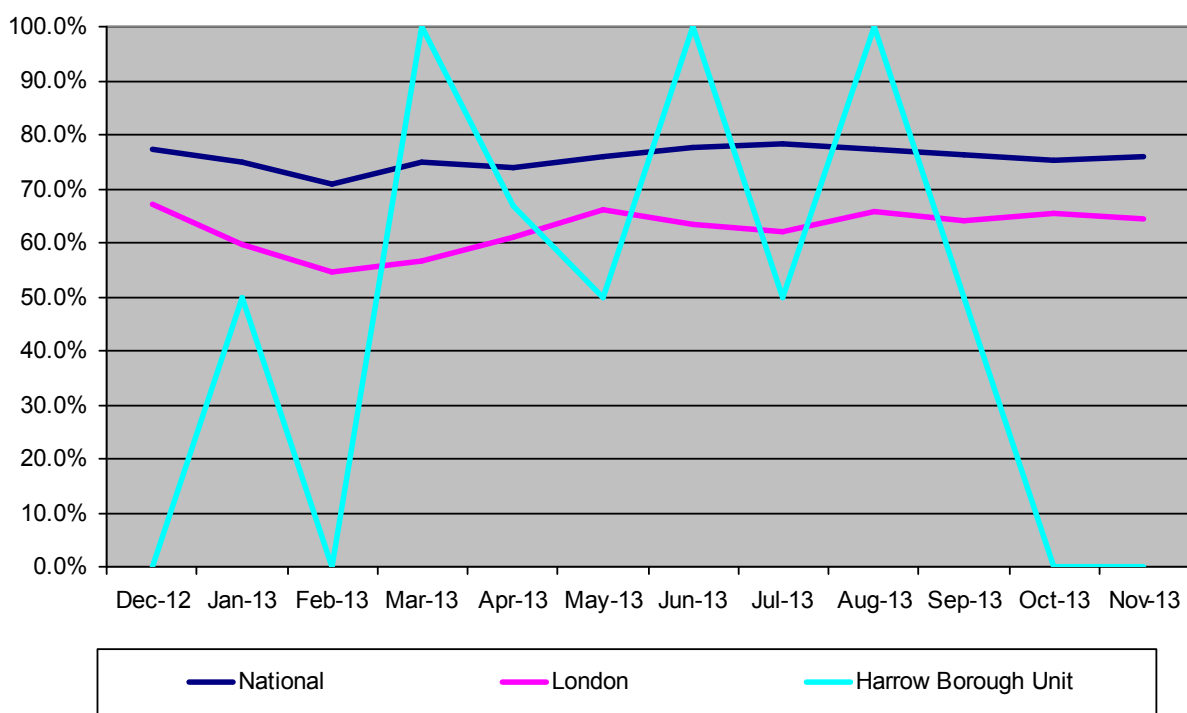


Month	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Number successful prosecutions Harrow	5	11	14	7	5	12	15	12	8	14	10	5
Number unsuccessful prosecutions Harrow	2	5	10	8	5	5	2	8	8	2	4	2

### Domestic Violence: Attrition Reasons for London Magistrates Courts

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
<b>Evidential total - Victim and Witness</b>	<b>59%</b>	<b>60%</b>	<b>59%</b>	<b>63%</b>	<b>59%</b>	<b>64%</b>	<b>59%</b>	<b>61%</b>	<b>66%</b>	<b>63%</b>
Victim refuses to give evidence or retracts	24%	22%	16%	25%	22%	22%	21%	23%	24%	22%
Victim fails to attend	17%	20%	25%	26%	28%	32%	31%	32%	31%	30%
Evidence of victim does not come up to proof, but no retraction	12%	14%	12%	4%	3%	3%	1%	2%	5%	1%
Key Witness (Non victim) refuses to give evidence/retracts/not up to proof	4%	4%	4%	4%	2%	1%	3%	2%	1%	2%
Key Witness (Non victim) does not attend court	2%	1%	2%	4%	3%	7%	3%	2%	5%	7%
Police witness fails to attend	0%	0%	1%	0%	1%	0%	0%	0%	0%	1%
<b>Acquittal after Trial</b>	<b>15%</b>	<b>16%</b>	<b>15%</b>	<b>20%</b>	<b>21%</b>	<b>20%</b>	<b>23%</b>	<b>21%</b>	<b>19%</b>	<b>25%</b>

**Crown Court Conviction Rates Domestic Violence**



Month	Dec-13	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Number successful prosecutions Harrow	0	1	0	5	2	3	1	1	3	1	0	0
Number unsuccessful prosecutions Harrow	1	1	0	0	1	3	0	1	0	1	3	4

**Domestic Violence: Attrition Reasons for London Crown Courts**

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
<b>Evidential total - Victim and Witness</b>	<b>55%</b>	<b>50%</b>	<b>47%</b>	<b>47%</b>	<b>61%</b>	<b>35%</b>	<b>31%</b>	<b>51%</b>	<b>47%</b>	<b>62%</b>
Victim refuses to give evidence or retracts	6%	9%	4%	21%	39%	21%	14%	15%	14%	43%
Victim fails to attend	4%	4%	8%	18%	14%	15%	11%	21%	23%	12%
Evidence of victim does not come up to proof; but no retraction	34%	24%	27%	6%	5%	0%	3%	13%	5%	5%
Key Witness (Non victim) refuses to give evidence/retracts/not up to proof	11%	13%	8%	3%	5%	0%	0%	3%	2%	2%
Key Witness (Non victim) does not attend court	0%	0%	0%	0%	0%	0%	3%	0%	2%	0%
Police witness fails to attend	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Acquittal after Trial</b>	<b>19%</b>	<b>20%</b>	<b>25%</b>	<b>29%</b>	<b>25%</b>	<b>41%</b>	<b>44%</b>	<b>26%</b>	<b>35%</b>	<b>17%</b>

### Domestic Violence: Harrow Probation Data

	Total FY 2012/13	FY 2013/14		
		Q1	Q2	Q3
(A) Number of cases supervised by Probation Officers where DV is an issue	39	12	12	19
(B) Number of perpetrators accessing recognised DV programmes	17	2	6	5
(C) Number of perpetrators completing DV programme	10	1	4	6

(A) Figures show the number of cases involving Harrow residents with a DV perpetrator flag registered in London Probation's Caseload Management system.

- 2012/13 figure shows total DV commencements during that period – 39
- 2013/14 quarterly data is based on commencements data

### Domestic Violence: Housing Data

	Total 2012/13		2013/14					
	Total	%	Q1		Q2		Q3	
<b>1) Housing Options &amp; Advice</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Total approaches to housing	2726	n/a	669	n/a	571	n/a	459	n/a
Total of which for DV	53	2	11	2	9	2	10	2
<b>2) DV Approaches</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Harrow residents	27	51	7	64	6	66	7	70
Other – residents from outside Harrow	26	49	4	36	3	34	3	30
<b>3) DV cases Outcomes</b>	<b>Total</b>		<b>Total</b>		<b>Total</b>		<b>Total</b>	
One off advice, signposting and refuge referral	27		10		5		3	

Resettled	9	1	0	0
Referred to emergency housing for detailed assessment & further case work	17	0	4	7

### What the data tells us

3.2.12 The Probation and Housing data show that only a very small proportion of the cases of Domestic Violence that arise in Harrow each year result in a conviction that is within the scope of the Probation Service (a 12 month or more sentence) and include an order for attendance at a Domestic Violence programme. This aspect of prosecution should be added to future discussions with the CPS regarding prosecution generally. For Housing, again, compared with the number of cases of Domestic Violence that are known to arise, those seeking statutory housing support is very low.

### Domestic Violence: Children and Young People

3.2.13 Harrow Police report that children are present in about 45% of domestic violence recorded crimes and incidents in Harrow. In 2009/10 domestic violence was the second highest presenting need (after Possible Neglect or Abuse) to Children's Services with 297 referrals. It is noted that other needs may also have been identified. In 2010/11, while referrals reduced (230), domestic violence remained the second highest presenting need. In 2011/12 there were 227 referrals (14% of referrals had DV as a presenting issue), and in 2012/13, 282 referrals were received (18% of referrals had DV as a presenting issue).

3.2.14 From April 2011 - March 2012, the Multi Agency Risk Assessment Conference (MARAC) received 135 referrals of high risk cases of domestic violence. A total of 167 children lived in these households. In 2012/13, 211 cases were discussed and 259 children lived in the households. In the year to date (Q1-Q3 2013/14), 209 children lived in the households where high risk cases of domestic violence were identified.

3.2.15 Living with domestic violence can adversely affect children's healthy development, learning, relationships, behaviour and emotional well being.<sup>5</sup> Seeing or overhearing violence to another person in the home is recognised by law (*The Adoption and Children's Act 2002*) as potentially detrimental to a child's welfare. In March 2009 the Government released a consultation paper called *Together We Can End Violence Against Women and Girls*. The paper highlights that children who have witnessed domestic violence are 2.5 times more likely to have serious social and behavioural problems than other children; that in between 30% and 60% of domestic violence cases, the abusive partner is also directly abusing children in the family; and that domestic violence is a factor in two thirds of cases where children have been killed or seriously injured. *Working Together to Safeguard Children* also recognises the strong links between child protection concerns and domestic violence and stresses the need for awareness of these links among professionals.

### What the data tells us

3.2.16 The impact of Domestic Violence on Children is very significant and the average number of children affected by each high risk case discussed at MARAC appears to be rising. The addition of a part-time IDVA placed in the MASH last year has helped to identify approaches to victim and children safety but the demand is now exceeding current capacity.

<sup>5</sup> Stanely et al (2010) *Children and families experiencing domestic violence: police and social services responses*, London.

### 3.3 Stalking & Harassment

#### Definition

The British Crime Survey 210/11 defines stalking as:

**Stalking** - is two or more incidents (causing distress, fear or alarm) of obscene or threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property by any person, including a partner or family member.<sup>6</sup>

**Harassment** - includes repeated attempts to impose unwanted communications and contacts upon a victim in a manner that could be expected to cause distress or fear in any reasonable person.

Harassment of an individual can also occur when a person is harassing others connected with the individual, knowing that this behaviour will affect their victim as well as the other people that the person appears to be targeting their actions towards. This is known as 'stalking by proxy'. Family members, friends and employees of the victim may be subjected to this.<sup>7</sup>

[http://www.cps.gov.uk/legal/s\\_to\\_u/stalking\\_and\\_harassment/](http://www.cps.gov.uk/legal/s_to_u/stalking_and_harassment/)

#### Local Picture

3.3.1 Local police data (CRIS) provides information where a police officer has been dispatched to an incident regardless of whether a crime has been committed. This information source suggests that in a four year period 30 Jan 2010 – 30 Jan 2014, 1,376 crimes of harassment were reported to Harrow police.

#### What the data tells us

3.3.2 Compared with the estimate of 9,940 cases of stalking in Harrow each year obtained from the British Crime Survey results applied to Harrow's population, the actual number recorded represents only 4% of the estimate which suggests that there is very substantial under reporting and/or misrecording .

### 3.4 Honour Based Violence and Forced Marriage

#### Definition

Roy, Ng & Imkaan (2011), define Honour based violence and forced marriage as:

**Honour Based Violence** - violence committed to protect or defend the honour of the family and/or community. Women, especially young women, are the most common targets often where they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour. In extreme cases the woman may be killed.<sup>8</sup>

**Forced Marriage** - a marriage conducted without the valid consent of one or both parties where duress is a factor. Duress may take the form of emotional, financial, physical and sexual threats and abuse. Forced marriage is also viewed by some as falling into the definition of 'honour'-based

<sup>6</sup> British Crime Survey 2010/11

<sup>7</sup> [http://www.cps.gov.uk/legal/s\\_to\\_u/stalking\\_and\\_harassment/](http://www.cps.gov.uk/legal/s_to_u/stalking_and_harassment/)

<sup>8</sup> Roy, Ng & Imkaan (2011), The Missing Link: a joined up approach to addressing harmful practices in London

violence. Early or child marriage refers to any marriage of a child younger than 18 years old. The UN recognises it as a forced marriage because minors are deemed incapable of giving informed consent. Girls are the majority of the victims and hence are disproportionately affected.<sup>9</sup>

## Local picture

3.4.1 It is difficult to gain an accurate picture of the true extent of prevalence of Honour Based Violence (HBV) and Forced Marriage (FM) as there are low levels of reporting, both nationally and locally and, as such, it remains largely hidden. In addition, crimes committed under these categories are often represented in the general reporting data in relation to domestic violence.

3.4.2 Local police data (CRIS) provides information where a police officer has been dispatched to an incident regardless of whether a crime has been committed. By word searching this information source, it is suggested that in a four year period 30 Jan 2010 – 30 Jan 2014, 6 cases of forced marriage and 21 cases of honour violence, came to the attention of Harrow police. However, there are limitations of this data in that it is dependant on accurate recording and recognition of these cases being identified as honour-based or forced marriage. The Anti Social Behaviour Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. Formally, prosecutions were brought under existing legislation relating to, for example, rape, kidnap, threatening behaviour, assault, abduction, and false imprisonment.

## What the data tells us

3.4.3 Data generated from referral information into Children & Families suggest that in 2012, there was 1 case of forced marriage and in 2013, 2 cases. There was no information available in relation to honour based violence. Caution must be used in interpreting this data however, as the data represents number of referrals, not number of individuals; it does not include information obtained from subsequent assessments; and the number represents when the issue is flagged in the family – the issue may relate to a child or adult.

3.4.4 Harrow is one of the most religiously diverse boroughs in England and Wales and 69.1% of its population are from a Black Asian Minority Ethnic (BAME) background. While it may not be possible to report on high prevalence levels of Honour-Based Violence and Forced Marriage locally, it is reasonable to estimate high levels of prevalence based on the proportion of residents from communities that are most affected by these issues.

3.4.5 Forced marriage has mainly been associated with South Asian communities; yet it is also practiced in some African, Middle Eastern and parts of Eastern European communities.<sup>10</sup> ‘Honour’-based violence is known to occur in South Asian communities. However, this form of violence can also exist in Latin America, Mediterranean societies, various European cultures, communities in many of the countries in the Middle East, in Iraqi Kurdistan and in the Kurdish diaspora in the UK.<sup>11</sup>

3.4.6 With reference to the 2011 Census broad ethnic group categories, it is suggested that a minimum of approximately 35% of Harrow’s population are from communities that may be

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<sup>9</sup> Roy, Ng & Imkaan (2011), The Missing Link: a joined up approach to addressing harmful practices in London

<sup>10</sup> Khanum (2008), Forced Marriage, Family and Community Engagement: National Learning through a Case Study of Luton, UK

<sup>11</sup> Begikhani, Gill & Hague (2010), Final report Honour-based Violence and Honour Killings in the Kurdish Diaspora in the UK,

affected by these issues. The hidden nature of this form of violence suggests that community awareness raising of its criminal status is likely to be the most effective way of identifying and preventing its continuation.

### 3.5 Female Genital Mutilation (FGM)

#### **Definition**

The World Health Organisation (WHO) defines Female Genital Mutilation:

Involves the complete or partial removal or alteration of external genitalia for non-medical reasons. It is mostly carried out on young girls at some time between infancy and the age of 15. Unlike male circumcision, which is legal in many countries, it is now illegal across much of the globe, and its extensive harmful health consequences are widely recognised. World Health Organisation (WHO) classification of female genital mutilation:

Type I: Clitoridectomy: partial or total removal of the clitoris (clitoridectomy).

Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III: Infibulation: narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

3.5.1 FGM is illegal in the UK. It is also illegal to take a British national abroad or permanent resident abroad for the purpose of FGM or to help someone to try to do this. There is a heightened growing awareness against the practice with the UK's first FGM prosecution announced in the spring of 2014.<sup>12</sup>

#### **Local picture**

3.5.2 It is difficult to gain an accurate picture of the true extent of prevalence of FGM as there are low levels of reporting, and as such it remains largely hidden.

3.5.3 Data generated from referral information into Children & Families suggest that in 2012, there was 1 case referred flagging concerns of FGM and a further case in 2013.

3.5.4 Local police data (CRIS) provides information where a police officer has been dispatched to an incident regardless of whether a crime has been committed. This information source suggests that in a four year period 30 Jan 2010 – 30 Jan 2014, 2 cases of FGM were reported to them.

3.5.5 In comparison to Police figures, incidence of the discovery of FGM in the North West London Hospital Trust is significant, although it cannot be determined how many of these FGM procedures took place in the UK, nor the residence of women, nor the age of the women when the procedure took place. For some, it would have taken place in childhood before they came to live in the UK.

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<sup>12</sup> <http://www.bbc.co.uk/news/uk-26681364>

The following table shows the incidence of FGM amongst maternity service users for the period April 2011 – March 2012 at the NWLH trust:

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Women at risk of FGM booked for antenatal care	23	30	25	25	27	31	28	25	22	22	22	25	<b>305</b>
Female genital mutilation (FGM) New cases (Central Middlesex Hosp)	4	2	0	1	5	3	0	2	3	3	4	4	<b>31</b>
Female genital mutilation (FGM) New cases (Northwick Park Hosp)	11	5	12	19	8	0	0	10	8	12	5	8	<b>98</b>
FGM cases reversed	2	1	1	3	0	2	0	1	2	1	1	0	<b>14</b>

3.5.6 69.1% of Harrow’s population are from a Black or Asian Minority Ethnic (BAME) background. While it may not be possible to report on high prevalence levels of FGM locally, it is reasonable to estimate high levels of prevalence based on the proportion of residents from communities that practice FGM.

3.5.7 While female genital mutilation practicing communities are known to be from some African countries, such as Somalia, Sierra Leone, Guinea, Egypt, Djibouti, it is also practiced to a lesser extent by communities in Uganda, Niger, Ghana and Cameroon; some communities in a number of countries in Asia, such as India, Indonesia, Malaysia, Pakistan, and among some groups in the Arabian peninsula, such as Oman and Yemen; Iraqi Kurdistan; occupied Palestinian territories.<sup>13</sup>

3.5.8 The 2011 Census data has identified that 50.6 per cent of Harrow’s residents are females and at least 35%, or 42,300 of Harrow’s female population are from communities that practice FGM (based on the Census broad ethnic group categories of Asian/Asian British – Indian & Pakistan; Black/Black British - African; and Other ethnic group – Arab).<sup>14</sup>

3.5.9 Age is also a factor in determining the risk of FGM. Except for a few cases where FGM is performed on adult women, FGM is usually performed on girls under the age of 18 years – this is approximately 24% of Harrow’s female population. In UNICEF’s (2013) Statistical Survey, FGM was conducted on girls less than 5 years of age in half of the countries surveyed. In the rest of the countries, it was done between the ages of 5 to 14 years.<sup>15</sup>

## What the data tells us

<sup>13</sup> Comic Relief (2010), What are the key factors to support government legislation to bring about abandonment of harmful traditional practices, with a focus on Female Genital Mutilation, London

<sup>14</sup> Harrow Council, 2011 Census Briefing Note 11: May 2013, Gender, Age, Religion And Health, By Ethnic Group 2011 Census Third Release (3.1)

<sup>15</sup> The Royal College of Midwives (2013), Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting



3.5.10 The data relating to FGM is so sparse that it tells us that the issue is only recently beginning to become a matter that generates official recording. Earlier this year, the NHS developed a recording code to collect FGM information with full reporting to begin in September 2014. The population at risk in Harrow, however, is more than 10,000 girls under the age of 18 from specific backgrounds. The hidden nature of this form of violence suggests that community awareness raising of its criminal status is likely to be the most effective way of identifying and preventing its continuation.

### 3.6 Sexual Violence

#### **Definition<sup>16</sup>**

The Mayors Office for Policing and Crime (2013) defines sexual violence:

**Sexual violence including rape** – sexual contact without the consent of the woman/girl.

Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family/household, workplace, public spaces, social settings, during war/conflict situations.

**Sexual exploitation** – involves exploitative situations, contexts and relationships where someone receives ‘something’ (e.g. food, drugs, alcohol, cigarettes, affection, protection money) as a result of them performing, and/or another or others performing on them, sexual activities. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability. Girls involved in or connected to gangs are at risk of sexual exploitation by gang members.

**Prostitution** - describes the offering and provision of sexual services for financial gain. Female prostitutes are often at risk of violent crime in the course of their work which can include both physical and sexual attacks, including rape. Perpetrators of such offences include violent clients or pimps. There tend to be higher levels of violence committed against street sex workers compared with off-street workers, which often go unreported to the police.<sup>17</sup>

**Trafficking** – women and girls are forced, coerced or deceived to enter into prostitution and/or to keep them there. Trafficking involves the recruitment, transportation and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries (‘internal trafficking’).

#### **Local picture**

3.6.1 Most of the local statistical information that follows covering sexual violence in Harrow is reliant on police reporting data:

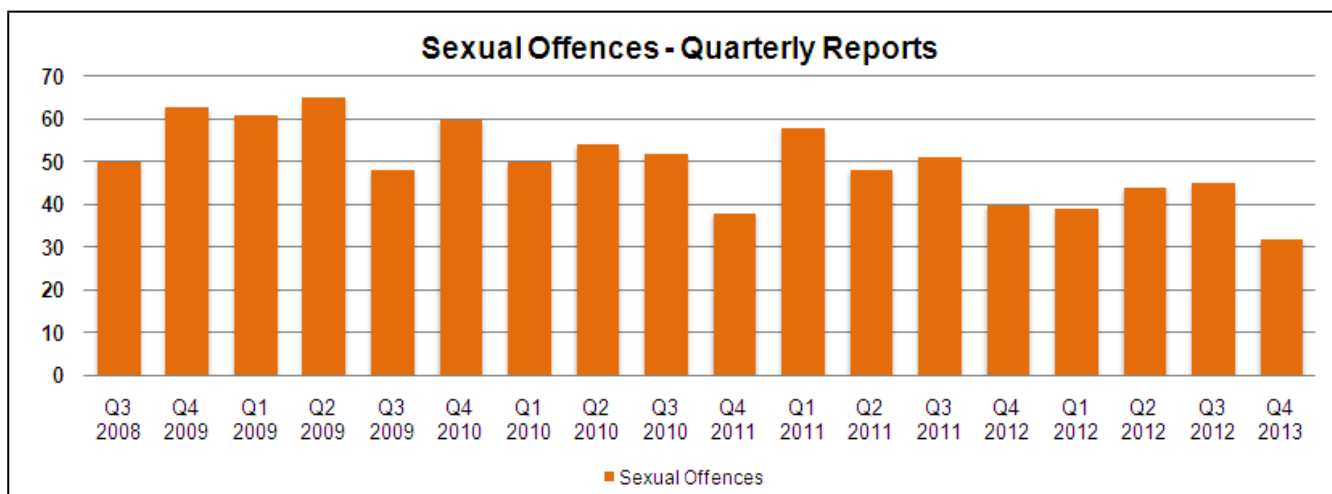
- Local police data (CRIS) provides information where a police officer has been dispatched to an incident regardless of whether a crime has been committed.
- Met Police Crime Figures data records actual offences committed.

3.6.2 Both data sources do not capture unreported incidents of domestic violence, in contrast to national British Crime Survey estimates. The following information includes the periods October 2008 – March 2013: According to the Met Police CRIS Reports, sexual offences are crimes

<sup>16</sup> Mayors Office for Policing & Crime (2013), *Mayoral Strategy on VAWG 2013-17*

<sup>17</sup> [http://www.cps.gov.uk/legal/p\\_to\\_r/prostitution\\_and\\_exploitation\\_of\\_prostitution/](http://www.cps.gov.uk/legal/p_to_r/prostitution_and_exploitation_of_prostitution/)

including; indecent assault, unlawful (under age) sexual contact, grooming, voyeurism and rape of a female or male.



### Sexual Violence: Offences

- Average number of reports per month over all dates : 17
- Average number of reports per Financial Year over all dates: 163

### Sexual Offences: Victims Profile

50% of Sexual Offence Victims from all dates were 10 to 24 years old

- 15.6% of all victims from all dates were in the age group 10-14 years old
- 20.6% of all victims from all dates were in the age group 15-19 years old
- 13.8% of all victims from all dates were in the age group 20-24 years old

The gender demographic of victims of all recorded sexual offences in Harrow is 95% female and less than 5% male.

### Sexual Offences: Offender Profile

35% of Sexual Offence Suspects from all dates were 15 to 29 years old

- 11.9% of all suspects from all dates were in the age group 15-19 years old
- 11.2% of all suspects from all dates were in the age group 20-24 years old
- 11.9% of all suspects from all dates were in the age group 25-29 years old

There was limited or no data available for the suspects age at the time of the crime in 24% of the reports

In terms of perpetrators of sexual violence, almost 95% were male and less than 5% of offenders were female.

## 3.7 Sexual Violence: current police data

	Jan-Dec 2012		Jan-Dec 2013	
Number of Offences	Harrow	Met Total	Harrow	Met Total
Total Crimes	13,818	790,933	12,434	709,040
Rape	49	3,139	76	3,755
Other Sexual	146	6,782	138	6,707
% total crime	1%	1%	2%	1%

## What the data tells us

3.7.1 Compared to the Met Police ethnicity reporting categories above, it can be said that the reported incidences of sexual violence are apparently random throughout the community in Harrow. There is no discernable and sustained trend suggesting that sexual violence is more prevalent amongst any particular ethnicity or social grouping. Women are, however, overwhelmingly disproportionately victims of sexual violence. The total of reported offences has fallen consistently over the period covered by this report.

3.7.2 The rise in the number of rape reports reflects a significant recent increase in reports of historic allegations possibly linked to the high profile prosecutions arising from Operation Yew Tree.

## 3.8 Sexual Violence: Trafficking, Sexual Exploitation & Prostitution

3.8.1 Information about trafficking, sexual exploitation and prostitution is collected by a number of agencies across Harrow, including the Police, the local authority, and the voluntary sector. It is difficult to gain an accurate picture of the true extent of prevalence as there are low levels of reporting, and as such it remains largely hidden.

3.8.2 Local police data (CRIS) provides information where a police officer has been dispatched to an incident regardless of whether a crime has been committed. From this information source, it is suggested that in a four year period 30 Jan 2010 – 30 Jan 2014, 4 cases of prostitution and 4 cases of trafficking (for sexual exploitation), came to the attention of Harrow police.

3.8.3 Data generated from referral information into Children and Families suggest that in 2012, 7 referrals noted concerns for prostitution while 7 noted concerns for sexual exploitation, and in 2013 10 referrals noted concerns for prostitution and 21 for sexual exploitation. Caution must be used in interpreting this data however, as the data represents the number of referrals, not the number of individuals; the list does not include information obtained from subsequent assessments; and the number represents when the issue is flagged in the family – the issue may relate to a child or adult, particularly in relation to prostitution.

3.8.4 With regard to the data recorded by Children and Families of children who go missing for over 24 hours: in 2012, 5 of the girls who had gone missing once or more for over 24 hours were known to be at risk of sexual exploitation and in 2013, 3 of the girls who had gone missing were known to be at risk of sexual exploitation.

3.8.5 The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive appropriate care. A range of agencies may be involved in a

trafficking case such as the police, UK Visas and Immigration and the Border Force, (formerly UK Border Agency), local authorities and non-governmental organisations such as charities. The NRM makes it easier for these agencies to co-operate, share information and facilitate access to advice, accommodation and support. In a 2 year period July 2011 – June 2013, available data suggests that no referrals from Harrow local authority officers (or first responders) were made to the NRM in relation to adult victims of trafficking, but 5 referrals were made by Harrow local authority officers (or first responders) in relation to minors<sup>18</sup>. It is not clear from the data whether the nature of the trafficking was in relation to domestic servitude, labour exploitation, sexual exploitation or the removal of organs.

### What the data tells us

3.8.6 Again, the absence of data suggests that these forms of violence are difficult to detect and, even where they are identified, systems are not yet fully developed to capture information. The nature of the offences means that community action rather than official intervention is likely to be more effective as cases are largely hidden from official view.

## 4. Current Provision

Harrow has demonstrated a commitment to tackling violence and supports a range of services, including:

- Funding to provide crisis intervention and advocacy service to victims of domestic violence and abuse with priority given to the safety of victims and their children, through the provision of Independent Domestic Violence Advisors (IDVA) x3. IDVAs provide an invaluable support service to victims of domestic violence. In Harrow in 2013/14 the IDVA service carried a caseload of 760 - more than three times the recommended caseload per year for 3 IDVAs.
- A more joined-up working practice with IDVAs and Children & Families staff to ensure an holistic approach in responding to referrals where domestic violence is identified as a presenting need, by co-locating an additional 0.5 IDVA post within The Multi-Agency Safeguarding Hub (MASH). This service provides specialist knowledge and support workers across Children and Families in working with high risk Domestic Violence cases.
- Taking part in the Coordinated Action Against Domestic Abuse (CAADA) charity supported Youth Advocacy Programme. This programme offers boroughs support in developing a service for young victims of domestic violence. Initial impact of the work has demonstrated early identification of risk in sexual exploitative relationships and awareness raising amongst professionals about young people and domestic violence.
- Funding via Harrow Councils Grant scheme of a part time Independent Sexual Violence Advisor (ISVA) based at the WISH Centre, which is a charity providing support and opportunities for women, youth and children who are survivors of abuse, violence and neglect and for young people who self harm. The WISH Centre also provide the Safe2Speak counselling programme for 10-19 years who have experienced domestic or sexual violence, abuse, neglect or self harm. This programme is working in high schools, offering one-to-one counselling for students experiencing these issues.

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<sup>18</sup> Minors are defined as those under the age of 18 years of age.

- Success in securing funding from the Mayor's Office for Policing and Crime (MOPAC) Crime Reduction Fund over 4 years for the delivery of Harrow Shield. The funding will support WISH to expand their work to deliver early intervention and campaigning around healthy relationships in schools and community groups.
- Funding the purchase of 12 body cameras for the police to record the physical damage to property and injuries to people sustained through domestic violence in the hope of getting more cases to court.
- Ongoing funding by Supporting People for a refuge accommodating those fleeing domestic violence from other London boroughs. Supporting People also fund the floating support and advocacy service for DSV victims.
- Funding the Multi Agency Risk Assessment Conference (MARAC) Coordinators post. The MARAC consists of delegates from the partnership including police, probation, health, mental health, housing, adults, children's services and the voluntary sector. It meets every month in order to provide a coordinated response to those with the highest risk of further abuse. .
- The continued commitment of the practitioner-led Domestic and Sexual Violence Forum, which leads on awareness raising, campaigning and production of leaflets and materials. Membership has doubled over the past 2 years showing a growing appreciation for multi-agency working locally to tackle violence. Forums such as these ensure professionals and volunteers in Harrow are included in decision making and strategic direction.
- The Community Groups Programme which is for children aged 4-21 years who have been exposed to domestic abuse and includes a parallel group to give their mothers the tools to support them overcome any difficulties they have as a result. The programme is coordinated and facilitated by the Early Intervention Service with Harrow Children's and Families Services.
- Local Domestic Violence cases are heard at a Special Domestic Violence Court (SDVC) in Brent under the new coterminous court structure. A new strategic group has been established to monitor the SDVC with key partnership agencies in Brent, Barnet and Harrow representing Police, CPS, victim services, the Witness Care Unit, Probation, Court and DSV Policy Leads.
- The Local Safeguarding Children Board (LSCB) has published its Child Sexual Exploitation Strategy which has seen the development of a Vulnerable Young People's Panel. This panel looks at the needs of vulnerable teenagers, whether self-harm, gang involvement, concerns about going missing, child sexual exploitation or FGM, encouraging a multi-agency response.

## 5. Outcomes

Much of the work undertaken is preventative, helping victims at the highest risk of harm to stay safe. As such, it is very difficult to measure the impact that has been achieved as it mostly comprises things that didn't happen. However, the following outcomes have been achieved:

- The public appear to have a greater willingness and confidence to report domestic violence related crime indicated by for example, an 11.12% increase in reported Domestic Violence crime in last 12 months.
- Increased the number of case discussed at the MARAC from 159 in 2011-12 to 213 in 2012-13. Greater awareness raising of MARAC delivered throughout the year has resulted in an increase of 25% in non-police referrals in 2012/13. This demonstrates an

increased appreciation among professionals of multi-agency risk assessment and management in relation to high risk cases of domestic violence.. Continuing to train front line professionals in the value of the MARAC process as well as the means of referring should continue to increase the number of cases considered.

- Harrow MARAC now undertakes an annual CAADA supported process of Self Assessment to address some of the areas of under-performance and a sub-group monitors the implementation of the recommendations.
- The ongoing improvement and development of the MARAC has resulted in the development of a training programme to raise awareness of MARAC across the partnership, an increase in MARAC referrals and a wider membership of MARAC to include Maternity and Education.
- Running an annual event in recognition of White Ribbon Day and the International Day for the Elimination of Violence Against Women and Girls. This is used to raise the profile and awareness of violence across the partnership. Over the years, professionals from the statutory and voluntary sectors have attended the events covering themes such as Harmful Practices, young victims of DSV and Online Child Sexual Exploitation.
- Participant evaluations indicate the beneficial impact of the Community Groups Programme in learning about healthy relationships and mothers being empowered in safeguarding techniques.

## 6. Priorities

6.1 This Strategy recommends the council and other public bodies, in partnership with the voluntary sector, to develop policies and services that appropriately address the full range of forms of violence, and provide a more joined-up approach and integrated framework to tackle all forms of Violence, under four broad headings of: Prevention, Provision, Partnership and Perpetrators.

### **Prevention**

Prevent violence from happening by raising awareness of its forms and prevalence and challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it.

### **Provision**

Securing our existing provision, expanding it where possible and adding specialist services to address the areas of violence that have been paid less attention in the past.

### **Partnership**

Work in partnership to obtain the best outcome for victims and their families including seeking to agree and achieve consistent pathways and standards of service, sharing information where this is in the interests of victims and collecting information to monitor progress.

### **Perpetrators**

Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice and supported to change their behaviour.

6.2 The priorities have been established with reference to available local and national data on violence, including but not limited to CAADA <sup>19</sup>statistics, local authority statistics and statistics from local services, and information from national data according to local demographics.

6.3 In addition, local focus groups allowed for further scoping for those areas of violence where little statistical information was available in the borough. This included female genital mutilation, forced marriage and honour based violence in particular. Those invited to the focus groups were professionals working in these areas locally in both statutory and non-statutory services, national organisations, local community groups and service users where possible. The focus groups also enabled participants to provide feedback on gaps in services, service accessibility and to contribute to the overall strategic direction.

6.4 In addition, the responses and feedback given by the former multi-agency Domestic and Sexual Violence Steering Group in March 2013, with reference to a review of the progress of the existing DSV Action Plan, have been considered in setting the priorities for this Strategy.

6.5 Finally, the action plan aimed to incorporate the recommendations of the Domestic Homicide Review but this has yet to be completed. The Strategy has, however, been able to take into the priorities of the Local Safeguarding Children's and Adults Boards, and those of the representatives own organisations priorities and plans.

6.6 In summary, this strategy calls for:

- an increased investment in services for high risk victims of domestic violence;
- an attempt to provide earlier interventions both through specialist support and by equipping professionals working for all relevant agencies with knowledge and confidence to recognise the indicators of abuse and refer appropriately; and
- increasing community awareness and capacity to counteract the influences that lead to forced marriage, honour-based violence and Female Genital Mutilation.

6.7 Options for the pattern of improved services and the use of new investment funds will be contained in the Cabinet paper that will accompany this strategy but, broadly, envisage

- an investment in an additional Independent Domestic Violence Adviser (IDVA) to be based in Northwick Park Hospital, increasing the capacity of the IDVA based in Children and Families, increasing the capacity of MAAC support and beginning a trial of a Family Domestic Violence project to address violence in a family setting;
- A new campaign of information and training across all relevant organisations in Harrow to ensure that as well as professionals knowing the signs of abuse and how to refer cases, they have the confidence to act; and
- The active involvement of voluntary and community organisations in campaigns to raise community awareness to prevent wider forms of domestic and sexual violence.

## **7 Delivering the Strategy and Monitoring Progress**

7.1 The operational delivery of the Strategy will be the responsibility of Safer Harrow, supported by the Policy Officer with lead responsibility for Violence Against Women and Girls. It will be this Officer's responsibility to ensure that relevant Boards such as the Children and Adults Safeguarding Boards are fully informed about progress against strategic objectives.

7.2 The Strategy Group will meet on a quarterly basis to review progress against the delivery of the Strategy while Safer Harrow will also receive a progress reports at every meeting.

7.3 Where it is required to share personal information in order to deliver the Strategy effectively, this will be done under Harrow's Information Sharing Protocol adapted for these purposes.

## **8 Conclusions**

8.1 The scale of violence in British society, and especially that facing women and girls, is thought to be largely hidden. But behind each statistic and every estimate of prevalence, there are individuals who need help and support. This Strategy has collected the data that exists locally and extrapolated from national estimates to pull together a picture of the potential demand in Harrow. Within the resources available, it recommends actions that hold out hope to the victims of violence that they will be identified and helped.

8.2 Identification of victims will rely heavily on the ability of Doctors and Nurses, Teachers and Youth Leaders, and Police Officers and Social Workers who we hope to equip with the knowledge and confidence to see when something is wrong and tell the right people so action can be taken.

8.3 Help will come from existing specialist services, expanded where necessary and possible, which receive referrals and take the appropriate action. And we need to empower communities, groups, friends and neighbours to help change what is tolerated in Britain today so that forced marriage, Honour-based violence and Female Genital Mutilation all of which are illegal, stop being practiced.

8.4 We will to review the range of actions and services and update and improve them as opportunities allow and needs dictate and prepare a further strategy to begin in April 2017.



## Action Plan 2014-17

### Prevention

Prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it. Increase public awareness of violence and move towards early intervention. Train and equip staff across the partnership to recognise and respond early to violence.

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
To ensure that all Harrow residents, community groups and organisations are aware of Harrow's commitment to addressing all types of violence, and have access to information and referral routes into services which are culturally specific, including perpetrator targeted campaigning.	<p>Develop a partnership cross-agency communications plan which will include:</p> <ol style="list-style-type: none"> <li>1. Annual awareness raising campaigns: White Ribbon Day &amp; International Women's Day;</li> <li>2. Targeted campaigns for specific areas including FM, HBV, FGM and SV, SE, Prostitution and Trafficking - link campaigns to LSCB, ASB &amp; Harrow Shield.</li> <li>3. Maintain and distribute publicity material on an annual basis including DSV Leaflets and Safety Cards for victims.</li> <li>4. Develop and implement a mentoring programme by encouraging advocates in local communities as champions</li> </ol>	<p>Public are informed about what constitutes violence and its prevalence in Harrow.</p> <p>Public are made more aware of the services available in Harrow.</p> <p>Victims access services more quickly thus leading to early intervention and a reduction in further harm.</p> <p>Violence can be openly challenged and discussion is not considered to be taboo.</p>	<p>Communications plan in place.</p> <p>Six campaigns delivered over 3 years – targeting different areas of violence, with use of multi-media, advertisements, posters on the back of toilet doors in public spaces, shopping centres, cinemas, GP surgeries.</p> <p>Publicity material updated, and maintained annually, in consultation with the DSV Forum.</p> <p>Mentoring Programme for advocates from local community groups established.</p> <p>Survey evidence of before and after public awareness</p>	Harrow Council	Communications Plan completed October 2014

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Develop, implement and deliver violence prevention and awareness raising programme in Harrow aimed at young people.	Under Public Health's Healthy Schools Programme, include the delivery of culturally sensitive and age appropriate FGM awareness sessions for students as well training teachers on FGM and how to respond appropriately.	Increased awareness in schools regarding how to respond to disclosures of violence.	Survey data on before and after awareness of FGM, and support services that are available	Public Health & FORWARD	November 2014 for development; Delivery through to March 2018
	Address emerging trends of increased sexual violence amongst young people by the delivery of Harrow Shield over a 4 year period.	Early interventions in schools and improved signposting to specialist violence services.	Survey data on before and after teacher confidence in dealing with this subject and knowledge of pathways to support services	WISH	2017
		Schools engagement to involve training for teachers, to support girls who are affected by FGM as well as protect those who may be at risk of the practice.	As per WISH SLA		
	Develop and implement projects raise awareness amongst young people in particular around Forced Marriage and Honour-based Violence		Challenge pro-violence beliefs amongst young people and support early access to specialist services.		
Improved emotional health and relationships between young people who access programmes relating to healthy relationships.					
		Breaking the silence around violence amongst young people to encourage disclosures.	Survey data on before and after awareness of Forced Marriage and Honour-based Violence, and support services that are available	Strategy Group	2017

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Ensure Harrow staff are able to identify and respond appropriately and effectively to individuals who are experiencing violence, those who are perpetrating violence and children who are witnessing violence.	Delivery of multi-agency training to members of the statutory, voluntary and community sector.	<p>Increased awareness of staff when responding to disclosures of violence</p> <p>Improved service provided to victims of violence from service providers.</p> <p>Increased confidence of staff when responding to disclosures of violence.</p>	<p>Training programme established and delivered</p> <p>MARAC Awareness – 4 sessions per year</p> <p>Domestic Violence: Recognise &amp; Respond – 2 sessions per year</p> <p>Domestic Violence &amp; Safeguarding Vulnerable Adults – 2 sessions per year</p> <p>Working with victims of Sexual Violence – 2 sessions per year</p>	<p>Strategy Group</p> <p>Policy Lead &amp; MARAC Chair</p> <p>Policy Lead</p> <p>AS</p> <p>WGN</p>	
Ensure that staff who are working with CYP are able to identify violence in order to improve early intervention and appropriate support	<p>Delivery of multi-agency violence identification training to members of the statutory, voluntary and community sector.</p> <p>Delivery of the CAADA Supported YP Programme, including training focused on understanding DV among young people in their own abusive relationships and assessing risk.</p>	<p>Earlier identification and interventions from staff working with children.</p> <p>Reduction in harm to those experiencing violence.</p>	<p>Training programme established and delivered</p> <p>Increase referrals from C&amp;F to DV services and MARAC.</p> <p>Risk assessment tools embedded into practice.</p>	LSCB	April 2015 for programmes to begin.

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
<p>Implement:</p> <p>The Royal College of Midwives guidelines “Tackling FGM in the UK Intercollegiate recommendations for identifying, recording and reporting”</p> <p>HM Guidelines on FGM</p>	<p>Key statutory partners to disseminate FGM guidelines to members of staff.</p> <p>Monitor upward trend of FGM and assess the need for specific services.</p> <p>Ensure effective identifying, recording, and reporting of those at risk of and subject to FGM</p>	<p>Improved responses to victims of FGM.</p> <p>Increased awareness among staff when responding to disclosures of FGM.</p> <p>Reduction in further harm caused by FGM.</p> <p>Database established and linked to safeguarding procedures</p>	<p>Database operational and at risk individuals brought within the scope of safeguarding</p>	<p>CFS NHS – NPH</p> <p>LSCB</p> <p>Police</p>	<p><b>April 2015</b></p>

## Provision

Provide adequate support where violence does occur. Provide access to co-ordinated, high quality and effective services and specific provision for marginalised groups, for example victims from BME communities, the older population, LGBT communities, disabled victims, women with mental health issues, etc.

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Ensure that all victims of violence have an effective support service through the provision of a variety of specialist services	<p>Re-commission provision for all Council funded services, by launching a joint tender for 2014/15:</p> <ul style="list-style-type: none"> <li>• MARAC Coordination</li> <li>• IDVA current x3.5 and any additional posts that can be funded</li> <li>• Refuge</li> <li>• Floating Support</li> </ul> <p>Support services should also include:</p> <ul style="list-style-type: none"> <li>• Children's support service</li> <li>• Peer support service</li> <li>• Multi-lingual services to reflect the demographic make-up of Harrow</li> <li>• Health based IDVA for hospital services – possibly in conjunction with Brent Council, the CCG and the Foundation Trust</li> </ul>	<p>Victims are able to access support via a single agency provider</p> <p>Consistent and improved level of service to victims.</p> <p>Interventions result in a reduction in further harm to victims and children.</p> <p>Accessibility to victims from diverse communities.</p> <p>Improved emotional health for victims and children.</p>	<p>Re-tender of services to a obtain a single or lead agency provider.</p> <p>Contract for new service established for 2015/16</p> <p>New service in place for FY 2015/16</p> <p>All services in place and being delivered.</p> <p>Consistent data collection and contract monitoring.</p> <p>Reduction in repeat victimisation.</p> <p>Commissioned health based advocacy service.</p>	SP Policy Team C&F	April 2015
Ensure specialist service provision for emerging trends related to victims of prostitution, sexual exploitation and	Develop and deliver an exit to prostitution service, in partnership with police, probation, GUM, substance misuse agencies and pan-London services.	<p>Improved, coordinated and more effective response to victims of sexual violence.</p> <p>Reduction in further risk of</p>	Service developed and implemented.	Harrow Council Police	April 2016

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
prostitution.	LBH continues to offer care placements to young people (under 18s) Ensure this involves outreach support to brothels and legal massage parlours.  Work alongside the police during raids etc.	harm and repeat victimisation.  Supported links with immigration services.  Bringing the perpetrators to justice.			
Ensure that children who are experiencing and/or witnessing violence are safeguarded in line with LSCB safeguarding procedures	All agencies to implement LSCB violence procedures into front line practice  Embed findings from Harrow LSCB QA regular Multi-agency audits	Improved awareness and response to violence as a child protection issue  Increased accessibility to specialist domestic violence services for high risk victims, for cases known to C&F and encourage workers within these teams to refer victims who require the support.  Children are healthier and safer.	Relevant LSCB training.  Maintain specialist role of IDVA within the Multi-Agency Safeguarding Hub.  Referral and outcome data to MASH based IDVA.	LCSB  C&F	Ongoing
To ensure that, in light of the national DV definition change, young victims of violence are supported in line with both safeguarding statutory duties and advocate care pathways.	Fully establish and embed the Young Persons Advocacy Programme.  YPA, with the support of CAADA, to develop and embed a locally recognised care pathway, manage cases, attend Vulnerable Young Persons Panel and attend MARAC.	Improved emotional health and safety of young victims of violence.  Reduction in further risk of harm and repeat victimisation.	Referrals to YPA from multi-agencies.  Performance reporting on service effectiveness via CAADA.  ISVA referral numbers.	EIS	April 2015

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
	Maintain service provision for Independent Sexual Violence Advocate (ISVA) and sexual violence counselling service.				
To support children & young people who have been exposed to domestic abuse and their mothers, in their recovery to overcome any difficulties they have as a result.	Continued commitment from EIS to coordinate the Community Group Programme (Parenting Coordinator), including promotion, running costs and delivery. Delivery supported by facilitators from across the partnership.	Children will be supported as they begin to heal from the effects of exposure to domestic violence.  Women will be supported in understanding how to help their children recover.	Delivery of a minimum of 2 x 12 week groups per year;  Referrals made to the programme by C&F - consider in supervision.  Referral made across the partnership, particularly schools.	EIS	Ongoing
Ensure that vulnerable adults who are experiencing violence are safeguarded in line with AS Policies and Procedures	Violence is addressed as a key safeguarding issue in the Safeguarding Adults training.  Delivery of multi agency violence training to staff who work with adults.  Where there are safeguarding and violence issues identified, referrals are made to appropriate service.  Where there are high risk concerns in relation to safeguarding and DV, a referral is made to MARAC.  Harrow to work in collaboration with other boroughs to provide services for which there is not enough demand in one borough e.g. LGBT, disability DV services.	Improved multi-agency approach between Safeguarding and services responding to violence.	Link to AS training on violence – including delivery of an agreed number of sessions per year.  Performance monitoring of AS statistics where there is violence present.  Referrals to MARAC.  Access to low demand services on a cross Borough basis	AS	October 2014  Ongoing  June 2015

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
<p>Ensure appropriate housing solutions are available to victims of violence.</p>	<p>Develop and implement Harrow Housing Domestic Abuse Policy.</p> <p>Maintain service provision for Sanctuary Scheme to reduce homelessness among victims of violence.</p> <p>Appropriate and stable housing accommodation for young people who have experienced violence (to avoid frequent moves – providing stability to address trauma).</p>	<p>Immediate access to accommodation for victims of violence.</p> <p>Reduction in homelessness for victims of violence.</p> <p>Reduction in further risk of harm and repeat victimisation.</p>	<p>Monitoring the number of referrals received for/presentations by victims of violence.</p>	<p>Housing</p>	<p>Policy developed and implemented October 2014</p> <p>Sanctuary Scheme-ongoing</p> <p>Young People April 2016</p>



## Partnership

Work in partnership to obtain the best outcome for victims and their families. Improve efficiency through coordination and information sharing.

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Ensure a consistent coordination and delivery of an approach to violence across Harrow involving multi-agency partners.	<p>Policy Lead in post</p> <p>Establish consistent and strong membership of the Steering Group.</p> <p>Ensure the Steering Group has established reporting links and membership representation to the LSCB, ASB and HWBB.</p> <p>Maintain membership to the Harrow DSV Forum – develop this as a multi-agency practitioners group, with a focus on best practise, development and lobbying.</p>	<p>Improved coordinated response</p> <p>Agencies better linked</p> <p>Increased awareness across the partnership of violence-related issues</p> <p>A partnership-shared vision in addressing violence.</p> <p>Improved service provision for victims.</p>	<p>Policy Lead in post</p> <p>4x Steering Groups per year</p> <p>4x DSV Forums per year</p> <p>Launch of this Strategy</p> <p>Established reporting links to LSCB, ASB and HWBB.</p>	Harrow Council	<p>May 2014</p> <p>July 2014</p> <p>July 2014</p> <p>October 2014</p> <p>January 2015</p>
Develop and implement Champions in each key agency	<p>Champions to act as a single point of contact in their own agency in relation to violence</p> <p>Deliver briefings and attend DSV Forum to keep abreast with developments both locally and nationally.</p>	<p>Increased levels of specialism with regard to responding to violence in each agency.</p> <p>Improved access to information about violence in each agency to improve a multi-agency response.</p>	<p>Allocation of one Champion per agency</p> <p>Champion attendance to DSV Forums.</p>	Steering Group	October 2015

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Ensure that high risk victims of violence are identified and responded to using an effective multi-agency framework, this includes young victims 16 & 17yo.	Continue to deliver the MARAC locally.	High risk victims provide high quality and timely responses.	MARAC Coordination extended to support increasing capacity.	Steering Group	April 2015
	All victims referred to MARAC receive advocacy support and advice.	Reduction of risk and repeat victimisation.	100% MARAC referrals received IDVA support.	MARAC	Ongoing
	Adopt CAADA recommendations via Self Assessment to support the progress of the MARAC.	Effective partnership management of high risk cases.	Increased referrals of young victims.	MARAC Chair	July 2014
		Children in the household receive timely and effective safeguarding responses.	Audit outcomes, in consultation with the LSCB, to ensure effective safeguarding outcomes for children.		
		Young victims referred to MARAC are supported in line with both safeguarding statutory duties and advocate care pathways.	Feedback from CAADAs Self Assessment embedded.		
	Ensure MARAC coordination is extended to support existing demand and note CAADA's recommended capacity.		Information Sharing Protocol and Operating Protocols annually updated and signed.		April 2015
Extend MARAC membership to include more health partners including GPs and A&E.			Membership to include health partners.	MARAC	Ongoing

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Implement the Met Police Pan-London Child Sexual Exploitation Protocol	To identify those children at risk of being sexually exploited.	There is greater awareness among Met staff around CSE due by the delivery of training.	Increase levels of reporting.	Police	
	To work collaboratively to ensure the safeguarding and welfare of children and young people who are being, or are at risk of being, sexually exploited.	The analysis of data – e.g. missing person’s information, looking at hot spots to support proactive identification.	Referral made to VYPP. 100% of victims receive a coordinated response and advocacy.	Steering Group	Ongoing
	To provide timely and effective interventions with children and families to safeguard those vulnerable to SE.	A shared understanding among professionals into the definition of SE.	Development of a dataset via LSCB VYP Working Group.	VAWG Co-ordinator	January 2015
	To apply pro-active problem solving to address the risks associated with victims, perpetrators and locations and ensure the safeguarding and welfare of children and young people who are or may be at risk from sexual exploitation.	Partnership wide improved levels of identification and responses to CSE. CYP vulnerable to SE are safeguarded and protected in a multi-agency way. Victims of CSE are linked into support.	Analysis of number of children and young people identified as being at risk of SE and safeguarding performance	C&F	Ongoing
	To raise awareness and provide preventative education for the welfare of children and young people who are, or may be,	Embed referral pathways and effectiveness of the Vulnerable Young Person Panel as a multi-agency	Pathways included in VYPP training and publicity material	C&F	April 2015

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
	sexually exploited.  To take action against those intent on abusing and exploiting children and young people by prosecuting and disrupting perpetrators	response to CSE.  Perpetrators are brought to justice.	Number of prosecutions	Police; CPS	Ongoing
Develop a more comprehensive database to evidence need and the effectiveness of interventions through better data collection and analysis	Collection of more comprehensive data on victims by characteristics (age, gender, disability ethnicity) to reveal trends	The possibility of better targeted preventative and awareness raising services.	A more complete data set and robust analysis	Steering Group	April 2015 and then ongoing

## Perpetrators

Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice and held accountable by effective and early interventions, appropriate penalties, clear messages that Violence is not acceptable and support to change behaviour.

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
To ensure that perpetrators of violence who have substance misuse issues receive a coordinated response that is culturally specific.	Develop a violence and substance misuse protocol between Police and substance misuse agencies to focus on responding to perpetrators from the point of arrest.	Improved links between police and substance misuse agencies in relation or responding to perpetrators more effectively.	Number of direct referral made by Community Safety Unit where DV is flagged.	Public Health – Substance Misuse Commissioning	January 2015
	Proactively engage substance misusing offenders into treatment at the point of arrest, by way of the Arrest Referral Worker at Harrow police station.	Increased awareness of substance misuse staff in working with perpetrators of violence.	Number of assessments offered by WDP.	Police WDP	October 2014
	Increase the use of Inspector’s Authority drug testing in custody suites for perpetrators of violence.	Ensuring perpetrator behaviours can be monitored via their active engagement in treatment services.	Number of assessments accepted.	WDP	
	The delivery of violence training to substance misuse agencies.	Linking perpetrators into effective treatment.  Improved links with substance misuse agencies and MARAC.	Number taken onto WDP caseload.	Police/WDP	Ongoing
			Proportion of perpetrators with identified substance misuse issues referred to treatment	Policy Lead	April 2015

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Where assessed as suitable, fathers who use violence are identified and given the opportunity to address their offending behaviours by accessing appropriate interventions.	Ensure effective intervention is in place for cases known to Children & Families particularly where safeguarding concerns are highlighted.	Mother and children feel safe from harm.	Caring Dad Programme funded and in place.	Children & Families.	April 2015
	Agree and implement the Caring Dad's programme to support families known to children's social care. Support fathers recognise and address their offending behaviours, and not use violence.	Violence stops in family environment. Reduce repeat victimisation of mothers and their children. C&F staff are trained to work with violent fathers and support them to address their behaviours.	Number of referrals to programme. Programme delivery – at least 2 per year. Programme evaluation – reduction of violence used in the home.		July 2017
Ensure young perpetrators of violence are given the opportunity to address their offending behaviours by access to appropriate interventions.	The Youth Offending Team to address the emerging pattern of young perpetrators of domestic violence.	Increase victims safety from harm.	Programme funding agreed and contract established with the provider DVIP – YUVA.	Children & Families – YOT.	April 2015
	Agree and deliver a programme for teenagers who use violence in their own interpersonal relationship and towards family members. Ensure the programme offers a concurrent service to support victims of violence.	Reduce repeat victimisation. Reduction of violence.	Delivery of the intervention for at least 10 young people and their families per year.		Ongoing
	Programme offers a co-located model at the YOT to support staff in assessing risk.	Increased confidence amongst YOT staff in managing offending behaviour.	Number of referrals. Number of completions.		April 2016 April 2016

Objective	Output	Outcomes	Measurement/Evidence	Lead Agency	Completion Date
Perpetrators of violence are brought to justice via the criminal Courts.	<p>Special Domestic Violence Court (SDVC) protocol agreed and publicised to encourage victims to support prosecutions</p> <p>Video evidence used to support prosecutions even where there is no victim statement</p>	Increase in prosecution rate	Prosecution rate; case completion rate;	Brent Magistrates' Court	Ongoing

## Report Appendices

### Existing Provision and Services - mapping

Risk	Service	Provider	Funding	Who	Amount 2013/14
<b>Training</b>					
n/a	DV awareness and safeguarding (LSAB)	External facilitator	Council funded	LSAB	
n/a	DSV awareness and safeguarding adults (maternity)	Policy Lead	Internal delivery	Policy & Partnerships	nil
n/a	DSV awareness and safeguarding (LSCB level 3)	External facilitator	Council funded	LSCB	
n/a	Safeguarding Children (LSCB level 2) - DV component	Victim Support	Council funded	LSCB	nil
n/a	MARAC awareness	Policy Lead	Internal delivery	Policy & Partnerships	nil
n/a	Child Sexual Exploitation	LSCB	Internal delivery	LSCB	
n/a	Sexual Abuse	LSCB	Internal delivery	LSCB	
n/a	DSV awareness (bespoke upon request)	Policy Lead	Internal delivery	Policy & Partnerships	nil
<b>Resources</b>					
n/a	YP Sexual Violence Safety Card	Printing 2000 Ltd	Council funded	Policy & Partnership	£374
n/a	Safety card for victims	Printing 2000 Ltd	Council funded	Policy & Partnership	£352
n/a	Leaflet for victims	Printing 2000 Ltd	Council funded	Policy & Partnership	£417
n/a	Professionals DSV Online Guidance launched November 2010	Policy Lead	Council funded	Policy & Partnership	£0
<b>Services - Harrow Council Funded</b>					
Low-Med	Community Group Programme for Children	Internal - EIS	Council funded	Children's Services	
Low-Med	Systemic Family Support	Morning Lane	Council funded	Children's Services	
Low-Med	Floating Support	Hestia	Council funded	Supporting People	£67,601.75
n/a	Harrow Shield – campaigning, awareness raising, schools work	WISH	Grant funded	MOPAC	£52,000
High	Multi Agency Risk Assessment Conference (MARAC) Coordinator	Hestia	Council funded	Policy & Partnership	£5,500
High	IDVA – court support for high risk victims	Victim Support	Council funded	Policy & Partnership	£32,000
High	IDVA – police based for high risk victims	Victim Support	Council funded	Policy & Partnership	£32,000
High	IDVA – outreach for high risk victims	Hestia	Council funded	Policy & Partnership	£12,000
			Grant funded	Home Office	£20,000
High	IDVA – outreach for high risk victims	Hestia	Council funded	Children's Services	£20,000
High	Independent Sexual Violence Advisor (ISVA) – high risk victims	WISH	Grant funded	Harrow Council	£21,754
High	Sanctuary Scheme	External	Council funded	Housing	£20,540
High	Refuge - 6 bed spaces	Hestia	Council funded	Supporting People	£48,752.59
High	Young Persons Advocate	Internal - EIS	Internal delivery	Children's Services	
<b>Other local-based services - Other Funded</b>					
Low-Med	DV & Trauma Counsellor (drug and alcohol)	EACH	Grant funded	London Councils	
Low-Med	Counselling service for young people	WISH	Grant funded	Various	



Low-Med	Counselling & support for harmful practises	AWRC	Grant funded	London Councils	
Low-Med	African Well Women's Clinic - FGM	NPH - maternity	NHS funded	NPHLHT	
Low-Med	Counselling and general support	The Women's Centre	Grant funded??	Various	
High	Rape Crisis – counselling & ISVA (West London Service)	WGN	Grant funded	MOPAC	