RELATED INFORMATION

Anti-Social Behaviour, Crime and Policing Act 2014: Reform of Anti-social Behaviour Powers (Statutory guidance for frontline professionals)

Safeguarding Children Affected by Domestic Abuse and Violence, London Safeguarding Children Board Child Protection Procedures

Risk Management of Known Offenders, London Safeguarding Children Board Child Protection Procedures

Forced Marriage of a Child, London Safeguarding Children Board Child Protection Procedures

Honour Based Violence, London Safeguarding Children Board Child Protection Procedures

Contents

- 1. Definition of domestic violence and abuse
- 2. Overview of domestic violence and abuse in Newham
- 3. Summary of response to domestic violence and abuse in Newham
- 4. Support services available for victims of domestic violence and abuse

1. Definition of domestic violence and abuse

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

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

Newham recognises that DVA affects all ages and includes violence and abuse between young people who are intimate partners and violence against older people..

Gendered nature of DVA:

Most of the victims of DVA are women and girls. It is recognised that men and boys can also experience DVA -but it is important to understand the disproportionate impact of these forms of abuse and crimes have on women and girls and the gender context in which they are committed. Societal inequalities between women and men mean that there are significant differences in the ways that women and men perpetrate and experience different forms of violence and abuse. Gender is the most significant risk factor in DVA. Women experience the majority of violence - physical and sexual - in relationships. Women and girls are more likely than men to be injured and to fear the abuser. Men perpetrate the majority of incidents of violence, whether in intimate relationships or not, whether against women or other men. Women who are killed by current of former partners significantly outnumber men. Even though approximately four times as many men are killed each year, when domestic violence homicides are separated, around three quarters of the people killed by current or former partners are women. When women kill male partners more than half have been abused themselves or are defending themselves or their children. Understanding the gendered nature of DVA is crucial for professionals who are working with victims and perpetrators.

2. Overview of domestic violence and abuse in Newham

- The costs of domestic violence to Newham has been estimated to be £28.2 million a year (this does not include the human or emotional costs) – nationally the figure is £5.4 billion¹. These costs are likely to be a significant underestimate since they do not include domestic violence by family members who are not intimate partners.
- In terms of recorded domestic abuse incidents throughout 2015/16, Newham had the second highest volume in London²

¹ The costings use the estimates for the costs of Domestic Violence (Professor Sylvia Walby 2009) to calculate an estimated cost for each local authority area, based on the size of the 16-59 year old population. This is the age range that is targeted by the British Crime Survey, from which national estimates of domestic violence prevalence are obtained. It uses the Office for National Statistics 2009 mid-year population estimates.

² Domestic Abuse in London 2015/16, May 2016 MOPAC

- In 2015/2016 there were 3,424 domestic abuse offences recorded by the police in Newham (6677 domestic abuse incidents in total)³
- Between April 2015 and March 2016, 384 high risk cases of domestic violence were discussed at the MARAC. In the same period, there were 450 children living in the households discussed at MARAC
- Based on data from Newham Children and Young People's Services, domestic violence is a factor in approximately 75% child protection plans.

3. Summary of Newham's response to domestic violence and abuse

Newham is committed to supporting all victims of domestic, sexual and gender based violence (DSV). Recognising and responding to the diversity and differing needs of Newham's residents is central to our response to DSV. A coordinated community response to DSV is being developed in Newham as it is agreed that no one agency working alone can effectively intervene and reduce DSV. A coordinated community response helps to ensure that the onus of managing and responding to the abuser's behaviour is not the victim's responsibility. A coordinated response also helps to ensure that victims are swiftly identified, do not get passed around services (repeating themselves multiple times to different professionals and services) until they get the help they need.

Newham's coordinated community response to DSV brings agencies in the borough together to:

- Increase the safety and wellbeing of victims and their children
- Ensure abusers are held accountable for their behaviour
- Raise awareness and understanding of DSV
- Challenge the social acceptance and tolerance of DSV.

Newham's approach to tackling DSV is delivered and organised by 4 key themes – **Prevention** (stopping DSV from occurring in the first place), **Provision** (ensuring the right services are available and that they meet the needs of victims), **Protection** (holding perpetrators to account) and **Partnership** (a coordinated community response is in place).

4. Support services available for victims of domestic violence and abuse

Central to the approach to tackling DSV is the commissioning of specialist services for victims. The Newham One Stop Shop is the single point of contact for victims of domestic and sexual violence. The following services are available:

24 hour help and referral line

- empowerment group work
- one to one case work for low to medium risk victims of domestic and sexual violence
- one to one case work for high risk victims of domestic violence
- specialist service for victims of sexual violence
- specialist service for adult victims of female genital mutilation
- specialist service for street sex workers
- access to specialist services; such as health care, legal advice etc.

To refer a victim to the One Stop Shop, please call on 0845 451 2547 or complete the referral form. See Referral form in Domestic Violence Procedure.

Risk Assessment tool: Professionals should utilise the Safe Lives Domestic Abuse, Stalking and Honour Based Violence Risk Indicator Checklist (DASH RIC) to assess risk of harm posed to adult victims (16+) of DVA within the families they are working with. The Checklist and accompanying guidance can be found here:

http://www.safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance%20FINAL.pdf

Referrals to MARAC: Where a high risk victim of DVA who is 16+ is identified via completion of the DASH RIC, a referral to MARAC should be made. A MARAC is a multi-agency meeting where victims of DVA who have been identified as at high risk of serious harm or homicide are discussed. The MARAC is attended by representatives from a range of agencies including police, health, child protection, housing, Independent Domestic Violence Advocates (IDVAs), probation services, mental health and substance misuse and other specialists from the statutory and voluntary sectors. During the meeting, relevant and proportionate information is shared about the current risks, enabling representatives to identify options to increase the safety of the victim and any other vulnerable parties such as children. The MARAC creates a multi-agency action plan to address the identified risks and increase the

safety and wellbeing of all those at risk. The primary focus of the MARAC is to safeguard the adult victim. However, taking in to account the UK law which prioritises the safety of children, the MARAC will also make links with other multi-agency meetings and processes to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim to be able to identify and manage the risks, but all may have insights that are crucial to their safety. The aims of MARAC are to safeguard victims, manage perpetrators' behaviour, safeguard professionals and make links with all other safeguarding processes. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. Below are the 10 principles that underpin an effective MARAC and support all involved to deliver these aims. At the core of each principle is the safety of the victim, which needs to be considered at all stages of the MARAC process. Ensuring that the victim is supported throughout and their needs represented at the MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation. MARAC partner agencies, whether generic service providers or specialist DVA service providers, are key to the success of the MARAC. The early identification of DVA, the risk assessment of the victim and referral to the local MARAC and IDVA Service are essential if the outcomes for the victim are to be positive. Partners are committed to working together, providing a coordinated package of support to keep the victim and their children safe.

Professionals should use the MARAC referral form to submit high risk cases to MARAC.