



Needs Assessment about Violence Against Women and Girls in Tower Hamlets

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Chapter 1 Purpose and Scope

The purpose of this Needs Assessment is to provide an overarching view of need in relation to violence against women and girls (VAWG) and provide recommendations for planning and commissioning of interventions to address violence against women and girls in Tower Hamlets.

The Tower Hamlets Strategic Plan 2023-2026, which was developed from the Mayor's Manifesto, includes an ambition that 'residents, workers and visitors of all backgrounds feel safe and welcome in Tower Hamlets' with several objectives relevant to VAWG prevention and response including a specific objective, 'Tackle violence against women and girls and support victims'. The current VAWG strategy comes to an end in 2024, so this will help inform the development of a new strategy for 2024 to 2029.

VAWG includes a range of crimes which disproportionately affect women and girls (although all genders can experience VAWG) – these include domestic abuse, rape and other sexual offences, stalking, harassment, 'honour'-based abuse (female genital mutilation, forced marriage, and 'honour' killings), digital abuse (e.g., 'revenge porn', 'upskirting'), among others.

This needs assessment will seek to answer the following questions:

1. What is the national and regional context of VAWG in terms of legislation and policy?
2. What is considered good practice for the prevention and response to VAWG and women's safety at a local level?
3. What are the local population needs in Tower Hamlets?
 - a. What are the relevant demographic considerations for designing and delivering action on VAWG in Tower Hamlets?
 - b. How frequently do different forms violence against women and girls occur?
 - c. What are the patterns in violence experienced by subgroups of women and girls?
 - d. What is the impact of violence on women and girls' lives?
 - e. What do residents, including survivors and victims, and professionals in Tower Hamlets say is needed to prevent and reduce the impact of VAWG and/or improve women and girls' safety?
4. What is currently in place?
 - a. What has been implemented since the start of the current strategy in 2019?
 - b. What are residents, including survivors and victims, and professionals in Tower Hamlets knowledge and views about what is currently in place?
5. What should be incorporated into future planning to reduce VAWG and its impacts?

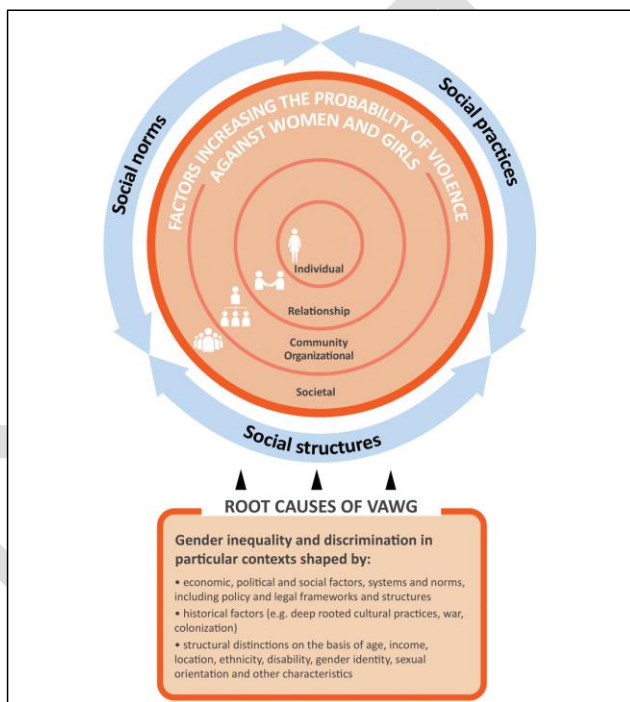
VAWG is influenced by misogyny (prejudice against women) and it can also lead to further inequalities in health and wellbeing experienced by women. To understand the local needs around prevention and reduction of VAWG, it is essential to consider multiple dimensions of inequality that can compound risks and increase barriers to support. It is also important to consider that different factors can overlap to influence the ways different people experience violence or can access help or support – thus we will examine need from an intersectional lens (examining multiple factors or characteristics concurrently) wherever possible.

Alongside this needs assessment, there is a Serious Violence Duty Needs Assessment (SVD NA), which has been developed in 2023 to enable local authorities and local services to work together and plan to prevent serious violence (this includes information about domestic abuse, sexual violence, and any violence and exploitation affecting young people under the age of 25).

Chapter 2 Background

According to UN Women, VAWG is related to gender-based discrimination, social norms that accept violence, and gender stereotypes that continue cycles of violence. Using a socio-ecological model to consider the drivers of VAWG enables a broader understanding of the factors that intersect at the individual, interpersonal, community and societal levels to increase or decrease the likelihood of violence (as depicted in Figure 1)¹. This lens helps identify a broad set of opportunities to intervene and reduce VAWG. Understanding how each level influences the other should be considered when designing interventions (for instance, how wider societal and community factors influence family and partner relationships).

Figure 1: Understanding violence against women¹



Experiencing violence and abuse often have traumatic and long-lasting effects on victims, survivors and loved ones – including physical and mental health, damage to self-esteem and confidence, isolation, homelessness and reduced economic prospects. These result in negative impacts in wider society, including social and economic costs.

Given its negative consequences on health and wellbeing, VAWG is considered a major public health issue globally and in the UK. To address VAWG using a public health approach, it is necessary to define and understand the issue and levels of need including risk and protective factors before going

¹ UN Women, UNFPA, WHO, UNDP, OHCHR, UNESCO, & ILO (2015). A Framework to Underpin Action to Prevent Violence against Women. UN Women. Retrieved from: <https://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework>

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on to identify appropriate interventions to deliver. This framing supports consideration of the root causes of violence through the lens of wider determinants of health (e.g., factors such as gender norms, financial security, housing, and the built environment). It will then enable Tower Hamlets Council to consider interventions on at different levels of prevention, from reducing the likelihood of violence, access to support and safety and reduction of the long-term impacts on wellbeing and health on victims and survivors.

To date, efforts to eliminate violence against women and girls have mainly focused on responding to and providing services for survivors of violence. However, prevention—addressing the structural causes, as well as the risk and protective factors, associated with violence—is pivotal to eliminating violence against women and girls completely. It requires political commitment, implementing laws that promote gender equality, investing in women’s organizations, and addressing the multiple forms of discrimination women face daily.

Chapter 3 Policy and Legislative Context

National

Domestic Abuse Act 2021: In 2021, the Domestic Abuse Act was signed into law, providing a statutory definition of domestic abuse which includes any of the following behaviours between two people are aged 16 years or older personally connected to each other, regardless of if it is a single incident or a course or recurring²:

- physical or sexual abuse.
- violent or threatening behaviour.
- controlling or coercive behaviour.
- economic abuse; and/or
- psychological, emotional or other abuse.

Children under the age of 18 years old are also considered victims of domestic abuse if they see, hear or experience the effects of domestic abuse and are related or under the care of either the victim or perpetrator of abuse. However, the law does not pertain to behaviour between two children under the age of 16 years old (e.g., young people in a romantic relationship).

This law also places a duty on local authorities to provide accommodation-based support to victims of domestic abuse and their children in refuges and other safe accommodation. All eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance. In addition, the law ensures that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

Beyond these specific implications, the Domestic Abuse Act 2021 also places a general duty on local authorities to take all reasonable steps to prevent domestic abuse and support survivors through different policies and services.

Sexual Offences Act 2003: The Sexual Offences Act 2003 sets out provision about sexual offences, prevention and protection of children from harm³. It provides definitions for different sexual offences including rape, assault, child sexual exploitation, trafficking, prostitution, abuse of positions of trust,

² Domestic Abuse Act 2021, c. 17. Retrieved from: <https://www.legislation.gov.uk/ukpga/2021/17/enacted>

³ Sexual Offences Act 2003, c. 42. Retrieved from: <https://www.legislation.gov.uk/ukpga/2003/42/contents>

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and voyeurism. Additionally, the Act also sets out a definition of consent as well as criteria for offences where consent is not required to be proved (e.g., specific sexual offences against children under specific ages as well as sexual offences against persons with a mental disorder in particular circumstances).

Female Genital Mutilation Act 2003: This Act defines female genital mutilation (FGM) as a criminal offence and that FGM includes the excision, infibulation or other mutilation of part of or all of a girl's labia majora, labia minora or clitoris. The Act also established a duty to notify police of FGM for people working in regulated professions (e.g., healthcare professionals, teachers)⁴.

The FGM Act 2003 sets out a duty for local authorities to take all reasonable steps to prevent FGM, including raising awareness and working with communities to challenge attitudes. Additionally, local authorities have a duty to provide support to victims of FGM, including practical health, access to specialist services and provision of emotional support.

Modern Slavery Act 2015: This Act sets out definitions for modern slavery and exploitation, penalties, prevention orders and requirements for the protection of victims⁵.

Violence Against Women and Girls Strategy: In 2021, the Government launched the Tackling Violence Against Women and Girls Strategy⁶. The strategy document explains that the term VAWG refers to acts of violence or abuse known to disproportionately affect women and girls but says that the strategy refers to all victims of any of these offences (rape and other sexual offences, domestic abuse, stalking, 'honour'-based abuse, and online offences. This strategy has the following ambitions:

1. To increase support for victims and survivors
2. To increase the number of perpetrators brought to justice
3. To increase reporting to the police
4. To increase victim engagement with the police and wider public service response
5. To reduce the prevalence of violence against women and girls

The strategy notes that a cross-system approach with coordinated and cohesive response between organisations is necessary to reduce VAWG, improve support and increase the number of perpetrators brought to justice. The Home Office invested £43 million towards tackling VAWG, including perpetrator interventions, Domestic Homicide Review improvements, and specific funding for addressing forced marriage.

The Strategy also sets out several actions towards these ambitions including:

- **Prioritising prevention**
 - Compulsory relationship education in all primary schools and relationship and sex education in all secondary schools

⁴ Female Genital Mutilation Act 2003, c. 31. Retrieved from: <https://www.legislation.gov.uk/ukpga/2003/31/contents>

⁵ Modern Slavery Act 2015, c. 30. Retrieved from: <https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

⁶ Home Office (2021). *Tackling Violence Against Women and Girls Strategy*. Retrieved from: <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

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- Updated guidance for school and college staff for managing reports of sexual violence and harassment as well as identification and response to all forms of abuse and neglect including peer-on-peer abuse
- Investment in the safer public spaces including streets and transportation
- An Online Safety Bill introducing new measures for prevention of harmful online content and safeguards for children and vulnerable adults
- National public information campaign targeting perpetrators and harmful misogynistic attitudes in wider society
- Resourcing for community advocates to engage on the topic of 'honour'-based abuse, forced marriage and female genital mutilation.
- **Supporting victims**
 - Investment in community-based sexual violence and domestic abuse support services including specialist organisations that support people from different ethnic backgrounds, LGBT and disabled victims
 - Increasing investment in Independent Sexual and Domestic Violence Advisers
 - Clinics which support victims and survivors of FGM
 - Increase in funding for revenge porn helpline
- **Pursuing perpetrators**
 - Additional funding for police capacity with the aim of improving response and investigation
 - Funding evidence-based perpetrator programmes for a range of offence types including intimate partner violence, sexual offending, and serious violence
 - Campaigning and legislation against street harassment
 - Preventing offending from escalating amongst repeat perpetrators
 - Addressing 'sex for rent' and exploitation and bringing forward a Tackling Modern Slavery Strategy
- **Strengthening the system**
 - Funding for projects that aim to improve the lives of disadvantaged women and girls
 - Funding to enhance multi-agency working and information sharing
 - Sharing best practice in policing to improve the response to VAWG
 - Provide a resource pack for local authorities and other partners on forced marriage
 - Resource allocation from Department of Health and Social Care to provide necessary support services for survivors of sexual violence and domestic abuse and ensure safe, effective support for staff affected by VAWG
 - Raise awareness of the FGM mandatory reporting duty

Women's Health Strategy 2022-2032: In 2022, the Department of Health and Social Care established a 10-year Women's Health Strategy for England which has seven priority areas, including one about the health impacts of violence against women and girls as a public health issue as well as a criminal justice issue. The ambitions under this priority area are⁷:

- Prevention and reduction of VAWG is prioritised by the health and care system
- Women and girls who are victims of violence or abuse are supported by the healthcare system and in the workplace including increased focus on prevention, early identification and provision of victim support

⁷ Department of Health and Social Care. (2022). *Women's Health Strategy for England*. Retrieved from: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>

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- Greater awareness among the general population of healthcare services that provide specialist treatment and support for sexual violence and FGM
- NHS and social care staff who are victims of VAWG are better supported in the workplace by employers and colleagues, and know how to access support they may need.
- Learnings and recommendations from the

Suicide Prevention Strategy 2023-2028: A major part of the cross-government Suicide Prevention Strategy 2023-2028 identifies groups that should be prioritised for support due to increased risk factors for suicide or self-harm. These groups include people in contact with the justice system and people who have experienced domestic abuse.

London

The London Mayor’s Office for Policing and Crime (MOPAC) has a VAWG strategy for 2022-2025 with the following priorities and actions⁸:

1. Preventing and reducing VAWG	2. Supporting all victims and survivors	3. Holding perpetrators to account	4. Building trust and confidence
1.1 Coming together as partners to prevent VAWG 1.2 Tackling VAWG through better education 1.3 A public challenge to the attitudes that enable VAWG so that Londoners, especially men, feel able to call it out 1.4 Equality and freedom for women and girls in public and online spaces	2.1 Helping more victims and survivors to rebuild their lives through access to specialist services 2.2 Improving the experience of victims and survivors through the CJS 2.3 Safe reporting and support for all victims and survivors	3.1 Perpetrators across all forms of VAWG are identified and pathways for abuse are disrupted 3.2 Early intervention for individuals displaying potentially harmful attitudes and behaviours 3.3 Perpetrators are effectively managed and reoffending is reduced	4.1 Taking action to build trust and confidence

The London VAWG Strategy emphasises partnership working in order to achieve these ambitions, calling on partners from the VAWG sector, local authorities, police, the crown prosecution service, probation, HMCTS and the NHS. There is a London VAWG Board which holds statutory partners to account which is co-chaired by MOPAC and a representative from the VAWG sector. There is also a VAWG Expert Reference Group which acts as a voice of the voluntary sector. In addition, MOPAC also provide funding for delivery of violence reduction programmes and services.

The London Women’s Night Safety Charter has a list of pledges for organisations that operate at night to sign up to, including having a champion, communications, staff training, design of the physical space as well as support for victims. There is a toolkit with ideas and resources for supporting

⁸ Mayor of London (2022). Violence Against Women and Girls Strategy 2022-2025. Retrieved from: <https://www.london.gov.uk/publications/tackling-violence-against-women-and-girls>

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organisations with adopting the pledges⁹. The Charter has hundreds of signatories from across London.

Following a call to action by the Mayor of London, London Councils, NHS England London and Integrated Care Boards came together in autumn 2023 to hold the Violence Against Women and Girls is Everyone's Business: Health Summit. This Summit of partners across the health and care system (e.g. NHS organisations, Councils, voluntary sector organisations) set out a framework for pledges to be committed in alignment with the following principles:

- **Recognise all forms of violence against women and girls in everything we do** - Develop strategies and policies to identify how each respective organisation tackles all VAWG in all areas of business.
- **Embed action to end perpetration of VAWG** - Address offender behaviour, supporting them to change, while ensuring the safety of the victim is at the heart of any action.
- **Work together to actively tackle VAWG** - Create a culture across all partners where all staff are confident to identify and respond to VAWG whether it's dealing with a staff issue or supporting a patient.
- **Strengthen workplace safety** - Acknowledge and address the role of power dynamics within work environments and providing protection and support for staff who are experiencing or have experienced VAWG.
- **Promote a collaborative learning environment** - Understand the gaps in knowledge within our services and listening to experiences of colleagues to provide effective staff training focused on providing bespoke support to the needs of individual.
- **Ensure an anti-misogynistic environment** - Develop a shared understanding of what misogyny is, identifying structural barriers and working to address them, and through training with a focus on allyship to ensure there is no space for misogyny in the workplace.

⁹ Mayor of London (2019). Women's Night Safety Charter Toolkit. Retrieved from: https://www.london.gov.uk/sites/default/files/wncs_toolkit_final.pdf

Chapter 4 Promising approaches for preventing and reducing the impact of VAWG at a local level

Public Health and Prevention

Public health approaches have the following underlying principles, which can be applied to preventing VAWG¹⁰:

- A focus on a defined population
- With and for communities
- Not constrained by organisational or professional boundaries
- Focused on generating long-term and short-term solutions
- Based on data and intelligence about need and inequalities
- Rooted in evidence of effectiveness for how to address needs

Local areas should apply a place-based, multi-agency approach to violence prevention which incorporates 'The 5Cs' to address specific needs in a population:

- Collaboration
- Co-production
- Co-operation in data and intelligence sharing
- Counter-narrative development
- Community consensus

In 2019, the World Health Organization published 'RESPECT Women: Preventing Violence Against Women' guidance for policymakers and programme implementers which includes the following 7 strategies to prevent violence against women¹¹:

- Relationship skills strengthened
- Empowerment of women
- Services ensured
- Poverty reduced
- Environments made safe
- Child and adolescent abuse prevented
- Transformed attitudes, beliefs and norms

The document also sets out guiding principles for effective programming:

- Put women's safety first and do no harm
- Promote gender equality and women's human rights
- Address multiple and intersecting forms based on personal characteristics
- Develop a theory of change
- Promote evidence-informed programming
- Use participatory approaches

¹⁰ Public Health England (2017). A whole-system multi-agency approach to serious violence prevention. Retrieved from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

¹¹ World Health Organization, 2019. *RESPECT women: Preventing violence against women*. <https://www.who.int/publications/i/item/WHO-RHR-18.19>

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- Promote coordination
- Implement combined interventions
- Address the prevention continuum
- Take a life course approach

Women’s safety in public spaces: UN Women’s Global Flagship Initiative, Safe Cities and Safe Public Spaces for Women and Girls, challenges cities to¹²:

- Identify locally relevant and owned interventions that are related to gender
- Develop and effectively implement comprehensive laws and policies to prevent and respond to sexual violence in public places
- Invest in safety and economic viability of public spaces
- Change attitudes and behaviours to promote women’s and girl’s rights to enjoy public spaces free from violence

Education: In England, Relationships Education has been compulsory for all students in primary education and Relationships and Sex Education (RSE) for students in secondary education since 2020. Statutory guidance includes the legal duties required of schools as well as expectations around age appropriateness¹³.

Setting	Content
Primary schools	<ul style="list-style-type: none">• Key building blocks of healthy, respectful relationships (focused on family and friends)• All contexts, including online• Information about how to be healthy
Secondary schools	<ul style="list-style-type: none">• Understanding of health with increased focus on risk areas such as drugs and alcohol• Knowledge about intimate relationships, sex, how to have positive and healthy sexual relationships

A review of RSE implementation by SafeLives provided the following recommendations¹⁴:

- Guidance about RSE should reflect the diversity of the population of young people and their relationships including LGBT+ relationships, gender inequality, boundaries and consent
- Governance bodies should support schools to ensure RSE is prioritised and resourced to be embedded using a whole-school approach
- Schools should have a pool of trained RSE teachers who deliver the subject each year, enabling learning and support among staff as well as increased trust among young people.

¹² UN Women (2023). Safe cities and safe public spaces. Retrieved from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/creating-safe-public-spaces>

¹³ Great Britain. Department for Education (2021). Relationships and sex education (RSE) and health education. Retrieved from: <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

¹⁴ SafeLives (2022). “I love it – but wish it were taken more seriously”: An exploration of relationships and sex education in English secondary school settings. https://safelives.org.uk/sites/default/files/resources/RSE_Report_2022_0.pdf

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Bystander interventions: Another promising approach to preventing different forms of VAWG in public spaces are bystander interventions, where people who might witness a form of VAWG play a role in prevention by recognising and responding to behaviours or attitudes. Intervention programmes involve raising awareness about VAWG; building skills (e.g., how to assess a situation, communicate with perpetrators and victims, and get help if needed); and changing social norms about violence and equality. These kinds of interventions support prevention of some forms of VAWG, including intimate partner violence and sexual violence, if specific to the local context and tailored to audiences' learning needs¹⁵.

Services for victims and perpetrators

The National Institute for Health and Care Excellence (NICE) published guidelines in 2014, which set out a series of recommendations for local authorities to apply to address domestic abuse through multi-agency working across different themes¹⁶:

Planning and delivery of services:

- Recommendation 1: Plan services based on an assessment of need and service mapping
- Recommendation 2: Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
- Recommendation 3: Develop an integrated commissioning strategy
- Recommendation 4: Commission integrated care pathways
- Recommendation 5: Create an environment for disclosing domestic violence and abuse
- Recommendation 6: Ensure trained staff ask people about domestic violence and abuse
- Recommendation 7: Adopt clear protocols and methods for information sharing
- Recommendation 8: Tailor support to meet people's needs
- Recommendation 9: Help people who find it difficult to access services
- Recommendation 10: Identify and, where necessary, refer children and young people affected by domestic violence and abuse
- Recommendation 11: Provide specialist domestic violence and abuse services for children and young people
- Recommendation 12: Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
- Recommendation 13: Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
- Recommendation 14: Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse.

Training and professional development:

- Recommendation 15: Provide specific training for health and social care professionals in how to respond to domestic violence and abuse

¹⁵ Great Britain. Public Health England (2020). Bystander interventions to prevent intimate partner and sexual violence: summary. <https://www.gov.uk/government/publications/interventions-to-prevent-intimate-partner-and-sexual-violence>

¹⁶ Domestic violence and abuse: multi-agency working (2014) NICE Public Health Guideline 50. Last update 2018. <https://www.nice.org.uk/guidance/ph50>

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- Recommendation 16: GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
- Recommendation 17: Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse.

In 2022, the Home Office published guidance for commissioners as well as service providers for how commissioned local services can best support victims and survivors in England, with recommendations for different phases of the commissioning cycle¹⁷:

Analyse	Plan	Do	Review
Conducting a specific VAWG needs assessment, with involvement from current or potential service users in the planning process	Develop a strategy with a vision, understanding of the context, the impact of VAWG, a proactive approach to perpetrators	Market development and capacity building should support specialist 'by and for' organisations, smaller and larger organisations	There should be a continuous cycle of review of impact and experiences of services for service users
Mapping existing provision of both commissioned and non-commissioned services (pathways, criteria, gaps, alignment to population needs, effectiveness, value for money)	Equality and diversity considerations must be taken into account across VAWG commissioning processes	Value should incorporate cost as well as savings, recognising that services with higher unit costs may deliver support in a way that reduces costs to other services	Commissioners should seek to understand the extent that services are effective in delivering desired changes and identify what isn't working from victims' and staff's perspectives
Mapping spend	Service specifications should consider the additional needs of VAWG victims including mental health, substance use, disability, language barriers and immigration status		
Co-production of services			

Female Genital Mutilation (FGM): In the UK, FGM is illegal and considered an unacceptable practice – it's a form of VAWG and is sometimes associated with other behaviours that harm women and girls such as forced marriage and domestic abuse. FGM is practiced in some countries in Africa, the Middle East and Asia for a range of complex reasons. In 2020, the national government also published multi-agency statutory guidance about female genital mutilation, including¹⁸:

- There is a mandatory duty to report when a child or young person has informed that they have had FGM or physical signs have been observed in a patient.

¹⁷ Great Britain. Home Office (2022). Violence Against Women and Girls Services: Commissioning Toolkit. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064572/VAWG_Commissioning_Toolkit_2022_Final.pdf

¹⁸ Great Britain. HM Government (2020). Multi-agency statutory guidance on female genital mutilation. Retrieved from: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

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- Organisations should have a designated lead person responsible for addressing FGM with relevant experience and knowledge
- Response to FGM should be everyone's responsibility
- Response to FGM should be informed by the needs and views of women and girls affected
- Commissioned services should work with local community organisations and people with lived experience to meet physical and mental health needs
- Training should include topic overview, laws, potential consequences, procedures to follow when FGM is suspected or known, and roles of different professionals and multi-agency working.

Multi-agency risk assessment conferences (MARACs): MARACs are local meetings where agencies share information about adults at high risk of domestic abuse and discuss options for a coordinated action plan to address the individual's safety, health and wellbeing. The victim is represented by an IDVA in the meeting. Interventions with a MARAC and IDVA service appear to reduce the occurrence of violence experienced by domestic abuse victims¹⁹.

Perpetrator interventions: The Home Office published standards for domestic abuse perpetrator interventions in 2023 which cover intimate partner violence and abuse as well as other abuse where the victim and perpetrator are aged 16 or over and are personally connected. There are different types of interventions set out by these standards²⁰:

- **Help-seeking:** Interventions for people to talk about behaviour early on through a brief intervention
- **Early responses:** This is usually a short-term intervention that involves one to one or group work where information is provided and/or there is an aim to motivate perpetrators to look at joining a behaviour change programme.
- **Behaviour change work:** Longer-term interventions (22+ weeks) for perpetrators where abuse has become an ongoing pattern
- **Intensive multi-agency case management:** Police-identified cases where there is greater harm and risk involved (e.g., repeat call outs or multiple victims); importantly this management includes both coordinated multi-agency response as well as direct work with the perpetrator.

Seven standards were developed, with engagement with practitioners, policymakers, victim-survivors and perpetrators:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victim-survivors, including children.
2. Interventions should be located within a wider co-ordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors and their children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.

¹⁹ SafeLives (2023). <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

²⁰ Home Office, 2023. *Standards for domestic abuse perpetrator interventions*. Retrieved from:

<https://www.gov.uk/government/publications/standards-for-domestic-abuse-perpetrator-interventions/standards-for-domestic-abuse-perpetrator-interventions-accessible>

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4. The right intervention should be offered to the right people at the right time.
5. Interventions should be delivered equitably with respect to protected characteristics that intersect and overlap.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

Police, prison and probation services in local areas are responsible for Multi-Agency Public Protection Arrangements (MAPPAs), which are put into place to manage violent and sexual offenders, including perpetrators of different forms of VAWG. HM Prison & Probation Service published updated guidance for MAPPAs in 2023 which includes information for different partners roles including local authority teams about how to identify and notify offenders; information sharing; risk assessment and management plans; and multi-agency public protection meetings²¹.

So-called 'honour'-based violence or abuse: The police and Crown Prosecution Service define so-called 'honour'-based abuse as *'an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour.'*²² With forced marriage in particular, this happens when one or both individuals do not or cannot consent to marriage and are pressured or coerced²³.

SafeLives (2017) recommends for local authorities to ensure local services, including those working with children, are aware of 'honour'-based violence issues and appropriate reporting procedures; transnational marriage; and how 'honour'-based violence relates to child manipulation by perpetrators and the impact on child contact arrangements²³.

Statutory guidance for handling cases of forced marriage notes that²⁴:

- Forced marriage is commonly unreported and hidden
- Preventing forced marriage should form part of existing child and adult protection structures, policies and procedures
- A victim-focused approach and information sharing are essential
- People with learning disabilities are sometimes forced to marry and there are particular considerations regarding capacity to consent and particular risk factors and reasons (e.g., obtaining a carer, financial security or status)

²¹ Great Britain. Ministry of Justice (2023). Multi-agency public protection arrangements (MAPPA): Guidance. Retrieved from: <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa-guidance>

²² Crown Prosecution Service (2019). So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases. Retrieved from: <https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage-guidance-identifying-and-flagging>

²³ SafeLives (2017). *Your Choice: 'honour'-based violence, forced marriage and domestic abuse*. Retrieved from: <https://safelives.org.uk/spotlight-4-honour-based-violence-and-forced-marriage>

²⁴ Foreign, Commonwealth and Development Office & Home Office (2023). Multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines: Handling cases of forced marriage. Retrieved from: <https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage>

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Health Services

Experiences of VAWG has a range of health consequences on victims²⁵:

- **Physical health:** acute injuries, impairments, gastro-intestinal conditions, chronic pain, death
- **Sexual and reproductive health:** unintended pregnancy, abortion, sexually transmitted infections, pregnancy complications, vaginal bleeding or infections, chronic pelvic infection, urinary tract infections, injuries to the genital area, painful sexual intercourse, sexual dysfunction
- **Mental health and wellbeing:** depression, stress, anxiety disorders (e.g., post-traumatic stress disorder), sleeping and eating disorders, poor self-esteem
- **Behaviours:** self-harm and suicide attempts; harmful substance use; multiple sexual partners; risk of future abusive partners; lower rates of contraception and condom use.

Health systems can play an important role in the prevention and response to VAWG (Figure 2). There is a need for a priority for VAWG in health policies and budget allocations as well as leadership and awareness among health policy makers of the health burden of VAWG and importance of prevention. Health systems should also provide enabling conditions such as coordination, referral networks, protocols, and capacity building. Additionally, there is a need for integration of VAWG into medical, nursing, public health and other curricula and ongoing training. Finally, more research on the health burden of VAWG and interventions for prevention and response to VAWG should be conducted. The role of health care response at different levels of prevention can include²⁶:

Primary prevention	Secondary prevention	Tertiary prevention
<ul style="list-style-type: none"> • Advocacy and awareness • Interventions to address child maltreatment • Reduction of harmful alcohol consumption • Data collection 	<ul style="list-style-type: none"> • Identification of violence • Acute care for health problems • Long-term care for mental and physical health • Referrals to other support services • Data collection 	<ul style="list-style-type: none"> • Rehabilitation • Long-term mental health and other support • Support with wider determinants of health • Advocacy for survivors

In England, there is specific guidance for how health professionals can support adults, young people and children who are experiencing domestic abuse. This guidance, published by the Department of Health in 2017, provides advice on how to identify potential victims, initiate enquiries, and respond to disclosures effectively including making referrals to specialist services²⁷.

Housing

A 'whole housing approach' aims to improve the housing options and outcomes for people experiencing abuse to have stable housing, live safety and overcome their experiences of abuse for all housing tenure types (social housing, private rented sector, privately owned, refuge services, and

²⁵ World Health Organization (2012). Understanding and addressing violence against women: Health consequences. Retrieved from: https://iris.who.int/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf

²⁶ Garcia-Moreno et al. (2015). The health-systems response to violence against women. *Lancet*; 385: 1567–79. Retrieved from: [http://dx.doi.org/10.1016/S0140-6736\(14\)61840-7](http://dx.doi.org/10.1016/S0140-6736(14)61840-7)

²⁷ Great Britain. Department of Health (2017). Domestic abuse: a resource for health professionals. <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>

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supported or sheltered housing)²⁸. This approach also sets out the housing options, initiatives and support that should be offered to victims and survivors. The Domestic Abuse Housing Accreditation (DAHA) is a UK-based accreditation scheme that supports housing providers to respond to domestic abuse. The DAHA includes 8 priority areas²⁹:

1. Staff development and support
2. Policies and procedures
3. Publicity and awareness raising
4. Partnership and collaboration
5. Safety-led case management
6. Survivor-led support
7. Intersectional and anti-racist practice
8. Perpetrator accountability

Inequalities and Social Exclusion

Different population groups can experience specific risks for VAWG and barriers to seeking support. This section describes some of these barriers as well as recommendations. Individuals may experience more than one inequality or form of exclusion.

Disabled women and girls have an increased risk of violence and abuse than those who are not disabled and typically experience abuse for a longer time before accessing support. To address these barriers in the context of domestic abuse, organisations are recommended to³⁰:

- Invest in more in-person services and support, including court interpreters, that are accessible for different abilities
- Ensure institutional advocacy for disabled victims of domestic abuse
- Involve disabled people in prevention of domestic abuse
- Promote greater understanding about the dynamics of disability and domestic abuse
- Promote greater awareness of hidden impairments such as mental illness and learning disabilities.

Women who are Black, Asian and or other minority ethnic groups experience barriers and difficulties in relation to domestic abuse that are additional to those experienced by all victims and survivors. A review of domestic homicides where victims were Black, Asian or minority ethnic women found that common barriers to seeking support with VAWG included³¹:

- Language barriers including lack of independent interpretation
- Social isolation from the wider community and help seeking opportunities
- Pressure from family and community

²⁸ DAHA (2023). What is the Whole Housing Approach? Retrieved from: <https://www.dahalliance.org.uk/innovations-in-practice/whole-housing-approach/what-is-the-whole-housing-approach/>

²⁹ DAHA (2023). What is DAHA accreditation. Retrieved from: <https://www.dahalliance.org.uk/membership-accreditation/what-is-daha-accreditation/>

³⁰ SafeLives (2017). Disabled survivors too: Disabled people and domestic abuse. Retrieved from: <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

³¹ Imkaan & Centre for Women's Justice (2023). *Life or Death? Preventing domestic homicides and suicides of Black and minoritised women*. Retrieved from: <https://static1.squarespace.com/static/5aa98420f2e6b1ba0c874e42/t/655639ddc55be306e7dfa5c5/1700149727418/Life+or+Death+Report+-+Nov+2023.pdf>

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- Lack of trust in and fear of police
- Fear of having children taken away by social services
- Fear of information being shared with immigration enforcement

The Office for Health Improvement and Disparities guidance for healthcare practitioners working with migrant women notes that women who have experienced forced migration are at increased risk of having experienced VAWG (whether prior to, during or following forced migration journeys)³².

Recommendations for supporting migrant and ethnic minority women:

- Work on race/ethnicity should include understanding of the intersections with gender
- Include trauma-informed training in the workforce development strategy for all employees that work with VAWG survivors, which includes the impacts of systemic racism and unconscious bias experienced by Black, Asian or minority ethnic women
- Mandate completion of ethnicity data fields to enable analysis and disaggregation by ethnicity
- Provision of interpreters for accessing services including police for victims and survivors of VAWG, of the sex of choice and ensuring interpreters are briefed about sensitive topics that may be disclosed
- Provide equal support for victims and survivors with insecure immigration status
- Record the immigration status of victims whenever they are not a UK national
- Mainstream victim support services should ensure that Black, Asian and minority ethnic survivors are given the choice to be referred to services which are led and run by 'by and for organisations' (people with similar lived experience)
- Support women to register for GP services.

LGBT+ (Lesbian, Gay, Bisexual, Transgender and additional sexual orientations and gender identities) have increased risks of experiencing abuse by previous intimate partners as well as having experienced abuse as a child or young person. Additionally, LGBT+ individuals may experience abuse related to their identities, such as when a perpetrator holds the victim's trans identity against them as a tactic of abuse. LGBT+ victims of abuse experience barriers to disclosing and reporting abuse, including child sexual abuse, due to homophobia and transphobia in society.

Some indicators of LGBT+ inclusion, in relation to domestic abuse interventions³³, are:

- Training on lesbian, gay, bisexual and transgender and additional identities' needs in relation to service provision
- Monitoring for both sexual orientation and gender identity³⁴
- Advertising domestic abuse services in LGBT+ specific or relevant settings
- Explicitly stating that services are open to LGBT+ victims and survivors online or in promotional materials
- Providing gender-neutral bathrooms on premises
- Requiring or encouraging staff to put their pronouns in their email signatures

³² Great Britain. Office for Health Improvement and Disparities (2021). Women's health: migrant health guide. Retrieved from: <https://www.gov.uk/guidance/womens-health-migrant-health-guide>

³³ Galop (2022). LGBT+ domestic abuse service provision mapping study. <https://galop.org.uk/wp-content/uploads/2022/02/Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf>

³⁴ LGBT Foundation (2021). Monitoring sexual orientation and trans status. Retrieved from: <https://lgbt.foundation/monitoring>

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- Asking new service users their pronouns
- Partnership working with LGBT+ domestic abuse organisations and services
- Recruitment of LGBT+ staff

Recommendations for local actors, such as commissioners³⁵, include:

- Ensure that needs of LGBT+ victims and survivors are considered through service user consultations and forums as well as through Equality Impact Assessments
- Ensure there is enough local specialist support, which might involve regional pathways
- Training, education and awareness efforts should reflect the experiences of LGBT+ victims and survivors
- Collect and analyse data about LGBT+ victims access and experiences and address gaps in knowledge or provision.

Different faith and religious factors can influence the response to VAWG. A report from the Faith and VAWG Coalition which involved mixed-methods research with specialist VAWG organisations found that³⁶:

- Faith and community leaders have an important and unique role
- Faith and community leaders must become more literate regarding different forms of abuse and violence
- Faith and religion can be a source of comfort for some victims and survivors of VAWG
- Faith and religion can also be used as tools of abuse

The recommendations of this report were to³⁶:

- Local and central governments should show they value the work of 'by and for' organisations by adequately resourcing them
- Consider faith communities and leaders as allies in addressing VAWG
- Create and enable spaces that understand the complex relationships between faith and domestic abuse

Women in contact with the criminal justice system are likely to have specific factors, like abuse and trauma, that influence their offending. For instance, nearly two-thirds (60%) of women in custody have experienced domestic violence and almost half (48%) reported committing their offence to support drug use of someone else³⁷.

Prostitution or sex work is diverse in nature and includes a range of activity including street sex work as well as off-street in physical venues and online. People involved in prostitution or sex work experience specific risks due to the stigma associated with the sex industry; as activity is often hidden, this increases the risk of abuse and exploitation. Beyond the Streets, a charity that works with women in the sex industry, has collated information about particular support needs to consider and address. These support needs vary widely and include mental health and emotional wellbeing,

³⁵ SaveLives (2018). Free to be safe: LGBT+ people experiencing domestic abuse. Retrieved from <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

³⁶Faith and VAWG Coalition (2020). *Keeping the faith: What survivors from faith communities want us to know*. Retrieved from: <https://www.faithandvawg.org/blog/keeping-the-faith-report/>

³⁷ Ministry of Justice (2018). Infographic for the Female Offender Strategy. Retrieved from: <https://assets.publishing.service.gov.uk/media/5b32807ee5274a55d4c296bc/infographic-for-the-female-offender-strategy.pdf>

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trauma, relationships, employment and education, abuse, coercion and exploitation, housing, substance use, social stigma, physical and sexual health, and navigating with the criminal justice system. Support to exit or sustain exit from prostitution was identified as a support need for some but not all respondents³⁸.

Guidance from the National Police Chief's Council recommends that professionals who work with people involved in prostitution or sex work should build relationships with partners to facilitate information sharing that generates an accurate understanding of the nature of local issues and vulnerabilities, including online activity. Additionally, partners who engage with people involved in prostitution or sex work should focus on building trust; using open discussion rather than formal questioning; and addressing safety in a sensitive and supportive manner³⁹. Beyond the Streets have also produced guidance for how to collaborate with people with diverse lived experiences of prostitution or sex work, which is essential for the design and delivery of support⁴⁰.

Trauma-informed approaches

Trauma occurs when harmful or life-threatening events or circumstances people experience (such as violence or abuse) have lasting negative effects on their mental, physical, social, emotional or spiritual wellbeing. The Office for Health Improvement and Disparities (OHID) (2022) explains that trauma-informed approaches in care and practice aims to reduce these negative effects among people and communities by addressing barriers that people affected by trauma can experience when seeking services or support. Being trauma-informed means that individuals, services and organisations⁴¹:

1. Realising that trauma can affect individuals, groups and communities
2. Recognising the signs, symptoms and widespread impact of trauma
3. Prevent re-traumatisation

This can be done by applying the six principles of trauma-informed practice, which OHID (2022) described in relation to health and care services:

Safety	The physical, psychological and emotional safety of service users and staff is prioritised
Trustworthiness	Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community
Choice	Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward
Collaboration	The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole
Empowerment	Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level

³⁸Beyond the Streets (2022). Needs of women involved in the UK Sex Industry: Learning from frontline services. Retrieved from: <https://beyondthestreets.org.uk/new-report-highlighting-support-needs-of-women-involved-in-uk-sex-industry/>

³⁹ National Police Chief's Council (2019). National Policing Sex Work and Prostitution Guidance. Retrieved from: <https://library.college.police.uk/docs/appref/Sex-Work-and-Prostitution-Guidance-Jan-2019.pdf>

⁴⁰ Beyond the Streets (2022). Lived experience: learning from others. Retrieved from: <https://beyondthestreets.org.uk/lived-experience-learning-from-others/>

⁴¹ Great Britain. Office for Health Improvement and Disparities (2022). *Working definition of trauma-informed practice*. <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

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Cultural considerations	Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity
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Services and systems that aim to support people affected by violence should be trauma-informed – according to guidance published by the Centre for Mental Health (2022), trauma-informed services for women have ongoing processes, approaches and values that focus on listening to women’s stories; understanding with empathy; responding in timely, holistic and tailored ways to individual needs; and checking with victims that services are listening, understanding and responding appropriately. Services for women should also prioritise equality of access, respect, and empowerment through co-production.⁴²

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⁴² Wilton, J. & Williams, A. (2022). *Engaging with complexity: Providing effective trauma-informed care for women*. Centre for Mental Health.
<https://www.mentalhealth.org.uk/sites/default/files/2022-08/engaging-with-complexity-publication.pdf>

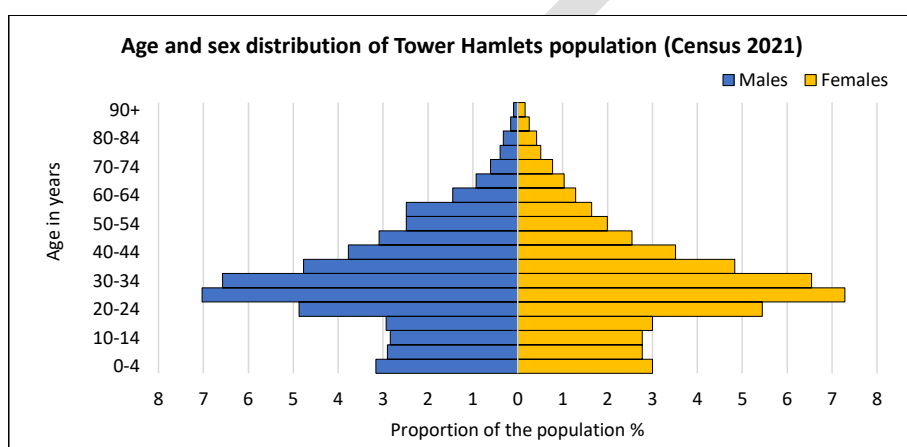
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Chapter 5 Population data

Local population

This section of the needs assessment describes the Tower Hamlets population. When planning interventions to address VAWG, it is essential to consider the local context and population. Certain population groups may experience increased risk of perpetrating or experiencing VAWG. Additionally, many groups may experience barriers due to the way systems, services or information are designed and delivered if their views are not heard.

Age: According to the Census conducted in 2021 by the Office of National Statistics, Tower Hamlets has a total population of 310,300 residents. Tower Hamlets is one of the youngest local authority areas in the country – the median age is 30 years old (compared with 40 years old for England).⁴³



Sex and Gender: 50.2% of these residents were male while 49.8% were female. While 90.7% of Tower Hamlets residents had the same gender identity as their sex registered at birth, 1.0% had a different gender identity to their sex registered at birth.⁴³

Sexual orientation: Among residents aged 16 years old and over, most (83%) identify as straight or heterosexual. However, about 7% of Tower Hamlets residents aged 16 years or older identify as lesbian, gay, bisexual, pansexual, asexual or another queer sexual orientation.⁴³

Health and disability: Tower Hamlets has a relatively high proportion of the population reporting bad (7%) / very bad (2.5%) health⁴³. Healthy life expectancy, which is a measure incorporating self-reported health as well as life expectancy, is lower among women in Tower Hamlets than both London and England. Long-term conditions are prevalent in the borough: 9.7% of adults have a recorded long-term musculoskeletal condition; 7% have hypertension; and 6.6% have diabetes. About 20% of residents report some form of disability – 9% whom report their disability

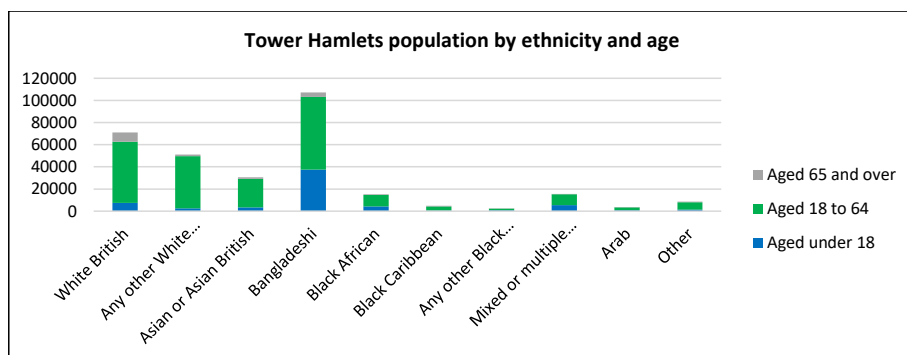
Mental illnesses are also prevalent in Tower Hamlets. Over 50,000 adults have a recorded common mental illness (e.g. depression or different forms of anxiety disorders). Rates of depression and anxiety are higher among female than male residents, while PTSD prevalence is higher among males

⁴³ Office for National Statistics (2023). Census. Retrieved from: <https://www.ons.gov.uk/census>

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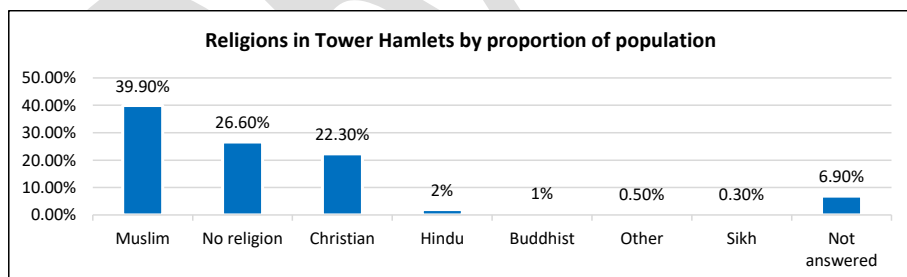
than females. Additionally, 1.2% of the adult population has a serious mental illness (schizophrenia, bipolar, or other psychotic disorder)⁴⁴.

Ethnicity and Culture: Tower Hamlets is a diverse borough in terms of cultures, ethnicities, languages and religions. According to the 2021 Census, Bangladeshi residents are the largest ethnic group followed by White British/Northern Irish. Other ethnic groups make up about one-third of the resident population in the borough.



Just under half of residents born outside of the UK, although many had lived in the UK for at least 10 years while 7.8% arrived in the past 5 years. Nearly two-thirds of households in Tower Hamlets reported that all adults in household have English as main language (62.9%); while some (18.1%) households had at least one adult with English as their main language and other households had no adults with English as their main language (15.7%)⁴³.

Below are the religions people have identified with in Tower Hamlets⁴³:



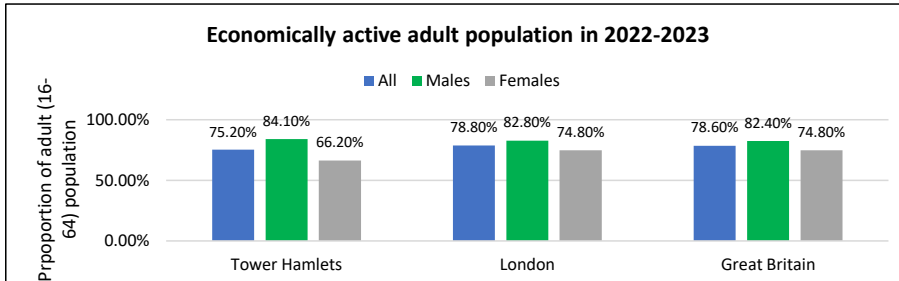
Poverty and deprivation: 11,935 residents are claiming Out-Of-Work Benefits – about 6.1% of males and 5.1% of females. Nearly 1/3 of lower super output areas (LSOAs) are among the 20% most deprived in England; 3/4 of LSOAs are among the 40% most deprived. About 8.7% of households in Tower Hamlets are fuel poor, equivalent to just over 11,000 households.⁴⁵

Economic activity: Tower Hamlets has a lower proportion of the adult female population who are economically active (66.2%) compared with London (74.8%) and Great Britain (74.8%).

⁴⁴ Clinical Effectiveness Group, 2022.

⁴⁵ Great Britain. Department for Energy and Net Zero (2023). Sub-regional fuel poverty data 2023 (2021 data). Retrieved from: <https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2023-2021-data>

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Housing: Tower Hamlets, along with most of Inner London, has very high housing costs – the median monthly rent for a 1-bedroom flat is £1,550⁴⁶. About one-quarter (23%) of households are owner occupied while 34% are social renters and 38% private renters. Tower Hamlets is also very densely populated and 15.8% of households are overcrowded⁴³.

Social relationships: Of the Tower Hamlets residents aged 16 years old and over, 42% have never married, 38% are married or in a civil partnership, 9% are divorced, 8% are widowed, and 3% are separated. 34.5% of 'economically inactive' people report looking after their family/home (APS 2021/2022) and 6.4% of residents provide unpaid care (Census 2021). About 21% of Tower Hamlets residents reported feeling lonely often or always in 2019/2020, similar to London⁴⁷.

Homelessness: The rate of homelessness in Tower Hamlets is 15.2 per 1,000 (similar to London). 1,400 people seen rough sleeping in 2020/2021 (83% male and 17% female).

Substance use: 19.5% of adults binge drink in TH vs. 14.6% in London; 1,945 people in treatment for substance use; 15.1% of residents 18+ are smokers (above London average).

⁴⁶ Mayor of London (2023). London rents map. Retrieved from: <https://www.london.gov.uk/programmes-strategies/housing-and-land/improving-private-rented-sector/london-rents-map>

⁴⁷ Office of National Statistics (2021). Loneliness rates and wellbeing indicators by local authority. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/lonelinessratesandwellbeingindicatorsbylocalauthority>

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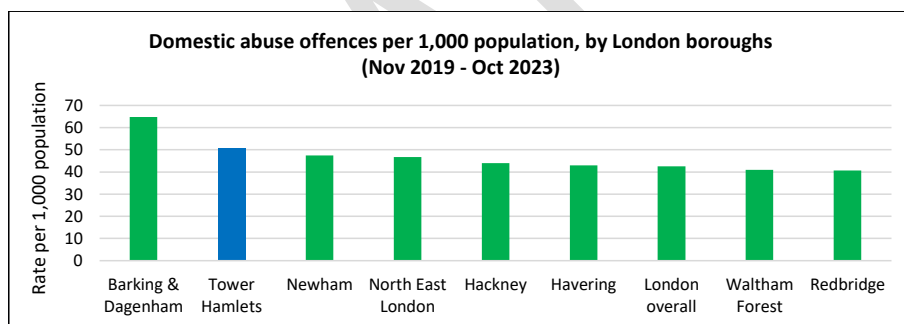
VAWG in the population

The primary sources of information for this section are police-reported crime data from the Metropolitan Police and the national Crime Survey for England and Wales (CSEW). It is worth noting that incidents of VAWG are likely to be underreported in both formal data sources for a range of reasons including stigma, fear of repercussions, and lack of understanding of what is considered to be abuse or violence among community members.

Domestic Abuse

According to the CSEW, approximately 1.7 million women and 699,000 men aged 16 years or older reported experiencing a form of domestic abuse between April 2021 to March 2022. 1 in 5 people aged 16 years or older in England and Wales have experienced domestic abuse. The CSEW in 2019 estimated that 25% of adult women had experienced a form of abuse before the age of 16 years⁴⁸.

There were 1.5 million domestic abuse related incidents recorded by the Metropolitan Police Service (MPS) in April 2021-March 2022. Rates of these recorded incidents have been increasing since 2015/2016 in England as well as in Tower Hamlets. Tower Hamlets has the fourth highest rate of domestic abuse offences per 1,000 population in London in 2022-2023, and the second highest in North East London after Barking and Dagenham for the years 2019-2023⁴⁹.



Suspects of domestic abuse offences⁴⁹:

- Over three-quarters (77%) of suspects were male
- The most common age range was 18-39 years old
- More than two-thirds (70%) of known perpetrators are partners or ex-partners; others include brother, son, and other familial relationships in smaller quantities as well as acquaintances

Patterns among victims of domestic abuse in Tower Hamlets:

- About two-thirds of victims in Tower Hamlets were female
- Over half of victims were between ages 18-39 years old although ~10% are over 50 years old

⁴⁸ Office for National Statistics (2022). Domestic abuse victim characteristics in England and Wales: year ending March 2022. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2022/pdf>

⁴⁹ Metropolitan Police Service (2023). MPS Monthly Crime Dashboard Data. Retrieved from: <https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>

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- Gender differences in number of offences are greatest for victims between 18-40 years old; more similar among those under 18 and over 65
- Nearly half of victims known to police were Asian ethnicities (48%); followed by White (31%), Black (9%), Mixed (3%), and Other (10%)
- Same sex domestic abuse offences make up under 1% of all MPS cases in Tower Hamlets (25-46 offences each year).

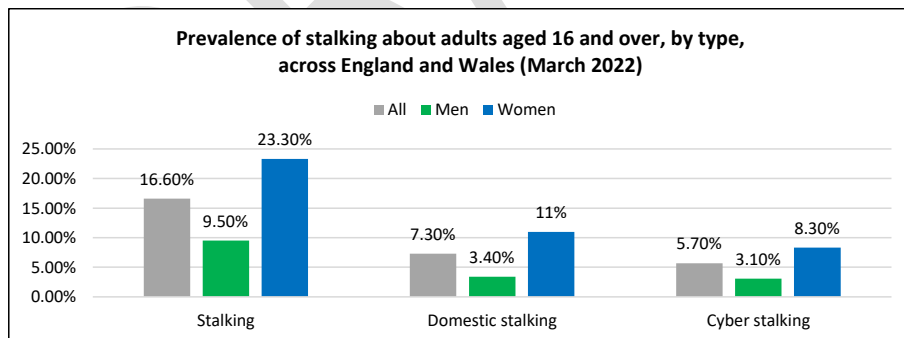
In comparison between different offence categories related to domestic abuse per population over the age of 15 in London, North East London, and Tower Hamlets, Tower Hamlets appears to have higher rates of domestic incidents than England and London. Domestic abuse where there is assault without bodily injury appears to be slightly more common than assault with bodily harm or other jury.

Offence category	London	North East London	Tower Hamlets
Hate Offence -Domestic Incident	8.71	10.18	11.69
Assault without Injury	3.06	3.50	3.63
Actual Bodily harm and other Injury	2.16	2.37	2.58

Between November 2019 to October 2023, a total of 4,044 Adult Safeguarding concerns were raised to Tower Hamlets Council about 2,852 individuals; of these, 508 concerns were related to different forms of domestic abuse.

Stalking and Harassment

Police-recorded crime of stalking has increased greatly since 2015, after stalking was introduced as a separate crime classification in 2014. Adult women are more likely to report ever experiencing stalking than men⁵⁰.



There were 24,383 domestic abuse-related stalking and harassment crimes across London recorded by MPS in 2021/2022, which was 37% of all offences. Below is a comparison of different offence categories related to stalking and harassment per population over the age of 15 in London, North East London, and Tower Hamlets⁵¹.

Offence category	London	North East London	Tower Hamlets
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⁵⁰ Office of National Statistics (2022). Stalking: findings from the CSEW. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/stalkingfindingsfromthecrimesurveyforenglandandwales>

⁵¹ MPS, 2022.

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Sending letters etc with intent to cause distress or anxiety	1.10	1.16	1.27
Pursue course of conduct in breach of Section 1(1) which amounts to stalking	1.09	1.10	1.14
Harassment	0.78	0.84	1.14

Digital and Online Abuse

National data to be added.

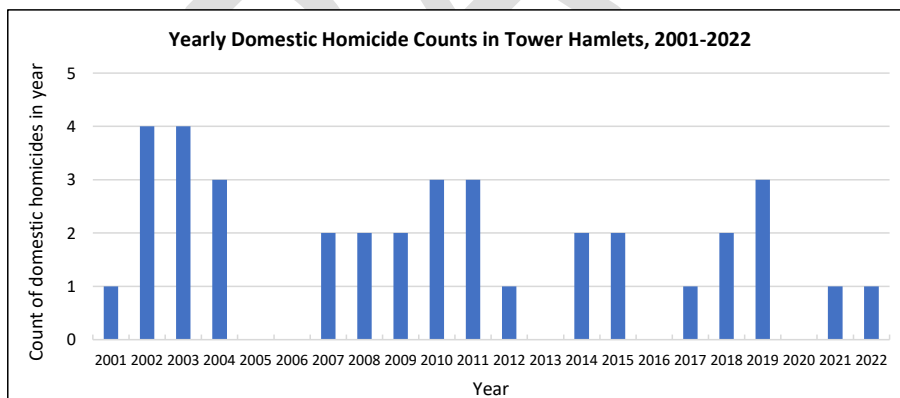
Domestic Homicides

There were about 129 domestic homicides every year in England and Wales in the last decade. Between April 2018 and March 2020, nearly 20% (362 of 1903) of homicides of victims aged 16 years or older in England and Wales were domestic homicides.

The Home Office Homicide Index for 2019-2021 indicated that:

- Nearly 3 in 4 victims of domestic homicide were female (in comparison with non-domestic homicides where nearly 90% of victims were male)
- In nearly all cases of DH where victim was female, the suspect was male (260 of 269) and 3 in 4 of the suspects were a male partner / ex-partner

In Tower Hamlets, 33 of the 108 homicides known to MPS since 2003 were considered domestic homicides. 24 victims were female while 9 were male. Most (26 of 33) were between the ages of 20 to 54 years old⁵².



Sexual Violence

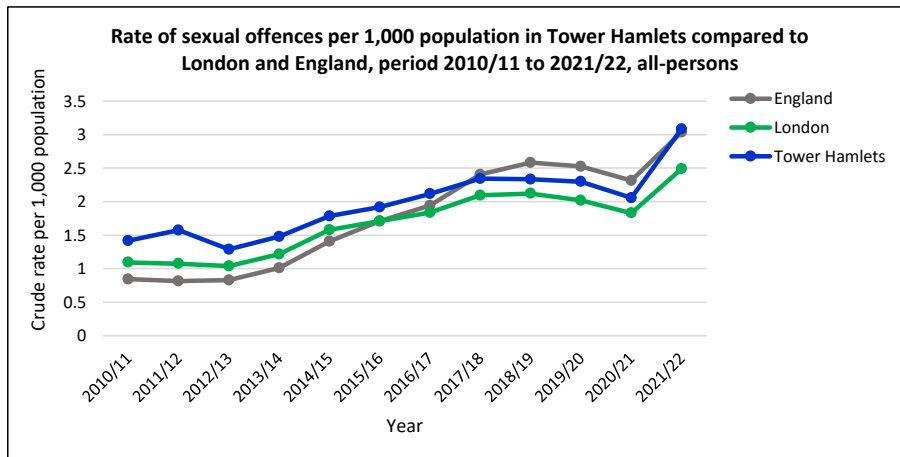
Sexual offences recorded by the police cover a broad range of offences including rape, sexual assault, sexual activity with minors, sexual exploitation of children, and other sexual offences. There are different offence codes used for rape and sexual assault, depending on the age and sex of the victim.

⁵² Metropolitan Police (2023). *Homicide Victims in the MPS, 2003 to 2023*. <https://www.met.police.uk/sd/stats-and-data/met/homicide-dashboard/>

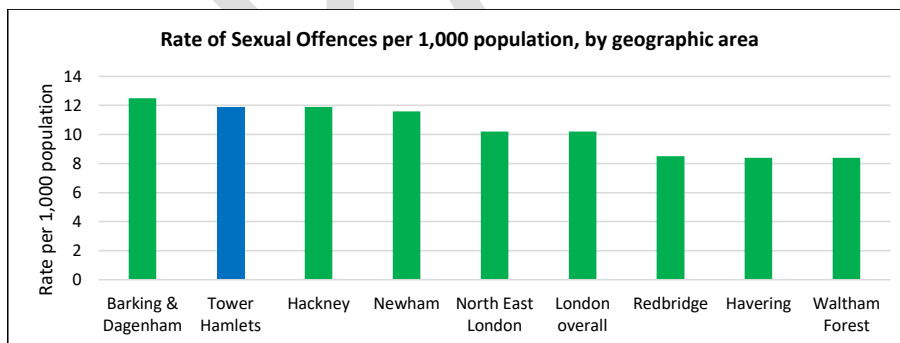
Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

The CSEW data shows that nationally women were more likely than men to be victims of sexual assault in the last year. In the year ending March 2022, 3.9% of women and 1.4% of men aged 16 to 59 years had experienced any type of sexual assault in England and Wales.

Rates have increased steadily across England, London and Tower Hamlets since 2013, with a slight decrease in 2020.



The crude rate of sexual offences per 1,000 people in Tower Hamlets in 2021/2022 was 3.1 per 1,000 – among the highest in London. This reflects a total of 1,024 police-recorded sexual offences during that period.



According to MPS data from 2021-2023⁵³:

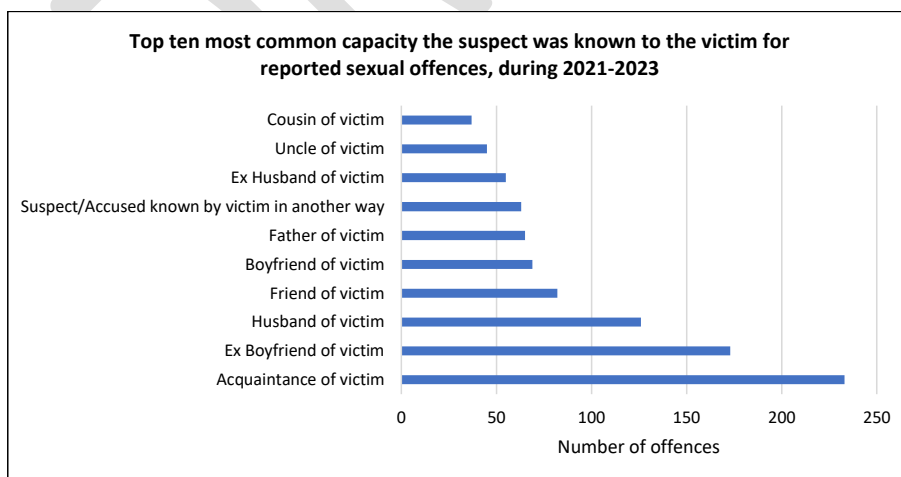
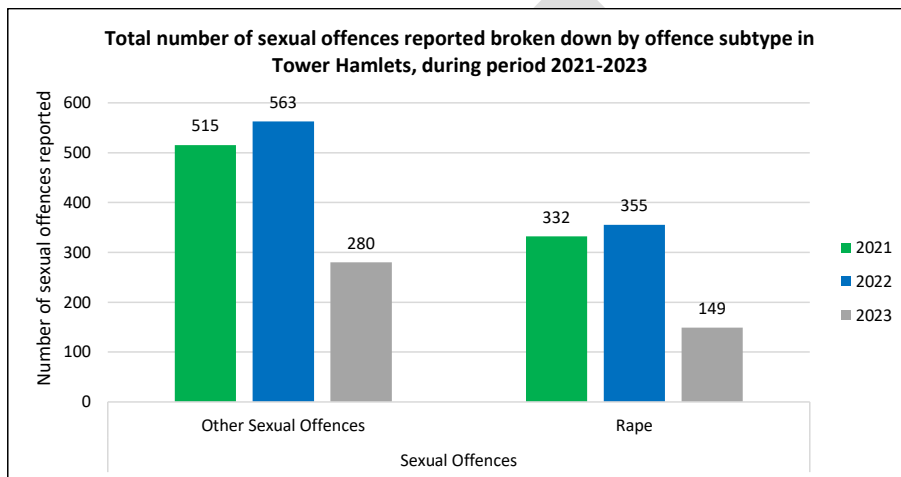
- There were 2,273 sexual offences reported to police in Tower Hamlets.
- There were more 'other sexual offences' than rape offences recorded. Other sexual offences includes a range of crimes: contact sexual assault, grooming, sexual activity with a child, child sexual exploitation, abuse of position of trust of a sexual nature, up skirting, familial sexual offences, exposure, and voyeurism.

⁵³ MPS, 2023.

Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

- Sexual violence victims were most often female (84%) although males (16%) also experienced sexual violence.
- Rates of being a victim of sexual violence are highest among people aged 18-24, 25-29, and those aged 17 and under.
- 5.6% of victims self-identified as having a disability – of these victims, the most frequently reported disabilities were mental health issues (57%) and learning difficulties (17%)
- Where the victim and perpetrator relationship was recorded, the perpetrator was known to the victim in most cases (most frequently an acquaintance, ex-boyfriend or husband if the victim)

Data from Tower Hamlets Council Adult Safeguarding concerns from November 2019 to October 2023 indicated that there were 175 sexual abuse and 50 sexual exploitation concerns raised (of a total 4,044 concerns) – these relate to adults with care and support needs.



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A Survivors UK report summarising survey responses from 505 people identifying as gay, bisexual and men who have sex with men indicated that:

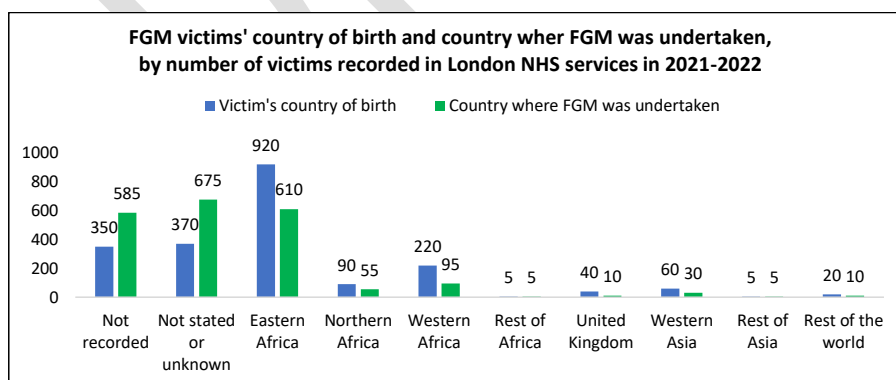
- 45% of respondents had experienced something that could be described as sexual assault
- 50% had experienced sexual or intimate contact without their consent
- 40% had felt pressured into sexual activity they weren't comfortable with
- 28% had a sexual experience where they initially consented but it became something they had not consented to
- 24% had intimate pictures of themselves shared by someone else to others without consent
- 17% had been filmed whilst engaging in sexual activity without consent
- 13% had been involved a chemsex (use of crystal methamphetamine, mephedrone and/or GHB during sex) party involving sexual activity that was not connected to.

'Honour'-based abuse and FGM

So-called 'honour'-based abuse is defined as 'an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour' – this includes female genital mutilation (FGM), forced marriage and other crimes. In the year ending March 2022, there were 2,905 HBA-related offences recorded by the police in England and Wales. Of these, 84 were related to FGM and 172 were forced marriages⁵⁴.

More than 100,000 women who have migrated to England and Wales from different countries are living with the consequences of FGM, with London having the highest numbers of known cases. Considering the diversity of victims and perpetrators in the UK, FGM is called many different names such as 'female genital cutting' or 'cut' as well as numerous terms in other languages.

In the year of April 2021 to March 2022, over 2,000 women and girls were recorded as being a victim of FGM attending NHS services in London. Where the location was known, the FGM was more frequently among people born outside of the UK and the FGM itself was most frequently undertaken outside of the UK.



⁵⁴ Office of National Statistics (2023). Statistics on so called 'honour-based' abuse offences, England and Wales, 2022 to 2023. Retrieved from <https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-2022-to-2023/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-2022-to-2023#key-results>

Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

The Forced Marriage Unit, a joint operation between the Home Office and the Foreign, Commonwealth and Development Office (FCDO), leads on policy, outreach and casework related to forced marriage. This operation recorded and gave advice or support for 302 cases in 2022. Of these cases⁵⁵:

- **Location:** one-fifth of cases were in London while most other cases were in other regions of England
- **Age:** most related to people between the ages of 16 to 25 years old (55%), although 14% of cases were people aged 15 years old or younger and 27% of cases were people aged 26 years old or older.
- **Nationality:** three-quarters of cases were among British nationals (including those with dual nationality) and 19% of cases were among non-British nationals.

Prostitution

Measuring participation in prostitution is challenging for several reasons, including stigma and privacy; the range of activities; and the transience of activity. In 2021, LBTH commissioned Beyond the Streets to produce a scoping report about off-street sex industry in TH (there is currently provision only for women selling sex on-street). Off-street includes: escorting, sugar arrangements, brothels, massage parlours or saunas where sexual services can be bought, sexual entertainment venues, pornography, etc. The majority of people involved in escorting and brothels are cis women, with smaller numbers of trans women and cis men. Analysis of escorting websites where available in NEL found over 600 women (majority non-British), 16 men (majority British) and 10 trans people (majority British)⁵⁶.

Modern Slavery

Modern slavery includes any form of human trafficking, slavery, servitude or forced labour. The national referral mechanism is a framework for identifying and referring potential victims of modern slavery so they receive the right support. In 2022, there were nearly 17,000 potential victims of modern slavery referred to the Home Office and the vast majority (16,821) reasonable grounds decisions were issued for these referrals. Over three-quarters potential victims were male (78%) while 21% were female. Labour exploitation makes up the highest proportion of exploitation type for adult victims while criminal exploitation makes up the highest proportion of exploitation type for child victims (aged 17 years old or under)⁵⁷.

A snapshot of MPS data in Tower Hamlets from a six month period in 2023 indicated there were 33 known survivors of modern slavery or human trafficking. About one-third (33%) of these individuals were female while 42% were male. The majority (30 or 33) of the individuals were aged 18 years or older. From November 2019 to October 2023, there were 34 Adult Safeguarding concerns raised related to modern slavery or human trafficking (adult safeguarding concerns relate to adults who have care and support needs).

⁵⁵ Home Office & FCDO (2023). Forced Marriage Unit Statistics 2022. Retrieved from: <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2022>

⁵⁶ Beyond the Streets (2021). The off-street sex industry in Tower Hamlets: Scoping report to inform service provision.

⁵⁷ Home Office (2023). Modern Slavery: National Referral Mechanism and Duty to Notify statistics UK, end of year summary 2022. Retrieved from: <https://www.gov.uk/government/statistics/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2022>

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Impact on Health, Wellbeing and Socioeconomic Factors

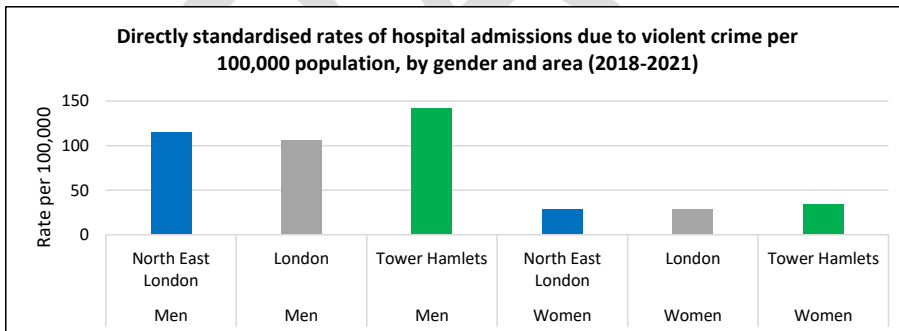
Socioeconomic needs

The LBTH Housing Options team record reasons for seeking support with homelessness, including abuse. From 2018-2023, there were an average of 2098 homelessness approaches to the Council each year, of which an average of 219 or 10% were reportedly related to domestic abuse.

Health and wellbeing

VAWG, including intimate partner violence, is associated with poor mental health, self-harm and suicidality⁵⁸. In local mental health services, patients' experiences of domestic abuse, sexual violence and other forms of VAWG are typically recorded in free text notes which are not easily exported for analysis. Therefore, this information was not included in this needs assessment. However, anecdotal information from professionals from local mental health and wellbeing services such as the 24/7 mental health crisis line and local suicide prevention services indicates that patients or service users have reported that being a victim of VAWG has negatively impacted their mental health.

Experiencing certain forms of VAWG can also negatively impact physical health. However, due to the varying nature of the harm from abuse and violence (e.g., if harm was not physically severe or if a victim was afraid to attend services), many victims may not present to physical health services and therefore the physical harms may not be recorded in health data. Tower Hamlets has one of the highest rates of emergency hospital admissions due to violent crime, including sexual violence, in London (59.9 per 100,000 compared with 44.3 per 100,000 for London overall). Men have higher rates of hospital admissions due to violent crime, including sexual violence, than women.



Chapter 6 Local programmes, services and other interventions

VAWG Strategy and Delivery Plan 2019-2024

The current Tower Hamlets VAWG Strategy for 2019-2024 has 3 priority areas, with aims and objectives for each⁵⁹:

Priorities	What we want to achieve	How will we do this?
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⁵⁸ McManus et al (2022). Intimate Partner Violence, Suicidality, and Self-Harm: A Probability Sample Survey of the General Population in England. The Lancet Psychiatry, doi: 10.1016/S2215-0366(22)00151-1

⁵⁹ Tower Hamlets Council (2019). Tower Hamlets Violence Against Women and Girls Strategy 2019-2024. Retrieved from:

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.towerhamlets.gov.uk%2FDocument%2FCommunity-safety-and-emergencies%2FDomestic-violence%2FVAWGStrategy2019-24.docx&wdOrigin=BROWSELINK>

Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

<p>Engage with communities to raise awareness and challenge misogyny</p>	<p>1) Agencies and residents challenge misogynistic attitudes and behaviours 2) A 'Think Family' approach to tackle VAWG 3) Schools know how to identify signs of VAWG 4) Young people have an awareness of VAWG 5) Increased community understanding and challenge of 'harmful practices' 6) Support parents and children to enable understanding about adverse childhood experiences and their impact on health and behaviour</p>	<p>1) Lobby the Government to make misogyny a hate crime 2) Co-ordinate a bi-annual forum for VAWG Champions and agencies to learn about local and national VAWG provision 3) Utilise multi-agency forums to address the needs of the entire family 4) Publicise and develop anti-VAWG campaigns in accessible formats 5) Offer schools targeted support around VAWG 6) Promote key messages through faith groups 7) Deliver training and family reflective practice around adverse childhood experiences</p>
<p>Support and protection for victims</p>	<p>1) Victims know how to access specialist VAWG support 2) Victims of VAWG have safe temporary accommodation if they choose to leave their home 3) Further develop Tower Hamlets Council Housing response to victims of VAWG 4) Agencies are confident working with VAWG victims with multiple needs through a trauma-informed approach 5) VAWG victims are able to remain within their communities if it is safe to do so 6) VAWG victims utilising the Criminal Justice System have high satisfaction 7) Early identification of family needs around VAWG</p>	<p>1) Maintain provision to support VAWG victims and review current delivery model 2) Maintain refuge and Sanctuary Scheme provision 3) Achieve Domestic Abuse Housing Alliance (DAHA) accreditation 4) Implement a relationship based practice model and trauma informed social work practice to prevent and reduce harm 5) Support VAWG victims going through the Criminal Justice System 6) Improve risk assessment tool for children with adverse childhood experiences including those at risk of sexual exploitation 7) Enable front line staff to intervene, especially in relation to drug and alcohol use, mental health and VAWG</p>
<p>Bringing perpetrators to justice</p>	<p>1) Perpetrators will be dealt with robustly through the Criminal Justice System 2) Perpetrators will not be 'hidden' within statutory processes 3) Lessons learned through Domestic Homicide Reviews, both locally and nationally 4) Victims experiences improve processes 5) Agencies are held to account for how they are disrupting perpetrators</p>	<p>1) Police and Specialist Domestic Abuse Court monitor their outcomes to maximise on bringing perpetrators to justice 2) Agencies will engage with or signpost VAWG perpetrators to encourage behaviour change 3) Disseminate learning from local and national Domestic Homicide Reviews 4) Act upon feedback received from victims</p>

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	<p>6) Identify and target areas where child sexual exploitation, sexual abuse and prostitution occur</p> <p>7) Examine the relationship between extremist activity and perpetrators of VAWG</p>	<p>5) Monitor and address hotspots where child sexual exploitation, sexual abuse and prostitution occur</p> <p>6) Commission research to identify links between extremism and perpetrators of VAWG</p>
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The VAWG Strategy Steering Group, a multi-agency group led by the Senior VAWG and Hate Crime Manager, has provided oversight of the implementation of the Strategy through annual Delivery Plans, monitored quarterly. According to the Terms of Reference, the group also has aims to:

- Ensure the partnership focus on the priorities of the VAWG Strategy
- Identify and resolve gaps in services to ensure adequate provision across all the VAWG strands
- Improve accountability and ensure quality assurance
- Increase awareness and understanding of VAWG amongst staff, policy makers and the community as a whole through the provision of information, public awareness campaigns, training and events
- Review and develop trauma informed responses to victims of VAWG, hold perpetrators accountable for their abusive behaviour and focus on early intervention
- Reduce duplication of effort, and provide greater efficiency and consistency across agencies
- Improve communication and transparency amongst agencies
- Improve sharing of good practice and lessons learnt
- Provide long term direction and vision for the area, including prioritisation of work-streams
- Manage performance
- Identify and resolve area wide issues
- Monitor and review voices of survivors of all forms of VAWG

The following sections summarise some of the progress towards addressing local needs that have been taken in the past few years, most of which are monitored within annual VAWG Delivery Plans. The monitoring information in the delivery plans is stored as free text, frequently with different indicators of delivery included in the same cell (reducing the ease and speed of analysis).

Prevention and Community Response

Education and Awareness

The LBTH VAWG team have delivered training and outreach sessions for professionals across Tower Hamlets since 2019 about a range of topics including coercive control, adult family violence, economic abuse, intimate partner violence, domestic abuse awareness, and good practice for housing professionals. The trainings have reached large numbers of participants each year. In addition to these training sessions, the VAWG team also trained 220 VAWG Champions trained between 2019-2023 to help professionals and community members feel supported to signpost victims of VAWG to support services and raise awareness about VAWG issues wherever they are located.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of training and outreach sessions	140	98	128	121
Number of people trained	2025	1652	2012	2076
Number of VAWG champions	66	33	73	48

Tailored training has also been provided to specific audiences in Tower Hamlets:

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- **Social care:** Tailored training has been delivered to Children's Social Care via the Social Work Academy.
- **GP Practices:** the IRIS programme was funded to support local GP surgeries to offer tailored training on domestic violence and abuse to support domestic abuse victims at an early stage. While the programme was running in Tower Hamlets, a total of 15 practices were trained (of the 36 GP practices in TH) and 76 clinicians.
- **Schools:** VAWG Training was delivered to 20 schools staff across 10 schools in 2020-2021. Talks with schools have begun about their policies, 'Anti-VAWG' pledge, and training for the new school year in September.
- **Parents:** 4 sessions were delivered via St Pauls Way Trust School to raise awareness about toxic masculinity, misogyny, and peer-on-peer sexual abuse.
- **Residents:** FGM education sessions have been delivered with 86-116 residents each year.

Information about delivery of RSHE by the Healthy Lives team to be added.

Trauma-informed practice: Training about trauma-informed practice and approaches has been provided to over 2,000 staff across a range of sectors including social care, health, housing, education and the voluntary sector. Pilot projects have been funded to explore how to apply trauma-informed practice training in real-world settings such as hostels, employment services and maternity services. The evaluation from this programme of work indicated that although the initiatives have supported wellbeing and relationship building, there is more organisational support and resources needed for trauma-informed approaches to be fully applied in settings. Currently, there is a local community of practice in place to support local professionals with continuous learning and application in their organisations and services, which is attended by 10-30 professionals each month.

The VAWG and Hate Crime Team responded to a Law Commission consultation advocating that misogyny is considered as a hate crime. Misogyny and Allyship training was developed to target male allyship in the Council and there are 25 men who have joined the Male Allies group. The LBTH VAWG team have coordinated the local delivery of the 16 Days of Activism, an annual international campaign against gender-based violence which begins on 25 November (International Day for the Elimination of Violence Against Women). This yearly campaign has included a range of engagement activities such as workshops, social media and leaflets.

There is also an extensive online VAWG service directory on the Tower Hamlets Council website, which has information about VAWG including training as well as a directory of local and national services for different VAWG-related issues⁶⁰.

Furthermore, the VAWG team disseminated information about VAWG via social media and other mediums. The long standing local Domestic Abuse No Excuse Campaign was continually promoted to encourage reporting and access to support, in addition signing up and promoting national campaigns like Ask Angela to support women who attended venues within the Night Time Economy. The Ask Ani Campaign was also adopted locally to increase means of reporting via local pharmacists. The Home Office also launched the You Are Not Alone Campaign which aimed to encourage victims to come forward.

⁶⁰ Tower Hamlets Council (2023). Violence Against Women and Girls (VAWG) service delivery. Retrieved from: [Violence Against Women and Girls \(VAWG\) service directory \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk/vawg-service-directory)

Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

Community Safety

There have been efforts to create a safer environment for women and girls in the Tower Hamlets community including in specific places:

- Engagement with local businesses and Public Realm (e.g., encouraging businesses to adopt the Ask Angela campaign and sign up to the Women's Night Safety Charter)
- The Licensing Policy consultation conducted in 2023 included question on including misogyny and drink spiking. This applies to premises where alcohol is sold or supplied as well as late night food or drink premises and regulated entertainment venues.
- A police and education safeguarding partnership 'Operation Encompass', enabling schools to enable early intervention and offer immediate support to children experiencing domestic abuse. There are more than 100 schools signed up to the partnership.
- There has been a recruitment drive for additional Tower Hamlets Enforcement Officers in 2023, with an aim to recruit more women.
- LBTH Council's Domestic Abuse and Sexual Harassment in the Workplace policy was reviewed in 2023, which sets out the responsibilities of staff and managers as well as how Council staff can raise issues and address perpetrators.

Support and Protection for Victims

National support

There are national services available for specific issues and populations, who also signpost or refer to local services:

- National Domestic Abuse Helpline provided by Refuge
- 24/7 Rape & Sexual Abuse Support Line provided by Rape Crisis England and Wales
- Men's Advice Line
- Muslim Women's Network Helpline
- National Helpline for LGBT+ Victims and Survivors of Abuse and Violence provided by Galop.
- The Forced Marriage Unit

Local support

Independent Domestic Violence Advocate (IDVA) Provision: IDVAs' main purpose is to address the safety of victims at high risk of harm due to domestic abuse. Typically, IDVAs work with clients from a point of crisis by assessing risk levels, discussing suitable options and developing safety plans for the short and medium term. In Tower Hamlets, The VAWG Team commission the domestic abuse casework service to Solace Women's Aid and attained 4 short-term grants of varying lengths to increase provision from 3.5 Independent Domestic Violence Advocates (IDVAs)/caseworkers to 14.1 IDVAs. This enabled the new service to support more victims with specialist provision for Bengali/Sylheti victims at risk of homelessness, victims of economic abuse, victims whose mental health was impacted and Somali women.

On average across the three years, nearly all (96%) victims supported by the LBTH domestic abuse service were women. Between 91-99% of those supported by an IDVA felt safer and between 98-99% felt satisfied with support received. The newly commissioned service monitors the types of domestic abuse that victims experience. 37% of all service users supported experienced stalking/harassment; 20% sexual abuse; 3% honour-based abuse; 1% forced marriage and 1% female genital mutilation. Specialist IDVA support is also available for economic abuse, housing and health.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of referrals to IDVA service	564	1370	1586	1643

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Victims of VAWG feel more confident after IDVA support	98%	99%	91%	82%
Victims feeling safer after IDVA support	99%	96%	98%	90%
Victim satisfaction after IDVA support	99%	96%	98%	90%

Haawa Project: To reach a wider proportion of residents, particularly women who experience barriers to accessing mainstream services, the Haawa project was delivered by Women’s Inclusive Team. The project supported over 62 survivors over a 12 month period, all from different ethnic communities (80% Somali, 10% Bangladeshi and 10% other Black and Asian minorities) and reached more than 500 people through awareness campaigns.

Sister Circle: Between 15-30 survivors of FGM are supported each month by Sister Circle, who provide holistic support for women experiencing health complications because of FGM, as well as one-to-one advocacy and counselling. Services are provided in English and Somali. Additional funding allocated to this service has reduced barriers of childcare and transport. Sister Circle also provide FGM awareness raising sessions which are targeted at specific groups including men and boys, health professionals.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of FGM survivors supported	88	86	116	99

Shewise: This pan-London domestic abuse service tailored towards minority ethnic women and girls, with an aim to offer holistic The service has supported 130 women since it re-launched in 2022, and despite being based in Hounslow, 12% of service users have been Tower Hamlets residents.

Housing: In England, the number of refuge bed spaces has increased in recent years in England to 4,332 in 2022. However, this is still lower than the minimum number of bed spaces recommended by the Council of Europe. In the year ending March 2021, 61.9% of referrals of women to refuge services in England were declined. Tower Hamlets has two women’s refuges with 34 bed spaces in total, including a specialist refuge for Asian women.

LBTH also provide accommodation support via the Sanctuary Scheme project, which provides free, tailored security for the homes of up to 60 victims of domestic abuse so they can remain in the borough). Victims must have a sole tenancy (not a shared tenancy with the perpetrator).

LBTH commission Riverside Hostel, a supported accommodation for single women with complex needs. There has been cross-department working within the Council to ensure women in contact with the criminal justice system and victims of VAWG have safe and suitable accommodation.

LBTH is implementing a project to attain Domestic Abuse Housing Accreditation and has undergone a review of all domestic abuse practices in Housing services. This has previously been delayed due to competing housing priorities but is now underway.

Support for victims of sexual violence: The Havens are specialist centres in London for people who have been raped or sexually assaulted in the past year, including one located at Royal London Hospital. The service can be accessed 24/7 and provide urgent support with forensic medical

Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

examinations. The Havens also provide emergency contraception, counselling, tests and treatments. Their services are free of charge and provided to women, men, young people and children.

East London Rape Crisis (NIA) provide support to victims of rape and sexual abuse in Hackney, Havering, Tower Hamlets, Newham, Waltham Forrest, Redbridge, and Barking and Dagenham. NIA provide support by phone, email and online chat; individual counselling. NIA also have Independent Sexual Violence Advocates (ISVAs) as well as support for young women and girls aged 11+ who provide emotional and practical support as well as advocacy navigating the criminal justice system.

Prostitution exit: The Door of Hope project delivered by Beyond the Streets supports women involved in prostitution through daytime support and evening outreach. There are currently 30 women on the active caseload for the service.

Health and wellbeing: There is a team at Royal London Hospital (the Gateway Team) which provides support to vulnerable pregnant women including victims of domestic abuse, complex safeguarding issues as well as teenagers. The team provide tailored antenatal and postnatal care in community clinics and women's homes. In addition, All East provide a psychosexual support service for people experiencing different sexual difficulties including those associated with sexual trauma. In 2022, about 14% of the 500 patients assessed for the psychosexual service involved sexual violence, rape or assault. An additional 22% of referrals presented with 'pain with penetrative sex'.

Woman's Trust provide support groups for women who have lived experience of domestic abuse across London, including Tower Hamlets, with aims to reduce stress and anxiety, improve self-esteem, and reduce social isolation. Generic mental health services also provide support for issues that may be related to trauma from experiencing VAWG. Tower Hamlets Talking Therapies provide short-term services for people with depression and/or different forms of anxiety, including post-traumatic stress disorder, which adults in Tower Hamlets can self-refer themselves to for self-directed, one-to-one and group-based psychological treatments. There are also a range of secondary mental health services provided by East London NHS Foundation Trust and Neighbourhood Mental Health Teams for people with severe mental health issues that may be related to experiences of VAWG, such as complex trauma and emotional needs.

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Perpetrator response

Sanction Detections: There are low sanction and detection rates for perpetrators. In Q1 2023-2024, these were 9% for the Domestic Abuse Sanction Detection rate and 10.6% for the Sexual Offences Sanction detection rate. There is currently a push to reduce outstanding suspects for domestic abuse offences with significant funding and support from specialist crime.

Specialist Domestic Abuse Court (SDAC): The SDAC was introduced to increase ease of victims of domestic abuse to access the criminal justice system, improve experiences of the court process, and increase the proportion of successful outcomes. There are specially trained personnel and measures in place to support victims such as separate locations for entrance, exit and waiting areas.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Conviction rate at Specialist Domestic Abuse Court (SDAC)	72%	Not available	65%	71%
Witness satisfaction rate at SDAC	74%	Not available	72%	Not available
Victim attrition rate	38%	55.3%	54.1%	Not available

Perpetrator Behaviour Change: The Positive Change Service (PCS) is part of and receives referrals from LBTH Children's Social Care as well as Early Help. The aim of the programme is to increase the safety and wellbeing of children and adults affected by domestic abuse and develop effective, sustainable interventions with perpetrators, survivors and children. PCS interventions are informed throughout by an understanding of trauma, gender, culture and intersectionality. The programme applies the following principles:

- Holding perpetrators to account for their behaviour and providing opportunities for change
- Supporting - not burdening - victims/survivors of domestic abuse
- Understanding and working to repair the impact of the abuse on the child and their relationships

The aims of the perpetrator component of the programme are to increase understanding of impacts of violence and abuse on victims including children; increase understanding of factors like trauma and power dynamics; and develop emotional regulation as well as de-escalation and conflict resolution skills. In the year 2022-2023, 33 perpetrators, 98 survivors, and 19 children completed most or all of the programme.

Audience	Referred	Assessed	Began programmes	Completed between 75%-100% of programme
Perpetrators	164	106	60	33
Survivors	229	155	123	98
Children	30	26	26	19

Prostitution: From 2019-20 Q3, referrals into the 'You Choose' programme, a diversionary education programme for buyers of sex, stopped, which meant only 28 men were referred into the service.

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Police committed to running 4 kerb crawler operations annually to target buyers of sex however only 3 operations ran due to Met police resource allocation.

Multi-agency arrangements

Multi-agency risk assessment conferences (MARACs): Hundreds of cases are discussed each year through MARACs, with a relatively low repeat victimisation rate. A review of MARACs in Tower Hamlets has been conducted.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of cases discussed at MARAC	406	560	583	567
Number of repeats MARAC	57	102	108	98
Repeat victimisation rate	14%	18%	19%	17%

Domestic Homicide Reviews: An analysis of 11 Domestic Homicide Reviews in Tower Hamlets has provided learning and 60 recommendations for a wide range of stakeholders (health, housing, police, Crown Prosecution Service, Adult Social Care, the LBTH VAWG team, substance misuse services and Children's Social Care) regarding training, policy, information sharing, referral processes and other topics.

Information about the Modern Slavery forum to be added.

Information about the Women in contact with CJS partnership to be added.

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Chapter 7 Local perspectives

VAWG Engagement Survey and Workshops

To inform this needs assessment, LBTH Public Health gathered information about a range of VAWG-related topics from local residents between August to November 2023 using a survey (conducted both online on Microsoft Forms and on paper forms) as well as several in-person engagement workshops led by local voluntary and community sector organisations. The information included demographic characteristics, awareness of services, barriers, helpfulness of services and ideas for addressing local barriers and issues.

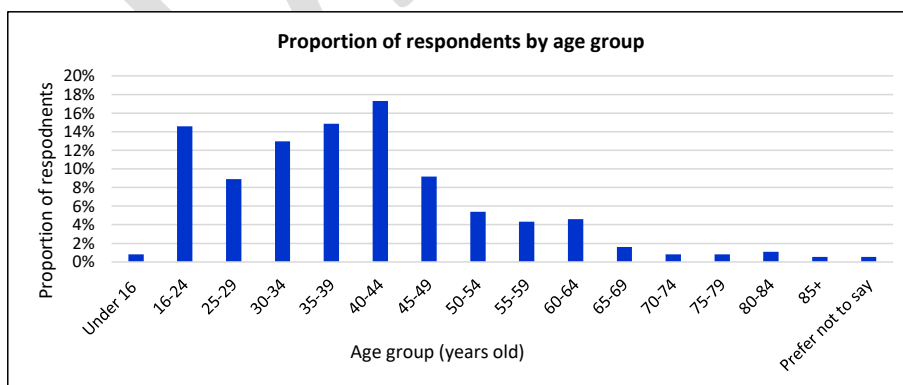
Profile of Respondents

A total of 370 people who live, work, study or visit Tower Hamlets responded to the survey. Of the respondents, most had never been involved in planning, designing or reviewing action to prevent or address VAWG in Tower Hamlets previously – although 8% had.

The survey respondents represent a range of demographic groups:

- **Age:** 51% aged 16 to 39 year olds, 41% aged 40 to 64 year olds and 5% aged 65 years or older
- **Gender:** 84% women, 9.73% men, 1% non-binary or gender queer, 0.5% other, 2% prefer not to say
- **Ethnicity:** 45% Asian (including 38%), 25% Black (including 18% Somali), 22% White, 5% Mixed or multiple ethnicities, 2% prefer not to say
- **Religion:** 63% Islam, 13% Christianity, 1% Agnostic, 1% Undecided, 0.83% Hinduism, 0.6% Humanism, 0.3% Judaism, 0.3% Buddhism, 16% no religion, 4% prefer not to say
- **Sexuality:** 84% heterosexual, 9% LGB+, 8% prefer not to say
- **Disability and long-term conditions:** 19% have a disability or long-term condition (including learning disabilities, mental health conditions, physical impairments, or sensory impairments), 75% had no disability nor long-term condition, 6% prefer not to say
- **Parenting and caring responsibilities:** 50% neither parent nor carer, 45% parents, 8% carers for adults
- **Pregnancy and maternity:** 3% pregnant currently or in the past year, 93% no, 3% prefer not to say
- **Housing:** 45% social renters, 24% homeowners, 17% private renters, 4% staying with friends/family, 1.5% in temporary accommodation, 7% prefer not to say

Commented [AB1]: It would be great to see breakdowns of top priorities and concerns for other groups as well, such as respondents under 25, respondents over 65, Bangladeshi respondents, and LGBTQ respondents.



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The three workshop discussions that LBTH Public Health held in September-October 2023 were supported by different voluntary sector organisations who work with specific groups: carers, Somali women, and residents living at the specialist refuge for Asian women.

Survey and Workshop Findings

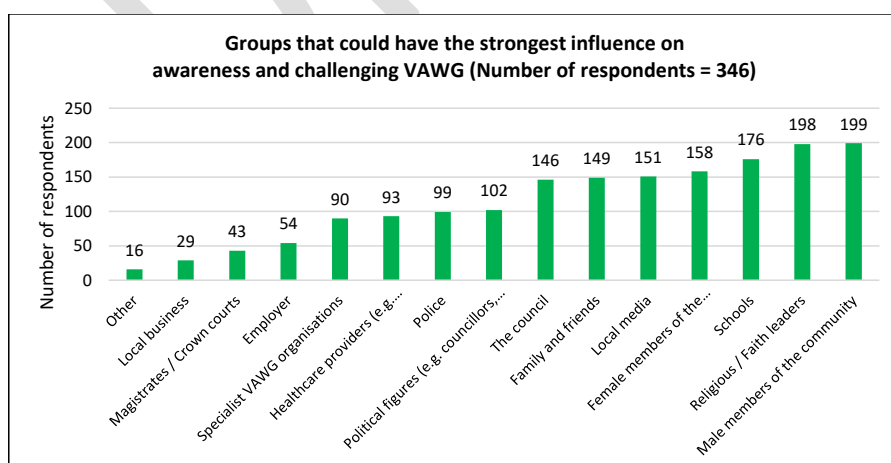
Societal and community influences on VAWG

Respondents noted issues that increase the likelihood of VAWG in Tower Hamlets, including:

What do you think are the main issues that make violence against women and girls more likely?	Number of respondents
Total	351
Wider social issues such as poverty, housing, lack of opportunities	207
Lack of education / awareness among young people	212
Lack of education / awareness among adults	199
Cultural / social norms against women or girls (misogyny) in media	212
Cultural / social norms against women or girls (misogyny) in community, school or work	207
Cultural / social norms for how men or boys should behave (e.g., toxic masculinity)	216

In the workshops with Somali women and at the specialist Asian women's refuge, participants shared that they think wider social issues they face can interact with cultural and social gender norms in their community to negatively influence relationships. For instance, one participant explained how experiencing barriers to employment creates added pressure for men with traditional gender roles as breadwinners while living in overcrowded housing, particularly in large families, adds more stress to existing conflicts between partners. Another participant shared that some men can be dismissive of women's contributions. Some men try to isolate women and prevent them from taking part in the wider community. Lack of control over finances and housing as a woman had an influence on multiple women's experiences of VAWG.

Survey respondents also shared their views about which groups could have the greatest influence in raising awareness and challenging attitudes around VAWG. The groups that were most frequently selected were male members of the community, religious and faith leaders, and schools.



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Personal experiences of VAWG in the borough

A total of 34 of these respondents (9%) self-identified as a victim of VAWG. However, greater numbers of respondents identified experiences they had in Tower Hamlets which are related to VAWG (respondents could select more than one option from the list of experiences):

Have you experienced any of the following in Tower Hamlets in the past year?	Number of respondents
Total	276
I have not experienced any of the above	95
A stranger catcalling, wolf whistling or making other provocative sounds at you	83
A stranger intentionally brushing up against you or invading your personal space in an unwelcome way	77
Unwanted contact in a public space - examples shared included public transport, in parks, and on the street	66
Unwanted contact in a social setting (e.g. parties, festivals, bars)	37
Received unwanted images or text(s) of a sexual nature	28
Being pressured by someone to do something sexual	24
Unwanted contact in the workplace	17
Someone taking and/or sharing sexual pictures or videos of you without your permission	7
Unwanted contact in a place of worship	5

Preferences for first seeking support

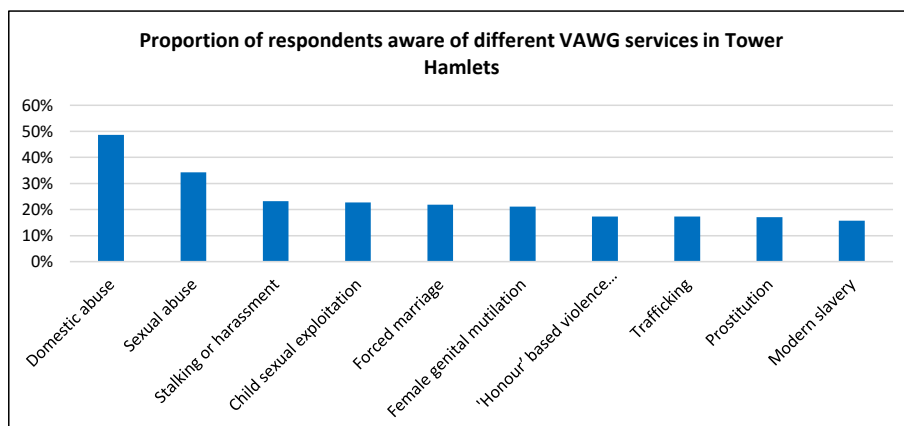
Of the 341 respondents who answered the question 'Who would you most likely speak to first if you had experienced a form of VAWG?', most said they would most likely speak to a friend (58%) or family member (58%) first if they experienced a form of VAWG. Some respondents said they would speak to police (39%), health care practitioners (27%) or Adult Social Care (13%).

When speaking to women staying at the local specialist refuge for Asian women, several participants shared that speaking to their GP about their experience enabled them to seek support with domestic abuse. In the workshop with carers, participants shared that they would be willing to speak to professionals if they were competent and trained to respond to issues related to VAWG.

Awareness of services

Nearly half of survey residents (42%) were not aware of any of the local VAWG services available in Tower Hamlets. Respondents most often knew about local domestic abuse services (49%) and sexual violence services (34%). Other VAWG-related services were not as commonly known (modern slavery, trafficking, prostitution, 'honour'-based violence or abuse, FGM, forced marriage, child sexual exploitation, and stalking/harassment).

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Barriers to support

Many respondents (306) shared a wide range of barriers they experience to reporting experiences of VAWG to agencies in Tower Hamlets. The most frequently noted barrier was not knowing where to access support.

What were/would be the biggest barriers that would stop you from reporting your experiences(s) of VAWG to an agency in Tower Hamlets	Number of respondents (%)
Total	306
Don't know where to access support	125 (41%)
Don't trust criminal justice system	102 (33%)
Didn't see your experience as abusive at the time	99 (32%)
Fear of not being believed	98 (32%)
Poor responses from professionals	81 (26%)
Fear of agencies (e.g. Police, social services)	77 (25%)
Fear of repercussions from perpetrator	76 (25%)
Fear of 'bringing shame' on the family / community	74 (24%)
Fear of 'breaking up' the family / community	65 (21%)
Fear of losing children	38 (12%)
Fear of discrimination against my culture or ethnicity	38 (12%)
Financial barriers (e.g. can't afford to pay mortgage alone, can't afford childcare etc.)	32 (10%)
Language barrier / no access to interpreter	27 (9%)
You do not fit criteria for services (e.g. considered too low risk, age limits etc.)	27 (9%)
Lack of specialist support services (e.g. LGBT, young people, male etc.)	26 (8%)
Fear of becoming homeless	22 (7%)
Fear of my faith community rejecting me	22 (7%)
Services are not accessible for your needs (e.g. no wheelchair access. no childcare facilities etc.)	9 (3%)
Fear of discrimination as a transgender or non-binary person	5 (2%)

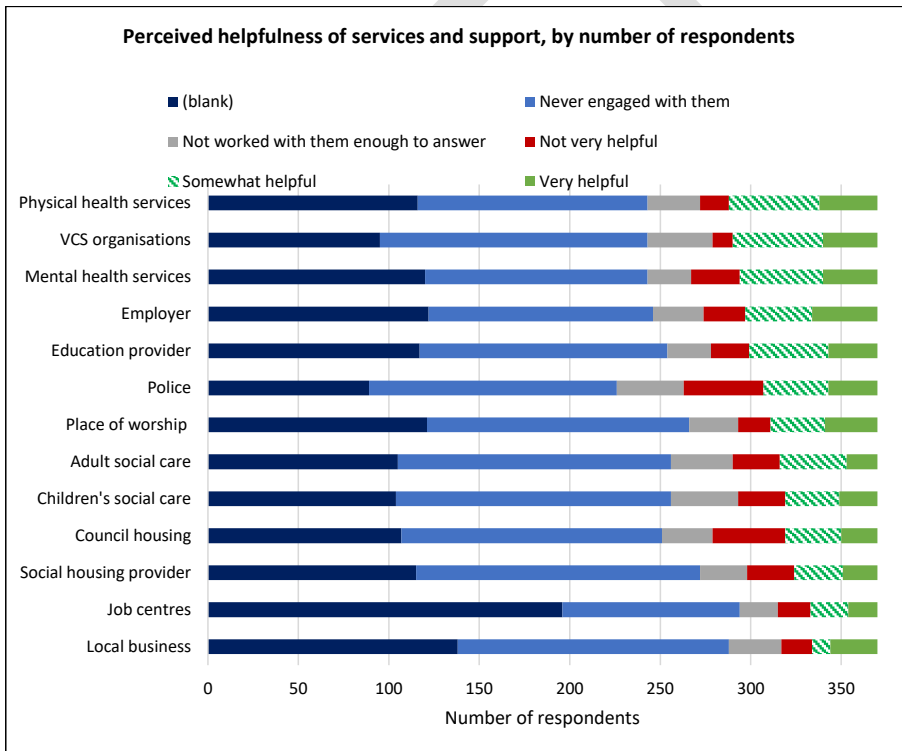
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In the workshop with carers, some participants explained that their role as a carer can sometimes act as a barrier to seeking help. Carers explained that this is because the behaviours of the perpetrator, the person they care for, are related to their condition.

In the workshops with Somali women and residents of the Asian women’s refuge, participants stated that language was one of the most significant barriers to them seeking support from services – either not having sufficient English language skills or not being able to receive support in their preferred language.

Helpfulness of services

Most respondents had not engaged with local services regarding any VAWG-related issues. However, many did share their views about how helpful they have found different local services in supporting them. Although some of the responses may be related to issues other than VAWG, these perceptions can still provide insight about how residents view different local services. The services or sources of support that respondents most often found were ‘very helpful’ or ‘somewhat helpful’ were physical health services, VCS organisations, mental health services and employers. The services that were viewed most often as ‘not very helpful’ were police and council housing.



The most frequently stated ‘helpful’ aspects of services or sources of support in Tower Hamlets included:

- Emotional support / encouragement
- Listening / having someone to speak to

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- Increasing my awareness of VAWG
- Helping me understand the system and which services to access
- Accessing a safe place to stay
- Physical / mental health service provision, including support with addiction

Below are some examples of what residents expressed as helpful:

'I feel lucky that there are staff in the hostel I can speak to and other residents who understand my situation.'

'Homeless team saved me and my children from having to rough sleep again'

'I took 9 sessions of CBT therapy to help with my PTSD (due to long term domestic abuse that happened in another city, years before) through Tower Hamlets Talking Therapies. The therapist was amazing, my only complaint would be that 9 sessions were not enough and I wish I could have had continued support.'

'The sexual health clinic at Spotlight has worked with me before and is AMAZING ... Absolutely makes you feel validated, safe and informed of all of the action and support.'

Residents' recommendations for future action on VAWG in Tower Hamlets

A total of 190 respondents further shared many different recommendations for how to reduce barriers and make Tower Hamlets feel safer in relation to VAWG:

Increase awareness and change attitudes among community members	Provide more and better support from services	Enhance community safety
<ul style="list-style-type: none"> • How: visible ads, posters, leaflets through doors, street art, workshops, social media, speaking in cultural settings / places of worship, school curriculum, multiple languages • Who: men and boys, specific faith groups, health care professionals, schools, workplaces • What: What is abuse, that abuse is wrong and unacceptable, what the repercussions and consequences are, Misogyny/sexist attitudes in the community, Celebrate women role models and better role models for men, Services including direct telephone numbers, how to access local networks, women's 	<ul style="list-style-type: none"> • Helplines / emergency contact numbers and easier reporting • Community support groups and workshops • Counselling / therapy to deal with trauma and long-term effects on mental health • Safe, women's only support / places • Offer translation / interpretation • Legal aid for VAWG victims • Better knowledge in services about where to refer to • More warmth, support, confidentiality, quicker responses, easier and simpler access routes, anonymity • Services around the borough 	<ul style="list-style-type: none"> • Increase presence of law enforcement professionals in community (police, THEOs) • CCTV • Lighting and cleanliness • Increase trust in police • Safety on public transport • More action and involvement from members of the public

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<p>empowerment and knowing rights</p>	<ul style="list-style-type: none"> • Check-ins and long-term support • Shorter waiting lists • Responsiveness of services • More youth services 	
<p>Address local housing and financial security</p>	<p>Make institutional and system changes</p>	<p>Improve the response to perpetrators</p>
<ul style="list-style-type: none"> • Ensuring victims have safe places to stay or go in the middle of the night / short term • Suitable accommodation for different women’s needs (e.g. mothers with children, people with complex needs) • Financial support for women fleeing abuse • More women working 	<ul style="list-style-type: none"> • Reduce misogyny and increase equality / social justice (reference to police culture and treatment of women) • Trauma-informed approaches embedded across services • Better complaint procedures and accountability • Believing people and taking people seriously • Quicker responses and timescales • Zero tolerance for VAWG • Reduce victim blaming and increase belief of victims • Increased funding to support programmes and enable changes to the system • Improve trust and confidence in police • Support equality and voices of Black, Asian and minority ethnic groups 	<ul style="list-style-type: none"> • Increase conviction rates • Increase confidence that arrests / prosecutions will happen • (Harsher) penalties • Take action to prevent future harm/perpetration • Report on numbers and convictions to the public • More support for perpetrators to address their behaviour and build healthier relationships

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VAWG Professionals Engagement Survey

A total of 123 professionals working in Tower Hamlets participated in an online survey conducted by LBTH Public Health between August and October 2023. The survey included questions about knowledge and skills, awareness of services, gaps and barriers, facilitators, and common beliefs or attitudes they encounter in their work that hinder gender equality.

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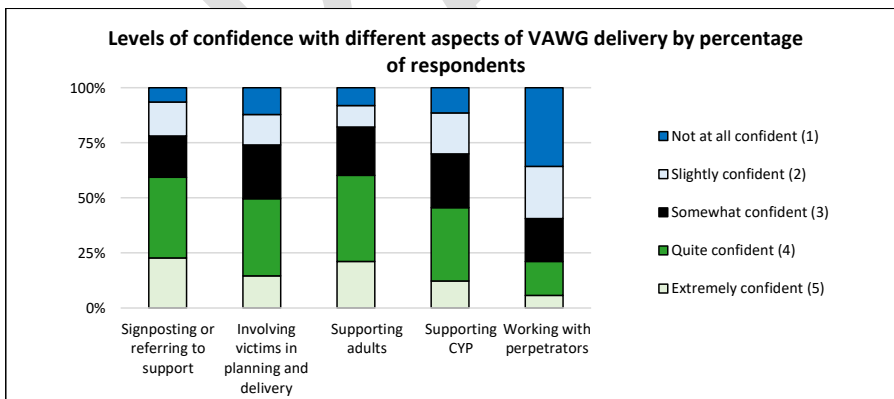
Profile of respondents by place of work

Tower Hamlets Council staff who work with adults and/or children made up 46% of the respondents to the survey, followed by people who work for various VCSE organisations (32%), NHS organisations (13%), education (7%), and 'Other' (4%).

Results

There were gaps in professionals' knowledge, skills, and training:

- While 55% of respondents had participated in training about VAWG previously, 21% had not been aware of any training opportunities and 13% reported not having enough time to participate
- Nearly all respondents (114 of 123) reported being aware of local domestic abuse services and many (92 of 123) were aware of local services for victims of sexual violence
- However, far fewer professionals were aware of other VAWG-related services such as perpetrator programmes, FGM specialist services, stalking and harassment, trafficking, modern slavery, 'honour'-based abuse and violence, forced marriage, and prostitution.
- Responding professionals had varied levels of confidence in different aspects of VAWG delivery. More than a quarter of respondents reported that they were 'not at all' confident in working with perpetrators (table below)
- The training needs respondents most frequently requested were around general VAWG response and signposting, working with perpetrators, as well as preventative approaches.



The professionals who responded to the survey identified harmful beliefs and attitudes that hinder gender equality, which they have observed among residents and/or staff:

- Misogynist or patriarchal attitudes among both residents and staff
- Discrimination (systemic racism, lack of cultural competence, homophobia, transphobia)
- Religious or cultural views
- Lack of awareness or persisting assumptions about specific issues

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- Lack of hope and trust in services or the system

Professionals also shared their views about the range of remaining gaps and barriers in addressing VAWG in Tower Hamlets:

Most frequently selected gaps in addressing VAWG in Tower Hamlets, by number of responses						
Criminal justice system outcomes/issues, 62	Limited resources, 53	Support for victims (long-term), 48	Agencies not challenging perpetrators, 43	Faith organisations/ leaders addressing VAWG, 42		
Communities not challenging perpetrators, 58	Lack of communication between agencies, 51	Lack of therapeutic options for victims / perpetrators , 47	Lack of training/ awareness, 34	Support for victims (short-term), 34	Prevention of VAWG (including reducing misogyny and gender...	
Inequalities of access (e.g. for different languages, abilities, digital skills, cultural needs), 55	Lack of trust and confidence in authorities, 51	Housing access, 46	Schools addressing VAWG, 30	Lack of employment opportunities (economic /...	Lack of policies/ procedures to guide...	
			Response to perpetrators, 29	Poor record keeping enablin...	Victims and perpetr... not...	Ot... 9

Conversely, professionals also noticed things that support their work in preventing or responding to VAWG:

- **Information, training and resources** about services to refer or signpost to (e.g. the online directory)
- **Relational and trauma-informed approaches:** having time to build relationships and trust with residents; flexible approaches such as meeting in the community; listening without judgement; opportunities for social support groups and other ways to connect
- **Agencies working together well:** clear referral pathways and information sharing protocols, support and advice from other professionals such as the VAWG team and IDVAs; having professionals in the right place such as Beyond the Streets; clinical leads supporting IDVAs through the IRIS project.

Finally, professionals in Tower Hamlets also shared their views about actions to address gaps in future planning:

Increase awareness of VAWG and its impacts	Improve community engagement	Improve accessibility and inclusion
<ul style="list-style-type: none"> • Where to get support • What is not acceptable behaviour • How to appropriately challenge 	<ul style="list-style-type: none"> • Safer spaces to foster trust • Gender equality and rights with faith and community groups • Community champions • Have conversations with different generations 	<ul style="list-style-type: none"> • Improve language skills / ESOL • Provide support in different languages • Knowing how to challenge VAWG in different cultures • Islamic counselling

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<ul style="list-style-type: none"> • Low level issues to highlight pervasive nature, prevention • Forced marriage • LGBT+ specific awareness 	<ul style="list-style-type: none"> • Speak to victims about their experience, especially those who decline support 	<ul style="list-style-type: none"> • Training about how to support LGBT+ community • Improve support for people with high needs (substance use, MH, involvement in survival sex) • Improve support for people new to the UK
<p>Focus on men and boys</p> <ul style="list-style-type: none"> • More male allies • Young boys and adolescents • Understand the awareness and interest among men in power, such as politicians • Engagement with men • Groups for men and women about relationships, conflict, equality 	<p>Work with children and young people</p> <ul style="list-style-type: none"> • Healthy relationships, good communication and signs of coercive control • How to fact check things online related to VAWG • Having school/community-based family support workers 	<p>Offer women's spaces</p> <ul style="list-style-type: none"> • Women only provision and targeting women for engagement where they are underrepresented • Muslim women need single sex spaces • Female only coaches and instructors for sports or physical activity
<p>Organisations and professionals</p> <ul style="list-style-type: none"> • More joined up working • Consistency in quality • Long-term and therapeutic support access • More female professionals (e.g. THEOs) • Better communication between professionals and services • Recruiting a MARAC Liaison Nurse • Reinstate SDAC with support from Councillors, CPS and judicial system • Adoption of trauma-informed care across the system 	<p>Address housing and financial insecurity</p> <ul style="list-style-type: none"> • Address the lack of affordable housing • Reduce the impact of increasing the cost of living on residents • Support for women with high needs such as those risk of homelessness • Better pathways needed as hostels/temporary accommodation offer considered inadequate for women and children 	<p>Resources</p> <ul style="list-style-type: none"> • Funding and ringfencing resources • Resourcing in context of increased costs • Increase availability to meet demand on both victim and perpetrator side

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Gender Inclusive Design Research

Tower Hamlets Council's Public Realm team also conducted a research project throughout 2023 to help inform planning to improve gender inclusiveness in public spaces, including the development of the new Tower Hamlets Local Plan. Over 320 women using different methods including audio-recorded street interviews, digital walks, an online survey, and 2 consultation events.

Some of the key findings from the report include:

- Women are not scared of the dark, but feel burdened with managing constant low-level threats and maintaining awareness as they navigate the city during any time of day, not just night time. These perceived threats include encountering drug dealing, drug taking, homelessness, drunken behaviour, groups of young men gathered, and staring.
- Seeing other women and girls and wider sense of community, such as people being friendly to each other on the streets, fosters feelings of safety.
- Having public places, including streets, where women feel a sense of ownership and enabling community inclusion also feel more pleasant and welcoming.
- Women shape their cities by walking and prefer quiet, green, well looked after streets as well as access to parks and gardens – these qualities support a sense of safety
- Women consider green spaces to be restorative and social spaces, including playgrounds and canals, and want greater access, organised activities (e.g., running groups), and better lighting and connectivity
- There is a need for greater diversity and representation of women and marginalised groups in professions such as architecture, planning and development

Recommendations from the research have been incorporated into the draft Women's Safety Action Plan as well as the draft Tower Hamlets Plan for 2038.

Annual Resident Survey

The Tower Hamlets Annual Residents Survey 2023 was conducted in June 2023, with a total of 1,117 respondents (568 males and 549 females). This survey included a wide range of questions covering topics about personal concerns, safety, services, as well as a specific focus on cost of living. Below are some key gender differences in the findings from the survey which are relevant to prevention of VAWG and risk factors:

Perceptions of safety	<ul style="list-style-type: none">• Male residents were more likely than female residents to say they feel very safe both during the day (56% of male residents vs. 47% of female residents) and after dark (22% of male residents and 11% of female residents).• After dark, 18% of female residents and 9% of male residents reported feeling unsafe.• Even during the day time, a greater proportion of female residents responded they felt 'fairly safe' (versus 'very safe') while a greater proportion of male residents responded they felt 'very safe' (versus 'fairly safe').
Perceptions of services	<ul style="list-style-type: none">• There were no significant differences between male and female opinions about policing in Tower Hamlets.• About one-third of male residents (30%) and one-quarter of female residents (24%) viewed council housing positively, while male residents

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	<p>were more likely to rate housing benefit service as poor than female residents.</p> <ul style="list-style-type: none"> • A significantly greater proportion of female residents (30%) than male residents (21%) reported that they did not know enough about leisure and sports facilities to comment their opinion on their quality.
<p>Personal concerns</p>	<ul style="list-style-type: none"> • Greater proportions of female residents reported concerns about paying utility bills and paying council tax compared with male residents (47% and 24% respectively). • A greater proportion of male residents (11%) than female residents (6%) were concerned about the availability of employment in the borough, while a greater proportion of female residents (20%) than male residents (14%) were concerned about homelessness. • About one-third of both female and male residents reported not being concerned about any issues related to finances.

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Chapter 8 Summary of Findings

To be added following completion of chapters 1-7

Chapter 9 Recommendations

To be added following completion of chapters 1-8

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