

**London Borough of  
Tower Hamlets**

**Violence against  
Women and Girls**

**Consultation  
Report**

**2016**

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## EXECUTIVE SUMMARY

### Introduction

Violence against women and girls issues form part of our local partnership approach to improving safety in the borough. Tackling VAWG is a priority within the 2015 Community Plan's *A Safe and Cohesive Community* strand.<sup>1</sup> Currently the oversight of violence against women and girls initiatives sits within the Community Safety Partnership (CSP) with sideways accountability to the Health and Wellbeing Board (HWB). Leadership locally is provided by the Community Safety Partnership.

Tower Hamlets has had a Domestic Violence Team for over 15 years and a specific action plan for at least 10 years, aimed at tackling domestic violence against anyone who is experiencing abuse. In 2013, the borough launched an additional strategy, the Violence Against Women and Girls (VAWG) Plan, aimed at addressing the disproportionate impact of gender-based violence on female residents of the borough and linked to existing VAWG Strategies across London, nationally and internationally. This consultation report relates to the updated VAWG Strategy 2016-2019, which will be launched in late 2016.

Between October 2015 and February 2016, a comprehensive consultation process was undertaken across the borough to influence the development of the second Violence Against Women and Girls (VAWG) Plan which will be published in Spring 2016.

This report outlines the key learning from the consultation process and:

- Looks at the prevalence of various forms of violence against women and girls within the borough
- Looks at the experience of female survivors of violence and provides an overview of what we currently know about local needs
- Provides an overview of the national and regional context of work on addressing violence against women and girls
- Provides an assessment of our current approach to tackling violence against women and girls in Tower Hamlets
- Highlights proposals made during the consultation on the way forward for tackling VAWG in Tower Hamlets

The violence against women and girls consultation involved:

- Consultation with professionals and partners through our local VAWG professional networks
- An on-line consultation
- Individual interviews with key stakeholders
- A series of focus groups held with local groups of survivors, women and young people

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<sup>1</sup> Tower Hamlets Community Plan 2015, available at:

[http://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_plan/community\\_plan.aspx](http://www.towerhamlets.gov.uk/ignl/community_and_living/community_plan/community_plan.aspx)

(last accessed 10.02.16)

## Highlights from the consultation process

### Awareness

Our consultation has shown that the vast majority of people consulted are aware of VAWG services in the borough. Almost 80% of respondents across all of the groups consulted have some awareness of the work and all of the individuals interviewed know about the work. This represents a large increase from the consultation held in 2013 for the first VAWG Plan.

### Strands

All respondents believe that we should continue to prioritise the existing VAWG strands and are in agreement that there needs to be more work focussing on online methods used to abuse victims. The internet has increased as a facilitator of abuse since our first VAWG Plan and there is a need to recognise this.

### Barriers

Barriers to disclosure differed depending on the consultation group but there was a cross-cutting barrier around people not disclosing as they did not understand what constituted abuse meaning that there is greater need to provide training and awareness to all residents and professionals in Tower Hamlets. For professionals the greatest barrier to disclosure for victims of VAWG was the increased complexity that women experiencing multiple disadvantage (mental health, complex needs, drugs and alcohol, homelessness and No Resource to Public Funds) as well as a marked fear of institution identified. For young people, the greatest barrier was a feeling of shame or embarrassment on disclosure of abuse and the feeling that professionals do not fully understand their experiences of VAWG.

### Challenges

The two areas that respondents feel would have the biggest impact in the current economic climate are: prioritising prevention work and strengthening multi-agency links across all services in the borough. One of the comments includes: *The key for me is multi-agency working and skilling up all professionals to address VAWG. I feel like there could also be work done on spaces where people are likely to disclose - friends and family, medical context. While the focus on police and reporting is important this does not reflect how survivors access help.*

### Current gaps in services

The main gap that has been identified is the lack of multi-agency working of some statutory and voluntary organisations in the borough. The other key areas that respondents feel is currently missing is support for women with no recourse to public funds (NRPF) (especially single women) and also women with multiple disadvantage. These are two new priority areas for development of our new strategy. For survivors it was a need to have survivor led spaces combined with a two pronged approach of crisis-support and ongoing emotional and practical support as risks reduced.

## Recommendations

The recommendations across the 3 groups – survivor and community consultation, young people and professionals had cross-cutting similarities but also nuanced difference pertaining to the individual group. There was consensus to build upon the work of the previous VAWG Plan but to expand in some areas, particularly prevention and community engagement and to develop other areas, especially around NRPF and complex needs.

Although the evaluation of the first VAWG Plan is not due until autumn 2016, it is obvious that there has been a change in Tower Hamlets in terms of identifying, recording and supporting victims of VAWG. Recording has increased across the majority of strands (it is thought that dowry-related abuse continues to be subsumed under domestic abuse figures) and responses by professionals have improved although there is still a staggering need for more training to all professionals.

### Survivor and Community Recommendations

- Prevention should be a key priority within the VAWG Strategy
- A multi-agency approach to delivering services for survivors is the best approach
- Multi-pronged, individual approach is needed to best support survivors
- Perpetrators should be given support to understand the consequences of their behaviour
- Hold a public awareness campaign to help women members in the community understand that experiencing abuse is not their fault
- Delivery of training to professionals on how to support survivors of VAWG with an empathetic approach
- Peer support methods, including group sessions, should be implemented
- The community champions programme should be expanded

### Young people's Recommendations

- Focus on providing young people with information about all of the strands of VAWG and where they can get help and support
- Develop the work in schools to ensure that all young people are getting the right messages about what is acceptable and what is not acceptable
- Development the youth champions programme, recognising that young people will often disclose to other young people
- Work with parents so that they understand the issues that young people face and can support their children
- Work with young people so that they can recognise that pornography and the media send out the wrong messages to young people about what healthy relationships look like.

### Professionals' Recommendations

- Prevention should be a key priority in a climate of welfare reform and cuts. Continuation and expansion of work with young people, starting from reception is vital
- Links between competing priorities and VAWG should be made more explicitly – for example countries where FGM is emerging due to the increase in radicalisation and the increase in threat of extremism as a factor in child arrangement orders in the family courts

- Maintain the four objectives from the previous VAWG Plan but expand to highlight the need for better partnership working and participation by survivors
- Develop work across sectors, including having a renewed focus on women experiencing multiple disadvantage and work with older and disabled women
- Develop a survivors' forum which will be a peer support group for survivors of all forms of VAWG
- Commission services for young people experiencing VAWG as they often fall through gaps between children's and adult services and existing services are predominantly funded externally
- Develop links with some of the large employers in the borough to highlight the impact of VAWG on their staff
- The key barriers to disclosure are faced by women experiencing multiple disadvantage and a fear of institutions. These need to be a key focus of the VAWG Strategy
- There is broad based support for the existing strands but there needs to be a focus on the internet as a facilitator of abuse

# CONSULTATION REPORT

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## SECTION 1: BACKGROUND

### Introduction

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This report outlines the key learning from the consultation process and:

- Looks at the prevalence of various forms of violence against women and girls within the borough
- Looks at the experience of female survivors of violence and provides an overview of what we currently know about local needs
- Provides an overview of the national and regional context of work on addressing violence against women and girls
- Provides an assessment of our current approach to tackling violence against women and girls in Tower Hamlets
- Highlights proposals made during the consultation on the way forward for tackling VAWG in Tower Hamlets

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### 1. Borough Profile

Tower Hamlets is the 6<sup>th</sup> smallest London Borough and it is also the 4<sup>th</sup> most densely populated with a population of 287,100 usual residents.<sup>2</sup> The population is also extremely diverse with the single largest ethnic group being Bangladeshi (32%) with White British at 31%.<sup>3</sup>

Tower Hamlets also has one of the youngest populations in London and has the lowest median age in the country at 29 (the same as Newham) and 74.3% are aged between 16 and 64, with 48% aged 20-39 (19.9% are aged under 16).<sup>4</sup>

Tower Hamlets has a very mixed demography where there is a mixture of affluent and very deprived areas. Tower Hamlets has two of the richest and four of the poorest wards in London.

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<sup>2</sup> GLA (2015) *London Borough Profiles*

<sup>3</sup> Tower Hamlets (2013) *Ethnicity in Tower Hamlets: Analysis of 2011 Census*

<sup>4</sup> *Ibid*

According to the Multiple Deprivation Index (MDI)<sup>5</sup>, Tower Hamlets is now the 24<sup>th</sup> most deprived boroughs in the country although is 3<sup>rd</sup> when ranked on the 'extent' measure.<sup>6</sup>

Violence against women and girls (VAWG) is a significant problem in the borough. The Violence Indicator Profiles for England (VIPER) show that Tower Hamlets has the sixth highest number of recorded sexual offences in England and the third highest in London, ranking 322 out of 326.<sup>7</sup> In 2014/2015, Tower Hamlets had the 9<sup>th</sup> highest prevalence in London for Rape and 16<sup>th</sup> for sexual offences. This is not disaggregated by borough size or population.<sup>8</sup>

Tower Hamlets consistently has one of the highest rates of reported domestic abuse across London. Between November 2014 and November 2015 there were 2773 domestic crimes reported which is a 13.3% on the previous year and means that Tower Hamlets had the third highest rates of reporting in London (after Croydon and Greenwich).<sup>9</sup>

## **2. Tower Hamlets' Strategic approach to tackling violence against women and girls**

The cross-cutting nature of the violence against women and girls agenda means that responsibility for tackling these issues cuts across a wide range of different agencies. Coordinating service provision and ensuring clear governance and accountability for this agenda is therefore a key challenge.

Violence against women and girls issues form part of our local partnership approach to improving safety in the borough. Tackling VAWG is a priority within the 2015 Community Plan's *A Safe and Cohesive Community* strand.<sup>10</sup> Currently the oversight of violence against women and girls initiatives sits within the Community Safety Partnership (CSP) with sideways accountability to the Health and Wellbeing Board (HWB). Leadership locally is provided by the Community Safety Partnership.

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<sup>5</sup> DCLG (2015) *The English Indices of Deprivation 2015, Statistical Release*, London: Department for Communities and Local Government. Tower Hamlets has become relatively less deprived since 2010 when it was the 7<sup>th</sup> most deprived borough in the country and was ranked 3<sup>rd</sup> in both the 2004 and 2007 indices.

<sup>6</sup> Tower Hamlets has become relatively less deprived since 2010 when it was the 7<sup>th</sup> most deprived borough in the country and was ranked 3<sup>rd</sup> in both the 2004 and 2007 indices. 54% of all neighbourhoods in Tower Hamlets rank in the top 10% nationally and it is top in both the older people index and the young people index for the highest proportions living in an income deprived household.

<sup>7</sup> Violence Indicator Profiles for England Resource (VIPER), available at: [www.evipr.org.uk](http://www.evipr.org.uk) (last accessed 17.12.13)

<sup>8</sup> Metropolitan Police Crime Mapping, available at: <http://maps.met.police.uk/tables.htm> (last accessed 11.01.16)

<sup>9</sup> Metropolitan Police Crime Figures, available at: <http://www.met.police.uk/crimefigures/> (last accessed 11.01.16)

<sup>10</sup> Tower Hamlets Community Plan 2015, available at:

[http://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_plan/community\\_plan.aspx](http://www.towerhamlets.gov.uk/ignl/community_and_living/community_plan/community_plan.aspx)  
(last accessed 10.02.16)

### 3. National and Regional Initiatives

#### National Violence against Women and Girls Strategy

The Government published its *'Call to End Violence against Women and Girls'*<sup>11</sup> in November 2010 which was an update of the previous government's National Violence against Women and Girls Strategy. The strategy focused on four key areas: prevention, provision, partnership working and protection. The emphasis of the coalition's statement is very much on local prioritisation of these issues and the delivery of services at a local level. *'The coalition government's ambition is to ensure that tackling violence against women and girls is treated as a priority at every level. Greater decentralisation and our vision for Big Society will give local people a stronger voice in setting local priorities, and give local areas the means through which to understand what those priorities are.'*<sup>12</sup> However, the government did ring-fence nearly £40 million of stable funding up to 2015 for specialist local domestic and sexual violence support services, rape crisis centres, the national domestic violence helplines and the stalking helpline. This was supplemented by additional funding to support frontline organisations to tackle female genital mutilation, and to support services focusing on male victims of sexual and domestic violence.<sup>13</sup> Funding from 2016 onwards is expected to be announced on or around International Women's Day (8<sup>th</sup> March) 2016, together with the new VAWG Strategy for the Conservative Government.

Although, since the original plan was published in 2010, the Government has published a number of progress reviews and action plans<sup>14</sup>, there has not yet been an updated strategy but, as outlined above, this is due imminently.

#### Regional Strategic Context

In November 2013, the Mayor of London published a refreshed version of his strategy to end violence against women and girls. The Mayoral Strategy continued the five key objectives from the previous strategy, *'The Way Forward'*:<sup>15</sup>

1. London taking a global lead to end violence against women
2. Improving access to support
3. Addressing the health, social and economic consequences of violence
4. Protecting women at risk
5. Getting tough with perpetrators.

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<sup>11</sup> HM Government (2010) *Call to End Violence Against Women and Girls*, London: Home Office

<sup>12</sup> *Ibid*, page 7

<sup>13</sup> Note these figures are taken from the Government's latest report, HM Government (2012) *What the Government has done to tackle Violence against Women and Girls*, London: Home Office, page 1

<sup>14</sup> See for example: HM Government (2015) *A Call to End Violence Against Women and Girls: Progress Report 2010-2015*, London: Home Office

<sup>15</sup> Mayor of London (2010) *The Way Forward: Taking Action to End Violence against Women and Girls*, Final Strategy 2010-2013, London: MOPAC

#### 4. Violence against Women and Girls

Violence against Women and Girls (VAWG) is both a form of discrimination and a violation of human rights. Locally have adopted the United Nations Declaration on Elimination of Violence against Women<sup>16</sup>, which defines violence against women as:

*'Any act of gender based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women [or girls], including threats of such acts, coercion or arbitrary deprivation of liberty'* (1993, Article 1)

The definition incorporates a wide range of abusive behaviours including physical, sexual, financial, emotional and psychological abuse.

Violence against Women and Girls includes violence that is targeted at women or girls because of their gender or affects women and girls disproportionately.<sup>17</sup> Examples of the types of violence included are:

- Sexual Violence
- Domestic Violence
- Trafficking
- Prostitution and Sex work
- Child Sexual Exploitation
- (Criminal) Gang related initiation practises against women and girls
- Female Genital Mutilation (FGM)
- Forced Marriage
- So- called 'Honour' Based Violence
- Dowry Related Abuse
- Harassment
- Stalking

Approximately 97% of all known victims of interpersonal violence in Tower Hamlets are female - a significant gender bias towards women. A Violence against Women and Girls approach sees the phenomenon of violence against women as both a cause and effect of fundamental inequalities between males and females. The Preamble to The UN Declaration on the Elimination of Violence against Women (1993) states that *"violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."*<sup>18</sup>

It is important that Violence against Women and Girls (VAWG) is not seen as a series of incidents or assaults which an individual experiences. VAWG describes violent and oppressive patterns of behaviour and practises which achieve power and control over women and girls. It impacts on the

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<sup>16</sup> United Nations Declaration on Elimination of Violence towards Women (1993), <http://www.un.org/documents/ga/res/48/a48r104.htm> (last accessed 01.03.16)

<sup>17</sup> See for example the United Nations Convention on Elimination of Discrimination against Women (1979), available at: <http://www.un.org/womenwatch/daw/cedaw/> (last accessed 08.02.13)

<sup>18</sup> *Op. Cit.*, footnote 16

physical safety, health and emotional well-being of individuals and impacts on families, carers, children and the community as a whole.

Abuse can take place, however, regardless of gender, ethnicity, faith, sexuality or age. Whilst we recognise that that the issues in this plan have a disproportionate effect on women, we also recognise that boys and men are victims of violence too. As a local area we remain committed to providing support for all victims of abuse and the intention of this plan is to strengthen our response to responding to abuse rather than undermining this approach.

### ***Sexual violence and abuse***

The World Health Organization (WHO) has defined sexual violence as “*any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.*”<sup>19</sup> It includes rape, sexual assault, sexual harassment/ bullying, sexual exploitation (coercion and exploitation in the sex industry), and trafficking.

#### *Rape and sexual assault*

The Sexual Offences Act 2003, which came into force in May 2004, strengthens the law on sexual offences and extends the definition of rape as well as clearly defining the concept of consent.<sup>20</sup> Rape and sexual assault affect women disproportionately, with women three times more likely to be victims of rape and sexual assault than men.<sup>21</sup> The 2014/2015 England and Wales Crime Survey<sup>22</sup> report by the Office for National Statistics (ONS) showed that there has been a 36% increase in all sexual offences for the year ending September 2015 meaning it is the highest since the figures starting being recorded in 2002. The sexual offences of rape (33,431 offences) and other sexual offences (61,178 offences) increased by 39% and 35% respectively. The increase in reporting has been attributed to a number of factors including increase in reporting of historic sexual abuse and inspections by HMIC<sup>23</sup> which highlighted the need to better record and investigate sexual offences. Sexual violence is identified as a high risk factor in domestic violence cases.

There is a particularly young profile to those accessing services for rape and sexual assault. For example, young women represent approximately 30% of rape victims accessing London’s Haven Centres<sup>24</sup> and 64% of victims of multiple perpetrator rape in London are under 19 years old<sup>25</sup>. A 2009 study by the NSPCC and the University of Bristol which questioned 1,353 young people (aged between 13 and 17 years old) on violence in their intimate partner relationships found that 33% of

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<sup>19</sup> WHO (2002) *World Report on Violence and Health*, Geneva: World Health Organization, page 149

<sup>20</sup> The definition of rape was extended to include the penetration by a penis of the vagina, anus or mouth. Sexual Offences Act (2003), available at: <http://www.legislation.gov.uk/ukpga/2003/42/contents> (last accessed 01.03.16)

<sup>21</sup> ONS (2013) *Focus on: Violence Crimes and Sexual Offences, 2011/2012*, Newport: Office for National Statistics

<sup>22</sup> ONS, (2016) *Crime in England and Wales: Year ending September 2015*, Newport: Office for National Statistics

<sup>23</sup> HMIC (2014) *Crime-Recording: Making the Victim Count*, London: Her Majesty’s Inspectorate of Constabulary

<sup>24</sup> The Havens (2008), *Annual Statistics*

<sup>25</sup> Commander Simon Foy (Head of the Metropolitan Police’s Homicide and Serious Crime Command Unit), cited in Daily Mail Newspaper, 5<sup>th</sup> November 2009

girls and 16% of boys had experienced some form of sexual abuse.<sup>26</sup> The young women and professionals working with young people we spoke to as part of the consultation were particularly concerned about sexual harassment and sexual violence issues, especially the increase in online abuse.

Attitudinally, a 2015 report<sup>27</sup> shows that young people (aged between 16 and 19) are most likely to believe that a person should take some responsibility for sexual assault or rape if they have were drunk (34%), taking drugs (45%) or flirting with their attacker (46%).

Research suggests that sexual offences are significantly under-reported.<sup>28</sup> The Crime Survey England and Wales self-completion module on inter-personal violence consistently finds that only a small number of victims of domestic and sexual violence report to the police.

Between October 2014 and September 2015, there were 323 offences of rape and serious sexual offences recorded by the police in Tower Hamlets, an increase of 29.7% on the previous year.<sup>29</sup> From April 2014 - March 2015 there were 83 cases to MARAC with sexual violence as an indicator and 3 cases for men.

There are currently three main models of service provision for victims of sexual violence in Tower Hamlets:

- East London Rape Crisis– offers specialist support. Their services include emotional and practical support, one-to-one counselling, group support and advocacy for women over the age of 14.
- The Havens – provide support and medical care to men, women and young people who have experienced rape or serious sexual assault in the last 12 months with the aim of minimising the subsequent physical and mental difficulties. The Havens is located in Whitechapel.
- ISVA – Independent Sexual Violence Advisor service for sex working women who have experienced sexual violence.

### ***Domestic violence***

The cross-Government definition of domestic violence was changed in September 2012 (and is due to be implemented in March 2013). The definition was widened to 'domestic violence and abuse' and also to include those 16-17 and coercive control for the first time.

The definition of domestic violence and abuse now states:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members

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<sup>26</sup> Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and violence in teenage intimate relationships*, London: NSPCC and the University of Bristol

<sup>27</sup> Barrett, D. (2015) 'Drunk or flirty rape victims often 'to blame' says survey', *The Telegraph*, 12<sup>th</sup> February 2015. Barrett was speaking about the ONS (2015) *Findings from the 2013/2014 Crime Survey for England and Wales*

<sup>28</sup> See for example: Taylor, C. and Gassner, L. (2010) 'Stemming the flow: challenges for policing adult sexual assault with regard to attrition rates and under-reporting of sexual offences', *Policy Practice and Research: An International Journal*, 11(3)

<sup>29</sup> Tower Hamlets (2016) *Community Safety Partnership Strategic Assessment 2015*

regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

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

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

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

According to the 2013/2014 Crime Survey England and Wales<sup>30</sup> it is estimated that around 28.3% of women will experience domestic violence at some point in their lives from the age of 16 and 8.5% (4.4% of men) experienced abusive behaviour from a partner or family member within the last 12 months, equivalent to 1.4 million female victims. This would mean that in Tower Hamlets around almost 5,000 women are currently experiencing domestic violence and over 20,000 women are living with the legacy of past domestic violence.<sup>31</sup>

This figure is supported by official reporting rates to the police, taking into account underreporting of abuse. Tower Hamlets consistently has one of the highest rates of reported domestic abuse across London. Between November 2014 and November 2015 there were 2773 domestic crimes reported which is a 13.3% on the previous year and means that Tower Hamlets had the third highest rates of reporting in London (after Croydon and Greenwich).<sup>32</sup>

In 2013/14, almost half (46%) of female victims aged 16 or over had been killed by their partner, ex-partner or lover (84 offences) and 80% of all female homicide victims were acquainted with their killer. In contrast, only 7% of male victims aged 16 or over were killed by their partner, ex-partner or lover. Over a third (37%) of female murder victims were murdered with a sharp instrument and 18% strangled or asphyxiated.<sup>33</sup>

In December 2015 a new criminal offence of Controlling and Coercive behaviour came into force. The offence is contained within Section 76 of the Serious Crime Act 2015. This will have an impact

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<sup>30</sup> *Op Cit.*, ONS Report

<sup>31</sup> Using the Home Office 'Ready Reckoner' tool it is estimated that almost 6,000 women aged 16-59 have been a victim of domestic abuse in the past year; 5,336 have been the victim of a sexual assault and 10,568 have been a victim of stalking.

<sup>32</sup> Metropolitan Police Crime Figures, available at: <http://www.met.police.uk/crimefigures/> (last accessed 11.01.16)

<sup>33</sup> ONS (2015) 'Chapter 2: Violence Crime and Sexual Offences – Homicide', in Findings from the 2013/2014 Crime Survey for England and Wales, Newport, Office for National Statistics

on the number of cases that we will see through all of the domestic violence services in the borough.

Tower Hamlets has developed a coordinated response to domestic violence that includes:

- Multi-agency reporting and referral procedures
- A multi-agency risk assessment process which includes the MARAC
- The partnership campaign 'Domestic Abuse, No Excuse'
- Domestic Violence One-Stop-Shop
- Specialist Domestic Violence Court
- Specialist information and advice surgeries at the Housing Options Team and at the Barkantine Medical Centre
- Independent Domestic Violence Advisers (IDVAs)
- Specialist accommodation for those fleeing violence
- IRIS Domestic Abuse service within GP Practices
- Floating support services

Our partnership response to tackling domestic violence is overseen by the Tower Hamlets Domestic Violence Forum which is an umbrella body for organisations working with families experiencing domestic violence in the borough. The Forum is responsible for the annual Domestic Violence Action Plan which sets out our commitment to address four key objectives:

- Safe choices for adult victims of domestic violence
- Improving safety of children affected by domestic violence
- Holding perpetrators accountable
- Challenging social tolerance to domestic violence

### **Harmful Practices ('honour' based violence, forced marriage and female genital mutilation)**

*"Certain cultural norms have long been cited as causal factors for violence against women, including the beliefs associated with "harmful traditional practices" (such as female genital mutilation/cutting, child marriage and son preference), crimes committed in the name of "honour", discriminatory criminal punishments imposed under religiously based laws, and restrictions on women's rights in marriage."*<sup>34</sup>

Again, as with many areas of VAWG, there is likely to be gross underreporting of so-called 'honour' based violence, forced marriage and female genital mutilation. A report published by Her Majesty's Inspectorate of Constabulary (HMIC) in 2015 highlighted that the police are still not adequately prepared to deal with cases of harmful practices.<sup>35</sup>

To address these levels of underreporting and to improve responses to survivors as well as to improve professionals' practice, Tower Hamlets has been working with the Mayor's Office for Policing and Crime (MOPAC), the Department for Education (DfE) and a number of other London boroughs on a pilot programme to address all of these strands of VAWG. The pilot combines

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<sup>34</sup> Report of the Secretary General to the General Assembly, (2006) *In-depth study on all forms of violence against women*, Report A/61/122/Add.1, page 30

<sup>35</sup> HMIC (2015) *The depths of dishonour: Hidden voices and shameful crimes*, London: Her Majesty's Inspectorate of Constabulary

training with capacity building support for professionals. We anticipate that the figures will increase over the period as professionals have increased awareness of forced marriage, so-called 'honour' based violence and female genital mutilation.

### **So-called 'Honour' Based Violence**

So-called 'honour' based violence is a term used to describe violence committed against a woman where her family or the wider community feels she has not followed what they believe is acceptable behaviour and has brought dishonour or shame to the family. It is based on the belief that women are commodities and the property of male relatives and women's bodies are the repositories of the family's honour.<sup>36</sup> It is not a religious based issue – it has been recorded in communities practising every major religion, including Jewish, Sikh, Christian, Hindu and Muslim communities. The underlying belief behind so-called 'honour' based violence is to maintain the control over women by the men within the family or community by denying women autonomy over their lives – including decisions such as who to marry, their sex lives or divorce and the rights guaranteed by a wide range of international human rights mechanisms.

Although it should be always viewed in the context of wider gender based violence, so called 'honour'-based violence is different from domestic violence in that it involves perpetration of violence by more than one perpetrator usually from within the family or the wider community. IKWRO<sup>37</sup> suggest a number of factors that separate so-called 'honour' based violence from domestic violence:

- Gender relations that problematise and control women's behaviour, shaping and controlling women's sexuality in particular
- Women may play a role policing and monitoring the behaviour of other women
- Collective decisions regarding punishment, or in upholding the action considered appropriate, for the transgression of these boundaries
- Premeditation
- The potential for women's participation in killings
- The ability to reclaim 'honour' through enforced compliance or killings
- 'Honour' killings may occur publically or theatrically in order to demonstrate 'honour' reclaimed and to terrorise other women into accepting male control
- In some cases, there is state sanction of such killings through recognition of 'honour' as a mitigating factor

Women and girls can experience violence or, in the most extreme form, be killed for a wide variety of behaviours, which can range from very trivial, such as talking to a male who is not a relative to being sexually assaulted or raped. Some common 'behaviours' are:

- Defying their parents

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<sup>36</sup> For a wider discussion of so-called 'honour based violence see: for example: Brandon, J. and Hafez, S., (2008), *Crimes of the Community: Honour-Based Violence in the UK*, London: Centre for Social Cohesion; Watts, C. and Zimmerman, C. (2002), 'Violence against women: global scope and magnitude', *The Lancet*, 359; Welchman, L. and Hossain, S. (2005), *'Honour': Crimes, Paradigms, and Violence against Women*, London, Zed Books and Terman, R. (2010), 'To specify or single out: Should we use the term "Honor Killing"?'', *Muslim World Journal of Human Rights*, 7(1)

<sup>37</sup> IKWRO is The Iranian and Kurdish Women's Rights Organisation, [www.ikwro.org.uk](http://www.ikwro.org.uk) and [www.stophonourkillings.com](http://www.stophonourkillings.com)

- Talking to a male who is not related to the family
- Seeking a divorce or seeking residence of the children after divorce
- Refusing to marry a man chosen by the family (rejecting a forced marriage)
- Sexual relationships or pregnancy before or outside of marriage (including kissing or intimacy in public)
- Becoming 'western' (wearing make-up or clothes deemed inappropriate, having male friends or boyfriends from another faith etc.)
- Gossip (rumours can damage the 'honour' of a family)
- Using drugs or drinking alcohol
- Being sexually assaulted or raped
- Being homosexual

Worldwide, it is believed that there is gross underreporting of honour killings and so-called 'honour' based violence. The UN believes that there are around 5000 women murdered in the name of honour each year, but reports do also acknowledge that this figure is probably low compared to real figures. The UN has also recorded honour killings as happening in Bangladesh, Brazil, Ecuador, Egypt, India, Israel, Italy, Jordan, Morocco, Pakistan, Sweden, Turkey, Uganda and the UK.<sup>38</sup> Government reports to the Committee on the Elimination of all Forms of Discrimination against Women have reported that between 1988 and 2003, 4000 men and women were murdered in Pakistan with the number of women killed more than double that of men.<sup>39</sup>

In the UK, IKWRO's research published in 2015 found that there were more than 11,000 incidents of 'honour' based violence reported to the police between 2010 and 2014.<sup>40</sup> In the UK, it is thought that there are 12 'honour' related killings each year<sup>41</sup>, although there are no published statistics in this area. A report by the Henry Jackson Foundation found that there had been 18 'honour' related killings between 2010 and 2014, and a further 11 attempted killings.<sup>42</sup>

In Tower Hamlets, between October 2012 and September 2015 there were 23 cases of so-called 'honour' based violence reported to the police. Additionally since data has been recorded separately by the VAWG Steering Group there has been an increase in cases to MARAC. 10 cases were referred to the MARAC between October 2014 and September 2015.

### **Forced marriage**

'A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and

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<sup>38</sup> The figure of 5000 women a year is from UNFPA, (2000), *State of the World's Population*, This is the figure used in later reports including the UN Secretary General's 2006 report which acknowledges underreporting: Report of the Secretary General to the General Assembly, (2006) *In-depth study on all forms of violence against women*, Report A/61/122/Add.1

<sup>39</sup> Combined initial, second and third reports of Pakistan submitted under Article 18 of the Convention on the Elimination of all Forms of Discrimination against Women, Para. 529, cited in *Ibid*, page 40.

<sup>40</sup> IKWRO (2015) 'In only five years, police record more than 11,000 'honour' based violence cases', available at: <http://ikwro.org.uk/2015/07/research-reveals-violence/#more-2539> (last accessed 01.03.16)

<sup>41</sup> The statistic of 12 killings a year is widely cited without any original source, nor is the statistic of 114 murder cases, which is also widely cited. Both statistics and the figures from the Metropolitan Police are available within the *Home Office Equality Impact Assessment, Violent and Youth Crime Prevention Unit*, published on the 30.03.11

<sup>42</sup> Dyer, E. (2015) *'Honour Killings in the UK'*, London, Henry Jackson Foundation

indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.<sup>43</sup>

Forced marriage is not condoned by any of the major religions (consent is a prerequisite for marriage in all Christian, Hindu, Muslim, Sikh and Jewish marriages) and is a violation of human rights as well as a form of domestic violence.

Forced marriage affects young women disproportionately to young men. In 2014 the Forced Marriage Unit (FMU) gave advice or support to 1267 cases. 79% of these cases involved females and 21% involved males.<sup>44</sup> However, research shows that the figures of forced marriage (actual and threats of forced marriage) are much higher with the prevalence of reported cases estimated as between 5,000 and 8,000 young people each year. The actual cases of forced marriage are estimated to be far higher as many cases are never reported. A report commissioned by Margaret Moran, the Home Office and the Metropolitan Police in 2008 found that over 300 young people approached organisations in the Luton Area alone.<sup>45</sup>

Forced marriage is recognised as a form of domestic violence – it is a form of exerting power and control over a person’s choices. There are strong links between forced marriage and so-called ‘honour-based’ violence whereby a person who does not consent is seen to be dishonouring or shaming the family. There are a wide range of reason given by parents and the wider family and community for forcing young people into marriages. Parents say that they are protecting their cultural heritage, building stronger family links or religious traditions.

Other major reasons include: controlling young people’s sexuality, especially young women who perceived to be promiscuous or young people who are lesbian or gay; ensuring that land or property remains within the family or gaining financially; preventing seemingly ‘unsuitable’ relationships (outside of caste, religion or culture) and provision of long-term care for a child who has a disability (learning or physical).

In Tower Hamlets, 2 cases of forced marriage were referred to the MARAC between October 2014 and September 2015. Again, this highlights the massive levels of underreporting of this strand of VAWG or the lack of understanding of professionals to adequately identify and support survivors.

### **Female genital mutilation (FGM)**

Female genital mutilation (FGM) comprises “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”<sup>46</sup>

The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African

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<sup>43</sup> FCO and Home Office (2015) ‘Forced Marriage’, available at: <https://www.gov.uk/guidance/forced-marriage> (last accessed 24.02.16)

<sup>44</sup> Forced Marriage Unit (2015) *Statistics on Forced Marriage for 2014*, London: Foreign and Commonwealth Office and Home Office

<sup>45</sup> Khanum, N., (2008), *Forced Marriage, Family Cohesion and Community Engagement: National Learning through a case study of Luton*, London: Equality in Diversity

<sup>46</sup> WHO, (2010), Female Genital Mutilation, World Health Organization Fact Sheet No. 241, available at: <http://tinyurl.com/lvsjl> (last accessed 08.03.11)

communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

UNICEF has estimated that more than 125 million girls and women globally have undergone FGM and that 3 million girls in Africa are at risk each year<sup>47</sup>

The organisation Forward has estimated that 20,000 girls under 15 are at high risk of FGM in England and Wales each year.<sup>48</sup> The risk is highest for primary school girls however all young women from backgrounds where FGM is prevalent are at risk.

Recent research by Professor Alison Macfarlane and Efua Dorkenoo<sup>49</sup> included analysis of census data and medical data and linking this in with migration data. They have also compared this to global data on countries that practise FGM and the type they practise. As a result of the gathered data they estimate:

- The prevalence of FGM among women aged 15 and over
- The estimated numbers of maternities which were to women who have undergone FGM
- The numbers of girls aged under 15 with or at risk of FGM and the type of FGM.

The conclusions are as follows:

- Around 103,000 women aged 15-49 living in England and Wales are from FGM practising countries.
- Nearly 53,000 came from countries in the Horn of Africa where FGM is virtually universal and Type III is commonly practised.
- Women aged 50 or more with FGM – about 24,000 (9,400 came from countries where FGM is almost universal with Type III; 5,600 coming from countries with almost universal FGM, usually Types I and II.)
- Those under 15 - just under 24,000 girls aged 0-14 born in FGM practising countries were living in England Wales in 2011. They estimated that if they experience FGM at the same rate as girls aged 15-19 in their countries of birth, then nearly 10,000 of them have undergone or will undergo FGM.
- Nearly 4200 temporary residents born in FGM practising countries were enumerated, of whom just over 900 came from countries where FGM is almost universal.
- the number of pregnant women who had undergone FGM increased steeply over the years 2001 to 2004
- The estimated numbers of maternities to women with FGM increased from just over 9,000 in 2005 to nearly 11,000 in 2008, since when the numbers have levelled off.
- From 1996 to 2010, 144,000 girls were born in England and Wales to mothers born in FGM practising countries and a further 29,000 were born in 2011 and 2012.

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<sup>47</sup> UNICEF, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York, 2013).

<sup>48</sup> Macfarlane, A., Morison, L. and Dorkenoo, E. (2007) 'A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales, Summary Report,' Available online at: <http://www.forwarduk.org.uk/key-issues/fgm/research>, (last accessed 18.09.14)

<sup>49</sup> Macfarlane, A. and Dorkenoo, E. (2014) *Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk: Interim report on provisional estimates* (London, City University and Equality Now funded by Trust for London and the Home Office, p. 14.

- 60,000 of the girls aged 0-14 born before 2011 and 11,700 of those born in 2011 and 2012 were born to mothers with FGM.
- In both cases, well over half of the mothers came from the countries in the Horn of Africa where FGM is almost universal and Type III is practised and slightly under a fifth came from the countries in West and East Africa where Types I and II are highly prevalent.

Thus the report suggests that while in overall terms, the increase was in numbers of girls born to women born in countries in Group 2, where prevalence is in the medium range, the increase in numbers of girls born to mothers with FGM related particularly to those from countries where FGM is nearly universal and Type III is commonly practised.

Overall the report suggests that the figure of 20,000 girls at risk was an underestimation and that in turn it is likely that due to migration from FGM practicing countries there has been a rise in women who may have undergone FGM that may need specialist healthcare support.

The origin of FGM is complex and it has not been clearly established, but it is known that it predates both Christianity and Islam.<sup>50</sup> The World Health Organization (WHO) has said that the perpetuation of FGM is because *it functions as a self-enforcing social convention or social norm. In societies where it is practised, it is a socially upheld behavioural rule. Families and individuals continue to perform it because they believe that their community expects them to do so. They further expect that if they do not respect the social rule, they will suffer social consequences such as derision, marginalization and loss of status*<sup>51</sup>.

A study by FORWARD<sup>52</sup> found that FGM is perpetuated in the UK for the following main reasons:

- The fact that it is a longstanding tradition which contributes to cultural Identity
- That uncircumcised girls and their families are looked down upon by neighbours and extended family members
- The aim of controlling female sexuality both before and during marriage
- The perception that it is necessary for women's marriageability
- The perception that men desire a circumcised wife for their sexual pleasure
- Ideas around cleanliness

Recent research published by City University and Equality Now<sup>53</sup> has established estimates of the numbers of women and girls affected per borough across England and Wales.

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<sup>50</sup> For a discussion of the origins of FGM see: Office of the High Commissioner for Human Rights, Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children, available online at: <http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf> (last accessed 08.03.11) and FORWARD, (2002), Female Genital Mutilation Information Pack, available at: <http://tinyurl.com/blaxgob> (last accessed 08.03.11)

<sup>51</sup> WHO (2010), *Global strategy to stop health-care providers from performing female genital mutilation*, Geneva: UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, IOM, MWIA, WCPT, WMA, page 2.

<sup>52</sup> Dorkenoo, E., Morison, L. and MacFarlane, A., (2007), *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*, London: Foundation for Women's Health, Research and Development (FORWARD) in collaboration with the London School of Hygiene and Tropical Medicine and the Department of Midwifery, City University.

<sup>53</sup> Macfarlane, A. and Dorkenoo, E. (2015) 'Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates', London: City University and Equality Now. The table above is based on Table 11, Numbers of Women born in FGM-practising countries, and estimated numbers with FGM by age group and region and local authority area.

	Age 0-14	Age 15-49	Age 50+	Total
Estimated numbers of women with FGM	153	1780	468	2401
Estimated prevalence per 1000 population	6.5	22.3	23.5	19.5
Number of women born in FGM practising countries and permanently resident in England and Wales (2011 Census)	211	2979	881	4071

## **Prostitution**

Street based prostitution is dangerous and has serious risks for women. Women involved in prostitution<sup>54</sup> are often extremely vulnerable to sexual exploitation. Research has shown that many are poor, homeless and have already suffered violence and abuse throughout their life.<sup>55</sup> 85% of women involved in prostitution report a history of physical abuse and 45% report childhood sexual abuse<sup>56</sup>. It is estimated that as many as 95% involved in prostitution have a drug or alcohol addiction<sup>57</sup>.

Those involved in prostitution are likely to be at increased risk of violent and abusive behaviour. Three quarters of women involved in prostitution in the United Kingdom have been physically assaulted and more than half have been raped and/or seriously sexually assaulted.<sup>58</sup> Women may be coerced into prostitution by pimps or traffickers. A 2010 study into the nature and scale of trafficking of migrant women in the UK estimated that of the 75,000 migrant women thought to be involved in off-street prostitution in the UK, 2600 have been trafficked into the UK.<sup>59</sup> There is also a key concern that research has identified that between 50% – 76% of women involved in prostitution started before the age of 21, depending on the study, outlining the need to identify prostitution and correspondingly child sexual exploitation as a child protection issue.<sup>60</sup>

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<sup>54</sup> The term ‘women involved in prostitution’ is used throughout this document as ‘prostitute’ or ‘sex workers’ are both value-laden terms which do not recognise prostitution as a form of commercial sexual exploitation. Using the term ‘individuals involved in prostitution’ builds on Tower Hamlets’ approach to tackling commercial sexual exploitation for all people involved in prostitution including men, transgender people, BME groups and so on. For more information see for example, Home Office (2011) *A Review of Effective Practice in Responding to Prostitution*, London: Home Office.

<sup>55</sup> See for example Dodsworth, J. (2011) ‘Pathways through Sex Work: Childhood Experiences and Adult Identities’, *British Journal of Social Work*

<sup>56</sup> Home Office (2004) *Paying the Price: A Consultation Paper on Prostitution*, London: Home Office

<sup>57</sup> Melrose, M. (2002), *Ties that bind - Young People and the Prostitution Labour Market in Britain* presented at Fourth Feminist Research Conference, Bologna: September 2000.

<sup>58</sup> Hester, M. and Westmarland, N. (2004) *Tackling Street Prostitution: Towards an holistic approach*, Home Office Research Study 279, London: Home Office.

<sup>59</sup> Jackson, K., Jeffery, J. and Adamson, G. (2010) *Setting the record straight: The Trafficking of Migrant Women in the England and Wales Off-street Prostitution Sector*, London: Association of Chief Police Officers, Project Acumen.

<sup>60</sup> See for example: Hester and Westmarland, *op cit.*; Bindel, J. (2006) *No Escape? An Investigation into London’s Service Provision for Women Involved in the Commercial Sex Industry*, London: Poppy Project, EAVES; Dickson, S. (2003) *Sex in the City: Mapping Commercial Sex Across London*, London: Poppy Project, EAVES and Bindel, J., Brown, L., Easton, H., Matthews, R. and Reynolds, L. (2012) *Breaking Down the Barriers: A Study of how women exit prostitution*, London: EAVES and London South Bank University.

## *Local approach*

Tower Hamlets approach to tackling prostitution is coordinated by the Prostitution Response Coordinator through the Tower Hamlets' Prostitution Partnership which is a multi-agency group made up of key statutory and voluntary agencies across the borough. The Partnership has developed a model which:

- Provides women with access to services that reduce harm and support change including exiting prostitution
- Increases women's confidence to report crime and access safety
- Reduces demand for prostitution and re-offending
- Focuses public discourse on tackling demand for prostitution and developing holistic support for those who sell sex

## **Trafficking**

Trafficking is defined as: 'The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs'.<sup>61</sup>

The organisation AVA has noted that the majority of women involved in off-street prostitution in London are migrants, although estimates vary. Research by the Poppy Project found only 19% of women working as prostitutes in flats, parlours and saunas are originally from the UK, compared with just 3.6% of women in the off-street sector in London found to be British as part of Project Acumen, a police-led research initiative.<sup>62</sup>

## ***Sexual harassment and sexual bullying***

Sexual harassment is usually defined as any unwanted sexual attention, requests for sexual favours or unwanted verbal or physical behaviour of a sexual nature. It can take many forms including sexually explicit remarks, flashing, obscene and threatening calls and online harassment. It can take place anywhere, including the workplace, schools, streets, public transport and social situations.

Studies provide widely different estimates of the prevalence of sexual harassment. However, research suggests that sexual harassment is likely to be widespread but also largely underreported.<sup>63</sup> The Everyday Sexism campaign which was set up to catalogue the experiences of

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<sup>61</sup> Article 3 of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially women and children (2000), is one of the 3 protocols to the UN Convention Against Transnational Organizational Crime. This protocol is commonly referred to as 'the Palermo Protocol'. The protocol entered into force on 25<sup>th</sup> December 2003.

<sup>62</sup> Information from, The Poppy Project (2004), *Sex in the City: Mapping Commercial Sex Across London*, London: The Poppy Project; Jackson, K. Jeffery, J. and Adamson G. (2010) *Setting the Record: The Trafficking of Migrant Women in the England and Wales Off-Street Prostitution Sector*, London: Project Acumen.

<sup>63</sup> Hunt, C., Davidson, M., Fielden, S. and Hoel, H. (2007) *Sexual harassment in the workplace: a literature review*, Manchester: The Centre for Equality and Diversity at Work, University of Manchester; Hunt, C., Davidson, M., Fielden,

women being sexual harassed on a regular basis has received over 100,000 submissions between since its inception in April 2012.<sup>64</sup>

A 2010 YouGov poll for EVAW<sup>65</sup> found that almost one in three 16-18 year old girls stated they have been subjected to unwanted sexual touching at school. A further 71% of 16-18 year olds (girls and boys) said they had heard sexual name calling with terms such as 'slut' or 'slag' used towards girls at school on a daily basis or a few times a week. In a survey for the National Union of Teachers, half of respondents (49%) had witnessed sexist language and over a third (38%) had witnessed sexual bullying between students.<sup>66</sup> However, the EVAW poll found that almost 25% of those polled said their teachers never said unwanted sexual touching, sharing of sexual pictures or sexual name calling were unacceptable. A report of a survey of 1574 by Girlguiding in 2015 found that 81 percent of girls have experienced sexism; 42% had seen something that trivialised VAWG and 39% had demeaning comments made about them.<sup>67</sup>

### ***Stalking and Harassment***

Although harassment is not specifically defined it can include '*repeated attempts to impose unwanted communications and contacts upon a victim in a manner that could be expected to cause distress or fear in any reasonable person.*'<sup>68</sup> Again, there is no strict legal definition of stalking but the Protection from Harassment Act (as amended by the Protection of Freedoms Act 2012) sets out what examples of what can constitute stalking: physical following; contacting, or attempting to contact a person by any means (this may be through friends, work colleagues, family or technology); or, other intrusions into the victim's privacy such as loitering in a particular place or watching or spying on a person.

On 25 November 2012, two specific criminal offences of 'stalking' and 'stalking involving fear of violence or alarm or distress' came into force in England and Wales, along with additional related police search powers. The offences were introduced by the Protection of Freedoms Act 2012<sup>69</sup>, which amends the Protection from Harassment Act 1997. Section 2A of the 1997 Act prohibits a person from pursuing a course of conduct that amounts to stalking and Section 2B sets out new police powers to enter and search premises in relation to the 2A offence.<sup>70</sup>

According to the 2013/14 Crime Survey for England and Wales, 21.5% of women had been subject to stalking or harassment at some point in their lifetime and 4.4% had experienced stalking in the previous year.<sup>71</sup> Using the Home Office VAWG Ready Reckoner tool, it is estimated that in Tower Hamlets over 10,000 women will have been subjected to stalking in the past 12 months.<sup>72</sup> 143 of

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S. and Hoel, H., (2010) "Reviewing sexual harassment in the workplace – an intervention model", *Personnel Review*, 39(5), pp.655 – 673.

<sup>64</sup>Smith, L., (2014) 'Everyday Sexism's Laura Bates 'Awareness-raising has become a worldwide movement for equality', *International Business Times*, 15.04.15

<sup>65</sup> End Violence Against Women and YouGov, (2010) *Sexual Harassment in UK Schools Poll*, London: EVAW

<sup>66</sup> O'Neill, S. (2007) A serious business: An NUT survey of teachers' experience of sexism and harassment in schools and colleges, Institute of Education and University of Warwick.

<sup>67</sup> Girlguiding, (2015) *Girls' Attitude Survey 2015*, London, Girlguiding

<sup>68</sup> CPS (2012) *Stalking and Harassment: Guidance for Prosecutors*, London: Crime Prosecution Service

<sup>69</sup> Protection of Freedoms Act 2012, <http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

<sup>70</sup> Home Office, (2012) *A change to the Protection from Harassment Act 1997: introduction of two new specific offences of stalking*, London: Home Office Circular, 018/2012.

<sup>71</sup> Chaplin, R., Flatley, J. and Smith, K. (Eds.) (2011) *Crime in England and Wales 2010/11 Findings from the British Crime Survey and police recorded crime (2nd Edition)*, Home Office and ONS.

<sup>72</sup> Home Office, *VAWG Ready Reckoner*,

the 401 women referred to MARAC in 2014/2015 had experienced stalking from their current or former partner.

Studies have found women and younger women are most likely to be victims of stalking and harassment.<sup>73</sup> Stalking and harassment was another area the women we spoke to as part of the violence against women and girls consultation were particularly concerned about.

Stalking and harassment are overwhelmingly associated with ex-intimate partners and there is therefore a strong link to domestic violence. Stalking is a high risk factor in domestic violence cases linked to domestic homicides. Our local approach to tackling these issues is therefore linked particularly to our approach to addressing domestic violence, including holding perpetrators accountable.

## Child Sexual Exploitation

*The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person/persons) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.<sup>74</sup>*

The ‘grooming’ process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins.

The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim’s options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited.<sup>75</sup>

Child sexual exploitation can have a devastating impact on a victim’s health, happiness and development. It can also have profound long-term effects on young people’s social integration and economic well-being and adversely affects life chances.<sup>76</sup>

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<http://webarchive.nationalarchives.gov.uk/20100104215220/http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm> (last accessed 01.03.16).

<sup>73</sup> Sheridan, L. (2005) *Stalking Survey*, University of Leicester

<sup>74</sup> This is the agreed Association of Chief Police Officers (ACPO) definition which is used in the Pan London Child Sexual Exploitation Operating Protocol published in February 2014. London Safeguarding Children Board (2014) *Pan-London Child Sexual Exploitation Operating Protocol*, London. Tower Hamlets is due to publish their CSE Guidelines (mapped to the London Protocol) in Spring 2014.

<sup>75</sup> Barnardo’s (2012) *Cutting them free: how is the UK progressing in protecting its children from sexual exploitation*, London: Barnardo’s.

<sup>76</sup> NSPCC, Child Sexual Exploitation – Introduction, available at:

[http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction\\_wda97566.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction_wda97566.html), (last accessed 04.03.16)

## SECTION 2 – IMPACT OF VIOLENCE AGAINST WOMEN AND GIRLS

### Impact on children and young people

Violence against women and girls has a significant impact on the safety and wellbeing of children and young people.<sup>77</sup>

- Out of 1267 cases that the Forced Marriage Unit gave advice to in 2014, 39% involved young people under the age of 21 with 11% under 16.<sup>78</sup> There are cases of children as young as nine being forced into marriage.
- Female genital mutilation is predominantly carried out on young women aged 15 and under<sup>79</sup>
- A 2009 NSPCC survey of 13-17 year olds found that a quarter of girls had experienced physical partner violence, three quarters had experienced emotional partner violence and a third had experienced sexual partner violence<sup>80</sup>
- Up to 70% of teenage mothers have experienced domestic violence in their own intimate relationships<sup>81</sup>
- More than one third of all rapes recorded by the Police are committed against children under 16 years of age<sup>82</sup>

Children and young people can be extremely affected by their experiences of living with violence. The impacts can be physical, behavioural, psychological or educational and they can also be long-term or short-term impacts.<sup>83</sup> The way that children can be impacted depends on a wide range of factors including: age and developmental stage, gender, ethnicity, position within the family, sexuality, disability, their relationship with their mother, whether the abuse was direct or indirect, their access to safety and existence of support networks.

*“Children exposed to sudden, unexpected man-made violence appear to be more vulnerable – making the millions of children growing up with domestic violence...at great risk for profound emotional, behavioral, physiological, cognitive, and social problems.”<sup>84</sup>*

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<sup>77</sup> See for example: Geffner, R., Spurling Igelman, R. and Zellner, J. (2013) *The Effects of Intimate Partner Violence on Children*, New York: Routledge; Humphreys, C. and Stanley, N. (2015) *Domestic Violence and Protecting Children: New Thinking and Approaches*, London: Jessica Kingsley Publishers

<sup>78</sup> Forced Marriage Unit (2015) *Statistics on Forced Marriage for 2014*, London: Foreign and Commonwealth Office and Home Office

<sup>79</sup> WHO (2016) *Female Genital Mutilation*, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/> (last accessed 01.03.16)

<sup>80</sup> Barter *et al*, *Op cit.*, footnote 27.

<sup>81</sup> Harrykisson, S., Vaughn, R. and Wiemann, C. (2002) *Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period*, *Archives of Paediatrics and Adolescent Medicine*, 156(4).

<sup>82</sup> Walker, A. Kershaw, C. and Nicholas, S. (2006) *Crime in England and Wales 2005/06* Home Office Statistical Office <http://rds.homeoffice.gov.uk/rds/pdfs06/hosb1206.pdf>

<sup>83</sup> For a detailed discussion of the impact of domestic violence on children see Humphreys and Stanley (2015) *Op. Cit.*; Hester *et al* (2007) *op cit.*, Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A., and Jaffe, P., (2003), ‘The effects of children’s exposure to domestic violence: a meta analysis and critique’, *Clinical Child and Family Psychology Review*, 6(3), Kitzmann, K., Gaylord, N., Holt, A. and Kenny, E., (2003), ‘Child Witnesses to Domestic Violence: A Meta-Analytic Review’, *Journal of Consulting and Clinical Psychology*, 71(2) and Evans, S., Davies, C. and DiLillo, D. (2008), ‘Exposure to Domestic Violence: A meta-analysis of child and adolescent outcomes’, *Aggression and Violent Behavior*, 13(2).

<sup>84</sup> Perry, B., Pollard, R., Blakley, T., Baker, W. and Vigilante, D. (1995) ‘Childhood Trauma, the Neurobiology of Adaptation, and “Use-Dependent” Development of the Brain: How “States” Become “Traits”’, *Infant Medical Journal*, 16:4, page 273.

Children can be adversely affected by domestic violence in one of two ways. They can be indirectly abused by the perpetrator by witnessing violence or they can be directly abused themselves by the perpetrator (physically, sexually, emotionally, financially or psychologically).

### *Indirect*

Most children are aware of the violence and the abuse suffered by their mothers from a very early age.<sup>85</sup> Research supports this, showing that most children are aware of the violence and abuse suffered by their mothers - 87 percent of the 108 mothers in one study believed that their children had witnessed or overheard the abuse. This mirrors earlier findings which show that where there are children in the household, 90 percent are in the same or adjoining rooms when violence occurs.<sup>86</sup> Section 120 of The Adoption and Children Act 2002 extended the legal definition of 'significant harm' to a child to include the impairment suffered from seeing or hearing the ill treatment of another – particularly in the home, even if they themselves had not been physically abused or assaulted. The amendment which came into effect in January 2005 was created in response to research that children can sometimes suffer long-term damage from living in a home where domestic violence is taking place.

### *Direct Abuse*

In families where domestic violence occurs, children may also be sexually or physically abused. A meta-analysis of research studies estimated that in 30-60 percent of domestic violence cases, the abusive partner was also abusing children in the family.<sup>87</sup> The rate of reported domestic violence is particularly affected by whether active questions are asked about abuse of children. A study of NSPCC cases found that where children were known to have been abused there was a dramatic increase in disclosure of abuse from an initial one-third to two-thirds of children, once a domestic violence monitoring form was introduced.<sup>88</sup> A 2002 NSPCC prevalence study showed that 26 percent of 18 to 24 years olds had lived with violence between their parents/carers and for 5 percent this was frequent and on-going.<sup>89</sup>

Violence against women and girls is a particular child protection concern and reflected in referrals to children's social care and child protection cases.<sup>90</sup>

### *Health impacts*

Violence against women and girls has a significant impact upon the physical, sexual, emotional and mental health of women and children.

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<sup>85</sup> See for example Taft, A, Watson, L, and Lee, C (2004) 'Violence Against Young Australian Women and Association with Reproductive Events: A Cross-Sectional Analysis of a National Population Sample', *Aust N Z J Public Health*, Vol. 28 and McWilliams and McKiernan (1993).

<sup>86</sup> Jaffe, P. , Wolfe, D. , &Wilson, S. (1990) *Children of Battered Women*, Newbury Park, California: Sage.

<sup>87</sup> Edleson, J (1999) 'Children Witnessing of Adult Domestic Violence', *Journal of Interpersonal Violence*, 14:4

<sup>88</sup> Hester, M. and Pearson, C. (1998) *From Periphery to Centre: Domestic Violence in Work with Abused Children*, Bristol: Policy Press.

<sup>89</sup> Cawson, P (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, London: NSPCC.

<sup>90</sup> Children's Social Care estimates that around 70-80% of all contacts to the Integrated Pathways and Support Team (IPST)/ Multi-agency Safeguarding Hub (MASH) Team involve domestic abuse (Using the wider definition). In 2014/2015 there were 467 children involved in the cases referred to MARAC.

- Victims sustained an injury in almost half of all incidents of violence (48%) in the last Crime Survey in 2015<sup>91</sup> suffered a physical injury as a result of the abuse.
- Forced sex leads to a range of sexual health problems, including increased risk for sexually transmitted diseases, gynaecological problems, chronic pelvic pain, painful menstruation, painful intercourse and infertility.
- Female genital mutilation has numerous health implications which include severe pain and shock, infection, urine retention, injury to adjacent tissues, immediate fatal haemorrhaging.
- The mortality rate for women involved in prostitution is 12 times higher than it is for the general population, the highest for any group of women.<sup>92</sup>

#### *Impact on housing and financial stability*

Violence against women and girls has a significant impact on levels of homelessness and housing stability, with women often having to flee their homes and/or livelihood because of abuse:

- A 2002 study by Shelter found the domestic violence is the single most quoted reason for homelessness - 40% of all homeless women stated that domestic violence was the reason.<sup>93</sup>
- An estimated 22% of women first entered prostitution when they were homeless or in temporary housing.<sup>94</sup> Toynbee Hall found that 4 out of 5 women involved in prostitution accessing services had some sort of unmet housing need. Local providers have identified lack of housing as a major problem and something that may increase prostitution.
- A 2014 report by the charity St Mungo's Broadway found that the majority of their homeless female clients had experienced gender-based violence and had been unable to access housing services to meet their needs.<sup>95</sup>

Domestic violence also has a detrimental impact on employment. According to Walby and Allen, 21% of employed women who had suffered domestic violence in the previous 12 months took time off work due to the violence and 2% lost their jobs as a result.<sup>96</sup>

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<sup>91</sup> ONS (2015) *Op. Cit.*

<sup>92</sup> Peate, I. (2006) 'Paying the price: health care and prostitution' *British Journal of Nursing*, 15: p. 246-7 and Salfati, C. G., James, A.R. and Ferguson, L. (2008) 'Prostitute Homicide: A Descriptive Study, *Journal of Interpersonal Violence*, 23(4).

<sup>93</sup> Cramer, H. and Carter, M. (2002) *Homelessness: what's gender got to do with it?* London: Shelter.

<sup>94</sup> Cusick, L. & Martin, A. (2003) *Vulnerability and involvement in drug use and sex work*, Home Office Research Report 268, London: Home Office.

<sup>95</sup> Hutchinson, S., Page, A. and Sample, E. (2014) *Rebuilding Shattered Lives*, London: St. Mungo's Broadway

<sup>96</sup> Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Home Office Research Study 276, London: Home Office.

## SECTION 3 – Survivor and Community Consultation

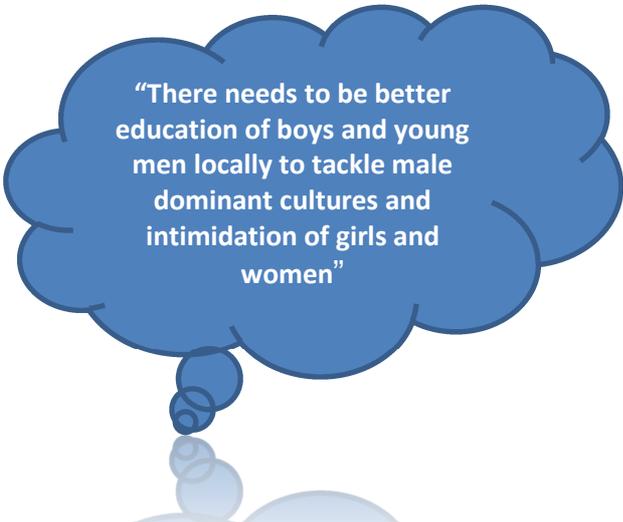
This section explores how women from the community and survivors living in refuge provision in the borough view their own personal safety and wellbeing and examines how they feel safety can be increased as well as highlighting areas that they feel should be explicitly included within the VAWG Strategy. The questions were themed around the six strategic priorities.

### Prevention and Early Intervention

A large number of respondents through the focus groups highlighted that it was really important to address attitudes to violence against women and girls and a number of respondents raised the issue of cultural and familial attitudes towards abuse and pointed to certain community beliefs that could contribute to the abuse of women. For example, black magic was highlighted as something that in-laws would use to prevent a woman from leaving a violent marriage but was little understood by mainstream workers. Respondents felt it was important to challenge culturally based attitudes towards abuse by working with the community.



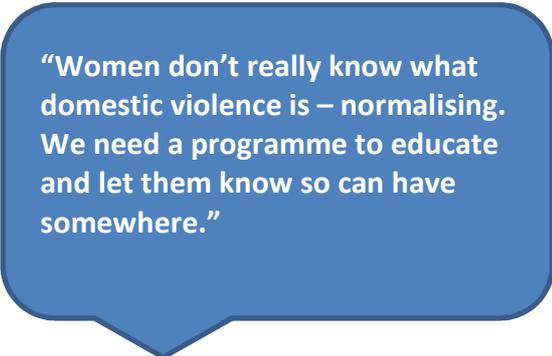
“It is important to tackle the issues from a culturally specific viewpoint, particularly where violence against women may be considered normal or expected in someone’s home country/ culture”



“There needs to be better education of boys and young men locally to tackle male dominant cultures and intimidation of girls and women”

Respondents suggested using different forms of communication to raise awareness in the community, including promoting the issue in local newspapers, on local radio and on community TV stations, using social networking sites like Facebook, doing roadshows in local markets and shopping centres, and publicity in places like Ideas stores. Respondents felt it was important to embed awareness raising within services that women access such as ESOL courses.

A significant proportion of respondents highlighted the importance of targeting **young people** to ensure that future generations are educated about violence against women and girls and what is or is not acceptable behaviour. Some respondents felt that schools should be the main environment for targeting young people, for example having violence against women on the agenda for school programmes and summer holiday schemes. One respondent felt that schools anti-bullying policies should include what is and is not acceptable behaviour towards women and young girls and that both parents and children should sign up to this.



“Women don’t really know what domestic violence is – normalising. We need a programme to educate and let them know so can have somewhere.”

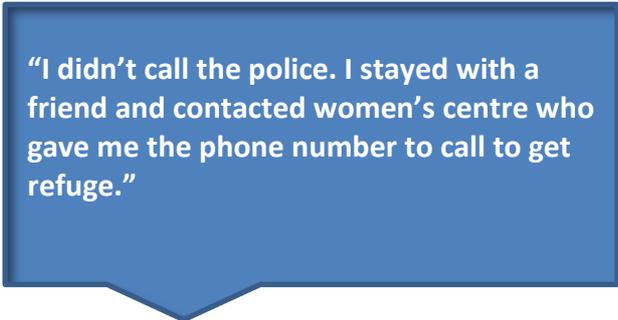
A number of respondents felt that it was important to target initiatives towards raising awareness amongst men and give men more of a role in speaking out about violence against women. Some suggested that more should be done to target boys who are likely to go on to commit violence against women, for example through school programmes. Respondents suggested identifying men to act as anti-violence against women advocates and to act as good role models for young men for example through community awards for good fathers/ husbands.

All of respondents felt that the champions programme, both within individual organisations/services but also the community that could raise awareness about services and key issues. Respondents also noted that it was important for this issue to have the support of community leaders and authority figures and that any campaign work should have their support.

## **Provision**

### ***Who do women report to?***

Women consulted through the focus groups were unsure about who they might go to for support. Although the Crime Survey of England and Wales has consistently found that women are most likely to seek help from friends, relatives or neighbours, some of the women we spoke to felt it would be difficult to approach a family member. Reasons for this included fear that their family or the wider community would not understand or support them or a desire to protect family members from getting involved. Women said that they might confide in friends, groups of women or in their support worker.



“I didn’t call the police. I stayed with a friend and contacted women’s centre who gave me the phone number to call to get refuge.”



“I couldn’t go to family or friends because I would be judged by them. I only got support when I called the police and spoke to victim support.”

Women were more likely to want to report abuse where:

- They were assured that they were believed
- There was confidence and trust in the relationship with the service with which they sought help.
- There was 3<sup>rd</sup> party intervention – a health visitor or social worker who had identified the abuse and provided information to the victims (especially for those in refuge provision)

### ***What were the barriers to reporting?***

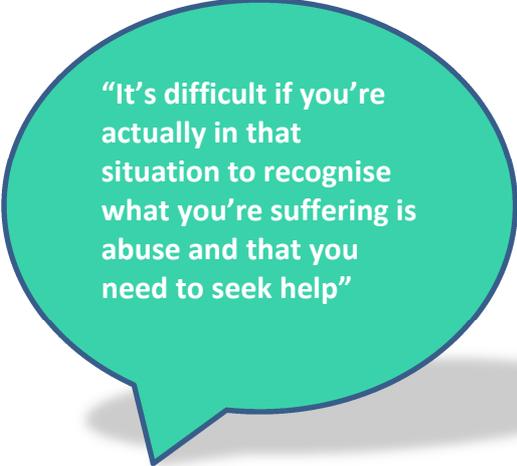
The barriers women identified to disclosing or seeking help for abuse were varied but are generally consistent with research into why women do not disclose abuse.

### *Lack of Awareness of what constitutes abuse*

Lack of awareness and understanding of patterns of abuse was a significant issue. Some women believed that the violence would stop or that non-physical abuse was too trivial to report. Young people identified that whilst they were fairly aware of the issues it was not always so easy to recognise when you were in an abusive situation yourself.



**“It took an incident to happen before people explained it to me”**

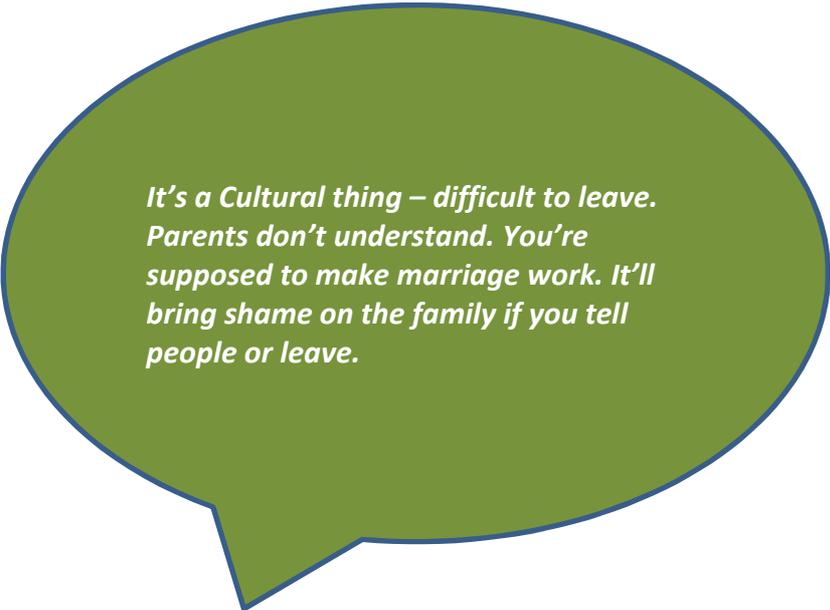


**“It’s difficult if you’re actually in that situation to recognise what you’re suffering is abuse and that you need to seek help”**

These responses mirror those of the findings of the Crime Survey for England and Wales which records a massive under-reporting of all forms of VAWG whereby those who do not disclose, a majority (consistently around 40%) do not report as they feel it is too trivial to report or that it is a private matter.

### *‘Cultural’ Barriers*

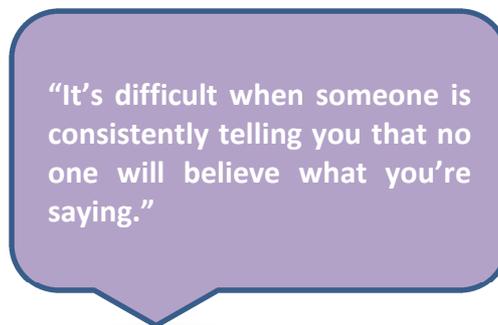
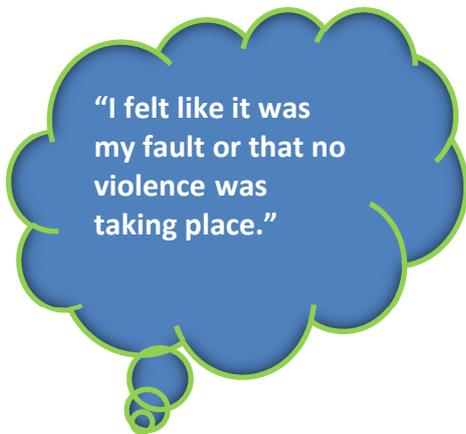
Many of the women who took part in the focus groups highlighted that perceived cultural barriers stop them from seeking help. There was a perception that marriage is for life and that they would bring shame on their families if they disclosed abuse.



***It’s a Cultural thing – difficult to leave. Parents don’t understand. You’re supposed to make marriage work. It’ll bring shame on the family if you tell people or leave.***

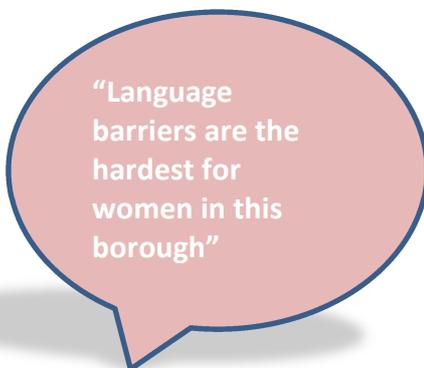
### *Lack of Self-Esteem or Self-confidence*

A number of women identified that the impact of the abuse on their self-esteem prevented them from seeking help because they felt that they deserved to be abused:



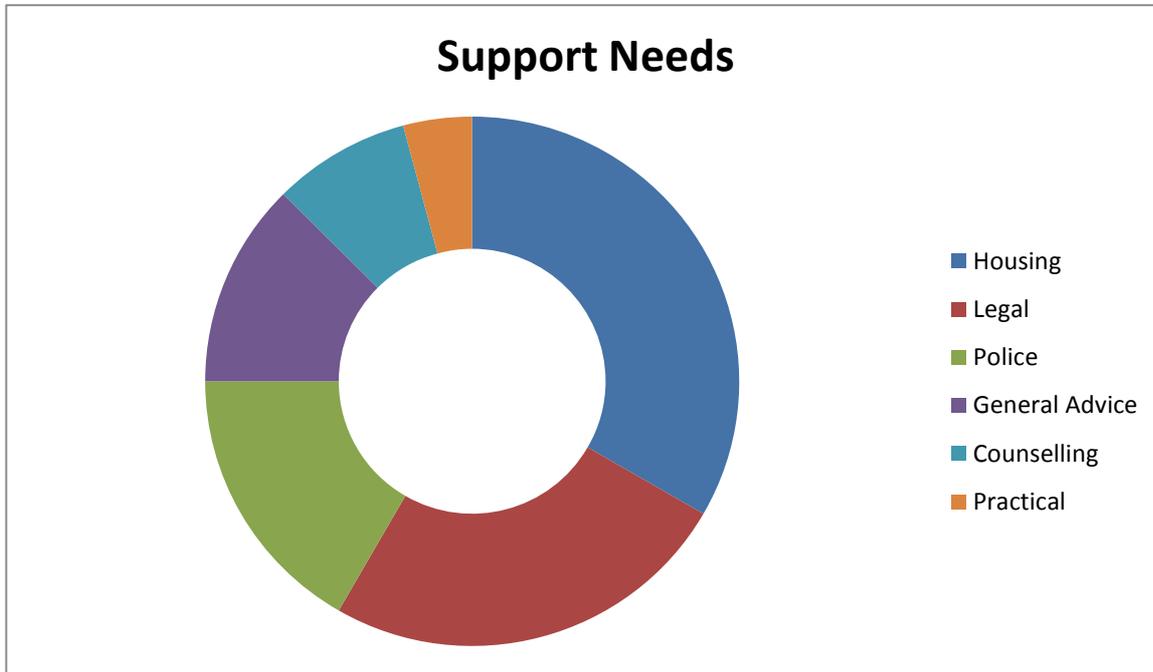
### *Practical issues*

Women also identified practical reasons why they were unable to leave the relationship or seek help, such as not having access to sufficient finances (high levels of financial abuse were experienced by a number of the participants) to leave the relationship, not having access to immigration documents or not having the language skills to seek help:



### **What support do women need?**

Women experiencing abuse often have a variety of support needs. On-going analysis of our DV1 forms of the sort of support women seek at the point of disclosing abuse has identified the most frequent forms of help seeking as:



Many respondents pointed to the difference between women’s immediate support needs– which were often about addressing practical issues – and longer-term support needs which were often focussed on helping women to rebuild their lives. Some respondents felt that these longer-term needs were sometimes not addressed or given sufficient priority by local services. The victims of abuse we spoke to as part of the consultation spoke about a range of things which had helped them to rebuild their lives, such as working or being part of a support group.

Participants outlined that peer support would be really helpful for them and for other women who may be at a different stage in their journey. They also felt that there should be wider campaigns around supporting women to understand that abuse is not their fault, including large scale campaigns in public spaces.

**“There should be a big poster in the street, posters saying it’s not acceptable. All media focusses on her walking back alone and putting blame on women for sexual harassment. This needs to change”**

**“We need to change the question to ‘why are men behaving like that. The biggest stereotypes come from other women judging women rather than men. We need to change and help women understand it’s not their fault – have a campaign around blame!”**

## Protection

### *What makes women feel unsafe?*

Their own personal situation also had an impact on women's feelings of safety. Women who had children reported greater feelings of intimidation where they felt that their children needed to be protected first and that they would be less able to protect themselves as a result if there was any violence or harassment.

Safety for victims of domestic violence was impacted by a variety of factors. In particular, women who had suffered violence in relationships said they were likely to feel more afraid if their partner knew where they lived and was able to contact them or if they felt isolated from support networks. They also highlighted fears around technology and the use of social media and applications that could enable their perpetrators to locate them. Women in the refuge had been given support by staff to change all of their settings and their social media accounts.

### *What did respondents think should be done to make women feel safer?*

Many of the participants felt that there was still a lack of consistency in statutory services, particularly the police and social care, whereby their experiences were not seen as critical or that they felt they were being judged rather than protected.

"Women have experiences with the police where emergencies are not seen as emergencies. Women then say well I tried once and it didn't work so they don't bother or the perpetrators says something to them like it was just a fight"

"Some services don't have much awareness of domestic violence and what goes on. Training to raise awareness is crucial and then refreshers – new legislation. They need to understand the impact on the person"

The overarching area that women felt would provide the best support to protect them was a two-pronged approach – the crisis, high risk intervention followed up with more emotional and practical support. A number of the women we spoke to had returned to abusive relationships as the services stopped supporting them or deemed them to be lower risk.

"There needs to be a 2 pronged approach with practical and emotional support and independent trauma counselling. There's a critical moment when people want to talk, to get protection but then this needs to be followed up. Perpetrators convince services they've changed and he convinced me the first time round so I went back"

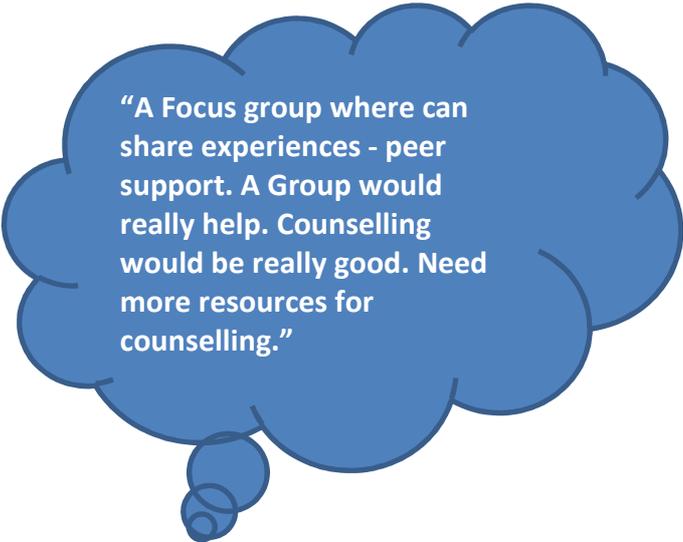
Victims also reported that having protective measures in place such as an injunction made them feel safer as they knew their partner was not allowed to contact them, although during the professional consultation some respondents highlighted that having injunctions sometimes gave women a false sense of security and safety.

A significant number of respondents felt that measures to build women's self-esteem and confidence would be effective in improving safety.

A significant number of respondents also commented that it was important to continue to have safe places for women who have fled domestic violence, including welcoming opportunities to be able to report at third party reporting centres.

## Participation

The participants to all focus groups felt that participation was really vital. There was strong support for development of a survivors' group for women to be able to access peer support. They also felt that being asked what services would work best for them and for services to see them as 'experts by experience' as being really important. There was a strong willingness to develop support for other women who were currently going through abuse.



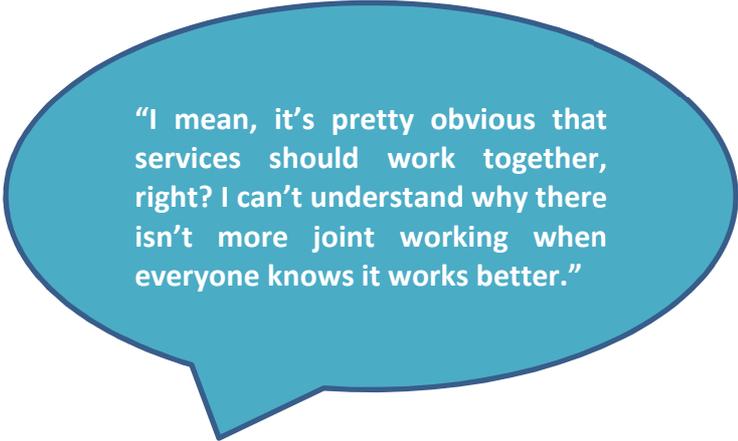
"A Focus group where can share experiences - peer support. A Group would really help. Counselling would be really good. Need more resources for counselling."



"Need a space for chat and to share experiences. Maybe one with childcare to give mums space. Meditation sessions, and relaxation sessions would also be great. Activity groups like crafts or cooking would be great. They would be facilitator led but with a peer focus."

## Partnership

Participants felt that it was really important to have strong partnerships between organisations. There was a recognition that they need to work together – especially where they have some information about victims and there is a need to link the information up. Those interviewed who had been through the MARAC process felt that it had helped in their cases to have that support.



"I mean, it's pretty obvious that services should work together, right? I can't understand why there isn't more joint working when everyone knows it works better."

## Perpetrator Accountability

Holding perpetrators of violence against women to account is challenging due to the nature of these offences and the level of underreporting of violence against women and girls. This means that most perpetrators of these crimes never, or only infrequently, come into contact with the police, let alone the courts and the probation service.

A number of respondents felt strongly that our approach to addressing these issues should put more responsibility on men rather than focussing on women and how they need to keep themselves safe. Respondents noted that women are often expected to move area, leaving behind their support networks and financial security. Some respondents felt that current responses were very female-targeted rather than tackling perpetrators. In dealing with risks to children it was noted that more emphasis should be put on the father and his role in keeping children safe. Respondents also felt that more work was needed with boys and men to show them that their behaviour is unacceptable.

**Work with perpetrators** – Respondents felt that direct work with perpetrators, for example through perpetrator programmes, was important. However, a number noted that the perpetrator course itself was not sufficient and in addition should be followed up with support/ guidance for a period afterwards, such as counselling, mentoring or support groups.

Respondents felt that perpetrators could be held more accountable by **raising awareness** of the consequences of violence against women and girls and emphasising that responsibility for violence rests with the perpetrator. Respondents suggested publicising cases of prosecution, or distributing posters in place men congregate letting men know the consequences of violence towards women.

“Men need help to change. We need to have more work about recognising relationships couple with counselling, art therapy – everyone should be able to get these. Resources!!”

“My husband always used excuses. Husband put all the blame on me. Need to understand what they are doing is wrong We need advertising on the TV. They need to be made aware. We need to arm newspapers, GPs and all services with information about where can get help for themselves to know what they are doing”

“The police should link perpetrators with services – both on arrest and as a compulsory part of probation but they have to want to change!”

“Need to have some awareness for men of all ages about what wrong and letting them know about consequences. There’s no information about dv in schools...Good programme – murdered by my boyfriend. Need to find something similar for men.”

## Recommendations

- Prevention should be a key priority within the VAWG Strategy
- A multi-agency approach to delivering services for survivors is the best approach
- Multi-pronged, individual approach is needed to best support survivors
- Perpetrators should be given support to understand the consequences of their behaviour
- Hold a public awareness campaign to help women members in the community understand that experiencing abuse is not their fault
- Delivery of training to professionals on how to support survivors of VAWG with an empathetic approach
- Peer support methods, including group sessions, should be implemented
- The community champions programme should be expanded

Respondents felt that there needed to be sustainably funded support services available for women, particularly advocacy based services. Respondents also noted that it is important for women to have safe places to go, especially in times of crisis (such as refuges). Some respondents felt that there should be a single location or point of contact for women experiencing abuse to access all support and protection. A number of respondents also highlighted the need for services that could provide support during evenings and weekends.

*Long-term support* – Respondents highlighted the importance of providing long-term support for women and children not just whilst in relationship but afterwards to help them recover and rebuild their lives.

*Developing women's capacity/ independence* - Lots of respondents pointed to the need to provide opportunities to increase women's confidence and independence and empower them to rebuild their lives after abuse. Respondents suggested providing courses to increase women's independence, transition programmes and places where women can speak about their experiences and gain self-confidence.

*Culturally specific services* – Some respondents highlighted the need for culturally specific services and for services to be available in different languages.

*Raising awareness amongst professionals* – Respondents highlighted the importance of training staff across a wide range of services to ensure that they understood violence against women issues and were sensitive to those reporting abuse. Some suggested that training should be mandatory and that organisations should commit to releasing staff to attend training.

*Providing information to women* – Respondents highlighted the need to provide women with information at places they attend e.g. through mosques, children's centres, colleges, ESOL classes.

*Work with survivors of domestic violence* – Respondents felt that more work should be done with survivors of violence against women. They felt that giving a stronger voice to survivors of abuse would help to let other women know that abuse can be stopped and help is available

## SECTION 4: Young People Consultation

Consultation with young people on VAWG has been ongoing since late 2014 as part of our 'Whole School' approach with a specific focus group held in February 2016 to establish key priorities for the VAWG Strategy. 18 young people aged between 14 and 21 participated in the focus group with a gender split of 10 young men and 8 young women.

Young people during the focus group were asked six questions about their understanding and interest in VAWG and were asked to rank the strategic priorities in order of their importance to them.

### ***Which do you think is the most important area we should focus on for the VAWG Strategy?***

Young people felt that protection from abuse was the most important area with over half ranking this area number one, followed by prevention of violence for future generations. They, surprisingly, felt that provision of appropriate support was the least important but on further questioning outlined that protection from abuse should lead to provision of appropriate support.

*"You can't have protection from abuse without providing services to those who have been abused. All of the areas should be focused on, if I'm honest but I do think protecting people is most important."*



### ***Which strand is the most relevant to young people?***

Rape and sexual violence emerged as the most important issue for young people, followed closely by Child Sexual Exploitation (CSE) although there was broad support for more awareness around each area. The participants also stressed the need to provide other young people with information around all of the strands as they are linked and should not be seen as completely separate areas.

*"I think that they're all important. They all have an impact on someone's life. We need to raise awareness of each issue and provide information."*

### ***Why would a young person not disclose and/or seek help (barriers)?***

All of the young people mentioned that stigma, embarrassment and shame were major barriers to disclosure for young people around VAWG. There was a consensus that as their parents would find out, they would find it increasingly difficult to disclose. Other barriers identified were: fear of statutory intervention or of getting families into trouble; fear of being in trouble themselves; fears around forced marriage or being sent 'back home' and a feeling that professionals did not know often how best to respond to young people.

### ***What could help young people to disclose abuse (any of the strands)?***

Overcoming these barriers would be a challenge but safe spaces for young people to disclose abuse was highlighted as a need as well as more education for professionals. Professionals' increase in education and awareness about the impacts of VAWG on young people was seen as the key lever for young people to support them to disclose. The participants also emphasised that many young people will speak to other young people about what's happening for them and that it's vital for peer support to be in place. They were all strongly in favour of the development of the youth champions programme.

### ***What do you know about these issues?***

Young people knew most about domestic violence although the participants also wanted other young people to have more awareness that it is not just physical abuse. They felt that this was an area that is often highlighted in the news, social media, television and so on but that other areas are even more dangerous and should be taken seriously. They spoke about where coercive control had been used in television to highlight other aspects of domestic abuse and that that had had more impact on them. Least was known about dowry related abuse and so-called 'honour' based violence although each of the participants had mentioned 'honour' or 'shame' in other contexts, which shows that there is a need for all of the VAWG areas to be addressed through work around prevention. Forced marriage was a known quantity to the young people although it was seen as an issue affecting certain 'cultures' rather than a cross-cutting area.

### ***Which issues would you like to know more about?***

FGM emerged from the consultation as the key area that young people would like to know more about, especially given the focus on this strand by the mainstream media over the past 12 months. Young people also felt that disclosing FGM would be a real struggle for young people as it involves speaking about intimate areas. Other participants felt that other young people needed to know more about prostitution as there are so many stereotypes involved and because of the portrayal on television it is seen as glamorous. Other less known areas including dowry related abuse and trafficking were also areas that the young people wanted to learn more about.

*"We need to do more about prostitution. There are so many stereotypes – it's seen as a 'way to earn money' and this should be tackled."*

*"It's important to raise awareness about trafficking. We need more awareness about it. People underestimate that it could happen to them or a family member because they think that they are in a 'safe' environment."*

*"We need to know more about this [dowry related abuse]. Honour is a very important issue to tackle around this area. People, especially young people, don't know what it is so they won't know how to get help if it is happening."*

One area that has been mentioned over and over by young people is the impact that pornography has on young people. They have highlighted that, at least for many young people in this borough, they don't have 'the talk' from their parents around sex and so seek elsewhere to understand.

*"I think that the school needs to address these issues because society right now. I think all the kids, erm speak about women, speak about girls in certain manner that's influenced by music, that's influenced by films and sometime they don't know what right from wrong is. Now not knowing what right from wrong is means they aren't able to either speak to a girl in an appropriate manner or be respectful to a girl."*

*It's not even that...it's just no one wants to say it because it's a somewhat a taboo of a subject but with the rise of pornography and all of that boys are somewhat misinformed with reality and being misinformed with reality means they speak about women in a certain way and then it becomes natural to them. Using certain derogatory terms, if I may say so like bitch and so on (Res1: yeah) in such a casual way, it just becomes ingrained into their life and they just use it in a normal manner. Now of course that's not the correct way to address someone. And those terms and the way that free pornography and the way women are presented in pretty much all pornographic videos they affect the way the boys think. And they don't know they need to be educated. And someone needs to tell them that this is fake; this is not the real way of life.*



## **Recommendations**

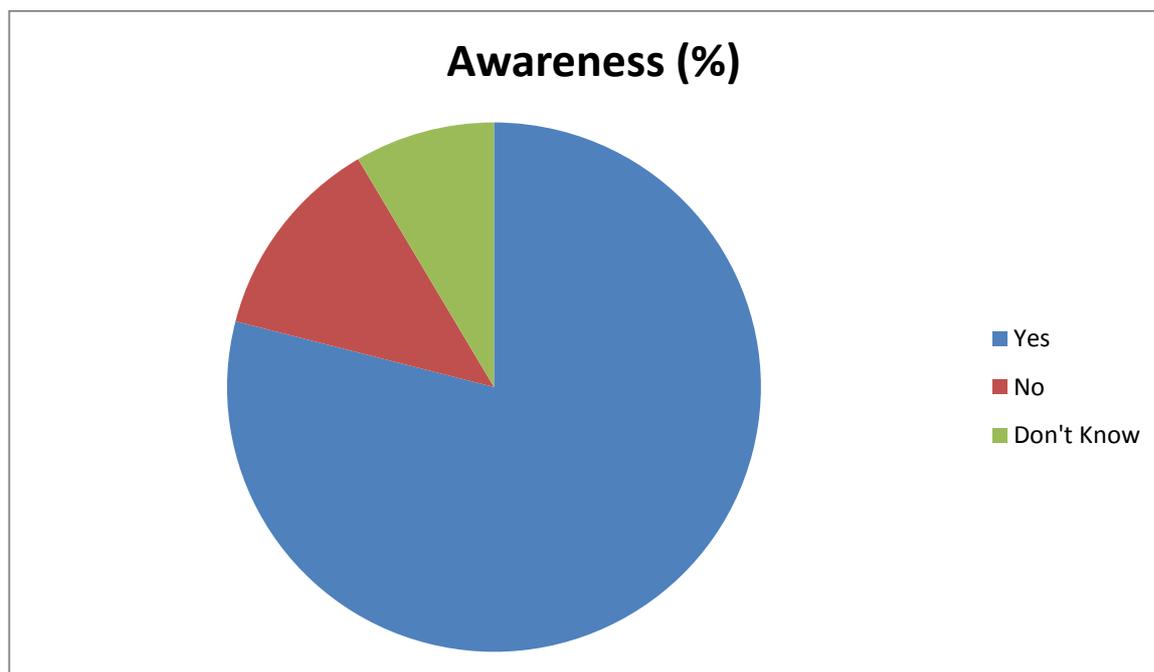
- Focus on providing young people with information about all of the strands of VAWG and where they can get help and support
- Develop the work in schools to ensure that all young people are getting the right messages about what is acceptable and what is not acceptable
- Development the youth champions programme, recognising that young people will often disclose to other young people
- Work with parents so that they understand the issues that young people face and can support their children
- Work with young people so that they can recognise that pornography and the media send out the wrong messages to young people about what healthy relationships look like.

## SECTION 5: Professionals' Consultation

Consultation with professionals took place from October 2015 until February 2016. Over 200 professionals participated in the consultation, either by completing questionnaires; participating in interviews or through direct comments on the draft VAWG Strategy. The responses below pertain to the questions asked through the online and paper questionnaire. Those participating in interviews were asked to respond to these questions but were also asked a selection of the questions in Appendix 3.

### Awareness of services

Generally, there was a high level of awareness of existing VAWG Services within the borough. Almost 4/5 (79%) of respondents knew about at least one specialist service.



### Strategic Objectives

Respondents to the questionnaire and the stakeholders who were interviewed were told that in our current plan we have 4 key objectives and whether these are the right objectives to retain. The 4 objectives within the 2013-2016 Plan are: understanding of VAWG; Prevention; Identifying appropriate Support and Protection and holding Perpetrators to Account. There was overwhelming support for maintaining these objectives (93%) but also the need to include other areas – including partnership and participation of survivors.

*"I think it's really important to develop a survivors' group and to build on existing peer support. Services also need to know about these groups and it would be helpful for the women we work with to be able to self-refer."*

*"Holding perpetrators to account should be reworded to provide support rather than just blame or punitive measures."*

*“The objectives provide holistic support approach to tackling VAWG. Each objective is interlinked and cannot be achieved. Perhaps “partnership” should be included as the others can’t be achieved without an effective partnership ethos.”*

The key objectives have been redeveloped for the current VAWG Strategy as the ‘6P’ approach, recognising that there was a gap in the previous strategic objectives around partnership working and survivors’ participation. The new strategic objectives are:

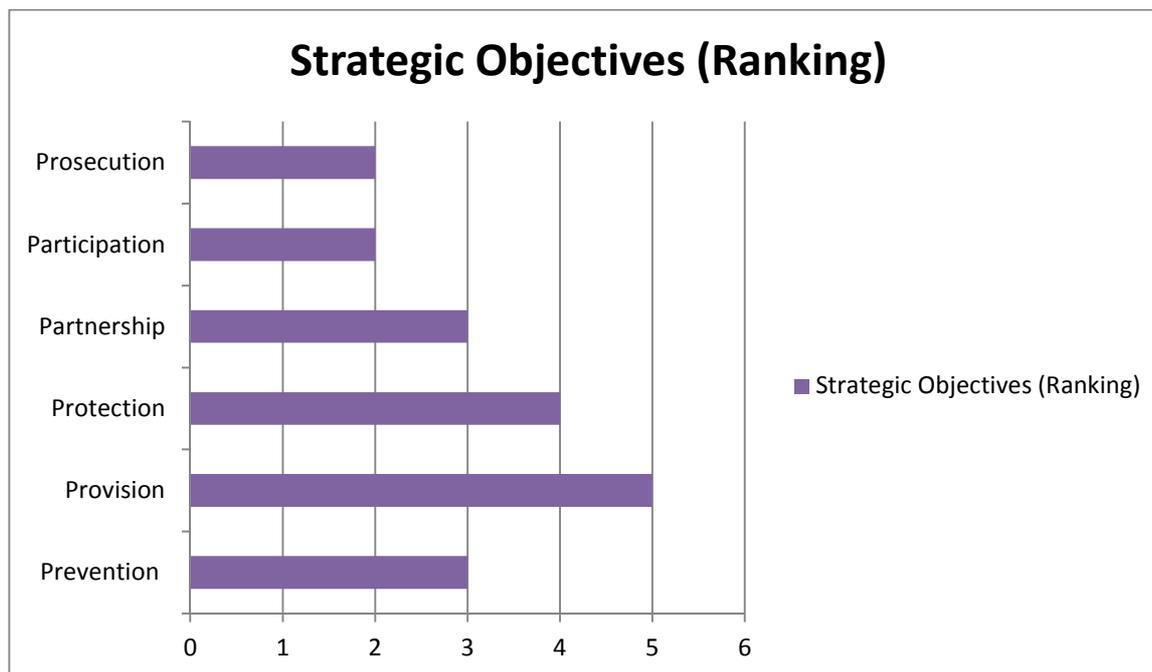
- **Strategic Priority 1: Prevention and Early Intervention**
- **Strategic Priority 2: Provision of Appropriate Support to Survivors**
- **Strategic Priority 3: Protection from Abuse**
- **Strategic Priority 4: Partnership working across Statutory and Voluntary Agencies**
- **Strategic Priority 5: Participation of victim/survivors to inform services**
- **Strategic Priority 6: Perpetrator Accountability**



Respondents were then asked to rank the 6 strategic priorities in order of which they felt was most important. The majority of respondents felt that they should all be indivisible but provision of appropriate support and protection from abuse were highlighted as being of key importance. However, in the narrative section, the need to intersect all six was seen as crucial.

*“Provision of services is required to achieve all of the above. Partnership working is key to achieving and continuing specialist services. Protection from all forms of abuse is what we are aiming on achieving, which includes prosecution for offenders and prevention of violence for future generations. Participation of victims/survivors is important to continue and improve the above.”*

*“All six areas need to be implemented at the same time. It is impossible to have a successful approach to tackling VAWG by focusing on one area or prioritising just one element or objective. We need a better joined up approach across all 6 areas.”*



### **Strands of VAWG that should be included in the strategy**

All the respondents felt that we should continue with the strands from our VAWG Plan 2013-2016 with the exception of dowry-related abuse, trafficking and prostitution which were still supported by over 90% of respondents. The areas identified that are missing is the need to include internet as a facilitator of different forms of abuse and the recognition that this has increased exponentially since our first VAWG Plan was published.

### **Key Barriers to reporting**

Respondents to the questionnaire and participants interviewed were asked to identify key barriers from a range of suggestions based on research<sup>97</sup> and the barriers identified by survivors in Tower Hamlets. Respondents were also prompted to include their own based on their own experiences of supporting survivors. The key barriers identified to disclosure are:

#### ***Multiple disadvantages***

<sup>97</sup> See for example: Baker, H. (2013) ‘The significance of shame in the lives of women who experience male violence’, *Liverpool Law Review*, (34) pp.145-171; Bell, E. and Butcher, K. (2015) *DFID Guidance Note: Part A Rationale and Approach – Addressing Violence against Women and Girls in Health Programming*, London: Department for International Development; Horvath, M., Hansen, S., Apena Rogers, S. and Adler, J. “Still not receiving the support they deserve...final evaluation The Stella Project Young Women’s Initiative, London: Middlesex University; Rose Foundation (2015) *How can we scale up effective approaches to tackling the violence and abuse that women from BME Communities face*, London: Open Space Event, funded by Comic Relief, Esmée Fairburn Foundation, Rose and Trust for London and Tillman, S., Bryant-Davis, T., Smith, K. and Marks, A. (2010) ‘Shattering Silence: Exploring Barriers to Disclosure for African American Sexual Assault Survivors’, *Trauma Violence Abuse*, 11(2), pp.59-70.

The need to increase support for women experiencing multiple disadvantage (homelessness, complex drugs and alcohol use, NRPF or poor mental health) was highlighted by a vast majority of respondents (86%). It was a key barrier identified to reporting and also the area in which respondents to the overall consultation felt that we needed to focus on more. *“It’s really crucial to increase support for these women who experience even more vulnerabilities than the rest of the population. They cannot access the support needed nor is there expertise in supporting women with multiple disadvantage.”*

### ***Fear of institutions***

68% of respondents felt that a fear of institutions including statutory services such as children’s social care and the police was a barrier to disclosure. Respondents outlined that for some residents in this borough there is a cultural mistrust of authority which is compounded by poor previous service received. All of the respondents citing this as a key barrier highlighted the need for greater training and awareness for staff working in these organisations.

*“For some victims the greatest barrier to disclosure is those services they fear the most such as the police or children’s social care. Victims are petrified that their children will be taken away for failing to protect them or that the police will not respond appropriately. Poor previous responses from both have meant that within some communities there is almost a ‘Chinese whispers’ effect whereby there is community level mistrust and fear of these institutions.”*

### ***Fear of bringing shame***

Again, 68% of respondents felt that a feeling of bringing ‘shame’ on the family was a huge barrier to disclosure for victims in Tower Hamlets. This is perhaps unsurprising given the demographics of the borough and the feeling that professionals are not always aware about VAWG strands such as the harmful practices strands where ‘honour’ and shame are built into the perpetuation of these forms of abuse.

*“Fear of bringing shame on the family is the biggest barrier that I can see in terms of telling professionals about what is happening – particularly for younger women and LGBT men and women. People are afraid that if they tell someone either they won’t be believed, that they are lying to get accommodation, to get a place of their own away from their families or that they’ll get their families into trouble. We’ve seen it for years in this borough – the real ‘catch 22’ around disclosing abuse, especially when the wider families or communities are involved.”*

### ***Not aware they are being abused***

High numbers of respondents (64%) felt that one of the barriers was that victims are unaware that they are being abused. This was also highlighted in the survivor consultation also, whereby women did not recognise that they were being abused until there was an outside intervention. Many of the respondents linked this barrier with the need for greater work on prevention in the borough and the need to educate young people from an early age around what healthy relationships look like to ensure that victims are aware and can be supported to seek help. This is particularly an issue where the abuse is not physical as even sexual abuse is normalised within relationships.

*“I think people not being aware they are being abused is a very big issue as many people only associate abuse with physical violence and that if marked that is evidence. If no bruises/cuts etc.*

*the perception is that abuse is not that bad. There is still sadly a big perception that consent to sex in marriage doesn't matter as it is a 'male marital right'.*

### ***Fear of not being believed***

Fear of not being believed was raised as a barrier by almost two-thirds of respondents (64%) who felt that women and girls are reluctant to disclose as they do not think that they will be believed. Work that we have done with school has shown that young women are extremely reluctant to disclose abuse as they feel that services will think that they are making it up, that they will be labelled as 'troublemakers'. The fear of not being believed is also built into the abusive mechanisms used by perpetrators who tell their victims that 'no one will believe you'. We have seen this in cases that have been referred to specialist support services over the past 3 years of the VAWG Plan where women have been told that their disclosure will mean that their children will be taken away as they are the ones to blame for what is happening to them. All of this is built into the need for greater training and awareness across all areas of the community within Tower Hamlets.

*"I've often had women come into our service who say that they've been living with abuse for years and years, sometimes tens of years, as they don't think that anyone will believe them. Perpetrators are very clever in twisting victim's minds to think that they are the ones to blame especially where the perpetrators have 'good jobs' or a 'good reputation' in the community."*

### ***Don't believe services will make a difference to their safety***

Just over half of respondents (55%) felt that victims did not disclose as they did not feel that services would make any difference to their safety and 36% said that non-disclosures were due to poor previous experiences of services. This is supported by research into barriers to disclosure, especially where victims have had a previous poor response to previous disclosures.<sup>98</sup>

*"Working on this area for around 10 years, I've found that so many women will say that they don't think that anything will make a difference to them. There's a real normalisation of abuse but also an almost fatalistic assumption that nothing will change if they do disclose."*

### ***'Cultural' barriers***

Again, over half of respondents felt that victims in Tower Hamlets were unable or fearful of disclosing because of cultural barriers. Subsumed under this barrier was the lack of understanding of professionals around different cultures in the borough but also a similar barrier to the fear of institutions whereby 'culture' almost becomes a catch-all for members of different communities across the borough. Those questioned further on their responses to this explained that 'cultural' barriers also include areas that are barriers in themselves such as language barriers or women with no recourse to public funds not understanding what services are available.

*"It's almost as though the abuse is 'normal' within that community – according to some of the women I've spoken to in the past year. Many women will say to me 'well in my culture, husbands can behave how they want, do what they want and the wives just have to accept it.' We find that*

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<sup>98</sup> See for example: Allnock, D. and Miller, S. (2013) *No one noticed, No one heard: A Study of Disclosures of Childhood Abuse*, London: NSPCC; Rose, D., Trevillion, K., Woodall, A., Morgan, C. and Feder, G. (2011) 'Barriers and Facilitators of Disclosures of Domestic Violence by Mental Health Service Users: Qualitative Study' *The British Journal of Psychiatry*, 198(3), pp.189-194

*this has a big impact on women coming forward, especially around wider forms of abuse like sexual violence for example.”*

### **Language barriers**

Language barriers were identified by 55% of participants who felt that it was a real obstacle to disclosure, especially where women were prohibited from attending ESOL classes as part of the abuse that they experience.

*“I mean, how can women disclose when they don’t know where to go, how to say it or what to say! Language is the biggest barrier faced by so many women.”*

### **Fall between cracks in services**

Half of the respondents highlighted that so many people fall between cracks in services. This is particularly relevant where their client group is young people or women experiencing multiple disadvantages. This means that younger people, especially if they are under 16, do not fit within the definition of domestic abuse or are unlikely to be prioritised by children’s social care. This transition period is particularly difficult in terms of disclosing and providing support.

*“I’ve had real difficulty in working with some of the groups that are deemed hardest to reach but then who on the other hand aren’t seen as priorities by different agencies. It can be really frustrating and feeds into other elements like the ‘don’t believe services will make a difference’ one.”*

### **Don’t know where to go**

45% of respondents highlighted that it is difficult for people to disclose as they either don’t know where to go or there is a lack of suitable services (mentioned by 18%). During our work with young people in 2014 they outlined that young people wouldn’t even know where to start to look for services which was a driver for the development of the youth campaign and the youth leaflet.

*“Really, for me I think that the key barrier for so many women (and men) is that they just don’t know where to go. Victims aren’t going to be able to read a big document like the service directory; they need to have information in places that they go. I really think that the champions programme and the increase in posters and things in toilets in the Idea Stores has helped people to know but there still needs to be more awareness raised.”*

### **Lack of suitable services**

The barrier around the lack of suitable services included where people felt that the services were not appropriate (i.e. need for specialist counselling for FGM, rather than counselling or services needing to be specifically for young people) or where they did not provide interpreters, childcare or culturally aware services to enable women and girls to disclose.

### **Lack of training for professionals**

36% of respondents felt that the lack of training for professionals leads to huge barriers to disclosure – especially where professionals have no understanding of VAWG or the impact on women and girls. We have also found, both through the consultation but also through the work on the harmful practices pilot that there are professionals who feel that they can talk about areas

such as FGM as they are perceived as safe due to the number of survivors being relatively low but feel that they cannot broach the subject of forced marriage of 'honour' based violence because it is seen as 'racist' or interfering in people's culture.

*"Training, training, training - I can't say it enough! People can't disclose abuse as the professionals don't have a clue what to do. I've seen such bad practice over the years of people looking horrified or scared by disclosures or they just shut the person up. Everyone should be training even if they're not a front facing person 'coz you never know!"*

### **Disability**

Having a disability (learning, mental or physical) has been identified in research as one of the key barriers to disclosure of abuse so it is perhaps surprising that it was mentioned by only 25% of respondents to this consultation.<sup>99</sup> However, support for disabled people and the lack of specialist support was highlighted in the next section on gaps to services as well as by the 27% who also said about inability to access services (as well as language barriers).

*"It's even harder for women and girls with disabilities to disclose than it is for other women quite often. Our services struggle and I know that there have been difficulties for deaf women especially around FGM as there is a lack of sign interpreters."*

### **Identifying Gaps**

A key question asked of all participants in the consultation was about identifying gaps. Some of the gaps identified feed back into the need for better multi-agency working across sectors and age groups, especially for young people and older women showing a lack of awareness of existing services.

#### ***In mainstream services***

One of the elements identified in the consultation as a gap is the lack of accessibility in mainstream services including for those who have additional needs. Respondents highlighted the need for all professionals within services, not just explicitly VAWG focused services, to be able to respond appropriately to victims of VAWG and refer to specialist support services. The other key areas stressed as gaps to mainstream services were: support for perpetrators; practical and emotional support for young people; greater levels of prevention work in schools; immigration advice for victims with NRPF and longer term support after resettlement.

*"I think mainstream services could be made more accessible, through cross-cultural and cross-generational participation. The VAWG Champion programme really promotes this and could widen*

*"Everyone working and volunteering needs to have the expertise to identify it [VAWG], be confident to raise it and know how to signpost and support a victim."*

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<sup>99</sup> Miller, D. and Brown, J. (2014) *'We have the right to be safe': Protecting disabled children from abuse*, London: NSPCC; Dockerty, C., Varney, J. and Jay-Webster, R. (2015) *Disability and Domestic Abuse: Risk, Impacts and Response*, London: Public Health England; Murray, S. and Powell, A. (2008) 'Sexual assault and adults with a disability enabling recognition, disclosure and a just response', *Australian Centre for the Study of Sexual Assault*, No. 9.

### ***In BME specific services***

Again, the gaps identified in BME specific services tended to focus on language barriers rather than wider support. Interestingly, lack of joined up working was raised in this area and across all six gap areas. Overwhelmingly, respondents felt this is an area that Tower Hamlets should focus on addressing in the next VAWG Strategy and across all statutory and voluntary services.

### ***In services for women with no recourse to public funds***

As with gaps identified for women with complex needs, the biggest gap identified to all VAWG work was the need to provide better support for women with no recourse to public funds. Gaps were identified about information provision but also accommodation was the main gap.

*“There is a real lack of accommodation for women with no recourse and this is compounding the violence they face and enables exploitation. There is also a need to clear and accessible information about what support they can and will receive”*

### ***In services for disabled victims (physical, mental and learning disabilities)***

Again, respondents stressed the lack of joined up working between agencies and the need for better links between children’s and adult safeguarding especially during transition periods. Some of the elements stressed were the need for professionals to identify particular strands of VAWG, especially harmful practices for disabled victims. Others were concerned about the levels of specialist support for disabled victims.

*“In terms of adult safeguarding I am not sure that historically DV has been recognised as something this group experiences. I also wonder about support services for older women as this seems to be a gap also”*

### ***In services for complex needs***

Supporting women with complex needs was highlighted throughout the consultation as one of the main challenges for the VAWG strategy to address. Lack of joined up working across sectors and between statutory agencies was noted by the majority of respondents as a gap to providing support to this group. The need for additional services for women with complex needs was particularly outlined as well as smarter working by combining services across sectors.

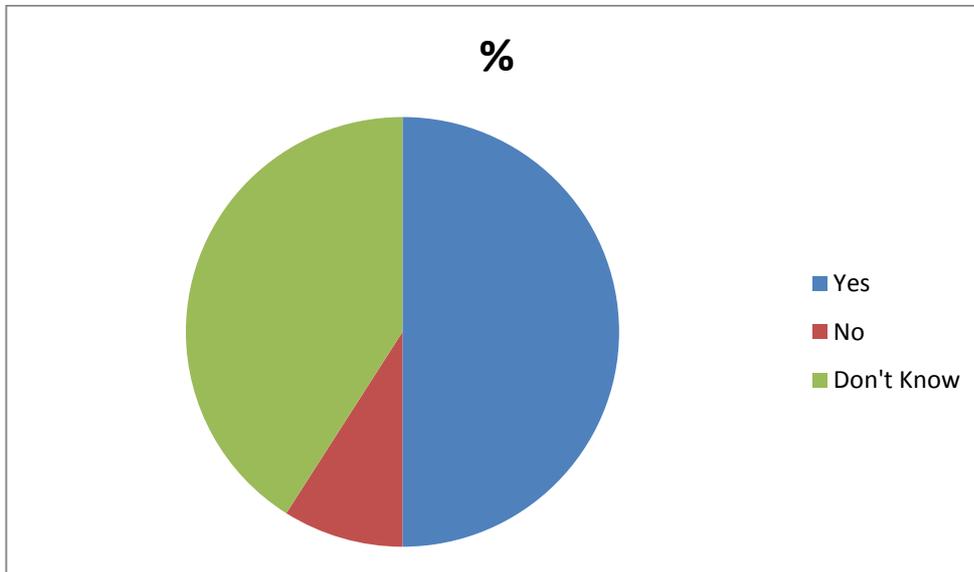
*“It feels like there is a lack of multi-agency working or clear strategy around women with complex needs. I would like to see gender and trauma informed services for this group”*

### ***For those with language needs***

There were few surprises in the responses to gaps with respect to those with language needs. All respondents highlighted the need for additional support for Bengali, Vietnamese, Somali and Chinese speaking residents. Other suggestions included training members of the community or not specialist staff who speak the languages to be trained to respond to victims. This is key in our approach of recruiting community and professional VAWG champions.

## Efficiency of services

Although over 41% of respondents did not know whether the services could be delivered more effectively and efficiently, they also provided a narrative about how services could improve. The majority who said they did not know highlighted existing good practice – VAWG Champions programme, training and the wider specialist services.



Highlighted suggestions included:

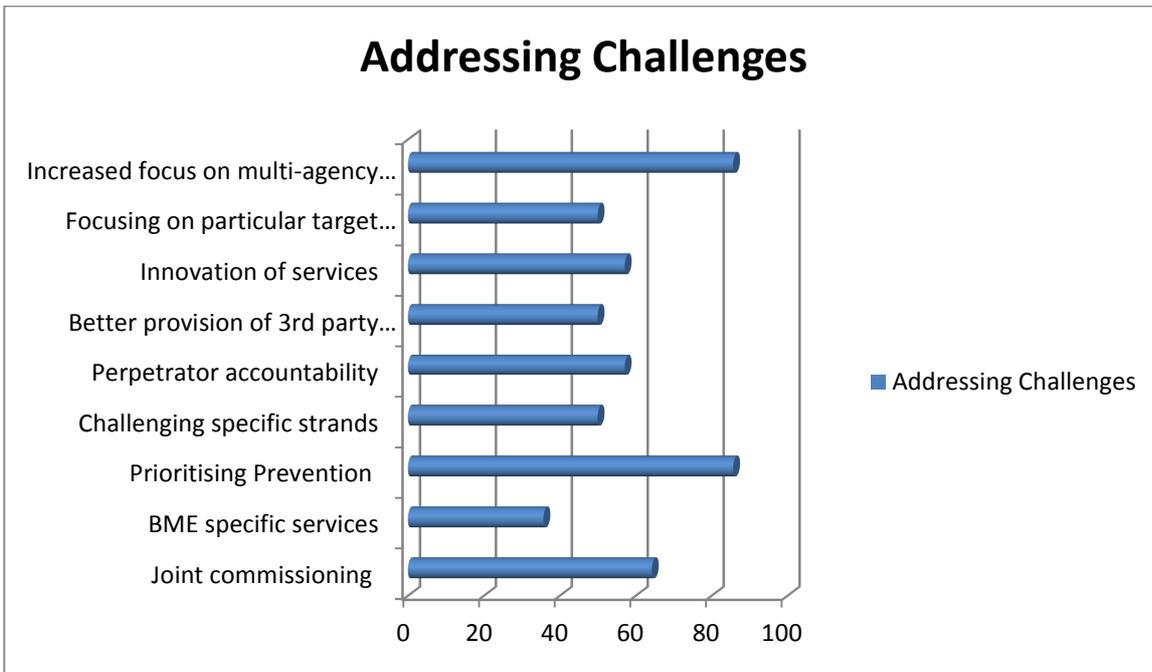
- Better cross-sector working between VAWG and homelessness services
- Promotion of VAWG services within BME services
- Increasing the capacity of existing services to meet greater demand
- Better joined up and multi-agency working across the borough
- Joining gaps between the voluntary and statutory sectors
- Ensuring clear commitment and senior level buy-in from all Directorates within the council
- Victims being able to access specialist support services from within mainstream services

*“I think the VAWG services are efficient and effective but with increased capacity could reach more organisations and individuals and expand their outreach work to respond to specific communities.”*

*“If there was a clear commitment at senior level to address VAWG in a multi-agency way and to recognise gender then women's needs could be better met and this could save money for all services.”*

## Addressing Challenges

Respondents were asked how we could address the key challenge of providing specialist, sustainable services in the current economic climate. The consultation highlighted the need to continue to provide services that adequately address survivors' needs as well as ensuring safety. The challenge is responding appropriately and efficiently in a climate of cuts.



The top areas for respondents were an increased focus on partnership working and prevention work. These are two of the strategic objectives identified for the VAWG Strategy and are key to supporting vulnerable victims of VAWG in Tower Hamlets. Other areas that respondents felt could address the challenges faced were joint commissioning of services to increase efficiencies and value for money across services.

*“The key for me is multi-agency working and skilling up all professionals to address VAWG. I feel like there could also be work done on spaces where people are likely to disclose - friends and family, medical context. While the focus on police and reporting is important this does not reflect how survivors access help.”*

## Recommendations

- Prevention should be a key priority in a climate of welfare reform and cuts. Continuation and expansion of work with young people, starting from reception is vital
- Links between competing priorities and VAWG should be made more explicitly – for example countries where FGM is emerging due to the increase in radicalisation and the increase in threat of extremism as a factor in child arrangement orders in the family courts
- Maintain the four objectives from the previous VAWG Plan but expand to highlight the need for better partnership working and participation by survivors
- Develop work across sectors, including having a renewed focus on women experiencing multiple disadvantage and work with older and disabled women
- Develop a survivors' forum which will be a peer support group for survivors of all forms of VAWG
- Commission services for young people experiencing VAWG as they often fall through gaps between children's and adult services and existing services are predominantly funded externally
- Develop links with some of the large employers in the borough to highlight the impact of VAWG on their staff
- The key barriers to disclosure are faced by women experiencing multiple disadvantage and a fear of institutions. These need to be a key focus of the VAWG Strategy
- There is broad based support for the existing strands but there needs to be a focus on the internet as a facilitator of abuse

## Appendix 1: Consultation Log

We started our consultation process in October 2015 and continued until February 2016 to ensure that we could consult with as many people as possible. The consultation methodology is varied to allow for different stakeholders to contribute to our Strategy. A consultation questionnaire was launched in October and individual meetings and focus groups started in November 2015. (A paper version of the questionnaire is also available). As outlined above, a report on the consultation will be published in due course.

**Table 3: Consultation Timeline**

Action	Date
Launch of VAWG Consultation Questionnaire	October 2015
16 Days of Action	November 2015
Interviews with key stakeholders	November 2015 – February 2016
SMT	December 2015
DMT	February 2016
VAWG Steering Group	January 2016
DV Forum	January 2016
Community Safety Partnership	January 2016 (final presentation April 2016)

A Stakeholder analysis was conducted to ensure that the correct agencies have been consulted. Consultation with a range of key professionals from the agencies listed in Table 4 will continue until end January.

**Table 4: Key Stakeholders**

Stakeholder	VAWG Strand
'A' Team Arts	All
Barts Health NHS Trust (community and acute services)	All
Citizens Advice	All
City Gateway	All
Community Mental Health Teams	All
Community Safety Partnership members	All
Domestic Violence and Hate Crime Team	All
Domestic Violence Forum	All
East London Foundation Trust	All
East London Harmful Practices Steering Group	Harmful practices
East London Rape Crisis	All, especially sexual violence and 'harmful practices'
Faith Regan Foundation	All
Head Teachers	All
Hestia	All
Hostel Providers	All
LBTH Adults' Safeguarding Board	All
LBTH Adults' Social Care	All
LBTH Attendance and Welfare Service	All

LBTH Children's Centres	All
LBTH Children's Safeguarding Board	All
LBTH Children's Social Care	All
LBTH Domestic Violence Team Services –The MARAC Steering Group, the LBTH 'One Stop Shop', the Homeless Person's Unit (HPU) drop-in service and the Barkantine Medical Centre	All
LBTH Housing Department – Housing Options and Support Team (HOST) and Homeless Families Service	All
LBTH IARP (Identify, Assess, Referral Programme)	All, especially prostitution and sexual violence
LBTH Idea Stores	All
LBTH MASE Group	CSE
LBTH Parent and Family Support Service	All
LBTH Public Health	All
LBTH Supporting People	All
LBTH THEOs	All
LBTH Youth Offending Service	All
LBTH Youth Services	All
London Black Women's Project (formerly Newham Asian Women's Project)	All
London Fire Brigade	All
Look Ahead	All
Mayor's Office for Policing and Crime (MOPAC)	All
Metropolitan Police	All
NIA Project	All
North East London FGM Group	FGM
NSPCC Protect and Respect	Child Sexual Exploitation and Sexual Violence
Ocean Somali Community Association	All, especially FGM
Open Doors	All, especially Prostitution and Sexual Violence
Partnership for Ending Harmful Practices (PEHP)	All, especially harmful practices
PRAXIS	All
Probation (Community Rehabilitation Company and National Probation Service)	All
Registered Social Landlords	All
Step Forward	All
The Haven	Sexual Violence
The Specialist Domestic Violence Court (SDVC)	All
Tower Hamlets Volunteer Centre	All
TV Edwards	All
VAWG Champions	All
VAWG E-Group Members	All
VAWG Steering Group members	All
Victim Support	All
Women's Health and Family Services	All, especially FGM

## APPENDIX 2: ONLINE AND PAPER CONSULTATION

Between October 2015 and February 2015 an online consultation (with a paper version) was held to elicit responses from professionals and from women living in the borough. There were a total of 60 responses received. For simplicity, only 10 key questions were included in the questionnaires and additional responses could also be included.

### VAWG Plan Consultation



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#### 1. Are you currently aware of VAWG Services in Tower Hamlets?

Yes  No  Don't Know

Please list all services you know

#### 2. Our current Plan has 4 key objectives (Understanding of VAWG, Prevention, Identifying appropriate support and protection and Holding perpetrators to account). Do you think we should maintain these for the new plan?

Yes  No  Don't Know

Please elaborate

**3. We currently have 6 key areas that we work towards - Prevention, Provision, Protection, Partnership, Participation and Prosecution. Please rank these in the order of importance for you with 1 being most important and 6 being least important.**

Key Area	Ranking
Prevention of Violence for Future Generations	
Provision of appropriate support to survivors	
Protection from abuse	
Partnership working across statutory and voluntary agencies	
Participation of victims/survivors to inform services	
Prosecution for offenders	

**4. Please explain your choice**

**5. Which strand of VAWG do you think we should include? Please tick all that apply**

- Domestic Violence and Abuse
- Sexual Violence (including rape, sexual assault, sexual harassment, sexual bullying, 'revenge porn')
- Female Genital Mutilation
- Forced Marriage
- Dowry Related abuse
- So-called 'honour' based violence
- Trafficking (for sexual exploitation and domestic servitude)
- Prostitution
- Child Sexual Exploitation
- Stalking and Harassment
- Other

**6. What gaps are there in VAWG Services in Tower Hamlets?**

In mainstream services	
In BME specific services	
In Services for women with no recourse to public funds?	
In services for disabled victims (physical, mental and learning disabilities)?	
In services for complex needs (drugs, alcohol, homelessness etc.)?	
For those with language needs?	

**7. Could our VAWG services be delivered more effectively and efficiently?**

Yes  No  Don't Know

Please elaborate on key outcomes you would like to see?

**8. How can we best address the key challenge of providing specialist, sustainable services in the current economic climate?**

- Joint commissioning of services
- Commissioning BME specific services
- Prioritising prevention work with young people
- Challenging specific strands such as 'harmful practices' (forced marriage, so-called 'honour' based violence and FGM)
- Ensuring perpetrators are dealt with including measures such as eviction for domestic violence related charges
- Ensuring better provision of third party reporting sites
- Innovation of services

- Focussing on particular target groups e.g. complex needs or disabilities
- Increased focus on multi-agency working to reduce resource costs and improve responses
- Other suggestions or comments

**9. What are the key barriers for victims in Tower Hamlets to report and how could we overcome them?**

- Fear of institutions (Police, Social Services etc.)
- Fear of not being believed
- Language Barriers
- Fear of bringing 'shame' on families
- Disability
- Multiple Disadvantages (drugs/alcohol needs, homelessness etc.)
- Don't know where to go
- Don't believe services will make a difference to their safety
- Unable to access services (physically not allowed)
- Fall between cracks in services (e.g. age limits etc.)
- Lack of training for professionals – don't know how to respond
- Lack of suitable services (e.g. BME specific services)
- Poor previous service or engagement
- Not aware they are being abused
- Cultural barriers

Other or please elaborate on your choices above

**10. Address**

<b>Name</b>	
<b>Company</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Email</b>	
<b>Telephone</b>	

Thank you! Please return to [vawg@towerhamlets.gov.uk](mailto:vawg@towerhamlets.gov.uk) or fax to: 0207 364 0299

### **APPENDIX 3: Additional Questions asked during Individual or Group Interviews**

- Are you aware of the services available to support victims of VAWG in Tower Hamlets?
- How can we best engage men in work to end VAWG?
- What practical issues do survivors face?
- What other areas do you think we should focus on?
- Do you agree we should continue to address the same strands?
- Are there other areas of work we should include?
- What gaps are there in VAWG services in Tower Hamlets?
- In an ideal world what services would you like to see?
- Can our VAWG services be delivered more effectively and efficiently?
- What are the key outcomes you feel should be included?
- Who needs to be involved in a multi-agency approach?
- What is your understanding of VAWG?
- What training do you think you and your organisation need to understand and address VAWG?
- Are services to help victims of VAWG easy to access?
- If you needed to get information or support for yourself or someone you know would you know where to go?
- What are the key challenges in providing a sustainable service?
- Do you think we should maintain our current objectives?
- If not, what should we prioritise?
- What are the ways in which women and girls currently access support and protection?
- What are the types of support women and girls find most helpful?
- How do you think we can best explore ways to prevent violence?
- How can organisations work together to provide an effective response to women and girls and to hold perpetrators to account?
- How can we best identify gaps and needs as well as any barriers to accessing support services?
- Are you aware of the current priorities within our VAWG Plan?
- If yes, do you think these are the right ones?
- If no, explain and highlight which you feel are most relevant?
- What do you think is the most pressing issue for the VAWG strategy to cover?
- Which do you think is the most important area?

- What better support could be provided to victim/survivors who are: NRPF, BME, disabled etc.
- What is the most important thing we can do to tackle VAWG?
- What are the key barriers for victims to access support?
- Who do victims currently report to?
- What can be done to improve support?
- How can we challenge 'cultural' issues?
- What can be done to tackle young people's attitudes to VAWG?
- What more can we do to tackle 'harmful practices'?
- What is the key barrier for trafficked people to access support?
- How can we identify VAWG?
- What more can we do to safeguard future generations?

**For further information:**

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