Violence Against Women and Girls JSNA

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OVERVIEW

Based on national prevalence about 28,300 women in Kingston will be affected by domestic violence during their lifetime (based on Office for National Statistics 2013 mid-year female population of 85,119 in Kingston and that one in three women experience domestic violence during their lifetime[1]).

- 92% of reported rape victims are women[2].
- 88% of other reported types of sexual crime victims are women[3].
- 80% of all reported DV victims are women[4].
- 80% of perpetrators of DV are men[5]; however this trend might change in the future.

There has been a 59% increase in reported rape offences, 39% increase in sexual offences and 38% increase in domestic violence between 2013 and 2014. This reported increase is higher than the increase in London[6].

Over one in five cases the victim of sexual crimes are under the age of 16[7].

Reported cases of stalking and harassment are on the increase.

559 women in Kingston are estimated to have been subjected to Female Genital Mutilation (FGM)[8].

KEY RECOMMENDATIONS

Develop an Integrated Commissioning Strategy based on NICE (2014) recommendation ensuring that all parties take responsibility for a joint action to reduce violence against women in Kingston.

Ensure all partners contribute to the locally agreed shared data set collection mechanism for VAGW and where possible align age ranges, an incident and crime types.

Improve the data collected from primary and secondary healthcare.

Ensure that local health and social care professionals including team managers undertake face-to-face DV training every 3 years, and access e-training every year, ensuring that they are confident to pro-actively speak to patients and clients about DV, record appropriately and make appropriate onward referrals.

[1] NICE, 2014, NICE calls for greater awareness about domestic violence and abuse. Available at: http://www.nice.org.uk/news/press-and-media/nice-calls-for-greater-awareness-about-domestic-violence-and-abuse

[2] Based on five year data from January 2010 to January 2014. Source: London Metropolitan Police, 2015.

[3] Based on five year data from January 2010 to January 2014. Source London metropolitan Police, 2015.

[4] Based on five year data from January 2010 to January 2014. Source London metropolitan Police, 2015.

[5] Based on data between November 2007 and November 2014. Source London metropolitan Police, 2015.

[6] Data is between February 2013/February 2014 and February 2014/February 2015. Source: London metropolitan Police.

[7] Based on five year data from January 2010 to January 2014. Source London metropolitan Police, 2015.

[8] Richmond and Kingston Public health data and action on FGM, 2015. Available upon request from DASV.Strategy@kingston.gov.uk.

INTRODUCTION

DOMESTIC VIOLENCE AND ABUSE

According to the European Institute of Gender Equality[1] (EIGI), gender-based violence (GBV) is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. Gender-based violence reflects and reinforces inequalities between men and women. Throughout this needs assessment, the terms GBV and violence against women are being used interchangeably, both referring to the definition of EIGI stated above.

This document uses the terms of domestic violence and domestic abuse in line with the cross-government definition[2] of domestic violence and abuse which is an umbrella term for any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- 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.

Therefore based on the government definition, domestic violence and domestic abuse are terms that are used interchangeably in this document, both terms referring to the definition above.

In addition, the police differentiate between domestic crimes and domestic incidents. In this document, domestic crime is being referred to when a domestic abuse or domestic violence case was reported and recorded based on police definitions. Domestic incident is being referred to when the police are called out or notified about a suspected domestic abuse or domestic violence case, such as a call out initiated by a neighbour who heard a couple next door shouting and was worried about one of

their wellbeing, however the police did not deem that actual domestic crime happened upon assessment.

Gender-based violence has no room in today's society and yet one in four women still experience domestic violence during their lifetime and two women are killed by a current or former partner every week in England and Wales[3]. VAWG has significant impact on health, wellbeing and quality of life and can lead to significant physical injuries as well as death. In addition to needless human pain, suffering and premature death, violence against women also imposes a significant monetary cost to society. The economic cost of violence against women and girls, including costs to the justice and education system, social and health services, business and employment, households and personal costs is estimated to be £23 billion annually[4].

It is acknowledged that gender-based violence and domestic violence is an issue in Kingston and many agencies are already working hard to address this and working with women experiencing domestic violence. As part of Kingston's Joint Strategic Needs Assessment (JSNA) carrying out an in-depth needs assessment focusing on VAWG was identified as a priority. This report has been produced as a response to this and to assess the scale of the problem locally. The report includes a literature review, which aims to explore the available evidence on how domestic affects various groups and what works in reducing the prevalence of violence against women and girls and in supporting victims. Also included in this document is information on national and local drivers, data about local services and recommendations developed from the research. In addition a qualitative research project was undertaken to better understand domestic violence survivors' experiences with local services.

This needs assessment will not include issues around child/adult sexual exploitation, trafficking, prostitution, non-gender related elder abuse, older age related neglect or self-neglect. These are significant topic areas that are recommended to be explored in more details separately.

Reports based on the British Crime Survey show that 28% of women aged 16-59 years have experienced domestic violence[5]. The Department of Health[6] claims that 75% of cases of domestic violence result in physical injury or lead to mental health problems, making gender-based violence a very important public health matter.

Violence and abuse against women can take many forms and it can be imposed by close family members, partners, former partners or strangers. Gender-based violence can affect anyone regardless of their level of education, income, ethnic origin, sexual orientation, disability or age. However, there are groups of women who are at higher risk of gender-based violence, which the document will explore later in more details.

Forms of violence and abuse against women include:

- Domestic violence which includes emotional, physical and psychological abuse as well as Female Genital Mutilation (FGM), forced marriage (FM) and honour based violence (HBV).
- Sexual violence, abuse and exploitation
- Sexual harassment and bullying
- Stalking and harassment
- Economic abuse
- Trafficking and forced prostitution.

The HM Government *A Call to End Violence against Women and Girls Action Plan 2014*[7] is the third review of the national strategy[8] first launched in 2010. In the 2014 Plan the government remains focused on prevention, provision of services, partnership working, justice outcomes and risk reduction.

The Mayoral Strategy on Violence against women and Girls 2013-17[9] considers raising awareness about issues around violence against women and girls as a one of the key requirements to successfully tackle the problem. This involves working with the general public, and developing and distributing literature to ensure that signs of abuse and violence are recognised, and responded to accordingly. In addition to making gender-based violence unacceptable, it is also important to ensure that all of those who are affected are know how to access appropriate, key services.

The Mayoral Strategy on Violence against Women and Girls 2013-17 also recognises that violence against women and girls is a key issue in London and prioritises to prevent and eliminate gender-based crime in the capital in the future.

A new report, Getting it right the first time[10] from SafeLives (formerly known as CAADA) shows the benefits of early identification and specific approaches that have worked to identify families affected by domestic violence in hard to reach communities. The report emphasises the importance of a whole-systems approach where various professionals work together and also with the public to successfully tackle domestic abuse.

The Kingston Homicide Review 2014[11] is a multi-agency review that was completed following the death of a 37 year old female resident who died as a result of domestic violence in 2011. The review aims to identify the lessons that can be learnt from the case to prevent future deaths attributable to domestic violence. Key findings included the importance of undertaking a risk assessment at the point when the victim discloses domestic abuse, timely record keeping and information sharing within relevant services and the importance of accessing appropriate DV training for managers and professionals. In turn key stakeholders will have relevant knowledge

to effectively deal with cases, and professionals will be able to follow Domestic Abuse Guidance.

Stalking and Harrassment

New specific criminal offences for stalking[12] where there is a fear of violence or serious alarm and distress came into effect on 25th November 2012. Stalking by children and young people tends to be significantly more violent than stalking carried out by adults[13]. This may be due to developmental variations in emotional and cognitive maturity of young people resulting in more difficulties to manage experiences.

Harassment[14] has been considered a criminal offence since the introduction of the Protection from Harassment Act in 1997. Since 2012 the court can also grant a restraining order against the harasser.

Children and young People

Children can be affected by domestic violence on several ways; witnessing a family member suffering abuse can have adverse effects on mental health and emotional development and can lead to anxiety, depression and behavioural and psychological problems. Witnessing violence and living in fear can also compromise children's ability to form trusting and healthy relationships in later life, therefore domestic violence can also have a knock on effect on future generations[15.] Guy J et al (2014)[16] claims that domestic violence is often closely related to child abuse therefore those children who live in households where the parents have abusive relationships are also at high risk of experiencing abuse themselves.

Research shows[17] that the impact of domestic violence in childhood can be reduced as children's developing brains are flexible enough to overcome traumatic experiences if they have sufficient support systems around them. The key is to provide a safe space for children and support them to build resilience, develop trusting relationships and provide two-generational support where not only the children but their parents are supported to change their behaviour (i.e. parents to break out of substance misuse etc.). Integrating children and adult health and social service pathways can ensure that relevant professionals are able to effectively communicate and share information with one another and provide holistic and synchronised support for children and their parents affected by domestic violence.

To prevent and eliminate gender-based violence, initiatives that shift culture and show children and young people the importance of treating women equally is essential. Teaching effective communication and relationship skills and emphasising

the importance of consent before forming a sexual relationship can reduce the risk of young people forming abusive relationships. The Early Intervention in Domestic Violence & Abuse[18] document examines the importance of prevention and identifying domestic violence early. Providing sex and relationship education at schools and ensuring that children are supported to develop a sense of identity can make abusive relationships less likely. There is also evidence that provision of targeted support for adolescents at higher risk (i.e. coming from low income families, being a pregnant teenager) and allowing school nurses to assess quality of relationships may help to identify domestic violence early.

Providing effective services and support for victims of domestic violence can ensure that children in the household are safe. Effective interventions can also reduce the likelihood of these children and young people suffering from mental health conditions and behavioural disorders on the long term as a result of their early experience of domestic violence.

Guiding young people and supporting them to understand the differences between healthy and abusive relationships and empowering them to become self-aware and act responsibly when engaging in relationships can lead to healthier relationships as adults. The correlation between child sexual abuse and teenage pregnancy has also been confirmed by Kennedy JW et al, 1997[19] highlighting another important public health aspect of sexual abuse.

There is an emerging trend among young people around the use of technology and social media. In 2013 the Home Office produced the Information for Local Areas on the change to the Definition of Domestic Violence and Abuse[20] report which states the numerous ways that technology can be used to abuse young people. These include:

- Gifts of expensive smart phones which can be used in exchange for gang membership, sexual favours and abuse
- Cyber bullying
- Online grooming
- Digital stalking
- Naming of rape victims online
- Social location services whereby perpetrators can keep track of where victims are
- Use of Blackberry messenger to target vulnerable young people
- Sexting – the “exchange of sexual messages or images” and “creating, sharing and forwarding sexually suggestive nude or nearly nude images” through mobile phones and the internet’

A survey from the United Kingdom found that 40% of those who were asked knew someone who was involved in sexting and 30% knew someone who was adversely

affected by it. This may include the unauthorised distribution of intimate images[21]. The full report about practices around Sharing Personal Images and Videos among Young People is available at http://www.blackpoolsafeguarding.org.uk/. Local services therefore must be able to keep up with the challenges that the continuously changing technological advances can present with and how these can support GBV when misused.

Leaving home and starting university can also be difficult time for women. The NUS (2010)[22] claims that about one in seven female students experience sexual assault or violence at university or college. Public health and domestic violence services therefore must ensure that referral pathways are set up between local services and higher education institutions as well as interventions to prevent abuse from taking place.

Pregnancy

Domestic violence and abuse towards pregnant women is not uncommon, with thirty percent of domestic violence cases start or will intensify during pregnancy[23]. Pregnancy is a recognised risk factor for murder, and domestic violence is a feature in at least 1 in 7 maternal deaths from obstetric causes[24]. Bewley, S. (2013) emphasises the importance of the provision of domestic violence training by specialists services not only for midwifes but for receptionists, interpreters and for any professional a pregnant woman may comes across. It is recommended that the following steps for health care professionals working with expectant mothers:

- Be aware of, and recognise abuse
- Provide a safe, quiet environment
- Identify and aid disclosure
- Document the abuse with her permission
- Make a safety assessment, give information and ongoing support.

There is a significant link between seeking abortion services and experiencing domestic violence. A meta-analysis shows that women who experience domestic violence are often not given the opportunity to use contraception and pregnancies resulting from domestic violence and rape are more likely to lead to termination[25]. Bewley, S., (2013) claims that rape related pregnancy has a particularly high chance of leading to termination. There are high rates of physical, sexual and emotional violence amongst women seeking abortion therefore healthcare professionals should be aware of the clinical factors associated with greatest risk such as previous and repeat termination, lack of contraception, initially planned pregnancy, ultrasound re-dating and the partner not being told about the termination.

Older Women

Domestic violence and gender-based violence and abuse do not have age limitations and it is important to consider older women who may experience abuse. The National Institute for Health and Welfare[26] claims that 28% of older women in Europe experienced gender-based violence or abuse in the past 12 months, most commonly in the form of emotional abuse. Applying this rate locally there may be 3,400[27] women in Kingston who are 65 years or older who have experienced some type of gender-based violence in the last year alone.

According to the United Nations[28], in addition to emotional abuse, financial abuse is the most common form of abuse affecting older women; the availability of local data in this area is very limited and difficult to acquire.

Life Limiting Illness or Disability

Women with a disability are twice as likely to suffer from domestic violence and abuse, likely to experience abuse for a longer period of time and suffer from more severe injuries as a result of the violence[29]. Disabled women are also twice as likely to be raped as women without a disability[30]. For disabled women it can be harder to seek help and disclose the abuse due to their disability and if their carer is the abuse and always present at appointments. It can also be more difficult to escape from the situation and from the abuser. The form of abuse for disabled women can also be different and in addition to the already listed forms of abuse and violence the following forms of abuse can take place:

- The abuser may withhold care or undertake it abusively or neglectfully
- The abuser may remove mobility or sensory devices that enables independence
- The abuser may claims benefits on the behalf of the victim, or in order to care for the victim and controls the finances of the victim
- The abuser may use the disability of the victim to taunt or to degrade her.

Hague, et al, 2008, Making the links: Disabled women and domestic violence[31] recommends improved partnership working between domestic violence service providers and organisations supporting disabled women and the development of comprehensive range of accessible support services to ensure disabled women are able to access services appropriately.

Mental Health

A meta-analysis shows[32] that experiencing violence not only increases the likelihood of developing a mental health condition, but those with a mental disorder are more

likely to become a victim of domestic violence. Providing sufficient support for those suffering from mental health conditions as well as offering appropriate mental health support to domestic and sexual crime victims is essential to avoid and to minimise long-term mental health impacts caused by GBV.

As women who suffer from mental health conditions are more likely to become victims, it is also important to ensure that women in need are able access suitable care pathways. Health and social professionals must be aware of this population group's increased risk to successfully identify DV cases among mental health service users.

Substance Misuse

Research undertaken by Alcohol Research UK[33] shows that in two thirds of the reported domestic incident cases, at least one of the couple concerned was under the influence of alcohol. DV crime prevalence also indicates a significant increase during times when an event or celebration is happening that tend to involve alcohol such as New Years Eve. Alcohol can also prompt change in behaviour and can aggravate aggression. Alcohol Research UK also found that when women drink and become a victim of a domestic or sexual crime, they were held more accountable, whilst when men drink and commit sexual or domestic crimes under the influence, are held less accountable. These findings are also apparent in the findings of Harvey et al, 2014[34]. This shows gross injustice, victim blaming, and complex social misperceptions that surround issues around alcohol and violence against women. It is also believed that substances can better enable an assault and also prevent the disclosure of assault when there is no prior relationship between the victim and the perpetrator[35].

A UK study showed that 51% of respondents from domestic violence agencies claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years[36]. Women's Aid collated a list of evidence[37] on their website which shows that being a victim of domestic crime can lead women towards substance misuse and they often turn to alcohol. Abused women are 15 times more likely to use alcohol than other women. Between 50% and 90% of women attending substance misuse services may have experienced abuse, either in childhood or adult life, or both. Women who experience any type of sexual abuse in childhood abuse are roughly three times more likely than non-abused women to report drug or alcohol dependence[38]. Engaging with substance misuse services and establishing strong referral pathways between them and DV related services is key to better identifying women with a history of abuse and therefore better supporting them.

Drug and alcohol abuse among children and young people has also been linked to child to parent violence. Research shows[39] that although some daughters can be abusive towards their parents the children who perpetrate the violence mainly sons, who range in age from 11 years old to people in their late 40s. Research shows that many parents felt that there had been a trigger event of some sort for the children, usually around the age of 13 or 14 which set them on a path of drug or alcohol use and subsequent parental abuse.

Parental alcohol abuse also has a significantly impact the lives of children. Research shows[40] that in the UK 6% of children live with a dependent parent, about 700,000, whilst between 250,000 and 350,000 live with a problem drug user[41]. Research shows that the households most likely to drink were the wealthiest – with almost four times as many families in social group AB drinking every day, when compared to the poorest families in social group DE. Also, fathers are more than three times as likely as mothers to drink every day, and more than twice as likely as mothers to have tried illegal drugs ever[42]. Whilst 62% of parents believe that their drug and alcohol consumption has no effect on their children, about 62% of children subjected to care proceedings are from families with parental alcohol use and alcohol is a factor in 22% serious case reviews[43]**.** A serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons than can help prevent similar incidents from happening in the future[43].

Complicated matters: a toolkit and e-learning programme http://old.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/complicated-matters-stella-project-toolkit-and-e-learning-(2013).aspx **addressing domestic and sexual violence, problematic substance use and mental ill-health** are designed to 'uncomplicate' matters by raising professionals' awareness about how the three issues interlink and reflecting on the most effective ways to engage with individuals and families who are affected by these issues.

Lesbian, Gay, Bisexual, and Transgender

Women from same-sex relationships and transsexual women can be affected just as severely, if not more so. In addition, family members may become abusive towards gay and transgender individuals. In 2014 the welsh Government produced a document outlining the Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking, Harassment and Sexual Violence Services[44] According to the Department of Health (2013)[45] one in four lesbian, gay, bisexual and transgender people have experienced domestic violence and abuse in their relationship.

Black, Asian, and minority Ethnic Groups

Women from all cultural and religious backgrounds can become the victims of gender-based violence. Violence against women and girls can affect any ethnic groups but in some instances having come from certain cultural or religious backgrounds or not being able to speak English can make it harder for victims to report the abuse and break away from it. Services have to be aware of the obstacles that women from black and minor ethnic groups may face and that the types of abuse these women may endure can also be different. For example some women may be reluctant to report domestic abuse that is imposed by parents, in-laws or other family members and not by her partner, as this type of domestic abuse can leave a victim fearful of being rejected by her community.

Female Genital Mutilation (FGM)

FGM[46] **refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK** is a type of domestic violence. It has no health benefits, carries serious short and long-term health consequences and can result in death due to infections. Side effects include peri-natal complications, frequent vaginal and urinary tract infections, infertility and higher risk of STDs and HIV infections. It has a significant negative impact on women's sexuality. According to Forward (2007)[47] women who undergo FGM are more likely to suffer from certain mental health disorders and psychiatric syndromes than women who have not been subjected to FGM.

Women with FGM are also at significantly higher risk of developing complications during childbirth than women who have not had the procedure, therefore it is crucial for midwives to identify women with FGM early and refer them to a specialist consultant to ensure they receive suitable care during childbirth.

Criminalising FGM and ensuring that it is against the law is one of the initial steps to preventing it from happening. A Councillors Guide (2014)[48] summarises the current national policy context and the law on FGM. Since 1985 it has been illegal to perform FGM on a British or non-British citizen, or assist anyone to perform FGM on herself, in England, Wales and Northern Ireland. In 2003 the Act was further clarified to make it illegal to take a UK national or resident out of the country to carry out FGM. The serious Crime Bill currently before the Parliament aims to extend the current law to protect habitual residents from FGM too. Although this legislation makes clear the illegality of the procedure, to date no successful prosecutions have taken place.

Although FGM is mainly practised in some parts of Africa, Asia and the Middle-East, the migration of communities means that significant populations in the United Kingston are at risk. The British Medical Association claims[49] that there have also

been media reports suggesting that FGM has been carried out in the UK. Health, social care professionals, teachers and the police in England must be aware of it and able to recognise its signs as well as being able to identify children at risk of undergoing FGM. FGM is a safeguarding matter and exposing children to it or not preventing it should be treated as child abuse.

Due to the complexity of FGM and the challenges that prosecuting those assisting in FGM can present, there are additional steps that must be taken to eliminate this practice in the United Kingdom and to ensure that those who are already affected receive appropriate support in the future to minimise its long-term side effects and consequences.

Identifying children at risk of FGM is essential to prevent it from happening and school, health and social care professionals play crucial role in this. The Tackling FGM in the UK (2014)[50] states that:

- FGM must be treated as Child Abuse therefore it must be integrated into UK child safeguarding procedures
- All NHS professionals must collect and document information on FGM
- The NHS must put effective data sharing protocols in place that bridges over health, social care and police, for sharing information about girls at risk or who underwent FGM.
- Frontline professionals must be trained at empowered to screen for, identify those at risk early, and appropriately refer those who are at risk of or underwent FGM to appropriate services, including referring to the police.
- Frontline professionals must be held accountable if they are performing poorly against agreed standards for addressing FGM
- Public health must play a key role in preventing FGM by working with girls, young women and health and education professionals and by pushing prevention agendas forward
- The government should implement national public health and legal awareness publicity campaign on FGM.

In Kingston a recent paper highlighted the initial prevalence estimates for FGM in Kingston as well as the planned actions for 2015/16 and beyond (appendix 3 in *Other Needs Assessments*, page 54).

Free training is available on FGM for everyone at:

http://www.e-lfh.org.uk/programmes/female-genital-mutilation/ [51].

Honour-Based Violence (HBV) and Forced Marriages (FM)

Honour based violence can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code (CPS, 2015) [52].

Forced marriages are marriages where at least one of the parties does not, or cannot consent to the marriage. FM is now a specific offence since June 2014 under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 (CPS, 2015). Women from Asian and Black ethnic minorities are affected by these crime types the most but others, such as women in traveller communities, may be at risk.

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i

LOCAL PICTURE

5.1 Domestic and Sexual Violence

Over 85,000 women live in Kingston and based on national trends 23,800 will be affected by domestic violence at one point during their lifetime. According to Refuge[1], based on national data, women experience an average 35 episodes of domestic violence before they seek help based.

Between November 2013 and November 2014 there were 702 domestic violence and abuse crimes were recorded by the police and in about 80% of these cases the victims were women. When estimating local prevalence of domestic violence we must keep in mind that research shows[2] that only up to 15% of cases of domestic violence get reported to the police and sometimes only the most severe cases. Based on this fact, there could have been an additional 3,978 who experienced domestic abuse during this time but did not report it.

In 2013 there were higher number of domestic violence cases reported in Norbiton and Grove wards, followed by Chessington South. This pattern also seems to be reflected in the trends of the preceding five year period. The police believe that this is due to the vibrant night-time economy of Kingston with several bars, pubs and clubs located in the Grove area and a large number of young people travel to these on the weekends from other wards and from other Boroughs. Norbiton is affected as subsequently party goers travel through it as it is directly next to the Grove.

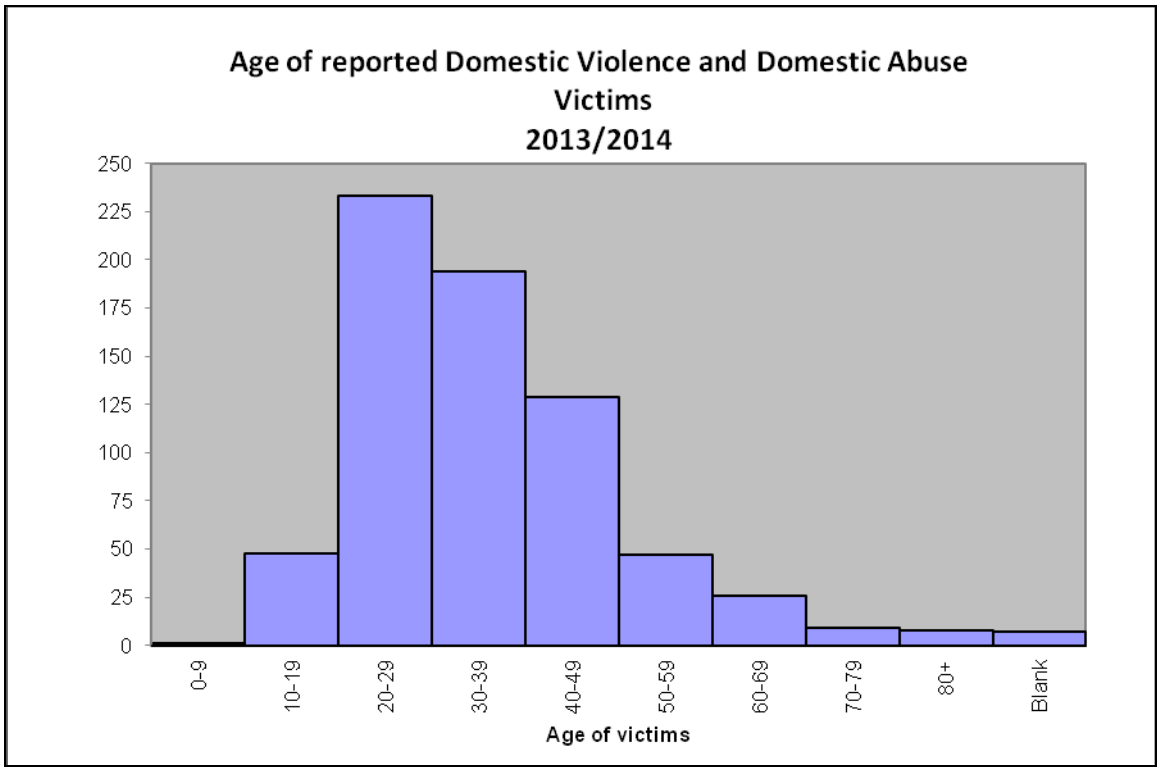
Based on datasets covering a five year period from January 2010, in Kingston in about 70% of reported rape cases the perpetrator was known to the victim and 38% of rape crimes were committed by a family member or current or previous partner/husband. In other sexual violence offences, 41% of the victims have known the perpetrator and 18% of all sexual offences other than rape were committed by a close family member, relative or current /previous partner. These sexual offences may include sexual assault, indecent images, exposure and voyeurism.

Women between the ages of 20-49 years old are affected the most by domestic violence, however there are victims recorded in all age groups with over 80% of them being women. Based on reported sexual crime data, sexual crimes affect the 20-29 years old female population the most. This is the age group that mostly utilises the clubbing facilities of the Borough and also there is a significant student population in Kingston belonging to this age group. This prevalence seems to slowly reduce between 30-59 years of age, however women in their 60s and 70s and 80s still report sexual crimes even if at a lower rate. 89% of these victims are women. Data shows that 20-29 year olds are at the highest risk of suffering from sexual and

domestic violence; however other age groups are affected too and this must be taken into consideration when planning services. Overall the reported prevalence of domestic abuse between 20-49 years old female population is the highest.

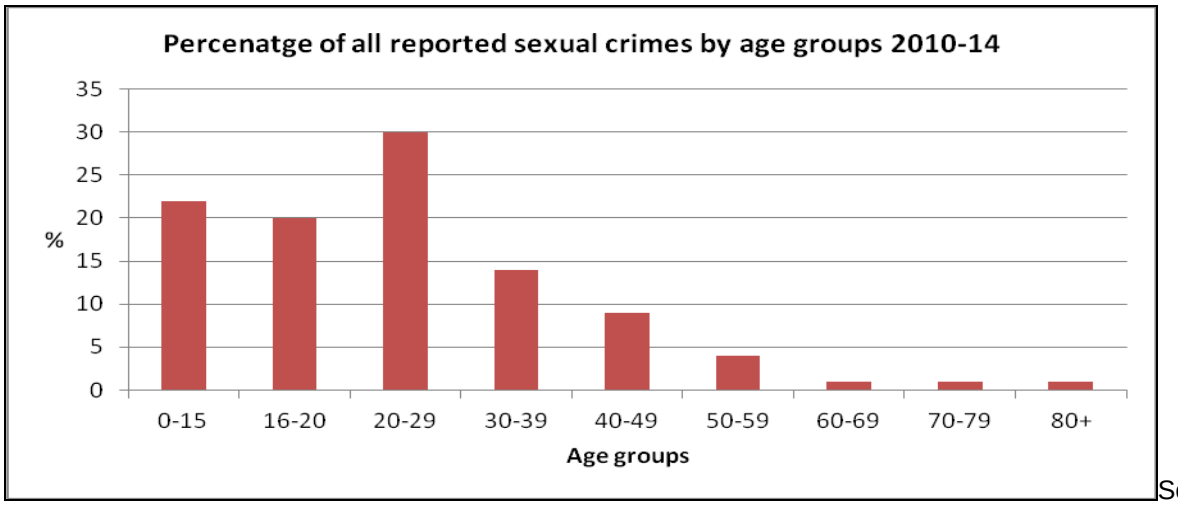
The police in Kingston highlighted the confidence of the younger generation in reporting crime and how younger women tend to report sexual and domestic type of cases before they become more severe. This is based on observation only and it would be recommended to research the threshold for various age groups for reporting domestic sexual and domestic crimes to ensure that older generation of women do not suffer needlessly and are also empowered to come forward and seek help to break free from GBV.

Figure 1



Source: London Metropolitan Police, 2015.

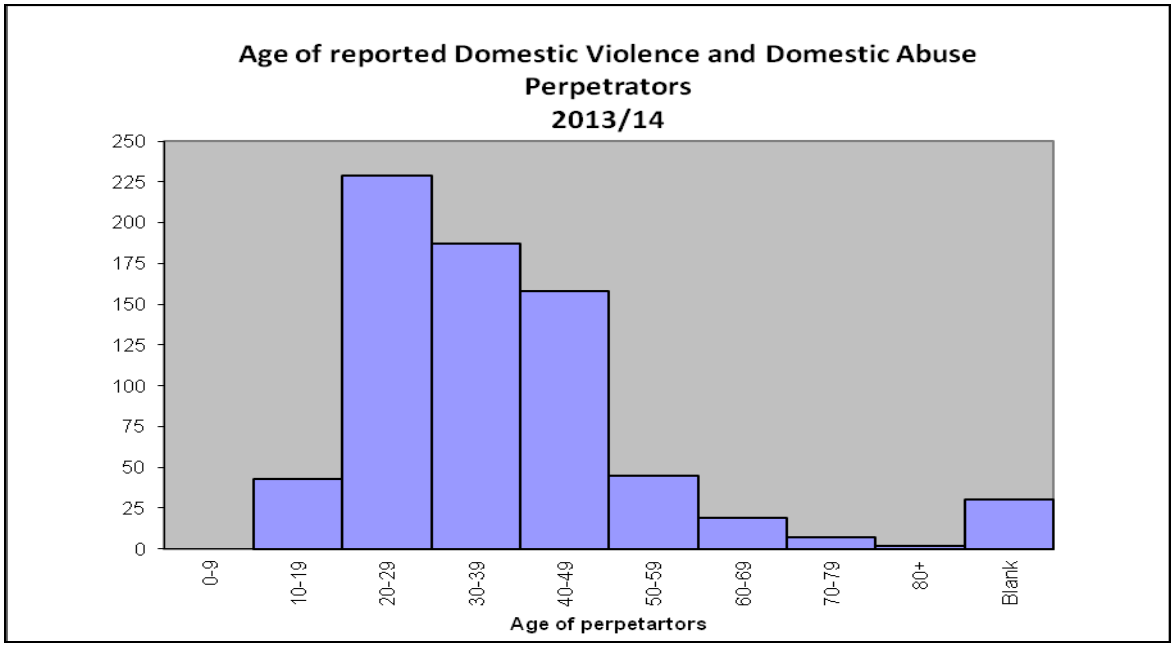
Figure 2



Source: Source: London metropolitan Police, 2015.

In terms of perpetrators of domestic crimes, the highest prevalence is among 20-29 year olds and the majority of perpetrators are between 20 and 49 years old very much mirroring the age of the victims. Currently 80% of all perpetrators are men.

Figure 3



Source: London Metropolitan Police, 2015. The table refers to date from 27th November 2013 to 26th November 2014.

The percentage of sanctioned detection rate in Kingston for sexual offences other than rape was 39% in 2013/14. (Sanctioned detection rate refers to the percentage of offences recorded offences that result in a sanction against the perpetrator.) This shows the success of all services working together with the police to ensure perpetrators are accountable for the offences they commit.

The crude rate of rape and sexual crimes are lower in Kingston than in London, however between 2013 and 2014 there has been a definite increase in reported rape and other sexual offences; this increase has been higher in Kingston than in London. (Crude rate in this instance looks at the number of cases applied to a standardised population of 10,000 people.)

Figures 4, 5 & 6

Reported numbers of sexual and domestic crimes in Kingston between February 2013 and February 2014		
	Kingston	London
Rape	46	4,078
Other Sexual Crime	103	6,978
Dom. Crime	619	54,582

Percentage change in reported sexual and domestic crimes between Feb 2013/Feb 2014 and Feb 2014/Feb 2015		
	Kingston	London
Rape	+59%	+22%
Other Sexual Crime	+39%	+34%
Dom. Crime	+38%	+21%

Crude rate of domestic and sexual crimes Feb 2013-Feb 2014 (per 10,000 population)		
	Kingston	London
Rape	2.8	4.8
Other Sexual Crime	6.18	8.3
Dom. Crime	37	65

Source: London Metropolitan Police, 2015.

It has not been possible to split this data down into historical and recent offences. Therefore, it is not possible to be sure whether reporting of sexual and domestic violence has improved between Feb2013/Feb 2014 and Feb 2014/Feb 2015 or whether there has been a significant increase in the incidence of sexual and domestic offences in Kingston between the described time periods.

The local police believe that the increased sexual crime reporting is due to the 'Saville effect' as some of the increase can be attributable to the reporting of historic DV offences, sometimes going back decades, increased confidence in the police, which is also combined with better crime recording by police. The increased confidence in the police means that people know that they are going to be taken seriously and therefore more likely to report. The local police tend to be cautious in relation to violence and sexual offences and so record more crime. They prefer to pick up potential allegations, investigate them and put appropriate safeguarding

measures in place to reduce future risks and harm and prevent more serious crimes and worst case homicide reviews. The police also believe that the increased reporting can be a result of whole-systems approach, where all partners are working more cohesively around third party reporting, especially when it comes to sexual violence, domestic abuse and child sexual exploitation cases.

The proportion of women who report harassment is also on the increase in Kingston and reported cases have doubled between November 2009/November 2010 and November 2013/November 2014. Whilst in November 2009/November 2010 harassment cases accounted for about 10% of all gender-based crime committed against women, in November 2013/November 2014 this rate went up to 20%. The police believe that this is in line with social media use and the ease with which one can send harassing messages and breach restraining orders. Further to this, the tolerance about what is acceptable behaviour and what is not have changed. This decreased tolerance paired with increased confidence in the police resulting in more people, especially young people, reporting harassment cases, which is welcomes by the police.

5.2 Black, Asian and Minority Ethnic Groups in Kingston

About 26% of the Kingston population are from black, Asian or minority ethnic (BAME) groups so it is important to ensure that their needs are being identified and met accordingly. In about 20% of households additional languages are spoken to English and in just over 9% of these no one speaks English as their first language. Not speaking English can provide additional obstacles for people to access services; therefore Kingston offers interpreter services to all victims of domestic violence when appropriate. The largest BAME groups in Kingston are ‘Other Asian’ and ‘Indian’ groups constituting for about 10% of the local population with a significant Korean and Tamil population as well as Chinese and Arab and white European mixed groups.

5.3 Female Genital Mutilation

The Richmond and Kingston Public Health data and actions on FGM[3] was produced in March 2015 and further updated in September 2015. It is estimated that 83 girls born between 2005 – 13 (currently age 2 – 11 years of age) were born to Kingston mothers that have undergone FGM. This is an average of 9 births per year. In addition it is estimated that 323 women in Kingston have been subjected to FGM. Further information about FGM can be found in Appendix 3 (in *Other Needs Assessments*, page 54).

Local Picture references

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3. Available upon request. Please email DASV.Strategy@kingston.gov.uk

What Works?

The Domestic Violence and abuse: how health services, social care and the organisations they work with can respond effectively (2014)[1] public health guidance provides step-by-step recommendations for health and social care services on how to identify, prevent and reduce domestic violence and abuse. This guideline puts emphasis on service mapping, strategic partnership working, the development and commissioning of integrated care pathways that are accessible for all, and working with health and care professionals to enable them to identify DV early, and create an environment for victims where they can disclose any past or present incidences of domestic violence. Ensuring effective communication between professionals and information sharing is also key for effective DV service delivery. Providing specialist services for children and young people can reduce the impact of DV as well as identifying those affected early.

Although Kingston is doing well at some aspects of NICE guidance 50, it is currently not fully compliant with it.

Areas of strengths

- Local multiagency board is in place to tackle DV both strategically and operationally
- The Domestic Violence Hub has been established to provide a single point of access for all DV referrals, however it is new and needs to be reviewed and assessed in Q2/Q3
- Dedicated case workers ensure that tailored support is available for DV victims
- Children affected by DV have access to specialist services
- Comprehensive referral pathways are provided by the HUB

Areas where future work is needed

- Specialist mental health services are commissioned where DV suffers can access support when needed, although feedback from service users about this service is mixed
- Local, free training on DV is available for all health and care professionals, however it is not being accessed by health and care professionals
- Redesign of services have taken place in 2014/15 and service mapping need to take place in 2015/16 to ensure these services are functional and suitable
- Referral pathways are not fully established with low awareness about the HUB and low referral numbers from health to DV services

- Information sharing across health, social care and the police is patchy with some areas stronger than the others. Primary care professionals should be taking a more active part in identifying a referring DV victims onto specialist services
- Frontline health and social care professionals do not routinely screen for DV apart from some specialist services
- Limited availability of printed materials on DV for hard to reach groups and no specific materials for people with disabilities.

Kingston is currently not compliant with Review recommendations 3, 5, 6, 9, 16 and 17 and only partially compliant with Recommendations 1, 4, 7, 10, 11, 13, 14.

The Gap Analysis was undertaken by RBK Public Health Department in partnership with the Domestic Violence Leads. To see the full report, please see Appendix One (in *Other Needs Assessments*, page 54).

An example of an innovative project that is new but could demonstrate value in relation to addressing domestic violence is the 'Blue Light Project'.

The Blue Light project[2] was developed to ensure dependant drinkers that resist treatment receive appropriate interventions before they pro-actively seek help. Many health services run on models following popular behavioural change theories that believe that patients must want to change their behaviour, in this instance give up alcohol, before health care professionals are able to support them to reduce or give their hazardous drinking habits.

The Blue Light project challenges this view to ensure services that come across drinkers promote harm reduction. This is especially important from domestic violence services point of view as some studies claim, that as much as 62% of domestic abuse perpetrators are alcohol dependant[3]. However, we must empathise that alcohol misuse alone does not lead to perpetrating domestic violence, however when domestic violence perpetrators drink, the frequency of domestic violence episodes and the severity of injuries increase. Domestic homicide reviews also commonly identify alcohol dependency as a contributing factor to the homicide.

The Project aims at clients who are alcohol dependent, are not engaging with treatment services and as a result put an excess burden on public services.

The project is very new and definite ways have not yet been set for implementation.

What Works references

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Current Services

Kingston recognises that no women should be living in fear because of gender-based violence and over the years the council has commissioned numerous services to prevent violence from happening and to reduce the impact of violence on women's lives. This document only lists the services in relation to national policy and to inform the readers about the outline of the available services. A more comprehensive list of services including opening hours and contacts is available at: http://www.kingston.gov.uk/downloads/file/148/online_guide_of_kingston_services-domestic_or_sexual_violence.

In 2010 the Safer Kingston Partnership commissioned Victim Support to carry out a review of the issue of sexual violence in Kingston, and a report called 'Beyond the barriers; An interagency and victim consolation on sexual crimes in Kingston' was produced. The recommendations contained within this document include the development of a sexual violence strategy, governance to oversee the strategy, creation of an effective structure for handling of rape complaints and the provision of an Independent Sexual Violence advisor (ISVA).

Kingston has complied with all of these recommendations and a quarterly operational domestic and sexual violence group and strategic board (meeting 3 times per year) are in place to oversee the implementation of the Ending Domestic and Sexual Violence in Kingston Strategy 2014-17[1].

7.1 The HUB

Since February 2015, the Hub has provided support for DV victims. It consists of the integrated work of Victim Support and Hestia. Victim Support provides the IDVA and ISVA services in Kingston, 2 women's empowerment programmes and the Safer Space project for children affected by domestic violence, and Hestia provides a Floating Support service for standard risk victims of violence. Hestia also provides

refuge accommodation. Referral pathways are set up between the HUB and the Single Point of Access (SPA) for Children and the police.

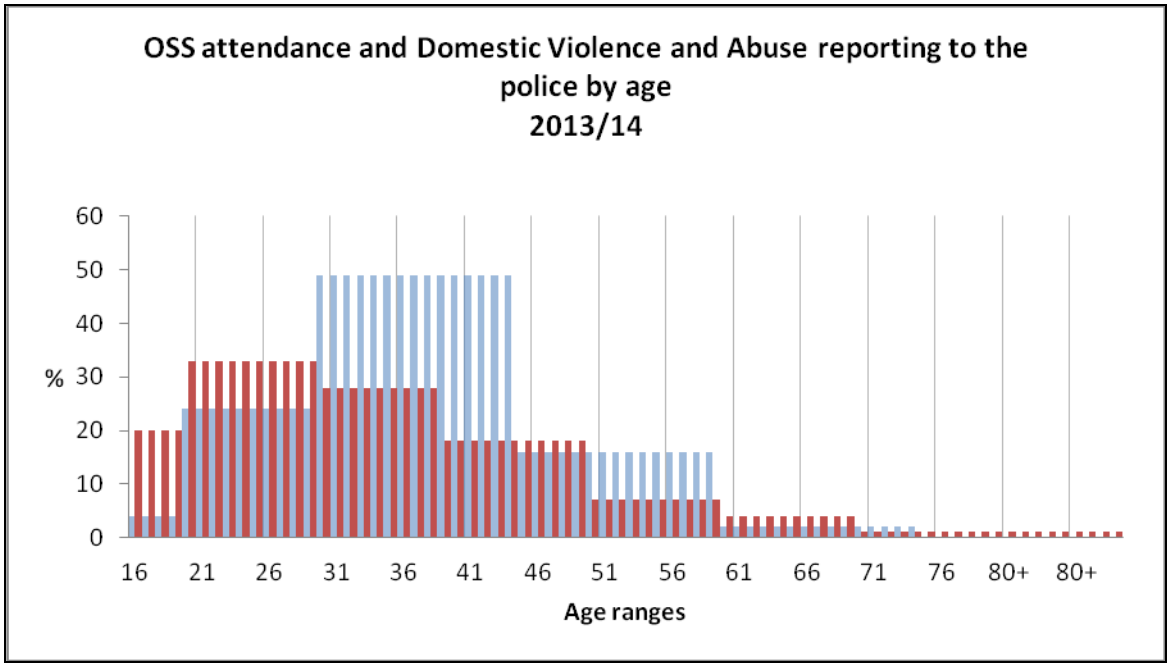
7.2 One Stop Shop (OSS)

The OSS[2] in Kingston has been in operation for over 10 years. It is open every Monday morning, and sees victims of violence on a drop-in basis. Between 2009/10 and 2013/14 the OSS helped over 1500 women to access practical support on issues such as legal advice, housing, health and welfare benefits.

In 2013/14, 541 women attended the One Stop Shop and about 25% of them were identified as a high risk victims[3]. The OSS only operates once a week and victims of violence who wish to access support at other times are advised to contact the DV HUB and outside of standard working hours to call the police or the National Domestic Violence Helpline.

The table below shows the age ranges for individuals who attend the OSS and the age ranges of individuals who report DV to the police. The graph shows that there is a very low attendance or no rate for older women whilst they still report DV to the police. Unfortunately age ranges are not recorded the same way by the police and the OSS which makes the accurate illustration of available data challenging.

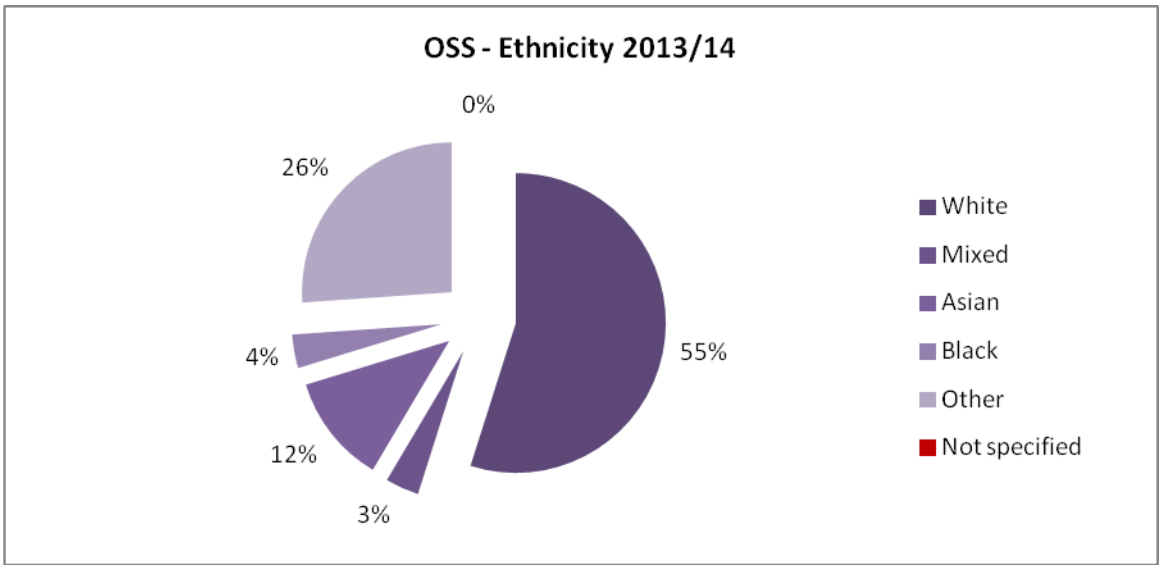
Figure 7



Source: RBK and London metropolitan Police, 2015.

45% of those attending the OSS in 20013 were from black and minority ethnic groups.

Figure 8



Source: RBK, 2015.

7.3 MARAC

MARAC is a multi-agency meeting where high-risk domestic violence and abuse cases are discussed with the aim of developing effective safety plans for victims involving all key stakeholders. It is cost-effective as evidence suggests[4] that every £1 spend on MARAC can save £6 of public money annually, mainly cost that would have occurred to the police and for health services.

MARAC[5] meetings in Kingston take place on a monthly basis during which services share information about high risk clients in order to prevent serious harm, putting holistic support in place to lower the risk as soon as possible. MARAC ensures that high risk domestic violence victims, with a CAADA DASH[6] score of 14 or more, have a suitable care plan in place.

Any professional that identifies a high risk victim can and should make a referral directly to MARAC. In 2013/14, 94% of all MARAC referrals were women, primary care made one referral only, secondary care referred three victims, substance misuse services referred two individuals and mental health services did not refer any clients. Considering the number of DV crimes and DV incidents in a given year in Kingston, and evidence behind the role that health care professionals can play in identifying DV victims, these referral numbers are not sufficient. The total number of

referrals to MARAC in 2013/14 was 79. Most referrals were made by the IDVA and the police.

About 35% of MARAC referrals are from BME groups and in 2013/14 no referrals were made for LGBT individuals, which questions whether women that are not in heterosexual relationships are aware of domestic violence services and getting risk assessed.

7.4 Independent Domestic Violence Advisors (IDVA)

IDVAs support victims of domestic violence and their children from the point of crisis, with the aim of developing safety plans and long-term solutions. They are the client's primary point of contact and IDVAs also represent clients at the MARAC. The IDVA service in Kingston is available at the part-time basis and post holder held fixed term contacts which can raise questions about the sustainability of the service.

According to CAADA (2012)[7] following interventions by a MARAC and IDVA services, up to 60% of domestic abuse victims report no further violence. Of the victims who engaged with an IDVA, following the charge of a perpetrator 72% victims reported a complete cessation of abuse compared to 59% of victims where there was no charge following a report to the police[8].

The IDVAs in Kingston are based at the HUB, work part-time and support women who experience domestic violence in Kingston.

7.5 Independent Sexual Violence Advisor (ISVA)

ISVAs work with victims of recent and historic serious sexual crimes and ensure victims are able to access the services that they need. They provide independent support and advocacy throughout and beyond the criminal justice system[9].

The ISVA in Kingston supports all adult victims of sexual violence and also offers specific sessions for young people and gay and bisexual men and women at the Wolverton Centre clinic. The post holder also attends multidisciplinary team meetings. The post is funded for fixed term only.

7.6 Mental health and Substance Misuse Services

The Kingston Wellbeing Service (KWS) https://www.kingston.gov.uk/info/200305/alcohol_and_substance_misuse/891/kingston_wellbeing_service provides services for people in Kingston with common mental health problems. SW London and St Georges Mental Health trust is commissioned to support people in Kingston with serious mental health conditions.

The Kingston Wellbeing Service (KWS) provides services for people in Kingston suffering from substance misuse however there is very little information available on what percentage of service users have been suffering from domestic violence historically or currently.

In December 2014, RBK commissioned Alcohol Concern to undertake a project that aims to improve the response to treatment resistant problem drinkers who are involved in domestic violence and abuse. The Improving the Response to Treatment Resistant Problem Drinkers in the Context of Domestic Violence & Abuse Agreement outlines the project that is running from December 2014 to August 2015. Results of this research will be accessible after this time.

7.7 Housing

Enabling victims of domestic violence to flee their home and providing a safe place where they can stay is important to ensure victims are able to leave the perpetrator and avoid becoming homeless in the process. Nationally, Refuge[10] provides housing support for women and their children affected by domestic violence. It is also the duty of local authorities to provide emergency accommodation for people at risk of violence who are eligible and assessed as being in `priority need`. When appropriate, councils also support victims to stay in their own homes via sanctuary schemes that aim to make homes safer with installation of locks and other similar safety measures.

In Kingston the Hestia floating support outreach service is based at the HUB two days a week. Hestia Housing and Support also provide the women's refuges in Kingston. Hestia also has a dedicated project to help women who have no recourse to public funds. UK Border Agency supports those who have immigrated on a spousal visa but have separated from their husband because of domestic violence. This is also key, as the Kingston Domestic Homicide Review 2014 identified that the victim’s insecure immigration status prevented her from accessing appropriate domestic violence services.

Kingston Council's Housing Service can assist with finding housing solutions and can provide information, advice and support based on individual's needs and circumstances. Households who have experienced domestic abuse can contact the Housing Options Team to discuss their housing needs, including homelessness, access to private rented housing and applying for social housing. The Housing Service can also advise and support victims of violence who wish to stay in their homes, including access to the 'sanctuary scheme'.

7.8 Domestic Violence Affecting Children in Their Family Settings

Based on local police records 7% of all victims of domestic violence are under the age of 20 with a minority of them being under the age of 9.

In 2013/14 the majority (80%) of the One Stop Shop (OSS) attendees had dependent children and just under 10% of all OSS attendees were identified as high risk victims with children. Section 120 of the Adoption and Children Act 2002 extends the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others. Keeping in mind the short and long term impacts that domestic violence can have on children, Kingston must ensure that these families receive appropriate support to minimise immediate risks and long-term consequences.

Based on data capturing five years from January 2010, about 34% of all reported victims of rape and 44% of all other reported sexual crime victims are under the age of 20 years old. The rate of sexual crimes affecting children under the age of 16 is also very high.

7.9 Single Point of Access (SPA)

Achieving for Children's SPA is committed to ensuring that all children with additional needs are identified early, referred to appropriate services and monitored through effective information sharing between agencies and professionals. More information about this service can be found at http://www.kingston.gov.uk/info/200235/supporting_and_safeguarding_children.

The single point of access (SPA) acts as a central information hub, and streamlines and rationalises any contact they receive, whether it is from a member of the public or a professional, relating to child protection or safeguarding including domestic violence.

The Single Point of Access team is a multi agency team consisting of:

- A team manager and a deputy team manager - both qualified social workers
- Three full time SPA Coordinators
- Three full time safeguarding support assistants
- A part-time health visitor
- A Service Coordinator
- The team works closely with colleagues across the Council and in partner agencies to:
- Collate and record information where concerns have been raised regarding a child or young person

- Facilitate referrals to the appropriate team and liaise with partner agencies where appropriate
- Confirm whether a Common Assessment Framework (CAF) has been completed for a child or young person
- Inform on CAF activity
- Signpost customers to support services
- Identify any gaps in service provision to help further service development
- Ensure that all information shared with partner agencies is done so in accordance with our information sharing policies
- Responding to correspondence in accordance with Customer Service Standards

In 2013 there were 210 contacts made with the Single Point of Access (SPA) due to domestic violence which is less than half of the number of contacts in the previous year. The police, independent agencies and schools and family members made most referrals.

7.10 Health Visiting

Your Healthcare Health Visiting (HV) teams provide a variety of services to support victims and their children. Home visits are carried out following reported domestic abuse. The aim is to encourage victims to seek out specialist support and to work with families to help them understand the impact of domestic abuse on children in the household.

Over 95% of Health visitors have received training in use of the CAADA-DASH risk assessment tool and are encouraged to use this themselves as well as referring clients to the One Stop Shop. HV provide services to the Kingston One Stop Shop, MARAC, multi-agency Domestic Violence and Abuse training delivered via the LSCB as well as supporting clients through their own Health visiting Service.

7.11 Safer Space Worker

The Safer Space Project in Kingston is provided by Victim Support and fulfils a range of roles including prevention and early intervention work. The Safer Space Worker runs workshops for young people on healthy relationships and provides training for professionals working with young people to raise awareness of Domestic Violence. The post holder also works with 5 to 16 year old girls and boys who have witnessed domestic violence and provides tailored support for them on a one-to-one basis with the aim of reducing the impact of domestic abuse and improve children's mental wellbeing. This support programme lasts for up to 10 weeks, depending on the needs of the child.

The expected annual case load is about 60 and the current waiting time is 6 weeks or more during holiday season with high risk cases being fast tracked. As the Safer Space worker was new in post at the beginning of 2014/15 and she was only able to fully set up in the autumn school term of 14/15, the set target of 60 cases were not achieved for the first year.

The post holder was still able to demonstrate the positive results of her work.

- As a result of the Safer Space project, there has been a 4.8% increase in OSS attendance among 16-20 year olds.
- 17 workshops have been delivered to schools on healthy relationships and as a result 95% of pupils who have attended a workshop agree with the statement that "all forms of violence within relationships is unacceptable". The figure was 83% prior to the workshops.
- 100% of secondary school pupils who have been referred to the Safer Space service and attended the programme experienced an improved level of mental wellbeing.
- 71% of parents who completed the outcomes assessment reported improvement in being able to communicate with their child about the abuse.

7.12 Domestic Violence in Intimate Relationships among Young People

In 2009 the NSPCC[11] undertook a research project to gain better understanding of the relationship patterns of 13-17 year olds in England. The results showed that one in three girls and 16% of boys reported some form of sexual partner violence. Applying this rate locally, about 1500 girls and 700 boys between the ages of 13-17 may have already experienced some sort of violence in their relationship in Kingston.

The Home Offices's 'This is Abuse Campaign' (2010 - 2015) hyperlink to the summary report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410010/2015-03-08_This_is_Abuse_campaign_summary_report__2_.pdf aimed to raise awareness of abuse in teenage relationships and aims to prevent teenagers from becoming perpetrators and victims of abusive relationships by encouraging teenagers to re-think their views of violence, abuse, controlling behaviour and what consent means within their relationships and directs them to places for help and advice. The website www.disrespectnobody.co.uk provides similar supportive material.

7.13 Young People's Violence Advisor (YPVA)

There is a YPVA in Kingston and based on national recommendations the post-holder's role includes working with local agencies, professionals and forums in order

to develop care and referral pathways for young people experiencing interpersonal violence and abuse. The role became necessary when the definition of domestic abuse was extended to include 16 and 17 years olds and the YPVA ensures services are integrated to suitably support young adults. The YPVA also attends the MARAC and represents young people there. They also run the BOSS service on Monday afternoons during term time.

7.14 The Boss

The Boss was a drop-in confidential service run in partnership with the YVPA, Victim Support and the Kingston Domestic Violence and Violence against Women and Girls team for young people in Kingston and Richmond. It offered advice and support on relationship issues and substance misuse. This service has not stopped due to low update and work is underway to look at developing a drop in One Stop model in central Kingston.

7.15 SHEU Survey Results

SHEU surveys are independent surveys that are commissioned by the Health and Wellbeing Board to provide baseline data about the health related behaviour of young people in Kingston.

Findings from the 2013 survey shows:

- 10% of boys and 17% of girls said that they worry at least quite often about abusive relationships.
- 15% of Year 10 girls and 17% of Year 10 boys said that they had been in a relationship with someone (currently or in the past) who was angry or jealous when they wanted to spend time with their friends.
- 20% of boys and 11% of girls in year 10 said their boy/girlfriend had kept checking their phone.
- 3% of pupils said that they had been hit by their partner
- 99% of pupils in Kingston in 2013 said that they have access to internet
- 27% of pupils said that they chat to someone they have never met

7.16 School Health Link Workers

Health Link workers are responsible for the delivery of targeted interventions to young people in schools in Kingston and play a key role in the delivery of training, support and advice to school staff, parents and young people regarding PHSE provision and health promotion. They deliver targeted prevention and education to young people around emotional health and wellbeing, obesity, smoking, drug, alcohol and substance misuse, sexual health and teenage pregnancy.

7.17 School Health Services

The School Health Service provides health promotion, advice and support to school age children, young people and their families with the aim of improving their health and wellbeing.

The service provides a range of health improvement activities including assessment, child protection, screening, immunisation, special needs provision, drop-in sessions, sexual health and PSHE (Personal, Social and Health Education) and provides education and training for children, young people, carers and multi-disciplinary agencies.

7.18 Women in Further Education

Colleges and universities are obligated to protect women students' safety and equality and protect them from sexual violence. The document outlining the duties of higher education institutions can be accessed at http://www.endviolenceagainstwomen.org.uk/resources/70/spotted-obligations-to-protect-women-students-safety-and-equality .

7.19 Honour Based Violence (HBV) and Forced Marriages (FM)

Kingston College was contacted at the end of 2014 to establish whether honour-based violence or forced marriage has been an issue among their students. The College confirmed that they have not had a recorded any cases in the past two years. Sufficient data has not been available to conform whether HBV and FM are an issue locally.

7.20 Gang Crimes

The Ending Gang and Youth Violence: A cross Government Report (2011)[12] puts emphasis on the importance of supporting areas where gang violence is an issue, including the provision of preventative service to ensure young people do not become involved with gangs in the first place, pathways to ensure that those who are already involved are able to break away and ensuring that criminal law support the enforcement and punishment of crime undertaken by gangs.

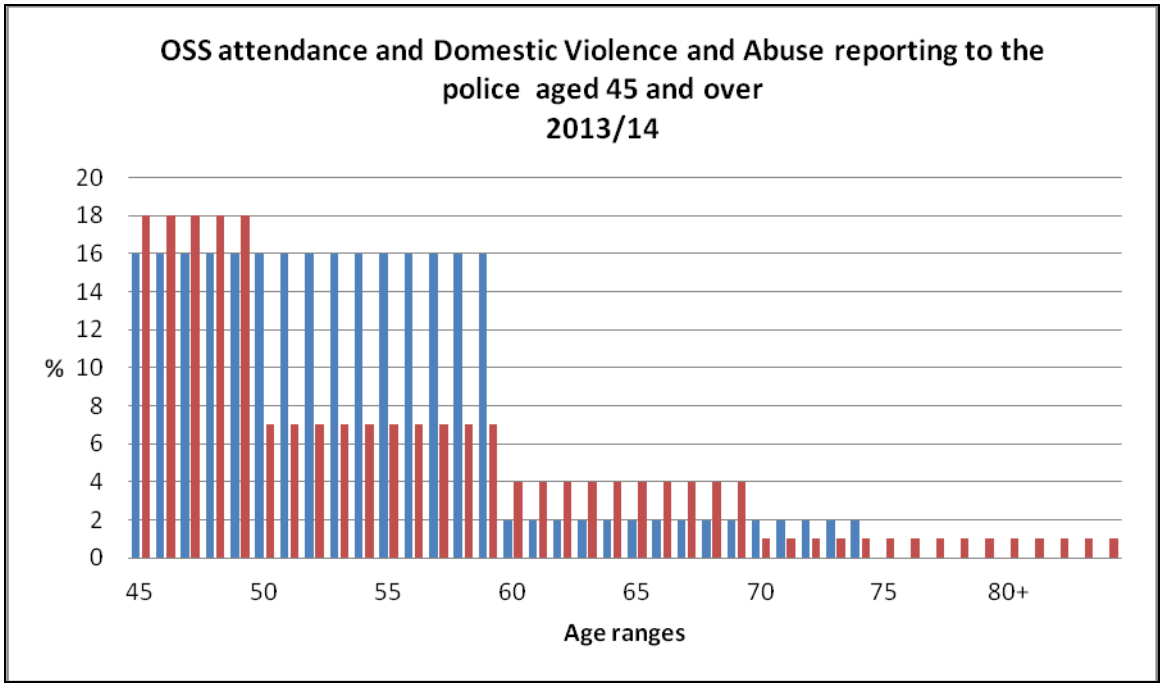
7.21 Older Women

In Kingston during a five year period starting from January 2010, forty-three women 50 years old or older reported that they have been a victim of rape or another sexual offence. 12% of them were 75 years or older. Looking at domestic violence as a whole, based on data provided by the London Metropolitan Police, about 20% of all

DV cases are women aged 50 or more with about fifth of them are over 70. This confirms the fact that domestic and sexual violence does affect older age groups. It is estimated that as little as 15% of victims of domestic violence come forward and the rate is likely to be lower for older women[13].

In Kingston in 2013/14 fifteen percent of those who attended the One Stop Shop were between the ages of 45-74. No women over the age of 75 have attended the service. This raises the question of whether current service provision does not allow them to come forward or to be identified.

Figure 9



Source: RBK and London metropolitan Police, 2015.

7.22 Safeguarding Midwife and Link Midwife for Domestic Violence based at Kingston Hospital

According to the Department of Health (2005)[14] thirty per cent of domestic violence either starts or will intensify during pregnancy, therefore it is key to look at the availability of DV services for expecting mothers in Kingston and ensure that specialist support is available. There is a Safeguarding Midwife based at Kingston Hospital, who receives referrals from GPs, social services or the police when a woman is at risk of domestic violence during pregnancy. She also sees other complex cases, such as pregnant refugee women, women with FGM and women who have become pregnant as a result of sexual violence.

Women are regularly screened for domestic violence at Kingston Hospital, however as both paper and electronic hospital records are easily accessible for women's partners during antenatal appointments, domestic violence is often not recorded in antenatal notes. Women are routinely screened for DV at booking. The suggested format for asking the question is "Have you endured any harm from close relative/friend", and is part of the standard antenatal records. When a woman reports that she has been experiencing domestic abuse or has experienced domestic violence during their current pregnancy or in the past, a referral to social services is made when needed.

Women with FGM who give birth in Kingston are referred to a consultant to minimise their risk of complications during labour. Their daughters are treated as being at high risk of FGM in the future and referred to social services when needed. Since April 2014 NHS hospitals are required to record:

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

Figure 10: Pregnancy and DV and FGM at Kingston Hospital

	2012	**2013**	**2014**	**2015 1st Jan- 5th March**
Number of pregnant women with current or historic DV	45	34	50	22
Number of women identified with the history of FGM*	10-15	10-15	10-15	

Source: Data was acquired from the Safeguarding Midwife and Link Midwife for Domestic Violence, Kingston Hospital.

*The mandatory recoding of FGM has taken place since September 2014 in all acute trusts in the UK.

Kingston Hospital has a Domestic Abuse Policy and Guidelines 2011 to identify and appropriately manage patients at risk of or with a history of domestic violence. The hospital also issues a Safeguarding Adults Annual Report which can be accessed at www.kingstonhospital.nhs.uk.

Case study

Safeguarding Midwife and Link Midwife for Domestic Violence November 2014

'She was twenty year old when she booked and she did disclose a previous history of domestic abuse and she also disclosed that her boyfriend had attacked her over the weekend and the police were called. She did not disclose much more details to the booking midwife but I [Safeguarding Midwife] received more information from the police; When I met her quite early in her pregnancy, that I intend to do [when I DV case gets referred to me, it was a typical situation when she was minimising how things were between her and her boyfriend now, although she did also say that he'd been nasty to her. One minute she would say that he's nasty then she's trying to minimise it. The next appointment she has attended with her boyfriend, and prior to coming into the room, she sent in another member of staff to say "Please don't discuss any of these things because he is here today".

The case went to child protection and a lot more history came out about him; he has been violent before and had a mental health problem which he would not acknowledge.

She had had the baby since and due to his abusive behaviour he was only supposed to have supervised contact with the baby and also not to see her alone. They said they separated as a result but the longer term intention of both of them was to get back together.

Subsequently my support worker went for a meeting, just after she went home with the baby and at that meeting they said that "we are getting back together". Again she did not understand and accept [his behaviour], she tried to minimise all his actions and that is kind of a classic in that sort of situations. Some will end it [the abusive relationship] but some will say it is over and it is not over.

This is not an isolated case that midwives face at Kingston Hospital; abuse against expectant mothers is not uncommon. When women disclose domestic violence during their midwife appointments, or if the police, GP or a social worker flags a case to the specialist midwife, the cases get recoded.

7.23 Abortion Services

The evidence between terminations and domestic violence and rape was highlighted in the 'Literature Review' of this document.

The majority, 86% of abortions in Kingston are taking place under 10 weeks of pregnancy and just a very small proportion over 20 weeks when the gender of the foetus can be identified. It is difficult to establish whether gender-selective abortions take place due to the very small number of total births to high risk ethnic groups. However, based on 2013 birth rates, it is very unlikely that gender-selective abortion is currently an issue in Kingston.

7.24 Perpetrator Programmes

The importance of providing targeted support for adolescent men with a history of violence or abuse towards their partners is emphasised in the Early Intervention in Domestic Violence & Abuse[15] report. In terms of perpetrator programmes for young men, there seems to be more evidence on providing specific-tailored support for individuals opposed to generic approaches and there is mixed evidence and no consensus is available on what works. However, it is emphasised that perpetrator and survivor programmes should be invested in and further tested.

Building Better Relationships is the new justice accredited programme for adult heterosexual men who have who have abused their wives, partners or ex-partners. It is suitable for men who have been assessed as posing a risk of harm to their partners and children and are able to discuss at least one act of violence against an intimate partner. It aims to enable men to acknowledge the abuse they have perpetrated and its effects on others, and to build understanding and strategies for appropriate behaviour and responses in the future. Contact with a support worker is offered to the current partner of any participant. It is provided by RISE Mutual. It replaces IDAP for court mandated men. RISE Mutual also provides commissioned BBR and IDAP programmes for men attending on a voluntary basis.

The Domestic Violence Intervention Project[16] (DVIP) has been running in London for nearly 20 years and supports male and female perpetrators with a history of abuse as well as their partners and children on how to deal with it and how to end it for good. They also offer therapy for children who have experienced violence and take a holistic approach to ending and overcoming violent partner and family relationships.

More information about other perpetrator programmes can be accessed here[17].

Caring Dads*: Helping Fathers Value their Children* is a Canadian group work programme for fathers who have maltreated their children, exposed them to abuse of their mother or who are at high-risk for these behaviours. In London it is delivered in partnership between RISE Mutual (the licence holders) and local children's services on a voluntary basis. This programme is currently being evaluated in several countries and is showing promising results. NSPCC's research on the programme Caring Dads Safer Children[18] project, shows that men who complete the programme often find parenting less stressful and become less abusive towards their partner and children.

The DVIP, voluntary perpetrator programme was commissioned in Kingston from Dec 2013-March 2015 and its re-commissioning is currently under review. The programme showed the following patterns:

- self referrals into the programme have a lower drop-out rate (25%) than agency referrals (37%), highlighting the importance of motivation to change
- 50% of the referrals onto the Yuva service (for young people who are violent to their parents) were children who had self-harmed or attempted suicide
- nearly 20% of referrals were for men who self-reported mental health issues

7.25 Rape Crisis Centres

The Mayoral Strategy on Violence against women and Girls 2013-17[19] considers the provision of a high quality, specialist sexual violence service for rape victims in the forms of four centres across London as a key propriety.

The ISVAs in Kingston and the London Metropolitan Police have referral pathways established to Sexual Assault Referral Centres (Havens).

7.26 Local Support Groups for Women

Wednesdays Women and Fresh Fridays

Wednesday's women and Fresh Fridays are 12 week, semi-structured programme for women who have experienced domestic violence. It helps them overcome their trauma and ensures that they are supported both as individuals as well as parents to minimise the long-term impact of abuse they experienced. Attending this programme for women is frequently recommended in affected children's care plans. These programmes demonstrate success in helping women to get free and stay free from violence.

Butterfly project

The Hestia Butterfly Project: A supportive group for female survivors of domestic abuse living in Kingston. The Butterfly Project aims to provide a safe space for women who currently (or who have previously) experienced domestic abuse to support each other and find time for themselves.

7.27 Domestic Violence Training in Kingston

After speaking to a range of health care professionals an emerging theme has become apparent, that safeguarding training is mandatory for staff and DV training is not. It depends on the professional that is selecting the training, if DV training becomes part of the safeguarding training.

Free training on Domestic Violence in Kingston is available for all health and social care professionals however evidence shows that a significant proportion of professionals are not aware of how to access it.

Health care professionals can also access a quick guidance on how to discuss the issue of domestic violence on the website of SafeLives at http://www.safelives.org.uk/sites/default/files/resources/SafeLives%20top%20tips%20sheet%20FINAL%20FOR%20WEB_0.pdf.

7.280 Primary Care

According to Refuge[20] on average women experience an average of 35 episodes of domestic violence before they seek help. General practitioners often have the most contact with women and therefore can be in a prime position to identify victims. Based on MARAC referral numbers, primary care professionals do not take an active role in identifying high risk DV victims and make onward referrals to MARAC. Research shows that victims however commonly get anti-depressants prescribed only without additional support. Based on local statistics and research GPs may not be clear on their role in pro-actively identifying DV victims and even when a patient discloses violence there may be confusion around when information governance guidelines allow them to report the incidence, for instance when there are under aged children or other vulnerable adults in the household.

A small survey in Kingston was completed by 13 primary care professionals (GPs and nurses) in February 2015. The survey was sent to practice managers and was put on GP.net. Due to the low response rates the results may not be representative. The results indicated that only about 40% of respondents felt confident to recognise the signs of domestic violence and abuse with the remaining 60% being either not confident nor unconfident or unconfident. In terms of discussing issues around DV or raising questions around it, almost 54% felt confident, 30% felt neither confident nor unconfident and over 15% felt unconfident. When asked about their confidence to refer DV victims onto specialist services, the response rate was similar. Worryingly none of the respondents stated that their practice would routinely screen patients for DV (i.e. when new patients register) and 46% of respondents said that they screened patients sometimes, whilst 54% never. The same proportion, 54% said that they did not receive any training on domestic violence and 30% said that they would not know how to access DV training. None of the respondents had received any training on FGM, forced marriage or honour based violence. None of the respondents referred any patients to MARAC, Safer Space or Sanctuary Scheme in the past 12 months whilst almost 40% have referred patients to the One Stop Shop and 8% to the IDVA service. 70% of those who responded to the survey said that they have information displayed in their practice for patients about domestic violence.

Matching these findings to referral numbers to DV services made by primary care professionals, it is likely that despite the small sample size, the findings are conclusive and indicate the need to increase primary care professional's participation in DV training.

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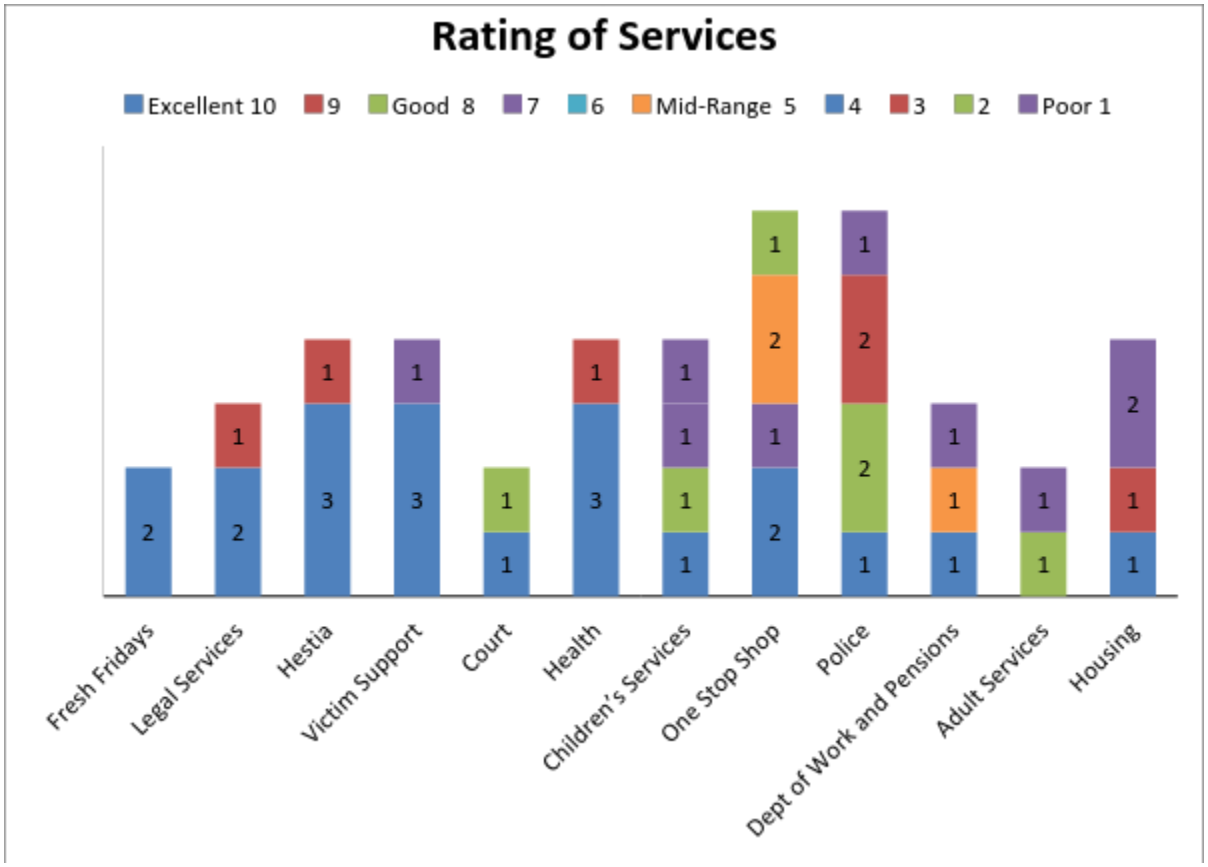
Community Voice

8.1 Findings of Journey Mapping with Survivors of Domestic Violence Research

RBK commissioned Kingston University to undertake a journey mapping of survivors of domestic violence throughout services in Kingston. A small number of survivors were interviewed and their experiences with the police, legal services, court, OSS, Victim Support, HESTIA, Fresh Fridays, Children and Adult Services, Health, Housing and Job Centre Plus and Department of Work and Pensions. A mixed range of individuals, including women not speaking English and needing an interpreter were included in the research.

Figure 11 Shows how participants rated the various DV services.



Source: Kingston University, 2015.

COMMON THEMES AND ISSUES

- **Service provision improved.** Some women were not satisfied with the first response(s) they had from services. As they reported repeat victimisation, they obtained support which satisfied them better. This may be because the risk assessment undertaken by professionals then placed them in a "more serious" category.

- **Who is providing services can be confusing – especially if contacted by phone.** Some women reported being contacted by a number of service providers by phone. They were not sure who was providing what service.

- **After flurry of activity at the start, support drops off.** Some women reported that service providers promised to call back or to set up a service and then did not contact them after this. They did not know what had been done on their behalf – or if nothing had been done. "**Call back when you say you will call back**".

- **Close the gap.** A recurring message was when referring a woman to a different service, be sure that this service is able and willing to act on her behalf. Follow up referrals and see if that service is able to help. Women heard about services which could be provided and then were not provided.

- **No information is better than the wrong information.** Women would prefer accurate information or the service provided saying that they do not know or cannot help.

- **Working across local boundaries**. Some women commented that services working across boundaries could be better (for example if she is a Kingston resident who flees out of borough but whose centre of life is in Kingston and intends to return to Kingston)

- **Access to interpreters** for counselling or other services may be an issue

A selection of extracts from the report focusing on case studies is detailed in the full report from Kingston University which can be found in Appendix Two 3 in *Other Needs Assessments*, page 54.

Recommendations

Key themes based on NICE Recommendations	Local Recommendations	Lead
Needs assessment and service mapping and monitoring	As the HUB has only been in operation since February 2015 it is recommended to monitor its operation and review the recoded data quarterly to ensure it is fit for purpose and the relevant needs of local DV victims are being met. Review mental health and substance abuse services and their accessibility to victims of domestic violence. Due to the changing population profile of Kingston it is recommended to continuously monitor the gender of babies born to high risk ethnic groups.	DV Leads SWLGMT & SPAD PH
Local Strategic multi-agency partnership to prevent domestic violence	Strategic Domestic Violence Group to oversee and monitor local approach and action plan which is to be developed on the basis of the NICE Gap Analysis. Ensure there is an appropriate representation from substance misuse services at operational and strategic domestic violence meetings.	DASV Strategic Board SPAD

Integrated commissioning strategy	Develop an Integrated Commissioning Strategy based on NICE (2014) recommendation ensuring that all parties take responsibility for a joint action to reduce violence against women in Kingston The Strategy should include input from domestic violence and abuse services and all other relevant services to meet the health and social care needs of those experiencing violence and abuse, including children and young people, addresses the perpetrators' behaviour needs and meets the needs of all communities. In light of this needs assessment the strategy should include input from GPs, sexual health professionals, alcohol and substance misuse professionals, schools, social services and specialist domestic violence services as well as public health.	DASV Strategic Board DASV Strategic Board DASV Strategic Board
Integrated care pathways	Develop a multi-agency approach with local partner agencies to better identify and prevent FGM. Ensure that key Domestic Violence Services are sustainable and long term funding is secured for them to promote the development of these services and the strengthening of integrated referral care pathways. Ensure feedback is provided to clients who are referred to MARAC. Ensure that victims of domestic violence are identified and risk assessed using an appropriate tool at substance misuse services. When a provider refers a woman to another service, follow this up with the provider and the women.	DASV Strategic Board DASV Strategic Board MARAC SPAD DASV Strategic Board

Tailored Services for needs	As about the quarter of the population in Kingston identifies themselves as coming from mixed, Black, Asian or other minority ethnic backgrounds, therefore Kingston must ensure that there is equity in accessing domestic violence services by monitoring service users' ethnic origins and ensuring that all locally prevalent ethnic groups access the DV services equally and promotional materials of these are available in languages such as Korean and Tamil. Explore the feasibility of providing domestic violence services in the Norbiton and Chessington South area where there are currently no services available locally as these areas seem to be affected by DV more than other areas.	DASV Strategic Board DASV Strategic Board & Operational DV Group
Creating an environment for disclosing domestic violence and abuse	Health services should make identifying domestic abuse part of their everyday practice. Develop universal screening tools to ensure health and social professionals are identifying older women suffering from abuse. Termination of pregnancy services to screen for domestic and sexual violence, monitor and report on prevalence and ensure that appropriate pathways are available for victims. Services should proactively seek out victims from diverse backgrounds – by locating support in the community.	GPs/ YHC/CCG GPs/ RBK YHC/CCG CCG (ToPs Contracts) Multiagency

Staff training	Ensure that local health and social care professionals including team managers undertake face-to-face DV training every 3 years, and access e-training every year, ensuring that they are confident to pro-actively speak to patients and clients about DV and make appropriate onward referrals. Explore most effective way of training GPs to work effectively with victim of DV. Recommendation that GP's receive training once every 3 years. The Home Office is currently producing a universal academic module for frontline professionals on violence against women and girls for nurses, teachers and social workers. The six days long module is expected to be prepared by April 2015. Incorporate the content of this in local training programmes. Increase training to RBK housing services to ensure that they are confident to risk assess cases of domestic violence, and are able to respond to disclosure sensitively. Ensure the "Support Services for Victims of Domestic Abuse and Sexual Violence Online Guidance for Professionals in Kingston" is accessible via the Council website, GP Net and Care Connect.	DASV Strategic Board GPs / CCG DASV Partnership Housing RBK Multiagency led by the Operational DV group
Information sharing	Ensure domestic violence and FGM are recorded electronically at Kingston Hospital and prevalence figures are sent to the DV coordinators on a monthly/quarterly basis. Ensure all partners contribute to the locally agreed shared data set collection mechanism for VAGW and where possible align age ranges, an incident and crime types. Improve the data collected from primary and secondary healthcare.	DASV Strategic Board DASV Strategic Board DASV Strategic Board

Help people who find it hard to access services	Consider the cultural and language needs of these groups when tackling the issue of domestic violence. For smaller ethnic groups ensure when an interpreter is used, the interpreter is not linked to victims immediate community.	Multiagency with support from the ECET team
	Run advertising campaigns for DV services targeting specific ethnic minorities as opposed to a one size fits all approach. Provide language specific promotional materials and literature considering the most prevalent local BAME groups.	Multiagency with support from the ECET team
	Continue to raise awareness of the HUB to ensure women know that support services are available for those experiencing domestic violence, and develop targeted campaigns towards older people and minority ethnic groups significantly present in Kingston such as the Korean and Tamil population. Make campaigns and promotional materials available in Korean and Tamil.	HUB/DV leads
	Target LGBT women and raise awareness of the available DV services among this group.	DASV Strategic Board
	Work with small organisations, who provide services for older women, including faith groups to ensure older women and marginalised groups have equal access to DV services and to break away from DV.	DASV Strategic Board

Children and young people	Further examine the reason for the observed decreasing number of contacts made with the Single Point of Access to ensure that services are widely known and accessible for those in need.	AfC
	Local Authorities and Health and Wellbeing Boards to ensure that the prevention of domestic violence and abuse is central to local strategies on crime prevention, health and wellbeing and children and young people.	DASV Strategic Board
	Tailor future SHEU surveys to get baseline local information on: • how much young people use of social media and the internet to meet a partner and • further information on the local prevalence of violent and abusive intimate relationships	AfC/PH
	Use the next SHEU survey to explore trends around social media and sexting and whether it has adverse affect on young people in Kingston. Interventions from school workers will be needed if technology and media presents an increased risk for local young people to become the victims of gender-based violence.	AfC/PH
	Ensure that professionals such as school health link workers work with local further and higher education institutions to ensure procedures are in place to protect young women and support is provided for those who experienced violence.	PH
Provide specialist advice, advocacy and support as part of a comprehensive referral pathway	Ensure that victims who are referred MARAC receive feedback about the outcome of their MARAC referral.	MARAC
	Assess the case load and funding options for the IDVA service. The provision of a sustainable, permanent IDVA service is recommended.	DASV Strategic Board
	Assess the case load and funding options for the ISVA service. The provision of a sustainable, permanent ISVA service is recommended.	DASV Strategic Board
	A keyworker coordinating a number of services might be helpful (pre-and post-prosecution or first help seeking incident).	DASV Strategic Board

Mental health	Look at how data is recorded to capture current or historic domestic violence abuse, including the history of domestic violence, currently being a victim of domestic violence and perpetration of domestic violence at mental health services. Ensure appropriate pathways are in place in between mental health and domestic violence services As people with mental health conditions are higher risk of becoming victims of domestic violence, ensure that DV services and mental health services work together to identify individuals with a mental health condition who may be suffering from domestic abuse.	SW London and St George's/IAPT/KWS SWLGMT /IAPT/KWS
Perpetrators	Provide voluntary perpetrator programmes in Kingston and motivate and encourage perpetrators to voluntarily apply to take part. Pilot new interventions to increase the number of participants that complete the programme. Collect information on what is the motivating factor for men to complete the programme and use it to increase programme uptake in the future Explore opportunities and resources to implement the Blue Light Project locally treatment resistant drinkers who are victims of domestic violence and those who perpetrate DV.	DASV Strategic Board DASV Strategic Board DASV Strategic Board
Other recommendations	Ensure FGM is included with relevant links to appropriate chapters in the JSNA Undertake a separate study that looks at the prevalence of older abuse in Kingston. Any further studies/research that will take place in the field of elder abuse to be gender specific. All partners to explore utilizing the Journey mapping tool as a method of future evaluation and insight into service delivery and development. Women survivors appreciate those who kept in contact with them. Service providers should ensure they fulfil the undertakings they give women to keep in touch – or not give such undertakings.	PH MA DASV Strategic Board DASV Strategic Board

AfC- Achieving for Children, ASC- Adult Social Care, CCG- Clinical Commissioning Group, KWS- Kingston Wellbeing Service, PC- Primary Care, PH-Public Health, SWLGMT- South West London and St George's Mental Health Trust, MA –Multiagency, SPAD – Strategic Partnership for Alcohol and Drugs.

Dictionary / Glossary

AFC Achieving for Children

DV Domestic Violence`

DA Domestic Abuse

DASH Domestic Abuse, Stalking and Harassment and Honour Based Violence

ECET Equalities and Community Engagement Team

EIGI European Institute of Gender Equality

FM Forced Marriage

FGM Female genital Mutilation

GBV Gender-Based Violence

HBV Honour Based Violence

IDVA **I**ndependent Domestic Violence Advisor

KWS Kingston Wellbeing Service

ISVA Independent Sexual Violence Advisor

MA Multi-Agency

MARAC Multi Agency Risk assessment Conference

NICE National Institute for Care and Excellence

PC Primary Care

PH Public Health

RBK Royal Borough of Kingston

DOMESTIC VIOLENCE AND ABUSE:

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

1. psychological

2. physical

3. sexual

4. financial

5. emotional.

To help local areas consider how the extension to the definition of domestic violence and abuse may impact on their services, the Home Office, in partnership with Against Violence and Abuse (AVA) has produced a guide https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas for local areas.

FEMALE GENITAL MUTILATION

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx in the UK. There are four main types of FGM:

- Type 1 – clitoridectomy – removing part or all of the clitoris.
- Type 2 – excision – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- Type 3 – infibulation – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- Other harmful procedures to the female genitals include pricking, piercing, cutting, scraping and burning the area.

A **Forced Marriage (FM)** is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is now a specific offence under section 121 of the Anti-Social Behaviour, Crime and Policing Act 2014 and came into force on 16 June 2014.

Honour based violence is a violent crime or incident which may have been committed to protect or defend the 'honour' of the family or community. Crimes committed in the name of ‘honour’ might include: domestic abuse threats of violence sexual or psychological abuse forced marriage being held against your will or taken somewhere you don’t want to go assault

Public Health: The Faculty defines public health as: The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.

STALKING AND HARASSMENT

Whilst there is no strict legal definition of 'stalking' , section 2A (3) of the PHA 1997 sets out examples of acts or omissions which, in particular circumstances, are ones associated with stalking. For example: following a person, watching or spying on them or forcing contact with the victim through any means, including social media. The effect of such behaviour is to curtail a victim's freedom, leaving them feeling that they constantly have to be careful. In many cases, the conduct might appear innocent (if it were to be taken in isolation), but when carried out repeatedly so as to amount to a course of conduct, it may then cause significant alarm, harassment or distress to the victim.

The term harassment is used to cover the 'causing alarm or distress' offences under section 2 of the Protection from Harassment Act 1997 as amended (PHA), and 'putting people in fear of violence' offences under section 4 of the PHA. Harassment also includes repeated attempts to impose unwanted communications and contact upon a victim in a manner that could be expected to cause distress or fear in any reasonable person.

Other Needs Assessments

- Violence Against Women & Girls JSNA Needs Assessment
- VAWG Appendix 1- NICE 50 Gap Analysis for Kingston
- VAWG Appendix 2 Journey Mapping Study of Domestic Violence Survivors in Kingston
- VAWG Appendix 3 - FGM Prevalence in Kingston 2015

Useful Links

If the link doesn't load you may need to right click and choose *save as*

- Women and Equalities Committee (2016) - Sexual harassment and sexual violence in schools
- Fulfil! Guidance document for the implementation of young people's sexual rights (IPPF-WAS)
- Violence against women and girls: national statement of expectations
- Violence against women and girls: commissioning toolkit 2016
- Kingston and Richmond LSCB Female Genital Mutilation: Prevention Guidelines February 2016
- Statement regarding girls rights for when they go abroad
- GOV UK - FGM duty resources - 30 Oct 2015
- Poster: FGM Mandatory reporting duty - What you need to do
- Summary guidance : FGM Mandatory reporting duty
- Mandatory Reporting of FGM Training pack for NHS organisations
- FGM Information for Patients
- FGM Safeguarding and Risk Assessment: Quick guide for health professionals 2017
- FGM London assembly report - tackling FGM in London
- resource pack
- e-learning tool
- 2014 Guidance for professionals
- PSHE Association FGM lesson
- Female Genital Mutilation (FGM) Prevalence Report

To help midwives, health visitors, school nurses, practice nurses to support women and girls at risk of or following FGM:

- Understanding Female Genital Mutilation (FGM)
- Supporting infographic

Help and Information Links

- Get help from Domestic or Sexual Violence
- FGM Information for Patients
- Statement regarding girls rights for when they go abroad