Violence Against Women and Girls Strategy
### Scope
This strategy explains how we will work with partners to tackle violence against women and girls and all forms of domestic violence against people in Enfield.

### Approved by
Safer and Stronger Communities Board

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### Review
All partners working to tackle domestic abuse and violence against women and girls in Enfield will be held to account for delivery of this strategy through the Safer and Stronger Communities Board. The Board will review the partnership’s performance against the measures of success identified in this strategy, and by monitoring performance against our action plan, through a six-monthly report presented by the Community Safety Unit.
Introduction

This strategy sets out how we will address and prevent violence against women and girls in Enfield. It outlines how all of us can contribute to obtaining the best possible outcomes for victims and survivors, whether we are working in statutory or voluntary agencies or are a member of the community.

Our vision is for everyone in Enfield to live without domestic violence or abuse.

To help achieve our vision we have four objectives:

1) Prevent violence from happening
2) Provide support and protection where it does occur
3) Provide a coordinated community response
4) Hold perpetrators accountable

Violence against women and girls is unacceptable and is an abuse of someone's human rights.

Tackling violence against women and girls is a priority for the London Borough of Enfield, the Mayor’s Office for Policing and Crime (MOPAC) and central government.

Definitions

Violence against women and girls

We define violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. It is any violence that is targeted at women or girls because of their gender, or violence that affects women disproportionately. Although not an exhaustive list, the following sets out the different forms it can take.

- Domestic violence and abuse is a pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are (or have been) intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse. In extreme cases it includes murder. Controlling behaviour includes 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. It includes acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic violence and abuse is the form of violence against women and girls which is most prominent in Enfield, with incidents particularly increasing amongst young people in the borough. Tackling this form of violence is therefore the focus of this strategy.
• **Female genital mutilation (FGM)** involves the complete or partial removal or alteration of external genitalia for non-medical reasons. It is mostly carried out on young girls at some time between infancy and the age of 15. Unlike male circumcision, which is legal in many countries, it is now illegal across much of the globe, and its extensive harmful health consequences are widely recognised.

• **Forced marriage** is a marriage conducted without valid consent of one or both parties, where duress is a factor.

• **‘Honour’-based violence** is violence committed to protect or defend the ‘honour’ of a family and/or community. Women, especially young women, are the most common targets, often where they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour. In extreme cases, the woman may be killed.

• **Prostitution and trafficking** is where women and girls are forced, coerced or deceived to enter into prostitution and/or kept in this situation. Trafficking involves the recruitment, transportation and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries (‘internal trafficking’).

• **Sexual violence, including rape**, is sexual contact without the consent of the woman/girl. Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family/household, workplace, public spaces, social settings, during war/conflict situations.

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

• **Sexual harassment** is unwanted verbal or physical conduct of a sexual nature. It can take place anywhere, including the workplace, schools, streets, public transport and social situations. It includes flashing, obscene and threatening calls, and online harassment.

• **Stalking** is repeated (i.e. on at least two occasions) harassment causing fear, alarm or distress. It can include threatening phone calls, texts or letters; damaging property; spying on and following the victim.

• **Faith-based abuse** is child abuse linked to faith or belief. This includes a belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.
Domestic violence and abuse against men and boys

The term violence against women and girls can often cause concern about the exclusion of men and boys from services and a lack of recognition that men and boys can also experience these forms of violence and abuse. The UN Declaration is based on the concept of disproportionate impact of violence and abuse on women and girls. We understand the gendered nature of these types of abuse and crimes, and that men and boys are sometimes victims too.

Men and boys are included in all aspects of our work on all forms of violence against women and girls, particularly work on prevention and awareness-raising. We are committed to ensuring that any victim will receive a sensitive and appropriate response, according to their needs.

Children living with domestic violence and abuse

We define children as living with domestic violence or abuse if they are currently living where there are incidents of domestic abuse or where there is risk of incidents of domestic abuse taking place; if they are seeing or hearing domestic abuse outside of their home; or if they are witnessing the effects of domestic abuse on others.

The national picture

Domestic violence and abuse

It is widely recognised that domestic violence and abuse is under estimated. The Crime Survey England and Wales in 2015 estimated that 8.2% of women and 4.0% of men reported experiencing domestic abuse in that year. It was also estimated that 4.5 million women had experienced some form of domestic abuse since the age of 16.\(^1\) In the UK, a 999 call is made every 30 seconds to report domestic abuse.\(^2\)

There were 100,930 prosecutions for domestic abuse-related offences in the year ending March 2016, representing 16% of all prosecutions in England and Wales. Three-quarters of these prosecutions were successful in securing a conviction and 70% of domestic abuse cases referred to the CPS resulted in a decision to charge. In 24% of cases there was a decision not to prosecute, and 1% had an out of court disposal. Only about one in six survivors in community-based services and about one in five in refuge services had seen a criminal case or sanctions against the perpetrator.\(^3\)

In 2015/16 about half of the women surveyed by Women’s Aid who were using community-based services had children (aged under 18). Around one in five children have been exposed to domestic abuse. There are 130,000 children living in high risk domestic violence households. One in five teenagers have been physically abused by their boyfriend or girlfriend. Domestic violence is a factor in half of serious case reviews. On average two women a week are killed by their partner or ex-partner in England and Wales.\(^4\)

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1. Office of National Statistics, Intimate personal violence and partner abuse (Feb 2016)
2. HMIC, everyone’s business: Improving the police response to domestic abuse
3. Women’s Aid Survey
4. NSPCC Domestic abuse facts and statistics
While there is a national picture of high levels of domestic violence and abuse, there is also a picture of a lack of sufficient resources to support victims. About one in four referrals to refuge services in 2015/16 were declined because of lack of capacity to support - and more potential referrals will not have been made to refuges already known to be full. This strategy aims to show how we intend to extend and maximise services available to support victims of domestic abuse and violence in Enfield.

**Sexual violence**

ONS data for year ending March 2016 shows there was an increase of 21% in sexual offences recorded by the police in the latest year compared with the previous year (106,378 offences); this includes a 22% increase in rape and a 20% increase in other sexual offences. The increases are believed to have resulted from both an improvement in the recording of sexual offences by the police and an increased willingness of victims to come forward and report these crimes to the police.  

**Prostitution and Trafficking**

3,805 potential victims of trafficking were submitted to the National Referral Mechanism in 2016; a 17% increase on 2015. 1,313 (adults and children) of those submitted claimed sexual exploitation, with over 92% of these being female.

**Forced marriage (FM) and Female Genital Mutilation (FGM)**

In 2015, the Forced Marriage Unit (FMU) gave advice or support relating to a possible forced marriage in 1,220 cases. The FMU also received approximately 350 calls per month in total. Of the cases that FMU provided support to 329 (27%) involved victims below 18 years of age; and 427 (35%) involved victims aged 18-25. The majority of cases - 980 (80%) - involved female victims, and 240 cases (20%) involved male victims.

In England and Wales, both FGM and FM are recorded as crimes (under the Female Genital Mutilation Act 2003 and the Anti-Social Behaviour, Crime and Policing Act 2014, respectively). However, figures specifically on the numbers of FGM and FM cases are not available; they are instead aggregated into larger crime categories (FGM crimes are counted in the category ‘assault with injury’, for example).

**‘Honour’ based violence (HBV)**

There is no national data on the extent of HBV. This is because it is not a recorded crime category in its own right. Where HBV crimes occur, and are reported to the police, they are recorded under different categories (homicide or assault with injury, for example) and published under these headings.

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5 Women's Aid Survey  
6 ONS Crime in England and Wales: Year ending Mar 2016  
7 National Crime Agency  
8 Forced Marriage Unit Statistics 2015  
10 HMIC Report: The depths of dishonour: Hidden voices and shameful crimes
Stalking

1 in 5 women and 1 in 10 men will experience stalking in their adult life. In 2013/14 CPS figures reveal that 743 stalking offences were prosecuted whereas 9,792 were prosecuted for harassment out of the 61,175 allegations recorded by police. Therefore, only 1% of cases of stalking and 16% of cases of harassment recorded by the police result in a charge and prosecution by the CPS (Paladin, National Stalking Advocacy Service, 2015).

The local picture

We continue to see a rise in reporting of incidents of domestic abuse and of violence against women and girls to the police and a rise in the uptake of services for a range of different types of abuse. However, we know that all types of violence against women and girls, and domestic violence and abuse against all victims, continues to be under-reported.

In 2015/16 our sanction detection rates were in line with the London average, at 30.6%. Over this time period, we charged and cautioned 932 perpetrators.

In 2015/16 domestic abuse accounted for 8.5% of total crime in Enfield. Over a third of violence reported to the police was for domestic abuse, 84% of reports were from women and 23.4% were for repeated domestic abuse. Domestic violence reports as a proportion of the total population is 0.88% in Enfield; compared to 0.29% across London. From October 2015 to October 2016, reported domestic abuse crimes in Enfield increased by 3% to 2,906, which is a 49.3% increase since 2011/12.

Enfield’s Multi-Agency Risk Assessment Conference (MARAC) Panel puts in place protection plans for high risk victims with the input of statutory and voluntary sector agencies. Our MARAC Panel had 677 referrals in 2015/16, which was the highest rate of referrals in London.

Domestic violence and abuse is a reported factor in a significant proportion of Children’s Social care assessments. In 2015-16, it was reported as a factor in 47.8% of the cases containing assessment factor information. The experiences of social workers and other professionals working with families in Enfield indicate that domestic violence is occurring in a higher proportion of cases.

North Middlesex hospital introduced a Female Genital Mutilation (FGM) clinic in August 2015. The Trust reports that during 2015 there were 294 pregnant women who disclosed FGM at their booking appointment for maternity care. The IRIS clinic provides access to reversal procedures, counselling and holistic support and in 2015, 23 women reported had a deinfibulation (reversal of FGM) performed.

Although this picture is one of increasing levels of need and demand on services, we believe this is partly because of an increased understanding of abuse, active encouragement of victims to report it and improvements in recording. Professionals have a good understanding of domestic abuse and risk issues. The identification of domestic abuse, particularly high risk cases has improved.

However, there is much more to do, and in a climate of reducing funding and rising demand, we need to ensure we work effectively in partnership to deliver on our objectives.

11 National Statistics Homicides, Firearm Offences and Intimate Violence 2009/10
12 Office of National Statistics
Objective 1: Preventing violence from happening

To eradicate violence and abuse, we need to prevent it from happening by shifting social norms and attitudes, challenging the existence of violence and abuse and promoting gender equality and healthy relationships.

Improving attitudes to healthy relationships amongst children and young people is a priority, in order to facilitate long-term change, and in response to the increasing prevalence of abuse amongst this part of our community. We promote healthy relationships early by encouraging schools to use the ‘Expect Respect’ programme from reception year upwards. We also deliver awareness raising talks in secondary schools on culturally harmful practices such as female genital mutilation.

Enfield has run numerous high profile awareness-raising campaigns. In 2016 we launched the ‘He doesn’t love you if…’ campaign. This was targeted at young women across the borough to help raise awareness of unhealthy relationships and encourage victims to seek help. Nearly 20,000 people were reached through social media and targeted digital campaigns. We also reached out to the public through posters placed across the borough and releasing newspaper articles.

We want to build on this success by taking the following actions:

- Engaging the community through campaigns to change cultural and societal attitudes which tolerate violence and abuse, including by engaging young people, particularly young men, as change agents. Campaigns will target violence against women and girls, including against the LGBT Community, and will aim to prevent violence against men as well as women.

- Working with primary and secondary schools to develop our approach to sex and relationship education in Enfield. This will include developing how we educate boys and girls on healthy relationships, consent, gender equality and staying safe online.

- Working with community groups and faith leaders to challenge culturally harmful practices such as female genital mutilation and forced marriage.

How will we measure our success?

- Changing attitudes amongst young people regarding healthy relationships, with increasing intolerance to violence and abuse. Where appropriate, this measure will be included when we conduct surveys, interviews or focus groups to measure changes in attitude and experience of relationships over time.
Objective 2: Providing support and protection where violence does occur

There are a range of services in Enfield that provide support to victims and survivors and their children. Despite an overall reduction in resources, we have been able to maintain provision and increase some areas of support through partnership arrangements and new funding streams.

We are encouraging victims and survivors to access help and support. This includes by publicising local services and the national helpline via our ‘he doesn’t love you if…’ campaign; and through community-based help and advice within children’s centres and universal health settings.

We are working to improve access to support for previously excluded groups. Our Psychologically Informed Environment (PIE) project has supported women with mental health issues (diagnosed or undiagnosed) and multiple complex needs who have experienced barriers to accessing refuges.

We take a whole family approach to identifying and assessing risk to families experiencing domestic violence and abuse. We work to reduce and prevent risks to children living with domestic abuse, including through the application of appropriate thresholds of intervention from children’s services, effective information sharing and timely intervention. We use the signs of safety model to assess risk, provide early help and encourage a multi-agency approach as part of a team around the family.

Our Youth Offending Unit and Community Adolescent Mental Health Service are protecting young people who may be at risk of sexual exploitation and other forms of violence and abuse through gang affiliation. This includes by running targeted awareness-raising programmes and providing therapeutic support for victims with complex needs.

We want to build on this success by taking the following actions:

- Integrating specialist domestic abuse services the Council commissions into one coordinated service specification, in order to make efficiencies through economies of scale and coordinated service provision; and to reduce risk and improve the experience of victims and survivors in navigating the help available.

- Increasing support to parents of adolescents who display violent behaviours, particularly those with a range of complex needs, such as young people who are gang-associated, and/or have drug or alcohol misuse issues, or mental ill-health.

- Supporting women in isolated communities to understand domestic abuse is a crime and improving their access to women’s refuges. Where English is not their first language, this support will include promoting access to English language courses.

- Ensuring violence against women and girls is more visibly addressed as part of anti-gang initiatives as well as wider initiatives to tackle child sexual exploitation and anti-social behaviour.

- Ensuring our work to tackle domestic violence and abuse is inclusive of the needs of the Lesbian, Gay, Bi-Sexual and Transgender (LGBT) Community by including LGBT-specific issues as part of our publicity campaigns and through ensuring LGBT-specific issues are considered as part of all training on domestic violence and abuse.
• Ensuring our work to tackle domestic violence and abuse is inclusive of the needs of people with disabilities, by producing accessible communication regarding domestic violence for people with learning disabilities, by ensuring people with disabilities are represented in publicity campaigns and through ensuring disability-specific issues are considered as part of all training on domestic violence and abuse.

• Developing our training programme for all professionals and support staff involved in preventing and tackling domestic violence in Enfield so that:
  • Professionals have the skills and information required to take a child-centred approach in all work with victims, survivors and perpetrators where a child is living with the domestic violence;
  • training includes information on the risks of harm of coercive control to victims and any children living with them.

• Ensuring Enfield Council can support any of our employees experiencing domestic violence abuse, by producing a domestic abuse policy with clear protocols on how managers will identify and respond to staff at risk.

How will we measure our success?

• Rates of domestic violence and abuse reported to the police

• The proportion of domestic violence and abuse reports made by previously under-represented communities

• Rates of repeat domestic violence and abuse victimisation

• Lessons learned from domestic homicide reviews

• Feedback from Council staff who have experienced domestic violence and abuse on the support received from their employer (through staff surveys or interviews)
Objective 3: Providing a coordinated community response

We can only effectively tackle domestic abuse and violence against women and girls if the multiple agencies and different parts of the community in Enfield work together. While each agency maintains its independence, all agencies involved must work in an integrated and coordinated way.

Health services, children’s services, schools, faith groups, the wider community of family, friends and work colleagues, and the many voluntary agencies which support individuals and families all have an important role to play in our coordinated response to domestic violence.

We continue to provide training for professionals working in the community, so that they recognise signs of domestic violence and abuse, and know how to respond.

We introduced the IRIS (Identification, Referral to Improve Safety) scheme in 2013 to improve the identification of victims of domestic abuse in health settings. General Practitioners and other health professionals working in their practices were trained to ask patients about domestic violence or abuse as part of routine consultations, and to make appropriate referrals for support when abuse is identified. This training was extended to pharmacists, dentists and optometrists in 2016/17.

We have delivered a Train the Trainer programme in schools, to empower school staff to act confidently to tackle violence against women and girls, to tackle issues such as forced marriage.

Community groups play a key role in supporting victims/survivors and help people build their resilience to live free from abuse. A peer support network operates in Enfield through Solace Women’s Aid. We want to expand on this type of support across our communities and have supported a group of residents to set up a network in the north of Enfield.

We want to build on this success by taking the following actions:

• Improving our understanding of the specific needs of local victims and survivors by sharing data and statistics across the multi-agency partnership, and using this to make decisions on where resources are needed most.

• Continuing to provide training and support to school and health professionals to identify and tackle domestic abuse and violence against women and girls

• Increasing the opportunity for women experiencing domestic abuse to safely tell someone about their experiences at an earlier stage - by training members of the local community, including businesses so they can respond to disclosures and signpost women for further help.

• Empowering victims to make informed decisions to reduce risk, build their families’ resilience and reduce longer term dependence on services – and supporting all agencies working with victims and survivors to work consistently with victims and survivors in this way

• Providing clear and realistic housing information and advice to victims and survivors whose existing accommodation is not safe, so that they can make informed decisions on their future housing. This may include:
  • advice and support on improving the safety and security of their existing home
  • advice and support on making changes to their tenancy agreement
• advice and support for existing social or council housing tenants to make legal changes to their tenancy agreements, and/or potentially move to another social rented home through a management transfer or a reciprocal arrangement with another housing provider

• advice and support to victims and survivors who become homeless to find accommodation in the private rented sector either within Enfield, in a neighbouring borough, or further afield.

• Building peer support networks across communities to inform, support and help victims and survivors in their local areas, including by facilitating a survivor’s network.

• Ensuring support and information is accessible to victims who have ended their relationships - as risk may escalate at this point - by use of digital communication over this period of time.

• Consulting victims and survivors on the development, design and evaluation of services.

**How will we measure our success?**

• Front line staff across agencies are confident in identifying and responding to signs of domestic violence and abuse, measured through an annual survey to staff across relevant agencies

• The number of settings across the borough where victims and survivors are accessing specialist support and advice, and the numbers receiving this service in each setting

• Victims and survivors are empowered to take action to keep themselves and their family safe and are building their own support networks (measured through interviews, focus groups or surveys)
Objective 4: Holding perpetrators accountable

While we want to stop violence and abuse happening in the first place, where it does happen, perpetrators must be brought to justice. Our sanction and detection rates are in line with the London average, and our offender arrest rates were slightly better than the London average in 2015/16.

Where possible, we are also working to facilitate sustainable behaviour change amongst perpetrators. Enfield’s MARAC considers how to hold perpetrators accountable for their actions, and in certain cases, refers perpetrators to offender management programmes through our multi-agency public protection (MAPPA) arrangements. Our Youth Offending Unit is delivering the Xplicit Programme, a sex and relationship education programme for young male offenders aged 15 to 18, which aims to challenge negative behaviours and attitudes toward sex and relationships.

We want to build on this success by taking the following actions:

- Providing opportunities for perpetrators to address their harmful behaviour at an earlier stage, before violence escalates, through voluntary perpetrator programmes (as most interventions with perpetrators are currently only available after statutory services are involved).

- Providing a programme of support for victims and survivors which runs concurrently to the perpetrator attending their behaviour change programme, so that victims and survivors also receive support over the same time period.

- Increasing the confidence of frontline staff to challenge perpetrators’ negative behaviours by rolling out a training programme on working with men who are or may be abusive.

How will we measure our success?

- Voluntary perpetrator programmes become available
- Number of perpetrators accessing voluntary perpetrator programmes
- Qualitative evaluation of prevention programmes, which evidences that they are leading to sustainable behaviour change
- Rates of repeat domestic violence and abuse victimisation
- Learning from domestic homicides reviews
- Frontline staff feel confident to identify abusive behaviours and challenge appropriately, measured through an annual survey to staff across relevant agencies
Measuring success

All partners working to tackle domestic abuse and violence against women and girls in Enfield will be held to account for delivery of this strategy through the Safer and Stronger Communities Board. The Board will review the partnership’s performance against the measures of success identified in this strategy, and by monitoring performance against our action plan, through a six-monthly report presented by the Community Safety Unit.
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