

# **Croydon Domestic Abuse and Sexual Violence Report**

April 2016 to March 2017

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## **1. DASV and FJC Highlights**

Tackling Domestic Abuse and Sexual Violence (DASV) is one of the Council's key priorities and Croydon's vision is for those living and working in the borough to reduce the incidence of DASV by challenging behaviour and addressing the underlying attitudes and causes.

This report summarises the data and work completed in the last year, in accordance with Croydon's Domestic Abuse and Sexual Violence 2015-2018 strategy and the 2013-2017 mayoral strategy on Violence against Women and Girls (VAWG).

Croydon's approach is a hub and spoke model, with the FJC as the central hub, providing a drop service. In the last year there has been an increase in providing community based support with IDVAs at Croydon University Hospital and within the Police as well as the creation of three Best Start Domestic Abuse Advisor roles covering the borough.

### **1.1 Best Start**

Since September 2016, the community based domestic abuse support has expanded to include three Best Start domestic abuse advisors working across Croydon's 3 planning areas (localities). Their role is to change attitudes and beliefs towards domestic abuse, increase the number of people affected by DASV accessing support and further embed the message that DASV is everybody's business.

This is achieved by:

- Providing a flexible and accessible domestic abuse service, involving the completion of risk assessments on DASV victims and making appropriate referrals
- Engaging communities in changing attitudes and encouraging people to help themselves and each other by attending and participating in community events
- Providing advice and support to universal provisions such as GPs, community and faith groups and early years settings, creating an holistic approach to supporting individuals and families
- Delivering training within localities
- Providing short term interventions to standard/medium risk victims of DASV

**Example of providing support and advice within the community:**

*A referral was received from a GP. The client shared a history of domestic abuse which involved coercive control that had left the client in fear believing that her husband (the alleged perpetrator) was able to hear all her conversations through her phone even when she was not on a call to him. He would follow her to all her appointments and controlled all her finances and phone calls. The GP and Best Start domestic abuse advisor agreed to carry out a needs and risk assessment and an appointment was made for the client to attend the medical centre. The Best Start domestic abuse advisor carried out the assessment in the GP's room and the client was found to be at high risk, warranting a MARAC referral and was then able to receive the support she needed.*

Please note that the data for the Best Start Domestic Abuse Advisors is for not for a full year as this is a new project, with time required to establish the roles within the community.

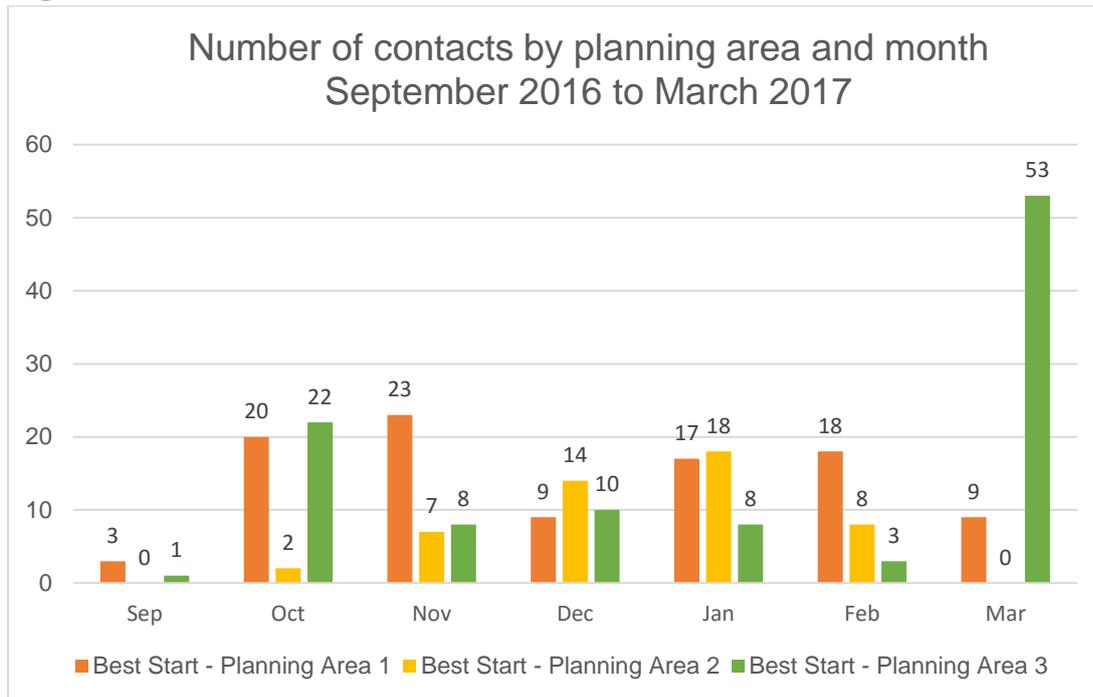
There were a total of 251 contacts across the three planning areas during the six month period.

**Figure 1**



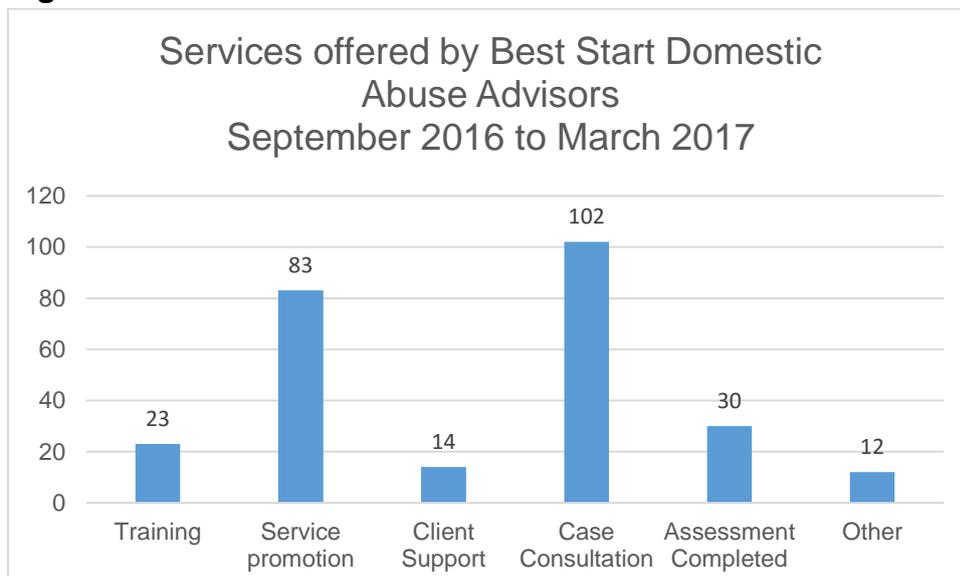
Source: Best Start Trackers

**Figure 2**



Source: Best Start Trackers

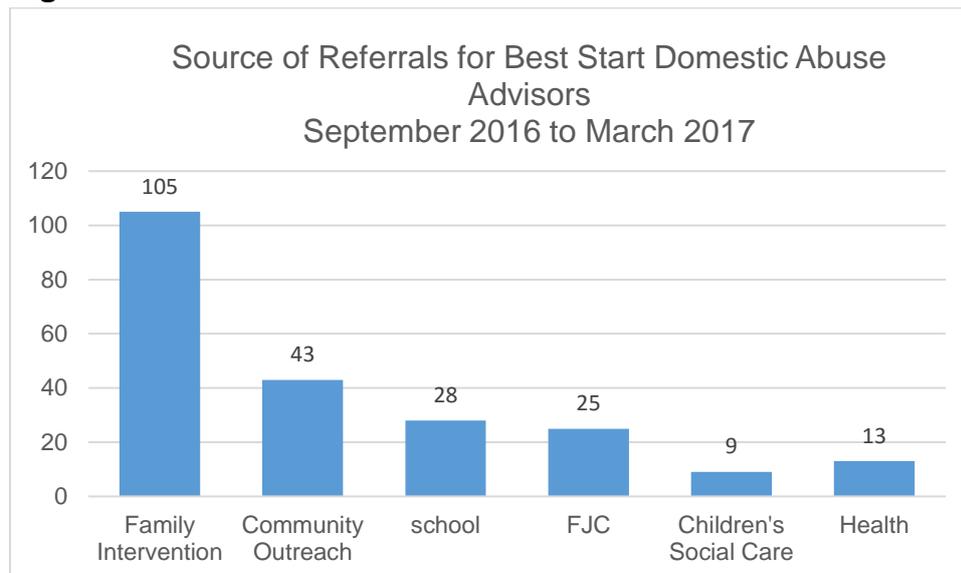
**Figure 3**



Source: Best Start Trackers

Figure 3 demonstrates the breadth of service offered by the Best Start Domestic Abuse Advisors, with case consultation being the most frequently offered service.

**Figure 4**



Source: Best Start Trackers

The majority of referrals received by the Best Start domestic abuse advisors from Best Start practitioners and through community outreach.

**Example of providing support and advice to universal services:**

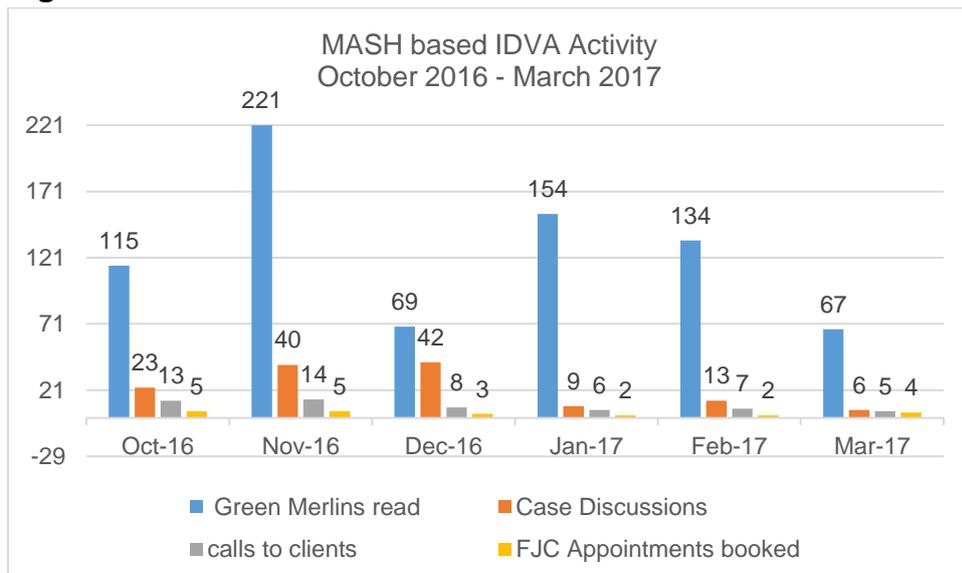
***Example:** A Best Start Group worker contacted the domestic abuse advisor for support around DASV in relation to a parent who had approached her regarding issues she was having with child contact between her child and ex-partner. The Best Start worker shared that she suspected that there was domestic abuse as he was using coercive control regarding the contact arrangements, intimidating the parent with the use of a solicitor's letters. Following the case discussion, advice was given to the Best Start Worker on how best to respond to the parent and to also offer further support through a risk and needs assessment with the domestic abuse advisor. This was a result of increased awareness of issues around DASV through discussions held at the hub where the worker was present which gave the worker the knowledge to be able to identify the risk and need for support.*

**1.2 MASH based IDVA**

Having an IDVA based in MASH increases the understanding of DASV throughout the professional network, whilst contributing to the improvement of information sharing and promoting Croydon's DASV Strategy. This is a pilot which aims to increase the efficiency and response where risk is assessed as high, as well as ensuring the earlier identification of victims of DASV.

The IDVA based in MASH contributes to the management and assessment of risk and vulnerability for adults and children regarding DASV. Additionally, the IDVA contributes to MASH intelligence sharing and daily triage.

**Figure 5**



Source: MASH IDVA Tracker

Figure 5 shows that in the first six months of the pilot 105 domestic abuse and sexual violence cases have been discussed within MASH.

### 1.3 Police based IDVA

The police based IDVA supports individuals experiencing domestic abuse and sexual violence by developing safety plans and working in close partnership with the police. The IDVA provides rapid response to victims where uniformed officers have identified an immediate need for support and advice.

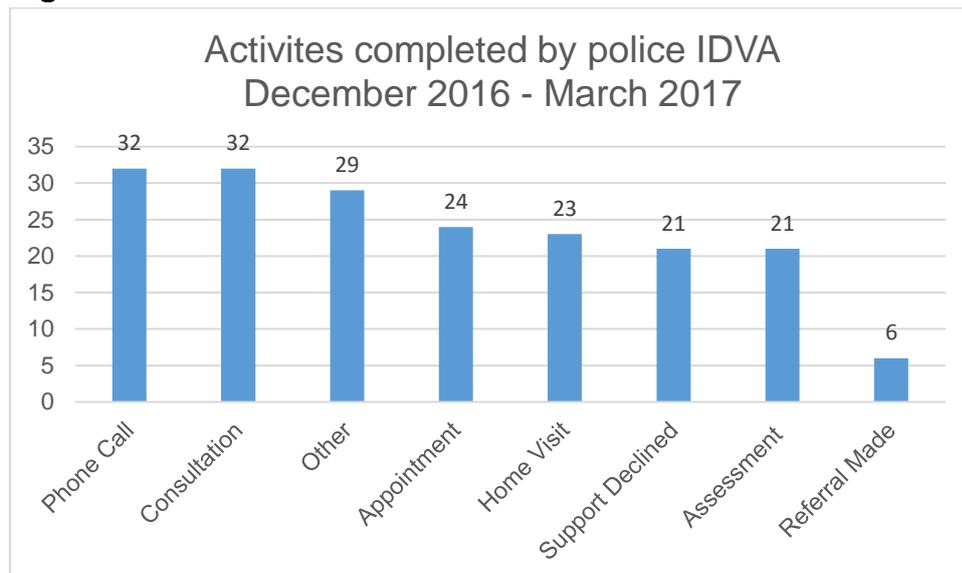
Additionally, the IDVA works in partnership with the police in identifying repeat, prolific perpetrators.

#### **Example of partnership working with the police:**

*The IDVA based within Croydon's policing team was called out by the police to carry out an urgent assessment, the client had been a victim of domestic abuse since the beginning of their 20 year relationship; the client and her daughter were both petrified. After time working with the client she regained her confidence and her daughter's behaviour improved. The IDVA attended court with the family where both mother and daughter gave evidence. The family are now living life free of abuse and doing really well.*

**IDVA:** *"It was a pleasure working so closely with this family and seeing them go from strength to strength."*

**Figure 6**



Source: Police IDVA Trackers

Please note figure 6 is only for a three month period, when the role was first established.

### 1.6 Hospital based IDVA

The IDVA within Croydon University Hospital has supported hospital staff on how to approach the subject of domestic abuse with patients and completed assessments for those who have disclosed abuse. This has proved invaluable as an immediate response to support patients who could have otherwise lost impetus to seek support once they have left the hospital.

The hospital setting has offered an alternative safe location for patients who are victims of domestic abuse, especially if their movements are excessively monitored by the perpetrator as a hospital is not an obvious site for independent support.

The success of this post and the post holder has resulted in the hospital continuing with this position.

Table 1 shows that 52% of referrals received by the hospital based IDVA have children.

**Table 1**

Month	No. Referrals	% with children
May	8	63%
Jun	11	64%
Jul	11	64%
Aug	6	67%
Sep	14	50%
Oct	22	41%
Nov	19	47%
Dec	11	18%
Jan	18	39%
Feb	11	64%
Mar	16	56%

Source: Monthly records completed by IDVA at CUH

#### **Example of providing immediate response to a patient:**

*A female who had contracted a STI from her partner. Upon seeking medical assistance, disclosed pressure from her partner to be exposed to additional sexual partners; unwanted use of sex toys and unwanted exposure to certain form of pornographic materials. This patient also disclosed pressure to conform to specific sex acts that she did not consent to and was causing her physical/emotional injury. Referred to MARAC and offered safety planning advice and therapeutic support from the Freedom Programme. Client now has a wider support network and will build on her understanding of domestic abuse, to empower her to be within a healthy relationship.*

#### **Example of supporting a member of staff:**

*Female employee of Health Trust affected by harassment at place of work by a former partner, involving serious threats to her life. Previous history of various types of abuse within former relationship and police/court involvement. Upon a Restraining Order expiring, the harassment re-commenced. Joint working with Occupational Health, HR and respective manager around risk assessments (home/work); support issues within workplace; accommodation and external therapeutic support offered via the Freedom Programme. Client now feeling very well supported; safe and able to move on to fuller independence.*

### **1.5 Domestic Abuse Rapid Response**

The partnership piloted an 'On Call' IDVA and Detective Constable to staff a domestic abuse car. This was used during the Euros 2016 in June and July for 18 late turns, including the final and all semi-finals.

Following the success, it was further piloted for six weeks in January, on a Thursday and Friday evening in order to provide enhanced response to victims of domestic abuse. The role of the car can be re-established should demand require, such as during other sporting events.

### **1.6 College Ambassadors**

Croydon college ambassadors have been trained this year to increase awareness of domestic abuse in the College and build confidence in themselves and other students who may be affected by DASV. This is primarily about being available to share relevant information and encouraging the students to access services that would manage their risks. Croydon College is committed to continuing this programme and the current students will be instrumental in recruiting a new cohort of ambassadors for the new academic year, increasing the programme annually. As a result of their training, they are running two awareness sessions to public health and social care students at the end of the academic year.

### **1.7 Workplace Ambassadors**

A group of workplace domestic abuse ambassadors support colleagues in Croydon Council who are experiencing or are affected by domestic abuse and/or sexual violence. This is a new initiative to build on the DASV HR policy last year. The ambition for 2017-2018 is to roll this offer out to other council locations and further fulfil the council's obligation to safeguard its employees.

### **1.9 DASV Committee**

A DASV committee was established in early 2017 to bring together the strategic priorities of the Adults and Children's Safeguarding boards and the Safer Croydon Partnership. The committee is chaired by the lead member for Communities, Safety and Justice and is attended by managers from key agencies and services whose remit has a direct impact on the DASV Strategy.

### **1.10 Dedicated Leads in Schools and GP Surgeries**

Schools and GPs as universal services are well placed to identify individuals affected by DASV early and ensure they receive the support needed so that risks do not escalate. All schools have been asked to identify leadership to receive core training and act as a single point of contact regarding key DASV developments as well as enabling information sharing concerning particular families. For schools, leads have assumed responsibility for DASV within their safeguarding role.

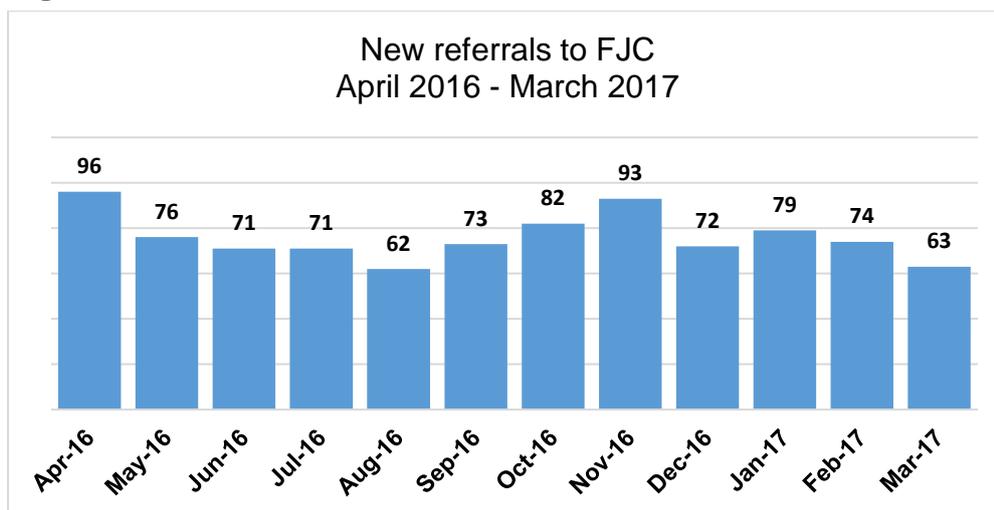
35 out of 62 GP practices and 94 out of 150 schools have signed up so far and nominated DASV leads. The 2017-18 marketing strategy focuses providing tailored marketing material within GP practices and pharmacies, with a target of 100% of GPs and Schools identifying a DASV lead.

## 2. FJC Data Report

### 2.1 Referrals to the FJC

In the period April 2016 – March 2017, a total of 912 new referrals were seen at the FJC. The number of referrals received each month during the last year includes those considered as high risk and referred to MARAC.

Figure 7

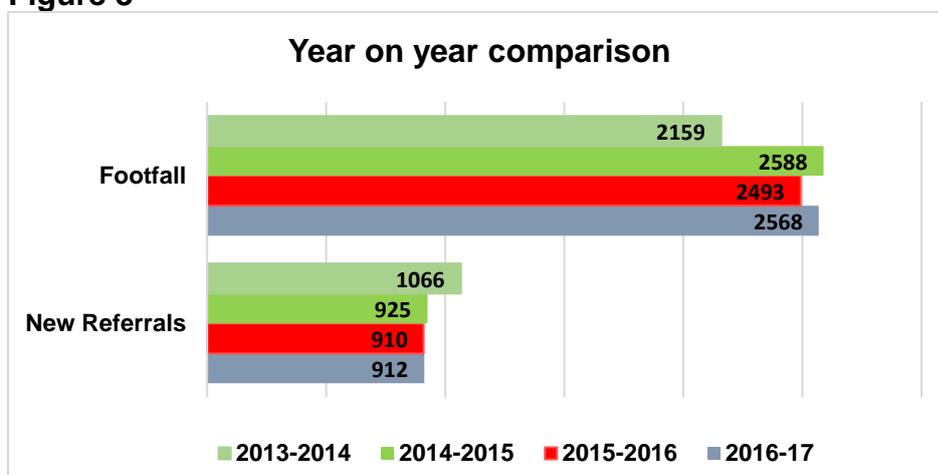


Source: FJC Tracker

Recorded footfall at the FJC this year totalled 2568 people. Based on a 52 week year, with the FJC open to the public four days a week this is an average of 12 service users seen per day, some of whom are repeat visitors.

As seen in figure 2 below, there was a 3% increase in footfall compared to the previous year and those who are seen for an assessment for the first time (new referrals) have remained fairly consistent.

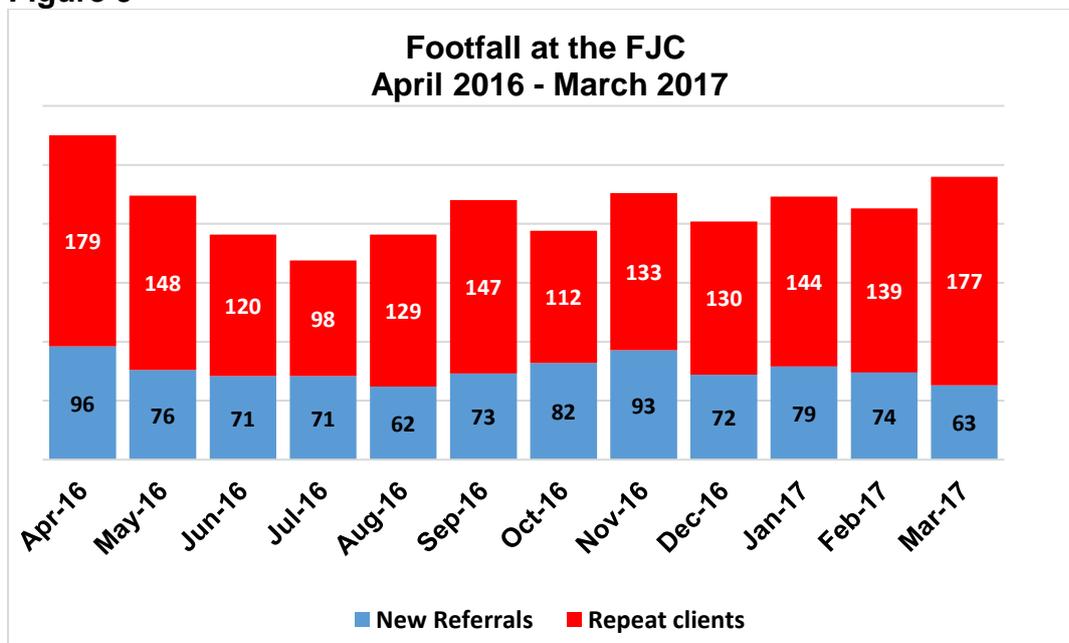
Figure 8



Source: FJC Tracker and previous data reports

It is typical for the FJC to see an increase in footfall after a school holiday. This is attributed to seasonal trend and is similar to the previous year's footfall where in general, holiday periods tend to be quieter with a spike in referrals just after. This is illustrated in figure 9 where we can also see that generally, the majority of those who access services at the FJC are repeat clients returning for follow on support after their initial appointment.

**Figure 9**



Source: Footfall Log (recorded from sign in sheets at FJC)

## 2.2 Referrers to FJC

The majority of clients seen at the FJC for an assessment were referred by the Police, Access Croydon (the council's front door for a variety of services) and those who presented of their own accord (self-referrals) as shown in figure 10.

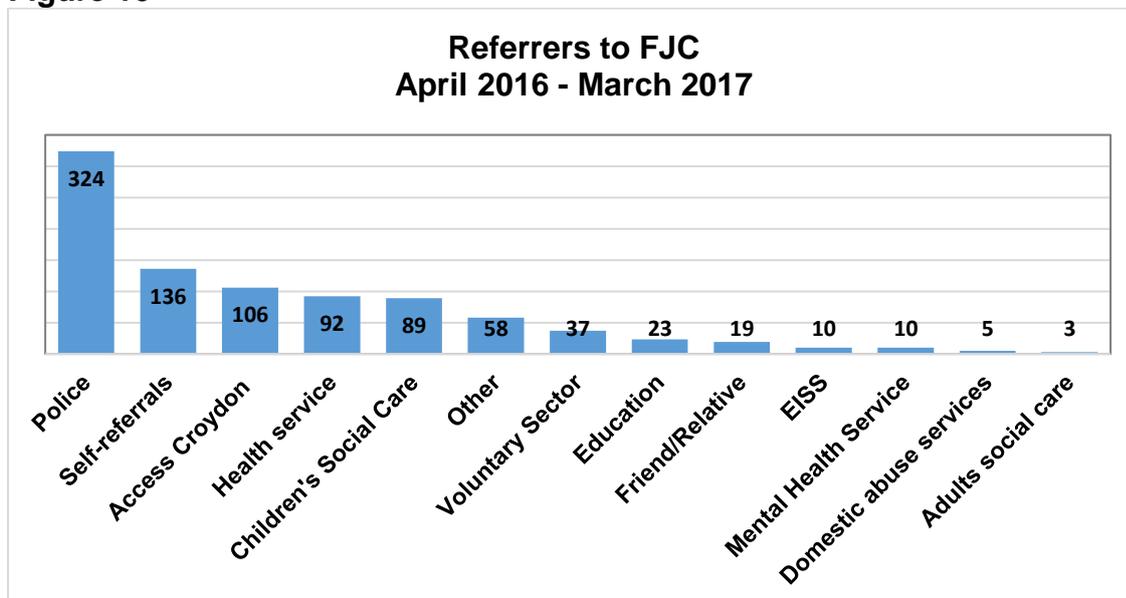
The category 'DV services' include referrals from the National Domestic Violence Helpline, Refuge and other DV specific services outside Croydon including the Gaia Centre in Lambeth and local One Stop Shops.

'Health service' includes referrals from health professionals at GPs and hospitals. These referrals have remained consistent over the last two years which is testament to the engagement of dedicated leads for DASV within GPs and location of an Independent Domestic Violence Advocate at the Croydon University Hospital. Continued communication with DASV leads has also led to a marked increase in engagement with the service in terms of accessing training, attending partnership forums and liaising with the FJC directly in regards to particular clients. Compared to previous annual reports, the health service figure has been disaggregated this year to represent medical professionals only and exclude those referred by mental health or substance misuse services.

The category 'Education' includes primary and secondary schools and colleges. 'Other' includes referrals from Courts and solicitor firms, Job Centre Plus, housing associations, other service providers as well as organisations in other boroughs.

Please note Access Croydon includes Housing.

**Figure 10**



Source: FJC Tracker

Service users present at the FJC as a result of:

- **direct referrals** (a practitioner makes a referral directly to the FJC and requests that their client be contacted for an appointment). As demonstrated in figure 10 the majority of these are from the police.
- **self-referrals** (the service user has found out about the service either online or via physical advertising and presents at the FJC of their own accord). Clients are able to drop in to the service three days a week to receive support.
- **Signposted** (the service user has been directed to the FJC by someone else, this can be an agency, practitioner, friend or family member).

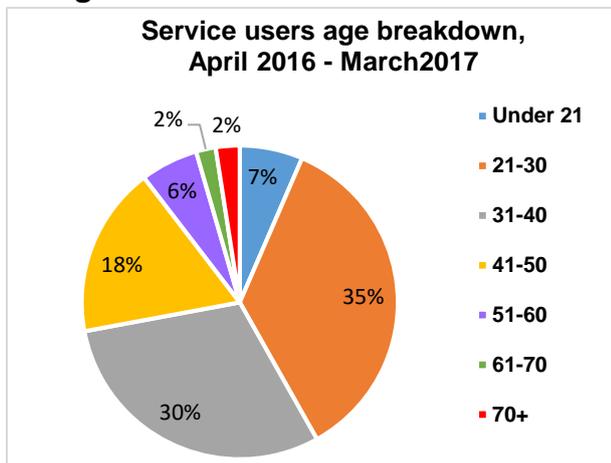
**Table 2**

Referral type	%
Signposted	65
Direct referral	22
Self-referral	13

## 2.3 Service User Profiles

The majority of service users are female and within the age category 21-40.

**Figure 11**



Source: FJC Tracker

**Figure 12**

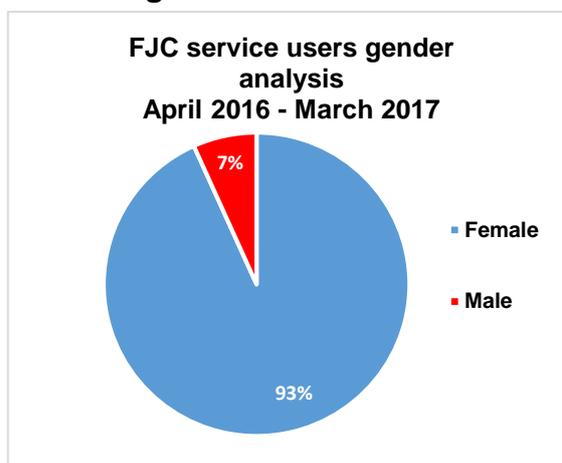
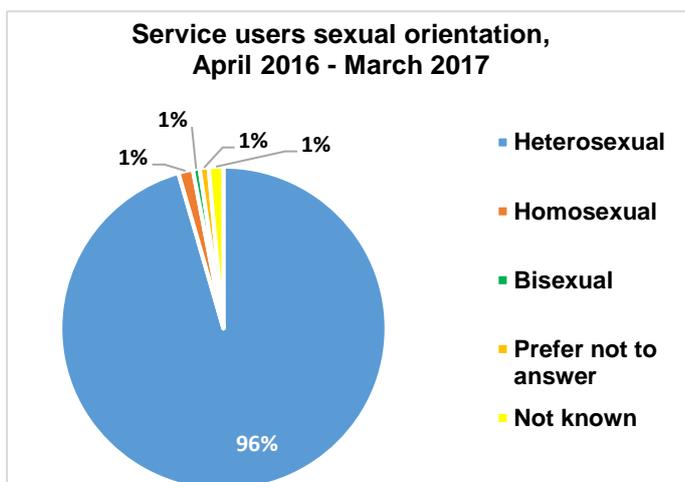


Figure 13 shows a breakdown of sexual orientation reported by service users. 96% classified themselves as heterosexual with only 2% recorded as homosexual and bisexual. According to the Office of National Statistics (ONS), the London estimate for homosexual and bisexual in London was 2.6% in 2011 indicating that the FJC is not working closely with Croydon's LGBT community.

The 2017-2020 strategy identifies the need to ensure that the service meets the needs of a diverse range of service users, including that of the LGBT community.

**Figure 13**



Source: FJC Tracker

**Table 3**

Sexual orientation	Count
Heterosexual	857
Homosexual	13
Bisexual	6
Prefer not to answer	8
Not known	13

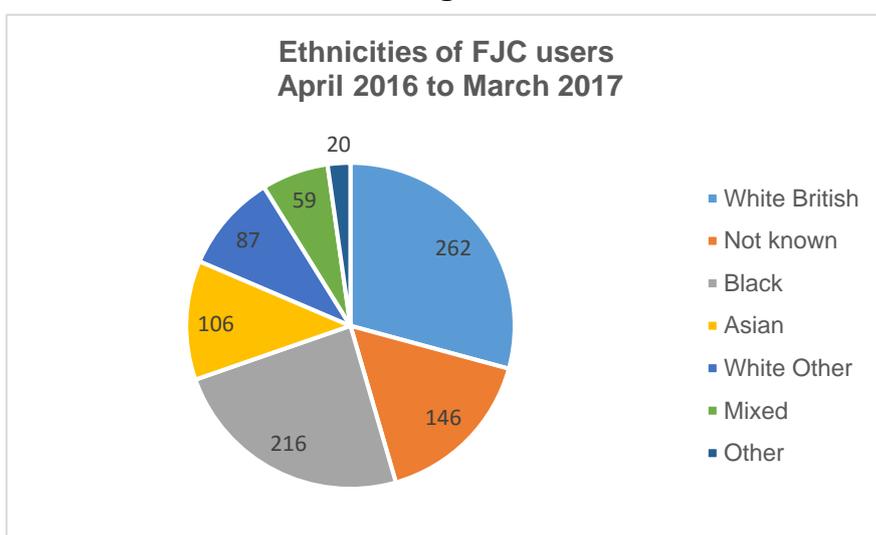
45% of the service users supported over April 2016 – March 2017 were from Black and Minority Ethnic groups whereas 39% were from White British and White Other Backgrounds as seen below in Figure 14 and Table 4.

The category “White other” largely represents service users who are EU nationals. The FJC receive a number of service users who often present additional challenges when being offered support as a result of having no recourse to public funds. With housing and benefits restrictions, services have a limited support offer, which often increases the likelihood of a victim returning to the perpetrator on whom they are financially reliant. The 2017-2018 Communications action plan emphasises the need to support those experiencing additional disadvantage, especially those with no recourse to public funding and EEA migrants.

**Table 4**

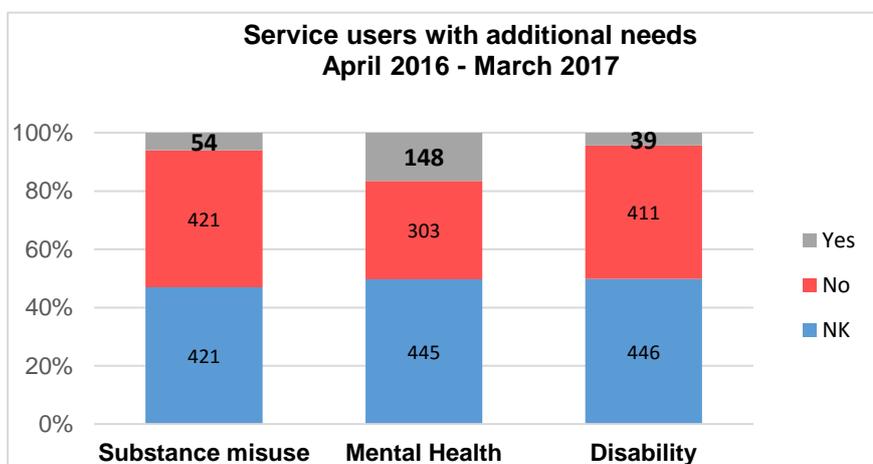
Ethnicity	Count
White British	262
Not Yet Recorded	146
Black	216
Asian	106
White Other	87
Mixed	59
Other	20

**Figure 14**



Source: FJC Tracker

**Figure 15**



Source: FJC Tracker

**Table 5**

Vulnerability	% of new referrals
Substance misuse	6%
Mental Health	16%
Disability	4%

Figure 15 and Table 4 focuses on the 'trigger trio' – substance misuse, mental health and disability. On average 10% of new referrals are deemed to be as vulnerable as affected by one of the three 'trigger trio'.

## 2.5 Abuse Reported

The abuse reported by service users at the FJC is illustrated below, with emotional and verbal abuse being the most commonly reported as shown in figure 16. Clients rarely report just one type of abuse which is reflected below in the figure, as abusers behave in ways that include more than one type of domestic violence and the boundaries between some of these behaviours are often quite blurred<sup>1</sup>. The figure will be lower the real abuse levels due to such data being based on self reporting.

Figure 16



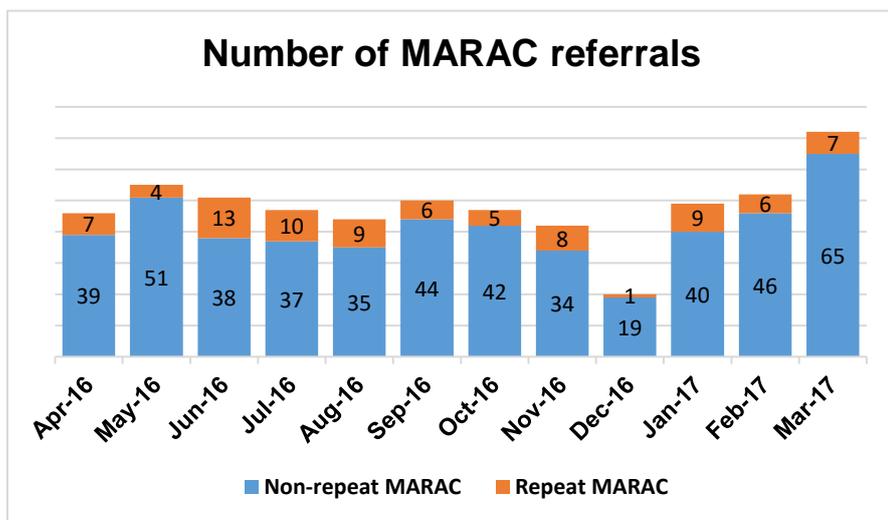
Source: FJC Tracker

## 2.6 MARAC

Upon completion of the Safe Lives DASH Risk Identification Checklist (RIC), cases are deemed high risk if scoring 14 and above or if due to professional judgement risk factors presented are considerable regardless of their score. The cases are allocated to an Independent Domestic Violence Advocate (IDVA) to work with the victim to reduce or eliminate the risk of abuse. The cases are then referred to the Croydon MARAC which is held fortnightly. The number of referrals to the MARAC for the year is shown in figure 12, and is a 28% increase on the number of MARACs heard in the previous year. 15% of these cases were repeat referrals, where there has been a new incident between the same victim and perpetrator within 12 months of the initial referral.

<sup>1</sup> <http://www.domesticviolencelondon.nhs.uk/1-what-is-domestic-violence-/2-forms-of-domestic-violence.html>

Figure 17



Source: MARAC tracker

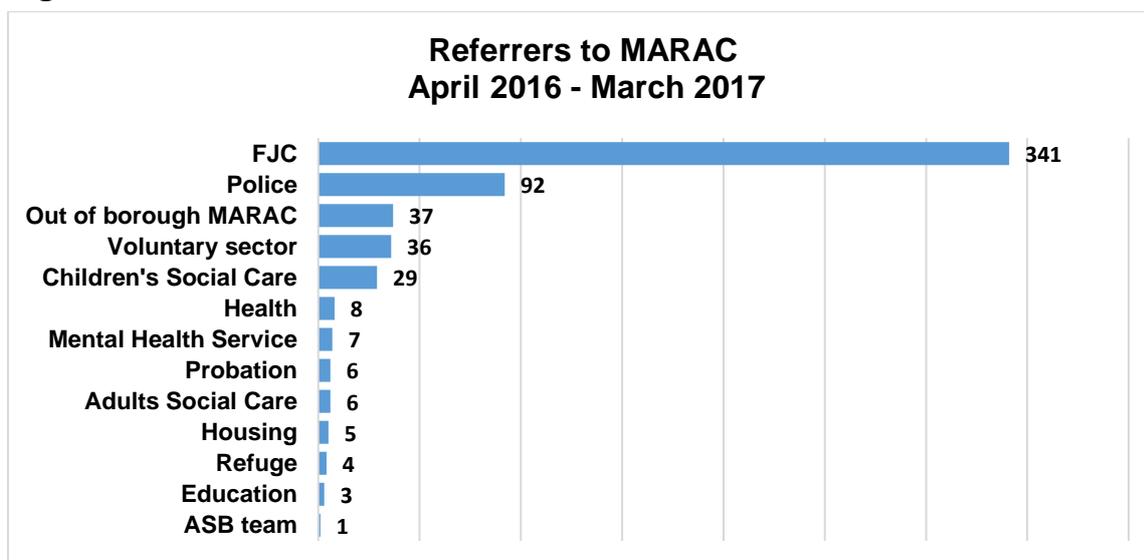
Table 6

Referral Month	Total cases discussed
Apr-16	46
May-16	55
Jun-16	51
Jul-16	47
Aug-16	44
Sep-16	50
Oct-16	47
Nov-16	42
Dec-16	20
Jan-17	49
Feb-17	52
Mar-17	72
<b>Total</b>	<b>575</b>

A breakdown of where referrals to MARAC originate is as shown in Figure 18. As shown, the majority of referrals received were from the FJC and the police. In 2017-2018 there will be further encouragement for more schools and GPs to identify DASV leads which in turn should increase the number of referrals from health and education.

Not all of referrals from the FJC will have originated from self-referrals to the FJC, many of these would have been referred from other agencies originally. Following an assessment being completed by the FJC, they have then been referred to MARAC.

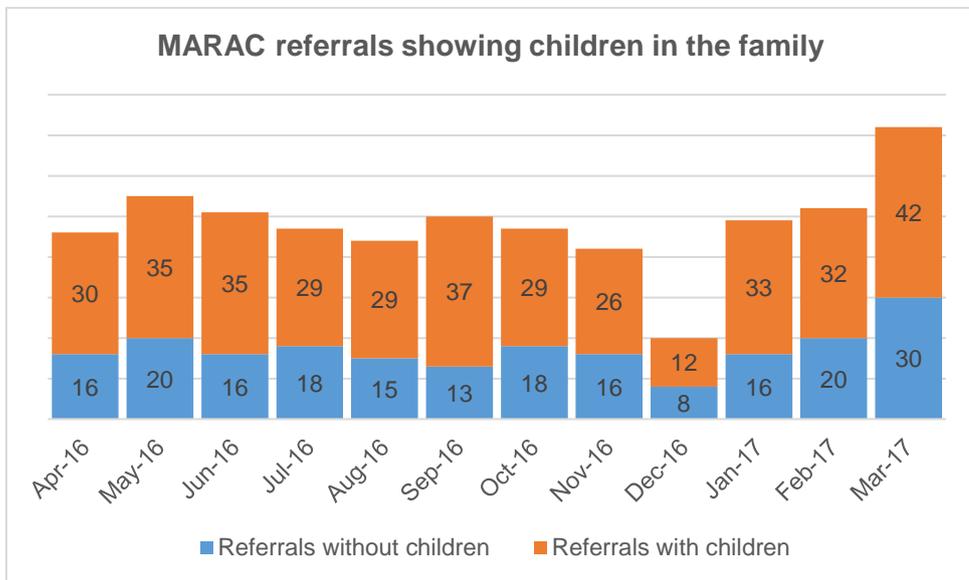
Figure 18



Source: MARAC Tracker

As shown in figure 19, 64% of the MARAC referrals received have children. For this reason, the impact of DASV on children is being included in Croydon's Domestic Abuse and Sexual Violence 2017-2020 strategy, ensuring that support is provided for children and young people directly affected.

**Figure 19**



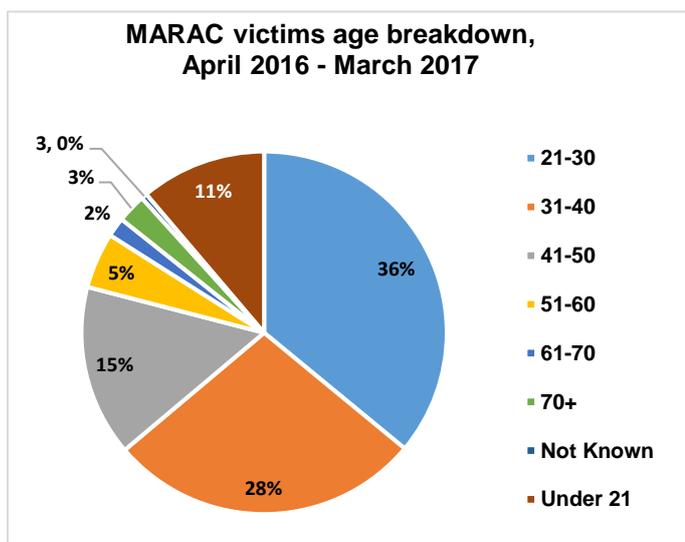
Source: MARAC Tracker

**Table 7**

Referral Month	% with children
Apr-16	65%
May-16	64%
Jun-16	69%
Jul-16	62%
Aug-16	66%
Sep-16	74%
Oct-16	62%
Nov-16	62%
Dec-16	60%
Jan-17	67%
Feb-17	62%
Mar-17	58%

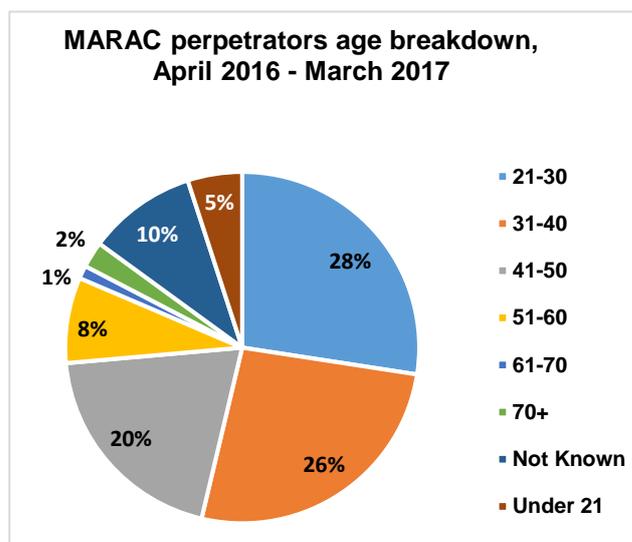
The biggest proportion of victims and perpetrators referred to MARAC are within the 21-30 and 31-40 age brackets, see figures 20 & 21. This is reflective of the demographics of the FJC referrals.

**Figure 20**



Source: MARAC Tracker

**Figure 21**



MARAC is well attended, with particularly good attendance from Children's Services, the Police and Probation.

Professionals complete the Croydon MARAC referral having had a discussion with the individual whom they believe may be being abused physically or emotionally etc by their own family member, or potentially their clients. This information advises partner agencies of the details of the victim, perpetrator and details of children and other vulnerable adults within the household etc. The referral form has three purposes

1. it enables partners to complete safeguarding checks
2. Partner can come together and seek to form a robust safety plan around the victim and the other individuals in order to support them to get away from the perpetrator.
3. If the victim does not wish to leave the perpetrator, it enables partner agencies to be aware that there are potential serious issues/difficulties with this family and to have the start of a safety plan together, this may include Police informing Probation if the perpetrator has been arrested for any new matters involving assault on the victim and allows Probation to seek recall or put in place another risk management plan.

*By Kathy Macey - Probation Officer, NPS Safeguarding Lead Croydon*

### 3. Supporting Our Partnership

Working in partnership is central to understanding and meeting the needs of victims of domestic abuse and/or sexual violence and their families. The complex nature of some cases requires the support of a number of services to ensure victims are kept safe and their risks minimised. A number of efforts to engage partners have been carried over the last year as outlined below.

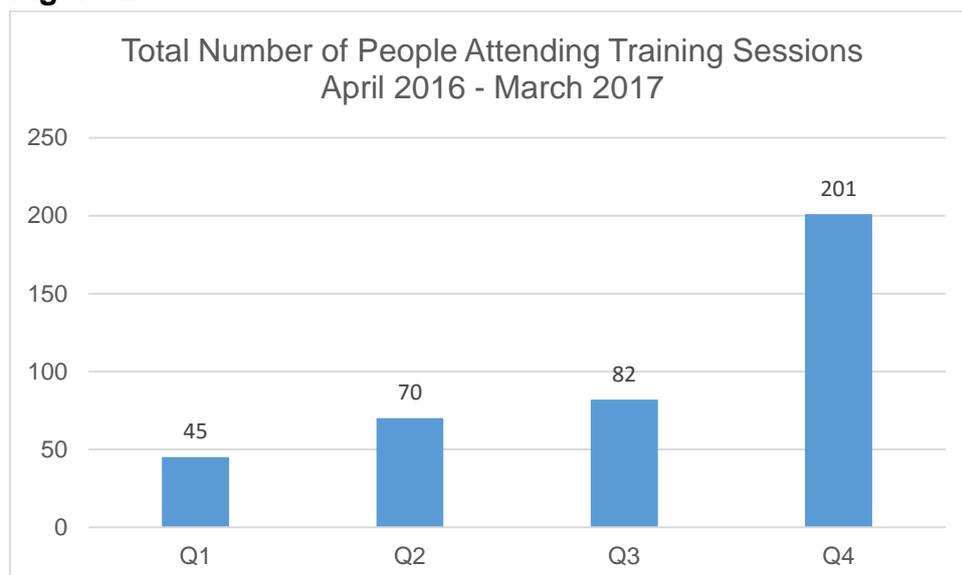
#### 3.1 Partnership Forum

The partnership forum is a quarterly meeting where the voluntary and community sector and other key partner agencies are updated on recent developments and consulted to ensure that the plans are in place to tackle domestic abuse and/or sexual violence are reflective of their ambitions. Forums in the last year have focused on sexual violence, particularly that of FGM and human trafficking.

#### 3.2 Training

The following table and figure includes all the training that has been delivered across the community, including within schools, for caretakers and for Job Centre Plus staff. The increase in the number of delegates trained in the last quarter of the financial year is due to the Best Start IDVAs delivering a range of training through at within their planning areas.

**Figure 20**



Source: Collation of training records