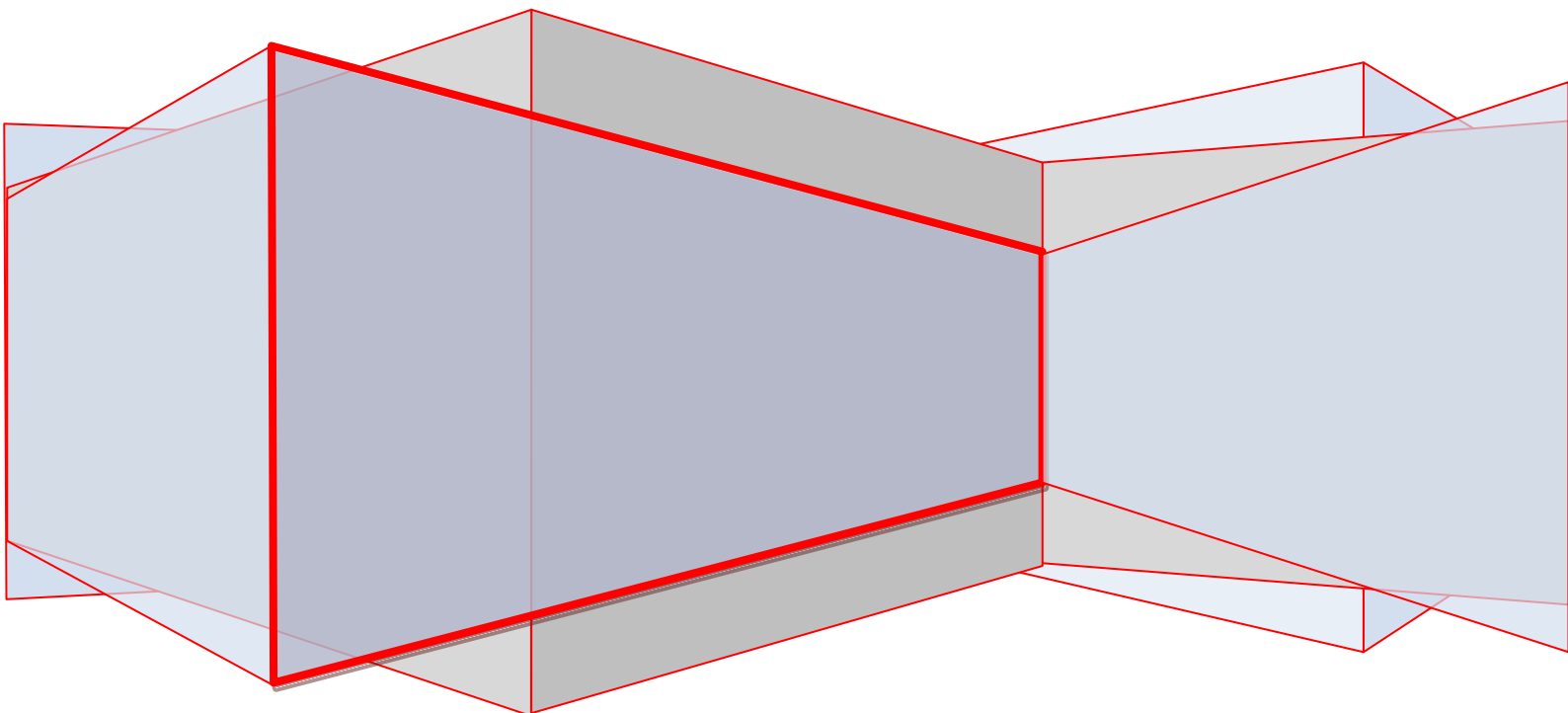


# London Borough of Haringey



## **Violence Against Women and Girls Strategy 2016-2026 Consultation Report**



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## Executive Summary

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### 1. Introduction

Addressing violence against women and girls (VAWG) forms part of our local partnership approach to improving health, safety and wellbeing in the borough. Tackling VAWG is a priority within the 2015-2018 Corporate Plan's *Clean and Safe* objective.<sup>1</sup> The Community Safety Partnership (CSP) is accountable for tackling violence against women and girls with specific, strategic oversight by the Violence Against Women and Girls Strategic Group which reports to the CSP. The Health and Wellbeing Board (HWB), Local Safeguarding Children Board (LSCB) and Safeguarding Adults' Board (SAB) contribute to this agenda and ensure appropriate partner engagement.

Between August and October 2016, a consultation was undertaken across the borough to influence the development of the 10 year Violence Against Women and Girls (VAWG) Strategy which will be published in November 2016.

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

- Looks at the available data on the prevalence of various forms of violence against women and girls within the borough
- Looks at the experience of female survivors of violence and provides an overview of what we currently know about local needs
- Provides an overview of the national and regional context of work on addressing violence against women and girls
- Highlights proposals made during the consultation on the way forward for addressing and preventing violence against women and girls in Haringey.

The violence against women and girls consultation involved:

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

We received 55 responses to the online and paper consultation; 53 took part in the focus groups and over we consulted with over 200 in our professional and local networks. We were able to capture demographic information for the majority of the respondents to the online and paper consultation and 29 of the respondents to the focus groups (10 were young people and 19 were women participating in the survivor focus groups. 5 professionals also took part in 2 additional focus groups where their demographic information was not captured.)

Over the three different groups there were a wide range of ages – 90% of the young people who participated were under 18; 53% of the respondents to the online and paper questionnaire were aged between 26 and 45 and the median age for the survivor consultation was 34-39.

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<sup>1</sup> For more information see; Priority 3: Clean and Safe - A clean, well maintained and safe borough where people are proud to live and work, Haringey's *'Building a Stronger Haringey Together'* Corporate Plan 2015-2018, available at: [http://www.haringey.gov.uk/sites/haringeygovuk/files/corporate\\_plan\\_2015-18.pdf](http://www.haringey.gov.uk/sites/haringeygovuk/files/corporate_plan_2015-18.pdf) (last accessed 30.09.16)

Across all groups, the majority of respondents identified as heterosexual – 95% in the survivor group, 100% in the young people group and 78% in the professional and local resident consultation. With the exception of the survivor consultation where 100% of participants were female, the gender split was almost 50% between female and male respondents.

Ethnicity for all 3 groups was also mixed although the professional and local resident group was the least mixed with 50% identifying as White British and 24% identifying as 'Any other Background' without specifying. 47% of those for whom we have the demographic information in the survivor consultation identified as White Other.

Disability figures were highest in the survivor consultation with almost a third identifying as having a disability. 12.7% in the professional and local residents' consultation had a disability and none of the young people identified as having a disability.

## **2. Highlights from the consultation process**

The consultation process showed that there is broad support for our proposed approach to addressing violence against women and girls in Haringey. The 10 week process allowed us to access a wide range of views on all of the areas and holding dedicated focus groups with survivors, professionals, local residents and young people meant that more detailed and nuanced insight could be obtained as well as allowing us to identify barriers to access and gaps within current services.

The key element identified by all respondents was the crucial need for agencies across voluntary, community and statutory sectors to work closely with local residents and with survivors of abuse to design an approach that works across Haringey that develops a coordinated community response.

## **3. The Strategic Priorities**

### **3.1 Coordinated Community Response**

The respondents to the consultation were fully supportive of developing a coordinated community response as an effective method to address and prevent violence against women and girls. There were concerns about the assumption of 'benign' communities, on the basis that many areas of VAWG are perpetrated with community collusion. The current diagram also assumes a hetero-normative family with children as the starting point and needs to be redesigned accordingly to reflect the different profile of VAWG.

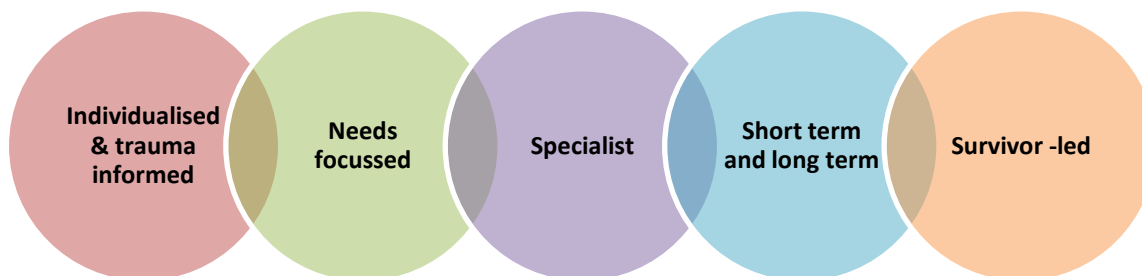
### **3.2 Prevention**

Work around prevention was seen by all respondents as vital in our approach – starting from primary-aged children right up to faith leaders, community leaders and senior level professionals. Prevention work with young people needs to not just focus on schools but reach out to all youth spaces across the borough. Likewise, prevention work with communities needs to target all communities.

### **3.3 Support**

The consultation process showed that there are 5 elements to providing appropriate support to all victim/survivors who have experienced any form of violence against women and girls. Barriers to

accessing support differed depending on the consultation group but there was a cross-cutting barrier around people not disclosing as they did not understand what constituted abuse or had practical or structural barriers meaning a greater focus on understanding the complex range of victim/survivors in the borough. The main gap that has been identified is the perceived lack of multi-agency working of some statutory and voluntary organisations in the borough. For survivors it was a need to have survivor led spaces combined with a two pronged approach of crisis-support and ongoing emotional and practical support as risks reduced.



### 3.4 Perpetrator Accountability

Again, the consultation stressed that there needs to be a coordinated approach across the whole community as well as greater awareness amongst professionals to support perpetrators to change their behaviours. Underpinning the approach needed was the need for the whole borough to work together to have a zero tolerance approach.

## 4 Key Messages

The key take away messages from the 3 groups – survivor consultation, young people and local residents and professionals had cross-cutting similarities but also nuanced difference pertaining to the individual group. There was consensus to build upon the draft strategy and work already ongoing to address violence against women and girls in the borough but to develop and enhance linkages across the community and statutory and voluntary services. We will be taking away these messages to ensure that the strategy is influenced by key messages from the consultation.

### Survivor Key Messages

- Holding a public awareness campaign working across the whole community is key to change attitudes and develop the coordinated community response
- Delivery of training to professionals on how to support survivors of VAWG with an empathetic approach as well as identifying and working with perpetrators is vital.
- Perpetrators should be given support to understand the consequences of their behaviour
- There should be sustainably funded specialist support services which are tailored to individual victim/survivors.
- Short term and long term support should be provided aimed at addressing needs across victim/survivors' journeys to recovery.
- Services need to provide opportunities to increase women's confidence and independence and empower them to rebuild their lives after abuse.
- There is a need for culturally specific services and for services to be available in different languages.
- Information must be available to women who are experiencing abuse at a range of locations that they access e.g. supermarkets, churches, mosques, synagogues and community venues.

### **Young people's Key Messages**

- Develop the work on prevention in schools to ensure that all young people from primary age are getting the right messages
- Development a youth champions/peer support programme, recognising that young people will often identify more with and disclose abuse to other young people.
- Work with local media to highlight messages for the whole community and utilise social media more to ensure that all young people see positive messages
- Highlight where young people can get support and ensure that all services are developed with young people for young people.
- Develop volunteering and work experience opportunities for young people
- Work with parents so that they understand the issues that young people face and can support their children, as well as other parents and their local communities.

### **Professionals' and Local Residents' Key Messages**

- Redesign the coordinated community response approach
- Prevention should be a key priority
- Victim/Survivors should have a range of routes for access to specialist support services, including from within mainstream services as well as a choice of specialist support services.
- Develop work across sectors, including having a renewed focus on women experiencing multiple disadvantage and work with older and disabled women.
- Develop a survivors' forum
- Commission services for young people experiencing VAWG
- Professionals need to have a greater understanding of working with perpetrators

# CONSULTATION REPORT

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## Section 1: Background

### 1.1. Introduction

Between August and October 2016, a comprehensive consultation was undertaken across the borough to influence the development of the 10 year Violence Against Women and Girls (VAWG) Strategy 2016-2026, which will be published in November 2016.

This report outlines the key learning from the consultation and:

- Looks at the prevalence of various forms of violence against women and girls within the borough
- Looks at the experience of female victim/survivors of violence and provides an overview of what we currently know about local needs
- Provides an overview of the national and regional context of work on addressing violence against women and girls
- Highlights proposals made during the consultation on the way forward for addressing and preventing violence against women and girls in Haringey

The violence against women and girls consultation involved:

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

### 1.2 Borough Profile

Haringey is the 12<sup>th</sup> most densely London borough with a population of 271,100 usual residents. The population is also extremely diverse with almost 40% (39.6%) of residents having been born abroad. The single largest migrant group is Polish with Turkish a close second.

According to the Multiple Deprivation Index (MDI)<sup>2</sup>, Haringey is one of the most deprived authorities in the country, ranking 30<sup>th</sup> out of 326 Local Authorities. It is the 6<sup>th</sup> most deprived borough in London (after Hackney, Newham, Tower Hamlets, Barking and Dagenham and Islington) with 12 of Haringey's 19 wards are within the most deprived 20% in England.<sup>3</sup>

Haringey has one of the highest rates of reported domestic abuse across London. In the rolling year to June 2016, there were 5,840 domestic incidents with 2,919 domestic abuse offences reported to the police, representing an 18% increase on the previous year. Haringey also has the second joint highest incident rate per 1000 population (22 per 1000) with Tower Hamlets and

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<sup>2</sup> DCLG (2015) *The English Indices of Deprivation 2015, Statistical Release*, London: Department for Communities and Local Government.

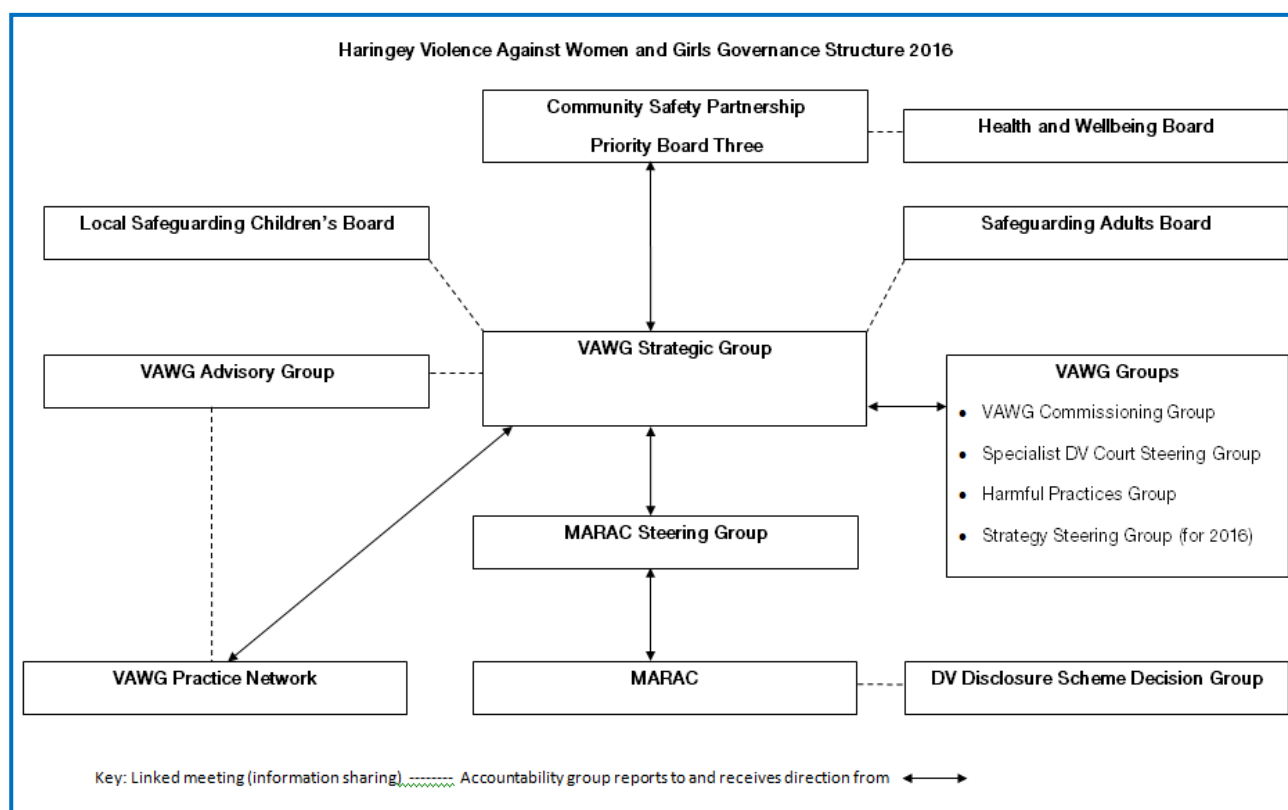
<sup>3</sup> Haringey has become relatively less deprived since 2010 when it was the 13<sup>th</sup> most deprived borough in the country.

Lewisham; Barking and Dagenham has the highest with 27 per 1000.<sup>4</sup> In the same period, 592 sexual offences were recorded which represents nearly 10% increase in sexual offences from the previous 12 month period.

### 1.3 Haringey’s Strategic approach to tackling violence against women and girls

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

Addressing violence against women and girls (VAWG) forms part of our local partnership approach to improving health, safety and wellbeing in the borough. Tackling VAWG is a priority within the 2015-2018 Corporate Plan’s *Clean and Safe* objective.<sup>5</sup> The Community Safety Partnership (CSP) is accountable for tackling violence against women and girls with specific, strategic oversight by the Violence Against Women and Girls Strategic Group which reports to the CSP. The Health and Wellbeing Board (HWB), Local Safeguarding Children Board (LSCB) and Safeguarding Adults’ Board (SAB) contribute to this agenda and ensure appropriate partner engagement.



<sup>4</sup> MOPAC Domestic and Sexual Violence Dashboard, available at: <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-research/crime%20domestic-and-sexual> (last accessed 07.10.16)

<sup>5</sup> *Op Cit.*, Haringey’s ‘Building a Stronger Haringey Together’ Corporate Plan 2015-2018



## 1.4 Violence against Women and Girls

Violence against Women and Girls (VAWG) is both a form of discrimination and a violation of human rights. Locally we have adopted the United Nations Declaration on Elimination of Violence against Women<sup>6</sup>, which defines violence against women as:

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

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

It is important that Violence against Women and Girls (VAWG) is not seen as a series of incidents or assaults which an individual experiences. Violence against women and girls describes violent and oppressive patterns of behaviour and practises, which achieve power and control over women and girls. It impacts on the physical safety, health and emotional well-being of individuals and impacts on families, carers, children and the community as a whole.

Violence against Women and Girls includes violence that is targeted at women or girls because of their gender or affects women and girls disproportionately.<sup>7</sup> Examples of the types of violence included are:

- Sexual Violence, abuse and exploitation
- Sexual harassment and bullying
- Stalking
- Trafficking
- Domestic Violence and Abuse
- Trafficking
- Coercive and Controlling behaviour
- Female Genital Mutilation (FGM)
- Forced Marriage
- Crimes committed in the name of 'Honour'

Violence against women and girls can take place regardless of gender, ethnicity, faith, sexuality or age. Whilst we recognise that that the issues covered in the Strategy have a disproportionate effect on women, we also recognise that boys and men are victims of violence too. As a local area we remain committed to providing support for all victims of abuse and the intention of the 10 year violence against women and girls strategy is to strengthen our response to responding to abuse rather than undermining this approach.

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<sup>6</sup> United Nations Declaration on Elimination of Violence towards Women (1993), <http://www.un.org/documents/ga/res/48/a48r104.htm> (last accessed 07.10.16) This definition is also used by national and regional Violence Against Women and Girls Strategies.

<sup>7</sup> See for example the United Nations Convention on Elimination of Discrimination against Women (1979), available at: <http://www.un.org/womenwatch/daw/cedaw/> (last accessed 07.10.16)

## 1.5 National and Regional Initiatives

### National Violence against Women and Girls Strategy

The Government published its 4 year 'Ending Violence Against Women and Girls Strategy 2016-2020'<sup>8</sup> on the 8<sup>th</sup> March 2016. It builds upon the previous 2010 strategy<sup>9</sup>, which was an update of the previous government's National Violence against Women and Girls Strategy. The new strategy re-focuses the efforts on the original four key areas from the 2010 strategy: prevention, provision of services, partnership working and pursuing perpetrators but also sets new outcomes of reduction of prevalence, match by increased reporting, prosecutions and convictions. Their vision is also one of earlier intervention and prevention as well as support for victim/survivors. The government has also ring-fenced nearly £80 million of funding up to 2015 for specialist VAWG support services, rape crisis centres as well as announcing the implementation in 2017 of a dedicated Service Transformation Fund.

*The only way we can achieve real, sustainable progress is if national and local government, local partners and agencies, and every community work together to prevent women and girls from becoming victims in the first place and make sure those who have experienced abuse receive the support they need to recover. Tackling VAWG is everybody's business.*<sup>10</sup>

### Regional Strategic Context

In November 2013, the Mayor of London published a refreshed version of his strategy to end violence against women and girls. The Mayoral Strategy continued the five key objectives from the previous strategy, 'The Way Forward':<sup>11</sup>

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

The consultation on the new Strategy will be launched in early 2017.

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<sup>8</sup> HM Government (2016) Ending Violence Against Women and Girls Strategy 2016-2020, London: Home Office

<sup>9</sup> HM Government (2010) *Call to End Violence Against Women and Girls*, London: Home Office

<sup>10</sup> *Op Cit.* HM Government (2016) p.8

<sup>11</sup> Mayor of London (2010) *The Way Forward: Taking Action to End Violence against Women and Girls*, Final Strategy 2010-2013, London: MOPAC

## Section 2: Survivor Consultation


This section explores how women survivors working with specialist services across Haringey feel that the VAWG Strategy would support them to feel safer and to improve their wellbeing. It examines how they feel safety can be increased as well as highlighting areas that they feel should be explicitly included within the Strategy as well as highlighting what they feel is needed to develop a coordinated community response. The questions were themed around the strategic priorities.

### 2.1 Developing a Coordinated Community Response


There was strong support from survivor groups for the development of a coordinated community response (CCR). However, those who have experienced crimes committed in the name of ‘honour’ cautioned against seeing ‘the community’ as a wholly benign entity and highlighted the need to work closely with community and faith leaders to challenge culturally based attitudes towards abuse. The focus groups also outlined that they felt there needed to be more awareness amongst all professionals of when there is more than one perpetrator, meaning that there needs to be more development of the CCR model to encompass this.

Another key theme that came out of the focus groups was the number of barriers that women face in disclosure including language barriers; lack of awareness of support mechanisms and practical support around access to support. The groups felt that having information available in discreet locations across the borough in a range of languages (and in simple English) as well as locations to seek support would help some women to overcome some of their barriers.

There was also support for the development of a one stop shop type approach with specialist services co-located in community locations across the borough. Other suggestions that came out from the consultation included the importance of having specialist VAWG workers based in mainstream organisations to improve their responses to victim/survivors. The idea of ‘third party reporting’ sites was met with measured enthusiasm; survivors felt that this needs to be carefully considered to ensure that all risks have been identified. Having the right staff in these locations who have been trained on VAWG is crucial.



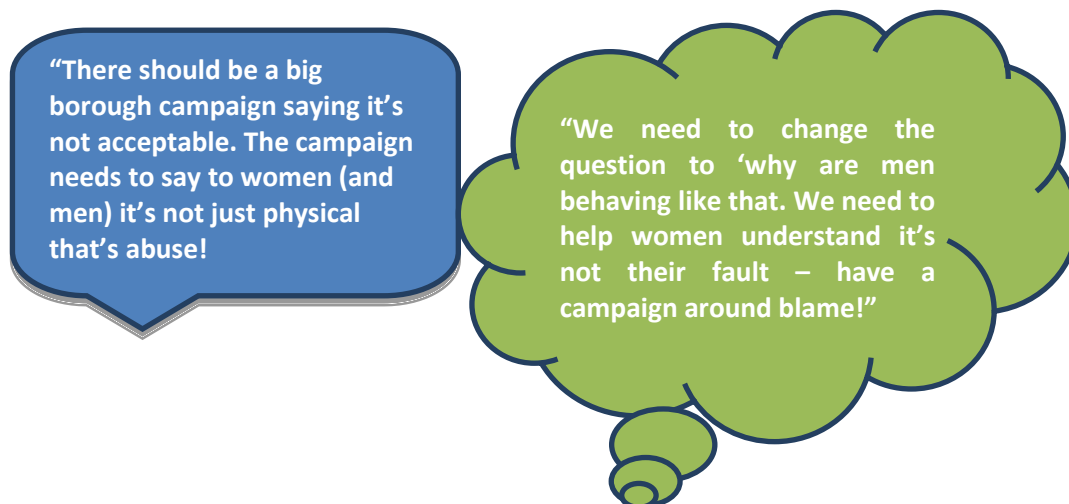
“Victims can be very isolated, especially if they are new to the country. They often don’t know where to start in seeking support. Safe places in the community need to include women who can slip through the net.”



“...it [libraries etc] could be a good place to get help. There could be a good connection. It could work in other places where women go on their own too, such as supermarkets and maybe banks. But you would need the right staff, with the right training and guidelines, to do this. It needs to be safe.”

It was clear from the consultation that violence against women and girls has long been considered to be a 'private' issue that people do not intervene in for fear of being seen as intrusive. The women who took part in the focus groups felt that a lot of emphasis needs to be placed on overcoming this attitude and making addressing and preventing VAWG as 'everyone's business', providing people across the communities with knowledge and information on how to identify when abuse is happening and where they can signpost for specialist support. Linked to this is the role of professionals in helping victim/survivors to not feel that this is a taboo issue and to overcome embarrassment or shame and having an empathetic approach to support. A key area identified by the focus groups was the need for religious and faith leaders to take a leading role within their communities.

Participants felt that there should be wider public campaigns around supporting women to understand that abuse is not their fault, including large scale campaigns in public spaces. Local media was cited as a key way of engaging with local residents – especially using targeted media to communities with language barriers. The women who participated in the consultation also felt that local media should be included within the CCR diagram as an additional ring. Campaign ideas included having campaigns about sexual harassment; non-physical domestic abuse and awareness about coercive and controlling behaviour.



## 2.2 Prevention

A large number of respondents through the focus groups highlighted that it was really important to address attitudes to violence against women and girls and a number of respondents raised the issue of cultural and familial attitudes towards abuse and pointed to certain community beliefs that could contribute to the abuse of women. Linked to this was the need for increased training and awareness to faith and community leaders as well as older family members around violence against women and girls, especially around 'harmful practices'<sup>12</sup>.

Respondents suggested using different forms of communication to raise awareness in the community, including having phased campaigns in local newspapers, on community TV stations and using social networking sites like Facebook, Twitter and Instagram. Respondents felt it was

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<sup>12</sup> The term harmful practices is used to encompass forms of violence against women and girls that were seen to be 'cultural' issues including: forced marriage, crimes committed in the name of 'honour' and female genital mutilation.

important to embed awareness raising within services that women access such as local libraries and community spaces. Local campaigns should highlight that VAWG is a spectrum and challenge all forms of abuse.

The majority of respondents highlighted the importance of targeting young people to ensure that future generations are educated about violence against women and girls and what is or is not acceptable behaviour. Some respondents felt that schools should be the main environment for targeting young people, for example having violence against women on the agenda for school programmes and summer holiday schemes and others outlined the need to look at community and youth spaces for young people outside of education provision.

A large number of respondents felt that it was important to target initiatives towards raising awareness amongst men and giving men more of a role in speaking out about violence against women including engaging local faith and community leaders to lever support. Respondents suggested identifying men to act as anti-violence against women advocates and to act as good role models for young men and were fully supportive of plans to work towards White Ribbon accreditation.<sup>13</sup> Some respondents emphasised the need to work with gang affected young women and men, especially given the links between sexual violence and child sexual exploitation and gangs, ensuring that programmes acknowledge that many of the young people involved are themselves marginalised.

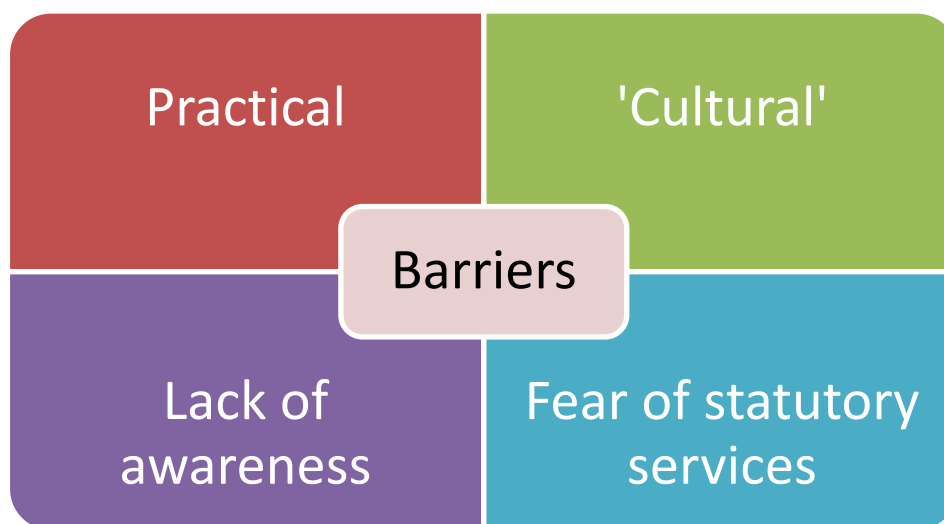
Many respondents felt that a champions programme, both within individual organisations/services but also the community that could raise awareness about services and key issues. The answer to ending VAWG, for many of the women we spoke to, lies in challenging misogyny and sexism and traditional gender expectations through a community approach.



<sup>13</sup> The White Ribbon Campaign Town Award is for Councils demonstrating their commitment to the aims of the White Ribbon Campaign (WRC): mobilising men to campaign against VAWG; raising awareness to address social attitudes and behaviours; increase awareness and mobilise and the entire local community.

### 2.3 Support for Victim/Survivors

All of the women consulted during the survivor groups were currently receiving specialist support but outlined some of the barriers that they had faced in accessing appropriate and safe support. Although the Crime Survey of England and Wales has consistently found that women are most likely to seek help from friends, relatives or neighbours, some of the women we spoke to felt it would not be safe to approach a family member due to concerns about 'honour' based violence or bringing shame on the family. The main barriers women identified to disclosing or seeking help for abuse were varied but are generally consistent with research into why women do not disclose abuse.<sup>14</sup>



#### *'Cultural' Barriers*

Many of the women who took part in the focus groups highlighted that perceived cultural barriers had previously stopped them from seeking help. Women, in particular from BME backgrounds said that in their communities, disclosing abuse is not easy.

#### *Lack of Awareness*

Lack of awareness and understanding of patterns of abuse was a significant issue. Some of the women identified that it was not until they were physically abused that they realised that they were at risk. The women outlined that there needs to be awareness campaigns around what constitutes abuse and dispelling myths around physical violence. Lack of awareness also includes a lack of information about what services are available and how to access them. The participants in the focus groups outlined the need for information to be widely available to support women from all communities.

<sup>14</sup> See for example: Baker, H. (2013) 'The significance of shame in the lives of women who experience male violence', *Liverpool Law Review*, (34) pp.145-171; Bell, E. and Butcher, K. (2015) *DFID Guidance Note: Part A Rationale and Approach – Addressing Violence against Women and Girls in Health Programming*, London: Department for International Development; Horvath, M., Hansen, S., Apena Rogers, S. and Adler, J. "Still not receiving the support they deserve...final evaluation The Stella Project Young Women's Initiative, London: Middlesex University; Rose Foundation (2015) *How can we scale up effective approaches to tackling the violence and abuse that women from BME Communities face*, London: Open Space Event, funded by Comic Relief, Esmée Fairburn Foundation, Rose and Trust for London and Tillman, S., Bryant-Davis, T., Smith, K. and Marks, A. (2010) 'Shattering Silence: Exploring Barriers to Disclosure for African American Sexual Assault Survivors', *Trauma Violence Abuse*, 11(2), pp.59-70.

### Practical issues

Women also identified practical reasons as a barrier to leaving relationships or seeking help, such as not having access to sufficient finances (high levels of financial abuse were experienced by a number of the participants) to leave the relationship, not having access to immigration documents or not having the language skills to seek help. The women also identified that when women have no recourse to public funds or experience multiple disadvantage face even greater difficulties.

### Fear

Fear is a huge barrier for women seeking support. Fear of the unknown and of the perpetrator finding out where they are is increased by fear of statutory services. Women identified that fear of having children removed was one of the biggest barriers to seeking support.

### Service Design



Participants in the focus group outlined 5 key, and often overlapping, elements that they felt would contribute to the best support possible for victim/survivors of VAWG.

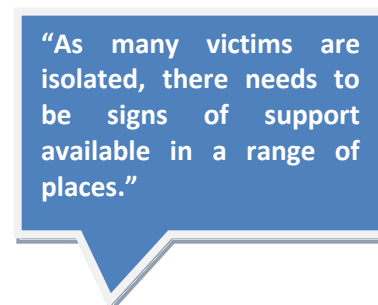
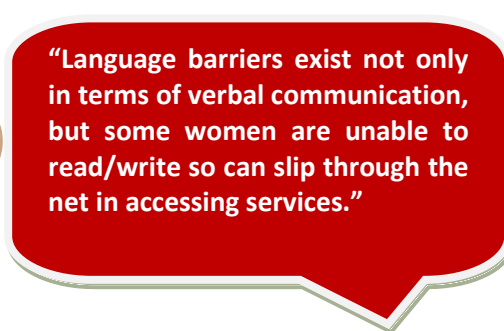
### Specialist Support

All the participants in the focus group highlighted the need for consistent, specialist, women only support services. They felt that, due to their experiences, that services provided by highly-trained, empathetic staff was vital for them. Women highlighted the need for appropriate services for each different community with women having a choice of services to access.

“I found a service run by women for women helpful. It is very hard to talk about being abused, especially about being raped and I would feel uncomfortable sharing this with men, or with anyone who is not specially trained in working with women who have suffered violence.”

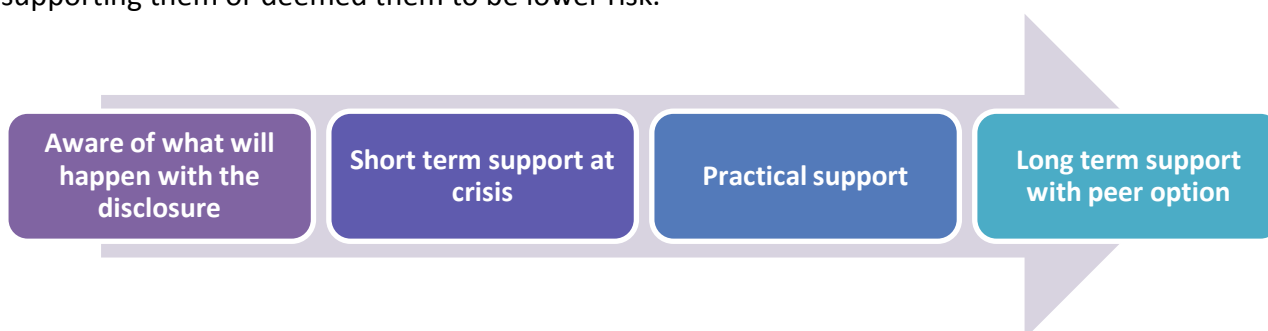
“There needs to be specialist support around harmful practices. It is important that these services are intersectional and also support women who have disabilities.”

The women in the focus group identified that helplines and locations to access support were crucial in supporting women experiencing abuse, particularly for those who are isolated. Helplines and information in a range of languages, including for those with reading and writing difficulties was a must.



### *Holistic or Wrap-around Support*

The participants in the different focus groups all outlined that the best support that can be provided is a holistic or wrap around support service that addresses the range of needs that women experiencing abuse have. The overarching area that women felt would provide the best support to protect them was a two-pronged approach – the crisis, high risk intervention followed up with more emotional and practical support with peer and group elements. A number of the women we spoke to had previously returned to abusive relationships as the services stopped supporting them or deemed them to be lower risk.



The groups all highlighted the need for support at all stages of their journey to recovery – starting with an awareness of what is going to happen with their disclosure of abuse. Many of the women said that they had not known what was going to happen after they had disclosed to someone. Awareness of what was going to happen to their children after disclosure was linked to the barrier fear around disclosure.


Many respondents pointed to the difference between women’s immediate support needs– which are often about addressing practical issues – and longer-term support needs which were often focussed on helping women to rebuild their lives. Some respondents felt that these longer-term needs were sometimes not addressed or given sufficient priority by local services.

Longer term wrap around support was linked to practical issues – benefits, housing, managing money and so on, as well as support including counselling and group work and longer term support their rights. The participants highlighted that services need to work with the survivor in mind, with support being individualised and trauma led, recognising their experiences as well as

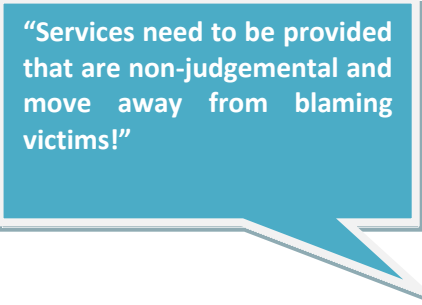


backgrounds. Women wanted to feel like active participants as often in the past, actions were deemed to be 'out of their hands', especially if statutory services were involved.

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



"Wrap around services are needed that include support in travelling, accessing services, and managing money etc."



"Services need to be provided that are non-judgemental and move away from blaming victims!"

Other areas of concern included wider support for families around sexual violence and sexual exploitation linked to gangs as well as violence experienced living in shared housing.

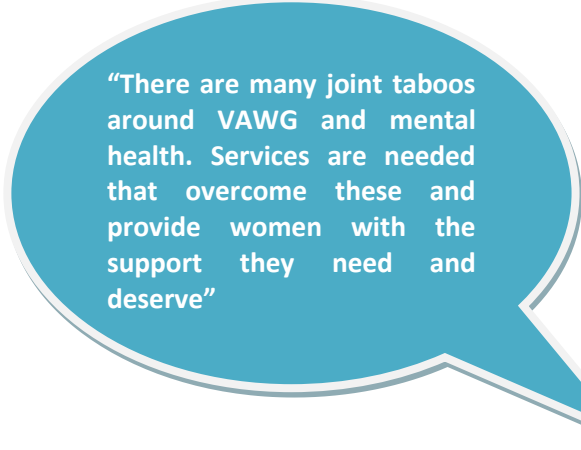
#### *Peer Support*

A significant number of respondents felt that measures to build women's self-esteem and confidence would be effective in improving safety and having groups where they could work together was highlighted as an area that would increase safety and support for women survivors.


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

#### *Multiple Disadvantages*

The participants to the group outlined the need to support survivors facing multiple disadvantages, including homelessness; mental health; drugs and alcohol; prostitution; no recourse to public funds and so on. Women facing these additional complexities find it harder to access appropriate support.



"There are many joint taboos around VAWG and mental health. Services are needed that overcome these and provide women with the support they need and deserve"



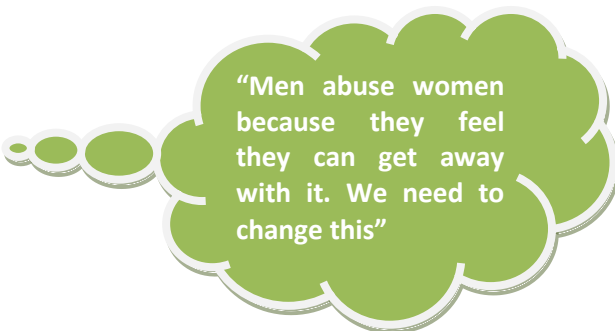
"[Services] need to understand how to support those who have multiple disadvantages."

## 2.4 Holding Perpetrators Accountable

Holding perpetrators of violence against women to account has long been acknowledged to be challenging due to the nature of these offences and the level of underreporting of violence against women and girls. The women we spoke to felt that more needed to be done to tackle the underreporting but also the support to continue criminal justice proceedings and outcomes to hold perpetrators accountable for their actions.

Structural and social inequality between men and women was highlighted by a number of participants with the idea that abuse is perpetuated as male perpetrators feel that they are entitled to abuse women. The participants felt that professionals had a role in challenging excuses that male perpetrators give for abusing, including backgrounds and cultural reasons.

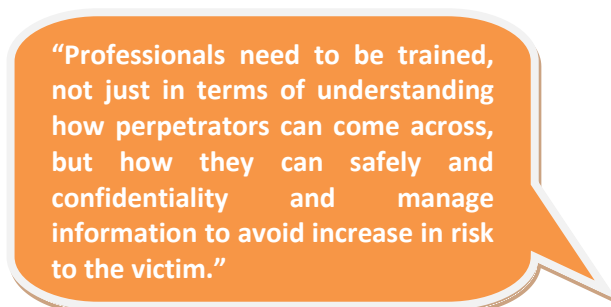
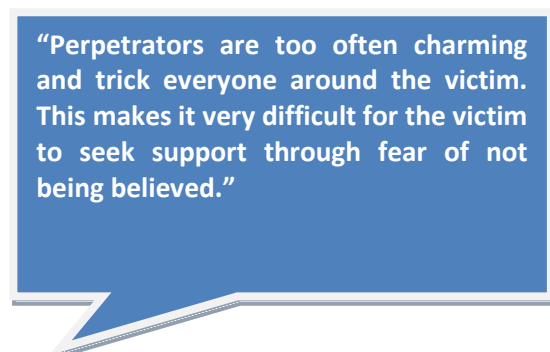
Respondents felt that perpetrators could be held more accountable by **raising awareness** of the consequences of violence against women and girls and emphasising that responsibility for violence rests with the perpetrator.



A number of respondents felt strongly that our approach to addressing these issues should put more responsibility on perpetrators rather than focussing on victim/survivors, particularly women and how they need to keep themselves safe. Respondents noted that women are often expected to move area, leaving behind their support networks and financial security. Some respondents felt that current responses were very female-targeted rather than tackling perpetrators but cautioned against funding services at the expense of funding specialist support services for victim/survivors.

Prevention work with young men was highlighted as an area that work should focus on to change attitudes and beliefs from a young age. Education through community services was seen as a good way of reaching young men and adult men.

Training was another area proposed by a large number of participants to the focus group, especially training for professionals around working with perpetrators.



## Key Messages

- A Multi-pronged, individual approach is needed to best support survivors
- Holding a public awareness campaign working across the whole community is key to change attitudes and develop the coordinated community response
- Delivery of training to professionals on how to support survivors of VAWG with an empathetic approach as well as identifying and working with perpetrators is vital.
- Peer support methods, including group sessions, should be implemented
- Perpetrators should be given support to understand the consequences of their behaviour
- There should be sustainably funded specialist support services which are tailored to individual victim/survivors.
- Short term and long term support should be provided aimed at addressing needs across victim/survivors' journeys to recovery.
- Services need to provide opportunities to increase women's confidence and independence and empower them to rebuild their lives after abuse. Respondents suggested providing courses to increase women's independence, transition programmes and places where women can speak about their experiences and gain self-confidence.
- There is a need for culturally specific services and for services to be available in different languages.
- Information must be available to women who are experiencing abuse at a range of locations that they access e.g. supermarkets, churches, mosques, synagogues and community venues.
- More work should be done with survivors of violence against women. They felt that giving a stronger voice to survivors of abuse would help to let other women know that abuse can be stopped and help is available.

### Section 3: Young People Consultation

A specific focus group with 10 young people was held in September 2016. All young people had been participants in our commissioned 'Protect Our Women' (POW) project, which is run by Solace Women's Aid.<sup>15</sup> As the young people had a strong grounding on violence against women and girls, the focus group provided a real opportunity for young people to outline what they feel would work for young people across the 4 strategic priorities.

#### 3.1 Coordinated Community Response

The young people who participated in the focus group were strong advocates for the development of a coordinated community response model to addressing violence against women and girls. There was consensus that often young people do not appear to be high risk but that tightening connections between organisations and the community would mean that some of the hidden, lasting effects on young people could be identified and they could be supported.

The group outlined that using a strong communications campaign would increase awareness across the whole community. The group suggested having a prime time advert on mainstream television to raise awareness. Another area suggested was to work in conjunction with a large organisation, such as Amnesty, who has had victim/survivors and their testimonies online which has raised awareness with young people.

*"The idea is to have a 'survivors' voices' report approach with loads of information released online. Having a voices report touching on all the key priorities would work really well. Looking at how successful the work has been so far and how much more needs to be done. This would highlight to the community about all the work [on addressing VAWG]."*

Visible spaces emerged as an area that young people felt that we could have a big impact in the community. Using existing council buildings, as well as the local libraries, as exhibition or display spaces with art exhibitions and mini theatre productions were seen as a good medium for raising community awareness.

The use of social media appeals strongly to young people, in particular messages using YouTube and Instagram. Twitter and Facebook were seen as less useful as often young people do not engage with them. One suggestion put forward was to use funny videos to get messages to young people around areas such as consent.<sup>16</sup>

*"Videos are easy to share and can cover a huge age range. Funny videos like the tea consent one would be a great way to get messages to young people."*

Another way suggested by the young people to get the information across the community about a zero tolerance approach in Haringey was to work with faith leaders – across churches, synagogues and mosques as they hold a lot of power within communities. This could be coupled with leaflets through all doors about creating a borough that has zero tolerance to all forms of abuse.

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<sup>15</sup> The POW project is a 12 week prevention programme looking at all areas of violence against women and girls

<sup>16</sup> The video highlighted is the Tea analogy which has been used by Thames Valley police to highlight areas around sexual consent. <http://www.bbc.co.uk/news/uk-england-beds-bucks-herts-34656527> (last accessed 10.10.16)

The group felt that there was not enough media attention dedicated to addressing violence against women and girls. They felt that local newspapers could be used to raise the profile of the work around VAWG.

*“You need to push some stories to the front of newspapers. For example the other day I walked past the newsagent and the top story was about a wall falling down and causing traffic! [You] Need to put a story about what has happened around this in the borough and what is going to be done about it [VAWG].”*

The group felt that there were not enough opportunities for young people to get engaged on work around addressing and preventing violence against women and girls. They all felt that having more opportunities for young people to volunteer and campaign is key as it also helps them with their applications to university and for future work.

*“People our age are really keen to do this sort of work over the holidays and things. Having volunteers and work experience would be really good. Also, having young people focussed campaign groups where they [young people] had the freedom to politicise would be great.”*

### **3.2 Prevention**

There was strong support from the young people about the need for prevention work in schools and other youth settings starting from a young age with age-appropriate information. Young people felt that a peer support approach works very well with young people as they identify with other young people more than older professionals.

*Get people our age to go into schools. A peer approach works even if the young people don't know each other; young people identify more with their peers. It gets away from that 'oh it's not cool feeling' to young people actually getting something out of it.*

The young people also highlighted that all staff need training around VAWG as they all have pastoral care responsibilities for their students, not just Head Teachers or pastoral staff. They felt that having information sessions during parent teacher evenings would also be a good way to get prevention messages across with the idea that parents could then cascade information to their peer groups.

Young people also felt that there was greater scope for early intervention in workplaces if they are equipped with information to support their staff. They felt that there should be a programme for workplaces, developing with mental health and psychological input, which might reduce victim blaming and the feeling that people might think they are interfering if they support their colleagues.

*Awareness is key. I'd like to see people to start advocating at work. It's where they spend their time. [All staff] Need to understand things like the subtleties of perps and understand how people behave in the workplace.*

The age at which to start delivering messages to young people sparked debate within the group with some feeling it should start from reception age children and others feeling that it should not be until year 5 or 6. However, the consensus was that it should start in primary as by secondary it

is almost too late for young people to get those messages, especially if they have experienced abuse as a child.

Creatively capturing young people's attention was outlined by a number of the young people with mixed views on having information in detention rooms or having detention used as a citizenship class to highlight messages around VAWG.

*"We need to brainwash them in some sort of way! [Detention is a good place] as you're really bored so information displayed there will be read. Need to have posters all over the school as well – that way even when they're [young people] not actively learning the messages are getting through."*

The group also outlined that having posters designed by young people would be a good way to engage young people in work around prevention. Having a poster or multi-media competition amongst young people would work well to raise awareness. These could then be displayed across schools and other locations in the borough.

Again, in terms of prevention and awareness raising, social media was mentioned as being a key lever to get the attention of young people. They felt that using YouTube to make short videos was a great way of getting positive messages across to young people. One young person mentioned a question and answer session that they had seen on YouTube and felt would translate really well to work around violence against women and girls.

*"YouTube is a great way to push the work. You could have a Q & A with people posting in anonymous questions and you answering. For example you say to people 'This week we're going to do a Q&A on sexual harassment, forced marriage etc. It would work with young people, professionals and so on."*

### **3.3 Support for victim/survivors**

Overwhelmingly, the young people felt that making victim/survivors feel safe was the key to support. Women, young women in particular, do not openly disclose abuse. Sometimes they will disclose to friends and perhaps a few family members but do not want to report.

*"Lots of people don't come forward to say what's happening to them. We need to work on getting victims comfort and safe spaces to talk. It's difficult for people to talk about what's happened to them as they need to relive it. There needs to be support to make it less daunting for people to come forward."*

The need for specialist support services tailored to young people who had experienced VAWG was highlighted by the young people as really important. Services that are tailored rather than a generic service which had been originally designed for adult victim/survivors were seen as key to the young people. Strong support for survivor involvement in the design of services came out strongly during the focus group.

*"I think there does need to be more for young people. As I said earlier, I think young people and children get missed or are seen as not experiencing lasting impacts. We need to support them from*

*an early age, making sure that the services have been designed for them. If they are designed with them, that's even better!"*

### **3.4 Holding Perpetrators Accountable**

As outlined above, the young people taking part in the focus group had completed a 12 week prevention programme on violence against women and girls and we very well versed about underreporting. The group agreed that holding perpetrators accountable is a difficult area as people do not come forward. Again, supporting disclosures through developing appropriate environments and conditions for disclosure were highlighted by the group.

*"It's a difficult one. For example with sexual harassment people don't come forward. Then you have rape cases where [perpetrators] get away with it because of a lack of evidence. Lots of people don't say what's happened to them."*

Working with the community was seen as a really good way of holding perpetrator accountable as raising awareness amongst the community of what to do to both support victim/survivors and to hold perpetrators to account took the onus away from victim/survivors.

*"I think that a double attack of awareness would work. Other people can then pick up the signs even if the victim and perpetrator don't want to come forward. We need to make everyone responsible."*

Some of the young people felt that schools did not take some of the issues seriously, especially for areas such as sexual harassment. The feeling was that if it took place in the school, something might be done but if it happened outside the schools did not take on any responsibility for it.

#### **Young People's Key Messages**

- Develop the work on prevention in schools to ensure that all young people from primary age are getting the right messages about what is acceptable and what is not acceptable in relationships, including around sexism and about pornography.
- Work with schools (and the Department for Education) to ensure that VAWG is part of the curriculum at A-Level.
- Development a youth champions/peer support programme, recognising that young people will often identify more with and disclose abuse to other young people.
- Work with local media to highlight messages for the whole community and utilise social media more to ensure that all young people see positive messages
- Highlight where young people can get support and ensure that all services are developed with young people for young people.
- Develop volunteering and work experience opportunities for young people to be able to engage with and campaign around violence against women and girls and work with the National Citizens Service to help young people to raise awareness.
- Work with parents so that they understand the issues that young people face and can support their children, as well as other parents and their local communities.
- Ensure that the IRIS project also supports young people and work with health to shorten the waiting lists for CAMHS.
- Ensure that prevention programmes, such as POW, are made accessible for all young people.

## Section 4: Professional and Community Consultation

Consultation with professionals and local residents took place from August 2016 until October 2016. 55 professionals and local residents completed the online questionnaire and over 200 professionals participated in the consultation, either by completing questionnaires; participating in interviews and focus groups; team briefings and events or through direct comments on the draft VAWG Strategy. The responses below pertain to the questions asked through the online questionnaire. Those participating in interviews or focus groups were asked to respond to these questions but were also asked a selection of the questions in Appendix 6.

### 4.1 Priority 1: Coordinated Community Response

There was broad support within the consultation for the development of a coordinated community response to addressing violence against women and girls. However, the professional and community consultation also highlighted the need for caution in the assumption of benign community (as the survivor consultation also did).

“A further major concern with this model is that it does not adequately recognise the fact that close and extended family members, wider community including sometimes religious representatives may not always be benign as implied here but are often complicit and can be perpetrators.”

The development of a coordinated community response was seen as key to best supporting victim/survivors in Haringey and respondents identified that we need to take a multi-pronged approach, with a number of areas:



*Communication*



The first main area that respondents felt could be the best way to support victim/survivors is to improve communication between victim/survivors, the community and services (statutory and voluntary). Respondents identified that there are gaps and that the best solution to providing support is “by ensuring better communication to the victims, using an honest and open approach offering support and advice and multi-agency cooperation and information sharing with other services.”.

### *Education*

The need to educate people across all communities in Haringey was seen as a key lever to provide better support to victim/survivors.

Eradicate gender stereotypes that promote gender inequality and educate towards gender equality culture. Promote gender equality within families, communities parents and services to provide knowledge and tools to battle Violence against women and girls.

### *Partnerships and Engagement*

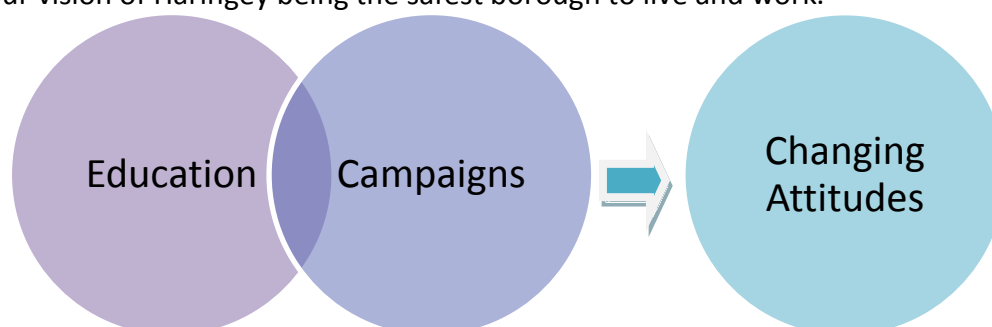
All respondents outlined the need for better joined-up working across all agencies in Haringey to better develop the coordinated community response model. Engagement with the vast numbers of different communities and community groups across the borough was highlighted as a way to move towards a coordinated approach.

### *Coordination*

Respondents were fully supportive of the need for greater coordination across a range of statutory, voluntary and community organisation for initial development and buy in towards a coordinated community response.

## **4.2 Priority 2: Prevention**

There was strong support for having prevention as one of the 4 priorities within the strategy. Prevention at all levels – young people and the wider community was seen as the best way of achieving our vision of Haringey being the safest borough to live and work.



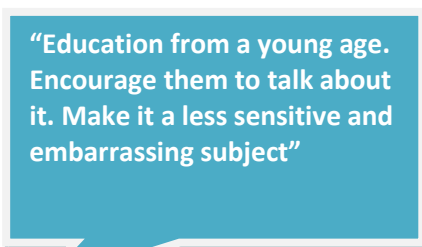
### *Education*

All respondents highlighted that working with young people from an early age is the best way to educate them about healthy relationships – combining comprehensive sex and relationship education with other subjects, including citizenship ensuring that all young people are receiving the right messages about violence against women and girls.

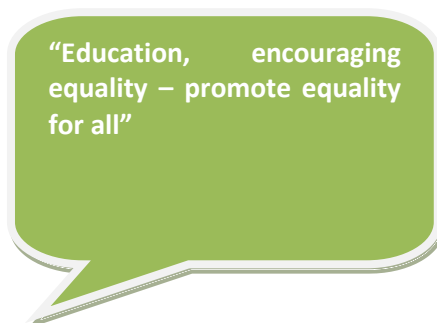
Education also needs to take place outside of formal education as many young people may not be at school or college. The respondents identified that we need to actively seek out spaces where young people are to reach as many as possible. `



“Comprehensive sex and relationships education, prioritising the topics of consent and abuse”

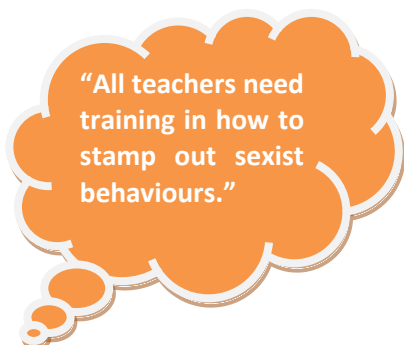


“Education from a young age. Encourage them to talk about it. Make it a less sensitive and embarrassing subject”

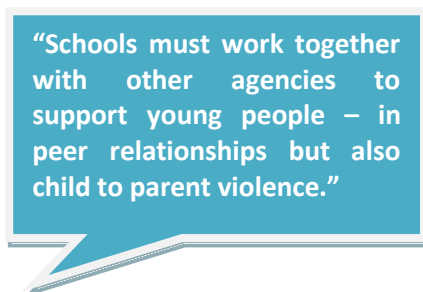


“Education, encouraging equality – promote equality for all”

The respondents also highlighted that we need to work with schools, across all school staff to ensure that sexism and sexual bullying are not tacitly condoned by schools through uniform and other policies. They felt that we also need to ensure that school staff as well as faith and community groups play a role in preventing violence against women and girls.



“All teachers need training in how to stamp out sexist behaviours.”

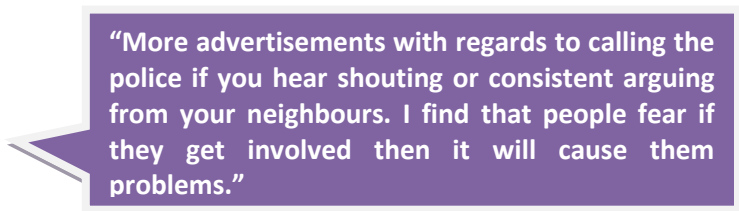


“Schools must work together with other agencies to support young people – in peer relationships but also child to parent violence.”

### *Campaigns*

Designing and producing large-scale communication campaigns were also seen as an ideal way to reach the wider community with prevention and early intervention messages. The campaigns could also be combined with work by faith and community leaders addressing and dispelling myths as well as tackling areas around male entitlement. The respondents also felt that campaigns could help to support the zero tolerance approach by making it ‘everyone’s business.’

As in the young people consultation, there was strong support for also working with local print media as well as increasing social media around violence against women and girls.



“More advertisements with regards to calling the police if you hear shouting or consistent arguing from your neighbours. I find that people fear if they get involved then it will cause them problems.”

### 4.3 Priority 3: Support

There was consensus from the respondents that there needs to be specialist support for victim/survivors and like the survivor responses, the professionals and community respondents felt that there should be a combination of short term and long term support. Barriers to accessing support need to be overcome for all victim/survivors to be able to provide the right support. Services designed with and for survivors were also seen as key to providing appropriate support according to both professionals and community respondents to the consultation.



#### *Helplines and Places to access support*

Both helplines and places to access support emerged as key areas that the professionals and the community felt were important in boosting support for victim/survivors. Professionals and the community felt that having third party reporting sites could work well, especially for less visible communities but again were cautious about how this would be implemented. The need for trained, specialist staff to be located there was highlighted.

#### *Capacity Building Support*

Many of the respondents highlighted the need for capacity building support for women including access to training, legal recourse and parenting support around attachment.

“Take more proactive actions in helping victims by helping them navigate social support systems that are available to them rather than just informing them of their options.”

“More avenues for advice to identify and inform relevant authorities. Help to remove the stigma and possible cultural barriers for reporting.”

### *Multiple Disadvantages*

The need to increase support for women experiencing multiple disadvantage (homelessness, complex drugs and alcohol use, NRPF or poor mental health) was highlighted by a vast majority of respondents. It was a key barrier identified to reporting and also the area in which respondents to the overall consultation felt that we needed to focus on more.

“It’s really crucial to increase support for these women who experience even more vulnerabilities than the rest of the population. They cannot access the support needed nor is there expertise in supporting women with multiple disadvantage.”

“A Haringey focus would home in on the diversity within the local community and use this to tap into the hidden areas and communities, particularly where victim/survivors are facing multiple disadvantages.”

### *Specialist Domestic Violence Court*

There is no specialist domestic violence court for Haringey. Highbury Magistrates court is currently involved in a pilot around the response to domestic abuse in particular and hopefully this will support the recommendations by the professional and community respondents.

### *BME Services*

The respondents outlined the vital need for funded services for Black and Minority Ethnic victim/survivors, especially given the population of Haringey whereby 65% of victim/survivors referred to the multi-agency risk assessment conference (MARAC) in 2015/2016 were from a BME background. Services that are culturally specific are important but also the need to offer a choice of support appropriate for each individual’s needs.

Ensure that professionals from statutory and non-statutory agencies have training around VAWG and there is a domestic abuse policy. Provide spaces for BAMER families where they could receive training, workshops and debate spaces around abuse.

### *Peer Support*

The respondents to the consultation highlighted the need for peer support for victim/survivors as part of their recovery and longer-term support. Having dedicated survivor groups was identified as a mechanism for designing appropriate support services and ensuring that services work and are value for money.

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

## *LGBT Survivors*

The respondents to the consultation outlined the need for appropriate support services for LGBT victim/survivors, many of whom may not access services locally but pan-London. Support for LGBT victim/survivors, as with many other survivors, need to be provided outside of children’s centres or school as it excludes those without children. Services need to work together in a multi-agency way to combine the specialism of working with LGBT victim/survivors and VAWG specialism.

### **4.4 Priority 4: Holding Perpetrators to Account**

The priority area of perpetrators broadly matched the ideas put forward by the survivor groups – increased criminal justice sanctions, prevention and support to change behaviour. The vast majority of respondents highlighted that they felt a zero tolerance approach to perpetrators in Haringey matched with education and services to prevent future perpetration or repeat behaviours was needed. A number of respondents also outlined that any measures to tackle perpetrators within the community needed to be carefully considered as many people said that they would fear reprisals from family members and the wider community if they reported to the police or to other services.



#### *Support*

The respondents identified that perpetrators need to be offered support for their behaviour with support ongoing. Young people can be educated and prevented from perpetrating abusive behaviours through challenging beliefs and attitudes that underpin abuse – it is crucial to highlight that people make choices about their own behaviour. Parents need to get support to help them to understand that raising children under rigid gender roles can have a negative impact.

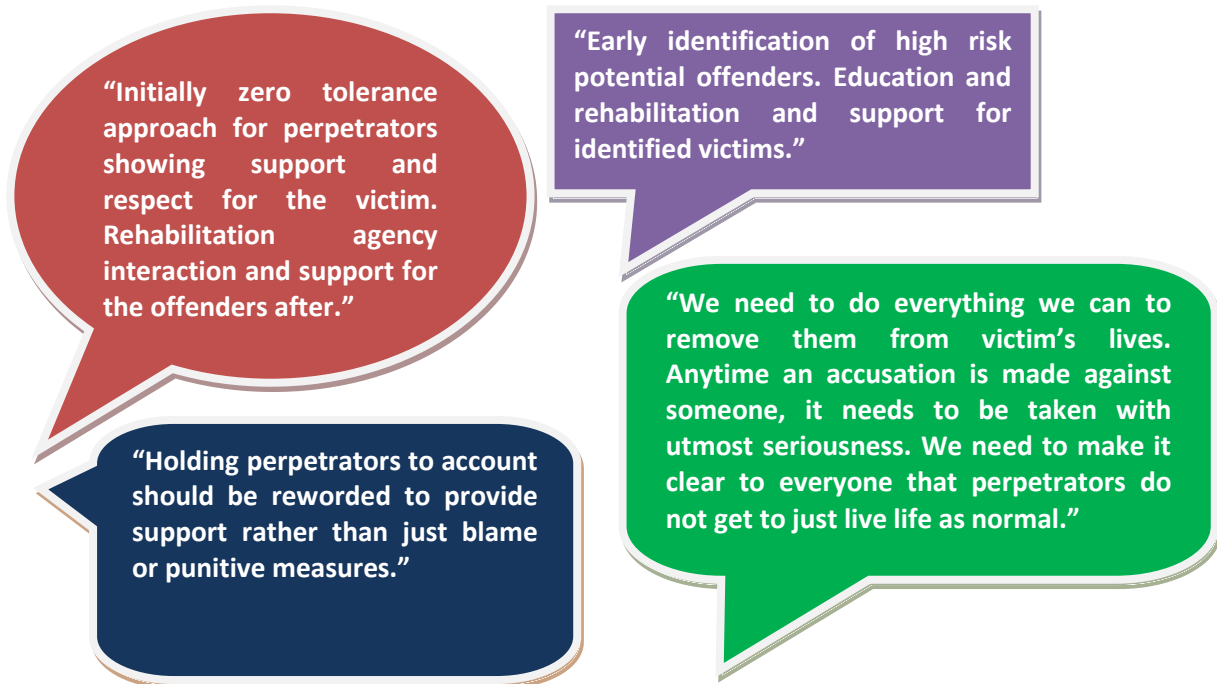
#### *Community*

Communities can be engaged to safely tackle perpetrators through awareness that intervention options can be unsafe and the need to ensure that the police are the first point of call. Helpline numbers should be made widely available across communities so they can call for advice if they are unsure how to respond. Awareness raising campaigns can be used to speak directly to perpetrators in community spaces to support them to seek help for their behavior.

#### *Challenging Myths*

The consultation reinforced the need to challenge myths around perpetrators. Professionals need rigorous training to understand how perpetrators present themselves and present as ‘charming’ to

professionals. Professionals stressed the role of the media in supporting local communities and professionals to challenge the myths.



### Key Messages

- Redesign the coordinated community response approach to avoid assumption of wholly benign communities. Ensure that the model does not make assumptions about a hetero-normative relationship.
- Prevention should be a key priority Continuation and expansion of work with young people, starting from primary age is vital. Training and awareness needs to reach out widely to spaces outside of education that young people spend time in.
- Victim/Survivors should have a range of routes for access to specialist support services, including from within mainstream services.
- Victim/Survivors should have a choice of specialist support services with an individualised approach to support.
- Develop work across sectors, including having a renewed focus on women experiencing multiple disadvantage and work with older and disabled women.
- Develop a survivors' forum which will be a peer support group for survivors of all forms of VAWG
- Commission services for young people experiencing VAWG as they often fall through gaps between children's and adult services and existing services are predominantly funded externally
- Professionals need to have a greater understanding of working with perpetrators, ensuring that myths are challenged and support measures put in place to support behaviour change.

## Appendix 1 : Types of Violence Against Women and girls

### *Sexual violence and abuse*

The World Health Organization (WHO) has defined sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”<sup>17</sup> It includes rape, sexual assault, sexual harassment/ bullying, sexual exploitation (coercion and exploitation in the sex industry), child sexual exploitation and trafficking.

### *Rape and sexual assault*

The Sexual Offences Act 2003, which came into force in May 2004, strengthened the law on sexual offences and extended the definition of rape as well as clearly defining the concept of consent.<sup>18</sup> Rape and sexual assault affect women disproportionately, with women three times more likely to be victims of rape and sexual assault than men.<sup>19</sup> The 2014/2015 England and Wales Crime Survey<sup>20</sup> report by the Office for National Statistics (ONS) showed that there has been a 36% increase in all sexual offences for the year ending September 2015 meaning it is the highest since the figures starting being recorded in 2002. The sexual offences of rape (33,431 offences) and other sexual offences (61,178 offences) increased by 39% and 35% respectively. The increase in reporting has been attributed to a number of factors including increase in reporting of historic sexual abuse and inspections by HMIC<sup>21</sup> which highlighted the need to better record and investigate sexual offences. Sexual violence is identified as a high risk factor in domestic violence cases.

There is a particularly young profile to those accessing services for rape and sexual assault. For example, young women represent approximately 30% of rape victims accessing London’s Haven Centres<sup>22</sup> and 64% of victims of multiple perpetrator rape in London are under 19 years old<sup>23</sup>. A 2009 study by the NSPCC and the University of Bristol which questioned 1,353 young people (aged between 13 and 17 years old) on violence in their intimate partner relationships found that 33% of girls and 16% of boys had experienced some form of sexual abuse.<sup>24</sup> The young women and professionals working with young people we spoke to as part of the consultation were particularly concerned about sexual harassment and sexual violence issues, especially the increase in online abuse.

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<sup>17</sup> WHO (2002) *World Report on Violence and Health*, Geneva: World Health Organization, page 149

<sup>18</sup> The definition of rape was extended to include the penetration by a penis of the vagina, anus or mouth. Sexual Offences Act (2003), available at: <http://www.legislation.gov.uk/ukpga/2003/42/contents> (last accessed 07.10.16)

<sup>19</sup> ONS (2013) *Focus on: Violence Crimes and Sexual Offences, 2011/2012*, Newport: Office for National Statistics

<sup>20</sup> ONS, (2016) *Crime in England and Wales: Year ending September 2015*, Newport: Office for National Statistics

<sup>21</sup> HMIC (2014) *Crime-Recording: Making the Victim Count*, London: Her Majesty’s Inspectorate of Constabulary

<sup>22</sup> The Havens (2008), *Annual Statistics*

<sup>23</sup> Commander Simon Foy (Head of the Metropolitan Police’s Homicide and Serious Crime Command Unit), cited in Daily Mail Newspaper, 5<sup>th</sup> November 2009

<sup>24</sup> Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and violence in teenage intimate relationships*, London: NSPCC and the University of Bristol

Attitudinally, a 2015 report<sup>25</sup> shows that young people (aged between 16 and 19) are most likely to believe that a person should take some responsibility for sexual assault or rape if they were drunk (34%), taking drugs (45%) or flirting with their attacker (46%).

Research suggests that sexual offences are significantly under-reported.<sup>26</sup> The Crime Survey England and Wales self-completion module on inter-personal violence consistently finds that only a small number of victims of domestic and sexual violence report to the police.

### ***Child Sexual Exploitation***

*The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person/persons) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.*<sup>27</sup>

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

The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim’s options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited.<sup>28</sup>

Child sexual exploitation can have a devastating impact on a victim’s health, happiness and development. It can also have profound long-term effects on young people’s social integration and economic well-being and adversely affects life chances.<sup>29</sup>

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

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

Studies provide widely different estimates of the prevalence of sexual harassment. However, research suggests that sexual harassment is likely to be widespread but also largely

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<sup>25</sup> Barrett, D. (2015) ‘Drunk or flirty rape victims often ‘to blame’ says survey’, *The Telegraph*, 12<sup>th</sup> February 2015. Barrett was speaking about the ONS (2015) *Findings from the 2013/2014 Crime Survey for England and Wales*

<sup>26</sup> See for example: Taylor, C. and Gassner, L. (2010) ‘Stemming the flow: challenges for policing adult sexual assault with regard to attrition rates and under-reporting of sexual offences’, *Policy Practice and Research: An International Journal*, 11(3)

<sup>27</sup> This is the agreed Association of Chief Police Officers (ACPO) definition which is used in the Pan London Child Sexual Exploitation Operating Protocol published in February 2014. London Safeguarding Children Board (2014) *Pan-London Child Sexual Exploitation Operating Protocol*, London.

<sup>28</sup> Barnardo’s (2012) *Cutting them free: how is the UK progressing in protecting its children from sexual exploitation*, London: Barnardo’s.

<sup>29</sup> NSPCC, Child Sexual Exploitation – Introduction, available at:

[http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction\\_wda97566.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction_wda97566.html), (last accessed 07.10.16)



underreported.<sup>30</sup> The Everyday Sexism campaign which was set up to catalogue the experiences of women being sexually harassed on a regular basis has received over 100,000 submissions since its inception in April 2012.<sup>31</sup>

Research conducted by the TUC in association with the Everyday Sexism campaign in 2016 found that more than half (52%) of all women polled had experienced some form of sexual harassment in their workplace; nearly 25% had experienced unwanted touching and nearly 20% had experienced unwanted sexual advances.<sup>32</sup>

A 2010 YouGov poll for EVAW<sup>33</sup> found that almost one in three 16-18 year old girls stated they have been subjected to unwanted sexual touching at school. A further 71% of 16-18 year olds (girls and boys) said they had heard sexual name calling with terms such as 'slut' or 'slag' used towards girls at school on a daily basis or a few times a week. In a survey for the National Union of Teachers, half of respondents (49%) had witnessed sexist language and over a third (38%) had witnessed sexual bullying between students.<sup>34</sup> However, the EVAW poll found that almost 25% of those polled said their teachers never said unwanted sexual touching, sharing of sexual pictures or sexual name calling were unacceptable. A report of a survey of 1574 by Girlguiding in 2015 found that 81 percent of girls have experienced sexism; 42% had seen something that trivialised VAWG and 39% had demeaning comments made about them.<sup>35</sup>

## **Stalking**

Although harassment is not specifically defined it can include '*repeated attempts to impose unwanted communications and contacts upon a victim in a manner that could be expected to cause distress or fear in any reasonable person.*'<sup>36</sup> Again, there is no strict legal definition of stalking but the Protection from Harassment Act (as amended by the Protection of Freedoms Act 2012) sets out what examples of what can constitute stalking: physical following; contacting, or attempting to contact a person by any means (this may be through friends, work colleagues, family or technology); or, other intrusions into the victim's privacy such as loitering in a particular place or watching or spying on a person.

On 25 November 2012, two specific criminal offences of 'stalking' and 'stalking involving fear of violence or alarm or distress' came into force in England and Wales, along with additional related police search powers. The offences were introduced by the Protection of Freedoms Act 2012<sup>37</sup>, which amends the Protection from Harassment Act 1997. Section 2A of the 1997 Act prohibits a

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<sup>30</sup> Hunt, C., Davidson, M., Fielden, S. and Hoel, H. (2007) *Sexual harassment in the workplace: a literature review*, Manchester: The Centre for Equality and Diversity at Work, University of Manchester; Hunt, C., Davidson, M., Fielden, S. and Hoel, H., (2010) "Reviewing sexual harassment in the workplace – an intervention model", *Personnel Review*, 39(5), pp.655 – 673.

<sup>31</sup>Smith, L., (2014) 'Everyday Sexism's Laura Bates 'Awareness-raising has become a worldwide movement for equality', *International Business Times*, 15.04.15

<sup>32</sup> TUC (2016) "*Still just a bit of banter?*" *Sexual Harassment in the Workplace in 2016*, London: Trades Union Congress in association with the Everyday Sexism Campaign.

<sup>33</sup> End Violence Against Women and YouGov, (2010) *Sexual Harassment in UK Schools Poll*, London: EVAW

<sup>34</sup> O'Neill, S. (2007) A serious business: An NUT survey of teachers' experience of sexism and harassment in schools and colleges, Institute of Education and University of Warwick.

<sup>35</sup> Girlguiding, (2015) *Girls' Attitude Survey 2015*, London, Girlguiding

<sup>36</sup> CPS (2012) *Stalking and Harassment: Guidance for Prosecutors*, London: Crime Prosecution Service

<sup>37</sup> Protection of Freedoms Act 2012, <http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

person from pursuing a course of conduct that amounts to stalking and Section 2B sets out new police powers to enter and search premises in relation to the 2A offence.<sup>38</sup>

According to the 2013/14 Crime Survey for England and Wales, 21.5% of women had been subject to stalking or harassment at some point in their lifetime and 4.4% had experienced stalking in the previous year.<sup>39</sup> Using the Home Office VAWG Ready Reckoner tool, it is estimated that in Haringey over 11,000 women will have been subjected to stalking in the past 12 months.<sup>40</sup>

Studies have found women and younger women are most likely to be victims of stalking and harassment.<sup>41</sup> Stalking and harassment was another area the women we spoke to as part of the violence against women and girls consultation were particularly concerned about.

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

### **Trafficking**

Trafficking is defined as: 'The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs'.<sup>42</sup>

The organisation AVA has noted that the majority of women involved in off-street prostitution in London are migrants, although estimates vary. Research by the Poppy Project found only 19% of women working as prostitutes in flats, parlours and saunas are originally from the UK, compared with just 3.6% of women in the off-street sector in London found to be British as part of Project Acumen, a police-led research initiative.<sup>43</sup>

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<sup>38</sup> Home Office, (2012) *A change to the Protection from Harassment Act 1997: introduction of two new specific offences of stalking*, London: Home Office Circular, 018/2012.

<sup>39</sup> Chaplin, R., Flatley, J. and Smith, K. (Eds.) (2011) *Crime in England and Wales 2010/11 Findings from the British Crime Survey and police recorded crime* (2nd Edition), Home Office and ONS.

<sup>40</sup> Home Office, *VAWG Ready Reckoner*, <http://webarchive.nationalarchives.gov.uk/20100104215220/http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm> (last accessed 10.10.16).

<sup>41</sup> Sheridan, L. (2005) *Stalking Survey*, University of Leicester

<sup>42</sup> Article 3 of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially women and children (2000), is one of the 3 protocols to the UN Convention Against Transnational Organisational Crime. This protocol is commonly referred to as 'the Palermo Protocol'. The protocol entered into force on 25<sup>th</sup> December 2003.

<sup>43</sup> Information from, The Poppy Project (2004), *Sex in the City: Mapping Commercial Sex Across London*, London: The Poppy Project; Jackson, K. Jeffery, J. and Adamson G. (2010) *Setting the Record: The Trafficking of Migrant Women in the England and Wales Off-Street Prostitution Sector*, London: Project Acumen.

## ***Domestic violence and abuse***

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

The definition of domestic violence and abuse now states:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

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

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

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

According to the 2013/2014 Crime Survey England and Wales<sup>44</sup> it is estimated that around 28.3% of women will experience domestic violence at some point in their lives from the age of 16 and 8.5% (4.4% of men) experienced abusive behaviour from a partner or family member within the last 12 months, equivalent to 1.4 million female victims. This would mean that in Haringey around over 6,000 women are currently experiencing domestic violence and over 20,000 women are living with the legacy of past domestic violence.<sup>45</sup>

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

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<sup>44</sup> *Op Cit.*, ONS Report

<sup>45</sup> Using the Home Office 'Ready Reckoner' tool it is estimated that over 6,000 women aged 16-59 have been a victim of domestic abuse in the past year; 5,607 have been the victim of a sexual assault and 11,104 have been a victim of stalking.

<sup>46</sup> ONS (2015) 'Chapter 2: Violence Crime and Sexual Offences – Homicide', in Findings from the 2013/2014 Crime Survey for England and Wales, Newport, Office for National Statistics

## ***Coercive and Controlling Behaviour***

In December 2015 a new criminal offence of Controlling and Coercive behaviour came into force. The offence is contained within Section 76 of the Serious Crime Act 2015. This will have an impact on the number of cases that we will see through all of the domestic violence services in the borough.

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

*"Certain cultural norms have long been cited as causal factors for violence against women, including the beliefs associated with "harmful traditional practices" (such as female genital mutilation/cutting, child marriage and son preference), crimes committed in the name of "honour", discriminatory criminal punishments imposed under religiously based laws, and restrictions on women's rights in marriage."*<sup>47</sup>

Again, as with many areas of VAWG, there is likely to be gross underreporting of so-called 'honour' based violence, forced marriage and female genital mutilation. A report published by Her Majesty's Inspectorate of Constabulary (HMIC) in 2015 highlighted that the police are still not adequately prepared to deal with cases of harmful practices.<sup>48</sup>

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

Female genital mutilation (FGM) comprises "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons."<sup>49</sup>

The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

UNICEF has estimated that more than 125 million girls and women globally have undergone FGM and that 3 million girls in Africa are at risk each year<sup>50</sup>

The organisation Forward has estimated that 20,000 girls under 15 are at high risk of FGM in England and Wales each year.<sup>51</sup> The risk is highest for primary school girls however all young women from backgrounds where FGM is prevalent are at risk.

Research conducted in 2014 by Professor Alison Macfarlane and Efua Dorkenoo<sup>52</sup> included analysis of census data and medical data and linking this in with migration data. They have also compared

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<sup>47</sup> Report of the Secretary General to the General Assembly, (2006) *In-depth study on all forms of violence against women*, Report A/61/122/Add.1, page 30

<sup>48</sup> HMIC (2015) *The depths of dishonour: Hidden voices and shameful crimes*, London: Her Majesty's Inspectorate of Constabulary

<sup>49</sup> WHO, (2010), Female Genital Mutilation, World Health Organization Fact Sheet No. 241, available at: <http://tinyurl.com/lvsjl> (last accessed 08.03.11)

<sup>50</sup> UNICEF, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York, 2013).

<sup>51</sup> Macfarlane, A., Morison, L. and Dorkenoo, E. (2007) 'A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales, Summary Report,' Available online at: <http://www.forwarduk.org.uk/key-issues/fgm/research>, (last accessed 18.09.14)

this to global data on countries that practise FGM and the type they practise. As a result of the gathered data they estimate:

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

The conclusions are as follows:

- Around 103,000 women aged 15-49 living in England and Wales are from FGM practising countries.
- Nearly 53,000 came from countries in the Horn of Africa where FGM is virtually universal and Type III is commonly practised.
- Women aged 50 or more with FGM – about 24,000 (9,400 came from countries where FGM is almost universal with Type III; 5,600 coming from countries with almost universal FGM, usually Types I and II.)
- Those under 15 - just under 24,000 girls aged 0-14 born in FGM practising countries were living in England Wales in 2011. They estimated that if they experience FGM at the same rate as girls aged 15-19 in their countries of birth, then nearly 10,000 of them have undergone or will undergo FGM.
- Nearly 4200 temporary residents born in FGM practising countries were enumerated, of whom just over 900 came from countries where FGM is almost universal.
- the number of pregnant women who had undergone FGM increased steeply over the years 2001 to 2004
- The estimated numbers of maternities to women with FGM increased from just over 9,000 in 2005 to nearly 11,000 in 2008, since when the numbers have levelled off.
- From 1996 to 2010, 144,000 girls were born in England and Wales to mothers born in FGM practising countries and a further 29,000 were born in 2011 and 2012.
- 60,000 of the girls aged 0-14 born before 2011 and 11,700 of those born in 2011 and 2012 were born to mothers with FGM.
- In both cases, well over half of the mothers came from the countries in the Horn of Africa where FGM is almost universal and Type III is practised and slightly under a fifth came from the countries in West and East Africa where Types I and II are highly prevalent.

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

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

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<sup>52</sup> Macfarlane, A. and Dorkenoo, E. (2014) *Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk: Interim report on provisional estimates* (London, City University and Equality Now funded by Trust for London and the Home Office, p. 14.

The origin of FGM is complex and it has not been clearly established, but it is known that it predates both Christianity and Islam.<sup>53</sup> The World Health Organization (WHO) has said that the perpetuation of FGM is because *it functions as a self-enforcing social convention or social norm. In societies where it is practised, it is a socially upheld behavioural rule. Families and individuals continue to perform it because they believe that their community expects them to do so. They further expect that if they do not respect the social rule, they will suffer social consequences such as derision, marginalization and loss of status*<sup>54</sup>.

A study by FORWARD<sup>55</sup> found that FGM is perpetuated in the UK for the following main reasons:

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

The 2015 research conducted by Dorkenoo and MacFarlane<sup>56</sup> has established estimates of the numbers of women and girls affected per borough across England and Wales with figures for Haringey of:

	Age 0-14	Age 15-49	Age 50+	Total
Estimated numbers of women with FGM	266	2410	749	3425
Estimated prevalence per 1000 population	11	32.4	24.7	26.6
Number of women born in FGM practising countries and permanently resident in England and Wales (2011 Census)	471	5560	2409	8440

## Forced marriage

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

<sup>53</sup> For a discussion of the origins of FGM see: Office of the High Commissioner for Human Rights, Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children, available online at: <http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf> (last accessed 07.10.16) and FORWARD, (2002), Female Genital Mutilation Information Pack

<sup>54</sup> WHO (2010), *Global strategy to stop health-care providers from performing female genital mutilation*, Geneva: UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, IOM, MWIA, WCPT, WMA, page 2.

<sup>55</sup> Dorkenoo, E., Morison, L. and MacFarlane, A., (2007), *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*, London: Foundation for Women’s Health, Research and Development (FORWARD) in collaboration with the London School of Hygiene and Tropical Medicine and the Department of Midwifery, City University.

<sup>56</sup> Macfarlane, A. and Dorkenoo, E. (2015) ‘Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates’, London: City University and Equality Now. The table above is based on Table 11, Numbers of Women born in FGM-practising countries, and estimated numbers with FGM by age group and region and local authority area.

indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.<sup>57</sup>

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

Forced marriage affects young women disproportionately to young men. In 2014 the Forced Marriage Unit (FMU) gave advice or support to 1267 cases. 79% of these cases involved females and 21% involved males.<sup>58</sup> However, research shows that the figures of forced marriage (actual and threats of forced marriage) are much higher with the prevalence of reported cases estimated to be between 5,000 and 8,000 young people each year. The actual cases of forced marriage are estimated to be far higher as many cases are never reported. A report commissioned by Margaret Moran, the Home Office and the Metropolitan Police in 2008 found that over 300 young people approached organisations in the Luton Area alone.<sup>59</sup>

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

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

### **Crimes committed in the name of 'honour' or So-called 'Honour' Based Violence**

So-called 'honour' based violence is a term used to describe violence committed against a woman where her family or the wider community feels she has not followed what they believe is acceptable behaviour and has brought dishonour or shame to the family. It is based on the belief that women are commodities and the property of male relatives and women's bodies are the repositories of the family's honour.<sup>60</sup> It is not a religious based issue – it has been recorded in communities practising every major religion, including Jewish, Sikh, Christian, Hindu and Muslim communities. The underlying belief behind so-called 'honour' based violence is to maintain the

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<sup>57</sup> FCO and Home Office (2015) 'Forced Marriage', available at: <https://www.gov.uk/guidance/forced-marriage> (last accessed 10.10.16)

<sup>58</sup> Forced Marriage Unit (2015) *Statistics on Forced Marriage for 2014*, London: Foreign and Commonwealth Office and Home Office

<sup>59</sup> Khanum, N., (2008), *Forced Marriage, Family Cohesion and Community Engagement: National Learning through a case study of Luton*, London: Equality in Diversity

<sup>60</sup> For a wider discussion of so-called 'honour based violence see: for example: Brandon, J. and Hafez, S., (2008), *Crimes of the Community: Honour-Based Violence in the UK*, London: Centre for Social Cohesion; Watts, C. and Zimmerman, C. (2002), 'Violence against women: global scope and magnitude', *The Lancet*, 359; Welchman, L. and Hossain, S. (2005), *'Honour': Crimes, Paradigms, and Violence against Women*, London, Zed Books and Terman, R. (2010), 'To specify or single out: Should we use the term "Honor Killing"?'', *Muslim World Journal of Human Rights*, 7(1)



control over women by the men within the family or community by denying women autonomy over their lives – including decisions such as who to marry, their sex lives or divorce and the rights guaranteed by a wide range of international human rights mechanisms.

Although it should be always viewed in the context of wider gender based violence, so called ‘honour’-based violence is different from domestic violence in that it involves perpetration of violence by more than one perpetrator usually from within the family or the wider community. IKWRO<sup>61</sup> suggest a number of factors that separate so-called ‘honour’ based violence from domestic violence:

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

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

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

Worldwide, it is believed that there is gross underreporting of honour killings and so-called ‘honour’ based violence. The UN believes that there are around 5000 women murdered in the name of honour each year, but reports do also acknowledge that this figure is probably low compared to real figures. The UN has also recorded honour killings as happening in Bangladesh, Brazil, Ecuador, Egypt, India, Israel, Italy, Jordan, Morocco, Pakistan, Sweden, Turkey, Uganda and

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<sup>61</sup> IKWRO is The Iranian and Kurdish Women’s Rights Organisation, [www.ikwro.org.uk](http://www.ikwro.org.uk) and [www.stophonourkillings.com](http://www.stophonourkillings.com)



the UK.<sup>62</sup> Government reports to the Committee on the Elimination of all Forms of Discrimination against Women have reported that between 1988 and 2003, 4000 men and women were murdered in Pakistan with the number of women killed more than double that of men.<sup>63</sup> In the UK, IKWRO's research published in 2015 found that there were more than 11,000 incidents of 'honour' based violence reported to the police between 2010 and 2014.<sup>64</sup> In the UK, it is thought that there are 12 'honour' related killings each year<sup>65</sup>, although there are no published statistics in this area. A report by the Henry Jackson Foundation found that there had been 18 'honour' related killings between 2010 and 2014, and a further 11 attempted killings.<sup>66</sup>

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<sup>62</sup> The figure of 5000 women a year is from UNFPA, (2000), *State of the World's Population*, This is the figure used in later reports including the UN Secretary General's 2006 report which acknowledges underreporting: Report of the Secretary General to the General Assembly, (2006) *In-depth study on all forms of violence against women*, Report A/61/122/Add.1

<sup>63</sup> Combined initial, second and third reports of Pakistan submitted under Article 18 of the Convention on the Elimination of all Forms of Discrimination against Women, Para. 529, cited in *Ibid*, page 40.

<sup>64</sup> IKWRO (2015) 'In only five years, police record more than 11,000 'honour' based violence cases', available at: <http://ikwro.org.uk/2015/07/research-reveals-violence/#more-2539> (last accessed 01.03.16)

<sup>65</sup> The statistic of 12 killings a year is widely cited without any original source, nor is the statistic of 114 murder cases, which is also widely cited. Both statistics and the figures from the Metropolitan Police are available within the *Home Office Equality Impact Assessment, Violent and Youth Crime Prevention Unit*, published on the 30.03.11

<sup>66</sup> Dyer, E. (2015) *'Honour Killings in the UK'*, London, Henry Jackson Foundation

## Appendix 2: Impact of Violence Against Women and Girls

### Impact on children and young people

Violence against women and girls has a significant impact on the safety and wellbeing of children and young people.<sup>67</sup>

- Out of 1267 cases that the Forced Marriage Unit gave advice to in 2014, 39% involved young people under the age of 21 with 11% under 16.<sup>68</sup> There are cases of children as young as nine being forced into marriage.
- Female genital mutilation is predominantly carried out on young women aged 15 and under<sup>69</sup>
- A 2009 NSPCC survey of 13-17 year olds found that a quarter of girls had experienced physical partner violence, three quarters had experienced emotional partner violence and a third had experienced sexual partner violence<sup>70</sup>
- Up to 70% of teenage mothers have experienced domestic violence in their own intimate relationships<sup>71</sup>
- More than one third of all rapes recorded by the Police are committed against children under 16 years of age<sup>72</sup>

Children and young people can be extremely affected by their experiences of living with violence. The impacts can be physical, behavioural, psychological or educational and they can also be long-term or short-term impacts.<sup>73</sup> The way that children can be impacted depends on a wide range of factors including: age and developmental stage, gender, ethnicity, position within the family, sexuality, disability, their relationship with their mother, whether the abuse was direct or indirect, their access to safety and existence of support networks.

*“Children exposed to sudden, unexpected man-made violence appear to be more vulnerable – making the millions of children growing up with domestic violence...at great risk for profound emotional, behavioral, physiological, cognitive, and social problems.”<sup>74</sup>*

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<sup>67</sup> See for example: Geffner, R., Spurling Igelman, R. and Zellner, J. (2013) *The Effects of Intimate Partner Violence on Children*, New York: Routledge; Humphreys, C. and Stanley, N. (2015) *Domestic Violence and Protecting Children: New Thinking and Approaches*, London: Jessica Kingsley Publishers

<sup>68</sup> Forced Marriage Unit (2015) *Statistics on Forced Marriage for 2014*, London: Foreign and Commonwealth Office and Home Office

<sup>69</sup> WHO (2016) *Female Genital Mutilation*, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/> (last accessed 01.03.16)

<sup>70</sup> Barter *et al*, *Op cit*.

<sup>71</sup> Harrykisson, S., Vaughn, R. and Wiemann, C. (2002) *Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period*, *Archives of Paediatrics and Adolescent Medicine*, 156(4).

<sup>72</sup> Walker, A. Kershaw, C. and Nicholas, S. (2006) *Crime in England and Wales 2005/06* Home Office Statistical Office <http://rds.homeoffice.gov.uk/rds/pdfs06/hosb1206.pdf>

<sup>73</sup> For a detailed discussion of the impact of domestic violence on children see Humphreys and Stanley (2015) *Op. Cit.*; Hester *et al* (2007) *op cit.*, Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A., and Jaffe, P., (2003), ‘The effects of children’s exposure to domestic violence: a meta analysis and critique’, *Clinical Child and Family Psychology Review*, 6(3), Kitzmann, K., Gaylord, N., Holt, A. and Kenny, E., (2003), ‘Child Witnesses to Domestic Violence: A Meta-Analytic Review’, *Journal of Consulting and Clinical Psychology*, 71(2) and Evans, S., Davies, C. and DiLillo, D. (2008), ‘Exposure to Domestic Violence: A meta-analysis of child and adolescent outcomes’, *Aggression and Violent Behavior*, 13(2).

<sup>74</sup> Perry, B., Pollard, R., Blakley, T., Baker, W. and Vigilante, D. (1995) ‘Childhood Trauma, the Neurobiology of Adaptation, and “Use-Dependent” Development of the Brain: How “States” Become “Traits”’, *Infant Medical Journal*, 16:4, page 273.

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

### *Indirect*

Most children are aware of the violence and the abuse suffered by their mothers from a very early age.<sup>75</sup> Research supports this, showing that most children are aware of the violence and abuse suffered by their mothers - 87 percent of the 108 mothers in one study believed that their children had witnessed or overheard the abuse. This mirrors earlier findings which show that where there are children in the household, 90 percent are in the same or adjoining rooms when violence occurs.<sup>76</sup> Section 120 of The Adoption and Children Act 2002 extended the legal definition of 'significant harm' to a child to include the impairment suffered from seeing or hearing the ill treatment of another – particularly in the home, even if they themselves had not been physically abused or assaulted. The amendment which came into effect in January 2005 was created in response to research that children can sometimes suffer long-term damage from living in a home where domestic violence is taking place.

### *Direct Abuse*

In families where domestic violence occurs, children may also be sexually or physically abused. A meta-analysis of research studies estimated that in 30-60 percent of domestic violence cases, the abusive partner was also abusing children in the family.<sup>77</sup> The rate of reported domestic violence is particularly affected by whether active questions are asked about abuse of children. A study of NSPCC cases found that where children were known to have been abused there was a dramatic increase in disclosure of abuse from an initial one-third to two-thirds of children, once a domestic violence monitoring form was introduced.<sup>78</sup> A 2002 NSPCC prevalence study showed that 26 percent of 18 to 24 years olds had lived with violence between their parents/carers and for 5 percent this was frequent and on-going.<sup>79</sup>

Violence against women and girls is a particular child protection concern and reflected in referrals to children's social care and child protection cases.<sup>80</sup>

## **Impact on Women**

### *Health impacts*

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

- Victims sustained an injury in almost half of all incidents of violence (48%) in the last Crime Survey in 2015.<sup>81</sup>

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<sup>75</sup> See for example Taft, A, Watson, L, and Lee, C (2004) 'Violence Against Young Australian Women and Association with Reproductive Events: A Cross-Sectional Analysis of a National Population Sample', *Aust N Z J Public Health*, Vol. 28 and McWilliams and McKiernan (1993).

<sup>76</sup> Jaffe, P. , Wolfe, D. , &Wilson, S. (1990) *Children of Battered Women*, Newbury Park, California: Sage.

<sup>77</sup> Edleson, J (1999) 'Children Witnessing of Adult Domestic Violence', *Journal of Interpersonal Violence*, 14:4

<sup>78</sup> Hester, M. and Pearson, C. (1998) *From Periphery to Centre: Domestic Violence in Work with Abused Children*, Bristol: Policy Press.

<sup>79</sup> Cawson, P (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, London: NSPCC.

<sup>80</sup> Children's Social Care estimates that around 70-80% of all contacts to the Single Point of Access (SPA)/ Multi-agency Safeguarding Hub (MASH) Team involve domestic abuse (Using the wider definition).

- Rape and sexual assault can lead to a range of sexual health problems, including increased risk of sexually transmitted diseases, gynaecological problems, chronic pelvic pain, painful menstruation, painful intercourse and infertility.
- Female genital mutilation has numerous health implications which include severe pain and shock, infection, urine retention, injury to adjacent tissues, immediate fatal haemorrhaging.
- 40% of high risk victims report mental health problems<sup>82</sup>
- The mortality rate for women involved in prostitution is 12 times higher than it is for the general population, the highest for any group of women.<sup>83</sup>
- Studies have consistently found that between 40 -80 percent of women engaged in treatment services for alcohol or drugs had experienced some form of abuse.<sup>84</sup>

### *Impact on housing and financial stability*

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

- A 2002 study by Shelter found the domestic violence is the single most quoted reason for homelessness - 40% of all homeless women stated that domestic violence was the reason.<sup>85</sup>
- An estimated 22% of women first entered prostitution when they were homeless or in temporary housing.<sup>86</sup>
- A 2014 report by the charity St Mungo's Broadway found that the majority of their homeless female clients had experienced gender-based violence and had been unable to access housing services to meet their needs.<sup>87</sup>

Domestic violence also has a detrimental impact on employment. According to Walby and Allen, 21% of employed women who had suffered domestic violence in the previous 12 months took time off work due to the violence and 2% lost their jobs as a result.<sup>88</sup>

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<sup>81</sup> ONS (2015) *Op. Cit.*

<sup>82</sup> SafeLives (2015) *Getting it right first time: policy report*, Bristol: SafeLives

<sup>83</sup> Peate, I. (2006) 'Paying the price: health care and prostitution' *British Journal of Nursing*, 15: p. 246-7 and Salfati, C. G., James, A.R. and Ferguson, L. (2008) 'Prostitute Homicide: A Descriptive Study, *Journal of Interpersonal Violence*, 23(4).

<sup>84</sup> See for example Galvani, S. And Humphreys, C. (2007) *The impact of violence and abuse on engagement and retention rates for women in substance use treatment*, NHS

<sup>85</sup> Cramer, H. and Carter, M. (2002) *Homelessness: what's gender got to do with it?* London: Shelter.

<sup>86</sup> Cusick, L. & Martin, A.(2003) *Vulnerability and involvement in drug use and sex work*, Home Office Research Report 268, London: Home Office.

<sup>87</sup> Hutchinson, S., Page, A. and Sample, E. (2014) *Rebuilding Shattered Lives*, London: St. Mungo's Broadway

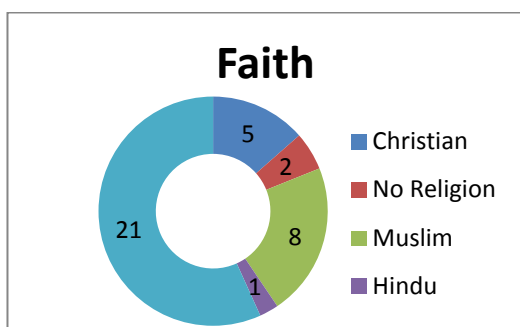
<sup>88</sup> Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Home Office Research Study 276, London: Home Office.

## Appendix 3: Demographic Information

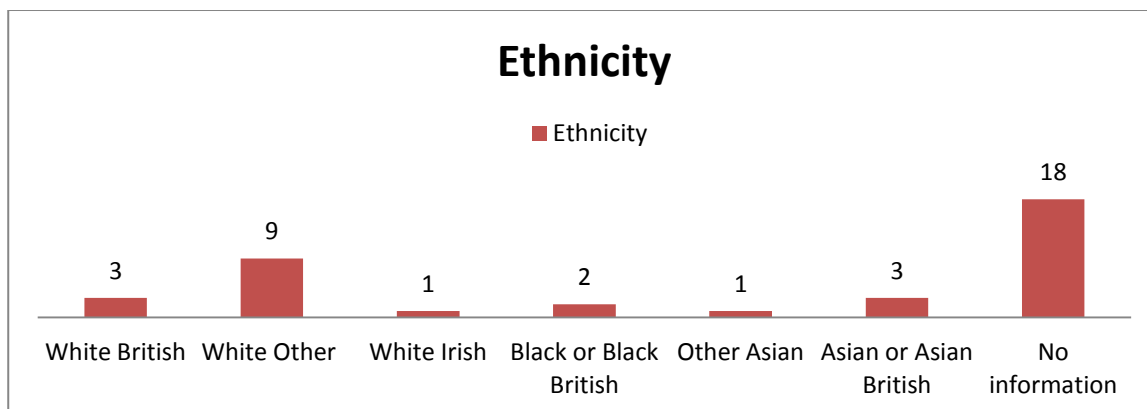
### Survivor Consultation

37 survivors took part in 6 focus groups, which were held throughout the 10 week consultation period. All the participants were currently working with specialist support services and all identified as female. Unfortunately, we did not receive demographic information for 18 of the participants in time for this report.<sup>89</sup> The ages of the participants were extremely varied, with the youngest aged between 25 and 29 and the oldest aged 75-79. The median age for the survivor consultation was 35-39. Of the 19 participants for whom we have demographic information, almost 32% had a disability and 95% of participants were heterosexual and 5% were lesbian.

The faith profile of the participants was extremely mixed, although we only had information on 16 participants for this question. 50% of those who responded to this question were Muslim, within which 38% identified as Alevi. 31% were Christian and 6% were Hindu.



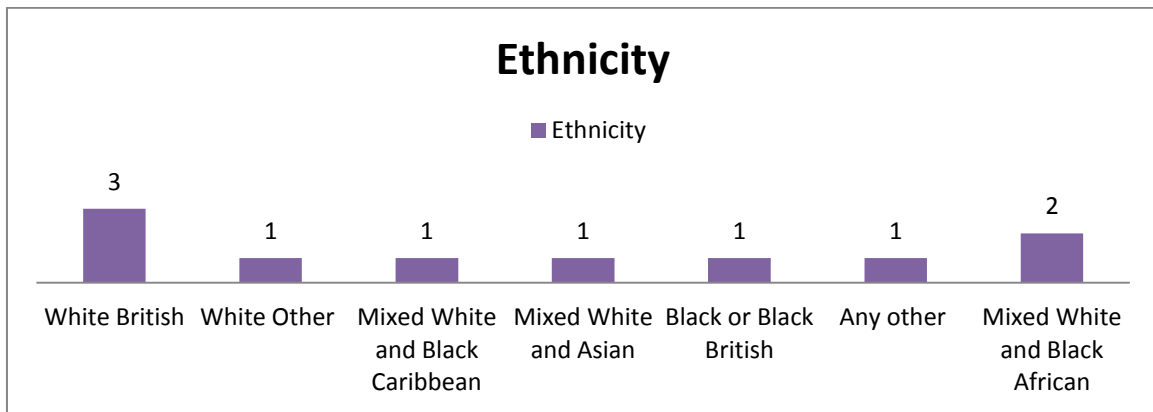
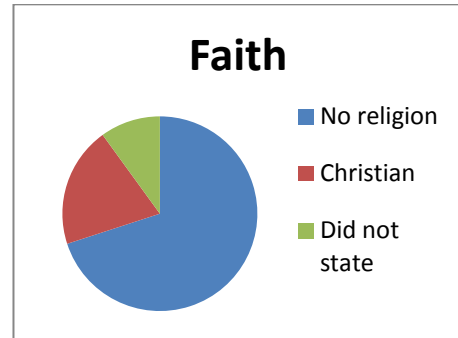
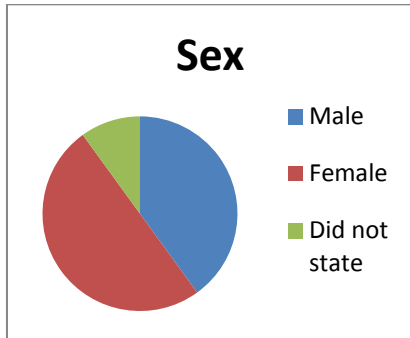
In terms of Ethnicity, again the demography was mixed. Almost half (47%) identified as White Other. Within that category the majority identified as either Turkish or Kurdish with 1 Polish participant and 1 Italian.



<sup>89</sup> If demographic information is received, the report will be amended.

## Young People Consultation

10 young people participated in the focus group. 9 of them were aged under 18 and 1 was aged between 18 and 25. The focus group was split evenly between male and female participants with 5 female, 4 male and 1 young person who declined to state. None of the young people said that they have any form of disability and all 10 identified as heterosexual. The majority (70%) said that they had no religion.

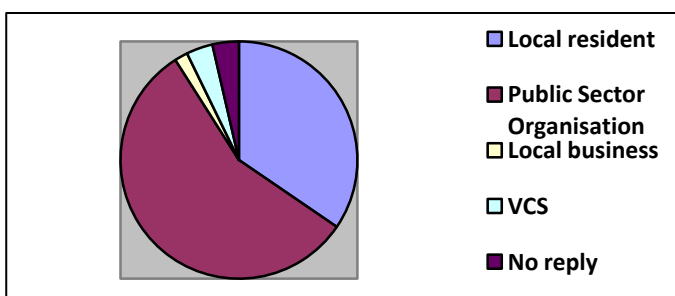


## Professional and Local Resident Consultation

As outlined above, an online questionnaire with paper booklets was available for professionals and local residents to complete. The questionnaire launched online on 1<sup>st</sup> August and was available at: [www.haringey.gov.uk/vawgconsultation](http://www.haringey.gov.uk/vawgconsultation). In total 55 responses were received either online or through the post.

### Questionnaire Respondents

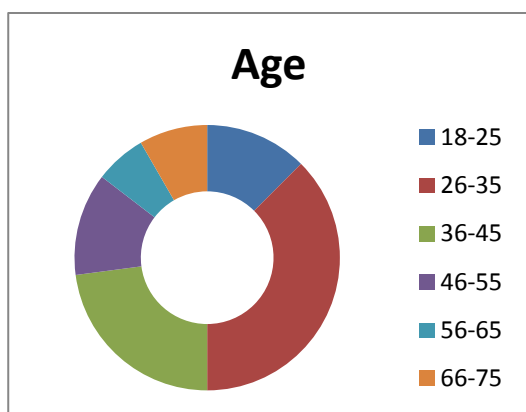
20 responses were received from local residents; 31 from statutory organisations (of which 29 were from the Metropolitan Police); 1 from a local business and 3 from local voluntary or community organisations (although some respondents said they were responding as a local resident and as a member of a local VCS).



In terms of disability, 12.7% of respondents identified as having a disability with 80% saying they did not have a disability and 7.3% preferring not to answer the question. The response to the 'what is your sex/gender question?' was left deliberately open ended to allow for anyone who did not identify as either male or female to respond. However, 24 respondents identified as either 'female' or 'woman' and 26 identified as male. 4 respondents declined to answer and 1 identified as 'straight'. 78% of respondents identified as being heterosexual or straight with 3.6% identifying as bisexual and 1.8% identifying as gay or lesbian. The remainder either did not answer or preferred not to say.

The ethnicity was less mixed for the professional and local resident questionnaire responses: 50% identified as White British. 24% identified as being from 'Any other ethnic background' with half of respondents not specifying their ethnicity and the remainder being either White European or Latin American. 5.4% identified as being Black or Black British –Caribbean and 7.2% identified as being White Other (1 respondent was Greek/Greek Cypriot and the other 3 were Kurdish). 3.6% of respondents identified as White Irish and an additional 3.6% identified as Asian or Asian British. 5.4% of respondents declined to state.

The age range of respondents to the consultation was extremely mixed with responses from those aged 18-25 right up to those aged 66-75. 7 respondents did not answer this question. Nearly 33% of respondents were aged between 26 and 35 with the second highest concentration in the 36-45 age bracket (20%).



## Appendix 4: Consultation Timetable

Consultation Timetable									
		Public Drop in	Service User focus group	Professional sessions	Professional event	Young People	Existing VAWG		
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
w/c Aug 1st	w/c Aug 8th	w/c Aug 15th	w/c Aug 22nd	w/c Aug 29th	w/c Sept 5th	w/c Sept 12th	w/c Sept 19th	w/c Sept 26th	w/c Oct 3rd
VAWG Advisory Mtg 4 Aug	VAWG Strategy Mtg 11 Aug	P3 Operational Board 10 Aug		Professional Drop in	Marcus Garvey Library 6 Sept	H&W Board 12 Sept	Stonecroft Nursery 19 Sept	Galop LGBT 26 Sept	Haringey Safeguarding Champions Mtg 10 Oct
Young Adult 2 Aug	Cllr Weston 1:1 10 Aug	Tottenham ReGen 15 Aug		CCG Engage. Mtg 1 Sept (postponed)		Professional Drop in	Harmful Practices Mtg 21 Sept	Triangle Children Centre 26 Sept	Women with a Voice focus group Oct 12
	LSCB Business Mgr Mtg	MASE 17 Aug				P3 Strategic Board 13 Aug	IMECE 21 Sept	WRC Event 27 Sept	
		Cllr Kober 1:1 19 Sept				Hornsey Library 13 Sept	POW Young People 21 Sept	Professional Event 28 Sept	
						SHOC Professional Mtg 14 Sept	Practice Network Seminar 22 Sept	Broadwater Children centre	
						HAGA 14 Sept	NIA 22 Sept	Young Adult Service TBC Sept	
						Labour Women's Forum 15 Sept		JAN Trust TBC Sept	
						VAWG Strategy 15 Sept			
						DVIP 15 Sept			
						Solace WA 16 Sept			



## Appendix 5: Online Questionnaire

### Haringey's Violence Against Women and Girls Strategy Consultation 2016

#### How can you respond to this consultation?

We are consulting on Haringey's Violence Against Women and Girls (VAWG) Strategy, a plan in which we set out our approach to addressing and preventing violence against women and girls.

We are proposing to focus on 4 priorities for the Violence against Women and Girls Strategy. These priorities are:

- **Priority 1: Coordinated Community Response**
- **Priority 2: Prevention**
- **Priority 3: Support for Victim/Survivors**
- **Priority 4: Perpetrator Accountability**

We would value your views on our suggested strategic priorities to ensure they make a real and sustainable difference to the lives of Haringey's residents.

Feedback from this consultation will be used to help develop a plan to implement the strategy.

Please complete the questions by the 26<sup>th</sup> September 2016 and e-mail your response to: [vawgconsultation@haringey.gov.uk](mailto:vawgconsultation@haringey.gov.uk) or post to Violence Against Women and Girls Strategy Consultation, Public Health Directorate, Level 4, River Park House, 225 High Road, London N22 8HQ. You can also complete the consultation online at: [www.haringey.gov.uk/vawgconsultation](http://www.haringey.gov.uk/vawgconsultation)

#### Q1. Are you responding as a:

- Local resident
- Public sector organisation
- Local business
- Local community or voluntary sector organisation
- Other (please specify)

#### Q2. If responding on behalf of an organisation/business, please give the organisation's name

#### Priority 1: Coordinated Community Response

#### Q3. Looking at the CCR diagram (on page 6), how can we best support victims as a whole community?

#### Q4. What can we all do better to support victims?

**Q5. Do you have any additional comments?**

**Priority 2: Prevention**

**Q6. Can you suggest other actions we can take to prevent violence against women and girls?**

- No
- Yes (please specify)

**Q7. What is the best approach to take with young people to prevent violence against women and girls in the future?**

**Priority 3: Support**

**Q8. Are there any other ways we could better support victim/survivors?**

- No
- Yes (please specify)

**Q9. What more could you do to support your friends/families and neighbours? What support would you need to do this?**

**Priority 4: Perpetrators**

**Q10. What do you think we should have as our approach to perpetrators?**

**Q11. How do you think we could best engage people within the community to safely tackle perpetrators?**

**Q12. Do you think we are missing anything important from our priorities?**

- No
- Not sure
- Yes (please specify)

### **About you.**

These questions help us understand who has answered this survey – the answers will be confidential. Please only answer if you are completing the questionnaire as an individual and as a Haringey resident.

#### **Q13. What is your age?**

- Under 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 75+

#### **Q14. Do you consider yourself to have a disability?**

- Yes
- No
- Prefer not to say

#### **Q15. What is your sex/gender?**

#### **Q16. What is your ethnic group?**

- White - British
- White - Irish
- White Other - Greek / Greek Cypriot
- White Other - Turkish
- White Other - Turkish / Cypriot
- White Other - Kurdish
- White Other - Gypsy / Roma
- White Other - Irish Traveller
- Black or Black British - African
- Black or Black British - Caribbean
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - East African Asian
- Mixed - White and Black African
- Mixed - White and Black Caribbean
- Mixed - White and Asian
- Chinese
- Any other ethnic background (please specify)
- Prefer not to say

#### **Q17. What is your religion?**

- No religion
- Christian (including Church of England, Catholic, Protestant, & all other Christian)
- Buddhist

- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please specify)
- Prefer not to say

**Q18. Which of the following options best describes how you think of yourself?**

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other (please specify)
- Prefer not to say

**Thank you for taking the time to complete this questionnaire.**

Please complete the questions by the 26<sup>th</sup> September 2016 and e-mail your response to: [vawgconsultation@haringey.gov.uk](mailto:vawgconsultation@haringey.gov.uk) or post to Violence Against Women and Girls Strategy Consultation, Public Health Directorate, Level 4, River Park House, 225 High Road, London N22 8HQ. You can also complete the consultation online at: [www.haringey.gov.uk/vawgconsultation](http://www.haringey.gov.uk/vawgconsultation)

**Support Services**

**We recognise that Violence Against Women and Girls may have affected you personally. If you need support after reading or completing this consultation, please contact:**

National Support Services	Contact Details
National Domestic Violence Helpline	0808 2000 247 or <a href="http://www.nationaldomesticviolencehelpline.org.uk/">www.nationaldomesticviolencehelpline.org.uk/</a>
Men's Advice Line	0808 801 0327 or <a href="http://www.mensadvice.org.uk/">www.mensadvice.org.uk/</a>
Respect phone line (for perpetrators)	0808 802 4040 or <a href="http://www.respect.uk.net">www.respect.uk.net</a>
Forced Marriage Unit	0207 0080151 or <a href="mailto:fmu@fco.gov.uk">fmu@fco.gov.uk</a>
IKWRO	0207 920 6460 or <a href="http://www.ikwro.org.uk">www.ikwro.org.uk</a>
FGM Helpline	0800 028 3550 or <a href="http://www.childline.org.uk/fgm">www.childline.org.uk/fgm</a>
Karma Nirvana	0800 5999247 or <a href="http://www.karmanirvana.org.uk">www.karmanirvana.org.uk</a>
FORWARD (for FGM)	<a href="http://www.forwarduk.org.uk">www.forwarduk.org.uk</a>
Paladin (for stalking)	020 3866 4107 or <a href="http://www.paladinservice.co.uk">www.paladinservice.co.uk</a>

Haringey Support Services	Contact Details
IDVA Service	0300 012 0213 or <a href="http://www.niaendingviolence.org.uk">www.niaendingviolence.org.uk</a>
Solace Women's Aid	0808 802 5565 or <a href="http://www.solacewomensaid.org">www.solacewomensaid.org</a>
Hearthstone	020 8888 5362
IMECE	020 7354 1359 or <a href="http://www.imece.org.uk">www.imece.org.uk</a>
North London Rape Crisis	0808 801 0305 or <a href="http://solacewomensaid.org/get-help/north-london-rape-crisis/">http://solacewomensaid.org/get-help/north-london-rape-crisis/</a>

**Appendix 6: Additional Questions asked during Individual or Group Interviews**

- Are you aware of the services available to support victim/survivors in Haringey?
- How can we best engage men and boys in work to end VAWG?
- What practical issues do victim/survivors face?
- What other areas do you think we should focus on?
- Are there other areas of work we should include?
- What gaps are there in VAWG services in Haringey?
- In an ideal world what services would you like to see?
- Can our VAWG services be delivered more effectively and efficiently?
- What are the key outcomes you feel should be included?
- Who needs to be involved in a multi-agency approach?
- What is your understanding of VAWG?
- What training do you think you and your organisation need to understand and address VAWG?
- Are services to help victims of VAWG easy to access?
- If you needed to get information or support for yourself or someone you know would you know where to go?
- What are the key challenges in providing a sustainable service?
- What are the ways in which women and girls currently access support and protection?
- What are the types of support women and girls find most helpful?
- How do you think we can best explore ways to prevent violence?
- How can organisations work together to provide an effective response to women and girls and to hold perpetrators to account?
- How can we best identify gaps and needs as well as any barriers to accessing support services?
- What do you think is the most pressing issue for the VAWG Strategy to cover?
- Which do you think is the most important area?
- What better support could be provided to victim/survivors who are: NRPF, BME, disabled etc.
- What is the most important thing we can do to tackle VAWG?
- What are the key barriers for victims to access support?
- Who do victims currently report to?
- What can be done to improve support?
- How can we challenge 'cultural' issues?
- What can be done to tackle young people's attitudes to VAWG?
- What more can we do to tackle 'harmful practices'?

- What is the key barrier for trafficked people to access support?
- How can we identify VAWG?
- What more can we do to safeguard future generations?

**For further information:**

**Fiona Dwyer (Strategic Lead for Violence Against Women and Girls)**

**[Fiona.dwyer@haringey.gov.uk](mailto:Fiona.dwyer@haringey.gov.uk)**

**0208 489 1501**