

## 6.3 Incidents of domestic abuse

The Government definition of domestic violence and abuse is 'any incident or pattern of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial, and/or emotional abuse.'

**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 capabilities for personal gain, depriving them of the means needed for independence, resistance and escape by 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.'

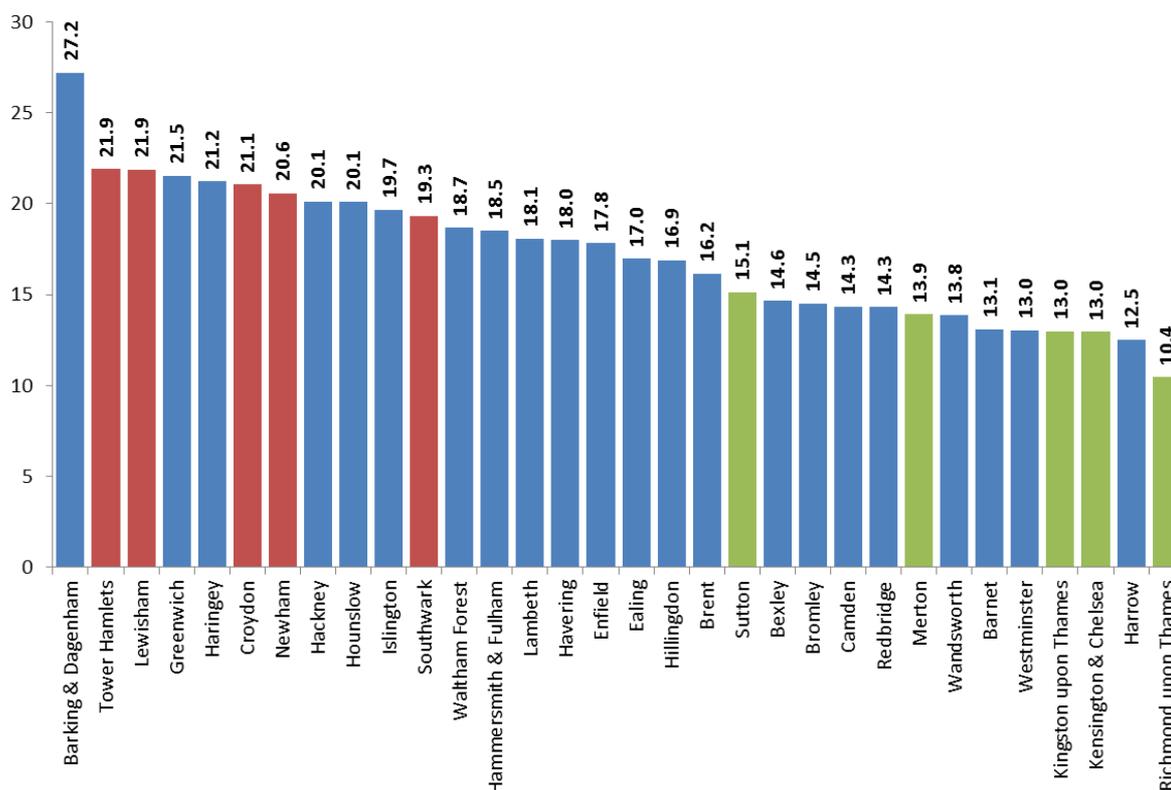
The government definition includes so called 'honour' based violence, female genital mutilation (FGM) forced marriage, and it is clear that that victims are not confined to one gender or ethnic group.

### 6.3.1 Domestic Violence and Abuse in Barking and Dagenham

Domestic violence and abuse continues to be a significant issue in Barking and Dagenham. Using year to date totals, there were 2,568 offences in 2015/16 which represents an increase of 5.4% compared with 2,436 offences in 2014/15.



**Figure 2 Rate of Domestic incidents by 1,000 resident population, London boroughs, 2015/16**



The majority of recorded incidents are domestic violence against the person. Violence with injury accounted for 46.2% of all recorded incidents the borough in 2015/16.

There were 26 recorded domestic abuse homicides across London in 2015/16, over 2 per month. This is a reduction of 44% compared to 2014/15.

Domestic abuse homicides represented 24% of all recorded homicide offences in London in 2015/16, an increase from 17.5% of all homicides in 2014/15 and the second highest proportionally and numerically in the last 6 years

### **Presence of alcohol**

Barking and Dagenham has the highest level of alcohol related domestic violence across the Met Police at 70% compared with 40% across the East London region and 25% for London. There are many factors that may influence this, including deprivation. However, there is no national evidence to show that alcohol use directly causes domestic abuse (DA). The reasons why DA occurs are complex and varied. Broader societal factors, alcohol and gender inequality should all be viewed with caution in terms of their underlying contributions to DA.

**Domestic abuse is a factor that features in the majority (62%) of the borough's open social care cases.**

The table below shows there has been a considerable increase in Domestic Abuse cases at contact level in social care. There has been an 86% increase in the number of contacts for which Domestic Abuse was a stated issue over a 3-year period, from 1195 in 12/13 to 2,228 in 15/16. However the number of those contacts that progress to referral has decreased by 14% over the same period, from 501 to 432.

**Table 6.3.1 Contacts and referrals to social care with Domestic abuse recorded as a stated issue**

	<b>LBBD 2012/13</b>	<b>LBBD 2013/14</b>	<b>LBBD 2014/15</b>	<b>LBBD 2015/16 (prov)</b>
Number of Contacts	8,475	8,856	8,515	11,393
of which Domestic Abuse was a stated issue	1,195	1,944	1,935	2,228
% Contact which DA was a stated issue	<b>14.1</b>	<b>22</b>	<b>22.7</b>	<b>19.6</b>
Number of Referrals	2,586	3,126	4,084	3,215
of which Domestic Abuse was a stated issue	501	776	908	432
% referrals which DA was a stated issue	<b>19.4</b>	<b>24.8</b>	<b>21.9</b>	<b>13.4</b>

Source: Children's social care **MARAC**

The Multi – Agency Risk Assessment Conference (MARAC) meets monthly to conference the highest risk cases in the borough by developing robust multi – agency support plans. During 2015/16, the total number of cases discussed was 337, which represented a percentage an increase of 18%, compared to 286 cases the previous year. Of these 26% (86) were repeat cases. This is on par with the Safelives national recommendation of 28% repeats to MARAC. During the period, there were a total of 381 children attached to these cases, a 19% increase compared to 322 in 2014/15.

In terms of equalities, the MARAC data highlights a reduction in the number of victims with protected characteristics (41% of all MARAC cases compared to 60% during 2014/15). With the exception of LGBT victims, all the other protected characteristics saw a decreased level of referrals when compared with the previous year (see Fig.3).

**Fig 3. Equalities profile Barking and Dagenham MARAC 2014/15 and 2015/16**

	2014/15	2015/16	Variance
<b>Total Number MARAC Cases</b>	286	377	+ 51
<b>Total Number of Equalities cases</b>	171	156	-15
<b>BME</b>	130	124	-6
<b>LGBT</b>	1	3	+2
<b>Disability</b>	14	11	-3
<b>Gender (Male)</b>	12	8	-4
<b>Young Victims (16 – 17 years)</b>	14	10	-4

Currently, the main sources of referrals to MARAC are from the Police and Independent Domestic and Sexual Violence Advocates (IDSVA) service. The current referral trend is shown in the chart below which highlight a number of services with low levels of referrals (see Fig.4). Barking and Dagenham’s MARAC has been independently reviewed by Catalyst in Communities (CIC) and made a number of recommendations for improvements which include partnership referrals.

**Fig 4. MARAC Referrals by Agency**

Referral Agency	2014/15	2015/16	Difference
<b>Police</b>	96	186	+90
<b>IDSVA</b>	127	90	-37
<b>Children’s Social Care</b>	15	7	-8
<b>Primary Care</b>	6	4	-2
<b>Secondary Acute Trust</b>	0	2	+2
<b>Education</b>	1	0	-
<b>Housing</b>	2	3.	+1
<b>Mental Health</b>	1	4	+3
<b>Probation</b>	7	13	-6
<b>Voluntary Sector</b>	0	1	+1
<b>Substance Misuse</b>	5	2	-3
<b>Adults</b>	1	1	No change
<b>MASH</b>	0	0	No change
<b>Other</b>	25	24	-1
<b>Total</b>	286	337	+51

## Specialist Service Provision

During 2015/16, the specialist Domestic Abuse services worked with 1,463 victims. All services responding to domestic abuse contribute to the delivery of the Domestic and Sexual Violence Strategy and Health and Wellbeing Strategy locally.

The Independent Domestic and Sexual Violence Advocates (IDSVA) worked with 1063 cases. Of these, the majority were referred via the Police. This reflects the trend highlighted by MARAC data, with low levels of referrals from all other key statutory and voluntary agencies across the borough which suggests that in Barking and Dagenham most victims are identified when their case has come to the attention of the criminal justice system rather than at an earlier stage of victimisation.

The refuge service delivered by Hestia worked with 70 women and 52 children during the period. Of these, 68% reported psychological abuse, 50% reported physical abuse, 13% reported sexual abuse, whilst some 13% were affected by “honour based violence”.

**ASCENT Partnership.** The Borough has benefited from the ASCENT Consortium funded via London Councils. This partnership delivers advice, counselling and prevention work in schools. During 2015/16, 330 people from Barking and Dagenham accessed the services.

**BHRUT IDSVA:** Since September 2015, an IDSVA funded via the Mayor’s Office for Policing and Crime (MOPAC) has worked across sites at King George and Queens Hospitals to provide support and advice to patients affected by DV. Between October 2015 and March 2016 a total of 26 referrals were made to the IDVA, 17 of which were from maternity and 9 from other clinical areas. Of these, 7 were recorded as Barking and Dagenham cases, 8 from Havering, 1 Redbridge and 10 from other boroughs. The average age range was from 19 to 85 years.

### 6.3.7 Economic impact

The hidden costs to agencies in Barking and Dagenham in responding to DA (immediate and the long term impact) could be £19 million a year<sup>11</sup>. This figure includes the costs of visits to GPs and A&E, treatment for injuries, use of ambulances, prescriptions, and referrals to services for treatment, mental health and rehabilitation.

**Table 6.3.3 Cost of Domestic Abuse to public services in £ millions (2009 estimate)**

	Cost in £ millions	
	Barking and Dagenham	London Average
Physical and Mental Health Care	5.7	8.3
Criminal Justice	4.2	6.1
Social Services	0.9	1.4
Housing and Refuges	0.6	0.9
Civil legal services	1.3	1.9
Lost Economics	6.3	9.2
Total cost	19.1	27.8

Research has also shown that the average high risk DA case costs an estimated £20,000 per year to the public purse, costing the health service £5,000 per victim.

### **Gaps in knowledge and delivery**

In Barking and Dagenham the refreshed Domestic and Sexual Violence Strategy 2016 – 18 and delivery plan has been developed jointly with partnership services, and is under consultation and is due to be signed off in September 2016.

### **Recommendations for Commissioners**

All Partnership recording systems to have alerts for domestic and sexual violence (including female genital mutilation, honour based violence, forced marriage). Improvement in the interrogation of existing systems is required to identify at risk individuals and families so that preventative and support services can be put in place for these individuals. In 2014/15 there were low numbers of referrals from CAMHS, Substance Misuse and A&E to the IDSVVA service. The reasons behind this need to be further explored in 2015/16.

Ensure resources are available to implement the local delivery plan for the 2012-2015 Domestic and Sexual Violence Strategy and to allow for the continuation of key services and ensure they are approachable, accessible and supportive, including maintaining the health commissioned domestic and sexual violence services. The development of a joint Health and Social Care Commissioning framework will help to ensure victims have regional access to inclusive domestic and sexual violence services

Consideration should also be given to:

Developing specialist provision for individuals who experience violence against them, women and girls issues, including female genital mutilation, honour based violence and forced marriages

Provision of dedicated domestic abuse and sexual violence support to health services (GPs, practice nurses, health visitors, school nurses and their patients).

This would improve:

- Identification and recording of DA concerns
- Disclosures and injuries would generate more referrals to DA services.
- Improve safeguarding response by GPs to children and adults experiencing DA
- Specialist DA input into troubled families programme.