



Early Identification Domestic Abuse Needs Assessment

**London Borough of Hackney and the City of London
March 2022**

Authors: Kate Dun-Campbell and Emer O'Sullivan

Executive Summary

Domestic abuse is a widespread and underreported public health issue. It can lead to physical and psychological health impacts and contribute to intergenerational cycles of trauma. Domestic abuse is a highly gendered crime, with the majority of those experiencing abuse being women. However, among boys and men who do experience domestic abuse, there is a deficient uptake of support services. In addition, figures may be underreported due to a variety of reasons. The City of London and Hackney have diverse populations, some of whom have specific cultural experiences of abuse. Therefore, approaches need to be flexible to meet the needs of all of our communities.

Key Findings:

- Early identification and referral is a key part of domestic abuse (secondary) prevention.
- Primary care provides an opportunity to reach a large number of residents.
- IRIS (Identification and referral to improve safety) is supported by the Department of Health, NICE guidance and Pathfinder Toolkit documents.
- There are opportunities to expand early identification training into areas such as housing, maternity and workplaces.
- In the past year an estimated 400 men and women in the City of London and 11,600 in Hackney will have experienced domestic abuse.
- Young people, women, people from a mixed ethnic background, people with a disability and LGBTQ+ individuals are more likely to experience domestic abuse.
- Some communities experience culturally specific abuse e.g. Female Genital Mutilation (FGM), and breast ironing for example
- Around 30% of the estimated domestic abuse prevalence in the City of London and Hackney is recorded by the police.
- Within Hackney, rates of domestic abuse are higher in areas with greater deprivation.
- From April 2020-2021 DAIS received referrals for 26% of domestic abuse incidents recorded by police and 12% of estimated prevalence over the same time period.
- The City of London Vulnerable Victims advocate received 34 referrals between 2020-21.
- IRIS received referrals for 1.2% of the estimated prevalence of domestic abuse in the same time period.
- Of the referrals to IRIS - 14% were deemed to be high risk.
- 14/41 GP practices in Hackney and 1 in the City of London have not made any referrals to IRIS in the past 12 months.

Summary of recommendations:

- Continue to commission an early identification service
- Integrate the early identification service better with existing services.
 - The commissioned early intervention service must integrate with DAIS and the City of London domestic abuse team.

- Meet to explore how this could be achieved.
- Single point of access referral point.
- Increase awareness of the service, especially outside of primary care.
- Ensure there are clear referral pathways for referrers to follow.
- Gaps in engagement from GP practices must be further explored and resolved where possible.
- Expand early identification training
 - GP registrars
 - GPs working out of hours
 - Midwives
 - Health visitors
 - Sexual health
 - Housing team

The early identification services must provide specific training for the needs of certain groups:

- Charedi community
- Culturally and ethnically diverse communities.
 - Culturally specific practices e.g. FGM, breast ironing, virginity testing etc.
 - Institutional/structural racism
- LGBTQ+
- People with a disability
- Older adults
- Male victims
- Young people
- Vulnerable groups:
 - Sex workers
 - Homeless people
 - Substance misuse
 - Pregnant women

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Introduction

Domestic abuse is a crime that has often been hidden and difficult to uncover. It has widespread repercussions, not just for the victim but also their friends and family, and wider society. The low rates of conviction for domestic abuse offences reflect how society views these crimes and demonstrates that perpetrators are often left unchallenged to repeat their abuse. Domestic abuse can cause trauma and has been identified as a key 'adverse childhood experience' leading to lifelong ill health for those who are exposed as children[1]. It can also perpetuate the inter-generational cyclical nature of trauma and violence.

Domestic abuse is often long term and continuous with the average number of incidents per year 20 for women and 7 for men [2]. During the Covid-19 pandemic, there have been periods of lockdown and isolation, potentially leaving people trapped with their abusers.

The City and Hackney Public Health team currently commissions an early identification service using the identification and referral to improve safety service (IRIS) model. IRIS provides training and advocacy to all GP practices throughout the area. This needs assessment is to inform the recommissioning of this service, to improve what is currently being offered and to ensure that women and men throughout Hackney and the City of London can access support where needed. Professionals working throughout the City and Hackney must be able to recognise the signs of domestic abuse, to refer appropriately and to be aware of the needs of our most vulnerable communities.

Definition of domestic abuse

The cross-government definition of domestic abuse is:

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

- psychological
- physical
- sexual
- financial
- emotional abuse [3]”

“Controlling behaviour can be considered a range of acts designed to make a person subordinate and dependent. This can be achieved by isolating them from sources of support, exploiting their resources for personal gain. In addition to depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim” [4].

The above definition does include honour-based violence, female genital mutilation and forced marriage, which are outside the scope of this needs assessment.

While the above is not a legal definition, and domestic abuse is not a specific criminal offence, perpetrators could be prosecuted against, such as murder, rape, assault, harassment, and threatening behaviour.

This report also offers statistics for 'Intimate violence', the Crime Survey for England and Wales (CSEW) collective term [5] used to describe domestic abuse, sexual assault, and stalking. Throughout this report, the term 'domestic abuse' will be used, this is to reflect the wide range of experiences of abuse, not just limited to violence.

Aim

To inform the commissioning of the City & Hackney early intervention domestic abuse service for 2022.

Objectives

- Identify met and unmet needs for domestic abuse in City & Hackney.
- To provide an overview of current domestic abuse and abuse services available throughout City & Hackney.
- Generate insight into the experience of the current IRIS service by service users and professionals.
- Report to a monthly domestic abuse steering group to inform the progress of the assessment.
- Provide recommendations to inform the commissioning process.

Methodology

The broad approach to conducting this needs assessment combined three critical areas as outlined by Stevens & Gillam (1998)[6].

1. Epidemiological: Including an overview of the local population included in the needs assessment, identifying subgroups with increased/specific needs and outlining current services and their effectiveness.
2. Comparative: Comparison both between and within our target population, national and local priorities (via Policy review), and changes over time.
3. Corporate: Collecting information of critical stakeholders and using these to generate informed recommendations as part of the needs assessment.

There is overlap between the three areas, and so the methodology is presented overall.

Secondary data

Review of secondary data (not directly collected by the authors) included the following:

- Policy review; including national, pan London and local domestic abuse strategies.
- Identification of expected prevalence of domestic abuse within the City of London & Hackney and estimation of unmet need.

- Assessment of inequalities in the City of London and Hackney.
- Comparisons with other areas and over time.
- Identification of both nationwide and pan-London service provision.

More detailed methodology for each step can be found below:

Policy review

We conducted a policy review to inform recommendations for the new service and assess how the current service is performing. A search was conducted using Google search engine, with the search terms 'domestic abuse', 'domestic violence', 'violence against women and girls' and 'intimate partner violence' used. Documents were included if published from 2014 to date, and a focus on London documents was prioritised. A snowball approach was also used with references within the reports followed up if relevant.

Although this needs assessment does not exclusively focus on women and girls, there was a general focus on women and girls in the included documents due to the gendered nature of domestic abuse. Strategies to reduce violence were included, but this needs assessment generally focuses on all forms of domestic abuse. Not all of the incorporated documents are strictly policy. Please see Appendix for table of included documents.

Limitations:

The policy review has attempted to be as comprehensive as possible within the time and resources available. However, it is possible that some relevant research or policy papers have not been identified and, therefore, their recommendations are not reflected in the results. Nevertheless, all of the selected strategies/reports relating to violence against women and girls and domestic abuse were reviewed and a range of key themes was highlighted that most of the strategies commonly identified and discussed.

Identification of expected prevalence of domestic abuse within The City of London & Hackney and estimation of unmet need.

This was achieved via the identification and analysis of data from several data sources. The expected prevalence of domestic abuse for the City of London and Hackney was calculated using data from the Crime Survey of England and Wales estimates of domestic abuse prevalence in the past year and in a lifetime. Office for National Statistics (ONS) population estimates were then used to calculate an expected prevalence for the City of London and Hackney. Prevalence was both for domestic abuse experienced in a lifetime, and in the past year.

The number of individuals known to services was calculated using three main data sets;

1. Police data: Metropolitan Police and City of London Police.
2. Data from Domestic Abuse Intervention Service in Hackney, from MARAC and from the City of London service.
3. Data from the commissioned early intervention service (IRIS)

We calculated the estimation of unmet needs by comparing the number of individuals known to services in City and Hackney to the estimated prevalence of domestic abuse.

Limitations:

Data from the voluntary and charity sector (VCS) were not included in the assessment of unmet need. This could lead to an overestimate of need if some individuals are accessing support via VCS services. Also, data on individuals known to services was often in a number of referrals, so there could be duplication of individuals (being referred more than once), this could lead to an underestimate of need. We were unable to analyse hospital data, which may lead to an overestimation of need as some people may access support via this route. Some residents of the City of London are registered with GP practices in other boroughs or utilise services in other boroughs.

Assessment of inequalities in the City of London & Hackney

Risk factors for domestic abuse are linked to certain demographic factors such as age, gender, socioeconomic status etc. Higher risk groups e.g. 16-19-year-olds or women, were identified using prevalence data from the Crime Survey England and Wales 2019/20. Data from the policy review was also used to identify at-risk groups, for example, the Safe Lives report on LGBTQ+ individuals.

Estimates for population demographics for each identified factor were identified via Census data, Hackney JSNA data and City of London demographic data. Data on deprivation by ward was available via the Ministry of Housing Communities and Local Government Indices of Deprivation. The most recent data was from 2019.

Where available, data from service users were also reported. For example, 5% of MARAC referrals are for LGBTQ+ individuals. Taken together these give an estimate of the number of people in Hackney and the City of London from higher-risk groups and service provision for these groups.

Rates of domestic abuse per ward in Hackney were calculated using the Greater London Authority Domestic and Sexual Violence Dashboard which presents the number of domestic abuse offences by ward. This was then expressed as a rate per 1,000 population using the Office for National Statistics (ONS) 2019 population estimates by ward.

Limitations:

Demographic data for Hackney was more detailed and easier to obtain than for the City of London. Some service data was unavailable, for example, IRIS does not report Hackney specific data on the number of referrals for disabled or LGBTQ+ individuals.

Comparisons with other areas and over time

Comparison with the London and England average was assessed using the Public Health England, Public Health Outcomes Framework measurement of domestic abuse-related incidents and crimes recorded per 1,000 people.

A list of comparator boroughs was taken from previous Hackney JSNAs. The following boroughs were used:

- Brent
- Greenwich
- Hammersmith and Fulham
- Haringey
- Islington
- Lambeth
- Lewisham
- Newham
- Southwark
- Tower Hamlets
- Waltham Forest
- Wandsworth.

For comparison with other areas and over time, data was only available for the included boroughs in the diagram. The Greater London Authority Domestic and Sexual Violence Dashboard was used to obtain the number of offences and population estimates used to calculate a rate per 1,000 population.

A Rolling 12-month volume of domestic abuse offences was used to create a graph of comparator boroughs.

Limitations:

For the Public Health Outcomes Framework for London, Local Authorities are allocated the rate of the Police force under which they sit. Excluding the City of London who have their own police force.

Identification of both nationwide and pan-London service provision

Hackney and City of London wider services were identified via council websites and also via stakeholder consultation. Pan-London and nationwide services were identified via the Hackney Domestic Abuse Intervention Service (DAIS) website and the City of London Corporation website.

Primary data

Both quantitative and qualitative primary data was generated to inform the needs assessment.

- Quantitative: Cross-sectional survey of all GP practices within City & Hackney using an online platform.
- Qualitative:
 - A cross-sectional survey of GP practices
 - Focus groups to discuss current domestic abuse services provision, identify gaps in the service, and suggest areas for improvement.
 - 1:1 semi-structured interviews with key stakeholders to inform recommendations.

Cross-sectional survey

The questions for inclusion in the survey were developed and sent to the domestic abuse needs assessment steering group for comment and agreement. Once agreed upon, Google Forms were used to generate the survey. It was sent via email to all practices in Hackney and the City of London which had available email addresses on the internet.

Once the survey had been opened, it was promoted via the monthly GP practitioner forum newsletter and indirectly via members of the domestic abuse monthly steering group.

A further follow-up email was also sent out 2 weeks before the closing date to encourage completion of the survey.

Results were then reviewed in Google Forms and presented to the domestic abuse steering group for review and comment.

Focus Groups

An initial list of stakeholders to include in the needs assessment was brainstormed during the design stage. This was then brought to the domestic abuse steering group to identify any missing groups or individuals.

The stakeholder list was then split into three main groups which could form focus groups:

- Clinical staff e.g. GPs, A&E nurses etc.
- Wider staff for domestic abuse e.g. Adult Social Care, Housing team etc.
- Voluntary and Charity Sector Organisations (VCS).

We then developed a set of 10 main questions to guide the focus group. This was presented to the domestic abuse steering group for comment.

Invitations were then sent out to the list of attendees for each focus group.

We requested that the clinical staff focus group be run by one of the members of the domestic abuse steering group. This was due to pre-existing relationships which would allow for a more natural discussion and may facilitate discussion.

Unfortunately, we did not have sufficient replies from wider staff to run a separate focus group and so individuals who had replied to us from this category were invited to the clinical staff focus group instead.

The VCS focus group was organised but on the day only one person attended. This was therefore switched to a 1:1 interview instead.

1:1 Interviews

The identified list of key stakeholders (see Appendix) was used to identify appropriate individuals for 1:1 interviews.

A semi-structured interview approach was used. The 10 questions used to guide the focus group were also used in the 1:1 interviews to enable an easier thematic analysis of answers.

Some stakeholders who were initially invited to attend a focus group were instead offered a 1:1 interview if they could not do the allocated day.

Data analysis

Qualitative data from the survey of primary care, focus groups and 1:1 interviews were analysed using a thematic analysis approach.

To improve the validity of the analysis:

1. Two authors coded the data separately and then met to compare codes and agree on generated themes.
2. The themes were then presented at the domestic abuse steering group for feedback and comments. Amongst the steering group was the chair of the focus group for clinical staff.

Further analysis was then undertaken, informed by key points generated from the policy review, to generate an overall list of key points.

Leadership and oversight of progress were via a task and finish group, which met fortnightly. In addition, a wider steering group provided expertise and input into the needs assessment throughout the process.

Policy Review

In broad terms, the following themes were commonly identified and discussed in the reports as key to meeting the needs of victims of domestic abuse. These themes identify areas to improve identification and prevention of domestic abuse, improve advocacy and support

provision. In addition to highlighting the gaps in service provision, and illustrating how fragmented support systems for those experiencing abuse add barriers to accessing services.

Summary of the key themes relevant for our service:

1. Prevention and early intervention - All of the reviewed strategies and reports emphasised the need for a greater focus on preventing domestic abuse from happening in the first place.

2. High physical, psychological and economic costs of domestic abuse - All of the selected reports highlight the range of costly impacts of domestic abuse.

3. Raising awareness of abuse against women and girls, in particular challenging stereotypes and misogynistic behaviour - The reviewed strategies and reports discussed the need to challenge long-standing entrenched misogynistic behaviours and tackling gender norms that enable abusive behaviours.

4. Multi-agency approaches are needed to understand and meet the needs of those who experience abuse and family members - All of the selected strategies indicate the need for continued and greater multi-agency partnership approaches to tackle the complex needs of those who experience domestic abuse, including tackling perpetrators and improving reporting mechanisms for domestic abuse.

5. Fragmentation of domestic abuse support services - The Pathfinder Toolkit (2020) [7] and the Safe Lives Report (2021)[8] particularly stress the issues of fragmented domestic abuse support services across London and argue for a better-integrated support service for victims of domestic abuse.

6. Ensuring those who experience domestic abuse are at the centre of service delivery and have access to services and support that they need - The reviewed policies draw attention to the need to improve the support services for victims.

7. Specialist support for individuals who experience domestic abuse - All of the reviewed strategies and reports outline the need for more specialised support services and for more services that target populations experiencing multiple disadvantages.

8. Earlier interventions to promote respectful relationships - The selected violence against women and girls (VAWG) strategies [9,10] discuss the need to continue and enhance educational awareness programmes for children and young people on respectful relationships increasing their understanding of violence against women and girls and domestic abuse.

9. Enabling earlier disclosure and reporting by those who experience domestic abuse

- The importance of supporting people to report domestic abuse ensuring greater robustness in the criminal justice system.

10. Improving the police response to domestic abuse - Her Majesty's Inspectorate Constabulary (HMIC) reports (2014,2015) [11,12], Police and Crime Plan (2017-2021) [13], London Assembly Police and Crime Committee (2020) reports [14] provide more critical analysis of police responses to domestic abuse.

11. Addressing gaps in support and provision for vulnerable at-risk population groups - All of the reviewed reports emphasise gaps in provision and support for at-risk population groups and the need for more diverse support services and a greater understanding of the complex needs of these groups.

12. Greater recognition of domestic abuse experienced by men and boys - All of the selected strategies and reports indicate that there needs to be more support for men and boys experiencing domestic abuse, particularly in relation to refuge support and specialist support services.

13. Addressing perpetrators through earlier interventions - The main violence against women and girls strategies and the London Assembly Police and Crime Committee report (2020) [14] particularly discuss the need for greater intervention work for perpetrators at earlier intervention points.

14. Trends in domestic abuse - The newer selected strategies provide some insight on more recent trends in domestic abuse some of which emphasise increasing levels of intrafamilial abuse, online abuse and young people experiencing domestic abuse. These are in addition to ongoing risks of repeat victimisation and repeat offenders not being prosecuted.

15. Impact of COVID-19 on domestic abuse support services - The more recent selected strategies provide some discussion on the impact of Covid-19 on domestic abuse services and how this has placed increased demand on services. Some services outline how they expect a sustained rise in the need for domestic abuse support services following the Covid-19 pandemic.

Key policy documents and context

The UK has signed, but not yet ratified, the Istanbul Convention action against violence against women and domestic violence [15]. The convention is based on four pillars; prevention, protection, prosecution and coordinated policies.

Department of Health guidance [16]

The Department of Health (DOH) resource for responding to domestic abuse sets out recommendations for the commissioning of services. They recommend integrated commissioning between Clinical Commissioning Groups (CCGs) and local authority public health teams, including wider professionals such as housing, children and adult services and police crime commissioners (where possible) [16]. NICE and the UK Chief Medical Officer (CMO) have recommended that health staff should have training on domestic abuse as part of pre-registration education[16].

The workplace has been identified by the Department of Health as a key area for domestic abuse intervention. NHS staff may be experiencing domestic abuse - 75% of domestic abuse victims are targeted at work by telephone calls and emails. Women who have left an abusive partner are especially vulnerable as perpetrators can easily identify the workplace as a place of contact [16].

There is also mention of support for perpetrators as well as victims. According to the DOH report, GPs are the main source of support accessed by perpetrators. IRIS is therefore very well placed to address this [16].

NICE guidance(2016) [17]

NICE guideline suggests training for practitioners should cover:

- Early identification
- Assessment
- Intervention- short term (coping) and longer term (recovery)
- Gathering and recording information
- Confidentiality and sharing of information.

The guidance specifically mentions training and a referral pathway for GP practices and other agencies. "NHS England, commissioners and GPs should commission integrated training and referral pathways for domestic violence and abuse"[17]. This fits in well with our current commissioning of the IRIS service. There is also a suggestion that "managers of specialist domestic violence and abuse services, CCGs and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and abuse" [17]. Which suggests that partnership working has a key role in delivering domestic abuse services.

Hackney violence against women and girls (VAWG) Strategy 2019-22 [9]

There are four key priorities and objectives of the strategy [9]:

1. Recognition, prevention and early intervention.
2. Protecting, supporting and addressing the impact.
3. Whole systems partnership approach
4. Perpetrator accountability and enabling change.

The Hackney VAWG operational group meets quarterly to review strategy implementation. There is also a bi-annual VAWG practitioners forum. The Domestic Abuse Intervention Service (DAIS) in Hackney council is in the process of developing a new VAWG strategy.

City of London violence against women and girls (VAWG) Strategy 2019-2023 [10]

The City of London has a separate but related VAWG strategy. Priorities for the City of London:

1. Prevention, early identification and early intervention.
2. Support of victims of VAWG
3. Taking action against perpetrators and rehabilitating them.

Pathfinder Toolkit [7]

The pathfinder pilot project was conducted over 3 years in eight pilot sites throughout the UK, with an aim to transform health responses to domestic abuse. This led to the development of the toolkit authored by the specialist domestic abuse VCS organisations Standing Together, SafeLives, Imkaan, Against Violence and Abuse (AVA) and IRIS, with funding from the Department of Health & Social Care, and the Department for Culture, Media and Sport.

They produced the following relevant recommendations for local authority and CCGs:

- Establish a commissioning strategy that integrates health with specialist local VAWG/domestic abuse, substance use, mental health and other relevant services.
- Roll out IRIS to every GP surgery across the UK.
- Adopt a trauma informed approach.
- Embed a domestic abuse champions network to support the retention of expertise across departments.

Pan-London Housing Reciprocal [18]

The pan-London housing reciprocal scheme includes 33 London Local authorities and 50 housing associations. It is funded by the Mayors Office for Policing and Crime (MOPAC) and is coordinated by Safer London.

- 9/10 applicants for social housing were female-led households.
- 58% gave domestic abuse as the primary reason for their request (leaving an abuse situation).
- One of the recommendations for landlords is to engage in partnership working with specialist organisations including domestic abuse groups. Strongly encourage landlords to refer tenants.
- 14% of housing referrals come from domestic abuse organisations.
- 72% of applicants were from a lone single parent.

A range of reports were also chosen from leading organisations advocating within the domestic abuse sector. These included the comprehensive range of reports from the Safe Lives organisation (a leading charity which aims to end domestic abuse). The Safe Lives reports provided comprehensive coverage of domestic abuse in relation to different demographic groups including: groups from culturally and ethnically diverse communities, mental health, young people, LGBTQ+ people, older people disabled people, and those who are homeless.

Discussion of themes

1. Prevention and early intervention

The provision of a specialist early identification service for domestic abuse in Hackney and the City such as the IRIS service aligns with best practice recommendations from the Government VAWG Strategy (2016-2020) [19], The London Mayor's VAWG strategy (2018-2021)[20], Pathfinder Toolkit (2020)[7], Safe Lives (2021)[8] and a number of other domestic abuse reports which identify the importance of having early identification and specialist support for victims of domestic abuse. In addition, all of the main selected reviewed strategies and reports on VAWG and domestic abuse emphasise the importance of ensuring victims have access to all the services and support that they need including specialist support for victims of domestic abuse.

The Mayor's VAWG Strategy [20] outlines the evidence from a randomised controlled trial evaluation of IRIS, which found that women attending IRIS practices were six times more likely to be referred to a specialist domestic abuse advocate. They aim to work with partners to understand the feasibility of expanding the IRIS model to encompass wider forms of VAWG beyond domestic abuse. The Mayor's Violence Reduction Unit (VRU) has also recently funded IRIS services in a further 7 London Boroughs, which started in 2020.

2. High physical, psychological and economic costs of domestic abuse

All of the selected domestic abuse reports discuss the significant costs and health impacts of domestic abuse. The Mayor's VAWG Strategy [20] discusses in considerable detail the significant and sustained range of physical, emotional and mental health impacts that VAWG crimes have on victims and their families. These physical and mental health impacts often result in a range of complex support needs, and victims can find it challenging to find the right kind of recovery support. The Mayor's VAWG Strategy [20] also highlights the potential risks of children growing up in violent households, potentially perpetuating cycles of violence as adults and the need to focus further on preventative strategies to manage these risks. The Hackney VAWG Strategy [9] and the City of London VAWG strategy [10] also highlight the range of consequences of domestic abuse which can include; homelessness, mental health difficulties, substance and alcohol misuse, child safeguarding issues, adult safeguarding issues, offending behaviour, physical injury and death.

Due to the complexity of the range of impacts of domestic abuse, the Hackney VAWG Strategy [9] argues that VAWG approaches need to be person-centred, integrated and

based on a strong, whole system, partnership approach. This aligns closely with the Government VAWG Strategies [19] and the Mayor's VAWG strategies [20].

3. Raising awareness of Violence Against Women and Girls including challenging stereotypes and misogynistic behaviour

The Government's VAWG strategy [19] and the Mayor's VAWG strategy [20] particularly focused on embedding greater awareness of Violence Against Women and Girls. These strategies emphasised ensuring that there is an integrated infrastructure for VAWG in all agencies, sectors and the public realm. They aim to embed VAWG as "everyone's business". The Hackney VAWG strategy [9] and the City of London VAWG strategies [10] are also closely aligned with these goals .

The Government and Mayor's VAWG strategies [19,20], Hackney VAWG [9], City VAWG [10] and the Police and Crime Plan (2017) [21] accentuate the importance of challenging cultural norms, language, behaviours and attitudes that have enabled some men to believe that it is acceptable to attack, harass, abuse or degrade women. A main part of the focus of the Mayor's VAWG strategy [20] is to work with a range of partner agencies to campaign to both raise awareness of VAWG and to tackle inappropriate attitudes and the pervasive culture of violence against women and girls.

4. Multi-agency approaches to understand and meet the support needs of those who experience domestic abuse and family members

The Government VAWG Strategy [19], the Mayor's VAWG Strategy [20], Hackney VAWG strategy [9] and the City of London VAWG strategies [10] discuss the cross-sectoral nature of VAWG work. This includes the need for both broad partnerships and whole system approaches to prevent domestic abuse and VAWG and provide greater support for those who experience domestic abuse and their families.

The Mayor's VAWG strategy suggests that by harnessing more partnerships, limited resources can be used to optimise results. Similarly the Department of Health guidance document 'Responding to domestic abuse - A Resource for Health professionals' underlines that the NHS is often the first point of contact for people who experience domestic abuse [16].

This resource suggests that working in a multi-agency partnership is the most effective way to respond to domestic abuse at an operational and strategic level. It discusses how the prevalence of domestic abuse in society is such that the NHS and other provider staff will be in contact with adult and child victims (and perpetrators) across the full range of health services. It illustrates that the NHS spends more time dealing with the impact of domestic abuse. The NHS guidance also mentions that the cost of domestic abuse, in both human and economic terms, is so significant that even marginally effective interventions can be cost-effective.

5. Fragmentation of domestic abuse support services

The Pathfinder Toolkit (2020) and the Safe Lives Report (2021) 'We only do Bones Here' [22] highlight the issue of fragmented domestic abuse support services across London and argue that there is a need for better-integrated support services.

Safe Lives (2021) [22] argues that overall commissioning of health-based domestic abuse provision in London is fragmented, lacks coordination and is often based on short term commissioning which makes it more difficult to plan and sustain work. They welcome the expansion of Independent Domestic Violence Advocate provision in hospitals but argue that the commissioning of this is outside the local borough level which results in disjointed referral pathways.

While Safe Lives (2021) [22] welcomes the increase in funding from the London Mayor's Violence Reduction Unit for IRIS in 7 boroughs, they argue that there needs to be local ownership of funding to ensure the long term sustainability of this service. Furthermore, Safe Lives (2021) argue that there is very limited commissioning of domestic abuse support provision in mental health and little or no provision in health visiting, CAMHs or community midwifery. Stakeholders in their research also identified that pharmacies and dentists as well as social prescribing networks would also benefit from clear referrals into specialist services.

6. Ensuring those who experience domestic abuse are at the centre of service delivery and have access to services and support that they need.

There is agreement across all of the reviewed VAWG and domestic abuse reports on the need to ensure that those who experience domestic abuse are at the centre of service delivery and support.

In the National Statement of Expectations (2016) [23] it is made clear that local governments need to ensure that they are placing the needs of those who experience domestic abuse at the heart of their service delivery. The Mayor's VAWG [20] strategy commits to actions to ensure that police and criminal justice services are providing high quality targeted support services.

The National Statement of Expectations (2016) [23] also particularly emphasises that services should meet the access needs of more vulnerable or disadvantaged groups such as; LGBTQ+ individuals; culturally and ethnically diverse communities; older women; people with disabilities and learning disabilities; people with mental health problems; drug/alcohol dependency and those who are or are facing homelessness. The vulnerability of these groups is similarly highlighted in all of the other VAWG strategies and domestic abuse reports.

The Mayor's VAWG strategy [20] highlights that many who experience domestic abuse have suffered as a result of inadequate support services to recover and manage their trauma. There is also a need for improvements in the justice process with many unable to see justice implemented. Moreover, the Mayor's Strategy argues that it is essential to ensure more

perpetrators are punished, ensuring that victims feel confident to report the offence and that action will be taken (Mayor's VAWG strategy) [20].

The London Sexual Violence Needs Assessment [24] provides some detailed discussion on providing more support for individuals experiencing domestic abuse. They outline their ambitions for policing and the Criminal Justice Service. They aim to put more resources into encouraging those who experience domestic abuse to come forward. Furthermore, Safer Lives in their Impact Report (2019-2020) [25] discuss the need to increase safety measures for those at risk and to ensure that those who experience abuse have the support they need to 'live the lives they want after harm occurs'.

7. Specialist support for individuals who experience domestic abuse

The need for additional specialist support for individuals who experience domestic abuse has been addressed in a number of the selected VAWG and domestic abuse strategies. The Mayor's VAWG Strategy [20] in particular, indicates that funding for specialist support has been problematic with London experiencing a diminishing offer of support as services have been affected by government funding cuts. Funding cuts to local authorities over recent years have also resulted in additional reductions to services.

The Mayor's VAWG Strategy [20] also provides a detailed discussion on how Multi-Agency Risk Assessment Conferences (MARAC) enable local agencies to identify risk and put in place activities to respond to the risk posed. MARACs exist in every borough to support victims of domestic abuse, often with complex needs. It is argued that MARACs must be enabled to fully support the people they see, allowing agencies to effectively take action against the perpetrators involved (Mayor's VAWG Strategy). It is mentioned that MARACs could improve by recording mental ill health, substance misuse issues, homelessness and criminal justice involvement in a more systematic way.

The Hackney VAWG strategy [9] emphasises both supporting those who experience domestic abuse and addressing the wider impact of domestic abuse. There is a particular emphasis on ensuring that individuals experiencing abuse are not passed between services but instead experience an integrated response ensuring they are able to swiftly navigate the right support from the right services. The Hackney VAWG outlines how they aim to work collaboratively to ensure fewer children and young people being exposed to or living with violence and abuse, and to ensure that those who are exposed, are supported through a trauma-informed approach.

The selected strategies and reports also identify that there is a priority need for specialist support for young victims of domestic abuse and to address young people's experience of domestic abuse. The Mayor's VAWG Strategy [20] argues that despite this, support for young people was often overlooked as more focus within local authorities was on prevention work. Whilst this is outside the scope of this needs assessment, it will be incorporated into the recommendations.

8. Earlier interventions to promote respectful relationships

A number of the strategies and reports outline the importance of more preventative and early intervention educational work on VAWG and domestic abuse within the school's sector and young people more widely. The Government VAWG Strategy Refresh (2019) [19] discusses a number of different educational initiatives to tackle VAWG issues. They outline how it is critical to educate and challenge young people about healthy relationships and illustrate that through the Children and Social Work Act, they have committed to introducing mandatory Relationships Education in all primary schools, and Relationships and Sex Education in all secondary schools. Schools will be required to start teaching the subjects from September 2020.

The Mayor's VAWG strategy [20] highlights the need to tackle the issue of VAWG at an earlier stage with boys, girls, young men and women. The Mayor's VAWG strategy argues that there is a particular need for advice and education for young men and boys on how to have respectful and positive relationships. They set out a number of educational preventative initiatives that they are working on to improve young people's understanding of VAWG issues (Mayor's VAWG Strategy).

9. Enabling earlier disclosure and reporting by individuals experiencing domestic abuse

All of the reviewed VAWG strategies emphasise the importance of earlier disclosure and reporting by victims, however there is acknowledgement in all of the selected VAWG strategies and domestic abuse reports that many crimes are chronically under-reported and there is often a lack of trust in the criminal justice system to report these crimes, particularly for ethnically and culturally diverse communities. However further in-depth discussion of these under-reporting issues is beyond the scope of this needs assessment.

10. Improving the police response to domestic abuse

Many of the selected reports discuss the need to improve police response to domestic abuse. HMIC (2019) [26] argue that within the police force, there is a strong commitment from police leaders to prioritise domestic abuse and support vulnerable groups to keep them safe. However, the HMIC (2019) [26] report does acknowledge that they have identified delays in forces sending officers to domestic abuse incidents which can increase risk.

Imkaan's research work by Thiara and Roy (2020) [27] also highlights a number of issues relating to structural violence and structural racism that negatively influences the reporting and police management of sexual violence cases particularly in minoritised women's groups, including police response.

11. Addressing gaps in support and provision for at-risk groups

There is general consensus across all of the selected reports on domestic abuse that some groups in society have greater vulnerability towards domestic abuse. There is recognition within all of the reports that domestic abuse is a complex phenomena with many intersecting causes. The complex nature of domestic abuse demands multifaceted partnership responses

across a range of sectors. The Mayor's VAWG strategy [20] in particular explains in detail how these complex needs and issues intersect.

The End Violence Against Women and Girls: The Snapshot Report (2020/2021) [28] specifically identifies intersectional issues influencing domestic abuse, including age, ethnicity, sexuality, and presence of disability, underlining that these issues are not experienced homogeneously across all groups. Therefore, they argue that there is a need for more specialist services that understand and meet the specific needs of these groups. This includes support within wider sectors such as housing, health settings, schools and the criminal justice system to provide more effective responses. The wide range of Safe Lives reports on vulnerable groups also provides comprehensive detail on the wide-ranging needs of diverse groups.

The London Assembly Police and Crime Committee (2020) [29] points out that they are concerned that some elements of the Mayor's VAWG approach may risk missing out and excluding some victims of domestic abuse, such as, men, LGBTQ+ communities and culturally and ethnically diverse communities.

The London Assembly Police and Crime Committee (2020) [29] and Safe Lives' (2018) [30] reports on barriers and accessing services for LGBTQ+ victims and survivors raise a range of issues including a lack of robust data for these communities in the UK. The Galop report (2020) on Commissioning for Inclusion provides additional detailed discussion on the needs of LGBTQ+ groups and domestic abuse.

The Hackney VAWG [9] and City VAWG [10] Strategies also particularly emphasise tackling the additional barriers faced; by boys and men; those from culturally and ethnically diverse communities; people with disabilities; older people; the LGBTQ+ community; those with no recourse to public funds; and those experiencing multiple disadvantages such as those experiencing homelessness or mental health difficulties.

The Mayor's VAWG strategy [20], The Hackney VAWG [9], London Assembly Police and Crime Committee [29] and the Safe Lives Reports highlight some of the characteristics of groups more vulnerable to domestic abuse in more detail.

12. Greater recognition of domestic abuse experienced by men and boys

The London Assembly Police and Crime Committee (2020) [29] and Hackney VAWG strategy [9] point out that there is a need to recognise how domestic abuse also affects men and boys. Their report asserts that "Men make up a quarter of all victims of domestic abuse in London, however, only five per cent of the people who use domestic abuse services in London are male" [London Assembly Police and Crime Committee]. Moreover, there aren't any safe houses for male victims of domestic abuse in London (even if they have children or are in a same-sex relationship).

The London Sexual Violence Needs Assessment (MOPAC and NHS England, 2016) [24] also discusses specific support for men and boys. They illustrate that older boys and men can be victims of violence and abuse, 3.6% of men in London have experienced sexual assault or rape at some point after the age of sixteen. They explain that male victims of sexual and domestic abuse are often reluctant to come forward and report. This means that

perpetrators are able to offend again and again, and the victims do not receive the support they need.

13. Addressing perpetrators through earlier interventions

Currently only 1% of perpetrators of domestic abuse receive any specialist intervention to be challenged or change their behaviour [32]. The importance of perpetrators being brought to justice is a major element of the Government's Refresh of the VAWG strategy (2019) [19] and the National Statement of Expectations (2016) [23]. All of the other main strategies focus to some degree on the need for more preventative and intervention work with perpetrators. The Government VAWG (2016-2020) [33] argues that an effective criminal justice response is crucial and it aims to continue to deliver against the recommendations that emerge from (HMIC) inspections on domestic abuse.

The National Statement of Expectations (2016) [23] argues that there should be "a clear focus on perpetrators and in order to keep victims safe, local areas should ensure that there are robust services in place which manage the risk posed by perpetrators and offer behavioural change opportunities for those willing and able to engage with them". The Mayor's VAWG strategy [20] aims to ensure that more of the perpetrators of VAWG crimes are brought to justice, to convey that this kind of behaviour will not be tolerated and will have serious consequences.

In the Safe Lives Impact Report (2019-2020) [25] they argue emphasis needs to be more on changing narratives around domestic abuse. They argue that Instead of asking why women don't leave abusive relationships, it should be asked why men don't stop abusing.

The Mayor's VAWG strategy [20] and The London Assembly Police and Crime Committee (2020) [29] discuss some examples of different types of approaches and support for perpetrators. The Mayor's VAWG strategy aims to have a more intensive focus on the most dangerous individuals. The Mayor's VAWG strategy also discusses how there is work taking place to examine high harm, high-risk perpetrators with MOPAC's support of the MPS Dauntless+ programme, which identifies, monitors and disrupts individuals who target vulnerable individuals and pose an ongoing risk to others through their violent offending behaviour.

14. Trends in domestic abuse

The London Assembly Police and Crime Committee Report (2020) [29] and The Snapshot report (2020-2021) [28] contend that the types of domestic abuse have widened, arguing that there is a growth of emotional, financial and coercive abuse, as well as repeat victimisation and offending. These reports illustrate how advances in technology have resulted in new and emerging methods of abuse. There has also been an increase in the emergence of abuse within same-sex relationships and more family-related abuse, where offenders are family members of victims rather than current or ex-partners [26].

The Government's Refresh VAWG (2019) [19] discusses how the rapid rate of technological change, including around social media, has opened up new ways to exert power and control

on VAWG victims. They explain that following on from the Internet Safety Strategy Green paper, the DCMS and the Home Office will jointly work on a White Paper, which will set out our proposals for future legislation that will cover the full range of online harms, including both harmful and illegal content.

The Mayor's VAWG Strategy [20] also discusses online abuse and argues that work must continue to evolve to meet the needs of victims by incorporating new types of offending, particularly focusing on crimes enabled by digital technology and the internet.

The Mayor's VAWG strategy argues that online harassment of young women is increasingly normalised in digital societies and is at risk of becoming an established norm. The Snapshot report (2020-2021) [28] particularly highlights how the pandemic has increased the proliferation of online abuse. This report illustrates how the Covid-19 crisis has forced communities to live their lives to a greater extent online and that there is now also less separation between offline and online abuse.

15. Impact of COVID-19 on domestic abuse support services

The newer domestic abuse reports provide some indication of the impact of Covid-19 on domestic abuse services. In the Snapshot Report (2020/2021) [28] the authors discuss the impact of the pandemic on a range of domestic abuse support services. They argue that overall, requests for domestic abuse services and support have significantly increased.

The Women's Aid's (2020) report on the impact of Covid-19 on domestic abuse 'A Perfect Storm' [34] illustrated that confinement to people's homes during lockdown meant that many women and children experiencing domestic abuse were unsafe while locked down with their perpetrators. The pandemic was seen to escalate abuse and close down routes to safety for women.

Local data and unmet need

Hackney 2021 population was estimated at around 279,000; it is projected to increase by about 5% to around 293,000 by 2031[64]. Approximately 24% of the Hackney population are under 20 years old [64]. Hackney has an ethnically diverse population with about 64% of residents coming from a non-white British background.

The City of London's population in 2021 was estimated to be about 10,200; it is projected to increase by 3% to around 10,600 by 2031 [64]. Although the general population have very similar proportions of people from white British ethnicities, children and young people under 20 years old are more ethnically diverse than regional average (78% of non-white British in the City vs. 70% in London) [65]. The City of London has a large footfall of people who do not reside in the City of London itself [65].

Estimated level of need

2019/20 (to March 2020) Crime Survey for England and Wales (CSEW) estimates that 28% of women and 14% of men aged 16 to 74 have experienced any domestic abuse (partner or

family non-physical abuse, threats, force, sexual assault or stalking) at least once in their lifetime [39].

Crime Survey of England and Wales (CSEW) reports that in the year ending March 2020, 3.6% of men aged 16-74 and 7.3% of women in the same age group were domestic abuse victims [39].

Table 1: Estimated prevalence of domestic abuse for England and Wales, by gender (age 16-74, 2019/20)

Area	Men (Lifetime)	Men (Past Year)	Women (Lifetime)	Women (Past Year)
England and Wales	13.8%	3.6%	27.6%	7.3%

Source: CSEW 2019/20 [35].

If we apply those figures to ONS population estimates for Hackney and the City of London, we get the following approximate number of men and women in Hackney who have experienced any form of domestic abuse.

Table 2: Estimated prevalence of domestic abuse in the past year for the City of London and Hackney, by gender (age 16-74, 2019/20)

Area	Men	Women	Total
City of London	200	200	400
Hackney	3,800	7,800	11,600

Source: CSEW 2019/20 [35]

Estimated costs

Walby (2009) argues that the cost of domestic abuse is “borne by the wider economy and society, not only the victims” [40]. The Trust for London and the Henry Smith Charity (2009)[41] estimates that the cost of domestic abuse nationally is nearly £5.5 billion annually; this amounts to:

- £1.6bn for physical and mental health costs
- £1.2bn in criminal justice costs
- £268m in social services costs
- £185.7m in housing and refuge costs
- £366.7m in civil legal costs
- £1.8bn in lost economic output

In addition, the human and emotional costs of domestic abuse are estimated to be over £9.4 billion annually; this amounts to £26 million every day [41].

Table 3: Estimated annual cost of domestic abuse for City of London, Hackney, London and England, by type of cost (£million)

Area	Total costs (not including human and emotional costs)	Physical and mental health care costs	Criminal justice costs	Social services costs	Housing and refuges	Civil legal services	Lost economic output
City	1.7	0.5	0.4	0.1	0.1	0.1	0.6
Hackney	26.6	8	5.8	1.3	0.9	1.8	8.8
London	918	275	200	45	31	62	305
England	5,473	1,639	1,195	268	186	367	1,819

Source: Trust for London [41]

Table 4: Estimated annual human and emotional costs of domestic abuse for City of London, Hackney, London and England (£million)

Area	Costs of domestic abuse (£million)
City	2.9
Hackney	45.8
London	1,581.8
England	9,431.1

Source: Trust for London [41]

In Hackney, it is estimated that domestic abuse costs £26.6 million every year. In the City, the cost is £1.7 million. However, this amount does not include the human and emotional costs which amount to an annual cost of £45.8 million in Hackney and £2.9 million in the City. Furthermore, these figures are likely to be underestimated as they do not include domestic abuse by family members who are not intimate partners [41].

Specialist domestic abuse services

The Hackney Domestic Abuse Intervention Service (DAIS) provides support for any Hackney resident aged 16 and over experiencing domestic abuse. They provide safety assessment, support, information on legal and housing rights and advocacy. DAIS can also provide intervention for perpetrators of domestic abuse.

DAIS received 1,354 new referrals between April 1st, 2020 and March 31st, 2021 [42]. Of these, 595 (44%) were referred to the Multi-Agency Risk Assessment Conference (MARAC),

i.e. were at high risk (of murder or serious harm). In 47% of cases there were children involved.

This is a 21% increase on the number of cases heard by MARAC in 2019/20 [43]. It is hypothesised that the increase may have been caused by either more high-risk domestic abuse taking place due to the Covid-19 lockdown restrictions leading to more opportunities for perpetrators to abuse victims; or an increased awareness of domestic abuse awareness and support through local campaigns.

It is not possible to locate data for all recent previous year's referral data due to the cyber-attack; however, available historical data shows a general upward trend for Hackney.

Table 5: Number of referrals to the Hackney Domestic Abuse Intervention Service (DAIS), by year (2015-2021)

Fiscal Year	Number of referrals
2015-16	822
2016-17	1,054
2017-18	1,165
2018-19	no data available
2019-20	no data available
2020-21	1,354

Source: Hackney's Domestic Abuse Intervention Service (DAIS) (2015-2021)

The 1,354 referrals reflect 26% of the 5,194 domestic abuse incidents recorded by the police in a similar period (April '20-21).

IRIS service

The commissioned early identification primary care service, IRIS, received 132 referrals between March 2020 and March 2021 [44]. This represents 1.2% of the estimated prevalence of domestic abuse in the same time period.

Police recorded Incidents and Crime

Domestic abuse-related offences are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality.

Domestic abuse incidents per 1,000 in Hackney are approximated from Metropolitan Police data, giving one value for the whole of London. As can be seen for 2019/20, this is above the England national average. In contrast, incidents in the City of London are lower than the England average.

Table 6: Domestic abuse incidents recorded by Metropolitan Police, by year (per 1,000 population, age 16+)

Year	City	Hackney	London	England
2017/18	35.3	31.8	31.8	25.1
2018/19	36.3	32.9	32.9	27.4
2019/20	26.2	33.3	33.3	28.0

Source: Public Health England (PHE), Office for National Statistics [35].

Notes: PHE use the total population aged 16+ as their denominator. The Metropolitan police cover Hackney and the City of London police cover the City.

Table 7 depicts recorded crime data for sexual offences, violence with injury, and violence without injury in Hackney and the City for the past five years [36]. These crimes include but are not limited to domestic abuse. For Hackney, all types of recorded offences have increased in the period from 2015-19. Sexual offences increased by 18%, violence with injury by 9%, violence without injury rose by 14%, and stalking and harassment by 40%.

For the City of London, reporting of all offences has also increased over the period: sexual offences rising by 26%, violence with injury by 3%, violence without injury more than doubling (rising by 125%), and stalking and harassment increasing by 42%.

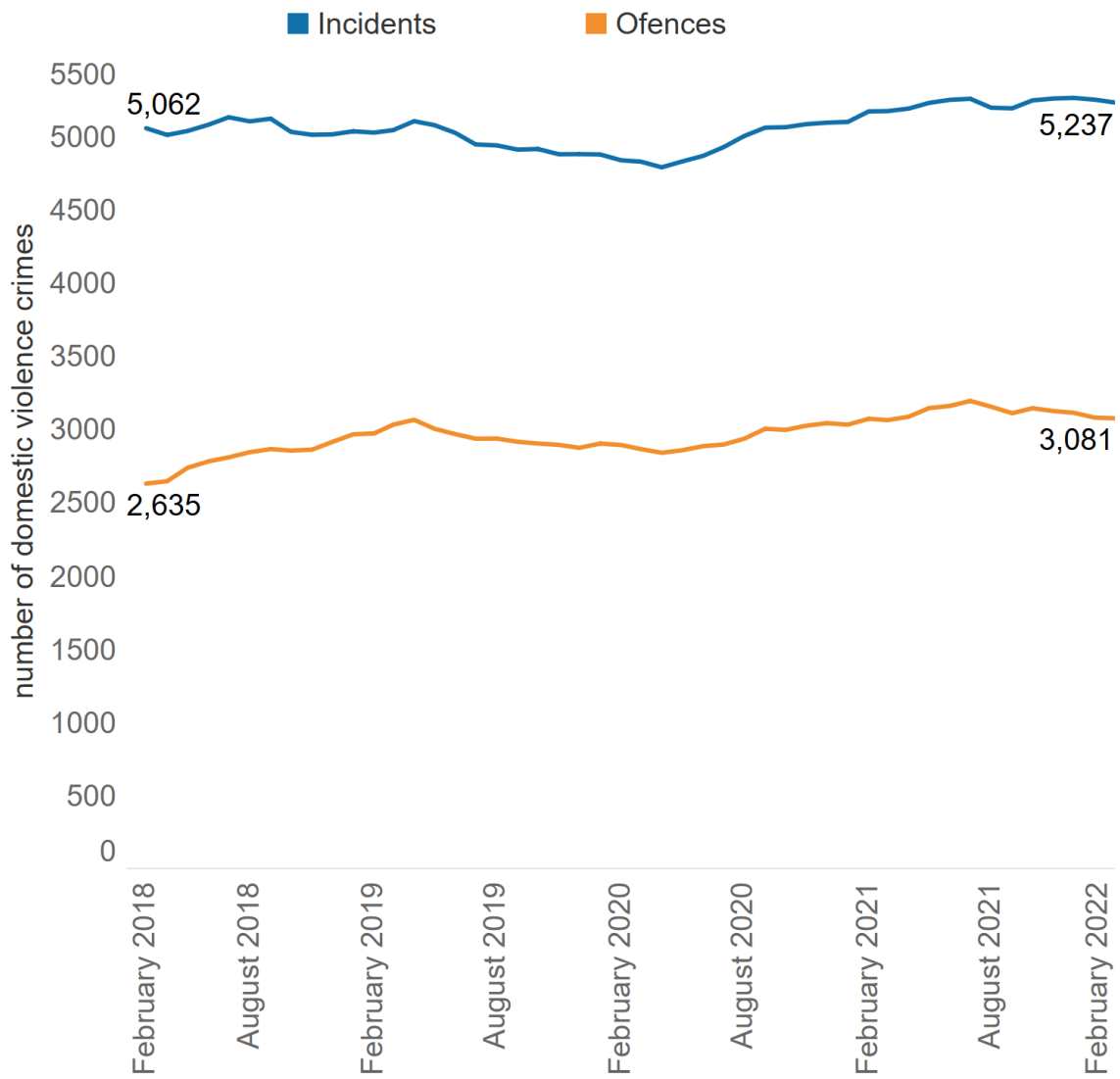
Table 7: Recorded crime data for Hackney and City of London, by type of offence (2015-19)

Area	Offence	2015	2016	2017	2018	2019
Hackney	Sexual offences	608	659	766	829	717
	Violence with injury	2786	2751	2938	2855	3,025
	Violence without injury	2785	2961	3001	3147	3,180
	Stalking and harassment	1188	1340	1475	1586	1,669
City of London	Sexual offences	85	76	71	107	107
	Violence with injury	384	381	376	443	396
	Violence without injury	310	335	379	460	694
	Stalking and harassment	85	131	132	167	121

Source: ONS Crime Statistics April 2019 (now discontinued) [36].

Data from the Greater London Assembly (GLA) domestic abuse dashboard shows that in Hackney before the Covid-19 pandemic, there had been an overall decrease in the overall number of domestic abuse incidents reported. However, this began to increase from March 2020. Generally, domestic abuse offences seem to be increasing over time, with a small decrease from March 2019 only to begin growing again in March 2020.

Figure 1: Rolling 12 month offending trend domestic abuse incidents and offences, Hackney, Feb 2018 to Feb 2022



Source: GLA Domestic and Sexual Violence Dashboard [37].

In Table 8 population estimates were used to calculate the rate per 1,000 population over time. It can be seen that from April 2018 to April 2021, overall rates of domestic abuse incidents reported have remained similar at 22.8 per 1,000 population. Over the same period, rates of offences have increased from 12 per 1,000 to 13.5 per 1,000 population [37].

Table 8: Domestic abuse number and rate of incidents and offences, by year (rate per 1,000 population, 2018-21)

12 months previous to	GLA 2018 housing-led population estimates aged 16+	Domestic Abuse Incidents	Rate per 1,000 population	Domestic Abuse Offences	Rate per 1,000 population
April 2018	276,891	5,016	22.6	2,652	12.0
April 2019	280,264	5,110	22.8	2,845	12.7
April 2020	282,365	4,795	21.2	3,071	13.6
April 2021	283,647	5,194	22.8	3,074	13.5

Source: GLA Domestic and Sexual Violence Dashboard [37] Population; GLA 2018 housing-led projections by year for Hackney aged 16+.

Domestic abuse incidents and offences for City of London - ONS Crime Statistics

As the City of London has a different police service than Hackney, domestic abuse is recorded differently. We can see that over time the rate of domestic abuse-related crimes per 1,000 population has decreased overall from 2015/16 to 2019/20. It is important to note that this period does not include the lockdown of Spring 2020.

Table 9: Number and rate of domestic-abuse related crimes, by year (rate per 1,000 population). Fiscal Year GLA 2018 housing led population estimates aged 16+, number of domestic abuse related crimes.

Fiscal Year	GLA 2018 housing-led population estimates aged 16+	Number of domestic abuse-related crimes	Rate per 1,000 population
2015-16	5754	111	19.3
2016-17	6214	106	17.1
2017-18	6486	108	16.7
2018-19	7343	135	18.4
2019-20	6780	119	17.6

Source: ONS Crime Statistics: Domestic abuse prevalence and victim characteristics, England and Wales: year ending March 2020 - Appendix tables [35]

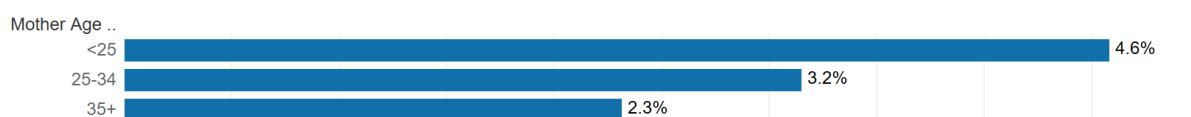
Domestic abuse homicides

Data on domestic abuse homicides in Hackney shows that after a peak between the years 2011 to 2013, homicides had decreased to none between 2016 and 2019 [45]. However, since the start of the Covid-19 pandemic in March 2020, two have been recorded. The City of London Police does not provide statistics on homicide attributable to domestic abuse.

Homerton Hospital and Maternity Services

Between 2017 and 2021, around 3% of women who delivered at Homerton Hospital reported domestic abuse. This was highest for women under the age of 25. As can be seen in the figure below. This is likely to be an underestimation as domestic abuse is often underreported [46].

Figure 2. Proportion of women who gave birth at Homerton Hospital who experienced domestic violence, Hackney and the City, 2017/18 to 2020/21 aggregated



Source: Homerton, 2017/18 to 2020/21 [46]

Women of mixed and black ethnicity reported (5.6%) more than twice the average (3.1%) proportions of domestic abuse. With only 1.4 % of women from a white non-British background reporting.

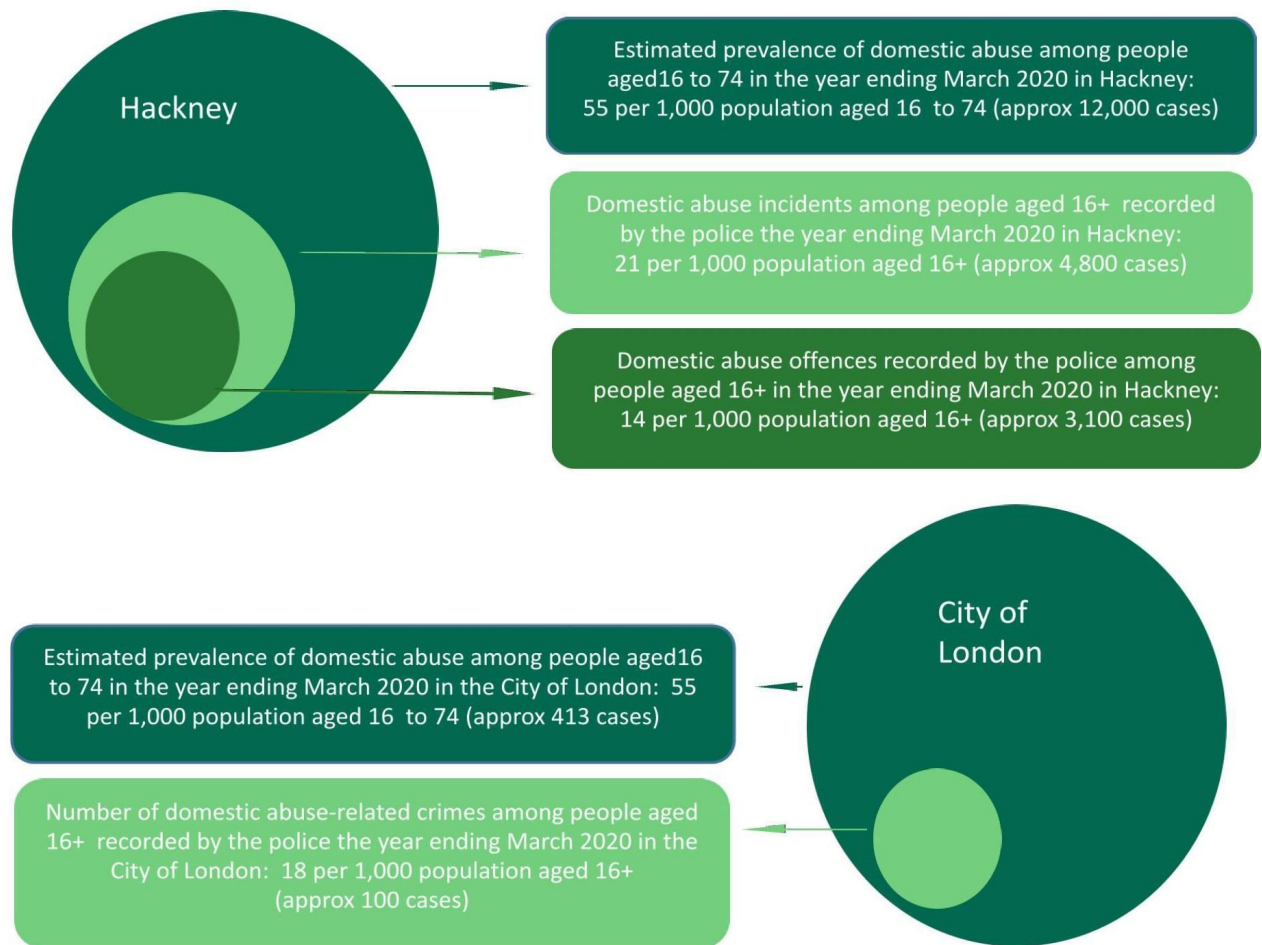
When compared with the average of 3.1%, a much higher proportion of women who live in the most deprived areas reported abuse (4.2%). The proportion of women with disabilities (11.1%) who reported domestic violence was almost four times higher when compared with women with no register for disability (2.9%).

Unmet Need

For Hackney, there were 4,795 recorded domestic abuse incidents in 2019/20, which is 41% of expected incidents over the same period. For the City of London, there were 119 recorded domestic abuse crimes, which represents 30% of expected incidents over the same period. Whilst recognising that all of the incidents may not be classed as crime, this still suggests a large amount of underreporting to the Police.

From 2020/21 DAIS received referrals for 1,354 people, representing 12% of the estimated prevalence in Hackney in the same time period [42].

Figure 2: Estimation of domestic abuse unmet need in Hackney and City of London (aged 16-74, 2019/20).



Source: CSEW 2019/20 (prevalence of domestic abuse in the last year) [36]; Metropolitan Police (2019/2020) and ONS reported domestic abuse crime for City of London police 2019-20 [38].

The above infographic compares the estimated incidence of intimate violence last year against domestic abuse incidents and domestic crime recorded by police in the 16+ population in Hackney and the City of London.

For Hackney, 30% of the estimated prevalence of domestic abuse is recorded as a domestic abuse offence (3,100 out of 12,000 cases). For the City of London, 24% of the estimated prevalence of domestic abuse is recorded as a crime (100 cases out of 413).

Summary

- Approximately 70-75% of domestic abuse is not reported to the police across Hackney and the City of London.
- 88% of estimated domestic abuse in Hackney is not referred to the Hackney Domestic Abuse Intervention service.
- Data for the City of London domestic abuse service needs to be more accessible.
- There are widespread costs both financial and otherwise to domestic abuse.

Risk Factors and Inequalities

Adults and children from all ethnicities, sexual orientations, classes and ages can experience domestic abuse. Children, adolescent girls, young women, elderly people, women belonging to ethnic and other minorities, transwomen, and women with disabilities face a higher risk of different forms of violence [35] [36] [38]. Those with lower educational attainment, with experiences of child maltreatment or previous exposure to violence in the family, harmful alcohol use, environments where gender stereotypes and inequalities are more pervasive, increase the risk of intimate partner violence (WHO, 2019) [47].

Risk factors [48]

While domestic abuse and abuse can affect anyone, regardless of age, ethnicity, gender, disability, religion or sexual orientation, they are known risk factors associated with a greater likelihood of becoming a victim or perpetrator of domestic abuse and abuse. It is important to note that not everyone who is identified as 'at risk' will experience or perpetrate domestic abuse. The below risk factors are taken from Capaldi et al (2012) [48].

Individual Risk Factors

- Low income
- Low academic achievement
- Young age
- Heavy alcohol and drug use
- Mental health issues, including depression
- Having few friends and being isolated from other people
- Unemployment
- Belief in strict gender roles
- Being a victim of physical or psychological abuse
- Pregnancy – for almost 30% of women who suffer from domestic abuse and abuse in their lifetime, the first incidence of violence occurred during pregnancy. For others, pregnancy may lead to an increase in the extent and nature of the violence.

Relationship Factors

- Marital conflict – fight, tensions, and other struggles

- Marital instability – divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress

Community Factors

- Poverty and associated factors (e.g., overcrowding)
- Low social capital – lack of institutions, relationships and norms that shape community’s social interactions
- Weak community sanctions against violence (e.g., the unwillingness of neighbours to intervene in situations where they witness violence)

Societal Factors

- Traditional gender norms (e.g., women should stay at home, not enter the workforce, and be submissive; men support the family and make decisions)

High Risk Groups

Sex workers

Many men and women who work in the sex industry have experienced past or current domestic abuse [49]. With 69% of female sex workers having experienced domestic violence, and 81% verbal or emotional abuse [49]. Around 70% are experiencing abuse from their partner. There are an estimated 32,000 sex workers in London [50].

Homelessness & Housing

The City of London has the fourth highest number of rough sleepers in London [51]. In Hackney there are around 3,000 households currently living in temporary accommodation [52].

Impact of Covid-19

91% of respondents to the Women’s Aid June survivor survey 2020/21 said that Covid-19 had impacted their experience of abuse in one or more ways, with 51% reporting that since Covid-19, the violence/abuse has worsened [34].

Summary

- There are multiple risk factors at the individual, social and community levels for experiencing domestic abuse.
- Many of these factors are likely to have worsened during the Covid-19 pandemic.

Inequalities

Age

Crime Survey England & Wales (CSEW 2020) reports the prevalence of domestic abuse in the past year among adults aged 16-74, is highest in the 16-19 age group for both men (5.3%) and women (14%) [35]. Young people experience some of the highest levels of domestic abuse.

Gender

Domestic abuse is a highly gendered crime and predominantly affects women with an estimated prevalence rate nearly double that of men (7 in 100 women vs 4 in 100 men) [35]. Women are more likely to experience repeated violence, more severe violence, higher levels of coercive control, and murder [16]. Perpetrators are also overwhelmingly male, with only 5% of cases involving a female perpetrator in a recent police review [16].

There is likely to be underreporting of domestic abuse by men. Only 50% of men who had experienced domestic abuse in the 12 months ending March 2018 told anyone, compared with 81% of women [53].

Men and women were most likely to disclose abuse to a neighbour or friend (47%), followed by a counsellor or therapist (23%) [53]. When focusing on those in an official position, men were most likely to disclose abuse to the police (15%), with women most likely to disclose to health professionals (21%). [53]

Ethnicity

Estimates from the 2011 census indicate that 40% of the population from Hackney comes from an ethnically and culturally diverse background with approximately 20% being black or black British, 36% white British and 16% 'other white'. 7% of the population are Charedi Jewish and 6% were born in Turkey [52].

CSEW data for 2019/20 showed during the period to March 2020, 'Mixed White and Black Caribbean' women had the highest reported prevalence of any domestic abuse (10.6%) [35] men from a 'Mixed White and Asian' had the highest prevalence among men (6.4%) [35].

The term Black, Asian and Minority Ethnic (BAME) is a crude measure of the impact of ethnicity on health. It is therefore used in the report only to describe data that has been collected in this way. Otherwise the term 'culturally and ethnically diverse communities' will be used.

People from culturally and ethnically diverse communities who experience domestic abuse, are particularly likely to face additional barriers to receiving the help that they need with domestic abuse and may be likely to experience domestic abuse or abusive relationships longer before seeking help than those who identify as white, British, or Irish [54]. Stakeholders identified that women from culturally and ethnically diverse communities were also at higher risk of specific harmful practices such as female genital mutilation (FGM), forced marriage, honour based violence, breast ironing and virginity testing.

Disability

Around 17% of the population of Hackney report that they are disabled [52]. The Crime Survey for England and Wales reported that in the year ending March 2020, a higher proportion of disabled (11.8%) than non-disabled (4.6%) individuals aged 16-74 had experienced any form of domestic abuse [55]. Around 4% of MARAC referrals (2020/21) [43] had a disability, up from 2% in 2019/20 (Safe Lives guidelines recommend 19%).

Disabled people are seen to experience disproportionately higher rates of domestic abuse, experience domestic abuse for longer and endure more severe and frequent abuse than non-disabled people [56]. Disabled people also experience domestic abuse in addition to coercion and control in a wider range of contexts including abuse from personal care assistants, intimate partners, family members and health care professionals [56].

Sexuality

The 2015 GP patients survey indicates that 5% of people in Hackney identify as gay or lesbian and 2% identify as bisexual [52]. The Crime Survey for England and Wales reported that in the year ending March 2020, 'Bisexual' (15.2%), 'Gay/Lesbian' (8.4%) or 'other' (7.7%) individuals experienced higher levels of domestic abuse than 'heterosexual/straight' (5.2%) individuals [55]. There was no data available to assess the experiences of transgender people specifically. 5% of MARAC referrals (2020/21) were LGBTQ+, up from 3% in 2019-20 (Safe Lives guidelines recommend 2.5% - 5.8%) [43].

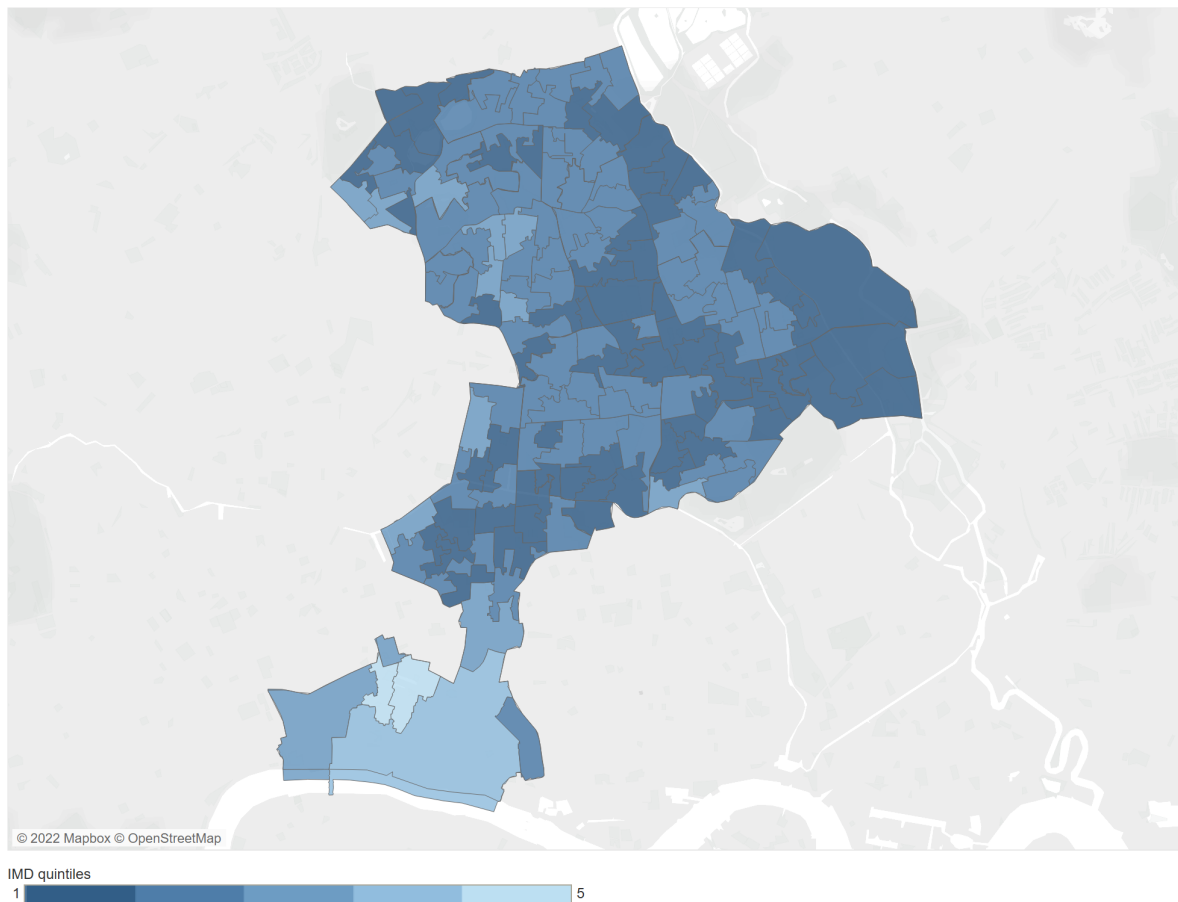
The London Assembly Police and Crime Committee (2020) [29] contend that LGBTQ+ victims face the same, if not higher, levels of domestic abuse than other groups. Domestic abuse in LGBTQ+ communities is hugely under-reported. Evidence also demonstrates that LGBTQ+ victims are unlikely to access help and support. In discussing LGBTQ+ communities' access to services Galop (2020) [57] [58] point out that LGBTQ+ survivors due to their sexual orientation and gender face specific systematic and personal barriers in accessing services; LGBTQ+ survivors are highly under-represented in statutory and voluntary sectors and criminal justice services. Galop (2020) [57,58] outline that LGBTQ+ specialist domestic abuse services are generally unavailable within many local authority areas in England and Wales and at the end of June 2019 there were only six voluntary sector providers delivering LGBTQ+ specialist services based in Birmingham, Brighton & Hove, London and Manchester.

Socio-economic disadvantage

Although domestic abuse can affect people from any background, those from a more deprived area are more likely to experience risk factors associated with domestic abuse. Women in households with an income of less than £10,000 were 3.5 times more at risk of domestic abuse than those in households with an income of over £20,000 [20].

The City of London has no wards within the most deprived quintile and is one of the least deprived areas of England. There is deprivation in Portsoken, in the East side.

Figure 3. Index of Multiple Deprivation quintiles by LSOA, City and Hackney, 2019



Source: Ministry of Housing Communities and Local Government Indices of Deprivation 2019 [59]

Hackney ranks 18th out of the 151 upper-tier local authorities in England, with 43.8% of its areas in the most deprived quintile in England.

Within Hackney, there are the following areas of more significant deprivation:

- Kings Park and Hackney Wick,
- Manor House and Woodberry Down
- The borders between Victoria and Homerton wards
- The borders between Springfield and Lea Bridge wards [59].

Location within Hackney and the City

There is no ward level data available for the City, but for the City of London as a whole there is a rate of 18 domestic abuse crimes per 1,000 population (recording difference between the City of London and Metropolitan Police). This rate is higher than the overall rate of

domestic abuse offences recorded for Hackney, 14 per 1,000 people. Table 10 shows the number of offences and rate per 1,000 population for all wards in Hackney.

Table 10 Number and rate of domestic abuse offences in the past 12 months by ward, Hackney, (year or month/year)

Ward	Number of offences	Population	Rate per 1,000 population
Brownswood	74	9,629	7.7
Cazenove	129	15,622	8.3
Clissold	102	13,451	7.6
Dalston	95	10,860	8.7
De Beauvoir	87	10,325	8.4
Hackney Central	192	14,305	13.4
Hackney Downs	181	14,120	12.8
Hackney Wick	166	12,976	12.8
Haggerston	244	14,689	16.6
Homerton	169	14,502	11.7
Hoxton East & Shoreditch	155	14,216	10.9
Hoxton West	156	17,228	9.1
King's Park	231	12,644	18.3
Lea Bridge	174	15,900	10.9
London Fields	154	13,385	11.5
Shacklewell	115	9,603	12.0
Springfield	174	17,457	10.0
Stamford Hill West	69	11,404	6.1
Stoke Newington	115	14,015	8.2
Victoria	146	13,520	10.8
Woodberry Down	149	11,090	13.4

Source: GLA Domestic and Sexual Violence Dashboard; ONS 2020 mid-year population estimates

Areas with the highest rates of reported domestic abuse offences per 1,000 population within Hackney are King's Park, Haggerston and Woodberry Down. Conversely, the lowest recorded rates are in Stamford Hill West.

Summary

- Younger age groups (aged 16-19) are at higher risk of domestic abuse.
- Women are over twice as likely to experience domestic abuse as men.
- People from a mixed ethnic background have higher rates of domestic abuse.
- Disabled people have over double the risk of experiencing domestic abuse than people without a disability.
- LGBTQ+ people report higher levels of domestic abuse than heterosexual people with bisexual individuals reporting the highest.
- Abuse in older people is not always identified or acted on - there are a number of gaps in identification and support services for older people.
- Areas with higher rates of domestic abuse are also those with more significant deprivation.
- Within Hackney, the lowest rates of domestic abuse recorded are in Stamford Hill West which is within the Charedi community. This may reflect the cultural practices within this community or the stigma surrounding domestic abuse, which make it difficult to disclose abuse.

Comparisons with other areas and over time

Domestic abuse incidents and offences for Hackney compared to other boroughs- Metropolitan Police Data

Table 11 Rate of domestic abuse offences per 1000 population, 2021 Borough rate per 1000 population below shows the rate of domestic abuse offences per 1,000 population aged 16+ by borough, 2021

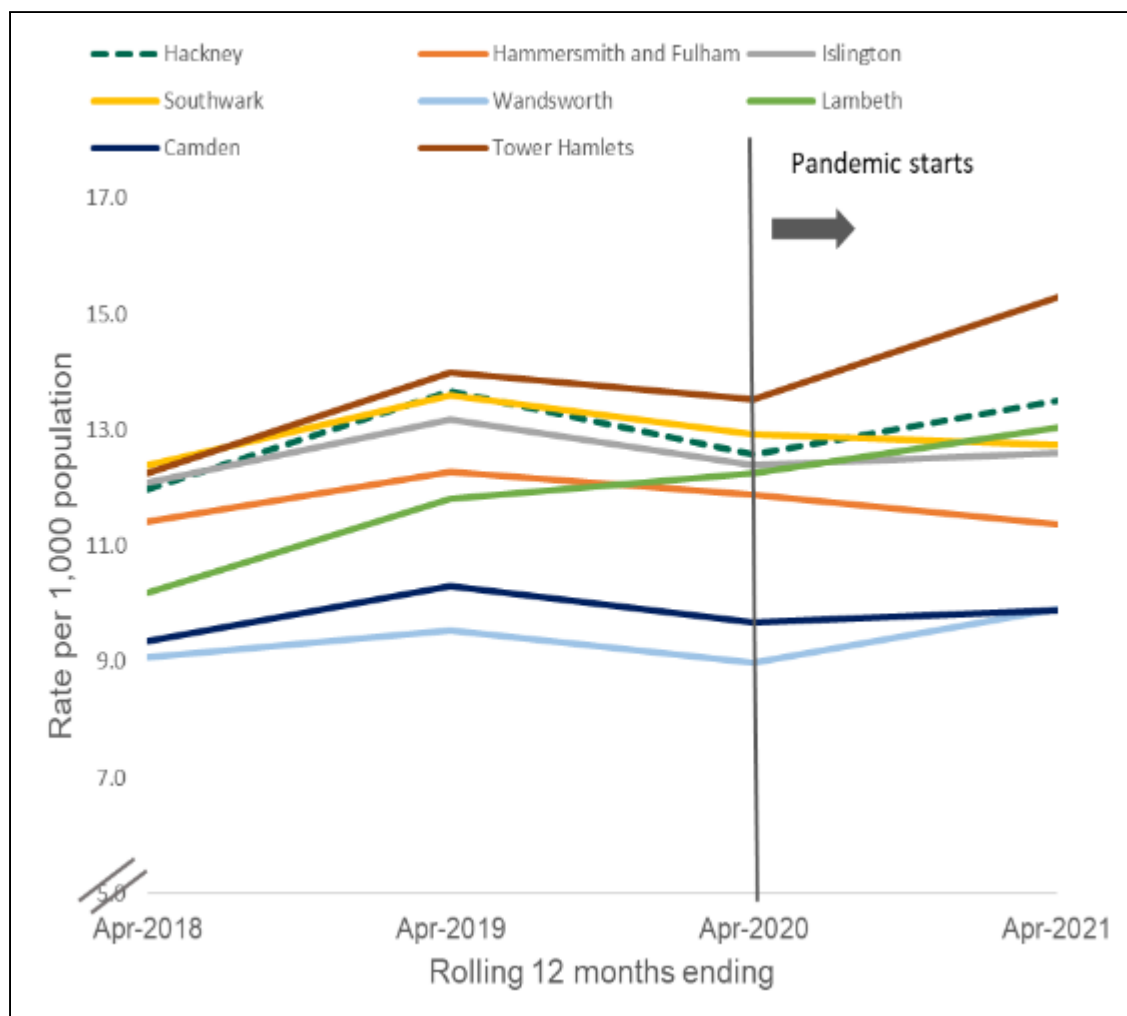
Table 11. Rate of domestic abuse offences per 1,000 population, 2021

Borough	Rate per 1,000 population (12 month average)
Brent	10.7
Greenwich	15.0
Hackney	11.6
Hammersmith and Fulham	10.0
Haringey	11.9
Islington	11.0
Lambeth	11.2
Lewisham	12.0
Newham	12.5
Southwark	10.4
Tower Hamlets	14.6
Waltham Forest	10.8

Source: GLA Domestic and Sexual Violence Dashboard. [37].

In 2021, rates of domestic abuse in Hackney were similar to comparator boroughs.

Figure 4 Rate of domestic abuse, Hackney and comparator boroughs, 04/2018 to 04/2021



Source: GLA Domestic and Sexual Violence Dashboard. [37]

Compared with similar comparator boroughs, Hackney has shown the second largest increase in rate of domestic abuse per 1,000 population since the beginning of the Covid-19 pandemic (April 2020).

Services and support available locally

Prevention

City & Hackney Public Health Team does not currently commission any primary preventative services for domestic abuse. Analysis of primary preventative programmes being delivered

in other areas e.g. in a school setting needs to be investigated and mapped (please see recommendations).

Identification and early intervention

The Hackney & City of London Public Health team funds IRIS (Identification and Referral to Improve Safety) to provide identification and early intervention services throughout the boroughs. IRIS provides training for GP practices alongside the provision of one full-time advocate educator for up to 25 practices. The advocate educator is a specialist domestic abuse professional who provides training to GP practice teams. They attend practice meetings quarterly to discuss cases and can provide expert advocacy to individuals referred to them by the clinical team. When providing advocacy this will include emotional and professional support, carrying out a risk assessment, safety planning and acting as an advocate for that individual. When working with clients who have been referred, the advocate educator also provides updates to the referring clinician. IRIS training consists of two training sessions each lasting two hours for the clinical team and one session of two hours for the ancillary team.

“IRIS programme is an evidence-based, effective and cost-effective intervention”. “It has been cited as best practice in general practice for responding to domestic violence and abuse by the Department of Health [16] and has also informed the NICE guidance and standards on domestic violence and abuse” [17].

IRIS Performance Data 2020/21

132 individuals were referred to IRIS between March 2020 and March 2021- 1.2% of the estimated prevalence of domestic abuse in the same time period. 124 (94%) of referrals over this time period were women, with levels of engagement with the service slightly higher for men (89%) than for women (84%). With men accounting for 33% of the estimated prevalence of domestic abuse in Hackney, this seems to be an underrepresentation [44].

Most patients referred to IRIS were aged 35-44 (32.5%), followed by those aged 25-34 (21%) and aged 45-54 (20%) [44]. Only 5% of referrals were for women 65+. The most common age group to experience domestic abuse in the CSEW are 16-19-year olds, with 25% of the Hackney population under 20, this also suggests that there may be an area of unmet need.

The most common ethnicity amongst those referred to IRIS was White/White British (31%) followed by Black/Black British (25%) only 1% came from a mixed background. This does not deviate from the 2011 census population estimates of 36% White British and 20% Black/Black British. IRIS does not collect Hackney level data on sexual orientation or whether service users have a disability or not.

14% of referrals into IRIS over this time period were identified as High Risk (as measured by the Safe Lives Indication Checklist (RIC) score). There was a wide range of abuse experienced by women, with psychological abuse being the most common, followed by

emotional abuse. Women commonly present with experience of more than one type of abuse.

The most common intervention offered was emotional support, followed by advice & information and advocacy. Cases remained open to IRIS for an average of 80 days. Most women received support via ongoing telephone and email support. If service users are referred on to external agencies, the most common type is mental health support/counselling, followed by external domestic & sexual violence services, legal advice and MARAC. No service users were referred to drug and alcohol services during this time period, and a small number were referred to housing services.

The most-reported improvement in health and wellbeing was access treatment (mental health) followed by improved positive coping strategies.

IRIS is meeting all of their set key performance indicators (KPIs) except the number of staff meetings attended in GP practices and the number of practices making at least one referral within the past 12 months. This would indicate that there is more work to be done within IRIS to reach all GP practices in Hackney and the Neaman practice in the City of London.

IRIS is not used in all GP practices across Hackney and the City. As of June 30th 2021, 14 GP practices in Hackney and the Neaman Practice in the City of London had not made any referrals to IRIS in the preceding 12 months. These practices were: Athena medical centre, Brooke Road surgery, Beachwood Medical Centre, Clapton Surgery, Cranwitch Road Spitzer and Partners, Greenhouse health centre, Kingsmead health centre, Latimer health centre, Riverside practice, Rosewood practice, Sanderingham practice, Trowbridge practice, The Allerton Road Surgery and The Wick Health Centre. 3 practices have made no referrals at all since 2014, Cranwich Road, Spitzer & partners, Latimer Health Centre and Rosewood Practice.

Treatment, care and support - Specialist domestic abuse services

Hackney

The Domestic Abuse Intervention Service (DAIS) is provided by Hackney Council from Monday-Friday 9am-5pm, with a focus on the management of risk and providing advice and support to individuals who have experienced domestic abuse.

It is open to anyone aged 16 and over who is a resident of Hackney. They can provide support with benefits, housing and other council services as well as providing advocacy and legal advice if needed.

People experiencing domestic abuse can self refer or be referred via a professional. This can be via telephone or email or in person. Referral forms can be found on the Hackney council website.

DAIS works closely with other areas within the council and requests that adult social care services are simultaneously notified of any vulnerable adults, and children and young people's services notified of any children involved. They have close working relationships with the housing team to provide support for accessing housing or refuge support. They work with partner agencies such as the Metropolitan Police, Community Safety Team, National Probation Service, Criminal Rehabilitation Company, Crown Prosecution Service and the Home Office.

Where individuals experiencing abuse have not contacted DAIS themselves, they will be contacted within 48 hours unless there is an agreed reason not to. The referrer will be informed within 48 hours who the case is allocated to, what work has been done and the intervention plan.

DAIS are responsible for operation and management of Hackney's MARAC (Multi Agency Risk Assessment Conference), a meeting where domestic abuse cases are discussed where the victim is at high risk of serious harm. The Service Manager is chair of the MARAC Steering Group and co-chair of MARAC meetings, alongside the Metropolitan Police.

They provide reports to the Community Safety partnership, the City and Hackney Safeguarding Children's Partnership, The City and Hackney Safeguarding Adults Board and the Hackney Wellbeing board.

The Sanctuary Scheme within Hackney Council aims to enable those who are experiencing domestic abuse to remain in their homes if safe to do so; it is provided by DAIS and the Metropolitan Police. It is not suitable if the perpetrator is still living with or visits the victim. DAIS also provides support to victims whose cases are heard at the East London Specialist Domestic Violence Court (SDVC) and co-ordinate domestic homicide reviews for Hackney Council. DAIS supports early identification and intervention of domestic abuse by providing training for other areas within the council, including the housing team.

City of London

Alongside IRIS, which is commissioned for the Neaman Practice, the only GP practice located within the City of London; telephone and email support are available via the City of London domestic abuse support team. Solace provides specialist Bangladeshi advocates in the City of London.

Vulnerable victim advocate

In the year 2020-2021, there were 34 referrals, a decline from 2018/19 (69 referrals) and 2019/20 (51 referrals)¹.

The sanctuary scheme is available to all properties within the City of London. Coordinated through the City of London homelessness team in partnership with City of London police.

¹ Email from Ayesha Fordham

The aim is to protect victims of domestic abuse and to help them stay in their own home where it is safe to do so.

City & Hackney, London-Wide and National VCS support

There are also a range of voluntary and charity sector organisations providing both specialist and wider support throughout Hackney and across London including:

Name of organisation	Description
Ask for ANI (Action Needed Immediately)	National scheme to allow help from local pharmacies for individuals experiencing domestic abuse.
The Claudia Jones Organisation	Provides culturally sensitive services to women and families of African Caribbean heritage.
Day-Mer Turkish and Kurdish Community Centre.	Provides a special women's group and domestic abuse courses for Turkish, Kurdish, Turkish Cypriot and Alevi communities.
Derman	Provides support in Hackney for Turkish, Turkish Cypriot and Kurdish communities within Hackney.
Galop	Provides support for violence (including hate crimes) and domestic abuse for LGBTQ+ individuals.
Hackney Migrant Centre	Provides free advice on welfare (including domestic abuse), health and immigration for refugees, asylum seekers and other migrants in Hackney.
IMECE	Provides specialist support across London for all people who self-identify as women who are experiencing domestic abuse and are from a Turkish, Kurdish, Cypriot Turkish, Black, Asian or other ethnically diverse community and for refugees.
Imkaan	Provides support across the UK for women and girls from a Black or ethnically diverse community.
Iranian and Kurdish Women's Rights Organisation (IKWRO)	Provide advice, referral, advocacy, counselling and evidence for court proceedings for women and girls from Middle Eastern and Afghan backgrounds who are living in the UK.
Latin American Women's Aid	Provides support for women and children across the UK who are from a Latin American, Black or other ethnically diverse community.
London Survivor's Gateway	Provides specialist services for people who experienced rape of sexual abuse across London.

Mankind	Provides support specifically for men and boys experiencing domestic abuse across the UK.
Praxis	Provides support (including domestic abuse support) across the UK for migrants and refugees, including people who have experienced trafficking.
Rape Crisis Centre	Provides support across the UK for women and girls who have experienced sexual abuse or rape.
Refuge	Provide a range of services across London for people who are experiencing domestic abuse and gender based violence. Including the boroughs of Redbridge, Barking and Dagenham, Lambeth and Lewisham.
Respect	Provides support for male victims of domestic abuse and perpetrators of domestic abuse.
Rise	Provides programmes across the UK for perpetrators of domestic abuse, including working with local authorities and within prisons.
Sistah Space	Provides support in London for women and girls experiencing domestic abuse or who have lost a loved one to domestic homicide from an African or Caribbean background.
Solace Women's Aid	Provides support and services including accommodation, therapeutic services and training, across London for women and girls who have experienced domestic abuse and violence.
Victim Support	Provide services for men and women experiencing domestic abuse across the UK.

Wider services

Primary care

All practices throughout Hackney and the City of London have access to the IRIS service. IRIS provides training for all clinical and non-clinical staff. Individual GP practices may also have their own domestic abuse training as part of safeguarding adults and children.

Maternity

Maternity is based at the Homerton Hospital. Hackney residents are referred directly to DAIS for specialist domestic abuse support. Domestic abuse training could be further enhanced. One off MARAC training was provided. Women who are experiencing domestic abuse, including women who are at risk of hour-based violence/forced marriage or have experienced FGM follow the vulnerable women pathway and are referred directly to the specialist/public health midwife.

Health visiting

The health visiting team received training from their Safeguarding lead, with training up to Safeguarding level 3. They provide universal screening to all women via routine enquiring. They sometimes invite external speakers to provide training to their staff.

Sexual health

The sexual health team is covered by an IDVA, based within the service once a week, who also works in A&E at Homerton Hospital. She would be the first point of call for identified domestic abuse; sometimes DAIS is used as a secondary referral route. It is rare to see domestic abuse in sexual health out of hours. Sexual health training is provided twice a year, every time there is a new cohort of doctors. Training is mostly delivered by Victim Support.

A&E

The Homerton Hospital in Hackney provides IDVA support once a week to people experiencing domestic abuse via Victim Support. Training is provided by the IDVA working at the Homerton Hospital, but additionally they have had training from Nia and SafeLives. It is included in levels 1, 2 & 3 safeguarding children's training.

Homerton A&E has strong links with Sistah Space for engaging with the local community. IDVA support is not 24/7 and those experiencing domestic abuse can wait up to 48 hours to see an IDVA. There is no provision overnight, bank holidays or at weekends, if someone is experiencing domestic abuse during this time they can self refer via a telephone number to the Victim Support helpline. The IDVA team uses the DASH checklist and mentioned it would be useful if more people were aware of this checklist. There are no hospitals located within the City of London.

Wider support

Housing & Homelessness Services

Hackney council housing teams have domestic abuse training provided by their own Learning and Development team, designed in conjunction with DAIS. If they have clients that they are concerned about, they would refer to the Hackney Council Domestic Abuse Intervention Service (DAIS). They provide training for all frontline housing staff who interact with the public. This starts with level 1- e-learning, then level 2- half day of training, moving to level 3 completing DASH risk identification checklist and how to refer to MARAC. All staff with supervisor/management responsibilities must complete a half-day to gain in-depth awareness and understanding of the signs of abuse, barriers, how to respond to disclosure and how to refer to both local and national specialist services. The housing service has domestic abuse champions.

The Greenhouse GP practice provides specialist GP support for people experiencing homelessness. They have access to IRIS.

Sex workers

Support is provided via Open Doors, which is part of Homerton Hospital Community Sexual Health Services offering free and confidential advice for people working in the sex industry. Open Doors argued there could be more domestic abuse outreach support for sex workers.

Police

The Metropolitan Police receive training delivered internally via Professional Development Days. It is centrally-directed and has not been externally outsourced previously.

Comparison with other London boroughs

The IRIS service is currently delivered in the following boroughs in London; Barking and Dagenham, Barnet, Bromley, Brent, City of Westminster, Croydon, Ealing, Enfield, Hammersmith and Fulham, Haringey, Islington, Kensington and Chelsea, Lewisham, Lambeth, Southwark, Tower Hamlets, Waltham Forest.

The delivery model of IRIS varies across boroughs and many local authorities provide limited information on this. In some boroughs IRIS is delivered through another partner organisation such as Solace Women's aid, as is the case in Barnet, Islington, Waltham Forest, Tower Hamlets and Southwark

Some boroughs have started using IRIS with funding from the Mayor's Violence Reduction Unit (VRU) in 2020; Tower Hamlets, Croydon, Barking and Dagenham, Brent, Ealing, Hammersmith and Fulham, Westminster.

London boroughs where IRIS is currently not used:

Borough	Alternate provision
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Bexley	2019 Solace Women's Aid was appointed to provide important domestic abuse services in Bexley. Their community service delivers a specialist domestic abuse service that provides a One-Stop-Shop IDVA service for high-risk cases, an outreach service for medium risk cases and resilience-building group programmes.
Camden	Utilised IRIS until 2014
Greenwich	Greenwich Domestic Violence and Abuse Services (GDVA) is the main source of free help and information for people who live in the borough and are experiencing domestic abuse. Funded by the Council, GDVA can provide services including: advice and support, refuge accommodation, child support.
Harrow	Provide only generic information about their DV services and signposts to a wide range of support services.
Havering	Havering Women's Aid is an organisation based in Havering that offers floating support to both men or women affected by domestic abuse and violence
Hounslow	Provides a domestic and sexual violence outreach service and one-stop shop. Hounslow domestic and sexual violence outreach service which provides telephone or face to face support, advice and advocacy to all victims of domestic and sexual violence that reside in the London Borough of Hounslow .
Kingston	Has a one-stop shop for DA - the Kingston One-Stop Shop is a multi-agency drop-in service which brings together various professionals: there are independent domestic abuse specialists providing advocacy and advice, solicitors offering advice and support on injunctions and housing issues, health visitors, drug and alcohol services and mental health support workers.
Newham	Newham's domestic abuse and sexual violence service; includes; Refuge services (25-bed spaces plus legal services and access to counselling). In discussion with one of their team. It has a one Stop Shop format which includes FGM support / Sex worker support for males and females.

Redbridge	Has a new 'Reach out' service which follows a simple model design, before this all of their referrals would come to MASH (multi-agency safeguarding hub). The new Reach out service was created as part of MASH – through this clients get intense support and intervention at the beginning of their support needs . Redbridge have a 'reach out' inbox which all professionals/services refer into - they screen domestic abuse victims through this tool.
Richmond upon Thames	Provides practical, emotional and advocacy support to female and male victims of domestic abuse. They offer expert guidance and support for victims going through civil and criminal courts and can provide advice on safety, housing, benefits and child contact arrangements. Refuge also runs a One Stop Shop, a weekly drop-in for victims of domestic abuse in Richmond upon Thames. The service offers free information, legal advice, and support for people experiencing domestic abuse and abuse.
Sutton	Provides generic domestic abuse information on their website and signposts to a range of other DA sources of support. Their domestic abuse support is provided through an organisation called Transform – a domestic abuse one stop shop.
Wandsworth	Victim Support offers free services that can help victims of any crime to deal with what they have been through. They are commissioned in Wandsworth to provide services to support victims of domestic abuse. Services are available to everyone, whether or not the crime has been reported and regardless of when it happened. They also have a one-stop domestic abuse support service- but this is currently closed due to Covid-19, but they provide an alternative phone number.

Some boroughs also appear to have additional domestic abuse support services run by Refuge.

In Lambeth, The Gaia Centre, funded by the London Borough of Lambeth, was the first of its kind in the UK to offer a 'single point of access' for women, girls and men experiencing violence and abuse, supports more than 1,300 clients every year, through one-to-one casework, group work, outreach, independent advocacy and peer support.

In Lewisham, The Athena service, run by Refuge provides confidential, non-judgmental support to those living in the London Borough of Lewisham who are experiencing gender-based violence.

The Barking and Dagenham Domestic and Sexual Violence Service, run by Refuge, provides confidential, non-judgmental support to those living and working in the London Borough of Barking and Dagenham who are experiencing gender-based violence. It provides outreach programmes, independent advocacy, group support, refuge accommodation and a specialist service for young people.

The Barking, Dagenham and Redbridge Eastern European Outreach Service, run by Refuge, provides confidential, non-judgmental support to Eastern European women and their children living in the London Borough of Barking and Dagenham and the London Borough of Redbridge who are experiencing domestic abuse.

The Redbridge Violence Against Women and Girls (VAWG) service run by Refuge supports clients experiencing all forms of abuse including domestic abuse, sexual violence and sexual exploitation including human trafficking and modern slavery, stalking and harassment, female genital mutilation, forced marriage and so-called 'honour'-based violence.

Summary

- Overall most London boroughs appear to provide a mix of domestic abuse support services through a range of specialist organisations, or alternatively through council-led services such as a 'One Stop Shop' approach.
- As each borough takes a different approach or uses different providers to deliver domestic abuse services, it is difficult to compare the effectiveness of these diverse services and interventions.

Stakeholder feedback

Survey of Primary Care

There were 27 responses to our anonymous domestic abuse survey. 25 people had attended IRIS domestic abuse training (93%). Of those 22 (89%) reported that the training had increased confidence in recognising and supporting those experiencing domestic abuse. 25 (93%) recipients had used the IRIS domestic abuse referral service in their practice and of these 19 (73%) had referred a patient using the service within the past 12 months.

Of those who had referred a patient, 20 (83%) found the referral process easy and 17 (71%) received follow-up information on the patient who had been referred.

Among the 12 responses to how services could be improved common themes were:

- An easy to use and clear referral pathway.
- Greater awareness of IRIS.
- Specialised approaches to meet the needs of different communities.

- Support for perpetrators.

9 respondents identified groups who have not had their needs met well by IRIS:

- Male victims.
- Those from the Turkish/Kurdish community.
- Older women (>65).
- Perpetrators.
- Those with substance misuse.
- Non-English-speaking individuals.

Suggestions for meeting the needs of these particular groups were very close to the above responses about improvement in services but included suggestions to increase accessibility via drop-in or walk-in services and general education for young people about how to treat partners in romantic relationships. The additional services that respondents were most aware of were DAIS and MARAC.

This suggests that there is work to be done in improving use of IRIS and referral, as over a quarter of respondents who said they have used IRIS have not made a referral within the preceding 12 months. This may be in part due to the pandemic when there has been a reduction in face to face consultations.

Focus Groups

Two focus groups were planned, one to engage professionals who use IRIS and refer to it and one for Voluntary and Charity Sector (VCS) groups. Due to only one member of staff attending the second focus group, this was converted into a semi-structured interview instead.

The focus group involving professionals using IRIS and providing other support to individuals experiencing domestic abuse was undertaken on Monday 28th of June 2021. A total of 7 professionals turned up to the meeting with a member of the Domestic Abuse Steering Group facilitating the focus group. Questions had been presented to the domestic abuse steering group for comments and amendments prior to the session.

Key themes that emerged from the questions and discussion were:

Theme	Example Quotes
1. IRIS provides well-established, valued training for GPs and is well embedded within their service.	<p><i>"What we have at the moment does seem to be working, and working well really"</i></p> <p><i>"In terms of GP, the profile (of IRIS) is really high... if you ask any of the established GPs, I'm sure they couldn't fathom a world without IRIS in this space"</i></p>

<p>2. More awareness and promotion of the IRIS service is needed.</p>	<p><i>"I think it (IRIS) is underused... I don't think it's well very publicised in mental health that IRIS is available, that it's there, what it does"</i></p> <p><i>"IRIS is very underutilised, it's a great service but it's not promoted very well in adult social care"</i></p>
<p>3. The referral process could be easier and more streamlined</p>	<p><i>"Had someone with DV needs who was in hospital... nobody knew what anyone was doing...a lot of agencies out there who are very good but knowing who to go to...should be just a standardised approach"</i></p> <p><i>"Often GP services know about DV but it's only when it's come in via DAIS or MARAC that it comes to adult social care..."</i></p>
<p>4. The advocacy provided by IRIS is a key benefit to service users.</p>	<p><i>"I was really impressed with IRIS and the advocacy work"</i></p> <p><i>"Before lockdown, I was really aware of IRIS coming to the emergency housing...physically come with clients and be very proactively advocating for their clients...knew a lot about homelessness"</i></p>
<p>5. There is an unmet need for young people, especially young parents.</p>	<p><i>"something very specific for young parents and for young people that could be helpful"</i></p>

These themes were presented back to the Domestic Abuse Steering Group for comment and validation of thematic analysis on the 19th of July 2021.

Semi-Structured Interviews

Questions for the semi-structured interviews were presented to the Domestic Abuse Steering Group for comment and amendment. A list of potential interviewees was created from our initial meetings with stakeholders and from discussions with the steering group. Some individuals who were unable to attend our focus groups were instead offered a 1:1 interview to ensure that their views were included. Questions remained the same for each interview,

but a semi-structured approach was used to allow the discussion to move into different areas if appropriate.

Thematic analysis of the interview content used the key themes generated from the focus group as a starting point, with further analysis allowing new themes to develop. It revealed several key themes.

Summary of key themes identified from stakeholder engagement:

1. IRIS provides well established and valued training for GPs and is well embedded within their service.
2. Increased awareness and promotion of IRIS is needed.
3. The referral process could be easier and more streamlined.
4. There is an unmet need for young people and children including young parents.
5. Advocacy is a key benefit and part of a domestic abuse service
6. The importance of holistic practice and cross-organisational and pan-London working
7. The importance of culturally specific awareness and service provision. Particularly awareness of culturally specific abuse.
8. There should be a greater focus on groups at risk of multiple disadvantages.
9. The challenge of ensuring online services are fully inclusive and maintaining face-to-face services where possible.
10. A larger focus and improved services for perpetrators is needed.

1. IRIS provides well established and valued training for GPs and is well embedded within their service.

GP Stakeholder feedback emphasised the importance of the IRIS service to GPs. The IRIS service has become very well embedded within the primary care system in Hackney over the past 10 years. GP stakeholders attested to the comprehensive nature of the IRIS training and the importance of the role of the advocate educator in supporting the complex nature of support for people experiencing domestic abuse

Moreover, IRIS has been very successful in supporting a range of clients with complex needs. It was also mentioned that established GPs were very familiar with the IRIS service in Hackney and the correct referral pathways to use for this service, providing a challenge if a new service were to be implemented. Newer and trainee GPs alongside those working out of

hours may not be as familiar with the IRIS system as they may have worked in other areas in London where the IRIS service is not used. GP stakeholders suggested that including IRIS training for trainee GPs would be highly beneficial and would improve knowledge of the domestic abuse referral pathway for IRIS.

Although stakeholders from maternity and sexual health were not directly familiar with IRIS, they thought that training in early identification would be beneficial in their areas of work. Stakeholders from the Family Nurse Partnership and Health Visiting, both had knowledge of IRIS. Overall stakeholders didn't or couldn't provide examples of specific alternative suggestions of other best practice early identification services for domestic abuse in primary care, or other settings. However Sexual Health services suggested universal screening was a potential option although they discussed that the evidence on the effectiveness of this is currently mixed.

Key message: Continue to fund and implement the IRIS service within GP practices.

2. Increased awareness and promotion of IRIS are needed.

Stakeholders outside of primary care who were familiar with the IRIS service and those not familiar with IRIS highlighted that it needed more promotion in other sectors, particularly in social care, and in the domestic abuse voluntary sector. Stakeholders in the domestic abuse voluntary sector who were not familiar with the IRIS service felt that it would be beneficial for them to have further knowledge and understanding of the service to be able to promote it to their clients and support them to disclose domestic abuse if appropriate.

Some stakeholders in the social care sector felt that the IRIS service was underutilised and needed greater promotion and outreach in a range of sectors including social care and wider allied health teams. Stakeholders in the midwifery sector who were unfamiliar with the service argued that it would be highly advantageous to promote the service amongst its team and their clients as disclosures were high in the midwifery context.

Key message: Promote the IRIS service to a wider audience ensuring that service providers of domestic abuse and clients are aware of its specific pathways.

3. The referral process could be easier and more streamlined.

A number of stakeholders in the focus group raised the issue that the referral process for domestic abuse can be confusing and lacks a streamlined approach. In a range of sectors there appears to be a lack of understanding of different referral processes for domestic abuse and this sometimes leads to utilisation of the wrong pathway.

However there wasn't overall consensus on the need to streamline domestic abuse pathways, with GP stakeholders expressing how the current pathways work well, however, the DAIS service felt that this could be better integrated into one pathway.

In terms of best practice, the selected reports reviewed, highlight a number of issues relating to the need for better multi-agency approaches to understand and meet the needs of victims,

survivors and family members to tackle complex domestic abuse needs of victims and perpetrators. The best practice recommendations from the Pathfinder Toolkit (2020) [7] and the London focused Safe Lives (2021) 'We Only Do Bones Here' [22] argue that London needs a whole health approach to domestic abuse to improve the current fragmented approach, and improve integrated service support for victims of domestic abuse.

Key message: Increase awareness and understanding of different domestic abuse pathways within City and Hackney.

4. There is an unmet need for young people and children including young parents.

A number of stakeholders from the statutory and voluntary sectors argued that there were unmet needs in terms of domestic abuse support services for young people, and that they were often overlooked in terms of specialist support for domestic abuse. Stakeholders argued that most domestic abuse support services focused on adults or children but young people's experience of abusive relationships was often overlooked or not picked up unless there was a statutory duty to do so. Young people were more likely to be victims of domestic abuse.

The Family Nurse Partnership and Health Visitor stakeholders asserted that there is a gap in domestic abuse support for young parents and young people. A police representative also argued that within Hackney there are often more disclosures from young mothers whose partners' may be involved with gang violence and that these individuals may need additional support.

Other stakeholders contended that there is a need for more early school-based and youth service early interventions on domestic abuse, as some young offenders may also have a history of domestic abuse. Jewish Women's Aid also argued that there may be gaps in support for domestic abuse in the Charedi community for young women as Charedi schools are often reluctant to work with statutory or youth services.

The reviewed VAWG Strategies and domestic abuse reports also raise the issue of the need to challenge misogyny and gender stereotyping as part of their focus on developing further preventative and early interventions to tackle VAWG and domestic abuse.

All of the selected VAWG strategies emphasised the need for a greater focus on preventing domestic abuse / VAWG crimes from happening in the first place through further educational work in the schools and youth sectors to tackle these issues.

Key message: There is a need to develop additional domestic abuse support services for young people.

5. Advocacy is a key benefit and needs to be a part of domestic abuse support services.

The majority of the stakeholders discussed the importance of the role of advocacy in supporting domestic abuse and VAWG victims to manage their experiences. Stakeholders from the voluntary sector emphasised the importance of advocacy for those experiencing domestic abuse in supporting them with housing needs, financial issues, navigating complex support systems related to domestic abuse and reporting, in addition, to providing more general emotional and wellbeing support. From GP stakeholders and the Family Nurse Partnership, the role of the advocate educator in IRIS was highlighted as being particularly effective and helpful in providing ongoing support for victims of domestic abuse. For GPs the role of the advocate educator and their relationship with GP practices is seen as pivotal to the success of the IRIS referral process.

Having a specific advocacy support role alongside early identification of DA aligns closely with Government VAWG Guidance (2016-2020) [19] and the Government National Statement of Expectations (2016) [23] on meeting the needs of the victim experiencing domestic abuse and ensuring that support services are tailored to the specific needs of the victim. The Government VAWG strategy (2016-2020) and its VAWG Refresh Strategy (2019) identify the importance of having the right support at the right time both in terms of crisis support needs and longer-term support needs.

Key message: Advocacy support is an essential part of domestic abuse support services.

6. The importance of holistic practice, cross-organisational and pan-London working.

Some of the stakeholders from the voluntary sector discussed the issue of variations in domestic abuse support services across different London boroughs. This issue is also raised by the Mayor's VAWG strategy [20], that domestic abuse support services can vary in different boroughs and that the Mayor's office is striving to address these gaps with statutory and voluntary sector partners. The Safe Lives Report (2021) 'We only do bones here' [22] highlights that domestic abuse and VAWG support services can be fragmented across London and this can make it difficult for victims and services to navigate support services – they are calling for greater integration of domestic abuse support services.

A consultant advisor to Children and Family Services, however, felt that some progress had been made with tackling awareness of VAWG issues through the VAWG Partnership groups and VAWG steering groups, which already work with some stakeholders from across London. Some of the stakeholders discussed the rise of emotional abuse through coercion and control and how this was much more difficult to identify, they would like to have further training on this issue and stakeholders suggested it would be interesting to see if this was a common issue across other boroughs in London.

Key message: Increase pan London working to tackle the fragmented nature of domestic abuse support services.

7. Awareness of culturally specific abuse, and barriers to help, seeking to be included within training.

Many stakeholders highlighted the need for greater awareness of culturally specific abuse, including for the following communities:

- **Charedi community:** Jewish Women's Aid highlighted the hidden nature of abuse within the Charedi community. Disclosure of abuse can lead to social stigma and in some cases exclusion from the community. This creates fear of disclosure. Jewish Women's Aid also highlighted that within the Charedi community disclosure is more likely to be to a Rabbi than to a medical professional.
- **Culturally and ethnically diverse communities:** This includes people from African, Afro Caribbean, Asian, Middle-Eastern, South American and mixed ethnic backgrounds. Within these varied communities are several culturally specific forms of abuse including female genital mutilation (FGM), 'honor based' violence, forced marriage, virginity testing and breast ironing.
- The Claudia Jones organisation highlighted that women from African and Afro-Caribbean backgrounds may be more likely to stay in abusive relationships for longer and may struggle to get support. Sistah Space highlighted that there could be language and cultural differences in recognising and discussing domestic abuse and they would like to see more domestic abuse support workers from a culturally and ethnically diverse background working within domestic abuse services. They would also like to see more training on cultural competency.

Key messages: Under-reporting issues and gaps in culturally specific support for Charedi women highlight the need to continue building pathways and links into the Charedi community to ensure that Charedi women receive adequate culturally appropriate support for domestic abuse.

Address the gaps in bespoke domestic abuse support services for women from ethnically and culturally diverse groups and increase support for these under-represented groups.

8. Focus on groups at risk of multiple disadvantages

Women working in prostitution with concurrent substance misuse, mental health issues or experiencing homelessness

Stakeholders from Open Doors and The City Police Sex Workers Liaison Officer stated that women working in on street and off street prostitution were at higher risk of domestic abuse. However, stakeholders from this sector outlined how women working in prostitution were generally reluctant to engage with professional support services. The distrust was particularly of statutory services, especially for those with insecure immigration status.

Stakeholders argued that women in prostitution were particularly vulnerable as they may not acknowledge or understand that they are being abused and that they were more likely to be unsure of their rights in terms of domestic abuse and not know about the available domestic abuse support services,

They pointed out that for women involved in sex work that live in shared or support accommodation, they may be living in mixed male and female accommodation which can be an added risk for these women. They outlined how if women are placed in temporary accommodation, they are often placed outside their local borough, which may increase social isolation and put them at increased risk of substance misuse or a relapse into addiction patterns. They discussed the complexity of the needs that sex workers may have and the intersection of these needs with housing issues, homelessness and substance misuse issues.

For off street sex workers/sex workers working online they argued that there was often a lack of awareness of domestic abuse and that these sex workers might be more at risk of online abuse. Stakeholders pointed out that many on street sex workers don't have access to smartphones and therefore would find it difficult to access information about services and support. Stakeholders contend that there could be more domestic abuse outreach and satellite support for women working in street prostitution. They argue that although the professionals are aware of the range of support services for women working in prostitution, the women involved in this work were very reluctant to engage with statutory services. Stakeholders argued that women were very unlikely to disclose domestic abuse within statutory services and were more likely to disclose during more informal sessions with staff from Open Doors and those they had trusted relationships with.

Evidence from the VAWG strategies and domestic abuse reports highlight that women working in prostitution are at greater risk of domestic abuse. The Mayor's VAWG strategy [20] in particular argues that women working in prostitution are at significant risk of harm and the Home Office research illustrates that "85 per cent of women involved in prostitution have experienced abuse from a family member and around 75 per cent have been physically assaulted by someone other than a family member". The organisation Against Violence against Women (AVA) reports that there is a strong link between domestic abuse and prostitution in that some women's partners encourage them to enter into prostitution and profit from it and try to prevent women from leaving prostitution.

Involvement with prostitution is often strongly linked to the complex issues of substance misuse/dependency, mental health issues and physical health issues. Additionally homelessness plays a key role in women's involvement in prostitution. AVA reports that many homeless women may be exchanging sex for a place to stay and that homelessness and unemployment increase the barriers to leaving prostitution. Furthermore, women in prostitution may be dependent on abusive partners' accommodation who continue to coerce them into and staying in prostitution.

Key message: Provide more bespoke outreach domestic abuse support services to women experiencing multiple disadvantages such as women working in prostitution, women with substance misuse issues, mental health or homelessness issues. Increase awareness of the complex needs of these client groups.

9. The challenge of ensuring online services are fully inclusive and maintaining face-to-face services where possible.

Many of the stakeholders in the voluntary and statutory sectors outlined how they had moved their support services online from the beginning of the pandemic but some managed to maintain some face to face provision for their most at risk clients. The use of online platforms has widened the audience base for some of their services and has enabled sharing of practice across boroughs which was seen to be very useful. For some clients it was more helpful as they didn't have to travel to a centre to discuss or disclose abuse, or to work out ways to get out of the house. However some stakeholders did mention that it was more difficult to establish the domestic abuse needs of women online, to understand how they were coping and to know if perpetrators were present. Some stakeholders also mentioned that going online meant that they lost some of their referrals through word of mouth, or women accessing their services through dropping into their offices.

However, for clients without access to smartphones or digital media they are not able to join in domestic abuse support / advice sessions, or may not be aware of support services at all. This particularly applied to women in on-street prostitution, women in temporary accommodation without internet access, or groups with no recourse to public funds and it may also be an issue for homeless women or some with combined substance misuse and mental health issues.

GP stakeholders outlined that identifying domestic abuse over the phone was much more challenging without non-verbal communication cues, and that going forward most likely the majority of GP surgeries will focus on telephone consultations in the future, and that ways to identify domestic abuse this way would need to be improved. A stakeholder from midwifery also illustrated that it was much more difficult to assess if women were experiencing domestic abuse over the phone or to know if a perpetrator was present and the issues the client might be experiencing.

Some statutory services such as adult social care services (social work) continued with all of their work face to face during the pandemic, however they argued that many carers for clients with complex needs did struggle during lockdowns as many other voluntary organisations and support services stopped their range of community support activities which resulted in carers not having any respite or their normal support networks.

Key message: Services to ensure that their domestic abuse support services are accessible to all groups and continue to offer some form of Covid-19 safe face-to-face provision for groups at risk of multiple disadvantages.

10. Larger focus and improved services for perpetrators.

Stakeholders from the statutory sector emphasised the need for further work with perpetrators and that domestic abuse and VAWG work needed to put more emphasis on early interventions to prevent perpetrators from acting and causing harm rather than just focusing on protecting women and girls.

Some stakeholders from the voluntary sector argued that more work could be done to tackle perpetrators particularly in educational and youth work settings.

The national Government ,local VAWG strategies and domestic abuse reports all highlight the importance of tackling perpetrators earlier and ensuring that domestic abuse doesn't happen in the first place. These strategies and reports outline a range of current approaches to tackling and managing perpetrators.

Key message: Services to develop further preventative work with perpetrators, particularly in educational and youth settings.

Service gaps and opportunities

The IRIS early identification service is in keeping with the evidence-based and policy background. However, there are opportunities for it to be utilised more comprehensively; as currently (as of 2021) 14 practices have not made a referral in the past 12 months, including the only GP practice within the City of London.

Primary care is also not the only setting in which early identification and referral could be utilised to benefit a large proportion of our residents.

To identify service gaps and opportunities, stakeholder engagement was drawn from professionals who use IRIS and those who work in other sectors that come into contact with people experiencing domestic abuse.

intervention as 83% of those who receive medical attention as a result of physical injuries due to domestic abuse do so at a GP practice, compared with 12% seeking help at A&E [8].

As can be seen from the infographic above. Many services such as A&E, maternity, housing and the police already refer to specialist domestic abuse services (DAIS, in Hackney). However these areas, as well as workplaces could provide additional opportunities to expand training for staff and increase early identification and referral.

Opportunities

Healthcare

“80% of women experiencing domestic abuse seek help from health services and these are often a woman’s first, or only, point of contact”. With general practice often being the place, healthcare is accessed.

General Practice

Primary care provides an excellent opportunity to implement early identification of domestic abuse “Health professionals will have opportunities that are not always available to other public sector workers”[7].

This is especially true for women who are experiencing domestic abuse “There is extensive contact between women and primary care clinicians with 90% of all female patients consulting their GP over a 5 year period”[7].

Engaging GP practices not using IRIS

IRIS is not currently used in all GP practices in Hackney. This presents a large area of opportunity for improvement.

GP Registrars, Locum and Out of Hours GPs

GP registrars independently consult with patients during their training and so it is imperative that they are aware of how to identify warning signs of domestic abuse and feel confident engaging in enquiry with patients. Due to the nature of the GP training programme, they may be spending 6 or 12 months in a practice and may not have worked within this area before. It is therefore important that training is expanded to include GP registrars. It could be included in the mandatory training package or in GP educational training days. This will also promote a more cohesive working style across London.

Similarly, General Practice provides a 24/7 service for all patients. Whilst most practices operate 8am-6pm, they may employ an out of hours agency to provide their weekend and night time cover. As they may be consulting with patients who have reached crisis points out of hours, it is essential that they receive appropriate training to engage and support these patients, as well as having an awareness of local pathways. Locum general practitioners

often miss out on training opportunities that are more accessible to colleagues who work for one practice.

Maternity

Maternity services provide an excellent opportunity to engage with vulnerable women. Pregnancy is a risk factor for experiencing domestic abuse. “40-60% of women access domestic abuse services while pregnant” [7]. It is important to recognise that both the mother and the unborn child are experiencing abuse [60]. Women may be more reluctant to disclose domestic abuse during pregnancy for fear that the child may be removed from their care [60]. Disclosure should be elicited in a non-judgemental and supportive environment [60].

A&E

“Of women who have experienced domestic abuse in the last six months, 500 commit suicide every year. Almost 200 of those had attended hospital for domestic abuse on the day they died” [40]. A&E at Homerton currently has domestic abuse training as part of safeguarding; they have no IDVA cover at weekends or overnight. This could represent an opportunity to expand early identification training.

Sexual Health

Sexual health services also provide an opportunity to expand early identification training, with stakeholders currently working in sexual health who are familiar with IRIS stating that this type of model would be a good fit.

NHS Staff

The NHS is one of the largest employers in the UK and the largest employer of public sector workers [61]. It currently employs 1 in 25 working-age adults in England, with 75% of staff identifying as women [61]. NHS staff are not immune to experiencing domestic abuse in their personal lives.

“82% of midwives had experienced domestic abuse in their working lifetime and, of them, only 33% asked for workplace support” [7]. Survey by the Cavell Nurses Trust reported that nurses, midwives and healthcare assistants are three times more likely to have experienced domestic abuse in the last year than the average person in the UK, and are twice as likely to be in financial hardship” [16].

“An estimated 51,355 NHS staff will have experienced domestic abuse in the last 12 months” [7]. This provides us with an opportunity to not only support individuals that staff care for professionally but also to improve identification for staff members themselves.

Other settings

Housing and homelessness teams

Housing departments and teams often come into contact with vulnerable individuals, some of whom have already experienced domestic abuse. A report by Safer London about the pan-London Housing Reciprocal reports that 58% of their referrals are for domestic abuse. The pan-London Housing Reciprocal has been formed to assist people at risk of violence or abuse in London to move to a safe place. Of their referrals, 90% are from female-led households, with 72% a lone parent (female) household and 14% a lone female [18]. Hackney council housing and the City of London corporation run social housing and there could be an opportunity to expand the training already offered in this department.

Workplaces and Businesses

Although the City of London has a small resident population, over 500,000 people work within the Square Mile, comprising 10% of London's workforce. 265 larger firms provide 50% of the jobs in the City. 61% of city workers are aged 22-39 with 37% women and 28% from a culturally and ethnically diverse background [62].

Workplaces can provide an opportunity to reach a large group of people. In particular they could provide an opportunity to reach men experiencing domestic abuse. An estimated 200 men in the City of London, and 3,800 men in Hackney experience domestic abuse each year. Men make up 6% of the 132 referrals to IRIS and 6.5% of referrals to DAIS (Hackney) in the past year- much less than the 33% we would expect based on estimated yearly prevalence of domestic abuse. According to the 2018 Crime Survey for England and Wales. 13.6% of men experiencing domestic abuse disclosed the abuse to a work colleague, compared with 10.7% who told a health professional.

The UK Government published a report from January 2021 into workplace support for victims of domestic abuse, which involved a rapid review of the evidence [63]. They concluded that workplaces need to do more to raise awareness and understanding, and knowledge of where to refer. This fits in well with what is currently offered by IRIS.

“An effective employer response is premised upon more awareness and better understanding of domestic abuse. This includes being able to spot the signs of abuse, knowing how to respond to a disclosure from a member of staff or colleague and signpost to specialist domestic abuse and victims' organisations”

Outstanding groups

Unfortunately, there were some groups for whom we were unable to engage in any stakeholder consultation during the writing of this need assessment. Please see the following list below and how this was addressed:

- **People with disabilities**

We included adult social care within the stakeholder engagement but were unable to specifically meet with any groups or individuals with disabilities. However the needs assessment drew on the insight from the Public Health England Report (2015) “Disability and domestic abuse: Risk, impacts and response” [56].

- **LGBTQ+**

We contacted the charity Galop but were unsuccessful in securing an interview. We did include a SafeLives report within the policy review that addressed barriers to domestic abuse services for LGBTQ+ individuals which informed recommendations [57].

- **Male Victims**

We contacted the VCS organisation “Respect” but were unable to secure an interview with them. Discussion around male victims did come up in some stakeholder discussions. We included recommendations for male victims, informed by the predicted unmet need for this group.

- **Older adults**

We contacted Age UK but were unable to secure an interview or engagement. We utilised information from the Age UK website and a SafeLives report on domestic abuse in older adults to inform our recommendations [8].

Recommendations and next steps

Reviewing the key policy themes and the stakeholder thematic analysis themes, the following recommendations are made:

1. Continue to commission an early identification domestic abuse support service via the City & Hackney Public Health Team. This early identification service should be based in primary care and be jointly commissioned between the local authority and the CCG.
2. The commissioned service must provide both training for primary care staff and advocacy for those experiencing domestic abuse within the service.
3. In line with the Department of Health, NICE and the Chief Medical Officer’s priorities, training should be expanded to include pre registration staff, for example GP trainees, trainee practice nurses etc.
4. Expand training to the following groups:
 - GP Registrars
 - GPs working out of hours shifts in Hackney or City of London
 - Midwives
 - Health visitors
 - Sexual Health
 - Housing team
 - Police services.

5. If the IRIS service is recommissioned:

- Increase awareness of the service, especially outside of primary care.
- Ensure there are clear referral pathways for referrers to follow.
- Gaps in engagement from GP practices must be further explored and resolved where possible.

6. Link in with Adverse Childhood Experiences work and Making Every Contact Count (MECC) work. Training to include awareness that staff might be experiencing domestic abuse themselves, or have previous trauma- encourage reflection [16].

7. The commissioned early identification service must strive to provide culturally specific domestic abuse support services, including within their training for professionals.

These should include:

Charedi community

- Building links with community members of the Charedi community and ensuring close working with partners within the voluntary and charity sector such as Jewish Women's Aid.
- Consider forming new ways of engagement with the community.

Culturally and ethnically diverse communities

- Ensure training includes awareness of culturally specific practices such as FGM, breast ironing, virginity testing etc.
- Ensure advocates are aware of the additional barriers faced by women and men from culturally and ethnically diverse communities in accessing services including those that exist as a result of structural racism and pre-existing health inequalities experienced by marginalised groups.
- Close working with partners in organisations including IKWRO, IMECE, Claudia Jones, Sistah Space.
- Ensure there is adequate training in cultural specific forms of abuse and how to offer support to avoid organisational abuse.

LGBTQ+ individuals

- The early identification service should collect monitoring data on sexual orientation and gender identity to ensure we are meeting the needs of the community.
- Increase promotion of the early identification service in LGBTQ+ friendly media or venues. Ensure the service is seen as inclusive and open to all.
- Form close links with Galop and similar VCS organisations.

People with a disability

- Include people with disabilities in any training and promotional materials.
- Ensure there is awareness of the hidden nature of some disability and the barriers that disabled victims and perpetrators of domestic abuse might experience.
- Include awareness of abuse perpetrated by family members, carers, personal care assistants or healthcare providers.

- Ensure materials produced are accessible and easy to understand for women or men with intellectual disabilities and that advocates provide appropriate support.
- The early identification service should collect data on whether clients have a disability or not to ensure we are meeting the needs of our population.

Older adults

- Ensure older people are included within training and for promotional materials.
- Consider using age appropriate avenues for promotion such as local newspapers or community centres.
- Link in with organisations such as Age UK.

Male victims

- Work closely with organisations such as Respect and ManKind.
- Ensure that male victims are featured in promotional materials or case studies for the service.
- Include male victims in training provided to primary care and other services.
- If IRIS is recommissioned to demonstrate an increase in the proportion of men accessing the service.

Young people

- See recommendations below for the 0-25 needs assessment for the City & Hackney Public Health Team.
- The early identification service needs to ensure that young people feel included and that the service is for them.

8. The commissioned early identification service must provide additional support for and training about vulnerable groups including:

- Awareness of the complex needs of sex workers and their increased risk of domestic abuse.
- Awareness of the risk of domestic abuse to homeless men and women and close working with the Greenhouse GP practice.

9. The commissioned early identification service should ensure that non-physical forms of domestic abuse including emotional abuse, coercion and control, economic abuse, sexual abuse and harmful practices- are included within the training and that advocates have a strong awareness of them.

10. The commissioned early identification service must work closely with existing domestic abuse services with Hackney Council and the City of London to avoid duplication of workload and cases. Integration between the services will be a priority.

11. The commissioned early identification service should ensure that perpetrators of domestic abuse are given support if requested from the service and referred on to appropriate organisations, such as Respect.

12. The commissioned service must provide quarterly monitoring updates to Hackney Council and the City of London.

Additional Recommendations

13. Link in with the 0-25 needs assessment for City & Hackney and provide the following recommendations to them:

- Include children and young people's experience of domestic abuse within the needs assessment.
- Consider primary prevention of domestic abuse via educational programmes for schools.
- Map out existing services, including whether there are any existing primary or secondary preventative services for children and young people.
- Ensure Female Genital Mutilation (FGM) is included within the work and that need within the community is known.

14. Recommendations for the City & Hackney Violence Against Women and Girls strategic steering group:

- Consider linking in with other strategic groups across London to promote pan-London work on domestic abuse.
- Ensure that awareness of the institutional and structural discrimination facing many people who experience domestic abuse is raised, including:
 - LGBTQ+
 - Culturally and ethnically diverse communities.
 - People with no recourse to public funds.
 - Sex workers.
 - Homeless people.
 - People with disabilities.
- Explore whether refuge support can be expanded, in particular for older women.
- Ensure that adult social care and domestic abuse support services are working together and sharing information.
- Consider support available to male victims of domestic abuse.
- When training community champions (listed in VAWG action plan)- ensure that they are recruited from communities with the largest need and are given training that included emotional abuse and coercive control as well as physical and sexual abuse.

Wider Recommendations for VAWG

- To continue to tackle gender stereotyping, misogyny and raising awareness of VAWG issues to reduce the number of DA and VAWG cases
- To continue to raise awareness of harmful practices such as FGM and honour based violence/forced marriage acknowledging the greater impact these have on culturally and ethnically diverse communities and advocate and campaign on these issues to ensure these are 'everybody's business'.

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Appendix

Documents included in Policy Review:

Name of document	Author	Year	Type of document
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Ending Violence against women and girls: Strategy Refresh	UK Government	2019	National strategy
Ending violence against women and girls 2016-2020	UK Government	2016	National strategy
A Safer City for Women and Girls: The London Tackling Violence Against Women and Girls Strategy (2018-2021)	Mayor of London Greater London Authority	2018	Pan-London strategy
City of London Violence Against Women and Girls Strategy	City of London	2019	City of London strategy
Violence against women and Girls: Snapshot Report 2020/21	End Violence Against Women Coalition	2020	National Report
Everyone's business: Improving the police response to domestic abuse	HMICFRS	2014	National Report
Increasingly everyone's business: A progress report on the police response to domestic abuse	HMICFRS	2015	National Report
The police	HMICFRS	2019	National Report

response to domestic abuse: an update report			
The London Sexual Violence Needs Assessment	MOPAC NHS England	2016	London focus
Violence against women and girls strategy	Hackney Council	2019	Hackney focused
A Safer City for All Londoners: Police and crime plan 2017-2021	Mayor of London Greater London Authority	2017	London focus
Responding to domestic abuse: A resource for health professionals	Department of health	2017	National
Domestic abuse	London Assembly Police and Crime Committee	2020	London focus
Safe lives reports: - Mental health and domestic abuse - Young people - Older people - disabled people	Safe and Well: Mental health and domestic abuse Safe Young Lives: Young People and domestic abuse Safe Later Lives: Older People and domestic abuse Disabled Survivors Too: Disabled People and	2019 date published unclear 2016 2017	All National

<ul style="list-style-type: none"> - homelessness - ethnic minority groups 	<p>Domestic Abuse. SafeLives</p> <p>Safe at Home: Homelessness and domestic violence</p> <p>Supporting B&ME victims- What the data shows</p>	<p>2018</p> <p>2015</p>	
<p>Safe lives websites:</p> <ul style="list-style-type: none"> - LGBTQ+ - Disabled people 	<p>https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse</p> <p>https://safelives.org.uk/practice_blog/barriers-accessing-services-lgbt-victims-and-survivors</p> <p>https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse</p>		all National
<p>Safe Lives Practitioner /best practice reports</p>	<p>Safe Lives Practitioner Survey - Executive Summary</p> <p>https://safelives.org.uk/sites/default/files/resources/Practitioner%20Survey%20-%20Executive%20S</p>	2020/2021	National

	<p>ummary%20Final.pdf Safe Lives - Impact Report (2019-2020) https://www.safelivesimpact.co.uk/ Seeing the whole picture: An Evaluation of Safe Lives' One Front Door' https://safelives.org.uk/sites/default/files/resources/Seeing%20the%20Whole%20Picture%20-%20An%20evaluation%20of%20SafeLives'%20One%20Front%20Door.pdf Safe Lives-We only do bones here: Why London needs a whole health approach to domestic violence</p>	2019	
	<p>Safe Lives-We only do bones here: Why London needs a whole health approach to domestic violence</p>	2021	
Pathfinder Toolkit	<p>Pathfinder Toolkit Enhancing the response to domestic abuse across health settings https://communications.safelivesresearch.org.uk/Pathfinder%20Toolkit_Final.pdf</p>	2020	National
Pan London Housing Reciprocal- Three years on	Safer London	2020	London
Galop	Galop Report-	2020	

	<p>Commissioning for Inclusion - Delivering Services for LGBTQ+ survivors of domestic abuse</p> <p>http://www.galop.org.uk/wp-content/uploads/LGBT-Commissioning-Guidance-final-2.pdf</p>		
Imkaan	<p>Thiara, R. and Roy, S. 'Reclaiming Voice: Minoritised women and sexual violence: Key Findings</p>	2020	National
Imkaan	<p>The Impact of the Dual pandemic: Violence against women and girls and Covid-19 on black and minoritised women and girls</p>	May 2020	National
Women's Aid	<p>Survival and Beyond: The Domestic Abuse Report (2017)</p>	2018	National
Women's Aid	<p>A perfect storm: The Impact of Covid-19 pandemic on domestic abuse survivors and the services supporting them</p>	2020	National

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List of people included in focus groups and 1:1 interviews

Focus Group

Organisation	Job Title
NHS (GP) (Clinical Lead)	Named GP for safeguarding children in City and Hackney
Hackney Council (Housing)	Benefits and Housing Needs Officer
NHS (CCG)	Designated Lead for Adult Safeguarding
NHS (GP)	GP
Hackney Council	Senior Practitioner MCA DOLs lead LBH
Hackney Council - Health and Community Services	Safeguarding and DOLs Team
East London NHS Foundation Trust	Named Professional for Safeguarding Adults (City and Hackney)
Family Nurse Partnership Whittington Health NHS Trust	Family Nurse - City and Hackney Family Nurse Partnership

1:1 Interviews

Organisation	Job Title
IKWRO (VCS)	IDVA/HPS Specialist
Metropolitan Police	Inspector
Hackney Council	Senior Professional Advisor - Safeguarding and Learning

Hackney Council /NHS - East London Foundation Trust	Social Work Head and Service Manager
Cranwich Road Surgery	GP
Open Doors - Homerton University Hospital NHS Trust	Service Coordinator/ISVA
City of London	Public Health Specialist (lead for sexual health)
City of London Police	Dedicated Liaison Officer for sex workers
Homerton University Hospital NHS foundation	Specialist Midwife with responsibility for substance and alcohol misuse
Homerton University Hospital NHS Foundation	Consultant Sexual Health
Homerton University Hospital NHS foundation	Senior Nurse Health Visiting
Homerton University Hospital NHS Foundation	Safeguarding Lead for Health Visiting
Claudia Jones Organisation	Women and Family GBV Service Manager Women and Families GBV Specialist Support Worker DV Specialist
Jewish Women's Aid	Domestic Abuse Support Worker
Hackney Council	DAIS Service Manager