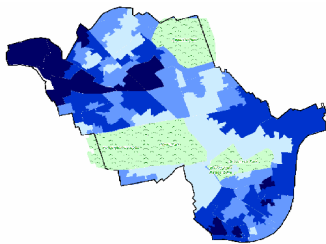


Westminster's Joint Strategic Needs Assessment

Violence against Women and Girls June 2010



Westminster City Partnership

This document contributes to Westminster's JSNA

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1. Introduction

This project was initiated following the development of three National Strategies; the Home Office's December 2009 Violence Against Women and Girls Strategy, the publication of the Mayor of London's 'The Way Forward' paper in April 2009 and the December 2008 publication of the Conservative parties 'Ending Violence Against Women Strategy'.

This report builds on the initial assessment completed in February 2010 to support the development of a VAWG strategy. This report aims to:

- Fill the gaps identified in the initial assessment
- Detailed victim analysis including implications of VAWG
- Victim needs analysis of provisions
- Evaluation of current provisions available to Westminster residents

2. Violence against Women and Girls definition

The Home Office has adopted the CEDAW¹ definition of violence against women which is:

'Violence that is directed against a woman because she is a woman or that affects women disproportionately.'

In addition, the 1993 Declaration on the Elimination of Violence against Women states, this includes:

'...any act of gender-based violence that results in, or is likely to result in, physical, sexual psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.'

Such violence includes:

- Domestic violence
- Sexual violence and abuse
- Sexual exploitation
- Stalking
- Female Genital Mutilation
- Honour Based Violence
- Forced Marriage
- Trafficking

Westminster City Council will base their strategy on the above listed violence types as well as including prostitution and rough sleeping.

3. Methodology and Caveats

A range of qualitative and quantitative data has been used throughout this report, along with various tools and techniques. A full explanation on the data used, methodology and any limitations can be found in Appendix 1.

¹ Convention on the Elimination of all forms of Discrimination against women (CEDAW), adopted in 1979 by the UN General Assembly

4. Report

Affects of Violence against Women & Girls

The scope of VAWG is such that the levels of violence experienced, and the knock on affects, will vary greatly from case to case. Whilst in the aftermath of any incident the physical impact will be the most noticeable, it is often the psychological symptoms that will have the biggest long term impact on people's lives. Some may only develop minor symptoms such as an increase in anxiety and occasional nightmares, whilst others will experience more marked signs of anxiety, depression, guilt and shame as a result of their experiences. These are also the areas that women mainly want help dealing with from VAWG services such as counselling and advocacy, but also more creative and relaxation based therapies.

The main exception is for Female Genital Mutilation where the physical impact is more notable. Short terms complications include severe pain, acute urine retention, infection and possibly death (mainly girls). Longer term complications include pelvic infection, infertility, scars, and complications during sexual intercourse and child birth.

The psychological impacts tend to be fairly similar across all forms of violence, with the following being a summarised from the Department of Health / Home Office website report "Meeting the health needs of refugees and asylum seekers: A resource for health workers".

Anxiety: Panic attacks, pain, headaches, psychosomatic symptoms, poor concentration and memory, sleep disturbance, flashbacks (distressing memories of traumatic events), worries, anticipating the worst, confusion, avoidance of situations, aggressive behaviour, impulsive behaviour, withdrawal from others, passivity.

Hyper-arousal: Increased nervous system arousal, sleep problems, excessive anger, irritability, memory and concentration problems.

Loss and bereavement: Loss of family, friends, home, social support network, job, lifestyle. Grief, numbness, anger, denial, yearning, preoccupation with people lost or disappeared. Anxiety, emptiness, apathy and despair, anger; altered behaviour in relationships such as increased dependency, fierce self-sufficiency, compulsive care-giving and suspiciousness; fear about relationships, fear of intimacy, ready devaluation and idealization of others; depression, appetite disturbance, poor concentration, hopelessness, suicidal thoughts.

Shattered core beliefs: Loss of trust and meaning, capacity to trust damaged.

Guilt and shame: Guilt at having failed to prevent violence, avoidance of others due to shame, self-blame, ability to experience pleasure inhibited; inability to disclose experiences leading to breakdown of family relationships and social isolation. People's shame may result in them feeling 'different' to and 'separate' from others.

Intrusions: Re-experiencing aspects of the original traumatic event in nightmares or as intrusive memories or flashbacks.

Avoidance: Avoiding reminders of events, inability to recall parts of the trauma, detachment.

Low mood: Depression, loss of interest, withdrawal, loss of self-esteem, social isolation, loss of motivations, loss of interest in activities.

Symptoms which may need specialist help include:

- Consistent failure to function properly with daily tasks
- Frequently expressed suicidal ideas or plans
- Social withdrawal and self-neglect
- Behaviour or talk that is abnormal or strange within the person's own culture
- Aggression

VAWG Services Good Practice

Despite VAWG covering a large variety of different forms of violence, the core principles of good practice are relatively similar. These cover aspects such as the type of organisation, accessibility, types of services offered, the delivery method, staffing, promotion and diversity. These points are summarised below, and serve as the criteria used to evaluate the current services available to Westminster residents:

- Woman-centred approach
- Women only services
- Accessible in terms of location and opening hours
 - Provide outreach schemes
 - Quick to access / no waiting lists
- Variety of services: counselling, advocacy, group sessions, helplines, relaxation and therapeutic options
 - Providers to offer a “one stop shop” approach
- Embracing different communication methods
 - internet, email, phone, instant messaging, drop in clinics, appointments
- Staff trained in all aspects of VAWG that:
 - Listen to and believe survivors
 - Empathetic, believing and non-judgemental attitudes
 - Treat them with dignity and respect
 - Understands needs and available options
- Staff can speak different community languages
 - If using interpreters they should have VAWG training
- Deal with one person at organisation
- Can provide access to emergency accommodation
- Promotes awareness and values of the real effects and causes of violence against women
- Widely advertised so that people know about them before an incident happens, therefore reducing time between offence and accessing service
- Promoted to different groups to ensure that women from different and diverse communities know about services and that it’s open to them.
- Referral mechanisms and signposting between a broad range of agencies

These points are summarised from the reports:

- Together we can end violence against women and girls: a strategy (2009), HM Government
- Multi-agency practice guidelines: Handling cases of Forced Marriage (2009), HM Government (2009)
- Levels of rape and sexual assault in London: An assessment of the need for services for women (2010), Greater London Authority

Domestic Violence

Size of the problem

Despite national decreases in domestic violence, one in four women is still a victim of domestic violence. Slight increases have occurred locally over the past few years, with 1,365 reported offences of domestic violence in Westminster in 2008/09. There were also 2,571 Computer Aided Dispatch (CAD) calls made over the same period for domestic incidents².

The latest 2010 population figures for Westminster estimated that there are currently 127,900 females in the borough, with this set to forecast to rise by 9% to 139,300 in 2015³, and by 15% to 147,500 in 2020.

Using the current population estimate for 2010, the Home Office 'Ready Reckoner' tool⁴ would suggest that 6011 women and girls aged 16-59 have been a victim of domestic abuse in the past year, with this figure rising to 6,547 for the population estimate in 2015.

The British Crime Survey found the number of incidents of domestic violence (DV) across England & Wales to be 626,000 in 2001/2, falling to 293,000 in 2008/9. Over the same period the percentage of incidents reported to the police had risen from 35% in 2001/2, to 47% in 2008/9⁵. So whilst overall costs associated with DV have decreased due to reduced loss of economic output, as well as human and emotional costs, the cost of providing services such as health care, social services, housing, legal services, and the criminal justice system has actually increased⁶.

Who does it affect?

For all DV the majority of victims are of white ethnicity making up over half of all report police offences. This is followed by those of Black and Middle Eastern ethnicity, making up another 30%. However, a review of Multi Agency Risk Assessment Conference (MARAC) cases for high risk domestic violence found that almost three-quarters of all cases involved people from black and minority ethnic groups (202 of 275). This may suggest that despite not making up the highest volume, cases involving these groups are of a more serious nature, or that there is significant reluctance in some cultures to report to the police.

The main age range is between 18 – 36 years old, making up around two thirds of all offences, with the peak age range between 23 – 25 years old representing 13% alone.

Almost 80% of all domestic violence offences reported to the police in Westminster involve victim's that are Westminster residents. Other represented areas tend to be neighbouring boroughs such as Brent and Lambeth, along with people living outside the Metropolitan Police Service (MPS) area.

The areas with the highest numbers of reported domestic violence offences are generally the more deprived areas of the borough. The main hotspot locations tend to be in the North of the borough, most notably in the areas of Queen's Park, Westbourne, Harrow Road, and Church Street, making up over a third of all offences. Also in the South the wards of Churchill

² VaWG: Initial Assessment (2010), Rebecca Booker, Westminster Council

³ Office of National Statistics (ONS) mid year estimates published on 27th May 2010

⁴ The Ready Reckoner Tool uses findings from the British Crime Survey, it enables commissioners of services from a range of providers such as health, policing and housing, to estimate the need for local services for domestic violence, sexual violence and stalking in their area. It is based on research and reported findings.

⁵ Alison Walker, John Flatley, Chris Kershaw, and Debbie Moon (2009) *Crime in England and Wales 2008/09 Volume 1 Findings from the British Crime Survey and police recorded crime*.

<http://www.homeoffice.gov.uk/rds/pdfs09/hosb1109vol1.pdf>

⁶ The Cost of Domestic Violence: Up-date 2009 (25 November 2009), Sylvia Walby, Lancaster University

and Vincent Square contribute more than 10%. For those offences of domestic violence that occur in the central areas, a high percentage of victims tend to be non Westminster residents. This is most apparent in the areas of West End & China Town, Regent and Old and New Bond Street (ORB), Strand & Whitehall, Soho, Mayfair & St James, and Covent Garden, where the level of Westminster resident victims ranges from 15-42%.

The Home Office used the findings of the British Crime Survey 2007/08 to identify the following factors put people more at risk of Domestic Violence⁷:

- Single women in households with child/children had amongst the highest levels of domestic abuse (18%).
- Women who were separated reported particularly high levels of risk (18%).
- Domestic abuse tended to increase with decreasing household income.
- Women living in households with an income of less than £10,000 were particularly at risk (13%).
- Women aged 16-19 reported higher levels of victimisation than other age groups (11%).
- Female students were also identified as being at risk of domestic abuse (11%).
- People living in areas where physical disorder was assessed as high and in rented accommodation were more likely to be victims of domestic abuse (11%).
- Women who were married had a lower risk of domestic abuse than those were single, cohabiting, separated or divorced.

The level of female related domestic violence offences in Westminster over the period 01/01/2008 – 31/12/2009 has tended to be highest in the summer months. In 2008 the highest levels were seen between May – September, whilst in 2009 the peak period was between April – August.

In 2009 offences tended to be highest between Friday – Sunday, with offences slowly increasing from 8am, reaching a peak between 0000 - 0059 hours. Levels then reduce, being at the lowest numbers between 0400 – 0759 hours. The peak hours are likely to be linked to the suspect consuming alcohol, as intimate partner violence is frequently committed by perpetrators who have been drinking, or have alcohol problems, with the severity of violence also being linked to the level of consumption⁸.

For a more detailed profile of domestic violence in Westminster see Appendix 4.

Current Services Evaluation

The largest majority of VAWG services provide support for survivors of DV, with over 20 available to Westminster residents. These are predominantly made up of well established voluntary charity organisations, many having been active since the 1980s. One problem with relying on charity organisations is that their funding is not secure, and is rarely long term. The current funding positions tend to be either up until March 2011 or 2013, depending on the organisation.

Services are mainly open during regular office hours Monday – Friday, with the exceptions being the 24 hour hotlines provided by the National Domestic Violence helpline, and the Woman's Trust emergency line, along with shelters from Eaves Women's Aid and Women's Refuge. The majority are also quick to access with no waiting lists.

Two thirds are women only services, with providers giving a good balance of services such as counselling, advocacy and outreach. Most providers offer their services in a variety of community languages, with translators with relevant training also available.

⁷ Homicides, Firearm Offences and Intimate Violence 2007/08 (2009), David Povey, Home Office

⁸ Alcohol and intimate partner violence: Key findings from the research (2004), Andrea Finney, Home Office

Specialist services are available to those from specific Black and Minority Ethnic (BME) backgrounds, as well as a specialist advice service for those from the Lesbian, Gay, Bisexual and Transgender (LGBT) community.

The biggest downside of the current services available to Westminster residents is that only a third are based within the borough, meaning people may have to travel. The majority are also charity organisations where their funding is not long term, and maybe vulnerable during the current economic climate. Some organisations VAWG staff training maybe limited to DV, and thus they may not spot signs of Forced Marriage, Honour Based Violence, or Female Genital Mutilation. Also worth noting that additional add on services such as relaxation or creative activities are rarely available at the same place.

For a more detailed evaluation of domestic violence services see Appendix 8a.

Conclusions

DV is the largest contributor to VAWG in Westminster, and due to ongoing long term awareness raising of the issues, has a number of well established organisations and charities available to support people.

The main problem with the current services available to Westminster residents is that only a third are located in the borough, with the rest being scattered across surrounding boroughs and the rest of London.

Current demand for services over the past 3 years seems to be a mixture of stable to increasing, and demand is likely to continue to grow as services are more effectively promoted. With the female population expected to grow by 9% over the next 5 years, maintaining the current services is a bare minimum.

The majority of domestic violence offences reported to the police occur in the more deprived areas of the borough, mainly in the Northern wards of Queen's Park, Westbourne, Harrow Road, and Church Street, along with Churchill and Vincent Square in the South. Services should be heavily promoted in these areas, particularly in areas of high social housing, to ensure people know what is available to them.

Recommendations

Activity for domestic violence should primarily focus on promotion and awareness raising amongst staff and the public, along with providing a more co-ordinated and easy to access service. Specifically:

- Continued delivery of training to frontline staff who may come into contact with people suffering from domestic violence.
- Study into how well services are currently promoted at police stations, GPs, hospitals, as well as other local community organisations.
- Up-to-date directory of services to be completed and made available to all partner agencies, as well as the public.
- Ensure links between services and housing providers (particularly social housing) in order to promote services both in communal areas (notice boards), and regular resident communications, such as newsletters and website. This should include more specialist providers, not just the statutory organisations.
- Concentrate on promoting services to those areas believed to be most affected in the wards of Queen's Park, Westbourne, Harrow Road, and Church Street in the North, along with Churchill and Vincent Square in the South. These areas typically suffer from high unemployment and benefit claims, so advertising in Job Centres and Benefit offices is advised.
- Promotion of services should focus on specific types of people who are particularly at risk, such as single and separated mothers, students, and young people.

- Due to links between DV and alcohol - joint promotion of services available to victims and offenders.
- Ensure awareness raising takes place at all schools in the borough, as per the governments strategy

Overview of Multi Agency Risk Assessment Conference (MARAC)

MARAC⁹ was launched in Westminster in September 2008. Since then a total of 330 cases have been dealt with (33 were repeat cases). During the past 12 months (up to 18/05/2010) there were 275 cases (31 repeats), with 295 children living at the households involved. Almost three-quarters of all cases involved people from BME groups (202 of 275). Cases almost exclusively involve female victims, with only 5 victims in the past year being male. There were also 15 cases against disabled victims, and 1 case against an LGBT victim.

Although the programme is still fairly new there has been a gradual upward trend in referrals over the past few months, with the rolling 12 month total going from 170 in November 2009 up to 275 in May 2010. This will be influenced by new agencies coming onboard, and people becoming more familiar with the process. A Housing Needs Officer from Westminster Council highlighted how the amount of time taken to deal with MARAC has steadily increased and is now becoming an issue, not just in terms of overall workload, but also in their ability to complete risk assessments in a timely manner.

Over a third of referrals have come from Housing (combination of Housing Options Service, City West Homes, Refuges and Hostels), followed by Independent Domestic Violence Advisor (IDVA) with 30% and the Police with just over 12%.

Referral Agency: 26/05/2009 - 18/05/2010	Number	%
Housing	105	38.2%
IDVA	84	30.5%
Police	35	12.7%
Children's Social Care	18	6.5%
Probation	9	3.3%
Other	24	8.7%
Total	275	

There is currently one dedicated MARAC coordinator who works alongside 19 agencies that are involved with the MARAC process: Police, IDVA Services, Health, Probation, Housing, Children's Services, Victim Support, Al-Aman (DVIP), Family Recovery Project, Eaves DV Support Service, Drug & Alcohol Action Team, Domestic Violence Forum, City West Homes, Kurdish & Middle Eastern Women's Organisation, Education, Mental Health Services, Eaves Women's Aid, Adult Services and Imperial College NHS.

Going forward it is hoped that Education will be more actively involved, as well as getting representatives from Accident & Emergency and the Youth Offending Team (YOT) to attend.

In general the staff involved with MARAC are not given VAWG training, although the MARAC coordinator has delivered a number of MARAC training events.

A previous report identified that the highest volumes of MARAC client addresses were located in Queen's Park, Westbourne and Lancaster Gate, followed by Bayswater and Church Street. The highest density of MARAC cases tended to be in areas of social housing in Queen's Park, Westbourne and Church Street – with the number of people from City West Homes' properties being well over represented. The perpetrators and clients of MARAC tend to reside in areas of Westminster with the MOSAIC lifestyle classification of 'Neighbourhoods with transient singles living in inner multiply occupied large old houses' (E28) and 'High density social housing, mostly in inner London, with high levels of diversity' (F36). Typical

⁹ MARAC is a forum where multiple agencies get together to provide a co-ordinated response for those at the highest risk of domestic abuse. More information can be found at <http://cms.met.police.uk>

characteristics of these groups are aged 25-34 years, single, unemployed, on Job Seekers Allowance / income support, fairly inactive lifestyle, with a short term length of residency¹⁰.

¹⁰ Domestic Incidents and Direction for Westminster's Domestic Violence Services (2009), Kia Wnuk, Westminster Council Intelligence Unit report

Sexual Violence and Abuse

Size of the problem

Sexual violence and abuse has increased from 2008 to 2009, with recorded offences in Westminster rising from 306 to 398. For the same time period offences of rape were relatively stable, going from 73 to 75. It is estimated that only 1 in 7 rapes are reported. If applied to Westminster figures this would equate to approximately 511 rapes in 2008, and 525 in 2009. Ambulance call outs for rape/sexual assaults have also increased over the past 3 years, although the numbers are small¹¹.

Using the current population estimate for 2010, the Home Office 'Ready Reckoner' tool would suggest that 5372 women and girls aged 16-59 have been a victim of domestic abuse in the past year, with this figure rising to 5851 for the population estimate in 2015.

Using iQuanta data from the previous VAWG report, Westminster has the highest level of sexual offences per 1000 residents compared with any other borough in London. However this is greatly disproportionate because it does not take into account the vast number of non Westminster residents that visit the borough, particularly in the central area. For the calendar year 2009, only 40% of sexual offences and 46% of rapes were against Westminster residents. Just under half of all offences occur in the central division of Westminster. However over 80% of sexual offences, and three quarters of rapes in this area are against non Westminster residents. A comparison of the number of offences in Westminster and other London boroughs is shown in Appendix 7.

Who does it affect?

Victims of sexual offences are more likely to be of white appearance than for domestic violence. This also impacts on the percentage of people that are of Black or Asian appearance, both lower than for domestic violence.

Ages for victims of sexual assaults are more concentrated than for domestic violence. Sixty percent of victims are aged 18 – 30 years old, with those aged 18 – 22 particularly vulnerable (younger than domestic violence).

Overall Westminster residents only account for 40% of sexual offences victims, with 15% being from outside the MPS area.

The largest concentration of sexual offences occurs in the central area (6 of the top 8 wards) of Westminster. However for sexual offences only involving Westminster residents the picture is remarkably different. Residents are much more likely to be victims in the North of the borough, with the main wards being Lancaster Gate and Hyde Park, followed by Queen's Park and Bayswater (although numbers are notably less). These areas have their own smaller night time economies, and research suggest that almost half of all less serious sexual assaults involve the offender being under the influence of alcohol, whilst the figure is just under 40% for serious sexual assaults¹².

The level of female related sexual offences in Westminster over the period 01/01/2008 – 31/12/2009 has been highest in the summer months. In 2008 the highest levels were seen between July – October, whilst in 2009 the peak period was between June – September. A previous Home Office report also found that nationally indecent assaults on females were highest between May – September, peaking in July.¹³

¹¹ VaWG: Initial Assessment (2010), Rebecca Booker, Westminster Council

¹² Homicides, Firearm Offences and Intimate Violence 2007/08 (2009), David Povey, Home Office

¹³ Home Office: Seasonality in Recorded Crime: Preliminary Findings (2007), Celia Hird & Chandni Ruparel

With Westminster residents only making up 40% of sexual offences victims, there are 2 contrasting versions of the main days and times when offences occur. In 2009 residents were most likely to be victims on a Wednesday, Thursday or Saturday, and although the peak individual hour was between 0000 – 0059 hours, the peak 4 hour period was earlier in the evening between 1800 – 2159 hours.

In contrast non residents were most likely to be victims on Thursday (early morning and early evening), Saturday (early morning and throughout the evening) and Sunday (morning only). A small peak late on Friday evening also occurred. Levels of offending were fairly consistent during the afternoon and evening, before almost doubling between 0000 – 0359 hours, making up a third of all offences.

Of the rape victims that were Westminster residents, two thirds of people new the suspect as an acquaintance, friend or partner. Non Westminster residents were much more likely to be attacked by a stranger, with only a third knowing the attacker.

The location of where the actual offence took place against Westminster residents was most likely to be in the victim's home address (2 in every 3 offences). Offences against non residents most commonly took place in outdoors in walkways or parks (third of offences), followed by hotels, and the suspect's home address.

For a more detailed profile of sexual violence and abuse in Westminster see Appendix 5, and specifically for rape see Appendix 6.

Current Services Evaluation

There are half the number of services available to survivors of sexual violence and abuse compared to those for domestic violence. Again these are predominantly provided by charities, and although these organisations are well established, long term funding is not secure. A number of organisations that deal with the majority VAWG issues do not offer the same service for those who have suffered from sexual violence and abuse.

There are only 3 providers that operate inside Westminster, although none of them are women only centres. The Havens Sexual Assault Referral Centre (SARC) is based in Paddington, although this is only for incidents within the last 12 months. This means Westminster residents are likely to have to travel off borough for services. Again services are mainly open during office hours, with the exceptions being the SARC, Woman's Trust, and Rape & Sexual Abuse Support Centre in Croydon. The national helpline for rape and sexual assault is available 7 days a week, although only for limited hours. One problem with more specialist services for sexual offences is that due to the nature of the issues and service being delivered they can be prone to waiting lists and available by appointment only (not quick access). For example the Rape & Sexual Abuse Support centre has a waiting list of 3-6 months depending on the survivors service and time requirements.

Specialist sexual violence providers tend to be women only, along with dedicated services being available for those from African, Chinese, South American, Asian, and Middle Eastern backgrounds. Providers also offer a good balance of services such as counselling, advocacy and outreach.

The Support Centre in Croydon currently deals with around 140 people a week, with 7.5% thought to be from Westminster. This would equate to more than 500 people from Westminster a year, although this number is likely to include those that access the service for a prolonged period of time. The centre says demand has increased over the past 3 years, with capacity dependant on the funding available.

For a more detailed evaluation of sexual violence and abuse services see Appendix 8b.

Conclusions

From the information assessed it would seem that sexual offences are slightly increasing in Westminster, and are currently the highest in London. However due to the influx of people to the night time economy in the central area, only 40% of victims are actually Westminster residents.

The service provision available for sexual offences is half that for domestic violence, and very limited within Westminster itself, where none of the services are women only. The majority of services are run by charities, and are in surrounding boroughs or other parts of London. The other problem with specialist centres for rape and sexual assault is that they are prone to waiting lists, and are not quick to access.

Westminster is currently leading on the development of a rape crisis centre, however this is still in the planning stages, and therefore some way off. Solace Women's Aid, based in Islington, is also looking at running an outreach service to Westminster. However this is dependant on finding a suitable building / location.

The most common location for Westminster residents to be victims of sexual assault is within either their home, or the suspect's home address. Therefore services and promotion should predominantly be provided in the North of the borough particularly around Lancaster Gate, Hyde Park, Queen's Park, Bayswater, and Westbourne.

Sexual assault is under reported, with two-fifths (40%) of victims of serious sexual assault since the age of 16 telling no one about their experience. For those that did, the main group that people confided in was friends, relative or neighbours (44%), whilst only 11% told the police. Men and women were equally likely to report their experiences of serious sexual assault, but they were likely to confide in different groups. Men were more likely to tell someone at work (19% compared to 4% of women), whilst women were more likely to tell a friend, relative or neighbour (46% compared with 21%)¹⁴.

Due to the above the current service provision available to those who have suffered from sexual violence and abuse is not adequate for the demand. This is a picture mirrored across London.

Recommendations

A number of the recommendations from domestic violence are also relevant to sexual violence and abuse, along with:

- Promotion of services to be concentrated in those areas most affected in the North of the borough particularly around Lancaster Gate, Hyde Park, Queen's Park, Bayswater, and Westbourne.
- With almost half of all women confiding in friends and family, awareness raising and promotion should be aimed at a wide audience. Websites such as the National Domestic Violence Helpline have a dedicated section on "Support a friend or family member experiencing domestic violence", as well as areas for victims, and professionals.
- Look into increasing the capacity of current services on borough, or funding outreach services from organisations outside the borough (dependant on timeliness of Solace Women's Aid and Rape Crisis Centre).

¹⁴ Homicides, Firearm Offences and Intimate Violence 2007/08 (2009), David Povey, Home Office

Female Genital Mutilation

Size of the problem

Female Genital Mutilation (FGM) is heavily under reported, hence obtaining data at nation and local levels is not possible. A Foundation for Women's Health Research and Development (FORWARD)¹⁵ report estimated prevalence of FGM in England and Wales to be at least 66,000 in 2001, with 24,000 girls under the age of 15 being at risk. These figures were not broken down by region. This report was published in 2007 and no more recent studies could be found.

Who does it affect?

FGM is predominantly associated with countries in Africa and to some extent the Middle East. However the prevalence of FGM varies across Africa, with many countries, particularly in the South, not believed to practice FGM, whilst others such as Somalia, Egypt and Eritrea are thought to have close to 100% prevalence. It is usually carried out on girls between the ages of 2 and 12 years old.

When the 2001 Census was conducted the 2 highest African populations in Westminster were people from South Africa and Nigeria, accounting for just over a quarter of the 11080 people. Nigeria is believed to have a fairly low rate of FGM at 25%, whilst South Africa is not believed to practice it. A FORWARD report estimated that in 2001 4.3% of all Westminster maternities were to women with FGM, representing 109 cases. This is thought to have risen very slightly to 4.63% in 2004, totalling 125 cases. By comparison the Inner London average for 2004 was 6.3%¹⁶.

In 2001 the main ward concentrations of African born residents were in the North of the borough particularly in the wards of Lancaster Gate, Westbourne and Regent's Park, each with over 7% of the borough total. The Mosaic database describes the most populated African areas in these wards to be of predominantly A01, E28 and F36 groups. The 3 highest individual Super Output Areas were in Church Street (2 areas) and Harrow Road (1 area), with these specific high concentrations (along with some of Queen's Park) being mainly of E28 and F36 groups. These specific areas are very diverse, with young populations, low levels of educational attainment, and high levels of unemployment and benefit claims. However areas such as Regent's Park are very affluent, whilst Lancaster Gate also has a mix of wealthy and less well off people.

A characteristic all of these groups share are that children are unlikely to speak English at home. This means services will need to be advertised and provided in community languages, as well as being promoted in the right places. The F36 group has a high level claiming benefits and job seekers allowance, and those families in the E28 group also share this characteristic. Therefore advertising in job centres and benefit offices may help to reach the appropriate audience. Those from E28 and F36 also have above average numbers of people entering hospital with respiratory, heart and liver disease. So promoting the service at traditional health providers is also essential. However, those in the AO1 group are likely to have private health insurance, and thus will not be captured by these routes.

Since 2002 registrations of new national insurance numbers in Westminster from people born in Africa has been very stable at 600-700 a year. Over 55% of the main countries (those with at least 100 registrations in 7 years), have been from non practising FGM countries. Across the UK African registrations for NINOs has also remained stable.

¹⁵ FORWARD is an African Diaspora women led UK-registered campaign and support charity dedicated to advancing and safeguarding the sexual and reproductive health and rights of African girls and women.

¹⁶ A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales (2007), by Efua Dorkenoo, Linda Morison and Alison MacFarlane, a FORWARD report

Current Services Evaluation

There are 3 African Well Women's clinics in and around Westminster. One is based at University College Hospital (UCH). For the 3 year period 01/04/2007 – 31/03/2010 there were 11 visits from people living in Westminster. This was roughly 2% of the total that attended, with the majority being from the Somali community. The known Westminster population of Somali's is relatively small. Overall numbers accessing the service at UCH is thought to be stable.

There is a clinic at Guy's & St Thomas Hospital just outside Westminster in Lambeth. Between 01/04/2008 – 31/03/2009 there were 181 appointments booked (not just Westminster residents), although only 109 people actually attended (60%). From these another 98 follow up appointments were made, with 61 attending (62%). The following year 01/04/2009 – 31/03/2010 the number of appointments made dropped to 151, with only 70 people attending (46%). From these 85 follow up appointments were made, with 44 people attending (52%). The clinic reports that whilst actual appointments have reduced slightly, the number of telephone and email enquires has increased (though this not recorded).

There is also another clinic at St Mary's Gynaecology & Midwifery Departments.

Overall there are 10 services available to Westminster residents in relation to FGM. The 3 FGM clinics provide a one stop shop service (information, counselling, surgery), with all of the services available being quick to access, and staff being able to speak the languages of the communities affected. The main draw backs of the services are that they are quite limited in terms of accessibility, only being open during office hours Monday-Friday, and there is no specialist 24 hour hotline. Minimal staffing at clinics could also make them vulnerable to staff turnover. Whilst the clinics appear to be play a vital role, the promotion of the service may need to expand in order to reach the communities affected (particularly in the highlighted areas), with current activity limited to some GP surgeries, health colleagues, and word of mouth by patients.

For a more detailed evaluation of FGM services see Appendix 8c.

Conclusions

Westminster has set out guidelines and procedures for identifying people with FGM. Referring people to specialist services can be done by all health care professionals, women's groups, or by self referral.

Two of the main barriers for women trying to access services are health professionals lacking knowledge and sensitivity to deal with the cases, along with a potential lack of FGM related information being available in regular health places such as GPs, especially in those areas with higher concentrations of people from affected countries.

From the information available Westminster seems to have a fairly stable African population, with the majority being from non-practicing or low prevalence FGM countries. In 2001 people born in Africa accounted for 6% of the total borough population, and since then immigration levels based on new NINo registrations has been stable.

The number of services available seems to be appropriate to the current size of the problem with demand over the past 3 years being stable, and prevalence within Westminster seeming to be lower than that of other Inner London boroughs.

Therefore the main challenges would appear to be ensuring people are signposted to these services by professionals, ensuring staff are aware of the issues and know when to ask the right questions, as well as helping people to access them. The promotion of services should predominantly be done in the areas where the target population is highest. These areas are in the north of the borough, particularly in Lancaster Gate, Westbourne and Regent's Park, along with specific areas of Church Street, Harrow Road and Queen's Park.

Recommendations

- Raising awareness and educating the public and staff
 - Training staff in all aspects of VAWG and making them aware of the services available in order to be aware of people's situations, know what questions to ask, and be able to signpost them to appropriate services.
 - Educate men (and also female parents) regarding the health implications of FGM, that it's not part of religion, and that it's against the law in the UK and many other countries.
 - Ensure awareness raising takes place at all schools in the borough, including areas on FGM, forced marriage, and honour based violence, as per the government's strategy.
- Greater promotion of FGM services and where to find information, particular in those areas with high African populations - Lancaster Gate, Westbourne and Regent's Park, along with specific areas of Church Street, Harrow Road and Queen's Park
- Promotion venues should include regular organisations such as police stations, GP surgeries, hospitals, college / university, and local community organisations.
- Advertise services in different community languages such as Yoruba (Nigeria, Benin, Togo), Somali
- Making use of all forms of communication including websites, email and instant messaging to allow easy access

Forced Marriage & Honour Based Violence

Definition of Forced Marriage: A forced marriage is a marriage which one of both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure¹⁷.

Definition of Honour Based Violence: The terms “honour crime” or “honour based violence” or “izzat” embrace a variety of crimes of violence (mainly against women), including assault, imprisonment and murder, where the person is being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family¹⁸.

Size of the Problem

Legally there is no specific criminal offence in England and Wales of “forcing someone to marry”. However offences are normally committed during the process, usually by parents or family members, such as assault, kidnap, theft of passport, threats to kill, etc. There are also a number of civil and family orders that can be made to protect those threatened with, or already in, a forced marriage.

Nationally the Forced Marriage Unit (FMU) dealt with 1,600 separate incidents of possible forced marriages in 2008, and also intervened to help victims in 420 immigration cases. In the first 6 months of 2009, the FMU had an increase in calls and email to it’s helpline of 25%. The MPS in Westminster reported 2 offences relating to forced marriage in 2008, increasing to 7 in 2009.

There are no published statistics on numbers of honour crimes in the UK, but is widely quoted there are around 12 murders year. The MPS has started recording HBV related offences, with none in Westminster in 2008, but 13 in 2009.

Calls for help regarding forced marriage tend to peak in the summer months, with both the Honour helpline and the Forced Marriage Unit experiencing large increases. In June 2009, the Honour helpline received 769 calls, double the monthly average of around 350 calls¹⁹.

Who does it affect?

There is no typical victim of forced marriage, however the majority of cases reported in the UK have tended to involve young women and girls aged 13-30 years from South Asian families, partly due to a the fact there is large established South Asian population in the UK. There have also been cases involving families from East Asia, Middle East, Europe and Africa.

The highest concentrations of people born in South Asia are in the North of the borough particularly in Regent’s Park, Hyde Park and Church Street, each with between 7-9% of the borough total. The Mosaic database describes the most populated South Asian areas in Regent’s Park as mainly group A01, Hyde Park as groups A01 and E28, and Church Street as almost exclusively group F36. Specific high concentrations in Westbourne, Little Venice and Queen’s Park are also predominantly from the F36 group. These areas are very diverse, with young populations, low levels of educational attainment, and high levels of

¹⁷ Multi-agency practice guidelines: Handling cases of Forced Marriage, HM Government (2009)

¹⁸ Multi-agency practice guidelines: Handling cases of Forced Marriage, HM Government (2009)

¹⁹ Police fail to respond to forced marriages campaign (2010), Jerome Taylor, The Independent - <http://www.independent.co.uk/news/uk/home-news/police-fail-to-respond-to-forced-marriages-campaign-1999487.html>

unemployment and benefit claims. However Regent's Park is very affluent, with Hyde Park being a mix of predominantly wealthy families and high flying transient singles.

In 2001 the South Asia population represented 4% of the Westminster population, mainly from India and Bangladesh, and to a lesser extent Pakistan. Since 2002 registrations of new national insurance numbers in Westminster from people born in the main South Asia countries of India, Bangladesh, Pakistan and Sri Lanka has slightly increased going from around 330 a year in 2002/03, up to 570 in 2008/09. Overall these countries added an extra 3460 NINo's, with the majority being from India (63%).

Although there are various motives (controlling unwanted behaviour, achieving financial gain, long standing family commitment) and aggravating factors (parent dies, older child refuses to marry) that can prompt forced marriage, none of these are comparable to the victim risk factors associated with incidents of domestic violence and sexual offences that make people more likely to be victims.

Consequences of forced marriage include:

- Ongoing domestic abuse within marriage and extended family
- Depression and self harm
- Impaired social development
- Limited career / educational opportunities
- Financial dependence
- Lifestyle restrictions
- Children believe violence is justified
- Children are traumatised impacting on emotional security, academic ability, depression, low self esteem

Running away from the situation may be the only option, however many women have no life experience outside the family, and finding accommodation can be very difficult – especially for those who not have leave to remain and therefore no recourse to public funds. Additionally leaving their family, accusing them of a crime, or approaching an agency for help, may be seen as dishonouring their family in the eyes of the community – leading to so called honour based violence (HBV).

In May 2010 the British media reported an increase in honour based violence affecting British people returning to Pakistan to visit their own ancestral homeland. It is thought that these types of crime are easier to get away with than in England. This may also be influenced by the fact a crime will only be investigated in Pakistan if there is a complainant present throughout (tourists often return meaning nothing is done).

The Forced Marriage Unit has drawn up professional guidelines for health professionals, schools, colleges, universities, police officers, children's social care, adult social care, and housing for local authorities, which includes potential warning signs of when people are being faced with a forced marriage.

Current Services Evaluation

Organisations offering services to those at risk of forced marriage and honour based violence are almost exclusively charity organisations. The main exception is the Forced Marriage Unit, with London Councils and the Home Office helping to co-fund several others. Of the 13 services available, only Victim Support is based in Westminster, and this is a more general service that provides training on domestic and sexual violence, but not necessarily more specialist types of VAWG. Three other providers are based in surrounding boroughs, whilst the other 8 are either based elsewhere in London or nationally. Services are generally open during offices hours, Monday – Friday, although the Honour helpline is available 7 days a week, as well as the emergency 24 hour number for the Woman's Trust – although staff are only trained in DV issues.

The Iranian and Kurdish Women's Rights Organisation (IKRWO) based in Islington report most clients dealing with honour based violence or forced marriage are in the younger demographic aged from 14-25. Their clients tend to be Kurdish, Iranian, Afghan, Turkish, Middle Eastern, or North African, including many recent immigrants and asylum seekers. The IKWRO have seen a large increase in clients over the past 3 years, seeing over 1000 people a year, with roughly 5% being from Westminster.

The FMU has also seen a notable increase in demand, with a 25% rise in calls and emails between January - August 2009, dealing with a total of 1063.

The current services available to Westminster residents are all quick to access, and despite mainly being open between usual office hours, the Honour helpline is available 7 days a week. The majority are specialist services set up directly for those communities affected, meaning that staff can speak various languages. These services also provide a good mix of counselling, advocacy, outreach and training.

The main drawback of the current services available is that only one provider is located actually in Westminster, and this is not a specialist, meaning that Westminster residents will have to travel outside the borough in order to access other services. Both of the main Westminster services (Woman's Trust and Victim Support) only get limited VAWG training, which means the borough is heavily reliant on charity organisations to fill the void, and although the majority of these are well established, all suffer from unsecured / short term funding. This is also at a time of increasing awareness, meaning that demand is likely to continue to grow.

For a more detailed evaluation of forced marriage & honour based violence services see Appendix 8d.

Conclusions

At present there is no in depth research into the prevalence of forced marriage or honour based violence in the UK, although an increasing number of flagged police reports, and a large rise in the number of people contacting the Forced Marriage Unit (detailed in Part 1 of the Assessment) certainly shows that awareness of the problem and services available is increasing and that more people are now looking to seek help.

From the information available Westminster may have a slightly increasing population of people from South Asian countries, with the large majority being from India and Bangladesh. In 2001 people born in South Asia accounted for 4% of the total borough population, and since then there has been a small rise in NINo registrations predominantly from India.

There are a number of services available to people potentially affected by Forced Marriage or Honour violence, however they are all based in surrounding boroughs such as Islington and Kensington & Chelsea. This makes physically accessing the services more difficult for people, especially if they are already living in an isolated environment at home. With this in mind the council may wish to explore the possibility of setting up a more localised service so that Westminster residents do not need to travel as far to access face to face support. Although it should also be considered that Solace Women's Aid are currently in the process of setting up outreach work in Westminster.

Other service alternatives are available via websites, email and telephone, with Karma Nirvana, Iranian & Kurdish Women's Rights Organisation, and Kurdish & Middle Eastern Women's Organisation all offering hotlines that run outside of regular office hours.

Priorities for this area are similar to FGM in regards to promoting services, improving access, and that staff are aware of the issues and know when to ask the right questions. The promotion of services should predominantly be done in the areas where the target population is highest. These areas are in the North of the borough, particularly in Regent's Park, Hyde Park, Church Street and Westbourne.

With Forced Marriage and Honour Violence mainly affecting those between 13-30 years, educating people at a young age about the issues, and services available is also key. The Together We Can End Violence against Women & Girls strategy proposed mainstreaming messages about VAWG into the curriculum by the start of the 2011/12 school year.

Recommendations

- Explore the possibility of offering a more localised service to Westminster residents so they do not need to travel off borough to access face-to-face help.
- Explore the possibility of working with existing organisations in order to provide coordinated outreach to specific parts of the borough that have been identified as having a greater need – such as Solace Women's Aid
- Raising awareness amongst the public and staff
 - Training staff in all aspects of VAWG and making them aware of the services available in order to be aware of people's situations, know what questions to ask, and be able to signpost them to appropriate services
 - Ensure awareness raising takes place at all schools in the borough, including areas on FGM, forced marriage, and honour based violence, as per the government's strategy.
 - Awareness raising to adult population (aimed at parents/families) around the UK laws around honour violence and forced marriage, legal powers and punishments, as well as the potential impact of those women it is imposed on
- Promoting Forced Marriage / Honour Violence services and where to find information, particular in those areas with high South Asian populations - particularly in Regent's Park, Hyde Park, Church Street and Westbourne.
- Promotion venues should include regular organisations such as police stations, GP surgeries, hospitals, college / university, and local community organisations.
- Promotion of services should be greater during the build up and duration of the summer months when the risk of forced marriage appears to be higher.
- Advertise services in different community languages – such as Hindi (India), Bengali (Bangladesh), Urdu (Pakistan), as well as Arabic
- Making use of all forms of communication including websites, email and instant messaging to allow easy access

Trafficking for Sexual Exploitation

Size of the Problem

London has the most concentrated sex market in the UK and it is estimated that approximately 9% of males aged 16-59 years old have bought sex. Trafficked women and girls may not seek advice or assistance due to; language barriers, isolation and unfamiliar surroundings.

The extent of the human trafficking problem in the UK is unclear. Reliable statistics are difficult to obtain as the problem is often hidden and many women do not define themselves as trafficked (for example, many women think that agreeing to be smuggled means you cannot be trafficked). However there are a number of indicators suggesting only a small portion of the problem is visible. Types of trafficking include: trafficking for sexual exploitation, forced labour, internal trafficking and child trafficking.

The Poppy Project based in Lambeth provides accommodation and support to women who have been trafficked into prostitution or domestic servitude. For the period March 2003 – March 2010 they have had 1,496 referrals, with 703 from London, and 112 specifically from Westminster (7.5% of total). Westminster has the highest number of referrals to the Poppy Project out of all London boroughs. The high number of referrals is likely to be a reflection of the fact that the MPS Clubs and Vice team are based in the borough. Over the past 3 years the organisation has seen an increase in the numbers being referred to it, although this may have been impacted upon by the level of activity being taken against trafficking by other agencies. Those accessing the Poppy Project are typically aged 18-30 years old and from countries including: Nigeria, Uganda, China, Thailand, Albania, Lithuania, Romania, Moldova, Poland, and Vietnam.

Little research has been carried out to determine the scale of the problem in the UK, and this is something that the newly formed UK Human Trafficking Centre (UKHTC) intends to carry out some research on, as well as the newly emerging problem of internal trafficking.

Current Services Evaluation

There are a number of organisations available to provide services to survivors of trafficking. These are a mix of specialist and more general providers, with almost all being charities, with a number of them receiving funding support from London Councils or the Home Office. Three of the services are based within Westminster, although 4 more are within surrounding boroughs.

The majority are open during normal office hours Monday-Friday, although the UKHTC number is available 24 hours a day. Specialist schemes such as Women's Project at Asylum Aid, and the Trafficked Women's Project at the Women and Girls Network, also offer hotlines. The majority of the organisations are for women only, however some of the specialist trafficking organisations STOP THE TRAFFIK and UKHTC are for both men and women.

Due to the nature of the problem organisations are more likely to provide services such as legal advice and access to housing refuges, plus sign posting to other services, along with the usual mix of information and counselling.

For a more detailed evaluation of services available to women that have been trafficked for sexual exploitation see Appendix 8e.

Conclusions

Due to the scale of trafficking being relatively unknown, accurately assessing if the number of services available is adequate is not possible. Efforts should concentrate on promoting the current services available, and ensuring other health and community groups are aware of

them. However trafficked women face significant problems in trying to escape, having few opportunities to seek help, along with a fear of being forced to go back to their home country.

Rough Sleepers / Homeless People and the impact of VAWG

The following points have been summarised from a **Crisis Homelessness Fact file** produced in 2003 by Anthony Warnes, Maureen Crane, Naomi Whitehead and Ruby Fu:

Characteristics

For the financial year 2001/02, 12% of London rough sleepers were female. Female rough sleepers were found to be notably younger than men, with 36% being under 25, compared to 15% of men. Similarly 34% of females were aged 35 and over, compared with 51% of men. Ethnicity tended to vary greatly when comparing rough sleepers to those staying in hostels, with 88% of rough sleepers being white, compared to 51% in hostels. The main difference being due to 29% of those in hostels being black, with previous reports and surveys suggesting people from minority ethnic groups are less likely than white British people to sleep rough. In 2000 hostel residents in London aged less than 25 were more likely to be from a minority ethnic group, than white (66% to 34% respectively). However, very few people from ethnic minorities aged 50 plus were hostel residents (just 8%). There were also indicators that homeless women were much more likely than homeless men to be from minority groups, 68% compared to 48% of men.

Reasons for Homelessness

Family and relationship breakdown is the most commonly cited “trigger” for homelessness. However there was no full breakdown of reasons for the breakdown, except for children where 55% had been physically abused, and 27% sexually abused. “Risk” factors from people’s history/current situation that are associated with homelessness include:

- Disturbed childhood
- Background of local authority care
- Problems at school / low educational attainment
- Mental health problems
- Drug & alcohol misuse
- History of crime & imprisonment
- Poor living & social skills
- No or little experience of independent living and lack of required skills
- Poverty, low income and debt, especially rent/mortgage arrears
- Lack of social support network

Attitudes

The second highest dislike for rough sleepers was “public intimidation” (46% of those surveyed), although the level of intimidation (such as verbal or physical) was not explored in greater detail. Previous research also stated rough sleepers were 50 times more likely than the general public to be fatally assaulted.

A **Westminster female long term rough sleepers audit** was conducted in 2007/08. It found that women represented 12% of all rough sleepers (229 women in total), with 2 groups being identified:

- **Older women (40-70s):** This group accounted for a third of all women. Never been into accommodation in recent known history, don’t use drugs/alcohol, and tend to have mental health issues.
- **Younger women (20-30s):** Two thirds of all women rough sleepers. In and out of accommodation, with drug/alcohol support needs, some mental health issues including depression, personality disorder and dual diagnosis. This group included women in couples, and women involved in sex work (a small minority).

From a follow up audit in May 2008, around 40% of younger women rough sleepers were identified as being in couples, with there being some evidence of domestic violence (but not extensive). During this follow up only 5% of the younger women rough sleepers were identified as being involved in sex work (although the field was not fully recorded).

Conclusions

From interviews with rough sleepers during the Westminster audit it was noted that some violence did occur due to members of the public passing them on the street, however this was not highlighted as a major issue, and therefore the perceived fear of public intimidation from the Crisis report maybe higher than the actual level.

The audit also assessed the risk factors of those women sleeping rough, such as substance misuse or mental health issues. However the audit did not look at the triggers that directly prompted or influenced the person to become homeless / sleep rough. Therefore it is not currently possible to classify how much of rough sleeping is caused due to VAWG.

During a 12 month financial year 229 women were identified as rough sleepers. Even if all of the women had been triggered into rough sleeping due to violence this would still be very small in the overall scheme of VAWG.

Violence against Men

Although this report primarily focuses on the needs of women and girls, some attention has been given to the fact that men are also victims of these forms of violence. Below is a brief overview of the size of the problem affecting men, as well as the services currently available.

Size of the Problem

The table below shows police recorded offences in Westminster for DV, sexual offences, HBV, and forced marriage for 2008 and 2009.

Almost a third of domestic violence offences involved a male victim, with this level being stable for the past 2 years. However, in the 12 months to 18/05/2010 the MARAC dealt with 275 high risk cases of domestic violence, with only 5 involving male victims.

Sexual offences affected men to a much lesser extent, although a quarter reported honour violence was against men (although very small numbers).

Offence Type	% of Male Victims 2008	% of Male Victims 2009
Domestic Violence	31%	31%
Sexual Offences	16%	14%
Honour based violence	No recorded offences	23%
Fixed marriage	0%	0%

In 2009 the Forced Marriage Unit gave advice or support to 1682 cases, of which 14% involved males (235).

Current Services

A number of services offer support to both men and women. These include Victim Support, Domestic Violence Intervention Project, the Rape & Sexual Abuse support helpline, the Havens SARC in Paddington, Karma Nirvana / Honour helpline, Clash (Central London on Sexual Health), and the FMU.

There are also some specialist men's services including, the Men's Advice Line, which is a National service for men experiencing DV regardless of the relationships nature. One drawback of this service is that it is only open for during office hours Monday – Fridays, unlike the National Domestic Violence helpline available to women 24 hours a day.

Survivors UK is another well established charity organisation helping survivors of male rape and sexual abuse. It is based in the Holborn & Covent Garden ward of Camden, providing a national helpline, group therapy sessions, and links to counselling services. The website states it is the UK's only charity of its kind. The helpline is only open for a limited time, for 3 hours on Monday, Tuesday and Thursday.

The Respect charity works to influence public policy in relation to domestic violence perpetrator work. Their helpline offers information and advice to people who are abusive towards their partners and want help to stop. The website offers advice to perpetrators, victims and professionals, with the helpline being open between usual office hours Monday – Friday.

Conclusions

Violence of this nature against men is much less prominent than against women. This is true in terms of recorded crime, research and services available. Once again under reporting is likely to be a big issue, along with ensuring people know about the services available to them,

and encouraging them to come forward and seek help. There is also much less in the way of services available to those men from specific communities.

Whilst this report has not taken a comprehensively look at the situation, it is recommended that any directory of services should include those that are available to men (both general and specialist).

5. Conclusions

Note: See appendices 9 and 10 for summary tables showing prevalence, costs, locations, victims, demand for services, and positive and negative aspects of the service available.

Whilst Violence against Women & Girls covers vastly differently areas, the psychological impacts tend to be similar across all forms of violence, resulting in the core principles of service provision good practice sharing many common features. The main differences in service delivery is usually around aspects such as staff being from the same or similar communities, speaking the language, and having a proper understanding of what the patient has gone through.

The reasons for incidents occurring have some similarities between different types of violence, with domestic violence and sexual abuse both having strong links with alcohol consumption. The likelihood of domestic violence occurring often increases when a partner/ex-partner has consumed alcohol, with the amount consumed also having some relationship with the level of violence used. However, alcohol is often not the underlying cause of the problem, but acts as an enabler to the crime. Sexual abuse's link to alcohol is more to do with alcohol consumption within the night time economy leading to opportunities occurring. Drug use is a much less commonly associated with these crimes, although does occur.

The reasons given for more specific forms of VAWG such as female genital mutilation, forced marriage and honour based violence are more commonly associated with historical beliefs and past community practices.

Whilst the prevalence of specific types of violence varies by different locations and communities, in general the most affected areas are the more deprived parts of the borough. These tend to be very diverse, with young populations, where children are unlikely to speak English at home. There are also low levels of educational attainment, with high levels of unemployment and benefit claims.

The characteristics of victims and the associated risk factors vary depending on the type of violence, with some forms only affecting certain communities. Whilst the issues of VAWG are not exclusive to any particular age group, the majority of victims will be in their mid 30s or younger.

Prevalence, trends and demand for services differ across the spectrum of VAWG. The prevalence of Domestic Violence looks to be stable or even reducing, but this has coincided with a greater level of reporting and accessing of services. Therefore the overall costs associated with DV have decreased due to reduced loss of economic output, as well as human and emotional costs. However, the cost of providing services such as health care, social services, housing, legal services, and the criminal justice system has actually increased. Therefore maintaining the current services available is a bare minimum.

Sexual abuse suffers from a notable lack of resources in Westminster (this is a London wide problem), resulting in long waiting lists. Further investment in the service provision available is advised, with the speedy set up of an agreed Rape Crisis Centre of very high importance.

Based on the information available the prevalence and demand for FGM services seems to be stable, therefore activity should mainly focus on awareness raising, education, and promotion of current services. However, due to the minimal levels of staffing used to run the African Well Women's Clinics, the service could be vulnerable to staff turnover.

It is unknown if the prevalence of forced marriage and honour based violence has increased, but greater awareness and continued promotion is resulting in more and more people accessing services and seeking help. This seems likely to continue, and therefore more

capacity may be needed, along with continued awareness raising, education, and promotion of services.

At present there is provision available for all forms of VAWG. However, this may not be located within Westminster, especially the more specialist services. This means people have to travel off borough to access some services, which does not meet the good practice guidelines in terms of accessibility. Those that have been through a traumatic experience are less likely to want to travel, particularly on public transport, to an area they may be unfamiliar with. Also, for those that are already living in an isolated environment at home, getting out of the house for a prolonged period of time may prove a major challenge to accessing a service.

Overall in terms of availability a service will sometimes be located within Westminster, the majority of times in a surrounding borough (such as Camden, Kensington & Chelsea, or Islington), and definitely within London as a whole.

General problems with current services within Westminster include:

- Not all have complete VAWG training e.g. FGM & Forced Marriage
- Not all are women only
- Lack of specialist providers on borough (e.g. specific communities), with most being in surrounding boroughs
- Woman's Trust is situated just inside Kensington & Chelsea – greater distance may be off putting to some

One way of filling these gaps in the current service in the short term maybe to work with existing organisations in order to provide coordinated outreach to specific parts of the borough that have been identified as having a greater need. Solace Women's Aid is one example of a charity organisation that is based in nearby Islington, looking to extend its' outreach service to Westminster. This is dependent on finding a suitable venue / location.

This report has not included an assessment of the costs associated with VAWG and the services needed. This requirement was not included in the Terms of Reference, and the more specialist areas have had very little research into the prevalence of the problems, let alone the costs associated with them. Future assessments may wish to look at the costs associated with specific services, such as the African Well Women's Clinics or Woman's Trust, in order to establish the unit cost associated with them. One problem may be that a large number of providers are charity organisations that have no connection to Westminster council, which could increase the time frame and also increase any reluctance to share such detailed information.

Many of the recommendations are around increasing promotion of services and raising awareness, leading to quicker signposting and people making contact with services in a shorter timeframe. This may reduce the scale of a problem and any possible escalation. By reducing the physical and psychological impact of any violence the timeframe of support required from services will also be reduced, saving money in terms of helping the individual, but also allowing others to access the service quicker. Associated knock on effects could include people that had previously been incapable of working because of their experiences, coming off benefits and going back to work.

6. Recommendations

Overall provision

Based on the level of service provision available, as well as the current and likely future demand, improving provision in the areas of Sexual Violence, as well as Forced Marriage & Honour Based Violence should be prioritised.

The existing provision for domestic violence and female genital mutilation should be maintained, focusing on awareness raising and education.

The short term possibility of working with existing organisations in order to provide specialist coordinated outreach and/or floating support in relation to Forced Marriage and Honour Based Violence to certain parts of the borough should be explored to fill current gaps in service.

Awareness raising, education and promotion

- Up-to-date directory of VAWG services to be completed and made available to all partner agencies, community groups, as well as the general public. This should include:
 - Full contact details, location, opening times, services offered, areas of VAWG covered, languages / translator availability, whether the service is women only, how the service is accessed – e.g. appointment, drop in, outreach
 - Generic services such as Language Line, Citizens Advice Bureau, Child Line, Refuge Crisis Line
 - Services specifically available for male victims of violence
 - Improved sections for other community languages, offering a similar amount of detail to the English pages, as well as increasing the usability of the these pages
 - Consider the possibility of expanding the Westminster Domestic Violence Forum website to encompass all forms of VAWG, and marketing it this way.
 - Including a search tool so people can find specific services, women only providers, services within a certain geographical area / distance from home, out of hours opening times, specific types of service e.g. advocacy
- Awareness of services needs to be there before an incident occurs, so that people can seek help at an early stage before the problem escalates. An early intervention is likely to reduce the long term impact, as well as the costs involved in helping them.
- People will often confide in friends and family, often instead of police or support services. Therefore promotion should be done to a wide audience, so these people can offer support and spot signs of abuse.
- Raising awareness and educating the public including:
 - Educate men (and also female parents) regarding the health implications of FGM, that it's not part of religion, and that it's against the law in the UK and many other countries.
 - Awareness raising to adult population (aimed at parents/families) around the UK laws around honour violence and forced marriage, legal powers and punishments, as well as the potential impact of those women it is imposed on
 - Ensure awareness raising takes place at all schools in the borough, including areas on FGM, forced marriage, and honour based violence, as per the previous government's national strategy to mainstream Personal Social and Health Education (PHSE) into the national curriculum.
- Promotion venues should include regular organisations such as police stations, GP surgeries, hospitals, college / university, and local community organisations.
- The most affected areas have high levels of unemployment and benefit claims. Therefore promotion venues should include places such as Job Centres and Benefit Claims offices.
- Services need to be advertised in different community languages in order to reach specific communities - such as Hindi (India), Bengali (Bangladesh), Urdu (Pakistan), Arabic, Yoruba (Nigeria, Benin, Togo), Somali etc.

- Promotion of services should be greater during the build up and duration of the summer months when the risk of domestic violence, sexual abuse, FGM, and forced marriage appears to be highest.
- Making use of all forms of communication including websites, email and instant messaging to allow easy access.

Staff training & links with other services

- Training staff in all aspects of VAWG and making them aware of the services available in order to be aware of people's situations, know what questions to ask, and be able to signpost them to appropriate services.
- A number of agencies have unofficial relationships with other service providers. Improving these referral pathways may increase the speed at which people find the most appropriate form of help for their situation. Publishing a complete directory of services should make both the public and other services more aware of what is available.
- Ensure links between services and housing providers (particularly social housing) in order to promote services both in communal areas (notice boards), and regular resident communications, such as newsletters and website. This should include more specialist providers, not just the statutory organisations.
- Due to links between DV and alcohol - joint promotion of services available to victims and offenders.

City West Homes

The City West Homes is the main housing provider in Westminster. Their website currently has one page dedicated to domestic violence advice, which can be found via the A-Z function, or by navigating from the home page via the My Village, then Community Safety sections of the site. Possible additions to the domestic violence web page could include:

- Insert a link to the Westminster Domestic Violence Forum website under the "Other Agencies" heading.
- Insert links to the Metropolitan Police's Community Safety Unit and Sapphire Unit website pages under the "Police" heading. These explain the process someone will go through if they contact the police, along with various other useful details.
- The A-Z function and Community Safety sections currently only have a link to Domestic Violence, with no sections for Sexual Violence, FGM, Forced Marriage or Honour Based Violence. These would make good additions to the site.

Stadium Housing

The Stadium Housing currently has a stock of 1450 within Westminster. Their website has very little mention of services available for VAWG. There is currently one generic page that details local area information by borough (accessed by navigating from the home page, to Tenancy information, then Local area information, then the Westminster tab). Of note this contact list includes Westminster Council, Police stations, Victim Support and Domestic Violence Helpline. Recommendations:

- Insert specific pages for all forms of VAWG
- Create clear and easy to navigate links to these pages from the home page
- Content can be similar to City West Homes website after improvements

Peabody Trust

Peabody has properties across 24 London boroughs, including 28 estates in Westminster. There is currently one page dedicated to domestic violence advice (accessed by navigating from the home page, to Services, then Safety and Security, then clicking the Domestic Violence link). This includes external links to Women's Aid, Refuge, Victim Support, Co-ordinated Action against Domestic Abuse, and the Greater London Domestic Violence Project (this link is broken). Recommendations:

- Insert specific pages for all forms of VAWG
- Create clear and easy to navigate links to these pages from the home page
- Content can be similar to City West Homes website after improvements
- Website link to Bengali Handbook currently does not work – "page cannot be found" (8th July 2010)

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Appendix 1 - Methodology, Data and Caveats

Below is an explanation of the main different types of data used in the report, what it was used for, and any limitations of the data. Also included are some data sets that were not included, although they were suggested at the terms of reference stage.

Population – Westminster population data has been taken from the 2001 Census (Source: NOMIS via Office for National Statistics) in order to map the population in Westminster from the regions of South Asia, Africa and the Middle East by Super Output Area. This is the most up-to-date information to carry out this specific task.

General population figures, forecasts and trends have been taken from the Office for National Statistics (ONS) publication from 27th May 2010 based on the revised 2008 mid-year population estimates.

Immigration – New national insurance number registrations (NINo) have been used to look at potential trends in immigration from non EU countries to the UK, particularly those from South Asia, Africa and the Middle East. Source was the website of Department for Work and Pensions using the tabulation tool for NINo registrations to adult overseas nationals entering the UK. Whilst this will not account for everyone entering the country it gives a basic idea, as you need a national insurance number to work or claim benefits. However this does not take into account those leaving the country.

Metropolitan Police (MPS) – Data regarding victim characteristics, home address, connection to suspects, locations, dates and times were all extracted from the Crime Reporting Information System (CRIS) using ad-hoc queries either constructed by the Performance Information Bureau (PIB), or the Westminster Intelligence Unit researcher based at Westminster Council. Analysis of the police data is based on mapped offences - in some circumstances not all offences can be mapped, which leads to variations between mapped figures and the official performance figures. This is not an issue as mapped data has only been used to understand victims, locations, and timings, as opposed to analysing trends in performance, which has already been done in the previous report.

When comparing the number of rape and sexual offences by borough, official PIB data was used. This is openly available via the Metropolitan Police website.

Reference is also made to CAD calls (Computer Aided Dispatch) for specific types of offences. These are calls made to police via the 999 emergency number.

Children - Children's Services provided basic figures using the Child Protection Conference Data. Similarly information was also provided by the Named Nurse for Safeguarding Children at Central London Community Healthcare.

Female Genital Mutilation – Data relating to the African Well Women's Clinics were provided by Sarah Creighton at University College Hospital, and by Paula Parker for Guy's & St Thomas Hospital.

Rough Sleepers – All information in the report is taken from either the Crisis Homelessness Fact file (available online) or the Westminster female long term rough sleeper audit (provided by Victoria Aseervathan - Deputy Head of Rough Sleeping Commissioning Strategy).

Multi Agency Risk Assessment Conference (MARAC) – All information was provided by Westminster's MARAC coordinator Tracy Gain, and used to conduct a basic assessment of the numbers that have gone through the system, basic characteristics, and the partners involved.

MOSAIC – A database that provides detailed and accurate information by postcode, summarising the areas location, citizen demographics, lifestyles and behaviours. Mosaic data was mapped using the ArcGIS and extracted for areas of particular interest such as hotspot

areas of offences, or high concentrations of specific populations. The most common categories mentioned in the main report are:

E28 - Neighbourhoods with transient singles living in inner multiply occupied large old houses

F36 - High density social housing, mostly in inner London, with high levels of diversity

A01 - Financially successful people living in smart flats in cosmopolitan inner city locations

Violence against Women & Girls current service provision evaluations – questionnaires were sent to all service provision providers asking them for information around the core principles of good practice, covering aspects including the type of organisation, accessibility, types of services offered, the delivery method, staffing, promotion and diversity. Specific points of contact were only made available for some of the services, and thus the level of response was impacted upon. For those services that did not complete a questionnaire the most essential information was usually available via their website. However this does mean that some information may not be 100% accurate.

Other data – Throughout the document various research has been referenced in order to support and inform the report, these have been referenced and are generally available online for anyone to access.

Data Not Included in the Report - Some data was originally suggested to be used in the report at the terms of reference stage. These data sets are listed below, along with the reasons they were not included in the report:

Data for **bus and train networks** within Westminster has not been included predominantly due to the likelihood of being a victim of a sexual offence being very low. Transport for London reported an increase of 11.5% (55 crimes) in recorded sexual offences on the entire London bus network from 480 to 535 in 2008/09. In comparison there was an increase of 6 reported sexual offences on London Underground and DLR from 332 to 338 over the same period. In all cases, less than 1 sexual offence was reported per million passenger journeys. Of these recorded sexual offences, approximately 6% are recorded as rape on the bus network. No rapes were recorded on the train network in 2008/09²⁰.

The scope for using **Hospital and General Practitioner (GP)** data was initially discussed with staff at the Westminster Primary Care Trust. However, following an investigation of what data was held on the systems, it soon became clear that it would not be possible to extract data that would be useful for the project due to either the systems not being in place to capture and search the data (GP data), or simply because the most relevant flag codes were rarely used (Hospital admissions). GP data does not include the reason why patients visited (such as how the problem occurred / who caused it), with the closest reason for visiting being the Cardiovascular Disease (CVD) risk factors, such as smoking, Body Mass Index, and blood pressure. A search was carried out on all hospital admissions across the UK for Westminster residents aged 15 years and over between 01/04/2005 – 28/02/2010 using the most relevant International Classification of Diseases (ICD-10) codes in terms of VAWG, such as maltreatment syndromes, sexual assault, neglect, and symptoms/signs involving an emotional state. This resulted in a total of just 44 people in nearly 5 years. Whilst the systems are in place to capture the information, they are rarely used, and thus meaningful amounts of data are not available.

This report has **not included an assessment of the costs** associated with VAWG and the services needed. This requirement was not included in the Terms of Reference, and the more specialist areas have had very little research into the prevalence of the problems, let alone the costs associated with them. Future assessments may wish to look at the costs associated with specific services, such as the African Well Women's Clinics or Woman's Trust, in order to establish the unit cost associated with them. One problem may be that a large number of providers are charity organisations that have no connection to the council, which could increase the time frame and also increase any reluctance to share such detailed information.

²⁰ Levels of rape and sexual assault in London: An assessment of the need for services for women (March 2010), Greater London Authority

Appendix 2 - Population & Forecast Population Growth

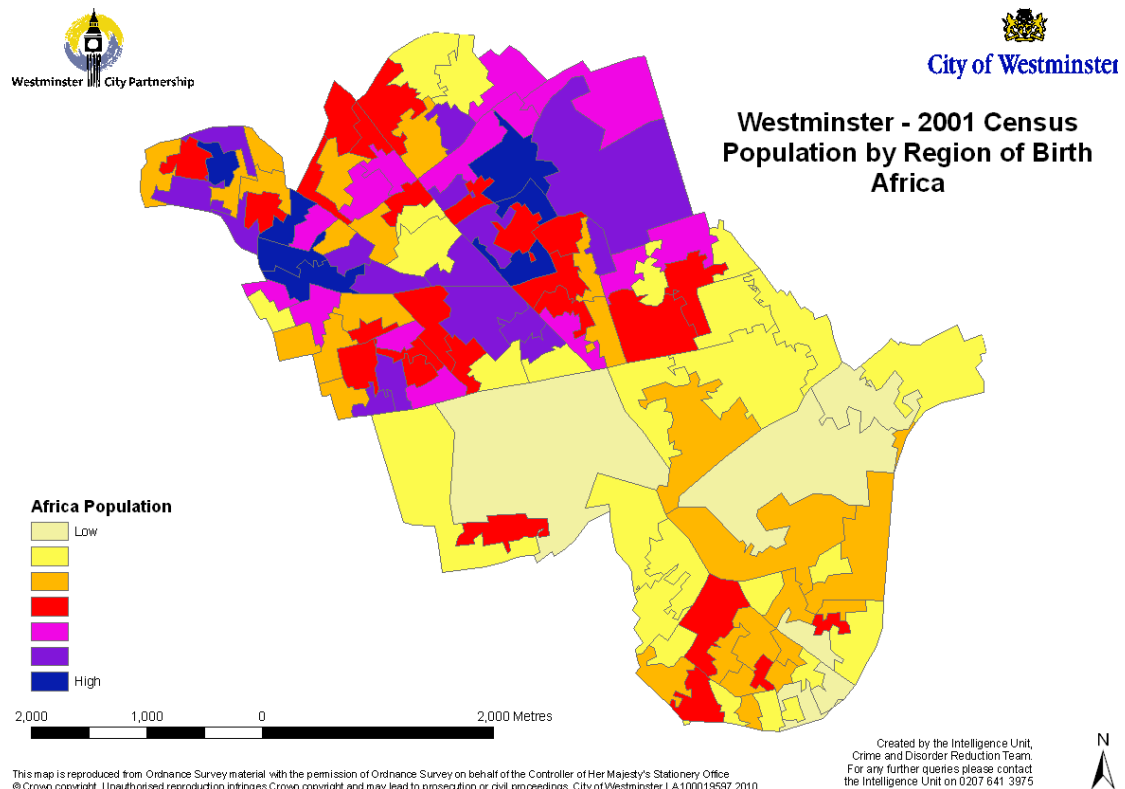
Following the 2001 Census the population in Westminster was thought to be just over 181,000. Particular groups of interest for VAWG related issues include 11,080 people from Africa, and 23,838 from Asia & the Far East (roughly 52% being female). This could well be an under estimate, as the 2001 census is believed to have missed many ethnic groups, particularly Somali's and irregular migrants.

Westminster 2001 Population by Country of Birth	Total	% of Total
All Africa	11,080	6.1%
North Africa	3,305	1.8%
Central and Western Africa	2,390	1.3%
South and Eastern Africa	5,385	3.0%
Asia & Far East	23,838	13.1%
Middle East	7,841	4.3%
South Asia	7,520	4.1%
Far East	8,477	4.7%
All Nationalities	181,287	100%

As of 27th May 2010 the ONS estimate for the overall Westminster population in 2010 was 257,600 with 127,900 being female (49.7%). The female population is forecast to rise by 9% to 139,300 in 2015, and by 15% to 147,500 in 2020.

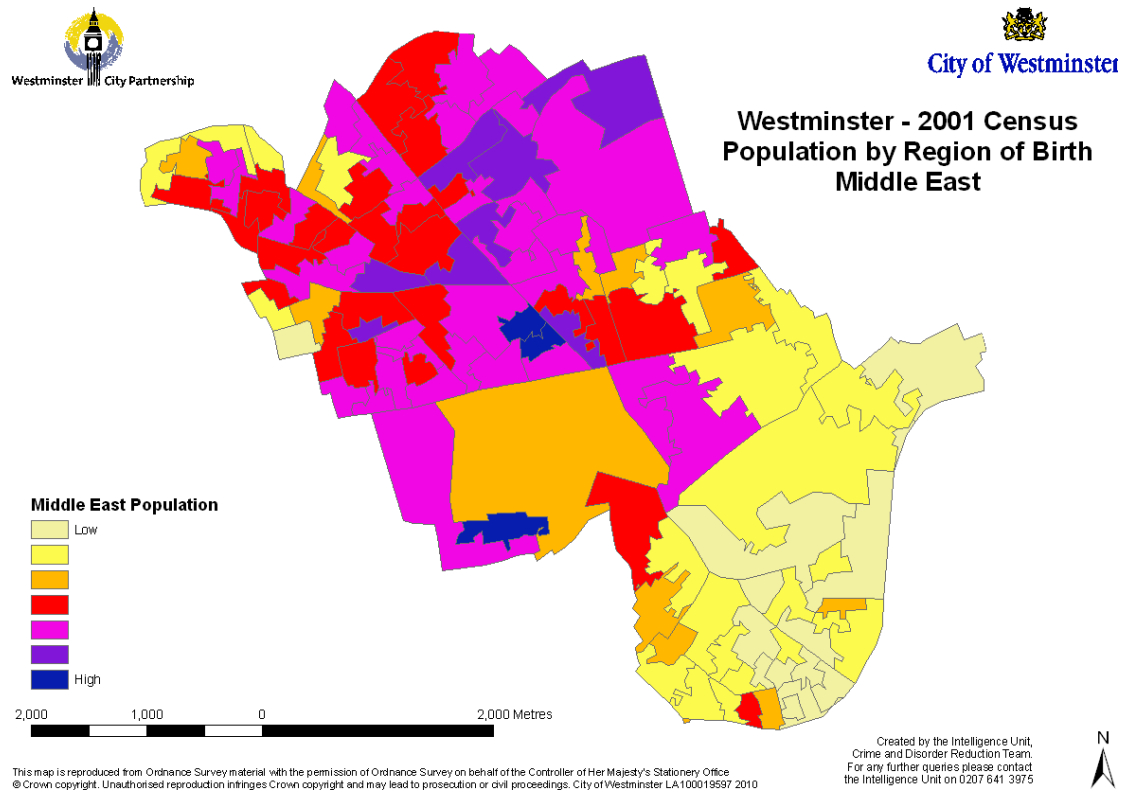
The following maps show the concentration of people from Africa, the Middle East, and South Asia across Westminster at the time of the 2001 census by lower super output area (Lower SOA).

The first map shows the locations of those people born in any African country. The main concentrations are in the North of the borough particularly in Lancaster Gate, Westbourne and Regent's Park, each with over 7% of the borough total. Although the 3 highest SOA's are in Church Street (2 areas) and Harrow Road (1 area).



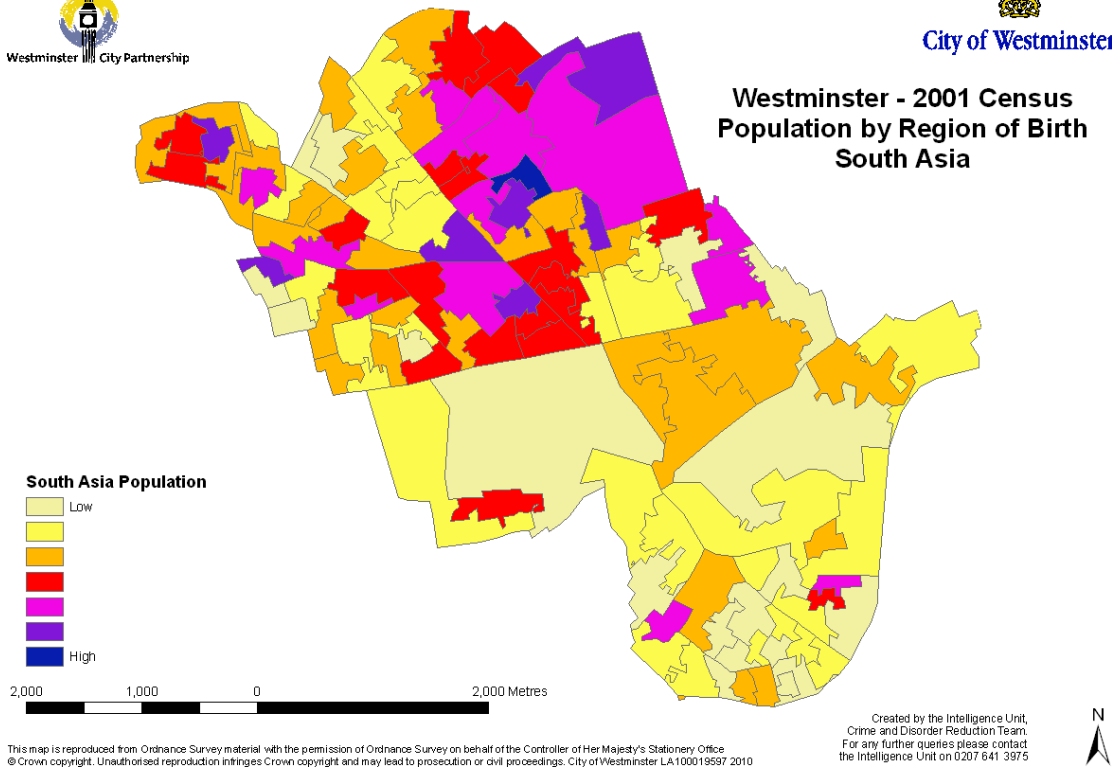
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The next map shows the main areas of people born in the Middle East. The highest concentrations are again in the North of the borough particularly in Hyde Park, Regent's Park and Lancaster Gate, each with between 8-11% of the borough total. Although the 3rd-5th highest SOA's are in Knightsbridge, Bryanston & Dorset Square, and Church Street.



The final map shows locations of people born in South Asia. The highest concentrations are again in the North of the borough particularly in Regent's Park, Hyde Park and Church Street, each with between 7-9% of the borough total.

**Westminster - 2001 Census
Population by Region of Birth
South Asia**



The top 5 wards that feature highly for all 3 populations are shown by the table below. Specific SOA's in the Church Street ward also featured heavily for all 3 population regions, although not overall.

Ward Population Rank Based on 2001 Census	South Asia	Africa	Middle East
Regent's Park	1	3	2
Hyde Park	2	4	1
Westbourne	4	2	5
Lancaster Gate	8	1	3
Bryanston and Dorset Square	5	5	4

Appendix 3 - Immigration

Several of the categories of female violence are more prominent in particular countries, for example FGM in Africa & the Middle East, and Honour Based Violence & Fixed Marriage in South Asia.

Whilst it is not possible to know exactly how many people from particular countries have immigrated to Westminster, one measure is the number of people that have registered for new National Insurance Numbers in the borough, which has to be done in order to work or claim benefits.

The tables below show the total number of new National Insurance Number registrations in Westminster for the 7 year period between 01/04/2002 – 31/03/2009 for those countries with at least 100 registrations.

The first shows numbers of registrations from any African country with at least 100 registrations over the time period. By far the largest is South Africa with 1350 registrations in 7 years, with the general trend being stable or slightly decreasing. This is repeated across the other main countries, with registrations for the 9 countries totalling 460 in the financial year 2002/03, and only slightly higher at 490 for the financial year 2008/09.

Africa: NI No Registrations	7 Year Total	% of Total Westminster NI No's
South Africa	1350	1.91%
Nigeria	390	0.55%
Eritrea	350	0.49%
Morocco	350	0.49%
Egypt	320	0.45%
Algeria	210	0.30%
Sudan	210	0.30%
Somalia	170	0.24%
Ethiopia	140	0.20%
Other Africa	870	1.23%
Africa Total	4360	6.16%

The next table shows registrations from countries in Asia or the Middle East, with the highest coming from India with 2180. Overall registrations from this region have been slowly increasing, with 1320 in 2004/2005, increasing for each of the next 3 years to 1780 in 2007/08, and then remaining the same in 2008/09. Some of this has come from India with registration numbers between 2006/07 - 2008/09 being at least double the number in 2002/03. The rest of the increase is due to no specific country, and is spread across the large number of countries in the region.

Asia & Middle East: NINo Registrations	7 Year Total	% of Total Westminster NINo's
India	2180	3.08%
Philippines	1160	1.64%
Malaysia	1040	1.47%
China	950	1.34%
Japan	860	1.21%
Bangladesh	580	0.82%
Iraq	580	0.82%
Pakistan	530	0.75%
Lebanon	480	0.68%
Iran	430	0.61%
Thailand	420	0.59%
Singapore	360	0.51%
South Korea	330	0.47%
Israel	260	0.37%
Mongolia	190	0.27%
Sri Lanka	170	0.24%
Afghanistan	130	0.18%
Syria	130	0.18%
Indonesia	100	0.14%
Jordan	100	0.14%
Kazakhstan	100	0.14%
Asia & Middle East Total	11670	16.48%

Appendix 4 - Domestic Violence Profile

For all domestic violence the main ethnic appearance was White with half of all offences, followed by Black with 17.1%, and Middle Eastern with 12.8%

Victim Ethnic Appearance	Total	%
White - North European	1066	49.5%
Black	368	17.1%
Middle Eastern	275	12.8%
Asian	209	9.7%
White - South European	160	7.4%
Chinese, Japanese or South East Asian	76	3.5%
Total	2154	100%

The main age of people is between 18 – 36 years old, making 62% (1358 offences). Offences peak for those aged 23 – 25 years old, representing 13% alone.

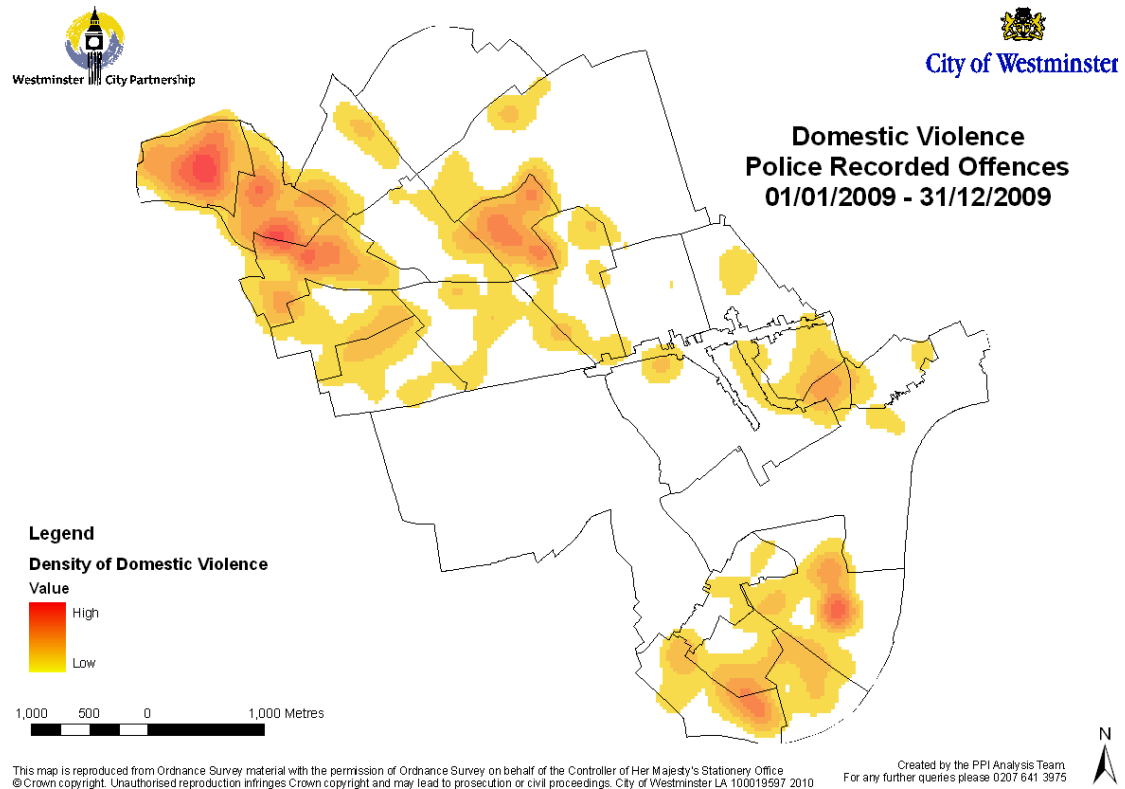
Victim Age	Total	%
0 - 15	7	0.3%
16 - 19	116	5.3%
20 - 29	782	35.8%
30 - 39	608	27.8%
40 - 49	382	17.5%
50 - 59	178	8.2%
60 - 69	63	2.9%
70+	48	2.2%
Total	2184	100%

Almost 80% of all domestic violence offences reported in Westminster involve victim's that are Westminster residents. Other well represented areas included neighbouring boroughs such as Brent and Lambeth, along with people living outside the MPS area.

Victim Home Address	Total	%
Westminster	1693	78.7%
Outside MPS area	96	4.5%
Brent	43	2.0%
Lambeth	30	1.4%
Camden	29	1.3%
Kensington & Chelsea	29	1.3%
Southwark	21	1.0%
Islington	19	0.9%
Hammersmith & Fulham	17	0.8%
Barnet	16	0.7%
22 Boroughs with 1-13 offences	158	7.3%
Total	2151	100.0%

A high percentage of victims in the central area are non Westminster residents, particularly in West End & China Town (15.2% of victims are Westminster residents), ORB (17.9%), Strand & Whitehall (19.1%), Soho (37.8), Mayfair & St James (38.2%) and Covent Garden (42.3%).

The map below shows all domestic violence offences during 2009. The main hotspot locations are in the North of the borough, most notably in the areas of Queen's Park, Westbourne, Harrow Road, and Church Street, making up 35% of all offences. Also in the South the wards of Churchill and Vincent Square contribute another 12%.

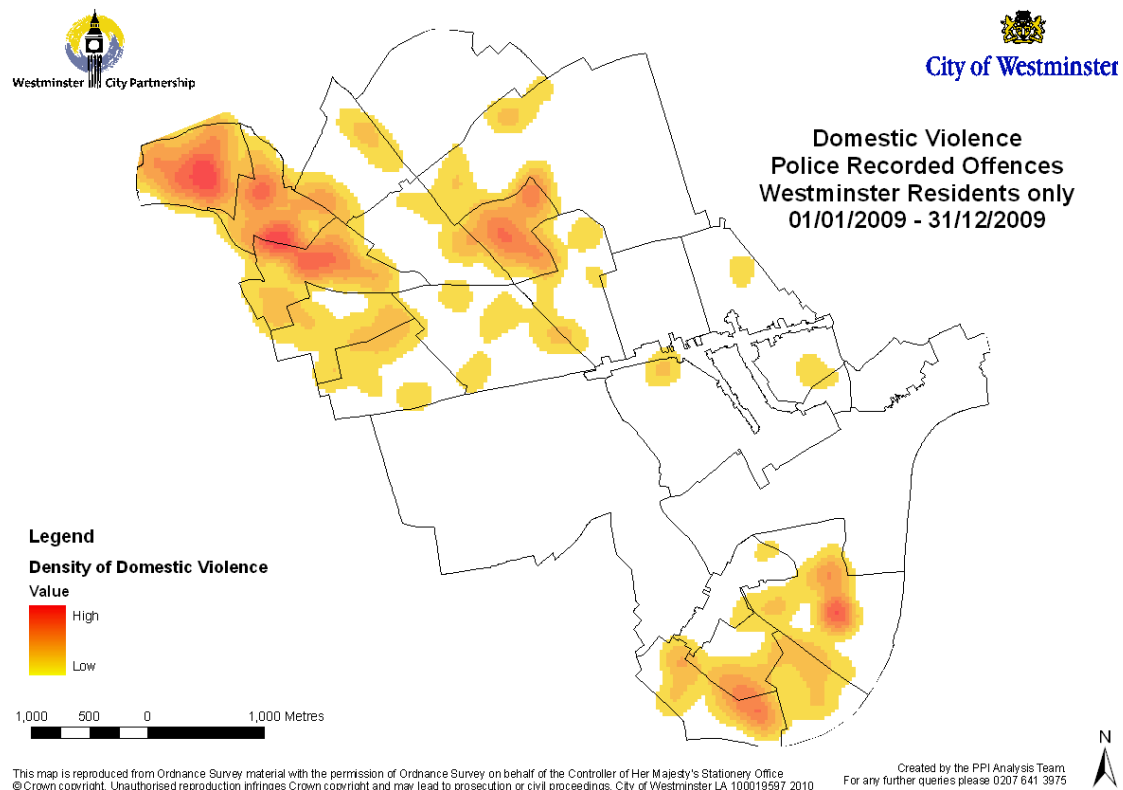


The table below shows the number of offences against Westminster residents by ward during 2009. Similarly to the overall figures the top 6 areas are exactly the same, although the contribution to the overall total is slightly higher. The areas with the highest numbers of reported domestic violence offences are generally the more deprived areas of the borough.

Domestic Violence by Area	Westminster Residents Total only	%
Queen's Park	208	12.5%
Westbourne	174	10.4%
Harrow Road	151	9.1%
Church Street	150	9.0%
Vincent Square	130	7.8%
Churchill	109	6.5%
Maida Vale	79	4.7%
Hyde Park	71	4.3%
Lancaster Gate	69	4.1%
Regent's Park	69	4.1%
Bayswater	67	4.0%
Tachbrook	56	3.4%
Little Venice	55	3.3%
Bryanston and Dorset Square	53	3.2%

Warwick	49	2.9%
Mayfair and St James	34	2.0%
Abbey Road	29	1.7%
Cavendish Square and Oxford Market	19	1.1%
VBT	19	1.1%
Soho	17	1.0%
Knightsbridge and Belgravia	15	0.9%
Marylebone High Street	13	0.8%
Covent Garden	11	0.7%
Strand and Whitehall	9	0.5%
Oxford Street	7	0.4%
West End and China Town	5	0.3%
Total	1668	

The map below shows the main hotspot areas for domestic violence offences against Westminster residents. The main areas in the North and South of the borough are now more prominent than when looking at all offences of domestic violence on the previous map.



Risk factors of Domestic Violence

The Home Office used the findings of the British Crime Survey 2007/08 to identify the following factors put people more at risk of Domestic Violence²¹:

- Women who were separated reported particularly high levels of risk (18%).
- Single women in households with a child/children had amongst the highest levels of domestic abuse (18%).
- Domestic abuse tended to increase with decreasing household income.
- Women living in households with an income of less than £10,000 were particularly at risk (13%).

²¹ Homicides, Firearm Offences and Intimate Violence 2007/08 (2009), David Povey, Home Office

- Women aged 16-19 reported higher levels of victimisation than other age groups (11%).
- Female students were also identified as being at risk of domestic abuse (11%).
- People living in areas where physical disorder was assessed as high and in rented accommodation were more likely to be victims of domestic abuse (11%).
- Women who were married had a lower risk of domestic abuse than those were single, cohabiting, separated or divorced.

Seasonality of Domestic Violence

The level of female related domestic violence offences in Westminster over the period 01/01/2008 – 31/12/2009 has tended to be highest in the summer months. In 2008 the highest levels were seen between May – September, whilst in 2009 the peak period was between April – August.

In 2009 offences tended to be highest between Friday – Sunday, with offences slowly increasing from 8am, reaching a peak between 0000 - 0059 hours. Levels then reduce, being at the lowest numbers between 0400 – 0759 hours.

Children and Domestic Violence

Previous reports have found that single women in households with a child / children are amongst the highest to experience domestic violence. Along with this a high proportion of MARAC cases involved children, with 295 children being involved across 275 cases in 12 months.

The only Domestic Violence data of note available to Children's Services is the Child Protection Conference Data. Of 89 Child Protection conferences, 52% referenced DV in the family, with 32% having DV as the main presenting issue. This is similar to other London boroughs – Newham report that approximately 60% of children with a CP Plan reference DV, Kingston report 40% and Islington report 55-60%. Westminster Child Protection Advisors unofficially report that some 70-80% of Child Protection Plans involve Domestic Violence (although not always the initial reason for referral)²².

There is currently limited information available to Westminster Children's Services relating to the impact of violence on children specifically in Westminster. The most recent report for the service assessed the variation of thresholds being applied to children being referred for Child Protection Plans, with some examples of the thresholds barely being met. It was suggested that where criteria is not being met for Children Protections plans, to look at using a more thorough Family Support plan in order to manage a less serious, but still potentially risky situation²³.

Information from the Named Nurse for Safeguarding Children at Central London Community Healthcare stated that as of 11th May 2010, 145 children under 5 years old were in supervision with DV listed as a factor. This represents just over 40% of the total 330 children under 5 years old in supervision. There are no comparative figures for the same time last year, as supervision data is recorded in Excel, with new information being entered over the top of previous data. The way in which the service collects and uses data is currently being looked at.

²² Westminster Local Safeguarding Board – Domestic Violence paper

²³ Westminster: Audit of thresholds for CP plans (23rd September 2009), Valerie Holloway, Independent Auditor for Westminster Children & Families

Appendix 5 - Sexual Offences Profile

Victims of sexual offences are more likely to be of white appearance than for domestic violence. This also impacts on the percentage of people that are of Black or Asian appearance, both lower than for domestic violence.

Victim Ethnic Appearance	Total	%
White - North European	229	59.3%
Black	44	11.4%
Asian	39	10.1%
White - South European	34	8.8%
Middle Eastern	20	5.2%
Chinese, Japanese or South East Asian	20	5.2%
Total	386	100%

Ages for victims of sexual assaults are much more concentrated than for domestic violence. Sixty percent of victims are aged 18 – 30 years old, with those aged 18 – 22 particularly vulnerable.

Victim Age	Total	%
0 - 15	48	12.1%
16 - 19	62	15.6%
20 - 29	180	45.2%
30 - 39	68	17.1%
40 - 49	27	6.8%
50 - 59	8	2.0%
60 - 69	4	1.0%
70+	1	0.3%
Total	398	100%

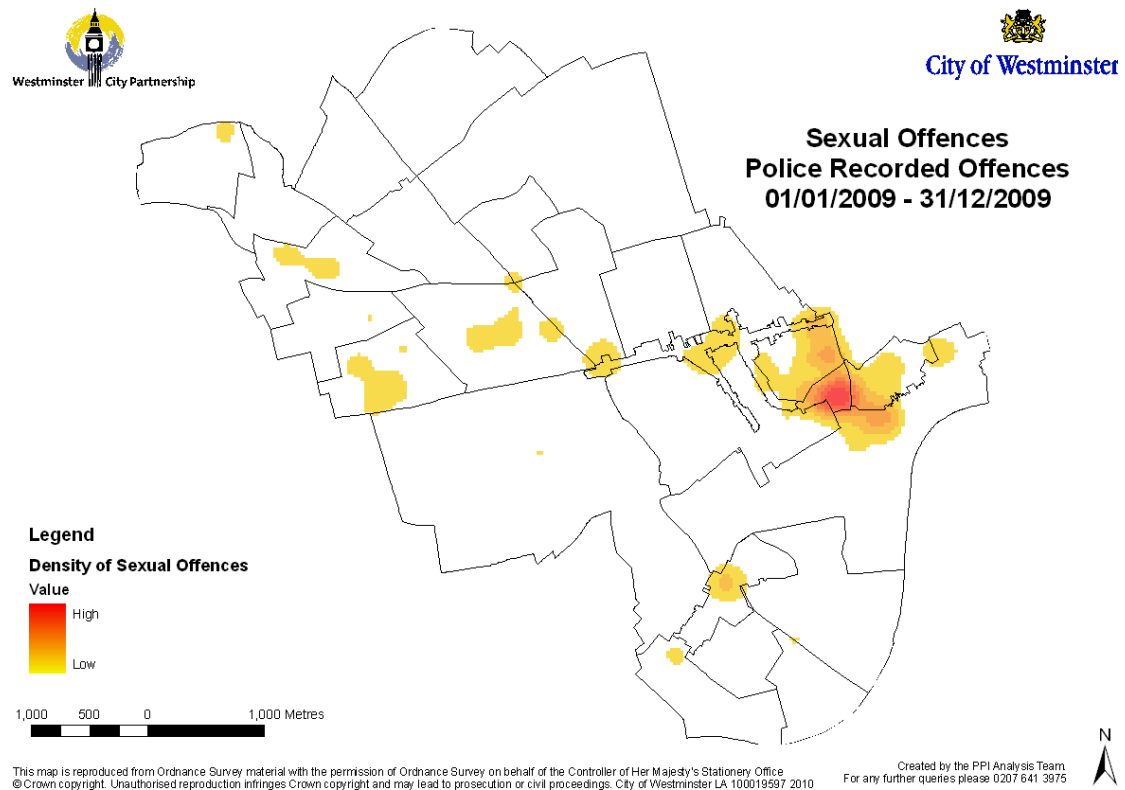
Westminster residents only account for 40% of sexual offences, with 15% being from outside the MPS area. The remainder are spread across the other MPS boroughs.

Victim Home Address	Total	%
Westminster	151	40.4%
Outside MPS area	57	15.2%
Kensington & Chelsea	13	3.5%
Brent	12	3.2%
Hammersmith & Fulham	12	3.2%
Wandsworth	11	2.9%
Barnet	10	2.7%
Camden	10	2.7%
Enfield	8	2.1%
Southwark	8	2.1%
22 boroughs with 1-7 offences	82	21.9%
Total	374	100%

The largest concentration of offences occurs in the central area of Westminster, with 6 of the top 8 wards. The table below shows the top 10 wards for sexual offences:

Sexual Offences by Area – Top 10	Total	%
Strand and Whitehall	35	9.2%
West End and China Town	32	8.4%
Oxford Street	28	7.4%
Hyde Park	26	6.8%
Soho	25	6.6%
Mayfair and St James	24	6.3%
Lancaster Gate	23	6.1%
Covent Garden	19	5.0%
Queen's Park	17	4.5%
Westbourne	16	4.2%

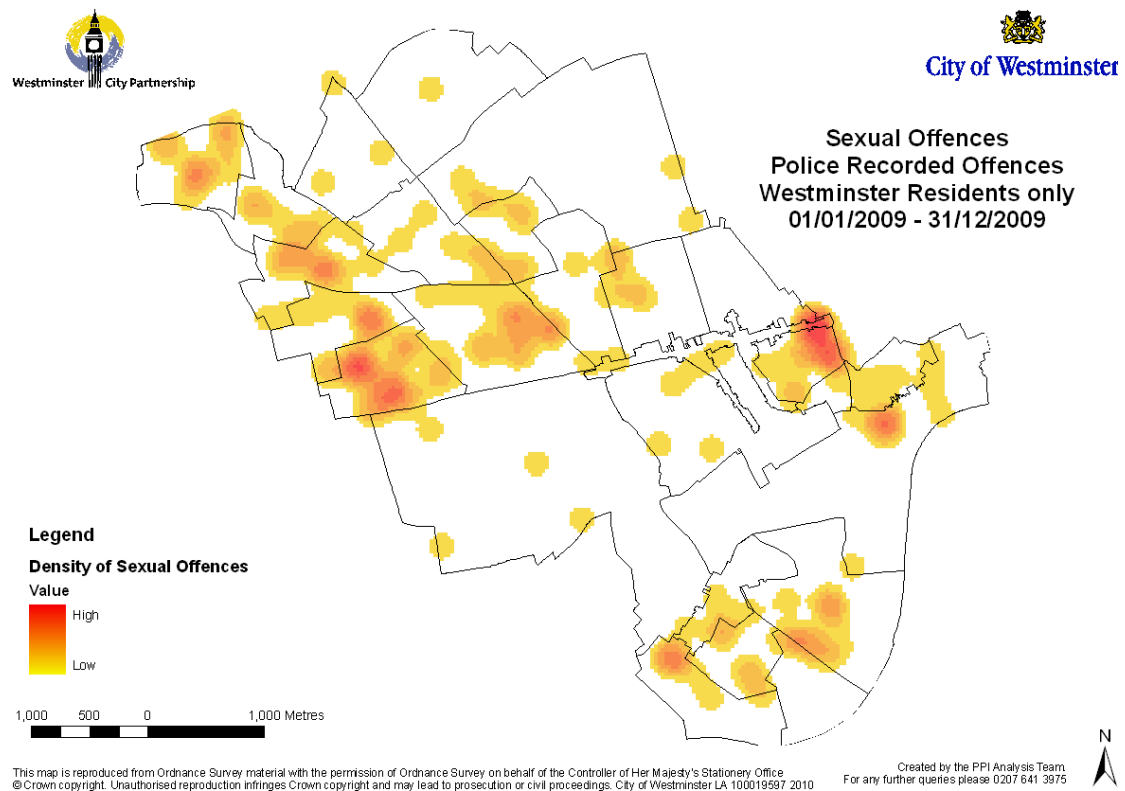
The map below shows how offences are predominantly concentrated in the central area.



Looking at sexual offences just involving Westminster residents shows a remarkably different picture with areas in the North such as Lancaster Gate and Hyde Park showing up as hotspots (although numbers are notably less).

Sexual Offences by Area	Westminster Residents Total only	%
Lancaster Gate	17	11.5%
Hyde Park	15	10.1%
Soho	10	6.8%
Queen's Park	9	6.1%
Vincent Square	9	6.1%
Westbourne	9	6.1%
Bayswater	8	5.4%
Strand and Whitehall	8	5.4%
Churchill	6	4.1%
Harrow Road	6	4.1%

The map below shows the main concentrations of sexual offences involving only Westminster residents.



Seasonality of Sexual Offences

The level of female related sexual offences in Westminster over the period 01/01/2008 – 31/12/2009 has been highest in the summer months. In 2008 the highest levels were seen between July – October, whilst in 2009 the peak period was between June – September. A

previous Home Office report also found that nationally indecent assaults on females were highest between May – September, peaking in July.²⁴

With Westminster residents only making up 40% of sexual offences victims, there are 2 contrasting versions of the main days and times when offences occur. In 2009 residents were most likely to be victims on a Wednesday, Thursday or Saturday, and although the peak individual hour was between 0000 – 0059 hours, the peak 4 hour period was earlier in the evening between 1800 – 2159 hours.

In contrast non residents were most likely to be victims on Thursday (early morning and early evening), Saturday (early morning and throughout the evening) and Sunday (morning only). A small peak late on Friday evening also occurred. Levels of offending were fairly consistent during the afternoon and evening, before almost doubling between 0000 – 0359 hours, making up a third of all offences.

²⁴ Home Office: Seasonality in Recorded Crime: Preliminary Findings (2007), Celia Hird & Chandni Ruparel

Appendix 6 - Rape Profile

Victims of rape are most likely to be of white appearance, followed by Black and Asian appearance.

Victim Ethnic Appearance	Total	%
White - North European	39	53%
Black	13	18%
Asian	9	12%
White - South European	6	8%
Chinese, Japanese or South East Asian	4	5%
Middle Eastern	2	3%
Total	73	100%

The main age range for rape was between 15-36 years old, accounting for 63 of 75. Those in their late teens and early twenties were most at risk.

Victim Age	Total	%
0 - 15	6	8%
16 - 19	14	19%
20 - 29	34	45%
30 - 39	13	17%
40 - 49	5	7%
50 - 59	2	3%
60 - 69	1	1%
70+	0	0%
Total	75	100%

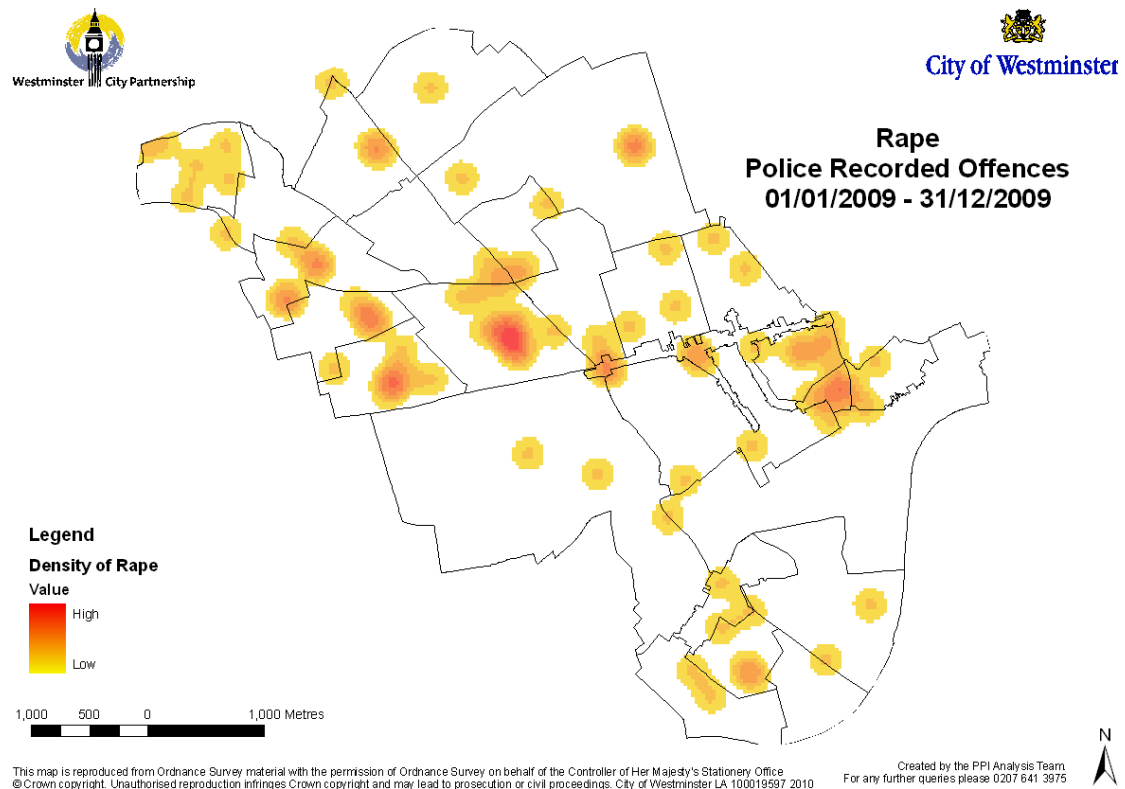
Just under half of all victims were Westminster residents, with 1 in 5 being from outside the MPS area. This represents a slightly higher percentage of victims being from outside London, than for either Domestic Violence or Sexual Offences.

Victim Home Address	Total	%
Westminster	32	46%
Outside MPS area	13	19%
Ealing	3	4%
Camden	2	3%
Hammersmith & Fulham	2	3%
Haringey	2	3%
Harrow	2	3%
Hounslow	2	3%
Newham	2	3%
Southwark	2	3%
8 boroughs with 1 offence each	8	11%
Total	70	100%

Unlike sexual offences which were predominantly based in the central area of Westminster, a slightly higher concentration of rape offences occur in the area North of Bayswater Road in the wards of Hyde Park, Lancaster Gate and Bayswater (18 offences). By comparison 16 offences occurred in the central wards of Mayfair, ORB, Soho and the West End.

All Rape by Area	Total	%
Hyde Park	9	12%
Lancaster Gate	5	7%
Queen's Park	5	7%
Bayswater	4	5%
Mayfair and St James	4	5%
Oxford Street	4	5%
Soho	4	5%
West End and China Town	4	5%
Westbourne	4	5%
Knightsbridge and Belgravia	3	4%
Maida Vale	3	4%
Marylebone High Street	3	4%
Regent's Park	3	4%
Warwick	3	4%
10 areas with 1-2 offences	17	23%
Total	75	100%

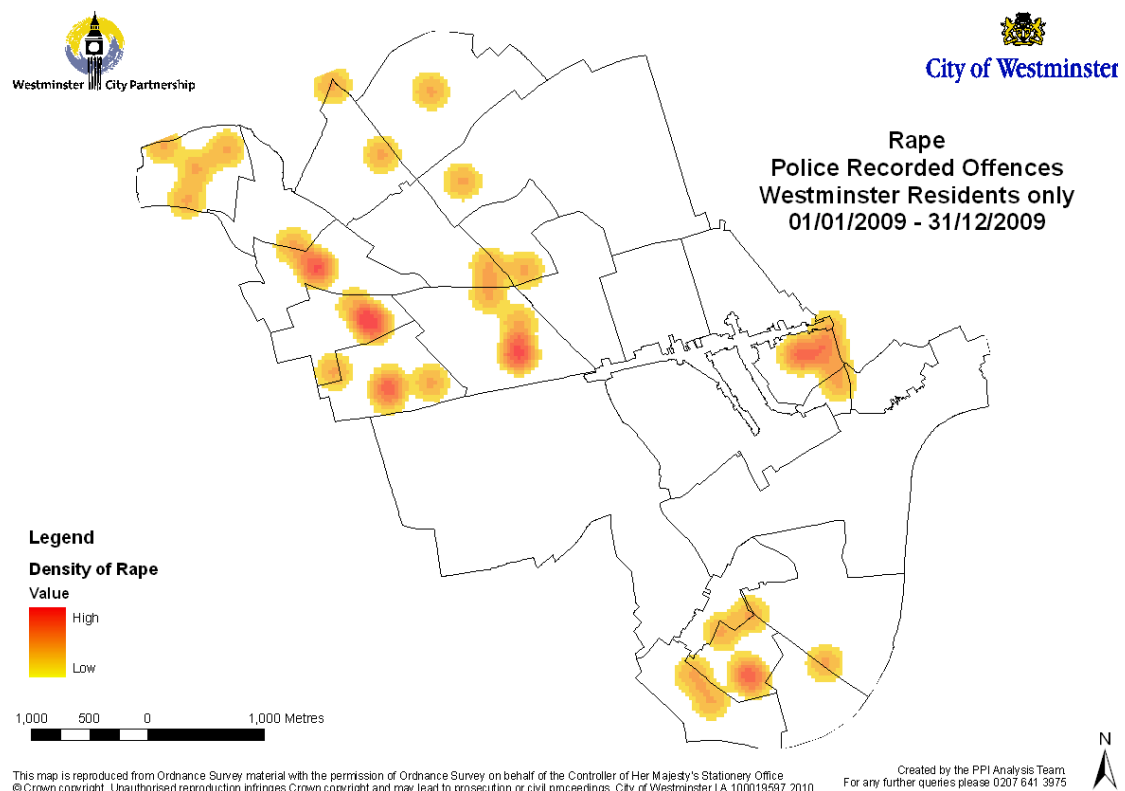
The map below shows all offences of rape, and how they are spread across the borough. The low level of offences means that small, sporadic concentrations appear on the map.



Offences of rape involving Westminster residents are even less common in the central areas, with only 5 of 36 occurring there. Half of the offences occurred in the 5 Northern wards of Bayswater, Hyde Park, Queen's Park, Lancaster Gate, Westbourne and Harrow Road (18 offences).

Rape by Area	Westminster Residents Total only	%
Bayswater	4	11%
Hyde Park	4	11%
Queen's Park	4	11%
Soho	4	11%
Lancaster Gate	3	8%
Warwick	3	8%
Churchill	2	6%
Maida Vale	2	6%
Westbourne	2	6%
8 areas with 1 offence	8	22%
Total	36	100%

The map below shows the main concentrations of rape offences involving only Westminster residents.



Seasonality of Rape

The level of female related rapes in Westminster over the period 01/01/2008 – 31/12/2009 has been highest in the summer months. In 2008 the highest levels were seen between May – August, whilst in 2009 the peak period was between April – July. Much like with sexual

offences, a previous Home Office report also found that nationally indecent of rapes against females were highest between May – August, peaking in July.²⁵

The low number of incidents makes meaningful day & time analysis problematic. However both residents and non residents are most at risk between the hours of 2000 – 0359. The only difference is that non residents are more at risk between 0000 – 0359, particularly in the early hours of Sunday morning.

Rape: Relationships & Locations

Of the 32 that are Westminster residents, 9 of the offences were committed by strangers, compared to 21 by acquaintances, friends or partners. Those non Westminster residents were much more likely to be attacked by a stranger, with 26 of 43 being stranger rapes, compared to 15 by acquaintances, familial or partners.

The location of where the actual offence took place against Westminster residents was most likely to be the either the victim's home address (20 of 32 offences) or the suspects (3 offences). Offences against non residents most commonly took place in walkways (9 of 43 offences), hotels (7), parks (6) or suspects home address (5).

²⁵ Home Office: Seasonality in Recorded Crime: Preliminary Findings (2007), Celia Hird & Chandni Ruparel

Appendix 7 - Rape & Sexual Offences in comparison with other boroughs

Using iQuanta data from the previous VAWG report, Westminster has the highest level of sexual offences per 1000 residents compared with any other borough in London. However this is greatly disproportionate because it does not take into account the vast number of non Westminster residents that visit the borough, particularly in the central area.

For the calendar year 2009, 40% of sexual offences and 46% of rapes were against Westminster residents.

In the 8 areas that make up the central division of Westminster, 153 of the 188 sexual offences were against non Westminster residents (81%). Of the 20 rapes that occurred in these areas, 15 were on non Westminster residents (75%).

The table below shows that for the calendar year 2009, Westminster had the 8th highest number of rapes in the MPS area.

Rank	Borough Name	Rape Offences	% of MPS Total
1	Lambeth	175	6.7%
2	Croydon	169	6.5%
3	Southwark	147	5.6%
4	Hackney	122	4.7%
5	Newham	121	4.6%
6	Lewisham	112	4.3%
7	Brent	110	4.2%
8	Westminster	109	4.2%
9	Waltham Forest	97	3.7%
10	Enfield	93	3.6%

For the same period Westminster had the highest number of sexual offences with 6% of the MPS total (415 of 6923 offences).

Rank	Borough Name	Sexual Offences	% of MPS Total
1	Westminster	415	6.0%
2	Lambeth	358	5.2%
3	Hackney	323	4.7%
4	Southwark	314	4.5%
5	Newham	293	4.2%
6	Greenwich	286	4.1%
7	Croydon	268	3.9%
8	Ealing	268	3.9%
9	Lewisham	243	3.5%
10	Barnet	235	3.4%

Appendix 8a - Domestic Violence Service Evaluation (22 Services)

Organisation Type & Funding

The largest majority of VAWG services provide support for survivors of DV. These are predominantly made up of well established voluntary charity organisations, many having been active since the 1980s. One problem with relying on charity organisations is that their funding is not secure, and is rarely long term. The current funding position was either up until March 2011 or March 2013, depending on the organisation.

Accessibility

Less than half of the services available to Westminster residents are geographically based within the borough (7). Services are mainly open during regular office hours Monday – Friday, with the exceptions being the 24 hour hotlines provided by the National Domestic Violence helpline, and the Woman’s Trust emergency line, along with shelters from Eaves Women’s Aid and Women’s Refuge. The bulk of DV services are relatively quick to access, with very few having waiting lists, or being strictly by appointment only.

Women only

Over half of the DV services (13) are women only services, all being provided by charities. Those that are not women only tend to be statutory provisions, or have a more general remit than just VAWG themes, and thus also allow men to access them (9).

Staff & Training

Staff from almost all of the DV services (16), are able to speak a number of different languages, with a further 5 also having access to translators readily available. The majority of staff will have training/experience in VAWG type issues, although this is sometimes limited to just DV and sexual violence, and does not include the more specialist forms.

Specialist services are also available for those from Asian, African, Kurdish, Iranian, Chinese or Latin America backgrounds, all offering multiple languages and greater understanding. These services are also more likely to deal with issues such as immigration and asylum.

Services & Delivery Method

Almost all of the services are accessible by telephone, websites and email. However none of them provide instant messaging. Just over half of the providers (10) offer drop in / clinic services, whilst a similar number (11) are also available on an appointment basis.

Over half of the services provide counselling (12), advocacy (12) and outreach and awareness raising (11) services to survivors, with a similar number also offering training to professionals, as well as sign posting to other services.

Current providers are not as well represented when it comes to providing additional services to survivors such as creative activities, stress management skills or self-defence training. These were seen as valued add-ons to core services, however only a couple of organisations offer them.

Demand

Victim support in Westminster currently has 45 people receiving ongoing support with approximately 55 new referrals received per month. This number has been increasing, but is dependant on the number of volunteers available to work. Those accessing the service tend not to be from professional classes, with more women in being in their 30s.

The Woman's Trust supporting those in Westminster and Kensington & Chelsea helped 460 people in the past year for a variety of issues, with roughly half being from Westminster. The number accessing the service has been stable, although a lot of Arabic clients have been referred in the last year.

Domestic Violence Services Overview

Positive

- Number of organisations
- Well established
- Most services are quick to access (no waiting lists)
- Two thirds are women only services
- Good balance of services such as counselling, advocacy and outreach
- Services available in different languages, with translators also available
- Specialist services available to those from specific backgrounds
- Specialist advice service for those from the LGBT community

Negative

- Charity organisation's funding is not secured
- Most services outside of Westminster
- Staff training maybe limited to DV only – maybe not include FM, HBV, FGM
- Add-on services rarely available at the same place

Appendix 8b - Sexual Violence and Abuse Service Evaluation (12 Services)

Organisation Type & Funding

There are half the number of services available to survivors of sexual violence and abuse that there are for those of domestic violence. Again these are predominantly provided by charities, meaning long term funding is not secure, although the organisations are well established. A number of organisations that deal with the majority VAWG issues do not offer the same service for those who have suffered from sexual violence and abuse.

Accessibility

There are only 3 providers that operate inside Westminster, one of which is the Havens Sexual Assault Referral Centre (SARC), although this is only for recent incidents. This means Westminster residents are likely to have to travel off borough for services. Again services are mainly open during office hours, with the exceptions being the SARC, Woman's Trust, and Rape & Sexual Abuse Support Centre in Croydon. The national helpline for rape and sexual assault is available 7 days a week, although only for limited hours. One problem with more specialist services for sexual offences is that due to the nature of the issues and service being delivered they can be prone to waiting lists. For example the Rape & Sexual Abuse Support centre has a waiting list of 3-6 months depending on the survivors service and time requirements.

Women only

The more specialist services tend to be women only (7 services), whilst the more general, helplines and non charities tend to cater for both men and women (5).

Staff & Training

The majority of providers have staff able to speak a variety of different languages (7) with others offering translator services. Specialist services are also available to those from African, Kurdish and Iranian backgrounds.

Services & Delivery Method

Almost all of the services are accessible by telephone, websites and email. However none of them provide instant messaging. Due to the nature of the issues being dealt with the majority of providers offer their services by appointment only, with hotlines being the main alternative.

Half the organisations (6) offer counselling services, with also providing advocacy. A similar number also offer outreach, training and practical assistance. Only the Support Centre in Croydon provides add-on services such as relaxation and yoga. The Rights of Women group can provide legal advice to help survivors as they go through the criminal justice system.

Demand

The Support Centre in Croydon currently deals with around 140 people a week, with 7.5% thought to be from Westminster. This would equate to more than 500 people from Westminster a year, although this number is likely to include those that access the service for a prolonged period of time. The centre says demand has increased over the past 3 years, although capacity is dependant on the funding available.

Sexual Violence and Abuse Services Overview

Positive

- Specialist sexual violence providers are women only
- Services available in different languages, with translators also available
- Good balance of services such as counselling, advocacy and outreach

Negative

- Charity organisation's funding is not secured
- Fewer providers than for DV
- Only 3 providers located in Westminster
- Specialist sexual violence providers are generally not quick to access
- Mainly by appointment only
- Less services available for those from specific backgrounds compared to DV

Appendix 8c - Female Genital Mutilation Service Evaluation (10 Services)

Organisation Type & Funding

There are 10 providers offering services, with an almost even split of NHS and charity funding. The 3 main NHS funded are the African Well Women's clinics, as well as CLASH (Central London on Sexual Health).

Accessibility

Victim support and CLASH are based within Westminster, with African Well Women's clinics close by in the neighbouring boroughs of Camden and Lambeth. The gynaecology & midwifery departments at St Mary's hospital in Westminster are also available. Two other services provider specialising aimed at those from the Middle East are also available in London. All FGM services are almost exclusively open during normal offices hours, Monday-Friday, but are generally quick to access without waiting lists.

Women only

All specialist services for FGM are women only.

Staff & Training

Staff at the services can speak the languages applicable to those countries affected by FGM. The African Well Women clinics specialise in FGM, however they only employ between 1-3 members of staff, so could be vulnerable if staff choose to leave the service.

Services & Delivery Method

The Forward website provides key information on FGM, as well directing people to the African Well Women Clinics around the country and specifically in London. The clinics provide the main services including consultation & procedure clinic at the hospital and in community, a One Stop clinic where patients can be assessed and have the procedure for reversal at the same appointment, as well counselling, advocacy and referrals to other services if requested.

Demand

The UCH clinic sees between 18-20 women a month, with 95% being from Somali community. The number accessing the service over the past 3 years is thought to be stable, with only 11 Westminster residents attending (roughly 2%). The clinic at Guy's & St Thomas's Hospital saw overall appointments reduce in the 2009/10 financial year from 181 to 151, although enquires via telephone and email were thought to have increased.

Female Genital Mutilation Services Overview

Positive

- 3 FGM clinics located in and around Westminster
- Clinics provide one stop shop service
- Quick to access
- Staff can speak the languages of the communities affected

Negative

- Only open during office hours Monday-Friday
- No 24 hour hotlines
- Minimal staffing at clinics could make them vulnerable to staff turnover
- Advertising for the clinic service may need to expand in order to reach the community affected – currently limited to some GP surgeries, health colleagues, and word of mouth by patients

Appendix 8d - Forced Marriage & Honour Violence Service Evaluation (13 Services)

Organisation Type & Funding

Organisations offering services to those at risk of forced marriage and honour based violence are almost exclusively charity organisations. The main exception is the Forced Marriage Unit, with councils and the Home Office helping to co-fund several others.

Accessibility

Of the 13 services only Victim Support is based in Westminster, and this is a more general service that provides training on domestic and sexual violence, but not necessarily more specialist types of VAWG. Three other providers are based in surrounding boroughs, whilst the other 8 are either based elsewhere in London or nationally. Services are generally open during office hours, Monday – Friday, although the Honour helpline is available 7 days a week, as well as the emergency 24 hour number for the Woman's Trust – although staff are only trained in DV issues. Services are generally quick to access.

Women only

Services are generally for women only. However the helplines and support offered by the Forced Marriage Unit, Karma Nirvana (Honour network), and Asian Family Counselling service are available to both men and women.

Staff & Training

All providers can deliver their services in a number of different languages to meet the needs of the communities typically affected. Two of the main Westminster services, currently only get limited VAWG training. The Woman's Trust is trained on DV issues, whilst Victim Support is trained in DV and sexual violence.

Services & Delivery Method

Almost all of the services are accessible by telephone, websites and email. However none of them provide instant messaging. Just over half of providers offer services for counselling, advocacy, outreach and training.

Demand

IKRWO based in Islington report most clients dealing with honour based violence or forced marriage are in the younger demographic aged from 14-25. Their clients tend to be Kurdish, Iranian, Afghan, Turkish, Middle Eastern, or North African, including many recent immigrants and asylum seekers. They have seen a large increase in clients over the past 3 years, seeing over 1000 people a year, with roughly 5% being from Westminster.

As mentioned in the previous report the national Forced Marriage Unit had a 25% increase in calls and emails between January - August 2009, dealing with a total of 1063.

Forced Marriage & Honour Based Violence Services Overview

Positive

- Quick to access
- Honour helpline is available 7 days a week
- Specialist services for those communities affected
- Staff can speak the languages of the communities affected
- Services provide a mix of counselling, advocacy, outreach and training

Negative

- Only 1 service provider in Westminster, and this is not a specialist
- Main Westminster services only get limited VAWG training
- Relying on charity organisations with unsecured/short term funding

Appendix 8e - Trafficking for Sexual Exploitation Service Evaluation (15 services)

Organisation Type & Funding

Despite the number of providers available in regards to trafficking, not all organisations are specialists in the problem. Almost all are charities, with a number of them receiving funding support from London Councils or the Home Office.

Accessibility

Three of the services are based within Westminster, although 4 more are within surrounding boroughs. The majority are open during normal office hours Monday-Friday, although the United Kingdom Human Trafficking Centre (UKHTC) number is available 24 hours a day. Specialist schemes such as Women's Project at Asylum Aid, and the Trafficked Women's Project at the Women and Girls Network, also offer hotlines.

Women only

The majority of organisations are for women only, however some of the specialist trafficking organisations STOP and UKHTC are for both men and women.

Staff & Training

Lack of information to assess this category.

Services & Delivery Method

Almost all of the services are accessible by telephone, websites and email. However none of them provide instant messaging. Around half of the organisations provide counselling, advocacy, outreach and training. Several also offer more relaxation based and therapeutic options to deal with trauma.

Demand

Lack of information to assess this category.

Trafficking for Sexual Exploitation Services Overview

Positive

- A number of organisations both specialist and general
- Mix of services including information, counselling, legal aid, housing, therapeutic

Negative

- No specialists in Westminster
- Some hotlines operate a limited service

Appendix 9 - Recorded & Estimated Numbers, Costs and Trends

Category	Recorded Number	Estimated Number	Cost on Recorded	Costs on Estimates	Trends	
					Prevalence	Usage of Services
Domestic Violence	<ul style="list-style-type: none"> - 1,365 reported offences (CRIS) - 2,571 incidents (CAD) - 222 cases (MARAC) 	<ul style="list-style-type: none"> - 25% women aged 16-59, (BCS), 20,717 - 17% of violence is DV, (BCS) 1,366 - 626,000 DV incidents in England & Wales in 2001/2, falling to 293,000 in 2008/9 (BCS)²⁶ - 35% of incidents reported to police in 01/02, compared to 47% in 08/9 	?	<ul style="list-style-type: none"> - Overall cost of DV in England & Wales has decreased, going from £23billion in 2001, to £16billion in 2008. - Cost of providing services has increased due to greater reporting / usage, going from £3.1billion to £3.9billion²⁷ 	Stable - reducing	Stable - Increasing
Sexual Violence and Abuse	<ul style="list-style-type: none"> - 398 reported offences of sexual violence (CRIS) - 75 reported offences of rape (CRIS) - 23 call outs (Ambulance calls to sexual assault/rape) 	<ul style="list-style-type: none"> - only 1:7 rapes reported, (BCS), 525 - 5% of population 16-59 raped, 4,143 (BCS) - 24% of population 16-59, sexual assault 19,888 (BCS) 	<ul style="list-style-type: none"> - £76,000 per rape, overall cost²⁸ - £5,700,000 	<ul style="list-style-type: none"> - Based on 1:7 rapes, £39,900,000 - based on 5% of population raped £31,468,000 	Increasing	Increasing
Stalking	?	20% women aged 16-59, (BCS) 16,573, nearly a quarter of 16-59	?	?	?	?
Female Genital Mutilation	<ul style="list-style-type: none"> - 1 MARAC (2010) - 11 Westminster residents visited the UCH African Well 	4.63% of Westminster maternities to women with FGM in 2004 (125 women) ²⁹	?	?	Stable	Stable

²⁶ Alison Walker, John Flatley, Chris Kershaw, and Debbie Moon (2009) *Crime in England and Wales 2008/09 Volume 1 Findings from the British Crime Survey and police recorded crime*.

²⁷ The Cost of Domestic Violence: Up-date 2009 (25 November 2009), Sylvia Walby, Lancaster University

²⁸ End Violence Against Women website

	Women's Clinic in 3 years - 181 appointments booked at Guy's & St Thomas Hospital in 08/09 (no specific area)					
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²⁹ A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales (2007), by Efua Dorkenoo, Linda Morison and Alison MacFarlane, a FORWARD report

Category	Recorded Number	Estimated Number	Cost on Recorded	Costs on Estimates	Trends	
Honour Based Violence	- 13 reported offences (CRIS) - 5 MARAC	?	?	?	?	Increasing
Forced Marriage	- 7 reported offences (CRIS) - 2 MARAC	1,000 British Asian girls are forced into marriage each year ³⁰	?	?	?	Increasing
Trafficking	- 6 reported offences (CRIS) - 112 referrals to Poppy Project from Westminster in 7 years	- 1,000 - 10,000 are trafficked into the UK each year for sexual exploitation ³¹ - 4,000 women were trafficked into the UK in 2003 ³²	?	?	?	?
Prostitution	- 23 ASBO's - 3 kerb crawling reported offences (CRIS) - 3 loitering/soliciting for prostitution reported offences (CRIS) - 1 immoral earnings reported offence (CRIS) - 2,791 carding (City Guardian logs)	- 1:11 men have bought sex = 7,846 (9% of 16-59 year olds)	?	?	?	?

³⁰ Silence is not always Golden (2005), National Union of Teachers

³¹ 'Sex slaves' win cash in landmark legal deal (16th December 2007), Townsend, The Observer

Appendix 10 – Locations, Victims and Services

Crime	Location	Victims	Demand for Services Vs Services Available	Positive	Negative
Domestic Violence	<p>Higher levels of:</p> <ul style="list-style-type: none"> • Deprivation • Unemployment • Disorder <p>Hotspots in North:</p> <ul style="list-style-type: none"> • Queen's Park • Westbourne • Harrow Road • Church Street <p>Hotspots in South:</p> <ul style="list-style-type: none"> • Churchill • Vincent Square 	<ul style="list-style-type: none"> • Majority are white • Aged 18-36 years • Peaks 23-25 years • MARAC victims mainly from BME groups <p>Particularly at risk:</p> <ul style="list-style-type: none"> • Single and separated mothers • Students • Young people • Low income 	<p>Largest contributor to VAWG</p> <p>Demand across providers is a mixture of stable-increasing</p> <p>Only a third of services on borough</p> <p>Female population expected to grow by 9% over the next 5 years</p> <p>Maintaining the current services is a bare minimum</p>	<ul style="list-style-type: none"> • Number of organisations • Well established • Most services are quick to access (no waiting lists) • Two thirds are women only services • Good balance of services such as counselling, advocacy and outreach • Services available in different languages, with translators also available • Specialist services available to those from specific backgrounds • Specialist advice service for those from the LGBT community 	<ul style="list-style-type: none"> • Charity organisation's funding is not secured • Most services outside of Westminster • Staff training maybe limited to DV only – maybe not include FM, HBV, FGM • Add-on services rarely available at the same place

Crime	Location	Victims	Demand for Services Vs Services Available	Positive	Negative
Sexual Violence and Abuse	<p>Hotspots: 6 of the 8 top wards are in the central area - high % non Westminster residents.</p> <p>Resident hotspots:</p> <ul style="list-style-type: none"> • Lancaster Gate • Hyde Park • Queen's Park • Bayswater 	<ul style="list-style-type: none"> • Larger % are white compared to DV • Aged 18-30 years • Peaks 18-22 years • 40% of victims are Westminster residents <p>Rape - residents:</p> <ul style="list-style-type: none"> • Know suspect • Location: home address <p>Rape – non resident:</p> <ul style="list-style-type: none"> • Don't know suspect • Location: outdoors, hotel, suspects address 	<p>Service provision is not adequate for the demand</p> <p>Service provision is half that for DV</p> <p>Only 3 providers in borough, none are women only</p> <p>Specialist centres are prone to waiting lists</p> <p>Demand has increased over past 3 years</p>	<ul style="list-style-type: none"> • Specialist sexual violence providers are women only • Services available in different languages, with translators also available • Good balance of services such as counselling, advocacy and outreach 	<ul style="list-style-type: none"> • Charity organisation's funding is not secured • Fewer providers than for DV • Only 3 providers located in Westminster • Specialist sexual violence providers are generally not quick to access • Mainly by appointment only • Less services available for those from specific backgrounds compared to DV
FGM	<p>Highest African ward populations in:</p> <ul style="list-style-type: none"> • Lancaster Gate • Westbourne • Regent's Park <p>High in specific areas of:</p> <ul style="list-style-type: none"> • Church Street • Harrow Road • Queen's Park 	<p>Predominantly countries in Africa, and some in the Middle East</p> <p>Girls aged 2 - 12 years old</p> <p>Majority of Westminster's African residents are from non-practicing or low prevalence FGM countries</p>	<p>Demand for services appears to be stable.</p> <p>Biggest challenges:</p> <ul style="list-style-type: none"> • Signposting people to services • Promoting the service to the right groups • Training staff in all aspects of VAWG 	<ul style="list-style-type: none"> • 3 FGM clinics located in and around Westminster • Clinics provide one stop shop service • Quick to access • Staff can speak the languages of the communities affected 	<ul style="list-style-type: none"> • Only open during office hours Monday-Friday • No 24 hour hotlines • Minimal staffing at clinics could make them vulnerable to staff turnover • Advertising for the clinic service may need to expand in order to reach the community affected – currently limited to some GP surgeries, health colleagues, and word of mouth by patients

Crime	Location	Victims	Demand for Services Vs Services Available	Positive	Negative
FM & HBV	<p>Highest South Asia ward populations in:</p> <ul style="list-style-type: none"> • Regent's Park • Hyde Park • Church Street <p>High in specific areas of:</p> <ul style="list-style-type: none"> • Westbourne • Little Venice • Queen's Park 	<p>Predominantly South Asian families</p> <p>Women and girls aged 13-30 years</p> <p>South Asian families are mainly from India and Bangladesh in Westminster</p>	<p>Demand for services is increasing.</p> <p>Lack of provision on borough.</p> <p>Services are mainly based in surrounding boroughs such as Islington and Kensington & Chelsea.</p> <p>Demand is greater during the summer months</p> <p>Biggest challenges:</p> <ul style="list-style-type: none"> • Signposting people to services • Promoting the service to the right groups • Training staff in all aspects of VAWG • Educating potentially vulnerable people at a young age 	<ul style="list-style-type: none"> • Quick to access • Honour helpline is available 7 days a week • Specialist services for those communities affected • Staff can speak the languages of the communities affected • Services provide a mix of counselling, advocacy, outreach and training 	<ul style="list-style-type: none"> • Only 1 service provider in Westminster, and this is not a specialist • Main Westminster services only get limited VAWG training • Relying on charity organisations with unsecured/short term funding

Crime	Location	Victims	Demand for Services Vs Services Available	Positive	Negative
Trafficking	?	<p>Aged 18-30 years old</p> <p>From countries including: Nigeria, Uganda, China, Thailand, Albania, Lithuania, Romania, Moldova, Poland, Vietnam.</p> <p>National Referral Mechanism for Apr-Dec 09:</p> <ul style="list-style-type: none"> • 527 potential trafficked • 74% were female • 27% were under 18 • 37% potentially for sexual exploitation <p>Highest individual countries</p> <ul style="list-style-type: none"> • Nigeria – 89 • China – 70 • Vietnam - 46 	<p>POPPY project has seen an increase in referrals over the past 3 years.</p> <p>112 of 1496 referrals were from Westminster (7 year period)</p> <p>Most referrals of any borough</p>	<ul style="list-style-type: none"> • A number of organisations both specialist and general • Mix of services including information, counselling, legal aid, housing, therapeutic 	<ul style="list-style-type: none"> • No specialists in Westminster • Some hotlines operate a limited service