

Domestic violence and violence against women and children

strategy and
action plan
2010 – 2013

**Around half of all women
and girls in England and
Wales could recall being a
victim of violence over
their lifetime ²**

**Domestic violence is the
leading cause of ill
health for women aged
19 – 44, greater than
cancer, war and motor
vehicle accidents ¹**

**A woman is more
likely to be sexually
assaulted than to get
breast cancer ³**

**Domestic violence and violence against women and children:
dangerous, serious, common - a public health issue**

Domestic violence and violence against women and children

Contents

Title	Page
Foreword	1
Strategy	2
Action plan	9
Equality impact assessment	15

Cover

¹ Domestic Violence: A National Report (2005) Home Office London

² Walby, S and Allen J. Domestic violence, sexual assault and stalking: Findings from the British Crime Survey, 2004 Home Office Research Study 276 – cited in Together we can end violence against women: A strategy HM Government 2009

³ New Philanthropy Capital, 2008, Hard Knock Life

Domestic violence and violence against women and children

Foreword

We know that domestic violence is common in our community and it has a significant impact on the health and wellbeing of victims. Domestic violence and other forms of violence against women and children are often under-reported because of the fear and shame that victims feel.

The NHS has a unique role to play in helping victims of domestic violence and other forms of violence against women and children. This is because the NHS is the only service that all victims will be in contact with at some point in their lives.

We cannot solve the issue of domestic violence by acting alone. We are committed to continuing the strong working relationships we have with the council, police, community health providers and voluntary organisations to:

- make victims safer
- raise public awareness of the issue
- hold abusers responsible for their behaviour.

This strategy shows how we plan to improve the care for patients who are experiencing domestic violence. It is comprehensive and ambitious and I hope that it will help to reduce domestic violence in our community.



Chief Executive



Stephen Langford
Chief Executive

NHS Barking and Dagenham is the first Primary Care Trust to achieve White Ribbon status (awarded by White Ribbon Campaign UK in November 2010)

Domestic violence and violence against women and children Strategy



Emotional abuse can have a serious impact on a person's health¹

Introduction and background

Domestic violence and violence against women and children is a major public health concern and it can be an issue for many of our patients and staff. It can have a wide ranging impact on a person's physical, sexual and mental health. The welfare and safety of our patients, clients and staff is very important. Due to the impact that domestic violence and other forms of violence against women and children has on an individual's health, we are committed to improving how we respond to these issues.

This strategy is ambitious as we are determined to become a recognised national site of best practice. The strategy addresses our role and responsibilities as a commissioner of services and an employer, forming part of our safeguarding response.

NHS Barking and Dagenham is an active partner agency in the borough's coordinated community response to domestic violence. We hold the position of vice chair to the borough Multi Agency Risk Assessment Conference (MARAC) which risk assesses and manages serious and complex cases of domestic violence. We also chair the Barking and Dagenham Safeguarding Children's Board Female Genital Mutilation Strategy Group. We work with other agencies across a range of meetings to prevent and reduce the harm caused by domestic violence, such as the:

- Community Safety Partnership
- Health and Wellbeing Board
- Domestic Violence Strategic Group
- Domestic Violence Forum
- Barking and Dagenham Safeguarding Children's Board
- Safeguarding Adults Board
- MARAC
- Multi Agency Public Protection Arrangements.

In October 2007 the London Regional Director for Health agreed that Barking and Dagenham Primary Care Trust (PCT) would be a "test site" in London for examining how health services can respond to domestic violence.

As part of our work for this project, we agreed that we needed to employ a specific person addressing domestic violence within the organisation. We have a policy statement on these issues and a staff procedure that explains what our staff should do when they have concerns about domestic violence.

In 2009 the cross-government strategy "Together we can end violence to women and girls" was published. The Department of Health convened a Taskforce (which we were a member of) to examine the health aspects of violence against women and children. The Taskforce report was published in March 2009. In order to fulfill the various recommendations contained within it, we have decided to produce our own strategy.



Domestic violence and violence against women and children

Strategy

Strategic aims and principles

NHS Barking and Dagenham aims to develop a culture where all staff recognise domestic violence and other forms of violence against women and children is recognised as a priority issue. We hope that by addressing domestic violence and violence against women and children, we can improve the lives of our patients and staff. We know that our work on this issue will help to improve the public's health and ensure that victims will receive high quality health care.

The NHS spends significant amount of its resources responding to the result and impact of domestic violence and violence against women and children. Health services are in a unique position to help victims by providing a safe, confidential and non-stigmatising space for them to seek help from. We have a special role to play in preventing violence and abuse from happening and stopping it from get worse.

We want health staff to consider domestic violence as a possibility for why the patient is seeking medical help. We want to explore how we can get people in the services we commission to ask patients and service users about domestic violence and other forms of violence against women and children.

NHS Barking and Dagenham consider that domestic violence and violence against women and children is:

- life threatening and serious
- something that every person has a right to live a life free from
- damaging to health and wellbeing
- a violation of human rights and unacceptable
- highly prevalent.

We will work together with other agencies to:

- help prevent abuse before it happens and stop it from happening again
- offer information, support and care to those affected, in a professional, prompt and appropriate manner
- make sure staff know what to do when they have a concern
- challenge attitudes and beliefs that underpin domestic violence and violence against women and children
- make sure that we work to help to make victims and their children safer
- hold people who commit domestic violence and other forms of violence against women and children responsible for their behaviour, by challenging attitudes and behaviour, and by making referrals to services to help abusers change their behaviour.

Strategic themes

Along with other agencies, we have a role in preventing violence before it happens, providing care to victims and educating staff and patients about this issue.

We will look at how health services can intervene earlier to prevent abuse from happening. We will encourage health staff to identify causes of ill health rather than just addressing the visible symptoms. We will challenge attitudes held about violence against women and work together with partner agencies in raising awareness and education campaigns. We recognise that we must include prevention, early identification and intervention in all aspects of our health promotion work.

Domestic violence and violence against women and children

Strategy

We will explore commissioning opportunities for specialist services, so that victims and families affected by these issues get the support and care they need.

We will look at how health services can protect victims, working with other agencies to keep them safe. We will do this by:

- holding abusers accountable for their behaviour
- making sure that patients (if they are victims of violence and abuse) know what they should expect from the health services we commission
- working with the services we commission, to make sure that staff fully document disclosures of domestic violence and any related injuries
- staff being able to respond correctly to concerns and disclosures from abusers.

Action plan and objectives

Our action plan covers how we will address domestic violence and violence against women and children up to March 2013. The action plan links to the strategic themes and has five main aims. We will:

- develop, agree and implement effective policies, procedures, structures to embed best practice responses to domestic violence and violence against women and children including processes to monitor progress of our work.
- participate in the borough's coordinated community response to domestic violence and violence against women and children.
- help prevent violence and abuse from happening by challenging attitudes and raising awareness with staff, patients and the wider community.
- contribute to making victims and their children safer by commissioning, delivering and managing health based responses and services to domestic violence and other forms of violence against women and children
- work with other agencies to hold abusers accountable for their behaviour.

Why do we need to have this strategy?

Although violence can affect people of both genders, research shows that women and girls are more likely than men and boys to experience all forms of gender-based violence. 89% of those suffering four or more incidents of domestic violence are women² and victims in nearly 8 out of every 10 incidents of domestic violence are female³.

Gender-based violence is about power and control. It is a pattern of coercive and abusive behaviour. It is based on the views and opinions held by the abuser about women, particularly their rights and roles. Violence and abuse is often used to control a woman's sexuality and behaviours which are considered to go against traditional roles and expectations held by the abuser (and sometimes the community that they live in). Gender-based violence is therefore a form of gender inequality. As a public body we have a responsibility to promote equality, and this strategy will help address this gender inequality.

NHS Barking and Dagenham recognise that men and boys can also experience domestic violence and other forms of gender-based violence. Our strategy focuses on women due to the disproportionate impact all forms of gender-based violence has on them. We have included all children in our strategy due to their risks they face of violence and abuse, reflecting the Department of Health Taskforce's approach.



Domestic violence and violence against women and children

Strategy

More women suffer rape or attempted rape than have a stroke each year, and the level of domestic violence in the population exceeds that of diabetes by many times⁶

NHS Barking and Dagenham is committed to responding sensitively and appropriately to **any** victim of domestic violence or other form of gender-based violence (for example sexual assault), regardless of their gender, age, ethnic origin, sexuality, faith/beliefs, social class/wealth, disability or location within the borough.

We will ensure that **all** victims receive prompt, good quality care from skilled and competent staff. We therefore expect that these improvements will benefit male victims, as well as lesbian, gay or transgendered people in people in abusive, violent and controlling relationships.

We have undertaken a full Equality Impact Assessment on the strategy and this can be found in Appendix 2.

Definitions

The strategy uses the government's definition of domestic violence:

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."

This includes issues of concern to black and minority ethnic communities such as so called 'honour based violence', female genital mutilation and forced marriage. (An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily).

This strategy in line with the government strategy⁴, the Department of Health's Taskforce⁵ and the United Nations (UN) Declaration on the Elimination of Violence Against Women, uses the following definition of violence against women:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women".

This definition applies equality to girls and includes the following forms of violence:

- sexual violence, abuse and exploitation
- sexual harassment and bullying
- stalking
- trafficking and forced prostitution
- domestic violence
- female genital mutilation
- forced marriage
- crime committed in the name of "honour".

This strategy uses the term domestic violence rather than domestic abuse. Whilst recognising and understanding that domestic violence is a range of behaviours (not just physical violence) we feel that the term domestic violence more accurately describes the serious nature of the behaviours involved and the impact they have on victims.

Domestic violence and violence against women and children

Strategy

Research findings on domestic violence and violence against women and children

Domestic violence and violence against women and children has a significant impact on the health and well-being of victims and the wider community. The total estimated national cost of domestic violence in 2008 was £16 billion⁷.

- More than one in four women in England and Wales (4.8 million) since aged 16 has experienced at least one incident of domestic violence/abuse⁸
- Around 10,000 women are sexually assaulted and 2,000 women are raped every week⁹
- 30% of domestic violence starts or gets worse during pregnancy¹⁰
- Domestic violence has been identified as a prime cause of miscarriage or still-birth, and of maternal deaths during childbirth
- Pregnancy and recent birth are risk factors for domestic violence
- One incident of domestic violence is reported to the police every minute¹¹
- On average, two women a week are killed by a current or former male partner
- In England and Wales health spending on physical injuries caused by violence against women in 2008 was £1730 million¹²
- It is estimated that approximately 750,000 children are exposed to domestic violence¹³
- The Forced Marriage Unit receives over 1600 calls to its helpline each year
- Although there are no published statistics on "honour" crimes in the UK it is estimated that there are around 12 murders a year¹⁴
- It is estimated that 66,000 women in the UK are affected by female genital mutilation¹⁵.

Local picture of domestic violence and violence against women and children in Barking and Dagenham

- Barking and Dagenham has the highest rate of domestic violence in London
- A total of 4,506 incidents of domestic violence were reported to the police in 2009/10
- In 2009/10 there were 212 cases referred to the borough MARAC which involved 293 children
- In 2009/10 14 women from Barking and Dagenham attended the African Well Women's Clinic for health treatment for problems resulting from FGM¹⁶
- Research conducted by FORWARD estimated between 2001 – 2004, a total number of 471 maternities were to women with FGM (amounting to 6.08%)¹⁷
- According to the GLA, based on MPS figures, there have been 73 rapes and 161 sexual assaults reported in LBBD from November 08 to October 09
- The DV "ready reckoner" (borough data from mid 2004) shows that approximately 3,456 women and girls in Barking and Dagenham experience sexual violence each year.

Policy and legal framework for health professionals regarding domestic violence and violence against women and children

In 2004 primary care trusts in England became responsible authorities within crime and disorder reduction partnerships (Crime and Disorder Act 1998), giving them responsibility for local crime.

Whilst there is no specific criminal offence of domestic violence or violence against women and children, there are a range of acts that apply in varying degrees to domestic violence and other forms of violence against women and children. The government has produced several documents which underpin the policy framework within which we operate:



Domestic violence and violence against women and children

Strategy

66% of domestic violence incidents result in a physical injury¹⁸

- Working Together to Safeguard Children 2010
- Framework for the assessment of children in need and their families 2000
- Domestic violence: A resource manual for health care professionals 2000
- Responding to domestic violence: A handbook for health professionals 2005
- Multi agency practice guidelines: Handling cases of forced marriage 2009
- The right to choose: Multi agency statutory guidance for dealing with forced marriage 2008
- Improving safety, reducing harm: Children, young people and domestic violence 2009
- Responding to violence against women and children – the role of the NHS 2010 (and interim response)

The current government has signalled its commitment to addressing domestic violence and violence against women and children. They have announced that they aim to publish their violence against women and girls strategy by spring 2011. A cross-government ministerial group meets bimonthly to progress work of this agenda. We have decided to write our strategy in the meantime, to continue our work on addressing all forms of violence against women and children.

Ensuring a legacy to the new GP consortium

In July 2010 the Department of Health published the white paper Equity and excellence: Liberating the NHS¹⁹. This set out the government's plan to abolish PCTs and replace their function with new GP consortia.

By April 2013, the GP consortium will be operation. In preparation for this (the shadow GP consortium will be in place by in 2011) we have already agreed a domestic violence lead GP who is a member of our Clinical Transformation Excellence Committee (CTEC).

Whilst we do not currently know the details of how the GP consortia will operate, the CTEC DV clinical lead will be supported by the strategic lead for domestic violence to ensure that progress on the strategy and action plan is maintained during this transitional period. By engaging with the CTEC, we will ensure that domestic violence is a priority for the shadow and the new GP consortium. We will leave a legacy for the new consortium to build upon. We will work closely with the local authority to negotiate and manage any required transition as set out in the white paper in relation to public health responsibilities, which may include domestic violence.

Responsibility for the strategy

Our staff are required to respond to domestic violence and violence against women and children when they have a concern. Where it is required, specific domestic violence and violence against women and children performance indicators will be included in to our contracts with services we commission. We will work to make sure that patients who experience domestic violence and other forms of violence against women and children receive good quality care.

The Executive Director of Nursing is the organisation's lead on domestic violence. NHS Barking and Dagenham's strategic lead for domestic violence will lead on the implementation of this strategy and action plan and will also support the CTEC GP DV lead.

Domestic violence and violence against women and children Strategy

Between 2003 and 2005, of the 295 maternal deaths reported in *Saving Mothers' Lives*, 70 occurred in women who had features of domestic abuse (24%), and of these women, 19 were murdered²¹

Governance structure

This strategy was shared with partner agencies for feedback. We also commissioned Refuge to conduct a consultation with their service users. Our strategy closely links to the current borough domestic violence strategy²⁰. We hope to incorporate our strategy into this, when it is updated in 2011. In the meantime the two strategies work alongside each other with the same aim of reducing domestic violence in Barking and Dagenham.

This strategy is linked to the following borough strategies:

- Borough's Domestic Violence Strategy 2008 - 2011
- Barking and Dagenham Children's Safeguarding Board Female Genital Mutilation Strategy June 2010 – March 2011
- Health and Wellbeing Strategy
- Children's and Young People Plan
- Children and Young People Emotional Wellbeing, Psychological Wellbeing and Resilience Strategy.

We will include the performance and monitoring of the strategy and action plan into the management framework of the organisation. We will continue to work as part of the borough's response to domestic violence through the Community Safety Partnership and the borough Domestic Violence Strategic Group.

We will include performance indicators related to this strategy into contracts for services we commission and will regularly monitor these.

If there are concerns relating to the performance of individual contractors (for example, how they are responding to victims of domestic violence), these issues be addressed and monitored at the Poor Performance Operation Group (which the DV strategic lead will attend to give expert advice).

Monitoring the action plan

The strategic implementation lead for domestic violence will monitor and review the action plan. We will regularly report progress on the plan to our Clinical Assurance Group and to our Integrated Governance Committee, which is a subcommittee of our Board. CTEC will also be regularly updated. We will provide information and updates on the plan to the borough's DV Strategic Group and to the Community Safety Partnership. We will also publish annual updates on our website at:

www.barkingdagenham.nhs.uk/domesticviolence

If we identify any risks that could threaten the implementation of this strategy or our reputation as a key partner in responding to domestic violence and violence against women and children, we will:

- address them with partner agencies through the borough's Domestic Violence Strategic Group and other groups as required
- assess the risks and record them on our organisation risk register so they can be shared and monitored by our own risk management structure.



Domestic violence and violence against women and children

Action plan

Key Activities	Responsibility	Timescale	Outcome(s)
<p>Domestic Violence (DV) and violence against women and children (VAWC) strategy, action plan and policy statement</p> <p>Develop and publish strategy, action plan and policy statement showing:</p> <ul style="list-style-type: none"> • our strategic vision • aims • objectives • governance structures • how we will implement and achieve the action plan. 	<p>NHS BD (NHS Barking and Dagenham) Strategic Implementation Lead DV</p> <p>NHS BD Communication Team</p> <p>NHS Board</p> <p>Clinical transformation excellence committee (CTEC)</p>	Nov 2010	<p>We have effective structures in place to ensure we successfully deliver the aims or the strategy and the action plan</p> <p>We have an agreed organisational response to DV and VAWC</p> <p>DV and VAWC are publicly recognised as a priority for the organisation</p> <p>NHS BD staff know about and understand our employment policy and staff procedures for responding to DV concerns</p> <p>Health staff are more aware of DV</p> <p>More disclosures are made to health staff, and health services make referrals</p> <p>Patients/service users who are experiencing domestic violence and other forms of violence against women and children know about the help they can get from local health services</p> <p>Staff, partner agencies and patients consider NHS BD as a key agency locally responding to DV and VAWC</p>
<p>Dept of Health VAWC Taskforce recommendations and government VAWG strategy</p> <p>Ensure we implement recommendations of the Department of Health (DOH) Taskforce and government strategy</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>NHS BD Board</p> <p>CTEC</p>	By 2011 (dependent on when the new government strategy is published)	<p>NHS BD has a comprehensive response in place for responding to DV and VAWC so that we are recognised by other organisations as a national site of best practice in responding to DV and other forms of VAWC</p> <p>All relevant recommendations are implemented</p>
<p>Participate in relevant multi agency boards, panels and meetings</p> <p>Maintain positive working relationships with a wide network of services and agencies by attending and supporting multi-agency boards, panels and meetings</p>	<p>NHS BD Strategic Implementation Lead DV</p>	Ongoing (as required)	<p>NHS BD works with partner agencies to improve the borough's response to DV and VAWC to help make victims safer</p>

Domestic violence and violence against women and children

Action plan

Key Activities	Responsibility	Timescale	Outcome(s)
<p>Consultation and policy development</p> <p>Respond to changes in DV and VAWC policy and legislation to comply with agreed standards and best practice. Contribute to consultations, and communicate developments to staff and patients</p>	NHS BD Strategic Implementation Lead DV	Ongoing (as required)	<p>NHS BD has a national profile in responding to these issues and can showcase best practice</p> <p>Influence national and local policy development</p> <p>Practice and policy remain up to date and in line with policy developments</p> <p>Maintain position as an agency that contributes and responds to policy consultation</p>
<p>Commissioning and monitoring framework</p> <p>Agree minimum standards and monitor quality of care in relation to DV and VAWC in our contracts with providers</p>	NHS BD Strategic Implementation Lead DV	Ongoing (as required)	<p>An improved service from health services for patients who experience domestic violence</p> <p>DV and VAWC included in all relevant service specifications and are rigorously monitored</p> <p>Systems in place to monitor performance and ensure compliance so that high quality care is provided to patients experiencing DV or other forms of violence</p>
<p>Domestic violence CHS operational lead</p> <p>Support the development of a DV operational lead within Community Health Services (CHS) to improve their response</p>	CHS	2012/13	Staff within CHS are supported so they are able to respond appropriately to concerns and disclosures from patients
<p>GP and dentist's response to DV</p> <p>Pilot GP and dentist DV project in the borough (we will present the findings to the board and CTEC to improve future commissioning intentions), to support and develop their understanding of DV and opportunities to improve their practice</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>NHS BD medical director</p> <p>LBBB domestic violence team</p> <p>CTEC</p> <p>Independent DV Advocacy (IDVA) Service</p> <p>Project IRIS</p>	Nov 2010 to commence pilot with report in early 2011, then ongoing for 6 months	<p>Reduce the incidents of DV and the harm that victims may face</p> <p>Improve GPs, dentists and practice staff awareness and skills in responding to concerns and disclosures of DV</p> <p>Increase in referrals made to DV support services by GPs and dentists</p> <p>Increase in the rate of DV enquiry by GPs and dentists</p>



Domestic violence and violence against women and children

Action plan

Key Activities	Responsibility	Timescale	Outcome(s)
<p>BHRUT DV maternity project</p> <p>Commission and develop a new DV service as part of Barking Havering Redbridge University Hospital Trust (BHRUT) maternity service, to help midwives to ask about DV and refer women experiencing DV for help</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>BHRUT Maternity Services</p> <p>IDVA service</p> <p>London Borough of Barking DV Team</p>	<p>Tender complete October 2010, service in place and operational by January 2011, then ongoing to 2013</p>	<p>Pregnant women experiencing DV get the care and support they need</p> <p>Women experiencing DV are able to have healthy pregnancies and babies</p> <p>Increase in staff awareness and skills in asking women about DV and dealing with disclosures through training and support to midwives</p> <p>Effective partnership in place across three boroughs on the issue of DV</p> <p>Improved safeguarding response to women experiencing DV and their unborn babies</p> <p>Midwives are supported so that the DV enquiry process happens as required by policy and there are effective monitoring and recording systems in place</p>
<p>A&E based responses to DV and VAWC</p> <p>Improve A&E clinicians response to patients who are experiencing domestic violence so that they can respond to concerns and disclosures from patients, make referrals and document injuries appropriately</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>Acute Commissioning Unit (ACU) safeguarding lead</p> <p>A&E manager</p> <p>Emergency Care Network</p>	<p>2011/2012</p>	<p>Victims of DV who come to A&E sites are given the support they need as staff are able to respond to concerns and disclosures of DV</p> <p>Reduction in repeat visits to A&E from victims of DV as they get the care and support they need when they first present for help and treatment</p> <p>More victims of DV are identified through enquiry by trained staff and get the help they need through referral to specialist services for support</p> <p>Staff are confident and skilled in responding to victims who come to A&E due to DV</p> <p>A best practice model of care for responding to DV is implemented in BHRUT to help make victims safer and improve how staff respond to these patients</p>
<p>Mental health (MH)</p> <p>Train mental health services to respond to DV, to support victims and abusers.</p> <p>Commission specialist services and coordinate referral pathways between mental health services and DV support services</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>North East London Foundation Trust (NELFT)</p> <p>NHS BD MH commissioner</p>	<p>2011/2012</p>	<p>Staff within mental health services can respond to concerns and disclosures of DV, and have appropriate services to refer on to</p> <p>Increase the safety of victims, and people who abuse and hurt others are held accountable for their behaviour through the identification of victims, abusers and making referrals to specialist services</p> <p>Female victims of DV able to access free specialist mental health support so they can recover and rebuild their lives</p>

Domestic violence and violence against women and children

Action plan

Key Activities	Responsibility	Timescale	Outcome(s)
<p>Responding to sexual violence</p> <p>NHSBD to be involved in the local response to sexual violence through the development/ commissioning of specialist services and training of clinicians as required</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>NELFT</p> <p>London Borough of Barking DV Team</p> <p>Met Police</p> <p>IDVA service</p> <p>BHRUT</p> <p>Haven</p> <p>Rape Crisis Centre</p>	2010 onwards	<p>Increase the support available for victims with jointly commissioned borough based specialist advice, care and support in place for victims</p> <p>Sexual health staff aware of sexual and domestic violence and are able to respond correctly to concerns and disclosures from patients</p> <p>Effective partnership working arrangements with HAVEN/Sexual Assault Referral Centre and Rape Crisis Centre in London Borough of Redbridge</p>
<p>Community health based responses</p> <p>Offer a comprehensive high quality response to victims of DV (possibly through enhanced referral pathways) at a range of health venues and services such as at the Barking Community Hospital and our walk-in centres</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>CTEC</p> <p>CHS and NELFT</p>	2012/13	<p>NHS BD have domestic violence services included in a range of services we commission to help make victims safer</p> <p>Health staff across a range of services and venues are able to respond to concerns and disclosures of DV</p> <p>Victims will receive an improved response and care by staff which will help to improve their health, wellbeing and safety as they are able to identify indicators of violence and abuse, respond to concerns and disclosures and make referrals to services</p>
<p>DV and VAWC communications strategy (including community engagement)</p> <p>Participate in all borough community engagement events to help raise awareness of DV and VAWC and provide clear and consistent messages on DV and VAWC in all health information and promotion resources</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>London Borough of Barking DV and Hate Crime Team</p> <p>NHS BD Communication Team</p> <p>London Borough of Barking Communication Team</p> <p>Met Police</p> <p>CHS and NELFT Communication Teams</p>	Ongoing	<p>Patients know what help is available from local health services, which will lead to an increase in disclosures to health staff and referrals from health to specialist DV services</p> <p>Through involvement in community engagement events, NHS BD are positioned as a key agency locally responding to DV and VAWC by staff, patients and the wider community</p>



Domestic violence and violence against women and children

Action plan

Key Activities	Responsibility	Timescale	Outcome(s)
<p>Develop coordinated health based responses to children and young people affected by DV</p> <p>Work with partner agencies in Barking and Dagenham to improve health involvement in responding to the high and complex needs of children and young people affected by DV, to include training for clinicians, identifying and understanding current gaps in service provision, addressing gaps through commissioning specialist services and strengthening safeguarding responses in relation to DV in universal health services</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>CHS Safeguarding Team</p> <p>London Borough of Barking and Dagenham (LBBD) Children's Services and DV Team</p> <p>Barking and Dagenham Safeguarding Children's Board</p> <p>Consultant in Public Health Medicine Health Improvement</p>	2012/2013	<p>Better information sharing between professionals working with families where DV is happening, which will help to improve partnership working increase the safety of victims and their families</p> <p>Services we commission are co-ordinated and work to support children and young people</p> <p>Increase in staff awareness, confidence and skills in responding to concerns in relation to DV and children and young people</p> <p>Health services are central to borough work on early intervention and prevention work (on address domestic violence) by developing responses and services to address the specific needs of children and young people</p>
<p>Quality assurance and risk identification process</p> <p>Develop systems internally and for services we commission to track compliance with related policy and procedures, to include assurances around performance and risk areas identified</p>	<p>NHS BD Strategic Implementation Lead DV</p>	2010 and ongoing each year	<p>Systems in place to ensure compliance in responding to DV</p> <p>Performance of services is monitored and any identified risk issues are managed appropriately</p> <p>Evidence of high quality services being provided to victims</p>

Domestic violence and violence against women and children

Action plan

Key Activities	Responsibility	Timescale	Outcome(s)
<p>DV Snapshot Project</p> <p>Develop and improve the recording and documentation process for injuries caused by DV through the re-launch of the Snapshot Project in the following settings, BHRUT DV Maternity Project, GPs and the IDVA Service</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>LBBB Domestic Violence Team</p> <p>IDVA service</p> <p>BHRUT Maternity Services</p> <p>BHRUT Accident and Emergency</p> <p>CTEC</p>	2011/2012	<p>Raised profile of Snapshot with staff and the public</p> <p>Increase in the number of requests to have DV injuries documented and number of health sites participating in the project</p> <p>Contribute to a reduction in DV incidents and harm through improved opportunities for victims to have injuries recorded, which may later be used as evidence</p> <p>Health staff working with other agencies to help hold abusers accountable for their behaviour</p>
<p>Domestic violence information sharing and recording systems</p> <p>Improve mechanisms to record DV across commissioned services in a safe, confidential and appropriate manner in order to monitor enquiry and disclosure rates</p>	<p>Rio Team</p> <p>NHS BD Strategic Implementation Lead DV</p> <p>BHRUT Maternity Services</p> <p>BHRUT Accident and Emergency</p> <p>CTEC</p>	2011/2012	<p>Staff will know how to correctly and accurately record concerns, disclosures and injuries, which will help in increase victims safety, improve information sharing and safeguarding responses and improve the care victims receive</p> <p>Improved understanding of the impact and success of interventions to address domestic violence and violence against women and children via monitoring DV enquiry, disclosure and referral rates data collection and monitoring through ability to collate data on the rate of DV enquiry and disclosure</p>
<p>Responding to issues of forced marriage and "honour" based crime</p> <p>Ensure GPs and CHS staff such as school nurses, health visitors and health advisors have information, training and support on the issue of responding to forced marriage and so called "honour" crimes</p>	<p>NHS BD Strategic Implementation Lead DV</p> <p>GPs</p> <p>CTEC</p> <p>CHS and NELFT</p>	2011/2012	<p>Increase safety of victims of forced marriage and honour based violence, through increase in referrals to specialist support services</p> <p>Increased awareness of health staff of these issues through training, so they can identify and can correctly respond to any concerns of forced marriage and "honour" based violence "on the very first occasion"</p>



Domestic violence and violence against women and children

Equality impact assessment

We have to promote equality – an equality impact assessment helps us to make sure that we have taken people’s different needs into account when we plan and deliver services. They help make sure that services benefit different groups equally.

Part 1 – Contact details
<p>Name and job title of person leading on this work</p> <p>Victoria Hill – Domestic Violence Strategic Implementation Lead</p>
<p>Directorate and Team</p> <p>Nursing Directorate , Safeguarding Team</p>
<p>Email address and extension number</p> <p>victoria.hill1@nhs.net ext 56336</p>
Part 2 – about the piece of work
<p>Name of policy/project/service or function:</p> <p>Domestic Violence and Violence Against Women and Children (DV and VAWC) Strategy and Action Plan.</p>
<p>What is the final product or intended outcome?</p> <p>A published strategy and action plan that clearly outlines our intentions as a commissioning organisation in responding to DV and VAWC.</p>
<p>Who is the target audience?</p> <p>Staff, partner agencies/stakeholders, the general public (people who use the services we commission) including victims of DV and other forms of VAWC.</p>
<p>What are the benefits of this piece of work?</p> <ul style="list-style-type: none"> • We will have a public strategy and action plan so our response can be measured and monitored • It will develop and improve our response to DV and VAWC • It will improve the health and wellbeing of victims of DV and other forms of VAWC. <p>DV and VAWC is a form of gender discrimination. As a public body we have a responsibility to promote equality, and this strategy will help address this gender inequality.</p>
<p>How will you promote the work to the target audience?</p> <p>We will publish the strategy and action plan on our website with annual reports to update our progress. We will progress on the action plan to the governance committee, the Board and the borough DV Strategic Group.</p> <p>We will publish the strategy and action plan at an event on 25 November 2010. We asked people to comment on the documents through an online survey on our website. Local survivors of DV were invited to participate in a consultation exercise organised on our behalf by Refuge.</p>

Part 3 – Existing knowledge

Are you aware of any existing inequalities regarding this area or relating to access to or uptake of the service?

Yes.

No.

Please give details below.

If yes, please give details or list references

Domestic violence is defined as:

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."

This includes issues of concern to black and minority ethnic communities such as so called 'honour based violence', female genital mutilation and forced marriage. (An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily).

The United Nations (UN) Declaration on the Elimination of Violence Against Women definition of violence against women is:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women".

This applies equally to children and includes the following forms of violence:

- sexual violence, abuse and exploitation
- sexual harassment and bullying
- stalking
- trafficking and forced prostitution
- domestic violence
- female genital mutilation
- forced marriage
- crime committed in the name of "honour".

Although violence can affect people of both genders, research shows that despite under-reporting, women and girls are more likely to experience all forms of intimate violence. The British Crime Survey and other Home Office data show that women are more likely to be victims of domestic violence, sexual violence, forced marriage and honor based violence and most forms of trafficking.

Victims in nearly 8 out of every 10 incidents of domestic violence are female (British Crime Survey 2009/10) and 89% of those suffering four or more incidents of domestic violence are women (information taken from Home Office Crime Reduction Domestic Violence Mini Website www.crimereduction.homeoffice.gov.uk/dv/dv01.htm).

Gender based violence is about power and control. It is a pattern of coercive and abusive behaviour, underpinned by the perpetrator(s) notions of gender entitlement and gender stereotypes to gain control over the victim. In some cultures violence may be seen as normal and acceptable. Violence is often used as a way to control woman's sexuality and behaviour that the abuser or the wider community do not agree with or accept. Gender based violence is therefore a form a gender inequality.

Evidence:

- Barking and Dagenham has the highest rate of reported incidents of domestic violence in London
- In 2009/10 4509 DV incidents were reported to the police
- In 2009/10 there were 212 cases referred to the borough Multi Agency Risk Assessment Conference, involving 293 children
- Data from the Metropolitan Police shows that there have been 73 rapes and 161 sexual assaults reported in Barking and Dagenham from November 08 to October 09
- The DV "ready reckoner" (borough data for mid 2004) it shows that approximately 3,456 women and girls in Barking and Dagenham would experience sexual violence each year
- More than one in four women in England and Wales (4.8 million) since aged 16 has experienced at least one incident of domestic violence/abuse

contd.



- Around 10,000 women are sexually assaulted and 2,000 women are raped every week (Walker, A. Kershaw, C and Nicolas S. Crime in England and Wales 2008/9, Home Office Statistical Bulletin, July 2009)
- It estimated that approximately 750,000 children are exposed to domestic violence
- In 2009/10 14 women from Barking and Dagenham attended the African Well Women's Clinic for health treatment for problems resulting from Female Genital Mutilation (Information supplied from African Well Women's Clinic Rio search)
- Research conducted by FORWARD estimated between 2001 – 2004, a total number of 471 maternities were to women with FGM (amounting to 6.08%) (taken from: A statistical study to estimate the prevalence of FGM in England and Wales. A summary report. (2007) FORWARD UK)
- It is estimated that 66,000 women in the UK are affected by FGM. (taken from: A statistical study to estimate the prevalence of FGM in England and Wales (2007) Forward)
- FGM is most frequently carried out on young girls between infancy and the age of 15. An study by FORWARD estimated that 66,000 women in the UK are affected by FGM, with 24,000 young girls at high risk of FGM
- The Forced Marriage Unit receives over 1600 reports a year and actively deals with 400 cases
- Although there are no published statistic on "honour" crimes in the UK it is estimated that there are around 12 murders a year. Together we can end violence against women and girls: A strategy. (2009) HM Government
- Violence affects women and children of all ages. Physical violence is more likely to be experienced by younger women, teenagers and children. Older women are more likely to suffer neglect and abuse. (Department of Health 2002)
- DV is a feature in the lives of 70% of teenage pregnancies. Prevalence of experiencing abuse and violence from a partner is higher among teenage mothers than other young women
- The British Crime Survey self completed questionnaire indicated that around 100,000 women were sexually assaulted and 2,000 women are raped every week, (Walker, A. Kershaw, C and Nicholas, S. Crime in England and Wales 2008/9, Home Office Statistic Bulletin July 2009)
- 34% of all rapes recorded by the police are committed against children under 16 (Walker, A. Kershaw, C and Nicholas, S. Crime in England and Wales 2008/9, Home Office Statistic Bulletin July 2009)
- People with a limiting illness or disability are more likely to be sexually assaulted or experience violence (HM Government, Cross Government Action Plan on Sexual Violence and Abuse 2007)
- On average, 2 women a week are killed by a male partner or former partner (Povey D. (ed) (2004) Crime in England and Wales 2002/3: Supplementary Volume 1 - Homicide and gun crime (London; Home Office) and (Povey, D. (ed.) (2005) Crime in England and Wales 2003/2004: Supplementary Volume 1: Homicide and Gun Crime. Home Office Statistical Bulletin No. 02/05. London: Home Office)
- Around 50% of women who use specialist mental health services have endured child sexual abuse, and many have also suffered further violence and abuse in adulthood
- Over half the women in prison say they have suffered domestic violence and one in three has experienced sexual abuse (Reducing re-offending by ex-prisoners Social Exclusion Unit 2002)
- British Crime Survey 2009 data shows that women experience much higher levels of sexual assault than men. Women report about seven times as many adult experiences of any sexual assault (including attempts) than men. Women report about six times as many recent experiences, as men. There were 12,165 rapes on females and 968 rapes on males in the same period (British Crime Survey 2009)
- 16% of children under 16 experienced sexual abuse during childhood (11% boys and 21% girls)
- Children under the age of 12 were most likely to have reported being raped by someone they knew well (Home Office Research Study 196. Home Office)
- More than one third (36%) of all rapes recorded by the police are committed against children under 16 years of age (Home Office Statistical Bulletin July 2006)
- Almost a quarter of sexual abuse reports to UK police forces in 2008 were for children under 10 years (NSPCC, January 2009)
- 45% of teenage girls have had their bottom or breasts groped against their will
- 1 in 3 girls and 16% of boys reported some form of sexual partner violence
- The UK Forced Marriage Unit handles around 400 cases of forced marriage each year but this is likely to represent only the tip of the iceberg as the unit sees over 1,600 reports of forced marriage each year
- Forced marriage can happen to both men and women although most cases involve young women and girls aged between 13 and 30. There is no "typical" victim of forced marriage. Some may be under 18 years old, some may be over 18 years old, some may have a disability, some may have young children and some may be spouses from overseas
- Women and girls may have an increased risk of forced marriage if they have disclosed sexual abuse
- Human trafficking into the UK is most commonly for commercial sexual exploitation. Most of victims are women and girls but men and boys are also victims of trafficking.

NHS Barking and Dagenham recognise that men and boys can also experience these forms of violence and abuse. Our policy specifically focuses on women as they are more likely to experience all forms of gender based violence and the different impact it has on them. We have included all children in our strategy due to their risks they face of violence and abuse, reflecting the Department of Health Taskforce approach.

Part 4 – Consultation and engagement

Have you involved any of your target audience in developing this piece of work or service; e.g. consultation or engagement activities?

Yes. No.

Please give details below.

If yes, please give details of what took place and the outcome:

We ran an online survey on the NHS Barking and Dagenham website to ask members of the public and partner agencies for their views. We invited partner agencies to comment on the strategy and action plan.

Refuge conducted a consultation exercise with local women who had used the service in the past and had experienced domestic violence, to help us to develop the strategy and action plan.

Part 5-

Assessing impact on diversity. Could the piece of work affect people differently based on the following characteristics.

Characteristic	Positive impact – please give details	Negative impact – please give details	No impact
Age	<p>The strategy and action plan covers both adults and children:</p> <ul style="list-style-type: none"> • 1 in 5 teenage girls have been assaulted by a boyfriend • Young women are more likely to experience sexual violence than other age groups • Young women with older partners are at increased risk of victimisation • Recent surveys (including Zero Tolerance and End Violence Against Women campaign) reveal that approximately 40% of our young people are already being subjected to relationship abuse in their teenage years. <p>28% of women aged 16 -50 have experienced DV (British Crime Survey 2008 – 2009 Home Office 2009).</p>		



Characteristic	Positive impact – please give details	Negative impact – please give details	No impact
Disability	<p>Disabled victims may not be able to access help due to:</p> <ol style="list-style-type: none"> 1. the nature of their disability 2. isolation they may experience due to their disability 3. if their carer is also the perpetrator. <p>Health services therefore provide a vital non stigmatising and confidential way for disabled victims to get help and support.</p> <p>Research commissioned by Women’s Aid in October 2007 revealed that disabled people are more vulnerable to domestic violence and will often face additional difficulties in attempting to access support. It included the following findings:</p> <ul style="list-style-type: none"> • 50% of disabled women have experienced domestic abuse compared with 25% of non disabled women • Disabled women are twice as likely to be assaulted or raped as non-disabled women • Both men and women with a limiting illness or disability are more likely to experience intimate partner violence • Disabled women are likely to have to endure it for longer because appropriate support is not available. 		
Gender reassignment		<p>Trans people may experience difficulties with accessing appropriate service (for instance a person transitioning from male to female may not feel they are able or wish to access women-only services although these would be appropriate).</p>	
Race	<p>Some victims may be reluctant to seek help from the police due to fears of racism as well as the fear of consequences of involving the police. Some victims may also be concerned about bring shame and dishonour on their families. These reasons may be greater in people who are of a minority ethnic group. Health services therefore provide a vital non stigmatising and confidential way for black minority ethnic victims to get help and support.</p>		

Characteristic	Positive impact – please give details	Negative impact – please give details	No impact
Religion or belief	Some victims may find it difficult to disclose abuse they are experiencing as they do not want to bring shame to their family. They may also feel that due to their faith they should remain with their partner to preserve the marriage and family unit. Health services provide a safe and confidential place to seek help and support from.		
Sex			<p>Improvements to services and professionals understanding of DV and other forms of violence will help all victims.</p> <p>Men may feel that they are excluded by the nature of the strategy, however local DV services will provide them with initial crisis support and then refer them on to specialist national services which are more appropriate for their needs.</p>
Sexual orientation	<p>Improvements to services and professionals understanding of DV and other forms of violence will help all victims.</p> <p>People in same-sex relationships experience partner violence at a similar rate to people in opposite-sex relationships. This strategy does cover LGBT victims.</p> <p>Depending on the situation they will be provided with support of local DV services and may be referred to specialist national services if that is considered appropriate for their needs.</p>		



Part 6 – Assessing impact of social factors			
Social Factor	Positive impact – please give details	Negative impact – please give details	No impact
Level of income			Services are free of charge.
Immigration status	<p>An estimated 50% of women seeking asylum in the UK are rape survivors.</p> <p>Health care is not a public fund and some treatment is free of charge regardless of immigration status.</p> <p>Services and support will be widely advertised through various forums and have information available in different formats and languages on request.</p> <p>Production of DV handbooks for Eastern European and West African women to be produced – these have already been commissioned.</p>		
Type or level of education		Literacy issues for some individuals may create additional barriers in accessing support services.	
Employment status	Some victims are unable to enter into employment due to the nature of violence/abuse and controlling behaviour they experience. The effects of experiencing violence can make it difficult for victims to remain in employment (absences, performance issues).		
People with caring responsibilities	Provision will support victims with caring responsibilities, through linking with health care services and vulnerable adults team.		
Quality of housing	Domestic violence is the main cause of homelessness for women.		

Part 7 – Assessing Human Rights impact**Could your piece of work or delivery of service have an impact on any of the following human rights?**

Human Right	Positive impact – please give details	Negative impact – please give details	No impact
Gender based violence as covered in this strategy and action plan is a breach of human rights. It may result in death and injury. In some cases, liberty is restricted as they are subject to monitoring, control and surveillance by the perpetrator(s). Family life for the victim and any children is disrupted and damaged if they live in a violent/abusive household.			
Right to life	Two women a week are killed by their current or former partner. This will help increase the safety of victims of domestic violence.		
Right not to be tortured or treated in an inhuman or degrading way	DV includes a range of abusive and controlling behaviours, this will help tackle all aspects of violent, abusive and controlling behaviours that victims and their children are often subject to.		
Right to be free from slavery or forced labour	Victims forced to provide labour as part of the violence, abuse and control.		
Right to liberty	Victims may be subject to surveillance, control and monitoring.		
Right to a fair trial		Perpetrators may not seek advice from clinicians for their behaviour if they feel they will not be treated fairly.	
Right to no punishment without law	Victims and children in abusive/violent/controlling situations will be subject to continual punishment by the perpetrator.		
Right to respect for private and family life, home and correspondence	DV includes a range of abusive and controlling behaviours. This will help tackle all aspects of violent, abusive and controlling behaviours that victims and their children are often subject to.		
Right to freedom of thought, conscience and religion	DV includes a range of abusive and controlling behaviours. This will help tackle all aspects of violent, abusive and controlling behaviours that victims and their children are often subject to.		
Right to freedom of expression	DV includes a range of abusive and controlling behaviours. This will help tackle all aspects of violent, abusive and controlling behaviours that victims and their children are often subject to.		



Right to freedom of assembly and association	DV includes a range of abusive and controlling behaviours. This will help tackle all aspects of violent, abusive and controlling behaviours that victims and their children are often subject to.		
Right to marry and have a family	This strategy will raise awareness of forced marriage and will ensure victims get the support and protection they need. A learning or physical disability or illness adds to a person's vulnerability to forced marriage and may make it more difficult for them to report abuse or to leave an abusive situation. Their care needs may make them entirely dependent on their carers.		
Right to peaceful enjoyment of possessions	Perpetrators will destroy and damage possessions as a way of threatening, harming and controlling their victim(s).		
Right to education	The experience of DV and other forms of VAWC will effect education – either as result of the stress experienced, having to leave school to flee violence or being at risk of removal from school during holiday periods to be married or be subject to FGM in country of origin.		
Right to free elections			X

Part 8 - Rating negative impact

Please list negative impact identified and the level of rating	High	Medium	Low
Men may feel excluded from the provisions of the strategy and action plan.	X		
Literacy issues for some individuals make create additional barriers in accessing support services.	X		
Trans people may experience difficulties with accessing appropriate service (for instance a person transitioning from male to female may feel unable to access to women-only services although these would be appropriate).			X
Perpetrators may not seek advice from clinicians for their behaviour if they feel they will not be treated fairly.	X		



Part 9 – Action Plan			
List the negative impact identified	What action will be taken to remove or lessen this impact	Who will be responsible for the action? Please give their name and job title	What will be the outcome from implementing the action
Support for male victims of domestic violence and other forms of intimate violence	As part of the service specification for the new DV service, the service will provide initial crisis support for male victims. They will refer them on to specialist national support services for male victims. Publicity for support services to explain who is able to access the service.	Victoria Hill – NHS BD DV Strategic Lead.	Male victims will not be excluded from being able to get support and advice. They will be appropriately supported. Male victims will be able to access national specialist agencies for ongoing specialist support as required (this is considered best practice).
Literacy issues	Provide information on support services in a range of formats. Health staff aware of how to discuss DV and other forms of VAWC with their patients.	Victoria Hill – NHS BD DV Strategic Lead.	Information made available to victims in a range of formats to ensure they are able to access support.
Trans people may experience difficulties with accessing appropriate service (for instance a person transitioning from male to female may feel able to access to women-only services although these would be appropriate).	Service specification does cover support for trans people (but may be referred on to national specialist support services if required). Publicity for support services to explain who is able to access the service.	Victoria Hill – NHS BD DV Strategic Lead.	Trans people feel confident in accessing local DV support services.
Response to perpetrators	Provision of information on support services available to refer men to who are perpetrators and delivery of training to improve the response of health staff.	Victoria Hill – NHS BD DV Strategic Lead.	Safe and appropriate responses to perpetrators from health staff that holds them accountable for their behaviour.
If there are any financial or staff implications for delivering these actions, please give details here:			
Development, production and distribution of information on DV and VAWC and support services available in a range of formats			
Training for staff to respond to concerns about perpetrators.			
Continued local service provision available to refer men to.			



Part 10 – Checklist			
	Yes	No	N/A
Positive impact identified	X		
Negative impact identified	X		
Action plan complete and agreed by all identified leads	X		
Consultation/engagement or research taken place	X		
Consultation/engagement or research planned as part of EIA Action Plan	X		
Comments received from Equality Lead	X		
EIA signed off by Senior Manager	X		
Date submitted for publication:	1 Nov 2010		

Notes

- 1 Coker, Davis, Arias, Desai, Sanderson, Brandt, Smith (2002) 'Physical and mental health effects of intimate partner violence for men and women', American Journal of Preventive Medicine, 23:260 -268
- 2 Information taken from Home Office Crime Reduction Domestic Violence Mini Website www.crimereduction.homeoffice.gov.uk/dv/dv01.htm
- 3 British Crime Survey, 2009/10
- 4 Together we can end violence against women and girls: A strategy (2009) HM Government
- 5 Responding to violence against women and children – the role of the NHS. The report of the Taskforce on the health aspects of violence against women and children (2010) Dept of Health, London
- 6 Responding to violence against women and children – the role of the NHS (2010) Dept of Health London
- 7 The Cost of domestic violence: Up – date 2009, (2009) Walby, S UNESCO Chair in Gender Research, Lancaster University
- 8 Together we can end violence against women and girls: A strategy (2009), HM Government
- 9 Walker, A. Kershaw, C and Nicolas S. Crime in England and Wales (2008/9), Home Office Statistical Bulletin, July 2009
- 10 Lewis, Gwynneth, Drife, James, et al. (2001) Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9; commissioned by Department of Health from RCOG and NICE (London: RCOG Press); also Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom (CEMACH)
- 11 Information taken from Home Office Crime Reduction Domestic Violence Mini Website www.crimereduction.homeoffice.gov.uk/dv/dv01.htm
- 12 The Cost of domestic violence: Up – date 2009, (2009) Walby, S UNESCO Chair in Gender Research, Lancaster University
- 13 Women's Mental Health: Into the mainstream, (2003) Department of Health
- 14 Together we can end violence against women and girls: A strategy (2009), HM Government
- 15 A statistical study to estimate the prevalence of FGM in England and Wales (2007), Forward
- 16 Info supplied from African Well Women's Clinic Rio search
- 17 A statistical study to estimate the prevalence of FGM in England and Wales. A summary report. (2007) FORWARD UK
- 18 British Crime Survey 2009/10
- 19 Equity and Excellence: Liberating the NHS 2010 Dept Health
- 20 Domestic Violence Strategy 2008-2011, Community Safety Services LBB
- 21 Lewis, Gwynneth, Drife, James, et al. (2001) Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9; commissioned by Department of Health from RCOG and NICE (London: RCOG Press); also Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom (CEMACH)

If you would like to arrange for an interpreter to discuss any of this information with you, please tick the appropriate box, add your name, address and telephone number, and return the form to the address below.

Did you know that 'English as a Second Language' classes are available at the Adult College of Barking and Dagenham? For more information, call 020 8270 4722 or go to www.adult-college.bardaglea.org.uk.

Albanian

Nëse doni të caktoni një përkthyes për të diskutuar ndonjë informacion me juve, ju lutemi shënoni kutinë e duhur, shtoni emrin, adresën dhe numrin e telefonit dhe kthejeni formularin në adresën e mëposhtme.

A e dini se klasat e 'Anglishtja si Gjuhë e Dytë' janë në dispozicion në kolegjin e të Rriturve Adult College of Barking and Dagenham? Për më shumë informacione, telefononi në numrin 020 8270 4722 ose vizitoni faqen e internetit www.adult-college.bardaglea.org.uk.

Polish

Jeżeli chciałby Państwo zamówić usługi tłumacza żywego słowa, aby omówił/a z Państwem niniejsze informacje, prosimy zaznaczyć odpowiednią kratkę, dopisać swoje nazwisko, adres i numer telefonu oraz odesłać formularz na adres podany poniżej.

Czy wiecie Państwo o tym, że Koledż dla Dorosłych w Barking i Dagenham (Adult College of Barking and Dagenham) organizuje lekcje języka angielskiego jako języka obcego, nazwa kursu to „English as a Second Language”. W celu zasięgnięcia więcej informacji, prosimy zadzwonić pod numer: 020 8270 4722 lub wejść na stronę internetową www.adult-college.bardaglea.org.uk.

Portuguese

Se quiser que providenciemos para que possa conversar com um tradutor sobre qualquer aspecto desta informação gentileza fazer um xis no campo adequado, incluir o seu nome, endereço e telephone, e enviar o formulário de volta para o endereço abaixo.

Sabia que agora as aulas de Inglês como Segundo Idioma (English as a Second Language) estão disponíveis no Colégio Barking and Dagenham para Adultos? Para maiores informações ligue para 020 8270 4722 ou visite o www.adult-college.bardaglea.org.uk.

Turkish

Burada yer alan bilgilerle ilgili olarak Türkçe bilen bir tercümanımız yardımıyla soru sormak ya da görüş bildirmek isterseniz, lütfen uygun kutucuğu işaretlerip, adınızı, soyadınızı, adresinizi ve telefon numaranızı yazdıktan sonra bu formu aşağıdaki adrese gönderin.

'İkinci Dil Olarak İngilizce' (ESL) kurslarının Adult College of Barking and Dagenham'da verilmekte olduğunu biliyor muydunuz? Daha ayrıntılı bilgi için almak lütfen 020 8270 4722 numaraya telefon edin ya da internete bağlanıp www.adult-college.bardaglea.org.uk web sitesini tıklayın.

Name

Address

Tel. No.

Albanian Polish Portuguese Turkish

Please send this page to: Victoria Hill, Domestic Violence Lead, NHS Barking and Dagenham, The Clock House, East Street, Barking, Essex, IG11 8EY

**Domestic violence and violence against women and children:
dangerous, serious, common - a public health issue**