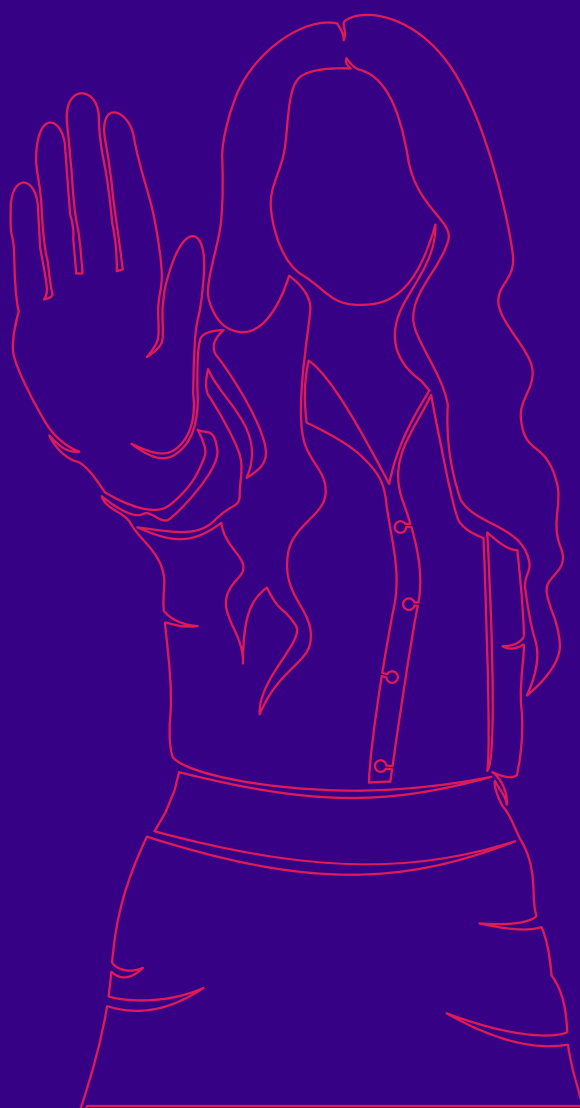


# Violence Against Women and Girls Strategy 2026-2035



**If you are experiencing Domestic Abuse, please contact the National Domestic Violence Helpline number: **0808 247 2000**.**

**In an emergency, dial **999**.**



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# Foreword

**Violence against women and girls has no place in Enfield. It affects lives, families and the very fabric of our communities. As a borough, we are clear: VAWG is not inevitable. It is preventable, and it requires a united commitment from all of us – residents, services, partners and leaders – to create lasting change.**



This strategy sets out Enfield's ambition to ensure that women and girls are safe, feel safe, and are supported to thrive. At its core is working in partnership to support all victims and survivors, wherever they are on their journey. In Enfield, we know that no two experiences are alike. Whether someone is seeking immediate help, navigating their options, or rebuilding their life, they deserve accessible, trauma informed support that empowers them and meets their individual needs. Our approach will continue to centre survivors' voices and lived experience.

We also recognise the importance of preventing harm before it happens. We are committed to understanding, preventing and tackling the root causes of VAWG. This includes addressing gender inequality, challenging harmful attitudes, and strengthening prevention work across Enfield schools, communities and services. By working collectively, we can help create a borough where respect, equality and safety are embedded from the earliest ages.

The nature of abuse continues to evolve, and so must our response. We will focus on responding to the changing ways harassment and VAWG are committed, including online abuse, digitally facilitated harm and emerging forms of coercion. In Enfield, we are strengthening our systems and partnerships to ensure we can identify and respond to these threats quickly and effectively, protecting those at risk in both physical and digital spaces.

Ending VAWG also requires shifting responsibility away from victims and towards those who cause harm by holding perpetrators to account. Working with policing, criminal justice partners and specialist services, we will intervene early, disrupt harmful behaviour, and reduce reoffending, ensuring that perpetrators face meaningful consequences and are challenged to change.

This strategy reflects Enfield's dedication to a coordinated approach to VAWG over the next 10 years. Using a public health approach to prevent violence against women and girls, provide timely and effective support to those affected, challenge harmful attitudes and behaviours, and ensure perpetrators are held accountable, creating a borough where abuse is never tolerated. It has been shaped with the insight of survivors and the expertise of local partner including police, health, education, social care and the voluntary and community sector, who work tirelessly to support our residents. Their contribution is invaluable, and I want to thank each of them for their ongoing commitment.

Creating a safer Enfield is not the responsibility of a single service or organisation, it is something we must build together. This strategy represents our collective vision: to create a borough where all residents live a life free from domestic abuse and violence against women and girls.

**Councillor Gina Needs**

Cabinet Member for Community Safety & Cohesion

# Section 1: **Background**



# Introduction: Why do we need a Violence Against Women and Girls Strategy

Violence Against Women and Girls (VAWG) has come to the forefront of the national agenda in recent years, with the Government committing to halving VAWG by 2035. In Enfield, women account for 174,100 residents (52%) highlighting a need for a comprehensive strategy, as VAWG issues may affect over half of our population.

Nationally, VAWG accounts for 2 out of every 5 violence against the person offences, with around 87,600 domestic abuse incidents recorded in London in the 12 months prior to March 2025. 3,500 of these were in Enfield.

This is not a strategy that is solely guided by statutory responsibilities for addressing violence against women and girls. This is a strategy that challenges the attitudes and behaviours of men towards women. Acknowledging that in Enfield, in 4 out of 5 cases of domestic violence, men are the abusers of women. In addition to this, 100% of domestic abuse related death reviews in Enfield in the last 5 years, the perpetrator was a man. We know this is the tip of the iceberg.

We also know that women and girls face sexual harassment, misogyny and sexual discrimination daily and in every walk of life. At the heart of this strategy are the voices of our residents, depicting a small window into their story and placing them at the heart of our approach to addressing the causes of violence, ensuring they get support when they need it most.

On an organisational level, Enfield Community Safety partners are also proud to be part of the National White Ribbon Campaign, which recognises the need to drive intergenerational change. White Ribbon messages state that there is no excuse for abuse and men are not bystanders but should be active participants in making our borough safer for women and girls.

The overall aim of this strategy is to give the victims and survivors of violence against women and girls a voice; to hear their stories and ensure they are our guides in making our borough a place where abuse is not tolerated.



**Preventing and tackling Violence Against Women and Girls is everyone's business"**

# The voice of victims and survivors: A victim-centred approach

The Enfield Safer & Stronger Communities Board (SSCB), which is the local Community Safety Partnership for the borough, has made a conscious decision to put the voice of victims and survivors of VAWG at the centre of this strategy.

The following section includes voices of some of those victims, exploring how their experiences have affected them and the decisions they took to keep themselves and those close to them safe. All stories are anonymised but represent authentic voices based on true stories which show the intergenerational impact of violence against women and girls.

We would like to personally thank those who have allowed us to share their stories and the victims and survivors who read and contributed to this strategy. It is their voice that guides us and strengthens our resolve to make a difference.

## The Journey in the life – Age 0-5

### Life looked different: The impact of childhood violence

It has never really left me. Even now that I am a dad, actually even more being a dad, it still haunts me. But I didn't know what I was doing was wrong.

My dad never laid a finger on my mum. He'd punch doors, or smash furniture, but he never hit her. He trained me to do that. When I was old enough to walk, he would say "mummy's been bad". He taught me to slap her and then kick her. He would say "if we don't punish mummy, she won't learn to be good". By the time I was 5 it was part of what just happened; honestly, I cannot say I knew anything different, not until I went to primary school. I know that social services were called in. I had slapped a dinner lady, because she didn't give me the lunch I wanted. I remember it really clearly, because her reaction told me that I had done something bad.

Then things changed. My grandad took me and my mum away. He owned the flat that me, my mum and dad lived in, and he sold it. He did it to force my dad out. I didn't see

my dad after that for years. When I did, I must have been 12 or 13, I remember being frightened of him, not because he would hurt me but because it reminded me of the person he made me.

I struggled with my emotions during secondary school, had nightmares, tried cannabis to self-medicate which made it worse and ended up getting counselling.

Despite everything my mum never stepped away. She is the strongest person I will ever know.

My dad's shadow hangs over me and its affected me as a father, I hope for the good, but I will never feel I have the right to call myself a good parent.

## The Journey in the life – Age 6-11

### Aaron and his mum's story

#### School Designated Safeguarding Lead Officer interview with Aaron age 11

**Officer:** “So Aaron what has happened since we last spoke?”

**Aaron:** “Not much.”

**Officer:** “Well I have had good reports from your support teacher and mum says things seem a lot calmer at home. Is that how you see things?”

**Aaron:** “Kinda. He's not in the house now so that's good but we gotta be prepared if he comes back.”

**Officer:** “How do you mean Aaron?”

**Aaron:** “You know what I mean. We talked about it a million times.”

**Officer:** “I know, and I know that its painful for you to talk about it but when you say you have to be prepared what do you mean.”

**Aaron:** “Come on Miss, what the F, he beat my mum regularly, you know this. He had her pinned to the wall with his hands around her neck and she couldn't breathe. I saw it... I saw her eyes bulging and her face going purple, so I hit him around the head with my skateboard until it broke and he chased me up to my room and tried to break the door down. But I pulled my bed in front of the door. He smashed the door but couldn't get in. Someone must of heard cos the police turned up.”

**Officer:** “It sounds awful Aaron; you were really brave. But you know he is on remand now and he won't be allowed to come back to the house or contact you or your mum.”

**Aaron:** “I don't get what you keep saying about being brave. You weren't there, you don't know how I feel. I was scared, shit

scared, it's just me and my mum so I have to protect her. None of you lot can protect her, she told you all about him and you did nothing. I told you what was going on and what did you do, send a social worker round which just made him even madder.”

**Officer:** “I really do understand Aaron and I want you to know that I am here for you, whenever you want to talk or need support. But when you say you need to be prepared, I want to make sure you make safe choices. How are you sleeping now?”

**Aaron:** “I do sleep. I stay awake until the sun comes up and then I sleep until I hear my mum getting up. I cannot sleep until I know she is OK and that he hasn't come back. But we keep things in our rooms just in case, so we can fight him off and we both push things in front of the doors, and put things in front of the doors, so they make a noise if someone tries to get in.”

**Officer:** “That doesn't sound like a long-term plan Aaron, and it must affect you? I know you are bright, but you are only at the school an hour a day and it would be really good to get you back a couple of half days a week before you move to secondary school. How do you feel about that?”

**Aaron:** “You know what this is all shit. None of you listen. I've got to protect my mum. I have to be there for her, none of you do it. F this, it's a f...ing waste of time...”

**Officer:** “Aaron, Aaron, come back, please come and sit down I want to try and help..... Aaron!!”

## The Journey in the life – Age 12-15

### Lydia's story

When he came into our life it was such a real big moment. Like mum hadn't had a boyfriend for years, not since dad died.

She'd been out on dates, but she like never treated them as serious. She always put us first and we didn't want that. We wanted her to have a life, you know? A proper life with someone that she could share.

We all got on. He came in and was good you know? He bought food, did stuff in the house. It was a good time.

One evening me, mum and him we were on the sofa, just chilling watching a film sharing popcorn. You know just like a normal night. Mum went to the kitchen to get some drinks. I asked for hot chocolate, I remember asking for hot chocolate!

That's when he put his arm around me and pulled me close. At first it felt special, like real protective. Then he put his hand down my jeans. We had a blanket over us so mum couldn't see. I just froze. I didn't know what to do. Mum came back and it all stopped but I was like stuck, like the world stopped.

Nothing happened after that, until one night when mum was out. That's when he raped me.

I didn't tell mum. I couldn't. Like she loved him, and we had wanted him in our home and I felt like it was my fault.

So, I started staying out, rode buses, slept on friends' sofas. I was 13. I started to take other girl's money to buy food. Got excluded, then expelled. Not that it mattered.

By the time I was 14 I was robbing, part of a group of friends who just hung around together, looked out for each other. Never got arrested because no-one looks at the girls. I got pregnant a couple of times but ended them. Don't ask.

I remember one night, sitting in a room somewhere just looking around and like for one moment something changed. I was about 17 I think. I just looked around at the room and the bodies of people, some I didn't even know and thinking, "This wasn't God's plan for me".

So I started to change. I got a job, then started to study, got a room in a house with a lock on the door. I made the change, no one else. I made a choice that no one man was going to define me.

I never told my mum what happened until I was 25. I waited until I knew that whatever happened I was strong enough. She wasn't with him anymore, he'd moved on. When I told her she just sobbed. Not loud, not like crying, just sobbing like it came out of her heart.

## The Journey in the life – Aged 16-24

### Sabina's story

#### Summary of Lessons Learnt from a Domestic Abuse Related Death Review

Based on the information provided by partner agencies, the Domestic Abuse Related Death Review panel identified the following key themes:

- Sabina (not her real name) was 19 years of age when she took her own life. The perpetrator of abuse used a combination of coercive and controlling, psychological and financial abuse which resulted in her isolation from friends and family. This abuse started when she was 17, a period in her life when she was exploring her own identity. The nature of the relationship and the power dynamics created by her partner correlate with the 8-Step Homicide Timeline, developed by Professor Jane Monckton-Smith (see below).
- Agencies who worked with Sabrina enabled her to make decisions. Some of these decisions were ones that were inappropriate for a child to be making and therefore it would not be unreasonable to state that Adultification was a factor in this case.
- One of the key findings is that Sabina faced three critical challenges around transition in the two years between the ages of 17 and 19:
  - Firstly, she moved area due to tensions with family, however agencies did not transfer her case or history between health agencies or the local authorities.
  - Secondly, she transitioned between being a child and an adult, which meant that some of the support services provided to her came to an end.
  - Thirdly, she transitioned from key agencies, specifically mental health and housing provision. However, whilst she had access to these services as a child, she no longer met the criteria for such support as an adult.
- The findings of the review are that partner agencies did not recognise the cumulative risks posed by these points of transition, all of which coincided in the 6-9-month period prior and post Sabina's 18th birthday. As a result, her vulnerabilities significantly increased once she turned 18 and, compounded with the coercive, controlling, psychological and financial abuse by her intimate partner, this impacted on her risk of suicidality.

## The Journey in the life – Adulthood (25-64)

### Yvonne's story

When things finally ended with my ex-husband, I jumped into the relationship with Steve. I'd known him for years, like a friend. We took time out to say hello when we met each other on the street and one time he sent a text message to meet up with him. He had his own business, and I surprised him one day by visiting him. We just did normal things together, walking and talking. We did lots of nice things together. He treated me really well, really nurturing, considerate and things moved quite quickly. I had feelings for him.

Over a couple of months things moved very quickly and we started acting like husband and wife. I thought I was with a committed man who I could build a life with. I was looking for something in myself, and that is how I was reeled in.

For my children who were living with me it was a challenge. My strategies were to introduce him as a friend. My daughters are adults, and my son is in his teens. I didn't pick up the tell-tale signs, particularly from my kids. I kind of created my own little bubble and my own little world. Personally, I didn't want to see what was happening and I made excuses, I'd cover it up. I went against all of humankind to be with this person. I had others saying be careful, don't jump into things so quickly, but I gave up everything.

When I was expecting the little one that's when things started to change with him. When I wanted to go out to see friends he would put obstacles in the way, there was always a ready-made excuse. He would say that my friends weren't the right people to have around our son. So, I gave my friends up. I was arguing less so it didn't cause a problem. He would call me every name under the sun and when I vocalised them back, he would turn the names back on me.

That's when the manipulation started, it was almost like I had to ask permission to do anything, go anywhere, speak to anyone. If I dared make eye contact with another man he would accuse me of wanting to sleep with them. I would prefer to look at the floor to avoid any contact. It was easier than cause a confrontation. Worst of all his family backed him up all of the time to the point that they made me the problem.

There was never any physical abuse, it was psychological. We'd talk about events he would make excuses, just blocking things, particularly when it involved the children. He would have to make a big deal about it and there would be a disagreement and then it would be in my brain, and it would be haunting me. It was so many small things and rather than get any reassurance, every one of them would be a problem. Even family events he wouldn't come, even my daughters wedding.

What brought it to a head was that I saw my children beginning to resent me. My daughter said that if I didn't leave, they wouldn't speak to me again. She said it to protect me, to make me see for myself what was really happening and that I didn't need this man in my life.

I tried to leave before, but I got cold feet. I stood in the court room and said it would be fine, things would be fine; and I went back. After a month it just went back to how it was. It got to the point that I couldn't bear to be touched.

My son recorded some of the conversations Steve had with me. He played them back to me to show how wrong it was. He showed me that this wasn't what a relationship was. It finally helped me realise that nothing was changing and he was dragging all of the life out of me.

When someone is trying to proclaim that they were more superior, it gives them the power over you, it gets to the point that you have nothing, and the only way out is to find strength to make it yourself. I clawed my way out. I kept telling myself that I had so much to lose if I didn't get out.

I am eternally grateful for the support I got. There were people in different services that helped me find a way out, the appointments, the support, the housing. I am grateful to all of them. I needed a village behind me to make it happen. They helped me find the strength, to value myself again and the love for my children who are my life."

## The Journey in the life – Adult child to parent (65+)

### Farzana's story: A case study from Solace Women's Aid

Farzana was 64 and was experiencing financial, emotional and physical abuse from her 3 adult sons. Farzana sometimes used alcohol as a coping strategy, especially when she was feeling isolated. Farzana had physical health issues that were negatively impacting her mobility. Farzana lost her tenancy as one of her son's was using the property whilst she was in hospital, and she received anti-social behaviour complaints. She made a homeless application but was relocated to the same borough, which was not safe.

Solace's Advocate worked closely with professionals from other organisations to safeguarding and safety plan for Farzana. After several months, Farzana was moved into temporary accommodation, but due to her support needs, it was not suitable.

She moved two more times before being placed in suitable accommodation. Following a referral to Adult Social Care, a personal care carer was provided, alongside some physical supports. Occupational Therapy also assessed Farzana's situation to look at providing further support mechanisms. Her Advocate also ensured she was registered with a GP each time she moved. Farzana was feeling quite isolated, so the Advocate arranged a befriender and counselling support via the GP. Adult Social Care also provided support around her finances and linked her in with alcohol support services.

# Vision, Mission and Priorities

With a view to creating the long-term generational change that is required to prevent and address VAWG, the Enfield Safer & Stronger Community Partnership has chosen to produce a 10-year strategy which will be reviewed annually and refreshed every 3 years.

The following Vision and Mission Statement sets out our shared, long-term commitment including creating an environment where women and girls are safe from harassment and abuse in any form.

## Our Vision for the next 10 years

Create a borough where all residents live a life free from domestic abuse and violence against women and girls.

## Our Mission over the next 10 years

Over the next 10 years, partner agencies will work together using a public health approach to prevent violence against women and girls, provide timely and effective support to those affected, challenge harmful attitudes and behaviours, and ensure perpetrators are held accountable, creating a borough where abuse is never tolerated.

## Our priorities

In order to meet our vision and mission statements, partner agencies have agreed the following priorities:

- Work in partnership to support all victims and survivors, no matter where they are in their journey.
- Understand, prevent and tackle the root causes of all forms of violence.
- Respond to the changing nature of how harassment and violence against women and girls is committed.
- Holding perpetrators to account.

# A Public Health approach to Violence Against Women and Girls

A public health approach to reducing VAWG considers violence to be a preventable issue. This uses available data and evidence to better understand factors which exacerbate or mitigate the risk of violence occurring, as well as its impact on a person or group. For the purpose of this strategy, we will focus on violence affecting women and girls only, but we acknowledge the importance of considering intersectionality.

A public health approach to violence is now widely adopted across the country, including by the Mayor of London. Read more about the Mayors approach here: [A public health approach to reducing violence | London City Hall](#)

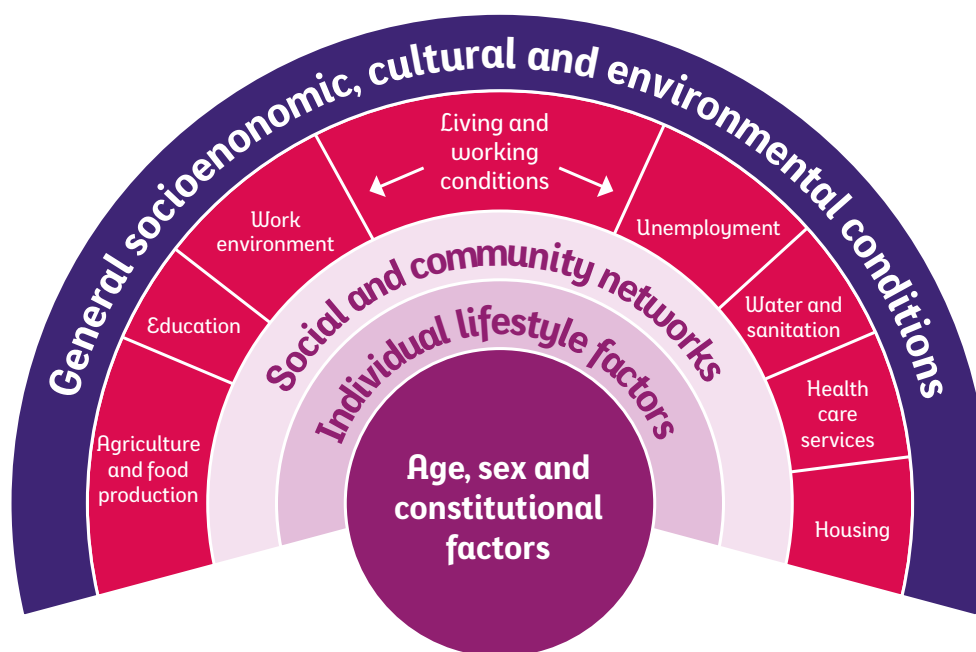
**A public health approach to violence prevention looks at the following three key pillars:**

Pillar	Definition	What does this mean in practice?
Primary	Preventing violence before it occurs	Using data and evidence to identify risk and protective factors for violence and develop a series of programmes which lower the risk for current and future generations.
Secondary	Responding to emerging or immediate risk of violence	Co-ordinating a response led by specialist services and statutory partners including housing, health agencies, children and family services, Police, Probation and other criminal justice agencies. These teams should effectively recognise and respond to abuse and violence where women and girls are involved, ensuring there is a co-ordination of support to reduce risk and impact.
Tertiary	Long term support after experiencing VAWG	Co-produce a series of interventions and embedded policies that offer long term change for those affected by violence and future generations, ensuring that the voices of survivors are heard, acted upon and represented in policy and practice.  Strengthen communities to create an environment where VAWG is challenged and collaborate across partners, including the community and voluntary sector, to embed violence prevention at the core of the long-term approach to improving health and wellbeing.

These three pillars, along with the voice of those affected by violence form the foundations of our 10-year strategy.

## Violence Against Women and Girls through a Public Health Lens: Understanding the determining factors

Through our public health approach, we recognise that there are several risk and protective factors that impact on the prevalence and experience of VAWG, particularly in terms of domestic abuse. There are several models that help to illustrate how these factors interrelate. We have included the following Wider Determinants of Health Model, which provides a framework to help understand the risk and protective factors of violence.



### Common risk factors for VAWG affecting residents in Enfield

Risk Factors in Enfield	What our data tells us
<b>Employment</b>	<p>Research suggests that a lack of employment for women can reduce their autonomy and decision making within the home. 30% of working-age females in Enfield are economically inactive, compared to 21.3% of males in 2023/24. This may be due to a greater burden of caring responsibilities among women and could place women at greater risk for experiencing abuse or violence.</p> <p>Economic stressors such as poverty can also increase the risk of tensions within the home. Within Enfield, 21.4% of jobs held are low-paid, which is above the London average of 17.5% (2023/24).</p>
<b>Adverse Childhood Experiences</b>	<p>Domestic abuse and experiences of violence in early childhood are a known risk factor. The Domestic Abuse Act 2021 highlights that children who experience abuse and violence should be recognised as victims in their own rights.</p> <p>This is explored in more detail in the section titled 'Impact of Violence Against Women and Girls in early years development.'</p>

Risk Factors in Enfield	What our data tells us
<p><b>Substance Misuse</b></p>	<p>Substance misuse is a known risk factor for both victimisation and perpetration of violence against women and girls in both public places and in intimate partnership relationships. We also know this is a factor for harassment, catcalling and everyday form of sexism and misogyny.</p> <p>AAFDA, the national charity for supporting families after fatal domestic abuse highlight that consumption of alcohol or drug is not an excuse for any form of violence.</p>
<p><b>Poverty and Deprivation</b></p>	<p>There is a strong association between poverty and domestic violence. While domestic violence affects all types of people, it is higher among those living in more deprived neighbourhoods, lower income households, and among those experiencing severe debt.</p> <p>Enfield ranks as the 9th most deprived London borough with the overall poverty rate being 32%, higher than the average across all London boroughs (26%).</p>
<p><b>Age</b></p>	<p>Based on referrals to the Independent Domestic Violence Advocacy (IDVA) Service and Enfield Multi-Agency Risk Assessment Conference (MARAC), we know that the age range of 30-40 is the most prevalent for domestic abuse.</p> <p>This changes for sexual abuse, when the age range of the victim is younger.</p> <p>In Enfield, 27.1% of the population are under age 20, higher than London and the national average.</p>
<p><b>Mental health</b></p>	<p>In relation to abuse and violence against women and girls, mental wellbeing is a highly complex area. Mental ill health is a common feature in the background of both victims and perpetrators of domestic related deaths, particularly as a factor in the increased risk of suicidality. However, strong mental wellbeing can prevent the long-term impact of violence and abuse and can help challenge and resist abuse.</p> <p>1 in 5 Enfield residents aged 16+ (49,261) are estimated to have a common mental health disorder (19.2%), such as depression, panic disorders, anxiety or obsessive-compulsive disorder. This is higher than the national estimate (16.9%) [PHE 2022].</p>

More information about the determinants of violence is included in the frameworks below:

- World Health Organization: [Violence Prevention Alliance Approach](#)
- Centres for Disease Control and Prevention: [About Violence Prevention | Violence Prevention | CDC](#)

# Key Definitions

## The Definition of Violence Against Women and Girls

We will adopt the following United Nations definition which applies to VAWG, Domestic Abuse and Sexual Violence.

**“... any act of gender-based violence that results or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, that is directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women.” (1993, Article 1).**

## Defining Domestic Abuse

While this strategy looks at the wider challenges of VAWG, there is a clear focus on domestic abuse, due to its significant long-term intergenerational impact.

Types of abuse are defined by the Domestic Abuse Act 2021 which can be viewed here: [Domestic Abuse Act 2021](#). Within this, the persons involved in the abuse are aged 16 or over and are personally connected to one another. The following table sets out the types of abuse and what “personally connected” means.

## Defining the types of abuse



### Physical

This includes being or threatened to be, kicked, punched, pinched, pushed, dragged, shoved, slapped, scratched, strangled, spat on and bitten. It can also include the use, of weapons, being burned, scalded, poisoned, or drowned; or violence against family members.



### Sexual

Being pressured into sex, or sexual acts, including with other people; being forced to take part in sexual acts because of threats to others, including children; unwanted sexual contact or demands; intentional exposure to sexually transmitted infections; being pressurised or being tricked into having unsafe sex, forced involvement in making or watching pornography; and hurting a victim during sex including non-fatal strangulation.



## Psychological or emotional

Manipulating a person's anxieties or beliefs or abusing a position of trust; hostile behaviours or silent treatment as part of a pattern of behaviour to make the victim feel fearful; being insulted or repeatedly belittled, including in front of others or undermining an individual's ability to parent or ability to work; keeping a victim awake/preventing them from sleeping; using violence or threats towards pets to intimidate the victim and cause distress, threatening to harm family, friends or colleagues; using social media sites to intimidate the victim; and persuading a victim to doubt their own sanity or mind (including 'gaslighting').



## Controlling or coercive behaviour

Controlling or monitoring the victim's daily activities and behaviour, including making them account for their time, dictating what they can wear, what and when they can eat, when and where they may sleep; isolating the victim from family, friends and professionals who may be trying to support them, intercepting messages or phone calls; preventing the victim from taking medication or access to substances, over-medicating them, or preventing the victim from accessing health or social care; using children to control the victim, using animals to control or coerce a victim.



## Violent or threatening behaviour

Threats of use, of weapons, being, or threatened to be, burned, scalded, poisoned, or drowned; objects being thrown in the direction of the victim; threats of physical abuse or violence, against family members; non-fatal strangulation, used to instil fear and exert power and control.



## Economic abuse

Economic abuse refers to behaviour that has a substantial adverse effect on an individual's ability to acquire, use or maintain money or other property, or to obtain goods or services. This can include an individual's ability to acquire food or clothes, or access transportation or utilities. These behaviours can include an attempt to control a victim's access to finances, including monitoring their accounts or coercing them into sharing their passwords to bank accounts in order to facilitate economic abuse.

**Any of the above could be a single incident or a course of conduct over time.**

## Definition of personally connected

- they are, or have been, married to each other
- they are, or have been, civil partners of each other;
- they have agreed to marry one another (whether or not the agreement has been terminated);
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- they are, or have been, in an intimate personal relationship with each other
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- they are a relative.

## Other types of abuse and violence

Although the above definitions provide overarching definition for the types of abuse, there are a wider range of behaviours and acts which are linked to VAWG as seen in the table below.

Types of abuse					
	<b>Sexual Violence</b>		<b>Sexual Harassment</b>		<b>Sexual Exploitation</b>
	<b>Honour-Based Abuse</b>		<b>Forced Marriage</b>		<b>Faith-Based Abuse</b>
	<b>Stalking and Harassment</b>		<b>Intimate Image Abuse</b>		<b>Upskirting</b>
	<b>Modern Slavery and Trafficking</b>		<b>Child Sexual Abuse and Exploitation</b>		<b>Female Genital Mutilation</b>
	<b>Tech-Based and Digital Abuse</b>				

Further information on these can be found in Appendix A including definitions, key data and where to find help.

# Section 2: **The Picture in Enfield**



# International, National and Across London Data

## International

Worldwide, it is estimated that **15 million girls** aged 15-19 have experienced **forced sex**.

An average of **140 women and girls** are killed every day by someone in their own family.

In 2023 around **51,100 women and girls** were killed **Globally** by their intimate partner or a family member.

It is estimated that **736 million women** (1 in 3) suffer abuse at least once in their life.

Source: *Facts and figures: Ending violence against women | UN Women – Headquarters*

## National

**8 women a month** are killed by a current or former partner in England and Wales.

**2.3 million females** aged 16 and over **suffered domestic abuse** between April 2023 and March 2024.

On average **73% of victims** sought help at least 2 times in the year before they got effective help to stop the abuse.

Over **155,000 children** live in homes where there is high risk **domestic abuse** (MARAC – Safe Lives).

It is estimated that the cost to the UK from domestic abuse is **£84 billion** annually.

It is estimated that the average time that a victim lives in an abusive relationship before they **seek help is 3 years**.

Source: *Office for National Statistics 2024.*

## Across London

In 2024/25 there were **108 homicide victims**. **2/3rds** were killed by a partner or ex-partner.

In the same period there were just under **20,000 domestic abuse** violence with injury offences.

Based on Home Office publication there were **158 Domestic Abuse Related Death Reviews** in the period October 2022 – September 2023.

In the financial year April 2024 to March 2025 there were over **87,600 recorded domestic abuse offences**.

Source: *Crime data and publications from the Mayor's Office for Policing and Crime (MOPAC).*

# Enfield Data

The below section sets out data from key types of violence and abuse, as well as referral data from key Enfield services.

## Domestic Abuse (DA) Incidents

### Number of offences

2022/23	3,959
2023/24	3,868
2024/25	3,454

Source: Metropolitan Police.

- As of March 2025, over a third of violence against the person offences in Enfield are domestic violence.
- Between April 2024 to March 2025 there were 3,454 domestic abuse incidents reported to the police. The rate of domestic abuse incidents in Enfield was 10.5 per 1,000 population, the 10th lowest rate of all 32 London boroughs.
- 74% of victims were female with the highest age range being 18-24 years. 76% of suspects were male with the most prominent age range being 30-39.

## Domestic Violence with Injury

### Number of offences

2022/23	968
2023/24	1,025
2024/25	781

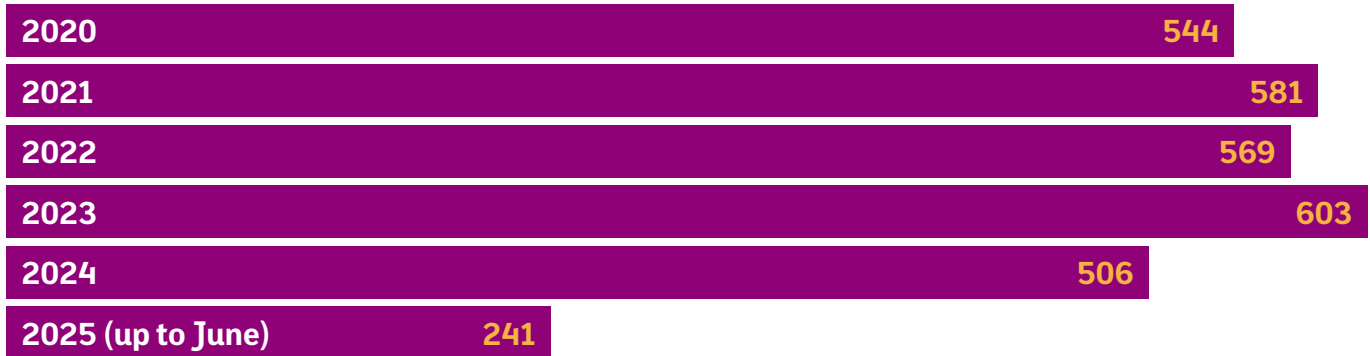
Source: Metropolitan Police.

- Between April 2024 and March 2025 there were 781 Domestic Abuse Violence with Injury offences recorded by Police.
- The rate of domestic abuse injury incidents in Enfield was 2.3 per 1,000 population, 10th lowest among the 32 London boroughs.
- Summer and Autumn months recorded the highest volume during the year.

## MARAC (Multi-Agency Risk Assessment Conference)

Enfield's Multi-Agency Risk Assessment Conference (MARAC) is a forum for partners to discuss and share information on the highest risk domestic abuse cases with an aim to safeguard victims. Enfield MARAC examines over 500 cases each year.

### Number of referrals



Source: Enfield MARAC.

- From January 2024 to December 2024, there were 506 referrals of high-risk cases of domestic abuse to MARAC with 544 children recorded. There were 140 repeat cases heard at MARAC.
- Between January 2024 and December 2024, 21% of cases were referred by the Police, 17% by the Independent Domestic Violence Advocacy Service, 14% from Children's Social Care and 12% from Community and Voluntary organisations.
- In 2024, the number of cases where the victim or survivor was from a black and minority ethnic background has decreased by 45% compared to 2023 (167 referrals in 2024 against 302 referrals in 2023).

## Independent Domestic Violence Advocate Service (IDVA)

The Independent Domestic Violence Service in Enfield is delivered by Solace Women's Aid, a National Charity supporting women to build safer lives free from male abuse and violence. The Council commissions 7 Independent Domestic Violence Advocates and one Independent Sexual Violence Advocate.

- Between January 2024 to December 2024, the Enfield IDVA Service received 790 referrals compared to 825 in 2023.
- From all the IDVA referrals most prominent age range being 31 to 40 years, which is 35% of total annual referrals.

Source: Enfield SOLACE Women Aid.

## Section 42 Enquiries where Domestic Abuse is indicated (for adults with care and support needs)

The Local Authority has a duty under the Care Act 2014 (Section 42) to conduct enquiries where there is a belief that an adult with care and support needs has been abused or neglected. This role is carried out by the Multi-Agency Safeguarding Hub which includes social care professionals and Police Officers.

- From April 2022 to March 2025 (3-year period), there were 1,308 DA concerns reported to local authority adult care and support services.
- In 2024-2025 the number of Domestic Abuse concerns increased to 477, an increase of 143 cases compared to the previous 12-month period.
- The age range with the highest referrals was 65 and above (41%) followed by age 30-49.

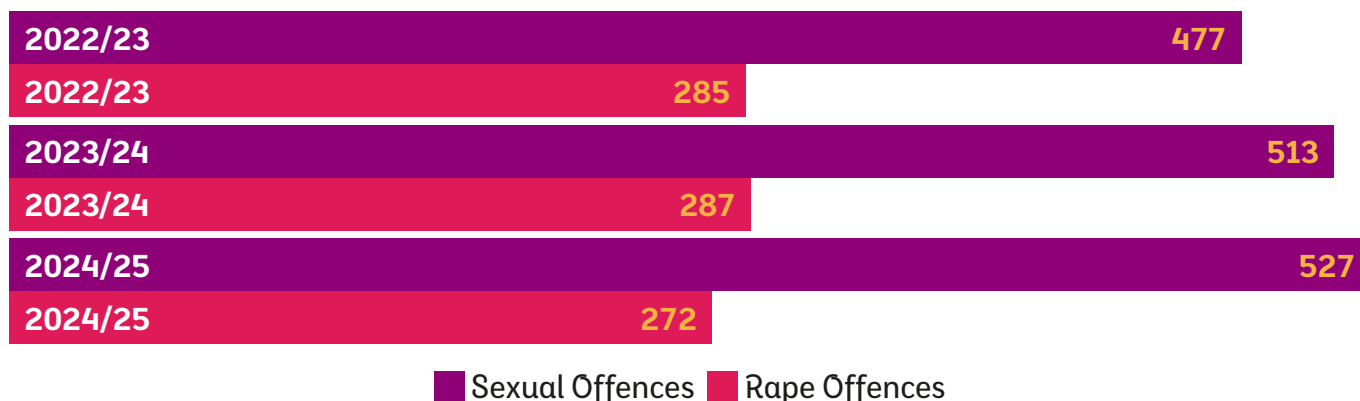
**Source:** Enfield Adult Social Care.

## Sexual offences

Sexual offences include sexual assault, sexual exploitation, stalking and harassment, intimate image abuse, upskirting, child sexual abuse and exploitation, as defined above. For analytical purposes, rape has been considered separately.

Sexual assault against females was the most frequently reported crime category up to March 2025, followed by exposure and the sharing of intimate photographs or films.

### Number of offences



**Source:** Metropolitan Police.

## Other sexual offences

- There were 527 sexual offences recorded by Police in Enfield in the 12 months leading up to the end of March 2025.
- The rate of other sexual offences in Enfield was 1.6 per 1,000 population in the 12 months to March 2025, ranking as the 22nd lowest among the 32 London boroughs.
- In 2021 to 2025 (up to July), just over half of victims of reported sexual offences were aged 24 and under.

## Rape offences

- Between April 2024 and March 2025, there were 272 rape offences reported to the police.
- In one in ten rape cases there was ongoing domestic abuse.
- Between 2023 and 2025 the majority of suspected perpetrators (97%) were male with a high proportion known to the victim. Close to half of suspects were aged 18-39 years.

## Child Sexual Abuse

Addressing sexual abuse within the Violence Against Women and Girls (VAWG) strategy is critical because it represents one of the most severe and pervasive forms of gender-based violence, with profound physical, psychological, and social impacts on survivors. Including sexual abuse ensures a comprehensive approach that prioritises prevention, early intervention, and survivor-centred support, while strengthening multi-agency collaboration to tackle root causes and reduce harm. By embedding this focus, the strategy can drive systemic change and uphold our commitment to safeguarding and equality.

During period of 1st October 2024 to 30th September 2025, 44 young people (43 female and 1 male) were identified with child sexual exploitation concerns.

Where a child's safety is identified as being at immediate risk, a strategy meeting is held, led by social care together with police, health and education to assess the risk and agree a safeguarding response.

During the period April 2024 to March 2025, there were 286 strategy meetings related to sexual abuse out of which 163 related to female children.

A National review by the Child Safeguarding Practice Review Panel in 2024 analysed 136 serious safeguarding incidents and 41 case reviews involving intra-familial child sexual abuse and highlighted following:

- There were challenges in identification of abuse due to secrecy, stigma, and children's fear of consequences.
- Abuse often co-occurs alongside domestic violence, neglect, and emotional abuse.

Victims may experience long-term impacts including poor mental health, re-victimisation, and relationship difficulties.

**Source:** *The Child exploitation List maintained by Children's Social Care and the CE List maintained by the Borough Police Fugitive Unit.*

# Current Range of Programmes in Enfield

The following table sets out the range of current programmes and services delivered across the borough to prevent and tackle violence against women and girls.

Programme	Description
<b>White Ribbon</b>	White Ribbon UK is the leading charity in England and Wales engaging men and boys to prevent violence against women and girls by challenging gender inequality and harmful everyday behaviours. As an accredited organisation, Enfield Council has signed an agreement to champion these messages throughout our work.
<b>CAPVA</b>	<p>Child and Adolescent to Parent Violence and Abuse (CAPVA) aims to improve the understanding of the drivers, prevalence, and nature of CAPVA as well as the current interventions in place for young people and their families. The VRU designed an invitation to bid to enable local authorities to apply for a grant to put the recommendations of the research into practice. Delivered by RISE Mutual CIC, the purpose is to strengthen the way CAPVA is identified and responded to by:</p> <ul style="list-style-type: none"> <li>• Reducing the use of violence and abuse within the family home</li> <li>• Repairing familial relationships and improving feelings of safety in the home</li> <li>• Improving system and partnership responses to CAPVA locally</li> </ul> <p>RISE delivers the intervention as 1:1 (rather than in group) because we know from experience in Enfield that the cases are very complex and require an intensive personalised and culturally sensitive approach.</p>
<b>Housing Domestic Abuse Housing Policy</b>	The Enfield Housing Domestic Abuse Policy 2023-26 explains that it is a right of all Enfield residents to access safe accommodation away from abuse. It sets out how we expect Enfield Council staff, contractors, sub-contractors and their agents to respond to a disclosure of domestic abuse and describes our commitment to promote early help and our approach to providing co-ordinated tailored support for victims/survivors and/or their children. The policy applies to Enfield Council Housing tenants and Enfield residents who access support from our Housing Advisory Service, regardless of their tenure, and is for adults and children affected by domestic abuse.

Programme	Description
<p><b>IDVA, IRIS and WISER – SOLACE</b></p>	<p>Solace Women’s Aid provides an advocacy service in Enfield, made up of Independent <b>Domestic Violence Advisors (IDVA)</b>, an <b>Independent Sexual Violence Advisor (ISVA)</b>, a Floating Support Worker and IRIS Advocate Educators. They work with survivors aged 16+, experiencing current domestic abuse, to reduce risk, increase safety, and create robust safety and support plans tailored to the survivor’s individual needs, through a consent and empowerment-based service.</p> <p>There are specialist IDVA roles within the team, who sit with local authority services, including Early Help, Children’s Social Care and Enfield Housing, working closely with professionals to collaboratively provide support. The ISVA also locates from North Middlesex Hospital. The IRIS Advocate Educators work using the national IRISi framework to deliver training to GP practices around domestic abuse disclosures, for both clinical and administrative staff.</p> <p>The <b>WiSER Project</b> is a partnership of specialist charities working to end male violence and abuse. WiSER works with women who are frequently excluded from mainstream services and/or find it hard to engage with support. The outreach activity, trauma informed approach and flexible 1-to-1 and group support helps women and girls to get the support they need. WiSER work with women and girls over 16 living in Enfield, who are experiencing violence or abuse and are affected by severe and multiple disadvantages, including:</p> <ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Substance misuse</li> <li>• Mental and/or Physical health</li> <li>• Insecure or uncertain immigration status</li> <li>• Affected by or at risk of prostitution</li> <li>• History of offending behaviour</li> <li>• History of children being removed from her care and/or at risk of further removals.</li> </ul>
<p><b>Family Based Solutions</b></p>	<p>Family Based Solutions is a charity dedicated to supporting families affected by domestic abuse and child-to-parent abuse. Family Based Solutions work with victims, families, and those who have used abuse, across all genders, to support recovery, rebuild trust, and create safer relationships. Using a strengths-based, solution-focused approach, they work with the whole family to break cycles of harm and create lasting change. To learn more or get in touch, visit: <a href="https://linktr.ee/familybasedsolutions">https://linktr.ee/familybasedsolutions</a></p>

Programme	Description
<p><b>Women experiencing exploitation via street-based prostitution</b></p>	<p>There are a range of community and health-based service working together to support women. These services include Streetlight UK, Salvation Army, All People All Places, Enable, CLASH and SHOC. They provide a range of services for women who are facing multiple disadvantages, operating during the day and providing outreach services at night to those who may need it.</p>
<p><b>Women's Safety Charter</b></p>	<p>The aim of the Women's Safety Charter is to promote women's safety, particularly during the night-time hours. This charter forms part of the London Mayor's Tackling Violence Against Women and Girls Strategy and London's commitment to the UN Women Safe Cities and Safe Public Spaces global initiative. Over 200 businesses have been visited across the borough, with 52 business currently signed up. The charter has expanded with Metropolitan Police colleagues as we promote the charter through Walk, Talk and Do's across various wards. These have enabled community input from residents into locations of concerns, reporting mechanisms and providing charter updates.</p>
<p><b>RISE Mutual perpetrator programmes: Drive and CIFA</b></p>	<p><b>The Drive Partnership</b> formed by Respect, SafeLives and Social Finance, is working to transform the national response to perpetrators of domestic abuse. Drive works to end domestic abuse and protect victims by disrupting, challenging, and changing the behaviour of high-harm, high-risk, and serial perpetrators; those who have been assessed as posing a risk of serious harm or murder to people they are in intimate or family relationships. Drive challenges perpetrators to change and works with partner agencies – like the police and social services – to disrupt abuse.</p> <p><b>RISE Mutual</b> is a community interest company that designs and delivers interventions that enable positive change and meet local needs. RISE puts victims and their children at the heart of its delivery, and this begins with delivering programmes and case work aimed at reducing the impact to those closest to harmful behaviours. The ultimate outcome of these programmes is to reduce harm and reoffending.</p> <p>As a Drive delivery partner, RISE works with high harm/high risk perpetrators to reduce abuse and increase victim/survivor safety.</p> <p>RISE deliver the case management aspect of Drive which may involve disrupt, behaviour change and/or support work, dependent on risk to the victim/survivor.</p> <p>The RISE Drive Case Manager (DCM) works in partnership with Pan London IDVA service Victim Support, who offer support to victim/survivors throughout the service user's Drive intervention.</p>

Programme	Description
	<p>Support from the DCM includes:</p> <ul style="list-style-type: none"> <li>• a pro-active and pro social approach to service user engagement and commitment to working towards attitudinal and behavioural change,</li> <li>• individualised strategy to address and disrupt or challenge behaviour alongside a multi-modal intervention plan</li> <li>• access to support services ensuring service users have the right support matched to their needs</li> <li>• identification of key priorities to behaviour change, supporting and encouraging the development of understanding abuse, control and healthy relationships</li> <li>• co-ordinated approach, working closely with police, victim support service, social care, health, housing, probation, other agencies as appropriate.</li> </ul> <p><b><i>Suitability and Referral Pathway</i></b></p> <p>Service users will have been assessed as posing a high-risk, high-harm level of domestic abuse to the people that they are in intimate or family relationships with. They will have multiple and complex needs and are often resistant to change.</p> <p>Referrals to Drive would usually come directly from MARACs and/or DAPPs. Drive will check the agenda prior to the MARAC to ascertain whether any cases have previously been open to Drive. Once the MARAC minutes are complete, they will be sent to the Drive Case Manager who will review whether the chair has requested an action for the lead professional to contact Drive to discuss referral suitability.</p> <p><b>Culturally Integrated Family Approach (CIFA)</b></p> <p>RISE also delivers CIFA, a Culturally Integrated Family Approach to Domestic Abuse. CIFA is a behaviour change perpetrator programme aimed at racialised, disadvantaged, or marginalised groups. It provides an intersectional approach to reducing harm within families, adapting to the different elements and needs of the person causing harm and the victim/survivor. This approach also breaks down barriers to accessing support.</p> <p>The CIFA Intervention is delivered on a 1-to-1 basis, consisting of 16-20 sessions, dependent on the level of need. The approach is multi-faceted and delivered through a co-ordinated family and community approach and includes:</p> <ul style="list-style-type: none"> <li>• Adult to Parent Inter-Familial Abuse (APFA)</li> <li>• Female Awareness Domestic Abuse (FADA)</li> </ul>

Programme	Description
	<ul style="list-style-type: none"> <li>• Respectful Partnerships (RP) for the LGBTQ+ community</li> <li>• Men's 1-to-1 Programme (including programme for neurodivergent service users)</li> <li>• A Domestic Abuse Safety Advisor (DASA)</li> <li>• Outreach Work</li> </ul> <p><i>Suitability and Referral Pathway</i></p> <p>A specialist suitability assessment will identify risks and needs of service users, before they are considered for a culturally grounded intervention.</p> <p>Referral or enquiries: <a href="mailto:CIFA@risemutual.org">CIFA@risemutual.org</a></p>
<p><b>NHS Domestic Abuse and sexual safety coordinator</b></p>	<p>North London NHS Foundation Trust (Mental Health) employs two Domestic Abuse and Sexual Safety Co-ordinator/Practitioners who works to ensure frontline mental health staff are effectively identifying and responding to cases of domestic abuse, represents the trust at a strategic level for domestic abuse work within the boroughs, delivers domestic abuse training and organises related events for trust staff and provides support to MDT forums within the trust.</p> <p>For further information please contact: <a href="mailto:nlft.safeguarding@nhs.net">nlft.safeguarding@nhs.net</a></p>
<p><b>Children Social Care, Perpetrator Worker</b></p>	<p>The perpetrator worker focuses on engaging perpetrators of abuse, encouraging them to take responsibility for their actions and commit to positive change. The team's perpetrator lead works closely with men and women perpetrators whose families are open to Enfield Children Services on Child in Need and Child Protection Plans. The perpetrator lead works in partnership with the children's social worker to complete risk assessments and deliver targeted short term 1:1 intervention with individuals who have perpetrated domestic abuse who cannot access Behaviour Change programmes.</p> <p>The overarching goal is to hold the perpetrator accountable for their behaviour, improve understanding of perpetrator behaviour, support risk management, and ultimately enhance child and family safety.</p>

# Working in Partnership to support women experiencing exploitation through sex work and prostitution

Enfield has significant challenges related to women being exploited via street-based prostitution. This is largely located in the areas of Fore Street and Upper Edmonton highlighting complex vulnerabilities and increasing health risks. Currently there are a range of partner agencies working together to build a sustainable pathway which will be used to identify the needs of, and support women in this group. This will encompass both a harm reduction approach and long-term prevention of exploitation in adult women as well as enhancing services for under 18 girls.

Terms like “prostitution” and “sex work” are often used interchangeably, but they carry different connotations and neither name alone fully reflects the profound challenges faced by women, especially those involved in street-based sex work. Language can obscure lived realities. The sex work terminology is sometimes seen as more neutral or professional – less laden with stigma than prostitution. Still, it risks softening or sanitising the experiences of many women on the streets – those who often endure violence, exploitation, homelessness, addiction, and health crises at disproportionately high rates. But dismissing sex work as mere euphemism ignores voices of many who support the terminology as more respectful and inclusive – for example, the Global Network of Sex Work Projects (NSWP) emphasises that replacing stigmatising language can help reshape how society views and responds to sex workers. At the same time, conflating all these experiences risks erasing nuance – particularly the stories of women facing street-based survival sex, or those coerced into prostitution. For such women, focusing exclusively on the term sex work may inadvertently minimise the systemic exploitation they endure.

**According to the National Ugly Mugs (NUM) there are 60-80 crime reports per month, approximately 2-3 reports daily detailing violence, rape, stalking, harassment, robbery and other harms.**

**NUM logged 585 cases of violence against sex workers in 2023 across the UK.**

**Between 10,000 to 13,000 individuals are estimated to be involved in prostitution nationally with around 72% being women.**

**Nearly 53% started before the age of 19, and the average age of entry is approximately 17 years old.**

**Many endured trauma and instability, up to 70% were in care, 45% experienced familial sexual abuse and 85% experienced physical abuse.**

Our partnership approach broadens the focus beyond the street-based activity to explore the landscape of brothels, app-based and online facilitated sex work. This approach aims to reflect a violence against women and girls informed approach that seeks to understand the full ecosystem of risk and vulnerability, recognising how these environments can intersect with exploitation, hidden harm and local community safety dynamics.

We are committed to working with national and local experts and those who have experience to better support and understand the needs of women. We want to ensure that partner agencies are not desensitised to the wider issues of abuse, including domestic abuse which is often unexplored as a key factor in how and why women enter, are forced and held in street sex work and prostitution.

## The Impact of Violence Against Women and Girls in early years development

**At the start of this strategy, we included some voices of victims and survivors of abuse. The following section looks at impact of experience of abuse in early years development. It highlights the importance of those early life experiences, the physical, emotional and social challenges they create and intergenerational impacts of trauma recognising that children are victims of abuse in their own right.**

### Early Years 0-5 – What We Know

Domestic abuse doesn't just harm adults – it profoundly affects babies and young children, often before they're even born. Research shows that 30% of domestic abuse begins during pregnancy, rising to 40% within a child's first 1,001 days – a period that is foundational for brain development, emotional security, and physical health.

Exposure to abuse during this critical window can disrupt the architecture of the developing brain, leading to:

- Poor sleep and excessive crying
- Delayed emotional regulation
- Difficulties forming secure attachments
- Increased vulnerability to illness.

By pre-school age, children may exhibit behavioural and emotional distress – bedwetting, eating and sleep disturbances, and even self-blame for the violence around them. As they grow older, the effects can intensify academic struggles, social withdrawal, self-harm, and anti-social behaviour become more common (Humphreys and Houghton, 2008).

The underlying cause? Toxic stress. Chronic exposure to domestic abuse floods the brain with stress hormones, impairing learning, memory, and self-control. This biochemical disruption increases the risk of:

- Physical illnesses like heart disease and diabetes
- Mental health conditions such as depression, anxiety, and substance misuse
- Risk behaviours including smoking and drug use, which can shorten life expectancy (National Scientific Council on the Developing Child, 2007; Brown et al., 2009).

## **Childhood and Adolescence development: Impact of Living with Domestic Violence on Children – What we know**

Children aged 5-10 who live with domestic violence are not passive witnesses – they are victims in their own right. Exposure to abuse during this formative stage can lead to profound and lasting consequences across physical, emotional, cognitive, and social domains.

### **Physical and Psychological Health**

Children in violent households face elevated risks of physical injury and psychosomatic symptoms such as stomach pain, headaches, asthma, allergies, and sleep disturbances. These issues can often go undetected due to school absenteeism and missed health checks, particularly when parenting is disrupted.

### **Emotional and Cognitive Development**

Research shows that children exposed to abuse may internalise trauma, leading to anxiety, depression, and low self-esteem. Boys are more likely to externalise distress through aggression and antisocial behaviour, while girls tend to withdraw and underperform academically. Children who identify with the abused parent often experience deeper emotional trauma and may believe they are responsible for the violence.

### **Attachment and Behavioural Patterns**

Inconsistent or unpredictable parenting – common in abusive households – can result in insecure attachments, shame, and social withdrawal. Children may avoid discussing family life and reinterpret abusive behaviour through fantasy to make it emotionally tolerable.

### **Temperament and Targeting**

Not all children are affected equally. Those with more challenging temperaments may be disproportionately targeted by parental frustration, intensifying their trauma. Exposure to DV can impair emotional regulation and reinforce harmful beliefs such as “violence goes unpunished” or “men are strong, women are weak”.

### **Premature Adult Roles**

Some children assume caregiving responsibilities for the abused parent, adopting adult roles far beyond their developmental capacity. This role reversal can hinder their emotional growth and reinforce feelings of helplessness.

### **Educational Disruption**

Domestic violence often disrupts schooling, leading to poor attendance, concentration issues, and reduced academic achievement.

# Case studies

The following are a series of case studies from partner agencies. Each study offers a unique window on the projects and programmes that exist across the borough, and which form the foundations of our approach across the next 10 years.

Each study also highlights the importance of collaboration across partners and the relevance of building trust and confidence between agencies so that those impacted by violence against women and girls are supported by, rather than passed between organisations.

## Women's Safety Charter – Walk, Talk and Do's

As part of our commitment to working with the community, the Community Safety Team have been involved in a series of 'Walk, Talk and Do's' where a member of the team goes on a walk with our residents to discuss issues that have been affecting them.

During a recent Walk, Talk and Do with the council and police, we accompanied a woman home and noticed that her road posed a particular concern due to being so poorly lit. On closer inspection, we saw that streetlights have only been installed on one side of the road, with little consideration for the risks this created for residents, walking home in the dark.

This kind of insight is vital in shaping a safer environment and highlights why programmes such as the Safety Charter are so important.

## Solace Women's Aid

Collette and her partner had been together for 6 years, and her teenage daughter was living with them. Collette was experiencing coercive control and financial abuse throughout her relationship. Collette was then in touch with Solace following a disclosure of an incident of sexual and physical abuse. Her partner was arrested, and Collette was supported by one of the Havens.

Solace helped Collette create a safety plan and access legal aid to support her with accessing a non-molestation order, for in case the alleged perpetrator was released from prison. Collette was also referred to an ISVA for specialised support. Collette received sexual health screening and was encouraged to access counselling services. To ensure the safety of Collette and her children, Children's Services was involved in safeguarding the family. The case was presented at MARAC, leading to the implementation of multi-agency actions to maintain the family's safety and well-being.

Collette was given emergency accommodation by the council, whilst she awaited a management transfer. During this period, Collette moved across multiple hotels, which caused disruption for her and family. The Housing IDVA advocated for affordable housing for Collette and she was offered suitable and safe accommodation, providing her with the security and stability necessary for her and her family's recovery and healing process.

After being in suitable accommodation, Collette was able to focus on her job, health and family and is in a much better place. Her IDVA applied for funding to help her with the cost of household essential items and settling into a new property. She also applied for emergency funding to help with immediate moving costs.

## Family Based Solutions

Family Based Solutions supported a mother and her 12-year-old son through the solution focused process so they can learn to manage challenges when they arise. The service's work is not about a quick fix but about creating lasting change.

The mother, a survivor of domestic abuse, had been supported to rebuild her confidence and strengthen her parenting. The child's father, who previously used harmful behaviours, engaged with the support weekly, showing a genuine commitment to positive co-parenting and change.

The trauma their son experienced had shown up as anger, particularly in school. By working closely with the school and family, the team have helped him to remain in education and find new ways to express himself. He is now doing much better, the violence has stopped, his mother feels stronger, and he is thriving both at home and at school.

Through this whole family intervention, the cycle of intergenerational domestic abuse can be broken, creating safety, recovery and hope for the future.

## Child and Adolescent to Parent Violence and Abuse

Mum reported a history of violence and abuse from CU towards her and CU's brother. Mum reported that there would be physical fighting between CU and her brother. She would get stuck in between her children when they fought, often getting assaulted in the process.

The parents had split many years before, following a domestically abusive relationship where Mum admitted that she had been "equally violent" towards Dad.

Before lockdown CU went to stay with Dad for a period when Mum couldn't cope with her behaviour. However, Dad moved abroad, and CU returned to Mum where things continued to get worse. Mum stated that she couldn't contain CU when she returned to her care and insisted that CU move back, against her will. When CU moved back to the UK, she was referred to the Child and Adolescent Mental Health Service (CAMHS). There was some improvement in her behaviour but this deteriorated.

CU was putting herself at risk by staying out all night, with no communication, and drinking alcohol, smoking cannabis and sniffing gas with older boys. At one stage CU thought that she may also be pregnant. CU was also extremely verbally abusive to Mum, not attending school, and had physically assaulted Mum. There were also incidents of self-harm.

## Therapeutic aims and processes

### Increasing adult presence

Mum acknowledged that she needed to rebuild trust, connection and communication. The use of reconciliation gestures was identified as something Mum could do to raise her presence in a safe manageable way. This also looked to increase Mum's positive feelings and parental presence putting her into a caring position in the eyes of her daughter, increasing positive images of her as the parent.

## De-escalation and deferred response

This helped her avoid a build-up of negative emotions, which in turn could lead to resentment and self-loathing. Mum admitted that this was also compounded by her guilt at “not being a good mum”, which led to her being less strict but then resenting CU’s behaviour and “lack of gratitude and respect”.

Mum found that using more actions and less words was effective with CU. Her own strategies included identifying her own emotional trigger as well as CU’s and immediately addressing CU’s behaviour.

## Self-Care

Mum’s own self-care was important in helping her to recover from her own trauma so that she could gain confidence in her ability to apply the strategies and be in a position where she could put them into practice without feeling overwhelmed. Mum increased spending time with friends. In addition to this there was also the aspect of modelling to CU that Mum treated herself with respect and showed that she was important in her own right.

## Therapeutic gains

At the end of the intervention CU had stopped being violent. CU’s emotional wellbeing and self-esteem improved. She appeared less anxious and became more confident. She reduced her cannabis consumption and reported herself that she preferred to save the money for things such as concert tickets.

CU’s communication with Mum improved. CU began to communicate with Mum. She also began sharing difficult experiences that she found challenging and disclosed past experiences and worries that she had not previously shared.

## Early Help

Ann (name changed for confidentiality) arrived in the UK from Sierra Leone on a spousal visa with her five children, the youngest being just 7 months old. From the beginning of her marriage, Ann faced financial, emotional, and psychological abuse. Her husband controlled all financial resources, leaving Ann unable to provide for herself or her children.

Despite living in the UK for some time, Ann had no recourse to public funds (NRPf), limiting her access to support services or safe housing through Enfield Council.

Her husband threatened to evict her and their children, call social services to take the children away, and deliberately allowed her immigration status to lapse, further compounding her vulnerability. Isolated and frightened, Ann urgently needed intervention.

Solace’s Independent Domestic Violence Advocate (IDVA) contacted Ann, conducted a risk assessment, and developed a personalized safety plan. The areas of support and outcomes included:

- **Housing Support:** Despite her NRPf status, the Solace IDVA successfully advocated for emergency accommodation, ensuring the family’s safety.
- **Immigration Support:** The IDVA worked with an immigration solicitor to submit a Destitute Domestic Violence Concession (DDVC) application, which was approved, granting Ann access to public funds.

- Ann received emergency funding for critical expenses such as moving belongings, purchasing a washing machine, and buying new clothes for the children. She was referred to the Department for Work and Pensions (DWP) to begin claiming benefits.
- Ann received ongoing emotional support from her IDVA and was referred to a Peri-Natal Support Worker and local therapeutic services for continued care.

## **Outcome**

Ann and her children are now safe and settled in their new accommodation. With access to financial support, legal protection, and therapeutic care, Ann has begun to rebuild her life. She remains actively engaged in community support events, expressing gratitude for the life-changing support she received.

## **Tackling High-Risk Domestic Abuse Through Partnership**

A serious domestic abuse case escalated into a life-threatening incident when a fire deliberately set by a perpetrator destroyed nine homes in Enfield. Eighteen people, including eight children, were affected. Thankfully, no lives were lost, but the scale of the damage and risk to the community was immense.

The police investigation revealed a long history of abuse, including physical assaults, strangulation, threats to kill, and intimidation involving weapons and acid. The victim had been subjected to sustained coercive control and threats during pregnancy. Risk assessments identified the case as high-risk, requiring urgent multi-agency intervention.

## **Police Response and Partnership Action**

Specialist officers from the police's Community Safety Unit led the investigation. Immediate safeguarding measures were put in place, including removing children to safety and coordinating with social services. A Survivor Reception Centre was activated with local authority partners providing emergency housing and welfare support.

Detectives worked tirelessly to secure evidence through CCTV, witness enquiries, and forensic analysis. Within 24 hours, the suspect was arrested and charged with multiple serious offences, including attempted murder and arson with intent to endanger life. He was remanded into custody.

## **Impact and Learning**

The case demonstrates the critical importance of rapid police intervention, robust safeguarding, and strong partnership working. By acting decisively and collaboratively, agencies were able to protect vulnerable victims, prevent further harm. It highlights how coordinated responses – combining enforcement, victim support, and child protection – are essential in tackling the most dangerous forms of domestic abuse.

## Probation Service – Building Choices programme

Building Choices is a programme for offenders in the criminal justice system where domestic abuse has been an identified factor in their history. The programme was launched in late November 2025 and replaces other interventions so there is one consistent model.

Building Choices is a strengths-based approach which focuses on developing skills to make a meaningful change. The programme consists of 26 sessions made up of:

- 21 group sessions – focused on learning and practising new skills.
- 5 individual sessions – for personalisation and focus on individual needs and goals.
- Pre and post group meetings which supports engagement, target setting as well as exploring learning and next steps.
- The anticipated benefits of the programme include:
  - Decrease in waiting times for participants via the streamlined offer.
  - Increased accessibility for all participants, including women, those with Learning Disabilities and LGBTQ+ groups and includes responsibility to individuals with neurodiverse needs.
  - Allows flexibility to deliver to Learning Disabilities or those with special needs in smaller groups or on a 1-to-1 basis.

# Learning from our Domestic Abuse Related Death Reviews

Domestic Abuse Related Death Reviews, formerly referred to as Domestic Homicide Reviews, are undertaken when the death of a person aged 16 or over appears to be linked to violence, abuse or neglect by a person to whom they were related, or they had been in an intimate relationship with, or a member of the same household. The purpose of the review is to identify key lessons and improve how partner agencies respond to victims and perpetrators of abuse.

The current Statutory Guidance for Domestic Abuse Related Death reviews is subject to Home Office review and awaiting publication. The Enfield Safer Stronger Communities Board has adopted a Domestic Abuse Related Death Review Protocol which will be published on the Enfield Council Community Safety Partnership website alongside this Strategy.

Between April 2020 and July 2025 there has been 6 Domestic Abuse Related Death Reviews in Enfield.

Of the 6 cases:

- 4 of the victims were female and 2 were male
- In the cases of the male victim the perpetrator of abuse was a male family member.

Having reviewed all of the cases that have taken place in Enfield in the last 5 years, there is no correlation between the age, gender, ethnic background or inter familial relationship that can be drawn. However, there are several common features that have been highlighted:

- **The connection between mental health and co-dependency** – There is clear evidence of challenges with mental health and mental wellbeing for victims in the vast majority of our Domestic Abuse Related Death Review cases. These challenges created levels of co-dependency within the relationship. Co-dependent relationships can be defined as a dynamic where one person sacrifices their own needs and well-being for the sake of the other. This co-dependency often reduces the victims' social circles, their own independence, including financial independence, which increases the risk of emotional abuse.
- **Adversity and Trauma** – In all of the 6 cases there is evidence of early childhood and adolescence experiences that impacted on the victim and or the perpetrator.
- **Neurodiversity** – In some cases, there was information related to diagnosed or undiagnosed neurodiversity challenges such as ADHD, Asperger's or Autism Spectrum Disorder.
- **Transition** – Transition is a significant factor in most of the cases. Transition can fall under three categories:
  - **By age** – This is particularly important when a victim is receiving services or support pre 18 and the access to those services stop once they become an adult.
  - **By agency** – There is evidence that when a victim or perpetrator is transferred across services or agencies, the person and their history become lost, or the level of risk is not fully recognised.

- **By location** – When a victim or perpetrator moves from one local authority, Police Force or Health Trust area, information does not always get shared, and services are not aware of either the need for support or the risk is not identified appropriately.

In some cases, there is evidence that these three factors combine, increasing the level of risk resulting in suicide ideation.

- **Cumulative risk** – Some of the cases highlight that where the perpetrator of abuse and the victim have a combination of risk factors such as neurodiversity, substance misuse dependencies, adversity and trauma, mental ill-health, unstable accommodation or has a series of pregnancies resulting in a lost children, or children have been taken from them, this combined risk factor creates a dependency by the perpetrator for the victim. Based on Prof. Jane Monckton-Smith’s Domestic Abuse Homicide 8-Step Timeline (illustrated below) and the Suicide 8-Step Timeline, there is clear evidence that perpetrators use these combined factors to create dependency of the victim towards the perpetrator. This dependency makes the ability for the victim to leave the relationship even more challenging.
- **Suicide – death by suicide ideation** – There is very clear evidence that death by suicide is now more common than homicide where the victim has experienced domestic abuse. This is a national trend as highlighted in the National Police Chiefs Council recent publication “Domestic Homicides and Suspected Victim Suicides 2020-2024 Year 4 Report”, which indicates that recorded domestic abuse suicides were higher than homicides two years in a row (2023/2024).

*Source: [www.vkpp.org.uk/assets/Year-4-Report\\_publication-with-footnote.pdf](http://www.vkpp.org.uk/assets/Year-4-Report_publication-with-footnote.pdf)*

## Domestic Abuse and Domestic Suicide – 8-Step Timelines

**The Domestic Abuse Homicide 8-Step Timeline was developed by Prof. Jane Monckton-Smith, following a review of around 400 Domestic Abuse Related Death Reviews (See Appendix B).**

The steps highlight how a perpetrator uses a series of tactics, which escalate and change over time, to create control, isolation, financial and emotional dependency, psychological abuse including the abuse of children, family members and ultimately the homicide of the victim. A Domestic Abuse 8-Step Suicide Timeline has recently been developed, highlighting how stages differ, as set out in the table below.

Our intention is to align the timeline with the Enfield Suicide Prevention Strategy so that the risks and opportunities to protect victims is better recognised and assessed.

To fully maximise the benefits of both 8-Step Timelines, several local authorities have combined the stages within the local Domestic Abuse Stalking and Honour-Based (DASH) Risk Assessment. This approach has been included as part of our service improvements under the Priority – Supporting All Victims and Survivors as set out below.

Step	Domestic Abuse Homicide	Domestic Abuse Suicide
1	<p><b>History</b></p> <p>A pre-relationship history of stalking or abuse and controlling behaviours.</p>	<p><b>History of victim and perpetrator</b></p> <p>Many perpetrators had a history of control, violence and abuse and many victims had histories with vulnerabilities from past abuse.</p>
2	<p><b>Develops quickly</b></p> <p>The romance develops quickly into a serious relationship.</p>	<p><b>Early relationship</b></p> <p>Controlling relationships often form very quickly, with early co-habitation, early pregnancy or early declarations of love being common.</p>
3	<p><b>Coercive Control Relationship warning signs</b></p> <p>The relationship becomes dominated by coercive control and violence. The perpetrator is quick-tempered. General anxiety/depression</p>	<p><b>Relationship</b></p> <p>The control and violence appears to begin in the early relationship, with some victims declaring fear and entrapment within the first couple of weeks.</p>
4	<p><b>Trigger</b></p> <p>A trigger threatens the perpetrator's control such as separation or threats of separation. A specific event that could prompt retaliation or revenge on the victim. This threat can cause mental health deterioration for the victim.</p>	<p><b>Disclosure</b></p> <p>Disclosing domestic abuse is more common than generally thought. It is important to recognise disclosure can represent a potential escalation in risk, and to know we act on it.</p>
5	<p><b>Escalation</b></p> <p>An increase in the intensity or frequency of the partner's control tactics.</p>	<p><b>Help seeking</b></p> <p>Help seeking often occurs when the victim considered things have become more serious, often after an escalation in abuse, or fears for the safety of children.</p>
6	<p><b>Change in thinking</b></p> <p>The perpetrator chooses to move on, either through revenge or by homicide. Attempts at reconciliation. Children can be targeted. Victim blaming language is used.</p>	<p><b>Suicidal ideation</b></p> <p>Suicide ideation may be identified in victims. Self-harm or suicidal ideation in perpetrators may also be a warning marker. There are cases where perpetrators may encourage the suicide of the victim.</p>
7	<p><b>Planning</b></p> <p>The perpetrator might buy weapons or seek opportunities to get the victim alone.</p>	<p><b>Complete entrapment</b></p> <p>Victims feel trapped in a situation with no escape and nothing would get better.</p>
8	<p><b>Homicide</b></p> <p>The perpetrator kills his or her partner and possibly hurts others such as the victim's children.</p>	<p><b>Suicide</b></p> <p>A complex stage and does not necessarily happen while the direct abuse is ongoing, important to recognise the lifelong impacts of trauma for the victim.</p>

# Section 3: **Delivering Against Our Priorities**



The following section sets out our 4 priorities and the key areas of focus across the Public Health pillars. These areas of focus will form the action plan for the Enfield VAWG Strategic Group. An annual report on the progress will be published including emerging issues and challenges.

Public Health Pillar	What we will do	What will be the outcome
<b>Priority 1: Work in partnership to support all victims and survivors no matter where they are on their journey</b>		
<b>Preventing Violence before it occurs</b>	Increase the ways that victims and survivors can report abuse.	Build trust and confidence amongst victims and survivors of VAWG.
<b>Responding to immediate risk</b>	<p>Improve the support process for victims of repeat incidents of abuse.</p> <p>Strengthen our IDVA/ISVA provision, tailoring this to the diverse nature of our communities.</p> <p>Review the process for how women and girls who are at high risk of abuse access support services, including housing and emotional support.</p> <p>Review our pathways of support for women who have been exploited into prostitution, embedding an anti-stigma approach and reflecting national best practice.</p> <p>Train and provide advice to employers on the signs of Domestic Abuse and how they are supporting an employee experiencing abuse.</p>	<p>Better identify harassment and abuse at an earlier time to reduce escalation and repeat victimisation.</p> <p>Reduce the time it takes for victims and survivors of abuse and violence to access key support based on their risk assessment.</p> <p>Enable vulnerable women to seek the types of help and support, how, when and where they need and in a manner which does not criminalise them.</p> <p>Ensure victims feel fully supported through their place of work and consider how this can be part of a safety plan.</p>

Public Health Pillar	What we will do	What will be the outcome
<p><b>Long Term Support</b></p>	<p>Develop the DASH Risk Assessment to include the Domestic Abuse 8-step timelines using current national best practice models.</p> <p>Create a toolkit to identify the power and control tactics used by a perpetrator, based on the Domestic Abuse 8-Step Timeline. The toolkit is to include how abuse tactics vary for young people (15-25-year-olds) which can be used by professionals, employers and available across communities.</p>	<p>Improve the knowledge and identification of risk to better prevent the escalation of abuse and identify victims at earlier stages.</p> <p>Increase the awareness of the relationship between abuse and suicidality enabling swifter access to mental wellbeing support.</p>
<p><b>Priority 2: Understand, Prevent and Tackle the root causes of VAWG</b></p>		
<p><b>Preventing violence before it occurs</b></p>	<p>Work with schools to ensure healthy relationship programmes are fit for purpose.</p> <p>Maximise the network of health provision to support families.</p> <p>Continue to champion the Women’s Safety Charter across the Enfield business community.</p> <p>Develop a communications campaign to highlight harmful behaviours that drive and enable VAWG.</p>	<p>Ensure the causes of violence are identified and addressed at the earliest opportunity.</p> <p>Increase the awareness of harmful behaviours, including misogyny, catcalling, street harassment and gaslighting, ultimately creating a safer environment for women and girls.</p>
<p><b>Responding to immediate risk</b></p>	<p>Better understand how the different types of transition impact on risk for victims or survivors VAWG, including:</p> <ul style="list-style-type: none"> <li>• Transition by age</li> <li>• Transition between agency/ services</li> <li>• Transition across geographic boundaries.</li> </ul>	<p>Ensure that vulnerabilities are not increased at key points of transition and women and girls receive continuous provision.</p>

Public Health Pillar	What we will do	What will be the outcome
<p><b>Long Term Support</b></p>	<p>All partner agencies to ensure they have clear policies to address VAWG with embedded information sharing agreements.</p> <p>Review the impact and outcomes of the Probation Building Choices programme.</p> <p>Review our partnership approach in supporting children who experience abuse within their family home.</p>	<p>A focus on information sharing will improve communication between partner agencies as well as multidisciplinary work to support our residents.</p> <p>Reduce the intergenerational impact of violence and the risk of violence recurring.</p>
<p><b>Priority 3: Responding to the changing nature of how harassment and VAWG is committed</b></p>		
<p><b>Preventing violence before it occurs</b></p>	<p>Establish a range of campaigns and awareness programmes focused on online harm.</p> <p>Work with regeneration partners to ensure new developments include safe spaces for women and girls.</p> <p>Maximise our powers such as Public Space Protection Orders (PSPO) to address street-based harassment and sexism.</p> <p>Train front line officers on new and existing legislation such as the Public Harassment Act 2023 to address street-based harassment.</p>	<p>Support local communities and partner agencies to recognise the types of abuse, including online harm and how to address it.</p> <p>Create environments that are safe from women, living, working or travelling through the borough.</p>
<p><b>Responding to immediate risk</b></p>	<p>Ensure partner agencies are fully informed about the developments in tech enabled offending.</p> <p>We will promote “Project Guardian” which is launched by the British Transport Police to encourage women to report sexual offences and to create a safe environment on public transport.</p>	<p>Provide better advice to victims and survivors on tech enabled offending.</p> <p>Ensure that women and girls feel safe when travelling through the borough, especially at night, championing their needs.</p>

Public Health Pillar	What we will do	What will be the outcome
<p><b>Long Term Support</b></p>	<p>Better knowledge and information around safety planning and safety online.</p> <p>Review the current advocacy and support to ensure there is specialist provision related to undetermined immigration status.</p> <p>Ensure that services and policies reflect the changing diversity and individual needs of residents throughout the borough.</p>	<p>Improved support for women and girls with unresolved immigration issues who are affected by abuse.</p> <p>Victim and survivors of abuse can access the culturally appropriate support, and services are designed to support their needs.</p>
<p><b>Priority 4: Holding perpetrators to account</b></p>		
<p><b>Preventing violence before it occurs</b></p>	<p>Work together to identify perpetrators early and ensure a range of interventions are available.</p> <p>Ensure perpetrators of abuse are highlighted through Clares Law and Right to Know to protect future victimisation.</p> <p>Expand our White Ribbon programme internally and across partner, community and voluntary sector agencies.</p>	<p>Prevent the risk of violence escalating.</p> <p>Ensure that women and girls have access to the right information to allow them to make informed decisions about their relationships.</p> <p>Create an environment where sexism and misogyny are recognised, challenged and not tolerated.</p>
<p><b>Responding to immediate risk</b></p>	<p>Ensure that there is a range of accessible perpetrator programmes including CAPVA, CIFA and Drive.</p>	<p>Address the attitudes and behaviours that result in harassment and abuse of women and girls.</p>
<p><b>Long Term Support</b></p>	<p>Work with the Probation Service to ensure that convicted perpetrators access evidence-based interventions.</p>	<p>Reduced the risk of reoffending by perpetrators to previous or future partners.</p>

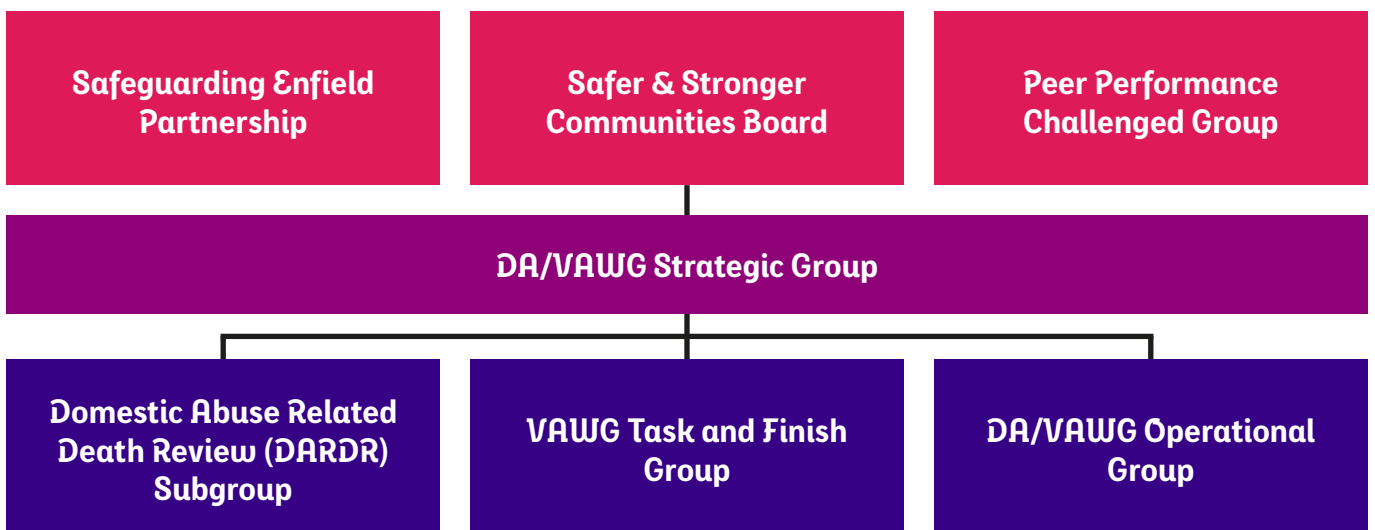
# Governance Structure

The Enfield Safer & Stronger Communities Board is made up of a range of partner agencies community and voluntary agencies, including Enfield Council, Metropolitan Police, Integrated Care Board and local NHS Trust, Probation Service, London Fire Brigade, specialist Violence Against Women and Girls services including Solace Women’s Aid, Family Based Solutions, Rise Mutual and The Women’s Centre.

Enfield has an established partnership governance structure, including a Domestic Abuse and Violence Against Women and Girls Strategic Group which reports to the Safer & Stronger Communities Board. The Strategic Group has responsibility for the delivery of this Strategy and the oversight of the Delivery Plan which will be developed alongside it. In addition, Enfield has a Domestic Abuse and Violence Against Women and Girls Operational Group, which brings together front line, community and voluntary services to review current challenges and emerging issues.

To ensure the partnership is delivering the agreed recommendations from Domestic Abuse Related Homicide Review, a multi-agency subgroup has been established.

The following diagram sets out the Safer & Stronger Communities Board Governance Structure:



# Help and Support

## Police

In an emergency, always call 999, for non-emergency reports, call 101.

📱 [Street Safe App – StreetSafe | Police.uk](#)

📱 Met Engage: [www.metengage.co.uk](http://www.metengage.co.uk)

## National Domestic Violence Helpline

The National Domestic Violence Helpline operates 24 hours a day on 📞 **0808 2000 247**, which is a freephone number. The helpline can provide details of refuge accommodation across the UK and services in your local area. You can also visit 📱 [www.nationaldahelpline.org.uk](http://www.nationaldahelpline.org.uk).

## Solace Women's Aid

Solace Women's Aid Advice Service offers information, advice and support for domestic and sexual violence. Phone the advice line on 📞 **020 3795 5068** (Monday to Friday, 9am to 6pm) or visit 📱 [www.solacewomensaid.org](http://www.solacewomensaid.org).

## Enfield Women's Centre

Enfield Women's Centre (EWC) is a registered charity working for women and girls and their families in the borough of Enfield. If you are a woman or a girl who needs help, get in touch for confidential, non-judgemental support. Email: 📧 [info@enfieldwomen.org.uk](mailto:info@enfieldwomen.org.uk), telephone: 📞 **020 8351 8934** or 📞 **020 8351 9128** or visit 📱 [www.enfieldwomen.org.uk](http://www.enfieldwomen.org.uk).

## Enfield Saheli

Enfield Saheli offers support and advice to women in Enfield and neighbouring London boroughs. The charity is run by women for women, with special emphasis on support for Asian women of all ethnicities. They provide qualified bilingual counselling in Hindi, Gujarati, Urdu and Punjabi. Phone Enfield Saheli on 📞 **020 8373 6218** or visit 📱 [www.enfieldsaheli.org](http://www.enfieldsaheli.org).

## Victim Support

Victim Support can offer advice and support if you have been a victim of any crime or have been affected by a crime committed against someone you know. Their services are free and available to everyone, whether or not the crime has been reported and regardless of when it happened. Phone Victim Support Enfield on 📞 **0808 168 9291** or visit 📱 [www.victimsupport.org.uk](http://www.victimsupport.org.uk).



## Children and young people

### Childline

📞 **0800 1111**

📱 [www.childline.org.uk](http://www.childline.org.uk)

## NSPCC

 0808 800 500  
 [www.nspcc.org.uk](http://www.nspcc.org.uk)

## Enfield Council Children's MASH

 020 8379 5555

## Enfield Council Early Help



 020 8379 2002

## Children's Portal

 <https://cp.childrensportal.enfield.gov.uk/web/portal/pages/home>

## Older people



### Age UK Enfield

 020 8375 4120  
 [www.ageuk.org.uk](http://www.ageuk.org.uk)



## Safeguarding Adults

Enfield Adult Abuse Helpline:  020 8379 5212  
 [www.enfield.gov.uk/safeguardingenfield](http://www.enfield.gov.uk/safeguardingenfield)

## Galop (previously known as Broken Rainbow National Helpline) (LGBT helpline)

 0300 999 5428  
 [www.galop.org.uk](http://www.galop.org.uk)

## Men's Advice Line

 0808 801 0327  
 <https://mensadviceline.org.uk>

## National Centre for Domestic Violence (for Civil Legislation advice and support)

 0844 8044 999  
 [www.ncdv.org.uk](http://www.ncdv.org.uk)

# Further reference document links

For information on all Enfield Council published strategies and policies

 <https://new.enfield.gov.uk/services/your-council/our-vision-aims-and-values/>

# Appendices



# Appendix A: Defining Violence Against Women and Girls



## Sexual Violence

Sexual violence, including rape is defined as sexual contact without the consent of the woman/girl. Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family/household, workplace, public spaces, social settings, during war/conflict situations.

According to the CSEW national data, in England and Wales in the year ending March 2022, estimated 1 in 30 (3.3%) women around aged 16 years and over were victims of sexual assault (including attempts).\* 1 in 3 (35%) of all sexual crimes reported to the police were rape (CSEW survey 2024).\*\*

**Source: Office for National Statistics.**

\*<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2022>

\*\*<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2024>



## Sexual Harassment

Sexual harassment is any unwanted verbal or physical conduct of a sexual nature. It can take place anywhere, including the workplace, schools, streets, public transport and social situations. This includes flashing, catcalling, and online harassment.

Nationally 1 in 5 young women aged 16-19 experienced harassment. Women were 3 times more likely to experienced sexual harassment than men. Members of the LGBTQ+ community were also disproportionately affected by sexual harassment (ONS Crime Survey statistics for the year ending March 2024).\*

**Source: Office for National Statistics.**

\*<https://cy.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thenatureofviolentcrimeinenglandandwales/yearendingmarch2024>



## Sexual Exploitation

Sexual exploitation means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. It includes but is not limited to exchanging money, employment, goods or services for sex. This includes transactional sex regardless of the legal status of sex work in the country. It also includes any situation where sex is coerced or demanded by withholding or threatening to withhold goods or services or by blackmailing.

In 2024, 53% of referrals to the National Referral Mechanism (NRM), the United Kingdom framework for identifying potential victims of modern slavery and human trafficking were related to female exploitation. Of these, 45% involved sexual exploitation and 7% involved domestic servitude.

**Source: Office for National Statistics.**

<https://www.unhcr.org/what-we-do/protect-human-rights/tackling-sexual-exploitation-abuse-and-harassment/defining-sexual>

[https://www.unseenuk.org/wp-content/uploads/2025/04/Unseen-Helpline-Annual-Assessment\\_2024.pdf](https://www.unseenuk.org/wp-content/uploads/2025/04/Unseen-Helpline-Annual-Assessment_2024.pdf)

<https://www.gov.uk/government/statistics/modern-slavery-nrm-and-dtn-statistics-end-of-year-summary-2024/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2024>

## Honour-Based Abuse (HBA)

'Honour'-based violence is an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour. Honour-based abuse (HBA) is often hidden, and victims may be reluctant to report meaning the data may not accurately reflect the true figures.

In the year ending March 2024, 2,755 Honour-based abuse related offences recorded by the police in England and Wales. 20% of HBA-related offences were for controlling and coercive behaviour, 14% for assault with injury, and 11% for assault without injury.\*

**Source: UK Government.**

\*<https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-year-ending-march-2024/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-year-ending-march-2024>

## Forced Marriage (FM)

Forced marriage is marriage conducted without valid consent of one or both parties, where duress is a factor. Forced marriage is not a problem specific to one country, religion or culture, however it is known to disproportionately affect women.

Nationally in 2024, 71% of the 240 cases supported by the Forced Marriage Unit (FMU) involved female victims. In terms of age, 35% of victims were aged 17 and under, 34% were aged between 18 and 25. 26% of cases had concerns related to mental capacity.\*

**Source: Official statistics, Forced Marriage Unit.**

\*<https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2024/forced-marriage-unit-statistics-2024#forced-marriage-unit-statistics>

## Faith-Based Abuse

Faith-based abuse is linked to faith or belief. This includes a belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray.

The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children and adults. Abuse may happen anywhere, but it most commonly occurs within the child's home.

In 2024, Department for Education (DfE) data reported that the abuse of 2,180 children involved faith or belief as a contributing factor, a 49% increase compared to figures from 2016/17.\*

**Source: UK Government.**

\*<https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2024>

## Stalking and Harassment

Stalking is repeated harassment (happening on more than one occasion) causing fear, alarm or distress. This can include threatening phone calls, texts or letters, damaging property, spying on and following the victim.

In the year ending March 2024, 1 in 25 (4%) women aged 16 years and over was a victim of stalking. Approximately 1 in 3 victims of stalking related to being stalked by the ex-partner or family member. Nearly half (50%) of all victims reported stalking had taken place online.\*

The impact of stalking and harassment is expressed in the following quote taken from the Office for National Statistics Crime Survey 2022.

"I have lost my life, my livelihood, friends, and family. I have lost all trust in everyone and view everyone with suspicion... I cannot sleep as the nightmares follow." Victim of Stalking

**Source: Paladin National Stalking Advocacy Service.**

\*<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/ifeellikeiamlivingsomeoneelseslifeoneinsevenpeopleavictimofstalking/2024-09-26>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2024>

## Intimate Image Abuse

Intimate Image Abuse is the sharing of private, sexual materials, photos or videos, of another person without their consent and with the purpose of causing embarrassment or distress. Sharing of these materials is usually carried out online. The offence of sharing intimate images without consent is classified as the most serious type of online offences under the Online Safety Act 2023 (OSA).

1 in 7 women aged 18–34 have had or have experienced threats to have their intimate or sexual images shared. In 2023, 71% of reports received by the Revenge Porn Helpline were made by women (where the client's gender was known). 81% of perpetrators were male, with 67% of the offenders being a current or former partner.

On average, women experienced over 28 times more images being shared illegally than men.\*

Research by My Image My Choice found over 275,000 intimate deepfake videos on the most popular deepfake sites in 2023, with a total of more than four billion views, and with more videos uploaded to these sites than in all previous years combined.\*

**Source: UK Parliament, UK Government.**

\*Page 48 <https://committees.parliament.uk/publications/46899/documents/241995/default/>  
<https://www.gov.uk/government/publications/online-safety-act-explainer/online-safety-act-explainer>



## Upskirting

Upskirting is defined as type of sexual voyeurism and abuse. It is when someone uses equipment such as a camera or mobile phone to take photos or videos underneath a person's clothes, with the intention of viewing their genitals or buttocks, without their permission, and it is often undetected as upskirting often occurs in a public crowded place, making it hard for the victim to know that a photograph or video is being taken.

Upskirting was made a specific criminal offence in England and Wales in 2019 by the Voyeurism (Offences) Act, which replaced the Sexual Offences Act (2003). A conviction for upskirting can result in a prison sentence of up to two years and/or a fine, and offenders may be placed on the sex offenders register.

Nationally between January 2019 and December 2022, the Crown Prosecution Service (CPS) recorded 313 upskirting offences.\*

During the same period, the Metropolitan Police Service in London reported 228 upskirting offences, with 66% of these involving victims aged between 13 and 15.\*\*

**Source: UK Government, Metropolitan Police, Crown Prosecution Service.**

\* <https://www.gov.uk/government/news/upskirting-law-comes-into-force>  
\*\* <https://www.met.police.uk/foi-ai/metropolitan-police/disclosure-2023/june-2023/data-upskirting-offences-2021-2022/>  
<https://www.cps.gov.uk/foi/2024/prosecution-and-conviction-data-s67a-sexual-offences-act-2003-upskirting-2019-2023>



## Modern Slavery and Trafficking

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat, use of force or other forms of coercion, abduction, fraud or deception. This includes the abuse of power or of a position of vulnerability, as well as the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Modern slavery is a term that includes any form of human trafficking, slavery, servitude or forced labour, as set out in the Modern Slavery Act 2015. Potential victims of modern slavery in the UK who come to the attention of authorised first responder organisations are referred to the National Referral Mechanism.

In 2024, the National Referral Mechanism (NRM) received 19,125 referrals of potential victims of modern slavery.\* Exploitation types typically have gendered patterns. For example, in 2024, males most often reported labour exploitation (39%; 5,462), whereas females most often reported sexual exploitation (31%; 1,546).

**Source: UK Government, Unseen UK.**

<https://www.gov.uk/government/statistics/modern-slavery-nrm-and-dtn-statistics-end-of-year-summary-2024/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2024>

<https://www.unseenuk.org/latest-modern-slavery-helpline-data/>

## **Child Sexual Abuse and Exploitation (CSAE)**

Sexual abuse of children involves forcing or enticing a child or young person to take part in sexual activities, regardless of whether or not the child is aware of what is happening. The activities may involve physical contact, including abuse by penetration or non-penetrative acts (such as masturbation, kissing, rubbing and touching outside clothing). This may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse via the internet.

Child sexual exploitation is a form of child sexual abuse, defined as an individual or group taking advantage of a power imbalance to coerce, manipulate or deceive a child or young person (under the age of 18) into sexual activity. This may be in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator.

Over half of Child Sexual Abuse and Exploitation offences in 2022 were committed by children, with 52% involving child-on-child abuse; age 14 was most common among offenders. 82% of perpetrators were male and 79% victims were female.

One-third of contact CSAE occurred within families, with parents and siblings most frequently identified as perpetrators. Online sexual abuse now accounts for 32% of CSAE.

**Source: Nation Police Chiefs' Council, UK Government.**

<https://news.npcc.police.uk/releases/vkpp-launch-national-analysis-of-police-recorded-child-sexual-abuse-and-exploitation-csae-crimes-report-2022>

<https://www.nationalcrimeagency.gov.uk/threats-2025/nsa-csa-2025>

## **Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) is defined as the complete or partial removal or alteration of external genitalia for non-medical reasons. It is mostly carried out on young girls at some time between infancy and the age of 15. Unlike male circumcision, which is viewed as a medical procedure and legal in many countries, FGM is now illegal across much of the globe due to its extensive harmful health consequences. In England and Wales and Northern Ireland, criminal and civil legislation on FGM is contained in the Female Genital Mutilation Act (2003).

Nationally, in 2023-24, FGM was indicated in 14,355 appointments at NHS trusts and GP practices, showing an increase of 15% compared to 2022-23. From April 2015 to March 2024, there were 102,155 attendances where FGM was identified.

**Source: NHS UK, FGM dashboard.**

<https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/april-2023-to-march-2024>

<https://app.powerbi.com/view?r=eyJrIjoiaMTg2YzVmZTYtZWVjZi00YzJmLTJhNmUtZjg4YjhMTikZDIzliwidCI6IjM3YzYzM1NGlyLTg1YjAtNDdmNS1iMjlyLTA3YjQ4ZDc3NGVIMyJ9>

## **Tech-Based and Digital Abuse**

Online abuse refers to a pattern of harmful behaviours conducted through digital platforms over an extended period, often escalating in severity. This can include actions such as monitoring someone's social media or email activity, sending abusive messages via platforms like Facebook or X (formerly Twitter), sharing intimate images or videos without consent, and using GPS tracking or spyware to track a person's movements.

In the UK, Refuge reported a 97% increase in complex tech-based abuse cases during the pandemic period (April 2020 to May 2021) compared to the first three months of 2020.

Based on international research more than half of women and girls surveyed reported they had experienced online VAWG.\* Reporting from the Internet Watch Foundation found that 97% of child sexual abuse material online in 2021 involved girls. There was also a threefold increase in self-generated abuse imagery among girls aged 7-10.\*


**Source: UK Government.**

\*[https://assets.publishing.service.gov.uk/media/67a39e2cad556423b636cadd/Platform\\_design\\_risk\\_of\\_online\\_violence\\_against\\_women\\_girls\\_A.pdf](https://assets.publishing.service.gov.uk/media/67a39e2cad556423b636cadd/Platform_design_risk_of_online_violence_against_women_girls_A.pdf)

<https://www.gov.uk/government/publications/online-safety-act-explainer/online-safety-act-explainer>

# Appendix B: 8-step Domestic Abuse Homicide timeline

Mapped and adapted. Prof. Jane Monckton-Smith

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7	Stage 8
 <b>WARNING SIGNS</b>	<b>History</b> A pre-relationship history of stalking or abuse and controlling behaviours.	<b>Develops Quickly</b> The romance develops quickly into a serious relationship.	<b>Coercive Control</b> <b>Relationship warning signs:</b> the relationship becomes dominated by coercive control and violence.  The perpetrator is quick-tempered. General anxiety and depression – not causal but can exacerbate the situation.	<b>Trigger</b> A trigger threatens the perpetrator's control. Such as separation or threats of separation.  A specific event that could prompt retaliation or revenge on the victim.  Mental health deterioration.	<b>Escalation</b> An increase in the intensity or frequency of the partner's control tactics.	<b>Change in thinking</b> The perpetrator chooses to move on, either through revenge or by homicide.  Attempts at reconciliation.  Children can be targeted.  Victim blaming.	<b>Planning</b> The perpetrator might buy weapons or seek opportunities to get the victim alone.	<b>Homicide</b> The perpetrator kills his or her partner and possibly hurts others such as the victim's children.
<b>In this case: taken from information in the short practice episode and historical information only known retrospectively.</b> (Mother = perpetrator, father/ children = victim)	Not known by the reviewer, father shared that the relationship commenced while in a relationship with a previous partner, he shared an incident of jealousy and confrontation.	Father reported an intense relationship occurred quickly.  The family moved to the UK away from family members.	Father described a relationship that featured coercive control, stalking, violence including the use of weapons (sticks and knives) short temper, and mood swings which he linked to her not taking her medication.  Father described her behaving oddly like she had a split personality.  She struggled to sleep becoming possessive and did not 'allow' him the use of a mobile phone.  Misuse of medication reported to the GP, and co-existing physical and behavioural changes.	The mother reports verbal abuse to the police from the father.  Father reported her behaviour and physical assaults towards him to the police.  There were threats to stab him in his sleep. Derogatory comments about Child C were made.  He became increasingly worried and contacted the police again.  The mother was arrested for assault and admitted to slapping but denied other offences. She was released with a Community Resolution.	The mother was released from custody and returned home in the early hours.  The mother becomes agitated, and the father is asked to leave the home to settle the situation.  The children remain asleep in the family home.	Father asks for a separation and to take time to sort their relationship out.  The mother contacted him by phone several times.	In those calls the mother said she wanted a plan, and she did not want to care for the children on her own.	Within 12 hours of the mother's release from custody, she kills the children and attempts to harm the father.  The criminal investigation is not concluded so more information about events is not known at this stage.
<b>Mapped against the Key practice episode</b>			<b>Day 1</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>

# Violence Against Women and Girls Strategy 2026-2035

