

7.3.8 Domestic violence and abuse, sexual violence and violence against women & girls

Why is this issue important?

Domestic Violence and Abuse, as well as Sexual Violence and other forms of Violence against Women & Girls (VAWG) share many similarities: they often constitute criminal offences, are under reported, have low conviction rates and high levels of repeat victimisation. In addition, they have a significant impact on the person experiencing them, any children and the wider community. Consequently, responding to these forms of violence and abuse is a local priority.

Domestic violence and abuse is defined by the UK Government as “any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years or over who are or have been intimate partners or family members, regardless of gender or sexuality”. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional. Since 2013, it has been recognised that ‘controlling behaviour’ and ‘coercive control’ are important concepts in understanding domestic violence and abuse. The Government definition, which is not a legal definition, also includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.¹

Sexual violence is any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse, sexual harassment, rape within marriage / relationships, forced marriage, so-called honour-based violence, female genital mutilation, trafficking, sexual exploitation, and ritual abuse.²

Other local priorities include responding to:

- *Stalking* which can take place in many forms and can consist of behaviour that is persistent

and clearly unwanted causing fear, harassment or anxiety.

- *Harmful practices* which are forms of violence and abuse which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most commonly known are Forced Marriage, So-called ‘Honour’-Based Violence and Female Genital Mutilation.

There are also a range of other forms of violence and abuse that affect residents and local communities including trafficking; sexual exploitation, including commercially through prostitution and the sex industry; and sexual harassment in the workplace and public sphere.

Nationally, research shows³:

- Around 27% of women and 13% of men aged 16-59 report experiencing any domestic abuse since the age of 16.
- In 2014/15, 81 women were killed by a current or former partner: 44% of female homicide victims were killed by a partner or ex-partner, with an additional 17% killed by other family members; the respective numbers for men are 6% and 14%.
- 20% of women and 10% of men aged 16-59 report experiencing stalking (by any person, including a partner or family member) since the age of 16.
- 19% of women and 4% of men report experiencing a sexual assault since the age of 16, with young women at the greatest risk.

In addition:

- The 2015 to 2016 Crime Survey for England and Wales asked adults aged 16 – 59 for the first time whether they had experienced sexual assault by adults during childhood. 11% of women and 3% of men reported any form of historical child sexual assault.⁴

1 Home Office. Domestic violence and abuse. Webpage. Available at: <https://www.gov.uk/guidance/domestic-violence-and-abuse> [Accessed 08/08/2016]

2 Rape Crisis England & Wales. What is sexual violence. Webpage. Available at: <http://rapecrisis.org.uk/sexualviolenceoverview.php> [Accessed 08/08/2016]

3 Office for National Statistics. The Crime Survey for England and Wales: Focus on: Violent Crime and Sexual Offences, 2014/15. 2016

4 Office for National Statistics. Abuse during childhood: Findings from the

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- There were 5,702 newly recorded cases of FGM in England reported via the Female Genital Mutilation (FGM) Enhanced Dataset,⁵ and 8,656 total attendances where FGM was identified or a procedure for FGM was undertaken.
- In 2015 the Forced Marriage Unit gave advice or support in 1,220 cases of possible forced marriage (FM). While FM can happen to men and women, 80% of cases involved female victims, and the largest proportion of victims (35%) were aged 18-25.⁶ It is also frequently under-reported.⁷
- Research by IKWRO⁸ using Freedom of Information requests to 39 out of 52 police forces showed over 11,000 HBV cases had been recorded over a five-year period (2010-2014).⁹

There is also an increasing amount of evidence available about the direct impact on children and young people. 2015 research shows that more than 4 in 10 schoolgirls in England have experienced sexual coercion,¹⁰ whilst NSPCC research on teenage partner violence found that 25% of girls and 18% of boys in intimate relationships experienced physical abuse, 75% of girls and 14% of boys experienced emotional abuse and 33% of girls and 16% of boys experienced sexual abuse. Girls reported greater incidence rates, experienced more severe abuse more frequently and suffered more negative impacts, compared with boys.¹¹

In understanding these forms of violence and abuse the city adopts a gendered approach, which is consistent with the UK Government's *'Ending Violence against Women and Girls Strategy 2016 – 2020'*¹² and the United Nations (UN) Declaration on

the elimination of violence against women.¹³ This reflects the gender differences in the scale, incidence and effects of these crime-types.¹⁴ Women and girls experience these forms of violence and abuse disproportionately and cumulatively during their lifetime. Consequently, they are a significant cause and consequence of gender inequality, and impact on women's ability to fully participate in employment, education and in local communities. In contrast, the majority of those who perpetrate violence and abuse are men. Nonetheless, men can experience, and as children boys can witness or experience, violence & abuse. Consequently, it is important to ensure that there is support available, proportionate to need, for men and boys.

Domestic violence and abuse, as well as sexual violence and these other forms of violence and abuse, can have a range of acute impacts which will result in the use of health services. These can include physical injury, as well as the impact on mental and emotional wellbeing, employment and education, social capital, health behaviours and homelessness. There can also be longer term impacts such as poor school achievement, reduced economic prospects, behavioural problems, substance abuse, poor mental, sexual or physical health, and the risk of further violence.¹⁵

The direct physical health consequences of domestic and sexual violence can include physical injury, sexually transmitted infections and unwanted pregnancy. Long-term consequences include post-traumatic stress disorder, anxiety and panic attacks, depression, social phobia, substance abuse, obesity, eating disorders, self-harm and suicide.^{16,12} Similar issues can arise for those affected by FM.¹⁷ Violence in the home can also normalise violence in future relationships for both

Crime Survey for England and Wales, year ending March 2016. 2016.

5 The Female Genital Mutilation (FGM) Enhanced Dataset (SCCI 2026) is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices

6 Home Office. Forced Marriage Unit Statistics 2015. 2016. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505827/Forced_Marriage_Unit_statistics_2015.pdf. Accessed 21/06/16

7 HM Government. Multi-Agency Practice Guidance: Handling Cases of Forced Marriage. 2009

8 Iranian and Kurdish Women's Rights Organisation

9 HMIC, 'The depths of dishonour: Hidden voices and shameful crimes', 2015

10 Safeguarding Teenage Intimate Relationships, Briefing paper 2 Incidence Rates and Impact of Experiencing Interpersonal Violence and Abuse in Young People's Relationship, 2015

11 National Society for the Prevention of Cruelty to Children (NSPCC). 2009

12 HM Government. Ending Violence Against Women and Girls Strategy 2016-2020. March 2016

13 United Nations. General Assembly Declaration on the Elimination of Violence against Women (A/RES/48/104, of 19 December 1993).

14 Equality and human rights commission (EHRC). Walby, Armstrong and Strid. Physical and legal security and the criminal justice system: a review of inequalities. 2010

15 Department of Health. Protecting people Promoting health. 2012

16 Home Office and Department of Health. Itzen C. Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse. 2006

17 Forced Marriage Unit. Report on the Implementation of the Multi-Agency Statutory Guidance for Dealing with Forced Marriage (2008). 2012

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girls and boys, whereby girls think it is normal to accept it and boys think it is normal to be violent.¹⁸

The NHS spends more time and money dealing with the impact of domestic and sexual violence than any other agency, and so action to tackle the causes and consequences is not only cost-effective but contributes to the health and wellbeing of the population. For example, more women suffer rape or attempted rape than have a stroke each year, and the level of domestic abuse in the population exceeds that of diabetes many times.¹⁹

Key outcomes

- **Domestic abuse (Public Health Outcomes Framework)**
- **Violent crime (including sexual violence) (Public Health Outcomes Framework)**

The citywide outcome is for local residents and communities to be free from violence and abuse by:

- Increasing survivor safety.
- Holding perpetrators to account.
- Decreasing social tolerance and acceptance.
- Increasing people's ability to have safe, equal, violence-free relationships.²⁰

Impact in Brighton & Hove

In 2015/16, 4,575 domestic violence incidents and crimes were reported to the police in Brighton & Hove, an increase of 4.7% on 2014/15. In the same period, there were 352 finalised domestic violence prosecutions, of which 260 were successful (74%). Reporting may be lower in Brighton & Hove. For example using 2014/15 data, there are 17.1 domestic abuse incidents recorded by the police per 1,000 population: this is lower than the

England average of 20.4 (the city is ranked 14 of 16 among its 'nearest neighbour' local authorities).²¹

Data on police recorded crimes and incidents of stalking became available as of April 2014. In 2015/16 there were 37 police recorded offences of stalking.

In 2015/16 there were 667 police recorded sexual offences, an increase of 12.3% compared with the previous year. Incidents may be higher in Brighton & Hove. For example using 2014/15 data there are 1.81 sexual offences per 1,000 population (which is higher than the England average of 1.40; is the city is ranked 8 of 16 amongst its 'nearest neighbour' local authorities).²¹

However, police recorded data is an underestimate of the number of crimes committed since substantial numbers of people do not report such violence to the police. Applying the latest prevalence rates from the Crime Survey for England and Wales to 2015 mid-year population estimates shows that:

- 7,639 women and girls aged 16-59, and 3,868 men and boys are estimated to have experienced domestic violence and abuse in the last year.
- 2,515 women and girls, and 677 boys and men are estimated to have experienced any sexual assault in the last year.
- 4,564 women and girls, and 2,321 boys and men are estimated to have experienced stalking in the last year.

However, in making these estimates, it is important to note that while both women and men experience incidents of inter-personal violence, women are considerably more likely to experience repeated and severe forms of violence.²² The individual, economic and social cost of domestic and sexual violence and abuse to women in the city is estimated to be £149 million per annum. The

18 Women's Health and Equality Consortium. Better Health for Women. 2013

19 Department of Health. Taskforce on the Health Aspects of Violence Against Women and Children. 2010.

20 For a description of the outcomes and associated sub outcomes please refer to the Brighton & Hove Preventing Violence against Women and Girls: An Integrated Strategy and Action Plan 2012-2017. Available at: www.safeinthecity.info/vawg

21 Public Health England. Public Health Outcomes Framework. Available at: <http://www.phoutcomes.info/> [Accessed: 08/08/2016]

22 Walby, S. & Allen, J. 'Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. Home Office Research Study 276', 2004

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total cost of these crime types to all residents however is likely to be much higher.^{23,24}

These forms of violence and abuse impact on a number of local services:

- Domestic and sexual violence also presents a risk of harm to children and young people. Locally, in July 2016, of 385 children subject of a Child Protection Plan, 45% had parental domestic violence recorded as a factor.²⁵
- In 2015/16 there were 448 high risk domestic violence cases discussed at the local Multi-Agency Risk Assessment Conference (MARAC). There were 428 children associated with these cases.
- In 2015/16, 126 Safeguarding Adult enquiries were flagged as linked to domestic violence (6% of all adult safeguarding enquiries undertaken).
- In 2015/16, 105 homeless applications were made due to domestic violence, of which 38 were accepted.
- In 2015/16 the Saturn Centre - the local Sussex Sexual Assault Referral Centre (SARC) - received 156 referrals from Brighton & Hove residents, an increase of 14% compared with the previous year.

Demand for specialist services is also high²⁶:

- In 2014/15 (the last full year for which data is available) 635 victim/survivors were referred to RISE's Independent Domestic Violence Advisor (IDVA) service.

23 Home Office. Ready Reckoner tool. Available at: <http://webarchive.nationalarchives.gov.uk/20100104215220/http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm> Using Office for National Statistics. Mid-year population estimates 2015. 2016.

Available at: <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates> [Accessed 08/08/2016]

24 This estimate does not include domestic or sexual violence perpetrated against men, or women outside of the 16-59 age group. It also does not include any additional costs from stalking, female genital mutilation, so called honour-based violence or forced marriage.

25 More than one underlying cause can be recorded.

26 Full year data is only available for 2014/15 for specialist services because during 2015/15 RISE and Survivors' Network moved onto a new case management system as part of the development of 'The Portal' which is a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support in Brighton & Hove and East Sussex)

- In 2014/15 (the last full year for which data is available) 165 victim/survivors were referred to Survivors' Network Independent Sexual Violence Advisor (ISVA) service.
- Services offering access to talking therapies have reported an increase in the number of people seeking therapeutic support. Many of these people will have reported to the police or other services, but for some it will be their first disclosure of either recent or historical violence or abuse.²⁷

Reported levels of Harmful Practices remain low and to inform the local picture of need, Public Health Evidence Briefings were produced which included estimates of those historically affected, or currently at risk in the city. Mandatory recording by acute health trusts of the number of patients who have had FGM or have a family history of FGM was introduced in September 2014. In 2015/16, 23 patients were recorded as having had FGM.

Data about the scale and extent of prostitution and the sex industry is limited. In 2016 a Rapid Needs Assessment is being completed looking at Sex Work in Brighton & Hove to better understand need.

Tragically, between 2012 and 2014 there were three homicides in the city where the victim's death was due to, or suspected to have been caused by, domestic violence and abuse. Each was subject of a 'Domestic Homicide Review' commissioned by the Safe in the City Partnership. In addition the partnership commissioned a 'Near Miss Review' where an incident did not result in a homicide, but where the circumstances were of particular concern given the amount of contact between the victim and local services. Following a similar approach to the Home Office, which produced a 'lessons learnt' report²⁸ summarising 54 reviews received between 2011 and 2013, the Safe in the City Partnership published a Summary of Learning²⁹ with key themes identified including:

- Awareness raising and communication.

²⁷ CTS Monitoring 2016. Call for Evidence 2016. TDC.

28 Home Office. Domestic homicide review: lessons learned. Available at: <https://www.gov.uk/government/publications/domestic-homicide-review-lessons-learned> [Accessed 08/08/2016]

29 Safe in the city: Brighton & Hove Community Safety Partnership. Domestic Homicide Reviews. Available at: <http://www.safeinthecity.info/domestic-homicide-reviews> [Accessed 08/08/2016]

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- Skilled workforce.
- Consistent care pathways.
- Assessing and responding to risk.
- Information sharing.
- Coordinated community response.

Local consultation with victim/survivors has found that whilst they welcome and highly value the support offered by independent specialist domestic and sexual violence services in the city, they have little confidence in many public services, which they said failed to identify and respond to their needs; made them feel excluded, isolated, judged and blamed for the violence; and hampered their ability to seek help.³⁰ More recently the local Violence against Women and Girls Forum made a submission to the Brighton & Hove Fairness Commission following consultation with victim/survivors. This identified a range of issues including:

- The importance of a consistent response following a disclosure or when seeking help.
- Concerns that having to repeatedly describe experiences of violence and abuse to a wide range of professionals is both traumatising and can have a detrimental impact on someone's ability to recover.
- Concerns that the needs and safety of victim/survivors was frequently separated from, or conflicted with, those of their children.³¹

Local inequalities

These forms of violence and abuse occur in every socio-economic group, across all communities. However, they are not gender neutral when considering prevalence, frequency or impact. The city's approach reflects the gendered nature of these crime types and sits within a broader strategy to prevent Violence against Women and Girls (VAWG) as described above. However, men are affected. In 2015/16, 4% of high-risk domestic

violence referrals to the Multi-Agency Risk Assessment Conference (MARAC) were for men.

It is also important to recognise the impact of additional vulnerabilities. National evidence shows that some women face significant disadvantage and marginalisation, including those in prison, prostitution or sex work, as well as women who are asylum seekers, migrants, Black and Minority Ethnic (BME) disabled, lesbian or bisexual³² Other groups with identified needs in terms of risk or access to services include trans people³³ and gay and bisexual men.³⁴

There is a lack of data locally about prevalence in Black and Minority Ethnic (BME) communities, although RISE reports that the barriers to seeking support for domestic violence and abuse amongst BME groups identified by local RISE Peer Educators included: lack of understanding of what DVA is; lack of knowledge of services available; low self-esteem and self-isolation; transient nature of some lifestyles (Travellers). They also felt services lacked an understanding of BME backgrounds.³⁵ 15% of high-risk domestic violence referrals to the local MARAC in 2015/16 were from BME communities.

Brighton & Hove has large lesbian, gay, bisexual and trans (LGBT) communities, with the LGB population estimated to be between 11% and 15% of the population aged 16 or more. The Trans Needs Assessment, conducted in 2015 estimated that there are at least 2,760 trans adults living in Brighton & Hove. 63% of the community research sample for the Trans Needs Assessment reported domestic violence, and there was felt to be a need for a better understanding of the needs of trans people by domestic and sexual violence services locally.³⁶ Survivors' Network has undertaken a range of work to improve accessibility for trans people, which led to launch in partnership with LGBT Switchboard of a helpline for trans* and non-binary survivors of sexual violence and abuse. 5% of high-risk domestic violence referrals to the

32 Women's Health and Equality Consortium. Better Health for Women. 2013.

33 Brighton & Hove City Council. Trans Equality Scrutiny Panel report. 2013

34 Stonewall. Domestic Abuse: Stonewall Health Briefing. 2012

35 Submission from RISE for JSNA update 2016 call for evidence

36 Brighton & Hove City Council. Trans Needs Assessment 2015. Available at <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 08/08/2016]

30 Brighton & Hove City Council, 'Domestic Violence: Intelligent Commissioning Pilot', 2011

31 Brighton & Hove Violence against Women and Girls Forum: Submission to Brighton and Hove City Council Fairness Commission, March 2016

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Multi-Agency Risk Assessment Conference (MARAC) were for people who identified as LGB or T*.

Young people may also be experiencing domestic and sexual violence in their relationships, although limited data is available on this locally. 18% of teenage mothers worked with by the Family Nurse Partnership in January 2016 reported experiencing physical or sexual abuse in the last year, and 47% reported having ever been abused by someone close to them. In 2015/16, 2% of high-risk domestic violence referrals to the Multi-Agency Risk Assessment Conference (MARAC) were from victims aged 16-17.

There is a lack of data locally about prevalence in relation to people with disabilities although in 2015/16, 14% of high-risk domestic violence referrals to the Multi-Agency Risk Assessment Conference (MARAC) were for people with a disability.

There is a lack of data locally about prevalence in relation to older people. However the understanding of the impact of these forms of violence and abuse on Older People is developing. The 2014 Care Act introduced domestic violence as an abuse category. Further work needs to be undertaken to better understand the needs of older people. An example of this is the Sussex Elders Commission, which is an opportunity for older residents to support, challenge and inform the work of the Sussex Police & Crime Commissioner.³⁷

Predicted future need

The response to violence and abuse continues to be central to agendas on public health promotion: reducing crime; safeguarding children and adults with support needs; supporting families facing multiple disadvantages; promoting equality, and improving education, learning and skills development. There is also an increasing focus on a preventative agenda.

Since 2010, there have been significant increases in the reporting of domestic and sexual offences to

the police. In the 12 months to March 2015 there was a 31% increase in the number of DVA related crimes in England and Wales.³⁸ This increase is mirrored in relation to sexual offences, with the Crime Survey for England and Wales (CSEW) noting a 36% in the year ending September 2015. Despite recent increased reporting, these crime types remain under-reported and the increasing number of referrals to specialist services is noted above. Other emerging trends include the increase in reporting of historic sexual offences.³⁹

Nationally, reforms to immigration legislation, eligibility for legal aid, welfare and housing reforms are likely to have a significant impact on victim and survivors' access to protection and support. At the same time, the effect of public expenditure reductions will have an impact on the provision of violence against women services. For example, 230 women (9% of those seeking refuge) were turned away by Women's Aid on a typical day in 2011 due to lack of space. This is likely to lead to a greater pressure on local services,⁴⁰ with service users presenting with more complex needs.

What we don't know

Locally (as with most public services) we have no data available from health services about victim/survivors' and perpetrators' use of NHS service. We also lack information about the compliance of local safeguarding services with national statutory guidance on forced marriage and multi-agency guidelines on female genital mutilation. There is a paucity of data on the impact of these crime types on local equality groups such as carers or with reference to religion.

Many of these crime types share common features, including under-reporting and the risk of repeat victimisation. For example, just over a third of those reporting domestic abuse tell someone in an

38 Her Majesty's Inspectorate of Constabulary (HMIC). Increasingly everyone's business: A progress report on the police response to domestic abuse. 2015. Available at:

<https://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/increasingly-everyones-business-domestic-abuse-progress-report.pdf> [Accessed 08/08/2016]

39 Safe in the City, Brighton & Hove Community Safety Partnership. Strategic Assessment of Crime and Disorder. 2012

40 Walby S. Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls. 2012

37 Sussex Police and Crime Commissioner. Elders' Commission. Available at: <https://www.sussex-pcc.gov.uk/elders-commission/> [Accessed 08/08/2016]

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official position, while only one in five victims report the incident to the police.⁴¹

Key evidence and policy

Local policy drivers in Brighton & Hove include:

- Brighton & Hove's '*Strategy for preventing Violence against Women and Girls*' which runs from 2012 – 2017.
- *The Community Safety, Crime Reduction and Drugs Strategy 2014-17*.
- The Sussex Police & Crime Commissioner's '*Police & Crime Plan*'.

The UK Government's '*Ending Violence against Women and Girls Strategy 2016 – 2020*' is a key national policy driver.

Recommended future local priorities

More work is needed to co-ordinate responses to domestic and sexual violence and abuse. Priorities for these crime types should be built around the key themes from the VAWG strategy (**prevention, provision, protection and partnership**). These include delivering or commissioning:

Prevention:

- Raise awareness of what constitutes violence and abuse and have access to information to make informed choices about safe and healthy relationships.
- Pilot the Women's Aid 'Ask Me' Scheme to create safe spaces in the local community where women who are experiencing domestic abuse know they can safely tell someone about their experiences.⁴²
- Mark the annual 16 Days of Action and support the '*Learning Together to Safeguard the City*' week to raise awareness of working together to keep people safe and well delivered by the Safeguarding Adults Board, the Local

Safeguarding Children Board and the Safe in the City Partnership.⁴³

Provision:

- Deliver 'The Portal' - the new specialist domestic and sexual violence service across Brighton & Hove and East Sussex, led by RISE, along with CGL and Survivors' Network - which provides a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support in Brighton & Hove and East Sussex.⁴⁴
- Work with specialist services to generate added value and test different models of delivery such as the RISE Big Lottery Women and Girls Initiative, which includes community work, assertive outreach, assets based community development, workforce development and training and an evaluation study of service users.⁴⁵
- Continue to develop work with children and young people, with a focus on the Early Help Strategy and Public Health Schools' Programme.
- Work with the Clinical Commissioning Group (CCG) to implement a trauma pathway to improve access to talking therapies for victim/survivors.

Protection:

- Deliver a MARAC Quality Assurance Programme.
- Support other audit and quality assurance activity including through the Local Safeguarding Children Board and Safeguarding Adults Board Partnership initiatives.

Partnership:

- Retain the city's White Ribbon Status.
- Ensure frontline practitioners have the confidence and skills to identify and respond appropriately; rolling out a training programme

41 Office for National Statistics. Crime Survey for England and Wales. 2015. Available at: <http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice> [Accessed 08/08/2016]

42 Women's aid. Ask me. Available at: <https://www.womensaid.org.uk/our-approach-change-that-lasts/askme/> [Accessed 08/08/2016]

43 <http://www.safeinthecity.info/16-days-of-action> and <http://www.brightonandhovelscb.org.uk/home/learning-together-to-safeguard-the-city/>

44 www.theportal.org.uk

45 Submission from RISE for JSNA update 2016 call for evidence

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for 2016-17 and introduce a network of 'Safe in the City Champions' to bring together practitioners from a range of agencies.⁴⁶

Key links to other sections

- Parenting
- Maternal and infant health
- Emotional health and wellbeing
- Community safety and crime reduction

Further information

<http://www.safeinthecity.info/violence-against-women-and-girls-0>

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⁴⁶ <http://www.safeinthecity.info/safe-in-the-city-champions>