

## 3.2.02 Violence against women and girls

### Introduction: why is this important?

Domestic Abuse and Sexual Violence harms the whole of society and impacts across all sections of our local communities. It damages adults, young people and children and it has a significant impact on individual health and wellbeing and can seriously affect whole life experiences. Sexual Violence in particular may involve a single abuser or a group of abusers. Abusers may be strangers but are more often known and may be in a position of trust or authority. Abuse affects both women and men in heterosexual and same sex relationships, but disproportionately involves men abusing women who are known to them.

### What do the facts and figures tell us?

National data reveals that in 2012 around 1.2 million women suffered domestic abuse, over 400,000 women were sexually assaulted, 70,000 women were raped and thousands more were stalked. Fewer than 1 in 4 people who suffer abuse at the hands of their partner and only around 1 in 10 women who experience serious sexual assault report it to the police. There are over 10,000 incidents of domestic violence reported to Bradford police every year.

Bradford is seeing an increase in the number of domestic violence incidents reported to West Yorkshire Police each year and is expecting this trend to continue:

- There were 8,844 incidents reported to the police in 2009-10
- There were 10,895 incidents reported to the police in 2014-15

Over the same time period the repeat incident rate for domestic violence in Bradford is decreasing:

- In 2009-10 the repeat incident rate was 45.6%
- In 2014-15 the repeat incident rate was 39.9%

Specialist domestic violence services in Bradford suggest that 50% of their clients never report domestic violence to the police, therefore the overall number of domestic violence incidents in the District is likely to be far higher than this.

There are two indicators relating to domestic abuse and sexual offences in the Public Health Outcomes Framework:

- 1.11 Domestic abuse – the rate of domestic abuse incidents per 1,000 population. In 2013-14 the rate of domestic abuse incidents in Bradford District was 21.6 per 1,000 population. This is above both the average for the England (19.4 and 22.8 per 1,000 population respectfully)
- 1.12iii Violent crime – the rate of sexual offences per 1,000 population. In 2014-15 there were 1,006 recorded offences in Bradford District at a rate of 1.9 per 1,000 population. This is above both the average for the England (1.4 and 1.6 per 1,000 population respectfully)

### What strategies, policies and best practice have been developed locally and nationally?

Building on the 2011 action plan committing government to a wide range of actions to end violence against women and girls, in March 2013 the Government introduced a change in the definition of domestic violence. This was widened to include young people aged 16 to 17 and those who exhibited coercive control – a pattern of controlling behavior. The cross-government definition of domestic violence and abuse is:

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

- psychological
- physical
- sexual
- financial
- emotional

In April 2011 domestic homicide reviews were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act 2004. Since the implementation of domestic homicide reviews (DHRs) in 2011, Bradford has established 7 DHRs.

In November 2012 the Protection from Harassment Act 1997 was updated by provisions made in the Protection of Freedoms Act 2012, creating 2 new offences for stalking. The new offences were cover:

- stalking
- stalking involving fear of violence or serious alarm and distress

In August 2013 The National Institute for Health and Clinical Excellence (NICE) published new draft guidance on identifying and preventing domestic violence and abuse. The draft recommendations are aimed at health and social care service managers, professionals, commissioners, service providers, GPs and specialist domestic violence and abuse staff.

In November 2015 Bradford and Airedale Violence Against Women & Girls (VAWG) Health Strategy Group published the “Updated Tackling Domestic and Sexual Violence 2015-2020 Bradford District Local Health Economy Strategy and NICE Guidance: A strategic response to ending violence against women and girls (VAWG) and inter-personal violence against men”. This included recommendations that Health Service commissioners and providers plan their approach to domestic and sexual violence including:

- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CSE)
- Honour based violence
- Forced marriage

In November 2013, it was announced that the domestic violence disclosure scheme and domestic violence protection orders would be rolled out across England and Wales from March 2014.

[The Anti-social Behaviour, Crime and Policing Act 2014](#) made it a criminal offence to force someone into marriage. This includes taking someone overseas to force them into marriage.

New domestic abuse offence covering ‘coercive and controlling behaviour’ in relationships was introduced in October 2015.

A new mandatory reporting duty for FGM is being introduced via the Serious Crime Act 2015, following a public consultation. The duty will require regulated health and social care professionals and teachers in England and Wales to report known cases of FGM. It came into force on 31<sup>st</sup> October 2015.

Locally strategic governance for domestic abuse in Bradford is held by the Bradford Community Safety and Stronger Partnership board (CSSP). The work of the Partnership Board in relation to domestic abuse is supported by Bradford Domestic and Sexual Violence Strategic Board which is a delegated sub-group, and provides strategic governance of domestic and sexual violence activity in the District.

In November 2015 The Bradford Domestic and Sexual Violence Strategic Board published “The Bradford Domestic and Sexual Violence Strategy 2015-2020: A strategic response to ending violence against women and girls (VAWG) and inter-personal violence against men”. This complimented the strategy produced by Bradford and Airedale VAWG Health Strategy Group.

The strategy sets out the commitment of all partner agencies to adopt a consistent and long term approach to the prevention of domestic and sexual violence and provide an effective partnership response where it occurs. It outlines the structure of national and regional policy as well as key needs locally in Bradford, providing a platform to build and deliver an effective response to all aspects of Domestic and Sexual Violence in the District.

Overarching themes ensure that work is co-ordinated in pragmatic partnership model. The partnership will be working collectively to address the following:

- **Prevention:** To intervene early to prevent escalating situations of violence and abuse being repeated
- **Provision of Services:** To help survivors and their children to continue with their lives by providing effective co-ordinated specialist services
- **Protection and Prosecution:** To want to reduce offending and deliver an effective criminal justice system

### What challenges have been identified in a local context?

During 2013 an extensive consultation process has been carried out by the City of Bradford Metropolitan District Council's Adult Service's Commissioning Team to assess the overall requirements of the District in relation to violence against women and girls. The consultation included a survey of clients of specialist domestic violence services and focus groups held within 4 of the Districts refuges. As well as generic questions about their experiences of domestic violence, the survey and the focus groups included questions specifically related to the response that clients received from health professionals.

The responses received from the survey included requests for more support in the community, local drop in centres and longer term floating support services. Language barriers and the need for specialised interpreters were also highlighted, particularly with Eastern European speakers. Respondents appreciated the support that they were receiving, specifically safe accommodation, emotional support and assistance in accessing local community centres. Respondents to the survey also highlighted difficulties with the Education Authority, stating that schools were not helpful when being re-housed and did not help with placements at local schools.

### What do our stakeholders tell us?

Locally, specialist domestic violence services report that only 50% of their service users ever contact the police.

Local Rape and Sexual Violence services report increasing referrals into service from adult survivors of childhood sexual abuse. The majority of referrals are self-referrals with the remainder coming from Prisons, Social Services and the police. There is overwhelming evidence of the impact of sexual violence on mental health and close links to homelessness (REVA 2015). The support survivors receive should be considered as part of a recovery journey and a range of interventions and support systems are necessary to aid recovery.

Different survivors experience recovery in different ways and the impact of increases in people seeking asylum having experienced sexual violence whilst feeling their country of origin is bringing additional pressure on services. Seeking asylum brings increased risk from all forms of sexual violence, increased vulnerability and barriers to accessing support services. Safe places to explore their experiences and how they can recover from the trauma associated with sexual violence are particularly beneficial for women from black and minority ethnic (BME) groups but individual support work is also required.

## Recommendations: What do we need to do? How do we ensure this remains a priority?

- The Domestic and Sexual Violence Strategic Board have delegated the development of detailed Action plans reflecting each of the Strategic Priorities and will be developed during 2016
- There is a clear focus on developing models and programmes to stop violence from occurring in the first place. This is the most strategic (and cost-effective) medium to longer term positive outcome. Early intervention prevents escalation, repeat victimisation and ultimately reduces high risk incidents of domestic and sexual violence
- Schools have a range of legal obligations to ensure young people are safe. Focusing on young people, especially adolescent girls and boys is crucial to foster positive attitudes towards gender equality and to instil zero tolerance for domestic and sexual violence. Working with adolescents on positive relationships and locus of control presents an invaluable opportunity to cultivate generations in which intimate violence is no longer commonplace or tolerated
- There is a need to deliver appropriate, timely and efficient emergency and acute services when people are most in need. It is also important that those survivors who chose not to formally report these crimes to the police are enabled to access forensic medication examinations to capture and record evidence should this position change in the future
- The delivery of an effective criminal justice system which incorporates investigation, prosecution, support and protection for the survivor
- Better understanding the evidence base in relation to sexual violence is essential for accurate analysis of the requirement for service provision across the District. This will better equip the District to adequately plan for increased pressure on services
- Understanding the additional vulnerabilities and barriers to support experienced by BME survivors for both UK citizens and those seeking asylum and refuge

## References

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