

Equality Impact Assessment
Corporate Assessment Template



<p>Policy/Strategy/Project/Procedure/Service/Function Title:</p> <p>Cardiff and Vale of Glamorgan Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2018-2023</p>
<p>New/Existing/Updating/Amending: New</p>

Who is responsible for developing and implementing the Policy?	
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Service Team: Housing & Communities	Service Area: Communities, Housing and Customer Services
Assessment Date: March 2018	

1. What are the objectives of the Policy?

The Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 laid out a requirement for local authorities and Health Boards to jointly prepare regional strategies to tackle violence against women, domestic abuse and sexual violence (VAWDASV). In recognising the national strategic direction, the regional strategy sets out an overarching vision and high level aims as follows:

Vision:
People who live, work and visit Cardiff and the Vale of Glamorgan have the opportunity to live positive, independent lives without being affected by violence and abuse.

Aims:

Aim 1 - PREPARE
Improve strategic planning and commissioning of VAWDASV services through a more coordinated partnership approach across the region.

Aim 2 - PURSUE
Address perpetrators of VAWDASV by improving intelligence sharing across services and the use of legal powers to disrupt and convict.

Aim 3 - PREVENT
Pro-actively address negative attitudes and behaviours that have the potential to result in VAWDASV, recognising this as everyone’s business.

Aim 4 - PROTECT
Improve the multi-agency response and support to all victims and their children regardless of risk level and needs.

Aim 5 - SUPPORT
Ensure that innovative, flexible and evidence-based services are available to meet the needs of victims experiencing any form of VAWDASV.

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2. Please provide background information on the Policy / Strategy / Project / Procedure / Service / Function and any research done [e.g. service users data against demographic statistics, similar EIAs done etc.]

Background

1. 2. Violence against women, domestic abuse and sexual violence is a fundamental violation of human rights, and both a cause and consequence of inequality. Tackling violence against women, domestic abuse and sexual violence (VAWDASV) has far-reaching consequences for women, men, children, families, communities and society as a whole. Tackling these enduring social problems requires a distinct and proportionate approach to enable everyone to live fear free in safe, equal and violence free communities.
2. The Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 set out a requirement for local authorities and Health Boards to jointly prepare regional strategies to tackle VAWDASV.
3. The Welsh Government has set out in its national strategy following the Act, an objective to provide victims with access to “holistic, appropriately resourced, high quality, needs led, strength based, gender responsive services across Wales.” The Act now places a wider duty to support those experience all forms of violence against women, domestic abuse and sexual violence. This duty includes male victims and perpetrators of abuse.
4. The regional VAWDASV strategy recognises that anyone (women, men, children and young people) can experience and be affected, it addresses violence and abuse directed towards women, men, girls and boys and violence and abuse perpetrated by men and women. It acknowledges that it can happen in any relationship regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, geography or lifestyle. However it is acknowledged that women and girls are disproportionately affected by domestic abuse, rape and sexual violence, sexual exploitation (including through the sex industry), modern day slavery, forced marriage, female genital mutilation, child sexual exploitation and abuse, stalking and sexual harassment.
5. Cardiff Council has recently undertaken an EIA in relation to the commissioning process to procure a new female victim specialist service. This service was successfully awarded and the contract began implementation on 1st April 2018. A male victim service is currently being considered by regional partners to commence in April 2019.
6. Welsh Government has also required a move to regional working on VAWDASV in terms of a national approach towards regional funding and commissioning. Cardiff and the Vale of Glamorgan have agreed to operate as a region for this purpose due to a shared Health Board footprint, natural travel to work patterns, service access migrations for residents across the area, and the pre-existence of a number of regional services and policies.
7. The Strategy has identified a number of “We Will” commitments to be delivered across all the partners involved in the region and will be monitored by a new overarching Cardiff and Vale VAWDASV Steering Group through a detailed action plan:

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PREPARE	
<i>Introduction</i>	Work towards developing relevant joint regional strategies and policies where possible
<i>Needs Assessment</i>	Continually improve data collection methods to better inform ongoing needs assessment
<i>Governance</i>	Implement and continually review governance arrangements including membership, to ensure they remain fit for purpose
<i>Wider Collaboration</i>	Actively assist with embedding a whole systems approach across the region
<i>Survivor Engagement</i>	Actively seek engagement and input from victims and survivors that represent all crime types and protected characteristics

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PURSUE	
<i>Criminal Justice Response</i>	Increase the number of positive outcomes for victims
	Enhance the monitoring of the outcomes of cases appearing before Magistrates and Crown courts
<i>Integrated Offender Management</i>	Trial and evaluate the MATAC Intervention for perpetrators of domestic abuse
	Evaluate the impact of Drive including impact on victims and children
<i>Working with Perpetrators</i>	Improve monitoring and reporting of perpetrator programmes / interventions
	Consider early intervention options for those concerned about their behaviour
	Explore options for delivering a range of community perpetrator interventions
<i>Restorative Justice</i>	Continually review the guidance and approach to the use of restorative practice for victims of VAWDASV
<i>Safe Use of Technology</i>	Deliver local campaigns to highlight safe use of technology
<i>Encouraging Victims to Report</i>	Encourage and assist more victims to seek criminal sanctions and civil remedies

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PREVENT	
Educational Settings	Continue to promote and monitor education-based activities across the region to include 'hard to reach' children
	Give support to all higher and further education establishments to have a consistent and visible approach to tackling VAWDASV and in managing disclosures
National Training Framework (NTF)	Liaise with the Judicial College to ensure Magistrates are trained in VAWDASV awareness and sentencing guidelines
	Implement the regional training plan to ensure all staff are trained in accordance with the National Training Framework
Early Intervention	Prioritise funding for early intervention services that prevent all forms of VAWDASV
	Implement the Ask Me Ambassador pilot in Cardiff and share the learning
Sexual Violence	Provide a male ISVA at the SARC
	Work with the South Wales Police & Crime Commissioner to gain a greater understanding of sexual harassment
	Raise awareness of consent at all opportunities
Stalking	Improve awareness of stalking and promote the practical steps to reporting
Honour Based Violence / Forced Marriage	Improve understanding of how forced marriage affects individuals with protected characteristics
Female Genital Mutilation (FGM)	Increase FGM referrals from schools
Night Time Economy	Assist with implementing the actions from the 'Delivering a Safe and Welcoming Night Time Economy' strategy
Sex Workers	Raise awareness across the region of the issues faced by sex workers
	Review the effectiveness of the Ty Tarian scheme to inform future service delivery
Trafficking and Modern Slavery	Widen the reach of the Human Trafficking awareness module through the National Training Framework
Adverse Childhood Experiences (ACEs)	Support Public Health Wales to move from a position of understanding the ACE research to understanding what a positive and effective response looks like
	Develop close working arrangements between the Early Help Front Door services and specialist VAWDASV services
Identification and Referral to Improve Safety (IRIS)	Remain committed to mainstreaming the IRIS model across all GP surgeries in the region
Formal Reviews	Ensure that the learning from all formal service reviews including DHRs is reflected in service delivery and is shared widely
	Implement any Welsh Government policy changes arising from its review of DHR processes
White Ribbon Campaign	Implement the White Ribbon Action Plan across the region
	Continue to advocate for a White Ribbon Wales

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PROTECT	
<i>Clare's Law / Sarah's Law Disclosures</i>	Further promote Disclosure Schemes at all available opportunities
<i>Notices and Orders</i>	Improve the use of Notices and Orders across the region
<i>Managing VAWDASV PPNs</i>	Work with partners to ensure continuous improvement of the MASH
	Closely monitor the specialist service response to PPNs
<i>(MARAC) - Multi-Agency Risk Assessment Conference</i>	Improve the quality of MARAC referrals across the region
	Review the findings of the research into the future of MARAC and consider any impact on existing processes
<i>Housing-Related Support</i>	Continually monitor the use of crisis/emergency accommodation to ensure provision for those who need it most
	Assess the impact of welfare reform changes and the Renting Homes Act on specialist accommodation for victims
<i>Specialist Courts</i>	Better support victims through the criminal and civil justice processes
	Work with campaigners to strengthen victims voices across all courts
<i>Workplace Policies</i>	Develop and adopt revised VAWDASV workplace policies and encourage all partners to do the same
	Adopt the requirement for contractors to develop workplace policies through commissioning and procurement arrangements
	Ensure contractors are aware of the issues and understand referral pathways
<i>Target Hardening</i>	Review the availability of target hardening options and develop a regional approach

SUPPORT	
<i>Research</i>	Actively participate in a range of meaningful research projects to broaden understanding and improve services
<i>Children and Young People</i>	Consider extending positive male role models to children and young people experiencing other types of violence and abuse
<i>Family Interventions</i>	Research and consider family intervention models for future service delivery
<i>People from a BME Background</i>	Review the pilot FGM clinic's effectiveness
<i>Gypsy and Traveller communities</i>	Raise awareness of available support services to the Gypsy and Traveller communities
<i>Male Victims</i>	Commission a specialist male victim service with wider regional partners
<i>LGBTQ+ Victims</i>	Strengthen links with specialist LGBTQ+ organisations to improve services and increase reporting
	Ensure services are responsive to LGBTQ+ victims

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Sexual Assault Referral Centre (SARC)	Embed the new Hub SARC model for victims of sexual violence across South East Wales
Older People	Work with the Regional Safeguarding Adults Board to develop policies and training for those working with older victims of VAWDASV
Complex Needs / Toxic Trio	Ensure health and social care professionals consider and address how complex needs impact on adults and children
Sex Workers	Explore new ways to identify, protect and safeguard sex workers and the communities affected
	Review the findings of the 'Beyond the Gaze' research

Data Review

8. The Strategy identifies the following demographic and service data:

Regional Data

The area covered by the boundaries of Cardiff and the Vale of Glamorgan has a total population of **489,931**; 16% of the total Welsh population. This is made up of **205,093** females and **194,556** males, **44,237** girls and **46,045** boys.

The ages of the population are as follows:

Ages	Males	Females	TOTALS
0-4	15,115	14,489	29,604
5-15	30,930	29,748	60,678
16-24	37,248	38,241	75,489
25-44	67,835	65,168	133,003
45-64	55,595	58,786	114,381
65+	33,878	42,898	76,776
TOTAL	240,601	249,330	489,931

93% of the population is **White** with the remaining 7% broken down as follows: **3% Asian/Asian British**, **2% Mixed**, **1% Black/Black British** and 1% Other.

The 2011 Census data indicated that **18.6%** of the regional population have some form of **disability** as detailed below:

Long-term health problem or disability, 2011 (Census) (StatsWales data)

Disability	Cardiff		Vale of Glamorgan		Cardiff & Vale of Glamorgan	
	No.	%	No.	%	No.	%
Day-to-day activities limited a lot	31,838	9.2	12,538	9.9	44,376	9.4
Day-to-day activities limited a little	30,493	8.8	13,091	10.4	43,584	9.2
Day-to-day activities not limited	283,759	82.0	100,707	79.7	384,466	81.4
All categories: Long-term health problem or disability	346,090	100.0	126,336	100.0	472,426	100.0

With regards to sexuality, it is estimated that **6.1%** of the regional population do not consider themselves to be heterosexual:

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Sexual Identity by local authority, England, Wales and Scotland, 2013-2015 (ONS data)

	Heterosexual or straight	Gay or Lesbian	Bisexual	Other	Don't know or refuse
	<i>Estimate</i>	<i>Estimate</i>	<i>Estimate</i>	<i>Estimate</i>	<i>Estimate</i>
Cardiff and Vale of Glamorgan	269,000	7,000	3,000	4,000	3,000
Percentages	93.9%	2.5%	1.1%	1.6%	0.9%

Service Data

Services available from 1st April 2018 include:

- 1 x One Stop Shop (Cardiff only)
- 35 x Independent Domestic Violence Advocates (IDVAs) and 5 Independent Sexual Violence Advocates (ISVAs)
- 84 x units of specialist accommodation
- 9 x specialist providers of victim support services
- 2 x providers of perpetrator programmes
- 4 x MARAC Coordinators and 2 x Domestic and Sexual Violence Coordinators

In 2016/17 across the region,

- 11,302 incidents of Domestic Abuse were reported, resulting in 5,067 recorded crimes.
- One Forced Marriage Protection Order was granted.
- 1,011 crimes of Sexual Violence were recorded with a further 182 cases related to historical abuse.
- 99 incidents of Honour-Based Violence were reported, resulting in 37 recorded crimes.
- 30 cases of Trafficking were reported.
- 29 reported incidences of Female Genital Mutilation resulted in 2 cases being formally charged.

3 Assess Impact on the Protected Characteristics

3.1 Age

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive / negative]** on younger / older people?

	Yes	No	N/A
Up to 18 years	✓		
18 - 65 years		✓	
Over 65 years	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Around 1 in 5 children have been exposed to domestic abuse and 1 in 3 children who have witnessed domestic abuse will have also been subject to other forms of abuse, including sexual abuse (NSPCC 2011). They are 6 times more likely to commit suicide as a result of abuses experienced, and 24 times more likely to commit sexual assault (Hafan Cymru 2015). In Wales

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during 2014-15, there were 205 cases of rape perpetrated against girls under the age of 13 in Wales (NSPCC).

Article 19 of the United Nations Convention on the Rights of the Child makes it clear that children and young people have the basic human right to dignity. This means they have the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Witnessing violence against women, domestic abuse or sexual violence is also therefore a breach of their rights.

It is estimated that over 40,000 older people in Wales are being abused in their own homes every year. For some, such abuse will have been a significant feature for most of their adult lives, an on-going problem for 20, 30 and 40 years or even longer (Older people’s Commissioner for Wales 2015). This is often further complicated when there are caring responsibilities in the relationship between the victim and the perpetrator of the abuse. Often the abuse only begins when the couple have retired and are spending much more time together alone at home. Older victims are less likely to leave abusive relationships than younger people. Whereas more than two-thirds of victims aged under 60 left their abuser in the year before seeking help, this applied to barely a quarter of older people. A third of victims over 60 were still living with their abuser while seeking help, compared with just 9% of younger victims (Safe Lives).

What action(s) can you take to address the differential impact?

For those aged under 16 who have witnessed or experienced any form of violence against women, domestic abuse or sexual violence, all partners, whether in the statutory or third sector, are fully compliant with safeguarding responsibilities under child protection arrangements. For those aged under 16 who are accompanying their parent/guardian into services, they will also have their needs assessed and appropriate tailored services offered. For all children and young people, a range of age-appropriate therapeutic interventions can be delivered. Specifically for those aged 0-5, there is dedicated provision funded through Flying Start and Families First.

It is acknowledged that close working between the Regional Safeguarding Children Board and the wider VAWDASV governance structure needs to be strengthened. This will be facilitated through shared training resources and regular input into each other’s review of policies and procedures and for cross-cutting issues such as Child Practice Reviews and Domestic Homicide Reviews.

Again, working closely with the Regional Adult Safeguarding Board, the needs of older people who have or are experiencing any form of violence against women, domestic abuse or sexual violence can be managed in a collaborative way. Issues of dementia and caring responsibilities can greatly affect relationships, and care needs to be taken to assess and support older people.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.2 Disability

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [negative]** on disabled people?

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	Yes	No	N/A
Hearing Impairment	✓		
Physical Impairment	✓		
Visual Impairment	✓		
Learning Disability	✓		
Long-Standing Illness or Health Condition	✓		
Mental Health	✓		
Substance Misuse	✓		
Other	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Research suggests that those with disabilities are more likely to suffer domestic violence and sexual assault than those without disabilities (Liverpool John Moores University’s Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, and WHO’s Department of Violence and Injury Prevention and Disability, July 2012.) Also those with disabilities report abuse that lasts longer and is more intense than those without disabilities. Like other victims, those with disabilities usually are abused by someone they know, such as a partner or family member. In addition, those with disabilities face the risk of abuse by health care providers or caregivers. Caregivers can withhold medicine and assistive devices, such as wheelchairs or braces. They can also refuse to help with daily needs like bathing, dressing, or eating.

The systematic review on violence against adults with disabilities, published in February 2012, found that overall they are 1.5 times more likely to be a victim of violence than those without a disability, while those with mental health conditions are at nearly four times the risk of experiencing violence. Factors which place people with disabilities at higher risk of violence include stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them. Placement of people with disabilities in institutions also increases their vulnerability to violence. In these settings and elsewhere, people with communication impairments are hampered in their ability to disclose abusive experiences.

What action(s) can you take to address the differential impact?

As part of the process of commissioning services to support victims, the issue of ensuring equitable access to services, especially information and advice and in accommodation-based support settings is of paramount importance. This includes being able to respond to enquiries in a number of ways over and above telephone and drop-in access, some of which may be more accessible to those with disabilities including webchat, Skype and via a professional referral from a service they are already engaged with. Services also work closely together to ensure referral and service pathways into other specialist support such as mental health and substance misuse services. Provision is made for current available units of accommodation-based support to be suitable for those with disabilities.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.3 Gender Reassignment

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Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive]** on transgender people?

	Yes	No	N/A
Transgender People (People who are proposing to undergo, are undergoing, or have undergone a process [or part of a process] to reassign their sex by changing physiological or other attributes of sex)	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

There is limited research on how many transgender people experience abuse in the UK, and the best studies have small group samples. However, these figures suggest it is a significant issue. A report by the Scottish Transgender Alliance indicates that 80% of trans people had experienced emotional, sexual, or physical abuse from a partner or ex-partner.

Abuse can be as a result of the process of ‘coming out’ perpetrated by partners, family members or friends. This is especially difficult where there are children involved.

What action(s) can you take to address the differential impact?

Those who have undergone, or are undergoing, gender reassignment can access the full range of preventative, protective and support services available in this region. Specialist service providers are required to have clear policies and procedures in place for managing transgender victims, especially in shared accommodation-based settings and in any group work – both in terms of keeping the victim safe and managing any impact. Where necessary, dispersed accommodation can be used to ensure additional safety.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.4. Marriage and Civil Partnership

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive / negative]** on marriage and civil partnership?

	Yes	No	N/A
Marriage		✓	
Civil Partnership		✓	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

No impacts identified

What action(s) can you take to address the differential impact?

N/A

3.5 Pregnancy and Maternity

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive / negative]** on pregnancy and maternity?

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	Yes	No	N/A
Pregnancy	✓		
Maternity	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Pregnancy when coupled with domestic abuse or sexual violence is a form of intimate partner violence (IPV) where health risks may be amplified. Abuse during pregnancy, whether physical, sexual, verbal or emotional, produces many adverse physical and psychological effects for both the mother and foetus. It increases the risk of miscarriage, infection, premature birth, low birth weight, foetal injury and foetal death (Refuge website). Such impacts on the mother can also affect their ability to appropriately feed, care for and form a positive attachment to the newborn baby. Over a third of domestic violence starts or gets worse when a woman is pregnant (Refuge website). More than 30% of this abuse starts in pregnancy, and existing abuse may get worse during pregnancy or after giving birth (NHS website).

What action(s) can you take to address the differential impact?

Within Cardiff is a funded service to specifically address the provision of violence against women, domestic abuse and sexual violence that is impacting on a victim’s own wellbeing and on their capacity to form positive attachments and effectively parent their children. The service will support those who are, or have recently been, pregnant or have children aged 0-5 years and it works with Health Visitors through Flying Start and a variety of Families First funded services, especially the Early Help Front Door service. This model could be replicated across the region.

The Health-based IDVA can support those who are pregnant and are experiencing VAWDASV both on-site in hospital settings or elsewhere in the community. Those who are pregnant are also discussed at MARAC meetings as they have a higher risk of further abuse.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.6 Race

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive / negative]** on the following groups?

	Yes	No	N/A
White	✓		
Mixed / Multiple Ethnic Groups	✓		
Asian / Asian British	✓		
Black / African / Caribbean / Black British	✓		
Other Ethnic Groups	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

BME men, women and children’s experience of violence can be shaped by their relationship to ‘culture’- this can define their experiences of violence and abuse; their relationship with ‘communities’ (including gypsies and travellers), and their access to services and the types of

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services they made need or want. Additional barriers to support may be experienced by BME people due to the impact of discrimination, racism and immigration status. Partners acknowledge the need for specialist support for BME people relating to prevention, protection and support informed by expert understanding of specific needs of BME men, women and children experiencing violence against women, domestic abuse and sexual violence.

What action(s) can you take to address the differential impact?

Identifies need for sensitive and appropriate services for all victims but specifically for those from a BME background who may experience additional barriers that may affect their ability to seek help and support and may have additional needs. Highlights that provision of language support for other minority languages should also be facilitated.

Delivery of all preventative, protective and support services in the region offers help to those of any race, providing sensitive and appropriate services for all victims but specifically from those from a BME background who may face additional issues. Specialist services in the region are responsive to the individual differences presented by victims and tailor services accordingly, including in the range of languages spoken by staff.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.7 Religion, Belief or Non-Belief

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [negative]** on people with different religions, beliefs or non-beliefs?

	Yes	No	N/A
Buddhist	✓		
Christian	✓		
Hindu	✓		
Humanist	✓		
Jewish	✓		
Muslim	✓		
Sikh	✓		
Other	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

A victim’s religious or spiritual beliefs can be central to their understanding and response to abuse. A victim’s own faith and the support of other faith-based members can be key to helping the healing process, while a lack of understanding regarding the religious perspective on abusive relationships by the victim or those they may turn to for spiritual guidance and support can add to the emotional, physical and financial hurdles already faced. Many victims in abusive relationships can feel they ought to submit to their spouses out of duty, that they have no right over their own body, life or even opinions. Quite often this misconception is furthered by advice from clergy, elders, rabbis or other members of the congregation.

However for those who do find some comfort in attending their usual place of spiritual or

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religious guidance, there is often the impediment of being accommodated in a place of safety far removed from their local community or needing to avoid the recognition of local community members and seeking solace elsewhere.

What action(s) can you take to address the differential impact?

All partners delivering any form of preventative, protective or supportive service are responsive to the individual differences presented by victims of any religious belief and tailor services accordingly. Where necessary, individual actions regarding religious observation can be included and facilitated through individual support plans and the provision of prayer rooms in emergency/crisis accommodation. Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.8 Sex

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive / negative]** on men and/or women?

	Yes	No	N/A
Men	✓		
Women	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Violence against women, also known as gender-based violence, is, collectively, violent acts that are primarily or exclusively committed against women. Sometimes considered a hate crime this type of violence targets a specific group with the victim's gender as a primary motive, meaning that the acts of violence are committed against women expressly because they are women. The UN Declaration on the Elimination of Violence Against Women states that "violence against women is a manifestation of historically unequal power relations between men and women" and that "violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." Kofi Annan, Secretary-General of the United Nations, declared in a 2006 report posted on the United Nations Development Fund for Women (UNIFEM) website that "violence against women and girls is a problem of pandemic proportions. At least one out of every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime with the abuser usually someone known to her."

It is estimated that around 3 million women across the UK experience rape, domestic violence, forced marriage, stalking, trafficking and sexual exploitation and other forms of violence every year. This is the equivalent to the entire population of Wales (Report to the Secretary General 2006). Approximately 69,000 women in the UK are victims of rape or attempted rape each year (Crime Survey of England and Wales 2013/14). 1 in 5 women in the UK have experienced some form of sexual violence since the age of 16 (Crime Survey of England and Wales, 2013/14). Approximately 90% of those who are raped know the perpetrator prior to the offence (Crime Survey of England and Wales, 2013). Around one third of all violent crime is 'domestic incident' related (Home Office). Women are also far more likely than men to be killed specifically by partners/ex-partners - 44% of female victims compared with 6% of male victims (Office of National Statistics 2016).

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Although it is acknowledged that women are disproportionately affected by all forms of violence and abuse, men are also victims whether the abuse is perpetrated by a female or a male. It is estimated that in 2010/11 up to 1.2 million women and 800,000 men were victims of domestic abuse (7% and 5% of the population respectively). (Crime Survey for England and Wales). While the Crime Survey collects data on victims, it does not collate information on those who perpetrate crimes. However, in the area of domestic abuse, Scotland collects information on both the "abuser" and the "abused". Since 2002 Scotland's police forces have been producing gender-specific data. From the Scottish Executive's most recent statistics, in 2011/12 there were 59,847 incidents of domestic abuse. In 9,569 incidents (17% of the total) a man had been abused by a woman. We can compare this with the 659 incidents in which the victim and the perpetrator were both male (1% of the total).

What action(s) can you take to address the differential impact?

All services in the region are required to be informed by a gendered understanding of violence against women, domestic abuse and sexual violence to reflect the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act.

Within Cardiff, a specialist service for female victims has been procured following consultation with survivors. This service will deliver a One-Stop-Shop service, accommodation-based support and a range of community-based support services. In the Vale of Glamorgan, their specialist service provider delivers a more family oriented service, delivering perpetrator and wrap-around programmes with targeted interventions to support members of the whole family. Ongoing regional working will allow monitoring of these services and replication across the region through joint commissioning processes. Initially, consideration is being given to commissioning a male victim's service; this is being explored between Cardiff and the Vale of Glamorgan and other South Wales local authority partners.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.9 Sexual Orientation

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive]** on the following groups?

	Yes	No	N/A
Bisexual	✓		
Gay Men	✓		
Gay Women/Lesbians	✓		
Heterosexual/Straight	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Women and men can be abused by former heterosexual partners or family members; perhaps after they have come out for the first time and enter their first same-sex relationship. In some cases, abusers will use the process of 'coming out' as an additional form of control. This is especially difficult where there are children involved.

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Stonewall’s research into the health needs of lesbian and bisexual women, *Prescription for Change*, has found:

- One in four lesbians and bisexual women have experienced domestic abuse in a relationship. Two thirds of those say the perpetrator was a woman, a third a man.
- One in four of the general female population has experienced domestic abuse
- Four in ten (39%) lesbians and bisexual women with a disability have experienced domestic abuse in a relationship.
- More than four in ten (44%) lesbians and bisexual women who have experienced domestic abuse experienced this for more than one year

Stonewall’s Gay and Bisexual Men’s *Health Survey* demonstrates that:

- Half (49%) of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16.
- One in six (17%) men in general have experienced domestic abuse from a family member or partner since the age of 16
- Almost two-thirds (63%) of gay and bisexual men with a disability have experienced at least one incident of domestic abuse from a family member or partner since the age of 16.
- More than one in three (37%) gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man.
- Almost one in four (23%) gay and bisexual men have experienced at least one incident of domestic abuse from a family member.
- 7% of gay and bisexual men have experienced at least one incident of domestic abuse from a woman, 39% of these experienced some form of physical violence.
- Four in ten (41%) gay and bisexual men who have experienced domestic abuse experienced this for more than a year.

What action(s) can you take to address the differential impact?

The region has a specialist LGBT IDVA service operated by Victim Support. However, numbers of all victims who are LGBT remain low and there is a need to widen awareness that all services are inclusive. Partners recognise a need to engage more with representative organisations.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.10 Welsh Language

Will this Policy / Strategy / Project / Procedure / Service / Function have a **differential impact [positive / negative]** on Welsh Language?

	Yes	No	N/A
Welsh Language		✓	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Victims, as with anyone else, should be able to express a language preference when contacting or working with services.

What action(s) can you take to address the differential impact?

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For all those approaching services for help, the need to facilitate responses to initial enquiries in the Welsh language and to ensure that all publicity materials are bilingual, is essential. This is obligatory for all public services but the response of third sector services is proportionate, depending on the level of service being delivered.

Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

4. Consultation and Engagement

What arrangements have been made to consult/engage with the various Equalities Groups?

A number of key partners took part in the development of the strategy; a Regional Strategy Development Group was established, comprising senior officers from both Cardiff and Vale of Glamorgan Councils, Health, each of South Wales Police's Basic Command Units, Officers representing the South Wales Police and Crime Commissioner and both the Cardiff and Vale Domestic and Sexual Abuse Coordinators. The Group was responsible for developing the vision and aims and detailing the scope and structure of the document. The chapter on Pursue was felt to be an important factor in acknowledging that there wouldn't be any victims without perpetrators, and tackling this issue was just as important as protecting and supporting victims. The Regional Strategy Development Group was fortunate to have two representatives from the Welsh Women's Aid's SEEdS project (Survivors Empowering and Educating Services) join them. Input from survivors in this way has been extremely beneficial and influential in shaping the direction of the strategy document and in helping to sharpen its contents.

The strategy was circulated widely for consultation on 19th March for 8 weeks. A 'strategy on a page' version was circulated alongside the full document so that staff within partner organisations could get a sense of what was being addressed. A further version of the 'strategy on a page' was produced for the public and circulated via Facebook and Twitter.

5. Summary of Actions [Listed in the Sections above]

Groups	Actions
Age	Closer working with the Regional Safeguarding Childrens and Adults Boards
Disability	Improved first point of access and referral pathways to specialist services
Gender Reassignment	Specialist providers to have clear policies and procedures
Marriage & Civil Partnership	N/A
Pregnancy & Maternity	Continual improvement of links between Health and specialist support services
Race	Widen awareness of additional considerations relating to support needs
Religion/Belief	Use of individual support plans to acknowledge religious observation
Sex	Training of all staff in the gendered understanding of VAWDASV
Sexual Orientation	Improved engagement with representative organisations to raise awareness of services

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Welsh Language	Production of bilingual publicity and wider service accessibility options
Generic Over-Arching [applicable to all the above groups]	Specific actions relating to Age (older and young people), BME, LGBT, and Sex are addressed in the Strategy through the 'We Will' commitments and detailed more fully in the strategy's accompanying action plan. Provision for equality and diversity will be a key criteria in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

6. Further Action

Any recommendations for action that you plan to take as a result of this Equality Impact Assessment (listed in Summary of Actions) should be included as part of your Service Area's Business Plan to be monitored on a regular basis.

7. Authorisation

The Template should be completed by the Lead Officer of the identified Policy/Strategy/Project/Function and approved by the appropriate Manager in each Service Area.

Completed By : Natalie Southgate	Date:
Designation: Improvement Project Manager – Gender Specific Services	15/04/18
Approved By: Jane Thomas	
Designation: Assistant Director Housing and Communities	17/05/18
Service Area: Housing & Communities	

7.1 On completion of this Assessment, please ensure that the Form is posted on your Directorate's Page on CIS - *Council Wide/Management Systems/Equality Impact Assessments* - so that there is a record of all assessments undertaken in the Council.