

**APPENDIX 3
CARDIFF COUNCIL**

**Equality Impact Assessment
Corporate Assessment Template**



Policy/Strategy/Project/Procedure/Service/Function Title:

Cardiff and Vale of Glamorgan Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2023-2028

New/Existing/Updating/Amending: Updating

Who is responsible for developing and implementing the Policy?

Name: Jane Thomas Job Title: Director (Adults, Housing & Communities)

Service Team: Partnerships Service Area: Adults, Housing & Communities

Assessment Date: December 2022

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). 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.

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.]

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Background

1. 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 2022-26 national strategy an objective to provide all victims with equal access to appropriately resourced, high quality, needs-led, strength-based, inter-sectional and responsive services across Wales. It prioritises early intervention and prevention by creating an objective to increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices.
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. The Strategy identifies a number of “We Will” commitments to be delivered across all the partners involved in the region and will be monitored by a new implementation plan through an updated governance structure.

Data Review

6. 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 **494,200**, 15.9% of the total Welsh population. This comprises of **195,200** females and **180,700** males, **55,300** girls and **60,000** boys over the age of 19 (*source: Census data 2021*).

a. Age

The ages of the population are as follows:

	Cardiff			Vale		
	Female	Male	Total	Female	Male	Total
0-4	9,400	9,700	19,100	3,400	3,500	6,900
5-9	10,500	11,000	21,500	3,900	4,000	7,900
10-14	10,500	11,000	21,500	4,000	4,300	8,300
15-19	13,600	12,900	26,500	3,400	3,600	7,000
20-24	19,700	18,200	37,900	2,900	3,100	6,000
25-29	14,600	14,700	29,300	3,700	3,500	7,200

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30-34	13,800	13,200	27,000	4,200	3,700	7,900
35-39	12,700	12,200	24,900	4,200	3,900	8,100
40-44	11,200	11,000	22,200	4,200	3,900	8,100
45-49	10,200	10,100	20,300	4,300	4,000	8,300
50-54	10,700	10,300	21,000	4,800	4,400	9,200
55-59	10,700	9,900	20,600	5,000	4,500	9,500
60-64	9,200	8,900	18,100	4,500	4,200	8,700
65-69	7,600	7,200	14,800	4,100	3,700	7,800
70-74	7,300	6,800	14,100	4,100	3,700	7,800
75-79	5,200	4,400	9,600	3,100	2,600	5,700
80-84	4,000	2,900	6,900	2,200	1,700	3,900
85-89	2,800	1,700	4,500	1,400	1,000	2,400
90+	1,900	900	2,800	900	400	1,300
TOTALS	185,600	177,000	362,600	68,300	63,700	132,000

The 70–74 age group has seen the most significant increase (34%) since the 2011 census.

b. Ethnicity

79.2% of people in Cardiff identified their ethnic group within the "White" category;
4.0% identified their ethnic group within the "Mixed or Multiple" category;
9.7% of identified their ethnic group within the "Asian, Asian British or Asian Welsh" category and
2.4% identified their ethnic group with "Black, Black British, Black Welsh, Caribbean or African.

c. Disability

The 2011 Census data indicated that **20.5%** (up from 18.6%) of the regional population have some form of **disability** as detailed below:

Disability	% 2011 Census	% 2021 Census
Day-to-day activities limited a lot	9.2	9.5
Day-to-day activities limited a little	8.8	11
Day-to-day activities not limited	82.0	79.6
All categories: Long-term health problem or disability	100.0	

d. Sexuality

With regards to sexuality, according to the 2021 Census 5.34% of Cardiff's population do not consider themselves to be heterosexual:

Service Data

Services available from 1st April 2018 include:

- 1 x One Stop Shop (Cardiff only)
- 62 x Independent Domestic Violence Advocates (IDVAs) and 12 Independent Sexual Violence Advocates (ISVAs)
- 89 x units of specialist accommodation
- 1 x provider of 2 community perpetrator programmes

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- 3 providers of 3 early intervention programmes for those who cause harm
- 3 x MARAC Coordinators and
- 1 x Domestic Abuse Coordinator, 1 x VAWDASV Manager and 1 x Regional VAWDASV Adviser

In 2021/22:

- 7,578 incidents of Domestic Abuse were reported, resulting in 4,694 recorded crimes.
- 811 Stalking crimes were recorded (617 domestic abuse related, 194 non-domestic abuse).
- One Forced Marriage Protection Order was granted.
- 877 crimes of Sexual Violence were recorded.
- 24 survivors of Honour-Based Violence and 6 survivors of Female Genital Mutilation were supported by Bawso.
- 95 cases of Modern Slavery were reported.

39 Forced Marriage Protection Orders (FMPOs) and 23 Female Genital Mutilation Protection Orders (FGMPOs) are still in place. 2 people have an FMPO and FGMPO.

In 2021, there were 439 Domestic Violence Disclosure Scheme disclosure requests. There are 10 Child Sex Offender Disclosure Scheme requests annually.

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.

Using the NSPCC prevalence estimates of child abuse and neglect in the UKⁱ, we estimate that there are 11,828 children exposed to domestic abuse during childhood (2,162 in the last year) and 6,693 children who have experienced sexual abuse offenses (2,973 in the last year). 79 sexual assaults on children under the age of 13 were reported to the police and 118 children accessed support through the Sexual Assault Referral Centre (SARC). This is a significant underestimate as only 1 in 8 child sexual abuse cases come to the attention of authoritiesⁱⁱ.

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.

The Welsh Governmentⁱⁱⁱ and Older People's Commissioner for Wales^{iv} have drawn attention to the invisibility of abuse amongst older people. This is both due to the lack of prioritisation in academic research and older people's reluctance to report abuse particularly amongst those who are already marginalised by other aspects of their identity such as sexuality or race and ethnicity.

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Domestic abuse amongst older people is often complicated when there are caring responsibilities, financial or physical dependence in the relationship between the victim and the perpetrator of the abuse whilst factors such dementia, isolation and loneliness increase the risk of abuse. Older victims are less likely to leave abusive relationships than younger people and tolerate the abuse for twice as long as within younger groups before seeking support. 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^v. Disclosures of sexual violence are hindered by stigma, assumptions and ageist attitudes around older people's sexuality or lack thereof.^{vi}

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. The Domestic Abuse Act 2021 recognises children affected by domestic abuse as victims regardless of whether they were present during violent incidents. The strategy and accompanying implementation plan make a commitment in strengthening current provision to ensure that all children have access to the support that they require.

It is acknowledged that close working between the Regional Safeguarding 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 Single Unified Safeguarding Reviews. 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 criterion 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?

	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.

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A 2023 systematic review^{vii} established a greater frequency and risk of intimate partner violence amongst women with disabilities. All of the articles that studied financial violence, 81.3% of those that studied physical violence, 78.5% of those that studied psychological violence, 75% of those that studied physical/sexual violence, 73.3% of those that studied sexual violence and 50% of those that studied any type of violence found a significant association with disability. Disabled women are exposed to a number of perpetrators including paid staff such as care workers and health workers^{viii} and studies also show that learning disabled women are specifically targeted for abuse and exploitation^{ix}.

Other risk factors associated with VAWDASV and disability include loneliness and isolation, difficulties with naming and identifying the abuse^x. Learning disabled women in particular may often be caught in a cycle of rejection and abuse, starting at an early age, which leaves them vulnerable to further abuse and exploitation and perception of abusive behaviours as normal^{xi}.

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. The services' response to the COVID-19 pandemic has enabled the provision of support in varied and creative ways including, telephone and drop-in access, webchats, virtual meetings and group work. These are inclusive to the needs of disabled survivors both those with physical disabilities (e.g. deaf survivors and survivors with mobility issues) and those with disabilities relating to their mental health and learning difficulties.

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 criterion in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.3 Gender Reassignment

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^{xii}.

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

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victims, especially in shared accommodation-based settings and in any group work – both in terms of keeping the victim safe and managing any impact on other victims. Where necessary, dispersed accommodation can be used to ensure additional safety.

Provision for equality and diversity will be a key criterion 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?

	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, premature birth, low birth weight, foetal injury and foetal death^{xiii}. Such impacts on the mother can also affect their ability to appropriately feed, care for and form a positive attachment to the newborn baby. Domestic abuse increases during pregnancy and in the postpartum period^{xiv}.

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

Cardiff has specific provision 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.

Routine inquiry about women's experiences of domestic abuse is part of antenatal health support delivered by community midwives. Women welcome this approach with 94.4% reporting feeling comfortable with a midwife asking about abuse and 96.6% stating that it was appropriate for them to ask and respond to positive disclosures^{xv}. The health based IDVA can support those

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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 criterion 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.

Black and minoritized victims are more likely to be concerned to approach the authorities because of fear or previous experiences of racism and discrimination. Those with an insecure immigration status are left even more vulnerable as perpetrators use women’s insecure immigration status to silence them^{xvi}. In 2020, the UK Government ratified the Istanbul Convention but reserved article 59, which sets out state obligations to provide protection to migrant women. As a result, migrant victims and survivors are unable to access support and protection without discrimination regardless of their immigration or refugee status. We have highlighted below some key statistics about the experiences of Black and minoritized victims:

- Black and minoritised rape victims and survivors who are most likely to be “lost at the first stage of attrition”^{xvii}
- Whilst the majority of domestic homicide victims were white (76%), the figures suggest that the proportion of Black and minoritised victims since the start of the pandemic (24% in total) is higher than the previous 15-year domestic homicides average and higher than the 2019-20 domestic homicides data by five percentage points; illustrating that Black and minoritised women were disproportionately affected.^{xviii}
- Black and minoritised girls experience racialised sexual harassment in public spaces including schools, as they are targeted with harmful gendered and racist stereotypes^{xix}.
- Black women experience higher levels of online abuse^{xx}

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

The strategy identifies the 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.

Specialist services in the region are responsive to the individual differences presented by victims and tailor services accordingly, including providing culturally competent provision in the range of languages spoken by staff. The strategy recognises the need to improve relationships with communities that are currently underrepresented amongst those accessing services, such as the

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Chinese, Vietnamese, Polish and Gypsy, Roma and Traveller communities as well as recently arrived communities such as refugees from Ukraine and Afghanistan.

Similarly, we recognise the need to ensure that community responses to those who cause harm and perpetrate abuse are inclusive of all forms of VAWDASV, particularly those that disproportionately affect Black and minoritised survivors.

Provision for equality and diversity will be a key criterion 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. The feedback from survivors of faith to a research undertaken by the Faith and VAWG Coalition^{xxi} notes the following:

- Faith and religion can be sources of comfort for survivors of faith.
- Specialist Services, policy makers, commissioners and funders urgently need to understand the varying manifestation and use of how each or a mix of culture, religious tradition and holy scripture can be used as tools of abuse by perpetrators.
- One of the most important obstacles facing survivors of faith is finding a safe space. Policymakers must support domestic abuse and ending VAWG services that understand the needs of survivors from faith backgrounds.
- Faith communities play a unique and vital role in the response to and elimination of domestic abuse and men's violence towards women and girls.

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 criterion in ongoing performance monitoring of all partners to ensure that no groups are unduly disadvantaged or impacted.

3.8 Sex

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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.

In March 2022, the UN Secretary-General António Guterres' stated in a video message to the Group of Friends Commission on the Status of Women event, "Role & Responsibility of Men and Boys in Eliminating Gender-Based Violence" stated that "*violence against women and girls may be the world's longest, deadliest pandemic. One in three women worldwide has directly experienced violence. Every 11 minutes, a woman is killed by a partner or family member. Often in the place where she should be safest — her own home. We cannot accept a world in which one half of humanity is at risk in the streets, in their homes or online. We must end violence against women and girls — now.*"^{xxii}

In the year ending March 2020, the Crime Survey for England and Wales^{xxiii} estimated 1.6 million women aged 16 to 74 years in England and Wales experienced domestic abuse, around 7% of the female population. The crime survey also estimated that 3% of women aged 16 to 74 years in England and Wales experienced sexual assault (including attempts) and 5% experienced stalking. These trends have remained comparable over the last 10 years. Almost half (46%) of adult female homicide victims in England and Wales (81 women) were killed in a domestic homicide. One in five women experienced abuse or harassment through social media^{xxiv} and were 27 times more likely to experience online harassment^{xxv} 90% of 18-24 women experienced some form of sexual harassment^{xxvi} and 6 in 10 female pupils experienced some form of peer-on-peer harassment^{xxvii}.

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. The Crime Survey for England and Wales (CSEW) estimated that 5.0% of adults (6.9% women and 3.0% men) aged 16 years and over experienced domestic abuse in the year ending March 2022; this equates to an estimated 2.4 million adults (1.7 million women and 699,000 men). While the Crime Survey collects data on victims, it does not collate information on those who perpetrate crimes. Data supplied from 26 police forces showed the victim was female in 74.1% of domestic abuse-related crimes recorded by the police in the year ending March 2022. This proportion was similar for most offence categories. For domestic abuse-related sexual offences, the proportion of victims that were female was higher^{xxviii}. Hester (2009)^{xxix} identifies distinct patterns of perpetration between male and female perpetrators of domestic violence. Men were more likely to use more severe violence, fear and control that resulted in arrest whilst women were more likely to weapons, often to protect themselves.

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

All services in the region, especially the specialist commissioned services, 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)

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2015 Act.

Services offered in the region are tailored to the distinct needs of men and women and any children in their care. Since the last strategy, we have established the Cedar Project that provides a holistic service to male victims of domestic abuse and sexual violence. We will continue to pilot the project to inform formal procurement of a bespoke service.

Provision for equality and diversity will be a key criterion 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.

LGBT survivors experience similar types of domestic abuse and other forms of VAWDASV as their heterosexual peers but report additional vulnerabilities and intersecting risk factors such as past experiences of discrimination and abuse, relating both to their sexual orientation and gender identity as well as other aspects of their identity or needs.^{xxx} LGBT+ victims/survivors are unlikely to access help and support. Current studies estimate that 60% to 80% of LGBT+ victims/survivors have never reported incidents to the police or attempted to find advice or protection from services.^{xxxii}

A consultation^{xxxiii} of over 1,000 LGBT people in the UK through about their experiences of sexual violence found that:

- The vast majority (76%) of LGBT+ survivors surveyed indicated that their most significant experience of sexual violence was perpetrated by a man/men.
- Most (54%) of the LGBT+ survivors surveyed reported that the orientation of the perpetrator of their most impactful sexual violence experience was heterosexual.
- There was some evidence of LGBT+ people experiencing sexual violence perpetrated by another LGB+ person/people (21%).
- Around 1 in 6 (15%) LGBT+ survivors surveyed reported that their most impactful experience of sexual violence was perpetrated by a woman/women.
- Many interview participants, as well as many survey respondents, described being subjected to sexual violence perpetrated by a man/men in the context of intimate relationships but also sexual assault and harassment in public or workplace settings.
- Interview participants, as well as some survey respondents, described being subjected to sexual violence perpetrated by a woman/women, often in the context of intimate relationships

1 in 4 LGBT+ respondents to a sexual violence survey experienced sexual assault intended to

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convert or punish them for their identity^{xxxiii}. Similarly, they are more likely to experience abuse from a family member relating to their sexual or gender identity^{xxxiv} and in some instances may be forced into marriage due to their sexuality.

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 available services are inclusive. Partners recognise a need to engage more with representative organisations.

Provision for equality and diversity will be a key criterion 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 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?

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 criterion 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?

Representatives of all partners were asked to feed into strategy development workshops and in providing written updates and statistics. One-to-one meetings were undertaken with key partners in the region to ensure that the strategy was informed by relevant data and regional priorities. Partners agreed to continued use of the existing vision, aims and objectives and the layout and format of the document.

A bespoke consultation workshop was held with those with lived experiences of VAWDASV. This 'Conversation Café' was open to both men and women to feed in their specific experiences and thoughts on service delivery – this was developed into a visual representation which can be found in the strategy document.

The draft strategy was circulated widely for comments to all relevant partners, including specialist VAWDASV providers, other third sector providers, statutory partners, universities and

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colleges, and equality organisations.

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

Groups	Actions				
Age	<ul style="list-style-type: none"> ▪ We will support the Welsh Government's Blueprint work to ensure that survivors of <u>all</u> ages receive the support that they need. ▪ We will support the regional implementation of the Relationships and Sexuality Education (RSE) curriculum to promote children and young people's understanding of consent, healthy and respectful relationships. ▪ We will continue to ensure that children subject to safeguarding are given specialist support to recover from the abuse and trauma they have suffered. ▪ We will work with the Regional Safeguarding Board to implement recommendations from the Independent Inquiry into Child Sexual Abuse (IICSA) report. ▪ We will encourage more schools to embrace the whole school approach to VAWDASV. ▪ We will ensure children and young people continue to have access to age-appropriate specialist support. 				
Disability	We will seek to understand the distinct needs and barriers to support that disabled survivors experience in order to improve access.				
Gender Reassignment	We will continue to ensure that specialist service providers 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.				
Marriage & Civil Partnership	n/a				
Pregnancy & Maternity	We will continue to ensure that all pregnant women are asked about domestic abuse as part of routine enquiry and that Independent Domestic Violence Advocates support those who are pregnant and are experiencing VAWDASV both on-site in hospital settings or elsewhere in the community.				
Race	We will gather data and experiences of BME communities to better understand their needs in order to continue to provide sensitive and appropriate services for all survivors.				
Religion/Belief	We will continue to ensure that 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 through individual support plans and the provision of prayer rooms in emergency/crisis accommodation.				
Sex	We will continue to deliver services that are informed by a gendered understanding of VAWDASV to reflect the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act.				
Sexual Orientation	We will continue to acknowledge and understand the effects of sexual orientation on the abuse experienced by LGBTQ+ survivors.				
Welsh Language	We will continue to ensure that response to initial enquiries is offered in the Welsh language and ensure that all publicity materials regarding services are bilingual.				
Generic Over-Arching	We will take forward the actions identified in the supplementary Implementation Plan, specific commitments have been detailed above.				
4.C.400	Issue 1	Nov 11	Process Owner: Rachel Jones	Authorised: Rachel Jones	Page 13

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[applicable to all the above groups]	
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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: Partnerships Delivery Manager	12/4/23
Approved By: Jane Thomas	
Designation: Director, Adults, Housing and Communities	
Service Area: Adults, 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.

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