

Equality Impact Assessment for the Hertfordshire Domestic Abuse Strategy 2016 - 2019 '*Breaking the Cycle*'

Assessment Undertaken by Shazia Butt July 2016 – Senior Commissioning Manager, Health and Community Services.

Assessment to be updated as appropriate.

1 Background and context

The SafeLives (previously CAADA) review into domestic abuse services in Hertfordshire was funded by the Police and Crime Commissioner and published in January 2015. The review found that focused improvements were needed in;

- the governance and leadership arrangements for domestic abuse
- the consistency through which victims are referred to services, and
- the provision of services and support for victims and perpetrators

Following the review, a Domestic Abuse (Improvement) Programme was put into place in order to deliver a series of multi-agency improvements based around the reviews recommendations and findings. A new draft Hertfordshire Domestic Abuse Strategy '*Breaking the cycle*' 2016 -2019 was also published for consultation in January 2016. Work is underway to consolidate feedback and it is envisaged a final strategy will be published over the summer period in 2016.

As part of the strategy development and to ensure implementation addresses the full needs of people affected by domestic abuse we have undertaken a cumulative equality impact assessment. The assessment sets out the approach to identify and consider the overarching equality impacts for individuals experiencing and/or affected by domestic abuse in Hertfordshire. It has a specific focus on examining cumulative impacts, and opportunities to address these based on analysis of individual assessments undertaken in a range of key thematic areas (implications for children and young people are considered within these). Thematic areas are;

- Multi Agency Risk Assessments
- Domestic Homicide Reviews
- Commissioning of service provision
- Female Genital Mutilation (FGM) and Honour Based Abuse (HBA)
- Perpetrators

2 Equality approach

The Domestic Abuse Strategy for Hertfordshire 2016-2019, '*Breaking the Cycle*' is informed by a number of local and national sources including:

- Central Government's Strategy - "Ending Violence against Women and Girls" 2016-2020
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97905/vawg-paper.pdf
- HM Government Call to End Violence against Women and Girls – Equality Impact Assessment March 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97904/vawg-eia.pdf
- Hertfordshire Joint Strategic Needs Assessment on Domestic Abuse 2015
<http://www.hertsdirect.org/docs/pdf/d/domabjsnastrategyassess.pdf>
- SafeLives (formerly CAADA) Review of Domestic Abuse Services 2015
- Draft Hertfordshire Domestic Abuse Strategy 2016-2019 '*Breaking the Cycle*'
<http://www.hertsdirect.org/docs/pdf/d/draftdomabstrat.pdf>

The strategy acknowledges that domestic abuse can affect people regardless of factors covering age; ethnicity; race, religion and/or belief; disability; sexual orientation; pregnancy and maternity, marriage and civil partnership, gender, transgender and caring responsibilities. In developing the strategy, 'protected characteristics' as identified in the Equalities Act 2010, have been considered.

The information below summarises the equality impact analysis for areas of protected characteristics that are critical in delivering the future Domestic Abuse Strategy in Hertfordshire.

3 Key Findings

Disability- Whilst evidence suggests that individuals with a disability and /or long term health condition are more at risk of experiencing domestic abuse they appear to be underrepresented locally in relation to domestic abuse service referrals and take up. The Crime Survey for England and Wales (CSEW 2013-2014) showed that both women and men with a long term illness or disability were more likely to be victims of any domestic abuse in the last year (15.7 % and 8.4% respectively), compared with those without a long term illness or disability (7.1 % and 4.0%), yet despite this local referrals to MARAC are lower than the national average.¹

¹ JSNA 2015 para 8.24 (*% victims with a disability referred to Herts MARAC – SaveLives, 2015*)

Mental Health - There is clear evidence of the adverse effects of domestic abuse on the mental health of victims, in that it can last for many years and that it leads to an increased use in mental health services. A meta – analysis of 18 studies found an average rate of post-traumatic stress disorder among victimised women of 64%, a rate of depression of 48% and a suicide rate of 18%.² In addition to this the CSEW 2012 -13 found that female victims were more likely than male to report they had sustained non- physical effects as a result of partner abuse. For both male and female, the category most likely to be reported was ‘mental or emotional problems’ (32% of male victims and 45% female victims).

Complex needs - Complex needs and domestic abuse is an area that is generally poorly understood. Research has indicated that 21% of people experiencing partner abuse in the past year thought that the perpetrator was under the influence of alcohol and 8% under the influence of drugs.³

Carers - There is minimal national and local intelligence about the implications of unpaid caring responsibilities and domestic abuse although it is important to consider the links between disability/health conditions and prevalence of abuse.

LGB - Lesbian and bi-sexual women experience domestic abuse at a similar rate to women in general (1 in 4), although a third of this is associated with male perpetrators.⁴ Compared with 17% of men in general, 49% of gay and bi sexual men have experienced at least 1 incident of domestic abuse and abuse within same sex relationships.⁵

National data suggests that whilst patterns of abuse are similar across heterosexual and homosexual relationships, that LGB individuals are less likely to come forward and ask for support. This may be because individuals are fearful of discrimination and a lack of understanding about their specific needs if they come forward. Some people who are LGB may be at higher risk from honour based abuse but again may be fearful of exacerbating the situation if they come forward. Making disclosures may be harder for older LGB people who have not disclosed their sexual orientation previously⁵.

In Hertfordshire sexual orientation information is inconsistently recorded by agencies.

² Golding (1999) cited in Itzin C (2006) Tackling the health and mental health effects of domestic and sexual violence

³ JSNA 2015 para 8.43 – Smith K (ed), Osborne S, Lau I et al. (2012) Homicides, firearm offences and intimate violence 2010/11: supplementary volume 2 Crime in England and Wales 2010/11. London: Home Office

⁴ JSNA 2015 para 8.20 – Hunt R, Fish J (2008). *Prescription for change: lesbian and bisexual women’s health check*. London: Stonewall

⁵ JSNA 2015 para 8.20 – Stonewall (2012). *Gay and Bisexual Men’s Health Survey 2012* [online]

Ethnicity - The Black and Minority Ethnic (BME) population from across Hertfordshire is 19% ranging from 15% to 19% across the five MARAC areas. In April 2014 – March 2015, MARACs in Hertfordshire saw a proportion of high risk BME victims in line with the local BME population⁶.

Individuals from younger and marriageable age groups, from specific BME groups and gypsy/traveller communities are more likely to be at risk from specific abuse including HBA, FGM and forced marriage (although FGM requires a targeted response starting with maternity services).

It is also recognised that individuals at risk may be worried about making a disclosure for fear of criminalising their families or going against cultural traditions with respects to notions around 'honour'.

Religion and Belief - There is minimal local data relating to domestic abuse and religion and/or belief. However, there are clear links to HBA and FGM as noted in the Ethnicity section as above.

Gender - Victims; More than three quarters, (77.6%), of reported crimes involves female complainants. Recorded crimes in 2014/15 demonstrates an increase of 47% over a 3 year period; however, whilst the proportion of male complainants is 22.2%, the percentage increase in male complainants was especially evident in 2014/15 where the increase doubled in males (60%) compared to females (30%).⁶

As domestic abuse reporting remains higher for women as opposed to men in terms of 'victims' and higher from men in terms of 'perpetrators', this appears to have led to male victims' needs being overlooked as whilst there has been an increase in male reporting when compared to previous years, this is not reflected in service take up which is further compounded as there are extremely limited local services that provide support for male victims.

Perpetrators – Of the total number of reported crimes with a linked perpetrator, 84.3% were male. Whilst the linked female perpetrators remains comparatively low (15.7%), the recorded proportion at 2014/15 demonstrates a percentage increase in the number of female perpetrators of 53% since 2012/13.⁷

The same is likely for commissioned perpetrator service provision which is targeted at male perpetrators.

⁶ JSNA 2015 para 7.8 / 8.3

⁷ JSNA 2015 page 33

Age - Between 2014/15 the average age of complainants about domestic abuse via the Hertfordshire constabulary was 36 years of age, with the majority of complainants aged between 21 and 40 years.⁸ The average age of perpetrators was identified as 34 years in 2014/15, which is in line with the average age in 2012/13 and 2013/14 of 35 years and 34 years.

There is a concern that older adults and babies/children/young adults' needs are not being identified as effectively as there is a focus on a perceived "typical victim" type. National estimates also suggest that 26% of babies under the age of one year may be at an increased risk of harm from living with a parent who is either a problem drinker, a class A drug user (in the past year) and has a common mental health disorder experienced in the last year.

Pregnancy and Maternity – Nearly 1 in 3 women who experience domestic abuse report that the first incidence of violence happened when they were pregnant.^{9/10} Whilst it is generally recognised women are more at risk of domestic abuse during pregnancy, referrals made from maternity linked services within Hertfordshire are low when compared to national indicators.

Gender Re-assignment - There is not enough local data available in order to make a judgement about domestic abuse prevalence for individuals who are affected by gender reassignment. Specifically, there is no evidence of reports from commissioned services that monitor against this protected characteristic which will need to be addressed as part of future commissioning and performance reporting.

Marriage and Civil Partnership - Domestic abuse is higher amongst individuals who have separated. The point of separation and the following two years after separation are the highest risk times to the victim due to the perpetrator's loss of control; increasing violence and abuse are attempts to regain it.¹¹ There is not enough local data available in order to make a judgement about domestic abuse prevalence in Hertfordshire for individuals who are married or in a civil partnership. Specifically, there is no evidence of reports from commissioned services that monitor against this protected characteristic.

⁸ JSNA 2015 para 8.12

⁹ JSNA 2015 – para 8.37 – Lewis, G, Drife, J, et al. (2001) *Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997 -9; commissioned by Department of Health from RCOG and NICE* (London: RCOG Press).

¹⁰ JSNA 2015 – para 8.37 – BMA (2007). *Domestic Abuse: A report from the BMA Board of Science*

¹¹ This research refers to the mother as the victim although similar issues may occur with a father who is a victim

4 Opportunities to foster good relations and advance equality of opportunity between people who share a protected characteristic and those who don't.

The Public Sector Equality Duty requires the local authority to foster good relations and promote equality of opportunity between individuals with a protected characteristic and others. This work is implicit in all of our services, however specific opportunities have been identified and summarised below:

Opportunity	Proposed Action
<ul style="list-style-type: none"> • Practitioner guidance to outline best practice approaches to responding to domestic abuse (focused on different levels of risk thresholds, pathways and service provision) • Workforce profile/training gap analysis 	<ul style="list-style-type: none"> • Development of a procedure for practitioners clarifying pathways for support and best practice interventions for different types of abuse • Core Offer developed for district housing authorities • Workforce survey to establish gaps/future needs re training
<ul style="list-style-type: none"> • Targeted interventions for specific under-represented groups in terms of service take up, for example gypsy and traveller and LGBT communities 	<ul style="list-style-type: none"> • Service performance reports to identify under-represented groups and agree/implement mitigating actions to respond. • Equality action plans to be developed by commissioned services where gaps are identified • Undertake research including contacts with other local authorities to establish how needs of under-represented groups are met
<ul style="list-style-type: none"> • Communication strategy to develop targeted accessible information and advice via 'key messages' to raise awareness effectively with under-represented equality groups 	<ul style="list-style-type: none"> • Provision of information and advice to a) raise awareness of domestic abuse and support b) targeted information about 'healthy relationships' to challenge abusive practices which are undertaken in the guise of 'honour and/or culture and/or religion/belief'
<ul style="list-style-type: none"> • Explore viability for Streamlined commissioning approaches 	<ul style="list-style-type: none"> • Improving parity of publicly funded services can be better achieved through the alignment of commissioning budgets and help ensure commissioning is commensurate with identified need. In addition to this an approach to service delivery that maximises use of

	<p>existing resources will help strengthen service sustainability</p> <ul style="list-style-type: none"> • Ensuring clear referral pathways and reducing confusion around the services available and how to access them will also be of particular benefit to victims who face additional barriers. • Victims of domestic abuse could also benefit from reducing the bureaucracy involved in current commissioning arrangements since this should enable an increased focus on the needs of service users
<ul style="list-style-type: none"> • Protection of children in need 	<ul style="list-style-type: none"> • Sustaining the Family Safeguarding team ‘victim’ and ‘perpetrator’ workers into business as usual i.e securing long term funding arrangements will help embed provision and reach across communities
<ul style="list-style-type: none"> • Improving collation of equalities performance information to inform future service development and strategy 	<ul style="list-style-type: none"> • Develop a performance reporting framework to include equalities information

5 Summary

The key potential for cumulative impacts on particular groups have been summarised below;

Disability/Carers (including mental health)

In order to appropriately support people with a disability and any associated communication needs, there is a requirement to develop accessible information and advice to ensure people are informed of their entitlements and support. It has also been identified that practitioners working in service areas supporting individuals with disabilities (including learning disabilities) and/or health conditions will benefit from greater awareness of domestic abuse in order to identify issues, support disclosures being made safely and that, where needed, develop local solutions so domestic abuse provision is co-located within these settings (and clear pathways for support are established).

Complex needs and domestic abuse is an area that appears poorly understood. Clear links with mental health and specialist services supporting people with complex needs is key in the provision of a targeted response and helping establish levels of prevalence. In addition more effective links and co-ordination between domestic abuse provision and services supporting individuals who are identified as experiencing issues re ‘toxic trio’ need to be strengthened to make sure a more holistic response is given.

There is no local intelligence about the implications of unpaid caring responsibilities and domestic abuse. It is important to explore opportunities to establish greater intelligence/responsiveness for this aspect.

Accessibility of service provision also needs to be addressed in terms of physical access for example; specialist accommodation provision would support people with specific physical disabilities.

LGB

Victims of domestic abuse who are gay, lesbian or bisexual can face additional barriers to leaving partners and accessing support due to notably societal homophobia and a lack of specialist LGB domestic abuse services. Whilst all current service providers have equal opportunity policies relating to support, access for gay, lesbian and bisexual individuals appears limited. In addition to this, in Hertfordshire the majority of services do not routinely monitor service take up by sexual orientation.

In terms of future performance reporting requirements for services, it will be important that LGB data is captured and any barriers to receiving this information addressed, for example staff confidence in 'having the conversation' about sexual orientation.

Pregnancy and Maternity

The links between pregnancy and domestic abuse are not widely understood which may lead to a fragmented experience in terms of support and the ability of victims to feel safe in making disclosures

Gender Re-assignment

There is not enough local data available in order to make a judgement about domestic abuse prevalence for individuals who are affected by gender reassignment. However, it is likely that specific needs are not well understood.

Marriage and Civil Partnership

There is not enough local data available in order to make a judgement about domestic abuse prevalence for individuals who are married or in a civil partnership.

Gender

Whilst it is clear that women are more likely to be victims of domestic abuse and locally this is where we see the majority of disclosures this appears to lead to 'perceived type/s' and focus for service providers. Subsequently, and based on current service provision there is a risk that males are disproportionately less likely to be identified and supported as victims and likewise for female perpetrators.

Ethnicity

Individuals who do not speak or read in English as their main language will be disadvantaged due to the lack of accessible information and absence in proactive targeting of interpreting services. In addition to this there are no local culturally specific services that support people from minority ethnic backgrounds experiencing domestic abuse including honour based abuse or FGM and limited practitioner awareness in how to effectively support these areas.

Religion and Belief

There are no local culturally specific services that support people from minority ethnic backgrounds or people from gypsy and traveller communities. Furthermore there is limited practitioner awareness in how to effectively support these areas.

Age

There is a risk that the needs of older people experiencing domestic abuse are overlooked due to notions around perceived age types of victims; and a lack of targeted integrated support that also addresses other aspects of support that older people may need such as social care.

6. Overarching Recommendations

The following recommendations have been proposed to oversee mitigating actions needed in relation to gaps identified;

Key Requirements	Lead Officer/s	Timescale
Commissioning arrangements and service provision <ul style="list-style-type: none">• An individual equality impact assessment to be undertaken for all domestic abuse services as part of the procurement process for service re-design. To ensure information across adult and child services are incorporated into the process• All domestic abuse service contracts to include a) protected characteristics performance reporting; b) an equalities action plan and implementation of mitigators required where under representation is identified; c) anonymised case studies as part of routine performance reporting, evidencing how the needs of different equality groups are being met through the service provision	Shazia Butt	Between August 2015 – April 2017 (as service areas are reviewed /procured in line with the commissioning timetable)

<ul style="list-style-type: none"> • Ensure key stakeholders including partner organisations, community and voluntary services and people affected by domestic abuse are consulted and involved in order to influence service delivery design. • Ensure there is appropriate level of commissioning resource to provide on-going contract monitoring/service development for all domestic abuse commissioned services. • Opportunities are given to organisations to access procurement information (this is important for organisations including those who may be inexperienced in the process and/or have minimal infrastructure). • Commissioners to explore a) 'consortium'/lead provider approaches for service delivery where there is a requirement for a more efficient and equitable offering across Herts; b) increase in co-locating IDVAs in hospital/health and wider community services; c) lead specialism roles are developed within commissioned services to enhance the skill set around different equality group needs d) contact other local authorities and undertake research to further identify how the needs of under-represented groups are being met in other areas, as well as groups where there is minimal understanding of prevalence for example carers. 		
<p>Workforce development</p> <ul style="list-style-type: none"> • A workforce learning and organisational development assessment is undertaken to identify needs including a) gaps in practitioner knowledge about domestic abuse issues that affecting specific community groups including children and young people; b) workforce culture. • An approach to workforce learning that maximises opportunities for organisations to access learning collectively. Learning to be targeted to front line staff and others who come into direct contact with potential victims and/or people affected by domestic abuse. To include material that will assist practitioners in a) understanding 	Kate Beed	April 2017

<p>different types of abuse b) developing environments to assist victims and their children in making disclosures safely c) Providing a personalised response.</p> <ul style="list-style-type: none"> • An adult pathway procedure is developed for responding to domestic abuse, to inform practitioners about best practice interventions (including for specific equality groups) and pathways/referrals processes, including links to Childrens services for responding to disclosures across risk thresholds. • Develop a champions' network across key agencies (as a trained cohort). To identify opportunities for the overall cohort to be representative of diverse groups for e.g. people from a range of backgrounds, ages, genders etc. 	<p>Heidi Hall</p> <p>Sarah Taylor</p>	<p>January 2017</p> <p>April 2017</p>
<p>Communications (internal and external)</p> <ul style="list-style-type: none"> • Key messages are developed as part of a countywide communications strategy that include a) messages targeted at under-represented groups to raise the profile of issues/and challenge contrary belief systems; b) promotion of accessible information including through the use of interpreters and language line c) Information about what constitutes a 'healthy relationship'. • Information and advice includes a) domestic abuse services promoted via Hertfordshire Community Directory and HertsHelp b) The Sunflower website strengthens addresses accessibility issues as part of the website redesign. 	<p>Linsey Coulson</p> <p>Sarah Taylor</p>	<p>October 2016</p> <p>January 2017</p>
<p>Domestic Abuse Strategy Performance Reporting</p> <ul style="list-style-type: none"> • Ensure performance reporting against the implementation of the domestic abuse strategy includes a) service breakdowns and analysis for service take up against individuals' protected characteristics; b) breakdown of protected characteristics of domestic homicide reviews 	<p>Mick Ball</p> <p>Denise Hodgson</p>	<p>July 2017</p>

Appendix 1 - Cumulative Impact Matrix

Thematic Area	Age	Race	Gender	Disability	Religion and Belief	Sexual Orientation	Marriage and Civil Partnership	Pregnancy and Maternity	Gender Reassignment	Carers
Key: Y = Potential impact X = No impact NK = Not known and/or insufficient evidence										
Commissioning Services	Y	Y	Y	Y	Y	Y	NK	NK	NK	NK
Honour Based Abuse (including forced marriage) and Female Genital Mutilation	Y	Y	Y	Y	Y	Y	NK	NK	NK	NK
Domestic Homicide Review	Y	Y	Y	Y	Y	Y	NK	NK	NK	NK
Perpetrators	Y	Y	Y	Y	Y	Y	NK	NK	NK	NK
Multi Agency Risk Assessment Conference (MARAC)	Y	Y	Y	Y	Y	Y	NK	NK	NK	NK