

Birmingham Violence Against Women Strategy 2013-15



Glossary of acronyms

ACPO - Association of Chief Police Officers
BAFGM - Birmingham Against Female Genital Mutilation
BASB - Birmingham Adult Safeguarding Board
BAMER – Black, Minority Ethnic, Asylum Seekers or Refugee
BCS – British Crime Survey
BCC – Birmingham City Council
BCSP – Birmingham Community Safety Partnership
BDAAT – Birmingham Drug and Alcohol Action Team
BSCB – Birmingham Safeguarding Children Board
BSMHFT – Birmingham and Solihull Mental Health Foundation Trust
BSWA – Birmingham and Solihull Women’s Aid
BVAWB – Birmingham Violence Against Women Board
BWHFT – Birmingham Women’s Hospital Foundation Trust
DASH – Domestic Abuse, Sexual Assault and Stalking Risk Assessment
DV – Domestic violence
CPS – Her Majesty’s Crown Prosecution Service
EGYV – Ending Gang and Youth Violence
FGM – Female Genital Mutilation
FME – Forensic Medical Examination
HBV – Honour Based Violence
HEFT – Heart of England Foundation Trust (NHS)
HMIC – Her Majesty’s Inspectorate of Constabulary
IDVA – Independent Domestic Violence Advisor
ISVA – Independent Sexual Violence Advisor
LGBT – Lesbian, Gay Bisexual and Trans People
MARAC – Multi-Agency Risk Assessment Conference
NINO – National Insurance Number
RASSO – Rape and Serious Sexual Offences
ROTA – Race on the Agenda
RSVP – Rape and Sexual Violence Project
SARC – Sexual Assault Referral Centre
SSP – SARC Strategic Partnership
SWMPT – Staffordshire and West Midlands Probation Trust
TKAP – Tackling Knives Action Programme
VAW – Violence Against Women
WAITS – Women Acting in Today’s Society
WMP – West Midlands Police
WMSVNA – West Midlands Sexual Violence Needs Assessment

YOS – Youth Offending Service

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Introduction

Violence against women has far reaching consequences throughout families, schools, workplaces and communities, often devastating the lives of those affected.

Violence and abuse against women is highly effective as a strategy for control: women's routine decision making is organised around personal safety; and women of all ages spend their lives avoiding and minimising the risk of rape and other forms of violence, restricting their ability to fully participate in society.

In response, this is Birmingham's first integrated Violence Against Women Strategy. It sets out the priorities for Birmingham Violence Against Women Board and its signatories in tackling violence against women and children over the next three years.

The strategy is overseen by the Birmingham Violence Against Women Board which brings together key agencies to lead the city's response to violence against women.

The strategy is broken down into the following strands, each containing a narrative and an action plan:

1. domestic violence
2. sexual violence
3. violence in young people's relationships
4. forced marriage and honour based violence
5. female genital mutilation
6. women exploited through prostitution and trafficking

The impact on children of gendered violence permeates each of these strands.

Each action plan finishes with the key performance indicators relevant to that strand.

What do we understand by violence against women?

Violence against women is both a form of discrimination and a violation of human rights. The term refers to any acts, threats or coercion which cause physical, sexual and psychological harm or suffering to women and children or which affront their human dignity.

The United Nations Declaration on the Elimination of Violence Against Women (1993) states

“Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such

acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence.”

Examples of violence against women include:

- Physical, sexual and psychological violence and abuse occurring within intimate relationships including domestic abuse, stalking and rape
- Sexual violence, harassment and intimidation at work and in the public sphere; commercial sexual exploitation, including prostitution, pornography and trafficking;
- Gang related violence against women and girls
- Forced and child marriages;
- Dowry related violence;
- Female genital mutilation;
- Crimes and abuse in the name of ‘honour’
- The sexualisation of girls

A detailed definition of each of these terms is available under the relevant strand of this strategy.

Violence against women is widespread and may affect women and girls of any age, class, ethnicity, religion, sexuality, or ability. However, women in particular groups may be additionally targeted by abusers or have more limited resources to resist.

Why gendered violence?

Violence against women is described as gendered violence because it is both a function and cause of gender inequality undermining women’s ability to participate as full and equal citizens in society.

It is an abuse of male power and privilege and often legitimated by the norms, social structure and gender roles within society,

The focus of this strategy is to bring agencies together to collaboratively work to end violence against women and address the support and protection needs of women and girls, and children who are exposed to this violence. Much of this strategy is aimed to achieve greater equality which will benefit every member of society.

Nonetheless, there remains a need to address the needs of men and boys who experience domestic and sexual violence directly and many of our partner agencies will be driving this work forward as individual agencies or collectively. However, this strategy focuses on Violence Against Women.

What are the advantages of an integrated violence against women strategy?

An integrated violence against women strategy benefits from being able to recognise the commonalities, make the connections and address the multiple experience of gendered violence and abuse.

Violence against women is characterised by:

- longstanding myths and stereotypes which exist in all cultures and serve to justify, deny, minimise or excuse abuse. Despite substantial efforts, tolerance of violence against women and girls, to some degree, exists across cultures and contexts
- the dynamics of male abuse of power and control which underlie all violence against women and girls
- women being most at risk from men they know
- the use of tactics of control, humiliation and degradation
- the abdication of responsibility by the male abuser
- the frequent attribution of blame to the female victim
- high levels of under-reporting and lack of confidence by victims that public services will keep them safe
- long term social, psychological and economic impacts and consequences of abuse
- the extent of its repeat victimisation
- women having a greater fear of crime as they have to factor personal safety into routine decisions
- the historic failure of justice systems to consistently hold perpetrators to account and be able to keep victims safe

Our services need to make the connections. Cumulative experiences of violence against women are by no means exceptional. Significant numbers of women experience more than one type of violence and as a result may have more limited resources available to deal with the abuse they are currently experiencing.

Indeed, experience of repeated victimisation by the same and different men in the same and different contexts need to be connected and understood or those who have sustained the most harm may well fall through the net of disjointed services.

An integrated strategy also enables us to highlight the evidenced need for women-only services. Indeed the Equality and Human Rights Commission identifies the need for women only services, as separate from similar services for men, in order to fulfil the Equality Act (2010) General Equality Duty.

Women only services enable victims to have safety, privacy and respect in helping them overcome their experience of gendered violence. The Commission guards against any attempts to provide gender neutral support services in this regard, recognising such attempts to serve creating further barriers to disadvantaged

women, particularly from marginalised groups, and being counter-productive to achieving equality.¹

Barriers to equality

Within a Violence Against Women Strategy it is important to recognise that women are not a homogeneous group and women's experience of violence and abuse may be compounded by barriers to their receiving help, support and protection

There is no evidence to suggest that Black, minority ethnic or refugee (BAMER) women are more likely to be subjected to domestic violence or sexual violence than other population groups in the City. Indeed the types of abuse - physical, sexual, financial, psychological, emotional and controlling behaviour - mirror those experienced by women in the wider population. However, issues of forced marriage and female genital mutilation and so-called honour based violence may compound experiences of abuse. In either instance, BAMER women will variously perceive and experience gendered violence in many aspects unique to their community.

In particular, the dimensions of culture, language, family structures, racism and in some instances the insecure immigration status of abuse victims, will all have a direct bearing on how women and children cope with the abuse, as well as on the help and support variously accessible to them. For example, factors including domestic violence, abuse, forced marriage and honour based violence are often associated with the fact that British Asian women under the age of 35 have suicide rates three times as high as the national average.²

Older women experiencing domestic violence or sexual violence will also face barriers. They are less likely to come to the attention of statutory agencies or specialist services, and may be even less aware than younger women of the specialist services and options available to them. Some older women may also think services are only for younger women, or only for women with children, and fear disbelief if they seek help. Statistically, young women (16-24) are the group most at risk of domestic violence, stalking and sexual assault³. Research also finds high rates of victimisation of domestic and sexual violence among teenage mothers⁴

¹ Equality and Human Rights Commission (2010) *Map of Gaps*

² Southall Black Sisters Trust (2010) *Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm Amongst Black and Minority Ethnic Women*

³ Home Office (2012) *Homicides, Firearm Offences and Intimate Violence 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11*

⁴ Silverman et al (2001) *Dating Violence Against Adolescent Girls. Journal of the American Medical Association*; Miller, E. et al. (2010). *Pregnancy coercion, intimate partner violence, and unintended pregnancy. Contraception, 81, 316-322*; Teten, A. et al (2009). *Considerations for the definition, measurement, consequences, and prevention of dating violence victimization among adolescent girls. Journal of Women's Health, 18, 923-927*

Women with disabilities are at significantly heightened risk of domestic and sexual violence and could face particular barriers arising from isolation, reliance upon caring arrangements. In recent studies of disabled women's experiences of domestic violence, women reported severe vulnerability to their abusers.⁵ Up to 50% had experienced domestic or sexual violence but had never sought help for the abuse through lack of awareness, lack of trust of sources of support, self-blame, fear of loss of independence or believing they couldn't be accommodated due to needs. Abusers often use forms of abuse which exploit a woman's impairment or condition so that the violence experienced is compounded. Recent evidence would suggest that women with learning disabilities are also at heightened risk of forced marriage

Evidence suggests that lesbian and bisexual women will experience domestic violence in the same prevalence as heterosexual women but that the barriers they face, including fear of homophobia, threats of being 'outed' and fear of losing children each impair their ability to gain support and protection⁶. Moreover, lesbian and bisexual women have been reported to be unsure about what support services were available to them, felt that agencies assumed that the perpetrator was male and feared being stigmatised and judged by services.⁷

Pregnant women are particularly at risk of domestic violence. 14% of maternal deaths occur in women who have disclosed domestic violence, and 40 – 60% of women experiencing domestic violence are abused while pregnant. 30% of domestic violence starts during pregnancy⁸.

Knowledge around many minority communities' experience of violence and abuse is limited, particularly in relation to gypsy and traveller women and around trans people.⁹

This strategy seeks to address the barriers that all women face in gaining support and protection and achieving equality.

Safeguarding Children

One of the main drivers for an integrated strategy is to ensure that we make the connections between Violence Against Women (VAW) and Safeguarding Children. These connections are deep and wide:

⁵ Women's Aid Federation England (2008), *Making the links – Disabled women and domestic violence*

⁶ Donovan et al (2006) Comparing Domestic abuse in same sex and heterosexual relationships. ESRC report

⁷ Home Office VAWG Strategy Equalities Impact Assessment

<http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-eia?view=Binary>

⁸ Lewis, Gwynneth, and Drife, James (2005) *Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom (CEMACH)*

⁹ Cemlyn, Greenfields, Burnett, Matthews and Whitwell (2009) *Inequalities Experienced By Gypsy and Traveller Communities: A Review*. EHRC

- All forms of VAW and child abuse are under-reported and when reported experience high levels of attrition.
- The majority of serious case reviews into child deaths or serious harm involve domestic violence. (Brandon, 2010)
- VAW and child abuse is generally committed by known perpetrators. The majority of sexual offenders against women and children are family, friends, neighbours or professionals working with them
- In almost one third of cases, domestic violence begins or escalates during pregnancy and is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death.
- In VAW and child protection, much focus is often on the victim rather than holding the abuser to account and minimising their potential for his future abuse.
- In circumstances of child protection, the threat the abuser poses to the non-abusing parent are seldom focussed upon.
- In circumstances of domestic violence, children's needs have often been lost. Both Laming¹⁰ and Munro¹¹ found limited evidence of support being provided for children of mothers experiencing domestic violence below the 'high risk' threshold.
- Many mothers stay in violent relationships for the sake of their children. Many more (79%) women leave their violent partner *because* the abuse is affecting their children or because they fear for their children's lives¹². The risks to both child and mother are significantly heightened at this point and often overlooked by professionals charged with managing the risks they face.
- Women and children are significantly disadvantaged economically, socially and emotionally by male violence and abuse.

In Birmingham, strategic and operational arrangements to protect children and young people from harm are overseen by Birmingham Safeguarding Children Board (BSCB) and violence against women and children issues such as sexually exploitation and trafficking of children have their own strategic group, the Missing, Sexual Exploited and Trafficked Group, feeding directly into BSCB. Likewise, BSCB has responsibility for overseeing organisation's response to safeguarding children from sexual abuse, forced marriage, female genital mutilation and domestic violence.

In each of these significant areas, BSCB has multi-agency child protection procedures which guide and govern operational responses to the various risks and harm that children and young people face.

- Domestic violence - Section 23
- FGM - Section 17
- Forced marriage - Section 21

¹⁰ Lord Laming (2009) The Protection of Children in England: A Progress Report.

¹¹ Munro, E. (2011) The Munro Review of Child Protection. Final report: A child-centered system

¹² Humphreys, C. and Thiara, R. (2002) Routes to Safety; Radford, L. and Hester, M. (2006) Mothering through Domestic Violence

- Children and young people involved in underage sexual activity - section 28.

In view of these arrangements, this strategy seeks to identify and reinforce our understanding of the impact of violence against women upon children and highlight those areas of the Strategy which will support BSCB in our mutual aim to safeguard and protect the children and young people in this city.

The Birmingham Picture

Extent of harm

There is no doubt that the harm caused by violence against women has a hugely detrimental impact upon the lives and communities of our city. However, uncovering the true extent of violence against women and children, in both scale and impact, is notoriously difficult. By its very nature, violence against women is often a hidden and private crime and significantly under-reported to any official source. The Government estimates that only 25% of domestic violence related crime is reported and far less for sexual violence, forced marriage, female genital mutilation and trafficking

- In recent times, Birmingham has had between 3 and 6 domestic homicides each year
- Over 80,000 women in Birmingham will experience domestic violence, sexual abuse or stalking at some point in their lives
- An estimated 78,000 women in Birmingham have been the victim of some form of sexual violence at some point in their adult lives and there will have been 1,400 victims of serious sexual assault and 1200 victims of rape in the last year¹³
- Nationally it is estimated that 66,000 women in the UK have undergone FGM with 22,000 girls at risk. In 2010, up to 900 female children in Birmingham schools were at risk from FGM with the key risk ages being at birth, 4-6 years old and during puberty.
- Birmingham serves as a destination for women and girls trafficked for sexual exploitation. One national safe house has received referrals from Birmingham from women trafficked for sexual exploitation every two months for the last seven years.

More detail on the prevalence of violence against women and our efforts to combat it are featured in each of the thematic strands to follow.

¹³ GHK, Sexual Violence Needs Assessment for the West Midlands Police Area, (2011)

Financial Costs

The government estimates that the combined cost of violence against women and girls to the UK is £36.7 billion annually, not counting the long term emotional and mental health costs.

More work has been done on estimating the cost of domestic violence than on other forms of violence against women in recent years. Based on 2009 population figures in Birmingham,¹⁴ the annual financial cost of domestic violence services alone is estimated at £114million. When combined with the estimated human and emotional costs, this increases to £310million

In times of austerity, there exists therefore a compelling economic case for taking effective action to end against violence against women.

Birmingham's Principles

We believe that:

- every person has a right to be safe from fear and abuse
- violence against women is an abuse of human rights and causes untold damage to children, families, workplaces, communities and society
- violence against women is unacceptable and should not be tolerated
- every person has a right to be believed (unless evidence shows otherwise) when they seek help to protect themselves and their children from violence and abuse
- the most effective way of reducing recidivism is by holding the perpetrator accountable through the criminal justice system but it is the responsibility of all organisations working with perpetrators to confront and challenge their behaviour
- most forms of violence against women, left unchecked, increase in scale and severity over time making early identification and protection an essential part of the response
- combating domestic violence requires robust information sharing protocols which govern how information can be safely shared in the context of domestic violence
- combating violence against women, on both an individual and collective level, requires inter-agency collaboration and needs to be a strategic priority for all partner agencies
- combating violence against women requires resources commensurate with need
- combating violence against women requires us to pursue equality and raise the status of women in society

¹⁴ Henry Smith Charity and Trust for London (2009) Using Office for National Statistics 2009 mid-year population estimates and Cost of Domestic Violence Sylvia Walby. Available at www.ccrm.org.uk

Birmingham's Vision

To reduce violence against women and to make Birmingham safer for victims and children experiencing gendered violence, through co-ordinated and comprehensive multi agency action

Prevention of Violence Against Women

Through Primary Prevention, we seek to prevent Violence Against Women by challenging attitudes and behaviours which foster it.

Through Secondary Prevention, we seek to intervene early to prevent harm and escalation of harm and remove or diminish the risk of Violence Against Women and its impacts on children and young people

The prevention outcomes we want to achieve

- In every area of Birmingham life, violence against women is considered unacceptable and is confronted and challenged.
- All frontline services are able to identify and deal with violence against women and children and provide access to support and protection earlier.

Protection: Increased Safety of Women and Children

We seek to protect women and children from victimisation, repeat victimisation or harassment and ensure that perpetrators are held to account.

The protection outcomes we want to achieve

- Improved criminal justice outcomes for VAW including the rate of convictions
- Increased confidence of victims to access the criminal justice system
- Reduced risk and repeat victimisation by a co-ordinated approach and options based approach

Providing Services for Women and Children

We seek to provide adequate services to deal with the consequences of violence against women and children to help them to rebuild their lives

The provision outcomes we want to achieve

- VAW victims have access to specialist, safe, consistent, empowering and options based services throughout the City
- There is no wrong door for victims of violence. All agencies get the response right first time.
- There is increased public awareness of the services that are available to deal with violence against women

Birmingham's Commitments

Signatories to this strategy commit to

- Making the safety and protection of victims and their children the overarching priority of all our actions to combat violence against women
- Working in partnership to protect women and children.
- Resisting moves towards gender neutrality in response to domestic violence and sexual violence and exploitation.
- Developing Birmingham Domestic Violence Standards into Birmingham Violence Against Women Standards and working towards meeting them. How services are delivered is as important as what is delivered.
- Maintaining independent specialist domestic violence and sexual violence services in Birmingham.
- Providing women only services for women experiencing violence in Birmingham.
- Ensuring that a choice of Black and Minority Ethnic and Refugee women have choice in services.
- Creating the means of involving service-users in our planning processes. Commissioning strategies, priorities and review mechanisms need to be service-user informed throughout the process.
- Include responses to violence against women as 'core business' for public services and for commissioning, strategy, policy and service improvement work in Birmingham.

Further 'issue specific' commitments can be found under the separate sections.

Terminology

‘Victim’ or ‘survivor’ are both terms commonly used to refer to those who have experienced abuse or violence. The term ‘victim’ is most generally used in this document.

‘Domestic violence’ and ‘domestic abuse’ are understood to convey the same range of abusive and controlling patterns of behaviour perpetrated by a partner, ex-partner or family member. Domestic violence is predominantly used in this report to fit within the wider ‘violence against women’ terminology.

‘Female genital mutilation’ is used, rather than ‘female circumcision’ or ‘female genital cutting’ to avoid misleading parallels being drawn to the very different practice of male circumcision and to emphasise the severity of the practice. In our responses to FGM, we avoid the term ‘sunna’ as it has numerous, very different religious and cultural interpretations. ‘Reversal’ is additionally commonly used by health professionals and communities alike, however risks misleading women and possibly offering false hope that FGM procedures can be reversed. De-infibulation or ‘being opened’ are considered more suitable. However, when working with affected communities, consideration must be given to the most appropriate terminology to use as the majority of affected communities are not familiar with the terminology of mutilation.¹⁵ ‘Affected communities’ is used, rather than ‘practising communities’, to recognise the movement to end the practice within many communities.

Young people have told us that terms such as ‘domestic violence’ are seen as applying to their parents or to other adults and so we refer to ‘violence in young people’s relationships’ within this section of the strategy.

Women involved in prostitution is used as a less value laden alternative to ‘sex worker’, or ‘prostitute’, but children and young people involved are referred to as being ‘abused through prostitution’.

¹⁵ Replace FGM Toolkit 2011, Coventry University

Section 1: Domestic Violence

Definition

The government defines domestic violence as

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological, physical, sexual, financial, emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This strategy recognises that, alongside all forms of violence against women, domestic violence is rooted in the abuse of power and control. Domestic violence is characterised by a pattern of abusive controlling behaviour rather than by a one off incident.

Domestic violence itself is not a crime but will often involve crimes. For example, domestic violence often includes crimes such as assault, rape, false imprisonment, stalking or harassment for which the law has recently been strengthened

This strategy applies the definition of domestic violence to those over 16 in view of the increased awareness of domestic violence in young people’s relationships. Where children are harmed by domestic violence, this is child abuse. However, children and young people are damaged by living with, or being exposed to domestic violence. Child abuse and domestic violence most frequently co-exist and there is a need to look for the other when one is present. Our actions to protect and support children and young people exposed to domestic violence and violence against women are dealt with under Strand 7 of this strategy.

What We Know

During 2010/11¹⁶, the British Crime Survey (now known as the Crime Survey of England and Wales) recorded that

- 7% of women experienced domestic abuse in the previous year
- there were around 392,000 incidents of domestic violence
- 73% of all incidents of domestic violence were experienced by repeat victim
- 18% of women have experienced stalking since age 16, and over 4% had experienced it in the last year
- Domestic violence accounts for 18% of violent incidents reported to the police, but only 1 in 4 domestic violence incidents are reported to the police.

Applying this prevalence rate to Birmingham's resident population would suggest that of the female adult population, aged 16 to 59:

- One in four women - women in Birmingham – 80,000 will experience domestic violence at some stage, and 89 per cent of these women – over 71000 women - will experience four or more repeat incidents (with a mean average of 20 incidents per victim) at some point in their lives.¹⁷
- More than 22000 women will have experienced domestic violence in the last year

This scale of domestic violence is only in part reflected in the following demands for services during 2011/12 where:

- 13521 incidents of domestic violence were reported to the police of which 4126 were treated as crimes.
- There were 4 domestic homicides and 5 attempted murders.
- There were 932 reports of serious sexual assaults, including rape, were made.¹⁸
- The group most likely to report domestic violence to the police were young women aged 19 – 28¹⁹
- Between April and December, the Crown Prosecution had finalised 914 domestic violence prosecutions of which 594 cases were successful.
- 907 domestic violence victims²⁰ were accepted as homeless by the local authority, of which 72 had been accepted as homeless within the last two years.

¹⁶ Home Office (2012) Homicides, Firearm Offences and Intimate Violence 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11

¹⁷ This is a significant underestimate and can be more accurately deduced as more Census data is released in July 2012

¹⁸ GHK, Sexual Violence Needs Assessment for the West Midlands Police Area, (2011)

¹⁹ West Midlands Police Strategic Policing Plan 2012-15 http://www.west-midlands-pa.gov.uk/documents/main/1/Strategic_Policing_Plan_2012-2015.pdf

²⁰ 96% of whom were female. Domestic Violence and Homelessness, report to Birmingham City Council Housing and Urban Renewal Overview and Scrutiny 14.02.12

- Domestic violence accounted for 22% of all homeless acceptances - The number of people fleeing domestic violence has increased but the number of domestic violence victims accepted as homeless has decreased.²¹
- Only half of the injuries recorded by A&E departments as arising from domestic violence, were reported to the police
- 1046 domestic violence victims sought refuge through the Birmingham Refuge Line (Trident Reach) of which only 53% were accommodated in refuge
- BSWA²² services supported 4414 victims and families including over 5000 children. 800 victims sought advocacy and support through criminal proceedings, civil interventions and representation at MARAC²³
- 103 civil orders were obtained to protect victims and children through the Safety Unit and BCC Domestic Violence Tasking
- Over 10,000 children living in homes where domestic violence had been reported to the police were screened for risk by the four multi-agency, quadrant based teams (health, police and children's social care).
 - Local research into the LGBT community in Birmingham shows that over 30% of lesbian, bi-sexual or trans respondents reported being victims of domestic violence and only a quarter of those reported incidents to the police. 83% answered 'yes' to 'Do you think there should be a same-sex domestic violence service'²⁴

Although there is limited data available locally on the prevalence of domestic violence amongst particular communities, domestic violence is widespread throughout every socioeconomic group and occurs regardless of ethnicity, ability, age, wealth, sexuality and geography.

Recent trends

Birmingham Domestic Violence Strategy (2006) introduced a performance matrix to monitor impact and trends in reported domestic violence. Aspects of this have recently been updated by Birmingham Community Safety Partnership Strategic Assessment of crime and disorder in the city (2012). Summaries of these sources present the following picture:

- the number of reported domestic violence incidents and the number of reported domestic violence crimes to the police has been decreasing each year. This is now out of step with the national picture of reported domestic violence where the fall in reporting plateau in 2009 and remained constant through 2010 and 2011.
- Over the past three years, the number of DV victims making homeless applications has steadily increased. During 2010/11, 25% of homeless

²¹ ibid

²² BSWA - Birmingham & Solihull Women's Aid

²³ MARAC – Multi agency risk assessment conference around high risk victims of DV

²⁴ Healthy Gay Life (2011) Out and About

applications made to the local authority were due to DV. DV was the biggest single reason for people becoming homeless and accounted for nearly half of all repeat homeless applications. Whilst the number of people fleeing DV and making homeless applications has risen in actual terms, the percentage of acceptances due to DV has decreased.

- The demand for refuge is increasing with a 24% increase in 2011 compared to the same period in the previous year with less than half of women seeking refuge being successful in gaining a space for themselves and their children.
- Accident and Emergency data from Birmingham hospitals supports that view that a high proportion of violent crime is domestic violence. Due to the nature of the injuries, violence recorded by A&E departments is likely to be classified as *Most Serious Violence* yet only just over half of these serious incidents were reported to the police
- In 2010/11, 23% of alcohol-related offences recorded by the police were classified as domestic violence, the vast majority taking place within a residential setting (83%).

There are many barriers that victims of domestic violence face in reporting to statutory services, including fear of not being believed or taken seriously; fear of children being removed; lack of confidence that services can keep them safe; lack of awareness of what help is available. However, this apparent divergence in reporting levels between the police and other agencies will be the subject of analysis during 2012/13 in acknowledgement of concerns raised by a range of front line services that the Joint Screening arrangements, whereby all incidents reported to the police are considered by Children's Social Care and Health, may be deterring women/ mothers from reporting.

Cost of Domestic Violence

The cost of domestic violence to Birmingham’s services and citizens is significant. Domestic violence has a serious and lasting impact on a victim’s sense of safety, health, well-being and autonomy, and can severely restrict the victim’s ability to fully participate in society.

Based on 2009 population figures, the Henry Smith Charity and Trust for London have estimated the financial cost of domestic violence for Birmingham as follows²⁵:

Pro Rata by Birmingham Population of 16-59 year olds	£million per annum								
	Health	Criminal Justice	Social Care	Housing	Civil	Lost Economic Output	Human and emotional Costs	Total Cost to Services	Total (All)
	34	25	6	4	48	38	196	114	310

Fig 1. Financial cost of domestic violence in Birmingham

The annual financial cost to Birmingham’s services is therefore estimated at £114million, which if combined with the estimated human and emotional costs, increases to £310million. Birmingham is therefore forced to spend heavily on its statutory responses to domestic violence and its consequences, particularly through policing, homelessness and social care.

The local authority has made significant efforts, particularly in its innovation to tackle homelessness through the commissioning and co-location of Women’s Aid workers in each of the housing advice centres. Nonetheless, the level of investment in domestic violence prevention, early intervention and into the provision of domestic violence services, akin to **all** national models, is relatively low.

²⁵ Using Office for National Statistics 2009 mid-year population estimates and Cost of Domestic Violence Sylvia Walby. Available at www.ccrm.org.uk

Understanding domestic violence

Our responses to domestic violence are underpinned by the following understanding:

- Domestic violence is widespread throughout every socio-economic group and occurs citywide across all neighbourhoods and communities, amongst all ethnicities, gender identities, ages, disabilities, sexualities, immigration statuses, religions or beliefs and socio-economic backgrounds.
- Understanding that domestic violence is gendered, and is caused by the misuse of power and control, is central to effective intervention and prevention. Domestic violence consists mainly of violence by men and against women, and the gender of both victim and offender influences behaviour and the severity of risk and harm caused. A gender neutral position is therefore dangerous for women and children
- Domestic violence is both a cause and consequence of gender inequality; and although not all domestic violence occurs within a context of traditional power relations, perpetrators' behaviour stems from a sense of entitlement, supported by sexist, racist, homophobic and other discriminatory attitudes, behaviours and systems that maintain and reproduce inequality.
- Domestic violence is intentional behaviour and the responsibility for domestic violence lies with the abuser. The responsibility to end violence lies with the abuser and state institutions.
- There is a strong correlation between domestic violence and child abuse and the presence of one should always trigger enquiry to the other. Outcomes for children affected by domestic violence will rarely be improved without support and empowerment of the abused parent.
- Women who have experienced domestic violence and abuse are significantly more likely to experience depression, anxiety, despair, trauma symptoms, self harm and suicide and be service users of mental health services²⁶ Women who experience domestic violence are 15 times more likely to use alcohol and nine times more likely to use drugs than women that have not been abused²⁷ We will promote the adoption of screening for these overlapping issues in each of these areas of service. Research into using alcohol treatment populations revealed that as many as 60-80% of women

²⁶ (Department of Health, 2000).

²⁷ (Barron, 2004).

receiving support for alcohol misuse had experienced domestic violence in the previous year²⁸

- How services are delivered is as important as what is delivered. Birmingham's Domestic Violence Standards identify the need for an empowering options-based approach as the means to keep women and children safe. Victims want to be listened to and believed, to be treated with dignity and respect. They want services that help them be safe, and are accessible and available when they need support. They need a voice so their views can be taken into account; support to recover from the violence; information to be able to make meaningful choices, and protection from further violence.
- Independent, personalised advocacy and support provided through specialist domestic violence services need to be central to any model for protecting women and children from violence, and consistently and holistically supporting survivors.
- Victims of domestic violence both want and need women only services. Research has found that women from all walks of life prefer to use women only services and many would not consider using mixed services for issues such as domestic violence or sexual assault.²⁹ In the context of violence against women, women only services are safest and provide the greatest opportunity for empowerment and for women to be able to speak openly and break the isolation of abuse.
- Victims of domestic violence from Black, Minority Ethnic and Refugee communities particularly need to have the choice to access to services which are led by and for specific communities of women.
- Domestic violence is widespread and impacts across city priorities.
- Combating domestic violence requires a comprehensive and coordinated inter-agency response. Victims do not experience violence in silos and neither should agencies respond in silos.

Services Needed

The need for multi-agency working to address the harm that domestic violence causes is best illustrated by the range of responses needed to tackle it effectively. Birmingham's Domestic Violence Standards³⁰ provide an overview of the range of these services.

²⁸ K. Chase et al: "Factors associated with partner violence among female alcoholic patients and their male partners (2003) *Journal of Studies on Alcohol*, no. 64 (1) 137 as cited in Birmingham's Alcohol Strategy 2012-16

²⁹ Women's Resource Centre (2012)

³⁰ Birmingham Inter-Agency Domestic Violence Forum (2004), Birmingham Domestic Violence Standards, available at www.bvaw.org

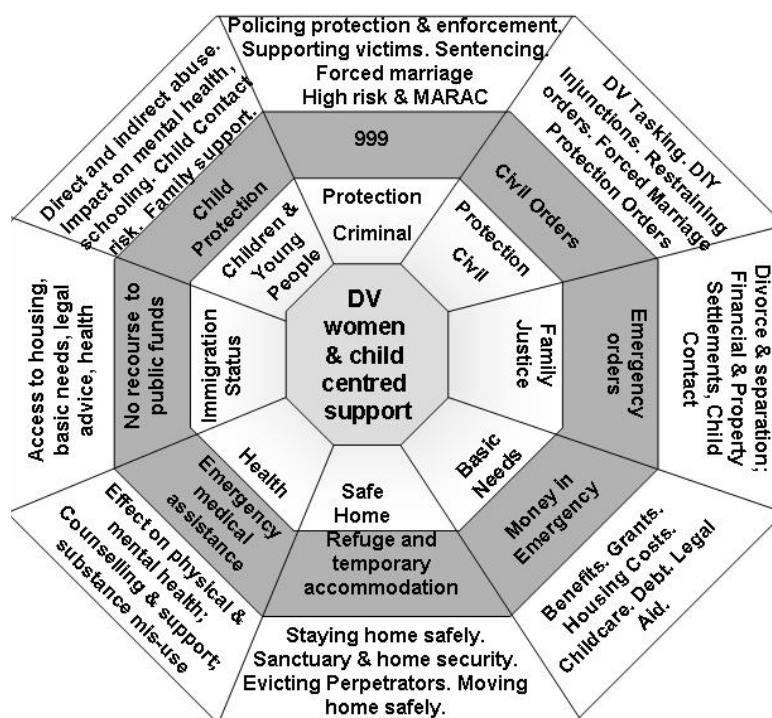


Fig 2. Complexity of Need

Birmingham has a long history of partnership working in managing the risks and addressing the needs of domestic violence victims and their children. The provision of services to meet needs and reduce harm requires a combined effort from all the statutory services alongside the voluntary sector. The Police promote safety, respond to incidents, collect evidence and arrest offenders. The City Council and its Partnerships provide and procure safer housing and Sanctuary, safer neighbourhoods, civil protection, protection and support for children, families and vulnerable adults, commissioning of domestic violence services and leadership to create safe communities. The NHS treats victims in emergencies and deals with the long term effects on women and children’s health and wellbeing and can provide a safe environment for victims to disclose or seek advice. The courts, probation and prisons prosecute, punish and rehabilitate offenders.

A strong evidence base tells us that a central tenet of enabling women and children’s safety is the availability and access to independent, woman and child-centred, specialist advice, support and advocacy services to enable women to engage with and have confidence in the responses available from each of our sectors. In Birmingham these are provided by our specialist domestic violence services which provide refuges, helplines, outreach, family support, advice, counselling, support groups, court support, civil protection and training for practitioners from all sectors.

Domestic Violence and Children

Each year, in Birmingham, over 10,000 children live in households which are screened for domestic violence through multi-agency screening activity after a report of household domestic violence has been made to the police. Tens of thousands more will be exposed to domestic violence at any given time in this city. Violence Against Women is a hidden crime, and the harm that it causes children and young people equally leaves many children unseen to public services.

Significant evidence now reveals that prolonged exposure to domestic violence can have a serious impact upon on children's safety and welfare despite the best efforts of the non-abusing parent to protect them.

Many children living with domestic violence:

- Will be directly abused by the perpetrator and domestic violence features in the majority of serious case reviews nationally
- Will have witnessed or heard the abuse
- Will be living in constant fear
- Will blame themselves for their parent's violence and feel inadequate and guilty when unable to stop the violent episode or prevent its reoccurrence.
- Will be forced to leave their home to leave their families, friends and communities³¹ in order to be safe

Some children living with domestic violence:

- Will use alcohol or drugs as a means to cope with their fear, anxiety and symptoms of trauma
- Will experience mental ill-health including depression, trauma symptoms, self harm or suicide attempts

All children living with domestic violence

- Will be at greater risk of abuse, serious injury, or death.
- Will be growing up in an atmosphere of fear, tension, intimidation and confusion.
- Will be at higher risk of experiencing depression and trauma³².
- Will respond individually and will have differing levels of resilience to their experiences and recovery.

Domestic violence perpetrated by a parent is a significant indicator of failed and dangerous parenting by that parent. It will also significantly impact upon the parenting capacity of the victim who will usually be trying to parent and keep her

³¹ Stafford A et al(2007) The Support Needs of Children and Young People who have to Move Home Because of Domestic Abuse

³² Mullender (2002) Children's Perspectives on Domestic Violence

children safe in the midst of being degraded, abused, belittled and undermined. Indeed, the tactics of abuse and violence used against women can significantly undermine their victim's relationship with their children and represent 'an attack on the mother-child relationship'.³³

Post separation contact has been highlighted as a time of heightened risk for children and their non-abusive parent. Domestic violence perpetrators often use child contact laws to track and stalk their victims after they leave a violent situation – this is when women and children are at greatest risk of homicide.

Whilst children and young people will be at greater risk of harm, they will also have very individual reactions to the violence they have experienced. Their individual circumstances that enable resilience and recovery will vary enormously. It is therefore important that assumptions are not made which label or stigmatise children and young people experiencing domestic violence.

There is a strong body of research which recognises that usually the best way to protect children in domestic violence situations is to support the non abusing parent³⁴.

When children and young people are living with domestic violence, the person they are most likely person to tell is a friend.³⁵ When asked about the services they need, they wanted group work and a chance to talk to others of their own age and with similar experiences. When moving home, they have reported wanting access to appropriate high standard and non-stigmatising refuges, housing and support services.³⁶

³³ Humphreys C, Houghton C, and Ellis J (2008) Literature Review: Better Outcomes for Children and Young People experiencing Domestic Abuse – Directions for Good Practice

³⁴ Kitzmann K et al (2003). 'Child Witnesses to Domestic Violence: a Meta-Analytic Review', Mullender (2002)

³⁵ Mullender (2002) Children's Perspectives on Domestic Violence

³⁶ Houghton C (2008) Making A Difference: Young People Speak to Scottish Ministers about their Priorities for the National Domestic Abuse Delivery Plan for Children and Young People

Achievements

Birmingham has longstanding multi-agency arrangements to tackle domestic violence: operationally through MARAC, DV Tasking and Multi-Agency Screening and local domestic violence fora; through review in its CPS scrutiny panel and Domestic Homicide Review Steering Group and strategically through Birmingham Violence Against Women Board and Birmingham Community Safety Partnership.

- Birmingham was the first area to agree multi-standards defining how all organisations should provide safe services, wherever domestic violence victims may approach for help
- Birmingham launched the largest specialist domestic violence court in the country and launched one of the first Women's Safety Units to support women and children involved in criminal and civil proceedings
- The City Council, in partnership with the police and the Women's Safety Unit, has been taking groundbreaking civil action against perpetrators of domestic violence for the last five years
- West Midlands Police were the first to launch DASH risk assessment across the force
- At one point Birmingham had 9 Multi-Agency Risk Assessment Conferences dealing with high risk domestic violence victims. There are now 3 MARACs, each with the same chair enabling consistency across the City.
- Birmingham's multi-agency screening of children examines the risk from reported domestic violence to over 10,000 children and young people per year
- Since the last Domestic Violence Strategy, the Community Safety Partnership has commissioned training for over 7500 front line workers
- Birmingham developed good practice guidelines on working with women and mothers with complex needs, building the capacity of mental health services, drug and alcohol services and domestic violence to work with these overlapping issues and common effects of abuse
- The Community Safety Partnership has made public awareness campaigns a regular feature on the landscape of the city, whether these be through high profile campaigns such as Euros 2012, the Celebrity Campaign, the Christmas campaigns, the Family and Friends Campaign or supporting local action through the annual '16 days of activism' against violence against women
- The City Council commissions and co-locates specialist domestic violence services in each of the Housing Advice Centres to make sure that domestic violence victims can access the range of preventative services that are available and are able to choose the option that is safest for them. To date, these have diverted 50% of victims from having to become homeless.
- All health visitors and midwives undertake routine enquiry and mandatory training in domestic violence, supported by specialist midwives. Routine enquiry is being rolled out in the Mental Health Trust supported by the specialist lead for VAW
- Our specialist domestic violence services have been central, not only to the delivery of nationally renowned services, but to our strategic direction in Birmingham.

- Local multi-agency domestic violence forums now cover most of the city, bringing agencies and staff together from across the different sectors to share best practice, build their skills and understanding and run local campaigns and initiatives.

Commitments

We seek to protect women and children from the harm of domestic violence by:

- Identifying domestic violence early and preventing its escalation prevented. Women and children will come into contact with a wide range of services, so there are many opportunities for professionals working across the public services to spot the early signs of violence. Intervening early to reduce violence and abuse against both adults and children not only protects victims from immediate harm but also prevents the violence from escalating.
- Increasing public awareness and reducing public acceptability of domestic violence
- Enabling women and children to access specialist domestic violence advice, advocacy, support and protection where services are commensurate with need
- Holding domestic violence perpetrators to account in such a way as reduces risk and which acts as a future deterrent for them and a deterrent to other potential abusers

The Domestic Violence Action Plan features the actions we will undertake in order to achieve a robust co-ordinated response to domestic violence in Birmingham. Our actions to tackle violence in young people's relationships are detailed separately.

Section 2: Sexual Violence

An estimated 3.7 million women in England and Wales have been sexually assaulted since the age of 16³⁷ and the UK has one of the lowest conviction rates for rape amongst European countries³⁸. 36% of all rapes recorded by the Police are committed against children under 16 years of age³⁹.

Many people think of sexual violence as happening between strangers in dark alleys. In reality, most sexual assaults are committed by someone known to the victim, and occur in private places, like the victim's home. Sexual violence is about power and control, not sexual desire and women and children are the overwhelming majority of victims.

Society's understanding of sexual assault is greatly influenced by myths and misconceptions which cast doubt upon victim's culpability for the assault. In turn, victims often blame themselves for what has happened, wonder if they were in some way responsible and worry that they won't be believed if they seek help. As victims, their credibility is often called into question, especially if they were using drugs or alcohol, were in a relationship with the perpetrator, or were reporting childhood sexual abuse.

These misconceptions have serious consequences for the survivor and society. They take attention away from the perpetrator and discourage women from seeking help to overcome the trauma that they have experienced.

Definition

The World Health Organisation defines sexual violence as:

“Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.” (WHO, 2002)

The Sexual Offences Act (2003) breaks down sexual violence broadly into the offences of rape and sexual assault, and provides the definitions used in British Law. Sexual assault excludes rape (which is its own offence) and extends to include acts of: physical, psychological and emotional violation, in the form of a sexual act, which is inflicted on someone without consent. It can involve forcing or manipulating someone to witness or participate in any sexual acts.

³⁷ Walker, A., Kershaw, C., and Nicholas, S., (2009) *Crime in England and Wales 2008/09*, Home Office Statistical Bulletin.

³⁸ Fawcett Society (2007) 'Rape: The Facts'

³⁹ Department of Health (2011a) Response to Sexual Violence Needs Assessments (RSVNA) Toolkit

Much sexual violence takes place within the context of domestic violence, in forced prostitution, trafficking, sexual exploitation and female genital mutilation and these aspects of both sexual violence and abuse are addressed in the relevant adjacent sections

What we know

The scale and prevalence of sexual violence is significant. According to the British Crime Survey 2010/11 (now renamed the Crime Survey for England and Wales):

- Around 400,00 women are sexually assaulted and 80,000 women raped each year nationally
- Around 10,000 women are sexually assaulted each week
- Only 11% of all sexual assaults are reported, and only 8% of serious sexual assaults.
- 28% of victims of sexual violence told no-one, a further 33% only told a family member, friend or neighbour and only 2% accessed a SARC
- Women aged 16-19 to be twice as likely to be victims of sexual violence than women aged 20-24
- 1 in 200 women in the population will be subjected to a *serious* sexual offence
- The vast majority of victims know the perpetrator. While rape committed by an intimate accounted for over half of all rapes reported to the BCS, this only accounted for 6% of rapes reported to the police. This suggests that domestic sexual violence is vastly underreported.

In order to understand the prevalence and nature of sexual violence in Birmingham, a Sexual Violence Problem Profile was undertaken by Birmingham Community Safety Partnership in 2010. For the West Midlands Region, the West Midlands Police Force Area Sexual Violence Needs Assessment (WMSVNA) was undertaken in 2011.

From these sources, we have established that in Birmingham during 2010/11:

- An estimated 78000 women will have been a victim of sexual violence in their adult lives
- An estimated 8,900 women will have experienced sexual violence in the last year of which 1400 will have undergone serious sexual assault and 1200 been raped
- 1210 sexual assaults were reported to the police including 959 serious sexual offences
- 91% of these were reported by females and 96% of offenders were male.
- Offenders recorded by the police as 'strangers' were responsible for approximately 16% of sexual offences. Strangers were responsible for only approximately 6% of all rapes⁴⁰

⁴⁰ From police crime data, reported in Birmingham Community Safety Partnership (2010) Birmingham Sexual Violence Problem Profile

- It is estimate that less than a quarter of 'serious sexual offences' are reported to the West Midlands Police
- One quarter of women who reported to the police that year were reporting offences that took place during childhood
- 569 victims underwent a Forensic Medical Examination following a sexual assault across the West Midlands. 23% of serious sexual offences on victims aged over 13 years who had reported to the police were referred to the SARC.
- 250 'vulnerable adults' were identified by the Birmingham Safeguarding Adults Board as being victims of sexual assault. 75% were female. Most offences occurred within the victim's place of residence
- The introduction of routine and direct questioning in Birmingham & Solihull Women's Aid (BSWA), revealed that 80 - 90% service users had experienced sexual violence, where only 30% had disclosed before routine and direct questioning was introduced
- Rape and Sexual Violence Project (RSVP) supported 579 victims for counselling, and 417 in their ISVA service. 95% accessing the ISVAs were female, and 37% experienced abuse as a child. Estimates suggest that 20% of victims use the ISVA service.
- Only 9% of victims used the Sexual Assault Referral Centres (SARC) in the West Midlands

The WMSVNA included interviews with staff from stakeholder agencies (police, health, providers) about supporting victims in the West Midlands. Comments included that victim needs are not currently catered for within a holistic model, and there is an imbalance in favour of the needs of the criminal justice system rather than victims.

The WMSVNA identified that the harm caused by sexual violence is not evenly distributed across the population:

- The young are at greater risk. Women aged 16 to 19 were twice as likely to be victims of sexual violence as those aged 20-24 - and 11 times more likely to be victims than those aged 55-59;
- Poorer groups are at greater risk.
- Single and separated people were at a higher risk of sexual violence;
- Adult sexual violence and abuse is more likely to be experienced by those with a disability, people involved in prostitution, people who have been abused as children and young women who have been drinking.
- Disabled people and people with mental health problems are four times as likely to experience sexual abuse and more than 90% of people with a learning disability will experience sexual abuse at some point in their lives
- Reporting rates are lower amongst all LGBT groups
- Around 95% of trafficked women have been physically or sexually assaulted
- Rates of inmate-on-inmate sexual victimisation in prison was as high as 21% amongst females
- A high proportion of refugees now living in the UK experience sexual violence either before evacuating their home countries or while seeking refuge.

Public Attitudes to Sexual Violence and Under-Reporting

In a survey conducted by Amnesty International, 30% of people said a woman is partially or totally responsible for being raped if she was drunk, 34% if she behaved in a flirtatious manner, 37% if she failed to clearly say 'no' and 26% if she was wearing 'sexy/ revealing' clothing⁴¹.

Research into juries in rape trials has revealed that jurors had expectations of male sexuality, such as not being able to curb desires and "just getting carried away", as explanations or excuses for behaviour. Comments included the defendant not fitting the profile of a "typical rapist". Jurors' views on the definition of rape were often narrow, expecting it to be an attack that happened out of the blue by a 'type' of person and suggested a perceived distinction between 'real rape' and sexual miscommunication.

A report funded by the Home Office revealed that vastly disproportionate press coverage was given to false rape allegations made by women, attacks by foreigners, and attacks on young girls. The report concluded "highly selective and sensational reporting of rape cases has distorted public perceptions to such an extent that juries can no longer recognise the more typical rape when they are presented with it during a trial".⁴²

Public attitudes therefore create a significant barrier for many victims in disclosing sexual violence and in their access to justice and protection under the law. These barriers to seeking help and protection are further compounded:

- By the low conviction rate and the fear of going through the criminal justice system. In no other crime is a victim subject to so much scrutiny during an investigation, or the potential for re-traumatisation so high.⁴³
- Many victims know the offender and can feel unable to report, may risk being ostracised from family, may feel ashamed, worry they won't be believed or not want others to know.
- Within the context of a relationship or marriage, many victims do not identify rape or sexual violence as a crime.⁴⁴
- By women and children blaming themselves
- By the need to receive services for such personal and sensitive issues within one's own language
- By the lack of services to address historic as well as recent sexual violence and abuse.

⁴¹ Amnesty International http://www.amnesty.org.uk/uploads/documents/doc_16619.doc

⁴² 'Just Representations? Press Reporting and the Reality of Rape' available at http://www.eaves4women.co.uk/Documents/Recent_Reports/Just%20Representation_press_reporting_the_reality_of_rape.pdf

⁴³ HMIC and HMCPSP (2007) Without Consent: Joint Inspection into the Investigation and Prosecution of rape cases. Home Office

⁴⁴ Birmingham Sexual Violence Problem Profile (2010) Birmingham Community Safety Partnership

The WMSVNA states that ‘...overall the scale of the problem is declining slightly over time, but rates of reporting are increasing; this has implications for planning services’⁴⁵.

Sexual Violence and Abuse of Children

The impact of sexual abuse on children is profound and may well endure into adulthood. In Birmingham an estimated 26,000 children will have been sexually abused and a further 11,000 raped.⁴⁶ Indeed, children have been the victims in half of all sexual violence crimes reported to the police in Birmingham⁴⁷ A series of studies are currently being commissioned by the NSPCC to estimate the prevalence of child sexual abuse in the UK; they are expected to publish final results in 2012.

Whilst Birmingham Safeguarding Children Board is responsible for monitoring organisation’s responses to child sexual abuse and has independent strategies to tackle this, this strategy aims to identify the linkages of the sexual abuse of children with violence against women

We have seen in the domestic violence section that there is a growing body of evidence that suggests that different types of violence may occur simultaneously in the same family and that there is a strong correlation between domestic violence and child abuse. Where one is present, there is a professional imperative to look for the other.

In respect of sexual violence, the WMSVNA has identified the continuum of experience of violence and abuse and the continuum of needs from childhood to adulthood. In relation to children and young people, the report specifically identified the need for

- Increasing knowledge in Children’s Services of the care available for child victims
- A specialist paediatric rota should be developed with community paediatric services. A lead paediatrician for sexual offences can develop the SARC service
- Formally establish an agreed set of pathways for children and young people.
- Review current children and young people’s services with a view to aggregating FME services into fewer, more specialist, NHS Trusts.
- Undertake a feasibility study to examine the possibilities for developing new facilities for children / young people’s services
- Commission evidence-based programmes to promote prevention, for example, in schools.

⁴⁵ GHK, (2011) Sexual Violence Needs Assessment for the West Midlands Police Area, Summary Report

⁴⁶ West Midlands Sexual Violence Needs Assessment 2012, pp40

⁴⁷ Birmingham Community Safety Partnership (2010) Birmingham Sexual Violence Problem Profile

The Impact of Gang Related Violence Against Women and Girls

Race on the Agenda (ROTA)'s 2010 Female Voice in Violence report⁴⁸ drew national attention to the impact that criminal gangs and serious youth violence have on women and girls in a number of large, UK cities, including Birmingham. The report described

- sexual exploitation, rape and threats of rape being used against young women and girls involved in gangs and against their female family members
- young women and girls being passed around as property by criminal gangs gradually losing their right to refuse sexual contact with anyone in that group.
- young women and girls being sold between gangs to settle disputes or used as sexual currency to pay debts
- young women and girls being forced into formal or organised prostitution
- violence towards women family members being used as a form of retribution

An important point to emerge is that the sexual abuse and exploitation of young women and girls was not exclusive to criminal gangs and, in common with every area of violence against women, young women and girls were under significant pressure to engage in sexual activity, were reluctant to tell others about their experiences and lacked awareness of support services that are available.

The reports, however, identify particular risks for young women and girls in connection with criminal gangs. The risks of disclosing the abuse are high. If they tell others about their experiences they fear, loss, exposure, violent retribution and betraying their family. The risks of confiding in professionals is high and young women report feeling a lack of control over information sharing and risks from breaches of confidentiality revealing their disclosure or risking police involvement.

Achievements

Birmingham has a strong range of provision from specialist sexual violence and sexual health services including

- Rape and Sexual Violence Project provides two Independent Sexual Violence Advocates (ISVA) supporting victims through the court process and beyond
- Specialist counselling available to victims from the age of 13 in Rape and Sexual Violence Project for children and young people through Barnardos Amazon Project.
- Survivor groups run by Rape and Sexual Violence Project
- Specialist support to women working in the sex industry who have been sexually assaulted through the SAFE Project and Anawim

⁴⁸ ROTA (2010) Female voice in violence

- Young people centred sexual health services, such as Brook, Hype and the Sexual Health Promotion, which treat sexual health issues holistically and deal with issues of consent and pressure
- Investment by Primary Care Organisations in Birmingham in training for professionals to work with young people on sexual health
- A history of examples of education programmes in schools and colleges supporting young people to understand positive relationships and signs of abuse
- The Sexually Harmful Behaviour Service (within Youth Offending) works with the attitudes and behaviour of young people with the aim of enabling them to have healthy and safe relationships and reduce the risk of domestic violence in the future
 - West Midlands Police Public Protection Units offer both trained sexual violence investigators and safeguarding officers to provide ongoing support to victims of sexual violence.

Services Needed

The Stern Review⁴⁹, which considered how rape complaints are handled by authorities, reports that although policy relating to sexual violence has developed over recent years, implementation has lagged behind. Much governmental attention has been given to the role of Sexual Assault Referral Centres in meeting the needs of sexual violence victims, and in particular improving the criminal justice response and victim confidence therein. In 2009, a National Support Team from government reviewed the SARC in the West Midlands Police Force Area and found it to be failing against the national SARC minimum standards. The West Midlands SARC Strategic Partnership is responsible for the development of the SARC to meet these national standards.

The WMSVNA identified a changing landscape for the commissioning of sexual violence services and recommended an incremental development of service provision in relation to the SARC and related pathways across the West Midlands as follows:

...in the immediate term (within the next year):

- Formally establish an agreed set of pathways – for both adults and children and young people. All agencies involved should then support the coordination of services against these pathways. Awareness raising across services is critical.
- Introduce 24 hour crisis support workers at the SARC. Developing pooled budgets / joint commissioning arrangements is appropriate here and could give better value for money by reducing transactions costs.
- Combine GUM and other health services with the current FME service.

⁴⁹ Stern (2010) An Independent Review into how rape complaints are handled by public authorities in England and Wales

- Strengthen clinical governance by appointing a clinical director.
- Work to develop self-referrals (once an improved service has become established).
- Review current children and young people's services with a view to aggregating FME services into fewer, more specialist, NHS Trusts.
- Undertake a feasibility study to examine the possibilities for new facilities - most likely in Birmingham. Children / young people's services should be included in this.

...in the medium term (next two-three years):

- Fully develop joint commissioning / governance arrangements; commission services, such as the ISVA, where there are gaps.
- Commission evidence-based programmes to promote prevention, e.g. in schools.
- Move into new facilities.
- The SARC should become a hub for intelligence on sexual violence.

...in the longer term:

- Become a centre of excellence.

Beyond the SARC and criminal justice responses, we recognise that many of those seeking support from sexual violence services are needed to deal with the impact of childhood and historic sexual abuse. The need for child and adult sexual violence support services to address the emotional and psychological harm of sexual violence at the earliest opportunity is therefore vital.

Further services needed are listed under the young people's section.

Commitment

In relation to sexual violence, we will:

- Increase public awareness and reduce public acceptability of sexual violence
- Victims can access specialist support that meets their emotional and physical health needs.
- Ensure that Birmingham has a skilled workforce where all agencies are able to identify and respond safely to victims' needs and risks and know how to access the support and protection required
- Ensure that sexual violence victims are protected and that their abusers held accountable

In relation to violence against young women and girls in gangs, we will:

- Strengthen professional awareness and processes to identify women and girls at risk
- Equip agencies to feel confident or compelled to ensure all girls are protected

- Explore the experiences of girls in settings which have been designed to work with boys and how practitioners have developed services/methods to address the imbalance and promote girl only provision
- Commission specialist provision for women and girls to include including prevention, identification, intervention/diversion and exit, giving attention to the specific needs of adolescent girls
- Address the attitudes and behaviours of men and boys who are involved in violence to women and girls

The Sexual Violence Action Plan features the actions we will undertake in order to achieve a robust co-ordinated response to sexual violence in Birmingham. Specific actions to tackle violence in young people's relationships are detailed separately.

Section 3: Violence in Young People's Relationships

What we know

Addressing the impact upon children and young people of living with domestic violence has been a priority for Birmingham for several years. However more recently our attention has been drawn to the prevalence and impact of violence within young people's own relationships, being informed by:

- local research undertaken by Birmingham Youth Service and partners
- a pilot programme of activities in Birmingham to address violence and abuse teenage relationships under the TKAP programme
- feedback from Birmingham's services
- attention from Birmingham City Council Overview and Scrutiny Committees
- local research into the impact of gang-related violence upon young women and girls
- a growing body of national research in teenage intimate partner violence, teenage pregnancy and gang related violence against women and girls

National research on teenage intimate partner violence⁵⁰ found that of 88 per cent of young people in an intimate relationship, 25 per cent of the girls and 18 per cent of the boys experienced physical abuse; 75 per cent of the girls and 14 per cent of the boys had experienced emotional abuse, and 33 per cent of the girls and 16 per cent of the boys had experienced sexual abuse.

This alarming prevalence rate is reinforced by local studies⁵¹ and features highly in the concerns expressed by young people. In a Birmingham referendum of over 5000 young people, violence in their communities counted as one of their top 3 concerns.

In keeping with abuse in adult relationships, the research found that girls reported greater incidence rates of relationship abuse, experienced more severe abuse more frequently, experienced fear and suffered more negative impacts on their welfare compared with boys. By way of illustration, 70% of girls and 13% of boys stated that the violence in the relationship had impacted negatively on their wellbeing. The research found little evidence to support the possibility that the boys were minimising the impact of their experiences but were able to identify that the boys involved were minimising their own use of violence.

Girls were most often affected by coercive control, experiencing high levels of control over where they could go, whom they could see or what they could do. Girls reported being subject to high levels of surveillance, often made possible through the use of on-line technologies, mobile phones and text messaging. Much abuse is normalised by young women and many struggle to identify abusive behaviour.

⁵⁰ NSPCC (2009) Partner exploitation and violence in teenage intimate relationships

⁵¹ Local Youth Services research (Base K/S 2008)

A further on-line poll⁵² found that 40 per cent of girls had been pressured to have sex and 42 per cent had been hit by boyfriends. 27 per cent of girls thought that it was acceptable for a boy to expect sex if a girl had been flirting with him. Wider research similarly has found many young men display a sense of entitlement to sex from their girlfriends. For young women issues of self-blame are very prominent, especially in relation to sexual coercion.⁵³

Teenage Pregnancy

A strong body of research has found high rates of relationship abuse within teenage pregnancy, connecting the abuse with limiting the young women's opportunity to make decisions about their use of contraception. Teenage girls reported not using birth control in order to avoid violent confrontations with an abusive partner⁵⁴ Teenage girls experiencing relationship abuse were 4 to 6 times more likely to become pregnant than their peers⁵⁵ and had significantly higher rates of smoking, alcohol consumption and non-prescription drug use⁵⁶

Achievements

Many of Birmingham's organisations have been actively addressing violence against women within their programmes for young people. In recent years we have seen

- Programmes engaging young people in challenging violence in relationships. The 2009 'Is This Love Conference' was the culmination of a programme run by Birmingham Youth Services and HYPe, which paved the way for city-wide attention to the issue.
- The provision of school based programmes on positive relationships, and domestic violence by organisations such as Birmingham and Solihull Women's Aid and various drama companies
- Training on domestic violence, positive relationships and for designated safeguarding leads in schools through BCC Health Education Service
- Programmes for young people exploring relationships and domestic violence run by the Youth Offending Service

Between 2010 and 2011, Birmingham Community Safety Partnership co-ordinated a programme of interventions to engage young people in the promotion of positive relationships and to develop safe spaces to encourage and enable disclosure and

⁵² EAW/ICM (2006) UK poll of 16-24 year olds

⁵³ NSPCC (2009) Partner exploitation and violence in teenage intimate relationships

⁵⁴ Rosen (2004) "I Just Let Him Have His Way": Partner Violence in the Lives of Low- income, Teenage Mothers. Violence Against Women

⁵⁵ Silverman (2001) Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. American Medical Association

⁵⁶ Quinlivan (2001) A Prospective Cohort Study of the Impact of Domestic Violence on Young Teenage Pregnancy Outcomes

help seeking. The interventions were delivered by a broad range of organisations and included

- Targeted training for the city's youth workforce
- A range of programmes and sessions with young people, involving partnerships between Women's Aid, BCC Youth Participation, the Youth Service, Voice is Power (Young People's Parliament), the Children in Care Council and local youth organisations

Activities culminated in young people leading a conference in 2011 to promote positive relationships. The learning from this programme informs this strategy and recommendations feed into the Action Plan.

Services needed

Key messages from work in the city with young people has revealed that

- Young people see violence in their relationships as one of their major areas of concern and many young women will be experiencing violence and abuse without awareness of where to get help.
- There is gap in provision to support adolescent girls experiencing violence against women. Specialist services are variously directed towards children or adults and are not perceived as accessible for young people.
- Young women face significant barriers to disclosing their experiences. Young people do encounter a range of different agencies and opportunities could be created for a young person to discuss their experiences and seek help safely.
- Young people are afforded little opportunity to consider what healthy and positive relationships should be like. Teenage girls and young women often cannot identify what has happened to them as rape or sexual violence. Young men are not supported in their understanding of the consequences of their attitudes and behaviours towards violence against women and girls. Work addressing abuse in young people's relationships, and facilitating young people in developing their understanding of healthy relationships, respect and self esteem, has tended to be initiated by enthusiastic individuals as resources have allowed rather than as part of an overarching strategy.
- Young people have told us that there was very little information or debate about the reality of relationships and parenthood, and raised the issues of the need for support in facing up to negative peer pressure.⁵⁷

⁵⁷ A City Council Overview & Scrutiny Review of Relationships and Sex Education (RSE) began in 2009, initiated by the young people's representatives on the Children and Education O&S Committee.

- Young people don't identify with the language of 'domestic violence' which is perceived to be something that happens to their parents or adults.
- There is a need for greater understanding of the use of mobile technology and social media as surveillance and control by abusers

Commitments

We will seek to increase the safety of young women through the reduction of violence and abuse in young people's relationships. We want young people to be able to form healthy and fulfilling personal relationships, free from coercion and exploitation. Over the course of this strategy

- We will continue to build a picture of young people's experiences of abuse in relationships across Birmingham to improve our understanding and allow partner organisations to improve their response to young people
- We will promote awareness raising with young people and ensure information reaches young people to help them recognise signs of abuse and know where to go for support and advice
- We will work to ensure organisations which work with young people understand how to deal with issues if disclosed, provide basic support and guidance, and signpost the young person to the right places
- We will embed good practice and pathways for working with young people who may be experiencing abuse. We will seek to influence all organisations to consider the needs of young women, to develop policies for working with young women experiencing violence and abuse and to commission services that meet the specific needs of adolescent girls.
- We will inform and connect the needs of young people in challenging and responding to violence against young women through broader city strategies and plans.

Section 4: Forced Marriage and Honour Based Violence

Definition

The Government defines forced marriage as

Forced Marriage is a marriage where one or both spouses do not (or in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can involve physical, psychological, financial, sexual and emotional pressure.⁵⁸

Forced marriage is recognised in the UK as a form of violence against women, domestic violence, child abuse and a serious abuse of human rights. Forced marriages are different to arranged marriages which are where the family takes the lead in arranging the match but the couple decide whether to proceed with the marriage.

Forced marriage is closely linked to so-called honour based violence, which the government defines as

‘..any type of physical or psychological violence committed in the name of ‘honour’, predominantly against women, for actual or perceived immoral behaviour, which is deemed to have shamed their family or community.’

Honour based violence therefore encompasses a range of types of violence including murder, assault, confinement, imprisonment, conspiracy to murder, encouraging or assisting suicide and forced marriage. It can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion with family or community members. Understanding that family or community collusion is likely in forced marriage and honour based violence, enables services to respond more safely.

Perpetrators forcing someone to marry often cite the following reasons for their actions:⁵⁹

- Controlling unwanted behaviour or sexuality (including perceived promiscuity, or being lesbian, gay, bisexual or transgender) – particularly the behaviour and sexuality of women
- Preventing “unsuitable” relationships, such as those outside the ethnic, cultural, religious or caste group.
- Protecting “family honour”.
- Responding to peer group or family pressure.
- Attempting to strengthen family links.

⁵⁸ HM Government (2008) The Right to Choose: Multi Agency Statutory Guidance for dealing with forced marriage

⁵⁹HM Government (2008) The Right to Choose: Multi Agency Statutory Guidance for dealing with forced marriage

- Ensuring land, property and wealth remain within the family and achieving financial gain
- Protecting perceived cultural ideals or religious ideals which are misguided.
- Ensuring care for a child or adult with support needs when parents or existing carers are unable to fulfil that role.
- Assisting claims for UK residence and citizenship.

The impacts of forced marriage and honour based violence are far reaching. Girls and young women report:

- Feeling unable to go against their family's wishes and are being threatened with being ostracised from their family and communities
- Experiencing domestic violence and rape. Having been forced to marry, a young woman's freedom or capacity to consent to sex is impaired.
- Being forced into pregnancy and forced childbearing. Those forcing a young woman into marriage may feel that their honour is not satisfied and the marriage contract is not fulfilled until a child is born and therefore there is pressure on the marriage to be consummated.⁶⁰
- Being withdrawn from education early
- Finding it difficult to initiate any action to end the marriage

What we know

Whilst Honour Based Violence and Forced Marriage are known to be significantly under-reported, there is no reliable data available on the scale of the issue. Honour Based Violence and Forced Marriage do not fall within the definition of inter-personal violence and data is therefore not captured within the Crime Survey for England and Wales from which we gain our indicator for other forms of domestic violence.

An estimate of the prevalence of forced marriage and honour based violence can be informed by the following:

- The Association of Chief Police Officers (ACPO) estimate that the incidents of forced marriage and honour based violence are 35 times those reported – at least 17,000 attacks a year
- A Government commissioned report⁶¹ considered the prevalence of reported cases of forced marriage in England is estimated to be between 5,000 and 8,000.
- The Home Office identifies about 12 murders each year as so called 'honour' killings, but many more may not be identified, including apparent suicides. The House of Commons Home Affairs Select Committee inquiry found that the suicide rate among young Asian women was three times higher than the

⁶⁰ Brandon. J and Hafez. S (2008) Crimes of the Community – Honour-based violence in the UK. Centre for Social Cohesion

⁶¹ Natcen (2009)

national average, but no statistics are available on the proportion of these cases linked to forced marriage or 'honour-based violence'

- The Forced Marriage Unit responds to 5000 enquiries per year where the largest volume of calls outside London is from the West Midlands. Of their case load, 78% of cases concerned females, and 29% involved minors, the youngest being forced into marriage at the age of 5.
- In BBC surveys in 2006 and 2012, one in 10 young Asians (aged 18-34) said that they could justify the murder of someone who had supposedly dishonoured their family (2006) and 18% felt that certain behaviour by women affecting family honour justified physical punishment. Behaviour warranting such punishment included disobeying their father and wanting to leave an existing or prearranged marriage (2012) ⁶²
- There is some evidence to suggest that children are going missing from the education register and may be being subjected to Forced Marriage ⁶³

Locally during 2011-12

- 64 incidents of honour based violence and 39 cases of forced marriage were reported to West Midlands Police in Birmingham
- 12 Forced Marriage Protection Orders were taken by the City Council to protect young people or vulnerable adults. This is 10% of all Forced Marriage Protection Orders taken nationally. Whilst the Orders have been in use, West Midlands Police have issued a quarter of the Forced Marriage Protection orders issued nationally. ⁶⁴
- Ashram's domestic violence service responded to 12 referrals for support for women affected by forced marriage and regularly provide advice to those at risk, anonymously. Ashram report that many more women experiencing domestic violence within their services have been victims of forced marriage.
- Women Acting in Today's Society have supported a further three women who have experienced multiple forms of violence against women arising from forced marriage

In terms of populations at risk of forced marriage:

- 85% forced marriage victims are women and girls
- Most presentations nationally have been from young people aged 15 and 24 However, 30% of these are aged under 18 and incidents have been recorded as low as 5 years old. Forced marriage is therefore a major safeguarding issue
- Forced marriage is most common in the UK amongst the South Asian communities of Pakistan, Bangladesh and India. However, it takes place amongst other minority populations including those of the Middle East, Far East, Africa, Eastern European communities and travelling communities.

⁶² <http://www.bbc.co.uk/news/uk-17319136> (accessed March 2012)

⁶³ Home Affairs Select Committee 2008

⁶⁴ T.Jervis (2012) *Forced Marriages & FGM Report to BCC Vulnerable Children Overview and Scrutiny Committee* 20.4.12

Recent developments in the law

Forced Marriage Protection Orders have been in place since 2007 and have enabled a range of third parties to take civil action which includes:

- To prevent a forced marriage from occurring
- To hand over all passports and birth certificates and not to apply for a new passport
- To stop intimidation and violence
- To reveal the whereabouts of a person
- To stop someone from being taken abroad
- To facilitate or enable a person to return to the UK within a given period

Orders can be made against other people, not named as respondents, recognising the complexity of the issues and the involvement of the wider community and numbers of people who might be involved.

At the time of writing this strategy, the Government has announced its intention to make forced marriage a criminal offence, as it is in Scotland.

Achievements

The review of the Forced Marriage Statutory Guidelines commissioned by the Forced Marriage Unit⁶⁵ recommended that agencies should have in place a forced marriage strategy; an inter agency protocol for case handling and sharing information; an organisational forced marriage lead & clear lines of accountability; forced marriage incorporated into routine child and adult safeguarding training; the ability to monitor and evaluate cases and forced marriage embedded into existing safeguarding structures and policies

In recent years

- Birmingham City Council and West Midlands Police have developed and agreed a protocol for working together on matters of forced marriage
- Birmingham Safeguarding Children Board have developed child protection guidelines on forced marriage (Section 21 available at www.lscb-birmingham.org.uk)
- Conferences and training has been hosted by a variety of organisations in order to galvanise local responses to forced marriage
- Legal Services have been supporting the use of forced marriage DVDs in schools
- Roll out of training in management and investigation of Honour Based Violence and Forced Marriage for police officers
- BSWA ran a successful pilot scheme of Forced Marriage Protection Orders for the Ministry of Justice

⁶⁵ FMU (2011) Report of the implementation of the multi agency statutory guidance for dealing with forced marriage

Commitments

We seek to prevent forced marriage by increasing public awareness of the harm that forced marriage causes, enable space for discussion within communities where forced marriage takes place and promoting public condemnation of the practice.

We seek to protect those at risk by ensuring that those at risk are aware of sources of protection and support and by ensuring that Birmingham has a skilled workforce where all agencies can respond safely and swiftly to protect those at risk from forced marriage and know how to access the support and protection required. We seek to promote the vital role that schools and colleges play in the identification and protection of children at risk.⁶⁶

In the face of welfare reforms, we seek to protect the capacity of specialist domestic violence services who protect those fleeing forced marriage and support those who have undergone forced marriage, and explore how to meet the needs of younger women.

The Forced Marriage and Honour Based Violence Action Plan features the actions we will undertake in order to achieve a robust co-ordinated response to Forced Marriage and Honour Based Violence in Birmingham.

⁶⁶ Home Affairs Committee (2011) Home Affairs Committee Eighth Report – Forced Marriage

Section 5: Female Genital Mutilation (FGM)

Definitions

Female genital mutilation (FGM) is a collective term for procedures which include the partial or total removal of the external female genital organs, or injury to the female genital organs, for cultural or other non therapeutic reasons.

It is classified into four major types:

Type I: Clitoridectomy: partial or total removal of the clitoris

Type II: Excision: partial or total removal of the clitoris and the labia minora

Type III: ('Pharaonic'): Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type IV: Other: all other harmful procedures to the female genitalia for nonmedical purposes.

In each case the practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. These health consequences include pain, shock, haemorrhage, tetanus or sepsis (infection), urinary retention, damage to other organs, difficulties in menstruation, renal impairment/ failure, difficult/ painful intercourse as well as negative mental health consequences including post traumatic stress. In addition, women with FGM face long-term risk of complications during delivery; newborn deaths, recurrent bladder and urinary tract infections, and the need for further opening and closing of the wound.

Beyond the immediate risk of haemorrhage and infection from the procedure, women who have undergone some forms of FGM are twice as likely to die in childbirth as those who have not, and four times more likely to give birth to a still born child.

FGM is not the requirement of any religion but is a cultural practice based on custom and tradition, although some people practicing may associate it with religion.

Reasons often cited for its practice include:

- It brings status and respect to the girl
- It maintains sexual control outside of marriage, preserving a girl's virginity / chastity
- It protects daughters from being raped
- It is part of being a woman
- It is a rite of passage

- It gives a girl social acceptance, especially for marriage
- It gives the girl and her family a sense of belonging to the community and conversely mitigates fear of social exclusion
- It fulfils a religious requirement mistakenly believed to exist
- It perpetuates a custom / tradition
- It helps girls and women to be clean and hygienic;
- It's more attractive
- It's mistakenly believed to make childbirth safer for the infant
- It increases the dowry
- It enhances fertility
- It upholds the family honour

Under the Female Genital Mutilation Act 2003 a person is guilty of an offence if they commit, aide or abet female genital mutilation. This includes arranging for a British permanent resident to travel abroad to undergo FGM, regardless of whether it is legal in that country. Within the UK it is illegal for FGM to be carried out on anyone, regardless of residency status. It is also illegal to assist a girl or woman to mutilate her own genitalia.

Performing FGM on a child is child abuse. Birmingham Safeguarding Children Board Child Protection Procedures (Section 14) should be followed if FGM is suspected relating to a girl aged under 18.⁶⁷

What we know

Female genital mutilation is a widespread and harmful practice, affecting an estimated 100 – 140 million women worldwide. FGM is widely seen as a violation of women and girls' rights, and consequently as a form of discrimination against them. Although FGM is most commonly associated with the Horn of Africa countries, it is by no means exclusive to this area and the World Health Organisation has identified at least 28 countries that practice FGM.

There is a great deal of secrecy surrounding the practice of FGM within the UK. A national report in 2007 estimated that there were up to 66,000 women who had experienced FGM and a further 24,000 under the age of 15 who were at risk nationwide⁶⁸ The peak age for undergoing FGM is 6-8 years old but any girl who has not undergone FGM from a practicing community is potentially at risk.

Although the hidden nature of FGM prevents us from having accurate data on FGM locally, a number of factors enable us to gain estimates into the local prevalence rates.

⁶⁷ FGM safeguarding procedures are available on the Birmingham Safeguarding Children Board website

⁶⁸ Forward (2007). A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales; a summary report

- a rapid needs assessment, undertaken in 2010, revealed that an estimated 916 girls born in Birmingham between 2003 and 2009 were at risk of FGM.⁶⁹ This does not include newly arrived children, nor those at risk but above the average age of FGM.
- over the last five years, National Insurance Number registrations for people from 17 different countries where FGM is practised have been recorded for Birmingham.⁷⁰
- Birmingham's African Well Women's Clinic in the Heart of England Foundation Trust, which specialises in treating women who have undergone FGM, shows women were treated from 12 countries of origin, with the largest groups coming from Somalia, followed by the Gambia, Eritrea and Sudan.
- Anecdotal evidence suggests that some girls may be undergoing FGM in the summer holidays during the transition from junior to senior school when there is no organisational memory of the girl within the school environment.

The numbers of babies born to mothers who have undergone FGM is continuing to rise across the city. Maternity services report seeing many women who do not realise they have been subjected to FGM and only find out at the point of giving birth.

- Birmingham Women's Hospital NHS Trust reported between June and December 2011 that there were 63 births by women who had experienced FGM. 21 women were Somali, 13 Yemeni, 5 Sudanese, 4 Eritrean, plus nine other ethnicities in smaller numbers.
- During 2011, the African Well Women's Clinic, had 318 FGM referrals⁷¹ of which:
 - 68 women had experienced Type 1 FGM
 - 45 women had experienced Type 2 FGM
 - 25 women had experienced Type 3 FGM
 - 112 women sought de-infibulation⁷²

Local research was undertaken in 2011, using peer researchers – local women from affected communities who were trained for the project – to explore different communities' understanding and experiences of FGM in Birmingham. The work was conducted by Options UK and Birmingham & Solihull Women's Aid (BSWA) as part of community development work in Birmingham focused on FGM. Key findings from the research included:

⁶⁹ Heart of Birmingham PCT 2009

⁷⁰ WHO (2007) "Inter-Agency Statement on Eliminating FGM"

⁷¹ These numbers only reflect those with health complications who were aware of the service and willing to access it.

⁷² A further 68 women had appointments pending at the time data was collected

- Where women's immigration status is tied to their husband's there could be barriers for accessing services
- Those with limited English faced barriers to accessing information and services
- Women largely socialised within the same language or country groups
- Overall, women felt support for FGM was declining, this view varied by age group
- Terminology and understanding of/ reasoning for FGM varied between communities
- Some women, particularly older women, didn't consider type 1 to be FGM and saw it as an appropriate practice while describing 'pharonic' (type 3) as wrong
- A culture of silence around issues such as FGM (and sexual health) prevailed, with some women not knowing they had experienced FGM until using health services in the UK
- Women highlighted the intense and often-conflicting pressures and expectations they face regarding maintaining or abandoning FGM practices between social networks "back home" and their Birmingham-based communities.
- Particularly for older women, and those from newly arrived groups, health services were viewed negatively. Particular comments were made regarding GPs and not taking ailments seriously or investigating

The research showed a clear desire from affected communities for more information and support, with many respondents:

- Feeling that there was a lack of accessible information, particularly for those with limited English or technology skills for accessing the internet.
- Viewed individuals from within their own communities to be more trustworthy providers of information and advice than those from outside
- Preferred local 'champions' or advocates from within affected communities to spearhead change
- Wanted information and campaigns to be comprehensive in nature, integrating health, psycho-social, religious, cultural and legal messages as they are interconnected and interdependent in real life.
- Greatly valued services and support groups are and recognised the need for them.

The learning from this important research has informed our Strategy and the actions arising

Achievements

In recent years, Birmingham's organisations have worked hard to end FGM in the City:

- The African Well Woman's Clinic at Heart of England Maternity Hospital has been providing a specialist service on FGM for over ten years

- HEFT's specialist midwife, alongside the Police and the Sexual Health Service, has been running training for professionals for many years. FGM is incorporated on midwifery undergraduate courses at Birmingham City University
- In 2005, Birmingham Against FGM (BAFGM) was set up to drive and co-ordinate multi-agency action to prevent FGM. BAFGM draws representation from the Police, Birmingham City Council, Birmingham Community Safety Partnership, Primary Care and Hospital Trusts, Birmingham and Solihull Women's Aid and other third sector groups. BAFGM reports into Birmingham Violence Against Women Board and Birmingham Safeguarding Children Board.
- Since 2008, local posters and leaflets have been disseminated targeting health and education settings
- Since 2010, Birmingham and Solihull Women's Aid has been running a FGM Community Development Project, supporting community champions, running women and youth groups across the city and running outreach services to support women affected. The project supports community champions – women who are passionate about FGM who want to address the issue in their community
- In 2010 Women's Aid and Options UK recruited 15 local women from FGM practising communities and trained them to be researchers into community views on FGM
- In 2011 PEER research was published providing a rich narrative about attitudes to FGM and motivations for change within affected communities in Birmingham. This learning has been disseminated through several conferences and a range of multi agency training
- In 2011 Birmingham hosted the National Clinical Group Bi-Annual Conference on FGM with Birmingham Against FGM
- In 2011 the Community Development Project produced a 'voices of women' leaflet as women said they wanted professionals to understand their views on FGM
- In 2011 Birmingham Against FGM developed its own website to share best practice across agencies and to ensure members of the public know how to access support.

Commitment

In Birmingham, the multi-agency response to FGM is co-ordinated by Birmingham Against FGM (BAFGM). FGM is deeply embedded in the culture of the practising communities. As such, BAFGM advocates a community development model of change to accompany organisational practice development.

- In order to prevent FGM we will engage with practising communities and organisations that work within communities to challenge societal tolerance and build awareness of the health, equality, social and legal consequences of the practice by
 - Raising awareness within affected communities and supporting those who challenge the practice
 - Raising awareness amongst front-line services
- In order to provide effective services to ensure that women and girls who have undergone FGM and girls at risk can access services that meet their needs for information, advice, support and necessary health treatment
 - Provide information and resources for practitioners
 - Provide individual and multi-agency training and support to staff
 - Develop the business case for specialist health provision
- In order to protect girls we will improve the identification of girls at risk and ensure that they are protected from harm through a skilled workforces. We will ensure that those who profit from this violence and abuse are held accountable for their actions.

The Female Genital Mutilation Action Plan features the actions we will undertake in order to achieve a robust co-ordinated response to FGM in Birmingham.

Section 6: Women Exploited Through Prostitution and Trafficking

Strong multi-agency arrangements to tackle prostitution and trafficking are in place in Birmingham through:

- West Midlands Prostitution Operational Partnership
- Birmingham Safeguarding Children Board Missing, Sexually Exploited and Trafficked Children Group
- West Midlands Regional Anti-Trafficking Network

At the time of writing, West Midlands Police are developing a regional strategy and profile of prostitution and trafficking to harness and guide their responses. Birmingham Violence Against Women Board seeks to contribute to these arrangements by highlighting the gendered nature of most crimes in relation to prostitution and trafficking, highlighting the complex support needs of women involved and contributing to campaigns and public education to end prostitution and trafficking in this city.

Understanding Prostitution and Trafficking as Violence Against Women

Prostitution is understood to be a form of violence against women where many of our most vulnerable women are exploited and isolated. Women enter prostitution for many reasons, including the need to alleviate poverty; through problematic drug use; through homelessness; through being trafficked, forced or coerced by another. A significant number of women involved in prostitution have long histories of abuse, have experienced domestic violence and have complex needs. The Government found that 70% of women involved in prostitution spent time in care as children, 45% experienced childhood sexual abuse and, for women involved in 'on-street prostitution, up to 100% were currently or had previously used illicit drugs'.⁷³ Moreover, women involved in prostitution are most likely to be the victims of violent or sexual crime and are 12 times more likely to be murdered than other women of the same age.⁷⁴

Perhaps more than any other type of violence against women, the issue of prostitution harbours a range of myths and attitudes held amongst the public and many professionals which have no place in our attempts to protect women and children. Prostitution is referred to as having 'the oldest profession'; as 'the victimless crime'; the violence they experience to be 'occupational hazards' and that women have a choice to enter prostitution. The need to dispel such myths and highlight the stark realities of violence and abuse through prostitution must be an essential part of any strategy to alleviate it. Far from being a victimless crime,

⁷³ Home Office (2006) Paying the Price. A Coordinated Prostitution Strategy

⁷⁴ Home Office (2011), A Review of Effective Practice in Responding to Prostitution

prostitution is a victim-centred crime and usually a choice made through lack of choice⁷⁵.

In respect of human trafficking, there are a number of common factors that make women vulnerable to trafficking and exploitation. Factors influencing a woman's decision to migrate include poverty, single parenthood, a history of interpersonal violence, and coming from a disrupted household. In the Poppy Project's important study of the gendered impact of trafficking⁷⁶,

- 50% of women left their countries of origin between 18 and 24 years of age and had experienced some form of sexual or physical violence before they were trafficked.
- Women's motives for accepting offers from traffickers were primarily financial, in order to escape poverty or debts.
- Most of the traffickers were men, although in 14% of cases a female trafficker was involved.
- Women suffered physical (69%) and psychological (81%) abuse; had their documents taken away (66%); were allowed limited freedom of movement (69%); and were continuously threatened (81%).
- Women were regularly pressured to see between 6 and 20 clients per day. 53% of women stated that they were unable to negotiate safe sex whilst being forced to work as prostitutes.
- Only 8% of women expected to be working in prostitution upon arriving in the UK.

Achievements

Birmingham has a long history of partnership working in tackling prostitution having established the Birmingham Prostitution Action Partnership a decade ago. Since this time, the landscape has much changed.

- Our specialist services, SAFE and Anawim provide safe and supportive services to women involved in prostitution both 'on street and off street; through drug treatment and prison in-reach; through drop in and night-time outreach and health promotion.
- Birmingham was one of the first areas to participate in the 'Ugly Mugs' programme, sharing information about abusers, which has now been launched nationally.
- The West Midlands Prostitution Operational Partnership helps develop relationships between local policing and specialist services and shares best practice across the region
- Birmingham is seen to have been responsible in its use of Anti-Social Behaviour Orders, with Birmingham Anti-Social Behaviour Unit liaising closely with the specialist services and the police to ensure all preventative and

⁷⁵ Birmingham Prostitution Action Partnership Terms of Reference (2011)

⁷⁶ POPPY Project (2008) Routes in, routes out: Quantifying the Gendered Experience of Trafficking to the UK

supportive action was taken in advance of the need for civil orders or closure orders. Indeed Birmingham City Council has shared evidence gathered through its civil orders programme to help secure the conviction of a serial rapist of women involved in prostitution.

In response to trafficking

- The establishment of West Midlands Regional Anti Trafficking Network working in partnership across the region to end trafficking
- In Birmingham, the Police, the Adavu project and Birmingham South West Group hosted local 'Stop the Traffik' community events to help communities and practitioners recognise and respond to human trafficking.
- Earlier this year, Birmingham Community Safety Partnership commissioned a programme of multi agency training on trafficking delivered by COMBAT and partnered with the Adavu Project and Unchosen to host a series of public film viewings to raise awareness of trafficking.

Services Needed

In the autumn of 2012, Birmingham Community Safety Partnership will commission a needs analysis to determine the services needed to address sexual exploitation within the city.

Commitments

Birmingham Violence Against Women Board will support broader strategies that seek to

- reduce all forms of sexual exploitation
- support, protect and provide real choices for women involved in prostitution
- disrupt sex markets to reduce the demand for prostitution and hold abusers to account

In particular we seek to strengthen the understanding of the needs of women involved in trafficking and prostitution and ensure that those needs are articulated at a crucial time through the radical changes in public services. Our contribution to the prostitution and trafficking strategies of the city are featured in our Sexual Exploitation Action Plan.

Delivering the Strategy

To track how Birmingham is responding to violence against women, the Birmingham Violence Against Women Board will collect key performance data from partners relating to victims of violence against women. Performance will be monitored against the targets set at the end of each thematic action plan.

Progress against actions will be reported to Birmingham Community Safety Partnership through its Victim and Vulnerability Thematic Priority Group and to Birmingham Safeguarding Children Board

Reporting through the new Public Health arrangements, Clinical Commissioning Groups and the Police and Crime Commissioner will be determined as they are introduced.

The action plans attached to each strand will be refreshed annually.

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