Leading the way in Wales: The Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 and its implications for Health and the public sector

Arwain y ffordd yn Nghmru: Deddf Trais yn erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol a’l oblygiadau i iechyd a’r sector cyhoeddus

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The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Welsh NHS Confederation Annual Conference

3rd February 2016
Why?

- 1.2 million women and 784,000 men aged 16-59 in England and Wales 2010/11
- Just under 40% of LGBT
- Estimated 30,000 older people in Wales
- 1 in 5 13-17 year old physical abuse
- Associated risk factors
- 100 Forced Marriages
- FGM

Costs to Public Services

UK estimated 15.7 billion in 2008
- £9.9 billion “human and emotional”
- £3.8 billion for CJS, healthcare, social services, housing
- £1.9 billion for the economy

Wales
- £826.4 million annually
Context

- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Social Services and Well Being (Wales) Act
- Well Being of Future Generations Act
- Serious Crime Act 2015
- NICE Guidelines issued February 2014

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

To improve the arrangements for **protection, prevention and support** of individuals and families experiencing any form of Violence against Women or Gender Based Violence
Aims

Improve the responses of Public Bodies to all forms of Violence against Women, Domestic Abuse and Sexual Violence through

- Raising awareness
- Strengthening leadership and accountability
- Improving consistency, quality and co-ordination of service provision

Remit of the Legislation

- All forms of Violence against Women, Gender Based Violence, Domestic Abuse and Sexual Violence
- All individuals
Duties on Welsh Ministers

- To prepare, publish, implement and review a National Strategy (S 3 and 4)
- To publish National Indicators (S 11)
- To publish Annual Reports (S 12)
- To consult before publishing both the National Strategy and Indicators
- To appoint a National Adviser

Statutory Guidance and Directions

- Power to issue to a “relevant authority” (S15)
- Duty to consult before issuing (S16)
- Duty on relevant authority to follow (S17)
- Welsh Ministers may direct a relevant authority (S19)

Relevant Authorities – Local Authorities, Local Health Boards, Fire and Rescue Authorities and NHS Trusts
Statutory Guidance

- National Training Framework
- “Ask and Act”
- Multi Agency Collaborative Working including Sharing of Information
- Commissioning of specialist provision
  - Perpetrators

Local Strategies (s 5-8)

- Local Authorities and Local Health Boards must jointly prepare, publish, implement and review a strategy specifying
  - Objectives
  - Timescales
  - Actions

- Can specific actions expected to be taken by any public authority, voluntary organisation or other person (with their approval)
- A duty to consult before publishing
- Annual Progress Reports (s 13)
Local Strategies

Must have regard to most recent
• National Strategy
• Assessment under S14 of the Social Services and Wellbeing Wales Act 2014
• Strategic assessments S6 Crime and Disorder Act 1998

National Adviser (S 20 - 23)

Independent of Welsh Government and Ministers bringing an informed, expert perspective to
• Advise, assist and support the Welsh Ministers and any other persons about pursuing the purpose of the Act
• Shape policy and legislative developments
Key responsibilities

• Provide a focus to ensure that tackling gender-based violence, domestic abuse and sexual violence is a priority across the Public Sector
• Support and drive improvements across Wales
• Work with and encourage all services and agencies including Public Services to deliver best practice and perform to a quality standard
• Bring a coherent, consistent and co-ordinated approach to strategic decision and policy making

How?

• Advise and support the strategic implementation of the legislation
• Engage and communicate with stakeholders, survivors and the public
• Shape strategic priorities and improve impact and effectiveness of services
• Share learning and research
Considerations

- Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015
- Prevention > cost effectiveness
- Data and Outcomes
- Scoping compliance with NICE Guidelines
- Planning and Support
- Leadership

Rhian Bowen-Davies

National Adviser for Violence against Women, other forms of Gender based Violence, Domestic Abuse and Sexual Violence

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The Role and Importance of Health in Responding to Domestic Violence and Abuse
Janine Roderick
Policy Lead for Public Health and Policing

What the research tells us.

- Low referral rate from health to specialist services
- Recent evidence shows it can take 5 years for a high risk victim of DVA to find effective help (CAADA 2012)
- 80% of victims state if they were asked they would prefer to disclose in a health setting
- The most likely settings that women will be seen on their own are within health services
- Victims and survivors often state they “wanted to be asked”.
The benefits of early identification and intervention within health settings.

- To improve safety, wellbeing and health experiences of victims/patients
- To identify potential safeguarding issues earlier
- To increase referrals to advocacy and support services
- To improve recording and information sharing
- Meeting proposed statutory duties relating to ‘ask and act’

Cycle of Violence
How many children are experiencing harm from exposure to domestic violence in South Wales?

South Wales MARAC process heard **2,300** cases between June 2014 and June 2015

How many children in these households? **3,060**

Adverse Childhood Experiences (ACEs) and their impact on health-harming behaviours in the Welsh adult population

Bellis et al 2016
How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT

- Verbal abuse: 23%
- Physical abuse: 17%
- Sexual abuse: 10%

CHILDHOOD HOUSEHOLD INCLUDED

- Parental separation: 20%
- Domestic violence: 16%
- Mental illness: 14%
- Alcohol abuse: 14%
- Drug use: 5%
- Incarceration: 5%

Bellis et al. 2016

For every 100 adults in Wales, 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.

0 ACEs: 53%
1 ACE: 20%
2-3 ACEs: 13%
4+ ACEs: 14%

Figures based on population-adjusted prevalence in adults aged 18-69 years in Wales.

Bellis et al. 2016
ACEs increase individuals’ risk of developing health harming behaviour

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

Bellis et al 2016

Preventing ACEs in future generations could reduce levels of:

- Heroin/crack cocaine use (lifetime) by 66%
- Incarceration (lifetime) by 65%
- Violence perpetration (past year) by 60%
- Violence victimisation (past year) by 57%
- Cannabis use (lifetime) by 42%
- Unintended teen pregnancy by 41%
- High-risk drinking (current) by 35%
- Early sex (before age 16) by 31%
- Smoking tobacco or e-cigarettes (current) by 24%
- Poor diet (current; <2 fruit & veg portions daily) by 16%

Bellis et al 2016
First 2 years - baby’s brain grows from 25% to 80% of adult size

Development continues in childhood learning empathy, trust and community

Brain Development - The Critical Years

The Impact of ACEs on Brain Development

Chronic Stress from ACEs over-develop ‘life-preserving’ part of the brain.

In School - anxious, disengaged, poor learner always prepared to fight or flee.
Adverse Childhood Experiences (ACEs) - The Life Course

- Early Death
- Non Communicable Disease, Disability, Social Problems, Low Productivity
- Adopt Health Harming Behaviours and Crime
- Social, Emotional and Learning Problems
- Disrupted Nervous, Hormonal and Immune Development
- ACEs Adverse Childhood Experiences

The Impact of Domestic Violence and Abuse on Children

- Physical Health
- Risk taking behaviour
- Feelings of blame and responsibility
- Social development and relationships
- Behaviour
- Emotional Wellbeing
- School adjustments

Developed from Felitti et al. 1998
Safelives, 2015
Working in partnership to deliver IRIS

This image shows all the domestic abuse occurrences mapped out across Cardiff and the Vale of Glamorgan recorded by South Wales Police for the period 2013/2014.
This image shows all the domestic abuse occurrences mapped out across Cardiff and the Vale of Glamorgan with the GP surgeries added also.

**Green** – Cardiff GPs

**Yellow** – Vale of Glamorgan GPs

This slide shows an example of a 1000 metre circular radius created for a GP surgery in the Cardiff West cluster.
### DA incidents within 1000 metre radius

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### What is IRIS?

- General-practice based project with health and the third sector working in partnership to improve the health care response to DVA – supporting GPs to respond more effectively to the needs of the community

- Provides in-house training and support to practice teams encouraging them to respond, refer and record

- Provides referral and advocacy for patients with experience of DVA and care pathways for victims and perpetrators

- Showed positive results in both identification and referral during a randomised controlled trial and cost effectiveness (NHS and societal cost savings)
IRIS model

Training and support + Referral pathways including safeguarding children and adults + Medical record prompts + Recording and flagging system + Advocate educator + Practice champion

Health education material + Clinical enquiry + Validation + Documentation + Immediate risk check and safety assessment

Identification + Referral

Advocacy Emotional & Practical support

Abuse + Quality of Life + Mental health

IRIS implementation – South Wales

November 2014 – Cardiff & Vale Launch

Funding provided by the Commissioner and Cardiff & Vale UHB for implementation 2014-16 delivered by Cardiff WA and BAWSO.

November 2015 – Cwm Taf Launch

Funding provided by the Commissioner and Cwm Taf UHB for implementation 2015-17, delivered by Safer Merthyr and Women’s Aid RCT.
IRIS highlights/impact

Cardiff and Vale:
• Training being delivered in 23 of 27 surgeries
• 17 “IRIS aware” surgeries
• 295 health professionals trained

Cwm Taf Highlights:
• Training commenced in 16 of the 46 surgeries
• 4 “IRIS Aware” surgeries

Referrals to improve safety

Cardiff & the Vale
Since the launch in November 2014, 90 referrals received to date.

84% of referrals in Cardiff and Vale previously unknown to services.

Cwm Taf
Since it’s launch in November 2015, 8 referrals have been received to date.
Increasing confidence to ask

"I am in need of education in this area, many thanks for the informative sessions”

“Very pleased with this project, I saw my patient yesterday, she looks different and is very happy with support she is receiving”

"Thank you - I cannot tell you how re-assuring it is to hear that she now has support and hopefully will be safe"

Feedback received from GP's IRIS in Cardiff & Vale

Increasing confidence to report –

“I’ve turned a corner just talking to you. I cannot thank you enough, I see a brighter future for the first time in years Amazing “

‘Laura’ sees her GP regularly as she is suffering from anxiety. She was declared unfit for work due to depression and anxiety. This time GP questioned and discussed the causes for her anxiety and she disclosed the abuse. The GP then referred her to the IRIS project.

“Thank you for all your help and thank you for believing me”
WORKING TOGETHER TO TACKLE VIOLENCE AGAINST WOMEN

Mutale Merrill | Chief Executive

About Bawso

• An All Wales Voluntary organisation
• More 20 years experience of providing specialist services
• Registered Charity
• Affiliated Welsh Women’s Aid
• Supports more than 5000 people every year.
• Campaigns for elimination of Violence Against Women in BME communities.
Violence against Women

- Forced Marriages
- Honour Based Violence
- Human Trafficking
- Female Genital Mutilation

SNAP SHOT

Prevention Work
- Advice & Information Centres Across Wales
- Training for Practitioners
- Raising Awareness in practicing communities
- Training women at risk of violence or who are survivors
- Campaigning & Advocacy
- Working with Young People

Protection & Support
- Refuges
- Safe houses
- Diogel Men’s Refuge
- Diogel Women’s Refuge
- Independent Domestic Violence Advocate Projects
- Floating Support
- Outreach Project
- Identify and Referral to Improve Safety (IRIS) Project
- FGM Health & Safeguarding Community Project
- Forced Marriage & Honor Based Violence, Changing Ives.

Promotion
- Annual Light the candle event
- Annual Lecture
- Regional Seminars
- Themed Conferences

Language Interpreting Project:
- 220 interpreters
- 87 different languages & Dialects
SNAP SHOT 2014 – 2015

Ethnicity for All Wales Service Users

5,292 Service Users

Partnership Working

- Generate solutions to problems that single agencies cannot solve.
- Improve the services local communities receive.
- Enhance the coordination of services across organisational boundaries.
- Avoid wasteful duplication and gaps in services, so making better use of existing resources.
Partnership Working:

With Public Health Wales:

- Cervical screening
- Breast screening
- Prostate cancer
- Maternal and reproductive health
- Stroke awareness
- Diet and healthy eating

Partnership Working:

With Local Heath Boards:

- Production of FGM Educational Toolkit for practitioners and family in partnership with Cardiff and the Vale UHB which has been circulated to more than 5000 practitioners in Health, Education and Social care.

- Co – deliver the largest BME Health Fair in Wales, which attracts more than 500 participants every year, in partnership with other third sector organizations and Cardiff and Vale University Health Board.

- Bawso sits on Local Safeguarding Boards.

- Advisory role on the FGM task and Finish Group for ABMUHB.
Partnership Working:

With Ambulance Services:

Co-delivered a community conference in partnership with Wales Ambulance service which was attended by more than 100 people.

With Primary care:

Co-delivered the IRIS project in partnership with Cardiff Women’s Aid.

Seminar with in partnership with Community Pharmacy on how to manage medication.

Advantages of Partnership working with Bawso

- Specialist understanding of VAW from a BME perspective such as FGM, FM & HBV.
- Expertise of supporting & dealing with issues around FGM, FM and trafficking.
- Understanding complexity of BME issues in relation to their understanding of health and access to services.
- Ability to train frontline staff in the Public sector on VAW agenda from a BME perspective.
- Improved understanding of community needs and aspirations.
- Fill service gaps and increase access to services for under-served groups.
- Opportunities for shared learning.
- Experience in providing support in appropriate language.
Opportunities for Partnership Working

- Working together to support Survivors of Domestic Abuse and Violence Against Women from BME communities in understanding principles of Prudent health.

- Working together to train frontline staff in Health Services on:
  - Female Genital Mutilation
  - Forced Marriage & Honor Based Violence

Bawso Contact

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