Equality Impact Assessment: Report and EIA Action Plan

Purpose

What is being reviewed?	Updated- "The Preventing Domestic Abuse Strategy 2025 -2030" New "The Safe Accommodation Strategy 2025 -2030" New "The Perpetrator Strategy 2025 -2030" The strategies will define BCP's key priorities to address domestic abuse across BCP as defined under the Domestic Abuse Act 2021. Each strategy will have a delivery plan to ensure effective implementation of the following proposed priorities. The actions and mitigating measures contained within the Action Plan at the end of this document have been identified through the work of the Domestic Abuse Strategic Group, lived experience board and dedicated domestic abuse teams as part of the development of the three strategies to ensure that we take positive action to reduce the harm and impact of domestic abuse on certain protected characteristics. As such, the action plan identifies where certain groups are currently negatively impacted and has put in place actions to address this through the strategies and associated delivery plans. These will be developed further following the feedback from the public consultation. **The "Preventing Domestic Abuse Strategy 2025-30" priorities are:** • Prevent • Protect and Recover • Pursue • Relationships **The "Safe Accommodation Strategy 2025-30" priorities are:** • Early intervention and Prevention • Accessible Services • Support to Return Home • Relationships • Improve Data Collection and Responses are Survivor Led **The "Perpetrator Strategy 2025-30" aims and objectives are:** To take a holistic approach to perpetrators to address all areas of their life, to help develop practical solutions to address these. We believe this approach, alongside behaviour change programmes will help to reduce the use and incidences of harmful behaviours of domestic abuse across BCP Council area.

	The "Preventing Domestic Abuse Strategy 2025-2030" replaces the "Preventing Domestic Abuse Strategy 2020-2025" to build on its success and address emerging challenges. The "Safe Accommodation Strategy 2025-30" and the "Perpetrator Strategy 2025-30" are new strategies covering the same period and sit under the overarching Prevent Domestic Abuse Strategy 2025-30.
Service Lead and Service Unit:	Housing and Communities
People involved in EIA process:	Cat McMillan - Head of Communities, Partnerships and Community Safety; Tracey Kybert – Specialist Housing Programme Lead; Lisa Dowry – Domestic Abuse Commissioning Manager; Tina Symington – Community Safety Manager; Katie Blake – Domestic Abuse Strategic Lead; Portfolio Holder – Cllr Kieron Wilson; Stakeholders and those with lived experience of domestic abuse. Housing Task and Finish Group. Domestic Abuse Strategic Group. Community Safety Partnership Executive Board.
Date/s EIA started and reviewed:	27th January 2025

Background

The "Preventing Domestic Abuse Strategy 2025-2030" replaces the "Preventing Domestic Abuse Strategy 2020-2025" to build on its success and address emerging issues and trends.

The "Safe Accommodation Strategy 2025-30" and the "Perpetrator Strategy 2025-30" are new strategies covering the same period and sit under the overarching "Preventing Domestic Abuse Strategy 2025-30". Although all three strategies are separate, they are interlinked due to the complexities of domestic abuse and therefore need to be considered as part of a holistic approach to addressing domestic abuse rather than in isolation.

The introduction of the "Safe Accommodation Strategy" and "Perpetrator Strategy" aim to provide a more comprehensive and targeted response to the housing needs of individuals experiencing domestic abuse and addressing the behaviour of perpetrators.

Preventing Domestic Abuse Strategic priorities:

- Prevent
- Protect and Recover
- Pursue
- Relationships

Safe Accommodation Strategic priorities:

- Early intervention and Prevention
- Accessible Services
- Support to Return Home
- Relationships
- Improve Data Collection and Responses are Survivor Led

The Perpetrator Strategy's aims and objectives are:

To take a holistic approach to perpetrators to address all areas of their life, to help develop practical solutions to address these. We believe this approach, alongside behaviour change programmes will help to reduce the use and incidences of harmful behaviours of domestic abuse across BCP Council area.

Each strategy will include a delivery plan to ensure its priorities are met. Key Performance Indicators (KPIs) will be used to monitor the impact of these strategies. The delivery plan and the KPIs will be monitored by the Domestic Abuse Strategic Group, providing governance and accountability for all three strategies in line with the Duty under the Domestic Abuse Act 2021.

The Expected Outcomes of the three strategies are:

1. **Enhanced Prevention and Awareness of domestic abuse**
    - Increased public awareness and education on domestic abuse to prevent its occurrence and reduce the cycle.
    - Improved early identification and intervention measures to identify and support at risk individuals experiencing domestic abuse.
    - Primary prevention interventions to educate children and young people about domestic abuse, healthy relationships and positive masculinity to help ensure their futures are abuse free.

2. **Improved Support Services**
    - Enhanced access to specialist domestic abuse community support services and safe accommodation for survivors and their children, to promote early risk reduction and improved long-term outcomes.
    - Increased education and awareness in the specialist domestic abuse services to meet the diverse needs of survivors, including individuals with protected characteristics and multiple disadvantage.

3. **Accountability and Rehabilitation for Perpetrators**
    - Effective interventions to hold perpetrators accountable and reduce reoffending rates.
    - Increased collaboration among agencies to provide comprehensive support and monitoring of perpetrators.
    - Effective interventions that offer the opportunity for individuals to change their abusive behaviour and develop healthy relationships.

4. **Enhance the collaboration between agencies to provide a comprehensive response to domestic abuse**
    - Streamlined processes, making it easier for individuals to access the help when they need it without unnecessary delays.
    - Consistent and coordinated care will ensure that individuals do not fall through the cracks and receive continuous support throughout their recovery.

5. **Improved data collection and ensure that responses to domestic abuse are survivor led**

    - Improved data collection will help to understand the prevalence, types, and impacts of domestic abuse across different demographics.
    - Survivor-led responses will prioritise the needs and voices of survivors, empowering them to take control of their recovery and future.
    - The response to domestic abuse will ensure that support services are tailored to the individual needs of survivors, rather than a one-size-fits-all approach.

The intended beneficiaries of the strategies are:
Survivors of Domestic Abuse
Individuals who have suffered domestic abuse will benefit from enhanced safety, support services and pathways to recovery, aiding their recovery from the impact of domestic abuse.

Children and Families
Children and families affected by domestic abuse will receive better protection and support, helping to break the cycle of abuse.

Perpetrators
Perpetrators will have access to behavioural change programmes designed to address their behaviour and reduced the likelihood of reoffending

Communities
Communities will benefit from increased awareness and prevention efforts, leading to a reduction in domestic abuse incidents and fostering a safer environment for all.

These strategies aim to create a holistic and effective response to domestic abuse, ensuring that all individuals and communities are supported and protected alongside work to change behaviours through education and early intervention and effectively 'break the cycle' of domestic abuse in BCP.

Consultation and Research
Research and consultation for the strategies took place between 2021 and 2025.

- Standing Together, a national organisation for domestic abuse completed a needs assessment in 2021. The findings from this assessment contributed to the priorities within the strategies, particularly the Safe Accommodation Strategy.
- Literature and research review was completed to examine National and International Violence Against Women and Girls (VAWG) and Domestic Abuse Policy, current domestic abuse themes, best practice recommendations and how domestic abuse impacts those with protected characteristics and/or multiple disadvantage.
- Local data was used to recognise local needs and emerging themes and gaps in provision. And to inform the gendered and intersectional analysis.
- National data was used for comparison and analysis.
- In 2023, a public consultation was conducted to evaluate the response to domestic abuse across BCP. This consultation engaged stakeholders, the public, individuals with lived experience, and providers of domestic abuse services. And this was used to inform the strategies.
- Ongoing discussions and consultation regarding the strategies took place at the Domestic Abuse Housing Task and Finish Group from December 2022 to July 2024.
- The Preventing Domestic Abuse Strategy was developed with stakeholder workshops input in August 2024.
- The Preventing Domestic Abuse Strategy was presented to the experts by experience board in September 2024 and the feedback collated into the final draft.
- The Preventing Domestic Abuse Strategy was sent to Domestic Abuse Strategic Group members for consultation in September 2024 and feedback was collated into the final draft.
- The Perpetrator Strategy was presented to the BCP Perpetrator working group members in February 2025 and feedback was collated into the final draft.
- The Safe Accommodation strategy was presented to a stakeholder workshop and provider event in March 2025.
- A public consultation for all three strategies on Engagement HQ was started in March 2025 and is currently live, this feedback will be fed into the strategies in May 2025.
- Next steps are for the strategies to be presented to the Community Safety Partnership executive board in May 2025 and Cabinet in June 2025.

Commented [VE1]: Can we explain acronyms?

Commented [VE2]: Domestic Abuse Strategy Group?

Commented [VE3]: Ideally we would like the results of that consultation fed into the EIA eg were people generally supportive and where any amendments made to the strategies as a result of the consultation.

Findings

The findings of the research conducted for this EIA shows the following:

Individuals with protected characteristics may have different experiences of domestic abuse or may be impacted in unique ways. They also face additional barriers when disclosing domestic abuse and accessing support services, which are as follows:

Sex
Domestic abuse is considered a gendered crime due to how it disproportionately affects women. When considered through a gendered lens it allows us to recognise the societal imposed norms, roles and expectations of masculinity and femininity and how this affects intimate partner relationships and family structures and considers power dynamics.

- Current statistics indicate that 1 in 4 women and 1 in 7 men will experience domestic abuse in their lifetime.
- Of all domestic abuse related crimes 75% of the victims are female.
- 85% of intimate partner homicides have female victims and 75% of victims of suspected victim suicide following domestic abuse are female.
- In BCP 95% of victim cases heard at the BCP Multiagency Risk Assessment Conference (MARAC) are women.

The gender distribution of clients in the UP2U: Creating Healthy Relationships (CHR) program, which aims to address abusive behaviours within relationships, shows that 87% are male and 13% are female. This aligns with national data on domestic abuse prosecutions. It's particularly encouraging as it indicates that UP2U (CHR) is effectively reaching females who have exhibited domestically abusive behaviours.

Although women are significantly more likely to be injured or killed in incidents of domestic abuse, men are less likely to report domestic abuse to the police. Men who do report domestic abuse often face social stigma related to their perceived challenge to their masculinity, or fear of not being believed by authorities and the risk of being falsely accused of being the perpetrator.

Positive Impact of the Strategies

The strategies focus on gender equality will ensure that survivors of domestic abuse, particularly women, have better access to support services

The strategies will lead to a broader cultural and attitudinal changes that challenge the social norms and beliefs that underpin domestic abuse.

Addressing the inequalities will help reduce the stigma and discrimination faced by LGBTQ+ individuals, both within the context of domestic abuse and in broader society. This will lead to a more inclusive and supportive community.

Sexual orientation and gender reassignment
In the 2021 National Census 3.9% of BCP residents identified as LGBTQ+ people, compared to the national average of 3.2%.

LGBTQ+ people are more at risk to be subjected to particular forms of power and control as a result of the social rejection of their identity and the general landscape of discrimination and continued social stigmatisation around those in the community.

This may include:

- Homophobia/Biphobia/Transphobia or manipulation of someone's internalised Homophobia/Biphobia/Transphobia
- Threats to 'out' someone to their family/ colleagues/ friends

According to National MARAC data, 1.6% of referrals were for LGBTQ+ people and BCP MARAC data shows 1% of referrals 23/24 were for LGBTQ+ people, so whilst we are in keeping with the national average it shows underreporting and/or under referring for this demographic.

National research conducted by Gallop with the LGBTQ+ community shows:

- Around 6 in 10 (61%) of LGBTQ+ survivors did not seek support from services following a particular instance of abuse by a family member or a partner/ex-partner.

- Of those who sought support only 3% of support seekers received advocacy services after a particular experience of abuse by a family member or partner/ex-partner. However, nearly 9 times as many LGBTQ+ survivors reported wanting advocacy after the abuse.
- Trans, non-binary and gender-diverse+, and pan/queer survivors reported high levels of concern about being mistreated by services or that services may not understand their identities.

All individuals accessing the UP2U: (CHR) programme have identified as being heterosexual. This indicates a gap in the support for the LGBTQ+ community, highlighting the need to better engage and include individuals from this demographic.

Positive Impact of the Strategies

The strategies recognition of the unique challenges faced by LGBTQ+ individuals will ensure that support services are more inclusive and accessible.

Addressing the additional barriers LGBTQ+ individuals face in reporting abuse due to fear of discrimination or lack of understanding from service providers will create a more supportive environment that encourages reporting and disclosure.

Training and awareness programs for service providers will improve their understanding of the specific issues faced by LGBTQ+ individuals, leading to more empathetic and effective support.

Disability
In the National 2021 Census, 18% of BCP residents identified as having a long-term illness or disability. However, according to local MARAC data, only 0.8% of referrals were for people with a disability.

This indicates a significant underrepresentation of people with a disability within BCP.

People with disabilities are often in particularly vulnerable circumstances. Certain disabilities, particularly physical disabilities, may decrease their ability to physically defend themselves and escape from abuse. Other disabilities can limit a person's ability to understand and recognise potential signs of abuse.

According to the 2021 Census there are around 16 thousand people aged 50 or over in BCP whose health status is bad or very bad. The proportion in bad or very bad health increases to 15% for those aged 75 years and over, from 8% at age 65 to 74. There are around 21 thousand people aged 50 or over whose disability limits their day-to-day activities. This represents around a tenth of people aged 50 to 74 and over a fifth aged 75 or over. This is particularly significant given the growth in the population aged 75- 84 in the short to medium term, and aged 85 and over in the longer term. As the older population increases, the number of people living with ill health and with multiple long-term conditions will increase too. This will generate significant additional demand for future care and support services.

People with disabilities are more likely to experience abuse for longer periods of time because they have difficulties and concerns when accessing the support that they need.

Their reliance on other people means that often they are reliant on their abuser for personal care or mobility. This sometimes means that they are reluctant to report the abuse because they are dependent on that person, they may also believe that the person enables them to stay out of institutional care.

It can be hard for someone to disclose their abuse because they have no opportunity to see a health or social care professional without their abuser being present. This is especially true if their abuser is their carer.

If the person lives with their abuser, they may be concerned about moving out of their home as their home may have been specially adapted for their needs. Many feel trapped because they feel there are no other care options for them.

The Witness Support, Preparation and Profiling Service provides support to victims and witnesses of crime with learning difficulties in BCP. Over 50 % of cases that come through the service involve domestic abuse and sexual violence. The service worker supports people with learning disabilities seeking justice by helping them report offences to the police and if required will support them through the court process to ensure that the court understands their needs as victims or witnesses.

Recently, we have encountered two cases involving older carers that have been referred for Domestic Homicide Reviews in BCP. We believe this is an emerging issue that warrants further investigation and understanding through our domestic abuse services.

Only 3.8% of individuals accessing UP2U: Creating Healthy Relationships perpetrator programme Identified as having a disability.

Positive Impact of the Strategies

The strategies recognition of the unique challenges faced by people with a disability will ensure that support services are more inclusive and accessible.

Training and awareness programs for service providers will improve their understanding of the specific issues faced by people with a disability, leading to more empathetic and effective support.

Mental Health
According to the Mental Health Foundation, research suggests that women experiencing domestic abuse are more likely to experience mental health illnesses. In contrast women with mental health illnesses are more likely to be abused, with 30-60% of women with a mental health illness have experienced domestic abuse.

A study conducted by King's College; Institute of Psychology found:

- Compared to women without a mental health illness, women with depressive disorders were around 2 and a ½ times more likely to have experienced domestic abuse over their adult lifetime, women with anxiety disorders were over 3 and a ½ times more likely and women with post-traumatic stress disorder (PTSD) were around 7 times more likely.

Women with other disorders including obsessive compulsive disorder (OCD), eating disorders, common mental health problems, schizophrenia and bipolar disorder were also at an increased risk of domestic abuse compared to women without a mental health illness. Men with all types of mental disorders were also at an increased risk of domestic abuse. However, prevalence estimates for men were lower than those for women, indicating that it is less common for men to be victims of repeated severe domestic abuse.

In 2024 domestic abuse related deaths with completed suicides, overtook domestic homicide committed by the perpetrator.

Positive Impact of the Strategies

Reduce the stigma associated with both mental health issues and domestic abuse which will create a more supportive and understanding community for survivors.

Training for service providers on the mental health impacts of domestic abuse will lead to more empathetic and effective support.

Survivors will receive comprehensive care that addresses both the physical and psychological impacts of abuse which will improve their recovery and overall well-being.

Age

Older people
In the National Census 2021, BCP figures show that 22% of resident are over the age of 65, compared to a national average of 18%.

National studies show us that:
- 32% of victims over the age of 60 are living with the perpetrator compared to 9% of under 60's.
- 44% of victims over the age of 60 are abused by family members compared to 6% of under 60's.

Data from 2023/24 shows that the largest age group for BCP MARAC victims was 30-39, followed by 20 29-year-olds at 27%.

We are observing an emerging trend in BCP of older victims of domestic abuse in Domestic Homicide Reviews within the context of carer stress. This issue requires further exploration and attention through our domestic abuse services.

Refuge data for 2023/24 shows no individuals aged 65+ accessed refuge accommodation. This indicates older people are underrepresented in refuge and we need to understand this better in order to ensure that all those who need support are able to access it.

Safelives research 'Older People and Domestic Abuse' states on average, older victims experience abuse for twice as long before seeking help as those aged under 61 and nearly half have a disability.

Older victims are less likely to attempt to leave their perpetrator in the year before accessing help and more likely to be living with the perpetrator after getting support. The report also details that older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm. Another common barrier is generational attitudes about abuse that leads to older victims being far less likely to identify their situation as abuse.

Older people are also vulnerable to abuse from their adult children, especially economic abuse. This type of abuse is now included in the national definition of domestic abuse under the Domestic Abuse Act 2021.

BCP has an older age profile than the national average. Over two fifths of the current BCP population are aged 50 and over (41%); around a fifth are aged over 65 (22%), and 3.4% are aged 85 and over. This compares to 38%, 19% and 2.5% respectively for England. There is significant variation in numbers of older people within the older age bands.

There are:
1. A large cohort in their mid-70s born in the post war baby boom.
2. Higher numbers in their mid to late-50s - the 60s baby boomers.
3. A higher proportion of women, particularly from age 85 onwards. 53% of the population aged 65-84 are female, compared to 61% of those aged 85+.

This variation has implications for current needs and demand for services as well as an impact on future population trends.

UP2U: Creating Healthy Relationships perpetrator programme service users were between the ages of 20 and 54, indicating there are young and older potential service users not getting access to the programme.

Positive Outcomes of the Strategies

Increased awareness among older adults about the signs of abuse and the resources available to them.

The strategies recognition of the unique barriers faced by older people will ensure that support services are more inclusive and accessible.

Training and awareness programs for service providers will improve their understanding of the specific issues faced by older people, leading to more empathetic and effective support.

Children and young people
According to Barnardo's, children who witness domestic abuse are at risk of both short and long-term physical and mental health problems. Every child will be affected differently to the trauma of domestic abuse.

Short-term effects of domestic abuse:
For young children this can include:

- bed-wetting
- increased sensitivity and crying
- difficulty sleeping or falling asleep
- separation anxiety

For school aged children this can include:

- a loss of drive to participate in activities and school
- lower grades in school
- feeling guilty and to blame for the abuse happening to them
- getting into trouble more often
- physical signs such as headaches and stomach aches

For teenagers this can include:

- acting out in negative ways such as missing school or fighting with family members
- having low self-esteem
- finding it difficult to make friends
- engaging in risky behaviours such as using alcohol and other drugs

***Long-term effects of domestic abuse*:**

- mental health problems, such as becoming anxious or depressed. Low mental health can also lead to big impacts on physical health, including self-harm or developing an eating disorder
- having a lowered sense of self-worth
- using alcohol and other drugs as unhealthy coping mechanisms
- repeating behaviours seen in their domestic setting

Since the Domestic Abuse Act 2021, children that have been exposed to domestic abuse are now recognised as victims of domestic abuse in their own right, rather than just witnesses.

BCP MARAC 23/24 had 492 children listed as dependants of the adults referred which meant 67% of MARAC referrals had children involved, this had risen 7% on the previous year.

Further work is needed to embed children and young people's voices in the domestic abuse work we do.

Positive Impact of the Strategies

Improved outcomes for children and young people, including enhanced emotional well-being and higher educational attainment.

Challenging and changing social norms around domestic abuse will help break the cycle of abuse.

Minority Ethnic Groups

In the 2021 National Census, 9% of BCP residents identified as black or global majority ethnicity and a further 9% from white minoritised groups.

The ethnicity of survivors accessing domestic abuse services across BCP is not routinely collected by Dorset Police, MARAC or domestic abuse services. Therefore, further efforts are needed to explore how to gather more local data on the ethnicity of those accessing services. While MARAC and domestic abuse services are working to improve this data collection. It often depends on the referrer, making it challenging to record consistently. Additionally, Dorset police do not routinely collect this data, and this is being further explored.

The ethnicity of service users of the UP2U: Creating Healthy Relationships perpetrator programme remains predominantly white with just over 6% being in the non-white category which closely reflects the overall demographic of the BCP area.

Minority ethnic groups can encounter additional barriers when accessing support due to cultural expectations and practice, as well as lack of culturally competent support services. There are also increased risks from additional VAWG practices including HBA, FGM and forced marriage.

Positive Impact of the Strategies

Raising awareness and educating communities about domestic abuse will help reduce stigma and encourage more individuals to seek help.

Services will continue to be inclusive and culturally sensitive which will lead to significant positive outcomes, including increased access to services, better support, and more effective interventions.

Training and awareness programs for service providers will improve their understanding of the specific issues faced by minority ethnic groups, leading to more empathetic and effective support.

Religion or Belief
Perpetrators can use religious texts or ideologies to manipulate and control their victim, to justify or excuse what they do, or to keep their victim in an abusive relationship.

Seeking support can be a huge challenge for many victims, particularly where there is a real or perceived threat of ostracism from their faith community. There are also increased risks from additional VAWG practices including HBA, FGM and forced marriage

We have only recently started collecting honour-based abuse data for MARAC referrals, Q3 24/25, there were 6 cases, representing 3% of all referrals.

Positive Impact of the Domestic Abuse Strategies

Providing tailored support that respects and understands the religious beliefs of survivors will lead to more effective interventions. Services will be sensitive to religious practices and values, which can help survivors feel more comfortable and understood.

Addressing spiritual abuse, which involves the misuse of religious texts and authority for coercive and controlling purposes by recognising and combating spiritual abuse, will prevent the continuation of abusive structures within religious contexts.

Pregnancy
Around 30% of domestic abuse begins during pregnancy, while 40 to 60% of women experiencing domestic abuse are abused during pregnancy. .1 in 3 women experience domestic abuse during pregnancy, approximately 275,000 women per year in England and Wales. Domestic abuse during pregnancy is also known to escalate.

The BCP domestic abuse health advocates receive a significant number of referrals for pregnant women across the main BCP hospitals.

Positive Impact of the Domestic Abuse Strategies

Improved health outcomes, enhanced safety, and better support for both the mother and the unborn child.

Social and Economic
Data shows that domestic abuse violent crime has a strong correlation to the most deprived areas in our community – geographical analysis revealed that domestic abuse reported to the police appears to correlate with deprivation. (Data source, Community Safety Partnership).

More than 51 per cent of households in BCP are affected by deprivation, with some communities in the region being in the top 2 per cent of the UK's most deprived areas, in contrast with others that lie in the top 1 percent of least deprived.

Under the national Indices of Multiple Deprivation (IMD) 2019, BCP Council's ranking is 146th out of 317 English Authorities. Deprivation is a lack of the necessities. It covers a wide range of factors that impact heavily on both individuals and families. The Indices of Deprivation combines seven domains to produce an overall relative measure of deprivation.

Positive Impact of the Domestic Abuse Strategies

Improved access to services will lead to, economic empowerment, enhanced safety, and better mental health outcomes for individuals of lower economic status and those living in deprived areas.

The strategies recognise that people with protected characteristics are often underrepresented in domestic abuse services, resulting in many not accessing the support they need. To address this, the delivery plans include specific actions to address these disparities to ensure that all survivors

can access the available support. Much of the effort will be focused on understanding these disparities and implementing measures to ensure equitable service provision for all.

Equality Impact Assessment: Report and EIA Action Plan

Conclusion

Summary of Equality Implications

The research and data conducted for the three new Safer BCP domestic abuse strategies indicate people with protected characteristics and/or multiple disadvantage may have different experiences of domestic abuse and face additional barriers when disclosing domestic abuse and accessing support services.

Experiences of abuse through a gendered lens allows us to recognise the societal imposed norms, roles and expectations of masculinity and femininity and how this effects intimate partner relationships and family structures and considers power dynamics. Intersectionality theory explains the intersect between social categorisations applied to an individual or group which create an overlap of disadvantage and discrimination.

By using a gendered and intersectional lens to develop these strategies we can guide our response to domestic abuse across BCP Council area to ensure that all members of BCP can receive fair and equal treatment when accessing services. In relation to violence against women and girls and domestic abuse the barriers and discrimination survivors with intersecting identities face when accessing support around domestic abuse, are well documented, and the strategies have been developed with that in mind.

The Preventing Domestic Abuse Strategy, Safe Accommodation Strategy and Perpetrator Strategy aim to address inequalities in access to information and services, by using the intersectional analysis to inform the strategies and the comprehensive delivery plans.

The overwhelming identification through research both locally and nationally is that those with protected characteristics and/or multiple disadvantage are:

- under-represented in DA services,
- struggle to access appropriate services which are culturally competent,
- a coordinated response from services is greatly variable leading to revictimisation
- often experience societal and/or organisational discrimination in addition to the domestic abuse.

The survivors of domestic abuse affected are; women, men, LGBTQ+ people, BAME people, disabled people, older people and children and young people, as well as care experienced adults, pregnant women, people with mental health conditions, carers and armed forces families.

The strategies and delivery plans aim to eliminate the barriers faced by individuals with protected characteristics in BCP experiencing domestic abuse. By implementing the following methods, we anticipate achieving the following outcomes:

1) Education and training of professionals and communities on protected characteristics, unconscious bias and intersectionality and domestic abuse.
   Outcome: Increased awareness and understanding will lead to more effective and inclusive support.

2) Commissioning of specialist domestic abuse community services and domestic abuse safe accommodation, with a requirement that the service providers are trained in protected characteristics and intersectionality,
   Outcome: Improved understanding of the needs of those with protected characteristics and the support provided will lead to improved life outcomes.

3) BCP domestic abuse safe accommodation will be modelled to meet the needs of all who may need to access it, including those with protected characteristics and/or multiple disadvantage.
   Outcome: A safe supported environment will be provided for everyone regardless of their background and circumstances which will lead to improved life outcomes.

4) Development of the survivor voice work to ensure the voices of all survivors and those that are currently underrepresented, inform the work we do in response to domestic abuse in BCP.
   Outcome: Interventions will be better tailored to meet the needs of all individuals affected by domestic abuse, leading to improved support and life outcomes

5) Targeted information is available to individuals with protected characteristics across BCP, so that they know the services understand their needs and are available for them.
   Outcome: This will ensure individuals know the services understand their unique needs and are available to support them, leading to better access to resources and improved overall well-being.

6) Community engagement is developed across BCP with individuals and communities which are underrepresented in domestic abuse services.
   Outcome: Communities are better represented and their specific needs are addressed leading to more effective and comprehensive domestic abuse services.

7) Professional relationships are further developed to ensure pathways of support are collaborative and consider the whole person.
   Outcome: Support pathways will be integrated and comprehensive, addressing various aspects of an individual's needs.

8) Work with both the BCP Safeguarding Adults Board and BCP Safeguarding Children Partnership around domestic abuse will be strengthened and pathways to support embedded within teams.
   Outcome: An integrated and supportive environment for individuals affected by domestic abuse.

9) Data collection will be improved so emerging themes and local need can be recognised and responded to.
   Outcome: Emerging needs and trends are identified to ensure resources and services are directed to areas with the greatest need.

10) Education of children and young people across BCP about violence against women and girl, domestic abuse and positive masculinity to help reduce sexual discriminatory behaviours.
    Outcome: There will be a safe and more inclusive environment for everyone.

A key positive outcome of the strategies is to improve domestic abuse support services in BCP, tailored to the diverse needs of survivors of domestic abuse and children, including those with protected characteristics, through commissioning specialist domestic abuse providers for community and safe accommodation services. Through community engagement and targeted materials, we will engage with all survivors of domestic abuse from underrepresented groups across BCP, reducing risk to these survivors and their children and improving longer term outcomes.

There will be ongoing consultation with people who have lived experience of domestic abuse and work to engage underrepresented groups, to ensure that we continue to hear the voices of all survivors and respond to these using a co-production framework so these voices help shape the domestic abuse work across BCP. Through education and awareness raising with professionals and communities we aim for them to understand the dynamics of domestic abuse better but also the additional issues faced by marginalised members of the community and reduce discriminatory beliefs and behaviours across BCP.

We will develop the BCP primary prevention offering, educating children and young people to help reduce current and future sexually discriminatory and sexually harmful behaviours.

We will further develop the relationships across agencies and professionals, to ensure a joined up and whole person response to survivors and perpetrators of domestic abuse, this will help to reduce risk, mitigate long term harm and improve longer term outcomes for all.

The improved data collection will help to identify local needs and themes and enable the partnership to respond to domestic abuse in a more localised way whilst also learning from national research and data.

Extensive consultation has been conducted, including a public consultation, consultation with the experts by experience board, the BCP domestic abuse survey, stakeholder workshops and domestic abuse provider events. This comprehensive approach ensures that the strategies are not developed in isolation and incorporate the perspectives of a diverse range of individuals and organisations, thereby meeting the needs of all.

All three strategies will be reviewed annually from (2025-2030). The Domestic Abuse Strategic Group (DASG) will oversee the implementation through a detailed delivery plan and report to the Community Safety Partnership Executive Board every six months to ensure accountability and achievement of the strategy outcomes.

Equality Impact Assessment: Report and EIA Action Plan

[

Equality Impact Assessment Action Plan

Please complete this Action Plan for any negative or unknown impacts identified above. Use the table from the Capturing Evidence form to assist.

Issue identified	Action required to reduce impact	Timescale	Responsible officer
Sex – domestic abuse disproportionality affects women and women are significantly more likely to be murdered or seriously harmed in a domestic abuse context.	- Specialist domestic abuse services will be commissioned by BCP Council to ensure the provider uses a gendered approach to domestic abuse.	Q1 26/27	BCP Council Housing, and Public Health & Communities.
	- Women only safe accommodation will be commissioned by BCP Council to ensure there is an accommodation and domestic abuse specialist support offering that reflects need.	Q1 26/27	BCP Council Housing, and Public Health & Communities.
	- Training and education for professionals and the community to raise awareness of the gendered nature of domestic abuse, will be provided.	Q1 25/26	BCP Council Public Health & Communities.
	- Survivor voice work will continue to be developed for women survivors of domestic abuse, including a co-production framework to ensure the voices inform domestic abuse strategy, policy and practice across BCP.	Q4 25/26	BCP Council Public Health & Communities.

	- Bystander intervention awareness training to be offered to professionals and the community to educate them on how to intervene safely if they see people using abusive behaviours. - #justdont campaign (aimed at men and boys to challenge sexually abusive behaviours) to be rolled out across BCP using various assets and PR.	Q4 25/26 Q1 25/26	BCP Council Public Health & Communities. BCP Council Public Health & Communities.
Sex – men have barriers to accessing support for domestic abuse.	- Commissioned specialised domestic abuse services will provide support services for men. - . Male only safe accommodation will be commissioned by BCP Council to ensure there is an accommodation and domestic abuse specialist support offering that reflects need. - Training and education for professionals and the community will raise awareness of domestic abuse affecting men. - Domestic abuse forum to be held on Men's Domestic Abuse awareness day in	Q1 26/27. Q1 25/26. Q3 25/26. Q3 25/26.	BCP Council Housing and Public Health & Communities. BCP Council Housing and Public Health & Communities. BCP Council Public Health and Communities. BCP Council Public Health and Communities. & Communities.

	November to raise awareness of domestic abuse for men locally. - Survivor voice work will continue to be developed for male survivors of domestic abuse, including a co-production framework to ensure their voices inform domestic abuse strategy, policy and practice across BCP.	Q4 25/26.	BCP Council Public Health & Communities.
Sexual orientation and gender reassignment – barriers to accessing support, low referral numbers into DA services and additional domestically abusive behaviours experienced by LGBTQ+ people. Low referral rates into the Up2U:CHR programme for LGBTQ+ people.	- Produce targeted domestic abuse leaflets and information for LGBTQ+ people. - An expectation the commissioned DA services will be trained on the dynamics of DA for LGBTQ+ people and reach into them through community engagement. - Safe accommodation for LGBTQ+ survivors will be provided through a dispersed accommodation model. - Training and education for professionals and the community will raise awareness of domestic abuse affecting LGBTQ+ people. - Data collection to further understand the local demographic of LGBTQ+	Q2 25/26. Q1 26/27. Q1 26/27. Q2 25/26. Q4 25/26.	BCP Council Public Health & Communities and BCP Domestic Abuse Housing Alliance Accreditation. BCP Council Housing, and Public Health & Communities. BCP Council Housing, and Public Health & Communities. BCP Council Public Health & Communities. Safer BCP Partnership agencies.

	people and local need, will be developed across the partnership and agencies. - Up2U:CHR needs to be more widely publicised into the LGBTQ+ community.	 Q2 26/27.	 BCP Council Public Health & Communities.
Disability – low referral rates into DA services, increased risk of harm to those with disabilities, barriers to accessing services and information.	- Provide easy read DA information for people with a learning disability. - Produce targeted domestic abuse leaflets and information for people with disabilities. - Distribute the easy read DASH to relevant professionals. - Training and education for professionals and the community will raise awareness of domestic abuse and its effects on people with disabilities, to include the DA and disabilities toolkit. - Work with the BCP Safeguarding partnership to develop domestic abuse awareness and referral routes. - Safe accommodation for survivors with disabilities will be provided - An expectation the commissioned DA services will be trained on the dynamics of DA for people with disabilities and	Q4 25/26. Q2 25/26. Q2 25/26. Q2 26/27. Q1 26/27. Q1 26/27. Q1 26/27.	BCP Council Public Health & Communities, and BCP People First Forum. BCP Council Public Health & Communities, and BCP Domestic Abuse Housing Alliance Accreditation. BCP Council Public Health & Communities. BCP Council Public Health & Communities. BCP Council Public Health & Communities, and BCP Safeguarding Adults Board. BCP Council Housing, and Public Health & Communities. BCP Council Housing, and Public Health & Communities.

	reach out to them through community engagement. - Accessible specialist domestic abuse services will be made available in a space to meet their needs. - Further research and data collection to understand the nature of disabilities across BCP so the response can be tailored to need.	 Q1 26/27. Q4 25/26.	 BCP Council Housing, and Public Health & Communities. Safer BCP Partnership agencies.
Mental health –increased risk of MH conditions and suicide associated with being a victim of domestic abuse.	- Strengthen partnership working across the locality with colleagues in mental health, to provide both a DA and MH informed response to survivors. - Explore DA and suicidality nationally and locally to inform and improve practice. - Share DA and suicidality toolkit across partner agencies. - Raise awareness of the risks domestic abuse poses to mental health for professionals and the community. - Explore how BCP's Suicide Prevention Strategy can fully reflect the corelation between domestic abuse and suicide.	Q4 26/27. Q4 25/26. Q1 25/26. Q4 25/26. Q4 26/27.	Safer BCP Partnership agencies. BCP Council Public Health & Communities. BCP Council Public Health & Communities. BCP Council Public Health & Communities. BCP Council Public Health & Communities.

Age **Children and Young People** -Victims of DA through witnessing DA in the home. - Victims of DA in intimate relationships. - Lack of education on violence against women and girls, domestic abuse, unhealthy masculinity and healthy relationships leading to unhealthy futures.	- Commissioned specialist domestic abuse community support services will provide support for children and young people. - Safe accommodation commissioning plan to consider the needs of children and young people in the model of services to be commissioned. - Training and education for professionals and the community will raise awareness of domestic abuse and its effects on children and young people. - Survivor voice work will continue to be developed for child and young people survivors of domestic abuse, including a co-production framework to ensure the voices inform domestic abuse strategy, policy and practice across BCP. - A harmful sexual behaviour framework will be developed to be delivered into secondary schools across BCP to educate young people. - The Women's Aid Expect Respect free training to be advertised to schools across BCP.	Q1 26/27. Q1 26/27. Q2 25/26. Q4 25/26. Q3 25/26. Q2 25/26.	BCP Council Housing, and Public Health & Communities. BCP Council Housing, and Public Health & Communities. BCP Council Public Health & Communities. BCP Council Public Health & Communities, and BCP Safeguarding Children Partnership. BCP Council Public Health and Communities. BCP Council Public Health & Communities, and BCP Education.

	- Relationship and Sex Education day to be marked with a provider event in BCP. - Positive masculinity training for young people to be developed and planned for boys across BCP. - Data collection to further understand the local scale and needs of children and young people suffering domestic abuse in BCP. - Further research into the prevalence, effects and pathways for young people who are care experienced and suffer domestic abuse in their intimate relationships.	Q1 25/26. Q4 25/26. Q4 25/26. Q4 25/26.	BCP Council Public Health & Communities, and BCP Education. BCP Council Public Health & Communities. Safer BCP Partnership agencies. BCP Council Public Health & Communities, and BCP Safeguarding Children Partnership. .
Age **Older people** - lack of referrals into DA services, barriers to accessing support, increased risks with carer stress alongside domestic abuse or as a stand-alone issue, increased risk from family members providing care and isolation.	- Training and education for professionals and the community will raise awareness of domestic abuse and its effects on older people, to include the DA and older abuse toolkit. - Work with the BCP Safeguarding partnership to develop domestic abuse awareness and referral routes.	Q2 25/26. Q2 26/27.	BCP Council Public Health & Communities. BCP Council Public Health & Communities, and BCP Safeguarding Adults Board.

	- Safe accommodation modelling to consider how to work with older survivors needing accommodation-based support.	Q1 26/27.	BCP Council Housing, and Public Health & Communities.
	- An expectation the commissioned DA services will be trained on the dynamics of DA for older people and reach into them through community engagement.	Q1 26/27.	BCP Council Housing, and Public Health & Communities.
	- Carer stress awareness to be developed across BCP.	Q1 25/26.	BCP Council Public Health & Communities, and BCP Safeguarding Adults Board.
	- Survivor voice work will continue to be developed for older survivors of domestic abuse, including a co-production framework to ensure their voices inform domestic abuse strategy, policy and practice across BCP.	Q1 26/27.	BCP Council Public Health & Communities.
	- Data collection to further understand the local scale and needs of older young people suffering domestic abuse in BCP.	Q2 26/27.	Safer BCP Partnership agencies.
	- Produce targeted domestic abuse leaflets and information for older people.	Q2 25/26.	BCP Council Public Health & Communities, and BCP Domestic Abuse Housing Alliance Accreditation
Minority Ethnic Groups - lack of referrals into DA services, barriers to accessing culturally competent support, potential language barriers,	- Training and education for professionals and the community will raise awareness of domestic abuse and its effects on different races to include the BAME and DA toolkit.	Q2 25/26.	BCP Council Public Health & Communities.

barriers to support due to immigration status, increased risk of harmful VAWG practices, and lack of understanding about the demographic locally.	- Produce targeted domestic abuse leaflets and information for BAME communities.	Q2 25/26.	BCP Council Public Health & Communities, and BCP Domestic Abuse Housing Alliance Accreditation
	- Training for professionals around harmful VAWG practices including HBA, FGM and forced marriage.	Q2 26/27.	BCP Council Public Health & Communities, and BCP Safeguarding Children Partnership.
	- Safe accommodation modelling to consider how to work with BAME survivors in a culturally competent way.	Q1 26/27.	BCP Council Housing, and Public Health & Communities.
	- An expectation the commissioned DA services will be trained on the dynamics of DA on BAME people and reach out to them through community engagement.	Q1 26/27.	BCP Council Housing, and Public Health & Communities.
	- Survivor voice work will continue to be developed for BAME survivors of domestic abuse, including a co-production framework to ensure the voices inform domestic abuse strategy, policy and practice across BCP.	Q1 26/27.	BCP Council Public Health & Communities.
	- Data collection to further understand the local demographics and needs of BAME people suffering domestic abuse in BCP.	Q1 26/27.	Safer BCP Partnership agencies.
	- Improve our understanding of immigration status and no recourse to	Q3 26/27.	Safer BCP Partnership agencies.

	public funds for people accessing all DA support services in BCP. - To consider how we offer DA information to those who do not use English as there first language, both in person and via other promotional materials.	 Q3 25/26.	 BCP Council Public Health & Communities.
Religion or belief **-** lack of referrals into DA services, barriers to accessing culturally competent support and increased risk of harmful VAWG practices.	- Training and education for professionals and the community will raise awareness of domestic abuse and how this may look in different religions or beliefs, and to explore the further barriers to support access. - Training for professionals around harmful VAWG practices including HBA, FGM and forced marriage. - Safe accommodation modelling to consider how to work with survivors who have religious beliefs in a culturally competent way.	Q4 25/26. Q2 26/27. Q1 25/26.	BCP Council Public Health & Communities. BCP Council Public Health & Communities, and BCP Safeguarding Children Partnership. BCP Council Housing, and Public Health & Communities.

	- An expectation the commissioned DA services will be trained on the dynamics for people who have religious beliefs and reach into them through community engagement. - Survivor voice work will continue to be developed for all survivors of domestic abuse, to include those with religious beliefs, including a co-production framework to ensure the voices inform domestic abuse strategy, policy and practice across BCP. - Data collection to further understand the local demographic of religious belief systems to inform response and practice.	Q1 25/26. Q1 25/26.	BCP Council Housing, and Public Health & Communities. BCP Council Public Health & Communities. Safer BCP Partnership agencies.
Pregnancy - increased risk of DA starting during pregnancy, increased risk of harm to unborn child and increased risk of domestic homicide.	- Strengthen partnership working across the locality with colleagues in maternity/health visiting services and domestic abuse support services. - Explore DA training for maternity/health visiting colleagues, offer the BCP DA L2 training to maternity services. - Understand the process for maternity/health visiting services when gathering domestic abuse information from clients.	Q1 26/27. Q1 26/27. Q4 25/26. Q3 25/26.	BCP Council Public Health & Communities, and NHS Dorset. BCP Council Public Health & Communities, and NHS Dorset. Safer BCP Partnership and NHS Dorset. BCP Council Public Health & Communities.

	- To consider a domestic *abuse* leaflet tailored to pregnant women to distribute via health locally.		
Socioeconomic factors - violent crime including violent domestic abuse is shown to be higher in areas of deprivation, increased risk of higher risk DA.	- Develop an understanding, if high risk domestic abuse in BCP is linked to areas of deprivation. - Explore a domestic abuse drop-in style service placed in food banks to offer support and advice.	Q4 25/26. Q1 26/27.	Safer BCP Partnership agencies. BCP Council Public Health & Communities, and Dorset Police.
Armed forces communities - statistically more likely to experience and perpetrate DA.	- Develop relationships between the Ministry of Defence Safeguarding unit and local specialist domestic abuse services, including those for children and the Up2U:Creating Healthy Relationships programme.	Q4 25/26.	BCP Council Public Health & Communities.
Care experienced adults - gaps in pathway post 18 for support around domestic abuse and increased risk due to vulnerabilities.	- Strengthen partnership working across the locality with colleagues in the Children in Care teams, youth justice team and domestic abuse support services.	Q3 25/26.	BCP Council Public Health & Communities, BCP Safeguarding Children Partnership and the Dorset Combined Youth Justice Service.
Carers - theme emerging around carer stress and domestic abuse.	- Identify learning needs of work force around carers and domestic abuse. - Explore domestic abuse data collection on carers and domestic abuse.	Q4 25/26. Q4 25/26,	Safer BCP Partnership agencies. BCP Council Public Health & Communities, and BCP Safeguarding Adults Board.

Form Version 1.2 prepared by: **Lisa Dowry and Katie Blake** Date: **01st April 2025**