

## General Equality Impact Assessment (EIA) Form

### Support:

An [EIA toolkit](#), [workshop content](#), and guidance for completing an [Equality Impact Assessment \(EIA\) form](#) are available on the [EIA page](#) of the [EDI Internal Hub](#). Please read these before completing this form.

For enquiries and further support if the toolkit and guidance do not answer your questions, contact your Equality, Diversity, and Inclusion (EDI) Business Partner as follows:

- Economy, Environment and Culture (EEC) – [Chris Brown](#),
- Families, Children, and Learning (FCL) – [Jamarl Billy](#),
- Governance, People, and Resources (GPR) – [Eric Page](#).
- Health and Adult Social Care (HASC) – [Zofia Danin](#),
- Housing, Neighbourhoods, and Communities (HNC) – [Jamarl Billy](#)

### Processing Time:

- EIAs can take up to 10 business days to approve after a completed EIA of a good standard is submitted to the EDI Business Partner. This is not considering unknown and unplanned impacts of capacity, resource constraints, and work pressures on the EDI team at the time your EIA is submitted.
- If your request is urgent, we can explore support exceptionally on request.
- We encourage improved planning and thinking around EIAs to avoid urgent turnarounds as these make EIAs riskier, limiting, and blind spots may remain unaddressed for the 'activity' you are assessing.

### Process:

- Once fully completed, submit your EIA to your EDI Business Partner, copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), Equalities inbox, and any other relevant service colleagues to enable EIA communication, tracking and saving.
- When your EIA is reviewed, discussed, and then approved, the EDI Business Partner will assign a reference to it and send the approved EIA form back to you with the EDI Manager or Head of Communities, Equality, and Third Sector (CETS) Service's approval as appropriate.
- Only approved EIAs are to be attached to Committee reports. Unapproved EIAs are invalid.

## 1. Assessment details

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the [EIA toolkit](#) for more information.

<b>Name of activity or proposal being assessed:</b>	<b>Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy 2025-2028</b>
<b>Directorate:</b>	City Services
<b>Service:</b>	Safer Communities Team
<b>Team:</b>	Violence Against Women and Girls Unit

<b>Is this a new or existing activity?</b>	Existing
<b>Are there related EIAs that could help inform this EIA? Yes or No (If Yes, please use this to inform this assessment)</b>	No

## 2. Contributors to the assessment (Name and Job title)

<b>Responsible Lead Officer:</b>	Anne Clark, Strategic Lead Commissioner Domestic Abuse and VAWG
<b>Accountable Manager:</b>	Jim Whitelegg, Interim Head of Safer Communities
<b>Additional stakeholders collaborating or contributing to this assessment:</b>	General Public, stakeholders contributing to consultation events.

## 3. About the activity

Briefly describe the purpose of the activity being assessed:

Brighton and Hove City Council is developing its Preventing and Tackling Violence against Women and Girls, Domestic Abuse and Sexual Violence Strategy which sets out the strategic direction of the Council and its partners in responding to and tackling violence against women and girls from 2025-2028. The strategy is aimed at a wide sector of the community including residents, professionals and those affected by abuse. The aim of the strategy is to develop a consistent coordinated community response to Violence Against Women and Girls (VAWG) Domestic Abuse (DA) and Sexual Violence (SV) prevent harm, strengthen the system, support those affected and hold perpetrators to account.

What are the desired outcomes of the activity?

The aim of the Strategy is to make the city safer and to make a noticeable difference to the everyday lives of all those affected by VAWG/DA/SV in the city.

To deliver this vision, the strategy sets out four priority areas:

- **A stronger co-ordinated response.**
- **Prioritising prevention.**
- **Support for survivors.**
- **Building an accountable community and changing perpetrator behaviour.**

This EIA takes into account our feedback from several consultations on what should be included within the Strategy with the current evidence base around VAWG/DA/SV. This was supported by national and regional based evidence on these crimes, both perpetration and victimisation. These findings are contained in the section on consultation.

While this EIA lists each protected characteristic individually, it is acknowledged that there are intersections between these – where the victim or survivors experience a combination of the factors/protected characteristics listed below there is a greater chance of increased vulnerability and disadvantage (an example would include insecure immigration status). The Strategy seeks to respond to this and by affirming the need to respond to VAWG/DA/SV through an intersectional lens to fully support victims and survivors and hold those who abuse to account.

This EIA acknowledges that the experience of every survivor may intersect with the circumstances and experiences aligned with their own specific protected characteristic/s. This Equality Impact Assessment (EIA) will be assessing the impacts that the proposed strategy may have on diverse protected characteristics and different communities based on our current knowledge and assessment.

The strategy is underpinned by a detailed action plan which includes measures of success and will support the ambition of the strategy and strengthen its One Council Approach.

Which key groups of people do you think are likely to be affected by the activity?

Everyone working, studying or living in the City.

#### 4. Consultation and engagement

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation** has been done or it is not enough or in process – state this and describe your plans to address any gaps.

This is a partnership strategy and has been developed in consultation with stakeholders and residents, and with reference to the local and national strategic landscape. There have been a number of specific pieces of work that have informed the evidence base for this strategy. They have included:

- Safe accommodation needs assessment (2021). The needs assessment considered data from across Sussex to understand the support in safe accommodation needs for victims
- Public Survey to research how safe people feel in Brighton and Hove. 2022
- Community Safety Partnership Strategic Assessment Workshop 2022
- Housing Consultations x 3 in February and March 2023
- Five Stakeholder Consultation events in December 2023
- Public Survey to seek public opinion on the draft Violence Against Women and Girls Strategy. November 2023 to January 2024
- Reimagine Combatting Violence Against Women and Girls Event 29 January 2024
- VAWG Summit with Council staff September 2024

#### Learning from Brighton & Hove City Council Consultations/Surveys on Violence against women

Two public surveys were undertaken to survey the general public about their views on violence against women and girls. The first focused on VAWG in public spaces which ran from 10/01/2022 to 20/02/2022 to understand concerns about VAWG in our city. From the 614 responses, the following issues were highlighted:

The most prevalent form of VAWG experienced was sexual harassment with 45% stating they had experienced this and 21% stating they had witnessed another person being sexually harassed. Whilst perceptions of safety in the city highlighted that 65% felt safe in the day with 77% stating they felt unsafe at night.

Respondents also had concerns when out in public with:

- 44% stating they were worried and 21% being very worried whilst out walking

There was a mixed response to safety when using public transport. Overall, 59% of respondents confirmed they felt safe on the bus service with 39% reporting they were worried about safety when using the train and a further 33% stating they were not.

- Licensed premises were felt to be worrying by 36% and not worrying by 32% with 24% neither worried or unworried.
- Clubs. 57% of respondents identified nightclubs as being worrying.

A second public consultation on the draft VAWG strategy was responded to by 233 people. Public opinion on the priorities confirmed that:

- **A stronger co-ordinated response.** 233 people responded to this question 75% (176) strongly agreed with a further 19% (46) agreeing with the priority.
- **Prioritising prevention.** 229 people responded to this question, of these 79% (184) strongly agreed and 14% (32) agreed with the priority.
- **Support for survivors.** There were 229 responses to this part of the question. Of those, 88% (204) strongly agreed and a further 7% (17) agreed with the priority.
- **Building an accountable community and changing perpetrator behaviour.** There were 233 responses to this part of the survey with 185 (79%) strongly agreeing and a further 30 (13%) agreed with the priority.

Of those that responded to the survey, there were 60 people (26%) with lived experience of VAWG and their valuable contributions highlighted a number of themes which will be incorporated in the strategy delivery plans going forward. These include:

- The importance of listening to those with lived experience and believing them and treating them with respect so their dignity is maintained.
- Improve how perpetrators' behaviour is addressed both by strengthening criminal justice response and behaviour change programmes
- Improved provision for children and young people affected by VAWG
- The importance of working with children and young people to raise awareness and educate them about VAWG.
- Services to work in a coordinated manner
- Enshrining intersectionality in the response to VAWG
- Ensuring support for all survivors across all risk levels including those with protected characteristics
- Improving safety in public spaces
- Support for survivors including safe housing
- Ensure the response to VAWG includes consideration of prostitution/sex work.
- The promotion of Safety Apps
- Support for survivors who have no recourse to public funds/refugee status

## 5. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity?  
Consider all possible intersections.

(State Yes, No, Not Applicable as appropriate)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	YES
Sexual Orientation	YES
Marriage and Civil Partnership	YES
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	YES
Armed Forces Personnel, their families, and Veterans	NO
Expatriates, Migrants, Asylum Seekers, and Refugees	YES
Carers	NO
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	YES
Socio-economic Disadvantage	YES
Homelessness and associated risk and vulnerability	YES
Human Rights	YES
Another relevant group (please specify here and add additional rows as needed)	People with lived experience of all forms of VAWG, and those experiencing multiple forms of disadvantage

**Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:**

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy, numeracy and /or digital barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)

- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this activity?

We will add them to the data monitoring for commissioned services and the Multi Agency Risk Assessment Conference (MARAC) to align with the Councils Equalities Monitoring Standards data set

What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?

The workplan for the Preventing and Tackling VAWG, Domestic Abuse and Sexual Violence Strategy, monitoring of commissioned services and future Needs Assessments

## 6. Impacts

### Advisory Note:

- **Impact:**
  - Assessing disproportionate impact means understanding potential negative impact (that may cause direct or indirect discrimination), and then assessing the relevance (that is: the potential effect of your activity on people with protected characteristics) and proportionality (that is: how strong the effect is).
  - These impacts should be identified in the EIA and then re-visited regularly as you review the EIA every 12 to 18 months as applicable to the duration of your activity.
- **SMART Actions mean:** Actions that are (SMART = Specific, Measurable, Achievable, Realistic, T = Time-bound)
- **Cumulative Assessment:** [If there is impact on all groups equally, complete only the cumulative assessment section.](#)
- **Data analysis and Insights:**
  - In each protected characteristic or group, in answer to the question ‘If “YES”, what are the positive and negative disproportionate impacts?’, describe what you have learnt from your data analysis about disproportionate impacts, stating relevant insights and data sources.
  - Find and use contextual and wide ranges of data analysis (including community feedback) to describe what the disproportionate positive and negative impacts are on different, and intersecting populations impacted by your activity, especially considering for [Health inequalities](#), review guidance and inter-related impacts, and the impact of various identities.
  - For example: If you are doing road works or closures in a particular street or ward – look at a variety of data and do so from various protected characteristic lenses. Understand and analyse what that means for your project and its impact on different types of people, residents, family types and so on. State your understanding of impact in both effect of impact and strength of that effect on those impacted.
- **Data Sources:**
  - **Consider a wide range (including but not limited to):**
    - [Census](#) and [local intelligence data](#)
    - Service specific data
    - Community consultations
    - Insights from customer feedback including complaints and survey results
    - Lived experiences and qualitative data
    - [Joint Strategic Needs Assessment \(JSNA\) data](#)
    - [Health Inequalities data](#)
    - Good practice research

- National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.
- Learn more about the [Equality Act 2010](#) and about our [Public Sector Equality Duty](#).

## 6.1 Age

<p><b>Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: those under 16, young adults, with other intersections.</b></p>	<p>YES. Women and girls are disproportionately affected by these forms of abuse</p>
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### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

All forms of VAWG can affect victims/survivors of any age. The experience of VAWG and victimisation can vary depending on age and life stage. The Crime Survey for England and Wales (CSEW) provides prevalence data disaggregated by protected characteristics and socio-demographic factors. The data suggests that younger women are disproportionately impacted by some VAWG offences. It is not possible to compare rates of domestic abuse, sexual assault and stalking experienced by survivors sharing protected characteristics or socio-demographic characteristics, or to analyse rates over time, limiting analysis.

The average age of people accessing Independent Domestic Violence Advocate (IDVA) services in England and Wales is 35, and the average age of people accessing Sexual Violence services in England and Wales is 27.

The Domestic Abuse Act (2021) now legally recognises children living in homes where domestic abuse occurs as victims of the abuse in their own right.

Children and young people are main victims of FGM (Female Genital Mutilation), often undertaken at a very young age and do not recognise what they have experienced until many years later.

A NSPCC report (Barter et al., 2009) found that almost 25% of 13–17-year-old girls reported experiencing physical abuse in their own intimate partnership relationships whilst 18% of boys reported experiencing physical abuse. Young people face risks and challenges that older people do not. For example, risks relating to grooming, exploitation, and abuse. Young people also experience online VAWG/DA/SV at higher rates than other age group, [www.crimeandjustice.org.uk](http://www.crimeandjustice.org.uk)

Ofsted undertook a review in 2021 following the thousands of disclosures of sexual harassment and abuse in schools nationally, colleges and universities. The review highlights the importance of multi-agency work to combat VAWG. This finding was cited in the HMI Constabulary Report commissioned by the Home Office which called for cross system to tackle the “epidemic of VAWG”.

Our strategy includes a commitment to continue to support initiatives for young people impacted by VAWG with an aim to improve the approach to addressing the often less-visible needs of young people and ensure that young people and women impacted by VAWG are better identified and supported, with an understanding of the context of their individual characteristics.



We have included an action to work with partners including the NHS, Sussex Police, the Office of Police and Crime Commissioner, the voluntary and community sector and pan-Sussex authorities to continue to fund and extend support, applying an intersectional lens, for victims of VAWG.

Hourglass deliver specialist services for victims/survivors aged 55 plus and have highlighted the frequency that older people experience economic and financial abuse including abuse of power of attorney.

Key strategic commitments that respond to this characteristic:

- We will work with all partners to explore how we can enhance our intersectional data use and collection to improve our understanding of VAWG in Brighton and Hove.
- In partnership with the Office of the Police and Crime Commissioner (OPCC) we will continue to deliver awareness sessions which aim to educate Year 9 boys and girls about sexual harassment.
- The VAWG Unit will work with partners including the NHS, the Police, the voluntary and community sector and local authorities to continue to extend support, applying an intersectional lens, for child victims of domestic abuse, sexual abuse and exploitation and adults who may be victimised by their own children and families.
- The Council will continue to pilot early intervention projects including the Family Hub model to frame domestic abuse as a harmful parenting practice to enable social workers to focus on the perpetrators' behaviour and support the non-abusing parent.

## 6.2 Disability:

Does your analysis indicate a disproportionate impact relating to <a href="#">Disability</a> , considering our <a href="#">anticipatory duty</a> ?	YES
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### If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The CSEW reported that people with a long-standing illness or disability were more than twice as likely to experience some form of domestic abuse than their counterparts with no longstanding illness or disability. Amongst women, this figure is higher with of female victims of domestic abuse reporting at least one disability. Deaf and disabled women are twice as likely as their hearing and non-disabled peers to suffer domestic abuse, (British Crime Survey, 2020).

SafeLives data also shows that 11.9% of cases heard at MARAC involved disabled people. This is significantly higher for Brighton and Hove MARAC with **33% of MARAC** cases identifying as having a disability. Despite this startling statistic, there is a clear gap in data available in understanding the prevalence of all types of disabilities for victims and survivors of VAWG. There is limited data for all types of disabilities, however those with learning disabilities appear to be further hidden.

Feedback from specialist services highlighted that that there is a real risk that victims and survivors of VAWG can develop disabilities due to the emotional and physical impact of the abuse and/or violence. This was also mirrored in the feedback to the public consultation from Brighton and Hove residents for the Pan Sussex Domestic Abuse and Support in Safe Accommodation Strategy, 2021- 2024. Feedback highlighted the longer-term impact on wellbeing on individuals who have been subject to the traumatic effects of domestic abuse and the benefit of therapeutic services for survivors.

We have responded to this in our strategy through including an action to consult with Deaf and disabled communities and service providers representing the views of survivors of a range of disabilities including learning disabilities to improve our understanding of their needs in relation to VAWG. This Strategy



commits to ongoing engagement with these groups. We will work with partners including the NHS, the OPCC, the voluntary and community sector and local authorities to continue to fund and extend support for those with disabilities.

The strategy document itself will be produced in a range of accessible formats.

What [inclusive adjustments](#) are you making for diverse disabled people impacted? For example: D/deaf, deafened, hard of hearing, blind, neurodivergent people, those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQIA+ and disabled).

The strategy document itself will be produced in the most accessible format available for readers with a range of disabilities.

### 6.3 Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers):

<b>Does your analysis indicate a disproportionate impact relating to ethnicity?</b>	YES
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#### If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Data for VAWG services in Brighton and Hove highlights underrepresentation of people from Black and Racially Minoritised communities accessing VAWG support services. This is also evident in MARAC data where referrals are significantly lower at 3% than the Safelives estimate of 13% of referrals for our population. In this strategy we have committed to work in partnership to ensure that all those affected by VAWG including migrant victims and those from Black and Racially Minoritised backgrounds and other minoritised groups - can access help without fear, with safe and informal spaces for victims who need to seek support. Improving support for all Black and Minoritised communities in the City was a key recommendation of the Pan Sussex Domestic Abuse and Support in Safe Accommodation Strategy, 2021- 2024 and BHCC have commissioned the Domestic Abuse Black and Racially Minoritised Capacity Building Service to work at grassroots level with communities to build awareness of all the forms of VAWG and routes to safety as well as to improve confidence in the support systems available. The Police have further supported this workstream by targeting support at communities vulnerable to exploitation. Feedback from consultations highlighted the specific additional barriers for the victims and survivors who may have insecure immigration status. This includes, but is not limited to, where a person's status is being used to exert control and prevent an individual seeking support.

We have included commitments to:

- deliver awareness raising workshops via the VAWG Network on relevant legislation and areas of VAWG related to race/ethnicity including migrants, refugees and asylum seekers.
- bring a group of community Leaders together to act as critical friends to improve VAWG integration at a grassroots level with communities and faith groups. Improve confidence in the local response to VAWG, receive a high-quality services and that ethnic disproportionality is identified and addressed.
- work with the Citizens Advisory Group (CAG) to ensure their expertise is utilised in the development of Black and Racially Minoritised communities VAWG support.

#### 6.4 Religion, Belief, Spirituality, Faith, or Atheism:

<b>Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?</b>	YES
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Feedback from services highlights that some survivors with a faith feel that some specialist services and society, in general, are unable to understand their experiences of abuse, and their barriers to accessing support due to their religious identity, their faith community and any spiritual abuse that they may experience from their perpetrator. There were reports of survivors being retraumatised through the criminal justice process and its insensitivity to the cultural norms of the survivor.

BHCC recognises that race and religion are separate characteristics. However, the link between certain religious groups and Black and Racially Minoritised communities may mean that some religious group could encounter some of the disadvantages set out in the section above.

There may be some tensions with regard to female genital mutilation (FGM), related to the ‘demonisation’ of FGM in the UK and the cultural environment in which survivors were raised. There is a need to consider practices like FGM within an “anti-racist “and intersectional lens/framework. The Council Anti Racism Lead has delivered a VAWG Network session on FGM within an “anti-racist “and intersectional lens/framework but recent feedback from the Citizens Advisory Group has highlighted the importance of extending culturally competent VAWG training to practitioners in the Criminal Justice System Health, Housing and Social Work.

The strategy includes commitments to develop a community coordinated response to VAWG which commits to support community-based capacity building, community champions, as well as work to strengthen community-based education responses. This will be supported by the VAWG Unit, BME Capacity Building Programme delivered by Stonewater, the International Women’s Network, Hersana, RISE and Victim Support.

The VAWG Unit will continue to work with faith groups to raise awareness of VAWG/DA/SV and the support available in Brighton and Hove and will continue to challenge beliefs including cultural beliefs that underpin all forms of VAWG/DA/SV.

#### 6.5 Gender Identity and Sex:

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Gender Identity</a> and <a href="#">Sex</a> (including non-binary and intersex people)?</b>	YES
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Violence against women has been defined by both the World Health Organisation and the United Nations as a form of discrimination: ‘violence that is directed against a woman because she is a woman or that affects women disproportionately’.

This strategy acknowledges there are significant differences between the genders in relation to victimisation and offending in gendered crimes, such as domestic abuse or stalking. Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to MARACs nationally are women. Women are also much more likely than men to be the victims of sexual violence. Men are most frequently the offender in all reported types of domestic abuse and sexual abuse.

BHCC conducted a public consultation into perceptions of safety in public spaces which highlighted that women feel less safe and sought reassurances that there would be more visible policing locally to feel safer in public spaces.

## 6.6 Gender Reassignment:

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Gender Reassignment</a>?</b>	YES
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### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The Brighton and Hove Trans Needs Assessment 2015 reported that Trans people find more barriers accessing services and are more unlikely to engage. Specialist services have told us that Trans people face additional barriers to accessing support. Barriers include: being mis-gendered by services or statutory partners, leading to further traumatisation linked to their gender identity; and, a fear of being denied access to certain services because of their transgender identity. Switchboard also highlight that Trans and non –binary persons present as needing support following experiences of harmful practices which include so-called honour violence and forced marriage.

Research by Stonewall has shown that up to 80 % of trans people have experienced emotional, sexual or physical abuse from a partner or ex-partner, and that they are unlikely to report their abuse. The research highlights a number of factors including access to appropriate service provision and lack of knowledge by professionals of how an LGBTQ+ victim/survivor may experience abuse. SafeLives (2021) found that 7% of the people accessing Sexual Violence services were transgender, indicating a disproportionate impact on this group.

There is a clear gap in data available in understanding the prevalence of VAWG for transgender and non-binary people. The available data from the Police and Housing does not tell us if survivors were trans women or trans men. It is unclear if the experience of seeking support is the same or different for trans women/men and those who identify as non-binary.

Although BHCC have prioritised support for LGBTQ+ domestic abuse survivors, there is a need to ensure this service continues to be accessible and services are promoted at community events, in housing and health settings to ensure it has the widest possible reach.

Specific areas of focus that relate to gender reassignment include improving our data collection to better understand the needs of all genders.

We will continue to commission services to work with survivors of all genders.

We will ensure our staff provide advice and guidance using to ensure that our language is appropriate language that is inclusive to gender reassignment.

## 6.7 Sexual Orientation:

Does your analysis indicate a disproportionate impact relating to <a href="#">Sexual Orientation</a> ?	YES
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### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>Some forms of VAWG specifically DA and sexual violence predominately occur within heterosexual relationships. Our MARAC data highlights that 93% of cases are for women involved in relationships with men.</p> <p>SafeLives data shows that nationally, 2.1% of cases heard at MARAC related to LGBTIQ+ victims. However, for Brighton and Hove this is much higher at 7%. This aligns with the demographics of the <a href="#">City</a>.</p> <p>Feedback from specialist services has highlighted that homophobia and biphobia and harmful practices are perpetrated upon survivors who are LGBTQ+ and is often the reason people flee to Brighton for safety in the local community.</p> <p>However, it should be noted that many survivors do not disclose their sexual orientation.</p>
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## 6.8 Marriage and Civil Partnership:

Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?	YES
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### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>VAWG service providers nationally reported that there was an increase in sexual violence and abuse within interpersonal relationships including within marriages and civil partnerships, particularly during the pandemic. Domestic abuse is highest amongst those who have separated, followed by those who are divorced or single. Separation is acknowledged to be a significant indicator of risk in domestic fatalities. The majority (99%) of residents of Brighton refuge are chiefly women who have separated from their partner.</p> <p>VAWG services also highlight that there is a clear link between marriages/civil partnerships and migrant survivors of VAWG. Those with insecure immigration status who are resident in the UK due to a spousal visa may apply for support that gives recourse to public funds. This is not the case for those with any other type of visa.</p> <p>There is a clear gap in data available in understanding the prevalence of how marriage or civil partnerships may impact upon these experiencing VAWG but the trend for domestic abuse highlights a strong correlation.</p>
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### 6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

<b>Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?</b>	YES
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>Pregnancy and maternity is known as a risk factor for domestic abuse with many victim/survivors reporting that the first incidence of violence happened while they were pregnant. In instances where an individual has multiple pregnancies in close succession this is often a sign of coerced pregnancy as a form of control.</p> <p>Pregnancy complications are also associated with FGM and there is significant research on the health complications of FGM which is often first identified at ante- natal.</p> <p>Victim/Survivors would benefit from measures to provide integrated support during pregnancy. Their risk of harm may be reduced by actions to help perpetrators of domestic abuse change their behaviours. However, it is important that the ways these measures are implemented are sensitive to the needs of women in certain BME communities, who are less likely to access appropriate screening and referral to appropriate domestic abuse support. Pregnant people once identified as affected by VAWG should be provided with support and safe accommodation where appropriate.</p> <p>BHCC will work with Public Health, a communication strategy/infogram on the new duties for local authorities because of the Domestic Abuse Act which should include information on support.</p> <p>Our data collection does not provide sufficient information on Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum) to understand the extent of the impact of VAWG .</p>
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### 6.10 Armed Forces Personnel, their families, and Veterans:

<b>Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?</b>	NO
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

There is insufficient local information on this category.
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### 6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

<b>Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Immigration status is often used to coerce victim/survivors of all forms of VAWG. The impact of VAWG is compounded by insecure immigration status in that their access to support can be limited by their Immigration status particularly those with no recourse to public funds (NRPF). However, although those with children may be supported due to Section 17 of the Children’s Act. Those without children are impacted by lack of access to public funds which affects eligibility and access to social housing. Feedback from consultations for the VAWG Strategy highlights there are gaps in access to support for expatriates, migrants, asylum seekers and refugees.

**6.12 [Carers](#):**

**Does your analysis indicate a disproportionate impact relating to [Carers](#) (Especially considering for age, ethnicity, language, and various intersections).**

NO

**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

There is insufficient information to confirm a disproportionate impact on carers. However, Carers intersect with all protected characteristics.

**6.13 Looked after children, Care Leavers, Care and fostering experienced people:**

**Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections).**

YES

**Also consider our [Corporate Parenting Responsibility](#) in connection to your activity.**

**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Domestic Abuse is a prevalent factor in Children’s Social Care assessments and is a factor in decisions to refer families to parenting programmes and in decisions to remove children from their parents.

The experience of being care or foster experienced is an additional risk factor for exploitation. Key findings from the Care Journey/SafeLives highlighted that the support for young people in the care system was inadequate in relation to support with recovery from domestic abuse, other adverse childhood experiences and support in forming healthy relationships.

Contract monitoring for VAWG services now includes Care Leavers as a protected characteristic category and there will be a better understanding after a longer period of monitoring the impact on those with being care or foster experienced.



#### 6.14 Homelessness:

<p><b>Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)</b></p>	<p>YES</p>
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>Experience of any form of VAWG will impact on the stability of the victim/survivors housing situation with many people becoming homeless. The Domestic Abuse Act 2021 brought in a new statutory duty for Tier One Local Authorities to provide support in safe accommodation. BHCC have commissioned a range of new services to discharge this duty based on the recommendations of the Pan Sussex Safe Accommodation Needs Assessment.</p>
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#### 6.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations:

<p><b>Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?</b></p>	<p>YES</p>
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>This category is the subject of this EIA. See other points</p>
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#### 6.16 Socio-economic Disadvantage:

<p><b>Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)</b></p>	<p>YES</p>
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

<p>In general women who have been affected by all forms of VAWG are more affected by poverty than their male peers: families affected by deprivation disproportionately are headed by lone parents most of whom are women, and these women are more likely to be unemployed which means they will be reliant on benefits and there is an issue relating to affordable rent/.</p> <p>Measures to tackle poverty in the City should target victims/survivors positively and include actions relating to housing options, income maximisation and, management of debt and schemes to make work more accessible should reference the needs of those affected by VAWG. However, it should be noted that all VAWG victim survivors are likely to experience some socio – economic disadvantage and this</p>
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should be considered in financial assessment and include coerce debt. Nationally, the work of Surviving Economic Abuse (SEA) nationally has brought economic abuse to the attention of banks and building societies. Going forward we will see to incorporate awareness of economic abuse into our monitoring framework to better understand the extent of the problem locally.

People who have been affected by domestic abuse are more affected by poverty than their male peers: families affected by deprivation disproportionately are headed by lone parents most of whom are women, and these females are more likely to be unemployed which means they will be reliant on benefits and there is an issue nationally relating to affordable rent. Measures to tackle poverty in the borough should target those affected by VAWG positively and include actions relating to housing option, income maximisation and, management of debt and schemes to make work more accessible should reference the needs of those affected by VAWG.

### 6.17 Human Rights:

<b>Will your activity have a disproportionate impact relating to Human Rights?</b>	YES
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#### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

VAWG is recognised as a Human Rights issue and BHCC are committed to ensure that all survivors are able to seek support to live safe lives.

### 6.18 Cumulative, multiple [intersectional](#), and complex impacts (including on additional relevant groups):

#### What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?

- For example: people belonging to the Gypsy, Roma, and/or Traveller community who are also disabled, LGBTQIA+, older disabled trans and non-binary people, older Black and Racially Minoritised disabled people of faith, young autistic people.
- Also consider wider disadvantaged and intersecting experiences that create exclusion and systemic barriers:
  - People experiencing homelessness
  - People on a low income and people living in the most deprived areas
  - People facing literacy, numeracy and/or digital barriers
  - Lone parents
  - People with experience of or living with addiction and/ or a substance use disorder (SUD)
  - Sex workers
  - Ex-offenders and people with unrelated convictions
  - People who have experienced female genital mutilation (FGM)
  - People who have experienced human trafficking or modern slavery

Research for the Strategy highlights the benefits of developing a coordinated community response to ensure that everyone has a role to play in tackling VAWG. We will continue to work with communities, partners and the criminal justice system to ensure that those who cause harm are held to account and victim/survivors are supported to safety. By ensuring the system is robust we aim to prevent harm at an earlier stage.

## 7. Action planning

**What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?**

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

**The Council will undertake the following SMART actions to address the disproportionate and cumulative impacts of VAWG in relation to the priorities of the Preventing VAWG Strategy:**

### **A stronger coordinated community response.**

- We will create a new VAWG Governance and delivery framework to lead the development, delivery, and scrutiny of the VAWG Strategy and annual action plans. The VAWG Oversight Board will be made up of community, statutory and voluntary sector leads
- We will ensure that experts by experience are part of the ongoing development, delivery, and scrutiny of the VAWG Strategy and undertake focus groups with survivors in the community. We will draw upon those who have lived experience, and we will support them to ensure their involvement is trauma informed and does not lead to re-traumatisation.
- We will strengthen our local Community Coordinated response by the following:
- We will continue to deliver and develop a tiered workforce development programme to build knowledge, skills, capacity, culturally relevant and appropriate responses. This will include multi agency training with statutory services such as police, social care, housing and health.
- We will continue to conduct Domestic Fatality Reviews and contribute to Child Safeguarding Practice Reviews and Safeguarding Adults Reviews (where there are links to VAWG) to identify and share learning and create action plans to ensure sustainable change. (VAWG Unit/ Adult and Children's Learning and Development Groups)
- We will work in partnership to identify intersecting inequalities for those experiencing multiple disadvantages, to ensure services address the connections between VAWG, discrimination, substance dependency, mental ill-health, involvement in the criminal justice system particularly for those involved in prostitution. (Community Safety Partnership, Adult Safeguarding)
- Inclusivity and intersectionality will be woven throughout our approach to VAWG. Our response will reflect acknowledge survivors of all genders but reflect that women and girls with other protected characteristics – including those who are disabled, of minoritised ethnicities, LGBTQ+ , and experiencing homelessness are at even greater risk of violence (Corporate Plan).
- We will undertake a review of the needs of those affect by VAWG with protected characteristics via a series of focussed workshop events in 2025//26 (VAWG Team/Equalities)
- We will ensure that directorates across the Council contribute to the delivery of the strategy workplan, this will include Adults and Children's Services, Community Safety, Housing, Licensing Public Health and Public Space work. DA Policy (Council Plan).
- We will strengthen our public safety work with particular reference to developing a strong response via Licensing, transport and the nighttime economy (Licensing). We will ensure that services across partnership will understand the links between VAWG, serious youth violence, contextual harm, and modern slavery and are able to provide a safe and supportive response (Children's Services).
- We will align our work with national, regional, and local developments to ensure that new policy and legislation is adopted periodically throughout the life of the strategy.
- We will collaborate with regional partners to support the strengthening of the criminal justice response to VAWG with specific reference to the implementation of the Domestic Abuse Act 2021 and systemic reform within the Criminal Justice System for those affected by sexual assault (Community Safety Strategy).

- We will work with community groups including the Citizens Advisory Group (CAG) to strengthen our response recognising that those from minoritised communities are underrepresented in local VAWG data. (Equalities/VAWG Team)
- The Council will ensure that future VAWG commissioning is robust and trauma informed services includes social value weighting.
- We will work with Procurement to review the effectiveness of the domestic abuse considerations in all Council contracts (Procurement).
- We will increase our White Ribbon Ambassadors and Champions to improve awareness of domestic abuse across the partnership (VAWG Unit).

### **Prioritising prevention**

- We will develop a media and communication campaign to involve the community /role in preventing harm (Corporate Communications)
- We will work with partners to ensure there is a shared understanding of risk in relation to VAWG and particularly DA (VAWG Unit/Workforce development).
- We will strengthen VAWG prevention work in educational settings to educate young people about VAWG. This will not be limited to schools but will include the community settings that young people attend including faith groups, youth drama and theatre providers, sport and wellbeing provision (Education)
- We will create opportunities for disclosure and support through co-locating specialist VAWG workers in mainstream services (Commissioning).
- We will continue to work with Health to increase identification of VAWG at an earlier stage in Health settings (ICB).
- We will improve our approach to digitally enabled abuse and the coordinate campaigns to promote Safety Apps (Community Safety Partnership)

### **Supporting Survivors**

- We will continue to commission a range of trauma informed services for those affected by VAWG ensuring support for all survivors across all risk levels and all genders including those with protected characteristics (VAWG Commissioning)
- We will commit to continue to provide support in safe accommodation for survivors in line with the Domestic Abuse Act 2021 (VAWG Commissioning).
- We will explore opportunities to explore how to improve support for children and young people affected by VAWG (Children's Service/VAWG Unit).
- We will develop a "men in sheds" approach to tackling male victimisation through developing groups where men can safely disclose (VAWG Unit/ICB)
- Where appropriate we will continue to collaborate and joint commission with the ICB and OPCC in line with the forthcoming Victims and Witnesses Act (VAWG Commissioning/Community Safety)
- We will continue to quality assure the Brighton and Hove MARAC via the MARAC Steering Group to ensure the MARAC continues to operate to national standards (Community Safety).
- We will work with Commissioners at the ICB to improve the response to survivors with particular reference to the identification of those who are disabled. MARAC data consistently shows that over 30% of high-risk victims have additional needs linked to disability (VAWG Unit and ICB Commissioners).
- We will review how we support survivors who have no recourse to public funds/refugee status (VAWG Unit/Equalities Team)
- Partners across the criminal justice system and offender support services will work in partnership to raise awareness and respond to the links between a survivor's unique experiences of domestic abuse, sexual violence and offending linked to multiple disadvantage and removal of children (Community Safety Partnership).
- We will continue to work with the Integrated Care Board to ensure that Health providers are at the forefront to identify victims at an early stage and ensure Health staff have the relevant skills and information to signpost survivors to safety (Health and Wellbeing Board).

- During the life of this strategy, we will work with the Business sector to develop opportunities to ensure local business are part of the response.
- We will incorporate the work of Surviving Economic Abuse in our CCR to ensure survivors are aware of which banks have signed up to supporting those affected by economic abuse (Community Safety Partnership).

**Building an accountable community and changing perpetrator behaviour.**

Improve how perpetrator behaviour is addressed both by strengthening the criminal justice response and supporting behavior change programmes

**Improve data monitoring and collection (including lived experience of diverse survivors) and continuously develop a nuanced understanding of VAWG and impacts for different vulnerable and disproportionately impacted groups based on this EIA (covered in the VAWG Strategy and implementation action plan)**

1. Implement a robust, consistent data collection system across all services
2. Create standardised, trauma-informed assessment tools
3. Regularly review and update data collection methods
4. Ensure anonymity and confidentiality in data gathering, encouraging understanding around data provision and use to enable more people to volunteer sharing of sensitive data around their identities with services

**Which action plans will the identified actions be transferred to?**

- For example: Team or Service Plan, Local Implementation Plan, a project plan related to this EIA, FIAP (Fair and Inclusive Action Plan) – mandatory noting of the EIA on the Directorate EIA Tracker to enable monitoring of all equalities related actions identified in this EIA. This is done as part of FIAP performance reporting and auditing. Speak to your Directorate’s Business Improvement Manager (if one exists for your Directorate) or to the Head of Service/ lead who enters actions and performance updates on FIAP and seek support from your Directorate’s EDI Business Partner.

This strategy will contribute to working with communities to prevent and tackle abuse. The VAWG Unit will be responsible for implementation of the strategy and action plan which will be part of the service plan.

**8. Outcome of your assessment**

What decision have you reached upon completing this Equality Impact Assessment? (Mark ‘X’ for any ONE option below)

<b>Stop or pause</b> the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
<b>Adapt or change</b> the activity to eliminate or mitigate disproportionate impacts and/or bias.	
<b>Proceed</b> with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	<b>x</b>
<b>Proceed with caution</b> – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	

If your decision is to “Proceed with caution”, please provide a reasoning for this:

**Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:**

The Cabinet Report January 2025 report highlights considerations informed by this EIA. These are summarised below:

Public consultations revealed significant safety concerns, due to sexual harassment, particularly at night, and the need for improved support and respect for dignity for those with lived experiences of VAWG, alongside a balanced provision of services to meet the needs of a diverse city like Brighton. The EIA highlights the need for a co-ordinated community response to VAWG, DA, and SV, with the support of key statutory partners with a focus on prevention, support for survivors, and accountability for perpetrators.

It is important to address funding reduction implications for those impacted, particularly for joint commissioning, and recognise the disproportionate impact on women and girls, alongside gender normativity, inequality and intersectional impacts. Intersectional considerations and an inclusive approach are important so that we do not minimise how VAWG, DV ad SV have an additional impact on top of age and gender when there are additional layers of impact being disabled, from a migrant or socio-economically vulnerable, Black and non-White-presenting Minoritised Ethnic background, and LGBTQIA+, especially Trans, Non-Binary, and Intersex people. The strategy and EIA outline several recommendations and mitigating actions, including various statistics and layers of impacts for the cabinet to consider in provision of services.

## 9. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

## 10. Directorate and Service Approval

Signatory:	Name and Job Title:	Date: DD-MMM-YY
<b>Responsible Lead Officer:</b>	Anne Clark, Strategic Lead Commissioner Domestic Abuse and VAWG	17-Dec-24
<b>Accountable Manager:</b>	Jim Whitelegg, Interim Head of Safer Communities	17-Dec-24

**Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:**

## EDI Review, Actions, and Approval:



## Equality Impact Assessment sign-off

EDI Business Partner to cross-check against aims of the equality duty, public sector duty and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Business Partner has considered the equalities impact to provide first level approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, [Equalities inbox](#), any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing.

<b>Signatory:</b>	<b>Name:</b>	<b>Date: DD-MMM-YY</b>
<b>EDI Business Partner:</b>	Chris Brown	18-Dec-2024
<b>EDI Manager:</b>	Sabah Holmes	18-Dec-2024, reviewed further 23- Dec-24
<b>Head of Communities, Equality, and Third Sector (CETS) Service:</b> <i>(For Budget EIAs/ in absence of EDI Manager/ as final approver)</i>		

**Notes and recommendations from EDI Business Partner reviewing this assessment:**

**Notes and recommendations (if any) from EDI Manager reviewing this assessment:**

**Notes and recommendations (if any) from Head of CETS Service reviewing this assessment:**

