

WELCOME



Welcome to the Spring edition of the Domestic & Sexual Violence Partnership's regional newsletter. In this edition we will look at the issues of sexual violence within intimate partner relationships, sexual consent and stalking. We will also look at the role GPs can play on their local domestic & sexual violence Partnership.

Sexual Violence within Intimate Partner Relationships

Kerry Malone, Independent Social Worker discusses the impact and risks associated with sexual violence within intimate partner relationships.



How prevalent is sexual violence within an intimate partner relationship?

Domestic Violence has been described as a hidden crime however this is particularly relevant when considering sexual abuse within intimate relationships. So much so that it has proven extremely difficult to gain an accurate recording of the number of victims impacted. In Northern Ireland this appears to be as a result of two main factors: there is no specific method for gathering data in relation sexual offences as part of a current or past intimate relationship and victims feeling unable to disclose this form of abuse.

In considering victims who attended the sexual assault referral centre from March 2016 to March 2017 it is recorded that 11 % of victims were assaulted by previous or current intimate partners. However, given the number of presenting victims this is considered to be under reported as a result of section 5 and victims not wishing to have partner prosecuted.

Global estimates published by WHO indicate that about 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

What are the specific issues and risks related to sexual violence within an intimate partner relationship?

In considering sexual and domestic violence literature intimate partner sexual violence and the range of issues it carries as distinct from sexual assault or domestic violence, has not been well defined. However, over the past 20 year researchers were drawing attention to IPSV pointing out the need to be aware of the specific dynamics.

Finkelhor & Yilo (1985) discuss the problems with equating IPSV and general sexual assault issues. They propose that what we know about stranger sexual assault are often ill suited to IPSV victims and as such they discuss "special traumas".

Research reveals that the lack of recognition, victim's difficulty in disclosing sexual assaults and continued fear of violence can impact significantly of the long- term nature of the trauma.

There are reported higher levels of physical injury due to incidents of multiply sexual assault, the frequency of the abuse, the repeated nature of injuries and the specific risk relating to victim access. This includes reported higher levels of anal and oral rape which victims indicate they view as a means to humiliate, punish and control them as opposed to sexual satisfaction being the primary motivator.

The factors that can prevent victims for accessing support include messages victims hear in relation to consent within an intimate relationship which can impact on the ability of the victim to define

sexually abusive behaviours. This can be compounded by the victim's feelings towards their partner and not wanting to label them as, particularly when there are child dependants.

In terms of risk related factors research would indicate that victims being physically abused as well as sexually abused and in particular being raped are at an increased risk of homicide. Research found victims to be at increased risk of partners forcing them to engage in unprotected sex as a means of exposing them to a sexually transmitted disease. A number of victims reported to having an unplanned pregnancies which they viewed as abusive partners attempting to force them to return or remain in the relationship or to ensure future contact.

What do practitioners need to be aware of when responding to sexual violence within an intimate partner relationship?

Challenges for practitioners working with IPSV can be the risk of viewing the sexual element of offending as another form of abuse. Yet studies by Bergan highlighted that the sexual element of the domestic violence are often deemed the most significant by victims. It is sometimes assumed that sexual assault is part of a violent relationship however many victims have disclosed no physical assaults out with the sexual assaults. There is also a danger that IPSV is addressed with similar strategies as either domestic or sexual violence and as a result can go undetected and unaddressed.

In order to increase support for victims and families it is vital to increase practitioner's awareness of the context of IPSV. That practitioners are permitted the appropriate time to develop a report with the victim and to ensure the questions asked of victims are supportive of them being able to disclose the sexual element of the abuse.

With IPSV it is vital to support victim with practical issues such as housing, immigration status, childcare and financial support and specialist interventions such as counselling whilst permitting victims to make their own choices about the relationship with their partner.

It is also important that any assessment processes are sensitive to the victim's trauma and the impact this has on any decision making. It is also crucial that practitioners are aware of the specific implications for LGBT victims of IPSV. Society oppression of same sex relationships can increase victim's isolation and many victims lack a strong support system due to views re sexual orientation or that victims have not shared their sexuality with friends and family. Sexual orientation and "outing" may be also used as a form of control against victims and transgender victims may lack opportunities to gain gender specific services such as shelters and safe homes.



The Western Domestic & Sexual Violence Partnership has been identified as the action lead for domestic violence and abuse. The first event took place on 18th June in Fermanagh on the context of domestic abuse in rural settings.



The event was funded by the Fermanagh and Omagh PCSP. Speakers included representatives from Fermanagh and Omagh Woman's Aid : Nexus : PSNI :Mens Action Network and the Western Health and Social Care Trust.



Sexual Violence and Consent

The Western Domestic Violence Partnership worked with Nexus NI to look at the issue of sexual consent. Here Fiona McCormack from Nexus discusses what consent means.

Consent is the agreement of participants to engage in sexual activity. Whether it's holding hands, kissing, touching, intercourse, or anything else, it's really important for everyone in a relationship to feel comfortable with what's happening and for consent to be provided. Consent means that both people in a sexual encounter must agree to it, and either person may decide at any time they no longer consent and want to stop the activity.

In Northern Ireland the age of consent for any form of sexual activity is 16 for both men and women. The age of consent is the same regardless of gender or sexual orientation. The Sexual Offences (Northern Ireland) Order 2008 introduced a series of laws to protect children under 16 from abuse. However, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation. Specific laws protect children under 13, who cannot legally give their consent to any form of sexual activity. There is no defence for mistaken belief about the age of the child, as there is in cases involving 13–15 year olds.

Legislation in Northern Ireland Section 74 states *"A person consents if she/he agrees by choice and has the freedom and capacity to make that choice."* (The Sexual Offences (Northern Ireland) Order 2008 Article 3.) Prosecutors will consider this in two stages including:

- Whether a complainant had the capacity (i.e. the age and understanding) to make a choice about whether or not to take part in the sexual activity at the time in question and
- Whether he or she was in a position to make that choice freely, and was not constrained in any way.

Assuming that the complainant had both the freedom and capacity to consent, the crucial question is whether the complainant agrees to the activity by choice. The question of capacity to consent is particularly relevant when a complainant is intoxicated by alcohol or affected by drugs.

In Nexus group work, both adults and young people often talk about a lack of awareness around sexual consent. We explain that every sexual activity on every occasion requires consent. Even if you have had sexual intercourse with a partner previously, this does not provide automatic permission for any further activities. Nexus trainers use case studies based on a variety of scenarios to explore the issue of consent. This often highlights the uncertainty that many people feel around what consent should involve. It is often wrongly assumed that sexual activity can continue until a 'NO' is verbally stated. It is crucial that people know that no sexual activity should start until consent is sought and given. Some rules to follow in sexual consent are as follows:—

Rule 1 - When it comes to sex, only yes means yes;

Rule 2 -It's your responsibility to know if you have received consent;

Rule 3 - Never assume that just because you have had sex once with someone once that they will automatically consent again.

Rule 4 - If you're incapable of making an informed decision, consent doesn't count.

Some people feel that discussing consent can 'spoil the moment' or 'ruin the mood'. They are worried that it can lead to an awkward situation whereby sexual activity will then cease. It is important therefore for people to have discussions around these feelings and to feel comfortable before engaging in sexual activity.

The following questions can be incorporated into sexual activity to ensure that consent is given. Are you comfortable? Is this okay? Do you want to slow down? Do you want to go any further? Communication is key, nothing can be assumed and permission must be sought throughout. If consent is removed at any stage of activity all activity should cease. The absence of a 'NO' does not mean 'YES'. Consent must be clear and enthusiastically provided by both parties. If someone seems unsure, stays silent, doesn't respond, or says "Maybe..." then they aren't giving consent. Full stop.



The BDSVP works throughout the Belfast area. Through it's Strategic Advisory Group and 4 sub groups it works to tackle the issue of domestic violence and sexual violence within intimate partner relationships

Haven - Domestic Violence App Launched

The Belfast Area Domestic & Sexual Violence and Abuse Partnership have created **Haven: Belfast**, an app aimed at providing support to people affected by domestic violence & sexual violence within an intimate partner relationship and professionals working to support them.

Haven: Belfast provides information on how to recognise the warning signs of an abusive relationship and how to access support throughout Belfast. The App also provides information on how to recognise and respond to disclosures and where to refer clients for expert support.

Haven: Belfast has been made possible due to funding from the Belfast Policing and Community Safety Partnership and from the Belfast Health and Social Care Trust. The App utilises technology to offer another form of support to people experiencing domestic & sexual violence. It is free to download and can be accessed via the app store or google play.



Vital Voices - Justice Institute on Gender Based Violence

The Belfast Domestic & Sexual Violence Partnership (BDSVP) worked with the Vital Voices Global Partnership to deliver the Justice Institute on Gender-Based Violence. The Institute was the 18th Justice Institute and the first in the UK.

The BDSVP worked closely with the team from Vital Voices to bring together diverse practitioners across the criminal justice system, with the aim of strengthening their ability to investigate, prosecute and provide services for victims of gender-based violence crimes. The Institute saw over 45 multidisciplinary participant including judges, prosecutors, solicitors, police officers, government officials and service providers coming together to identify challenges and outline strategies to collaboratively tackle the issue of gender based violence in Northern Ireland.

"Once we left our 'hats' at the door there was a great deal of learning from each other. Gaps were discovered once guards were dropped"



"In 28 years as a social worker this is the best training I have done"



The SE D&SVP Steering Group and Subgroups have continued to meet on a regular basis and have played a key role in progressing the work of the Partnership. Over the past year 2 major events have taken place within the area to reflect the change in the remit of the Partnership to encompass sexual violence within intimate partner relationships.



The “Domestic & Sexual Violence – Everybody’s Business” conference, funded by Newry, Mourne & Down PCSP, South Eastern Trust and County Down Rural Community Network, marked the 16 Days of Action Against Gender Violence.

160 delegates attended to hear about initiatives happening in N.Ireland and elsewhere to support and protect individuals and families experiencing domestic and sexual violence as well as prevent it happening in the first place.

Spanner in The works Theatre Company opened proceedings with “The Darkest Hour” - a moving and powerful account of one woman’s experience of domestic violence and was followed by inputs from DOJ, PSNI, White Ribbon Ambassador, the media, Operation Encompass, PBNI, The Rowan, AAFDA, IDSVA service and Monica McWilliams.

In March Ards & North Down PCSP funded an event in the Clondeboye Hotel to raise awareness of the issue of sexual violence within intimate partner relationships and of the services that can help.

Approximately 100 people attended the event and heard John and Penny Clough tell the story of their daughter, Jane, who was murdered by her ex-partner after he had been given bail following charges of raping and sexually assaulting her.

The couple spoke of their Justice for Jane campaign to raise awareness about domestic and sexual violence and campaign for measures to better support and protect victims and their families.



The SED&SVP Website is now up and running, providing members and the public information and resources about domestic and sexual violence: <http://www.setrust.hscni.net/services/2685.htm>

Awareness raising continues to be a key action for the Partnership with sessions being delivered to Foster Carers, Radiographers, HomeStart, Resurgam, Childminders, GPs, Emergency Department staff and local businesses over the past year. The Partnership continues to undertake regular Awareness and Impact on Children and Parenting sessions throughout the South Eastern Trust area and has also held “Legal Remedies” and “Domestic Abuse In A Digital World” seminars. Feedback from these has been very positive and further sessions are in the pipeline.

For more information on the South Eastern DSVP visit www.setrust.hscni.net/services/2685.htm



Working together to end domestic violence

The Southern Area Domestic and Sexual Violence Partnership hosted The Scars Beneath the Violence Conference on the 28th February, 2018.

Around 250 professionals and community sector representatives from across the Southern area have taken part in a conference examining the impact of domestic and sexual violence on mental health with renowned author, consultant and university lecturer, Christiane Sanderson as guest speaker. Speaking at the event, David Douglas, Chair of the Domestic and Sexual Violence Partnership which organised the conference alongside the Armagh, Banbridge and Craigavon Policing and Community Safety Partnership said: "Domestic abuse can be any threatening behaviour, violence or abuse inflicted by a partner or family member regardless of gender or sexual orientation. It can be psychological, physical, verbal, sexual, financial or emotional in nature.

"Whilst it is important for those of us working with families to know how to recognise the signs of domestic and sexual violence and understand our responsibilities in protecting those at risk, we also need to be aware of the very far reaching mental and emotional consequences for everyone affected." We were delighted to welcome Christiane and our other speakers today to share their expertise and experience around the affects that such complex trauma can have. We hope that this will help us all in responding to the longer term needs of victims and empowering them through their recovery."

Detective Chief Superintendent Paula Hilman said: "Domestic abuse is a frightening crime which can affect anyone regardless of age, race, gender or sexuality. Very often victims are isolated. No one should have to endure abuse. The Police Service is here to help. We have dedicated Domestic Abuse Officers right across the PSNI to ensure that all domestic abuse crimes are investigated, as well as providing support and information to victims and/or making referrals to support agencies about police procedures and legal proceedings. We are victim-centred in our approach to dealing with domestic abuse.

Unfortunately, there are still incidents of domestic abuse in Northern Ireland that go unreported and it is important that we encourage people to come forward and report it. I want to encourage anyone - male or female - who has experienced, or has knowledge of, such incidents to contact us. Domestic abuse is a crime and must not be tolerated. We need everyone - victims of abuse, perpetrators of abuse, their loved ones and the general public - to understand that domestic abuse is wrong and, by speaking out, you can help stop it happening."

Other speakers at the event included representatives from the Department of Justice, the Department of Health and the Public Protection Branch of the PSNI. A Survivor of Domestic Abuse also shared her story along with NEXUS NI who gave a service users perspective.

Chair of the Armagh Banbridge and Craigavon Policing and Community Safety Partnership Councillor Maire Cairns added: "The Armagh, Banbridge and Craigavon Policing and Community Safety Partnership is committed to working in collaboration with key stakeholders to drive forward change and develop a cohesive response to addressing the complex issues relating to domestic and sexual violence and the trauma that can result. This has been a welcome opportunity to share learning and best practice which will assist in how we as organisations respond to victims and seek to create meaningful change."



The Northern DSVP covers the Northern Trust area including the council areas of Newtownabbey and Antrim, Mid & East Antrim and Causeway Coast and Glens.



NORTHERN

Domestic & Sexual Violence and Abuse Partnership

New Website Launched

The Northern Domestic & Sexual Violence and Abuse Partnership have recently launched their brand new website, which can be accessed at www.northerndsvp.com

We are also on Twitter and can be followed @NorthernDSVP.

By following these links you will be able to access further information about the work we carry out as well as additional resources to help support people experiencing domestic violence and abuse.

One of our resources is the 'The Bigger Picture' (an online resource detailing the full range of services available to support people affected by domestic and sexual violence and/or abuse).



NDSVP have also developed an Awareness Raising clip, funded by Mid and East Antrim PCSP. This was launched alongside our website at four localised events across the Northern Trust area and can be viewed at www.northerndsvp.com. Pictured on the left is one of our local events held in the Cookstown area on 30th January 2018, this was well attended and received positive feedback from all involved.

Other Events of Note

Other areas of focus in the Northern Trust area have been the introduction of Violent Offences Prevention Orders (VOPO's) and Sexual Offences Prevention Orders (SOPO's). A successful conference was held at All Saints Parish prior to Christmas to provide information to statutory and voluntary agencies on the guidelines surrounding both these orders and the role we all have to play as professionals within the field of domestic and sexual violence.

Our MARAC sub-group held a successful information event at the Tullyglass hotel in Ballymena on the 23rd March 2018 with support from Mid and East Antrim PCSP. The event showcased the excellent partnership working and value of MARAC and also provided information on the Domestic Violence and Abuse Disclosure Scheme which was launched in Northern Ireland in March 2018.



- Freephone 24 Hour Domestic & Sexual Violence Helpline** 0808 802 1414
Open to all women and men affected by domestic & sexual violence
- PSNI** (In an emergency ring 999) 101
- The Rowan** 0800 389 4424
- Childline** 0800 11 11



Through Mid and East Antrim PCSP funding we have also been able to produce and provide a Safe Place card to relevant areas, communities and businesses. The card has been utilised across the Northern Health and Social Care Trust to provide support to both employees and service users in a safe and discreet manner, as well as all our other designated Safe Places across the Northern Trust area.

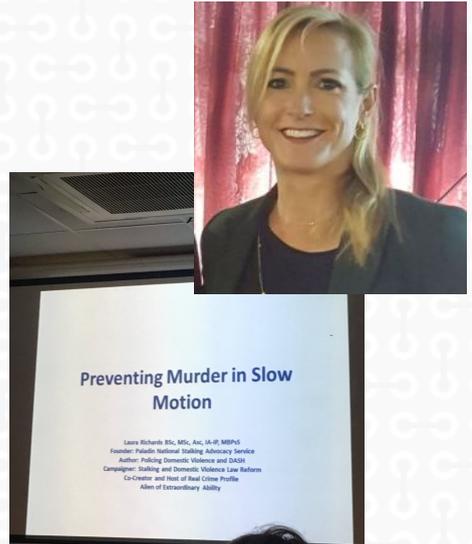
Focus on Stalking

The Belfast area and South Eastern Domestic & Sexual Violence Partnerships have been looking at the issue of stalking and raising awareness of the links between stalking and domestic violence - in domestic violence homicide reviews 71% had a high stalking element. As part of this awareness raising, the Partnerships organised a seminar on stalking facilitated by Laura Richards, international expert and founder of Paladin, National Stalking Advocacy Service. The seminar was very well attended by a range of practitioners. Participants had the opportunity to learn and understand what stalking is; how it manifests itself; explore the links with domestic violence and understand how dangerous stalking is.

Currently, unlike the rest of the UK, Northern Ireland does not have separate stalking legislation. Stalking is dealt with under the Protection from harassment laws which don't always offer the necessary protection needed. However the Department of Justice are working on this and are looking at bringing in specific stalking legislation similar to England and Wales.

For more information on stalking visit www.paladinservice.co.uk

Find out more about what the Department of Justice are doing on stalking legislation - <https://belfastdvp.co.uk/stalking-seminar/> and look out for the stalking legislation consultation.



Domestic Violence and Abuse Disclosure Scheme (DVADS)

The Domestic Violence and Abuse Disclosure Scheme was introduced in Northern Ireland on 26th March 2018. The purpose of the scheme is to keep people safe and aims to help potential victims of domestic abuse to make an informed choice about whether to remain in their relationship. There are two components to the scheme –

'Right to Ask' – this is when someone or a third party (such as a friend or family member), has concerns about their relationship and requests information on a partner's history of abusive behaviour. Requests are made directly to the PSNI.

'Power to Tell' – this is when PSNI make a decision to disclose information to a person they believe to be at risk of domestic abuse.

If a decision to disclose is made, police will tell the potential victim (or person considered best placed to protect them). This will be made in person and a support worker can attend the meeting with them, if they wish. All disclosures must be treated as confidential and must only be used for the purpose of protecting the person at risk.

The information disclosed will typically be quite general, indicating a risk to the person, rather than specifying the detail of previous offences.

Additional information on the disclosure scheme can be found at www.nidirect.gov.uk/see-the-signs



The role GPs can play on their local Domestic & Sexual Violence Partnership



by Dr Andrea Latimer



I work as a GP in Maple Healthcare, based in Lisnaskea Health Centre in County Fermanagh. We are a group practice with GPs, practice nurses, nurse practitioners and healthcare assistants, providing medical care to 14,500 people in our locality.

I became involved in the Western Domestic & Sexual Violence Partnership Prevention Sub-Group in June 2016. The purpose of the WDSVP Prevention Subgroup is to increase access to information and advice for victims, perpetrators, their families, social partner agencies and the wider community that results in:

- preventing domestic violence happening in the first place
- general public education and media campaigns
- identifying and tackling risk factors
- increased earlier intervention
- providing information to increase access to support and protection
- reducing or eliminating repeat offending.

The mission statement for the WDSVP is: "Working together to generate positive action to eliminate domestic violence and abuse from our communities". Having worked as a GP in Lisnaskea since 2006 the mission statement really struck a chord with me regarding the role of General Practitioners in tackling domestic and sexual violence. GPs are in a unique position of working with individuals and families over a long period of time. They are often at the front-line in recognising and helping those experiencing domestic and sexual abuse and are often the first formal agency to which victims present.

The difficulty for GPs in identifying patients and their children exposed to domestic violence and abuse is that they rarely present with physical signs of abuse or disclose spontaneously during the consultation.

Domestic and sexual violence and abuse is a significant public health problem. People of all ages, from all sectors of society, may experience it. The effects can last a long time after the final incident. For example, childhood exposure to domestic violence and abuse between parents, which is the most frequently reported form of trauma for children, can disrupt social, emotional and cognitive development. This may present in General Practice in many ways, for example, low mood, anxiety, self-harm, school refusal, eating disorders, conduct disorder, headaches, sleep disturbance.

It can lead to the development of risky behaviours such as alcohol misuse or illicit drug use, which in turn can cause poor health, disability or premature death. It can also lead to long-standing mental health and personality difficulties which persist into adulthood, causing a significant negative impact on quality of life and relationships. GPs need to be able to respond appropriately and safely to patients we suspect are in abusive relationships but who are worried about speaking out and seeking help. All GPs need specific training to identify and respond sensitively to a disclosure of domestic violence and abuse and there needs to be appropriate referral pathways in place. This includes being able to ensure people's safety and being able to direct people to specialist support services.

The WDSVP Prevention Subgroup is working on developing a programme of specific training for GPs and the entire general practice team including what to do when domestic or sexual violence is disclosed, as well as when to suspect it and how to ask about it.

We hope you have enjoyed the first edition of the regional newsletter for the the Domestic & Sexual Violence Partnerships. Thank you to everyone who contributed to this edition. Look out for the next edition in early 2019.



A banner for the Domestic & Sexual Violence Helpline. It features a blue background with white and yellow text. At the top, it says '24 HOUR' in white on a blue background. Below that, 'Domestic & Sexual Violence Helpline' is written in white. Underneath, 'FREEPHONE' is written in small white letters above the large yellow number '0808 802 1414'. Below the number, it says 'Open to all women and men affected by domestic & sexual violence' in white. At the bottom, it provides contact information: 'text support to 07797 805 839' and '24hrsupport@dvhelpline.org'.

