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15. Violence and abuse against women

15.1	Introduction	2
15.2	Child sexual exploitation and abuse.....	6
15.3	Domestic violence.....	7
15.4	Bullying	9
15.5	Female Genital Mutilation.....	10
15.6	Forced marriage.....	11
	References.....	12

15.1 Introduction

“Violence against women and girls is one of the most wide-spread and devastating human rights violations across the globe. It takes place every day regardless of social background, whether at home, at work, at school, in the street, playing sports or online.” P36 (European Commission 2018)

The extent of violence and abuse against women¹ requires all services in Leeds to be sensitive to the possibility that they are working with a victim. The Leeds Women’s Voices study (Thomas and Warwick-Booth 2018) that was conducted in conjunction with this report identified domestic violence as a significant factor in the lives of women in Leeds.

As is often the case, the most vulnerable experience the most risk, and those with multiple disadvantage are more likely to face more extreme domestic violence and to have experienced sexual and physical abuse (McNeish and Scott 2014; Scott and Mcmanus 2016). However, the recent #MeToo movement² has highlighted that sexual exploitation of women exists in all walks of life. That it has affected internationally recognised women through to the weakest, demonstrates the extent of the challenges still facing women in contemporary society.

The experiences some women and girls who are now living in Leeds have faced are horrifying (Whitehouse 2017). Such victims may have arrived in Leeds as a refugee from a war zone, or from a country that has failed to protect those at risk. Often these women feel powerless to seek justice, are embarrassed or fearful of reaching out to services, and need careful support and guidance.

The UN Declaration on the Elimination of Violence against Women (DEVAW) defines gender based violence as:

¹ Doing full justice to issue of violence and abuse against women is beyond the scope of this report - a separate study on the safety of women in Leeds is being conducted by Women’s Lives Leeds over 2019/2020.

² <https://metoomvmt.org>

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.” (Article 1) The declaration encompasses all forms of gender-based violence against women (physical, sexual and psychological), no matter in which context or setting they occur:

- *in the family (such as battery, marital rape; sexual abuse of female children; dowry-related violence; female genital mutilation/cutting and other traditional practices harmful to women);*
- *in the general community (such as rape, sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution), and*
- *violence perpetrated or condoned by the state, wherever it occurs (Article 2).”*

It is also important to recognise that violence against women can also be by other women, either through the intimate partner violence within same-sex couples, bullying, or the support of FGM and forced marriage.

Across Leeds in 2018, there were 2,204 serious sexual offences, and 485 other sexual offences, of which there were 954 sexual assaults and 953 rapes, with the majority having a female victim (Table 1)³. These are reported crimes, and in addition it must be noted that there are a significant number of women who do not feel able to come forward to the authorities when they have been a victim. It has been estimated that only about 15% of those who have experienced sexual violence report it to the police (MoJ 2013) and when asked why they hadn't, the Ministry of Justice review notes women's responses included: "... that it was 'embarrassing', they 'didn't think the police could do much to help', that the incident was 'too trivial or not worth reporting', or that they saw it as a 'private/family matter and not police business'" (p17). This suggests that many women do not feel they will get the appropriate support.

³ Crime data for 2018 is provisional information provided by West Yorkshire Police to Safer Leeds as statutory duty for a community safety partnership.

Table 1 Reported sexual assaults and rape, Leeds, 2018

	Female	Male
Sexual assault (aged 13 years and over)	679	117
Sexual assault (under 13 years)	120	38
Rape (aged 16 years and over)	615	53
Rape (under 16 years)	130	8
Rape (under 13 years)	113	34

There is also an issue of whether the crime will be recorded. A report by Her Majesty's Inspector of Constabulary found that under-recording rates for sexual offences nationally stood at 26%, and even when crimes are correctly recorded, too many are removed or cancelled for no good reason (HMIC 2014).

There are many victims of violence that have never personally been abused but have lived a life in fear. This can emerge as a reluctance to go out in the evening, taking a taxi, being anxious when alone with an employer or client, and unwillingness to open the door to strangers, with younger women being most affected (FRA 2014). This can have a negative effect on women's freedom of movement and can impact on their work and social life.

At the Leeds Centenary Event to celebrate the 100 years since the suffrage won the vote for women, table discussions were held to identify the key issues facing the women of Leeds. One issue that came up was the anxiety caused by the lack of female drivers for taxis and a call for all taxi drivers to be given more training on gender and disability.

Case study 9 Donna

“I thought after leaving my ex life could move on, but I was wrong! The more I tried to separate from him, the more controlling he became. After visiting my GP for anxiety, I received information about Behind Closed Doors, and everything started to change.

I found their Prevention and Recovery Service (PARS) so easy to access, which was integral in enabling me to make the first step. Any more difficult to access, I might have been too scared, talking myself out of getting support.

For years I had maintained a strong ‘I’m okay’ mask. Now it was okay to not be okay and I was able to release my emotions in a safe space. Eventually, I trusted my worker enough to open up to her about things I hadn’t told anyone, because she gave me the time and space I needed.

My worker helped me take control of my anxiety; admit and start to finally understand the abuse I had suffered for 11 years, giving me the tools to identify the cycle of abuse, so I could predict future behaviour of my ex.

My children are now happy and flourishing at school. In the last year I have finished my qualification and obtaining a promotion; more than I could have dreamt of achieving whilst in my abusive relationship. Without BCD, I think I would have given into the pressure to go back to my ex due to self-doubt, fear and confusion.

BCD have changed my life, saying thank you will never be enough”

¹ name changed

The Hazlehurst Centre Sexual Assault Referral Centre (SARC)⁴ is part of Mountain Healthcare and serves West Yorkshire to support victims of sexual assault. In 2016-2017, 1,381 clients were referred to their service from across the region with 92% female, 7% male and 1% where gender was not known or transgender (Mountain Healthcare 2018), with the majority of those referred being White British and referrals on the increase.

There are other organisations supporting victims within Leeds. Support after Rape and Sexual Violence Leeds (SARSVL)⁵, offers counselling, advocacy and a helpline

⁴ <https://www.hazlehurstcentre.org/>

⁵ <http://supportafterrapeleeds.org.uk>

for those affected. The Women's Counselling and Therapy Service⁶, (established in 1982) offers free or low-cost support for women on low income; 52% of their clients have experienced child sexual abuse (CSA), 47% have experienced sexual assault / rape as an adult, and 72% experienced CSA and/or sexual violence as an adult.

15.2 Child sexual exploitation and abuse

The level of child sexual exploitation (CSE) is not known, but it is possible that 11,777 girls may have experienced sexual abuse in the city (see Section 11.5). Sexual exploitation of children is recognised as a serious crime and one that is feared to be on the increase. Certain groups of children are seen to be at particular risk, including children with learning difficulties or disabilities, looked after children, care leavers, migrant children, unaccompanied asylum-seeking children, homeless children, and children who run away from home and care and/or are missing from education (Leeds City Council 2017).

The sexual abuse of girls and boys leaves a lifelong legacy of damage that can impact on both their mental and physical health and their ability to form relationships. Unlike sexual exploitation, this can occur in every home and for many remains hidden due to the controlling nature of many of the perpetrators.

The Leeds Safeguarding Children Partnership (Leeds Safeguarding Children Partnership 2017) is working with agencies across the city to provide a comprehensive range of statutory and third sector interventions to help protect children at risk. Nearly half the users of the Support after Rape and Sexual Violence Leeds (SARSVL)⁷ service are victims of child sexual abuse. Basis Yorkshire⁸, is a charity working with children and young people who have been sexually exploited in Leeds, it originated as Genesis Leeds, which was set up in 1989.

⁶ <https://www.womenstherapyleeds.org.uk>

⁷ <http://supportafterrapeleeds.org.uk>

⁸ <https://basisyorkshire.org.uk>

Case study 10 Sarah

Sarah¹ was referred to Basis when she was 15 years old. Sarah was going missing for periods of time and reported excess use of drugs and alcohol, had made friends with young people from a local residential care home and was becoming increasingly known to the police due to Anti-Social Behaviour reports ; she was not attending the Alternative Education Provision she was enrolled at. Initially, Sarah had sporadic engagement with Basis and was struggling to understand risk; however, the worker was persistent and support continued, including a referral for support from Forward Leeds to address drug and alcohol use. Sarah was also diagnosed with PTSD as a result from witnessing domestic abuse as a child. She had recently begun living with her mother again after over ten years being in the care of her father, which had resulted in a fragile relationship.

After the residential care home associated with Sarah's risk was shut down, she became more engaged although she was still going missing and accepting drugs and alcohol from older males and expressed that "*she wouldn't learn unless something really bad happened*". Nonetheless she did enrol in the entry level course at College with support from Basis after a few months. Basis then also facilitated a meeting with a woman who Basis had previously supported and who had been exploited for many years as a child including into adulthood, so Sarah could hear first-hand the potential outcome of long term exploitation.

This meeting gave her a very different experience of risk and since then she has made changes in her peer group, her drug and alcohol abuse has reduced and she is being supported by CAMHS. She has been spending more time at home, has an improving relationship with her mother and receives glowing reports from College. Sarah is now at low risk of sexual exploitation and has joined our Lionesses group (peer support group for young people with similar experiences).

¹Name changed

15.3 Domestic violence

The Home Office (2013) defines domestic violence and abuse as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological.
- Physical.

- Sexual.
- Financial.
- Emotional.

On International Women's Day 2018, the Prime Minister Theresa May (Prime Ministers Office 2018) outlined plans for an overhaul of the domestic abuse legislation in the UK. The new Bill will provide a new statutory definition of domestic abuse that includes economic abuse and other non-physical abuse, as well as making sentences tougher when children are involved. They are also planning to increase support for victims of abuse.

It is hard to determine the exact extent of domestic violence within society, as much remains hidden within the home, but It has been estimated that 1 in 4 women will experience domestic violence in their lifetime (ONS 2016). According to the West Yorkshire Police Performance Unit, there were 20,434 domestic incidents in Leeds during 2017/2018, of which 18,770 had a victim identified;

- 77% of incident victims were female, 21% were male.
- 32% of incident victims were aged between 20 and 29 years, 26% were aged between 30 and 39 years, 17% were aged between 40 and 49 years (these were the greatest proportion age groups).
- 37% of incident victims were defined as 'White', 3% were defined as 'Asian', 3% were defined as 'Black', 56% 'Not Stated' or 'Unknown'.

Of the 21,830 where a suspect was identified

- 26% of incident suspects were female, 74% were male.

Crime survey data (ONS 2016) tends to show that both men and women who were separated and in lone parent households were more at risk, as were those with low - educational status and those with long term illness or disability.

The term 'intimate partner violence' (IPV) is being used more widely as it reflects the view that violence does not only occur within a marital relationship where the

husband is the abuser and the wife was the victim; violence can occur in any type of personal intimate relationship (Ali et al. 2016). The effect of IPV on the victim can result in physical harm and severe psychological distress and ill-health, with long term consequences (Matheson et al. 2015; Ali et al. 2016; Hamberger et al. 2017; Pickover et al. 2017).

There is an assumption that domestic violence is mostly an issue relating to men and women within a heterosexual relationship, but studies and the available data suggest that intimate partner violence is also prevalent within homosexual couples. With similar types of abuse taking place in both heterosexual and homosexual relationships and many missing out on support due to lack of recognition of the problem (Blosnich and Bossarte 2009; Frankland and Brown 2014; Lewis et al. 2015; Reuter et al. 2016; Register 2018; Rollè et al. 2018).

Women with learning disabilities have marked difficulties in dealing with domestic violence as they may not be aware of the support that is available, and seeking refuge may be very problematic (McCarthy et al. 2017). Nevertheless, it is also important that they are recognised as being autonomous agents and should be supported to make their own decisions (Dixon and Robb 2016).

The Leeds Domestic Violence Service (LDVS 2018) comprises a consortium arrangement, bringing together all those working to help prevent domestic violence occurring and supporting those affected. The Best Council Plan 2018/19 – 2020/21 includes “*tackling and working to prevent risks, threats and harms, including domestic violence*”. Progress will be measured by the number of “*Increased self-reporting of domestic violence and abuse incidents.*”

15.4 Bullying

Bullying has always been an issue within the school years, with girls more likely to be the victims of indirect bullying (such as verbal bullying), as compared to boys who

tend to suffer more physical bullying. Most often it is girls bullying other girls, and has complex causes, both for those bullied and those doing the bullying, often tied up with gendered identities and power imbalances (Forsberg 2017). With the advent of social media, this has created another level of potential victimisation – cyberbullying. The rise in social media has enabled the bully to enter into victims' homes and can create an ongoing attack on a young girl's identity and feelings of self-worth, and in extreme cases, can lead to suicide. Girls who more intensively searched for and had contact with strangers while online, were more strongly involved in cyberbullying, both as perpetrators and as victims, with girls starting to use cyberbullying earlier as an advanced aggressive social tactic to position themselves within their peer group (Festl and Quandt 2016).

Girls are now also involved in sexting – the sending of sexually explicit photos and videos, which can lead to further risks of cyberbullying (Ybarra and Mitchell 2014; Cooper et al. 2016; Sullivan 2016; Wilkinson et al. 2016; Van Ouytsel et al. 2017).

The negative effects of social media are not always the result of bullying, with negative comparisons with the lives of others leading to potential increased body dissatisfaction and distorted body image (Fardouly et al. 2015; Fardouly and Vartanian 2016; Burnette et al. 2017). This is also being found in girls who access pornography, resulting in sexual uncertainty, sexual preoccupation, the sexual objectification of women and the likelihood of early sexual activity (Koletić 2017).

The power of social media to influence young girls is further demonstrated by the role it plays in their emotional development, with immediate positive feedback on comments or photos being seen as key indicators of worth and the formation of identity and their perceptions of self (Ging and O'Higgins Norman 2016; Jong and Drummond 2016).

15.5 Female Genital Mutilation

Female genital mutilation (FGM) is mostly carried out on girls aged from infancy to 15 years, with the majority between the ages of 5 and 8 years. Unlike male

circumcision (which can reduce HIV risk in vulnerable populations and may be necessary for other medical reasons) there are no medical reasons for FGM and is a criminal offence, identified as child abuse and a form of violence against women and girls (HM Government 2016).

Thankfully there is a global reduction in FGM (Kandala et al. 2018), nevertheless it is estimated that there are 137,000 women living in England and Wales aged 15-49 that may have been affected by female genital mutilation (FGM), with urban areas having the highest proportion of women from countries where FGM is still practiced (Macfarlane and Dorkenoo 2015).

Within Leeds it is calculated that there are 1,787 women with FGM, of which 197 are aged 0-14, 1,461 aged 15-49 years, and 130 aged over 50 years. There are more at risk, with 5,260 women born in FGM practicing countries and permanently resident in Leeds in 2011 (Macfarlane and Dorkenoo 2015). The hidden nature of this practice was seen as a concern in the Women's Voices study (Thomas and Warwick-Booth 2018).

A report by the Black Health Initiative (BHI) in Leeds North East area in 2015 recognised that Leeds, Bradford and Sheffield were major dispersal centres for asylum seekers, many of which are fleeing FGM and other forms of violence (Garrod 2015). The report identifies good practice within Leeds to support female victims of FGM, especially through Haamla (Leeds Maternity Care 2018), but warn of the complex physical and emotional health problems these women face and the need for greater cultural competence and training in FGM.

15.6 Forced marriage

Forced marriage (FM) is recognised as a form of domestic / child abuse and a serious abuse of human rights (Home Office 2013b). Although arranged marriages are a custom in some cultures, when the women or man is forced (including emotional coercion) into marriage, either in the UK or through being tricked into an overseas visit, then it has moved from being voluntary into a form of abuse. In a

study of British Asian youths it was found that women tended to be more compliant regarding their parent's wishes as compared to the men, who were motivated by a sense of pride and masculinity, but both could be the victims of emotional blackmail (Gill and Harvey 2017). Both males and females suffer as a consequence of FM, but women and girls often facing disproportionate harm, impacting on their life chances, including access to education, employment, and financial and personal autonomy.

Across the UK there were 1,196 cases (930 females [77.8%] and 256 males [21.4%]) reported to the Forced Marriage Unit (Home Office 2018), with 152 being in Yorkshire and The Humber. The victims are most often from the Pakistan community (36.7%) followed by Bangladeshi (10.8%), Somalian (7.6%) and Indian communities (6.9%). Of those reported cases, 1.8% of the victims identified themselves as lesbian, gay, bisexual or transgender and 12.1% had a learning disability (female 47.2%, male 52.8%).

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