



The Changing Landscape of Domestic and Sexual Violence Services



All-Party Parliamentary Group on
Domestic and Sexual Violence Inquiry



All-Party Parliamentary Group on
Domestic and Sexual Violence

women's aid
until women & children are safe

R **PECRISIS**
ENGLAND & WALES



Report Authors

Siân Hawkins,
Public Affairs and Policy Officer,
Women's Aid

Katy Taylor,
National Membership
Coordinator,
Rape Crisis England & Wales

With thanks to:

Aidan Mundy
Lizzie Magnusson

Production and Design:
Susannah Marwood

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The APPG on Domestic and Sexual Violence would like to thank everyone who submitted evidence to the inquiry on The Changing Landscape of Domestic and Sexual Violence Services. We would particularly like to thank those survivors who submitted evidence from their experiences and those who took time to give oral evidence.

The All Party Parliamentary Group (APPG) on Domestic and Sexual Violence is a cross-party group of MPs and Peers working towards the elimination of domestic and sexual violence through the development of public policy and cross party collaboration. Women's Aid Federation of England provides the secretariat to the APPG on Domestic and Sexual Violence.

Women's Aid is the national charity for women and children working to end domestic abuse. We empower survivors by keeping their voices at the heart of our work, listening and responding to their needs. We are a federation of 250 organisations who provide lifesaving services to women and children across the country, and award a National Quality Mark for services which meet our quality standards. The 24 Hour National Domestic Violence Helpline on 0808 2000 247 (run in partnership with Refuge) and our range of online services, which include the Survivors' Forum, help hundreds of thousands of women and children every year.

Rape Crisis England & Wales is the national sexual violence and sexual abuse charity and umbrella body for the network of independent Rape Crisis organisations. Members have been providing frontline specialist, independent and confidential support services for women and girls of all ages who have experienced any form of sexual violence at any time in their lives since 1973. As a condition of membership is that organisation must meet the Rape Crisis National Service Standards, a robust quality assessment of service provision.

Both RCEW and Women's Aid campaign to raise awareness and promote understanding of violence against women and girls in the wider community and with local, regional and national government. They provide expert and accredited training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning specialist VAWG services.



Foreword



Rt Hon Baroness Scotland QC
Chair
APPG Domestic & Sexual Violence



Bridget Phillipson MP
Secretary
APPG Domestic & Sexual Violence

This second report by the All Party Parliamentary Group for Domestic and Sexual Violence focuses on the status of domestic and sexual violence services in the UK. The provision of these services has changed significantly over the last five years and, with a General Election imminent, it is important that all political parties and the general public understand the considerable challenges facing the violence against women and girls (VAWG) sector.

The first priority for all domestic and sexual violence services is to meet the needs of the survivor. With that in mind, the All Party Group, supported by Women's Aid and Rape Crisis England & Wales, set up an inquiry to ascertain whether these needs are currently being met. Drawing upon the testimony of both survivors and professionals who work with domestic and sexual violence organisations, the inquiry found a number of key areas of concern that this report will explain in detail.

It is clear that we still face a huge task in ensuring that survivors of domestic and sexual violence in every part of the UK have access to the care and support they need whenever they need it. The sector has been forced to simultaneously adapt to the imposition of disproportionate funding cuts, the introduction of new commissioning processes for specialist services and the devolution of service commissioning responsibilities.

There is no doubt that parliamentarians across the political spectrum are committed to taking a firm stand against domestic and sexual violence. But there is still much work to do. We have set out below five key findings that we hope the government will act upon and that we believe will change the landscape of domestic and sexual violence services in the UK for the better.

The five key findings of this inquiry are:

I. Data collection: There has been no clear improvement on this issue since the publication of our last report on women's access to justice. It remains the case that data collection is poor, while that which is collected is often unreliable and frequently inaccurate. We continue to recommend that the government reviews data collection procedures and liaises with members of the All Party Group to help establish a more effective means to collect and categorise data.

2. Sustainable funding: The current model for funding specialist domestic and sexual violence services is not fit for purpose. Many services are under huge financial pressure and are drawing upon reserve funding just to survive, whilst some have already been forced to close. More will be lost over the coming years if they continue to be funded on a hand to mouth basis. We recommend that the government introduces a sustainable and secure funding model that will ring-fence funds for specialist services. This will ideally require cross-party support to ensure consistency and continuity of service provision.

3. Ministerial leadership: Our inquiry has shown that the current ministerial structure of the UK Government could be improved in order to better coordinate the provision of domestic and sexual violence services. We therefore recommend the creation of a new Minister of State within the Cabinet Office whose portfolio would be specifically dedicated to the prevention of violence against women and girls. The Minister's primary responsibilities would be the coordination of service provision on a needs-led basis and the introduction of a sustainable funding model to support and maintain services across the entire country.

4. Needs-led approach: Evidence provided by stakeholders and survivors at the inquiry demonstrated the need to fundamentally reform the way in which specialist domestic, sexual and Black and Minority Ethnic (BME) services are commissioned. Many organisations raised concerns that services are allocated using a one size fits all approach that is based purely on financial criteria. The current system therefore does not take into account the specific needs of individual survivors. We need to introduce an equitable needs-led approach that will guarantee survivors are given access to the service best suited to them.

5. Joint Guidance: The All Party Group believes that joint guidance on the co-commissioning of domestic and sexual violence services should be issued by a coalition of government bodies consisting of the Department of Communities and Local Government, the Ministry of Justice, the Department of Health and local government authorities. Coordinated departmental guidance will ensure local authorities and health commissioners are better informed about the UK's international and legal obligations to provide domestic and sexual violence services in every part of the country.

We wish to thank our Secretariat (Women's Aid and Rape Crisis England & Wales) for their help and support in compiling this report. We also want to thank the hundreds of survivors, professionals, specialist domestic violence organisations and specialist rape and sexual violence support services who took the time to submit written evidence and give oral testimony to the inquiry. Without it we could not have compiled this report.

If you are a survivor, a police officer or if you work in the domestic or sexual violence sector the All Party Group would like to hear your views on the issues raised in this report. Please get in touch via email at: APPG@womensaid.org.uk or post an inquiry to Women's Aid, PO BOX 3245, BS2 2EH.



Contents

Executive summary and recommendations	6
Introduction to the inquiry	7
Methodology of the inquiry	8
 Chapter 1 - The current landscape of sexual violence and domestic violence services	 9
Domestic violence: background and context	11
Sexual violence: background and context	13
 Chapter 2 – Legal obligations and national leadership	 16
 Chapter 3 - Commissioning	 18
The changing landscape of commissioning	18
Concerns with commissioning: domestic violence	21
Concerns with commissioning: sexual violence	25
What does good commissioning for sexual violence and domestic violence services look like?	30
 Chapter 4 - Funding	 32
Impact of funding changes on domestic violence services	33
Impact of funding changes on sexual violence services	35
 Chapter 5 – Summary and conclusion	 43
 Appendix	 47
Oral evidence witnesses	47
Written evidence questions	47



• • • • • • Executive summary • and recommendations

The landscape of sexual violence and domestic violence services has changed drastically over the last five years. The violence against women and girls (VAWG) sector has faced disproportionate cuts in funding compared to other parts of the voluntary and community sector. This has coincided with the devolution of commissioning responsibilities and the introduction of new commissioning processes.

This inquiry has highlighted key areas of concern regarding the ability of services to meet women's needs:

- The current emphasis on services that are oriented towards achieving criminal justice outcomes instead of meeting needs is distorting service delivery and damaging long term outcomes for women and children;
- A move away from accessible and inclusive women-led services with no understanding or analysis of what the impact of this will be;
- A lack of engagement from the health sector;
- The impact of localism and absence of commissioner accountability; and
- The loss of knowledge and expertise built up over the past forty years or more.

The funding and commissioning of sexual violence and domestic violence services have been the leading cause of uncertainty and instability. Funding issues include:

- Short term contracts and funding for services;
- Poor or inappropriate commissioning practices;
- A lack of accurate information about the prevalence of particular types of violence against women and girls and their impact on particular groups;
- Misunderstanding of the Public Sector Equality Duty and a neglect of the UK's international duties and responsibilities on equality;
- Lack of effort on the part of commissioners to understand the specific impacts achieved by specialist, independent services;
- Lack of engagement with local VAWG specialists in order to inform the assessment of local need, or the development of service specification to meet that need;
- Impact of the "localism" approach adopted by central government on overall accountability for the impact of local commissioning on women and girls fleeing and recovering from violence and abuse;
- Historical lack of funding and engagement from the health sector for sexual violence and domestic violence services.

This report explores the above themes and puts forward some recommendations to ensure the needs of women and girls are met in the way most likely to promote their empowerment, recovery and independence in the long term.

There is no doubt that the government is committed to taking a firm stand against sexual violence and domestic violence. However, there needs to be clear accountability, leadership and guidance for local commissioners to ensure the current commissioning and funding trajectory is reversed and that vital specialist support for victims and survivors remains available in the future.

Recommendations

- 1) This APPG recommends that the government adopts a needs led approach to tackling sexual and domestic violence and bolsters services that address women's needs.
- 2) This APPG recommends the development of a cross cutting ministerial position based in the Cabinet Office. The Minister's function will be tackling violence against women and girls and ensuring a cross-departmental approach to regulating the commissioning of services.
- 3) This APPG recommends that all national and local VAWG strategy, priority setting and commissioning is based on an equitable needs analysis of all forms of violence against women and girls.
- 4) This APPG recommends the Department of Communities and Local Government, the Ministry of Justice, local government and the Department for Health provide joint guidance on co-commissioning, with clear guidelines for local authority and health commissioners about their obligations to provide sexual violence and domestic violence services under the Equality Duty and the UK's international obligations.
- 5) This APPG recommends the development of sustainable and secure funding models for specialist sexual violence, domestic violence and BME-led services ideally agreed on a cross party basis to ensure consistency and continuity of service provision.
- 6) This APPG recommends that statutory data relating to all forms of violence against women must be sex disaggregated, include protected characteristics and work to consistent definitions.

Introduction to the inquiry

This APPG has noted the growing concerns from survivors of sexual violence and domestic violence and among professionals within the sexual violence and domestic violence sectors about the funding and commissioning of specialist services. In light of these concerns the All-Party Parliamentary Group (APPG) on Domestic and Sexual Violence, supported by Women's Aid and Rape Crisis England & Wales, has conducted an inquiry in order to identify key issues and make recommendations for change.

Methodology of the inquiry

The APPG launched a call for written evidence in September 2014. This was circulated through the APPG networks, via Women's Aid and Rape Crisis England & Wales (RCEW). Survivors were also asked to participate in the inquiry through the Women's Aid Survivors Forum and via RCEW member organisations, e-bulletin and social media feeds.

In order to collect written evidence, respondents were asked to complete an online questionnaire for either survivors or professionals regarding their experiences of services or observations around current issues and challenges. Both surveys were split into two sections, one relating to sexual violence and one relating to domestic violence. Respondents were invited to complete the part of the survey that reflected their experience or knowledge base, or both where appropriate.

The APPG received 66 responses from professionals within the domestic violence sector, including 30 responses from a cross section of specialist domestic violence organisations and 36 responses from a cross section of specialist rape and sexual violence support services. The APPG is delighted that over 100 survivors of sexual violence and domestic violence took part in this inquiry and were able to share their experiences.

An oral evidence session was held in Parliament in November 2014. During this session the APPG heard from various witnesses, including Rape Crisis England & Wales, Women's Aid, Rape and Sexual Abuse Centre Merseyside, Imkaan, Coventry Haven and Women in Special Hospitals (WISH) (please see Appendix I for a full list of witnesses).

The APPG would like to thank all those who took the time to submit written evidence and give oral evidence to the inquiry. We would particularly like to acknowledge and thank all the survivors of violence who submitted evidence to the inquiry. Without their input this inquiry would not have been possible.

This report was written by Women's Aid and Rape Crisis England & Wales under the direction of the APPG Executive with support from the Office of Bridget Phillipson MP. It highlights the key findings from the oral and written evidence in relation to the changing landscape of sexual violence and domestic violence services and key recommendations as to how local and national government can better meet women's needs.



The current landscape of sexual violence and domestic violence services: changes and challenges

Background to the sexual violence and domestic violence sectors – the value of specialist services

We are privileged to have a world leading network of specialist sexual violence and domestic violence services throughout England and Wales. These services have developed because women and children need them and want them. They provide vital, life-saving support for hundreds of thousands of women and children every year.

The inquiry examined how recent changes to the commissioning and funding of sexual violence and domestic violence services has impacted on specialist organisations and the survivors who need to access them.

It is important to define what is meant by specialist organisation at the outset of this inquiry because:

“Arguing about the benefits of ... specialist women-led services with commissioners is increasingly made more difficult by the number of other organisations claiming to be specialists. Although we [specialist providers] know the difference, it can be difficult to articulate to those outside the sector and to less informed commissioners.”

(Specialist sexual violence provider, written evidence)



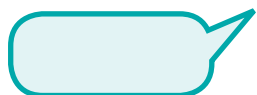
What is meant by ‘specialist sexual violence’ and ‘specialist domestic violence’ organisations? Independent, dedicated, specialist sexual violence or domestic violence providers are organisations whose purpose is to address, prevent and tackle sexual violence or domestic violence and to support survivors.

Specialist services are a critical part of any local or national strategy to reduce violence against women and girls in their area. Specialist sexual violence and domestic violence organisations play an important role in addressing the root causes of VAWG and work to raise awareness in their communities. The impact of campaigning by the VAWG sector is clear in the government’s policy development across Departments. The specialist VAWG sector provides key expertise, knowledge and innovative solutions to addressing violence, which is valuable for decision-makers within government. 95%¹ of respondents to the sexual violence survivor survey and 96%² of respondents to the domestic violence survivor survey

¹ There were 48 respondents to the question: *Do you think it is important to have staff working in these services [sexual violence services] that are specially trained and qualified to work with victims of domestic violence?* 46 of 48 said it was important.

² There were 69 respondents to the question: *Do you think it is important to have staff working in these services [domestic violence] that are specially trained and qualified to work with victims of domestic violence?* 66 of 69 said it was important.

stated they felt it was important for the staff to have received specialist domestic violence training:



“Specialist services really ‘get it’ that they are dealing with life and death situation.”

(Survivor of domestic violence, written evidence)

Specialist sexual violence and domestic violence organisations provide a huge amount of added value through the expertise and commitment they bring to support women and girls recovering from violence and abuse. They create vital social capital for the community in various ways; for example, advising the development of local VAWG strategies, providing training to local professionals and carrying out prevention workshops in schools.

A local connection and specific, dedicated focus of specialist services provides value for money for the funder and high social return on investment³. A study commissioned by Refuge in 2013⁴ found:

“A conservative estimate of the value generated by one year of Refuge’s work across the three services is £33,080,483. With an annual investment of £9,346,223, the overall social return on investment ratio is 3.54 to 1, or £3.54 for every £1 spent.”

Hidden Value, a similar study of women’s organisations carried out by the Women’s Resource Centre (2011)⁵ found that:

“The total value created by Women and Girls Network [West London Rape Crisis] has been calculated as £3,773,917. The total investment into these services has been calculated as £749,844. Therefore the final SROI ratio shows that for every £1 invested into WGN, £5 of social value is generated to service users, their families, wider society and the State over five years.”

In addition, specialist services nearly always source additional funding over and above funding from local commissioners and employ volunteers in order to provide extra support.

Specialist sexual violence and domestic violence services also support women who for many reasons feel unable to, or choose not to, report the abuse they have experienced to the police. These organisations support them to “cope and recover” from the trauma they have experienced and importantly also support them to pursue criminal justice outcomes if they chose to do so. 85%⁶ of survivors of sexual violence (and Rape Crisis service users) never

3 WRC (2012) *Hidden Value: Demonstrating the extraordinary impact of women’s voluntary and community organisations* London: Women’s Resource Centre; Nicholles & Whitehead (2012) *Women’s Community Services: A Wise Commission* London: New Economics Foundation

4 Nef consulting (2013) *Social valuation of Refuge services for survivors of domestic violence* <http://www.refuge.org.uk/files/Refuge-SROI-report-25-09-13-NCV2.pdf>

5 Women’s Resource Centre (2011) *Hidden Value: Demonstrating the extraordinary impact of women’s voluntary and community organisations* London: WRC

6 Office for National Statistics, Home Office and the Ministry of Justice (2013) *An Overview of Sexual Offending in England and Wales* Ministry of Justice, Home Office & the Office for National Statistics: Statistics bulletin



report to the police. Approximately one-third of victims supported by specialist domestic violence services in 2011/12 had reported the abuse to the police within the first two years of experiencing domestic violence, 13% waited more than five years and nearly one in three cases were never reported to the police⁷.

Domestic violence: background and context

"Knowing that I was not alone and that my behaviour was not to blame for what happened added to the strength that I needed to help rebuild our lives."

(Survivor of domestic violence, written evidence)



Specialist domestic violence organisations and services in England have developed over the last 40 years in response to the needs of women fleeing domestic violence. They are typically run by women, for women. Independent specialist domestic violence services have evolved into a fluid network to enable women to move between services within this safety net and so best practice and learning can be shared and collaborative working facilitated.

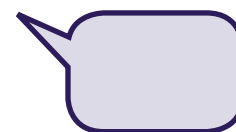
Domestic violence organisations often provide a wide range of services to survivors, including:

- Refuge accommodation;
- Children's support workers and play therapy;
- Youth workers;
- Outreach and floating support;
- Education and training in the local community;
- Counselling;
- Independent Domestic Violence Advocates (IDVAs); and
- Practical help and information regarding child contact, legal issues, immigration issues and welfare benefits etc.

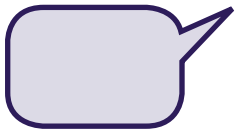
Specialist domestic violence organisations will usually provide a range of, or all, of the services listed above. Women can access the range of specialist services throughout in England and Wales when and where they need to.

"The specialist service I used meant the difference between life and death... facilitating choice and change and my journey back to self-respect. The knock-on positive effect on the children continues to shape their views."

(Survivor of domestic violence, written evidence)



Survivors responding to this inquiry reported that their experiences of using services delivered by domestic violence organisations were overwhelmingly positive:



"I found that these services helped me to accept that the violence I suffered at the hands of my ex-fiancé was not my fault. It also allowed my relationship with my son to improve and helped him to regain his confidence."

(Survivor of domestic violence, written evidence)

Outreach services such as counselling and group sessions are an example of the vital services domestic violence organisations deliver. Many respondents to the inquiry felt that the organisation that supported them had a positive impact on their children and their relationships with them:



"Having the domestic violence organisation involved was hugely reassuring for my oldest daughter who had witnessed a lot of the violence. It reassured her that we were out of the situation and it helped her to feel better protected. Through the domestic violence organisation we were able to get counselling via the school for her."

(Survivor of domestic violence, written evidence)

Refuge services are vital services provided by domestic violence organisations, specifically for women and children who are unable to stay in their homes. Traditionally many refuges have imposed a minimum distance from which a woman must have travelled, in order to protect her safety and that of other residents. This is why refuges have developed into a national network, enabling women to move from one area of the country to another:



"Organisations providing safe housing and services to survivors of domestic violence should completely understand the impact and nature of domestic violence, the trauma and experiences of survivors. Since 2010 Women's Aid have seen a decrease of 17% in specialist refuges – there is a clear need for these services and on one day in 2013 103 children and 155 women were turned away from refuges."

(Clare Laxton, Women's Aid, oral evidence)

One in four women will experience domestic violence⁸. As a result, tens of thousands of women and children are forced to relocate in a distinctive process of forced migration in the UK⁹. Research shows the net effect of women migrating to and from local authorities to flee domestic violence is neutral. Their journeys cancel each other out at a regional and local authority level, meaning no local authority will be 'out of pocket' by providing a refuge:

8 An analysis of ten separate domestic violence prevalence studies by the Council of Europe showed consistent findings: 1 in 4 women experience domestic violence during their lifetime and between 6 - 10% of women experience domestic violence in any given year. [Council of Europe (2002) Recommendation 2002/5 of the Committee of Ministers to Member States on the Protection of Women Against Violence adopted on 30 April 2002 (Council of Europe: Strasbourg, France)].

9 Bowstead (2013) What – if anything – is local about domestic violence?, *Safe*, p10

“Despite around 10,000 migration journeys a year to access formal services in England, there is a lack of net effect at the Local Authority level. The more rural areas have lower rates per population, more deprived areas have higher rates, and areas with more specialist services have higher rates; but these are lower or higher rates of leaving and arriving. There are no strong flows between particular Local Authorities; in fact over 80% of such journeys were only travelled by one or two women in a 12-month period.”¹⁰



Survivors responding to the inquiry reported using a whole range of other services from both charitable and statutory agencies and organisations including the following:

- Specialist refuges
- IDVAs
- The Freedom Programme
- National and local helplines
- Citizens Advice Bureau (CAB)
- Police
- Social services

Sexual violence: background and context

Rape Crisis England & Wales

The Rape Crisis network was founded as a result of the anti-rape and consciousness raising movement in the United States, when women began to speak out about and share their experiences of rape. Over 300 women took part in the first speak out session on rape in January 1971. The first Rape Crisis Centre in the UK opened in 1973.

At its peak in 1984 Rape Crisis membership included 68 organisations, falling to 38 in 2008¹¹. Today there are 47 Rape Crisis Organisations in England and one in Wales.

Rape Crisis members are all independent organisations. As such they vary in size and model of service provision. Membership of Rape Crisis England & Wales (RCEW) is conditional on organisations attaining the Rape Crisis National Service Standards within 12 months of joining. The RCNSS are a nationally recognised robust assessment of high quality service provision. They are shared with Rape Crisis Scotland.

In 2013-14, Rape Crisis Centres:

- responded to over 150,000 helpline calls, a 15% increase on the previous year;
- provided in excess of 300,000 sessions of specialist support (advocacy, emotional support, counselling), compared to 176,099 sessions in 2010/11; and

¹⁰ Ibid.

¹¹ Women's Resource Centre (2008) *The Crisis in Rape Crisis A survey of Rape Crisis (England and Wales) centres* London: WRC

- 43,000 service users received an on-going service(s), an increase of 30% from 2012-13.

Services provided by specialist sexual violence organisations include the following:

- Long-term counselling
- Emotional support
- Independent Sexual Violence Advisors (ISVAs)
- Sexual violence helpline and/or information lines
- Text and/or email support
- Therapeutic Body work
- Group work
- Children's services
- Outreach
- Specialist adult survivor of child sexual abuse counselling
- Training
- Prevention work
- Awareness raising and campaigning
- Active partnership work, both locally and nationally

As the RCEW Chairwoman Lee Eggleston OBE outlined in her oral evidence, sexual violence services have developed to meet the specific needs of sexual violence survivors. These specialisms are as follows:

- Sexual violence services predominantly centre around a therapeutic response, often through the provision of medium to long-term counselling.
- Specialist sexual violence services work with women and girls who have experienced sexual violence at any point in their lives. Approximately two thirds of Rape Crisis service users are adult survivors of childhood sexual abuse.
- Sexual violence services support survivors of rape, sexual violence and child sexual abuse perpetrated both in and outside of familial and/or marital relationships, as well as support for those abused in institutions.
- Sexual violence support services work with children who have experienced any form of sexual violence, including sexual exploitation and sexual abuse.
- Where women want to report abuse, sexual violence services deal primarily with the criminal justice service, rather than civil courts.

Lee Eggleston told the inquiry that public awareness of sexual violence is not well developed. She also raised the historical under-investment in specialist sexual violence services, the result of which has led to the threatened demise of many services. For example, the National Sexual Violence Helpline receives no government funding; there was no government

funding for sexual violence services until the introduction of the 'Special Fund' in 2008/9 and, despite rigorous lobbying and representation at the CEDAW convention, the first three year fund specifically for sexual violence only began in 2010. Prior to that, Rape Crisis organisations had been told to 'go local' for funding in all previous attempts for national recognition. This situation resulted in a decline in the number of Rape Crisis Centres before 2008.

Health and mental health costs can be reduced by providing a needs-led response to supporting survivors of sexual violence. A report commissioned by the Women's Health and Equality Consortium (WHEC)¹² (which focused on women's mental wellbeing within the context of the effects of sexual violence) clearly demonstrated the need for a consistent gender-specific approach in the commissioning and delivery of mental health services.

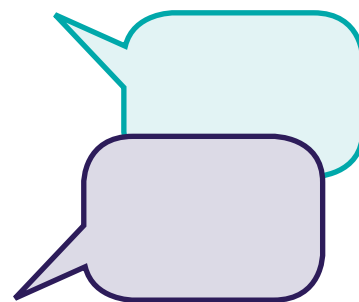
Survivors who responded to the sexual violence survey were almost unanimous (46 out of 48 respondents) on the importance of staff having distinct specialist sexual violence training. Many testified to the inadequacy of more general training or generic services when dealing with the complexities of issues arising as a result of sexual violence and sexual abuse:

"I have never met such a highly qualified, dedicated and yet marvellously caring team. My GP has also been of great help, but...he is not trained or equipped to deal with my specific problems."

(Survivor of sexual violence, written evidence)

"I suffer with dissociative identity disorder and through lack of understanding or training many services feel they are not equipped to support me."

(Survivor of sexual violence, written evidence)

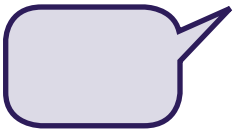


12 Imkaan, Positively UK and Rape Crisis England & Wales (2014) *I Am More Than One Thing: A guiding paper by on women and mental health* London: WHEC



• CHAPTER 2

• Legal obligations and national leadership



“Service provision for women is not a privilege, it’s a right and that comes from the fact the UK passed laws and we’ve said that we want substantive equality, we want transformative equality - it’s all there in law.”

(Professor Jackie Jones, oral evidence)

The UK has national and international obligations, duties and responsibilities that must be taken into account when deciding upon the allocation of resources to women’s services. These legal obligations include the following:

- The Human Rights Act
- The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The UK Public Sector Equality Duty

The government has signed, but not yet ratified, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) which outlines the need and requirement for women-only services.

The United Nations Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

In 1986, the UK Government ratified CEDAW, meaning that the UK Government must report to the UN CEDAW Committee every four years to demonstrate what efforts have been made to address discrimination against women in the UK. CEDAW obliges governments to introduce measures, such as women-only services, and to address discrimination. UN Conventions are binding under international law. The Council of Europe Istanbul Convention will also be a legal obligation once it is ratified by the UK Government.

CEDAW has highlighted their concerns at the UK’s provision of support for survivors of VAWG:

“The Committee notes with concern the lack of adequate support and services for victims, including shelters, which is compounded by the funding crisis facing non-governmental organisations working in the area of violence against women and the forced closures of a number of such organisations.”¹³

¹³ CEDAW Committee (2008) *Committee on the Elimination of Discrimination Against Women* United Nations: United Nations Publications

The UK Equality Duty

The Equality Act was passed in 2010 and came into force through the Public Sector Equality Duty on 5 April 2011. The Equality Act is clear that achieving equality does not mean treating all groups the same, but treating specific groups in specific ways to create equality of opportunity and outcome. The Act requires commissioners (and therefore service providers) to have due regard of the need to eliminate discrimination, advance equality of opportunity, and foster good relations in the course of delivering services. Schedule 3, Part 7 of the Act states:

“The Equality Act should not be interpreted to mean that both sexes should be treated the same. Single sex services are permitted where it can be shown to be the most effective way of providing those services or where the service is needed by one sex only.”¹⁴

Despite the Act’s clarity, many women’s organisations have reported how misunderstanding and misapplication of the Equality Duty has resulted in commissioners challenging women’s organisations (Black and Minority Ethnic (BME) women’s organisations in particular) on the provision of women-only and BME-women only spaces as they wrongly believe the Duty ensures men and women have equal access to all services. The impact of this is discussed further in Chapter 3.

Professor Jackie Jones told the inquiry that national leadership is needed to clarify how the Equality Act is interpreted so that survivors of sexual and domestic violence always have access to the services they need.

“The Equality Act is very clear, it’s about substantive equality and the one thing that makes this area of violence against women and girls different from violence against men is that there is systemic gender inequality that exists, especially for BME communities or disabled women in particular. That’s the thing that is being lost in this discussion, that it is about systemic inequalities in society ... what I would recommend is leadership with regard to that message.”

(Professor Jackie Jones, oral evidence)

The Equality and Human Rights Commission has the power to take legal action against those local authorities that breach their obligations under the Equality Duty by failing to adequately prioritise women’s support services.



¹⁴ The Equality Act, 2010 Schedule 3, Part 7



CHAPTER 3

Commissioning

Commissioning for domestic violence and sexual violence services has changed dramatically in the last five years. Commissioning responsibilities have been devolved to local commissioners. These include local authorities, Police and Crime Commissioners and, particularly relevant to sexual violence, to NHS England teams and Public Health and Clinical Commissioning Groups. The commissioning landscape has become increasingly complicated as a result.

Women's services have faced more cuts than other organisations in the voluntary sector. BME services have been hit hardest with 47% of specialist BME-led organisations reporting a significant loss of funding in 2011/2012 between £20,000 and £300,000¹⁵.

The changing landscape of commissioning

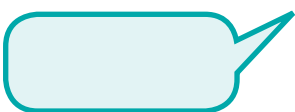
Localism and competitive tendering

Local authority funders, health-based funders and Police and Crime Commissioners have reportedly been focused on reducing cost through competitive tenders without first understanding women's needs. The lack of capacity in some specialist organisations for business development, marketing or tender writing further impedes their ability to win competitive tenders.

A recent CEDAW report¹⁶ outlined these concerns:

"The austerity measures introduced by the State party have resulted in serious cuts in funding for organisations providing social services to women, including those providing for women only... [The CEDAW Committee] "Urges the State party to mitigate the impact of austerity measures on women and services provided to women, particularly women with disabilities and older women. It should further review the policy of commissioning services wherever this may undermine the provision of specialised women's services."

Poor commissioning practices



"The commissioning we went through was a horrific and barbaric process."

(Elaine Yates, Coventry Haven, oral evidence)

In many areas of the country organisations reported a significant lack of expertise in commissioning. This leads to inadequate tenders being produced alongside very poor

¹⁵ Imkaan (2012) Member Survey 2011-2012

¹⁶ CEDAW, *Concluding observations on the seventh periodic report of the United Kingdom of Great Britain and Northern Ireland*, July 2013

commissioning practices. Underlying all of the complaints was a misunderstanding of the role and expertise of specialist, independent services.

"There were issues with processes, lack of understanding about what our specialism is. There was no refuge provision in our commission and the new contract – the commissioners favoured a one stop shop model. Funds have also gone into male services that didn't exist before."

(Elaine Yates, Coventry Haven, oral evidence)

Many commissioners believe non-specialist organisations provide a domestic violence service of an equal quality but for a cheaper price. Consequently there is a particular threat from non-specialist organisations applying for, and winning tenders.

In the sexual violence sector, the threat commonly arises from the lack of commissioner recognition of the need for sexual violence services at all:

"It is not uncommon for VAWG strategies to focus predominately on domestic violence, and ignore the specific needs of survivors of sexual violence, whose needs go beyond the family and who often need support for non-recent sexual abuse. In this respect, we have seen sexual violence services lose funding and/or resource[s] and/or come under pressure to work more closely with domestic violence services as a result of a commissioner push for a 'one-size-fits-all' VAWG approach."

(RCEW, written evidence)

The commissioning process

The inquiry heard that commissioning practices are creating a huge burden for independent specialist services:

"Our tender process tied up our senior staff members for at least two months...in a small organisation with little experience of tendering this was a huge commitment and we were competing with some very big national organisations. The process ... caused a divide in what had been a very positive sector."

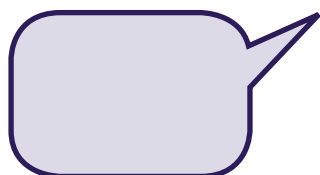
(Pathway Project, written evidence)

"It's resource heavy [and] an increase in red tape. We did a time count in the Centre I'm based in, it took us 90 hours from start to finish, on top of our day jobs, to do that piece of work."

(Lee Eggleston, RCEW, oral evidence)

Often specialist services have an unmanageable number of commissioners and funders they have to report to, creating a huge administrative burden. Similarly, the frequency with which tenders are released in the same local authority, as well as break

clauses in service provision contracts, compound anxieties around forward planning and the sustainability of services:



"There is constant uncertainty; even if you've been successful [in winning a contract] it could only be for 1 or 3 years, and in-year cuts and 3-6 months break clauses mean it's difficult to develop services in the way we would like."

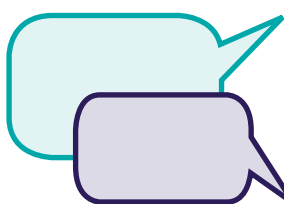
(Domestic violence professional, written evidence)



"A considerable amount of time and energy has to be invested to ensure that a diverse jigsaw puzzle of funding is brought into the organisation to keep services running as opposed to growing services in response to the significantly increased demand. This takes managers' time away from developing and improving the quality of services."

(Specialist sexual violence provider, written evidence)

Loss of dedicated women's space



"The PCC commissioner recently announced in a public meeting he would not fund a service that did not work with men. This had never been expressed before in all our communication with him."

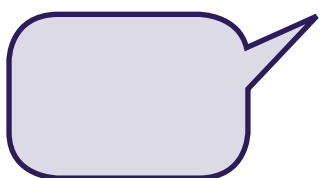
(Specialist sexual violence provider, written evidence)

"Commissioning pushes specialist women's domestic violence organisations to provide services for men otherwise you lose the work altogether."

(Specialist domestic violence organisation, written evidence)

In written evidence, the Male Survivors Alliance (a group of men's specialist sexual violence support services) highlighted how current funding is increasingly for mixed gendered services and, in recognition of the need for gender specific services, called for separate dedicated funding for men's services.

This APPG is concerned to learn that organisations are forced to compromise their dedicated women-only space in order to apply for funds, knowing this will prevent many women from seeking support.



"It is important there are specialist male services, our concern is that funding is being diverted from services for women. Refuge funding for male spaces in women's services will divert funding."

(Clare Laxton, Women's Aid, oral evidence)

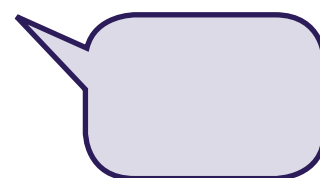
Twenty-three RCEW members and 83 domestic violence services responding to Women's Aid's 2013 Annual Survey¹⁷ provide support for adult men, often via a helpline and sign posting to specialist men's services.

¹⁷ Women's Aid Annual Survey 2013

The APPG also acknowledges that in the vast majority of cases women are the victims of violence perpetrated by men. The level of violence that adult men experience is not comparable to the violence experienced by women and male victims of domestic violence have greater autonomy and capacity to escape violence¹⁸.

"In 2009/2010, 18,232 individuals relocated due to domestic violence. 1.3% (241) of those relocating were men. There isn't evidence men are relocating around the country in the way that women do, there is not the evidence base that men need this provision."

(Janet Bowstead, academic and researcher, oral evidence)



As a result of recent adverse commissioning and funding trends there has been an additional and disproportionate loss of dedicated Black and Minority Ethnic (BME) women's spaces and organisations. Furthermore, this APPG has noted that a considerable number of BME services have been absorbed into non-BME services or are experiencing disproportionate funding cuts. The BME-led services that remain often have specialisms which are of national importance, with knowledge and skills in working with specific needs and communities sometimes only found in one organisation in the country. Local commissioning is not an appropriate means of capturing and preserving this expertise:

"Sometimes commissioners think the specialism around BME is just about language but it's not – we have staff that have the expertise and understanding about what women's needs are. Commissioners need to understand what it means to provide a specialist service – an issue with larger services saying they can provide that service at a lower cost but they don't necessarily provide the specialism."

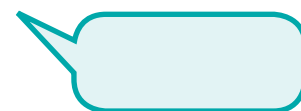
(Shaminder Ubhi, Ashiana, oral evidence)



Concerns with commissioning: domestic violence

"There will always be some women and children who need to escape from their violent partner and seek the safety of a refuge."

(Refuge, written evidence)



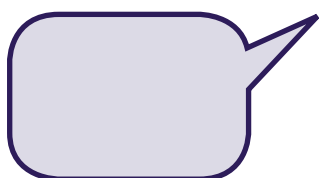
The commissioning of domestic violence services in England has changed dramatically when compared to practices under the Supporting People Programme, which was subsumed into local authority budgets in April 2011. The Supporting People Programme included refuge services for survivors of domestic violence and:

"...brought together several funding streams, including support provided through the Housing Benefit system, into a single grant for local authorities to fund a variety of services aimed at helping vulnerable people live independently." ¹⁹

¹⁸ Hester, M (2009) *Who Does What to Whom*. Northern Rock Foundation

¹⁹ House of Commons Library (2012) *The Supporting People Programme: Research Paper 12/40*

Since this funding stream was devolved, commissioning and funding for domestic violence services has become more complicated. The most significant consequence has been the effect on survivor's access to services:



"Since 2010 Women's Aid has seen a 17% decrease in the numbers of specialist refuges and considering that the services responding to our annual survey told us that in 2013/14 a third of referrals to refuges were turned away due to a lack of space this is totally unacceptable²⁰. Due to the unintended consequence of the government's localism agenda alongside huge swathes of funding cuts and poor commissioning practices we are leaving the most vulnerable women and children in our society without the help and support they so desperately need."

(Women's Aid, written evidence)

Table 1: The landscape of domestic violence refuge service provision 2010/2014²¹

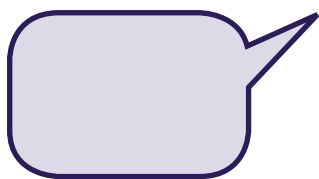
Type of service provider	No. of services by year		Increase/ decrease	%
	2010	2014		
Specialist service	187	155	-32	17% decrease
Non-specialist service	109	121	+12	11% increase



"Many services report being able to spend less time with survivors to provide support and advocacy to women in refuges and emergency accommodation due to resource pressures leading to less capacity and higher demand on services."

(Welsh Women's Aid, written evidence)

The domestic violence commissioning in Wales is still carried out through the Supporting People fund but significant concerns have been raised to this APPG about the future of services in Wales:



"Further changes in commissioning arrangements and proposed cuts from next year's Supporting People budgets means specialist services in Wales face an even more uncertain future and greater risk of take-over or disappearing altogether, should domestic abuse funding through Supporting People Programme Grant not be ring-fenced. There was an average decrease of 5% for Welsh Women's Aid's 27 member organisations in Supporting People funding for refuge and floating support. The experience of member organisations in different regions was extremely variable – some receiving cuts of 20%, some only 1%. However, much more significant cuts of up to

20 Women's Aid Annual Survey 2014

21 Data taken from: Women's Aid (2014) *Why We Need To Save Our Services* Women's Aid

20% are anticipated in the Supporting People Programme Grant allocation for the next financial year.”

(Welsh Women's Aid, written evidence)

A worrying trend is emerging whereby local authorities believe refuge accommodation is obsolete or can be replaced by cheaper, less specialist services. This has already happened in Devon and Gloucestershire.

Across England specialist refuges are being decommissioned and being replaced by general homelessness units. In some cases, for example the Devon County Council area, there is no replacement for decommissioned refuges. One refuge in the area continues to run on charitable reserves.

“I am absolutely gutted that the refuge that helped me so much closed in April this year. That refuge had the capacity to house 12 women with their children and had 24 hour cover which was a godsend to me. Now a whole city has no refuge provision which after I see how it helped me it is heart breaking... Still a new refuge hasn't been found and there is only an outreach service which is no use if you're being abused.”

(Survivor of domestic violence, written evidence)

Without adequate provision of refuges the government is not fulfilling its responsibility under article 22 of the Istanbul Convention, which states that countries must provide or arrange for specialist women's support services to all women victims of violence and their children.

“Service users receive a reduced service from us now, they feel unvalued, un-listened to. Our local authority has favoured a more generic service, offering supported housing and not refuge provision. Women feel this is unsafe for them, that their choice to go to a women's only Women's Aid specialist service has been taken away from them.”

(Domestic violence service, written evidence)

Worryingly, concerns were raised to the APPG that the provision of domestic violence and sexual violence services can be at the mercy of a local commissioner's personal opinions and attitudes. For example, some tenders have been drawn up that seemingly exclude independent services from being able to apply.

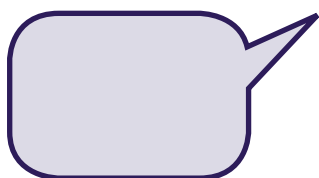
In their role as advocates for survivors of domestic violence, organisations may challenge local authorities' domestic violence strategies or commissioning processes. This has, in some instances, damaged relationships to the point where they will be effectively excluded from applying for tenders. Furthermore, challenging commissioning processes can damage or destroy relationships between domestic violence organisations:

“We challenged the commissioning process [some years ago] – in hindsight not a great thing to do – we actually took legal action and got that commission re-commissioned. Service was retendered in 2009 and sadly we had to repeat

our challenges. By virtue of challenging we had unturned decisions that had gone the way of other providers so there has been a complex and difficult time in terms of funding.”

(Elaine Yates, Coventry Haven, oral evidence)

The APPG is very alarmed to learn that domestic violence support contracts have been reported to contain ‘gagging’ clauses where services are unable to speak publicly about their contract or raise any negative issues about their experiences of commissioning or service delivery under the contract. This is not only unfair but is also in breach of the Compact Agreement between the government and civil society organisations²², and the Charity Commission’s guidance on charitable organisations’ independence from the State, as required by law²³.



“Expertise is being lost, good quality services are being taken over and reduced, quality standards are ignored. Victims will not get the support they need by people who have the experience and knowledge to support them.”

(Domestic violence professional, written evidence)

Caps on non-local women entering refuge services

A particularly alarming trend is commissioners capping the number of non-local women who can access refuge accommodation.

Many contracts have 20% or 30% caps on women from outside of their local authority area that can access refuge. This policy shows a lack of knowledge and a certain amount of apathy about how women use domestic violence services. It also shows a flagrant disregard for the needs of women outside of their local authority boundaries:



“70% plus of women who access refuge accommodation have crossed local authority boundaries. They’ve had to cut off from everything they have had before, they cut off from all resources and networks. They need a lot more than just a roof over their head to be safe. It’s your whole life you need to put back together again.”

(Janet Bowstead, academic and researcher, oral evidence)

Domestic Violence Perpetrator Programmes (DVPP)

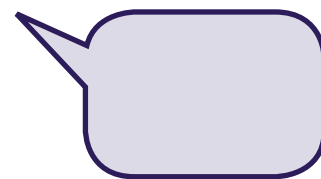
Evidence submitted to this APPG suggests that a cultural shift is required to incorporate perpetrator responses into a needs-led response to victims. Perpetrator programmes are a key tool required to better protect victims of domestic violence:

22 Office of Civil Society (2010) *The Compact: The Coalition Government and civil society organisations working effectively in partnership for the benefit of communities and citizens in England*. Cabinet Office: Whitehall. Clause 1.1 – Undertakings for the government: *Respect and uphold the independence of CSOs to deliver their mission, including their right to campaign, regardless of any relationship, financial or otherwise, which may exist.*

23 Charity Commission (2009) *Independence of Charities from the State (RR7)*. Charity Commission: London

"Domestic violence perpetrator programmes (DVPPs) are one element of a coordinated community response to domestic violence and abuse. They help focus attention on the perpetrator and offer potential for ending violence, reducing harm and risk. They typically employ staff to work with both perpetrators and victims."

(Respect, written evidence)



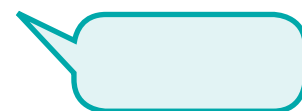
Whilst this APPG recognises that the most effective long term way to tackle domestic violence perpetrators is through prevention work, it also acknowledges that DVPPs are an important element of the work to end violence against women and girls.

The current landscape for these services is bleak. Many contracts with existing Respect accredited services are being re-contracted to private organisations with no experience of running intervention programmes. Particular bidding and procurement processes in this field render it difficult or even impossible for voluntary sector organisations to bid for contracts. Respect has reported a lack of investment in DVPPs alongside increasing pressures on these services to do more. In some areas commissioners refuse to acknowledge the value of these services.

Concerns with commissioning: sexual violence

"It's thanks to my counsellor that I am here today and that my 6 year old still has his mum in his life."

(Survivor, written evidence)



Specialist sexual violence organisations have been providing life-saving and life-changing services to survivors of sexual violence for more than 40 years. As with domestic violence services, the people working in sexual violence organisations as paid workers and volunteers provide high quality levels of support and advocacy.

Lack of information about sexual violence

Sexual violence professionals pointed towards the lack of accurate information on the prevalence of sexual violence as one reason for reduced understanding of it. The statutory sector does not keep sexual violence data, so many commissioners assess local need using police data in isolation, despite the fact the vast majority of survivors do not report abuse to the police.

In addition, 10.8% of rape reports are not classified as crimes by the police, compared with a 'no-crime' rate for overall police recorded crime of 3.4%. This is four times the grievous bodily harm rate²⁴. This reflects a general culture of disbelief within the police which women face when they report abuse. The HMIC report also suggests different criteria are being applied across forces. The no-criming of rape varies widely, for example, there is a 2% no-criming rate in Gloucestershire compared to 30% in Kent.

²⁴ HMIC (2014) *Crime-recording: making the victim count. The final report of an inspection of crime data integrity in police forces in England and Wales* London: HMIC

The lack of information about sexual violence and the lack of commissioner engagement with specialist sexual violence providers is reflected in local area Joint Strategic Needs Assessments (JSNAs) and service specifications.

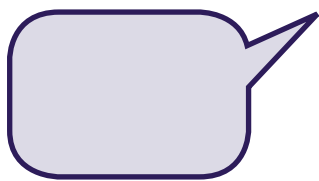
Pressure to merge services

Sexual violence organisations report that inaccuracies and inconsistencies are especially problematic in areas where they have no specific arena in which to challenge misinformation. This may lead commissioners to believe sexual violence is not as prevalent as domestic violence, that the issues are not particularly different and/or that support for sexual violence survivors might be added on to or merged with the domestic violence remit:



"Services have been 'encouraged' to merge with damaging effects. The ISVA/ IDVA posts did not work for clients or workers. Sexual Violence is as specialist a subject as Domestic Violence; they are not the same thing even though some characteristics are shared."

(Specialist sexual violence provider; written evidence)



"Partnerships and consortiums are being encouraged and even mandated by funders as good practice but... Partnerships and consortiums have also led to non-specialist sexual violence services morphing into a sexual violence service and saying it has that knowledge ... and applying for sexual violence funding, taking that funding away from the specialist sexual violence service."

(Specialist sexual violence provider; written evidence)

Lack of strategic influence

The APPG was interested to learn about the lack of strategic influence sexual violence providers have. Providers indicated how responsibility for funding sexual violence services often 'falls' between justice, health and social care funding priorities. This leads to the links not being made, so that sexual violence specialists are not involved in designing the service specification.

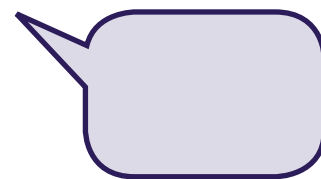
The omission of sexual violence survivors and the organisations that support them from the consultation stages of service specification means that the services commissioned are unlikely to be able to respond to their particular needs.

Sexual violence providers are frequently omitted from VAWG advisory and/or strategic groups. For example, representation on the local Domestic and Sexual Violence Strategy Board in Gloucestershire was refused to the Rape Crisis Manager in the area, who was advised that the single space allocated for the voluntary sector had been 'given' to a representative of the local domestic violence service.

In Somerset, the Somerset Interpersonal Violence Strategy and action plan highlights sexual violence alongside domestic violence and other forms of VAWG. However, the funding and actions are solely focused on domestic violence services.

The Cambridgeshire Domestic Abuse and Sexual Violence Partnership Governance Board advocated 'dropping' sexual violence as a priority area as this was 'picked up and covered by domestic violence.'

(Written evidence, RCEW)



Organisations detailed how the marginalisation of the specialist sexual violence sector is reinforced at a national level:

"Government departments often position domestic violence services to speak for sexual violence services and have commissioned non sexual violence providers to undertake sexual violence work ... government officials often do not value the experience of the sexual violence sector with regards to commissioning and victim need."

(Specialist sexual violence provider; written evidence)



For organisations supporting BME survivors of Violence Against Women and Girls (VAWG), the issue is exacerbated as there may not be a BME-led organisation in the area. Sumanta Roy of Imkaan told the inquiry how the disproportionate funding for the BME sector has resulted in a less developed BME-led response to sexual violence because the sector's work to support survivors has not been adequately supported by funders (see chapter on funding for more detail).

Strategy groups and meetings should be equitably themed in order to ensure there is more equal representation of the needs of all survivors, including the different issues and contexts experienced by particular groups.

An example of this is the recent Home Office regional commissioning workshops that brought together specialist VAWG providers, survivors and commissioners to ensure that commissioners had the opportunity to hear about the needs of survivors, and the services they feel best meet their needs. Delivery of the presentation from the VAWG sector; representation on the providers' panel, facilitation of the workshops and delegate space were equally allocated on the basis of specialism. Therefore, all areas of specialism were equally represented. None of the different forms of VAWG were subsumed under another. Issues connected to sexual violence, BME survivors, domestic violence, work with perpetrators (through Respect²⁵) and lesbian, gay, bisexual and trans* survivors (through GALOP²⁶) shared the agenda.

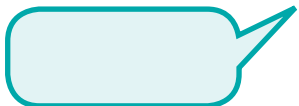
Issue-based commissioning

There has been an increase in public awareness about sexual violence and adult survivors of child sexual abuse. The media coverage of high profile celebrities and investigations into non recent abuse has led Rape Crisis organisations experiencing an increase in referrals

25 Respect is the UK membership organisation for work with domestic violence perpetrators, male victims and young people.

26 GALOP are London's LGBT anti-violence & abuse charity. They run one of the only sexual violence service in the country specifically for LGBT people.

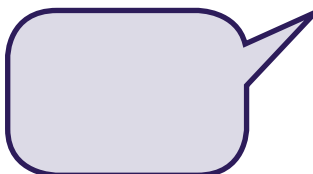
(between 40 – 110%)²⁷ and a demand on Rape Crisis services to attend a multitude of local meetings to discuss interventions and strategies without additional resources. Figures released in January 2015 from the Office for National Statistics showed the number of rapes (24,043) and other sexual offences (48,934) recorded by the police in the year ending September 2014 were the highest since 2002/03²⁸.



"Since Savile there has been a significant increase in referrals, but also an increase in demand for training, which then increases referrals."


(Specialist sexual violence provider; written evidence)

However, organisations testify that commissioner responses to such events have been kneejerk, tokenistic and ad hoc:



"[There is a] lack of funding to continue the services we are delivering as funders want to fund new projects and ones that are aimed at the 'hot topics' of the moment."


(Specialist sexual violence provider; written evidence)



"...the national response to the sexual violence issues highlighted through high profile cases is ... new funding being pumped into statutory sector agencies ... These are often seen as 'new or emerging' issues such as child sexual abuse or exploitation. These are not new or emerging issues, these are issues we have been aware of and worked with for many decades."

(Specialist sexual violence provider; written evidence)

The APPG was informed about the lack of engagement with local specialists who are already well established to support survivors through a holistic and integrated service provision setting. Instead, there has been a preference for commissioning statutory or non-specialist services in isolation. This is despite survivors' evidence of the long-term benefits of specialist support.



"Without the specialist knowledge, I would not have been able to obtain the education about what had happened to me...Attempting to provide therapy to someone without understanding what they are up against may be more harmful than beneficial."

(Survivor of sexual violence, written evidence)

Engaging health commissioners

The APPG notes that almost without exception, survivors' written evidence referenced the impact of the sexual violence they had experienced on their quality of health, especially their mental health. The impacts mentioned included: cutting and self-harm; dissociative identity disorder; problematic alcohol and substance misuse; depression; suicidal tendencies; post-traumatic stress disorder (PTSD); sexually transmitted infections and 'risky' sexual behaviour:

²⁷ RCEW member survey 2014

²⁸ Office for National Statistics (2015) *Statistical bulletin: Crime in England and Wales, Year Ending September 2014*

Laura Castiglione from WISH, a charity that works with women with mental health needs in prison, hospitals and in the community, pointed to the longer term financial benefits, especially for health agencies, of commissioning specialist women-led services to work with survivors:

“The women we work with need support and what commissioners need to understand is that we need these specialist services. To provide a gender-specific, mental health service costs more, but in the long-term they’re going to save because if you provide a generalist service, it doesn’t meet the needs of women and you could have women in the long-term who resort to substance misuse and whose mental health gets worse.”

(Laura Castiglione, WISH, oral evidence)



Devolved commissioning to health bodies has had a particularly big impact on sexual violence services. NHS England, Clinical Commissioning Groups and Public Health all have a direct responsibility for commissioning sexual violence services, as outlined in the Department for Health and NHS England’s 2013 updated guidance²⁹:

- **NHS England** – responsible for the direct commissioning of certain public health services for victims of sexual assault.
- **Clinical Commissioning Groups (CCG)** – responsible for commissioning health services for most of the population. This includes mental health services, including primary mental health, psychological therapies and child and adolescent mental health services, which should be integrated pathways for survivors of sexual violence.
- **Local Authorities (LAs)** – responsible for commissioning the majority of public health services for people in their area including open access sexual health clinics and GUM clinics, services which are also used by victims of rape (many of whom will not disclose their experiences).
- **Public Health** – responsible for providing leadership public health expertise.

The guidance states that:

*“By definition, SAS [sexual assault services] requires seamless commissioning and service delivery across pathways. It is important for NHS England to engage locally with Police Forces, LAs and CCGs to manage the interface between services commissioned for victims of sexual violence so that integration between different providers is achieved in the care journeys victims take.”*³⁰

However, the APPG was alarmed to learn about a lack of engagement from health bodies with the sexual violence sector. Evidence submitted from a snapshot survey of Rape Crisis

29 NHS England and the Department of Health (2013) Securing excellence for commissioning sexual assault services for people who experience sexual violence

30 Ibid. p.13

organisations³¹ pointed out that less than 50% of Rape Crisis Centres received any money from health or health commissioned services including public health, Clinical Commissioning Groups, SARC and GPs. In contrast, however, organisations repeatedly cited the unfunded work they carried out in response to direct referrals from health and other statutory sector agencies (see chapter four for more detail).

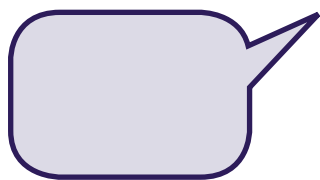
The devolution of funding has seen a lack of accountability among commissioners and increased opportunity to disengage with local specialist services:



"Since the funding became localised, it almost created a complete vacuum in which nothing has happened for two years and we've reached the situation where there is, we believe, five potential funding sources³² for each of the Centres in any region, and all five organisations all believe everyone else is doing something about it so they don't have to, so no one has. Unfortunately there is no joined up working at all."

(Rape and Sexual Assault Centre (RASA) Merseyside, oral evidence)

Many organisations said they had come under commissioner pressure to work more closely in partnership or consortia with other agencies, but simultaneously highlighted the lack of a joined up approach to commissioning at either the local or national level.



"As responsibility of funds are devolved to local CCGs, PCCs, etc, a number of development and continuity issues become apparent... The responsibility to be the conduit between various statutory departments and local commissioners has fallen with the Voluntary and Community Sector."

(Male Survivors Alliance, written evidence)

What does good commissioning for sexual violence and domestic violence services look like?



"In a perfect world, national commissioning would continue to fund the sector as a whole and local commissioners, supported by health and wellbeing boards and Victims Codes, would develop intelligent, joined-up commissioning processes. They would involve the sector in the design of this and publish a strategy for all to work to."

(Specialist sexual violence provider, written evidence)

It is essential that sexual violence and domestic violence services are commissioned according to the quality of the service they provide, the support they are able to offer to survivors and in response to their needs. This APPG recognises the importance of

31 Rape Crisis England & Wales survey of member organisations carried out in September 2014. 25 organisations responded.

32 Sources may include: the PCC, NHS mental health, clinical commissioning groups, the local authority, Criminal Justice Partnerships and public health.

commissioners engaging with specialist services in order to comprehensively assess local need. It is disappointing that there were few positive reports about commissioning. Those relating to good commissioning within the sectors tend to focus on areas where:

Commissioners work with local specialist providers:

- *"Commissioners have had a dialogue with providers who are delivering a good service and where funding has had to be reduced and this has been achieved by negotiation."*

(Pathway Project, written evidence)



- *"They [specialist service providers] understand what people need a lot better than we do, they're in a much better position to tell us how to provide those services.... to make sure that what we put in place is fit for purpose and it's not about us reinventing the wheel just because we're a new commissioner."*

(Greg Myddelton, Assistant Director for Commissioning, Office of the Essex Police & Crime Commissioner, oral evidence)

- *"In Surrey we took great care to ensure we conducted authentic engagement with our services, we visited refuges and spoke to managers, staff, survivors and children ... We spoke to a manager who talked about how providing a basic set of essential items, such as toiletries, to women could be the difference between a woman staying in a refuge and going back to the abuse."*

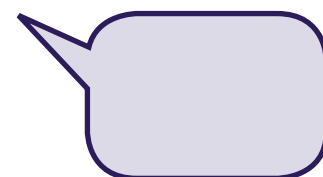
(Lisa Herrington, Office of the Surrey Police and Crime and Commissioner, oral evidence)



There is a joined up approach:

- *"NHS commissioners, local authority commissioners and police commissioners, they all have a certain number of outcomes that are around value for money, but also around making sure that people are able to cope and recover and take part in normal society. As long as we can have a consistent number of outcomes, we can commission together for services, and as long as we maintain that focus on outcomes, I think that's the critical thing."*

(Greg Myddelton, Assistant Director for Commissioning, Office of the Essex Police & Crime Commissioner, oral evidence)



Commissioning is focused on outcomes rather than outputs:

- *"It's not just about commissioning something because it isn't there, it's about understanding what you want to get out of it. So our approach has been very much to commission on the basis of outcomes."*

(Greg Myddelton, Assistant Director for Commissioning, Office of the Essex Police & Crime Commissioner, oral evidence)





• CHAPTER 4

• Funding

The provision and availability of funding for violence against women and girls services was consistently raised as a matter of concern during the inquiry. Cuts to funding have also been highlighted by research that has shown there was a 31% cut in funding to the sexual violence and domestic violence sector from local authorities between 2010/11 to 2011/12, a reduction from £7.8 million to £5.4 million³³.

The previous chapter outlined the impact of localism on commissioning and competitive tendering. In terms of funding, these commissioning processes often focus on cost rather than quality and value for money, forcing services to cut costs and restrict services in order to deliver for the value of the tender. This can mean increased barriers for women and children who need to access support as organisations have to scale back services and staffing and reduce opening hours for services.

The focus on risk-led interventions and criminal justice outcomes (for example the conviction of a perpetrator) rather than long-term positive outcomes for women and children (including a woman's well-being, access to support or ability to rebuild her and her children's lives) has also led to a change in where funding is directed. There is a misunderstanding that addressing criminal justice outcomes meets women's needs when this is not the case.

Supporting women and children to achieve positive, long-term outcomes through funding services that meet their needs has a greater benefit to society, as well as the women and children affected by violence and abuse.

As mentioned previously, the majority of women who experience sexual violence and/or domestic violence do not report the crime to the police. The prioritisation of funding towards Criminal Justice System (CJS) oriented services creates a hierarchy of care.

Furthermore, funding restrictions can also lead to a loss of expertise in the sector as cuts are made to staffing budgets. Many professionals that work in the VAWG sector have built up a history of expertise in successfully supporting women and girls. The loss of this knowledge and skill is a huge detriment to the sector. As budgets have been devolved to local level and local authority funding has been cut, all services have suffered. The move towards competitive commissioning and away from grant provision has been poorly managed in many areas, leading to a disproportionate impact on specialist services.

Survivors responding to this inquiry felt it was important for staff to have specialist training in the relevant areas of specialism and highlighted that inadequate support can cause more damage in the long term:

33 Walby, S (2012) *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls*

"Within the NHS, I have struggled to receive specialised care for the mental health problems I have because of my abuse history. I was suicidal and self-harming but the attitude was that that "was normal, considering". Thankfully, there are charities that exist with specialised training that could support me. Without them, I would be dead."

(Survivor of sexual violence, written evidence)

Service users reported experiencing long waiting lists for counselling, an inability to get through to the helpline, a lack of evening appointments and no information about what services are available:

"There was a very long waiting list with a long wait in getting my initial assessment and about 6 months until getting counselling. This was really difficult as the initial assessment brought out stuff that I then had to cope with by myself until I was allocated a counsellor. The helpline hours were also limited due to lack of staff/resources."

(Survivor of sexual violence, written evidence)

The Women's Aid Annual Survey 2014 of domestic violence services in England showed that 37% of respondents were running services without dedicated funding and 13% of respondents had closed services due to a lack of funding³⁴.

Impact of funding changes on domestic violence services

Of the domestic violence services that responded to the APPG inquiry, 59% said that funding changes had impacted on their ability to deliver services over the past five years³⁵. Issues experienced by domestic violence services included loss of statutory funding through commissioning processes, short-term funding and being forced to make reductions in their services:

"In 2012-13 we had a 10% cut to our Supporting People funding (refuge service). In 2014 we lost 100% of Supporting People funding and 100% of Public Health funding for Outreach services. We now have no core funding."

(Specialist domestic violence service, oral evidence)

Some respondents to the APPG inquiry experienced an increase in funding to some areas of their service, though often it was accompanied with a reduction in funding in other areas:

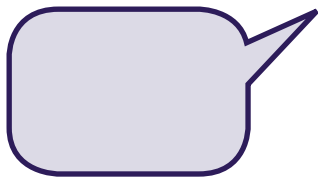
"We have increased our income each year.however even within this we have lost services and gained others depending on commissioning processes. Our current loss of service equates to 15-20% of services."

(Specialist domestic violence organisation, written evidence)

34 Women's Aid Annual Survey 2014. 132 respondents to these questions.

35 There were 21 respondents to the questions: Have changes to funding affected the deliver-ability of your domestic violence service, or any services that you are familiar with, over the last five years? 16 answered 'yes'.

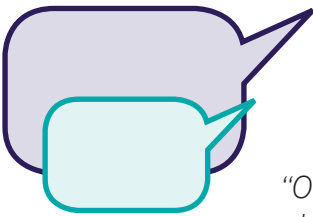
Services that have been affected by funding cuts include refuges, children and young people's services, outreach work, floating support, helplines, specialist services for specific groups of domestic violence survivors (such as BME women and disabled women) and prevention work. All these services are vital in supporting women and children to escape, cope and rebuild their lives after domestic violence. The impact on women and children is drastic. The inquiry asked survivors how they would feel if a service they had used had closed due to a lack of funding. Survivors reported that they would feel "frightened", "outraged" and "gutted":



"I don't feel out of the woods yet and it is a big support to me to know that those services are there. I am frightened that without them, I might end up being persuaded back to my abuser."

(Survivor of domestic violence, written evidence)

Domestic violence service providers also talked about the impact of funding cuts and service restrictions on survivors:



"Service users requiring refuge are in real danger as if we have no space available we are finding it difficult to access refuge space elsewhere."

(Specialist domestic violence organisation, written evidence)

"Of the on average 850 women that present to our services (face to face drop-ins, which are one hour appointments, or those homeless and seeking support), we are only able to allocate some 20-30%. That means many women are not receiving the in-depth support they require."

(Birmingham and Solihull Women's Aid, written evidence)

The inquiry heard how many services have had to change how they deliver their services in order to meet the continued need from women and children. These can include limiting the time a woman can stay in a refuge, limiting refuge spaces to local women only, limiting counselling sessions and the numbers of survivors that can access a service. Many of these adjustments are the result of funding cuts or are specific requirements of a commission they have won.

Organisations have also been forced to use their reserves to run services or run services at a loss to continue to meet the demand. This is endangering their long-term sustainability.

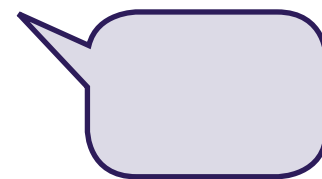


"We are currently using our reserves to fund services. We've had no income apart from housing benefit since September but our front door is still knocking five times a day, our refuge is still full. If we use up all our reserves we will have to close."

(Specialist domestic violence organisation, written evidence)

"We need something sustainable – the little bits of money we have managed to secure are lifelines at the moment. If we want to maintain the refuge services that have taken forty years to develop we need something sustainable. We are in critical condition and this is about survival at the moment. I fear the worst and women will die."

(Elaine Yates, Coventry Haven, oral evidence)



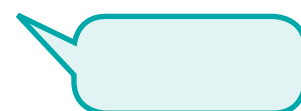
There are some positive adaptations. Some services are now working in partnership with others in the same area. For example, in Greater Manchester specialist domestic violence services have come together to form a consortium to bid and deliver domestic violence services.

Long-term, secure and sustainable funding is still vital to safeguard the future of services, particularly for specialist domestic violence refuges which are experiencing a disproportionate impact of funding cuts. Since 2010 17% of specialist domestic violence refuges in England have closed³⁶ and Women's Aid Annual Survey 2013 found that six refuges were being run with no dedicated funding³⁷. The Women's Aid 2014 Annual Survey found 13% of responding organisations had suspended/closed an area of service due to lack of funding³⁸. Sustainable funding for refuges is vital in ensuring these lifesaving services are there when the thousands of women and children who flee violence need them.

Sustainable funding for domestic violence services can be achieved through the commissioning process, such as the example in Surrey discussed in Chapter 3.

"Stable funding enables the continuity of services provision and allows specialist services to do what they do best and support survivors."

(Domestic violence organisation, written evidence)



The funding landscape for domestic violence services has changed dramatically. Much of this change has resulted in cuts in funding to domestic violence services and has severely impacted on the women and children who need to access those services to be safe.

Impact of funding changes on sexual violence services

In 1984 there were 68 Rape Crisis member organisations in England and Wales. By 2008 this number had dropped to 38 due to a lack of funding³⁹. In 2009, nearly 9 out of 10 (87.9%) local authorities did not have a Rape Crisis Service in their area⁴⁰.

36 Women's Aid (2014) *Why we need to save our services*

37 Women's Aid Annual Survey 2013

38 Women's Aid (2014) *Why we need to save our services*. Data to this question provided by 132 services.

39 Women's Resource Centre (2008) *The Crisis in Rape Crisis: A survey of Rape Crisis (England and Wales) centres* London: WRC

40 Coy, M Kelly, L., and Foord, L. (2009) *Map of Gaps: the post code lottery of violence against women and girls support services* London: End Violence Against Women in partnership with the Equality and Human Rights Commission

This pattern of closure has been reversed in recent years with the introduction of the Rape Support Fund, the first dedicated fund introduced for sexual violence services⁴¹. £10.5 million was pledged over three years as a contribution towards the core costs of running a sexual violence support centre. A further £4.4 million per year was pledged to support rape support services and adult survivors of child sexual abuse for 2015 – 2016.

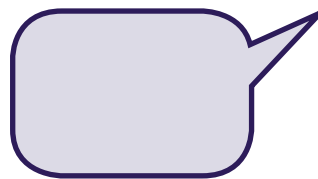
The APPG heard how the Rape Support Fund has helped stabilise the provision of specialist sexual violence organisations:



“One very positive change in the last eight years has been the first national funding made available to Rape Crisis services through the Rape Support Fund. This has enabled us to expand our services and better respond to the needs of survivors in our area. Our hope is that this will continue in the longer term.”

(Specialist sexual violence provider; written evidence)

But the future of this ring-fenced funding is far from certain:



“The nationally ring-fenced Rape Support Fund is welcomed part-funding for most Rape Support Centres over three years, but a general election and watering down of the initial criteria for applications makes its future and value in helping to stabilise independent, specialist, women-led sexual violence services far from certain.”

(RCEW, written evidence)

Concern about the future of Rape Crisis organisations if the central ring-fence is withdrawn was evident in the written evidence:



“If funding (such as the Rape Support Fund) were to end, this could see centres reducing the amount of support they could offer, and risk the closure of [the] service.”

(Specialist sexual violence provider; written evidence)

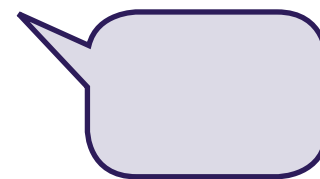
The Rape Support Fund was also intended to provide a means by which organisations can secure additional funding from other sources. However, organisations testified at length about the challenge of securing these additional funds locally and ensuring sustainability of service provision.

Evidence also pointed towards how the previous lack of sustained funding also led to underinvestment in the development of services to specific groups of survivors.

Sumanta Roy of Imkaan told the inquiry about the impact of the dual lack of funding for specialist BME-led services:

⁴¹ Now there are currently 48 Rape Crisis organisations in England and Wales.

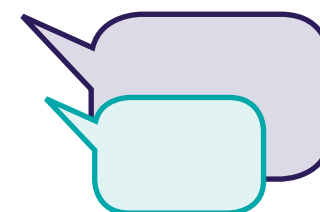
"One of the problems is that, similar to Rape Crisis, there hasn't been a historic investment in, for instance, BME-led services to enable them to collaborate with the local Rape Crisis Centres so that both agencies are responding with their specialisms. ... We haven't had the conversations at a community level, at a grassroots level, in the same way that we have had around domestic violence, so we've got BME responses far more developed around domestic violence than we have around sexual violence."



She went on to explain how this can make it harder for BME women to disclose abuse and to feel that there are agencies that will support them. This was echoed in evidence provided in survivors' submissions. Respondents to the survey agree that specialist services for lesbian, bisexual and transgender survivors (LBT), BME women, and disabled women are important. The absence of these services was felt by some survivors when asked if they would have liked to have received any additional support:

"Sexual violence services in a women-only space saved my life and gave me the confidence to go on with life. But I could have done with more support, and especially more specialist support coming from a South Asian background - there was nothing there."

(Survivor of sexual violence, written evidence)



"Definitely an emphasis on specialist services for LBT women as I feel victims' feelings differ on many grounds, sexuality being a main one."

(Specialist sexual violence provider, written evidence)

"There was no sense it was available to children within my lower middle class Jewish community, which was insular and family-oriented. The emphasis on 'stranger danger' (and its new variant, 'grooming') also meant I did not have the vocabulary for what was occurring to me."

(Survivor of sexual violence, written evidence)

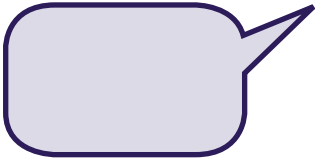
Lack of funding from health

The lack of engagement from the health sector is having a particularly detrimental impact on the sustainability of specialist sexual violence services. Organisations report a lack of clarity regarding health commissioning intentions and concern about the promise from health not to destabilise services in their restructure, when in fact uncertainty and destabilisation has increased:

"Sexual violence seems to be positioned between crime and health and it is very difficult at present to raise awareness of the importance of our service with Clinical Commissioning Groups."

(Specialist sexual violence provider, written evidence)





"We receive no funding from Health (CCG, Public Health etc) at all. And there is still no clarity in our area on how health services will be commissioned and how we might engage in that process."

(Specialist sexual violence provider; written evidence)

Seventy nine percent of organisations said they felt money allocated to sexual violence in their area disproportionately prioritised Sexual Assault Referral Centres (SARCs) and services aligned with the Criminal Justice System. One example is the prioritisation of funding for ISVAs, whose main focus is supporting women through the Criminal Justice System, when 85% of survivors do not report to the police⁴². This prioritisation of a criminal justice response has led to a hierarchy of care, in which the invisible majority of sexual violence survivors who do not report their abuse are marginalised by funding and commissioning practices.

The responsibility for commissioning forensic services for sexual violence transferred from police to health bodies in 2012. In 2013 NHS England took up its new role of directly commissioning SARCs. London is the exception; the Mayor's Office for Policing and Crime (MOPAC) is responsible for commissioning SARCs.

NHS England describes SARCs as:

*"a 24/7, one-stop shop to support victims of sexual assault and rape and include forensic medical examinations with consent, medical care including emergency contraception, post exposure prophylaxis after sexual exposure, sexually transmitted infection (STI) tests and treatment and referral for psychological support including pre-court counselling."*⁴³

Organisations expressed their frustration at the lack of understanding about the different types of support provided by SARCs and specialist sexual violence services.

Two thirds of Rape Crisis' adult service users seek support for sexual violence perpetrated two or more years ago⁴⁴. The vast majority of these are adult survivors of childhood sexual abuse. With funding oriented towards more immediate and short-term support provided by the SARCs, written evidence indicates that additional pressure is put on specialist sexual violence organisations that provide a more therapeutic response:



"Critical parts of our funding are too closely aligned with the CJS. There is also a commonly held misunderstanding that as funding has been provided to the SARC that is all that's required in relation to supporting victims. The impact of this is that a significant amount of time is spent lobbying to raise awareness of commissioners and politicians on the reality of the needs of victims and survivors."

(Specialist sexual violence provider written evidence)

⁴² Ministry of Justice, November 2013

⁴³ NHS England (2013) *Securing Excellence in commissioning sexual assault services for people who experience sexual violence*

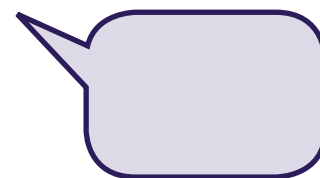
⁴⁴ Rape Crisis England & Wales annual Ministry of Justice monitoring returns

The Council for Europe Minimum Standards for violence against women and girls recommends that in order to meet need there should be one Rape Crisis Centre per 200,000 women and one Sexual Assault Centre per 400,000 women. They advise there should be at least one Rape Crisis Centre per region. The Standards state that as Rape Crisis Centres support both women who report and those who do not, as well as women assaulted recently and in the past, there need to be more Rape Crisis Centres than Sexual Assault Centres⁴⁵.

Specialist sexual violence providers reporting to this inquiry also pointed to situations where the local SARC receives the majority of the funding available, yet supports a minority of survivors who report to the police:

"A huge amount of funding goes to the SARC in our area and, as is acknowledged, only around 15% of those experiencing sexual violence will ever report to the police. This has a particular impact in [county] because the SARC does not take self-referrals ... We get many referrals from the SARC but only a tiny percentage of the funding available."

(Specialist sexual violence provider, written evidence)



Seventy nine percent of professional respondents stated they were not funded for the referrals they receive:

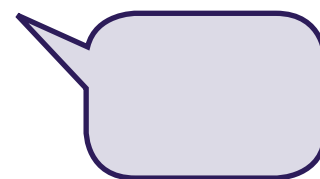
"In 2013-14, 40% of our referrals came from partner agencies - none of which fund us: SARC, GPs, mental health services, domestic abuse services, police, housing or social care. The work is generally for long-term specialist support because either the referring agency does not have the skills or because they can offer support for only a limited duration."

(Specialist sexual violence provider, written evidence)



Approximately 84% of referrals to SARCs in England are through the local police⁴⁶. The government has acknowledged this may be a hindrance for victims who do not wish to follow a criminal justice pathway, even though on access, SARCs give choice to victims to receive healthcare only or involve the police⁴⁷. In contrast to Rape Crisis Centres, only 12% of survivors supported by SARCS are self-referrals⁴⁸.

"What we have tended to see is that the statutory sector or services who prioritise seeking resolve through the CJS will often be prioritised and their funding secured longer term ... These models of practice and service delivery are at risk of creating a hierarchy of conditional support for survivors— for those who report and engage in the CJS and those who do not. Our concern



45 Kelly, L. and Dubois, L. (2008) *Combating violence against women: minimum standards for support services* Strasbourg: Council of Europe

46 NHS England and Department of Health (2013) Public health functions to be exercised by the NHS Commissioning Board Service specification No.30 Sexual assault services

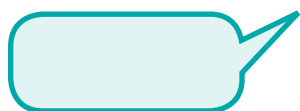
47 Ibid.

48 Ibid.

is that this will also contribute to an already harmful culture of 'more deserving' and 'less deserving' victims."

(Specialist sexual violence provider; written evidence)

This feeling was strongly echoed throughout the written evidence, where frustration was common among those who have been unable, despite extensive attempts, to secure health commissioner commitment to funding sexual violence services:



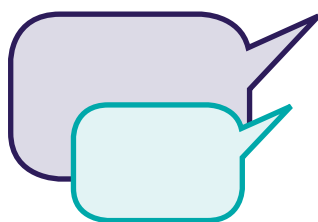
"The NHS and Constabulary fund the SARC and no other sexual violence services. CCGs do not engage at all even though we try to engage with them through conferences, meetings, events, forums etc."

(Specialist sexual violence provider; written evidence)

Some blamed the lack of engagement on the absence of a central government leadership others on the extent of changes. In giving oral evidence, Jo Wood, RASA Merseyside, described the following situation:

"You've got the NHS mental health, you've got the PCCs, public health, the police from the criminal aspect and the Clinical Commissioning Groups from the local council and very few of those are actually engaged in what is actually going on, because there is no steer coming as to who should actually be responsible for looking for it, for the victims of sexual violence. It would appear that there should be some sort of central steer...but it's not happening. There is no joined up working at all and we really struggle."

The statutory health sector was repeatedly cited as failing to fund clients and frequently referring them on, especially once the limited counselling sessions offered by the IAPT (Improving Access to Psychological Therapies programme), GPs or the SARC had ended:



"We do not currently receive any funding from the CCG or NHS England for our main counselling, drop-in or helpline provision and yet receive significant referrals from the Wellbeing Service, GPs and other mental health agencies."

(Specialist sexual violence provider; written evidence)

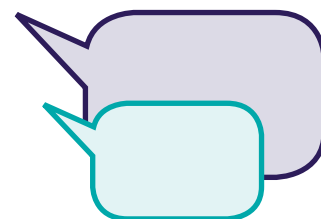
"We also have the problem that a GP will refer someone who needs an interpreter but they will not transfer any money from their budget for this. We have had to fundraise to cover these costs."

(Specialist sexual violence provider; written evidence)

Moreover, respondents reported that specialist organisations often pick up the work that other services (SARCs in particular) receive money for. This was either because the support offered by statutory services and other non-specialist service is more time-limited or they are unable to work with the complexity of the issues presented:

"Specialist services understand the impact of SV and the importance of providing services to suit individual needs. A generic approach is more likely to provide a short term fix that doesn't help to improve the client's health and well-being. This is evidenced by the number of referrals we receive from women who have already accessed generic services!"

(Specialist sexual violence provider, written evidence)



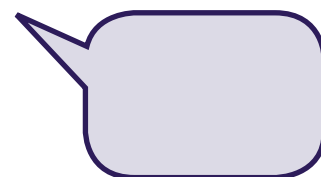
"We receive referrals from generic service providers because they are not experienced in sexual violence and its effects!"

(Specialist sexual violence provider, written evidence)

Women who had been supported by a SARC were broadly positive, but survivors were consistently clear about the need for longer term therapeutic support. Many reported delays in accessing appropriate support as a result of attending statutory health services rather than accessing specialist sexual violence support:

"Only six NHS sessions at SARC for counselling which was delayed for over a year whilst Crown Prosecution Service decided not to charge. Surgery offered CBT [cognitive behavioural therapy] but therapist said inappropriate. Mental health team said time would heal and doubled meds, no services... psych support available 2.5 years on and no formal long-term counselling due to budget cuts and lack of childcare."

(Survivor of sexual violence, written evidence)



Survivors and professionals were almost unanimous in highlighting the need for specialist services to support complex needs, including for women and girls with mental health issues. The provision of longer term support removes some of the additional barriers women and girls who have multiple needs often face when trying to access support.

The Women's Health and Equality Consortium have also recognised the need for specialist sexual violence providers to be part of the mental health care pathway:

*"Specialist women's services are not sufficiently acknowledged as key service providers within the mental health policy landscape. Statutory mental health services and commissioners need to work more closely with specialist women's providers such as local Rape Crisis Centres, as they frequently play a pivotal role in providing immediate emotional support that prevents the onset of more chronic mental health."*⁴⁹

Sumanta Roy told the inquiry that the lack of statutory engagement with specialist services means many survivors remain "invisible within the system". She gave examples of young women in schools who talk about the issues affecting them but are not believed, or women

⁴⁹ WHEC: Imkaan, Positive UK and Rape Crisis England & Wales (2014) *I am more than one thing* London: WHEC p.9

who are processed in the asylum system who say they feel dehumanised and not treated as a survivor of violence. Issues of sexual violence are not identified until very late on in the process when there is an appeal and an expert report.

She explained how fragmented commissioning does not engage with the local specialist organisations, opting instead to adopt a one size fits all approach, undermining the specialisms developed over decades by BME-led women's organisations:



"What they don't do is utilise the experience that's already there in a way that women and girls really value, so we've got fragmentation happening all over the place and we're seeing services literally being wiped out ... If you're a BME woman, if you're a woman from an LBT group, if you're a disabled woman ... you experience multiple barriers and issues. In no way are we near where we should be in terms of service responses because those issues are not on the radar of commissioners, and whilst they're thinking about short-term savings they're not really thinking about the savings that have the most benefit for women and girls ... It's hard to see where increase in services will come from, unless we can change the culture of commissioners and commissioning."



Summary and conclusion

Summary

The provision of sexual violence and domestic violence services in the UK is clearly becoming increasingly unstable and uncertain. The importance of inclusive, women-led organisations is clear, yet recognition of this is in decline. The inquiry highlighted the negative impact of funding cuts, devolved commissioning and competitive commissioning processes on the provision and accessibility of specialist services to women and children. These challenges are compounded by a basic misunderstanding of the Public Sector Equality Duty and neglect of the UK's international obligations on equality.

Whilst it is important to recognise the dangerous situations that women and children in abusive situations are in, the focus needs to be on developing and prioritising services based on women and children's needs. Over the last five years the state response to domestic violence has been to view victims through a prism of risk focusing on criminal justice interventions rather than by identifying their needs. This is despite evidence showing that risk assessments have not been an adequate way to assess women who experienced domestic violence and were later murdered. The Home Office Review of Domestic Homicides found:

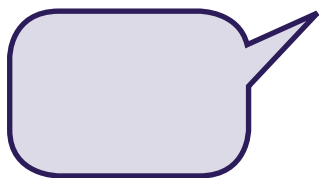
*"There were some examples where risk assessments did not take account of prior known incidents which meant that the true picture of escalation of abuse was not presented. There were also cases where there had been an increase in the severity of violence but the risk had not been reviewed where it may have been appropriate to do so."*⁵⁰

In the sexual violence sector the focus on criminal justice outcomes is evidenced in the prioritisation of funding for SARCs and ISVAs, rather than for independent specialist sexual violence organisations. Due to the limitations of the services provided by SARCs and other non-specialist providers, specialist sexual violence organisations are receiving increasingly high numbers of referrals from these agencies, often with no funding attached. This, coupled with the uncertainty of future funding and the lack of leadership, has helped to create a situation in which specialist sexual violence organisations are struggling to maintain services at current levels, let alone cope with an increase in referrals.

It is critical that women's needs are comprehensively assessed and are appropriately met by agencies that support on a needs-led and woman-centred (rather than risk-led or criminal justice outcomes led) basis.

⁵⁰ Home Office (2013) *Domestic Homicide Reviews: Commons Themes Identified As Lessons to be Learnt*. Home Office.

In the case of domestic violence:



"On the whole the national strategic policy agenda has shifted to focusing more on funds and services on "high risk" victims, this coupled with local commissioning focussing more on statutory priorities has resulted in a toxic mix that shapes the views of the service we provides. This is toxic because if you look at Domestic Homicide Reviews (DHRs), very few women are high risk and quite a few have not been in contact with statutory agencies...this context is forcing domestic violence services away from their independence and ability to focus on the needs of domestic violence victims."

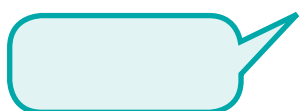
(Domestic violence professional, written evidence)

The APPG was alarmed at the volume of evidence indicating poor engagement from health commissioners with specialist sexual violence and domestic violence services. In many areas this lack of joined up commissioning exists despite government guidance that stipulates the responsibility of health bodies for providing 'seamless' pathways of care for survivors. The lack of engagement from health commissioners is particularly counterproductive considering the cost of sexual violence and domestic violence on public services.

Government figures estimate each rape costs society over £96,000, with the estimated total cost of sexual violence to society at £8.5 billion⁵¹. Much of this cost is made up of lost output and costs to the health service resulting from long-term health issues faced by victims.

The cost of domestic violence on public services, including physical and mental health services, was estimated at £3.9 billion in 2008⁵². The costs of physical healthcare treatment alone resulting from domestic violence, (including hospital, GP, ambulance, prescriptions) is £1.7 billion per annum⁵³.

Evidence submitted to the inquiry by sexual violence and domestic violence organisations clearly demonstrates the restrictions and caveats many services are forced to put on the support they offer, and who they can offer it to. Organisations are responding in creative and innovative ways to try and ensure specialist services remain in place for as long as they are needed, but they are operating in an environment of extreme insecurity. Running solely on reserves is putting the very existence of many at risk.



"I have worked in this sector for more than 20 years but I feel more concern now for services than ever before."

(Domestic violence professional, written evidence)

51 Home Office (2005) *The economic and social costs of crime against individuals and households 2003/04*. Figures from this report were up-rated to 2009 prices in the government response to the Stern Review (2011) See <http://www.homeoffice.gov.uk/publications/crime/call-endviolence-women-girls/government-stern-review?view=Binary>

52 Walby, S (2009) *The Costs of Domestic Violence Update*

53 Ibid.

Independent domestic violence and sexual violence organisations are facing these challenges head-on. They are managing complicated and changeable commissioning practices whilst still maintaining their independence and high quality practice. This adaptability needs to evolve into a reciprocal arrangement where commissioners, local authorities and central government departments listen to the concerns and needs of services and survivors and adapt their practices accordingly.

To put sexual violence and domestic violence services on a more sustainable footing, this APPG recommends the government assumes accountability for the provision of specialist, independent services. This group believes this central accountability will be most efficiently overseen through the creation of a specific ministerial post from the Cabinet Office to review the government's efforts to tackle VAWG across departments. This will lead to national accountability for overseeing the commissioning of services and will go some way to ensuring there is a joined up approach across government departments with responsibility for tackling sexual violence and domestic violence. The APPG recognises the need for leadership at both a national and local level.

Although there are examples of good practice in commissioning and funding, the APPG was disappointed that these were somewhat limited and seemed to rely on the knowledge and passion of individuals rather than a systemic commitment to investing in specialist services.

Successive governments have made positive steps towards bringing the issues faced by survivors of violence against women and girls out from behind closed doors. However, each change of government has brought new challenges.

In November 2014 the government committed to a £10million fund for specialist domestic violence refuges in response to the Women's Aid SOS: Save Refuges, Save Lives campaign. This is a positive step to avert the immediate crisis that refuges are facing. However it needs to be followed by a permanent solution to ensure the sustainability of all specialist domestic violence services in the long-term. The government needs to work with the sector to explore new models of funding and commissioning for domestic violence services that will secure their future.

Similarly, this APPG is pleased to note the positive impact of the Rape Support Fund, which has gone some way to help to sustain specialist sexual violence services through contributing to their core running costs. However, this APPG recognises the future of this fund and the criteria against which it is allocated is uncertain beyond 2016, and that the sustainability of sexual violence services is undermined without it. The lack of information relating to commissioning of specialist sexual violence services by health services from April 2015 adds to insecurity for sexual violence service providers. Long lasting improvement will only come with the recognition that domestic and sexual violence services require a national funding strategy to halt the decline in funding and provide a sustainable framework to allow for growth.

Access to data on sexual violence and domestic violence remains an important challenge. Whilst there has been some improvement in recording practice, more needs to be done. Statutory data relating to all forms of violence against women must be disaggregated by sex and other protected characteristics and adhere to consistent definitions.

Conclusion

The evidence that survivors and services provided to this inquiry clearly shows the risks faced by the sexual violence and domestic violence sectors and the women and children they support. The current emphasis on supporting the Criminal Justice System distorts service delivery and commissioning processes and negatively impacts on long-term outcomes for women and children.

The changing landscape of sexual violence and domestic violence services cannot be solely attributed to funding cuts and poor commissioning. It is the result of the lack of understanding of the nature and impact of sexual violence and domestic violence and the specific needs of women and children. There is a danger that the knowledge and expertise in the domestic violence and sexual violence sectors will be lost forever. The people who will pay most dearly for these changes in provision are the women and children who desperately need access to these services.



Oral evidence witnesses

- Lee Eggleston, OBE Chairwoman, Rape Crisis England & Wales
- Sumanta Roy, Policy and Research Manager, Imkaan
- Laura Castiglione, Community Link Worker, Wish
- Greg Myddelton, Assistant Director for Commissioning, Office of the Essex Police & Crime Commissioner
- Jo Wood, Non Clinical Lead, RASA Merseyside
- Jackie Jones, Professor of Feminist Legal Studies, Bristol Law School, University of West England
- Clare Laxton, Public Policy Manager, Women's Aid
- Eleri Butler, Chief Executive, Welsh Women's Aid
- Janet Bowstead, Researcher and Academic
- Shaminder Ubhi, Chief Executive, Ashiana Network
- Elaine Yates, Chief Executive, Coventry Haven
- Lisa Herrington, Office of the Surrey Police and Crime Commissioner

Written evidence questions

General questions:

Name and position of respondent

Responding on behalf of an organisation or as an individual?

Name of organisation if applicable

Nature of organisation: charity, public sector, private organisation

Contact information

Consent for quotes to be made public

Questions for professionals relating to domestic violence services:

- 1) Have cuts to funding affected your domestic violence service, or any services that you are familiar with, over the last X years? Yes or No answer.
 - If yes, what was the percentage of funding cuts experienced?

- If yes, which services delivered by the organisation(s) were affected and how?
 - If yes, what impact has this had on service users accessing the organisation(s)?
 - If no, what has the stability of funding meant for your organisation and the survivors of domestic violence accessing your service?
 - How long is your current funding for?
- 2) Have poor commissioning practices affected your domestic violence service, or any services that you are familiar with, over the last X years? Yes or No answer:
- If yes, which services delivered by the organisation(s) were affected and how?
 - If yes, what impact has this had on service users accessing the organisation(s)?
 - If no, what has the stability of funding meant for your organisation and the survivors of domestic violence accessing your service?
- 3) Do you have any examples of good commissioning practices for domestic violence services?
- If yes, please explain and provide further details.
- 4) Do you have examples of where domestic violence services have adapted to meet cuts to funding and difficult commissioning decisions in order to continue to provide a quality service?
- 5) What do you think is the future for specialist domestic violence services considering changes to funding and commissioning that you have experienced?

Questions for survivors of domestic violence

- 1) What domestic violence services did you use?
- 2) What difference did the domestic violence support service you accessed make to your, and, if applicable, your children's life?
- 3) Do you think it is important to have staff working in these services that are specially trained and qualified to work with victims of domestic violence? Yes or No answer:
- If yes, why do you think that is important?
- 4) How would you feel if that service was closed down due to a lack of funding or replaced by a service delivered by a housing association or support service without any specialist knowledge of domestic violence?

- 5) Do you feel that the government has a responsibility to provide high quality domestic violence services?
- If yes, please explain why you think this is important?

RCEW questions for sexual violence professionals:

- 1) Have cuts to funding or poor commissioning practices affected sexual violence services in your area over the last 8 years? Yes or No answer:
- If yes, which services delivered by the organisation(s) were affected and how?
 - If yes, what impact has this had on service users access to support?
 - If no, what has the stability of funding meant for your organisation and the survivors of sexual violence accessing your service?
 - How long is your current funding for?
- 2) Have you noticed changes to the way sexual violence services are provided in your region or nationally? Yes or No answer:
- If yes: please say how, including if:
 - sexual violence services have been commissioner-mandated to merge with domestic and/or other services and the impact of that;
 - commissioners have challenged women only sexual violence provision;
 - targets or limitations have been applied to the duration or remit of support available;
 - there is a specific focus and/or limitation of the support available e.g. child sexual exploitation, trafficking, supporting men, geographical etc;
 - new services have been set up as existing services close or reduce;
 - there has been an increase in referrals post-Savile revelations and how this has impacted on your service.
 - If yes, what impact has this had on service users' access to support?
- 3) What do you think the risks and/or advantages are of PCC commissioners and health commissioners funding generic service providers in preference to specialist sexual violence providers? What could the impact of this change be on survivors of sexual violence?
- 4) Does money provided to sexual violence services in your area focus on Sexual Assault Referral Centres and/or services aligned with the criminal justice system? Yes or No. If yes, please give details and state what impact you think this has?

- 5) Are you funded by referrers for the work you do? E.g. IAPT (GP counselling), police, statutory ISVAs, SARCs etc. Yes or No answer.
 - If no, please give details of the referrer, the nature of the unfunded work and the proportion of your total work this constitutes.
 - If no, please give details about the impact of this on your organisation and your ability to provide services to survivors not involved in the CJS
 - If yes, please give details of the referrer, the level of funding and any restrictions associated with this funding
- 6) What do you think is the future for specialist sexual violence services considering the changes to funding and commissioning that you have experienced?
- 7) Do you have examples of where sexual violence services have adapted to meet cuts to funding and difficult commissioning decisions in order to continue to provide a quality service?

Questions for survivors

- 1) What sexual violence services did you use? E.g. advocacy, helpline, counselling, group work, child support text/email support, ISVA etc.
- 2) Did you find it easy to access support when you needed it? Yes or No.
 - If no, please provide some details as to why not.
- 3) If you reported your case to the police, do you feel they handled/investigated your case well? Please provide details
- 4) What difference did the specialist sexual violence support service you accessed make to your life, your health and well-being and, if applicable, your children's life?
- 5) Do you think it is important to have staff working in these services that are specially trained and qualified to work with survivors of sexual violence? Yes or No answer.
 - If yes, why do you think that is important?
- 6) Were there other types of support you would have liked that weren't available to you? Yes or No answer.
 - If yes please give details of what support you would have liked and/or from who e.g. mental health services, the NHS, the police, the public, your family etc.

- 7) Below are some aspects of sexual violence organisations and types of services provided. Please place a tick by any you feel are important in a sexual violence service or have been important to you.
- a. Services close to home/easily accessible
 - b. Support from specialist trained sexual violence practitioners/support workers
 - c. An independent service; i.e. not part of a statutory service such as Social Welfare, the Police, the NHS, etc
 - d. Services with a connection to the local community
 - e. Services connected to the police and/or the courts
 - f. Services that provide on-going, long term support, i.e. where you are not restricted to short-term counselling or support work
 - g. Women only space
 - h. Sexual violence counselling
 - i. pre-, during-, and post court support
 - j. Advocacy - housing/debt/benefits
 - k. Support provided via a helpline, text or email
 - l. Group work and support groups
 - m. Specialist services for BME women, young women, disabled women, LBT women
 - n. Access to women counsellors, advocates and counsellors

