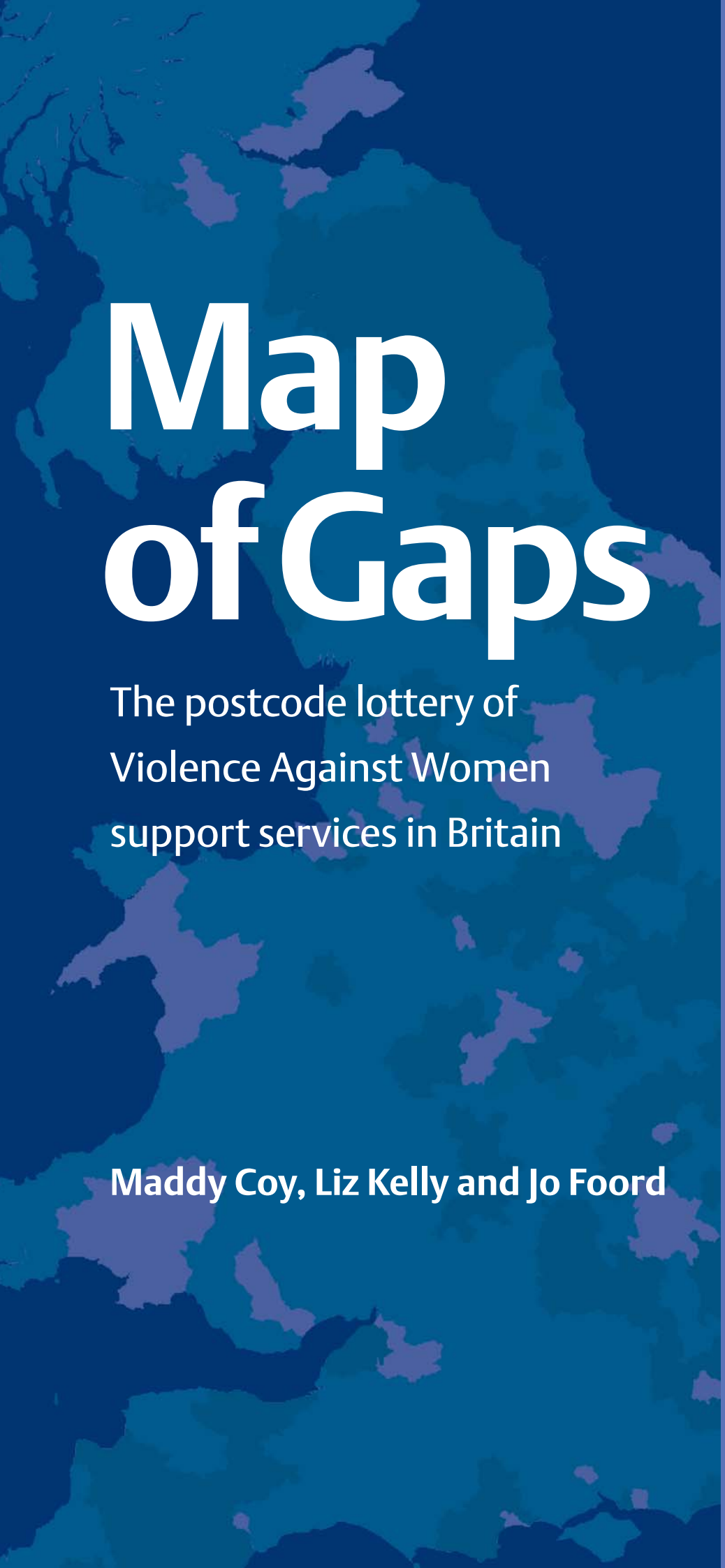

END VIOLENCE AGAINST WOMEN

Map of Gaps

2

The postcode lottery of Violence Against Women support services in Britain

Maddy Coy, Liz Kelly and Jo Foord

In partnership with

Equality and Human Rights Commission

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End Violence Against Women
17-25 New Inn Yard
London EC2A 3EA

Telephone +44 (0) 207 033 1559
Facsimile: +44 (0) 207 033 1796

www.endviolenceagainstwomen.org.uk

Equality and Human Rights Commission
3 More London
Riverside, Tooley Street
London SE1 2RG

Telephone +44 (0) 20 3117 0235
Facsimile: +44 (0) 207 407 7557

www.equalityhumanrights.com

Map of Gaps 2

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END VIOLENCE AGAINST WOMEN

Equality and Human Rights Commission

Acknowledgements

Map of Gaps 2 builds on the first report, as a project born of and nurtured by many minds. Many thanks are due to the Equality and Human Rights Commission (EHRC) for funding the second phase of the project. Special thanks go to the Roddick Foundation for providing CWASU with the opportunity to pursue research that we wanted to do. We again dedicate this update, and the campaigning which it will inform, to the memory of Anita Roddick who believed, like us, that women have the right to live free from violence. She championed women's services, understanding the unique and vital role they play in undoing some of the harms of violence and in holding societies to account to ensure they accord all women respect, dignity and redress for human rights violations.

Alongside the authors a number of other women contributed to the data collection and analysis: Val Balding, who began the initial database for *Map of Gaps 1*; Kathryn Nichol, who provided information on the Westminster Government response to the Corston Report; and colleagues in the Child and Woman Abuse Studies Unit who provided input and editorial support. Members of the End Violence Against Women (EVAW) Coalition and the Map of Gaps working group contributed expert advice on the project as a whole. Holly Dustin, manager of the EVAW campaign, and Heather Barclay at the EHRC have provided invaluable input throughout.

Umbrella organisations and individuals across the nations and regions have again checked our data against their own records and, in conjunction with member groups, completed surveys that inform this report.

Final acknowledgement must again go to the services mapped here, which continue to provide specialised and quality support to women on limited resources and recognition.

Contents

Glossary

BCS	British Crime Survey
BME	Black and Minority Ethnic
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CJS	Criminal Justice System
EHRC	Equality and Human Rights Commission
EVAW	End Violence Against Women Campaign
FGM	Female Genital Mutilation
GIS	Geographical Information System
IDVA	Independent Domestic Violence Advisor
ISVA	Independent Sexual Violence Advisor
LAA	Local Area Agreement
NGO	Non-Governmental Organisation
RCC	Rape Crisis Centre
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SBS	Southall Black Sisters
UN	United Nations
VAW	Violence Against Women
WAVE	Women Against Violence Europe

Executive summary

This new report shows that in many parts of the country, services for women who have experienced violence are chronically under-funded or simply do not exist. Women shouldn't be subjected to this postcode lottery.

This is a call to action for everybody who cares about this issue, and a firm reminder for those in local and national government with the power to make a difference. Urgent effort must be made to provide funding and support to ensure that all women can get help whenever they need it and wherever they live.

I hope that the stark statistics in today's report, and the inspiring stories from parts of the country that serve as a beacon – stories reminding us how adequate support can and has made such a difference – will serve as a wake-up call and inspire others to take action. But for those councils among the worst offenders who continue to ignore the dire need to shore up services and plug the gaps, we also have a stark reminder. The Commission is ready and willing to use its enforcement powers.

Trevor Phillips
Chair of Equality and Human Rights Commission,
January 2009

Government is conscious that service provision is not what it should be in all parts of the country ... our aim must be appropriate services and enough of them.

Vera Baird
Solicitor General
Keynote at Refuge 6th Annual Domestic Violence Conference,
London, 25 November 2008

A postcode lottery for women who experience violence

Each year, three million women in Britain experience rape, domestic violence, stalking or other violence. Many millions more are dealing with abuse experienced in the past.

In 2007, the inaugural Map of Gaps report documented for the first time the uneven distribution of specialised services in Britain to help women who experience violence, such as Rape Crisis Centres and refuges.

The findings were alarming: over one-third of local authorities had no specialised service provision at all. Only a minority had a range of services, defined as nine or more, covering different forms of violence (domestic violence, rape and sexual assault, trafficking, female genital mutilation and forced marriage) and types of support (safe shelter, advocacy, advice and self-help).

One year on, the Equality and Human Rights Commission and the End Violence Against Women Campaign (EVAW) have repeated this research. We wanted to see if the picture of support has changed for the millions of women who are forced to deal with the legacies of violence.

Rosie's story

Rosie lived in a small town in England. Never a confident person, Rosie was dominated by her partner who criticised everything she did. He was also violent.

Social services got involved when the nursery had concerns about their three small children. They spent two years working with the family, and knew about the domestic violence, but focused on the care of the children. Rosie attended parenting classes but her partner Ian never did. Rosie co-operated and tried to create a stable home for her children. Social services applied for a care order on the children, and it was only when Rosie had a solicitor that the question of the violence to her was addressed.

An expert opinion for the court recommended that the couple separate whilst Ian attended a perpetrator programme and Rosie got support from a specialist domestic violence project. But neither was available locally. The children were taken into care.

But once again, victims face a regional postcode lottery, and in large parts of Britain provision is scarce or non-existent. Many women are still left without the local support they need:

- The latest picture shows that over one in four local authorities in Britain have no specialised support services at all.
- Ethnic minority women are especially poorly served. Of the 408 local authorities in England, Scotland and Wales, just one in 10 have a specialised service for ethnic minority women. These services are uniquely suited to deal with women facing a very particular set of circumstances, for example those fleeing forced marriage or female genital mutilation, or those with insecure immigration status.
- Glasgow has the best provision in Britain, whereas the East and South East of England are particularly poorly served.
- Of the new services opened in 2008, 60% were in statutory sector. These services, like Sexual Assault Referral Centres and Specialist Domestic Violence Courts respond to recent incidents reported to the criminal justice system. While welcome, the majority of women still choose not to report the violence to the police. Thus statutory provision only deals with a tiny fraction of the problem.
- Levels of provision in the voluntary sector, which provides a wider range of services for all women, including those who do not seek help until years after they have experienced violence, have remained static or in some cases diminished. A survey of Rape Crisis England and Wales centres conducted for this year's report indicated that almost a quarter (24.1%) face closure this financial year and almost two-fifths (39.3%) fear closure in 2009/10 because of a lack of funding.
- The United Nations has called for the UK to do far more to support women who are victims of violence. Violence against women costs the NHS an estimated £1.2 billion a year for physical injuries and £176 million for mental health support. Despite this the Department of Health has made no significant investment in specialised violence against women services nor made reference to violence against women in its departmental strategic plans.
- In Scotland, the Government has extended provision through a national Violence Against Women Fund for over five years. But this

fund is now at risk since responsibility for funding violence against women services has been devolved to local authorities, a system which, as this year's report shows, isn't working for victims of violence in the rest of Britain.

The funding crisis faced by local women's services means not only that current gaps are unlikely to be filled but also that there will be a significant decline in services to respond to women's needs. Women who suffer violence will find themselves increasingly alone. The overall impact that will have on their health and wellbeing is immeasurable.

Why do women need specialised services?

Specialised services are, in the main, run by voluntary sector organisations and include: Rape Crisis Centres, refuges, domestic violence outreach projects, services for ethnic minority women, support for trafficked women and women in prostitution.

Some important services are located in the statutory sector, such as Sexual Assault Referral Centres and clinics dealing with female genital mutilation. While they provide valuable services, they are less common and may have limits placed on the range of services they provide. Generic statutory services – such as social services, housing departments and the police – have very specific remits and lack expertise in providing the support women need.

Women are most commonly abused by someone they know, often on multiple occasions and with sexualised elements. Each of these aspects of violence against women serves as a deterrent to telling others, let alone making an official report. And these impediments are enhanced for women from black and ethnic minority and refugee communities, disabled women and older women. Specialised voluntary sector services have provided safe spaces in which women have been able to:

- overcome shame and stigma;
- talk about their experiences without fear; be believed and respected;
- given the possibility to explore their options;
- seek justice;
- repair some of the harm the violence has caused and move on with their lives.

Ruby's story

"I am in my mid twenties and have a small son. One night while I was out with friends and family at a hotel in Newquay I was attacked by a man. He sexually assaulted me and when I fought back he knocked me to the floor and brutally stamped on my face and body causing serious injury. I needed reconstructive surgery as a result of my injuries.

"The police didn't treat it as a serious sexual offence so didn't offer me a specialist police officer or a forensic medical examination and the Crown Prosecution Service has recently dropped my case for lack of evidence. The police didn't give me any information about specialist sexual violence services, but fortunately I found Cornwall Women's Rape and Sexual Abuse Centre (WRASAC) who offered me long term counselling for trauma, advice and advocacy as well as support in making a complaint to the police about their treatment of me.

"WRASAC was absolutely fantastic from day one, giving me coping strategies for my panic attacks and ongoing support to this day. Without them, I simply do not know how I would have coped – they were a much needed lifeline that came just in time."

WRASAC has been supporting women who experience sexual violence since 1996. They have received numerous awards for their work including the Home Office's Gold Star Award as an Exemplar Project. Despite this they struggle for funding and do not receive any core funding, depending instead on short-term project based funding grants.

It is vital that women can seek help in safe places they know are not linked to the police, immigration or social services. Many of these specialised services have been supporting women in overcoming the violence they have experienced for over three decades.

They are essential life-lines that can take the form of listening, information and advice, advocacy, counselling, shelter, protection, self-help and support to become activists themselves. Crucially, unlike many of the statutory services, voluntary sector organisations support women who have experienced violence in the past, as well as those currently experiencing violence.

Sarjit's story

When 17 year old Sarjit fled Afghanistan, she arrived in Britain alone. She was taken in by a family who physically abused her. She managed to escape and apply for asylum but was turned down. Sarjit was then befriended by a man at a temple and moved in with him, but after she got pregnant he became violent and abandoned her.

Fortunately, she found help at Southall Black Sisters, who found her new solicitors to make a fresh asylum application and helped her get housing and support from the national asylum support service.

Organisations like Southall Black Sisters provide a lifeline for women like Sarjit who face added barriers when they experience violence, often to do with immigration rules, as well as language or culture. Yet less than one in 10 local authorities have such services, and the few that exist often struggle to survive because they are not adequately funded.

Recommendations and conclusions

It is clear from this research that there is a crisis in the funding and provision of specialised services that support women who have suffered violence.

The Equality and Human Rights Commission and End Violence Against Women campaign call on national and local governments to take urgent action to ensure that all women have access to the full range of support they need, where and when they need it:

- National governments in Britain must, as an urgent priority, implement a national funding strategy to secure existing specialised violence against women services and help fill the gaps.
- Local authorities and other public bodies must ensure that there is dedicated funding for independent, specialised, women-only services to support women who are the victims of violence.

Support for women in Glasgow

Women who are raped or abused in Glasgow have much better support – from both voluntary and statutory organisations - than anywhere else in Britain. For the 250,000 women who live in the city, there is a range of services meaning that women who have been trafficked can get to a place of safety, survivors of childhood sexual abuse have someone who understands their needs and there is support through the court process for victims of domestic abuse if they choose to report to the police. It is however recognised that given the prevalence of violence against women there is still a need to expand provision.

In contrast, many other British towns and cities have no specialised support for women at all. This stark contrast is because the Scottish Government, Glasgow City Council and partners in the city have made women's safety and well-being a priority through their commitment to addressing all forms of violence against women. Investing in women's support services pays dividends in helping women to overcome the harms of abuse and rebuild their lives. It is a model for other cities across Britain.

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

Some names in this document have been changed to protect identities

Introduction

> *Tonight, we are putting every public authority involved here on notice. The Equality and Human Rights Commission intends to make the treatment of violence against women the first acid test of their fulfilment of their duties under the Act. We expect everyone to sit up, pay attention and to provide adequate services; and I am saying this well ahead of their budget setting process, so there can be no excuses about lack of resources. If you don't provide, what you actually mean is that it doesn't matter enough to you.*
>
> **Trevor Phillips**
> Chair of Equality and Human Rights Commission,
> November 2007

Map of Gaps (Coy *et al*, 2007) documented the uneven distribution, and in some areas absence, of specialised violence against women (VAW) support services across nations and regions of the UK. It was published jointly with the Equality and Human Rights Commission, with the statement above from Trevor Phillips coming from a speech on its publication. The EHRC has made provision of VAW support services one of its acid tests for implementation of the Gender Equality Duty.

Using an innovative methodology, including GIS software, the study (from here referred to as MoG1) produced maps which visualised the presence and extent of services across the nations and regions of the UK. National and regional analysis compared the relative distribution of services to population estimates. The results provided incontrovertible evidence that access to support depends on where you live, and that some regions of the UK, and thus the women who live there, are especially poorly served. There were also good stories to tell for a few locations where coverage was more equitable and/or encompassed many forms of violence, demonstrating that it is possible to build integrated and comprehensive service provision.

Map of Gaps 2 (MoG2) presents updated maps, based on data collected in late 2008. We begin by summarising the original report

to contextualise the new maps, including sections on: defining terms; the extent of VAW; what a support service is; why violence against women services matter; and methodology. Sections on global and national policy contexts and population estimates are also updated. This year we have mapped only Great Britain – England, Wales and Scotland. A separate section detailing provision in Northern Ireland can be found on page 65.

Defining terms

Violence against women is defined throughout this report in accordance with the internationally recognised wording from the United Nations (UN). In the 1995 Beijing Platform for Action it is described as:

> ... any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (United Nations 2001).

The UN Secretary General recently reiterated the useful clarification used in the 1993 UN Declaration on VAW:

> ... the term "violence against women" is understood to mean any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately (UN 2006: 12).

This does not mean that men are never victims of, for example, rape, forced marriage, or domestic violence, or even that women are not sometimes perpetrators. What it alerts us to is disproportionality, and that the distribution of victimisation and offending both reflects and reproduces the gender order.[1] VAW is, thus, in the words of the UN, both a cause and a consequence of gender inequality, and remains a fundamental barrier to achieving equality between women and men.

The forms of violence addressed by services mapped here include: domestic/intimate partner violence; rape and sexual assault; sexual abuse of girls; trafficking and sexual exploitation; stalking; sexual harassment; female genital mutilation (FGM); forced marriage; crimes in the name of honour. Very few organisations work across all forms simultaneously.

The extent of VAW

In MoG1, data from the British Crime Survey (BCS) on domestic violence, sexual assault and stalking (Walby & Allen 2004; Finney 2006) were used to calculate a maximum of 2,861,900 and a minimum of 2,513,464 potential service users who were currently experiencing or had recently experienced at least one incident of domestic violence, rape or stalking in England and Wales. Data from Scotland, limited to domestic violence, showed similar prevalence levels (Macpherson 2002). None of these measures included sexual harassment, FGM, or violence that took place before the age of 16. Extrapolating from the most recent population figures across all the nations and regions of the UK results in a minimum of three million women experiencing at least one incident of violence in the previous 12 months. BCS data also confirm that women's elevated levels of fear of crime, compared to those of men, are directly connected to concerns about their personal safety. In this sense the majority of women's lives are circumscribed by the threat and reality of VAW.

Not all of the women who experience violence in the previous 12 months may need or seek specialised support (for example, a single incident of domestic violence may not prompt help-seeking) and some may have experienced more than one form of violence and thus be double counted in the BCS dataset. Allowing for this we estimate, therefore, that there are at least 1.5million women in need of services every year. Added to this is a larger pool of women who have suffered violence in the past as children and/or as adults who seek support to deal with the legacies of victimisation. The extent of need is significant.

What is a support service?

We use the term 'support service' to encompass organisations providing a range of support options that enable women to name violence, create safety, seek justice and undo some of the harms.[2] These options include: listening; information; advice; advocacy; counselling; shelter; protection; self-help; and access to activism. We describe services whose primary work is supporting women who have experienced violence as 'specialised', to reflect the skills and knowledge accumulated from experience and research. This specialised provision has deep roots in the women's voluntary/third sector: organisations that over the last three decades have enabled

women to not only 'break silence', but seek redress and exert their right to safe lives. Innovative forms of provision such as helplines, refuges, self-help groups and advocacy, now considered essential responses to a range of social problems, all have their origins in 1970s grassroots responses to rape and domestic violence (Bevacqua 2000; Dobash & Dobash 1992; Schecter 1982). Foundational principles of these specialised services are to create spaces in which women: are safe to tell; are believed and respected; have the possibility to explore options; and where support is not dependent on any legal or other requirements and is free at the time of need (WAVE 2002). Britain has never had the investment in this sector that has been evident in other western countries, and has been criticised by the United Nations CEDAW Committee for this. Yet it is women's services that deliver on government and UN commitments to empower women and repair the harms violence does to individuals, social networks and communities.

Throughout MoG2 we refer to diverse or a diversity of services and maintain that this is what government and commissioners should also be aiming for. Diversity here means a range of forms of provision – helplines, shelters, advocacy, counselling, group work – across forms of violence and for social groups with additional needs (young women, minority women, LBT women, women with disabilities, adult women survivors of childhood sexual abuse). Such a range is essential to ensure multiple routes into support as well as providing targeted services to meet specific needs. Needs here cover those of particular groups of women alongside those associated with the frequency and recentness of violence and where women are in their process of dealing with it. For example, a forensic examination is only relevant to those who report within days of a sexual assault, whereas counselling may not be appropriate for months, and for many years, after victimisation. Similarly, where women have yet to name what is happening to them as violence, offering a place in a refuge or encouraging prosecution of the perpetrator are unlikely to be the most useful options.

Why VAW services matter

The need for support services that enable women to name, address and move on from violence and abuse is acute given what we know about the contexts in which violence most commonly occurs and its associated harms.

Unlike the violence experienced by men[3] – which tends to happen

in public on single occasions – women are most commonly abused by someone they know, in the private sphere, often on multiple occasions and with sexualised elements. Perpetrators of violence towards women and men are, in the vast majority of cases, men. The specificities of men's violence against women serve as a deterrent to telling others, let alone making an official report; and these impediments are enhanced for black and minority ethnic (BME), refugee and older women, who may already experience a greater degree of isolation. Disability, mental health issues, substance misuse, involvement in prostitution and insecure immigration status all heighten the risks of being victimised whilst simultaneously narrowing access to support and reducing the likelihood of approaching statutory services. The BCS continues to document that only a minority of victim-survivors[4] ever report violence to statutory agencies, meaning access to support relies upon there being alternative routes, especially alternatives to the criminal justice system (CJS). The specialised women's support services mapped here have provided such routes for more than three decades and many are unable to meet demand, with lengthy waiting lists for counselling, lack of refuge bed spaces and helplines unable to answer all incoming calls.

The impacts of violence are diverse, ranging from lethal to relatively minor. Research has documented a range of consequences, including physical injury, gynaecological disorders, long-term mental health issues, self-harm and suicide, disruption in intimate relationships, constrained socio-economic opportunities, routes into offending behaviour and wider social exclusion (see, for example, UN Secretary General Report 2006; Kelly & Lovett 2005; Walby & Allen 2004; Rumgay 2004). Violence diminishes women's capacity to reach their potentials and damages families, neighbourhoods, friendship networks and communities. Costs are also incurred by public services, with the most documented in the justice system (Jarvinen *et al* 2008); however, there are undoubtedly significant, but as yet mainly hidden costs[5] in health and social services.

Specialised VAW services are essential to allow women space to name their experiences as violence/abuse and explore what support they need to overcome the legacies. Women-only services have an added value in this respect: they offer safe spaces, supportive environments and achieve more effective outcomes (WRC 2006). Dedicated services for BME and disabled women, through addressing

their additional communication and support needs, are able to ensure that their rights to live free from violence are realised (see page 46 for more details).

Methodology

For MoG1, we collated data from a range of sources including: an emailed questionnaire distributed to service providers; liaison with umbrella organisations; published listings of services; and Internet searches. The majority of research time was spent compiling the datasets. In this updated report, the existing dataset was checked by umbrella organisations across the nations and regions (IMKAAN, Rape Crisis England and Wales, Rape Crisis Scotland, Refuge, RESPECT, Scottish Women's Aid, The Survivors Trust, Welsh Women's Aid and Women's Aid Federation of England). Listings were generated from the MoG1 database of their member groups, which were then checked for omissions, recent closures and any new services. Organisations not affiliated to an umbrella organisation were checked using Internet searches and telephone calls.

Whilst the caveats from 2007 remain (small organisations, unable to promote their existence beyond their locality, may not be captured using this methodology), we have identified 29 services not mapped in 2007 and 75 new 'services' (over half within the statutory sector). Many of the 75 do not fulfil all the criteria for a specialised women's support service: an IDVA post within an SDVC is not an organisation. These new 'services' are nonetheless mapped for three reasons: to maintain comparability with MoG1; the significant investment the Westminster Government has made in this form of provision; and to illustrate the shift to criminal justice linked forms of support. If the IDVA posts are removed 35 new services which meet all the criteria are mapped.

MoG1 sharpened attention on what services exist and how the term 'specialised' was defined. As a result the new dataset is undoubtedly more accurate, including a number of services missed initially, alongside some removals highlighted as no longer fitting the inclusion criteria. The 'missed' services, however, represent only 3.8 per cent of total provision.[6] Table 1 shows the distribution of changes. There is no fail safe methodology for this kind of mapping project. However, this dataset is most comprehensive at the level of a national audit to date.

To 'map' services we used GIS (Geographical Information System),

a software application which makes it possible to link data about a place or location to a digital map. The database was geocoded to Local Authority[7] boundaries using the nationally agreed coding system for England and Wales and Scotland. Attaching the data at this geographical level (instead of address or postcode point) maintains the confidentiality of individual projects and services. The distribution of services was visualised using chloropleth mapping. This enabled the uneven geography of service provision across Britain to be highlighted graphically.

When studying the maps, readers should remember that the existence of a service tells us about only one part of availability – refuges may be large, small, have associated outreach and children's services or not; sexual violence services may be open for only few hours a week or have a daily phone line, they may offer immediate

Table 1: Specialised VAW services 2007 and 2008

Service	Missed in MOG[1] No.	New[2] No.	Closed No.	Outside criteria[3] No.	Total 2007 No.	Total 2008 No.
Domestic violence, including refuges	10	6	7	6	397	400
Perpetrator programmes	0	10	2	17	46	37
BME services (including FGM)	3	6	1	2	72	78
SDVCs	0	40	0	0	65	105
Sexual violence, including RCCs	12	4	6	0	115	125
SARCS	0	5	0	1	19	23[4]
Prostitution, trafficking and sexual exploitation	4	3	2	3	55	57
Total	**29**	**74**	**18**	**29**	**769**	**825**

[1] Existing services identified post MoG1 fitting inclusion criteria.

[2] Either services established since MoG1 or those where provision has changed to fit the inclusion criteria.

[3] Services that no longer fit the inclusion criteria.

[4] Since the data collection stage, we have been informed by the Home Office that another five SARCs have opened and one has ceased to operate as an SARC, taking the total to 26 for England and Wales. See endnote 25 for more details.

counselling or have lengthy waiting lists, work with 50 women a year or more than 500. Taken together, therefore, the organisations mapped here may provide a smaller or larger basket of services than in 2007, but tracking this was beyond the scope of this project.

For MoG2, we have also sought to explore the landscape in which specialised VAW services are operating in more detail, through a short survey for umbrella organisations. We asked whether any of the 2007 mapped services had been: subsumed into generic services; threatened with closure; in receipt of funding that is compliant with the Compact[8] and, for Scotland, the Concordat.

Since the introduction of the Gender Equality Duty (GED) in 2007, evidence has emerged that some women-only organisations have been asked by local authorities to widen their provision to include men, despite the fact that the duty did not reverse the exemptions under the Sex Discrimination Act (1975) that allow single sex services. It was, and still is, possible to provide single-sex services where there is a need to preserve dignity and privacy, such as for victim-survivors of violence (EOC 2006). The survey collated data on how many women-only services had been asked, or required as a condition of funding, to provide services to men, and if in either case there was evidence that this is related to a misinterpretation of the GED. We suggest that umbrella organisations keep records of the impact of the GED and commissioning, possibly working with the EHRC across the nations to audit this at regular intervals.

Inclusion criteria

Specialised VAW support services are defined by two inclusion criteria for the purposes of this study: that the organisation works primarily on violence; and that it provides significant direct support to female victim-survivors. National helplines have not been mapped, since they do not have geographical catchment areas, and are thus difficult to place.[9] What are mapped therefore are organisations in the independent women's voluntary/third VAW sector (refuges, community domestic violence projects, rape crisis centres, sexual violence support services); specialised services within the statutory sector that provide significant support, including: Sexual Assault Referral Centres (SARCs) and Specialist Domestic Violence Courts (SDVCs); prostitution, trafficking and sexual exploitation services; health sector female genital mutilation (FGM) services; and perpetrator programmes that are members of the RESPECT network, since they have signed up to work in accordance with RESPECT's

principles and minimum standards, which include an associated support service for women.

MoG1 mapped the 17 statutory programmes that were members of the RESPECT network. Since publication, however, greater clarity about the inclusion criteria means that they are no longer mapped. This is for two reasons: first, they cannot be held to account for providing women's support services; and, secondly, even where they do have a service this will only be available to partners of the tiny percentage of men convicted of offences (Burton *et al* 1998; Hagemann-White 2006). Only the voluntary sector programmes with open entry and mandated specialised support services for women are mapped.

Geographical boundaries

The distribution of services is analysed at two levels: by local and/or unitary authority in the maps and across nations and regions (see figure one for the regions of England); and in accompanying tables, which detail the number and percentage of total services.

Whilst a lack of services in a local authority area does not entirely limit access, as there may be services in the adjacent area, services frequently have limits placed on whom they can support by commissioners and funders. We also know from research on the ways in which women seek help that multiple routes are used, frequently a range of services are approached, and it can take considerable effort to make first moves. The absence of an easily accessible route into support at this 'turning point' is likely to act as a barrier to seeking and receiving appropriate help.

Equity of provision requires both even geographical distribution and adequacy of services with respect to population density. To assess this, we draw on population estimates for the nations and regions of Britain (see Figure 1) using mid-year population estimates for 2007 (see Table 2). Key figures to bear in mind when reading this report are:

- 83.8% (51,092,000) of the population live in England;
- The South East, London, and the North West are the regions with the highest population levels (each with more than 10% of the total);
- Wales and the North East have the lowest population distributions (less than 5% of the total).

Figure 1:
The Government Office Regions (England), with Scotland and Wales

Table 2: Population estimates for nations and regions 2007

Nation / region	Population	Percentage of population	Female population	Percentage of female population
South East	8,308,700	14.0	4,237,300	14.0
London	7,556,900	12.8	3,819,200	12.7
North West	6,864,300	11.6	3,497,900	11.6
East of England	5,661,000	9.6	2,882,700	9.6
West Midlands	5,381,800	9.1	2,733,800	9.1
South West	5,178,000	8.7	2,641,800	8.8
Yorkshire and the Humber	5,177,200	8.7	2,627,300	8.7
Scotland	5,144,200	8.7	2,658,600	8.8
East Midlands	4,399,600	7.4	2,226,800	7.4
Wales	2,980,000	5.0	1,526,000	5.0
North East	2,564,500	4.3	1,310,700	4.3
Total	**59,216,200**	**100**	**30,162,100**	**100**

These percentages are used throughout this report to evaluate adequacy of services with respect to population levels across the nations and regions.

Policy contexts: global and local

Under a number of international agreements, the UK government is required to ensure that women have access to services that provide routes to protection, justice, medical treatment and any other provisions that will help regain security and human dignity.

- General Recommendation 19 of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) stipulates that 'appropriate protective and support services should be provided for victims'.
- Under the strategic objectives of the 1995 Beijing Platform for Action, states are obliged to provide 'well-funded' support services including therapeutic, legal and medical provisions ensuring access for migrant women and women from rural areas.
- The Council of Europe (COE) adopted Recommendation (2002) 5 on the protection of women against violence, which calls on

member states to adopt a national strategy on VAW, including the provision of specialised support organisations (Hagemann-White & Bohne 2007).

- In November 2008 the COE published minimum standards for service provision (Kelly and Dubois 2008), which included standards for the distribution of services by population and region.

In July 2008, the UK reported to the CEDAW Committee on progress towards women's equality. The committee asked many questions about VAW and noted the absence of an integrated strategy, despite this having been raised at the previous session in 1999 (CEDAW Committee 2008). The CEDAW Committee also noted: that commissioning frameworks are proving detrimental to women's NGOs and recommended an impact assessment on its effects; concerns about misinterpretations of the GED; and the lack of support services for victims of forced marriage.

> 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 (*op cit*, p.9).

Women's organisations across nations and regions of the UK have been lobbying for an integrated strategy for several years (Kelly & Lovett 2005; EVAW 2007). Scotland began to move towards a strategic approach to VAW at least five years ago, and the benefits are apparent in the investment that has expanded and improved specialised support services, particularly rape crisis centres (RCCs). This contrasts with Westminster, where an emphasis on statutory services, especially those linked to the criminal justice system, has resulted in investment for specialist domestic violence courts (SDVCs), Independent Domestic Violence Advisors (IDVAs), SARCs and Independent Sexual Violence Advisors (ISVAs). MoG2 shows that the increases in provision in England and Wales over the last 12 months are all in the statutory sector, while the specialised women's voluntary sector struggles to survive and on some measures has diminished. In this context, the announcement on 25 November 2008 by Government Ministers that a consultation will take place on an integrated approach to VAW is welcome, as is the recognition

following MoG1 and the report of the Home Affairs Select Committee on Domestic Violence (HASC 2008) that inequities in service provision need to be addressed. As the rest of this report makes clear, this should be regarded as urgent, given the likely impact of commissioning on this vital part of the third sector.

There are, therefore, two linked issues that affect regional availability of specialised VAW services: differing approaches by the Westminster and Scottish Governments, and the respective investment in the statutory and specialised women's voluntary sectors that has followed.

Policy across the nations and regions

In England and Wales there are a range of policies relating to VAW that operate in a fragmented, piecemeal way. The 2005 National Domestic Violence Delivery Plan lists 'to build capacity within the domestic violence sector to provide effective advice and support to victims' as one of seven objectives (Home Office 2005), and this remains an objective for 2008/09 (Home Office 2008). In January 2007, an Action Plan on Sexual Violence and Abuse was launched, with a key objective 'to increase access to support and health services' (HM Government 2007: 21). The fragility of the sexual violence sector is recognised, albeit that the only clear commitment is 'for the Government to work with the sector to address this issue if access to support services is to be increased' (*ibid*). The most recent development in Public Service Agreement (PSA) 23, Make Communities Safer, includes explicit reference to the need for local government to invest in sexual violence support services. However, this indicator is a stretch rather than a mandatory target and implementation has been delayed. As a consequence, a tiny minority of local authorities have set themselves such a target. The Home Office Co-ordinated Strategy on Prostitution not only identifies support services as key to the provision of routes out, but also acknowledges that it is only specialists who can develop the necessary relationships of trust (Home Office 2006). Thus across all relevant Westminster policies the critical importance of specialised support is acknowledged.

A significant gap in current policy approaches is the lack of engagement by the Department of Health, despite the work of the VVAPP project in establishing the case. Although research indicates that VAW costs the NHS £1.2 billion a year for physical injuries and

£176 million for mental health support, VAW is not referenced in departmental strategic plans aimed at reducing health inequalities (WRC 2008a), nor has any of the significant investment in 'talking therapies' been earmarked for VAW support services. Given the widely documented legacies of VAW on women's health, there is a clear case for the NHS, nationally, regionally and locally, to address it within their gender equality schemes, including commissioning services and providing funding for specialised women's sector support services.

Further recognition of the need for specialised provision is found in the Corston Report (2007), which calls for a co-ordinated cross-government response to address the multiple and complex needs of women as offenders and victim-survivors of violence, including health, housing, drugs, victim support, childcare, training, skills and employment, as well as criminal justice interventions. Baroness Corston argued that women's centres such as Asha in Worcester and Calderdale in Halifax provide models of good practice that should be implemented on a national basis. In December 2007 the Westminster Government responded with commitments to take forward the recommendations, firstly by reviewing current provision and then to explore how services can be developed. The Ministerial statement of June 2008 announced that a women's centre in Wales was being funded, and one in Bristol is being developed as a pilot.[10] Women's centres are not mapped here, as they are not funded to work primarily on VAW. However, we acknowledge the support that they offer, and that some have specialised posts which address violence.

In Wales a Domestic Abuse Strategy was launched in 2005, which makes reference to appropriate support and safe options, committing to 'more equitable, accessible and effective service provision... available for any victim – when and wherever it is sought' (WAG 2005: 13/14). Despite this, however, two specialised organisations report the possibility of imminent closure and another has lost an outreach service which, in a nation with extensive rural populations, is an essential aspect of equitable service provision. In December 2008, the report of the National Assembly for Wales Communities and Culture Committee Inquiry into Domestic Abuse in Wales recommended liaison with the EHRC, to identify ways in which the Gender Equality Duty and other equality legislation might be used to enhance action, with respect to domestic abuse within key public bodies (NAW 2008).

MoG1 highlighted that Scotland provides important lessons in how to address VAW as a gender equality issue. Here a strategic approach has enabled growth in specialised VAW provision. A national Violence

Against Women Fund provides grants to services, domestic violence, and sexual violence (including work with adult survivors of child sexual abuse), and services for BME women.[11] In addition, separate ring-fenced funding streams operate for Rape Crisis and Women's Aid children's services. While local authorities have historically been the main funders of RCCs in Scotland, all the new centres have been developed through the national funding mechanism. Regrettably, this forward thinking policy, which extended and improved service provision, has, perhaps unintentionally, followed the model from Westminster, in that since the introduction of the Concordat[12] in 2007 local authorities have been given responsibility for decisions on funding of service provision. There is understandable anxiety in Scotland that their greater progress in ensuring geographic spread and diverse provision, within the UK, may be undermined (Scottish Women's Aid 2008).

A duty on the public sector to promote gender equality (following similar duties in relation to race and disability) was introduced in England, Wales and Scotland in 2007. All public bodies – including local councils, schools, police services, health authorities and government departments – should be assessing the different needs of women and men and taking action to meet these needs. This should lead to public bodies addressing VAW more effectively, in the first instance by assessing the need for VAW services and then setting priorities accordingly. Scotland has a Ministerial Duty for Gender and VAW is identified as a priority for Ministers to meet statutory obligations.

The Gender Equality Duty (GED) may in fact require women-only services in order to effectively address VAW as a core component of gender inequality (EOC 2006). However, in survey responses for this report, umbrella organisations provided evidence that domestic violence services in England and Wales had been asked to provide services to men in new tendering processes. In Wales six organisations faced such requests, with two told that their funding would be affected if they did not comply (the requirements were justified by local commissioners by reference to the GED). This interpretation – requiring organisations to provide parity of service for men irrespective of need – has been stated to be a misinterpretation of the intention and letter of the law by the Solicitor General in the House of Commons (HC Deb 8 May 2008, c958). Similar misinterpretation has occurred with respect to the Race Equality Duty (RED). For example in the case of the London Borough of Ealing, when they argued

that Southall Black Sisters should provide services for white women on parity with BME women. This interpretation was successfully challenged in a subsequent judicial review. These examples suggest that local realities of service provision in England and Wales suffer from a lack of central steer on the necessity of specialised VAW services that operate from a gendered (and culturally specific, where relevant) perspective.

Local realities

The translation of international commitments and domestic policy goals into the provision of specialised VAW services at the local level is central to this report. Currently, funding in England and Wales and increasingly Scotland, is dependent on local authorities recognising the need for specialised services and making financial commitments that enable their delivery.

In England, the 2008-2011 PSA 23 – Make Communities Safer – does not specify local targets in relation to domestic violence, other than that responses and service provision should be set according to local needs. From June 2008, Local Area Agreements define delivery targets for local authorities, with each required to choose 35 stretch targets, out of 198, as benchmarks. Just two of these indicators refer to domestic violence – number 32 (reduce repeat victimisation, linked to the criminal justice system and MARACs) and number 34 (reduce domestic homicides) – replacing the mandatory and more extensive BVPI 225.[13] However, to date, no local authority in England has chosen National Indicator (NI) 34 as a priority, and the implementation of NI 32 has been delayed (in order to establish baseline data). The NI concerning housing-related support does not make reference to specialised DV services and the ring fence on DV provision within the Supporting People funding stream has been removed. This has significantly reduced the policy levers through which local provision of specialised DV support services can be prioritised.

With respect to sexual violence, NI 26 in PSA 23 requires provision of specialised support services, albeit linked to enhancing criminal justice outcomes. Again, implementation of this indicator is currently delayed. Recent research found that only a third of funding (32%) for RCCs comes from local authorities and associated partnerships, with a further 13% coming from bodies such as Primary Care Trusts (Women's Resource Centre & Rape Crisis, 2008). In total less than half (45%) of funding for RCCs is provided by local authorities/public bodies.

In sum, therefore, there are currently limited statutory responsibilities requiring, or even supporting, the provision of specialised support services and a reduction in the policy levers which would ensure the retention, let alone expansion and reach of, existing services. This can only deepen the crisis in the VAW sector, since government argues decisions about service provision are made at local levels, yet has chosen to remove and/or delay implementation of requirements on local government to provide any, let alone sufficient, support services. Whilst the GED should be a mechanism that ensures that VAW is not lost in local decision making, leadership from central government is key to making this happen.

In Scotland, the delegation of responsibility to local authorities appears to be diluting previous gains. Although all 32 local councils have VAW partnerships, just four (12.5%) have identified VAW as a priority in their Single Outcome Agreements (SOAs), and a further five (15.6%) refer to a plan on VAW, while 12 SOAs (37.5%) make no reference to VAW at all (Scottish Women's Aid 2008). Almost half of local authority SOAs (46.9%, n=15) address VAW under the reducing crime National Outcome[15] (*ibid*). The impact of the shift to local priority setting has been immediate, as local authorities are shedding specialised VAW staff (for instance, the Western Isles have lost their VAW Co-ordinator).

Whilst not seeking to argue against local decision making in a general sense, there is extensive evidence within the UK, and internationally, that without a strong steer from the centre, VAW and gender equality more broadly will be designated a priority in only a minority of areas. Governments need to heed the lessons from the Scottish experience of the ring-fenced national fund for core services and that of the VAW Act in the USA. Partnerships between national and local governments and the third sector are the only way to sustain, improve and extend the services that women need.

Next we focus on two key issues – commissioning and funding – that are shaping the landscape of specialised service provision.

Commissioning

> [The biggest challenge is] the move away from grant funding. We now have to evidence how we fit local priorities. Usually these will not include sexual violence, so we have to try and fit into other health or domestic violence targets. We also do not have sufficient

> resources to expand in the way in which we feel is needed and there is no prospect of this changing in the near future (Rape Crisis Centre, England and Wales).

The implications for specialised women's organisations of the recent move towards commissioning are a source of significant concern (WRC 2008b). Commissioning means that the process of choosing service providers is subject to competitive tendering – 'shopping for services' (WRC 2008b) – rather than needs-led grant making. One principle of commissioning is efficiency savings and a common route to achieving this is reducing administrative costs by streamlining the number of contracts. That is, purchasing similar services, such as a supported housing or advice, from a single provider. This has a disproportionate impact on women's organisations, particularly BME services, as they are typically small providers which do not have the capacity to bid for large generic contracts (Mouj 2008). Specialised services in some areas report pressure to merge with larger, generic providers. In the process, the expert knowledge that made specialised services unique is lost, as provision is moulded to dovetail with standard models and approaches. Without such accumulated expertise, generic providers are unlikely to provide the level of service and depth of support that women require (WRC 2006). For example, understanding the ways in which forms of VAW undermine women's sense of self is essential, since this may prevent them from taking up options and/or militate against their being able to manage independently. Similarly, understanding cultural contexts is essential in understanding what protection young women facing honour-based violence, forced marriage or FGM need to assure their safety. Since MoG1, BME services have reported serious challenges in maintaining their autonomy under new commissioning frameworks, despite recognition by the Home Affairs Select Committee of the 'necessity of linguistic- and culturally-specific services for black and minority ethnic women' (HASC 2008, para 241).

In England, women's organisations are seriously under-represented on Local Strategic Partnerships (comprising less than 2% of members) and thus unable to participate equally in decision making with respect to commissioning of local services (Gudnadottir *et al* 2007). As a result, the expert knowledge on VAW that specialised organisations hold is rarely incorporated into guidelines. The processes of commissioning also appear to disadvantage VAW

services, with umbrella organisations reporting several examples of inadequate knowledge among commissioners and a resultant failure to understand the added value, and necessity, of specialised services.

For domestic violence services, floating support (community-based provision of advice and support to women who do not want/cannot access refuge accommodation) appears especially vulnerable as LAs shift to commissioning all housing-related support from a single, non-specialised provider. A recent Women's Aid Federation of England (WAFE) survey[15] noted that three quarters of responding services were concerned about the impact of commissioning on their ability to provide the range of interventions, which meet the needs of women seeking to end violence in their lives. Appropriate support for children affected by VAW is also potentially compromised – specialised women's services often provide this (despite a lack of funding for work with children in the Supporting People framework) and generic providers may not, since it has always required finding additional resources, often from charitable sources.

However unintended, the far reaching consequences of commissioning for women's NGOs led the CEDAW Committee in July 2008 to recommend that 'the [UK] conduct an impact assessment of its commissioning frameworks on the funding of women's organisations' (CEDAW Committee 2008: 7). As part of this much needed and urgent exercise we suggest that the scope for local commissioning frameworks to secure specialised violence against women services is outlined, including:

- ensuring ring-fenced funding;
- funding over a minimum of three-year cycles; and
- making targets for women and children outcome rather than unit cost focused.

Accompanying inter-departmental guidance should emphasise the value and legality of women-only services, especially those serving minority women (Coy *et al* 2008). The 'intelligent commissioning' model suggested by the Audit Commission is a useful template here, based on identifying service user need through liaison with local voluntary sector services; effective procurement that balances short-term savings with longer-term objectives; and transparent processes of awarding contracts or grants (WRC 2008a).

Fragile funding

> Despite the establishment by the Government of an interim short-term emergency fund, the [CEDAW] Committee notes with concern the impending closure of a number of rape crisis centres, as well as of domestic violence shelters, women's health organisations and black, minority and ethnic women's organisations... [The Committee] requests the State party to enhance its cooperation with and support, in particular adequate and sustained funding, for non-governmental organisations working in the area of violence against women (CEDAW Committee 2008:7).

> We have funding for this financial year but no guarantee of any money beyond that. We keep trying to arrange contracts/service level agreements, but have not had any luck. Our only contract is currently under review on an annual basis, and is only for £8,000 (RCC, England).

The UN CEDAW Committee in July 2008 requested that the UK governments report on funding for the women's voluntary sector in their next report, due in 2012. Here we highlight the current funding situation across the nations and regions.

A recent study on RCCs in England and Wales highlighted serious funding gaps, with the majority (79%) of grants awarded for less than one year (WRC & Rape Crisis 2008). The average annual income for each RCC was £81,598, only marginally more than the cost to the state of investigating a single rape (£76,000) (*ibid*). In April 2008, Harriet Harman, the Minister for Women, announced that £1 million would be found to avert imminent closure of eight centres. Welcome as this was, the monies did not reach the centres until November 2008, leaving many struggling to maintain service delivery in the interim period. A long-term funding mechanism has yet to be identified. This funding gap and devolved responsibilities, alongside delayed implementation of even an optional target, means there is a strong likelihood that an acute crisis will recur in 2009. In Wales Brian Gibbons, Minister for Social Justice and Local Government, announced in November 2008 funding of over £1.5 million to support organisations tackling domestic abuse and sexual violence.

The Women's Resource Centre (2008) recommended that a cross-government ring-fenced 'Rape Crisis Fund' of at least £5 million

should be established before the end of 2008, including money from the Department of Health. Rape Crisis England and Wales undertook an online survey to their members to gather data for MoG2. Twenty-nine of the 38 affiliated centres responded and results indicate that almost a quarter (24.1%) faced closure this financial year, and almost two-fifths (39.3%) fear closure in 2009/10 because of a lack of funding. The vast majority (89.7%, n=26) identified lack of sustainable funding as their biggest challenge. Four centres specifically mentioned Primary Health Care Trusts as uninterested in funding their services. This demonstrates the urgent need for the Westminster Government to develop a long-term funding framework for the specialised sexual violence sector that secures current provision and enables services to expand to meet local needs. This should include a national steer requiring health trusts to invest in established specialised services.

In Scotland, each RCC receives annual core funding of £50,000 from the Rape Crisis Fund, which prevents them having to bid against each other. However, this does not cover the full costs of providing the service and centres continue to have to dedicate significant amounts of time to fundraising.

With respect to domestic violence, the removal of the ring fence on the Supporting People fund in England, Wales and Scotland (the primary funder of refuges and housing related support), and integration into local authority budgets from April 2008, means that there is no longer a guarantee of funding for domestic violence and in some cases wider VAW services. Provision will be dependent on local authorities defining the existence of a local need. The domestic violence sector is understandably anxious about the outcome of this shift, with already documented shifts of funding for local DV co-ordinators to IDVAs, following the loss of BVPI 225 in England and in non-devolved policy areas of Wales. The stark reality is that by the time data collection is undertaken for MoG3 in late 2009, a substantial number of local specialised services may have disappeared – either altogether or through absorption into generic supported housing providers. The loss of skill, expertise, local knowledge and ability to work with women and children with high support needs will be incalculable. The short-term financial savings are, unfortunately, all too easy to estimate, whereas the cost to women and children in terms of emotional labour and on-going legacies of harm are less easy to calculate. If just one woman or child were killed as a result of less practice knowledge about safety, this would wipe out all of the

annual savings at a stroke. Having to place families fleeing violence in temporary accommodation for three months, or instigate child protection procedures, where this could have been alleviated with support from specialised VAW organisations, would also nullify any savings from cheaper, generic providers.

Given that VAW is estimated to cost £40.1 billion every year in England and Wales (Jarvinen, Kail & Miller 2008), and that these costings are calculated primarily with respect to domestic violence (rather than sexual violence, FGM etc), bolstering the expertise of specialised women's services that deliver support, and frequently preventative work, is cost-effective over the longer term (WRC 2006; Coy *et al* 2008).

Specialised provision for women from BME communities is also gravely under threat. As well as the pressures to merge with larger organisations, funding cuts have led to reductions in the range of support options available (IMKAAN 2008). The community cohesion agenda also has implications for BME provision since the Commission on Integration and Cohesion recommends that 'single group funding' should be discouraged (CIC 2007). However, the recent judgement in respect of Southall Black Sisters confirmed that single group funding was acceptable in order to meet evidenced need, and that 'there is no dichotomy between the promotion of equality and cohesion and the provision of specialist services to an ethnic minority'.[16]

Closure of specialised services

The enhanced methodology used in this report enables analysis of services not captured last year, as well as those that closed and those that are new. Table 3 clearly demonstrates that the significant growth in VAW services is primarily located within the statutory sector (a 61.5% increase in SDVCs and a 21% increase in SARCs). It is also worth noting here that this growth has been strongly steered by Westminster Government policy and funding. At the same time, the specialised domestic violence and sexual violence voluntary sector lost more services than were opened. BME services have seen a small increase, yet several organisations note a simultaneous contraction in the range of support service they are able to offer (see page 35 for more details).

Across England and Wales, five sexual violence services have closed in the last year and at least a further 12 face threat of closure or freezing of services. Seven domestic violence services have closed,

Table 3: Growth in specialised VAW support services 2007 and 2008

Service	Change from MOG[1] No.	Net gain[2] No.	Growth %
Domestic violence (including refuges)	+3	-1	-0.3
Perpetrator programmes	-9	+8	+27.6[3]
BME services (including FGM)	+5	+5	+6.9
SDVCs	+40	+40	+61.5
Sexual violence (including RCCs)	+10	-2	-1.7
SARCs	+4	+4	+21.0
Prostitution, trafficking and sexual exploitation	+2	+1	+1.8
Total	**+55**	**+55**	**+7.3**

[1] The increase in services mapped.

[2] The increase minus closures and those outside the criteria.

[3] Calculated on the increase in services mapped in 2007 that fit the inclusion criteria.

and two in Wales are currently facing closure. Organisations across all sectors report that inadequate funding is diminishing their capacity, with loss of staff and reduction in contact hours with service users, a contraction in the options available for women.

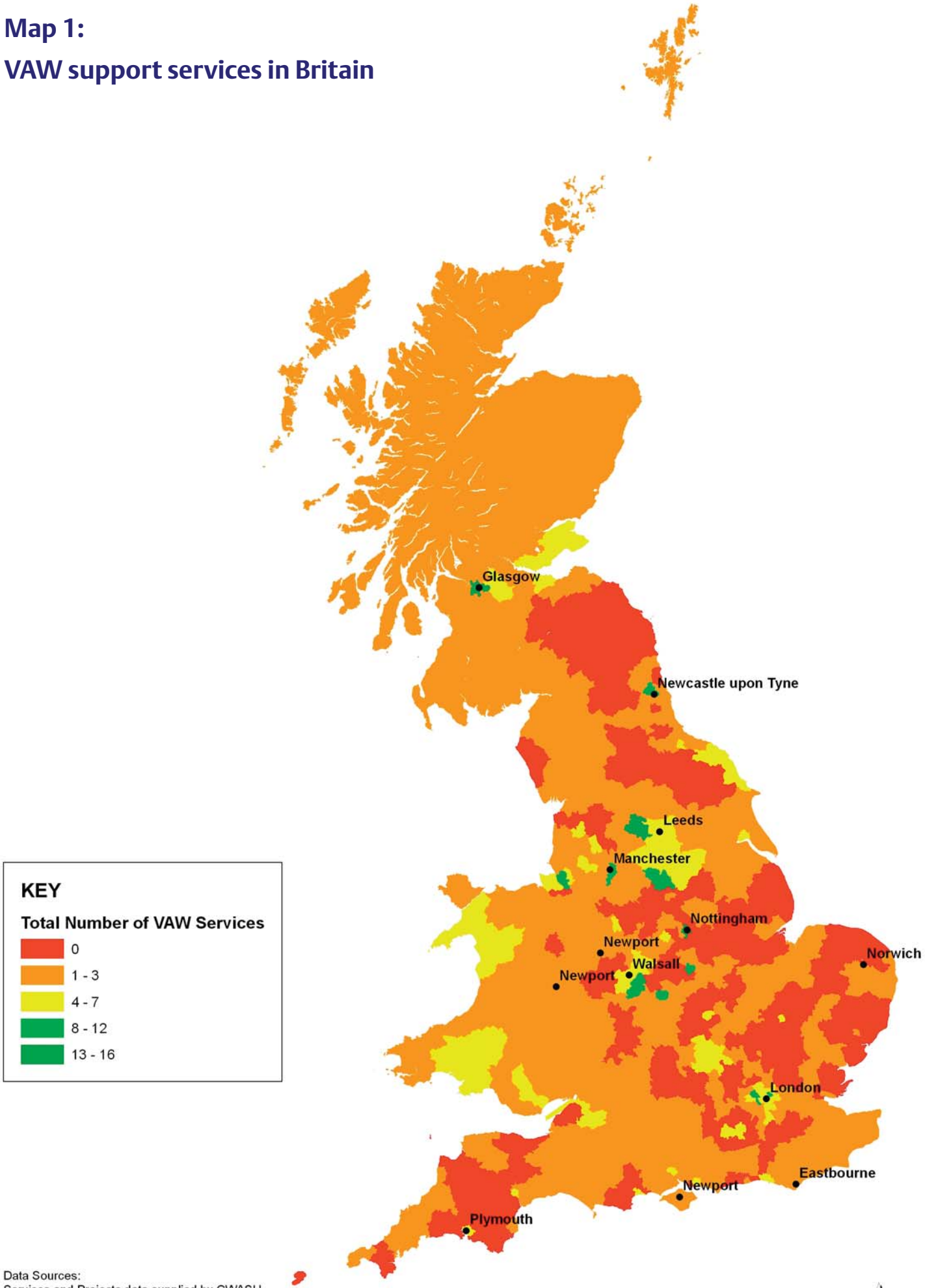
In Scotland the situation is not so acute – one domestic violence service has closed and another is threatened with imminent closure, with no loss of sexual violence services in the last year. Again, this is evidence of the benefit of the Scottish approach to core funding, rather than having to rely entirely on the vagaries of commissioning and charitable funders.

Mapping gaps

The maps in this section represent in visual form the postcode lottery for women seeking intervention and support. The colour shading is key to understanding the presence and extent of services: red indicates that no specialised VAW service is present; green indicates that a range of services are available; and the shades in between indicate relative distributions. Whilst a lack of services in a local authority area does not entirely limit access, as there may be services in the adjacent local area, services often have limits placed on whom they can support. We also know from research on women's help-seeking that multiple routes to support are frequently used, and that it can take considerable effort to make initial contact. Paucity of services, therefore, constitutes a barrier to seeking and finding support, making it intensely difficult for women to marshal the 'basket of resources' (Sen 1999) they need to resolve situations and/or move on with their lives.

Services have been mapped overall (Map 1) and then within two broad headings: domestic violence (Maps 2-6) and sexual violence (Maps 7-10). Further sub-divisions map the extent and distribution of specific kinds of services: those for BME women; perpetrator programmes; Specialist Domestic Violence Courts; Rape Crisis Centres; Sexual Assault Referral Centres; prostitution, trafficking and sexual exploitation services. Information about services in Northern Ireland can be found on page 65.

Map 1:
VAW support services in Britain



Data Sources:
Services and Projects data supplied by CWASU, London Metropolitan University

Local Authority Digital Boundaries used under license from UKBorders, an EDINA service

VAW support services in Britain

- **Over a quarter (26.5%) of local authorities across Great Britain have no specialised VAW support service.**
- **Only eleven out of 408 local authority areas can claim to have a range and diversity of provision (defined as nine or more services across both forms of VAW and types of provision).**

A total of 825 specialised VAW support services were identified and form the basis of Map 1. These include services for victim-survivors of: domestic violence, including refuges, and community-based provision, perpetrator programmes and specialised BME organisations, including those working on FGM; sexual violence including RCCs, specialised voluntary sector groups and SARCs; prostitution, trafficking and sexual exploitation. Table 4 illustrates that almost three quarters are focused on domestic violence. This should not be read as meaning there are adequate domestic violence services, since too many areas lack even this. What the map and table reveal is an imbalance in provision across forms of VAW, which will be illuminated further in the maps that follow.

Table 5 supplements Map 1, presenting the relative distribution of services by nation and region, alongside population estimates. The key findings here are:

- fewer than three quarters (73.5%, n=300) of the 408 local authorities in England, Scotland and Wales have a specialised VAW support service;
- significantly underserved regions are the East of England and the South East; and
- areas with a diversity of provision are Birmingham, Bradford, Glasgow, Hackney, Hammersmith & Fulham, Leicester, Liverpool, Manchester, Nottingham and Sheffield.

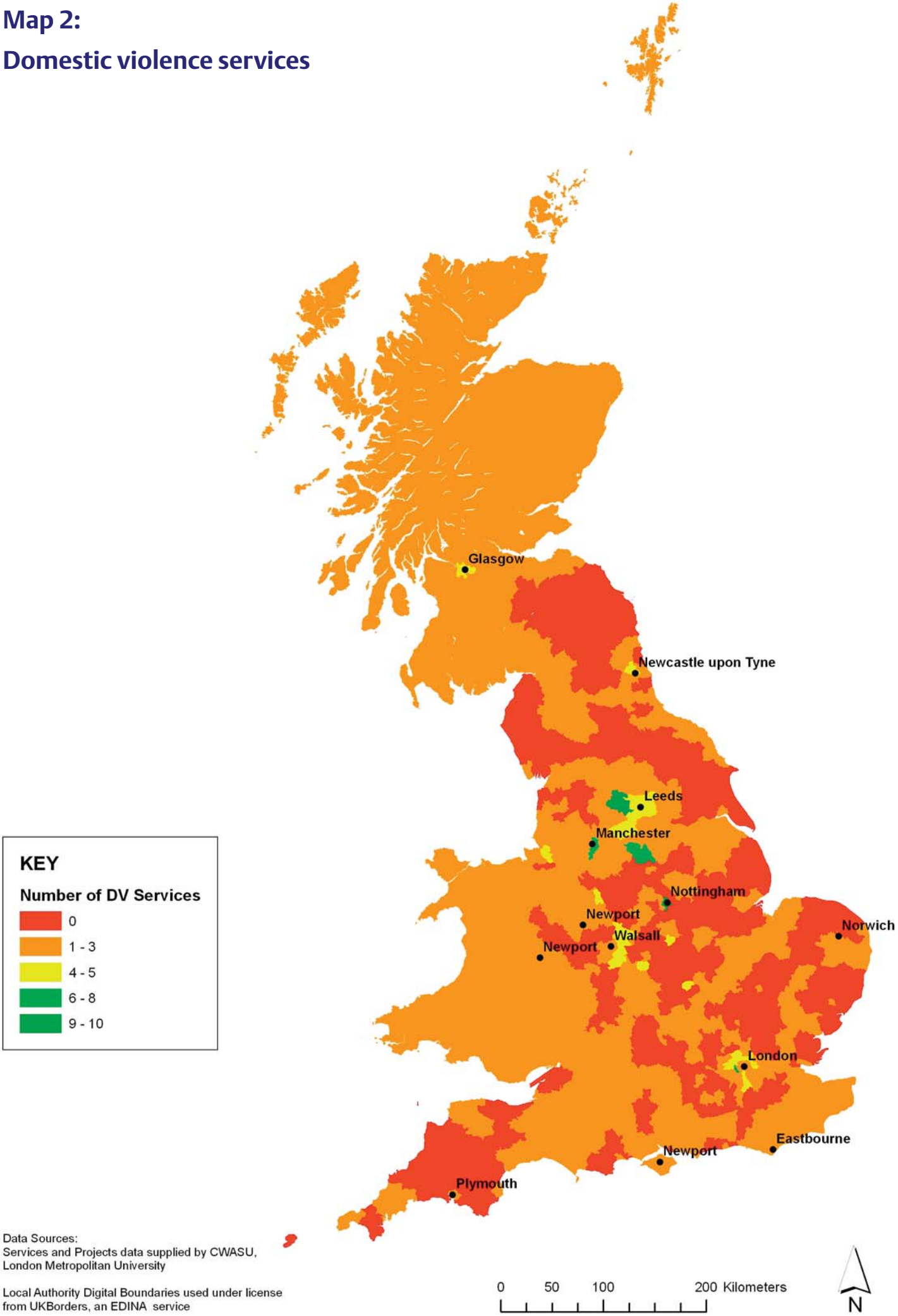
Table 4: Service provision across Britain by forms of violence

Type of specialised service	No.	%
Domestic violence	605	73.3
Sexual violence	148	17.9
Prostitution, trafficking and sexual exploitation	57	6.9
Female Genital Mutilation	15	1.8
Total	**825**	**100**

Table 5: VAW specialised support services by nations and regions

Nation/region	No.	%	Population %
London	122	14.8	12.8
North West	98	11.9	11.6
South East	91	11.0	14.0
West Midlands	84	10.2	9.1
Yorkshire and the Humber	78	9.5	8.7
Scotland	74	9.0	8.7
South West	71	8.6	8.7
Wales	60	7.3	5.0
East Midlands	58	7.0	7.4
East of England	45	5.5	9.6
North East	44	5.3	4.3
Total	**825**	**100**	**100**

Map 2:
Domestic violence services



Domestic violence services

- **Nearly one in three local authorities has no specialised domestic violence service.**
- **Specialised domestic violence service provision has decreased by 0.3% since 2007.**
- **Only 22 LAs out of 408 can claim to have a range of provision (defined here as four or more services).**

A total of 500 domestic violence services were identified, including specialised BME projects and perpetrator programmes with associated women's support services. Whilst comprising the majority of services, even domestic violence provision is not comprehensive across Britain.

Most of the organisations mapped here are part of the women's voluntary/third and community sector that has provided safe refuge, advice and support for over three decades. Crucially, these services often include specialised support for children, contributing to government policy agendas across the nations and regions to enhance children's emotional well-being and address child poverty. Almost a third – 31.1% (n=127) – of local authorities do not have a specialised domestic violence service. Table 6 presents the data across the nations and regions.

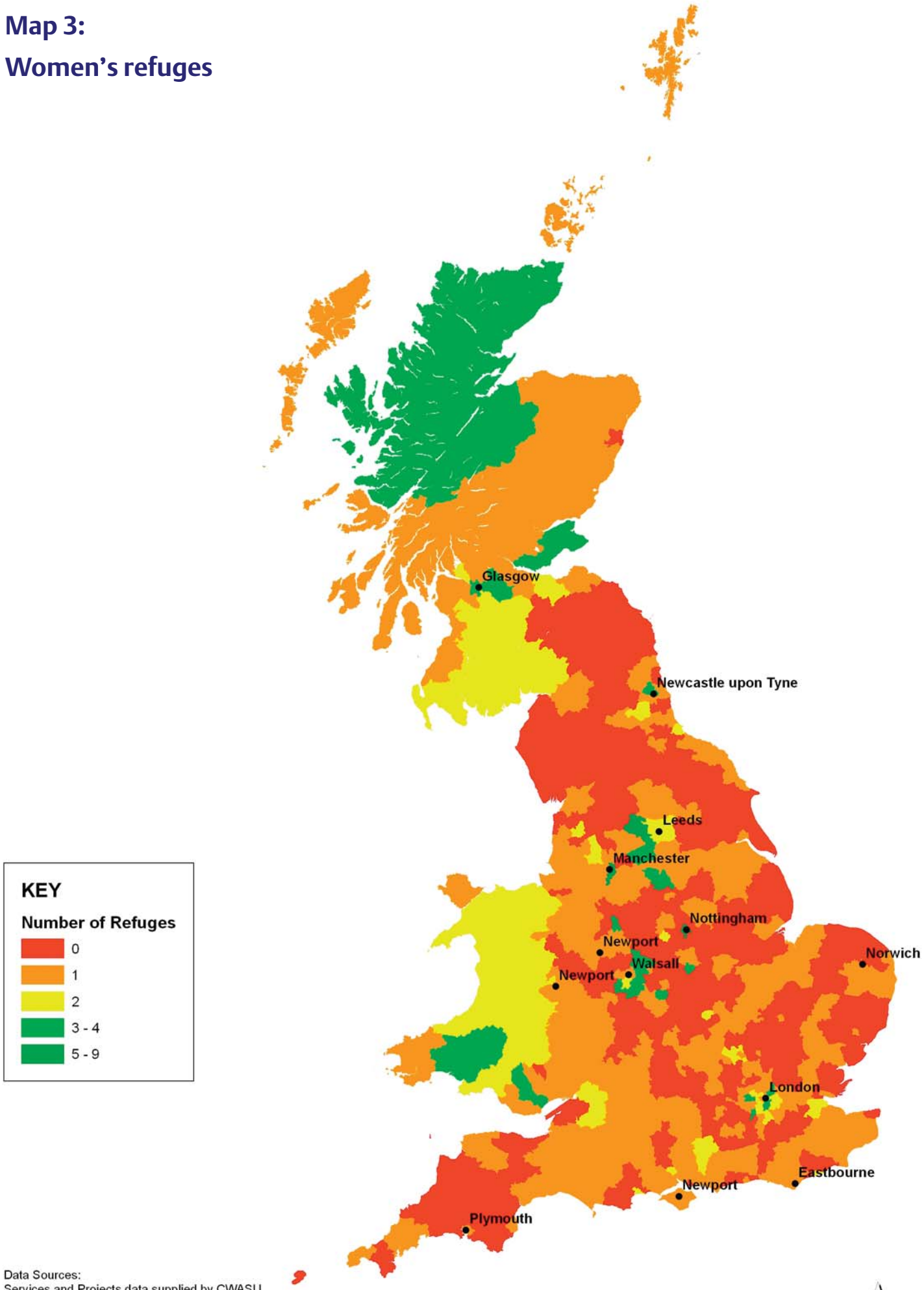
Table 6: Domestic violence services by nations and regions

Nation/region	No.	%	Population %
London	86	17.2	12.8
North West	59	11.8	11.6
South East	54	10.8	14.0
Scotland	48	9.6	8.7
Yorkshire and the Humber	46	9.2	8.7
West Midlands	42	8.4	9.1
South West	39	7.8	8.7
Wales	38	7.6	5.0
East Midlands	36	7.2	7.4
East of England	27	5.4	9.6
North East	25	5.0	4.3
Total	**500**	**100**	**100**

Combining analysis from Map 2 and Table 6 reveals the following critical gaps:

- there are fewer specialised services in Yorkshire and the Humber and the West Midlands than in 2007; and
- the East of England, the South East and the South West are particularly underserved.

Map 3:
Women's refuges



Data Sources:
Services and Projects data supplied by CWASU, London Metropolitan University

Local Authority Digital Boundaries used under license from UKBorders, an EDINA service

Women's refuges

- **Less than two thirds of local authorities (64.4%, n=263) have a women's refuge.**

Refuges are an iconic invention of the women's movement, and are now a global model considered the foundation of responses to domestic violence. They have always provided safe housing, mutual support and advice. Many encompass additional services, including outreach; counselling; sign-posting; advice and advocacy; practical support; floating support; children's services; second-stage accommodation and resettlement support. Provision is, therefore, typically wider than the term 'refuge' indicates, although previous sections have highlighted the impact of commissioning and new funding priorities which may be reducing the range of options available.

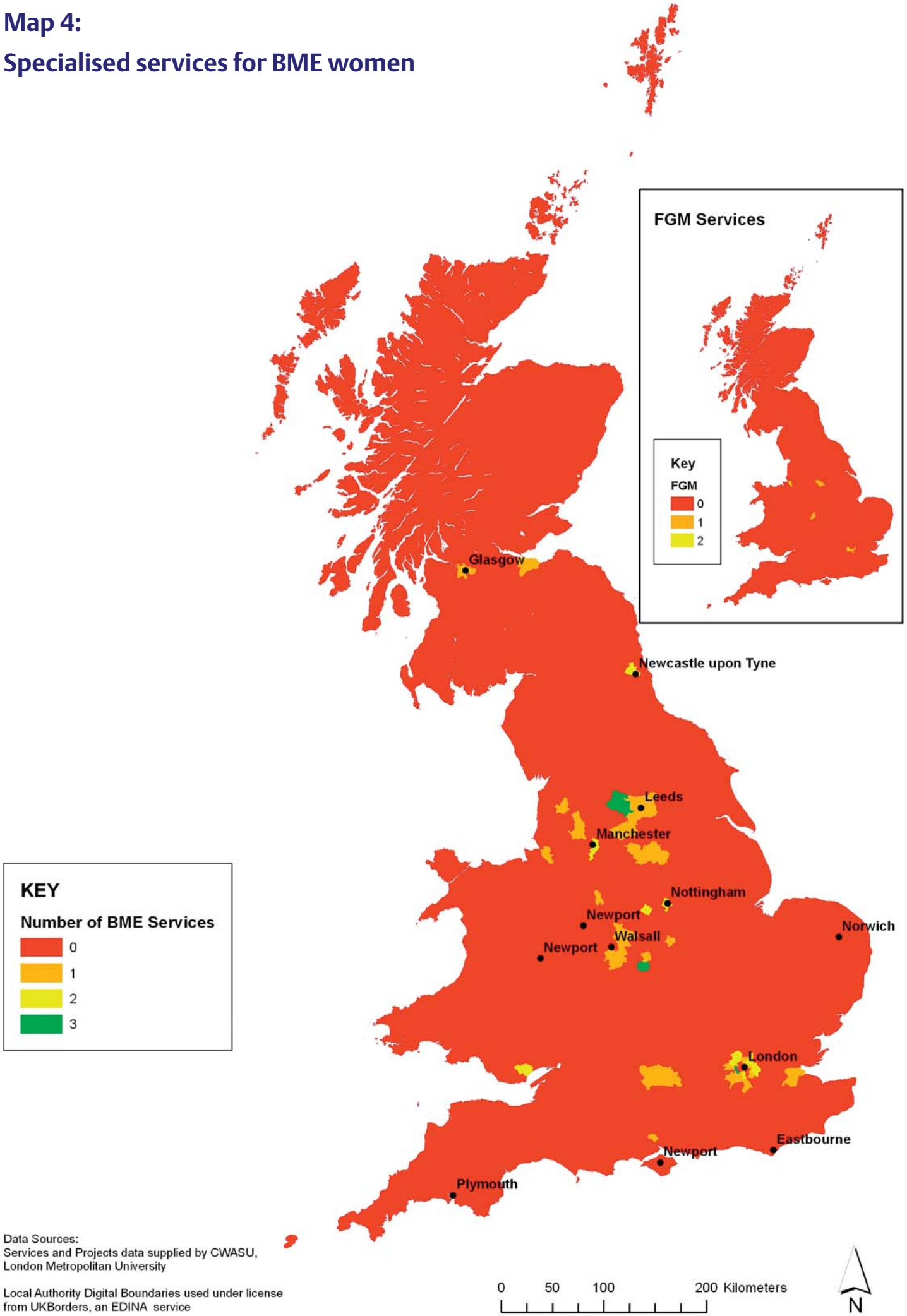
Whilst a total of 373 women's refuges were identified, this does not tell us about capacity, as bed spaces will vary according to the size of the refuge. Research by umbrella organisations, confirmed recently by the Home Affairs Select Committee (HASC 2008), consistently shows that England still lacks the recommended level of bed spaces proposed in the 1970s – one bed space per 10,000 population. It is an open question whether any area of Britain fulfils the updated Council of Europe standard (Kelly & Dubois 2008) – one family place, defined as beds for an adult woman plus the national average number of children per 10,000 population.

Refuges remain an essential part of provision, since there are always women for whom 'staying put' does not create safety, and those whose support needs are more than IDVA and outreach services can meet. Moreover, the focus on high risk in the work of IDVAs and MARACs requires the provision of safe housing where other interventions fail to stop violence, meaning it is essential that there is refuge provision to refer to. The entire 'co-ordinated community response' championed by the Westminster Government depends, at crisis points, on there being the immediate availability of safe refuge for those who need it.

There are additional criteria which limit access for women to refuge, which also need to be addressed if all women are to be able to exercise their right to protection from violence. These include no

recourse to public funds; upper age limits for male children; ability to accommodate large families; restrictions on accepting women with mental health/substance misuse issues; and women in paid employment who cannot access housing benefit or afford the rent costs at refuges.

Map 4:
Specialised services for BME women



Data Sources:
Services and Projects data supplied by CWASU, London Metropolitan University

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Specialised services for BME women

- **There are no specialised BME services in the South West or the East of England.**
- **Of the 408 local authorities in England, Scotland and Wales, just one in 10 (11.0%, n=45) has a specialised BME service, down from 46 in 2007.** [17]

A wealth of research demonstrates that specialised BME support services ensure women's additional and specific needs are met (Gill & Rehman 2004; Parmar *et al* 2005; Thiara 2005) and that BME women value the option of such specialised provision (Rai & Thiara 1997). Yet BME services have found it more difficult to build sustainable foundations (Thiara & Hussain 2005), not least because of additional costs such as interpreting services; time-intensive community outreach; and supporting women with uncertain immigration status and/or no recourse to public funds (Gill & Rehman 2004; Rai & Thiara 1999; Thiara 2005).

While Map 4 and Table 7 show that provision has increased slightly since 2007, from 72 to 78 services, specialised services report that funding pressures have diminished the range of support they are able to offer. A recent report by IMKAAN indicates that eight 'services'

Table 7: BME services by nations and regions including FGM

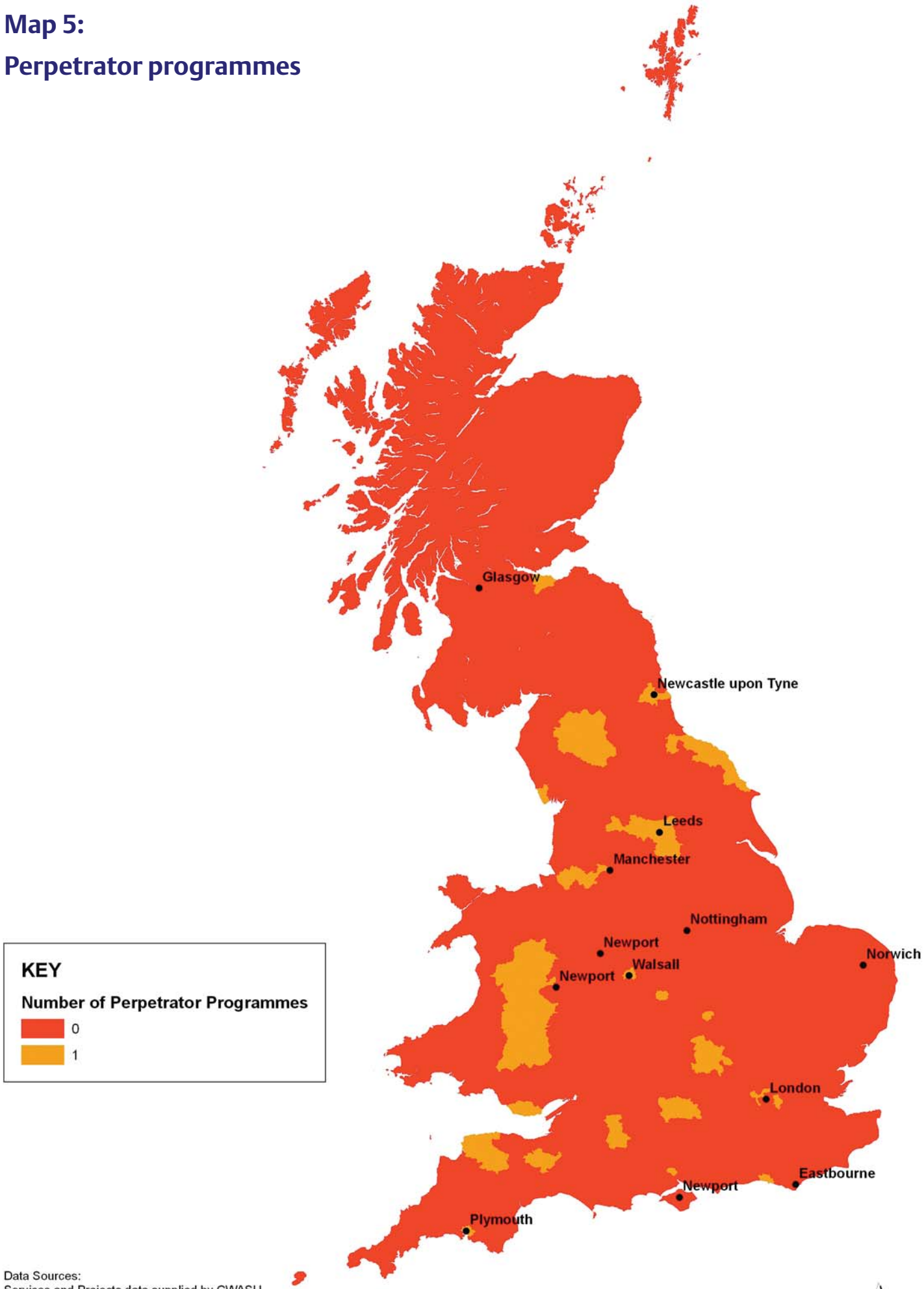
Nation/region	No.	%
London	38	48.7
West Midlands	8	10.3
North West	8	10.3
Yorkshire and the Humber	8	10.3
East Midlands	6	7.7
South East	4	5.1
Scotland	2	2.6
Wales	2	2.6
North East	2	2.6
East of England	0	0
South West	0	0
TOTAL	**78**	**100**

– defined as forms of provision such as outreach or helplines[18] – have been lost in London over the last year (IMKAAN 2008). Twelve specialised BME providers identified that they are currently under threat of a merger with a generic organisation, and at least two organisations have been taken over by housing associations as part of the already identified shift away from independent community-based services led by women's organisations. The MoG inclusion criteria mean that these services are still mapped. For IMKAAN it represents the diminishing of groups which have sought to give voice and recognition to marginalised women and the issues they face in their struggles to end violence in their lives.

No new FGM projects were identified, so these data are unchanged from 2007, with a total of 15 all located in England. Although there are an estimated 66,000 females who have undergone FGM living in England and Wales and a further 33,000 at risk (Dorkenoo *et al* 2007), three quarters of specialised services are located in London. All bar three are health clinics in the statutory sector focusing on the gynaecological or antenatal consequences of FGM. There are few community-based services. The points noted in 2007 remain:

- there are no FGM services in Scotland or Wales; and
- there are no FGM services in five of the eight Government Office regions in England.

Map 5:
Perpetrator programmes



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Perpetrator programmes

- **The number of voluntary/self-referral services has increased by just over a fifth (21.8%, n=8).**
- **There are no voluntary sector perpetrator programmes in the East of England.**
- **Over half of voluntary/self-referral programmes (51.4%, n=19) are located in just three regions in England – London, the North East and the North West.**
- **Fewer than one in ten (9.1%, n=37) local authorities in Britain has a voluntary sector domestic violence perpetrator programme.**

There is an emerging consensus that perpetrator programmes, which enable abusive men to understand and challenge their behaviour, should be one element of a co-ordinated response to domestic violence. International good practice recommends that all such programmes be accompanied by a support service for women (RESPECT 2004). The Westminster Government's Domestic Violence Delivery Plan mandates the Probation Directorate to provide a standardised perpetrator programme across England and Wales. According to the Home Office (2008), the National Offender Management Service (NOMS) has implemented perpetrator programmes in all 42 Probation areas since 2006, although access is limited to those sanctioned by the CJS. While 'women's safety work' is described as integral to these programmes, it is not a requirement to have associated support services for women,[19] contrary to recommendations for best practice. Research suggests that perpetrator programmes are a route into support for some groups of women who have not used women's support services (Burton *et al* 1999).

Only those services which can be guaranteed to have an associated women's support service are mapped here.

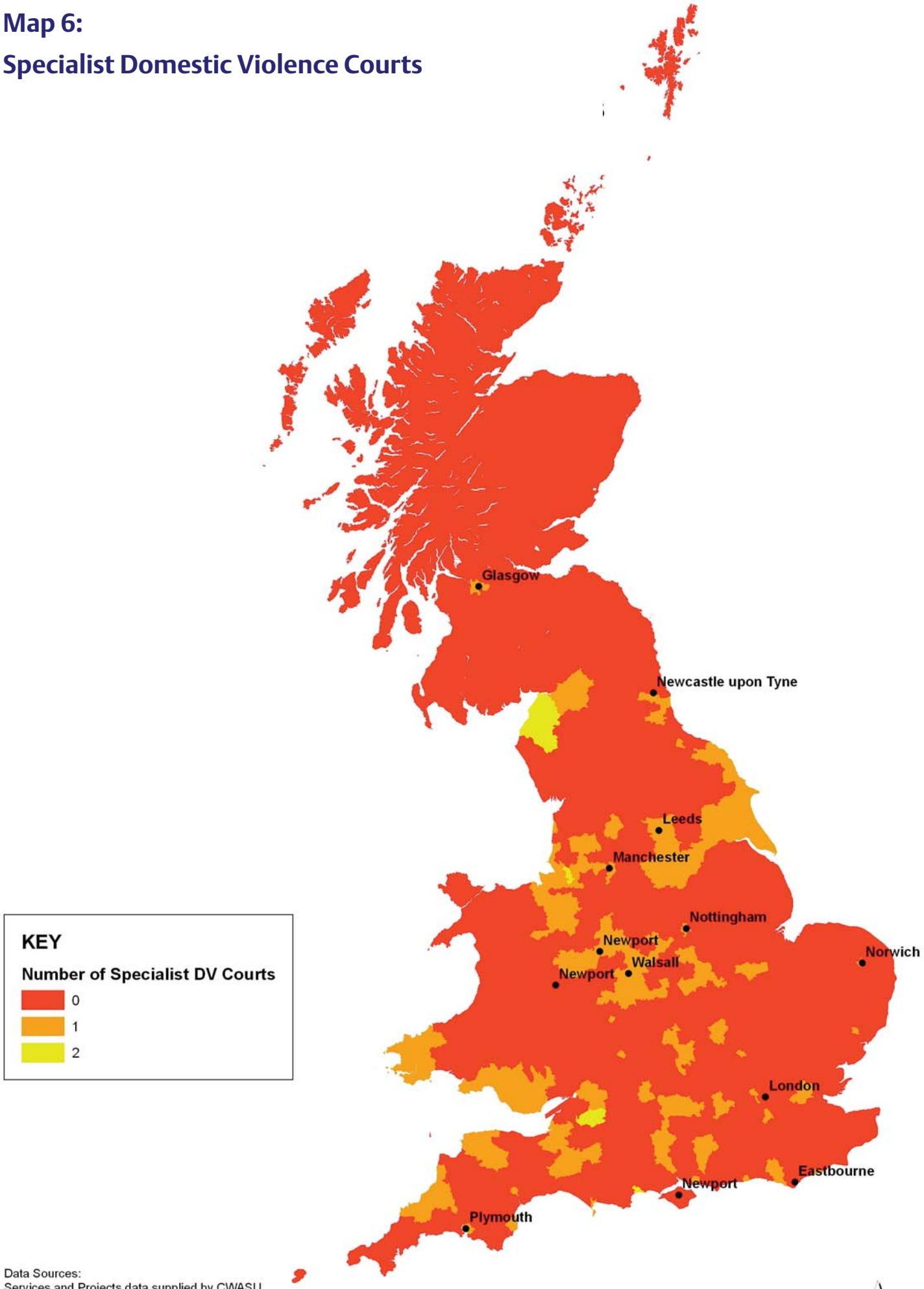
Table 8: Perpetrator programmes by nations and regions

Nation/region	No.	%	Population %
North West	8	21.6	11.6
London	6	16.2	12.8
North East	5	13.5	4.3
Yorkshire and the Humber	4	10.8	8.7
South West	4	10.8	8.7
South East	4	10.8	14.0
Wales	2	5.4	5.0
West Midlands	2	5.4	9.1
East Midlands	1	2.7	7.4
Scotland	1	2.7	8.7
East of England	0	0	9.6
TOTAL	**37**	**100**	**100**

Map 5 and Table 8 show that there are stark inequities in availability:

- no new programmes have been established in Scotland, West Midlands, Yorkshire and the Humber or East Midlands since 2007;
- the largest increase in programmes is in the North West (n=3);
- there are no perpetrator programmes that are members of RESPECT in the East of England; and
- East Midlands, Scotland, the South East and the West Midlands are particularly underserved.

Map 6:
Specialist Domestic Violence Courts



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Specialist Domestic Violence Courts

- **The number of SDVCs has increased by almost 40% (38.1%), from 65 to 105.**
- **There is just one SDVC in Scotland.**
- **Distribution remains uneven in England, with three regions having almost half (49.5%, n=52) of all specialist courts.**

SDVCs are described as 'the centrepiece' of Westminster Government policy on domestic violence, and the increase since 2006 a 'key milestone' (Home Office 2008: 27). The SDVC programme refers to the 11 components that an area must meet before it can be accredited – including IDVAs and specialised domestic violence provision. The Tackling Violence Action Plan for England and Wales announced a target of 128 SDVCs by 2011. They are mapped here to represent the Independent Domestic Violence Advisors (IDVAs) that the Home Office funds[20] in each SDVC area to support victim-survivors, although these posts may not be housed in specialised services.[21] A recent review of the first 23 SDVCs identified that almost three quarters (74%) of victim-survivors attending court were supported by IDVAs (HMCS *et al* 2008). SDVC 'schemes' may traverse local authority

Table 9: Specialist Domestic Violence Courts by nations and regions

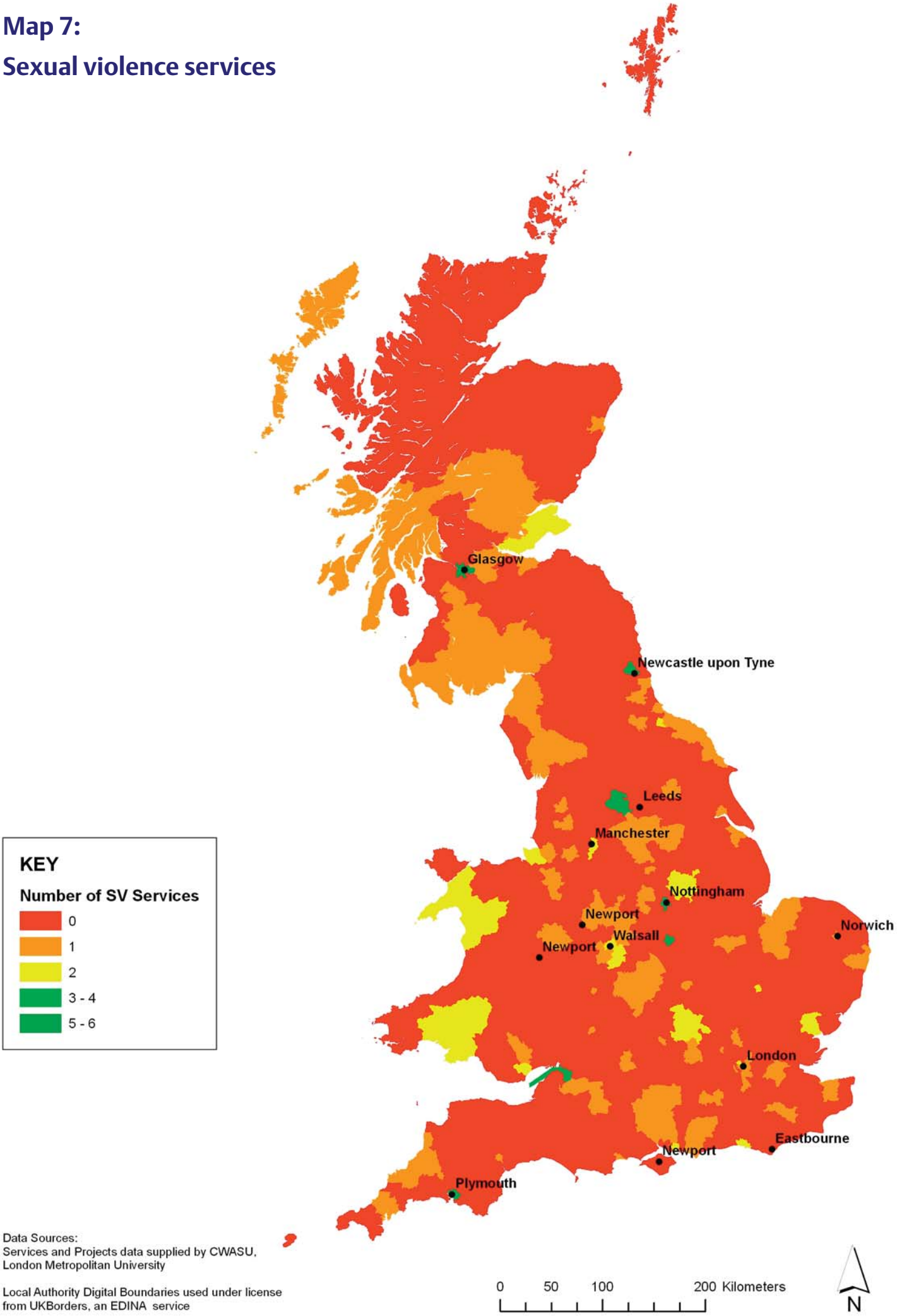
Nation/region	N	%	Population %
North West	20	19.0	11.6
West Midlands	17	16.2	9.1
South West	15	14.3	8.7
South East	14	13.3	14.0
Wales	11	10.5	5.0
Yorkshire and the Humber	9	8.6	8.7
East of England	6	5.7	9.6
East Midlands	5	4.8	7.4
North East	4	3.8	4.3
London	3	2.8	12.8
Scotland	1	1.0	8.7
TOTAL	**105**	**100**	**100**

boundaries where these are not co-terminus with local criminal justice board areas. They are mapped according to the primary court (and therefore local authority) in which they are based, and Table 9 presents analysis by nations and regions.

Despite the increases in 2008, some areas remain underserved:

- no new SDVCs have been established in London in the last 12 months;
- the South East has seen the largest increase, from one SDVC in 2007 to 14 in 2008; and
- the lowest increases have been in the East of England, East Midlands, the North East and Yorkshire and the Humber.

Map 7:
Sexual violence services



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Sexual violence services

- **Only one in four local authority areas (27.5%, n=112) has a sexual violence service.**
- **Three quarters of all local authorities (75%, n=306) do not have a specialised voluntary/third sector sexual violence service.**

Unlike domestic violence, sexual violence support services have not been afforded strategic positioning in national and local policy until very recently, with the promotion of SARCs and monies from the Victims Fund. As a consequence, they are noticeably less widespread than for domestic violence and even more fragile. Mapped here are RCCs, specialised voluntary/third sector service provision for sexual violence, and the statutorily funded SARCs. As Lovett *et al* (2004, p.9) note:

> UK SARCs primarily focus on services needed in the aftermath of recent rape. Support for adults dealing with histories of sexual abuse in childhood, adult rapes that occurred some time ago, sexual harassment and flashing tends to be undertaken by Rape Crisis Centres (RCCs) and Survivors groups, most of which operate on extremely limited and insecure funding.

A total of 38 ISVA posts are funded by the Home Office in England and Wales. As all bar one of these are located in existing specialised services,[22] they are therefore not mapped separately here.

Table 10 presents the distribution of sexual violence services across the nations and regions, and reveals that:

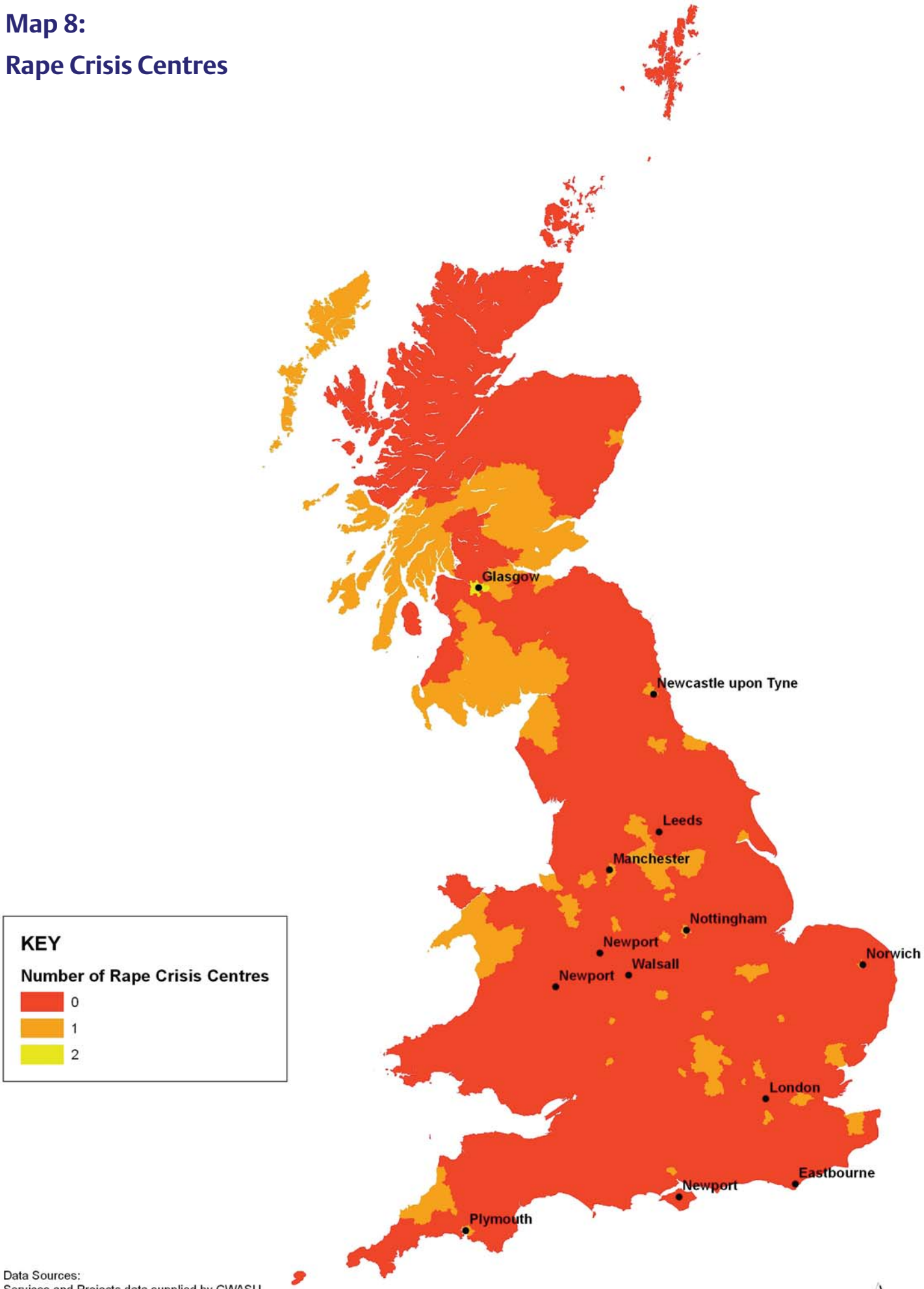
- the East of England, London, the North West and the South East are underserved; and
- Scotland has the most extensive provision when linked to population.

Table 10: Sexual violence services across nations and regions

Nation /region	RCCs		Sexual violence services		SARCs[1]		Total services		Population
	No.	%	No.	%	No.	%	No.	%	%
Scotland	13	25.5	4	5.4	1	4.3	18	12.2	8.7
East Midlands	7	13.7	2	2.7	3	13.0	12	8.1	7.4
Yorkshire and the Humber	6	11.8	7	9.5	0	0	13	8.8	8.7
South East	5	9.8	12	16.2	2	8.7	19	12.8	14.0
North West	5	9.8	4	5.4	3	13.0	12	8.1	11.6
East of England	4	7.8	7	9.5	0	0	11	7.4	9.6
South West	3	5.9	10	13.5	1	4.3	14	9.5	8.7
West Midlands	3	5.9	13	17.6	1	4.3	17	11.5	9.1
North East	3	5.9	4	5.4	4	17.4	11	7.4	4.3
Wales	1	2.0	4	5.4	5	21.7	10	6.8	5
London	1	2.0	7	9.2	3	13.0	11	7.4	12.8
TOTAL	**51**	**100**	**74**	**100**	**23**	**100**	**148**	**100**	**100**

[1] See endnote 25.

Map 8:
Rape Crisis Centres



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Rape Crisis Centres

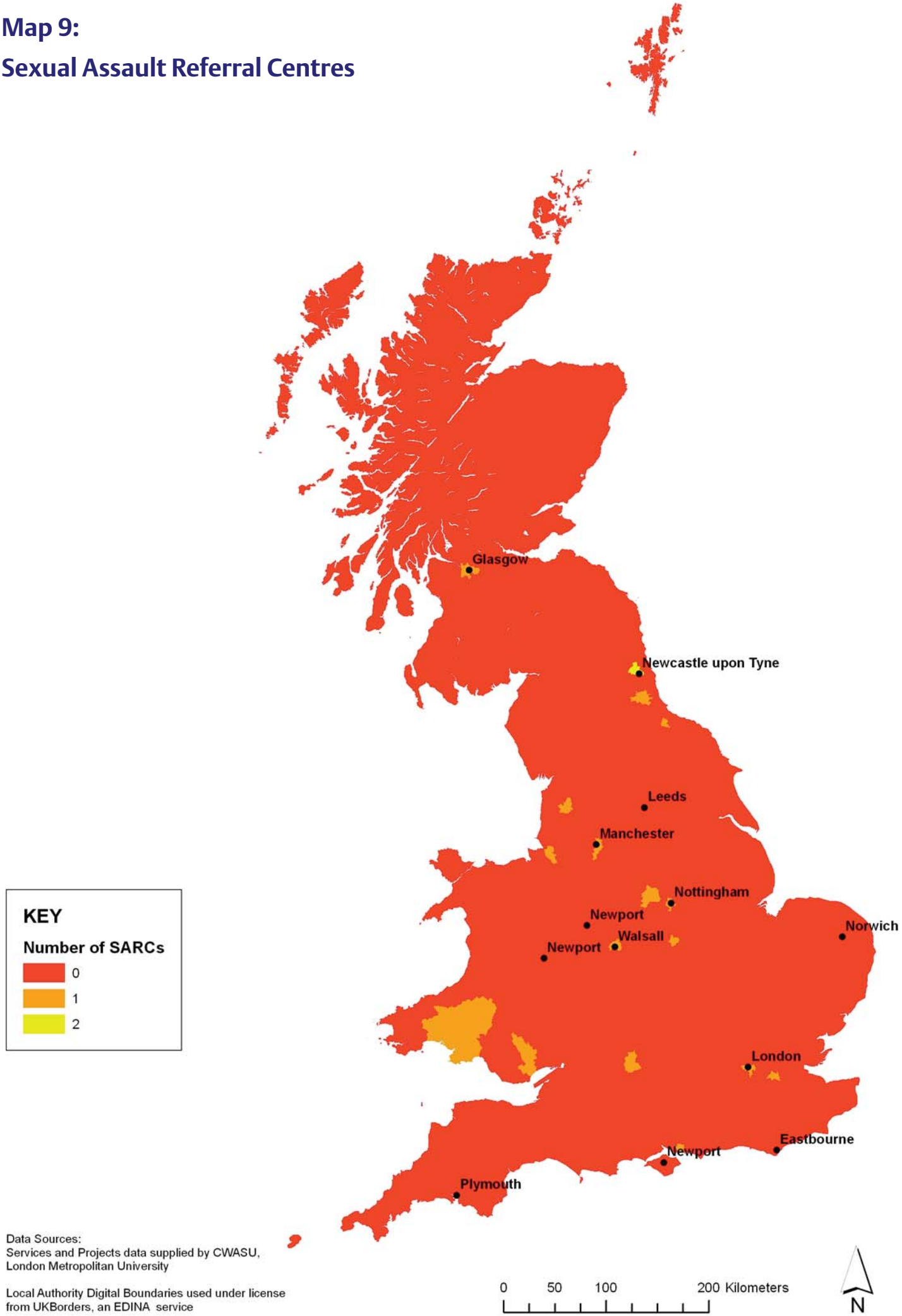
- **The vast majority of local authorities (87.7%) in Britain do not have a RCC.**
- **London, the North West, the South West and the South East are especially underserved.**
- **Scotland presents the strongest picture, with a quarter (25.5%) of the total RCCs in Great Britain located there.**

RCCs developed from grassroots activism to challenge the culture of disbelief and woman blame that suffused traditional responses to sexual crime. For over three decades they have provided vital support not only for women who have been recently assaulted, but also for adult women survivors of childhood sexual abuse (Sen & Kelly 2008). There are currently 38 Rape Crisis Centres affiliated to the Network in England and Wales,[23] although membership re-opens in early 2009 and a number of services are waiting to join. The new London mayoral administration has committed to establishing a further three rape crisis services in the capital. A new centre is also being developed in Bristol, with funding from the Community Safety Partnership. However, centres closed in Milton Keynes (2004), Hounslow (2005), South Wales (2005), Suffolk (2006), York (2007) and Luton (2007). One RCC in England and Wales indicated, as an example of unmet need, that they have 71 women on their waiting list, who will have to wait an average of six months to access support.

In Scotland, all 13 centres that receive monies from the Rape Crisis Specific Fund are mapped here as RCCs, nine of which are affiliated to Rape Crisis Scotland.

Whilst Map 8 and Table 10 show that RCCs are found across the nations and regions, provision is, to varying degrees, not only patchy but fragile in terms of funding, resources and capacity.

Map 9:
Sexual Assault Referral Centres



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Sexual Assault Referral Centres

- **Whilst there has been an increase of five new SARCs, this is still almost 50% below government targets.**
- **There remain four regions out of 11 where there are no SARCs, and there is only one in Scotland.**

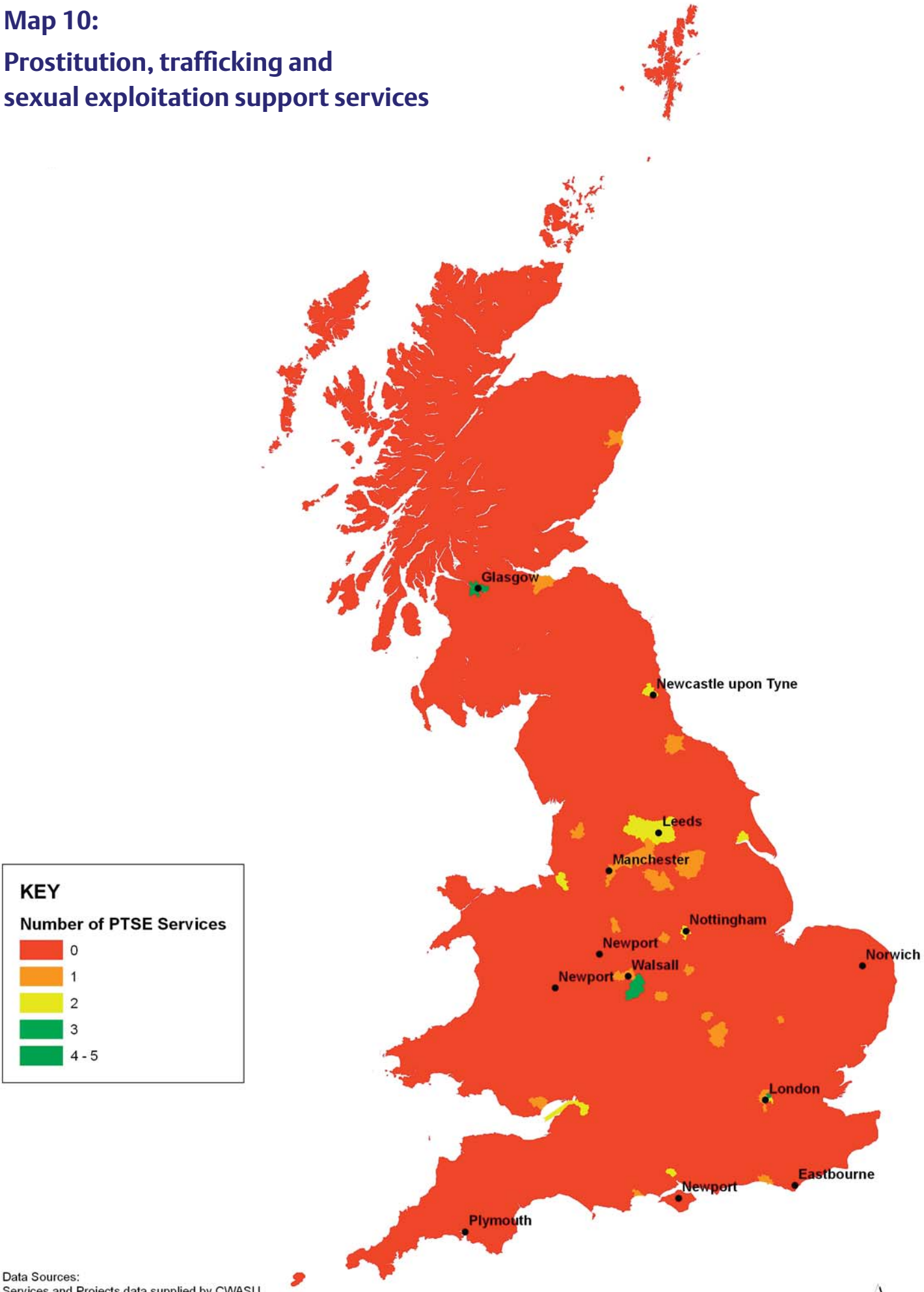
In September 2007, there were 18 SARCs operating in England and Wales and a pilot centre in Glasgow.[24] As noted in MoG1, SARCs are more evenly distributed across nations and regions than other types of services, demonstrating that a steer from central government results in more equitable access to services than when funding priorities are determined by local authorities. Although the Westminster Government Action Plan on Sexual Violence and Abuse (HM Government 2007) contains a pledge to establish 40 SARCs in England and Wales by the end of 2008, Table 10 shows that there are currently only half as many with 22[25] (and one SARC in Scotland). In 2008, three centres opened in England and two in Wales. However, the population differential between them means that England remains underserved, and all five SARCs in Wales are located in the south, leaving North Wales with no provision. Data from Map 9 and Table 10 reveal:

- new SARCs have opened in the North East, East Midlands, North West and Wales;
- there is still no SARC in the East of England; and
- one SARC in the South West failed to meet the minimum standards and is no longer classified as such – as a result the South West is the only region with a decrease in SARC provision.

To date, there has been no independent evaluation of the extent to which existing SARCs meet the minimum standards set out by the Home Office. Some well-established centres have expressed misgivings about whether all the more recent SARCs are meeting the standards, especially the provision of proactive follow-up support.

Map 10:

Prostitution, trafficking and sexual exploitation support services



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Prostitution, trafficking and sexual exploitation support services

- **Less than one in 10 local authorities (9.6%, n=39) has support services for women in prostitution.**
- **Only three local authorities (Glasgow, Hackney and Birmingham) can claim to have a range of provision (defined here as more than three services).**

Services for women and young people involved in prostitution[26] have their roots in a range of fields: sexual health projects; community-based women's organisations; children's charities; and faith-based groups.[27] A minority use peer support models. Very few services are funded to focus on exiting prostitution, despite recognition by the Westminster Government that 'dedicated services are essential' and 'must be made available' if women who want to are to be enabled to leave prostitution (Home Office 2006: 42). Common elements of service provision include: outreach to women on the street and indoor premises; sexual health and safety advice and information; advocacy and liaison with mainstream services (including to report sexual and

Table 11: Prostitution, trafficking and sexual exploitation services across nations and regions

Nation/region	No.	%	Population %
London	11	19.3	12.8
Yorkshire and the Humber	9	15.8	8.7
Scotland	7	12.3	8.7
West Midlands	7	12.3	9.1
East Midlands	5	8.8	7.4
North West	5	8.8	11.6
North East	4	7.0	4.3
South East	4	7.0	14.0
South West	3	5.3	8.7
East of England	1	1.8	9.6
Wales	1	1.8	5.0
TOTAL	**57**	**100**	**100**

physical assaults). Services for street-based women may also include housing advice, drug treatment, arrest referral, diversion schemes and provision of safe space (Pitcher 2006).

A total of 57 projects were identified, some of which target sexually exploited children and young people (see Map 10 and Table 11). This means that services for adult women are less than the raw numbers suggest. The POPPY Project in London and the Tara Project in Glasgow remain the only statutory-funded specialised residential support projects for trafficked women in Britain.

Analysis of the distribution of services in Table 11 reveals that:

- there is only one service in Wales;
- almost one in five (19.3%) are based in London; and
- the North West, the South East, the South West and the East of England are underserved.

Scotland has a significant percentage of services, largely due to the strategic approach to VAW in Glasgow that has included prostitution. Guidance for local authorities issued by the Scottish Government in 2007 recommended the development of independent specialised services for women in prostitution, to enable exiting (Scottish Government 2007).

Northern Ireland

MoG1 demonstrated that women in Northern Ireland were particularly underserved, with a dearth of specialised VAW services, apart from the 10 addressing domestic violence.

In terms of policy, a Domestic Abuse Strategy was launched in 2005, pledging to improve services and support, and highlighting inconsistent geographical provision and funding (DHSSPSNI 2005). A Sexual Violence and Abuse Strategy was also published in June 2008, which explicitly acknowledges sexual violence as a cause and consequence of gender inequality, and notes the provision of 'easily accessible, co-ordinated, quality support services for victims/survivors and their families' as a key objective (DHSSPSNI 2008: 24). Yet there is still no funded RCC and only one small counselling-based specialised sexual violence service for the entire nation (a SARC is reportedly in development). The head of organised crime policing in Northern Ireland recently called for the establishment of a specialised service for trafficked women.[28]

Additional critical gaps identified in 2007, and yet to be addressed are:

- the lack of a Specialist Domestic Violence Court;
- the absence of a specialised service for BME women;
- there is only a single perpetrator programme with an associated support service for victim-survivors; and
- there is just one specialised service for sexually exploited children, and no service for adult women in prostitution.

Conclusions and recommendations

Government is conscious that service provision is not what it should be in all parts of the country... our aim must be appropriate services and enough of them.

Vera Baird
Solicitor General
Keynote at Refuge 6th Annual Domestic Violence Conference, London, 25 November, 2008

It is our contention that the UK does not currently fulfil its CEDAW obligations to deliver prevention through public information and education, and protection through legislation, enforcement and community resources.

UK NGO oral statement to CEDAW Committee, New York, July 2008

According to the UN, VAW is 'any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately'. Over three million women across the UK experience violence each year and there are many, many more who have experienced abuse in the past. Specialised support services, particularly services designed for women by women, are vital to assure their immediate safety, access to justice and ability to move on with their lives. Yet fewer than three quarters of all local authorities in Britain have a specialised service.

Across all types of specialised voluntary sector services mapped in this report, the East of England and South East are particularly underserved. Services offering support to women who have experienced FGM are all located in just three government offices regions of England, and those for women involved in prostitution are scarce across all nations and regions. Scotland has, to date, seen the least service closures, although the shift towards local responsibilities and the small number of local authorities who have opted to address VAW as a priority means developments over the next two years should be monitored for any dilution of previous gains. While in Wales every local authority has a specialised domestic violence service, this is not the case with respect to wider VAW provision.

MoG2 demonstrates that over the last 12 months investment in specialised VAW services for women has been focused on the statutory sector and criminal justice based responses – SDVCs/IDVAs and SARCs – 60% of all new services mapped here are located in this sector. The women's voluntary sector specialised services, which provide holistic responses, has either remained static or in some areas diminished. Even where organisations have managed to stay open, capacity has reduced, with cuts in funding affecting both staffing levels and availability of forms of support. In real terms, therefore, the availability of specialised provision is less than the maps suggest. The independent BME sector appears acutely fragile.

The fact that no RCC closed in the last 12 months is wholly due to the redoubtable efforts of the network in England and Wales, which mounted a successful campaign to ensure the continuation of all existing services. Barbara Follett, the then Deputy Minister for Women and Equality, assembled an emergency fund to stave off closures. However, the failure of government to establish a long-term funding strategy means that the same crisis in Rape Crisis will recur in 2009. This time, though, it is likely that a number of domestic violence services will also be facing imminent demise.

The gaps mapped in this report are likely to increase rather than narrow if government at all levels fails to address both the funding crisis and the lack of provision in some areas. It must also address the limited diversity of specialised services that are run by women, for women, in the majority of areas.

We make a small set of key recommendations which would not only secure the future of the community-based specialised organisations which women need and use, but also ensure that their availability is equitable across Britain.

Key recommendations

1 End Violence Against Women and the Equality and Human Rights Commission jointly call on national governments and local authorities to take urgent action to ensure consistent national coverage and diversity of provision. We take as our point of departure the CEDAW Committee recommendations that UK governments undertake an assessment of commissioning frameworks and provide sustainable funding for NGOs. This is a timely window for governments at national, regional and local levels to redress the current inequities in provision.

2 To ensure that at all national government departments (across Westminster, Scottish Government and Welsh Assembly) address the ways VAW is relevant to their policy priorities. A clearly identified lead on policy and strategy should be appointed in each department.

3 Government at all levels should be mindful of the minimum standards on the geographic availability of third sector specialised support services, recently set by the Council of Europe.

4 Governments in England, Scotland and Wales must develop a funding strategy for specialised third sector support services. This should be compliant with the Compact and the Concordat funding cycle principles. Within this, the assessment of the impact of commissioning on women's NGOs must be an immediate priority, in line with their obligations under the GED.

5 Local authorities need to be aware that they, too, should be CEDAW compliant in responding to VAW and should be ensuring sufficiency and diversity of provision in their LAAs. This requires following General Recommendation 19, which stipulates that 'appropriate protective and support services should be provided for victims'.

6 As part of their legal obligations under the gender equality duty, LAs should undertake VAW needs assessments within gender equality policies, using research on prevalence of violence and other local information. Those LAs that fail to ensure women have support may be in breach of their legal obligations under the GED, and the EHRC has legal power to take action against them.

Final reflections

The absence of 'integrated measures' on VAW across the UK, as required by the UN, means there is no coherent approach across the nations and regions. As a consequence, women are not equally protected across Britain, do not have equal access to justice and are often unable to find services which would enable them to overcome the legacies of violence. Rather, we have an approach based on disconnections, across the geography of Britain, between forms of violence and from an analysis of VAW as a cause and consequence of gender inequality.[29]

There has been a historic neglect of sexual violence services, and

this combined with new guidance on commissioning services for local governments imperils many of the remaining RCCs and specialised services for BME women. The removal of ring-fenced funding under *Supporting People* for refuges means that the entire VAW NGO sector is increasingly fragile. Only in Scotland was a funding stream established to secure the future of the sector. The limited promotion of the GED, and limited understanding of gender equality in the public sector, has also resulted in some local authorities misinterpreting the GED as meaning that all services must be delivered equally to women and men without exception.

If not addressed the current situation will – with the possible exception of Scotland, but even here the removal of ring-fenced funding from Supporting People applies – result in the significant decline of an innovative sector that has been responsive to women's diverse and complex needs.

Britain has had reason to be proud of its NGO sector and it has been the envy of many other European countries, unfortunately it is questionable whether it will survive the current challenges. MoG2 is a call to governments at all levels to develop a more positive approach, which will ensure that all women have access to the support they need, wherever and whenever they need and seek it.

Endnotes

1 This concept (Connell 2002) is used to emphasise that inequalities between women and men are not individual differences, but rather they are rooted in social structures and cultural notions of masculinity and femininity that legitimate and sustain power differences between women and men.

2 Each specialised support service may offer various forms of support such as outreach, drop-ins, counselling, advocacy etc. It is beyond the scope of this study to capture the range or extent of provision each organisation offers.

3 Whilst young men are commonly assaulted, this tends to be in the public sphere, be more often perpetrated by relative strangers and the incident is more likely to be a single event (Coleman *et al* 2006).

4 We use this term to recognise both the victimisation that women have experienced and their agency in seeking to end violence, seek redress and/or deal with its impacts and consequences.

5 We say these costs are hidden, since the interventions/services are rarely undertaken explicitly with respect to VAW but under the headings of, for example, child protection, family support or mental health. Yet the issues addressed frequently have direct causal links to VAW.

6 In this sense Westminster Government claims that MoG1 underestimated provision were correct, but the difference is only marginal.

7 There are 408 Local Authorities in Britain. This is made up of 309 English District Authorities, 45 English Unitary Authorities, 22 Welsh Unitary Authorities, and 32 Scottish Council Areas. In this report the term 'Local Authority' has been used generically to describe all these administrative categories.

8 The Compact is the agreement between government and the voluntary sector detailing how they should work together (see http://www.thecompact.org.uk/).

9 This means therefore the domestic violence helpline in England run by Refuge and Women's Aid, the Wales domestic abuse

helpline run by Welsh Women's Aid, the Scottish domestic abuse helpline and the Scottish sexual violence helpline are not mapped. These helplines do, however, provide vital first points of contact, often then referring women to the local services mapped here.

10 http://www.justice.gov.uk/news/announcement240608b.htm

11 The ring-fenced grant funding at national level is reserved for core VAW services.

12 The Concordat is the agreement between national and local government in Scotland that identifies local authorities as an equal partner, meaning that 'local authorities now have greater freedom to determine their own priorities and allocate resources' (Scottish Women's Aid 2008: 3).

13 Best Value Performance Indicator 225 required local authorities to benchmark provision against 11 measures: a directory of services; a minimum of one refuge bed per 10,000 of population; funding for a domestic violence co-ordinator; a multi-agency strategy; a multi-agency forum; an information sharing protocol; a sanctuary scheme; a reduction in the percentage of homeless due to domestic violence cases re-housed in the previous two years; a clause in tenancy agreements stating that perpetrating domestic violence was grounds for eviction; an education pack devised for schools; and delivery of multi-agency training.

14 These National Outcomes cover a range of issues including health, inequality and improving life chances. Three local authorities placed VAW under the latter, a third as many as placed it under crime, and only two included it under more than one National Outcome (SWA 2008).

15 Undertaken for the Home Affairs Select Committee, 2008, unpublished. See WAFE evidence to HASC (2008).

16 (Kaur and Shah [on the application of] v London Borough of Ealing July 2008.)

17 This calculation is the sum of adding new services, alongside removal of those which no longer fulfill the inclusion criteria.

18 This is not the same definition of 'services' as used in MoG, which maps organisations.

19 Local practice varies, with support often commissioned from existing services, such as Women's Aid groups or Victim Support.

20 Recent announcements suggest that centralised funding will no longer support IDVAs after 2009. It remains to be seen how many of these posts will be mainstreamed through LA funding, and what the impact on the performance of SDVCs will be if they are not.

21 At least an additional 20 IDVA posts exist In England and Wales, but there is no central register due to localised decision making. As they are based in existing specialised services or statutory services, they are not mapped here.

22 One post is based in a police force in the North West.

23 Of the additional four mapped last year as RCCs, three are now mapped as sexual violence services since they are not fully affiliated to the Network. One (Luton) has closed.

24 Funding for Glasgow Archway was mainstreamed into local funding streams in November 2008. It was established through a grant from the then Scottish Executive.

25 Since the data collection stage, another five SARCs have opened in England and Wales: one in the South East, two in the South West and two in Yorkshire and the Humber. The SARC in the West Midlands is now classed as under development, so there is no provision in this region. The total number of SARCs in England and Wales is 26.

26 There are specialised services for men and transgender people who sell sex, but the vast majority of those involved in the commercial sex industry are women.

27 Although drugs services and sexual health clinics may offer targeted support for women who sell sex, mapping is confined to specialised organisations, namely those for whom addressing prostitution, sexual exploitation and/or trafficking in women is their core business.

28 http://news.bbc.co.uk/1/hi/northern_ireland/northern_ireland_politics/7764453.stm

29 The exception here has been in Scotland, which has located VAW within a gender analysis.

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End Violence Against Women

17-25 New Inn Yard
London EC2A 3EA

Telephone +44 (0) 207 033 1559
Facsimile: +44 (0) 207 033 1796

www.endviolenceagainstwomen.org.uk

Equality and Human Rights Commission

3 More London
Riverside, Tooley Street
London SE1 2RG

Telephone +44 (0) 20 3117 0235
Facsimile: +44 (0) 207 407 7557

www.equalityhumanrights.com