

FULL REPORT

2019

Breaking Down the Barriers

FINDINGS OF
THE NATIONAL COMMISSION ON
DOMESTIC AND SEXUAL VIOLENCE AND
MULTIPLE DISADVANTAGE

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THIS REPORT IS DEDICATED TO PIP WILLIAMS

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AVA

AVA (Against Violence & Abuse) is a feminist charity committed to creating a world without gender-based violence and abuse. Our mission is to 'Inspire innovation and collaboration and encourage and enable direct service providers to help end violence against women and girls.' We are an expert, independent and groundbreaking national charity particularly recognized for our specialist expertise in multiple disadvantage and children and young people's work. Our core work includes training, policy, research and consultancy.

Agenda

Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

Lloyds Bank Foundation England & Wales

The Lloyds Bank Foundation for England and Wales is an independent charitable trust funded by Lloyds Banking Group. The Foundation partners with small and local charities helping people overcome complex social issues, including domestic and sexual abuse. Through long term funding, developmental support and influencing policy and practice, the Foundation helps charities make life changing impact. The Commission and this report was funded through the Foundation's Transform programme aimed at stimulating innovation and improvements in the domestic and sexual abuse sectors.

Foreword:

Baroness Armstrong of Hill Top

We have made slow but steady progress in our understanding of women's experiences of domestic abuse and sexual violence. While there is still a long way to go, there is a growing understanding that these are public policy issues, to be discussed in parliament and featured in soap operas, rather than shut behind closed doors. We remain in the early days, however, of our understanding of the ongoing legacy of trauma and abuse, and how to respond to it. For far too many women, the legacy of sexual violence and domestic abuse is mental ill health, substance use, homelessness, or a criminal record.

It was a privilege as Chair of the Commission to listen to these women, hear their stories, and understand what help and support would have worked best for them. This report reflects their stories and sets out the practical changes needed at national and local level to ensure future generations of survivors get the support they deserve.

Hilary Armstrong



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1. INTRODUCTION AND BACKGROUND

The Commission on women facing domestic and sexual violence and multiple disadvantage was established by AVA (Against Violence & Abuse) and Agenda, the alliance for women and girls at risk. It was funded by the Lloyds Bank Foundation of England and Wales.

The Commission was established to evidence the connections between women's experiences of domestic and sexual violence and multiple disadvantage, and to fill a vital gap in the current response to their needs.

1.1 Why a Commission on Women's Multiple Disadvantage?

Recent work on multiple disadvantage has focused on a set of common issues: homelessness, offending and substance use.¹ As a result, work on multiple disadvantage has predominantly focused on men who are identified as having higher rates of these three issues. When the definition of multiple disadvantage is changed to incorporate the impact of violence against women and girls, however, a different balance emerges.

One in every 20 women have experienced extensive physical or sexual violence and abuse across their life course, compared to one in every 100 men. This equates to 1.2 million women in England alone. These women face very high rates of problems like mental ill-health, addiction, homelessness and poverty. More than half have a common mental health condition, one in five have been homeless and one in three have an alcohol problem.² Gendered violence also mediates the pathway to women's criminalisation, as most women in contact with the criminal justice system have faced domestic or sexual violence.³ Furthermore, this is also reflected in the experiences of many women involved in prostitution.⁴

¹ Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., and Watkins, D. (2015). *Hard Edges: Mapping Severe and Multiple Disadvantage in England*. London: Lankelly Chase Foundation.

² Scott, S, McManus, S, DMSS research for Agenda (2016), *Hidden Hurt: Violence, Abuse and Disadvantage in the Lives of Women*.

³ Research by the Prison Reform Trust found that the majority of women offenders had experienced domestic violence, Prison Reform Trust (2017), *There's a Reason Why We're in Trouble, Domestic Abuse as a Driver to Women's Offending*.

⁴ McNeish, D, Scott, S (2014), *Women and Girls at Risk: Evidence Across the Life Course*. London: Lankelly Chase Foundation.

Despite these connections, there is limited support which allows women to address all these intersecting issues at once. Previous research carried out by AVA and Agenda found that of 173 local areas in England and Wales, only 19 had access to support for women facing multiple disadvantage which could address all of the following issues: substance use, criminal justice contact, mental-ill health and homelessness.⁵

In addition to bringing a critical gendered lens to understandings of multiple disadvantage, an intersectional understanding of women's varied experiences is also essential. As well as gender, a woman's race/ethnicity, immigration status, sexuality, socio-economic position and experiences living with disability, for example, all impact experiences of multiple disadvantage.

The Commission aimed to shed light on the challenges facing these women who are often overlooked in policy making, or whose needs are not met through traditional and gender-neutral service design. Whilst there is emerging evidence around what works and what does not, for this group of women there has not been a systematic attempt to pool this knowledge, together with the voices of the women themselves, to identify a clear way forward. The Commission fills this gap in understanding and makes workable recommendations for change.

THE COMMISSION WAS ESTABLISHED TO EXAMINE:

- The links between domestic and sexual abuse and multiple disadvantage – particularly mental health, substance use issues, homelessness and poverty – across women of different identities, in particular race/ethnicity and disability.
- The experiences of women facing these issues, including their views on what services would best meet their needs and support them to rebuild their lives.
- Current provision to support women affected by these issues, including gaps and current shortcomings in the system.
- Evidence, ideas and good practice around how best to support women with experience of domestic and sexual abuse and multiple disadvantage.

Methodology

The Commission was chaired by Baroness Armstrong of Hill Top, pulling together a panel of leading experts from across the health, homelessness, substance use, criminal justice and violence against women and girls sectors. The

⁵ AVA and Agenda (2017) *Mapping the Maze*

Commission sat from October 2017 to December 2018 and was supported by a secretariat.

To put women's voices and experiences at the heart of this work, 13 volunteer peer researchers with lived experience of these issues were recruited and trained. In recruiting the peer researchers, every effort was made to ensure a diverse range of personal experiences was covered. We worked closely with specialist BAMER (Black, Asian, Minority Ethnic and Refugee) organisations to actively encourage applications from a wide range of communities.⁶ Researchers conducted interviews with other women who they shared similar life experiences with. The findings of their final report, *Hand in Hand*⁷, underpins this report and is also published in a co-produced thematic analysis included in the appendices of this report.

A national call for evidence ran from December 2017 to February 2018. The Commission then held seven oral evidence sessions over three days in locations across England and Wales to explore themes and fill gaps that arose from written submissions. Details of these hearings can also be found in the appendices.

A Community of Practice made up of 35 professionals shared examples of good practice, made their own recommendations and reviewed the Commission's draft recommendations. These professionals worked across a diverse range of sectors in England and Wales, including but not limited to: health, education, drugs and alcohol, homelessness, criminal justice, academia, local authorities and violence against women and girls.

Scope of the Commission

The Commission's work focused on adult women in England and Wales facing multiple forms of disadvantage and their intersectional experiences of accessing support services.

Several issues were discussed and considered by the Commission that do not feature in this report, due to the scope of evidence received. The Commission acknowledges that these are still critical issues which would benefit from further exploration as they relate to gender and multiple disadvantage. Examples of these issues include the specific experiences of trans and non-binary people, women who have experienced trafficking and modern slavery, and how work with perpetrators could further benefit women.

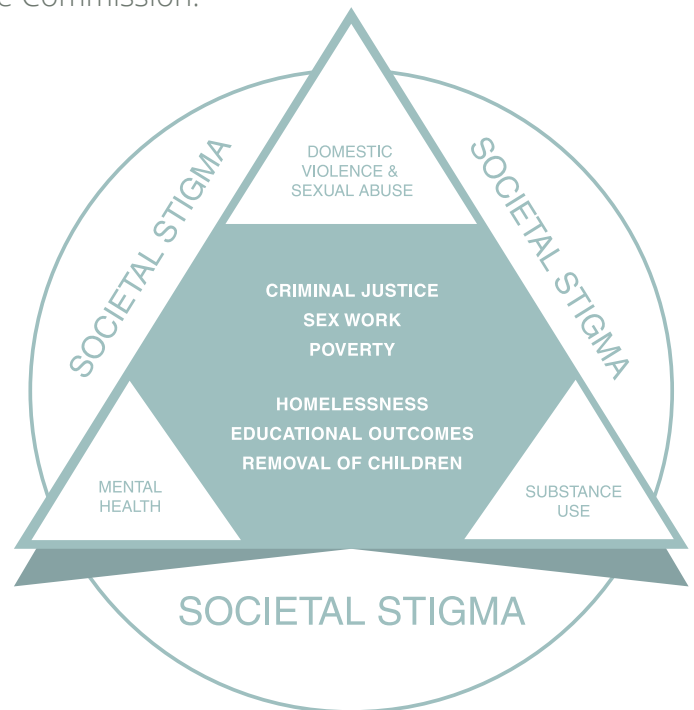
⁶ Demographic information regarding peer researchers and interviewees is outlined in *Hand in Hand*

⁷ AVA and Agenda *Hand in Hand: Survivors of Multiple Disadvantage Discuss Service & Support*. A report by Peer Researchers for the National Commission on Domestic and Sexual Violence and Multiple Disadvantage. (2018)

1.2 What Is Multiple Disadvantage?

As part of their work, the peer researchers collaboratively produced a diagram to help outline what they understood multiple disadvantage to mean for women, and this is the lens that has been used by the Commission:

The peer researchers described three experiences common to them all, with domestic and/or sexual violence, mental-ill health and the use of substances forming a triangle of common experiences. The abuse they have experienced and wider context they lived in meant women faced other common outcomes, which they placed in the centre of the triangle: poverty, contact with the criminal justice system, prostitution, removal of children, homelessness, and poor educational outcomes. The women described how they felt further trapped by social stigma that labelled them as problematic, complex, chaotic, damaged or harmed.



Some of the peer researchers also described facing additional stigma and barriers to accessing services due to their identity. For example, so called honour-based violence was flagged in the evidence as a huge barrier for some of the women sharing their experiences, for example:

(TALKING ABOUT RAPE)

I honestly believe my dad wouldn't have called the police if I had told him. He would have just rushed up the marriage and done it sooner. I couldn't break this engagement. My dad has always threatened us with honour killing so I couldn't tell anyone what had been done to me.

A WOMAN WITH LIVED EXPERIENCE

The Commission understands the social stigma described by the women as related to and part of broader structural disadvantage that includes: housing shortages, welfare policies, austerity, immigration status, inequality related to gender, race, socio-economic position, disability and sexuality.

Both the researchers and the final evidence highlighted that the impact of multiple disadvantage was twofold. The impact of the abuse itself had deep-rooted and long-lasting consequences on women's identity and wellbeing. Women described how the consequences of abuse lead to years of depression, anxiety and uncertainty. The psychological consequences of abuse eroded their entire sense of self:

They put doubt in your mind and fear and you learn not to trust people.

A WOMAN WITH LIVED EXPERIENCE

At the same time, the social stigma they experienced from others, as women who were experiencing other challenges in their lives like addiction or mental ill health, compounded how they had been treated by their abusers.

The peer researchers also highlighted that abuse impacted women across their life course. Many women had experienced abuse from an early age, describing witnessing abuse in childhood, including physical, sexual and emotional abuse, and parents and carers who used substances and faced challenges with their own mental health. Many women felt their experiences impacted on them across their life course, linking their experiences of abuse in childhood with the multiple disadvantage they faced in adulthood, as one peer researcher described:

It impacted my self-esteem, later on in life I didn't know how to process my feelings, that came out in aggression towards myself, I started self-harming.

A PEER RESEARCHER

Much attention has recently been given to the impact of abuse across the life course. Influential research in the USA found that adverse childhood experiences (ACEs) could be risk factors for predicting negative outcomes in adult life.⁸ The evidence presented to the Commission highlighted that women did have common adverse experiences, and these played out in later life with experi-

⁸ Finkelhor, D. (2017), Child Abuse and Neglect. Theodorou, N., and Johnsen, S. (2017) *Homelessness and Adverse Childhood Experience (ACE)*. Homeless in Europe, 4-7.

ences of violence, abuse, grief, substance use, mental ill health and loss of children common. Women stressed, however, that with the right support, adverse childhoods did not have to mean poor later life outcomes were inevitable, and approaches to working with women facing multiple disadvantage must take this in to account.⁹

1.3 Context: Women, Society and Structural Barriers

In addition to understanding the ways in which multiple disadvantage is experienced by women, the wider social and structural context also plays a critical role. Barriers created by gender inequality, poverty, insecure immigration status, racism, disability and homophobia, as well as social norms, community contexts, how institutions are shaped, and national and local policy making, all shape women's lives and the ways in which they can access help and support.¹⁰

Time and time again it was made clear by women that their individual experiences were compounded by a wider system that limited opportunity and failed to offer effective support, and which too often ignored or blamed them for the situations they faced. Women's experiences are further exacerbated by a current context in which there have been increasing levels of misogynistic, racist, ableist, homophobic and anti-immigrant perspectives, and an attitudinal shift where it has become more socially acceptable to say or do harmful and offensive things.¹¹ This particularly affects women who are already stigmatised.

The violence women face is uniquely related to gender inequality which is shaped by the fact that our society is patriarchal. Gender inequality and power imbalances between women and men limit women's lives and choices in a range of ways, not least by services and systems that have not been designed with women in mind. Policy and decision making that does not take account of women's particular experiences, frequently disadvantages women or leads to

⁹ For a discussion of ACES see: *The Problem with ACES*. Edwards et al.'s submission to the House of Commons Science and Technology Select Committee Inquiry into the evidence-base for early years intervention (EY10039). 12 December 2017.

¹⁰ For a useful discussion of the social context of health outcomes and risk related to individuals see: ACMD (2018) *Vulnerabilities and Substance Use: ACMD report*, Independent report by the Advisory Council on the Misuse of Drugs (ACMD) investigates the risk factors to substance use-related problems and harms.

¹¹ During the year 2017-18, reported hate crime rose by 17% and this has more than doubled since 2012/13. This may in part be down to better recording. However, there were spikes around terrorist attacks and the EU referendum. Home Office (2018) *Statistical Bulletin: Hate Crime, England and Wales, 2017 to 2018*; House of Lords Library Briefing, Impact of the 'Hostile Environment' policy, Debate on 14 June 2018; United Nations, *End of Mission Statement of the Special Rapporteur on Contemporary Forms of Racism, Racial Discrimination, Xenophobia and Related Intolerance at the Conclusion of Her Mission to the United Kingdom of Great Britain and Northern Ireland*, 11 May 2018; Liberty et al, *A Guide to the Hostile Environment*.

unintended consequences that further increases the levels of inequality they face. Women have borne the brunt of cuts and welfare reforms due to their greater reliance on public services, benefits and tax credits.¹² The situation particularly impacts lone mothers, BAME women and those with disabilities for whom cuts to public services and income have meant falling living standards, increasing poverty and declining life chances.¹³

Austerity has meant a reduction in public services that women are more likely to rely on, with local authorities having seen 60 per cent of their budgets cut between 2010 and 2020.¹⁴ For those facing multiple disadvantage where more complex and long-term solutions are often needed, the impact has been particularly negative. By 2020 the general revenue support grant from central government to local authorities will be removed, at which time councils will be expected to be self-funding.¹⁵ This leaves the poorest areas with the most need less able to raise money than the wealthiest, as business rates have been presented as a means to raise local funds. Some councils are already paring back services to only meet crisis needs.¹⁶ The shift to crisis funding may save money in the short term, however it has high long-term costs – both human and financial.¹⁷

¹² Equality and Human Rights Commission, Distributional results for the impact of Welfare and Tax Reforms between 2010 and 2017, modelled in the tax year 2021/22; Women's Budget Group (2018), *The Female Face of Poverty: Examining the Causes and Consequences of Economic Deprivation for Women*.

¹³ Women's Budget Group (2017), *Intersecting Inequalities: the impact of austerity on BME women*.

¹⁴ Local Government Association (2018) *Budget submission*.

¹⁵ Lloyds Bank Foundation England and Wales (2018) *A Quiet Crisis: Local government spending on disadvantage in England*

¹⁶ Lloyds Bank Foundation England and Wales (2018) *A Quiet Crisis: Local government spending on disadvantage in England*

¹⁷ On the problems of not investing in structure and systems and the shift to crisis funding see: NPC (2018), *Tackling the homelessness crisis: Why and how you should fund systemically*.

2. FINDINGS AND CORE THEMES

In taking evidence the Commission identified several key themes, which are explored in the following section, followed by a set of practical recommendations for change.

2.1 Service Design and Pathways

SUMMARY:

- Women experiencing multiple disadvantage do not typically present at specialist domestic and sexual violence services.
- Appropriate and sensitive routine enquiry must be standard practice across all services that women with experience of abuse come in to contact with.
- The services women experiencing multiple disadvantage come in to contact with often do not have the required skills or capacity to support them. Specialisms (in terms of understanding, as well as service provision) are also lacking around supporting specific groups of minoritised or marginalised women, for example BAMER women, LGBT (Lesbian, Gay, Bisexual and Trans) women and women living with disability.
- Specific challenges reported by women included: thresholds preventing them from accessing services; inclusion criteria that may prevent certain groups accessing support, a lack of specific support for women with complex needs; limited knowledge amongst professionals about the impact of violence against women; a lack of intersectional service provision; and short-term support which fails to meet need.
- Alongside overarching challenges with service delivery, there are specific issues relating to individual types of service provision, which are addressed in turn in this section.

Women facing multiple disadvantage, who have also experienced abuse and sexual violence, face a range of challenges and engage with a number of services. Ideally these services would collaborate, share information appropriately and address the connections between the issues they face to ensure women get the support they need. Evidence from the peer researchers, Community of Practice and call for evidence made clear, however, that women experiencing multiple disadvantage do not typically present at specialist domestic and sexual violence services, but frequently present at multiple services before getting the

help they need. A lack of join up between these services, limited understanding of the particular challenges women can face and a lack of an intersectional approach in service design and delivery, means many are repeatedly failed, with frequent missed opportunities for support.

Many of the services that women present to lack a gender or trauma-informed understanding of the ways in which violence and abuse can impact women's lives and staff do not have the necessary skills and capacity to support them with the range of needs they have. For example, Commissioners heard of mental health services excluding women using substances. This fails to take account of the ways in which substance use can be a coping mechanism in response to psychological trauma.

A strong theme throughout the evidence gathered from women was that they wanted to be asked about their experiences of abuse and could not understand why there was so little professional curiosity about this. Clear examples were missed to ask about abuse, for example when they presented at health services with injuries:

But no one even bothered, even when I went to hospital when my tooth got knocked out, even then they never even bothered to refer you.

A WOMAN WITH LIVED EXPERIENCE

A lack of coordination between services was frequently raised, such as between housing and domestic violence services resulting in challenges for women in finding safe accommodation. The Community of Practice shared challenges of agencies working separately, not sharing information about service users and passing on responsibility for service users. This situation is frustrating for practitioners trying to deliver effective and person-centred services, as well as to the women trying to navigate them, as summarised by Rape Crisis South London:

For women with substance use or dependency issues, there is often a catch 22 when accessing services. Many mental health services won't work with someone who is

*currently using substances and drug and alcohol services aren't equipped to support someone whose mental health symptoms increase when they stop using. This means that, especially for survivors of severe trauma, they will not get the support needed when they stop using, and to cope with the feelings and symptoms that then surface, they may start using again.*¹⁸

RAPE CRISIS SOUTH LONDON

Some of the types of disadvantage that women experience related to abuse are often perceived to be issues primarily faced by men, such as substance use or homelessness and as a result, many of these services have been designed with men in mind and do not consider gender differences. Women described how services that were male dominated did not respond to their needs as mothers or offer childcare, had no understanding of the levels of trauma they had faced because of domestic and sexual violence and made them feel too afraid to speak up. Women report accessing multiple services yet not being asked about domestic violence, despite this being at the root of many of the problems they faced.¹⁹

The evidence highlighted a lack of understanding of the links between the abuse of women and other key issues. In addition to this, it was reported that even less was understood for certain groups of women, such as BAMER women:

It appears that assumptions can be made that by virtue of their faith and culture, Muslim and BME women will not be using (or misusing) alcohol and drugs and as such, substance misuse as a factor can be ignored when dealing with Muslim and BME victims/survivors of violence.

A WOMAN WITH LIVED EXPERIENCE

¹⁸ Written evidence to the commission.

¹⁹ Changing Lives (2018), *Too Complex for Complex Needs, learning from work with victims of domestic abuse who also have Multiple and Complex needs*, November 2018; AVA and Solace Women's Aid (2014) *Case by Case: refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems*.

Conversely, specialist domestic and sexual violence services do not always have the capacity to support women experiencing multiple disadvantages. Many refugees, for example, do not have the resources and training to support women who use substances. Multi-Agency Risk Assessment Conferences (MARACs), intended to help high-risk survivors of domestic violence, see multiple repeat referrals for women facing multiple disadvantage, yet lack the tools to be able to effectively support them. A failure to understand the impact of abuse could further compound women's negative experiences – pathologising their responses to violence, or blaming them for the problems they face, rather than acknowledging the root of the trauma they have experienced. One woman, for example, described how a refuge worker said:

*“Oh, are you back again?”
...And that probably put me off going back. I had to think
of other ways of surviving the violence.*

A WOMAN WITH LIVED EXPERIENCE

Evidence heard by the Commission clearly showed that women struggled to get the support they needed, when they needed it. Both survivors and professionals described long waiting lists, time-limited support and a postcode lottery of services. Women were frequently denied access to support as a result of ‘thresholds’ that had been set, which either meant their needs were not ‘high enough’ to get help or were considered too severe to be able to get support within that service. This created layers of confusion and could compound women's sense of failure, hopelessness and disappointment.²⁰

When women were in contact with services, many described their frustration at having a timeframe imposed on them in relation to the length or type of support they could receive, for example, only being offered a certain amount of sessions of counselling when they needed something much longer to address the impact of their trauma. The Community of Practice similarly reported that practitioners could feel under pressure to close down support for women before they felt they were ready, as there was a predetermined expectation about how long someone should be engaged with services. The ‘short-termism’ of services was described by many as counter to working in a trauma-informed way, in particular not providing time to build relationships and trust.

The evidence heard by the Commission made it clear that for this group of women there has never been effective support available, however, the lack of

²⁰ For a list of exclusion criteria see Thematic Review.

support has been exacerbated by the impetus to reduce costs under austerity. The Commission found that in order to reduce costs many services have attempted to simplify their systems. For women facing multiple disadvantage and domestic or sexual abuse this simplification of services has made things worse, as complex situations need nuanced, complex and personalised assistance. The impact of oversimplifying systems that already lack nuance and complexity reflects the wider inability of the state to support women seeking pathways out of violence and abuse in a humane and meaningful way.²¹

A number of suggestions and examples of more effective systems were given by the peer researchers and Community of Practice as possible strategies to reduce barriers to care, reduce siloed working practices and encourage professionals to work together in order to prevent women from having to constantly retell their traumatic stories to new people. These included: 'one-stop-shops' of holistic support in one location; 'no-wrong door' models where people can access support no matter what service they present to; co-location of professionals and shared training to improve joint-working and 'navigator' models, where individuals or teams support service users to navigate systems.²² The Community of Practice also stressed that if services could become more 'person-centred', rather than expecting people to fit around predefined systems or processes, this could also result in better support for women. Services based on personalisation need to be effectively coordinated and networked with other service provisions in local areas to enable local planning.

For specific groups of women, the experiences they described in accessing support could be even more challenging. The Commission heard evidence that disabled women faced mounting inequality when trying to seek help for domestic and sexual violence and that their voices, experiences and needs were almost completely absent from policy and practice discussions. Disabled women described how there is a strong hate crime element to domestic violence, where a woman's disability is used against her, yet this is not understood. Indeed, disability hate crime has the lowest levels of recording²³, which could reflect a lack of appropriate support from services to enable women to seek help. They also described a range of institutional barriers in service design that particularly

²¹ The Guardian (2018), *London women tell UN Poverty envoy about the impact of welfare cuts*.

²² There is a growing body of evidence on the navigator or link worker model as a valuable way to help people to navigate their way around the complex array of services in an area and work with individuals to advocate for their needs. See: Revolving Doors Agency and Centre for Mental Health (2015) *Comprehensive Services for Complex Needs. A Summary of the Evidence*. London: Revolving Doors; Attell et al (2011). *Simple but Effective: Local Solutions for Adults Facing Multiple Deprivation. Adults facing Chronic Exclusion Evaluation: Final Report*. London: Department for Communities and Local Government.; Batrick, T., Crook, L., Edwards, K. and Moselle, B. (2014) *Evaluation of the MEAM Pilots – Update on Our Findings*. A Report by FTI Consulting and Compass Lexicon for MEAM; Adamson, J., Lamb, H., Moreton, R., Robinson, S. and Howe, P. (2015) *Fulfilling Lives: Supporting People with Multiple Needs. Evaluation Report Year 1*. Leicester: CFE.

²³ Home Office (2018) *Hate Crime England and Wales 2017/18 Statistical Bulletin*

impacted on them, such as Independent Domestic Violence Advocate (IDVA) services that were phone based and therefore not accessible to all women. Evidence presented to the Commission also highlighted a dearth of support for rural communities with the focus of policy and practice often on urban populations. Women in rural communities may face additional barriers of struggling to access safe services or local people knowing they were seeking help due to close-knit communities.

The evidence highlighted a range of ways in which BAMER women can face additional barriers in accessing help. Women described to peer researchers, for example, how their abusers used their position against them: criticising them for not speaking English, not letting them know their rights and telling them they would not be understood. This was borne out when women tried to access services. For example one woman described how she had contacted a non-BAMER specialist domestic violence service and they had used a generic interpreting service: she ended up not engaging with them because she felt they did not understand her. For migrant women, accessing help was compounded by a lack of knowledge concerning their rights:

People need to understand the pressure on people not born in this country and coming from another country ... I didn't know the law.

A WOMAN WITH LIVED EXPERIENCE

When women did consider trying to seek help, the fear that they would not be supported or that they may be killed for bringing dishonour on the family, was enough to silence them.

When women were able to find a specialist BAMER service they described it as transformative, allowing them to speak in their own language and be supported by women who understood what they had been through. BAMER women described the difference it made talking to professionals that understood domestic and sexual violence and were also specialists in BAMER women's experiences. One interviewee felt that being able to access a South Asian Refuge made all the difference to her:

If there are no people or places to help us then we can't survive.

A WOMAN WITH LIVED EXPERIENCE

Another interviewee described how she went to a refuge but did not feel happy there, found cooking difficult and did not feel like there was anyone she could talk to. As a result, she left the refuge to stay with a friend and was put in touch with a specialist BAMER service through her church:

She supported me through gently without judging ... She reassured me in a professional way. I think we need one because the women that experience this type of trauma they are mentally not in a good place. The professional – they have been trained, they understand, they have a more specific approach to support these women through. So that's what they need.

A WOMAN WITH LIVED EXPERIENCE

The Commission also heard evidence from the charity Galop that LGBT people faced additional barriers to accessing support.²⁴ Galop described how homophobic and transphobic abuse often goes hand in hand with domestic violence. For example, an abuser may threaten to reveal a person's sexual orientation or gender identity to family, friends, or work colleagues, or an individual may have internalised negative views and believe they deserve to be abused. Galop also described how services that make assumptions about sexuality and gender, or are homophobic or transphobic can mean LGBT people are unable to access safe and appropriate support or have the abusers behaviour confirmed as acceptable.

Women's Experiences of Specific Services

Women described contact with multiple services from primary care, to mental health support, to substance use services, recounting how each contact was often a lost opportunity in their help seeking journey. The findings below relate to evidence received about the specific structural and cultural barriers faced in each of these service areas.

HEALTH

Health services were those most commonly mentioned by the women interviewed. These included GPs, hospitals and mental health services. Evidence from SafeLives highlights that these are the services where women who have faced

²⁴ Galop provide a helpline for LGBT people facing domestic violence.

domestic and sexual violence most commonly present.²⁵ The peer researchers found that various health services were virtually the only service where some women felt they had received a positive and helpful response.

Talking to a doctor about it [helped]. They told me that it wasn't a good situation to be in. They helped me to get into the women's refuge. But I was just talking to them to get medication and tell them how I was feeling down and depressed not tell them about my situation. It was him who showed me that it was abusive where I was staying, as well as what happened to me as well as a sex worker.

A WOMAN WITH LIVED EXPERIENCE

The Commission also heard examples of good practice in health, including the IRIS programme in General Practice and the introduction of Independent Domestic Violence Advocates (IDVAs) in Accident and Emergency (A&E) departments.²⁶ The latter example meant that a domestic violence specialist was onsite in A&E to support staff to identify abuse, take referrals and help build referral pathways to ensure people could access support quickly whilst on site.

EXAMPLE OF GOOD PRACTICE: IRIS

One of the best examples of good practice the Commission looked at was the IRIS project²⁷ in General Practice. The IRIS programme provides domestic violence training for GPs and other General Practice staff, a clinical lead, and an advocate educator based in a third sector domestic violence service who survivors can be referred to, and supported by.

There is substantial evidence²⁸ that health professionals are not confident to ask about domestic abuse. Reasons for this include a lack of confidence in how to respond and a lack of referral pathways.

The IRIS project offers support in how to ask and respond to abuse and a clear pathway when disclosures happen.

²⁵ SafeLives (2016), A Cry for Health.

²⁶ Same as above.

²⁷ <http://www.irisdomesticviolence.org.uk/iris/>

²⁸ Rose et al (2011) *Barriers and facilitators of disclosures of domestic violence by mental health service users: qualitative study*.

Despite women experiencing some positive responses, like all services discussed by women, many still also had negative responses from health services. The Commission heard evidence of poor (and sometimes even dangerous) practice, including a GP who had sent a letter to a woman's home confirming that she was now in a refuge, enabling the perpetrator to locate her.

A greater emphasis on prioritising this group of women's needs at local and strategic decision making level in health and social care could be transformative – there is enough good practice available to show this can be done.

MENTAL
HEALTH

I got counselling, but I didn't stick it out. He just gave me breathing exercises, so I didn't find it helpful at all. I didn't understand what was happening, I hadn't made the connection that I had even been abused.

A WOMAN WITH LIVED EXPERIENCE

Problems with mental health was a dominant narrative across all peer researcher interviews. Individuals' responses to abuse described were indicative of trauma responses – fear, loss of a sense of self, self-harming, flashbacks and self-medicating – and the impacts were deep and long-lasting. While many women could be said to be free from abuse in that they were no longer experiencing abuse from a partner, the shadow of the abuse was carried with them.

English not being a first language also placed barriers around accessing mental health support for BAMER women. In particular, women reported they could not find therapeutic services where they could speak in their own language:

She... suggested some counselling or emotional support but we couldn't find any Chinese speaking services.

A WOMAN WITH LIVED EXPERIENCE

Emotional support that can be provided in this language, that would be better.

A WOMAN WITH LIVED EXPERIENCE

Many mental health practitioners are not routinely enquiring about women's experiences of domestic and sexual abuse, despite the significant overlap between the two. Similarly, women reported that the mental health services they accessed were not trauma-informed and strengths-based, and were felt to be of limited therapeutic value in terms of their specific needs.

SUBSTANCE USE

I got introduced to drugs because I started drinking because my daughter was taken into care. The drugs started after that. One of my friends was a heroin addict. I would go to his house because my family had abandoned me and I had nowhere to go.

A WOMAN WITH LIVED EXPERIENCE

Many women use substances as a coping mechanism for dealing with violence and abuse, yet these clear links are often not recognised.²⁹

Up to a half of women with a dual diagnosis (co-occurrent substance use and mental ill health diagnosis) have experienced sexual abuse.

60-70 per cent of women using mental health services have a lifetime experience of domestic abuse.

Women who have experienced domestic and sexual abuse are three times more likely to be substance dependent than non-abused women.³⁰

²⁹ Humphreys, C., Regan, L., River, D. and Thiara, R. (2005) *Domestic Violence and Substance Use: Tackling Complexity*, *British Journal of Social Work*, 35 (7): 1-18.

³⁰ Royal College of Psychiatrists (2002) *Co-existing problems of mental disorder and substance misuse (dual diagnosis): an information manual*; Trevillion, K, et al (2012) *Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis*, Plos One; Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., Bryant, R., McFarlane, A.C., Mills, K.L., Slade, T., Carragher, N., O'Donnell, M and Forbes, D. (2011), *Lifetime Prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychosocial Function*, *Journal of American Medical Association*, 306:5, 513-521.

The Commission found a dire lack of services specifically for women.³¹ Despite 43 per cent of women within the peer research group disclosing substance use, few mentioned accessing substance use services, suggesting that these were either not available to these women or not seen as an option for support. Addiction treatment services have faced significant cuts, with a year-on-year fall since the peak in 2014/15 of aggregated planned expenditure by English local authorities on drug and alcohol services.³²

Women who use substances face significant social stigma, often more so than the stigma faced by men.³³ This results in women being disinclined to access services, and as a result, less is known about the prevalence and patterns of women's substance use or their treatment needs. Few treatment services provide childcare, and with little emotional support or financial resources, women find it difficult to enter and remain in treatment. Some women face additional cultural taboos and barriers that prevent them from seeking treatment or make it difficult to leave their homes or family responsibilities.

Peer research found women who used substances did not often mention accessing services. Mixed-gender group-based substance use services are particularly unsuitable for women who have experienced abuse or violence, and yet only around half of all local authority areas in England (and five unitary authorities in Wales) offer support specifically for women experiencing substance use problems.³⁴

One of the most devastating consequences of women's substance misuse can be the impact it has on their parenting, and in some cases the permanent removal of a child into either children's social care or the custody of a partner – sometimes the abuser themselves.

THE CRIMINAL JUSTICE SYSTEM

The criminal justice system was a common point of contact for women who have faced abuse, violence and multiple disadvantage, with evidence indicating that the impact of shrinking resources in housing, mental health, substance use and domestic and sexual violence services has led to more survivors becoming embroiled in the criminal justice system as a result of offending – much of which was far less serious than the crimes they had been the victims of.³⁵

³¹ For more detail on these links see: AVA (2013), *Complicated Matters: A toolkit for addressing domestic and sexual violence, substance use and mental ill health*.

³² Collective Voice (2017), *Collective Voice responds to the ACMD's report 'Commissioning impact on drug treatment'*

³³ Each Counselling provides women specific substance use services and found they found that cultural stigma and shame around substance misuse were barriers to women accessing support. Each (2016) *Women's Experiences of Recovery from Substance Misuse A review of women's only group therapy*.

³⁴ AVA and Agenda (2017) *Mapping the Maze*.

³⁵ Prison Reform Trust (2017) *There's a reason we're in trouble – Domestic Abuse as a driver to women's offending*

No, I didn't get no support. The only support I got was getting locked up in a jail cell. The only good thing I got out of it was a bed for the night.

A WOMAN WITH LIVED EXPERIENCE

Women's experiences of violence, abuse and coercion were rarely recognised as drivers of offending, the Commission heard. Evidence shows that women facing multiple disadvantage are frequently seen as less credible by the police. For example, when alcohol is involved in a domestic violence incident, the police are more likely to arrest both parties even if no counter allegation has been made against the woman.³⁶ In these instances, women are seen as criminals, rather than as victims. It is also of note that those from BAMER communities are significantly more likely to be arrested than those who are not.³⁷ Women said that more should be done to redesign the system to respond to women as victims first and offenders second, supporting women to elicit disclosures of abuse and to support those who have experienced domestic and sexual abuse, understanding the connections this has had with their offending behaviour. There is a growing body of evidence that **strengths-based approaches** can be particularly effective in supporting women in the criminal justice system.³⁸

The Commission heard that survivors of domestic and sexual violence frequently face difficulties when involved in the criminal justice system, particularly due to the lack of knowledge about these experiences in the courts amongst magistrates and judges. This includes expectations about how victims should look, sound and behave, with women facing multiple disadvantage experience additional barriers related to assumptions about their credibility. Evidence shows that women regularly have their mental health, use of alcohol and sexual history analysed as a way to undermine their legitimacy when in court, and are regularly let down by the justice process.³⁹

There is some hope emerging, as a number of Police and Crime Commissioners have prioritised the development of a multi agency response to domestic

³⁶ Hester, M. (2009), *Who Does What to Whom? Gender and Domestic Violence Perpetrators*, Bristol: University of Bristol in association with the Northern Rock Foundation, pp.13-16.

³⁷ Gov.uk (2017), *Race Disparity Audit*.

³⁸ National Offender management Service (2015) *Effective interventions for Women offenders: A Rapid Evidence Assessment* Lynn Stewart, Correctional Services Accreditation and Advice Panel Renee Gobeil, consultant.

³⁹ Vera Baird et al (2016), *Seeing is Believing, The Northumbria Court Observers Panel. Report on 30 rape trials 2015-16*.

abuse. An analysis of Police and Crime Commissioners' plans⁴⁰ found that 95 per cent of them had identified domestic abuse as a priority, 95 per cent had identified mental health and 88 per cent had identified substance use as the key vulnerabilities in their areas. An example of good practice is the Domestic Abuse Whole Systems Approach lead by Northumbria PCC.⁴¹

EXAMPLE OF GOOD PRACTICE: NORTHUMBRIA POLICE AND CRIME COMMISSIONER (PCC)

"Much of the success in reducing domestic and sexual abuse in Northumbria has been down to working in partnership with local authorities, groups, individuals and organisations ... Working with our partners is crucial in providing the necessary support and we have domestic violence workers accompanying police officers on patrols to ensure that this engagement with victims happens at the earliest opportunity ... Recently, the force has taken the lead on a government funded, multi-force transformation project which aims to provide a better service to victims and brings agencies together."

HOUSING AND HOME- LESSNESS

Issues around housing, such as the housing crisis and increasing rates of homelessness, were raised as major themes throughout the evidence, with domestic abuse identified as one of the primary causes of women's homelessness. Peer researchers said that this underpinned all other areas of women's disadvantage. Homelessness or unsafe accommodation made it harder for women to access all other support and could lead to women being forced to accept or remain in abusive relationships in order to keep a roof over their heads, because they had no-where else to go. Women's Aid's No Woman Turned Away Project found that of 404 women trying to access refuge accommodation, for example, 11 per cent had to sleep rough and 40 per cent of women sofa-surfed⁴². Recent research by St Mungo's has found that around 14 per cent of rough sleepers are women and the number of women sleeping rough in England appears to be rising, though data is limited.⁴³ While overall rates of rough sleeping rose 15 per cent between 2016 and 2017, women's rough sleeping rose 28 per cent over the same period, according to government statistics.⁴⁴ Peer researchers also found women had to engage in survival sex for accommodation, one interviewee commented:

⁴⁰ Revolving Doors Agency (2017) *Under the Spotlight: reviewing police and crime plans for multiple and complex needs, and transition to adulthood*

⁴¹ www.dawsa.org.uk

⁴² Women aid (2018) *No Woman Turned Away Project*

⁴³ St Mungo's (2018), *Women and rough sleeping: a critical review of current research and methodology*

⁴⁴ As above.

Back then I was staying with this guy who I had sort of sex with just to stay at his house, I mean he wasn't my boyfriend or anything like that, some older guy.

A WOMAN WITH LIVED EXPERIENCE

The Commission heard that homelessness services were often inappropriate for women's needs. Examples were shared through evidence of women being placed in mixed complex needs homeless hostels which could be male dominated or where others were using alcohol and substances, making it harder to move on.⁴⁵ A lack of safe housing could also prevent women from getting the support they needed:

I'm trying to get housed, I've been in this situation for two years now, and I just feel like they helped me at the beginning and got me away from the situation but in a way they didn't because I feel like they just left me there. They've just put me here and there's nothing else happening now.

A WOMAN WITH LIVED EXPERIENCE

The problems all women trying to escape violence and abuse face in accessing safe and affordable housing are magnified for those facing multiple disadvantage. As with other women, they face the risk of losing secure social housing tenancies (if they have them) and problems in accessing safe temporary move-on accommodation after they leave a refuge. Many women referred to what they described as 'gatekeeping' in housing departments, which prevented them from accessing immediate emergency accommodation.⁴⁶ These problems were compounded by a lack of knowledge and awareness within housing departments and neighbourhood teams in identifying and supporting survivors, par-

⁴⁵ AVA and Agenda (2019) *Hand in Hand: Survivors of Multiple Disadvantage Discuss Service & Support*. A report by Peer Researchers for the National Commission on Domestic and Sexual Violence and Multiple Disadvantage.

⁴⁶ Thematic Review.

ticularly for those deemed to be 'antisocial' or more difficult to house because of their support needs.

The Commission heard evidence that local areas may not correctly identify need and as a result frequently do not provide appropriate accommodation for women. Much of women's homelessness remains 'hidden', invisible to data collection and often to support. Rough sleeping women may make efforts to hide or try to keep moving, for example, sleeping on buses or walking through the night due to the risk of violence. As a result, rough sleeping counts which are based on the numbers of people 'bedding down' on the street, will miss women and not reflect their true numbers.

There is a lack of accommodation and very limited support for women in these situations. Homeless Link data shows that only seven per cent of homelessness accommodation projects in England were women-only in 2016, down from 13 per cent in 2013.⁴⁷ Refuges are often not resourced to accommodate any or many women with mental health and substance use problems.⁴⁸ This means women facing multiple disadvantage continue to fall through the gaps in accessing safe housing. However, Solace Women's Aid have identified that with the right skills and training, non-specialist refuges can support this group of women.⁴⁹

In addition, particular groups of women struggle to access suitable accommodation, such as disabled women. The situation for women with insecure immigration status is particularly dire, with a heavy reliance on an over-stretched voluntary sector to meet need and a 'hostile environment' making the situation worse. Saheli Asian Women's Project in Manchester reported that only 10 specialist BAMER refuges are left, where there had previously been 35, with often limited capacity in remaining refuges to support more complex cases.⁵⁰ While women on a spousal visa can access support, many refuges cannot take women with no recourse to public funds as these places are not funded through government support. Support provided through the Domestic Violence Concession – which allows women on a spousal visa to access public funds – is also limited and organisations reported having to fund women's housing while waiting for a decision on whether that woman was entitled to support.⁵¹ Saheli Asian Women's Project in Manchester described the trauma that inadequate safe housing provision could inflict on women. They described how women who had experienced abuse were placed in unsuitable hotels, often in unsafe areas, where they were likely to be at risk or exploited by others.

⁴⁷ Homeless link (2018) Annual Review 2017

⁴⁸ AVA and Solace Women's Aid (2014) Case by Case: refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems.

⁴⁹ As above.

⁵⁰ North of England Evidence Session, 17/07/2018.

⁵¹ As above.

Cuts in local authority budgets have also had a significant effect on refuge provision, with a 65 per cent reduction cut in funding for refuges in real terms since 2010 across local authority areas. Spending on refuges fell by nearly £1m in total in the 12 months to March 2018, with 125 authorities cutting spending in real terms.⁵² There are a lack of specialist refuges and many women who use substances or have additional mental health needs find refuge options limited.⁵³ Often refuges describe lacking training, skills and knowledge to support this group.

Additionally, there have been significant cuts to housing support, including Supporting People, with lots of areas no longer providing additional support to people to sustain their homes.⁵⁴ This was highlighted during the Welsh evidence session where a homeless service in Wales described how rough sleepers being supported by Supporting People, which funds housing related support services, were fearful of what might happen if cuts similar to those in England were replicated in Wales.⁵⁵

EXAMPLE OF GOOD PRACTICE: DAHA ALLIANCE

The Domestic Abuse Housing Alliance's (DAHA) mission is to improve the housing sector's response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process. DAHA is a partnership between three agencies who are leaders in innovation to address domestic abuse within housing; Standing Together Against Domestic Violence (STADV), Peabody and Gentoo. Launched in September of 2014, DAHA embeds the best practice learned and implemented by its three founding partners and has established the first accreditation for housing providers.

EXAMPLE OF GOOD PRACTICE: HOUSING FIRST: A MODEL FOR MULTIPLE DISADVANTAGE

The Housing First Approach was developed in 1992 by Pathways to Housing in New York. Housing is used as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness. Housing is viewed as a human right rather than a reward for recovery. Providing housing 'first' rather than 'last' allows a no-pressure space for rehabilitation to take place. Basis began their Leeds-based Housing First (HF) pilot in November 2016, funded by the Big Lottery and WY-FI's Innovation Fund to relieve homelessness, alcohol and drug use, reoffending, and mental health issues in West Yorkshire. The pilot funded six HF tenancies for 12 months, along with a dedicated caseworker from Basis and a housing support worker from Foundation. Solace Women's Aid provides a Housing First Service in Islington, funded and supported by Fulfilling Lives in Islington and Camden (FLIC). The Project employs one full time worker and is funded until December 2019. Housing First will work with five homeless women with multiple needs and who have been affected by domestic abuse over the life of the project. Referrals will come from FLIC, the Islington MARAC + Solace Women's Aid only. The project will be evaluated by FLIC.

⁵² Grierson J (2018) *Council Funding for women's refuges cut by nearly £7m since 2010*, The Guardian.

⁵³ Thematic Review.

⁵⁴ Crisis have revealed the massive impact of cutting supporting people and the devastating impact of the cuts in the poorest part of the country. See: Crisis (2018), *The homelessness monitor: England 2018*.

⁵⁵ Welsh Evidence Session. 07/06/2018

2.2 Gender and Trauma-Informed Practice

SUMMARY:

- The trauma experienced by women who have survived abuse can have lifelong consequences, yet this is seldom recognised.
- Trauma-informed practice is the most effective model of support for survivors facing multiple disadvantage.
- There is an inconsistency of approach and a lack of trauma-informed support for survivors.
- Despite a growing international evidence base, trauma-informed approaches are still considered to be an emerging field in the UK.

It (the trauma) impacted on my self-esteem and confidence ... I would just say like... my general wellbeing. I was constantly living in fear and very scared. It also impacted on the relationship with my children coz I don't believe I could be the best mum possible because of what we were experiencing as a family. So I guess it impacted in all areas of my life.

A WOMAN WITH LIVED EXPERIENCE

The experience of abuse and violence can leave women severely traumatised. Research on women accessing domestic violence services found that 80 per cent hit the threshold for Post-Traumatic Stress Disorder (PTSD) and four out of five reported a past mental health problem.⁵⁶

The Commission heard that women's responses to abuse and trauma are generally not well understood and this can exacerbate their trauma or do little to address it. It was made clear that services which understood and could respond to experiences of trauma were vital in the journey to safety:

⁵⁶ Roxanne Agnew Davies, Gene Feder, Giulia Ferrari, Jayne E. Bailey (2014) *Psychological advocacy towards healing (PATH): A randomized controlled trial of a psychological intervention in a domestic violence service setting*, PLOS ONE, 13(11).

I was so worried and panicked that he would jump out from anywhere – I kept on checking the door and checking the window and the support worker told me this is normal – it's anxiety because I am going through trauma.

A WOMAN WITH LIVED EXPERIENCE

In some cases services failed to recognise the signs of or even enquire about abuse.⁵⁷ The failure to understand trauma and the impacts of domestic and sexual violence can lead to services responding in such a way as to blame women or view their response to trauma as evidence of mental ill health manifesting as behavioural problems, rather than a signal of deep distress and a normal reaction to the fear and trauma of abuse. One professional, for example, noted women's behaviour could be viewed as:

Behavioural pathology such as survivors being 'manipulative' and purposefully 'vindictive' or 'difficult' leading to exclusion, gatekeeping, victim blaming, cold and punitive responses to survivors.

The Commission heard evidence that trauma-informed practice was the most effective model of support for survivors facing multiple disadvantage. Trauma-informed practice for women acknowledges behaviour as legitimate responses to life events, grounds behaviour in experience – acknowledging that a woman may be acting in a certain way because of what has happened to her, and understands the high rates of violence and abuse women face.⁵⁸ It involves fostering workplace training, culture and environment that both prioritises understanding the impact of trauma on those that they are working with, but also on staff themselves – putting in support mechanisms for staff to ensure that they are supported with the impact of secondary trauma, including

⁵⁷ AVA and Agenda (2019) *Hand in Hand: Survivors of Multiple Disadvantage Discuss Service & Support*. A report by Peer Researchers for the National Commission on Domestic and Sexual Violence and Multiple Disadvantage

⁵⁸ AVA and Agenda (2017) *Mapping the Maze*, p.21.

appropriate levels of clinical supervision. The best trauma-informed approaches are also **strength based**, enabling women to access and value their own inner strengths in the face of challenging circumstances. This approach can be transformative because it involves training, support, changes to policy and procedure, and a shift in service structure to try and create equal working relationships between workers and clients. Trauma-informed environments offer an opportunity to understand both the individual experience and social roots of trauma, acknowledging how a woman's journey may be compounded by social position – giving organisations the opportunity to understand the context of oppression on both clients and staff.⁵⁹

Where trauma-informed psychologically informed approaches had been introduced to services, evidence found this had been 'transformative' to practice. When Solace Women's Aid changed their model of working in refuges to make them trauma-informed, this led to a significant reduction in the number of women being turned away because of substance use or mental ill health. This approach improved staff confidence in supporting women facing multiple disadvantage, as well as improving staff wellbeing. Most importantly women in the refuge felt better supported, in particular feeling like they had more agency over themselves and their environment.⁶⁰

EXAMPLE OF GOOD PRACTICE: THE NELSON TRUST

The Nelson Trust's Women's Services based in Gloucestershire, Swindon, Wiltshire, Bristol and Somerset provide holistic, trauma-informed and gender-responsive services. Every woman is offered a detailed individual assessment of their needs across nine 'pathways'. These include accommodation, physical and mental health, drugs and alcohol, finance and benefits, family and relationships, domestic abuse, sex work, education and training, attitudes, and thinking and behaviour. They are each provided with their own keyworker to help in developing their own needs-specific support plans, in addition to individual and group sessions and access to specialist services across the county. They also have access to a timetable of activities, including accredited educational courses and workshops, and an onsite creche, showers, washing machine, garden and cafe. The Nelson Trust has a number of bespoke projects addressing the needs of women and girls affected by sexual exploitation and abuse.

Despite a growing international evidence base, however, trauma-informed practice is still considered to be an emerging field in the UK, meaning there is an

⁵⁹ Imkaan provide a useful briefing on how to provide an intersectional support service. See: Imkaan, Ascent – *Good Practice Briefing: safe pathways? Exploring an intersectional approach to addressing violence against women and girls*.

⁶⁰ Ava and Solace women aid (2017) *Peace of Mind: An evaluation for the refuge access for all project*

inconsistency of approach and a lack of trauma-informed support for survivors. There is a need to pull together a comprehensive review of evidence to help policy makers and ensure best practice in service models. The Commission welcomes the strong support for these approaches in the Women's Mental Health Taskforce report published in December 2018⁶¹ and hope that this will be a catalyst for the greater acceptance of these approaches in England and Wales.

2.3 Workforce

I feel that there is a lot of work to be done with people that don't understand and I think it is very difficult for people to understand who have not been there. Who haven't experienced it. I still hear workers now making comments like "Why is she still with him, she's had an opportunity to leave, why has she gone back?" It's very difficult to explain to them that when you leave a person you are also leaving everything else that you know. That you probably only know that person as you have become detached from your family and friends. For me the impact is about education and educating the public who don't quite understand. For us who do understand we need to tolerate and educate those who don't understand.

A WOMAN WITH LIVED EXPERIENCE

SUMMARY:

- Key to effective engagement is empathy and relationship building; women prioritise staff who have the right values and competencies to work with them.
- Women place considerable value on having workers with lived experience involved in the design and delivery of services.
- Staff in services outside the domestic and sexual abuse sector must also be appropriately trained to ensure that violence against women and girls truly is everyone's business.

⁶¹ Department of Health and Social Care December (2018) *The Women's Mental Health Task Force final report*.

Supporting women facing multiple disadvantage requires a workforce with the skills, knowledge and awareness to understand the range of experiences women have faced so they can effectively engage and support them. It also requires funders, commissioners and policy makers to value the workforce and be prepared to support the development of expertise.

Many practitioners reported that the ongoing training and awareness-raising needed to support this type of practice was often the first thing to be cut in an effort to save money.

Women are not going to be, coz of fear of their children being removed and fear of whatever, they are not going to be completely honest with you and so you have to try and engage with them on a level, so they can build up a trust in a relationship with you. It's all to do with how you interact with that woman from the early stages, what type of language, how are you speaking to her. If you're using judgemental language or if you're making that woman feel that she's to blame for being in that abusive relationship or blaming her for... you know... exposing her children to abuse. The only focus should be how can I keep this woman and her children safe.

A WOMAN WITH LIVED EXPERIENCE

One of the strongest themes evidenced by both the peer researchers and the Community of Practice was the value in having workers with lived experience involved in the design and delivery of services. This approach was seen to improve engagement, help women feel understood and improve understanding within the workforce. The peer researchers also described the value of being involved in genuine and collaborative policy making.

They (people with lived experience) are the only ones who have lived it, the real life, the reality and know what it's like.

A WOMAN WITH LIVED EXPERIENCE

I've got a worker and he's been through addiction and I can relate to him and he understands me completely.

A WOMAN WITH LIVED EXPERIENCE

Women described how support often felt different when the person working with them knew what it felt like to be in their shoes, and they valued hearing from another woman who had been through similar experiences that change could happen. Some women felt that experience in common was more important than gender if it meant they could access support from peers who had faced similar challenges, as supported by emerging evidence from Fulfilling Lives.⁶² Some women felt they could be judged by female practitioners if they did not share their experiences. For example, one woman who had lost her children described feeling judged when she saw a baby seat in back of a worker's car. For others, being able to speak openly to another woman was incredibly important. Overall, women agreed having a diverse workforce was key and choice of practitioner was deemed to be crucial.

Effective involvement of those with lived experience in the workforce requires appropriate support mechanisms and services if needed, proper training and development and for organisations to utilise reflective practice to ensure any challenges that may arise can be addressed effectively and in a supportive environment. The Commission also heard from those working in this way, that funders and commissioners must recognise that this approach can be more expensive, especially at the start of their employment and services that work in this way should not be placed at a disadvantage in bidding or competitive tendering.

Women identified relationship building with trusted and skilled professionals as core to what they needed for effective support. This takes time and trust, with empathy at the core of service design. This means supporting workers to have time to build relationships and acknowledging that there needs to be flexibility. Women had experienced multiple situations in their pasts where relationships had been eroded, in their treatment by abusers and in their experiences in childhood, and described how this was reinforced in their interactions with services. Being treated 'like a human' and developing positive relationships with staff could make or break their experience with help seeking and engaging with support. Empathy was highlighted as vital for a woman to feel safe and confident and was at the crux of their overall findings and recommendations.

⁶² Fulfilling Lives areas are 12 areas across England that have received 8 years of funding to improve local partnerships and test ways of person centred working with people experiencing multiple and complex needs.

The Commission also heard that the introduction of ‘values-based recruitment’ was an effective method of ensuring that staff with the right skills and empathy were recruited, particularly for front-line roles. Both NHS England and NHS Employers have developed resources to assist with values-based recruitment, which they describe as an approach to “...help attract and recruit prospective employees whose personal values and behaviours align with the NHS values outlined in the NHS Constitution”.⁶³ Doing so can reap benefits for employers too. As Skills for Care state in their guidance for Adult Social Care Providers: “Recruiting people for their values and behaviours ensures that you get the right people to work in your organisation, who know what it means to provide high quality care and support and are more likely to stay. Doing this will help to reduce time and wasted resources in recruiting the wrong people.”⁶⁴

It's about professionals having the ability to treat you in a human way ... to show empathy, despite whatever their personal feelings may be, that shouldn't ever be evident in your relationship or engagement with the person you are working with. And also about looking beyond, so for me it was about domestic abuse so looking beyond there is so much more to me than the abusive relationship I was in.

A WOMAN WITH LIVED EXPERIENCE

2.4 Poverty

SUMMARY:

- Poverty is an exhausting and grinding force that prevents women from moving on from crisis.
- Welfare changes, Universal Credit arrangements and cuts to public services have compounded this for many. This situation is magnified for women with uncertain or insecure immigration status.
- More support is needed to promote women's economic independence and pathways into employment when they are ready.

⁶³ NHS – <https://www.hee.nhs.uk/our-work/values-based-recruitment>

⁶⁴ <https://www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Values-based-recruitment>

A significant theme raised through all evidence was the chronic levels of poverty that survivors facing multiple disadvantage experience. Women in poverty are more likely to have suffered violence and abuse than those who are not.⁶⁵ Those in poverty face worse outcomes – poverty is the most powerful predictor of homelessness, for example.⁶⁶ Some women are particularly disadvantaged and likely to be in poverty, including BAMER, disabled and LGBT women.⁶⁷

For many women, poverty is a key factor preventing them from leaving an abusive partner. Controlling and coercive behaviour by men is closely linked to women's experience of poverty and the way in which money can be used as a tool of abuse and to prevent them from moving on with their lives. If women do leave an abusive partner, they may be left trying to rebuild their lives with limited access to funds, often in areas away from their established networks. The impact of domestic abuse on self-esteem and mental health can make it harder for women to gain paid employment, making it even more challenging to move on. Where women leave abusive partners and raise their children alone, as single parents they are at high risk of experiencing further poverty. Poverty had forced many of the women we heard from into activities they would not otherwise choose, such as involvement in prostitution. The way in which a harsh and punitive benefits system can play out in women's lives was highlighted frequently in evidence, illustrated below by Alana House, PACT⁶⁸:

She is then sanctioned and loses benefits, which means she is now financially unable to leave. Because of this her mental health declines, she sends her children to school in dirty clothes. The impact of the sanction does not mean she is more able to engage in the appointments but does mean she is less able to leave domestic abuse; her children are affected directly in practical ways affecting their emotional and physical development.

ALANA HOUSE (PACT)

⁶⁵ Agenda (2016), *Joining the dots: The combined burden of violence, abuse and poverty in the lives of women*.

⁶⁶ Glen Bramley and Suzanne Fitzpatrick (2018), *Homelessness in the UK: who is most at risk?*, p.33

⁶⁷ NPC (2018), *Tackling the homelessness crisis: Why and how you should fund systemically*.

⁶⁸ Universal Credit was highlighted as particularly problematic by a number of respondents.

A range of evidence heard by the Commission revealed how women's poverty has been exacerbated by policy change under austerity. In particular the roll-out of Universal Credit was highlighted by women and practitioners as creating significant barriers to their freedom, safety and economic independence, with women sanctioned and left insufficient money to live under the new system, or exploited financially by abusive perpetrators.⁶⁹ The model of making one payment of Universal Credit to each household leaves women at greater risk of financial abuse, enabling an abuser to control the household finances.⁷⁰ Mothers have also fared particularly badly under reforms to the welfare system. Two-thirds of Universal Credit recipients who had their benefit capped were single parents,⁷¹ and 90 per cent of single parents are women.⁷² Universal Credit has compounded the situation for those in poverty, particularly in terms of the five week wait, steeper deductions for debt and the two-child benefit cap that remains in place for new claimants.

Problems are magnified for women with uncertain or insecure immigration status. As Southall Black Sisters said in their written evidence:

Because of the restrictions placed on who can apply under the Domestic Violence Rule (and therefore be eligible for the DDV concession)⁷³, most migrant women subject to 'no recourse to public funds' (including housing benefit and access to social housing, child benefit and tax credits) are plunged into destitution that results in trauma and mental and physical health problems. Vulnerable women and children have no proper access to food and other basic items.

SOUTHALL BLACK SISTERS MEMBER

Evidence also suggested a need for greater investment to support survivors into education or employment when they are ready to do so. There is a grow-

⁶⁹ EVAW, SEA, WBG (2018) *Universal Credit and Financial Abuse: Exploring the Links*.

⁷⁰ House of Commons Work and Pensions Committee (2018) *Universal Credit and Domestic Abuse*.

⁷¹ Department of Work and Pensions (2018), *Benefit Cap 2018*, as of August 2018.

⁷² Gingerbread (2018), *Single Parent Statistics*, September 2018

⁷³ The Destitution Domestic Violence Concession allows women experiencing domestic abuse to apply for leave to remain in the UK under certain circumstances – this can only be applied for by women on a spousal visa meaning many women not here on spousal visas are in extremely precarious situations. For more information see Rights of Women, *Changes and Challenges to the Destitute Domestic Violence Concession*.

ing body of evidence that supports the Commission findings showing that investment in people, acknowledgement of their strengths and helping to build capacity can make a real difference in the lives of those facing multiple disadvantage.⁷⁴ The peer researchers all described the sense of agency and empowerment they gained from involvement in the Commission research and for a number of researchers volunteering through this project, it helped them gain paid employment. Programmes that understand the context of women's poverty, support pathways out, and build on the strength and resilience of survivors, should be an important part of recovery and support is to offer pathways beyond crisis.⁷⁵

EXAMPLE OF GOOD PRACTICE: LUMINARY BAKERY

The Luminary Bakery is a social enterprise offering women who have experienced significant disadvantage a chance to build their skills and confidence. It offers a six month long employability programme for women who have experienced homelessness, domestic violence, prostitution/sexual exploitation or the criminal justice system. This programme teaches women to bake cakes, breads and pastries to a professional standard during weekly classes. It also enables them to gain a Level 2 Award in Food Safety and Hygiene, and an OCR Accredited Level 2 Award in Living and Life Skills. Alongside training, women are provided with 1-2-1 support from a Luminary Employability Tutor who works with them to grow personally and professionally (in partnership with their referrer). After graduating from the training, women enter the alumni programme which includes support from a Progression Worker who offers support in seeking employment and benefits as they transition into work, as well as a volunteer female mentor for the first six months. Luminary also provides support for women who are starting their own business – workshops, sharing templates, signposting and advice. Finally, the bakery provides apprenticeships, work experience and permanent roles for graduates to have their first experience of work, in a supportive environment.

2.5 Children

SUMMARY:

- Women facing multiple disadvantage are being prevented from seeking help for fear of losing their children.
- The removal of children as a result of domestic abuse can be a major barrier to women making a meaningful recovery.
- When children are removed into care, not enough is being done to support children or consider their needs.
- Keeping children safe is essential, but more must be done to reduce the long-term harm to both mother and child from permanent separation.

⁷⁴ The Mayday Trust (2018) *Homeless System Under Deconstruction*.

⁷⁵ NPC (2018) *Tackling the homelessness crisis: Why and how you should fund systemically*.

Throughout the Commission evidence, it was made very clear how significant the role of being a mother was to women facing multiple disadvantage who had also experienced violence or abuse. This featured strongly in relation to women's ability to access help and support that addressed their needs and identities as mothers, as well as around the legacy of trauma where children had been removed either temporarily or permanently from their care.

Many women described the fear of losing their children as a huge barrier to seeking support. This was particularly true for women who used substances and/or who experienced mental ill-health, who were often viewed as unable to parent, describing a constant fear that their mental health or addiction would be used against them by both services and abusers. As one peer research interviewee said:

Because of my mental health issues, I felt they believed what he was saying a lot more ... and even going forward with discussions with police and social services he's still using my mental health against me.

A WOMAN WITH LIVED EXPERIENCE

The trauma that women had experienced from losing children as a result of domestic abuse was a major barrier in being able to make a meaningful recovery. The Commission heard many stories of women living every day with the pain of not being allowed to mother their children, including cases where the children were instead living with the perpetrator due to the mother's poor mental health or substance misuse. As one woman said:

I'm a mother and I'll always be a mother to my children, that's not going to change regardless of whether my children live with me or they don't.

A WOMAN WITH LIVED EXPERIENCE

The sense of shame, pain, loss and grief women described when children were removed contributed to or escalated mental ill health. The failure to acknowledge these experiences has been shown to further isolate women or lead to

mistrust in services that may offer them support.⁷⁶ The need for improved support to acknowledge women as mothers, even when their children had been removed, was described as a vital part of healing from abuse.

The Community of Practice highlighted that children were a huge motivator for many women, this was echoed by the peer researchers who described how children could be a motivator to accessing help and making change:

It's about empowering these parents to be their best possible self, focusing on the positives as well as focusing on the weaknesses. They have a lot of strengths and focusing on those strengths can really empower that parent to make them changes as it has done in my case when I have had a social worker who has... you know... really empowered me and really encouraging ... when I've felt it's just not been a tick box exercise. They feel I have value to contribute to the wellbeing of my children.

A MEMBER OF THE COMMUNITY PRACTICE

The Commission acknowledges that in some instances it is unsafe for children to remain with the non-abusive parent and that children's safety must be paramount. However, much more could be done to improve support for women to deal with what they are facing and provide them support to parent. Solutions must be found that address the risks to the children, whilst also recognising the risks to both the mother and child of permanent child removal – which can cause both devastating lifelong trauma to mother and child, as well as posing risks to children of poor outcomes as a result of contact with the care system.⁷⁷ The Commission would like to see further research in this area, particularly looking at good practice in countries that have developed models which allow for maintained child and mother contact after removal, and enhanced support with parenting. Germany (with their social pedagogue model, and Denmark, as both countries that have developed good practice in this area. We believe this should be a priority for government as the number of children in care has reached crisis levels in the UK.⁷⁸ Where examples were given of support being

⁷⁶ Karen Broadhurst, et al, (2017) *Vulnerable Birth Mothers and Recurrent Care Proceedings Final Summary Report*.

⁷⁷ Karen Broadhurst, et al, (2017) *Vulnerable Birth Mothers and Recurrent Care Proceedings Final Summary Report*.

⁷⁸ Family Rights Group (2018), *Care Crisis Review: Options for Change*.

provided to mothers to enable them to parent more effectively, results could be transformative. As heard in evidence:

Women need to feel confident in speaking to somebody about the abuse they are suffering without repercussions of children being removed or social care being involved.

A WOMAN WITH LIVED EXPERIENCE

EXAMPLE OF GOOD PRACTICE: TREVI HOUSE

Trevi House is a residential rehabilitation programme based in Plymouth, where mothers affected by alcohol and substance use problems can work on recovery without being separated from their children. The programme provides accommodation for mothers and children, individual and group counselling, detoxing, child care, thrive assessments for children, regular drug and alcohol screening, named a specialist midwife and health visitor, reports for professionals/court, story work preparing children for onward transitions, help in finding housing, and a free aftercare service.

EXAMPLE OF GOOD PRACTICE: CHANGING LIVES

Changing Lives' Ridley Villas service provides trauma-informed holistic support to women with children at risk of being removed in Newcastle and Gateshead. Most of the families supported have been impacted by addiction, domestic abuse and homelessness. The service aims are to provide a safe and nurturing environment and home for families for up to a year; with move on accommodation and floating support to follow. 60 per cent of families accommodated leave the project with the care of their children and risk reduced.

A recent report by Children's Commissioners⁷⁹ identified that 50,000 children aged zero to five are living in households where domestic violence, alcohol or drug dependency and severe mental health are all present. Children in these households are known to be at very high risk of severe harm. Despite this, the Commission heard there was not enough done to consider children's needs or provide effective support:

⁷⁹ Children's Commissioner (2018), *A Crying Shame*.

There is nothing in place for children. They were having nightmares. The doctor can only refer them for six weeks counselling and then ‘Sorry, you’ve got to re-apply again’, which takes another few months and they get to see a totally different counsellor. So there is absolutely nothing for teenagers either. They expect that when children are out of the situation they are hunky dory and they are not.⁸⁰

A WOMAN WITH LIVED EXPERIENCE

An erosion of early years services and support such as children’s centres and early help services has reduced the amount of support available to families and mothers before they reach crisis.⁸¹ These can be an important vehicle for non-stigmatised, easily accessible support and early intervention to support parents before they reach crisis.⁸² The ability to access universal services are also a means for women to access help without raising suspicion. The value of children’s centres was identified in the peer research:

I think the Children’s Centre is very helpful because they are reaching the mums with younger children particularly. I got to meet my friend at the Children’s Centre. They can provide mums with training and I think the library could probably stock more books and leaflets about domestic violence.

A WOMAN WITH LIVED EXPERIENCE

⁸⁰ AVA and Agenda (2019) *Hand in Hand: Survivors of Multiple Disadvantage Discuss Service & Support*. A report by Peer Researchers for the National Commission on Domestic and Sexual Violence and Multiple Disadvantage.

⁸¹ The Children’s Commissioner has highlighted that spending on early and preventative interventions, such as Sure Start and young people’s services, has been cut by around 60% in real terms between 2009–10 and 2016–17, Children’s Commissioner and Institute for Fiscal Studies, *Public Spending on Children in England: 2000 to 2020*.

⁸² In their recent review of the Care system the Family Rights Group found there is evidence that, over time, early intervention services, properly targeted and of sufficient intensity, can reduce the risk of escalation to more serious problems, Family Rights Group (2018), *Care Crisis Review: Options for Change*, p. 16.

Mechanisms and interventions for supporting families around multiple disadvantage have thus far failed to produce the results needed to transform the lives of this group of women. The Troubled Families Programme, for example, was established to address the needs of families facing multiple and inter-generational disadvantage. In her 2012 report on the Troubled Families Programme, Louise Casey highlighted that “The most striking common theme that families described was the history of sexual and physical abuse often going back generations; the involvement of the care system in the lives of both parents and their children, parents having children very young, those parents being involved in violent relationships, and their children going on to have behavioural problems, leading to exclusion from school, anti-social behaviour and crime.”⁸³ Yet, domestic abuse had not been a key focus in the Troubled Families Programme up until this point.

Domestic abuse was consequently recognised as a key factor in later iterations of the programme. The most recent evaluation of the programme showed that domestic violence support (71 per cent) was one of the main services required by families, after debt management (81 per cent). Further iterations of the programme need to look more closely at how to support women and their children in families where mental ill health, substance use and domestic violence coincide. The Commission believe that funding could be used more appropriately towards the models suggested in our recommendations, particularly trauma-informed support that focuses on rebuilding trust and relationships.

2.6 Commissioning and Funding

SUMMARY:

- The key to improving services to women experiencing domestic and sexual violence and multiple disadvantage sits at local level with commissioners and funders.
- Commissioning and funding arrangements frequently prevent the delivery of joined up services, continuity of care or a skilled and secure workforce. Problems include lack of joined-up funding streams, a focus on cost over social value and short-term contracts that prevent the delivery of long-term support.
- Cuts to public services and funded support have led to a rise in women accessing help when in a crisis, which is costly to both women and society.
- The shift from local grants to competitive commissioning has disadvantaged many smaller specialist women’s providers, including BAMER organisations.

⁸³ Louise Casey (2012) *Listening to Troubled Families*, Louise Casey DCLG London 2012

- Women's life experiences remain hidden, partly as a result of limited and gender-blind data collection that leads to a lack of evidence of need. Survivor voice is rarely involved in shaping or developing service specifications, despite the fact that involving women with lived experience in the design and delivery of policy and practice is valued by both services and the women themselves.

It was clear from evidence heard that services are not currently commissioned or funded in such a way that enables appropriate joined up services, sufficiently long-term funding to allow continuity of care or for the development of a skilled and secure workforce. This is set against a background of local government funding cuts and reductions in public services that have led to a rise in women accessing crisis support, rather than being able to get support earlier. This means women are spiralling into further crisis, ultimately at great cost to society, the public purse and women themselves.

Whilst commissioners have a responsibility to provide support for their general population, the evidence we heard was that specialist targeted support for women experiencing domestic and sexual abuse and multiple disadvantage is increasingly rare. Many individual commissioners are doing an excellent job in difficult circumstances and in some areas are working together to co-commission integrated services and deliver the 'one stop shop' or holistic models of services described as so valuable by women themselves. However, more could be done to commission life-changing and life-saving services in innovative yet sustainable ways.

Services being delivered in silos is partly a reflection of the way in which policy, strategy and commissioning decisions are made, both locally and nationally, as summed up by Collective Voice in their written submission to the Commission:

*One chief executive reported that due to policy development, purchasing and commissioning all being done in silos, it is unsurprising that service provision is siloed as well, this can make it hard for people experiencing multiple disadvantage to access the help they need as they can fall through the gaps between services.*⁸⁴

COLLECTIVE VOICE

⁸⁴ Written evidence to the commission.

Commissioners heard specific examples that illustrated this lack of service integration. Since funding for substance misuse services moved from public health to local government in 2012⁸⁵, for example, there has been an increase in siloed working and reductions in working with other health structures, resulting in fragmentation of drug treatment pathways, particularly for those with more complex needs.⁸⁶ At the same time, it was made clear that the lack of integration and clear data on this group has been a long-term barrier to effectively supporting women facing multiple disadvantage – this preceded post 2012 changes.

A major barrier to effective commissioning for women facing multiple disadvantage is a lack of data or significant gaps in knowledge about the true picture of women's experiences. The overall picture of the numbers of women in local areas that are facing these interconnected issues was not always known – this was in part due to differing data collection, different services asking different things and major variants in data collection dependent on local needs assessments and in turn contract monitoring. At the same time, it was identified that there were often gaps in data at the local level due to a lack of data sharing tools in local areas. This is compounded when considering groups of women that services have poor engagement with, for example, there is a lack of evidence about BAMER women's substance use. Options for improving data collection could include using experts by experience to help with needs assessments to identify the true picture at the local level, improved contract monitoring, clarity about who is being turned away from services and better data sharing tools.

The shift from local grants to large scale, competitive commissioning⁸⁷, has created a number of challenges for service providers, in particular smaller specialist organisations. The rise in contracts based on payment by results has similarly led to some service providers feeling forced to focus services on people who can be helped in a reasonably short length of time and with measurable outcomes, in order to access the full value of the contract.

Service specifications, which require contracts to be delivered to all people in an area, rather than specific communities within it, have had a disproportionate impact on smaller specialist organisations like women's organisations and in particular to those providing services to specific groups of women including BAMER, LGBT groups and disabled women.

As discussed above, specialist services are crucial in ensuring women can access the kind of support they want and need, particularly specialist women's organisations and BAMER services. The peer research highlighted the differ-

⁸⁵ Health and Social Care Act 2012.

⁸⁶ Advisory Council on the Misuse of Drugs (2017) *Commissioning impact on drug treatment*.

⁸⁷ Local Government Association (2019), *Councils face almost £8 billion funding black hole by 2025*.

ence it made when women were able to talk to services that understood their experiences and believed them. Research by the Women's Resource Centre (WRC) found that specialist women's organisations do many of the things recommended in this report: they are led by and for women and are often service-user led, they provide timely support that can stop women accessing other crisis services so save local areas money and evidence shows that they allow women to feel safe physically and emotionally, along with having holistic, empowerment-based approaches.⁸⁸

In the case of BAMER services, the peer researchers found women valued having access to services with staff who could speak the same language as them and understood their experiences. Indeed, further research found BAMER women report feeling safer to speak about their experiences of violence in an environment where staff have the knowledge and expertise in providing specialist support to BAMER women affected by various forms of violence in specific individual, family and community contexts.⁸⁹ The Commission heard the value of specialist services in being able to join up experiences of domestic and sexual violence with other forms of victimisation, including racism, homophobic and transphobia and ableism.⁹⁰ The loss of specialism in a local area also impacts on the ability to gather data on need for specific groups of women, such as knowledge gaps highlighted by Galop around domestic and sexual violence faced by LGBT women.

The Commission heard from specialist BAMER services, who described very poor experiences of having worked with larger mainstream organisations that benefited from their expertise in developing joint funding bids, but who then failed to properly bring them into partnership arrangements. Imkaan's 'Capital Losses' report (2016) which focuses on the loss of BAMER specific VAWG services for women in London, quoted one member whose experiences summed this trend up:

We are being taken over by big generic bodies and commissioning bodies don't understand why BAMER specialist services are important and they are less interested now as compared to a few years ago. It is getting difficult to get funding on a national and local level.

IMKAAN MEMBER⁹¹

⁸⁸ WRC (2018), *Why Women*.

⁸⁹ Imkaan (2016), *Capital Losses: State of the Sector*.

⁹⁰ Galop, Manchester evidence session; this is also highlighted in: Imkaan (2016), *Capital Losses: State of the Sector*.

⁹¹ Imkaan (2016), *Capital Losses: State of the Sector*.

Short-term contracts and funding arrangements pose challenges for services, leading to difficulties sustaining a properly supported and trained workforce, increased staff turnover, problems setting up and delivering projects due to insecurity and staff having to direct time and effort away from delivering services towards raising funds instead. This is summed up clearly by South London Rape Crisis:

Most services working with this group of women rely on short term funding (one to three years) which is not enough security to plan long term. It also means that time and energy is funnelled into looking for other funding opportunities, rather than services being able to focus on providing the best service possible. One of the biggest things that would make a difference is long term, ring-fenced and increased funding for specialist services.

SOUTH LONDON RAPE CRISIS

This has a negative impact on the service that women receive, which is detrimental to women recovering from trauma who need consistent and long-term support that recognises recovery to be a long and challenging journey. These concerns were reflected in the report produced by the peer researchers, with comments including:

I would see someone different each week, it didn't work for me ... I went to three appointments, each time, somebody different.

A WOMAN WITH LIVED EXPERIENCE

Central government funding can exclude specialist women's organisations, meaning that the skills, knowledge and experience of these services are being lost. The Tampon Tax Fund, for example, set the minimum funding that could be applied for at £1m, to be no more than 50 per cent of the applicant's income

(2017).⁹² The Home Office Children and Domestic Abuse Fund (2017) similarly set a minimum bid level of £500,000, to be no more than 25 per cent of an applicant's income. On this occasion, the Home Office were clear that the threshold applied to the lead partner in the consortium, ruling out the option for several small specialist organisations to band together. As the Women's Network pointed out in their submission⁹³:

Charities serving the needs of BAMER women are unlikely to have such high annual incomes, the new criteria mean that even the larger ones serving BAMER women are excluded from applying for this funding in their own right.

WOMEN'S NETWORK

When smaller specialist women's charities and BAMER charities are not able to tender for large contracts or apply for funding streams, their skills, knowledge and expertise are lost. In so doing, women are losing the kind of support that they ask for: user-led with an understanding of experience, skilled and trained staff who are able to offer women the empathy and experience they need to recover from abuse.

Women themselves are rarely involved in influencing commissioning, and this lack of survivor voices means tenders do not always reflect what women need from a service. The Commission heard examples which suggest a trend towards capturing survivor voices in developing VAWG strategies at the local level, but little evidence that this filters through to the specifics of individual tenders.

The Commission heard a range of evidence of how to improve Commissioning for multiple disadvantage, this has been summarised in the diagram alongside:

⁹² In this instance, the funding criteria were eventually changed so that the minimum income level could apply to a consortium as well as an individual charity, but as we have discussed already, this can still disadvantage BME organisations.

⁹³ Evidence to the commission.



This reflects, in part, the experience of two local examples of good practice that provide a template that could be adopted more widely – Greater Manchester Women’s Centre and London Black Women’s Project. The latter example also highlights how the Equality Act can be used to ensure organisations work in partnership, in this instance the local CCG was able to meet its obligations to its local population through commissioning specialist BAMER support.

EXAMPLE OF GOOD PRACTICE:

GREATER MANCHESTER WOMEN’S CENTRE FUNDING MODEL

The Whole System Approach (WSA) to women offenders across Greater Manchester aims to embed gender-responsive support for women at three points of the criminal justice system – arrest, sentencing and release from prison. Nine women’s centres across Greater Manchester provide support hubs for women referred via these different routes. This network of women’s centres works to directly tackle the reasons behind women’s offending, and takes into account that many women offenders have also been victims of VAWG, mental ill-health or substance use problems. Greater Manchester has been held up nationally for its innovative approach to women offenders – bringing together police, probation, health and other agencies, which has drastically reduced women’s re-offending.

EXAMPLE OF GOOD PRACTICE: LONDON BLACK WOMEN'S PROJECT (LBWP)

The LBWP provides therapy and counselling for domestic and sexual violence, forced marriage and female genital mutilation (FGM). They take referrals directly through the Improving Access to Psychological Therapies (IAPT) programme and are able to offer specialist support. This is built on years of research with and support for BAMER women. Their model places women and girls' agency at the heart of their work. They link empowerment to envisioning, supporting women to consider a world free from violence and exploring what women's interactions would be like in that world. They use storytelling and art to help women work through their experience. The focus is on a recovery of voice, self and sense of control. They have found that nature is coming out a lot in how women describe themselves and view themselves, particularly the sun as a powerful and positive force. They have also found that the theme of the interconnected self has emerged and that women often use collage to show the multiple experiences of their lives. The model is holistic – based in nature and society. There is a strong focus on equality and removing unequal power.

2.7 Local and National Strategy: Lack of Coherence and Joined-Up Working

SUMMARY:

- Departmental silos at national and local government level result in a disjointed approach to women experiencing multiple disadvantage, abuse and violence.
- Improved local delivery is key, but the lack of holistic approaches to service delivery locally fails women, with good work being frustrated by a lack of systematic join up.
- There is a dearth of support for rural communities, with services generally focusing on urban populations.
- Most service delivery is aimed at crisis intervention, with very little set up to prevent violence and abuse in the first place.
- National work is underway in both England and Wales to try and improve join up and local consistency in service delivery, and lessons must be learnt from this.

Central government is structured in such a way that woman's multiple disadvantage is inevitably dealt with in departmental silos – homelessness by the Ministry for Housing Communities and Local Government (MHCLG), mental health by the Department of Health and Social Care (DHSC), welfare by the

Department for Work and Pensions (DWP) and so on. To a lesser degree, these challenges are replicated where issues are devolved to the Welsh Assembly. This leads to a lack of coherence in policy and practice for women facing multiple disadvantage and abuse at all levels.⁹⁴ A lack of ownership or political oversight to address multiple disadvantage is further compounded by a similar lack of clarity around where the 'equalities' policy brief sits and a revolving door of ministers with responsibility for this role.

At the local level, national silos are reflected in local policy making and service provision. Single departments own responsibility for individual issues, and – as this report has made clear – too often responses are not joined up. The Commission heard clear examples of this such as domestic violence provision sitting within community safety departments therefore not relating to homelessness responses and public health responsibilities within the local authority not being well joined up with NHS health services. Processes, funding, targets and standards, set up to help the system function, often serve to reinforce these problems.

Despite these challenges, there are a number of examples of good practice at local level, and some of these have been highlighted throughout this report. and we believe that changes to local practice, supported by national policy, is the best way to improve services.

The Commissioners looked at two particular cases where a national steer and capacity building had been used to improve local join up.

Evidence heard in Wales suggested there are opportunities to look for lessons to the different legislative framework and its practical impact, following the 2015 Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act. The Act aims to improve the public sector response to these forms of violence and abuse, and the 'Ask and Act' elements of the Act were said to have helped drive dialogue across the public sector. The South Wales Office of the Police and Crime Commissioner (PCC) described how they had used the Act to leverage increased coordination with other agencies across the region, resulting in an ability to address themes, trends and data that had not been able to previously.

In England, the NHS England 'Strategic Direction for Sexual Assault and Abuse Service' (2018) aims, as one of its six core priorities, to drive collaboration and reduce fragmentation in response to sexual assault policy sitting across several government departments) and local delivery and commissioning involving a myriad of public and voluntary sector agencies.⁹⁵ In evidence, NHS England were clear that delivering the strategy relies on informing, educating and influencing commissioners, rather than centrally mandating how best to de-

⁹⁴ The complexity around siloed provision was made very clear in AVA and Agenda's research on service provision for multiple disadvantage, see *Mapping the Maze*.

⁹⁵ NHS England (2018) *Strategic direction for sexual assault and abuse services*

liver joined up services in this area, to achieve local consistency in services.

As a result of data about women facing multiple disadvantage not always being collected or analysed, women's life experiences can remain hidden. For this group of women, they will only get the support they deserve when there is a clear evidence of need for gender sensitive services, and greater investment in collecting data and commissioning research about this group of women is needed.

The issue of prevention work was raised in evidence on a number of occasions and viewed as a crucial part of a national strategy to address violence against women. The peer researchers reported that there was a need for education and awareness raising from a young age, for children to be able to identify abuse and to understand how to get help. The Home Office teenage relationship abuse *This is Abuse* campaign was given as a positive example. Many felt that more of this kind of preventative activity would have made a significant difference in their own lives:

I think if I had seen posters about sexual abuse when I was younger, then those men that abused me when I was younger, I would have reported them, and it would have stopped them abusing anyone else.

A WOMAN WITH LIVED EXPERIENCE

If there were people at schools who came and talk to you, but there was never kind of anyone there who mentioned it and talked about it ... We need education at school.

A WOMAN WITH LIVED EXPERIENCE

EXAMPLE OF GOOD PRACTICE: TEENAGE RELATIONSHIP ABUSE CAMPAIGN

In response to research from the NSPCC in 2009, the Home Office developed two campaigns which aimed to prevent teenagers from becoming victims and perpetrators of abusive relationships by encouraging them to re-think their views of violence, abuse and controlling behaviours, and understand what consent meant within their relationships. The first *This is Abuse* campaign launched in 2010 and has been running every year since (the most recent one entitled *Disrespect Nobody*) with additional resources on issues such as rape and consent, 'sexting', porn and sexual harassment. The campaigns feature a dedicated website with resources and information, tv, radio and print adverts and guidance packs for teachers. Earlier versions of the campaign also included discussion forums and live chats (moderated by AVA and Respect). The campaigns have been well received by young people and practitioners alike and represent a welcome government commitment to raising awareness about abuse and healthy relationships.

3. CONCLUSIONS AND RECOMMENDATIONS

We need to *not give up*.
We need to *keep on going*.
We need to *keep trying*.
We need to *be brave*.
We need to *challenge people*.
We need to *keep on having campaigns*.
We need to *break down barriers for women accessing services*.
We need to *do as much as we can to reduce the stigma and to stop the never-ending cycle of violence and substance misuse and mental ill-health which all go hand in hand*

A WOMAN WITH LIVED EXPERIENCE

It is clear that these unacceptable experiences do not define women, but they are barriers. These are women with agency who are forced to cope with brutal and systematic inequality.

We believe that women with this set of experiences, when given the right support, do not just survive, but thrive. The work and journey of the peer researchers over the lifetime of the Commission is proof of this.

This multifaceted approach to collecting evidence ensures that findings, conclusions and recommendations are based not only on current research and good practice, but also on the experiences of those who are delivering services and managing systems, as well as on the lived experiences of the women trying to navigate the systems and services out there as part of their journeys to living free from abuse.

What became clear while gathering evidence is that the issues involved are complex and intertwined. Our report aims to reflect this, acknowledging how hard it can be to manage multiple disadvantage, and offering hope that change can happen.

This process also taught us that women themselves have the tools to make change. We need to get better at listening to women with lived experience, provide them with platforms, and trust that those who have been done to, will thrive when they are done with.

The Commission spent a year gathering evidence about women living with experience of domestic and sexual violence and multiple disadvantage. We have heard from women themselves, from service providers, commissioners, practitioners and policy makers. We have met people face to face and studied the written evidence sent in by practitioners working across the system.

From all of this, we have reached a number of conclusions.

Whilst there is growing evidence on the connections between multiple disadvantage and domestic and sexual violence, it has had little impact on the practical support available to women. The problems women face are complex and intertwined, and current solutions fall far short of meeting their needs. This leaves too many women to face the lifelong effects alone and unsupported with devastating consequences for them and their families.

The passion and commitment of many of the people working to support women in both the voluntary and public sectors is what sustains many of the services we heard from. The workforce has a key role to play in transforming women's lives, and the value of these supportive relationships cannot be underestimated.

Despite the resilience of the women and their children and the compassion of many practitioners, systems are failing these women, at an unforgivable price to them and wider society. For many women, they have survived terrifying and damaging experiences despite public policy and practice, rather than because of it. This failure has been compounded by austerity and women's lives have been made harder by welfare reforms. Indeed, as this report has highlighted, women's experiences of socio-economic positions, as well as factors such as immigration status, race, sexuality and disability all pose additional barriers to women facing multiple disadvantage.

It is clear that the way the system is currently designed does not meet women's intersecting needs. Services currently in place do not respond well to women

who experience multiple and intersecting disadvantages. They are not set up to understand or address women's trauma, support those from diverse backgrounds or those facing additional barriers such as disability. It is challenging to address this problem, given how deeply embedded these siloed systems, processes, budget allocations and working arrangements are. Alternatives are needed that can resolve this dilemma.

Women who have children, either in their care or removed from them, are being particularly let down. The fear of being separated from their children leads many women to avoid seeking help and they only come to the attention of statutory services when they have reached crisis point. Insufficient effort is being made to enable women experiencing abuse and other forms of disadvantage to safely parent and remain with their children and there is next to no support when they are separated from them, only serving to fuel the cycle of trauma which led to this happening in the first place.

Our peer researchers and the survivors they spoke to are capable, strong and hopeful women. They are not broken and damaged, but looking for opportunities to improve life for themselves, their families and others. This group of women are not the problem, they are the solution. Too often their voices, experiences and ideas have been ignored in policy making to the detriment and cost of all of us.

Our aim as a Commission has been to make practical proposals to improve the lives of these women, and others like them, who have been such an inspiration to us over the past year. What follows is a series of recommendations that should be adopted by policy makers and practitioners alike.

The potential benefits of doing so are considerable: not only for women themselves, but economically – the total costs of violence against women and girls (VAWG) to society are estimated at around £66bn annually.⁹⁶

⁹⁶ New Philanthropy Capital (2008), *Hard Knock Life*.

Recommendations

SERVICE DESIGN AND PATHWAYS

- 1 Services should **work collaboratively** to break down service silos and offer person-centred, holistic support for women from diverse backgrounds, including through **one-stop-shops**, and **co-location** of professionals. Where this is not possible, **'navigator' models**, where individuals or teams support service users to navigate systems, should be developed to support survivors to access available services.
- 2 **Enquiry** into current and historic domestic and sexual violence should be standard practice across publicly funded services supporting women experiencing multiple disadvantage, supported by robust policies, staff training and accurate data collection.
- 3 Where abuse is identified, there must be appropriate **trauma-informed support and pathways into care**. Services should ask women on more than one occasion if they meet with a woman multiple times.
- 4 All women facing multiple disadvantage who have experienced abuse should be able to access appropriate **women specific, trauma-informed** services as a priority, particularly in spaces that are currently failing to meet women's needs, such as addiction treatment, criminal justice and homelessness. This should include provision of specialist services for BAMER, LGBT and disabled women. Mainstream and mixed services should take active steps to ensure they are providing appropriate and safe support for women, including taking women's specific needs into account. In particular:
 - a) **Women specific substance use services** must be made universally available in all areas, including the provision of childcare to enable mothers to participate in treatment programmes.
 - b) **Diversion away from the criminal justice system** and into gender-specific community support should be prioritised for women, particularly for crimes related to prostitution.
 - c) All mental health trusts should have a clinical lead for women's mental health and a women's strategy, that draws upon the gender and trauma-informed principles set out in the **Women's Mental Health Taskforce report**.
 - d) **Housing First**, with appropriate gender-informed support, should be rolled out nationally as an alternative to hostel accommodation. The homelessness sector needs to improve its response to domestic and sexual abuse, including through committing time

- and resources to support women in mixed settings safely and effectively. In Wales, the Supporting People Programme should be kept in place and used to enable this.
 - e) As part of its implementation of the Rough Sleeping Strategy, the Ministry of Housing, Community and Local Government and local authorities should ensure that emergency services such as Somewhere Safe to Stay (SSTS), No Second Night Out (NSNO) and emergency accommodation offer **women-only accommodation** and facilities in every area.
- 5 Existing projects designed to join up services for people experiencing **multiple disadvantage**, such as the Making Every Adult Matter (MEAM) coalition and Fulfilling Lives, should ensure the support they provide is gender and trauma-informed, and involve women-specific services in their partnerships. Such projects should also take steps to consider how they are able to reach and support specific groups of women who face additional barriers in accessing services, such as BAMER, LGBT and disabled women.
- 6 **Thresholds** and criteria for support should be reviewed by all services to ensure women experiencing domestic and sexual violence and multiple disadvantage are not disproportionately excluded from the support they need. Services should review their **inclusion criteria** and related policies and provide clear reasons and data on why women are being turned away. Local authorities must ensure there is suitable provision for women with a '**dual diagnosis**', of both a mental health problem and substance use, and that thresholds do not exclude them from accessing support.

GENDER AND TRAUMA-INFORMED PRACTICE

- 7 Government, led by the Department for Health and Social Care, should lead an **evidence review** on the value and impact of trauma-informed approaches in public service settings. This should build the evidence base and develop **national guidelines** around what quality gender and trauma-informed services mean in practice across all public services to assist commissioners to identify effective approaches. Monitoring this practice should form a part of inspection regimes.
- 8 Government should **incentivise public bodies**, in particular Mental Health Trusts and local authorities, to implement trauma-informed approaches, supporting organisational change and rewarding and recognising staff commitment to this transformation process.

WORKFORCE

- 9 There should be a **public duty** on services, especially health services, to ensure their staff are appropriately trained to enquire about domestic and sexual abuse, and respond appropriately to disclosures, including having clear referral pathways that understand and reflect women's diverse needs.
- 10 Service providers should review their **recruitment practices** to ensure they are recruiting staff with the right balance of technical skills and core competencies, with emphasis placed on empathy and relationship building at the core. **Values-based recruitment** should be considered as one vehicle through which to do this.
- 11 Service providers should prioritise the recruitment, retention and development of **staff with lived experience**. Clear progression paths should be identified through volunteering, work opportunities and targeted 'experts by experience' apprenticeship programmes, with appropriate support and remuneration in place.

POVERTY

- 12 The Department of Work and Pensions should produce a revised, updated and comprehensive **Equality Impact Assessment** for the continued roll out of Universal Credit, and for all future policy and decision making around welfare reform, including a **cumulative assessment of reforms so far** to improve policy outcomes for women. This should involve meaningful stakeholder engagement with the women's sector and women with lived experience.
- 13 Alternative methods should be designed and tested to enable **separate payment arrangements** to each member of a couple under Universal Credit. Payments should be made fortnightly, as is allowed in Scotland, to make these more manageable for women.
- 14 Women need greater support to rebuild their lives after domestic and sexual abuse, particularly when they have experienced other forms of multiple disadvantage. Even where the abuse itself has not been economic, gender-based violence leads to women having to rebuild their lives, and this can include seeking new employment. There needs to be an explicit recognition of this in the funding and developing of schemes to support women back into work.

CHILDREN

- 15 The Department for Education should prioritise work to develop **alternatives to permanent child removal** that protect the child from short term risk whilst recognising the long terms risks to both mother and child of permanent removal into care. Further investment is needed in **Family Drug and Alcohol Courts**, which are proven to be effective. Evidence has found sustained benefits of Family Drug and Alcohol Courts, including higher rates of substance misuse cessation, higher rates of family reunification and more women receiving help from other agencies for their substance misuse, as compared to those who had been through ordinary care proceedings.⁹⁷
- 16 Particular attention should be paid to models in other countries, such as the social demagogue model in Germany that have a greater emphasis on supporting parenting combined with temporary rather than permanent removal. The What Works Centre for Children's Social Care should support and **evaluate projects and evidence development** that will enable these approaches to be embedded in the profession longer-term.
- 17 Children's social services should apply **strengths-based approaches** that enable women to draw on their strengths, make safe plans for their children, and allow decision making about a child's welfare based on a proper understanding of the family context. **Multi-disciplinary teams** should be in place in all local areas, drawing on the skills of substance misuse, mental health and domestic abuse practitioners to work alongside children and adult social workers.
- 18 A full understanding of the experiences of survivors facing multiple disadvantage must be embedded in all **children and family social work training and development** in England and Wales. Social Work England has a potentially important role to play in ensuring this happens.
- 19 To reduce the numbers of children entering care, greater specialist trauma-informed **early intervention support** is needed to support mothers facing multiple disadvantage to parent effectively and before they reach crisis. **Universal services**, such as children's centres, should be available across the country to provide community support to all families, with staffing, skills and strategies in place to ensure women facing multiple disadvantage and abuse are reached and supported.

⁹⁷ Harwin, J., Alrouh, B., Ryan, M. and Tunnard, J. (2014) *Changing Lifestyles, Keeping Children Safe* an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings. London: Brunel University

- 20 More gender and trauma-informed **step down support** is needed to support mothers and children who would continue to benefit from other targeted or universal interventions when they move on from statutory safeguarding support.
- 21 **Long-term support** is needed for women whose children have been temporarily or permanently removed into care to enable them to process the loss of losing a child, to support with care proceedings and to establish and maintain appropriate and meaningful contact with children.
- 22 Women and survivors should **never be made to feel responsible** for protecting their children from an abuser. In their current form written agreements, which require victims to sign contracts with terms around their contact with the perpetrator, are highly problematic and should not be used.

COMMISSIONING AND FUNDING

- 23 Local authorities should hold **overall responsibility for coordinating joined-up approaches**. This should be supported by a **duty on local bodies to collaborate** with and through the local authority.
- 24 Mental health and substance use services should be led jointly at a strategic level to enable women with dual diagnosis to be effectively supported. Clinical Commissioning Groups and local authorities should co-operate, pool budgets and set out partnership working arrangements through s75 agreements in England, and s33 agreements in Wales.⁹⁸
- 25 Commissioners should build **incentives into contracts** to encourage mainstream services to work collaboratively and ensure that specialist expertise, including that provided by the specialist women's voluntary sector, is prioritised.
- 26 Services should be **designed and commissioned around outcomes** that make a difference to women's lives, with a long-term view to addressing issues preventatively. As a matter of urgency, local commissioners must address gaps for women facing multiple disadvantage, in particular mental health, substance use, domestic abuse and the im-

⁹⁸ An agreement made under section 75 of National Health Services Act 2006 between a local authority and an NHS body in England. Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. Equivalent provisions for Welsh authorities are contained in section 33 of National Health Service (Wales) Act 2006.

- pact of trauma. This process must ensure sufficient delivery across geographical areas and specialist services for marginalised groups. Commissioners should ensure that services provide data on **who is being turned away** to allow data collection on service thresholds and provide clarity on local need.
- 27 Commissioning processes must involve genuine and **meaningful co-production** with women with lived experience at all stages, including in developing needs assessments, shaping service specifications, scoring service tenders and sitting on tender panels, evaluating existing services and contract monitoring. **Experts by experience networks** should be drawn on to support this, and beneficiaries should be supported with remuneration or through accredited skills and training.
- 28 To end the process of smaller and specialist organisations being used as ‘bid candy’ or **marginalised in large public service contracts**, lead contract holding organisations must be responsible for specifying the amount of funding partners will receive and for ensuring this is then allocated. This must form part of the contract monitoring process, with penalties in place where this is not honoured.
- 29 The Cabinet Office should improve promotion of the take up of the **Public Services (Social Value) Act 2012**, which has a positive impact where used, to support local authorities to meet the needs of marginalised women in their area and ensure vital specialist provision, including BAMER and disabled women’s organisations, can thrive.
- 30 **Police and Crime Commissioners’ (PCC) local plans** should have a gendered lens that understands the connections between women’s offending and their experiences of domestic and sexual abuse and enables more holistic commissioning that addresses the risks that cause women to become involved in the criminal justice system. **Police and Crime Panels** should scrutinise PCC decision making on the basis of how well they have achieved this. The Association of Police and Crime Commissioners should support the discussion and exchange of good practice in this area.

LOCAL AND NATIONAL STRATEGY: LACK OF COHERENCE AND JOIN-UP

- 31 A **Secretary of State for Women and Equalities** must be appointed, with their brief including responsibility for driving **cross-departmental approaches** to improving the national response in England and Wales to women experiencing and living with the legacy of domestic and sexual violence, abuse and multiple disadvantage.

- 32 A central cross-government **funding pot** should be developed to invest in service redesign and incentivise local bodies to collaborate to break down silos and build better infrastructure to meet women's needs in the long-term. This must prioritise funding for specialist organisations with a track record of gender and trauma-informed delivery to survivors facing multiple disadvantage.
- 33 The forthcoming **Domestic Violence Commissioner** and the **Welsh National Advisors** for Violence against Women, Gender-based Violence, Domestic Abuse and Sexual Violence respectively must prioritise survivors facing multiple disadvantage. They should ensure appropriate evidence is gathered about the experiences and needs of this group of women, and that wider services they are likely to engage with are held accountable for meeting women's needs. This should be done in partnership with the **Children's Commissioner and Victims Commissioner**.
- 34 Local and national government departments must commit to robust **research and gender disaggregated data collection** that allows for an intersectional analysis across equality characteristics. In particular, better data is needed on women sleeping rough and in homelessness accommodation.
- 35 **Sex and Relationship Education** is crucial both to support children living with domestic abuse and multiple disadvantage and to prevent domestic and sexual abuse in further generations. This needs to be provided to all children and young people from early years onwards, in age appropriate ways. It should take place in all education settings and needs to specifically help children and young people to recognise abuse and understand where to get help, as well as promoting healthy relationships. It also needs to reflect the gendered nature of this abuse. This education should be supported by a Whole School Approach to tackling abuse.

4.1 COMMISSIONERS

Baroness Armstrong of Hill Top

CHAIR OF THE COMMISSION

Hilary Armstrong was born in 1945, and became Member of Parliament for North West Durham in 1987 until she retired in 2010. From 1997 until 2007 she was a member of the Labour Government, and was a member of the Cabinet from 2001- 2007.

She was appointed to the House of Lords in July 2010.

Hilary has had a lifelong interest in international development, after teaching with Voluntary Service Overseas from 1967-69 in Kenya. She is currently a Board Member for VSO.

She also has a long involvement in tackling social exclusion. As Minister for Local Government and Housing in the 1997-2001 government, she was involved in the establishment of the Social Exclusion Unit, and was the minister responsible for reducing rough sleeping by over two-thirds, within two years. Her last role in government from 2006-7, was as Minister for the Cabinet Office, with special responsibility for Social Exclusion, and set up a pilot programme to establish holistic working for those with complex needs. She currently chairs a charity in the UK which works with vulnerable people, and particular women who have been subjected to domestic violence, who are in prison, who are trying to deal with addictions to drugs or drink, or who have experienced sexual exploitation and probably trafficking.

Dame Gill Morgan

*CHAIR, NHS PROVIDERS
VICE CHAIR OF THE COMMISSION*

Gill joined NHS Providers as Chair at the beginning of 2014. Her career in healthcare began as a doctor working in hospitals, general practice and public health before moving into management. Her previous roles include permanent secretary of the Welsh Assembly government, chief executive of the NHS Confederation and chief executive of North and East Devon Health Authority.

Gill is a fellow of the Royal College of Physicians and the Faculty of Public Health and is a member of the Royal College of General Practitioners. While working in healthcare, she served on a large number of national committees and working groups. She has an honorary Doctorate of Science from City University and is a past President of the International Hospital Federation. She is a trustee of the Lloyds Bank Foundation and a board member of Healthcare UK.

Gill was made a Dame Commander of the Order of the British Empire in June 2004.

Vivienne Evans OBE

CHIEF EXECUTIVE, ADFAM

Vivienne Evans OBE is the Chief Executive of Adfam, the national umbrella organisation for children and families affected by someone else's substance misuse. She has a background in drug and alcohol education, prevention and young people.

She is a former member of the Advisory Council on the Misuse of Drugs (ACMD) and chaired its working group on the implementation of Hidden Harm. She also chaired the Drug Sector Skills Consortium, funded by the Department of Health, from 2012 until its conclusion in 2015, and the Family Drug and Alcohol Court Advisory Group from 2010 – 2015. She is a current member of the NICE Public Health Advisory Group on School Based Alcohol Interventions.

She is a board member of the International Society of Substance Use Prevention and Treatment, and the London Hepatitis C Joint Working Group.

Professor Suzanne Fitzpatrick

DIRECTOR OF THE INSTITUTE OF
SOCIAL POLICY, HOUSING AND EQUALITIES RESEARCH,
HERIOT-WATT UNIVERSITY

Suzanne Fitzpatrick completed her PhD on youth homelessness at the University of Glasgow in 1998, and subsequently held a number of academic posts at the University before moving to the University of York in 2003 to become Joseph Rowntree Professor of Housing Policy and Director of the Centre for Housing Policy. Suzanne took up her Research Professorship in Housing and Social Policy at Heriot-Watt University in July 2010, and is currently Director of the University's Institute of Social Policy, Housing and Equalities Research (I-SPHERE).

Suzanne has published widely on the topics of homelessness, housing exclusion and social housing, and much of her work has an international comparative dimension. Suzanne is lead researcher on the UK Homelessness Monitor series which has recently inspired the establishment of an Australian Homelessness Monitor. She has been heavily involved in changes to the homelessness legislation in Scotland (in 2002), in Wales (in 2014) and, most recently, in England, with the passing of the Homelessness Reduction Act 2017.

Marai Larasi MBE

EXECUTIVE DIRECTOR, IMKAAN

Marai is the Executive Director of Imkaan (UK), a leading Black-feminist network organisation with members in England, Wales and Scotland. Imkaan members are specialist, dedicated women's organisations and community groups working to end violence against Black and Minority Ethnic (BME) women and girls through support, prevention and awareness-raising. Imkaan's social change work includes strategic advocacy, research, training and sustainability support.

She is also Co-Chair of the End Violence Against Women Coalition, the UK's largest coalition of organisations working to eradicate violence against women and girls.

Marai has worked on ending violence against women and girls for over two decades at both operational and strategic levels, and has developed and led cutting edge services and programmes which address violence against minoritised / marginalised women and girls. Her activism has included, and been framed by, alliances with other Black and Indigenous feminist activists and practitioners working in a range of contexts. She has contributed chapters to three books; and has also produced papers for, and delivered presentations to numerous and varied audiences in the UK and internationally.

Jaswant Kaur Narwal

CHIEF CROWN PROSECUTOR, CPS SOUTH EAST

Jaswant has been with the Crown Prosecution Service since 1989 and following a successful scholarship qualified as a barrister in 1993. She has undertaken many different and varied roles in the CPS. Jaswant is currently the Chief Crown Prosecutor in CPS South East, covering the counties of Kent, Surrey and Sussex. She has previously served as the Chief Crown Prosecutor in Lincolnshire and also in Sussex as well as being the Deputy Head of Fraud Division working in CPS Headquarters.

Much of her prosecuting career has been spent in London on the frontline prosecuting the full range of offences; later Jaswant became the Head of the Old Bailey Trials Unit handling all homicide offences pan-London including some of the most high profile and heinous murder offences. She also handled specialist police complaints and led a team of lawyers reviewing past convictions in cases involving corrupt police officers and handled cases arising out of large scale public disorder and has handled many serious sexual offences.

Jaswant was the CPS national lead on victims and witnesses and piloted the original victim advocacy scheme at The Old Bailey, which led to the use of victim personal statements in criminal cases. She is the national lead on youth

justice for the CPS. She is also the Vice Chair of both the Surrey and Sussex Criminal Justice Boards. She is a mentor to university students and is committed to improving representation of those from a BAMER background across the criminal justice system and is also doing work on projects impacting on women's wellbeing in the criminal justice system. Her special interests include the prosecution of hate crime, honour based violence and sexual cases.

Jaswant was named Public Service Lawyer of the Year in the Society of Asian Lawyers Awards in May 2010 and shortlisted as a finalist in the National Asian Achievers Awards in 2015.

Dominic Williamson

EXECUTIVE DIRECTOR OF STRATEGY AND POLICY, ST MUNGO'S

Dominic returned to St Mungo's as executive director of strategy and policy in January 2015 where he has senior responsibility for strategic planning, policy and campaigns, research, information systems, client involvement, quality, diversity and safeguarding.

Previously he was chief executive at Revolving Doors Agency, a charity working to change systems and improve services for people with multiple and complex needs who are in contact with the criminal justice system.

He has 27 years' experience in the homelessness sector across a wide range of frontline and policy positions, including roles with Homeless Link, Providence Row Housing Association and Shelter. In 2008 he was seconded to be specialist adviser to the Housing Minister in the Department of Communities and Local Government working on a new rough sleeping strategy. He has also served as chair of Groundswell UK.

2018

Thematic Review

A Thematic Analysis of the Evidence Submitted to the National Commission on Women Facing Domestic and/or Sexual Violence and Multiple Disadvantage

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1. INTRODUCTION

AVA (Against Violence & Abuse) and Agenda established a National Commission into the issues experienced by women facing domestic and/or sexual violence and multiple disadvantage. In this case, multiple disadvantage looks mostly at problematic substance use and mental ill health. To inform the Commission, a national call for evidence was launched from December 2017, running until February 2018. The following report is a thematic analysis of the evidence submitted during this period.

A total of 73 surveys were submitted, mostly through Survey Monkey, with some submitted to the secretariat via email. Submissions came from a variety of sources including domestic & sexual violence services, organisations supporting women involved in the criminal justice system, statutory mental health services, drug & alcohol services, local authorities, academics and survivors of domestic & sexual violence. A full list of those who submitted evidence can be found in the appendices. Submissions were coded using specialist coding software NVivo.

There were issues raised that could not be included in the body of the thematic analysis as overarching themes because a limited number of respondents raised them. Survivors with learning or physical disabilities were reported as facing additional barriers and discrimination from services. Similarly, older survivors were raised as being neglected in both policy and service provision. Although these issues were only raised by a limited number of respondents, they are nonetheless important factors which should be considered when reflecting on the relationship between domestic & sexual violence and multiple disadvantage.

2. THEMATIC ANALYSIS

11 main themes emerged from the data collected; poverty, accessibility, homelessness, the criminal justice system, multiple disadvantage & trauma, trauma-informed response, partnership, parenting, gender-sensitive service provision, funding & commissioning, and early intervention. Each of these will be explored in the following sections in terms of both their challenges, and examples of good practice or solutions.

2.1 Poverty

Respondents were asked to provide evidence about the connections between domestic & sexual violence and poverty. Many identified recent changes to the benefits system as intensifying the disadvantages already experienced by many women. This includes the increasing of perpetrators' capacity for control¹:

She is then sanctioned and loses benefits, which means now financially is unable to leave. Because of this her mental health declines, she sends her children to school in dirty clothes. The impact of the sanction does not mean she is more able to engage in the appointments but does mean she is less able to leave domestic abuse; her children are affected directly in practical ways affecting their emotional and physical development.

ALANA HOUSE (PACT)

Respondents also reported that migrants with insecure immigration status often experienced even greater levels of poverty than British survivors:

¹ Universal Credit was raised by many as making women more vulnerable to abuse.

Because of the restrictions placed on who can apply under the Domestic Violence Rule (and therefore be eligible for the DDV concession) , most migrant women subject to ‘no recourse to public funds’ (including housing benefit and access to social housing, child benefit and tax credits) are plunged into destitution that results in trauma and mental and physical health problems. Vulnerable women and children have no proper access to food and other basic items.

SOUTHALL BLACK SISTERS MEMBER

Despite the significant challenges facing survivors and services, respondents reported some initiatives that were positively working to alleviate the impact of poverty on survivors' lives. Beyond the Streets cited Luminary Bakery² as a social enterprise offering employability programmes for women who have experienced homelessness, domestic violence, sex work or the criminal justice system. Sex Worker Advocacy and Resistance Movement reported that Basis Yorkshire³ had appointed a specialist IDVA for sex workers, which provided welfare, benefits and housing advice.

Many services reported that a great deal of their work focused on supporting survivors with benefit claims and related problems such as sanctions. Although there were a number of examples of support services for women in poverty, many felt that more needed to be done to support survivors into education or employment. However, it was also noted that overemphasis on employment schemes alone was inappropriate for many survivors with multiple disadvantage who may not be ready for such a big step.

2.2 Accessibility

The Challenges

A dominant theme in submissions was the inaccessibility of services for survivors facing multiple disadvantage. The reasons for inaccessibility were wide-ranging and manifold. High numbers reported that survivors facing multiple disadvantage were having unrealistic expectations placed on them:

² Luminary Bakery in Hackney London <http://www.luminarybakery.com>

³ Basis Yorkshire Sex Worker ISVA Service <https://basisyorkshire.org.uk/sex-work-project/isva-services/>

The requirements for women to attend appointments are often unrealistic and put them in jeopardy of breaching their release conditions and being returned to prison. A third of women lose their accommodation while in prison and we see many women released during pregnancy or with a young baby who are told to report to the local authority Homeless Persons Unit. Often, they also have to attend other appointments on the same day.

BIRTH COMPANIONS

Respondents also reported that eligibility criteria frequently excluded survivors from getting any support at all. Examples of this include:

- Inflexible thresholds that either deem survivors too unwell (due to mental health, substance use or disability) or not unwell enough to access support.
- Interpretation of women-only criteria as excluding trans women.
- Lack of clarity over availability of services for the wider LGBT community.
- Separation from the perpetrator as a condition for support.
- Willingness to exit sex work as a condition for support.
- Service provision based on postcode/area.
- Having no recourse to public funds.
- Long waiting lists.
- Time-limited support.

Good Practice & Solutions

Respondents provided several solutions to the inaccessibility of services, either based in existing practice or on their own proposed alternatives. Many felt that a more flexible approach was needed to offer meaningful support. Some also suggested that eligibility criteria should be changed to reflect the demand for services. It was frequently suggested that this might need to happen through

funding and commissioning. However, it was also felt that services themselves had a role to play in finding ways to avoid excluding those requiring support.

Examples of current practice that sought to address the inaccessibility of services included assertive outreach support and creative advocacy for survivors:

The two WIS [Women's Intensive Support] workers use assertive outreach to engage 'hard to reach' or 'chaotic' clients – the service will make sustained attempts to contact and engage clients, and offers a flexible approach to missed and cancelled appointments with an understanding that many of our clients live complicated and unstable lives where they can have limited control over their time.

CHANGING LIVES NEWCASTLE (WOMEN'S INTENSIVE SUPPORT)

Several respondents suggested that when services were user-led or included peer support, they were more likely to be designed in ways that worked for those using them:

Manchester Fulfilling Lives⁴ project increased engagement with women through a peer-mentoring programme – the peers came up with ideas on how to reach out to women, and were able to put their ideas into practice, which led to a big increase in female clients. This suggests peer-led approaches are needed.

SAFELIVES

While there were some examples of flexible, assertive and intensive support being offered to survivors, many respondents felt that the biggest barrier to offering this kind of support was a lack of funding, which is to be discussed later.

⁴ Fulfilling Lives <http://mcnevaluation.co.uk/about/the-project/inspiring-change-manchester/>

2.3 Homelessness

The Challenges

Almost all respondents identified lack of housing as a major barrier for survivors being able to live a life free from abuse. Local authorities were identified as employing 'gate-keeping' tactics to avoid providing immediate, emergency housing. Many respondents felt that interpretation of Section 189 of the Housing Act 1996 Part 7, which identifies those deemed in 'priority need', was widely interpreted as excluding many survivors from being provided with emergency accommodation - in particular, single women. While respondents reported that almost all survivors requiring safe housing faced great challenges, several compounding factors were identified as putting some women at an even greater disadvantage.

Firstly, women with additional mental health needs and those who use substances were reported to be further disadvantaged when attempting to access the already limited number of refuge spaces. Kings College London reported that only 22.8% of refuges have in-house specialist mental health services and only 10.8% provide substance use support⁵. A number of respondents described the lack of specialist support in refuges as the reason for so many survivors with substance use or mental health needs being turned away.

Additionally, survivors with no recourse to public funds were reported to be extremely disadvantaged when seeking safe housing:

Single women without regularised immigration status have very little access to services beyond the voluntary sector. This support is limited as refuges are restricted to the number of women without recourse to public funds they can accept, in order to balance the risks to the organisation.

THE PANKHURST TEAM

Respondents also reported that there were very few refuges nationally that would support LGBT survivors, with trans women in particular finding that very few women-only refuges would accept them:

⁵ Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales. London: Agenda & AVA.

The language in the Equality Act does not reflect the range of trans people's identities, nor the range of people whose rights need protection. At Galop we have seen the impact of this view in relation to the provision of single-sex services, particularly domestic violence refuges. Knowledge of a person being trans has been used as a basis for exclusion. This can leave people unable to leave violent situations, putting them at risk of serious harm.

GALOP

There are also many other ways in which survivors experience further disadvantages because of their circumstances. Making Every Adult Matter cited research by the Prison Reform Trust and Women in Prison, which found that 60% of women leaving prison do not have a home to go to on release. The briefing also identified issues such as: a lack of suitable accommodation options for women with children or affected by substance misuse, mental health problems, or domestic abuse.⁶

In addition, respondents felt that the true picture of women's homelessness was hidden because women's response to being made homeless was distinct from men's:

Although Newcastle has more temporary supported/ hostel accommodation for women than surrounding local authorities, provision is still limited and the lack of appropriate housing solutions for women facing multiple disadvantage means that clients often move through various accommodation cycles with periods of sofa-surfing, street homelessness or survival sex work.

CHANGING LIVES NEWCASTLE

⁶ PRT & WIP (2016) *Home truths: housing for women in the criminal justice system*. September 2016

Many respondents reported that the challenges of securing safe housing for survivors undermined all other areas of support. Homeless survivors were more likely to return to perpetrators, more likely to re-offend in order to survive, and less likely to find mental health or substance use support services to be helpful while they had no home.

Good Practice & Solutions

Respondents provided a range of good practice examples as well as proposed solutions to the on-going crisis in housing for survivors. Many raised Housing First as an example of good practice. The model, which is being adopted internationally⁷, prioritises securing safe and long-term housing as the foundation upon which all other support work is based. Housing First models across the country were reported to be achieving excellent results.⁸

Services such as the Threshold and Basis Housing First projects have evidenced how effective the model is in supporting women affected by multiple disadvantage. The long term, open-ended support that Housing First provides, enables workers and women to build strong relationships built on trust.

STANDING TOGETHER AGAINST DOMESTIC VIOLENCE

At the strategic level, the Domestic Abuse Housing Alliance (DAHA)⁹ was also reported by several respondents as representing a good practice approach. DAHA works to establish a set of standards and an accreditation process for the housing sector to adhere to in supporting survivors of domestic violence. These respondents suggested that DAHA standards ought to be adopted by all housing providers nationally.

⁷ Housing First Europe <http://www.housingfirstguide.eu/website/wp-content/uploads/2016/HFG/Chapter1.pdf>

⁸ Quilgars, D & Pleace N (2017) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years*. Report of the University of York Evaluation

⁹ Domestic Abuse Housing Alliance <https://www.dahalliance.org.uk/>

Additional recommendations were to:

- Review legislation regarding ‘priority need’ to ensure that all survivors of abuse and women leaving prison are automatically given emergency and long-term accommodation.
- Co-locate IDVAs in housing departments ensuring that more survivors can access their housing rights when making a homelessness application.
- Extend the DDV concession to all migrant women and children irrespective of visa type.
- Commission more specialist substance use and mental health workers in refuges.

2.4 The Criminal Justice System

The Challenges

Respondents reported that survivors of domestic and sexual violence experienced significant challenges with the criminal justice system (CJS), whether their contact was as a victim or a defendant. It was generally felt that the CJS does not recognise and understand the impact of abuse on women, and consequently fails to respond appropriately.

Wide-ranging challenges were reported for survivors coming into contact with the CJS as victims. Respondents reported that survivors with multiple disadvantage were less likely to be seen as ‘credible’ by police officers. Kings College London cited research that found that, despite government guidance against the use of sexual history in court, this alongside a survivor’s mental health was often scrutinised in rape investigations and trials.¹⁰ Furthermore, a number of respondents reported that the CJS was failing to offer meaningful protection to survivors.

Many potentially useful measures like Sanctuary, occupation orders, non-molestation orders and injunctions do not seem to be used effectively. Perpetrators are still contacting, threatening and controlling women even from prison.

NIA PROJECT

¹⁰ Lime Culture (2017) report on surveys by ISVAs: <http://limeculture.co.uk/wp-content/uploads/2017/11/Application-of-Section-41-JYCEA-1999-ISVA-Survey-September-2017-Final.pdf>

A large sub-theme under CJS was the phenomenon of survivors being arrested either instead of the perpetrator or alongside them. Respondents provided a number of reasons for this, including malicious counter allegations, self-defence or retaliation to abuse, immigration status taking priority over abuse and discriminatory stereotypes based on substance use, mental health, ethnicity or faith:

[Police] failing to interrogate cross-allegations of domestic violence by a perpetrator or his family and prioritising his/their allegations over those of women and, alarmingly, arresting and charging abused women with domestic violence even though it serves no public interest.

SOUTHALL BLACK SISTERS

Prison Reform Trust cited their 2017 report *Fair Cop*¹¹, which found that labelling survivors as perpetrators often had serious consequences on their housing and employment prospects, and that survivors with multiple disadvantage were most at risk of being misidentified as perpetrators.

As well as survivors being arrested after incidents of abuse, respondents also raised concerns about how women offenders are treated in the CJS generally. It was felt that at all stages of the CJS, survivors were being disadvantaged by a lack of acknowledgment of the impact of trauma and its links to their offending behaviour:

Mental ill health, substance dependency, economic disadvantage and insecure housing, all of which are recognised pathways into offending, may also be caused or exacerbated by the experience of abuse as well as making women more vulnerable to being abused. In this way, women can become trapped in a vicious cycle of victimisation and criminal activity.

PRISON REFORM TRUST

¹¹ Prison Reform Trust (2017) *Fair Cop? Improving outcomes for women at the point of arrest*. Discussion paper

The simultaneous identification of women as both victim and offender was also identified as a barrier to support. Respondents reported that some refuges and IDVA services would not provide support to those involved in the CJS as a defendant. It was also reported that because so few services would support survivors with multiple disadvantage, increasingly the only 'safe' place for some survivors was in custody/prison.

Some women do report feeling “safer” in prison because they are away from the perpetrator but women should not have to go to prison to feel safe.

BIRTH COMPANIONS

The criminal justice response to sex work was also raised by a number of respondents as being problematic for survivors:

Women receiving prison sentences for petty crimes and crimes related to sex work is a huge factor in terms of causing more trauma for women. Families are separated from each other and lives are hugely disrupted, often for non-violent crimes and very short sentences. 70% of women entering prison in 2016 were serving sentences of six months or less.¹² As well as being criminalised, women involved in the sex industry often have limited access to services due to stigma and misunderstanding.

SOUTH LONDON RAPE CRISIS

Good Practice & Solutions

In terms of supporting survivors through the CJS as victims of crime, several other areas of good practice and recommendations were put forward by re-

¹² Prison Reform Trust (2017) *Why focus on reducing women's imprisonment?* Prison Reform Trust briefing February 2017

spondents. Firstly, specialist domestic violence courts (SDVCs) were highlighted as providing better outcomes compared with generic courts:

Specialist courts are a good example of coordinated working within CJS. Agencies work together in line with an agreed protocol, which details commitments to providing resource, training, specialism and engagement with partnership meetings. Coordination is an essential part of a successful response to VAWG. It is important that there is focus on the whole journey of a case, and it is vital that this is done with the experience and safety of victim/survivors at the centre of all processes.

STANDING TOGETHER AGAINST DOMESTIC VIOLENCE

Other suggestions for improving responses to victims included:

- Increased use of Claire's Law so that survivors and professionals can access more information about a perpetrator's criminal history.
- Increased use of video evidence and special measures in rape trials.
- Ministry of Justice to prohibit the use of a victim's sexual history in trials.
- Extending the use of Domestic Violence Protection Orders (DVPOs) to remove perpetrators from joint accommodation.
- To give victims the right of judicial review to challenge decisions by the Crown Prosecution Service.

Respondents also provided a number of examples and recommendations to improve the situation for survivors involved with the CJS as defendants. Prison Reform Trust provided solutions to the problem of police officers arresting survivors as perpetrators, suggesting that co-locating IDVAs in police stations can ensure officers develop a more gender-sensitive approach. They also suggested that triage diversion schemes, which direct women offenders to community-based women's centres as an alternative to custody such as in Lambeth.¹³ Prison Reform Trust recommends that survivors who have been arrested for

¹³ Women in Prison (2017) A response to the London Assembly Police and Crime Committee investigation into Women Offenders: <http://www.womeninprison.org.uk/perch/resources/wip-london-assembly-pcc-investigation-women-offenders.pdf>.

domestic violence ought to have access to triage and diversion to community-based support. Women in Prison referenced similar work being done in Greater Manchester:

The 'Whole systems approach' [AKA Women's Support Alliance] in Greater Manchester for women in the criminal justice system and those at risk of offending is a national example of best practice. The approach uses women's projects/centres as hubs in each Borough, into which women at any point in the CJS can be referred. The service delivered provides wraparound provision for women offenders and those at risk of offending.

The Centre provides women with a safe and homely space in which to access gender-specialist support services. It is a 'one-stop-shop' offering group work, one-to-ones and counselling, supporting women around: domestic violence/sexual abuse, mental health, substance misuse, alcohol addiction, debt or money issues, parenting support, housing and homelessness, education and employment and general emotional & physical wellbeing.

WOMEN IN PRISON

Several recommendations on how the CJS could improve responses to sex workers were put forward. The Merseyside Model was highlighted as representing a positive shift away from focusing on sex workers as offenders and towards those who are violent towards sex workers:

Within the current legal structure, Merseyside police have introduced a scheme treating crimes against sex workers as hate crimes. This has massively improved conviction rates for rape and other violent offences, as they now boast a rate 67% conviction rate, as opposed to 6.5% for the rest of the country.

CHANGING LIVES RED UMBRELLA PROJECT

Similarly, National Ugly Mugs was reported as offering sex workers access to information about those who have perpetrated violence towards other sex workers:

National Ugly Mugs (NUM) core provision is a UK wide reporting and alerting scheme for sex worker victims of crime and other anti-social incidents via a web-based digital hub. To complement this core work, NUM provides case management support to sex workers following a report, and training to police and sex work support services to improve practice and responses to sex workers.

NATIONAL UGLY MUGS

Others suggested a focus on supporting survivors to exit sex work through additional support and a multi-agency response:

Increased ISVA provision with an increased focus on women selling sex and assertive outreach as a component of their service provision. MARAC-style conferences specifically for women selling sex (as seen in Lambeth and Tower Hamlets). Whilst as yet, there is little in terms of evidence base of this approach, at least professionals are more aware of the multiple disadvantage faced by women selling sex.

BEYOND THE STREETS

Other recommendations were:

- More support programmes for women in prison.
- Concern was raised over plans to build five new 'community women's prisons' with the suggestion that community services should be developed instead.

- Problem solving courts such as in Manchester for drug and alcohol offenses where service users co-design their sentence as an alternative to custody.
- Sentencing Council guidelines does recognise coercion as a mitigating factor for some offences, but judicial decisions are not always informed about abuse as a driver to women's offending.
- More community sentencing options are needed for women affected by domestic abuse.

2.5 Multiple Disadvantage & Trauma

The Challenges

A trauma-informed response was raised repeatedly as a good practice solution to survivors who use substances or have mental ill health. However, respondents largely reported that trauma-informed practice is rare, and that current practice is not working well for survivors with multiple disadvantage. A number of respondents also reported that there is a consistent failure to recognise mental ill health in survivors as being related to the trauma of abuse:

The diagnosis of personality disorder for people (often women) in acute distress, positions meaningful responses to abuse and trauma as behavioural pathology, such as survivors being 'manipulative' and purposefully 'vindictive' or 'difficult', leading to exclusion, gatekeeping, victim blaming, cold and punitive responses to survivors.

MOLLY CAROL (FREELANCE MENTAL HEALTH & VAWG GROUP WORKER)

Similarly, respondents felt there was a lack of understanding of the relationship between abuse and substance use:

Women with substance abuse issues or alcohol dependency often remain in abusive situations due to their dependencies. These victims need to be given priority in accessing drug and alcohol support in addition to support around the DVA/SA.

Without both issues being addressed there is little hope of resolving the presenting issues and, subsequently, reducing their access to primary care.

THE PANKHURST TRUST

As well as a lack of understanding of the links between the abuse of women and substance use, it was reported that even less was understood about the use of substances by Muslim survivors:

MWNUK is recognising firstly, that alcohol and drug misuse can be a coping mechanism for Muslim and BME women just as much as non-Muslim and non-BME women. It appears that assumptions can be made that by virtue of their faith and culture, Muslim and BME women will not be using (or misusing) alcohol and drugs and as such, substance misuse as a factor can be ignored when dealing with Muslim and BME victims/survivors of violence.

MUSLIM WOMEN'S NETWORK UK

Good Practice & Solutions

Employing a trauma informed response was the most popular solution to the challenges currently being experienced by survivors facing multiple disadvantage. Making Every Adult Matter provided a brief explanation of the approach:

TIC [Trauma Informed Care] is an approach which is widely used across many sectors in the US and is growing in popularity here in the UK. Trauma informed approaches understand what has happened to women instead of asking what is wrong with women, for instance recognising why a woman is using substances and providing trauma informed responses to empower her with alternative coping strategies and the support she needs.

MAKING EVERY ADULT MATTER

Although trauma informed responses were not thought to be widespread across the country, some examples of good practice were provided:

A model of good practice that seemed to emerge from the interviews was the engagement of psychologists to embed trauma informed working into the organization. These practitioners were able to drive the necessary organizational change as well as leading on the delivery of trauma focused group work such as Seeking Safety (Najavits 2002¹⁴) or TREM (Harris & Falloot 1998).¹⁵

NATIONAL ADDICTION CENTRE

Additionally, The Nelson Trust's services were raised by several respondents as providing best practice trauma informed support. The Nelson Trust provides therapeutic residential support for people with complex needs including trauma, mental health problems, criminal justice issues and family problem.

2.6 Partnership

The Challenges

A major theme emerged around the challenges of agencies working separately, not sharing information and diverting responsibility for service users onwards. A lack of a coordinated response between agencies has meant that some survivors are deemed ineligible for support from any service:

For women with substance use or dependency issues, there is often a catch 22 when accessing services. Many mental health services won't work with someone who is currently using substances, and drug & alcohol services aren't equipped

¹⁴ Najavits, L (2002) *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse: Cognitive-Behavioural Therapy for PTSD and Substance Abuse* (Guilford Press).

¹⁵ Falloot, R. & Harris, M. (2002) The Trauma Recovery and Empowerment Model (TREM): Conceptual and Practical Issues in a Group Intervention for Women *Community Mental Health* Volume 38, Issue 6, pp. 475–485
¹⁶ Nelson's Trust <https://www.nelsontrust.com/>

to support someone whose mental health symptoms increase when they stop using. This means that, especially for survivors of severe trauma, they will not get the support needed when they stop using, and to cope with the feelings and symptoms that then surface, they may start using again. A more holistic approach to support needs to be in place for these women, as the current system does not work.

RAPE CRISIS SOUTH LONDON

Good Practice & Solutions

Some examples of good practice were reported in relation to partnership working between agencies. One example was of a training programme, which was evaluated as having positive results.

An example of good practice is the LARA (Linking Abuse and Recovery through Advocacy) intervention, designed for patients experiencing violence & abuse in contact with Community Mental Health Teams (CMHTs), which involved the reciprocal training of mental health professionals and domestic violence advocates, and produced promising pilot results between 2009 and 2011 (Trevillion et al., 2014¹⁶). The intervention was designed to improve mental health service identification of domestic violence, and to provide better support in terms of information and referrals.

KINGS COLLEGE LONDON

St. Mungo's cited research from their report *Rebuilding Shattered Lives* as having found positive outcomes with partnership working, particularly where they have created procedures that include regular face-to-face meetings for information sharing and coordinated working. St Mungo's also cited their North Lon-

¹⁶ Trevillion, K., Hughes B., Feder, G., Borschman, R., Oram S., Howard, L.M (2014) Disclosure of domestic violence in mental health settings: a qualitative meta-synthesis. *International Review of Psychiatry* 26 (4) 430-44

don Women's Project as having brought outside agencies to provide services to hostel residents in-house, including drug treatment, sexual health, legal advice, TB testing, and support to exit prostitution.

Additionally, a number of respondents raised co-location of IDVAs in mental health and substance use services as a means of ensuring domestic violence specialism would be embedded in those services. A further best practice example of partnership working was discussed in the theme Criminal Justice System as the *Greater Manchester Whole Systems Approach*, which was presented by Women in Prison, as discussed earlier.

2.7 Parenting

The Challenges

Respondents reported that there are many challenges faced by survivors experiencing multiple disadvantage where their children are concerned. It was reported that most services for mental health or substance use support had no provisions for service users with children to access them. Many respondents commented that they felt that such services were designed for men, and therefore did not cater to the needs of women. Reporting on research conducted with frontline staff from the Fulfilling Lives¹⁷ projects, CFE Research found that:

It is believed that services are set-up on the assumption that women access services in the same way as men. Frontline staff respondents stated that men are more likely to attend appointments than women and so services expect women to do the same. Although both may equally be restrained by transport issues, women often have the additional barriers of childcare and, in the event they are experiencing domestic and/or sexual violence, may also have to contend with coercion issues.

CFE RESEARCH

It was widely reported that childcare was one of the most significant barriers to support for survivors with children. Some respondents also noted that the

¹⁷ Fulfilling Lives https://www.biglotteryfund.org.uk/prog_complex_needs

fear of losing their children actively prevented many survivors from accessing support for substance use or mental ill health.

It was also suggested that being a survivor facing multiple disadvantage also made women vulnerable to continued abuse and losing contact with their children through family courts:

The multiple disadvantages that women experience as a result of domestic and/or sexual abuse are often put under scrutiny in family court proceedings. The perpetrator will often state that the woman is mentally unwell and cannot care for her children or has substance misuse issues. CRASAC feel that the family court system does not seem to understand domestic and/or sexual abuse.

COVENTRY RAPE & SEXUAL ASSAULT CENTRE

Other problems reported included:

- Perpetrators being awarded unsupervised access to children through family courts, and de facto access to abuse survivors.
- Survivors being cross-examined by perpetrators in family court.
- Badly coordinated procedures around mother and baby units in prison, meaning that women are routinely separated from their babies unnecessarily and against court orders.
- Survivors who have had children removed receiving fixed penalties whereby all subsequent children are removed from their care, despite improvements in their circumstances.

Good Practice & Solutions

Although respondents reported a severe lack of services for women with children, some good practice examples did exist. St Mungo's reported that holistic, community-based support for parents using substances was available at The Orbit in Hackney, providing antenatal, postnatal and holistic support to children under 5.¹⁸

¹⁸ The Orbit, Hackney: <http://hackneyrecoveryservices.org.uk/hackney-recovery-service-comet-children-centre-a-case-study/>

Birth Companions reported offering a high level of advocacy support to ensure women were able to remain with their babies while in custody, as well as specially designed antenatal classes, support at birth, home/custody visits and mother and baby groups. Birth Companions identified a severe lack of support for women with babies on release and cited Nelson Trust women offenders' programme as being one of the few services offering support to women offenders with children on release.¹⁹

Hull Women's Network reported providing a holistic service, which included free childcare for women:

Hull Women's Network Ltd, as part of the Winner Group based in Hull, provides safe dispersed accommodation for women and children fleeing violence & abuse. The dispersed accommodation forms part of an integrated service model addressing domestic violence & abuse which includes support at every stage from crisis intervention through to complete recovery. Services include free, onsite OFSTED registered Nursery for 0-5s. National statistics tell us that a woman will, on average, leave and return seven times before making a permanent break. We have upended that paradigm. When we support them, they leave and stay left. We are also able to facilitate rematriation of children taken into care, keeping families together and reducing pressure on the public purse. Funding for these services is increasingly through surpluses generated by the housing portfolio.

HULL WOMEN'S NETWORK

In terms of family courts, a lot of respondents felt that changes needed to be made to the courts so that there was more awareness about domestic violence and the ongoing risks to survivors both during and after proceedings. Others suggested that IDVAs specialising in family courts should be introduced.

¹⁹ Nelson's Trust She Project: <https://www.nelsontrust.com/project-she/>

2.8 Gender-Sensitive Service Provision

The Challenges

Similarly to the problems discussed above regarding substance use and mental health services excluding women with children, a number of respondents reported that mixed gender services were preventing female survivors from accessing support:

Evidence presented to SafeLives' Homelessness Spotlight²⁰ found that women with multiple disadvantage who have experienced sexual & domestic violence have often experienced multiple levels of gender-based violence and feel unsafe in male-dominated environments that are often advertised as 'gender neutral'.

SAFELIVES

Good Practice & Solutions

Respondents variously suggested that services for survivors facing multiple disadvantage ought to be either women-only, or at least gender sensitive in their approach. St Mungo's cited their *Shattered Lives*²¹ report as follows:

We recommended that services working with homeless women should be based on principles of holistic, gender sensitive support for complex needs. Mixed and women-only services should incorporate women-only support and space, including women's groups and access to female staff. Women with long histories of trauma and abuse can find it easier to access support where men are not present. Women-only provision can have a significant impact on women's feelings of safety and security. St Mungo's provides

²⁰ SafeLives Homelessness Spotlight: <http://www.safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse>

²¹ St Mungo's (2014) *Rebuilding Shattered Lives*

women-only supported accommodation for women facing multiple disadvantage and complex support needs, including substance use and mental health. These women-only projects operate in locations across London and in Bristol.

ST MUNGO'S

It was also recommended that women's centres might provide a viable solution to the problems posed by male-dominated service provision. Women in Prison referred to the Beth Centre in Lambeth, London, the Women's Support Centre in Woking, Surrey²² and Women MATTA in Manchester (part of the Whole Systems Approach discussed above) as representing a link between prison, domestic violence services and wider community services for women. Additionally, some respondents felt that peer support between women represented best practice in ensuring that survivors received support from other women who had similar experiences to them:

Through years of experience St Giles Trust have found the use of our Peer Adviser Model (putting lived experience at the heart of the solution). Employing staff and volunteers who have lived experience provides service users with an empathetic and credible support system. One of our female-specific services has this model at the heart of it by providing women who are still serving a prison sentence the opportunity to come out on ROTL and support women through the gate.

ST GILES TRUST

2.9 Funding and Commissioning of Services

The Challenges

Respondents reported that there had been a steep decline in the funding and commissioning of a range of services that would support survivors with multiple disadvantage. Some respondents reported that a lack of funding or changes in

²² *ibid* 12

commissioning has led to some services ceasing to exist altogether. The impact of short-term funding was highlighted repeatedly:

Most services working with this group of women rely on short-term funding (1-3 years) which is not enough security to plan long-term. It also means that time and energy is funnelled into looking for other funding opportunities, rather than services being able to focus on providing the best service possible. One of the biggest things that would make a difference is long-term, ring-fenced and increased funding for specialist services.

SOUTH LONDON RAPE CRISIS

Short term funding and separate commissioning of services was also reported to be having an impact on partnership and coordination between agencies:

One chief executive reported that due to policy development, purchasing and commissioning all being done in silos, it is unsurprising that service provision is siloed as well; this can make it hard for people experiencing multiple disadvantage to access the help they need as they can fall through the gaps between services. This can be particularly the case when someone has co-occurring substance use and mental health problems.

COLLECTIVE VOICE

Funding and commissioning streams were also highlighted as effectively excluding and decommissioning specialist services, such as BME services:

Tampon Tax Funding launched in December 2017 disadvantages BME women's charities; the new criteria sets the minimum funding that can be applied for at £1

million and this amount must not be more than 50% of the applicant organisation's annual income. This would mean only charities with a minimum income of £2 million per annum are able to apply (or £1 million if the grant is to be spread over two years). Charities serving the needs of BME women are unlikely to have such high annual incomes, the new criteria mean that even the larger ones serving BME women are excluded from applying for this funding in their own right.

MUSLIM WOMEN'S NETWORK UK

Good Practice & Solutions

Respondents suggested ideas and innovative practice examples to solve the problems surrounding funding and commissioning. Joint or co-commissioning was raised as having the potential to improve service provision:

Bradford Rape Crisis & Sexual Abuse Survivors Service (SASS) have been commissioned by the CCGs in Bradford District (NHS Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs Collaboration) to provide specialist sexual violence services for women and girls. Since April 2014 the value of the commission has stayed the same at £83,930 per year and been awarded on a 12-month basis each year. Moreover, Bradford District Council and the CCGs recognise that services need stability and have agreed to work to trauma-informed mental health.

KINGS COLLEGE LONDON

The benefit of co-commissioning services was also raised by other respondents as being a helpful solution to the competitive nature of tendering between sectors and organisations. Further, joined-up commissioning was also reported to be providing better services for BME survivors:

London Black Women's Project (LBWP) is incorporated into the East London Foundation Trust and CCG commissioning framework and funded to provide adult therapeutic and counselling for domestic and sexual violence, forced marriage and FGM. At the point of triage assessment within the IAPT services, if a BME women is identified as experiencing domestic violence they are signposted to LBWP who provide specialist psychological therapy. This model of provision helps the CCGs to achieve national targets around improving equity to access of mental health care for disadvantaged groups and responding to some of shortfalls in IAPT models in terms of meeting the needs of BME groups.

NATIONAL ADDICTION CENTRE

Other examples of successful co-commissioning included the Greater Manchester women's centre's (discussed under CJS Whole Systems Approach), an example of long term funding based on the co-commissioning of services which Women in Prison reported as being jointly funded between Women's Support Alliance, Greater Manchester Combined Authority (GMCA), Justice and Rehabilitation Executive Board and the Cheshire and Greater Manchester Community Rehabilitation Company, with additional support from the Tampon Tax Fund and Big Lottery.

While co-commissioning and ring-fenced funding of services was raised as the most popular solution to the current funding crisis, it should be noted that some felt that commissioning of services should be replaced altogether with a return to a grants-based system focused on quality alone.

2.10 Early Intervention

The Challenges

Respondents were asked to provide examples of early intervention. Most respondents interpreted early intervention to mean educational support for young people regarding healthy relationships. Some felt that routine enquiry regarding abuse was needed to ensure early identification of abuse after the event.

Despite being mandatory in policy, in practice, rates of enquiry into violence and abuse in UK mental health services are routinely failing the women who require it (Oram et al., 2016).²³ A national survey of MHTs conducted by Agenda (2016)²⁴ indicated that the majority of Trusts do not even have a policy on routine enquiry.

KINGS COLLEGE LONDON

Good Practice & Solutions

Although most respondents felt that early years education on relationship and abuse was missing, some positive examples of this were provided:

We developed a project for our local schools that was very successful in changing attitudes and behaviour amongst secondary school children. Several young BME women we worked with were identified as ‘ambassadors for change’ and took part in a series of short films to highlight issues around violence against women and girls. As a result, we developed the guide ‘Changing Hearts and Minds’; a unique, free education resource pack specifically for teachers to undertake prevention work on violence against BME women and girls. This pack is now widely used by teachers, students and many other professionals outside the schools setting.²⁵

SOUTHALL BLACK SISTERS

²³ Oram, S, Khalifeh, H, Howard, LM (2017) *Violence against women and mental health*. Lancet Psychiatry; 4: 159–70 25

²⁴ Agenda (2016) *Mental health gender responsiveness briefing*. September 2016

²⁵ Southall Black Sisters Changing Hearts and Minds Project <http://www.southallblack SISTERS.org.uk/changing-hearts-and-minds/>

An evaluation of routine enquiry in Camden and Islington was also raised as having positive results:

Camden and Islington NHS Foundation Trust selected a target in 2014/15 to ensure that 20% of the 1,726 frontline staff were trained to recognise the indicators of domestic violence and abuse and to ask relevant questions to help people disclose their past or current experiences of such abuse, in line with NICE Guidance. This was highlighted in evaluation as a key driver for ensuring staff were trained as part of its Promoting Recovery in Mental Health collaboration with Against Violence and Abuse (Oram et al 2016²⁶).

NATIONAL ADDICTION CENTRE

²⁶ Oram, S., Loran, C. & Trevillion, K. (2016) Promoting Recovery in mental Health: evaluation report. London: Against Violence and Abuse. Available from <https://avaproject.org.uk/wp/wp-content/uploads/2017/01/PRIMH-Evaluation-Full-Report-1.pdf>.

3. TRAINING & RESEARCH

Respondents made several suggestions for training that they felt were required in all sectors that come into contact with survivors facing multiple disadvantage. Further, respondents were asked if there were any areas of research that could be done that would enhance their work, the results of which are presented below.

Required Training:

- Routine enquiry in all services that have contact with survivors, particularly in health service.
- Coercive control and dynamics of domestic violence for children's services.
- Dynamics of DV for police officers, especially in relation to identifying primary perpetrator.
- Schools work – healthy relationships and awareness of abusive relationships, early intervention and on child sexual exploitation.
- Training and procedures on supporting LGBT survivors.
- Increased public awareness of domestic abuse, harmful practices, including forced marriage and Female Genital Mutilation (FGM).
- Training by experts by experience to all frontline staff in contact with survivors.

Required Research:

- Impact on mental health following engagement in different programmes for survivors.
- Up to date statistics on sexual exploitation.
- Best practice evidence evaluating current intervention models, cost savings.
- More research on disability and VAWG.

- More research into housing models alongside Housing First approach.
- Impact of peer mentoring on recovery.
- Research into how many women with mental health or substance use problems are survivors of abuse.
- Statistics on those in drug and alcohol treatment who are facing other issues such as homelessness, involvement in CJS, mental health, abuse etc. broken down by gender.
- Evaluation into gender-sensitive services for mental health and substance use.
- Research into the impact of domestic violence and harmful practices within BME communities.
- More randomly selected representative sample research into domestic and sexual violence with questions regarding respondents' sexual orientation and gender identity to get a true picture of violence towards LGBT people.
- Longitudinal research into different support given to survivors with multiple disadvantage and their impact.
- Research into women's homelessness and rough sleeping.
- Long term housing concerns of BME women and how long it takes BME women to be housed compared to wider population.

4. CONCLUSION

Although the evidence submitted to the Commission was separated into 11 key themes, one that appears to cut through of all them is the difficulty women facing multiple disadvantage experience in accessing support. The multitude of reasons, including but not limited to a lack of access to housing, lack of money, thresholds and waiting lists, a lack of trauma-informed support, lack of child care, male-dominated services and underfunded services could all be considered barriers to survivors accessing the support they need. Additionally, respondents highlighted yet further marginalisation for survivors facing multiple disadvantage who also have no recourse to public funds, those from the LGBT community or those with disabilities. Respondents indicated that for women facing multiple disadvantage, the shrinking options available in the community (e.g. refuges, housing, rehabilitation, mental health support and so on) were increasingly being picked up by the criminal justice system instead, and likely exacerbating existing trauma.

The picture from respondents suggested that the current situation for most survivors facing multiple disadvantage is very bleak. However, respondents were keen to point out pockets of good practice across the country, in the hope that they may be rolled out nationally. The key recommendations were for survivors to have access to safe and secure housing, a secure income, trauma informed support for mental health and substance use, access to child care, gendered provision of services, and well-co-ordinated services that have long term funding. Although there were a great deal of suggestions and practice examples recommending the Commission, these were highlighted as the most significant changes that could be made to ensure survivor's facing multiple disadvantage could live in the community and free from violence or abuse.

4.3 LIST OF EVIDENCE SESSIONS

List of Those Who Provided Oral and Written Evidence to the Commission

15TH MAY 2018, LONDON

7TH JUNE 2018, CARDIFF

17TH JULY 2018, MANCHESTER

2:30PM

PEER RESEARCH
EVIDENCE HEARING

Amanda Hailes (Peer Researcher)
Milly Rigby (Peer Researcher)
Naima Iqbal (Peer Researcher)

3:30PM

INTERSECTIONALITY
EVIDENCE HEARING

Ruth Bashall (Director, Stay Safe East)
Dr Akima-Thomas (Clinical Director, Women and Girls Network)
Jude Long (Helpline Manager, Galop)
Eleanor Linsey (Sisters of Frida)

2PM

EVIDENCE SESSION 1

Paula Hardy (Project Lead, South Wales Police and Crime Commissioner's Office)
Tina Reece (Head of Engagement, Welsh Women's Aid)
Val Stanley (Women's Centre Cornwall)

3PM

EVIDENCE SESSION 2

Joleen Fear (Manager, Gloucester Women's Centre, The Nelson Trust)
Leonie Harvey-Rolfe (Golden Key and Community of Practice Member)
Anthony Kendall (The Wallich)
Jennifer Hartley (The Wallich)

11:05AM

NORTH OF ENGLAND
BME SERVICES:

Zlakha Ahmed (Director, Apna Haq)
Priya Chopra (CEO, Saheli Asian Women's Project)
Beverley Williams (Chair, Amandudu)
Jacqui Fray (Senior Case Worker, Amandudu)
Rosie Lewis (Deputy Director, The Angelou Centre)

11:50AM

SERVICES FOR
MULTIPLE DISADVANTAGE

Laura Mercer (Greater Manchester Victims' Service)
Martin Nugent (Women's Offender Programme)

12:35PM

IRIS (IDENTIFICATION AND
REFERRAL TO IMPROVE SAFETY)

Clare Reynolds (GP, IRIS Manchester)
Catherine Cutt (MWA Health and Iris Project Lead)

ORAL EVIDENCE

WRITTEN EVIDENCE

We received an overwhelming amount of written evidence from service users (who will remain anonymous) and organisations, listed below:

Alana House	Huddersfield University	PACT (Parents and Children Together)
Alcohol Concern	Hull Women's Network	The Pankhurst Trust
BeNCH CRC	King's College London	Phoenix Futures
Beyond the Streets	Lancaster University	Prison Reform Trust
Birmingham City Council	Latin American Women's Aid	Rape Crisis South London
Birth Companions	London Black Women's Organisation	Rock Pool
Bournemouth Borough Council	Making Every Adult Matter	Safe Lives
Brighton Women's Centre	Manchester Metropolitan University	Sex Worker Advocacy and Resistance Movement (SWARM)
Cambridge Women's Resource Centre	Merseyside, Cheshire and Greater Manchester Community Rehabilitation Company	Saheliya
CCChat Magazine	Metropolitan Police Service	Savera UK
CFE Research	Redbridge	Shelter
Changing Lives	Muslim Women's Network UK	Southall Black Sisters
Cohort 4	National Addiction Centre	Standing Together Against Domestic Violence
Collective Voice	National Ugly Mugs	St Giles Trust
Coventry Rape and Sexual Abuse Centre	The Nelson Trust	St Mungo's
Cumberland Lodge	NHS	Together Women Project
Dewis Choice	NIA Project	UNESCO Centre for Violence and Society
Drug and Alcohol Well-being Service	Norfolk County Council	University of Nottingham
Fylde Citizens Advice Bureau	The Old Reading Room	Women's Aid Federation of England
Galop	On Road Media	Women's Counselling and Therapy Service
Greenwich Association of Disabled People		Women in Prison

2018

HAND in HAND

Survivors of Multiple Disadvantage
Discuss **Service & Support**

A report by Peer Researchers for the
National Commission on Domestic and
Sexual Violence and Multiple Disadvantage

We need to *not give up*.
 We need to *keep on going*.
 We need to *keep trying*.
 We need to *be brave*.
 We need to *challenge people*.
 We need to *keep on having campaigns*.
 We need to *break down barriers for women accessing services*.
 We need to *do as much as we can to reduce the stigma and to stop the never-ending cycle of violence and substance misuse and mental ill-health which all go hand in hand*

A WOMAN WITH LIVED EXPERIENCE.

This report was written by:

Amanda Hailes, Aisha Sterling, Angela Girling, Chlo Winfield, Joanna Sharpen, Milly Rigby, Naima Iqbal, Pip Williams, Rachel White, Sonia Braham, Susan Edwards and Vivienne Collins.

We would like to thank the women who made this report possible: AVA staff, and our peer researchers & interviewees whose empathy, expertise and experience have highlighted women's voices.

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1. Introduction

AVA (Against Violence & Abuse) and Agenda, the alliance for women and girls at risk, were funded by the Lloyds Bank Foundation for England & Wales from April 2017 to April 2019, to establish a national commission focusing on domestic & sexual abuse against women facing multiple disadvantage. The commission was set up to examine:

- The links between domestic & sexual abuse and severe multiple disadvantage, looking particularly at mental health and substance use issues.
- The experiences of women facing these issues, including their views of what kinds of services would best meet their needs, supporting them to rebuild their lives.
- Current provision to support women affected by these issues.
- Evidence and ideas for how best to support women with experience of domestic & sexual abuse and multiple disadvantage.

As part of the work of the commission, AVA and Agenda put out a national call to recruit up to 15 women (aged 18 and above) to be volunteer peer researchers. Over 70 women applied, presenting the need for a project where women's voices are heard. 13 women with lived experiences of these issues were trained as peer researchers. These inspiring women conducted interviews with other women in their communities to ensure that the voices of those with lived experience shape the commission recommendations.

Unfortunately, due to other commitments, 2 peer researchers were unable to continue with the project and a further 2 were unable to conduct interviews. However, the remaining 9

peer researchers undertook 18 interviews with women from their local communities. The interviewees were identified via support services, and all were provided with ethics guidelines as well as giving their informed consent to take part. Each interview was anonymous and confidential. To allow more women who were unable to physically attend an interview to participate, an online survey was also available, and 7 women responded through this channel.

The National Experts Citizens Group and CFE Research also submitted a paper in response to the national call for evidence, detailing the views of a further 4 women. This provided the commission with 29 responses from women with lived experience.



2. Methodology

Each peer researcher was provided with an interview guidance pack including information sheets, consent forms and equalities monitoring forms. The wellbeing of the interviewee was paramount, and they had the right to withdraw at any time. The peer researchers all followed the same interview guide which can be found in Appendix A. Each interview was recorded and then transcribed. The peer researchers also completed reflection logs after each interview. Every audio recording and written transcription was securely sent to AVA for analysis. The surveys were conducted online using SurveyMonkey, with all interviews and surveys coded using specialist software NVivo. Common key themes were identified and presented to the peer researchers at a meeting in London. They then expanded on these themes, highlighting relevant challenges and successes for inclusion in this report. This combination of data was then compiled by AVA.

The semi-structured interviews were designed to help guide the interviewee on a journey. They began by exploring the types of abuse they had experienced & the impact this had on their lives. They then thought about when they first realised that the experiences they were having were abusive, as well as sharing their early experiences of help-seeking. Next, they were asked about the responses they received from services, what may have helped to prevent some of the difficulties they had faced, and finally, their messages to those in power. This structure will be followed in the remainder of this document report, with detail given about the themes identified during analysis.

2.1 Demographics & Needs/Characteristics

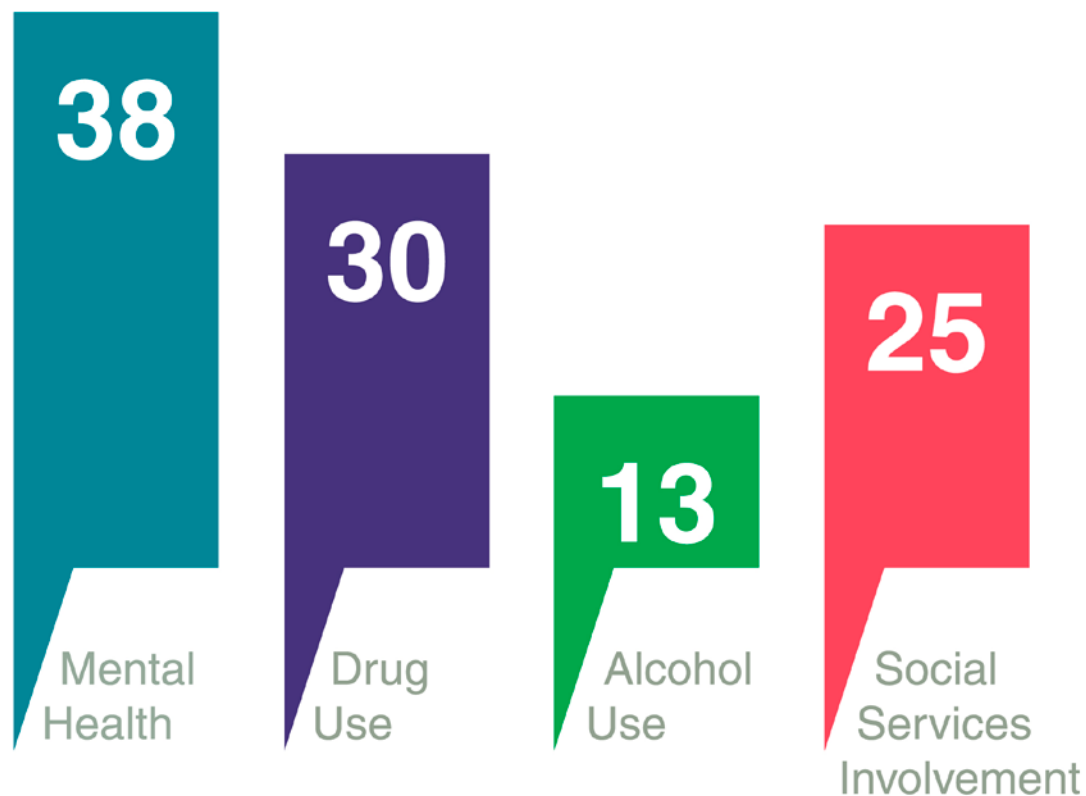
Both peer researchers and interviewees were asked to provide demographic information including: age, ethnic group, disability and sexuality. All peer researchers and interviewees identified as women. 5 women identified as disabled in some way. Breakdowns of age, ethnicity and sexuality are shown below. It should be noted that this information was asked for but not required, and therefore not everyone involved chose to provide this.

AGE	18-24	25-34	35-44	45-54	55-64	65+
Peer Researchers	1	3	0	5	1	0
Interviewees	1	11	9	2	2	0

SEXUALITY	HETEROSEXUAL	HOMOSEXUAL	BISEXUAL
Peer Researchers	6	0	3
Interviewees	14	1	1

ETHNICITY	PEER RESEARCHERS	INTERVIEWEES
White British	6	6
White Irish	0	1
White European	0	3
White Other	0	0
Asian British	0	2
Asian Pakistani	1	6
Asian Indian	0	1
Black African	2	1
Mixed	0	2
Chinese	0	2

Other Experiences



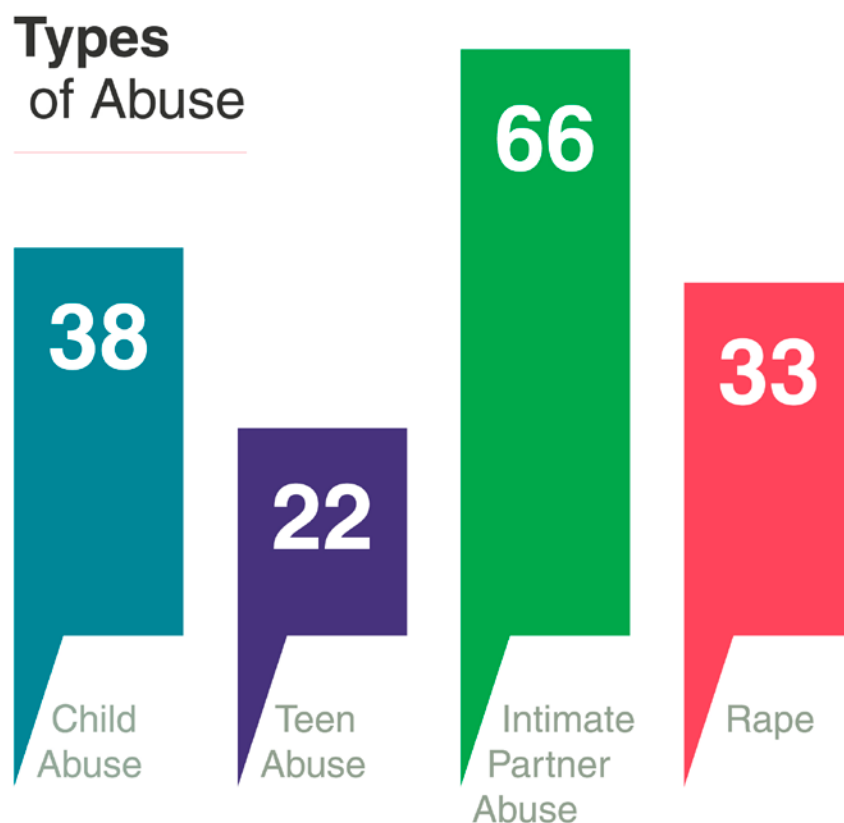
38% of women specifically mentioned being diagnosed with some form of mental health issue, and all women clearly described the traumatic impacts of abuse. 30% disclosed using substances, with cocaine and heroin being the most common. Less women mentioned using alcohol – 13% discussed this. However, some women mentioned parents' or partners' problematic drinking negatively affecting them. 25% of women had experienced some form of social services involvement in relation to their children.

3. Analysis

This section will explore the responses provided by women in the interviews and surveys. All quotes in *italics* are directly attributed to the interviewees who will remain anonymous.

3.1 Types & Experiences of Abuse

The women who took part were initially asked to describe the types of abuse they had experienced. Most women had experienced multiple forms of abuse (sometimes from multiple perpetrators), and some had experienced this both as children and adults.



Financial control was found to be involved in 38% of intimate partner abuse. 16% of rapes took place when women were forced into prostitution. 3 women had been forced into marriage, 2 of whom experienced domestic slavery.

3.1.2. So-Called Honour Based Violence & Abuse

Despite only representing 10% of the overall sample, this issue requires highlighting due to the added risks, vulnerabilities and barriers faced by these women. Domestic slavery refers to the practice of exploiting and exercising undue control over another person, in order to coerce them into performing services of a domestic nature in unacceptable conditions¹. The women in this sample found that once they were married and had moved to the UK, they were expected to clean and look after the households of both their husband and their in-laws:

When I got to visit his parents' house my sister in law told me now you have seen both houses it's your responsibility to clean both houses. You're my brother's wife and it's not my responsibility to clean my parents' house, it's yours. You have to cook breakfast for my mother when she wakes up at 7.30am. What was my routine? I have to wake up early in the morning at 6am, do the cleaning of my home then go to his parents' house and cook them a meal and everything there I need to do. Then I have to come back, there is no television, not even a clock – I don't even know what time it is. He'd lock me up there. I didn't have any key.

Misinformation about their rights, including threats of what would happen if they were to disclose this abuse, along with the fact that many of these women do not speak English as their first language, contributes to their inability and lack of awareness when it comes to accessing vital support:

My sister in law told me that I don't have a British passport, you only have a Pakistani passport, so you don't have any rights here. You can't call anyone. If you will call anyone you will get into trouble. She told me stories about domestic violence cases, that they

¹ <https://www.modernslaveryhelpline.org/domestic-slavery>

— don't get any help and in the end the victim is the one who gets killed. She was wiring my mind. I don't know why but I was scared of the police. If I saw a police car I got frightened.

Abuse within marriage was also seen as normal and to be expected:

I thought a married couple is always at war. In my culture I'm a woman, I'm a wife so I have to take it. So, when he goes mad and gets angry I just keep quiet and try to get on with him. Until he wanted to kill me and tried to get the weapons from the kitchen. An Asian woman in our culture is supposed to handle these things and stay with the person they are arranged to marry to for their whole life and tolerate abuse.

When women *did* consider trying to seek help, the fear that they would not be supported, or that they may be killed for bringing dishonour on the family was enough to silence them:

(TALKING ABOUT RAPE)

I honestly believe my dad wouldn't have called the police if I had told him. He would have just rushed up the marriage and done it sooner. I couldn't break this engagement. My dad has always threatened us with honour killing so I couldn't tell anyone what had been done to me.

3.2 The Impacts of Abuse

Without question, when asked what the main impacts of the abuse they had experienced had been, all women referred to their mental health, wellbeing and self-worth. As one woman commented:

The psychological one is much deeper than the physical one. It's more damaging than the physical one because the physical one leaves you with a bruise but the other one is more damaging mentally. They put doubt in your mind and fear and you learn not to trust people. Lack of confidence, low self-esteem. So, it's hard for you to socialise with people and you are fearful.

In some cases, this led to self-harm or the use of substances as a coping strategy:

It impacted my self-esteem, later on in life I didn't know how to process my feelings, that came out in aggression towards myself, I started self-harming.

Some women were able to describe the impacts at the time of the abuse, whereas others did not fully realise the impacts until much later, sometimes after years had passed:

Later on my mental health suffered, I suffered for years with depression, I had counselling at school. I started experiencing flashbacks, when I would feel like I was being raped again, things like that. My psychologist said it was PTSD. When I was 29, after a break up of a relationship, after lots of drug taking, recreational drugs, I was diagnosed with bi-polar disorder. I ended up having a total psychotic breakdown and being hospitalised, I got released after three years.

Some women mentioned that the abuse had a serious impact on their views of relationships, including confusing sex with love, especially after childhood sexual abuse. Another dominant theme was loneliness and isolation, for example feeling too fearful and embarrassed to confide in anyone. There was also mention of being scared that they may generally lose touch with themselves or who they had been before the abuse. The impacts were all-encompassing, as described here:

Oh, it had a big impact. It impacted on my self-esteem and confidence. I would just say like... my general wellbeing. I was constantly living in fear and very scared. It also impacted on the relationship with my children coz I don't believe I could be the best mum possible because of what we were experiencing as a family. So I guess it impacted in all areas of my life.

3.3 Identifying Abuse

When discussing abuse and how they came to realise that their experiences had been abusive, the most common issues mentioned were domestic and sexual abuse. Several shared paths to realising and identifying abuse were mentioned. Many women acknowledged that this realisation took a long time, as the abuse seemed so normal (especially if they had experienced abuse as a child and then as an adult):

Initially I didn't think there was any other life, I just thought that's how it was and that was kind of how life was.

For some, they first realised when seeing a programme on television that featured domestic abuse, linking it to their experiences. They especially related to hearing from survivors of abuse and how they had managed to leave that relationship. For others, it was a concerned friend who noticed warning signs and signposted to support services:

I met a friend at that point, whom I hadn't seen for some time. When I met her I told her he hit me but that it was my fault. She understood this warning and

— gave me a domestic violence leaflet and wrote the Citizens Advice Bureau's number on it.

Children are frequently a reason why women leave, stay or return to abusive relationships. Several women in this research realised the relationship was abusive when they started to notice the impacts on their children:

I remember thinking that I don't want my girls to grow up with this. One of them was 10, one was 7 and one was 2 approx. I remember thinking 'what am I doing? Am I going to bring these children up in the same way that I was brought up?'

Another common narrative was women clearly knowing that they were experiencing abuse, but believed they had no choice other than to live with it:

No I knew, I knew what I knew, I'd experienced it as a child. I knew what it was, when it got intense and I really was clued up and this was abuse and this was unacceptable. I don't believe that I had any choice but to live with the abuse, so it's not like I was oblivious to it and I didn't know. I did know but I just felt powerless to change the situation.

Others felt they were simply not ready to leave yet, or that there would be terrible consequences if they did:

I would probably say that regardless of what interventions I tried to reach out to, I really wasn't ready to leave so I would always end up going back. So, it's not so much of what the service did or didn't do. It's about, you know, for me I couldn't see life beyond the abuse that I was experiencing, and I was also too fearful he had so much power over me that it would always make me go back.

3.4 Help-Seeking

I didn't ask for help. It wasn't the sort of thing that you did then. Well I suppose it was, but I don't know. I will tell you why I didn't. I felt ashamed and I didn't want anyone to know. Everyone thought that I was a strong person with a strong personality.

Each woman was asked about the times they tried to seek help, what they found helpful, and if they faced any barriers to doing so. Specific services were not mentioned by the peer researchers but, unsurprisingly, several key service areas were brought up by most of the women. They have been set out below as separate sections.

As well as mentioning specific services or interventions, some women were also clear that they were unable to engage with services as life felt too chaotic and complex to be able to do so. The expectation for women to be reaching out to services, rather than services proactively attempting to engage women where they are (either physically or emotionally), puts the onus on women to be responsible for their own protection and support. A few women said that being sectioned or given a prison sentence was the only thing that finally meant they had to engage with some form of service:

Since taking drugs I wasn't really engaging with services. My whole life was a mess. I was homeless... sleeping on the streets, in parks. Yes, I wasn't in the right head space until now, until the very last year I was found by the police and I was sectioned. They had to section me for my own safety because I was really under-weight and I just wanted to kill myself.

3.4.1 Police

No, I didn't get no support. The only support I got was getting locked up in a jail cell. The only good thing I got out of it was a bed for the night.

The only criminal justice agency mentioned was the police. This was usually in relation to what women felt was a lack of action on the part of officers when responding to domestic abuse call outs:

I don't understand really why he wasn't arrested over this. The police took photos of my injuries, it's very obvious that they weren't caused by me 'falling dramatically' as that's what he claims. So, it was quite obvious to the police then that obviously I'm not making anything up, this is really what happened. I didn't give a proper statement and I wonder if that's why they didn't fully arrest, because I was quite unsure what to do for the best at that time.

This uncertainty was referenced by other women who felt they were not given enough information at the time to be able to decide what the best course of action would be. Several women regretted not having made a statement at the time and felt this would have changed the outcome later:

They said the statement would be used in court and they will look at the evidence whether to charge him or not. If I had known, if they had explained to me that women in your situation don't do statements so if the partner takes them to court, your statement is your evidence that you have been abused. You might have not reported it before, but this acts as your evidence for now and the future, in case anything happens. Had I have known, I would have given a statement.

3.4.2 Health Services

I never knew that the doctor could visit me. But it took for this care worker to sit down and talk to me because I'd shit me pants that day, so for two days I was sat in mucky knickers. Anyhow it took for her (support worker) to come and tell me you can get a home visit.

Health services were the most common service mentioned by women and virtually the only service where some women felt they had received a positive and helpful response. For some, doctors were the initial person who recognised abuse even if the woman did not directly disclose:

INTERVIEWER:

So what helped you to realise that the situation was abusive?

I dunno. My doctor, really. Talking to a doctor about it. They told me that it wasn't a good situation to be in. They helped me to get into the women's refuge. But I was just talking to them to get medication and tell them how I was feeling down and depressed not tell them about my situation. It was him who showed me that it was abusive where I was staying, as well as what happened to me as well as a sex worker.

Yeah when I got to the hospital... Oh the paramedics were amazing. That is the one thing I will say positively about my experience was the paramedics were just brilliant and they were so sympathetic and they said to me, you know, most of the calls they come out to, a lot of them are cases like these, domestic violence incidences, you must do something about this, we don't want to have to keep attending things like this especially when you've got your child involved.

Unfortunately, there was also evidence of poor practice, such as GPs sending a letter home confirming the victim was now in a refuge, thereby providing the perpetrator with the information to locate her. Additionally, some women spoke about going to hospital with injuries, but not ever being questioned about the possibility of abuse:

But no one even bothered, even when I went to the hospital when my tooth got knocked out, even then they never even bothered to refer you. I think they should have been able to notice it and see how old you were and things like that. But then, I mean, if you've never had it, you don't miss it, do you?

3.4.2a Mental Health Services

I got counselling, but I didn't stick it out. He just gave me breathing exercises, so I didn't find it helpful at all. I didn't understand what was happening, I hadn't made the connection that I had even been abused.

Mental health was the overall dominant narrative across all interviews and surveys, regardless of experience, age or any other individual characteristic. Although the word 'trauma' was rarely used by women themselves, the feelings they describe are clearly indicative of common trauma responses in relation to abuse.

A lot of women had years of experience with mental health services, many having first visited them as teenagers. The issue of dual diagnosis (the condition of suffering from a mental illness *and* a comorbid substance abuse problem), was another common experience for women, which they felt prevented them from accessing the help they needed. This has long been recognised as a problem. Most services are set up to respond to one primary issue, thus creating a lack of joined-up work recognising and assisting with the multiple and intersecting issues that so many women experience.

- Research shows that up to 50% of women with a dual diagnosis have experienced sexual abuse.²
- 60-70% of women using mental health services have experienced domestic violence in their lifetime.³
- Women who have experienced domestic & sexual abuse are 3 times more likely to be substance dependent than those who have not.⁴
- There is a clear need for a more joined-up approach to support.

Combined with long waiting lists, short term therapy and a lack of consistent practitioners, this service fragmentation compounded women's experiences of frustration and trauma:

At 15 I got diagnosed with anxiety and depression. I started smoking weed at 13 which didn't help but I just carried on, trying to cope. I was with CAMHS when I got diagnosed, I was expecting them to wave a magic wand. It took me 6 months to realise I was the wand and would have to help myself. I'd just grasped that when they transferred me to the Adult MH team at 18, they wanted me to stop smoking weed for 6 months before they would see me. I did that, but I would see somebody different each week, it didn't work for me, only monthly appointments, I went to three appointments, each time, somebody different.

² Royal College of Psychiatrists (2002) Co-existing problems of mental disorder and substance misuse (dual diagnosis): an information manual

³ Trevillion, K, et al (2012) Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis, Plos One, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530507/>

⁴ Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., Bryant, R., McFarlane, A.C., Mills, K.L., Slade, T., Carragher, N., O'Donnell, M & Forbes, D. (2011). Lifetime Prevalence of Gender-Based Violence in Women and the Relationship With Mental Disorders and Psychosocial Function. Journal of American Medical Association, 306:5, 513-521

Another aspect of mental health was concern that professionals would believe perpetrators when they tried to use a women's mental health against her:

Because of my mental health issues, I felt they believed what he was saying a lot more. That was really really difficult for me and actually made my mental health suffer a bit more because there's nothing worse than being labelled crazy and then not being believed.

He would tell his friends I was crazy, he'd use words to describe me like lunatic and even going forward with discussions with police and social services he's still using my mental health against me.

When women's traumatic responses & behaviours were explained and normalised, it made a huge difference to their recovery and feelings of safety. An understanding of how trauma manifests in behaviour, in addition to how to respond appropriately, is crucial for any service attempting to support women who experience these issues:

I was so worried and panicked that he would jump out from anywhere – I kept on checking the door and checking the window and the support worker told me this is normal its anxiety because I am going through trauma.

3.4.2b Substance Use Services

43% of women disclosed having problems with alcohol and/or drugs. Some also referenced the impact of problematic substance use by people around them:

It started when I was thirteen, until I was sixteen, having sex with twenty men. I was hanging around the town centre, meeting men, and having sex with them. My parents had no control over me. My Mum was a heroin addict, my Dad an alcoholic, they were separated, and I swapped between their houses, sometimes I lived with a friend. I was going to school, sometimes, I turned up drunk.

I got introduced to drugs because I started drinking because my daughter was taken into care. The drugs started after that. One of my friends was a heroin addict. I would go to his house because my family had abandoned me, and I had nowhere to go.

Despite nearly half of the interviewees having experience of using substances, there were very few mentions of actual substance use support services. Methadone was referenced by a few people but there was also a feeling that professionals were not noticing the link between trauma and addiction. As will be discussed in section 6, there is a strong view that women want to be supported by other people with lived experience of these issues.

At XXX service, they've only read basic text books and just go with the guidelines – so they don't know how addiction is and how it can manifest in many ways because they don't understand because they haven't been through it themselves. It doesn't matter if you do a degree or read books or do courses. It matters that if you've been through it you know what it's like. Yes, I think there should be more lived experience people working in these.

3.4.3 Specialist Domestic Abuse Services

Not all of those interviewed had experience of specialist domestic abuse services. Those who did generally talked about their experiences of refuges:

I probably went to women's refuges 30 times all over the country, but I just ended up going back (to the relationship) as I felt they were my belongings, that was the stuff I need, and they are mine and at least I've got soap and a clean bath and my kid's stuff. I thought he will change, he will be okay, he's promised he will change but he never ever did. I just had to get stronger, it was people in women's refuges, workers that often said things that gave me hope. It made me think about things in a different way.

For those women, refuges offered a sanctuary – a place of safety to recover and move forwards. This was particularly important to those who had moved to the UK from another country, especially in circumstances where English was not their first language:

They provided me with the shelter – the very first thing (I needed). Secondly, I didn't know any rules here, anything about England before that. They are the ones who told me everything (my rights) and they are the ones registered me for my benefits and all.

However, the choice of words used by professionals could have a huge impact on how a woman engaged with services going forward. This could be positive, as referenced above, or negative, for instance in a case where one refuge worker commented:

*“Oh, are you back again?”
...And that probably put me off going back. I had to think of other ways of surviving the violence.*

Linking to the next section on housing, some women were not able to access a refuge and instead felt the accommodation they were offered was not appropriate for their needs:

If they had known about my issues I might have been put into a refuge, rather than a shared house. I might have got more support, nobody took a history. I should have been put into a refuge rather than a shared house.

3.4.4 Housing & Homelessness

I'm trying to get housed, I've been in this situation for two years now, and I just feel like they helped me at the beginning and got me away from the situation but in a way they didn't because I feel like they just left me there. They've just put me here and there's nothing else happening now.

Housing and homelessness were a dominant narrative across most of the interviews and surveys. This issue clearly underpins other areas of disadvantage, with homelessness or unsafe accommodation making it harder to access other support.

Several women commented that living in a mixed hostel increased their risk of further abuse and substance use. Even in a hostel for people with complex needs that boasted 24 hour support, one woman stated that she was still very much at risk:

I was placed in a complex needs hostel. It was a mixed hostel, 24 hour staff – but I didn't engage with them. But everyone was using other drugs or drinking in the hostel. I was in my own bubble and my mental health deteriorated really bad, I wasn't eating, I stopped drinking water, I was very dehydrated, I was attacked several times outside the hostel because I used to wait outside at night time to get my drugs. I'd get my money out the cash point at midnight, I was attacked several times.

Without appropriate support staff, hostels can increase a woman's vulnerability, even in a woman only space:

I haven't had help out of the drugs situation because where they put me all of the girls on the landing are all working girls and all of the women are on drugs so it's impossible to kind of get out of it, you understand.

Without a fixed address it is also incredibly hard to access services:

So I was homeless so I went to XXX and I had my injection – I was crying out, suicidal, 'I've got nowhere to live', the nurse was very rude. She gave me a list of hostels and she said "Well, you're not gonna get into hospital because there are no beds". So I said I want to see a doctor, and the doctor said "As you haven't got a fixed address so the home treatment can't come to your house so come back tomorrow in the morning at 10 o'clock". So they left me to my own devices and I was very vulnerable.

Another concerning theme was the prevalence of women either staying with a perpetrator for fear of becoming homeless, or women who were used by older men for sex in order to have a place to stay, an issue which is currently attracting a lot of media attention:

Back then I was staying with this guy who I had sort of sex with just to stay at his house, I mean he wasn't my boyfriend or anything like that, some older guy.

Other big worries for these women included the lack of affordable housing, with the costs of private accommodation being too high for most women to afford, and concerns about the impact that progressing into work might have on access to support:

If I ever want to kind of like improve my life and do better it's just gonna make me stressed out about how am I gonna afford to live. The more you try and improve your life, the more stressed you're gonna get because you know that it's gonna fuck up your housing situation.

3.4.5 Children's Services

As mentioned in section 3.3, children were often what prompted a woman identifying abuse and/or making the decision to leave an abusive relationship. This was often due to a fear of the children being removed from the mother's care.

They become really strict on the situation when you got a child involved and they don't really believe in you. When it comes to children and stuff they are very over protective of the situation. It's a very hard circumstance to be in and not easy to convince them in any ways if you are getting better, and they still continue having that view what ever happened to you, so that what I've found from them people they're not understanding, not helpful and they are not supportive.

The identity of being a mother is of great importance to women. Should this be challenged, for example if a mother is seen as 'failing to protect' her children from abuse and/or other disadvantage, it has an enormous impact on their self-worth. It also drastically reduces the likelihood that they will engage with services again in future. The quote below highlights this in addition to the importance of a strengths-based approach, which empowers mothers and constructs a trusting relationship between client and practitioner.

I'm a mother and I'm always going to be a mother to my children, that's not going to change regardless whether or not my children live with me or they don't. It's about empowering these parents to be their best possible self, focusing on the positives as well as focusing on the weaknesses. They have a lot of strengths and focusing on those strengths can really empower that parent to make them changes as it has done in my case when I have had a social worker who has, you know, really empowered me and really encouraging when I've felt it's just not been a tick box exercise. They feel I have value to contribute to the wellbeing of my children.

On a similar note, some mothers also felt that social services were colluding with perpetrators by allowing them to have custody or contact with their children. These mixed messages about risk and safety were confusing and likely to impact on women's willingness to engage. The risks of unsafe child contact have been highlighted for many years, most recently by Women's Aid in their Child First research⁵, which found that 44% of domestic abuse survivors had experienced family courts granting former partners contact with children that they had abused. There are high numbers of children being abused during contact visits. Women's Aid also found that 19 children had been intentionally killed by a parent in circumstances relating to child contact over a ten year period, whereby for 12 of these children contact with the perpetrator was arranged by the court.

3.4.5a Other Issues Relating to Children

She met my stepdad when I was about 6, he was very emotionally abusive towards everybody, physically abusive to my mum, I saw him throw her down the stairs. The police being called was a once-monthly event, we had to move once a year coz he would smash the place up, I remember I had a teddy lion called Roary, I remember standing

⁵ Women's Aid (2017) Child First: A Call to Action One Year On

— on top of the fridge-freezer and screaming and shouting ‘Roary tells you to stop!’ He wouldn’t listen to me, and lions are big and scary.

Most of the women interviewed had children, 25% of whom had experienced social services involvement in their care. Some women reflected on the experiences they had of abuse as a child, while others discussed their fears for their own children now:

I’ve got one daughter and my Mam and Dad brought her up. I was lucky that way. She went when she was 4 years of age, I was lucky that I had a Mam and Dad that was willing to look after her because she would have ended up like me. A prostitute and dead on the street.

A lot of these fears stemmed from what would happen if services found out that the children were potentially at risk, especially as there can be a lack of confidentiality when disclosing abuse. Although they understand this concept theoretically, in practice it provided another barrier for not wanting to engage with services:

Women need to feel confident in speaking to somebody about the abuse they are suffering without repercussions of children being removed or social care being involved.

This was also undermined by perpetrators deliberately saying things to services to paint the mother as irresponsible and unable to care for the children, thus refocusing the blame onto the mother and away from their own abusive behaviour:

He told the school that he doesn’t think I am capable of looking after the kid’s best interests because I am emotional and bitter. They believed him and never questioned why that was. It’s not fair.

Pregnancy was another determining factor in realising abuse, deciding whether to leave, and also fearing the input of services:

When you're pregnant that's quite hard because all of sudden you have this big future to think about, so it was very much catastrophic thinking, and thinking 'uh no how am I going to survive, just me and my daughter?'

It was the therapist I told about the abuse. I didn't realise at the time that she, because I was pregnant there's a child inside me, she would have a duty of care to pass on if she thought the child was in danger. So my therapy was not as confidential as I thought and I felt let down by that and I wasn't able to fully talk to her about what I needed to.

If children were removed, mothers often felt they were then left unsupported with no recognition of the further trauma caused by the removal. One woman's two-year-old daughter was taken into care in the middle of the night when she was in a refuge. She was told it would only be for a couple of days. It has now been 8 years.

The lack of specialist support for children, as well as a lack of access to child care, has created further barriers for mothers who need to attend appointments and meetings as part of getting support. The assumption that children do not require post crisis support ignores the on-going repercussions of abuse and trauma which can last for years:

There is nothing in place for children. They were having nightmares. The doctor can only refer them for 6 weeks counselling and then 'sorry, you've got to re-apply again' which takes another few months and they get to see a totally different counsellor. So there is absolutely nothing for teenagers either. They expect that when children are out of the situation they are hunky dory and they are not.

A red decorative graphic element consisting of a triangle pointing downwards and a vertical line extending from its base.

What I did find really difficult was that when I had got out of the violent relationship and started going to college to get an education and I had 2 small children under school age was that when I asked for support to help look after my youngest while I studied there was no support offered to me. None was available.

4. Messages & Recommendations

At the end of each interview or survey, women were asked for their recommendations and messages to people in positions of power. These recommendations have been split into 5 core areas: awareness raising & prevention, the importance of experts by experience, multi-agency support, staff training, and empathy.

We need to have more understanding as to what women are going through on a daily basis and women need to be able to access these services 24/7 without any barriers or any fear.

4.1 Awareness Raising & Prevention

Awareness raising via campaigns, posters and prevention work in schools was a top priority for most women:

I think if I had seen posters about sexual abuse when I was younger, then those men that abused me when I was younger, I would have reported them, and it would have stopped them abusing anyone else.

If there were people at schools who came and talk to you, but there was never kind of anyone there who mentioned it and talked about it. We need education at school.

A Home Office campaign entitled **This Is Abuse**, which ran from 2010 – 2014, highlighted abuse in teenage relationships. Aimed at 13 – 18 year-olds, it was cited as a great resource for awareness raising & help-seeking.

4.2 The Importance of Experts by Experience

Most women said they felt practitioners they had engaged with did not fully understand them if they had not had similar experiences themselves. This was also evident when reading our peer researcher interview transcripts. As the peer researchers were women with lived experience, the interviewees felt more comfortable speaking to them about what they had been through:

They need to work more with the people who have lived this experience. Coz they are the only people who have lived it, the real life the reality and know what it's like. No professional, I don't care how much expertise you have got, how much knowledge you have gained. You are never going to know what it feels like, like a survivor's going to. So, they need to start engaging with survivors more and using their voices to inform policies and procedures.

The issue of women-only spaces was raised by a couple of the interviewees. However, a higher number felt that lived experience was more important than the gender of the person giving the support.

I think they should be employ people who have lived experience. You know with addiction, I've got a worker and he's been through addiction and I can relate to him and he understands me completely.

This view was also shared fully by the peer researchers themselves, and will be explored further in future briefings about the benefits of the peer researcher role in terms of both what those working with peer researchers can gain, and how the peer researchers can use the experience to aid their own development.

4.3 Multi-Agency Support

One stop shops were mentioned as an ideal source of support, especially those with a 24 hour access helpline:

24 hour access and it should be free number for woman to access – out of hours, any time so they can speak to someone and outreach work. A ‘drop in’ centre, somewhere for the women to go, because some people have nowhere to go for the day and just do normal things (activities).

There should be a 24 hour phone line linked to abuse and only for abuse with trained and dedicated workers.

As well as drop in services for relevant support agencies (such as the police, substance use services, housing support, mental health support & domestic abuse services), it was felt that there is also one very simple need – a place to escape to:

Just have a place where they could chill and a place to come to if they need to escape for a bit and get away from what they are going through, and just kinda support them and getting out there and finding themselves again and those things that they need help with in life.

4.4 Staff Training

Training for all services was another common request. The main topics addressed were the need for service providers to have an understanding of abuse; including the many varied reasons why it's so hard to leave an abusive relationship, along with clarity around the impacts that trauma has on women's lives. There was also a sense that the general public needs more information on these issues:



I feel that there is a lot of work to be done with people that don't understand and I think it is very difficult for people to understand who have not been there, who haven't experienced it. I still hear workers now making comments like 'Why is she still with him, she's had an opportunity to leave, why has she gone back?' It's very difficult to explain to them that when you leave a person you are also leaving everything else that you know. That you probably only know that person as you have become detached from your family and friends. For me the impact is about education and educating the public who don't quite understand. For us who do understand we need to tolerate and educate those who don't understand.

4.5 Empathy

The importance of a trusting relationship built on understanding and empathy is absolutely vital for women to feel safe and confident to engage with services. This underpins everything else. Furthermore, professionals must have an understanding of how to create trauma informed approaches to working with women who have experienced multiple disadvantage, and to develop a holistic view of the woman as a whole person and not just a victim of an experience:

It's about professionals having the ability to treat you in a human way ... to show empathy, despite whatever their personal feelings may be, that shouldn't ever be evident in your relationship or engagement with the person you are working with. And also about looking beyond, so for me it was about domestic abuse so looking beyond there is so much more to me than the abusive relationship I was in.

Women are not going to be, coz of fear of their children being removed and fear of whatever, they are not going to be completely honest with you and so you have to try and engage with them on a level, so they can build up a trust in a relationship with you. It's all to do with how you interact with that woman from the early stages, what type of language, how are you speaking to her. If you're using judgemental language or if you're making that women feel that she's to blame for being in that abusive relationship or blaming her for...you know...exposing her children to abuse. The only focus should be 'How can I keep this woman and her children safe?'



5. Conclusion

This report has summarised the views and experiences of 29 women with lived experience of abuse. Despite varying experiences and individual characteristics, a unifying theme was the far-reaching impacts of abuse and trauma. Many women in this study had experienced abuse from an early age. Whilst it is important to not assume causation from early experiences to disadvantage later in life, the intergenerational 'cycle' of abuse was very real for these women.

Despite experiences of contact with multiple services, in many cases the lack of information, inadequate risk assessment, and multi-agency work, means that many women continue to fall through the gaps, remaining invisible. Taking this into account along with cuts in specialist service delivery and ever-increasing thresholds to access support paints a bleak picture. However, it is important to highlight that despite everything, women are resilient, and many will still try to engage with services. We must be clear that the services that are hard to reach and difficult to engage with, not the women themselves.

Unfortunately, the respondents in this research were unable to highlight many areas of good practice that they had experienced. Despite this, they provided clear suggestions for how this can be improved going forward. Underpinning all of their recommendations is the clear need for a trauma informed understanding of abuse and multiple disadvantage rooted in a trusting relationship with informed and trained practitioners. The importance of working with experts by experience, such as peer researchers, is another clear recommendation which was echoed by the peer researchers themselves. It was their own experiences and empathy that enabled the interviewees to feel heard, validated and therefore able to disclose such sensitive experiences so eloquently.

6. Appendices

APPENDIX A

Interview Guide

INTRODUCTION

As we already discussed, we are interviewing women about their experiences of getting help around domestic and/or sexual violence and how this relates to other areas including but not limited to: substance use, mental health or internal well-being, and involvement in the criminal justice system.

I am interviewing you as a peer researcher. That means I have faced many of these things myself. For example, [Interviewer to consider here what brief information they want to tell the person].

The main focus of the interview is for us to hear from you about what you think might help improve responses to women who have faced what you have. We are interested to know what has worked for you and what hasn't, along with what you think might help others.

The interview is semi-structured. That means I have a series of pre-prepared questions to ask you. However, I want you to feel like you have space to shape the interview. Please remember that we can stop at any time, and you can leave at any time, without me asking any questions.

I will now switch on the recorder.

SWITCHING ON THE RECORDER

AT THE START OF THE INTERVIEW PLEASE RECORD:

- Name of interviewer.
- Fake name of interviewee.
- Code number for interview.
- Date and time that interview takes place.

1. **Please can you tell me about how abuse has played a part in your life? This can include abuse from partners, family members, someone you knew or otherwise. Would you be okay to tell me the story of the relationship or what happened to you?**

Prompt – You can show the power and control wheel if that helps.

2. **What impact did this abuse have on you?**

Did the violence and abuse you faced impact on other areas of your life? For example, did you use substances to cope, did you experience mental ill health, was there an impact on your housing? Please can you tell me about that?

3. **What helped you realise the situation was abusive?**

Prompt – Can you tell me about what happened to help you identify the abuse that was happening? For example, did you speak to a professional? A family member? Did you see a helpful advert? What was it about that person/ thing that helped?

What stopped you from being able to identify the abuse?

Prompt – Did you ever talk to someone who linked what you were facing to other issues or behaviours you were displaying such as substance use?

4. **Can you tell me about any times you tried to seek help?**

Prompt – Who did you go to for help? What prompted you to seek help there? What happened? What would have made it easier for you to seek help?

5. **Who or what did you find helpful and why?**

Prompt – Who was a trusted figure?

6. **Who or what did you find unhelpful and why?**

Prompt – What challenges and barriers were there when you were getting help?

For example, when trying to find out information?

Were there any particular services, people or professionals who you found particularly unhelpful?

Prompt – Services could mean a range of things including but not limited to: health, substance use services, domestic violence services, housing teams or social services.

Prompt – If the woman has disclosed she has children, ask if there was any involvement with social services and whether this experience was helpful or unhelpful.

7. What other help and support would you like to have received?

What if anything, might have meant you could get help and support at an earlier stage?

8. Do you have any ideas for what might have helped prevent some of the things you faced? For example, if you had better access to information?

If you were going to design a way of supporting women who have been through the things that you have, what would that support look like?

Prompt – What would the perfect support service look like to you?

9. If you could give one message to those in power what would it be?

10. Is there anything that we haven't covered?

THANK AND END INTERVIEW

Refer to contact information and remind about withdrawing.

PRESS STOP ON RECORDER

11a How are you feeling after this interview?

Prompt – Better, the same, worse?

11b Would you like to speak to a support service about anything we have discussed?

If yes, offer list of support services.



GLOSSARY

The Commission was set up to explore and understand the links between domestic and sexual violence and multiple disadvantage. It aimed to take an intersectional approach. Some of the terms used are defined here, in order to help readers understand the context from which the Commission operated.

Domestic and Sexual Violence

At the time of publishing this report,⁹⁹ the cross-government definition of domestic violence refers to any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional¹⁰⁰

While abuse can happen to anyone, this crime is predominately directed towards women. 'Domestic and sexual violence' is understood by the Commission to relate to wider forms of violence against women and girls (VAWG). This includes all forms of sexual violence, intimate partner violence (IPV), so called 'honour-based' violence, trafficking and female genital mutilation. This corresponds with the cross-government definition of domestic violence.¹⁰¹ We un-

⁹⁹ This is being consulted on as a result of the draft Domestic Abuse Bill published in January 2019.

¹⁰⁰ <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

¹⁰¹ The UK government has adopted the United Nations definition of 'violence against women' as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118150/vawgpaper.pdf

derstand that forms of VAWG are often perpetrated through the use of coercive control – a pattern of behaviour that seeks to strip away a victim’s freedom and sense of self through a range of methods.

Multiple Disadvantage

The term ‘multiple disadvantage’ reflects the series of systemic inequalities women face within our society. This inequality is mapped out in a set of common experiences faced by some women including¹⁰²:

- Domestic and/or sexual violence
- Mental health problems
- Drug and/or alcohol problems
- Contact with the criminal justice system
- Homelessness
- Involvement in prostitution or sexual exploitation
- Poverty and socio-economic inequality

Intersectionality

The Commission understand that while many women have common experiences these are mediated by each woman’s social context. The intersections of ethnicity, faith, cultural practices, migration status, disability, poverty, experiences of the care system, sexuality and social class have all been presented as factors that further marginalise survivors facing multiple disadvantage. Using the model put forward by Imkaan, we use intersectionality to provide a “framework for conceptualising, articulating and responding to the ways that differently positioned women and girls are subjected to oppression.”¹⁰³ We understand that the women discussed in this report will face multiple and different forms of disempowerment and that analysis of evidence and recommendations must start from this point.

¹⁰² For a detailed explanation of women facing multiple disadvantage see: McNeish, D, Scott, S (2014) *Women and girls at risk: Evidence across the life course*. London: Lankelly Chase Foundation.

¹⁰³ Imkaan, *From the Margin to the Centre, Addressing Violence Against Women and Girls Alternative Bill* October 2018, p. 4.

ACRONYMS:

- **BAMER** — Black, Asian, Minority Ethnic and Refugee
- **DHSC** — Department for Health and Social Care
- **IDVA** — Independent Domestic Violence Advocate
- **HO** — Home Office
- **IRIS** — Identification and Referral to Improve Safety
- **LGBT** — Lesbian, Gay, Bisexual, Trans
- **MHCLG** — Ministry for Housing Communities and Local Government
- **MoJ** — Ministry of Justice
- **VAWG** — Violence Against Women and Girls

