

BRIGHTON & HOVE CITY COUNCIL

**ENVIRONMENT AND COMMUNITY SAFETY OVERVIEW AND SCRUTINY COMMITTEE
AD HOC PANEL - SUPPORT SERVICES FOR VICTIMS OF SEXUAL VIOLENCE**

10.00am 15 APRIL 2010

COMMITTEE ROOM 2, HOVE TOWN HALL

MINUTES

Present: Councillor Watkins (Chairman); McCaffery (Deputy Chairman) and Phillips

Also in attendance: Rachel Brett, Emma Seymour, Eleri Butler, Jess Taylor, Gail Gray, Libby Young

Apologies: Councillor Older

PART ONE

11. PROCEDURAL BUSINESS

11a Declaration of substitutes

11.1 Substitutes are not allowed on scrutiny panels

11b Declarations of interest

11.2 There were no declarations of interest

11c Declaration of party whip

11.3 There were none.

11d Exclusion of press and public

11.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if the members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I of the said Act.

11.5 **Resolved** – That the press and public be not excluded from the meeting.

11.6 The chairman noted that if at any point in the proceedings if those giving evidence to the panel wanted to share any confidential or sensitive information with the panel and were

not keen to do this in a public forum, then the panel would support this and enter into a Part Two situation. Additionally, the panel would be willing to meet with witnesses in a private meeting, and if there were any service users who would be interested in speaking to the panel a one-to-one session with a council officer and member of the panel could be arranged and all information given would be kept anonymous. If those speaking to the panel today were aware of any individual service users who would be willing to share their experience of support services in the city with the panel, then please let the panel know as they would very much like to hear from them.

12. CHAIRMAN'S COMMUNICATIONS

- 12.1 The chairman welcomed and thanked all the speakers for taking the time to come and speak to the panel and for being involved in the panel's evidence gathering process.
- 12.2 It was noted that the scrutiny panel was interested in identifying what support services for victims of sexual violence are available in the city and where there are gaps in current service provision. The panel are also interested to learn what referral routes and pathways operate between the various agencies and third sector organisations involved in supporting victims, and how a more strategic and integrated approach to planning, delivering, and commissioning support services could be achieved. The panel is keen to hear examples of good practice as well as bad practice in providing support services for victims of sexual violence.
- 12.3 It was noted that there were representatives from four organisations present to give evidence to the panel and that each organisation would have about 10 minutes to present their information to the panel followed by some questions and general discussion on the issues raised. It was also noted that the meeting was 'open house' and therefore if speakers wished to ask questions of each other and observers wished to speak then the panel would welcome this.

13. EVIDENCE-GATHERING SESSION

- 13.1 The panel heard evidence from a number of witnesses.
- 13.2a **Evidence from Rachel Brett, Head of Support Services for Children, Young People and Families, Sussex Central YMCA**

Sussex Central YMCA primarily offers services for families, and young people aged up to 25. The majority of the services offered are housing related or offered through the YMCA's advice services. The YMCA does not specifically provide services for victims of sexual violence but does have a number of men and women who have experienced sexual violence accessing their services and disclosing their experiences. Most disclosures are through the YMCA's counselling services and the majority of experiences disclosed are historical, rather than recent cases and clients are seeking support to deal with the trauma they have experienced as well as other factors which may have arisen as a result of the trauma. If the YMCA does come across clients who have experienced a recent incident of sexual violence then they will link and work with the appropriate service agencies eg child protection to support the client. Generally the

YMCA will refer young people into their own counselling services as it can be difficult for them to access other services as these providers will only take clients aged over 16 or 18. When needed, however, the YMCA will link with a variety of other specialised services such as Mankind, the Survivors' Network, Victim Support Programme, Allsorts, CAMHS, Social Services, the Clermont Unit or the Police.

Sussex Central YMCA has a lot of contact with mothers and young women who have experienced sexual violence as part of domestic violence or as part of an abusive relationship. These cases are normally picked up through the family services or parenting support services offered by the YMCA. The YMCA will work with these families or young people who have been affected by sexual violence as well as with the other issues that may be occurring within the family. Through the Safe Space project the YMCA works with the police, Red Cross and other organisations to offer support and assistance to vulnerable people involved in the night-time economy. Through this project YMCA has come across people who have experienced historical sexual violence, although there was a disclosure of recent sexual assault in the Eastbourne Safe Space project. The YMCA worked with the police to investigate the crime and offered support to the victim.

In the last academic year, 1551 primary and secondary school children have used the YMCA's counselling service. Out of these, 30 primary school children and 30 secondary school children reported sexual abuse. This is approximately 4% of all children seen by the YMCA in schools. This figure can be broken down by locality: 4% of primary schools in the east of the city, 5% of central primary schools and 3% of primary schools in the west had children attending them who had experienced some form of sexual abuse. In secondary schools: 3% of schools in the east, 5% of central schools, and 5% of schools in the west had children attending them who disclosed sexual violence to the YMCA counselling services. At the Youth Advice Centre (YAC) run by Sussex Central YMCA, between 03/08 and 04/09 11% of clients reported sexual abuse. Figures for 03/09 to 04/10 are yet to be confirmed but indications suggest that this has risen to 12% of all clients reporting sexual abuse, rape or sexual assault. Demand for the YMCA's services outstrips supply and there are waiting lists for accessing services. Service users accessing the YMCA's services will often present a range of problems usually related to the trauma which they have experienced.

Sussex Central YMCA has just secured funding for a Young Person's Sexual Exploitation Worker. The funding has taken a long time to become available. The YMCA had identified a particular vulnerable group of young people who access services because they are homeless and who will have been exchanging sexual favours for somewhere to stay. This type of sexual exploitation appears to be affecting young women and members of the gay community. Young women in particular are being exploited in such a way on some of the city's estates and are being passed around groups of men. There are known characters within the city that are preying on vulnerable young women and sexually exploiting them. The Young Person's Sexual Exploitation Worker post has been set up in partnership with the local authority. The worker will be responsible for providing more information about the sexual exploitation of young people in the city, particularly LGBT and BME individuals and how pathways can be improved for those that are being exploited. The post holder will also undertake some work to raise awareness about this issue and will work with young people to enable them to understand what sexual exploitation and grooming is. Two pieces of research, a

Barnardos report called Tipping the Iceberg and a University of Brighton report called Out on My Own, provided the evidence required to support the need for a Young Person's Sexual Exploitation Worker.

The Sussex Central YMCA's main source of funding is from the Children and Young People's Trust (CYPT). Other sources of funding include money received from trusts and grants which the YMCA applies for. Currently the access centres run by the YMCA are facing future vulnerability. A lot of young people access services through the advice centres based in Hove and Moulsecoomb. The Youth Advice Centres (YACs) operate on a deficit of about £40,000 which in the past have been subsidised through limited unrestricted funds raised through the YMCA charity shops. However the pressure on these funds has meant that the deficits can no longer be filled from this pot of money. This means that the YACs will be looking at closure or offering radically reduced services from next year. The Safe and Sorted project is only funded until September 2010. Both the Safe and Sorted project and the YACs are important avenues through which young people can access help, without these potentially very vulnerable young people will be facing complex difficulties alone.

- 13.2b Members of the panel asked whether Sussex Central YMCA delivered services across Sussex or just within the Brighton and Hove local authority area and whether these services were distinct or all tied up together. Members of the panel also asked if different local authorities co-operated in supporting the YMCA.
- 13.2c The panel heard that Sussex Central YMCA used to be called Hove YMCA, however as the organisation provides services across Sussex it changed its name to reflect this. However, out of the services it does provide the majority are within the city of Brighton and Hove, and all the services are distinct, so interests and services delivered elsewhere remain separate from Brighton and Hove interests and services. Although clearly having interests across Sussex means that some agendas benefit from cross local authority working, such as the sexual exploitation agenda. Depending on what the YMCA is trying to achieve normally interaction with local authorities is possible. Sometimes it just comes down to finding the right person within the authority to work with in which case things move very quickly. A relationship with Brighton and Hove City Council has been built up so it is not a problem accessing the authority in this city.
- 13.2d Members of the panel asked whether the funding received from the CYPT was a yearly grant which the YMCA had to apply for.
- 13.2e The panel heard that the funding for the counselling services was on a yearly basis and was not applied for through a grant process. The community counselling provided by the YMCA for those aged over 16 is funded on a year by year basis by a grant from the PCT. The YACs also received this year £20,000 through the discretionary grants scheme. Safe and sorted however received no funding this year despite applying for funding from a variety of sources.
- 13.2f Members of the panel asked whether the Sussex Central YMCA received any referrals from the SARC at Crawley.
- 13.2g The panel heard that the YMCA was not part of that referral system; although victims of recent sexual violence could turn up at one of the YACs most of the service users

YMCA had contact with had experienced historical abuse not recent incidents. The YMCA therefore had no formal links with other organisations for crisis related service provision although could refer clients on if needs be. The YMCA is more likely to come into contact with service users who may have accessed the SARC or other services in the past and may have even seen their case go through the courts, but have since had the support offered to them end. As these women require on going support they will seek access to other services which is when the YMCA may pick them up. Particularly as because of their trauma and the lack of support to deal with it fully women may develop other issues which will see them seeking out services at either one of the advice centres or hostels. Young people who have experienced the trauma of sexual violence are more likely to engage in high risk behaviours such as alcohol or drug misuse and will contact the YMCA to resolve these behaviours and the sexual violence which they have experienced is also likely to be disclosed. Vulnerable young people who engage in high risk behaviours such as drugs and alcohol misuse are more likely to become victims of sexual violence and more likely to have been victims in the past; although many will not necessarily identify their experiences as having been sexual violence and are likely to blame themselves for what they have experienced.

- 13.2h Members of the panel asked whether the work which Sussex Central YMCA did was integrated into what else is going on in the city to support vulnerable young people.
- 13.2i The panel heard that on a case by case basis there was a lot of work occurring between the YMCA and other agencies. However, at a management or strategic level perhaps enough integration wasn't happening although hopefully the Young Persons Sexual Exploitation Worker post would help to encourage more strategic and linked in working.
- 13.2j It was noted that it is really important to link the YMCA work which is being developed around sexual exploitation with the work being done on domestic and sexual violence by specialist services like RISE and the Survivors Network so that co-ordinated referrals can be made to these services, and to link the YMCA into the Domestic Violence Forum so that the YMCA works within the city's co-ordinated community response model to domestic and sexual violence, given the links between sexual exploitation and domestic and sexual violence. Many young women who leave an abusive relationship or have been subjected to domestic violence are at risk of sexual exploitation. The Barnardos 'Tipping The Iceberg' research in Sussex found that girls being exploited had come from families where domestic violence was prevalent. Recent research by Race On the Agenda (ROTA) has also highlighted the impact of serious youth violence, gangs and group offending on women and girls and identified the growing use of rape and sexual violence as a weapon of choice against young women associated with, or involved in, gang violence and against sisters, girlfriends and mothers, as it is the only weapon that cannot be detected during a stop and search. It also found that these girls rarely disclose rape and sexual violence; that statutory services are not clear how they should respond to gang-related sexual violence, and cannot guarantee the safety of girls once they have disclosed rape or exploitation when using standard safeguarding models. (ROTA, Female Voices in Violence Project.)
- 13.2k Members of the panel noted that there were a number of speakers from previous meetings of the panel who had felt that they had benefited just from attending the meeting and speaking with other representatives from organisations also working to support victims.

13.3a Evidence from Eleri Butler, Senior Policy Manager (Violence Against Women), Women's National Commission, and Chair, Brighton & Hove Domestic Violence Forum

The Women's National Commission (WNC) is the official independent advisory body to UK governments on women's issues. Established in 1969, the WNC now represents over 560 partners throughout England, Northern Ireland, Scotland and Wales, representing around 8 million women. The WNC has a track record on working on the issue of violence against women and working with survivors of violence and service users to consult with them on their service needs to inform national and local government strategies, policy and service development on all aspects of violence against women. The WNC has a UK expert Working group on Violence Against Women, which meets quarterly. In 2009/10 the WNC also undertook a series of government-commissioned consultations with women and girls affected by a range of forms of violence to inform the English Violence Against Women and Girls (VAWG) Strategy (published in November 2009); the Home Office Victims' Experience Review (published November 2009); the report from the Department of Health Taskforce on the health aspects of violence against women and girls (published February 2010), and the CPS victims' views assessment (submitted to the CPS in April 2010). For this consultation the WNC ran a number of focus groups across England to identify the gaps in current service provision and the safety and support needs of women and girls who have experienced violence. 579 women and girls from across England participated in the focus groups and from the discussions a series of key issues and recommendations have been produced, as outlined in the WNC Reports ('Still We Rise', 'WNC Report to inform the Victims Experience Review' and 'A Bitter Pill to Swallow' - hard copies of reports were provided to each panel member.)

Some of these focus groups took place with Brighton and Hove service users, with the support from member organisations of the Domestic Violence Forum. The recommendations from these discussions are a very useful source of information for this scrutiny panel because women locally identified issues and gaps in support services and in local approaches to address sexual violence and provided suggestions for addressing these and examples of good practice in response to sexual violence. Locally and nationally the aim was to hear from women and girls who, because of their experiences, might not otherwise engage in this consultation process. The experience of women subjected to sexual violence is compounded by the additional discrimination faced by some groups, so the focus groups targeted, for example, women from Black and minority communities; refugees and asylum seekers; disabled women; older or younger women; lesbians and bisexual women, transgender women; women with mental health needs or who have problematic substance use; homeless women; women offenders; women in rural areas; trafficked women and women in prostitution. Whilst everyone experiencing violence will have different needs that should be taken into account when developing services, belonging to one or more of the aforementioned groups inevitably makes help-seeking and changing circumstances more complex and in many instances, it will reduce the level of protection and the number of services available. 53 women who were survivors of violence and recent service users in Brighton and Hove were involved in 6 local focus group discussions, including women who were survivors of sexual and domestic violence; women who identified as lesbians, bisexual, and transgender women; BME women; older and young women; women who

were homeless, women with mental health problems and women with problematic substance use.

It was clear from the focus groups that everyone's experience of violence was different, but that there were clear commonalities across the board. Also, although not all women experience violence, violence against individual women and girls has a detrimental impact on the lives of all women and girls, and achieves its intent of increasing fear amongst women and girls in local communities, particularly of rape and sexual violence. Women, from very young to very old, spend their lives avoiding and minimising the risk of rape and other forms of violence, which restricts women's ability to fully participate in society. Violence against women is defined nationally and internationally as an act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women; a human rights violation that is directed against a woman because she is a woman, or that affects women disproportionately; and an obstacle to community cohesion, and a cause and consequence of gender inequality. It includes domestic violence (physical, emotional and sexual violence, including rape, from current or former partners and family members), sexual violence perpetrated by acquaintances and strangers, female genital mutilation, so-called 'honour'-based violence, forced marriage, sexual harassment, sex trafficking and sexual exploitation through, for example, the sex industry. This violence is not experienced by women in silos, and sexual violence is common to women's and girls' experiences. Service users should not, therefore, have to access services aimed at supporting a particular form of violence, but instead should be able to access services which can focus on a woman's support needs in a holistic manner.

Half of all women in the UK will experience some form of gender based violence. In just one week, 30,000 women will experience domestic violence and two of them will be murdered; a further 15,000 will be sexually assaulted and 2,000 will be raped; around 75 women will be trafficked into the UK and around 56 women will be forced into a marriage. Still more will experience sexual harassment, some will have their genitals mutilated and many more will be threatened with one or more of these forms of violence.

Both the Labour and Conservative Party, nationally, have recognised that violence against women and girls is a violation of human rights, a cause and consequence of gender inequality, and have strategies in place to reduce and prevent its occurrence. Many of the women involved in the consultations felt that their human rights had been violated not only because of the experience they had with violence but because of their experience of statutory services. Almost all women the WNC spoke to had little trust or confidence in statutory services, and many agencies did not identify when violence occurred and therefore failed to respond appropriately to women's needs. Often in cases of domestic violence where the police and statutory agencies become involved with a woman, she will not disclose the sexual violence which she has also experienced. The sexual violence may often only be disclosed when a woman comes into contact with women-only support services. This means that the information which agencies have on sexual violence is often fragmented and their understanding of the range of forms of violence, and how it can be experienced and in what contexts is not accurate.

Given the prevalence of domestic and sexual violence, rape and sexual violence was common and discussed in most focus groups. Women in prostitution, street homeless

women, women in prison and women with problematic substance use all spoke of experiencing child sexual abuse with no access to support in childhood to recover from this abuse. Of those women who had been asylum seekers or refugees a significant amount of them had experienced rape as a form of torture in their own country and as a result of UK immigration laws which denies asylum seekers access to employment or benefits, many were forced into destitution or prostitution as a result. Women who had been trafficked into this country and sexually exploited by family members, partners and others had experienced rape and sexual abuse with little access to support or protection. Disabled women spoke of child sexual abuse and rape from family members, partners and carers, and women from Black, Asian, minority ethnic and refugee communities spoke of rape and sexual violence in relationships, and access to support was limited if they did not have English as a first language. Women in Gypsy and Traveller communities were especially vulnerable to abuse without access to protection, as were women being forced into marriage, and women with insecure immigration status told us they were particularly at risk of being forced into prostitution or face destitution because of immigration rules which leaves them without recourse to 'public funds'. None of these women had received effective support and protection from the statutory agencies they had contact with.

What was clear from all focus groups was that women and girls experienced multiple forms of violence in their lifetime. The separation of forms of gender-based violence in policy and strategy, and particularly in service development and delivery means the complex needs of such women are seldom recognised and addressed. This leads to the over-representation of women who have experienced sexual violence in mental health, substance misuse and prison services, and results in their entrapment in the sex industry and other abusive relationships.

In the case of the focus groups which happened in Brighton and Hove, the issues and themes which arose elsewhere were also common here. Almost all of the 53 women involved in the focus groups locally had very little trust and confidence in the statutory agencies and women very rarely knew how to get help and where to go for support. Very few women were aware of their housing rights and very few knew what would happen if they called the police after an incident of violence. The women involved in the focus groups felt excluded, isolated and rejected from services and recounted numerous examples of being told their experiences didn't count, and that many service providers either did not believe their experiences or blamed the women themselves for the violence they experienced. Particular groups of women also talked of services 'labelling' them (e.g. disabled women, women in prostitution, women in prison, women from Gypsy and Traveller communities, women with problematic substance use and women seeking asylum), which they felt exacerbated the poor response they received and further hampered their help-seeking.

The women involved in the focus groups said that they wanted effective and consistent responses from the agencies in the criminal justice system particularly in relation to enforcement of bail conditions. The partner of one woman involved in the focus groups who was arrested was bailed back to the house that they shared:

"When my partner was arrested for raping me, he was actually bailed by the police back to my house ... He raped me, he's taken to the police station and charged, and is bailed

back to the house where he was arrested. That just tells him he has every right to walk back to my house and threaten me again.”

Women talked about particularly poor responses from the police and criminal justice system to stalking, harassment and rape allegations. Women would frequently contact the police with allegations of violence or threatened violence only to be told that there was nothing that the police could do about it. Women involved in the focus groups said:

“I called the police on numerous occasions to ask if they could get a violent ex partner out of my building, for a breach of a restraining order, and they refused. They told me they couldn’t do anything until he harms me or someone else in the household”

“Every time I called the police they said he hasn’t hit you, he hasn’t destroyed your property, yet I was getting continuous threatening phone calls, bricks through my window. Nothing was done about it Eventually he got into my home and he raped me, and when it did go to court, he was let off – for not enough evidence! This man has moved on and my life has been destroyed, I lost my kids, I’ve lost my home. There was no justice for me.”

The police nationally have clear guidelines and policies around what to do in response to domestic and sexual violence, but evidently these policies are not being implemented consistently, if at all, on the ground. As a result women feel that they are not taken seriously and that the police are unable to respond when they experience violent crime or feel threatened with further violence.

- 13.3b Members of the panel asked what could be done to enable the police to respond better to cases of violence and threatened violence against women and girls.
- 13.3c The panel heard that the main issue was that there is a stark difference between the policies which the police have and individual police officer responses to individual cases. All police forces should be having nationally developed training on how to respond to domestic and sexual violence cases but they need to do a better job in being consistent in how they prioritise initial and ongoing training for officers locally and in their delivery of these policies on the ground. Managers should be checking police officers’ compliance with violence against women policies and taking action where they fail to do so.
- 13.3d It was noted that at a community outreach project run by RISE in East Brighton sometime ago (‘safe as houses’) RISE workers would work with police officers on the beat to brief them about the complexities of violence experienced by women in order to help them to understand the issues and to be better able to respond more effectively. Those running the briefings found that many of the police officers felt quite hopeless when responding to cases as they didn’t know what to do and how to respond to the allegations or experiences women were telling them about. This project was good for exchanging information and perspectives so that the police could learn how to better respond, and RISE workers could better understand the realities of being a police officer when they are out doing their job.

13.3e The panel heard that an example of good practice, and a recommendation locally, would be that when a woman first calls the police, at that very first point of contact, the police officer should immediately be giving the victim information about how to contact the specialist women's support and advocacy service locally; this referral should be available for all women who call the police, whether or not they proceed with the case and whether or not women are deemed to be 'high-risk'. Referring at the initial point of contact would enable women to access expert advocacy support and so help to reduce the occasions where the police are being repeatedly called out to deal with repeat incidents involving the same individuals. This is an example of a really good early intervention and preventative measure, which would help to better support women and hopefully prevent serial and escalating cases of violence against women from occurring.

Women involved in the focus groups also criticised housing services locally. Women who had experienced violence commented on their need for access to safe and secure housing for single women, child-free women and women without children living with them, yet if they reported sexual violence or rape they felt that they were not considered enough of a priority within the system. There was also inconsistency in accessing information about services. Again, good practice would involve every woman who accesses a service being referred on to a specialist women's service, that way, if an individual's response in a statutory service fails then a specialist service can advocate for intervention to increase women's safety. One woman said that she went to housing services for help but got told to go home, no one told her about the help she could get and no one told her about RISE:

"I was raped by my ex partner in my own bedroom, I had bruises all over me. I went to housing for help, all the housing office told me was not to go home, go to a B&B... No-one told me about any help or support for what I went through"

Women involved in the focus groups also spoke about the SARC.

"The next day I went to the SARC in Crawley after going to the police... They drove me up there, it took ages, the journey was horrible, awful, then I was there for 7 hours, and they were taking photos of me and taking DNA... I had no support so I retracted the statement."

Many women made comments about the SARC and the issue of travelling with the police and then not being referred back to specialist sexual violence support and advocacy services in the city. SARCs have to work to minimum national standards, however, across the country they all operate differently and some are better than others. The Havens in London are an example of good practice, and women in focus groups spoke favourably of their services. SARCs are not a replacement for specialist rape crisis and sexual violence support provided by women's services. It is great that there is a SARC in Sussex, but more needs to be done to ensure that referrals are made back into Brighton and Hove so that those accessing the SARC can continue to receive the specialist support that they need, locally.

The women involved in the focus groups also felt that services offered by statutory Children's Services through the CYPT locally were not equipped to deal with allegations and experiences of sexual and domestic violence. Social services were often cited as being particularly unsympathetic, with women often being blamed for their children's

situations despite the fact that they were the victim of violence and abuse. Services are unable to consider a women and her child's/children's situation together and too often blamed the woman for the abuse she was experiencing. Women involved in the focus groups said:

"I'm waiting to see a duty social worker, but they never call me back. I have been waiting for counselling for nearly a year. I've tried to kill myself 15 times ... Thank god Rise outreach service are there when I need them or I don't know what would have happened to me."

"Social Services told me last week, as I'm in a violent relationship again, that I shouldn't have put myself in that situation, I should be aware of the signs by now."

"Social services accused me of bringing my children up in a sexually abusive environment. Yet it wasn't our fault, we were the ones who were abused...."

13.3f Members of the panel asked whether children's services were trained to think in a holistic manner or whether their brief was solely that of considering the child.

13.3g The panel heard that children's services are guided by what is included in the safeguarding children guidance. Often thresholds for intervention are too high, and in many cases children's services fail to take a holistic approach with separates out abusive from non-abusive parents, and fail to adequately support women to support their children, as this is considered good practice. One women involved in the focus group said:

"My daughter saw a play therapist at the Clermont, but it stopped after 3 months. There wasn't enough money. She only gets 3 months yet he gets 2 years on a sex offenders group. ... Now Rise play therapy service sees her. She likes that much better because they deal with the abuse instead of skirting around it ... Rise have helped me move away from him, and help my daughter to begin to get over the abuse. She knows she can talk about it here, if she wants to."

13.3h Members of the panel noted that they felt that children's services workers were too often over worked and under immense pressure to be able to respond holistically to cases. Any further evidence which could be gathered on this would be most useful as there is a concern about what is happening in children's services.

13.3i The panel heard that all too often when there are financial pressures and budgets are cut or organisations are restructured, issues like domestic and sexual violence fall off the radar, because they are incorrectly seen as additional to mainstream interventions. If sexual and domestic violence are not part of mainstream service delivery then the benefits of early intervention to prevent high risk cases are not evident and are not considered during service planning, delivery and commissioning. Children's services should have clear procedures to effectively identify and address all forms of violence

against women and girls, which are integrated across all areas of their work. These should include identifying and responding effectively to forced marriage and girls at risk of forced marriage, which they have a statutory duty to respond to. There is a significant cost to Children's Services of not prioritising early identification and effective interventions in response to violence against women and girls.

Women involved in the focus groups felt that support for children from the statutory services was lacking and most women found this type of support from the voluntary services in the city, like RISE Children and Young people's Services, which despite providing effective child protection interventions, is significantly not funded by the CYPT locally to do this work. Statutory services in the city are really not able to recognise and understand complex cases of domestic and sexual violence and women and children spoke highly of the support they receive from specialist women's voluntary services in the city. One issue raised by women was concern around the post-separation contact which abusive partners may have with their children after abuse has been disclosed. Likewise statutory services do not seem to understand that just because a woman or child leaves an abusive relationship, the abuse doesn't necessarily stop, in fact it escalates the risk of harm to her and her children. Women spoke of their concern that there was a lack of safe child contact facilities in the city and of their fears that nothing was being done in response to allegations of ongoing sexual abuse during contact visits. Women involved in the focus groups said:

"My daughter disclosed sexual abuse had been going on for a few years, but they couldn't find enough evidence, except for her word, to show that it was him doing it so he didn't get convicted. He got away with it. What message does that give to my daughter? He still hassles her, hangs around the school, she's still so scared of him."

"My partner is applying for contact with my other child, even though he sexually abused my other daughter... Now I'm waiting to see if they decide he's a risk to my youngest daughter. He's asking for 2 hours a day and 2 overnight stays with my youngest daughter. There's no way I'm going to allow him to have my youngest daughter after what he's done to my other daughter. I'm waiting for them to decide if he's a risk or not. But he's already done it once..."

- 13.3j Members of the panel noted that these cases were extremely difficult whereby there was suspicion of abuse but not enough proof to go to court and thus no evidence to present to the judge as to why abusive partners shouldn't have contact.

- 13.3k It was noted that these types of cases do come up at the local safeguarding children's board. It was also noted that there are low conviction levels in Brighton and Hove in cases of sexual abuse, yet everyone knows that it is happening. More needs to be done to increase understanding around gathering evidence for these kinds of cases as well as increasing the understanding of the criminal, civil and family courts around these types of cases.
- 13.3l Members of the panel commented that it was not clear as to whom the local safeguarding children's board reported to and that elected members who take financial decisions on behalf of the city should have more access to the board, to ensure greater accountability for its work and decision making.
- 13.3m The panel heard that in cases where allegations of abuse have been made, they can be taken to family courts and dealt with there, and that the evidence required was not as strict as that required by the judiciary system. For example, if there is a child receiving support from RISE and is discussing experiences of sexual abuse or violence during therapeutic sessions, then that information should inform family risk conferences. If a child fears contact with particular family members then that should also feed into the risk assessment process and inform decisions taken about that child in family courts.
- 13.3n Members of the panel asked who initiates family court processes.
- 13.3o The panel heard that in domestic violence cases it is often the perpetrator as they will be seeking contact. The perpetrator will then be risk assessed. Family courts have a different standard of proof compared with the criminal justice system and there is often a contradiction between the civil courts and family courts. For example, a woman could go to a civil court and get an injunction against an abusive partner and yet her partner can go to a family court to gain contact with her children. There is not a seamless service between different courts in the court system.
- 13.3p It was noted that one reason for this is because of the guidelines around parental responsibility which means that there is inconsistency as to how contact with children is applied.
- 13.3q Women involved in the focus groups had particular issues with the way that health services responded to violence disclosed by women. Women commented that health professionals consistently failed to identify when violence had occurred or if they did identify violence, would fail to offer appropriate support to a woman. Health responses to disclosures often came down to how good an individual's GP was. One woman involved in the focus groups said:

"Health services just don't seem to know what to do and where to refer. I've tried talking to my GP, my nurse, a health visitor, but nothing. If you don't get offered any help it must be because they don't know what help to provide. They need some kind of guidance, how to pick up on women's abuse, how to ask questions, what support is

available for us, they need to be told. No-one in health services told me about Rise, if I'd have known sooner, I'd have got out earlier."

Women who had experienced sexual abuse noted that there was a distinct lack of understanding amongst dentists about oral sexual violence and the difficulties a woman will have in even visiting a dentist. One woman involved in the focus groups said:

"I can't get the dental healthcare I need because I'm too scared to go to the dentist. Because of the way dentists work, this can be really terrifying for women ... Lying in that chair with the light in your face, with a man leaning over you putting things into your mouth, it's really traumatic if you've been sexually abused orally".

Women also commented that other health professionals did not know what to do and how to refer women on. Nurses and GPs need to be trained to ask questions and to recognise when violence is happening as well as referring women on to the correct specialist services. Women commented that all too often health professionals would treat them for the physical injuries caused by violence and yet would not refer women on to organisations such as RISE. One woman involved in the focus groups said:

"My GP could have given me a leaflet or something, I told him my partner had done this to me, but he ignored it, like I wasn't there. So even when you tell them directly, they don't do anything, they don't know what to say or how to respond. He made me feel like I was making it up."

It is difficult as GPs only have an 8 minute appointment window, but even just having some training and guidance so they can recognise what is happening would help to support women affected by violence. One form of good practice which could be initiated in Brighton and Hove would be to for health services to develop partnerships and in some cases, commission specialist domestic and sexual violence services to have a presence or co-locate at health centres, at A&E or GP practices. For example, if health agencies and GPs had domestic and sexual violence advocates operating from their buildings then women could be referred directly to them. Women are likely to seek help for the physical traumas they may suffer after an episode of domestic or sexual violence and having access to specialist support services at the same time would enable direct referral, which women said they would find beneficial. It would be good practice, for example, to have specialist domestic and sexual violence advocates at the hospital, working with A&E and Midwifery services, as a means of effective early identification, provision of ongoing support by specialist services, and prevention of further abuse, which in turn would minimise repeat attendances at A&E and other health services in future.

13.3r Members of the panel asked whether there would be a benefit in having a SARC in the city and whether this would lead to better co-ordination of support services. Members of the panel asked if national ring fenced funding for tackling violence against women would make a difference.

13.3s The panel heard that when a SARC works to a model of good practice then they can be a valued service for victims of sexual violence, working alongside independent specialist

rape crisis and domestic violence services provided by the women's voluntary sector. Having a SARC in the city would in principle be beneficial; however, they are very resource intensive, and without having resources for sustainable specialist domestic and sexual violence community support services for the SARC to refer on to, the model of good practice will break down. Resources should, rather than being put into another local SARC, be put into ensuring that the specialist domestic and sexual violence support and advocacy services in the city are easily accessible and available to women, and that these services are sustainably resourced. Whilst sustainable ring fenced funding nationally would be ideal, this is unlikely to happen given the current climate and changes to regional and local commissioning arrangements. Violence against women should be a priority within and across local intelligent and joint commissioning arrangements. The WNC have already raised this with the government. There are many national strategies, targets and national and local priorities which must be delivered on by local authorities, so it can seem like addressing violence against women on top of these is too much to do. But what needs to happen is for violence against women and girls to feature as a priority in all local strategies and performance indicators. Every area should have a Violence Against Women and Girls Strategy by 2011 and it should be assessed through the CAA. LAAs should have to make this agenda a priority and it should be mainstreamed across all local strategies and into what's already being done, which will meet key targets, save money as well as saving lives.

A good practice recommendation for the panel would be to recognise the need to address rape and sexual violence within a violence against women and girls strategic framework. It should be a priority in the city to have a violence against women and girls strategy co-ordinator, that works alongside the domestic violence co-ordinator to ensure that all agencies and partnerships are effectively addressing rape and sexual violence and work to prevent violence against women and girls. Most forms of violence against women involve rape and sexual abuse, so addressing it within a violence against women framework would better reflect and respond to women's experiences. Where these links are not made, responses will be ineffective and safety will be compromised. This will lead to better policy making, as it can be gender-informed and appropriately targeted; improved multi-agency working to ensure women are supported in the most efficient and appropriate way; improved tackling of the cross-cutting connections between victimisation and perpetration, and ensuring that the links between offending is made and work is coordinated. Also, addressing sexual violence within a violence against women framework will begin to address preventative work to develop longer term solutions; encourage a more targeted approach; and more consistent handling of violence against women promotes greater public confidence in public services.

13.3t Members of the panel asked how best survivors could be supported.

13.3u The panel heard that focus needs to be made on improving access to existing services so that all survivors have easy access to support and protection, and to the immediate response to any disclosure of violence once women are in contact with a service. Attention needs to be paid to preventing high-risk cases through early intervention and early referral and support for women to specialist domestic and sexual violence services. In contrast to their experience of statutory services locally, women spoke about the crucial role specialist services like RISE and the Survivors Network play in their recovery from abuse. Women valued women-only services which are accessible; safe and which understand about and can respond to all forms of violence against

women and girls, providing support beyond a crisis for as long as women need it to recover from abuse. Women considered them to be preventative in their approach - preventing further violence through their early intervention and also by focussing on building self-esteem and empowerment after the crisis has passed. Women said that crisis support services are not enough; women said they wanted longer term support, more community outreach services (drop ins, support groups, community awareness raising), better access to helplines and support out of office hours. This is supported by national evidence, which shows that specialist violence against women services that are women-only provide value for money and make costs savings to the state. It is their independence from the state, from local authorities and the criminal justice system means they are better able to support vulnerable women with complex and multiple needs.

Women also said that schools need to address violence against women and girls; at the moment addressing bullying in the curriculum is not gendered and given the extent of sexual bullying, girls disclosing violence and abuse at school do not get the help and support that they need. More needs to be done with schools to introduce mandatory education of violence against women and girls, but there also needs to be the specialist children's and young people's services in place so that those that disclose violence can be referred to the support that they will need. Better engagement needs to happen with the CYPT in the city, particularly in their response to sexual and domestic violence. The CYPT in Brighton and Hove needs to recognise that voluntary services provide very particular support to victims of violence and the CYPT need to resource these early intervention and prevention services.

- 13.3v Members of the panel asked whether having a 24 hour helpline in the city which could refer people on to services would help.
- 13.3w The panel heard that there is a national domestic violence helpline and development of a national sexual violence helpline was supposed to start soon. The trouble is, is that the success of a helpline relies on the ability for victims to be referred on to local support services. Current helplines in the city are certainly not well resourced and only open for a limited amount of time which really doesn't help survivors.
- 13.3x Members of the panel noted that the council was looking into setting up a one stop phone number which residents could call what ever problem they may have, and if this goes ahead, then it may be possible for referrals from this number to be made to the domestic and sexual violence support services in the city.
- 13.3y It was noted that whilst it is necessary to improve and increase resident's abilities to access services, if the support services aren't actually there, or properly funded and developed, then the support services will not be able to help clients on their journey to addressing the experiences which they have had.
- 13.3z Members of the panel agreed that it would not be a good idea to raise people's expectations too high if the services are not there to support them. It was noted by members of the panel that there appears to be enough agencies in the city delivering services its just they need to be better funded and developed with more co-ordination between them.

- 13.3aa The panel heard that a good practice model would also involve statutory services becoming more supportive of women, that it is not an either-or approach and the success of statutory services' intervention depends on having a sustainable, robust, independent women's domestic and sexual violence services locally. Many women involved in the focus groups spoke of their encounter with statutory services as being secondary victimisation. All too often statutory services blamed the victim for their experience or disbelieved them. Women complained that professionals all too often responded to disclosures of violence by being dismissive.
- 13.3bb Members of the panel commented that there appears to be a huge lack of training amongst service professionals about how to manage and respond to disclosures of sexual violence.
- 13.3cc The panel heard that the women involved in the focus groups had called for mandatory training on all forms of violence against women, for all front-line staff and managers in public services. Women listed a number of other things that they would like to see improved. The women wanted to be treated with dignity, respect and to be believed; which isn't a lot to ask for. The women wanted to have access to other survivors to reduce their isolation, and spoke highly of women's support groups, and of their need to have greater access to community outreach services. Women wanted to be able to have access to support workers on a long term basis not just during the immediate aftermath of a crisis. Women really valued women only support groups and services as this kind of model helped in terms of prevention, empowerment and giving women back control.

The women involved in the focus groups talked about the crucial role of the specialist services in the city and the value of these services being women only spaces. Women said that they often came across the specialist services through the community development work in the city and that this work was invaluable in raising general awareness of violence in communities and that it acted as good prevention work as it encouraged women to come forward to report incidences rather than waiting until a point of crisis. Women said that they greatly benefited from advocacy services which were independent from statutory services as these services really appeared to be there for them and care about their safety rather than being concerned with only meeting performance targets.

From the focus groups there were a clear number of recommendations which the women put forward which would help to improve support services. These were:

- all statutory service providers to have training so they are equipped to identify violence and respond to disclosures of violence
- needs led services not risk based services, services which provide support, not judgement, and which empower, not coerce
- clearer information for women about what happens if they report an incident to the police so she can make an informed choice about whether to report
- bail conditions which are enforced and take into account a victim's situation
- better responses from the police to harassment allegations
- training for children's services so they can recognise the needs of women as well as their children
- safe information sharing between statutory agencies

- routine enquiry across all healthcare settings, and guidance and training to encourage a consistent and safe response to violence
- for women to be able to have the choice to see female health workers, particularly if they had experienced sexual violence
- for the police and health services to routinely refer women to domestic and sexual violence support services at the point of reporting and disclosure
- to co-locate independent domestic and sexual violence women's advocacy workers at A&E, and with GP and mental health departments
- for dentists to be trained in violence against women and to be more responsive to women's needs so that women can access designated dentists who can respond sensitively to their experiences of abuse.
- health services that are culturally sensitive and that can provide a service in their own language or through trained professional interpreters, and access to healthcare regardless of immigration status
- health services to log incidences and evidence of violence if women don't want to formally report to the police, and to be more effective in providing evidence to support civil and criminal court cases.
- for confidentiality breaches to be avoided
- health services to promote and fund healthy relationships education delivered by specialist services in all schools, and integrate violence against women into all health promotion and prevention work
- for rape and sexual violence to be addressed within a violence against women and girls framework and for a violence against women co-ordinator to ensure that all agencies and partnerships work to preventing violence against women
- most importantly women wanted sustainable provision of specialist domestic and sexual violence services that are independent from statutory services and provide safe, separate women-only space, including refuges and crisis services, rape crisis support, community outreach services– which increases access to support, focuses on early intervention, is available outside of crisis and CJS involvement, and focuses on prevention, children's Therapeutic Groups and support for adult survivors of child sex abuse; increased access to other survivors through women's support groups and community development work so that they do not feel isolated, , and education in schools about gender based violence delivered by specialist services.

13.3dd Members of the panel noted that support services offered support to women affected by violence over 5 to 8 years and this really needed to be taken into account when commissioning and funding services.

13.3ee The panel heard that support services need to be there for the long term and to be available and accessible for when women need them.

13.3ff Members of the panel noted that disabled women and women whose first language was not English appeared to be particularly vulnerable. Members of the panel reflected that previously they had heard of a case of a young woman who was deaf who had been raped who had not been adequately supported and provided for by statutory services in the city.

13.3gg The panel heard that women who had insecure immigration status in

this country were also very vulnerable as they have no access to safety and protection because of 'no recourse to public funds' rules.

- 13.3hh It was noted that many of the voluntary support services in the city struggle to find funding for interpreting services as they are only able to access limited amounts of funding to pay for interpreting services. Recently a signer was needed for a service user and funding was not available through the supporting people programme. It was only because a volunteer was able to sign that this woman's ability to participate and access services has been greatly improved.
- 13.3ii Members of the panel noted that there is a mindset amongst people where by violence against women and girls becomes accepted as part of every day life. This is particularly the case in countries such as the Congo.
- 13.3jj The panel heard that it is unfortunately the mindset of many in this country as well. Some young girls participating in the WNC focus groups talked of gang rape as part of their every day life experiences.
- 13.3kk Members of the panel noted that many people, and society in general, were not good at talking about this subject matter. Members of the panel noted that the mindset of violence as an everyday occurrence needs to be addressed, and it needs to be addressed in schools too.
- 13.3ll The panel heard that there are committed individuals who understand what violence against women and girls is and the complexities of women's experiences. However, this understanding needs to be mainstreamed. Every plan and every strategy within the city needs to be addressing violence and tackling it. This requires an integrated approach to dealing with violence against women and girls so that projects are not competing with each other. We need to learn from the 547 women and girls that spoke to the WNC and told us what they felt would make them safer and prevent further rape and violence against them.

Evidence indicates that where there is good practice in responding to violence against women, women felt valued, confident and safe, that their human rights were being realised, and that they were able to participate in their community. In turn, children were safer and able to form healthy relationships; crime and vulnerability was reduced as were costs to services and the state. There are obvious benefits for the state from the protection and value it can offer its citizens. If this can be achieved, then increased safety for all women and girls and the prevention of violence in the longer term will inevitably follow.

13.4a Evidence from Jess Taylor, Head of Client Services, and Gail Gray, CEO, RISE (Refuge, Information, Support and Education)

It is useful to consider a case study which demonstrates the links which exist between domestic and sexual violence, and illustrates the type of service provision which RISE engages in. The woman in this case study has given her permission for her story and her journey to be told, although her details have been made anonymous. This case study, which has been placed in context by way of information which Michelle Pooley (Anti-Domestic Violence Co-ordinator) has submitted to the scrutiny panel, clearly highlights the inter-relatedness of sexual violence and domestic violence and how sexual violence can be experienced within the context of domestic violence. The 2004 British Crime Survey highlighted that 54% of rapes are committed by a current or former

partner. It is the abuse which is experienced in a domestic context which is the focus of the work which RISE undertakes.

The woman in this case study, known as Mrs P, has experienced a range of forms of physical, mental, emotional and sexual violence and her story contains content which is extremely distressing.

Mrs P's husband is consistently verbally abusive to her and he regularly undermines her abilities as a mother. Mrs P's husband shouts at her son and does not help with his care. Whilst her husband has not yet been abusive towards her son, Mrs P fears that he may be so in the future. Mrs P's husband regularly forces her to have sex in different and unwanted positions. The unwanted sex is often rough and her husband forces her to watch pornography. Mrs P had reported some of these incidents to her GP as she was in considerable pain during an appointment. Whilst Mrs P stated that her GP had been supportive, no information about where she could gain support from was given. This is often the case for many clients who RISE has contact with; GPs are aware of a woman's situation and will treat her for her physical injuries but will not give her information about where to get help and support. Mrs P did feel that her GP had a supportive attitude, however, she was given no information as to what to do next and importantly no acknowledgement that what she was experiencing should not be happening and was not acceptable.

Mrs P's husband is physically abusive towards her and the level of physical violence is escalating; during sex her husband sometimes put his hands around her throat until she finds it difficult to breath. Mrs P's son has witnessed a lot of the physical and sexual abuse which Mrs P has been subjected too. Her son is less than 18 months old. The physical violence experienced by Mrs P varies from inappropriate and unwanted touching of her genitals to her husband being rough with her and throwing her around the room. Often physical violence acts as an instigator to forced sex. Mrs P's husband regularly threatens her with more violence.

Mrs P's case demonstrates some of the complexity of sexual violence in the context of domestic violence and the difficulties of separating out the different forms of violence experienced. Mrs P moved to the UK 10 years ago and met and married her husband here; they had been married for 6 years. The benefits which Mrs P is entitled to are all in her husbands name which means should they divorce she will no longer be entitled to them. Mrs P has no recourse to public funds and is concerned about her immigration status. Mrs P's husband regularly threatens to take their son back to their home country where, because their marriage will not be recognised, she will lose access to her son. Mrs P greatly fears that the level of violence towards her is escalating and she fears for her son's safety as well as her own. Mrs P has endured physical, emotional and sexual violence for 6 years. Mrs P finally made contact with RISE and RISE were able to offer her; a place in their refuge, support to be able to report the violence to the police, access to BHT and immigration services, and access to a family solicitor to get advice and support.

Mrs P's case shows the complexity of some of the cases of violence which RISE works with. The case study also demonstrates the inter-relatedness of sexual and domestic violence, and the way that the sexual violence experienced by Mrs P was a manifestation of the physical, sexual and emotional abuse she had been experiencing.

Mrs P herself did not understand her experiences to have been sexual violence as she thought her experiences to be part of her husband's right as her intimate partner. Such lack of understanding about what should and should not happen in relationships, as well as the fact that women love and trust their partner, means that there are high levels of complexity within which support organisations need to operate. A woman who is raped by her husband is likely to be raped more than 20 times before seeking help. Mrs P was trying to deal with high levels of guilt and shame as she saw the violence the result of her inability to satisfy her husband. Mrs P found it extremely difficult to report the rape she had experienced as part of her relationship. Reporting rape in a relationship is extremely traumatic as women have to deal with family loyalties, inability to leave an abusive relationship, and will not necessarily understand that the sexual violence they have been experiencing is against the law and not just part of everyday married life. Many women who report partner rape will not even use the term rape or sexual assault; they will talk instead about experiences being unwanted or about being scared. Sex in marriage may be seen as an obligation, and a wifely duty; if a woman does not perceive her experiences as rape then she is unlikely to seek help.

Sexual violence within a domestic context is a very distinct issue. Partner rape can be considered both a form of domestic as well as sexual violence and is devastating and traumatic for a victim. This form of violence needs to be addressed by both statutory services and voluntary organisations. Research has shown that partner rape is more likely to occur alongside other forms of violence. Rape and physical abuse are experienced in different ways, and rape and sexual coercion are more likely to follow a physically violent episode, particularly obsessive rape, torture and being forced into perverse sexual acts. In such cases pornography is frequently also involved. Mrs P endured an increasingly escalating level of physical and sexual violence. Men who physically and sexually abuse their partners are dangerous and the potential for escalation into murder is much higher.

The psychological trauma of sexual violence within a domestic context can not be underestimated. Women will frequently report suicide ideation or incidents, high levels of depression, very poor mental health, shock, Post-traumatic Stress Disorder, sleeping problems, inability to engage in trusting relationships, and negative feelings about themselves. These effects are long lasting and it can take women over 7 years to deal with the traumas that they have experienced. Journeys can also ebb and flow and a woman will need access to long term services as she may go through periods of not needing support services, and then periods where she needs support. The physical traumas experienced by domestic and sexual violence should also not be underestimated; women are likely to have endured physical pain for a long time. There needs to be a better co-ordinated response from health professionals.

This case study, alongside the information submitted by Michelle Pooley, has highlighted the complexities of sexual violence experienced within the domestic context, and the fact that when a perpetrator is someone who a woman loves and trusts it further complicates the context within which violence is experienced.

- 13.4b Members of the panel asked if there were any protocols which doctors were supposed to follow around reporting cases to the police and whether doctors were even obliged to report incidents to the police.

- 13.4c The panel heard that more work needs to be done with GPs to enable them to have difficult conversations with patients around issues of consent. Women are likely to visit a doctor to seek treatment for physical injuries and doctors can help their patients to not only deal with the medical issues and pain they are experiencing, but to help patients to understand and recognise the experiences that they are having.
- 13.4d It was noted that doctors shouldn't report cases to the police as this further dis-empowers a woman who is already dis-empowered and takes control away from them.
- 13.4e It was also noted that, based on the evidence received from the WNC consultations, if women went to health professionals who would then automatically share information with other services and professionals, then the women would be less likely to go to a health professional to seek help. The best thing that health professionals can do is recognise what a woman is experiencing, help them to recognise it, and then refer them on to specialist support services.
- 13.4f Members of the panel noted that rape in marriage has only relatively recently been recognised as an offense and that there was a long way to go until society realises this too.
- 13.4g The panel heard that the case study also highlights the added complications of supporting women who have insecure immigration statuses and no recourse to public funds. Supporting these women has implications for organisations such as RISE as women need to be in receipt of benefits or able to support themselves in order for RISE to be able to offer them support in a refuge. In the case of Mrs P, RISE worked in partnership with a number of other agencies in order to be able to offer her a place in the refuge. There are other women, however, whose immigration statuses are uncertain and have no recourse to public funds and can not be offered a place in a refuge.
- 13.4h It was noted that many women with insecure immigration status who do not have access to financial support will be forced to return to the abusive relationship which they are trying to flee or into prostitution. Many women do not know what their rights are and there is no information out there as to how they may be able to access services and benefits.
- 13.4i The panel heard that in the case of Mrs P she was able to access RISE through an International Woman's Day community awareness event. Mrs P went along to the event and it was the first time that she felt able to talk about what she was experiencing. This highlights the importance of sustainable community outreach and development work, to ensure women can access services in ways which they are most able to access them.
- 13.4j RISE provides services for women, children, and young people up to the age of 25. These services are delivered in Brighton and Hove and West Sussex and offer support to victims of domestic and sexual violence. RISE will offer support to an individual in the aftermath of a crisis as well as along their journey to recovery. RISE also undertakes prevention and early intervention work. RISE works with survivors of a range of forms of violence including victims of female genital mutilation, honour based violence, and will support women from the LBT community, those with mental health issues, drug or

alcohol issues as well as travellers and gypsies. Travellers and gypsies are often overlooked in service provision, and yet are a very vulnerable and isolated group.

RISE operates a holistic service model. Crisis support services include refuge services. The refuge run by RISE is one of the few in Brighton and Hove which will accept women with mental health and substance misuse issues. The refuge will also accept dependent boys up to the age of 18, which many other refuges will not. RISE also operates a helpline, however due to resource restrictions the helpline is not open 24 hours a day. Last year the helpline services were extended but this has had to be cut back again due to a lack of funding. RISE has funding for only one helpline worker and can not find funding for a second worker. This cut in service will have an impact on women in the city as the helpline is normally the first point of entry into services for many women.

RISE signposts high risk cases either onto a MARC (Multi-Agency Risk Assessment Conferences) or into an IDVA service. If risk to a woman's safety is considered medium to low then these women will be referred to therapeutic sessions and community outreach services. The Independent Domestic Violence Advocacy (IDVA) service works in partnership with the Criminal Justice Service and with other agencies in the city to offer a co-ordinated response. Last year (09/10) RISE funded a Health Independent Domestic Violence Advocacy (HIDVA) worker from the A&E department at Sussex County. The aim was that women who had been abused and been admitted to A&E could have immediate access to an HIDVA worker. RISE hoped that this service would be main streamed and that health agencies in the city would pick up funding for the worker. This has not happened. This is problematic as A&E is a key entry point into women's specialist support services for women who have been subjected to sexual and domestic violence, and so this is a key post for the city to have. It is very disappointing that this post is not being funded by statutory services. RISE also works with the LGBT Domestic Violence Advisory Group and there is a representative from RISE working with the group to develop services for the LGBT community and on the issue of sexual exploitation in LGBT communities. RISE has also offered in the past a number of community outreach services.

There is a lack of services in the city for children and young people who have witnessed or been affected by sexual or domestic violence. RISE has a Children and Young people's service. As part of this service RISE has developed a PHSE preventative education programme around healthy relationships. Over the last 5 years this programme had been rolled out across secondary schools across the city as part of the Treehouse service for young people. However, the funding for the Treehouse service was from comic relief and has not been re-funded. This work needs to be prioritised as a matter of urgency; there are lots of examples of young people who have been affected by violence and attitudes towards sexual violence amongst this age group are becoming increasingly normalised. Some young women who RISE has contact with will not consider their experiences as having been forced sex, rape or sexual assault. They will just consider their experience to have been just one of those things that happens. It is really important to be working with young women and men around what healthy relationships are and what they are not. This should be a key priority service.

RISE has also successfully delivered preventative education work in primary schools using the Women's Aid education toolkit. RISE believes that it is essential to undertake work with children before attitudes become established and behaviours normalised.

Using the Women's AID toolkit, RISE undertook work in one primary school which was greatly appreciated. Due to a lack of resources however this work has not been rolled out across the city. The services offered by RISE to children have in the past been funded by big lottery, comic relief and children in need. However both big lottery and comic relief funding has not been renewed. Grant funders are reluctant to fund services that they considered are the statutory responsibility of children and young people's trusts to fund. Many of the services being offered by RISE are considered to be statutory services. Major grant funders also want to see how the services they are being asked to fund are being supported and sustained by statutory service providers. However, these services are not being funded by statutory agencies and RISE has had to reduce its Community Outreach and Therapeutic service provision and Children and Young People's services. In 2009 – 2010 the CYPT funded 3.79% of RISE's total budget and the PCT funded 2.91%. The rest of RISE's income comes from restricted contracts and grant funding and unrestricted income. RISE also uses its unrestricted income and reserves to support deficits in funding for services or to give added value. It is a real issue for RISE services and service users that the CYPT and the PCT are not adequately funding RISE services or meeting their statutory obligations to do so. It is really important for RISE to be able to offer a sustainable service provision. Partner agencies in the city need to do far more to recognise that tackling sexual and domestic violence in the city is a priority issue. As most funding cycles are only for a year, RISE is unable to adequately plan service provision and this impacts on how staff are recruited, and retained, and the expectations which RISE workers can raise amongst service users. Statutory services in the city need to seriously consider how they support women's specialist services in the city and how they work together to use joint resources to fund and support services for women affected by sexual and domestic violence.

13.4k Members of the panel asked if RISE's client base was from just Brighton and Hove.

13.4l The panel heard that RISE delivers services in West Sussex but these are funded separately through West Sussex County Council. The services delivered in Brighton and Hove are for Brighton and Hove residents only.

13.4m RISE also offers some community outreach services, although due to the ending of big lottery funding these services are now been radically reduced. This is another key priority for RISE as community outreach services are what women say they want and need.

The Safe as Houses project in East Brighton offered a holistic service and community outreach which enabled support workers to work long term with clients and to understand clients' complex situations. The clients that accessed this project greatly valued this way of working as it helped to avoid a 'revolving door syndrome'. (This is where a client in crisis would come into contact with service providers who would help the client through the crisis then break contact with them, only for the client to enter into crisis again and come back into contact with service providers.) The community outreach work enabled support workers to work with clients over the long term whether they were in a state of crisis or living more stable and less chaotic lives. The support workers ran family work groups, play work groups, and had constant contact with clients. In addition to the Safe as Houses project, there were community development

workers working in areas of the city, such as Tarnar, raising awareness about domestic and sexual violence. From this work a number of issues within the Tarnar community had been identified and were starting to come out and domestic violence became identified as one of the priorities in the local action team's action plan.

As RISE has few resources to get out into local communities this work is now no longer being done. This is very disappointing as many women, such as Mrs P in the case study, will access support services through the community development work which was being undertaken. Community development work enables support workers to come into contact with individuals who would not normally access mainstream services. Coming into contact with groups of survivors offers women the opportunity to heal and to recover. RISE works in partnership with a number of organisations to deliver services. RISE is currently working with the Brighton Women's Centre to deliver the Living Without Violence Programme and with members of the WSSN to deliver the Inspire project. Finding sustainable funding for community development work is painfully difficult. One estate in the city which had been identified as a hot spot for domestic violence has had a RISE worker attend a number of their community meetings. The community really wants a case worker to be located in their community but RISE just does not have the resources to be able to do this; this is despite the community acknowledging that there are serious issues around domestic and sexual violence in the community. The community work previously undertaken by RISE can have a massive impact on raising awareness and enabling hard to reach women to access services, this work needs to be funded and prioritised as a matter of urgency.

13.5a Evidence from Emma Seymour, Senior Manager, Threshold

Brighton Housing Trust (BHT) offers a range of services that may be accessed by both men and women who have been victims of sexual violence. The BHT will pick up a number of men and women who have had their situations break down which has resulted in them losing their housing, which may have impacted on their general mental health and clients may have turned to substance misuse. The BHT can focus on all of the needs of their clients though the hostels which they manage and the counselling services which they run. BHT has four mental health services; three of these offer supported housing and the fourth service offered is Threshold. Threshold is a service run by women for women offering one-to-one counselling, group work and a crèche service. Threshold receives referrals, mostly general referrals rather than referrals specifically related to sexual violence, from a range of health professionals in the city as well as from a number of voluntary organisations, social workers, housing advisors, and counsellors in schools, colleges and universities as well as the police. BHT has a legal immigration service, which RISE uses, which works with refugees and asylum seekers many who have been victims of sexual violence and experienced rape as a form of torture.

Threshold is a mental health service commissioned to work mainly with women who have mild to moderate mental health needs. These service users often have a history of abuse and this abuse may have been the trigger for their current mental health problems, housing needs, and their need for support to cope with daily living. Service users are offered therapeutic interventions according to their need and this may be for 12 – 16 weeks or for longer depending on an individual's need. Some women will receive counselling for over a year and this enables Threshold to work with some more

complex cases, although Threshold is unable to support women for seven years. All services offered by Threshold are free to low cost depending on a woman's financial circumstances, so no woman is turned away because she can not afford a service. Women that are refugees or asylum seekers are supported at Threshold as they are considered particularly vulnerable as they have no recourse to public funds. These women need long term access to therapeutic interventions. This service was previously funded by comic relief however Threshold has not been funded by them since last year and the service is currently running at a deficit. The PCT has just agreed to fund some of this work.

Threshold has a flexible approach to the delivery of their services. Women who have been victims of sexual violence will often experience added difficulties which may mean that it is difficult for women to make appointments. Unlike other service providers Threshold does not take a punitive approach if their clients do not attend an appointment, recognising instead their clients' complex needs and chaotic lifestyles and issues around trust. The service offered by Threshold is in a safe, non-judgemental environment and women with complex needs as a result of experiences with rape and sexual violence are only seen by the more experienced counselling staff at Threshold. In the last year Threshold has provided counselling to 25 women that were survivors of sexual abuse in adulthood, 11 women that had been raped and 18 women that were survivors of childhood sexual abuse. This is a total of 54 women in the last year who had been affected by sexual violence. This demand is considered manageable by Threshold and potentially they could work with more women.

The BHT has women only supported housing which works with women who require mental health support and tenancy support, often after experiencing some form of abuse. RISE sometimes refers women which they come into contact to this supported housing. 5 women can be accommodated and supported in the Route 1 women only house, so they able to live and manage their own tenancy as well as deal with their mental health problems and additional factors they may have. The BHT Route 1 service works with up to 53 men or women with mental health and tenancy support needs. BHT and Threshold take an empowering approach to supporting people and the housing is funded through the Supported People grant. A holistic package of care is offered. Threshold is not currently receiving referrals from the SARC at Crawley, although, Threshold is working towards being able to do this.

Previously, Threshold was an organisation in its own right until 2008, however, due to issues with funding the BHT had to take over running of the service. The services which Threshold used to offer include a helpline and a drop in service. However, due to funding restraints BHT could not continue to run these services and so Threshold only now supports women through the counselling service which they operate and their on site crèche. The crèche is crucial to enabling women to access the counselling which they require.

- 13.5b Members of the panel asked whether these services which Threshold had to drop were being picked up elsewhere and whether women's needs were being met elsewhere.
- 13.5c The panel heard that some of the drop-in work has been picked up by Care Co-op's. However, it was noted that that the drop-in work being picked up is not offered in the same way that Threshold used to offer and the drop in space is really very different. The

drop in has not therefore been totally replaced as the ethos and vision of the Threshold drop in has been lost. It was noted that this is a real shame as both the helpline and drop in which Threshold used to operate and the way that these services operated were highly valued by the women who accessed them.

- 13.5e Members of the panel noted that gender specific services have not been considered enough of a priority within the city, and it is only now that the importance of such services is being realised. The message of the need for gender specific services needs to be spread.
- 13.5e Members of the panel asked what work was being done in the city with male perpetrators of abuse.
- 13.5f It was noted that there are some projects in the city working with men who are aggressive in their relationships and abusive towards their partners. There is the Break4change project that works with young people who are aggressive in their relationships and their parents/carers. This is a multi agency developed and delivered programme with RISE, Youth offending team, Family Intervention Programme and Integrated Youth Services. The Living Without Violence Programme, IDAP project which is a project imposed on men by the court, and probation services also offer a project working with male offenders. Men involved in the Living Without Violence project need to be very motivated to successfully complete the programme.
- 13.5g It was noted that the Living Without Violence Programme, which started in East Brighton, was at first considered a very controversial project. The programme works very closely with men who are motivated to change, and risk and safety issues are considered exceptionally important by those delivering the project. Over the last 2 years the connections which have been made between this programme and RISE have been very important. The programme is also working with men who are violent towards other men although this aspect of their work is not funded. The programme has also worked with some women who are concerned about their own behaviours as a result of dealing with abuse for so long. Again this aspect of the programme's work is not funded. The programme has greatly contributed to the knowledge within the city about domestic and sexual violence, and is an example of an extremely good piece of work that is being done around behavioural change. It was noted that it may be useful for the panel to speak to the co-ordinator of this programme.
- 13.5h It was noted that if members of the panel were interested in speaking directly with survivors then RISE may be able to arrange this. It was also noted that Threshold would also be willing to put members of the panel in touch with survivors.
- 13.5i Members of the panel said that they would indeed be very interested in talking with survivors either as a group or in private one-to-one sessions.
- 13.5j Members of the panel asked whether much work had been done in the city with women who are violent towards other women.
- 13.5k It was noted that there was some work which had been done in the past by Threshold and the police. The Count Me In Too project highlighted this as a particular support need within the city which is currently being unmet.

13.6 The panel thanked all the speakers for attending the meeting and for providing the panel with evidence. The panel noted that if there was any further information which speakers could provide then the panel would be most interested to receive it.

14. ANY OTHER BUSINESS

14.1 There was none.

The meeting concluded at 12.45pm

Signed

Chair

Dated this

day of