Map of Gaps:

The Postcode Lottery of Violence Against Women Support Services

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with Val Balding and Rebecca Davenport

In partnership with

Equality and Human Rights Commission

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Alongside the authors a number of other women contributed substantially to the data collection and analysis: Val Balding began the project, developing the initial databases and regional analysis; Rebecca Davenport completed the regional analysis. Other colleagues in CWASU provided input and editorial support.

Second tier groups and individuals across the nations and regions have checked our database against their own records. Members of the End Violence Against Women (EVAW) Coalition contributed expert advice on the project as a whole, and Holly Dustin, manager of the EVAW campaign, has provided invaluable input throughout.

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Glossary

BAWSO	Black Association of Women Step Out
BCS	British Crime Survey
BME	Black & Minority Ethnic
EVAW	End Violence Against Women
FGM	Female Genital Mutilation
GIS	Geographical Information System
GVAWP	Glasgow Violence Against Women Partnership
IDVA	Independent Domestic Violence Advisor
ISVA	Independent Sexual Violence Advisor
LAA	Local Area Agreement
LGA	Local Government Association
NAWP	Newham Asian Women's Project
NGO	Non-Governmental Organisation
RCC	Rape Crisis Centres
SARCs	Sexual Assault Referral Centres
SBS	Southall Black Sisters
SDVCs	Specialist Domestic Violence Courts
UN	United Nations
VAW	Violence Against Women
WAVE	Women Against Violence Europe

Executive Summary

Over three million women across the UK experience violence each year and for these women specialised support services are essential for their access to safety, justice and the ability to move on with their lives. For the first time ever, *Map of Gaps* demonstrates graphically that women in the UK face a postcode lottery in their access to basic support services. Whilst a minority of women live in an area where there are good services, too many women face patchy provision at best, and at worst there is no support at all.

The best story to be told is in Scotland where provision is distributed more equally and furthermore is the only part of the UK where there has been an expansion of Rape Crisis Centres. The reason is simple; the Scottish government is developing a strategic approach to addressing violence against women and has allocated ring-fenced funding for services.

Key recommendation: End Violence Against Women and the Equality and Human Rights Commission are calling on national governments and local authorities to take urgent action to ensure consistent national coverage and funding of specialised third sector support services for all women.

The Commission considers this issue to be a key test against which it will judge British Government departments and local authorities in assessing how they meet their legal obligations under the Gender Equality Duty.

Scale of the Problem

According to the UN, violence against women (VAW) is 'any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately.' VAW in the UK includes: Rape and sexual assault; domestic violence; forced marriage; sexual harassment and stalking; trafficking and sexual exploitation; crimes in the name of honour; and female genital mutilation.

Whilst under some measures men are more likely to be victims of violence, this is not usually part of a recurrent pattern of behaviour[1]. Nor are most of the violent incidents men are subjected to a cause and a consequence of inequality, as VAW is. The violence that women experience is commonly committed by known men – partners, family members, friends, work colleagues. In addition, sexual harassment in public is widespread and contributes to women's fear of crime and whether they feel safe in public spaces at night. Women are twice as likely as men to be worried about violent crime.

VAW is also an issue that cuts across ethnicity, age, disability and other categories: Girls and young women are more likely to experience sexual violence; older women are more likely to be abused by carers than older men; women with mental health problems and learning disabilities are particularly vulnerable to sexual violence and yet these groups are least likely to see the perpetrator brought to justice. BME women face additional barriers to accessing support and experience particular forms of violence, such as forced marriage, female genital mutilation and crimes in the name of honour.

The stark fact is that across the UK three million women experience violence each year, and almost half these incidents will be serious and/or repeated. In addition, there are many, many more women who have suffered violence in the past as children or adults and who need support to deal with the legacies of victimisation. Potential service users, therefore, are in their millions.

For these women, specialised support services[2] are vital for their immediate safety, access to justice and ability to move on with their lives. Map of Gaps shows graphically for the first time that access to support is a postcode lottery in that it depends on where you live. In addition, many services are facing a crisis in their funding because of new commissioning processes and the move towards funding generic rather than women-specific services. We have already witnessed a tide of closures and many other services are creaking under the weight of demand; helplines are often engaged, refuges are full, Rape Crisis and survivors groups have long waiting lists and the new domestic and sexual violence advisors are having to ration their support to individuals designated highest risk.

- A third of local authorities across the UK have no specialised VAW support service.
- Most women in the UK have no access to a Rape Crisis Centre and fewer than one quarter of local authorities have any sexual violence service at all.
- A very small proportion of the UK is covered by existing Sexual Assault Referral Centres.
- Fewer than 1 in 10 of local authorities have specialised services for BME women which would address forced marriage, female genital mutilation and crimes in the name of honour, as well as other forms of violence.
- Almost one third of local authorities have no domestic violence services.
- Fewer than 1 in 10 local authorities have services for women in prostitution.

Five areas are particularly underserved: The East of England; London; Northern Ireland; the North West; and the South East. In three cases these are regions with large percentages of the population; in two there are smaller populations but extensive rural areas. Women in Northern Ireland appear especially poorly served with no provision across a number of the services mapped here.

Very few areas can claim to have sufficient service provision to meet the needs of their female population who have recently suffered violence, let alone the many more who struggle to cope with legacies from the past. We commend the nine areas with the most extensive provision – Birmingham, Bradford, Glasgow, Hammersmith & Fulham, Leicester, Liverpool, Manchester, Nottingham and Sheffield – but note that at least three of these have minimal sexual violence services.

It is apparent that where government steers provision a more consistent geographical spread is possible. In contrast, where decisions are left to localised decision-making the postcode lottery is reinforced. We share the concerns of the VAW sector that local commissioning, and the move towards larger and more generic providers, will not only reduce the number of specialised services but in the process, will also lead to the loss of the incalculable institutional skills and expertise of these organisations.

What is the Impact of the Postcode Lottery?

The postcode lottery is hugely costly, both to the lives of individual women and to society more broadly. The impact of violence ranges from: Physical injury; gynaecological disorders; psychological consequences, including long-term mental health issues, self-harm and suicide; disruption in intimate relationships; constrained socio-economic opportunities at the societal level; and wider social exclusion. It is estimated that the human and emotional cost of domestic violence in England and Wales in one year alone is £17 billion. Using a case study approach, we estimate that in Hammersmith & Fulham where there *are* services, the cost to the State of providing dedicated and specialised support to a woman and her children that enables them to establish safety is £9,654, while in Shrewburyness, where there are no appropriate services, her situation could spiral to an ultimate cost to the State of £337,054.

Conclusions and Recommendations

Equality duties on the public sector have been introduced across the UK, most recently, the Gender Equality Duty in England, Wales and Scotland. This requires all public bodies to take steps to eliminate unlawful sex discrimination and harassment and promote equality of opportunity between women and men. Many British public bodies, including government departments and local authorities, also have specific duties which include setting gender equality objectives, publishing them in Gender Equality Schemes and carrying out gender impact assessments on new and existing policies. The Office of the Third Sector, within the Cabinet Office, should therefore be assessing the gender impact of current funding policies under both national and local processes. This should include an investigation into the extent to which a) support for specialised services is part of gender equality schemes; b) generic providers are being preferred in competitive tendering processes at local levels; and c) funding for frontline services is compliant with the Government's COMPACT with the Third Sector.

Map of Gaps documents significant shortfalls in the provision of specialised services across the UK and demonstrates how a strategic approach to VAW results in better and more equal service provision. The reality is that the greatest demand for support will fall on non-statutory services and we are calling upon government at all levels to recognise and value the historic and current contributions of the women's voluntary sector in addressing VAW and providing support according to women's needs. This recognition should include harnessing their expertise in policy development and ensuring stable and long-term funding strategies.

The experience of Scotland proves that investment in frontline voluntary sector support services produces a significant return. Scotland should, therefore, be regarded as a benchmark with respect to its strategic approach, its recognition that violence is a cause and consequence of women's inequality and its commitment to enhancing capacity and diversity of provision. National and regional governments should follow the model of the Scottish Government in developing VAW strategies which have a core commitment to funding specialised support services. This should also be considered as part of their legal obligations under the public sector equality duties.

Local authorities across the UK should follow the model of Glasgow City Council and commit to long-term funding of specialised support services for victims of violence. This should be part of a strategic approach on VAW and should be considered as part of their legal obligations under the public sector equality duties.

Over the next year, governments in England, Northern Ireland and Wales should develop a funding framework for specialised frontline services, similar to the VAW Fund in Scotland, to ensure that all women across the UK have access to these vital services.

Women deserve access to quality support services. To continue with the current situation is simply too costly, not only to women themselves but also to society more broadly. We must end the postcode lottery by bridging the gaps.

Introduction

The majority of the public undoubtedly back the provision of support for women who suffer violence. Indeed, a recent poll (Women's Resource Centre, 2007) found the vast majority of women (97%) supported access to women-only services. Far less are aware that support services are not only unevenly distributed, but actually non-existent in some areas. It is often only when someone needs to find support – for themselves or someone they are close to – that the limited availability becomes evident.

Over the last decade a number of projects have aimed to 'map' support services for victim-survivors[3] of violence. What have been noticeably absent are actual maps that chart the geographical location and distribution of services and, more importantly, the gaps in provision. This project, funded by the Roddick Foundation, required a collaboration between sociologists and geographers to document the 'postcode lottery' of service provision (Kelly, 1999) in visual form.

The study had three guiding goals:

- To plot geographically the distribution of violence against women services across the nations and regions of the UK;
- To provide politicians, policy makers and NGOs with accessible information on which to base decisions and campaigns;
- To provide the End Violence Against Women (EVAW) Coalition[4] with a tool through which progress in securing and extending specialised[5] VAW support services could be tracked.

Map of Gaps provides incontrovertible evidence that access to support depends on where you live, and that some regions of the UK, and thus the women who live there, are especially poorly served. Conversely, there are good stories to tell, locations where coverage is more equitable and/or encompasses many forms of violence. Whilst relatively rare, such areas demonstrate that it is possible to build integrated and comprehensive service provision.

The core of this report is the actual maps. In addition, national and regional analysis has been undertaken to compare the relative distribution of services to population estimates. That a region has a proportion of services similar to, or even greater than, its proportion of the UK population should not be read as meaning that provision is adequate. Most services are currently unable to meet the actual demand from the minority of victim-survivors who manage to find them. Helplines are often engaged, refuges full and outreach projects working to capacity, while rape crisis and survivors groups have long waiting lists; all aspire to be able to provide more to their existing service users, and to reach women currently outside the support network, but current resources preclude this.

Before presenting the maps and findings, we discuss the definitions we have used, the contribution of specialised services and their place in international and national policy. How we undertook the work is outlined in the methodology section. The maps cover all services, domestic violence and sexual violence. In the latter two sections additional maps address specific forms of violence and/or service provision.

Defining Terms

Violence against women (VAW) is used in this report to reflect the meanings it has been accorded by the United Nations (UN). The 1995 Beijing Platform for Action states it is:

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

The recent Secretary General's report (UN, 2006) reminds us of the language use in the first declaration on this issue in 1993.

> *… the term "violence against women" is understood to mean any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately. (p12)*

The forms of violence addressed by services mapped here include: Intimate partner violence; rape and sexual assault; sexual abuse of girls; trafficking, prostitution and sexual exploitation; stalking and sexual harassment; female genital mutilation (FGM); forced marriage; crimes in the name of honour.

The British Crime Survey (BCS) is the best estimate for England and Wales of the extent of violence in women's lives: it measures domestic violence, sexual assault and stalking across the lifetime and the last 12 months[6]. Table 1 presents findings from the 2001 (Walby and Allen, 2004) and more recent 2004/5 (Finney, 2006) surveys. We use the 2001 and 2005 population estimates to convert the prevalence rates into actual numbers, as these match the survey years as closely as is possible. Whilst these estimates are not entirely accurate for a number of reasons[7], this is the closest we can get to current potential support needs. We use the last 12-month prevalence rates and calculate the actual number of women from the baseline of the female population aged 15-59, in order to get as close as possible to the BCS sample frame, which is women aged 16-59.

Table 1: BCS 12 months prevalence converted into numbers of women

Type of violence	Previous 12 month prevalence rate 2001[i]	Extrapolated N[ii]	Previous 12 month prevalence rate 2004/5[iii]	Extrapolated N[iv]
Stalking	7.8	1,233,020	8.9	1,447,220
Domestic violence	6.0	948,477	5.9	959,393
Sexual assault	2.1	331,967	2.8	455,305
Total	**15.9**	**2,513,464**	**17.6**	**2,861,918**

1 The figure in this column is the estimated prevalence as a percentage of the female population of England and Wales aged 16-59 years (Walby & Allen, 2004). Whilst some women suffer more than one form of violence, and so may appear in several columns, they remain potential service users across a range of provision.
2 Calculated using the 2001 census figures for England and Wales, women aged 15-59 (baseline 15,807,953).
3 Finney (2006).
4 Calculated using the 2005 mid-year population estimates, women aged 15-59 (baseline 16,260,900).

This exercise suggests a maximum of 2,861,900 and a minimum of 2,513,464 potential service users for existing provision in England and Wales who are currently experiencing or have recently experienced violence.

Data from the other nations in the UK, whilst less extensive, and limited to domestic violence, have broadly similar contours, with surveys in Scotland (Macpherson, 2002) and Northern Ireland (Carmichael, 2007) echoing the six per cent prevalence rate for the previous 12 months. Extrapolating the most recent population figures across all the nations and regions of the UK, therefore, results in a minimum of three million women experiencing some form of violence each. For some, especially with respect to the domestic violence category, incidents in the last twelve months may be neither serious nor frequent[8], and this group may be less likely to need or seek support. For almost half of those reporting domestic violence, however, the behaviours were serious enough to cause injury and/or were repeated. Taking into account the potential for double counting, the low level of some incidents, there are still at least 1.5million potential service users who are currently being/have been recently, victimised.

The second layer of potential service users comprises a larger pool of women who have suffered violence in the past as children and/or as adults who seek support to deal with the legacies of victimisation. Potential service users, therefore, need to be counted in the millions.

What is a Support Service?

We use the term 'support service' to encompass organisations providing a range of support options that enable women to create safety, seek justice and undo the harms of violence. These options include: Listening; advice; advocacy; shelter; protection; self-help; and access to activism. From the outset we need to recognise that support can come from a range of sources, and that for most women their first port of call is informal network members – (female) friends and family (Kelly, 1999; Wilcox, 2000). The responses of confidantes can either encourage or discourage wider help-seeking. We know, for example, with respect to rape, that reporting to the police and/or seeking healthcare is often the outcome of being encouraged by others to make those moves (Lovett *et al*., 2004). When making reports to statutory bodies women may be lucky to encounter pockets of excellence; these, however, often depend upon the knowledge and empathy of committed individuals located within more generic responses.

On the other hand, specialised provision has its origins and deep roots in the voluntary/third sector. In just over three decades women's organisations, singly and through their shared experience, have not only created diverse contexts in which women feel able to name and discuss experiences of violence, but also achieved widespread recognition for previously hidden, private and normalised practices (Kelly, 2005). In the process, innovative forms of provision, which are now considered essential responses to a range of social problems, were created: refuges/shelters, helplines; self-help groups, and advocacy all have their origins in 1970s grass roots responses to rape and domestic violence, (Schecter, 1982; Bevacqua, 2000; Dobash & Dobash, 1992). The foundational principles of provision were commitments to providing spaces in which women felt safe to tell, where they would be believed and respected and had the possibility to explore options. Access to support was not dependent on any legal or other requirements, was available free at the time of need and based on the principles of confidentiality and empowerment (WAVE, 2002). From these origins we now have a diversity of responses, drawing on wider practice bases, but the UK has never had the investment in this sector that has been evident in other western countries.

We make reference throughout this report to diverse or a diversity of services and argue that this is what government and commissioners should also be aiming for. Diversity here means a range of forms of provision – helpline, shelter, advocacy, counselling – across forms of violence and for social groups with additional needs (young women, minority women, women with disabilities). Diversity of provision ensures the following can be accommodated:

- the complexity and differences between of forms of violence;
- both crisis/acute interventions and longer-term support;
- specificity of needs with respect to age, minority status, other vulnerabilities;
- access for women with complex needs;
- variations across criminal justice, health, wider social and community support and/or empowerment needs;
- the different routes women take into support;
- the time lag from events before many women are ready to seek help;
- the possibility for continued innovation and change.

Why Violence Against Women Services Matter

The impacts of violence are diverse, ranging from lethal to relatively minor. Research has documented a range of impacts, including physical injury, gynaecological disorders, long-term mental health issues, self-harm and suicide, disruption in intimate relationships, constrained socio-economic opportunities, routes into offending behaviour and wider social exclusion (see for example, UN Secretary General Report, 2006; Kelly & Lovett, 2005; Walby & Allen, 2004; Rumgay, 2004). The human and emotional costs of just domestic violence to its victims have been estimated at three times those to the public purse: £17bn per year (Walby, 2004). These also constitute costs to societies and communities, since they represent lost capacities and potentials. Given that many perpetrators are known and trusted, violence damages social relations, undermining the ability to trust others, unravelling the fabric of connections between families, neighbourhoods and friendship networks.

The need for support services that enable women to name, address and move on from violence and abuse is acute given what we know about the contexts in which violence most commonly occurs and its associated harms. Unlike the violence experienced by men[9], women are most commonly abused by someone they know, often on multiple occasions and with sexualised elements. Each of these acts as a deterrent to telling others, let alone making an official report; and these impediments are enhanced for women from black and minority ethnic (BME) and refugee communities and for older women. Disability, mental health issues, substance misuse, involvement in prostitution and insecure immigration status may heighten the risks of being victimised whilst making access to support more complex, and diminishing the likelihood of involving statutory services. Specialised VAW services have provided options and access to support for those who traditionally 'suffered in silence', enabling women 'to 'live' rather than just survive' (Kelly & Lovett, 2005:15). It is women's services that deliver on government and UN commitments to empower women and repair the harms violence does to individuals, social networks and communities.

It has been suggested that since the women's movement has been so successful in getting VAW recognised, service provision should now be mainstreamed into the statutory

sector. Whilst acknowledging that there are critical aspects of provision that the statutory sector must deliver, this suggestion fails to understand not only the depth of knowledge which specialised services have amassed, but also the choices women themselves make about where to access support. It remains the case that only a minority of victim/survivors ever report violence to statutory agencies – their access to support relies upon there being alternative routes. Moreover, statutory services have not proved themselves consistent in response; rather engagement has waxed and waned with government priorities, and focused primarily on crisis intervention. The longer-term support many women need has never been a priority for any statutory agency. Just as one indication of the combination of women's decision-making and the responsiveness of the women's services, Sexual Assault Referral Centres (SARCs) report that a minority of service users take up available counselling options; in contrast, specialised women's support services are unable to meet demand, and many have lengthy waiting lists.

A vibrant and accessible women's NGO sector is an essential component of co-ordinated community responses for a plethora of reasons. It provides access for women who will not, or are uncertain whether to, make an official report – currently the majority.

- It offers support and signposting into statutory services.
- It builds knowledge and awareness of the diversity and complexity of VAW and responses to it.
- It develops and tests innovative approaches.
- It emphasises safety, security, autonomy and empowerment.
- It provides long-term support.
- It offers support whenever the woman is ready to access it.
- It can be flexible and dynamic in meeting diverse and complex needs.

Where there is capacity, and through second tier networks, the women's NGO sector offers a strategic 'expert view' to government on laws, policy and practice and helps government and statutory agencies to develop guidance and training.

Despite the fact that VAW is an issue in many women's lives, and is now a priority for the Minister for Women and Equalities, only 1.2 per cent (across all nations) of all central government funding to the UK voluntary/third sector goes to women's organisations,[10] and only a proportion of these will specialise in violence (Mocroft & Zimmeck, 2004).

The Corston Report: a review of women with particular vulnerabilities in the criminal justice system (2007)

This extensive review identifies three categories of vulnerability – domestic, personal and socio-economic factors, including violence, poverty and child care responsibilities that in combination precipitate women's offending. Gender inequality is thus the cause and consequence of most female criminality. Jean Corston calls for 'a radical new approach… a woman-centred approach' that recognises and works with histories of victimisation. Specialised community-based women's centres are commended as models of effective service provision to reduce exclusion and isolation and provide the specialised and long term interventions that support and enable women to move on from experiences of violence.

From Global to Local: Policy Contexts

That VAW constitutes a violation of women's human rights is now widely recognised (Kelly, 2004). Under a number of international agreements, the UK government is required to ensure that women have access to services that provide routes to protection, justice, medical treatment and any other provisions that will help regain agency, security and human dignity. For example, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), General Recommendation 19, stipulates that 'appropriate protective and support services should be provided for victims'. Under the strategic objectives of the 1995 Beijing Platform for Action, states are obliged to provide 'well-funded' support services including therapeutic, legal and medical provisions ensuring access for migrant women and women from rural areas. The Council of Europe recently adopted Recommendation Rec (2002)5 on the protection of women against violence, which calls on member states to adopt a national strategy on VAW that includes the provision of specialised support organisations (Hagemann-White & Bohne, 2007).

The UK does not yet have an integrated strategy on all forms of VAW as required by the United Nations and Council of Europe (Kelly & Lovett, 2005), although Scotland is in process of developing such a policy. In the last decade, however, the Westminster Government has introduced a raft of measures aimed at specific forms of violence. Until recently, these were almost exclusively directed at domestic violence, often justified on the erroneous grounds that it is the most common form of VAW. In fact, recent studies from Germany and France suggest that sexual harassment occurs at four times the rate of physical and sexual violence (Hagemann-White, 2006), and the latest BCS data show stalking to be most common of the three forms measured (Finney, 2006).

Investment in Scotland has been focused on the core support services provided by the women's sector. The Westminster Government, in contrast, has emphasised statutory services, especially the criminal justice system, with investment in; specialist domestic violence courts (SDVCs), independent domestic violence advisors (IDVAs), SARCs and independent sexual violence advisors (ISVAs). Whilst the associated advocates do provide support, they work to particular models of risk assessment and/or to improve criminal justice outcomes. That central funding has been made available for establishing all of these provisions is further illustration of the failure at local authority and health trust levels to prioritise VAW services. Women's groups with a history of two decades or more can produce detailed accounts of how they have had to 'shape shift' to access funding streams, and how difficult it is to secure core services. The case study of the Women's Rape and Sexual Abuse Centre in Cornwall illustrates this process.

Service case study: Women's Rape and Sexual Abuse Centre, Cornwall

'No one wants to give us any core costs'

WRSAC was established in 1994 by women concerned that there was no local community-based provision for survivors of sexual violence. The organisation works from a feminist ethos that recognises the link between VAW and gender inequality. The Helpline was launched in 1996 with a donation of £1000, and subsequent charitable trusts enabled recruitment of paid staff to co-ordinate volunteers. In 1999,

Cornwall Probation Service funded WRSAC to provide support work to women as part of the domestic violence perpetrator programme, and Home Office funding covered two further domestic violence support posts. At this point, sexual violence work was funded by the National Lottery and Comic Relief, with all projected outputs, outcomes and targets achieved and surpassed. None of the local authorities approached by WRSAC saw sexual violence as within their remit. In 2005, the Home Office Volunteers Fund covered the volunteer co-ordinator but applications to the Victims Fund were not successful. As the Director of WRSAC comments, 'No one it seemed wanted to pay us for direct services to victims/survivors of sexual violence'.

In 2006, WRSAC was awarded £250,000 for six IDVAs by the county council, further extending their domestic violence provision.

Currently, the only statutory funding for sexual violence that WRSAC receives are small grants from the Home Office Gold Star scheme (for work with volunteers) and Victims Fund monies for a support worker. An Independent Sexual Violence Advocate was initially funded for 6 months, but the local authority did not provide match funding and the future of the post is uncertain.

WRSAC has received the Criminal Justice Board's 'Award For Outstanding Service To Victims and Witnesses' (2005), has been presented to MPs and Ministers as one of Legal Services Commission's 'Flagship Projects'. In 2006 it was voted by people in Cornwall as one of Pirate FM's 'Best in Cornwall'. The organisation supports over 1000 women a year through diverse and innovative projects.

For 2008, WRSAC has no guaranteed funding for work on sexual violence or for salaries for the director and administrator.

This situation is likely to worsen, as commissioning frameworks at local authority levels are being interpreted as routes to rationalisation through contracting with single providers for what are termed 'integrated' services. Integration here is not a number of specialised groups choosing to amalgamate, or specialised women's groups extending their remit to other forms of violence or provision. Rather generic, often housing, providers are making successful bids based on lower unit costs. Whilst small women's organisations are long on expertise, they are short on capacity to tender for much extended service provision. Generic housing or advice services, on the other hand, have capacity but a limited knowledge and practice base. The biggest danger here is that decisions will be made on the basis of cost and efficiency, losing sight of the value added by the needs-based approach to support which has enabled so many women and children to 'get free' from violence.

Policy in the Nations and Regions

Whilst the Scottish Government is currently developing a strategic framework on VAW, it has limited purchase on reserved matters such as immigration, asylum, employment and equalities law. Nonetheless, there are important lessons to be learned here in how to address VAW as a gender equality issue. Scotland has had a national Violence Against Women Fund for some years, with the current funding round running from April 2006-2008.[11] Grants have been made by the Scottish Government to fund direct services working on child sexual abuse, domestic violence, and sexual violence, including services for BME women. In addition, the strategic inclusion of prostitution as a form of VAW in Scotland led the Scottish Government to issue guidance for local authorities responding to street prostitution. One million pounds has been distributed between four local authorities to support the introduction of the guidance and a new kerb crawling offence.[10]

Wales has a relatively strong domestic violence sector which, during the 1980s, emphasised developing provision in rural areas. In 2005, an all Wales Domestic Abuse Strategy was launched to guide policy and service provision. Responses to VAW in Northern Ireland are framed by the history of political conflict (McWilliams, 1997). Currently, the province has a Domestic Violence and Abuse Strategy (2005) and an ongoing consultation on a Sexual Violence and Abuse Strategy, both of which are framed in gender-neutral terms.

In England and Wales a range of policies are currently in operation. The National Domestic Violence Delivery Plan, published in March 2005, lists 'To build capacity within the domestic violence sector to provide effective advice and support to victims of domestic violence' as one of seven objectives (Home Office, 2005), and this remains an objective for 2007/8 alongside developing professional standards (Home Office, 2007). In January 2007, an Action Plan on Sexual Violence and Abuse was launched, with a key objective 'to increase access to support and health services' (HM Government, 2007:21). Fragility of the specialised sexual violence sector is recognised albeit that the only clear commitment is 'for the Government to work with the sector to address this issue if access to support services is to be increased'. The most recent development in Public Service Agreement 23, 'Make communities safer', includes explicit reference to the need for local government to invest in sexual violence support services. The Home Office co-ordinated strategy on prostitution not only identifies support services as key to the provision of routes out, but acknowledges that it is only specialist services that can develop the necessary relationships of trust: 'Dedicated services are also essential to broker the provision of mainstream services' (Home Office, 2006:42). Thus across all relevant policies the critical importance of specialised support services is acknowledged.

There is even stronger recognition of the women's voluntary/third sector and the necessity of women-only provision in: the Corston Report (Corston, 2007); Women's Mental Health into the Mainstream (DoH, 2002); and the Victims of Violence and Abuse Prevention Programme (Itzin, 2006). As with many aspects of government policy, however, these disparate elements are neither consistent nor joined up, unlike in Scotland.

Thus across a range of policy documents, in different and not always consistent ways, the unique role of specialised voluntary/third sector services are recognised. In Scotland, ring-fenced monies have been provided at the national level to secure and build provision. There is no equivalent in the other nations and regions, albeit that the Victims Fund[13] has been used in England and Wales to secure and extend capacity in the sexual violence sector[14]. Most services, therefore, rely on funding from generic pots, such as Supporting People, and funding at the local level.

Local Area Agreements are intended to enable key partners to set relevant priorities, allowing greater flexibility with respect to local circumstances. The policy is part of devolving decision-making and reducing bureaucracy. While domestic violence has been partly mainstreamed into criminal justice initiatives, there is no requirement for

provision for domestic violence support services via the LAA framework. This situation is even more confused with the new Public Service Agreements announced in October 2007 with the need for specialist sexual violence support services explicitly noted, but no equivalent for domestic violence. Given that the majority of women (at least 75%) do not report violence to the police, voluntary/third sector support is vital. A serious impediment to integration in LAAs is the dearth of knowledge and understanding of the issues or the women's voluntary/third sector among commissioners. If governments across the UK are serious in their commitment to address VAW, they must build capacity and provide resources that will address these, and other, gaps.

Finally, duties on the public sector to promote equality have been introduced across the UK, most recently, a duty to promote equality on the grounds of gender was introduced in England, Wales and Scotland in 2007. These duties should lead to public bodies addressing VAW more effectively, in the first instance by assessing the need for VAW services and then setting priorities accordingly. However, with the notable exception of Scotland, there has been a tendency to approach violence from a gender neutral and crime-based perspective that has served to disconnect forms of VAW from wider work on gender equality (Horvath & Kelly, 2007). Cabinet Minister for Women and Equality Harriet Harman, recently announced VAW would be one of the priorities, reaffirming an earlier Labour government position and signalling a willingness to discuss VAW as a public priority.

Map of Gaps is a contribution to this ongoing policy process, and illustrates that there is much to be done if we are to ensure women across the UK have equitable access to support, respect and redress.

Methodology

This study was undertaken to map the location and comparative availability of VAW services across the UK. It draws on data from primary and secondary sources, including: an emailed questionnaire distributed to service providers; liaison with umbrella organisations (including Women's Aid Federation of England, Welsh Women's Aid, Women's Aid Northern Ireland, National Rape Crisis Network England and Wales, Rape Crisis Scotland, Scottish Women's Aid, the Survivors Trust; the London-based Sexual Violence Action and Awareness Network; published listings of services; and internet searches.

A database was compiled of services, listed by types of service provided, forms of violence covered and location. Data entry was checked on multiple occasions, and in different ways. We do not claim absolute accuracy: unstable and short-term funding means some services close at short notice and some small organisations may not appear on lists. Whilst not comprehensive, therefore, the database is as detailed and inclusive as possible for an audit across nations and regions.

When studying the maps, readers should remember that the existence of a service tells us about only one part of availability – refuges may be large, small, have associated outreach and children's services or not; sexual violence support services may be open for few hours or many, offer immediate counselling or have lengthy waiting lists, work with 50 women a year or more than 500[15]. Mapping the capacity of services, and the numbers they provide support to, was outside the remit of this project, but should be developed in the future.

To 'map' services we used GIS (Geographical Information System), a software application which makes it possible to link data about a place or location to a digital map. The distribution of these data and their relationship to other electronically stored information about places or locations can then be analysed. Mapping techniques are employed to visualise the results.

The database was geocoded to Local Authority[16] boundaries using the nationally agreed coding system for England and Wales, Scotland and Northern Ireland. Attaching the data at this geographical level (instead of address or postcode point) maintained the confidentiality of individual projects and services. The distribution of services was visualised using chloropleth mapping. This enabled the uneven geography of service provision across the UK to be highlighted. The maps demonstrate the extent to which community access to a range of specialised support services is subject to a 'spatial lottery'.

Criteria for Inclusion

VAW support services are defined by two inclusion criteria for the purposes of this study: that the organisation works primarily on violence; and that it provides significant direct support to female victims/survivors. We have not included national helplines, since they do not have geographical catchment areas, and are thus difficult to 'map'. This means that the domestic violence helpline in England run by Women's Aid and Refuge, the Wales domestic abuse helpline run by Welsh Women's Aid, the domestic violence helpline in Northern Ireland run by Women's Aid Northern Ireland, the Scottish domestic abuse helpline and the just established Scottish sexual violence helpline are not included.

What is mapped, therefore, is the women's voluntary/third VAW sector (refuges, community domestic violence projects, rape crisis centres, sexual violence support services) and those specialised services within the statutory sector that provide significant support. Under these criteria, we have mapped:

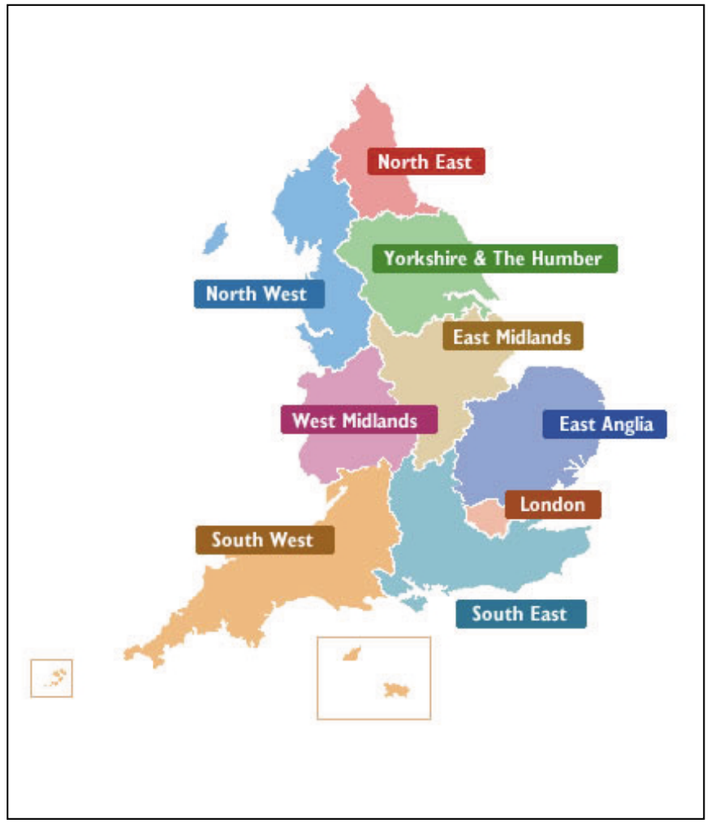
- Sexual Assault Referral Centres (SARCs) and Specialist Domestic Violence Courts (SDVCs), both of which offer advocacy and support services.
- Health sector female genital mutilation (FGM) services, since they are the only formal support services addressing this issue.
- Perpetrator programmes that are members of the RESPECT network, since they have signed up to work in accordance with RESPECT's principles and minimum standards that includes an associated support service for women.

We have not mapped IDVAs and ISVAs specifically since they are not 'services' as such, and to do so would also result in significant double counting, as many are located in SARCs, SDVCs, RCCs and other domestic violence services, which are mapped. Nor have we included services that only provide services to male victims/survivors or women's centres since they do not specialise in work on violence.

Geographical Boundaries

The distribution of services is analysed at two levels – across nations and regions and by local and/or unitary authority. Provision is examined, therefore, across Northern Ireland, Scotland, Wales and the local government regions of England (see Figure 1). We present comparisons at the regional level, and two case studies at city level, to reveal the disparities of access. The next stage of the project will be online interactive maps, which enable drilling down to local authority areas, so that what is and is not available currently can be readily accessed by politicians, the voluntary/third sector and policy makers.

Figure 1: Local Government Offices in England



Equity of provision, however, is not just about geographical distribution of services but the populations that they serve. To assess this, we draw on population estimates for the nations and regions of the UK using mid-year population estimates for 2006 (see Table 2). Key figures to bear in mind when reading the report are:

- 83.8 per cent (50,763,100) of the population live in England;
- The South East, London, and the North West are the regions with the highest population distributions (more than 10% of the total);
- Wales, the North East and Northern Ireland have the lowest population distributions (less than 5% of the total).

Table 2: Population estimates for Nations and Regions 2006

Nation/Region	Population	Percentage of total population	Female population	Percentage of total population
South East	8,237,800	13.6	4,209,700	13.6
London	7,512,400	12.4	3,798,300	12.3
North West	6,853,200	11.3	3,498,700	11.3
East of England	5,606,600	9.3	2,853,800	9.2
West Midlands	5,366,700	8.9	2,727,200	8.8
Yorkshire and the Humber	5,142,400	8.5	2,615,200	8.5
South West	5,124,100	8.5	2,618,500	8.5
Scotland	5,116,900	8.5	2,647,500	8.6
East Midlands	4,364,200	7.2	2,206,900	7.1
Wales	2,965,900	4.9	1,521,100	4.9
North East	2,555,700	4.2	1,308,300	4.3
Northern Ireland[17]	1,741,619	2.9	880,215	2.9
TOTAL	**60,587,519**	**100**	**30,885,415**	**100**

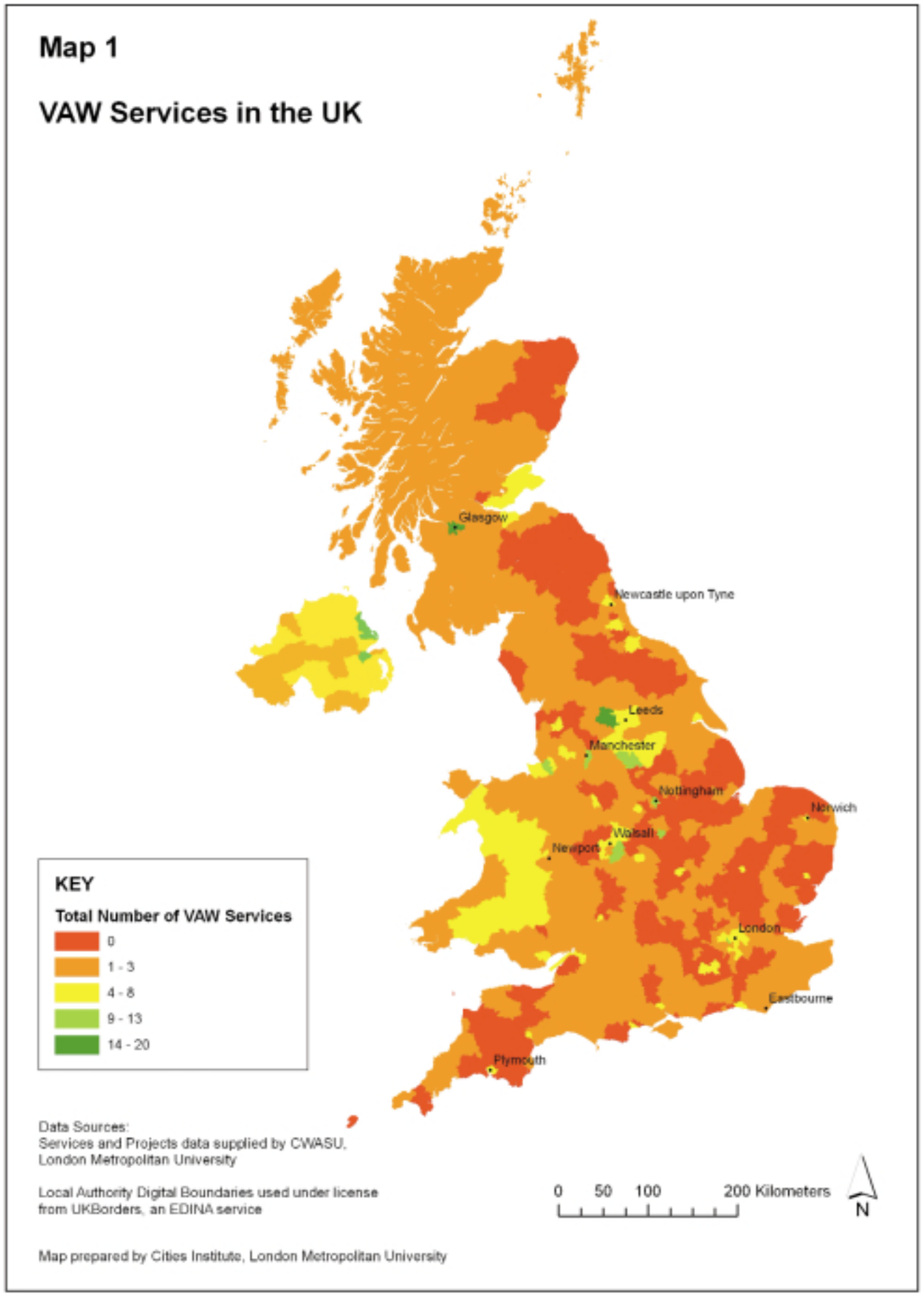
Findings: Maps of Gaps

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

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

Map 1

VAW Services in the UK



VAW Support Services Across the UK

Headline findings

- **A third of local authorities across the UK have no specialised VAW support service.**
- **Only nine out of 434 local authority areas can claim to have a diversity of provision (defined as nine or more services across both forms of VAW and types of provision).**

A total of 781 specialised VAW support services were identified and form the basis of Map 1. Table 3 illustrates that almost three-quarters are focused on domestic violence. We reiterate here that this should not be read as meaning there are adequate domestic violence services. The sections which follow show this is not the case. What it tells us is that currently there is an imbalance in provision across forms of violence.

Table 3: Support Service provision by type of violence across all Nations and Regions

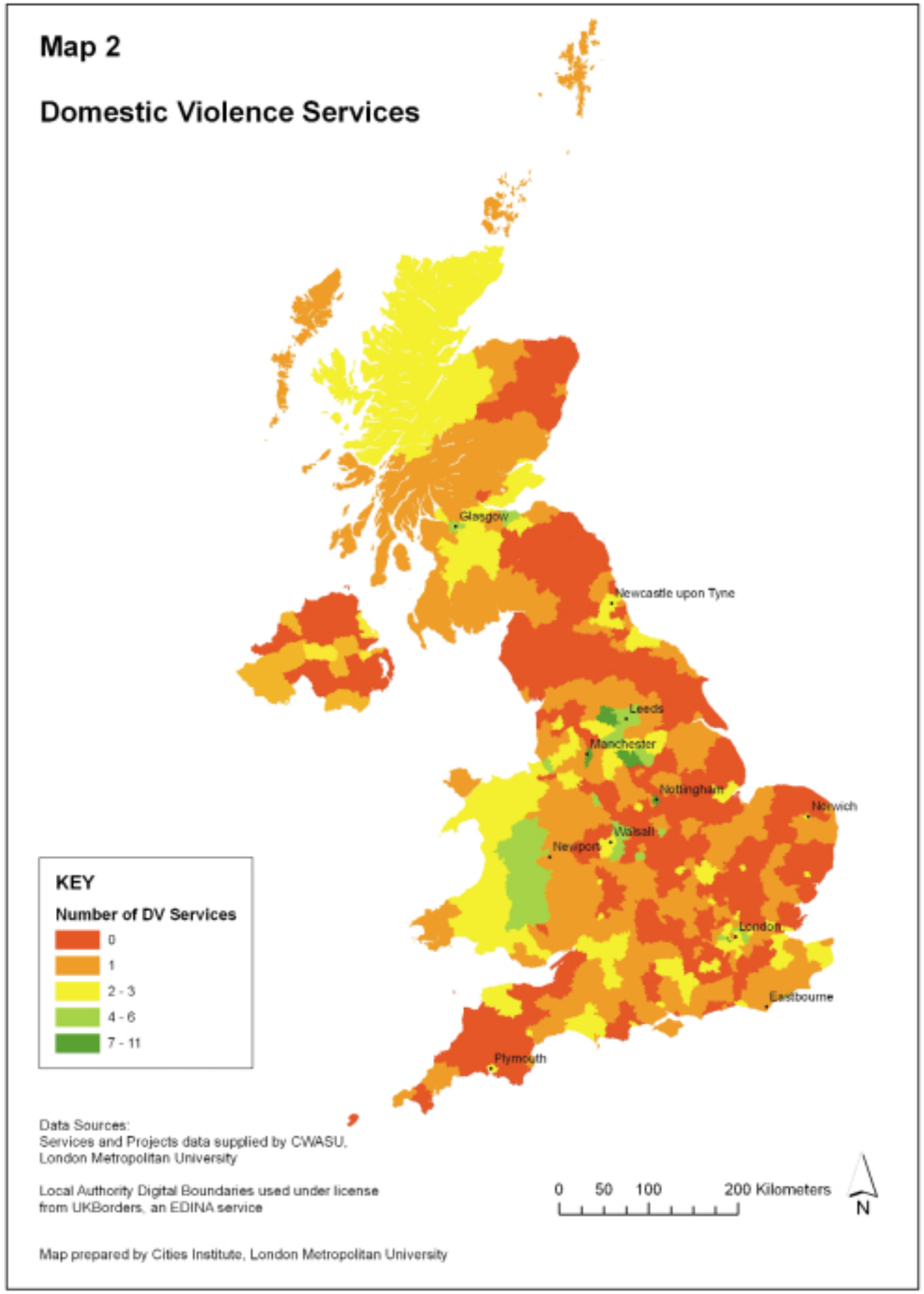
Type of service provision	N	%
Domestic violence	575	73.6
Sexual Violence	135	17.3
Prostitution, Trafficking and Sexual Exploitation	56	7.2
Female Genital Mutilation	15	1.9
TOTAL	**781**	**100**

Table 4 supplements Map 1, presenting the relative distribution of services by nation and region, and population estimates. The most significant findings are summarised below:

- Only just over two thirds (69.8%, n=303) of the 434 local authorities in England, Scotland, Wales and Northern Ireland have a specialised VAW support service.
- Significantly underserved regions are the East of England, the East Midlands, Northern Ireland, the North West and the South East.
- Areas with a diversity of provision are Birmingham, Bradford, Glasgow, Hammersmith and Fulham, Leicester, Liverpool, Manchester, Nottingham and Sheffield.

Table 4: VAW support services by Nations and Regions

Nation/Region	Services		Population
	N	%	%
London	119	15.2	12.4
North West	84	10.7	11.3
West Midlands	77	9.9	8.9
South East	77	9.9	13.6
Scotland	76	9.7	8.4
Yorkshire and the Humber	75	9.6	8.5
South West	64	8.2	8.5
East Midlands	53	6.8	4.9
Wales	52	6.7	7.2
East of England	50	6.4	9.2
North East	41	5.2	4.2
Northern Ireland	13	1.7	2.9
TOTAL	**781**	**100**	**100**



Domestic Violence Services

Map 2 includes all domestic violence services, with maps 3-6 breaking provision down into more specific sub-sets.

Headline findings

- **Whilst domestic violence services comprise three-quarters of all services, one in three local authorities have none.**
- **Only 22 areas can claim to have a diversity of provision (defined as four or more services).**

A total of 510 domestic violence services were identified, including specialised BME projects and perpetrator programmes with associated women's support services. Whilst comprising the majority of provision, even domestic violence provision is not comprehensive across the UK. Most of the services mapped here are part of the women's voluntary/third and community sector that has provided safe refuge, advice and support for over three decades.

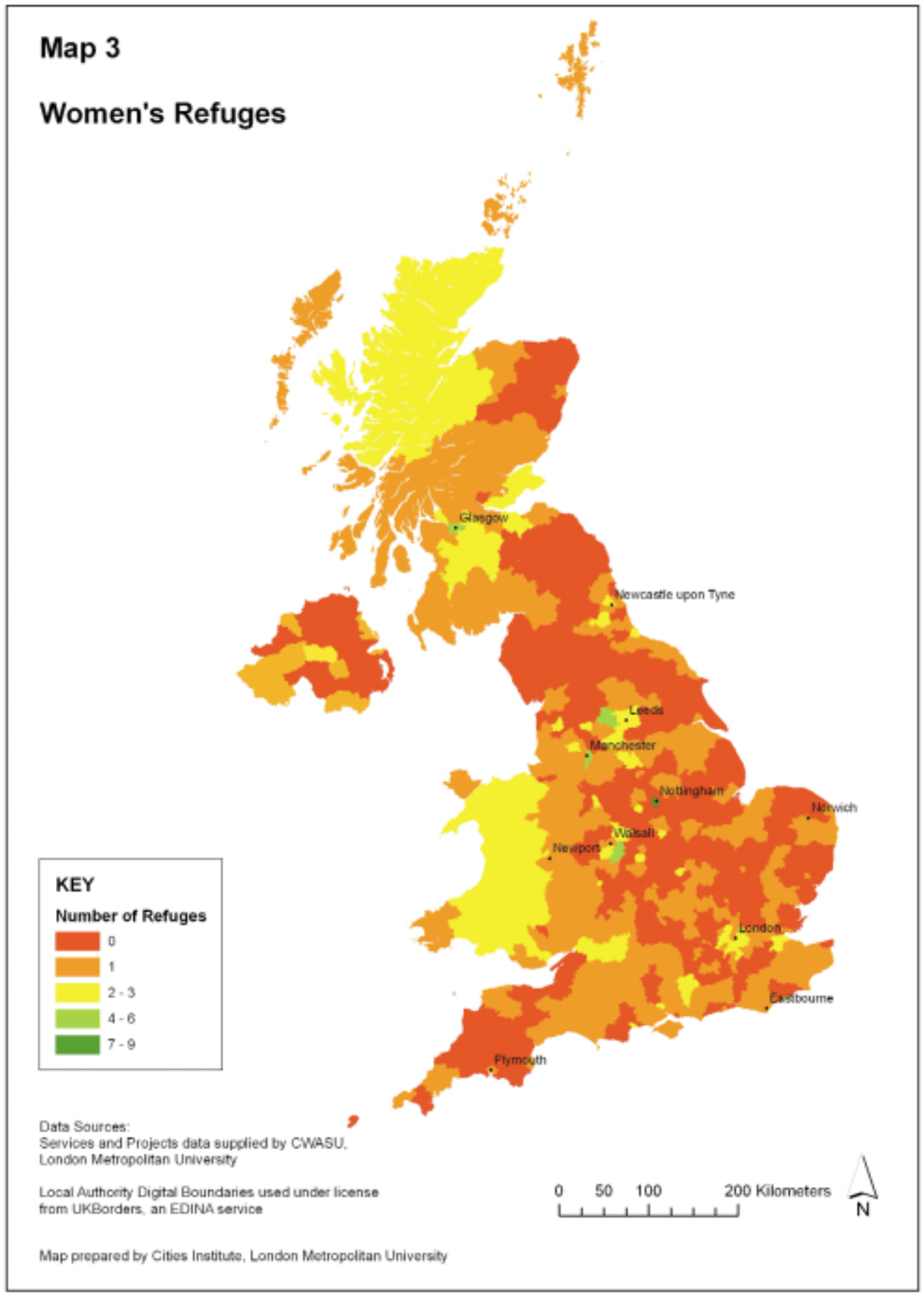
The more equitable distribution in Wales and Scotland suggests that policies that support specialised service provision have had positive impacts. The evident respect for the women's sector has resulted in some nourishment of it, although still insufficient to meet current needs. The lack of provision in many parts of England suggests that the Local Government Association (LGA) guidance that 'work to tackle domestic violence is part of local authorities' core business – not an optional extra' (LGA, 2006a:3) has not been consistently heeded, with some local authorities failing to commission frontline services (LGA, 2006b).

Analysis (see Map 2 and Table 5) revealed the following major gaps and disparities:

- One third (33.9%, n=147) of local authorities in England, Scotland, Wales and Northern Ireland have no specialised service for women experiencing domestic violence.
- England is underserved, with the East of England the most underserved region.

Table 5: Domestic violence services by Nations and Regions

Nation/Region	Services		Population
	N	%	%
London	80	15.7	12.5
North West	56	11.0	11.4
South East	53	10.4	13.6
Scotland	49	9.6	8.4
Yorkshire and the Humber	47	9.2	8.4
West Midlands	46	9.0	8.9
Wales	38	7.5	4.9
South West	37	7.3	8.4
East Midlands	35	6.9	7.2
East of England	33	6.5	9.2
North East	25	4.9	4.2
Northern Ireland	11	2.2	2.9
TOTAL	**510**	**100**	**100**



Women's Refuges

Headline findings

- **One in three local authorities (37.8%, n=164) do not have a women's refuge.**

Refuges are an iconic invention of the women's movement, with both the USA and the UK claiming to have provided 'the first' (Dobash & Dobash, 1992). What is undisputed is that refuges/shelters are now a global model, considered the foundation of responses to domestic violence. They have always provided safe housing, mutual support and advice. Many groups encompass additional services, including: outreach; counselling; signposting; advice and advocacy; practical support; floating support; children's services; second-stage accommodation and resettlement support. Community-based projects, whilst not providing safe housing, will have a combination of the other activities noted above.

A total of 379 women's refuges were identified. We reiterate that this does not tell us anything about capacity, as bed spaces will vary according to the size of the refuge. There are also further criteria for women trying to access refuges that will affect availability of provision, such as no recourse to public funds, an upper age limit for male children, ability to accommodate large families or restrictions on accepting women with mental health/substance misuse issues.

Since 2003, most refuge-based services were funded by a Supporting People stream that the government ring-fenced for domestic violence. This ring-fence was removed in 2006, meaning there is no longer any form of secure funding framework for these services.

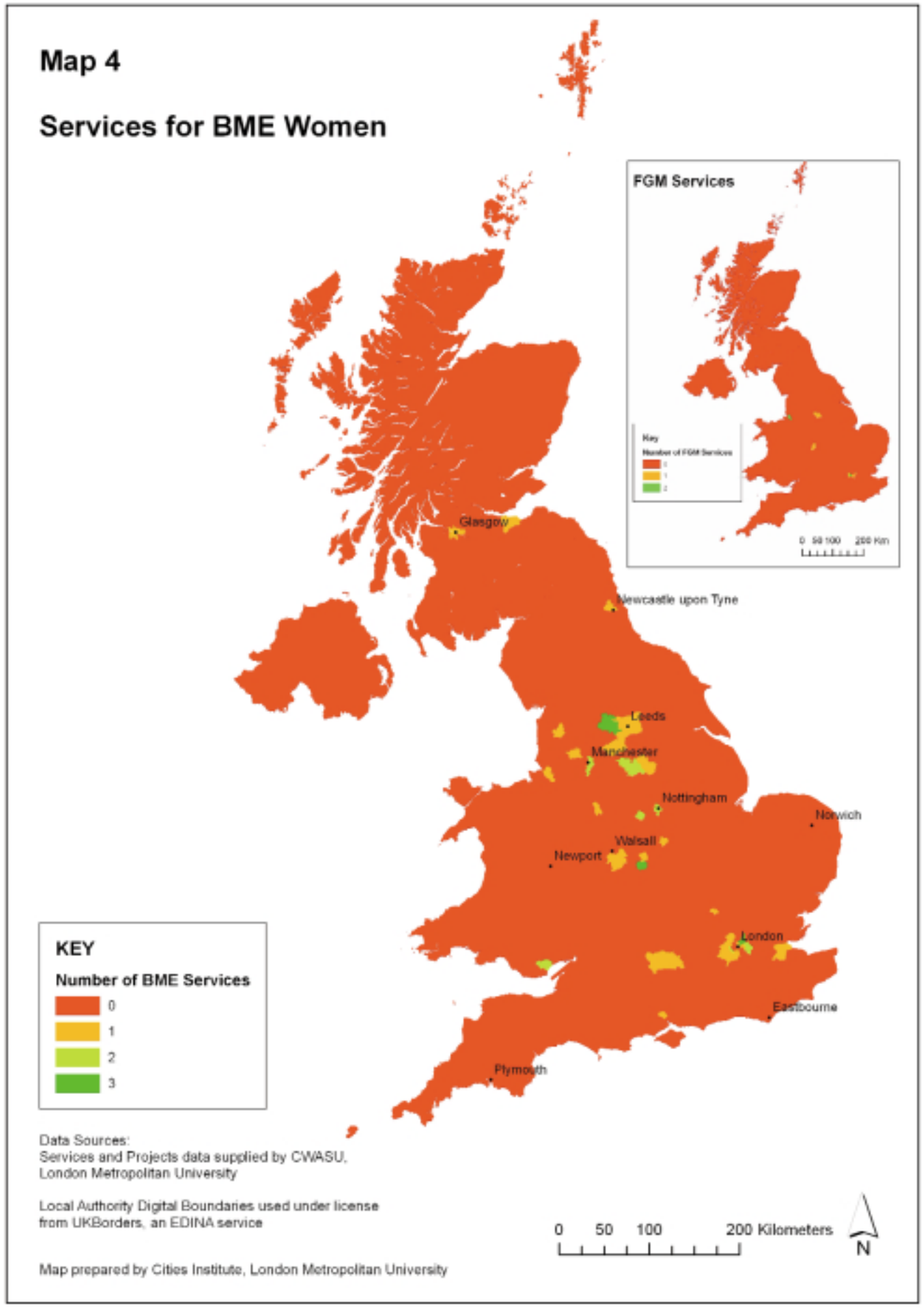
Services for Black and Minority Ethnic Women including Female Genital Mutilation

Headline findings

- **Nine out of ten local authorities have no BME service.**
- **All current services focus on domestic violence or FGM.**
- **The vast majority of services are located in England.**
- **There are no FGM services in Northern Ireland, Scotland or Wales.**

Map 4 shows BME domestic violence services and FGM services, a number of which also address forced marriage and crimes in the name of honour. We place this category under the broad heading of domestic violence since this is what most of the groups specialise in. However, this should not be read as support for the Westminster Government's current definition of domestic violence. The most important point to emerge from the mapping is the meagre provision and its concentration in particular metropolitan areas. A total of 57 BME domestic violence projects were identified across the UK, with an additional 15 FGM projects – all located in England.

The specific needs of BME women with respect to domestic violence were noted in the 1980s, when the first specialised services were founded. Most common have been specialist refuges, but a number of long-standing organisations, including Southall Black Sisters (SBS), Newham Asian Women's Project (NAWP) in England and Black Association of Women Step Out (BAWSO) in Wales, began with a community-based advocacy model. Recent reflections suggest that BME support services ensure that women's additional and specific needs are addressed (Gill & Rehman, 2004), longer-term support (Parmar *et al.*,



2005) and 'intense advocacy' (Thiara, 2005:7). Research has also established that minority women value the option of specialist refuge provision, particularly where English is their second language (Rai & Thiara, 1997). Funding for BME services comes from similar sources as those outlined in the previous section but groups have found it even more difficult to build sustainable foundations (Thiara & Hussain 2005), since services often incur higher costs, not least because they require interpreting services and resource/time-intensive community outreach work (Rai & Thiara, 1999). Crucially, they also provide services and support to women with uncertain immigration status and/or no recourse to public funds (Gill and Rehman, 2004; Thiara, 2005)[18].

Table 6: BME services by Nations and Regions including FGM services

Nation/Region	Services	
	N	%
London	34	47.2
Yorkshire and the Humber	9	12.5
North West	7	9.7
West Midlands	7	9.7
East Midlands	5	6.9
South East	4	5.6
Scotland	2	2.8
Wales	2	2.8
East of England	1	1.4
North East	1	1.4
Northern Ireland	0	0
South West	0	0
TOTAL	**72**	**100**

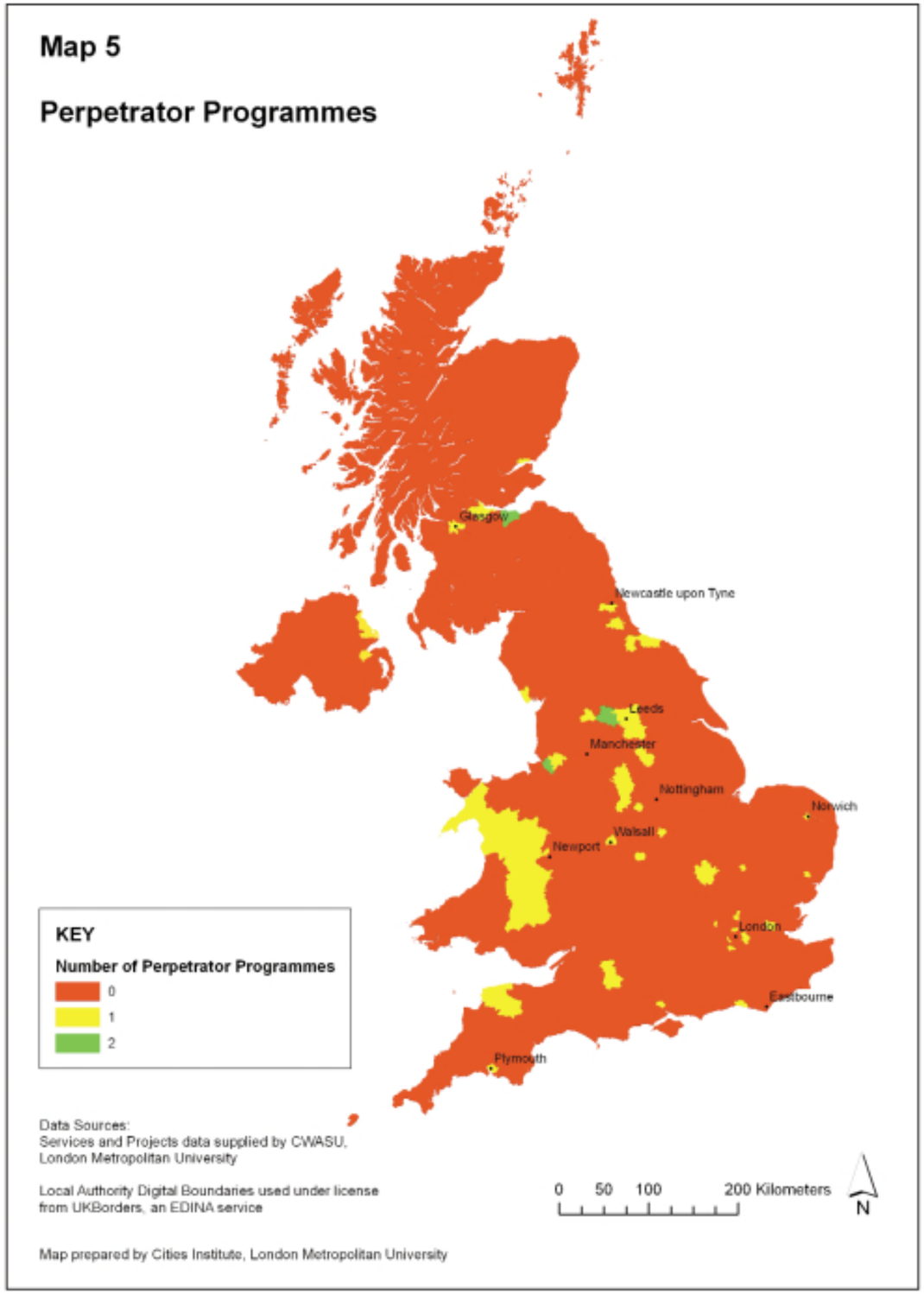
Table 6 reveals that almost 95 per cent of specialised BME provision is located in England, with almost half concentrated in London (47%). Regional analysis reveals further critical gaps.

- Of the 434 local authorities in England, Scotland, Wales and Northern Ireland, 46 – only one in ten (10.6%) – have a specialised BME service.
- There are no specialised BME services in the South West of England or in Northern Ireland.

A recent study estimates that there are at least 66,000 women and girls in England and Wales who have undergone FGM, in the main prior to arrival in the UK, with a further 33,000 girls and young women at risk (Dorkenoo *et al.*, 2007). Only 15 FGM services were identified, all located in England, with over three-quarters of all provision in London. All, bar three, are health clinics in the statutory sector focusing on the gynaecological or antenatal consequences of FGM. There are few community-based services and significant gaps, especially with respect to girls at risk.

Detailed analysis reveals the following more specific gaps:

- No specialised services in Scotland, Wales or Northern Ireland.
- No specialised services in five of the eight Government Office regions in England.



Perpetrator Programmes

Headline Findings

- **Almost half of all government office regions in England do not have statutory programmes that are members of the RESPECT network.**
- **Provision is weak in Northern Ireland, Scotland and Wales.**

Whether, and how, domestic violence perpetrators should be dealt with has been, and continues to be, contested (Burton *et al*., 1998). That said, there is an emerging consensus that programmes addressing perpetrators should be one part of a co-ordinated response. International good practice recommends that all such programmes be accompanied by a support service for women (RESPECT, 2004). The Westminster Government's Domestic Violence Delivery Plan mandates the Probation Directorate to provide a standardised perpetrator programme across England and Wales, but does not make associated support services for women a requirement. As stated previously, all that is mapped here are RESPECT member programmes, and Map 4 reveals a dearth across the nations and regions. Table 7 shows that almost half (44.4%) of government regions in England do not have one, and voluntary/third sector provision is especially weak in Scotland and Wales. Voluntary and self-referral projects comprise 63.2 per cent of provision and have a wider reach, since probation programmes only work with the tiny percentage of men convicted of offences (Burton *et al*., 1998; Hagemann-White, 2006).

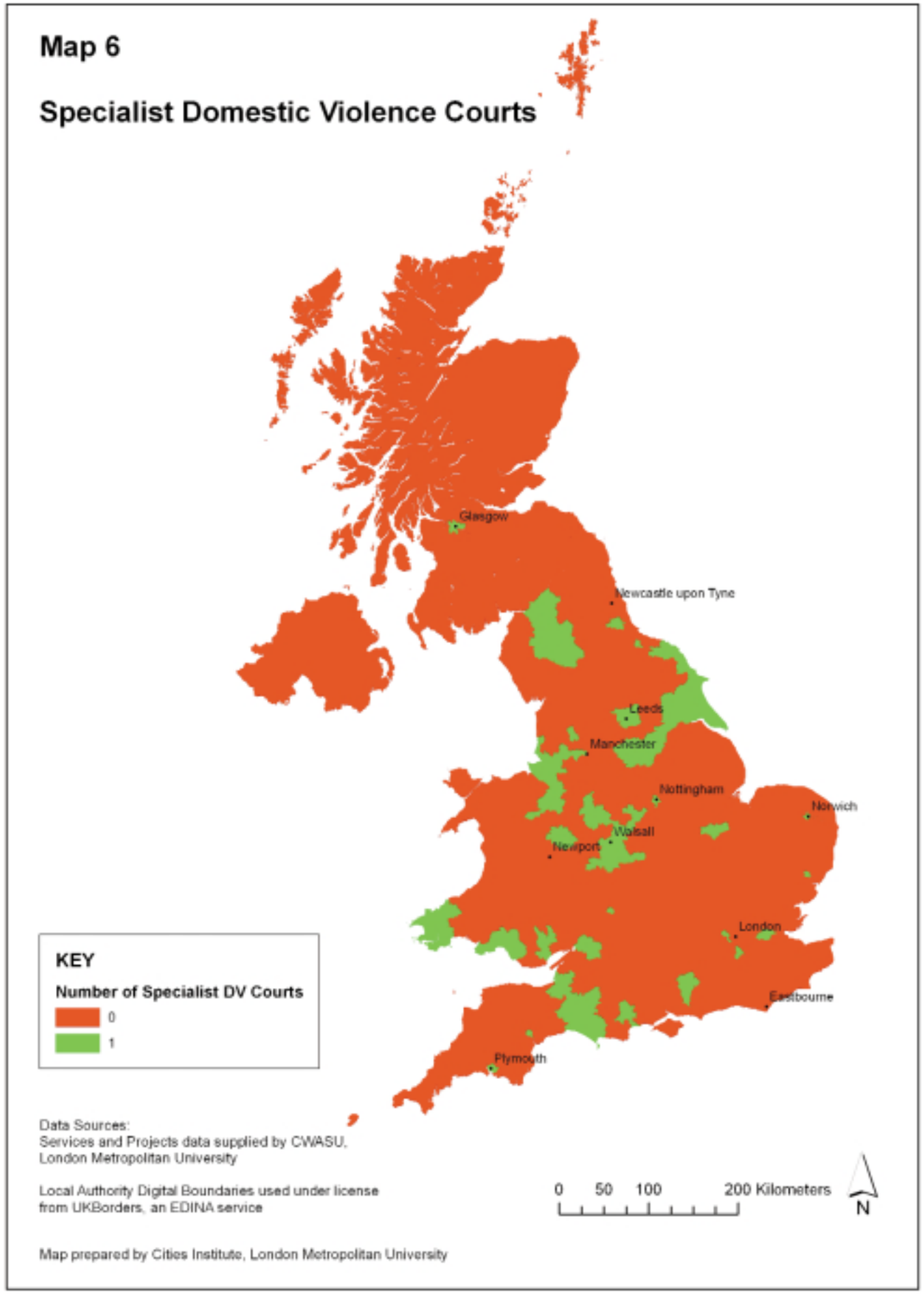
There are undoubtedly more perpetrator programmes running under the auspices of probation areas[19] or other non-statutory services, but not all offer associated support for partners. The lack of programmes working with what is internationally accepted best practice is of concern given the current focus on co-ordinated community and criminal justice system responses. Moreover, we know that some women access support through perpetrator programmes (Burton *et al*., 1998), and that they welcome an advocacy-based, pro-active support model. Where children's welfare is at risk, mandating men's attendance at a perpetrator programme may be a strategy used by child protection workers to support women. This is only possible where there is a) voluntary entry and b) an attached women's support service. The absence of provision to meet these requirements ensures that some abused women will lose custody of their children when this could have been prevented had appropriate services been available.

Regional analysis reveals additional critical gaps.

- The South East and West Midlands are particularly poorly served.
- Large parts of England, Northern Ireland, Scotland and Wales have no provision.

Table 7: RESPECT member perpetrator programmes by Nations and Regions

Nation/Region	Voluntary/ Self Referral	Statutory/ Probation	All projects %	Population %
London	5	1	13.0	12.4
North West	5	1	13.0	11.3
North East	4	0	8.7	4.2
Yorkshire and the Humber	4	1	10.9	8.5
South West	3	0	6.5	8.5
South East	2	0	4.3	13.6
West Midlands	2	0	4.3	8.9
East of England	1	6	15.2	9.2
East Midlands	1	2	6.5	7.2
Scotland	1	4	10.9	8.4
Wales	1	1	4.3	4.9
Northern Ireland	0	1	2.2	2.9
TOTAL	**29**	**17**	**100**	**100**



Specialist Domestic Violence Courts (SDVCs)

Headline findings

- **There is no SDVC in Northern Ireland.**
- **Distribution is skewed in England, with three regions having over half (55.4%, n=36) of specialist courts.**

Specialist Domestic Violence Courts (SDVCs) are a priority in the Domestic Violence Delivery Plan for England and Wales, with the dual aims of improving criminal justice outcomes and enhancing advocacy with victims (Cook *et al*., 2004). We include them here to recognise the associated network of Independent Domestic Violence Advisors (IDVAs). In April 2007, the Westminster Government announced an expansion of the SDVC programme in England and Wales to 64 by the end of the year, and to 100 in 2008.

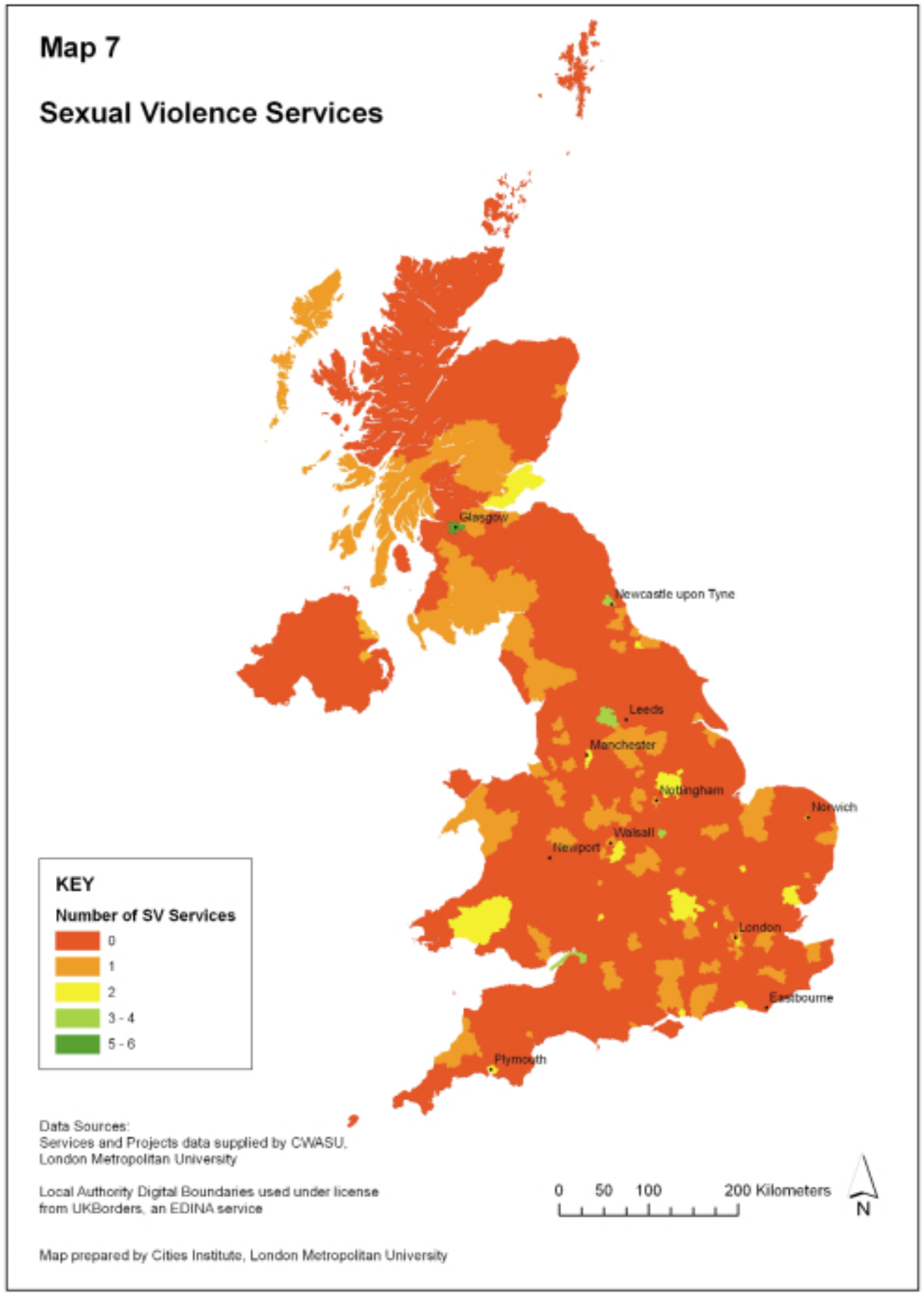
Scotland has a pilot Specialist Domestic Abuse court operating in part of Glasgow. This court is included in the table below and map, giving a total of 65 SDVCs across the UK.

Table 8: Specialist Domestic Violence Court by Nations and Regions

Nation/Region	Courts		Population
	N	%	%
North West	13	20.0	11.3
West Midlands	13	20.0	8.9
South West	10	15.4	8.5
Wales	8	12.3	4.9
Yorkshire and the Humber	8	12.3	8.5
East of England	4	6.2	9.2
London	3	4.6	12.4
East Midlands	2	3.1	7.2
North East	2	3.1	4.2
South East	1	1.5	13.6
Scotland	1	1.5	8.4
Northern Ireland	0	0	2.9
TOTAL	**65**	**100**	**100**

Our analysis (Map 5 and Table 8) reveals some stark inequities.

- **Northern Ireland has no SDVC.**
- **Over half of SDVCs (55.4%) are located in three of the nine regions of England – the West Midlands, the North West and the South West.**
- **Underserved regions are London and the South East.**



Sexual Violence Services

Headline findings

- **Only one in five local authority areas have a specialised voluntary/third sector sexual violence service.**
- **Less than one in four local authority areas have any sexual violence service.**
- **Only five local authorities can claim diversity of provision (defined as three or more services)**

> *We'd like more staff and secure funding with service level agreements. We'd like no waiting list rather than seven months, and we'd like to see a network of rape crisis lines across the country, so women can access a service wherever they happen to live. We don't think that's too much to ask in 2006. (South Essex Rape and Incest Crisis Centre, 2006)*[20]

Unlike domestic violence, sexual violence support services have not been afforded strategic positioning in national and local policy until very recently, with the promotion of SARCs and monies from the Victims Fund. As a consequence, they are noticeably less widespread than for domestic violence and are even more fragile. Given the paucity of provision we map both voluntary/third sector service provision for sexual violence, abuse and sexual exploitation and the statutorily funded Sexual Assault Referral Centres (SARCs). As Lovett *et al*. (2004) note:

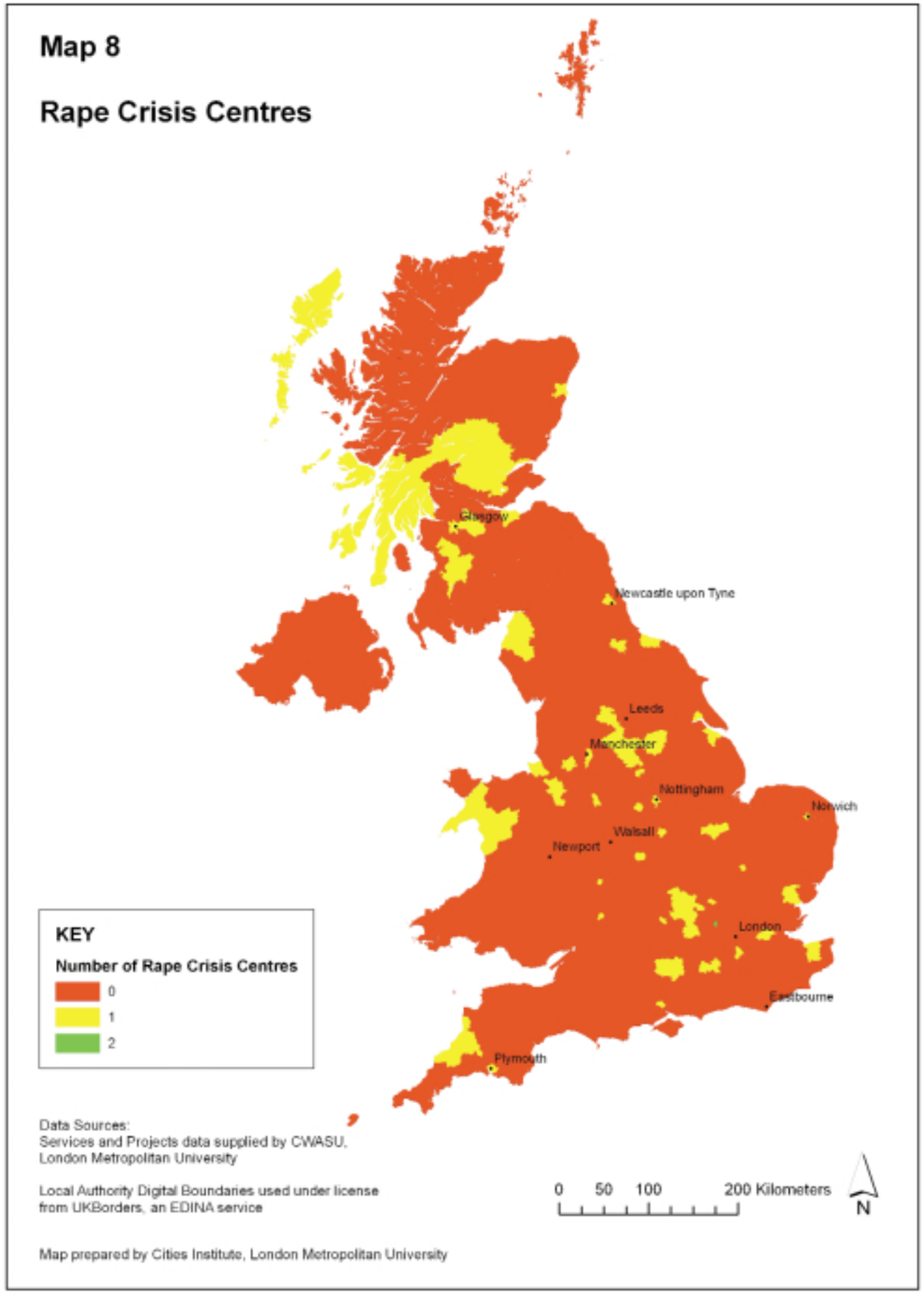
> *UK SARCs primarily focus on services needed in the aftermath of recent rape. Support for adults dealing with histories of sexual abuse in childhood, adult rapes that occurred some time ago, sexual harassment and flashing tends to be undertaken by Rape Crisis Centres (RCCs) and Survivors groups, most of which operate on extremely limited and insecure funding. (p.9)*

Despite this, a Department of Health survey identified voluntary/third sector services as key providers of advocacy and support, delivering high-level interventions by highly qualified staff, with significant unmet demand (HM Government, 2007). It is also the case that the take up of ongoing counselling support by SARC service users is relatively low (see Lovett *et al*., 2004 and annual reports from the London Havens).[21]

A total of 116 voluntary/third sector sexual violence and abuse services and 19 SARCs were identified. As Map 6 and Table 9 demonstrate, sexual violence service provision varies widely across nations and regions.

The following gaps emerged from more detailed analysis:

- Just over one in five (n=96 of 434, 22.1%) of local authorities in the UK have a specialised voluntary/third sector sexual violence support service.
- Even when SARCs are taken into account, less than one in four local authorities (n=105, 24.2%) have a specialised sexual violence support service.
- There is no specialised BME organisation focusing on sexual violence in the entire UK.
- There is only one small Belfast-based counselling service in the whole of Northern Ireland.
- There is only one Rape Crisis Centre in Wales.
- Underserved regions are Northern Ireland, London, and the North West (see Table 9).
- We explore the specific services types in more detail below.



Rape Crisis Centres

Headline findings

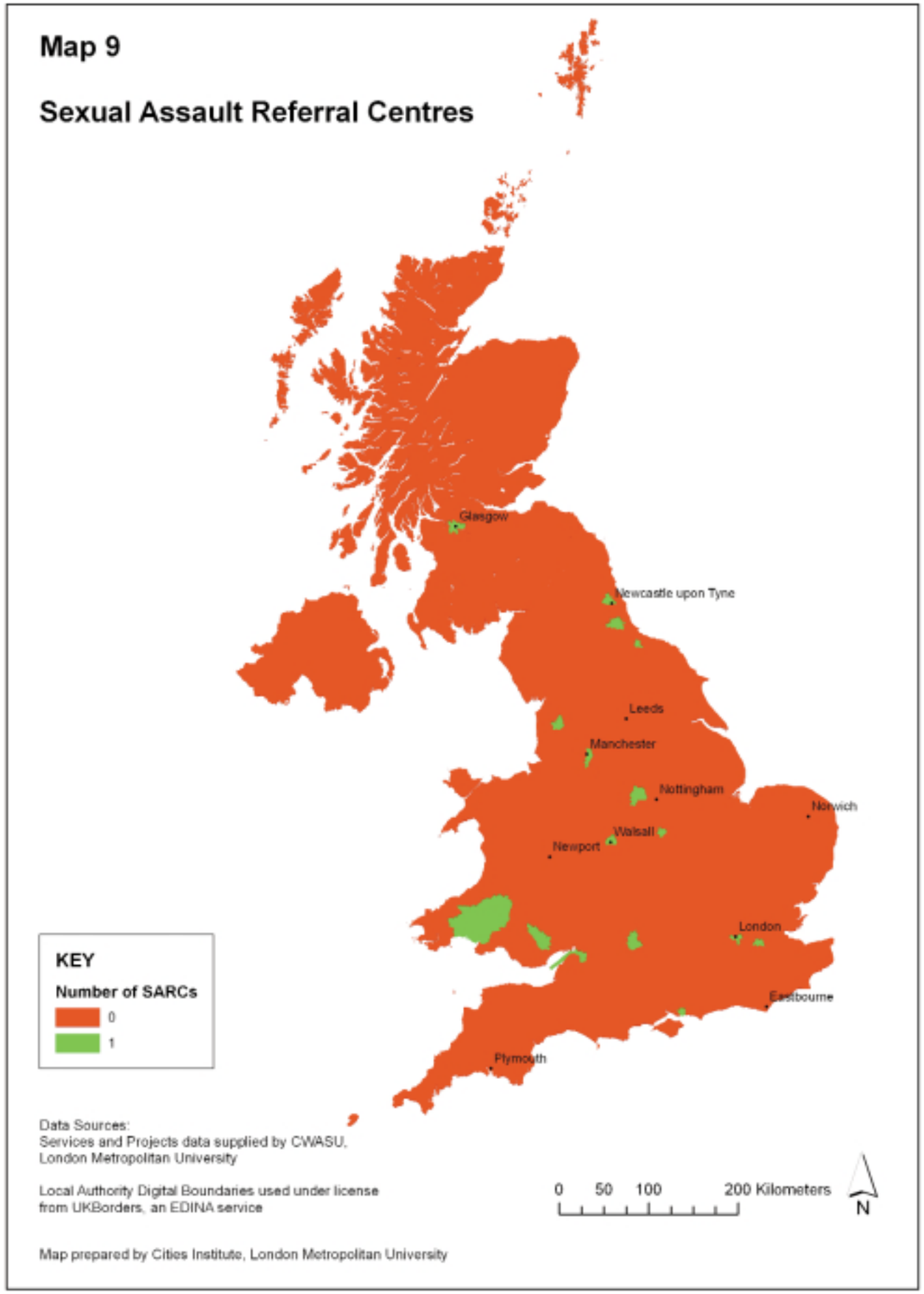
- **The majority of women in the UK have no access to a Rape Crisis Centre.**
- **The only area where provision has not fallen is Scotland.**
- **London, Northern Ireland, South West, Wales and West Midlands are underserved.**

Rape Crisis Centres (RCCs) developed from grassroots activism to challenge the culture of disbelief and woman blame that suffused traditional responses to sexual crime. For over three decades they have provided vital support not only for women recently assaulted, but also for adult survivors of childhood sexual abuse (Sen *et al*., 2004). Despite women working in RCCs having skills and expertise honed through years of experience (Morton, 2000), they are often cast as less 'professional' than statutory services. The services provided will be some combination of a helpline, telephone counselling/support, face-to-face sessions, advocacy, accompaniment to court and self-help groups.

All RCCs in Scotland and most in England and Wales are women-only services; a few have become 'mixed gender' for different reasons, the most common being funding stipulations (Hooper & Warwick, 2006). There are currently 42 groups associated with the Rape Crisis Network in England and Wales[22], 18 less than existed in 1996 (Jones & Cook, forthcoming). Recent closures include Milton Keynes (2004), Hounslow (2005), South Wales (2005) and York (2007). The only RCC in Northern Ireland, Belfast, which provided cross-community provision for over two decades, lost funding in 2006.

There are nine RCCs affiliated to Rape Crisis Scotland[23], a much higher ratio of services to population than in any other part of the UK. Only in Scotland has provision of RCCs grown, with four of the nine services being established since 2004. This is the direct outcome of a ring-fenced national budget line – planned investment to secure, strengthen and equalise provision of core support services.

The other sexual violence and abuse services are not mapped separately, since their variation in terms of focus, target groups and approach was too great. Some provide similar services to RCCs, and a proportion began as peer support networks for adults sexually abused as children. Like RCCs they prioritise the long-term support that the statutory sector rarely provides, and are under-funded and under-resourced. Table 9 demonstrates that they are found in all nations and regions of the UK.



Sexual Assault Referral Centres

Headline findings

- **A very small proportion of the UK has access to a SARC.**

SARCs are a relatively recent development in service provision. The first was established in 1986 at St Mary's hospital in Manchester; and by 2003 there were five SARCs in England. As of September 2007 there are 18 in England and Wales, with the Westminster Government aiming for of a total of 40 by the end of 2008 (HM Government, 2007). A pilot SARC is currently operating in Glasgow. SARCs typically provide forensic medical examination, health tests, counselling and advocacy (Lovett *et al*., 2004).

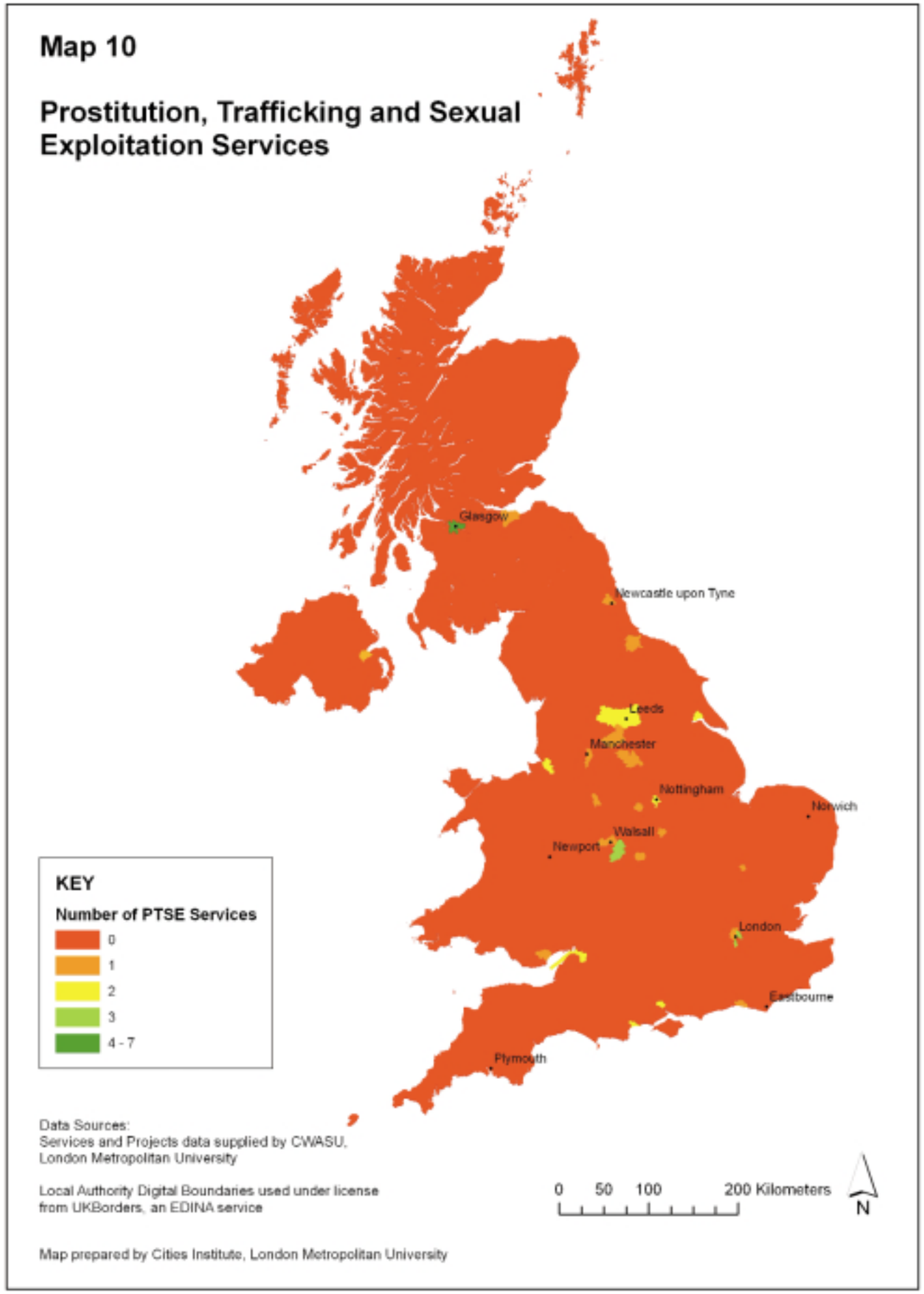
Whilst government spokespeople have placed considerable faith in the development of SARCs, Map 8 and Table 9 expose extensive gaps.

- There is only one SARC in Scotland and this is a pilot scheme.
- There are no SARCs in Northern Ireland[24], the East of England or Yorkshire and the Humber.

Whilst small in number, SARCs are more evenly distributed across the nations and regions, suggesting that where central government funding steers service development, more equitable coverage can result. At the same time, many of the newer SARCs are finding that securing sustainable funding is a major challenge, and are only able to offer part of what are considered core services.

Table 9: Sexual violence services by Nations and Regions

Nation/region	Rape Crisis Centres		Other Sexual Violence Services		Sexual Assault Referral Centres (SARCs)		Total Services		Population Estimates (%)
	N	%	N	%	N	%	N	%	%
Scotland	9	17.6	8	12.3	1	5.3	18	13.3	8.4
Yorkshire and the Humber	8	15.7	3	4.6	0	0	11	8.2	8.5
South East	8	15.7	10	15.4	2	10.5	20	14.8	13.6
East of England	7	13.7	5	7.7	0	0	12	8.9	9.2
North West	5	9.8	3	4.6	2	10.5	10	7.4	11.3
East Midlands	4	7.8	5	7.7	2	10.5	11	8.2	7.2
North East	3	5.9	5	7.7	3	15.8	11	8.2	4.2
South West	3	5.9	8	12.3	2	10.5	13	9.6	8.4
West Midlands	2	3.9	7	10.8	1	5.3	10	7.4	8.9
London	1	2.0	8	12.3	3	15.8	12	8.9	12.4
Wales	1	2.0	2	3.1	3	15.8	6	4.4	4.9
Northern Ireland	0	0	1	1.5	0	0	1	0.7	2.9
TOTAL	**51**	**100**	**65**	**100**	**19**	**100**	**135**	**100**	**100**



Prostitution, Trafficking and Sexual Exploitation Support Services

Headline findings

- **Less than one in ten local authorities (7.8%) have support services for women in prostitution.**
- **There is no service for adult women in Northern Ireland.**
- **Only five local authorities can claim diversity of provision (defined as more than three services).**

Services for women, children and young people involved in prostitution[25] include sexual health projects, women's organisations, children's charities, faith-based groups and those developed on peer support models by women in the sex industry.[26] Provision has increased in recognition of the alienation of women from most mainstream services and their specific needs. Positions on the sex industry and available funding streams (to date predominantly health budgets addressing HIV and/or drugs) affect the ethos and forms of support provided (Pitcher, 2006). Some services focus on support to exit prostitution, although very few are funded for this type of work. Common elements of service provision include: Outreach to women on the street and indoor premises; sexual health and safety advice and information; advocacy and liaison with mainstream services (including to report sexual and physical assaults). Services for street-based women may also include housing advice, drug treatment, arrest referral, diversion schemes and provision of safe space (Pitcher, 2006). The POPPY Project in London and the Tara Project in Glasgow are the only statutory-funded specialised residential support projects for trafficked women in the UK.

Table 10: Prostitution and sexual exploitation services by Nations and Regions

Nation/Region	Services		Population
	N	%	%
London	13	23.2	12.5
Scotland	8	14.3	8.4
Yorkshire and the Humber	8	14.3	8.4
West Midlands	7	12.4	8.9
East Midlands	4	7.1	7.2
South West	4	7.1	8.4
North West	3	5.4	11.4
South East	3	5.4	13.6
North East	3	5.4	4.2
East of England	1	1.8	9.2
Wales	1	1.8	4.9
Northern Ireland	1	1.8	2.9
TOTAL	**56**	**100**	**100**

The complex needs of women in prostitution require holistic models of service provision across a range of mechanisms of support and services (Hester & Westmarland, 2004: 140). Whilst services have extended to address these multiple needs – for instance, the Armistead Centre in Liverpool has an ISVA post – unstable and short-term funding undermines capacity to sustain, let alone expand, services (Cooper *et al.*, 2001, Pitcher,

2006). A total of 56 projects were identified, some of which are aimed at sexually exploited children and young people (see Map 8 and Table 10). This means that while specialised services for sexually exploited children and young people are very scarce, services for adult women are also less than the raw numbers above suggest.

Analysis of the distribution of services exposed the following gaps.

- Fewer than one in ten UK local authorities (n=34, 7.8%) have a specialised prostitution, trafficking and sexual exploitation service.
- Almost a quarter (23.2%) of projects are located in London.
- The only service in Northern Ireland is aimed at children and young people.
- Underserved regions are the East of England, Northern Ireland, the North West and the South East.

Scotland has a significant percentage of services, largely due to the strategic approach to VAW in Glasgow that has included prostitution. Glasgow has had a second tier organisation – the Glasgow Women's Support Project – that has worked with an integrated approach to VAW for 20 years, and has always addressed prostitution. In addition, at local government level a strong equalities agenda has been sustained across a similar time period, with VAW always a core component of policies on women/gender equality. Most recently, in 2000 Glasgow Violence Against Women Partnership (GVAWP) was established with the aim of 'promoting a strategic multi-agency response to VAW in Glasgow' and encompasses work on prostitution.

Bridging the Gaps

Map of Gaps has, for the first time, charted the variable availability of specialised VAW support services to women across the UK and has demonstrated graphically that there is, indeed, a postcode lottery. A third of local authorities have no specialised VAW support service. A minority of women have the good fortune to live in the few areas of the country where there is a diversity of services across forms of VAW and types of provision. Far more women, however, live where there is nothing, and most of us are in areas where provision is patchy. If we have the misfortune to have experienced sexual violence, we are much less likely to be able to access support. This is neither just nor sensible, as appropriate support at the right time not only makes it more likely that violence will be reported, but also that women will be able to deal with its impacts and meanings and take back control over their bodies and lives.

Few areas can claim to have sufficient diversity and extent of service provision to meet the needs of their female population who have recently suffered violence, let alone the many more women who struggle to cope with legacies from the past. We commend the nine areas with the most extensive provision – Birmingham, Bradford, Glasgow, Hammersmith and Fulham, Leicester, Liverpool, Manchester, Nottingham and Sheffield – but note that in some of these areas provision of specialised sexual violence services is minimal.

Across all of our measures five locations emerge consistently as particularly underserved: The East of England; London; Northern Ireland; the North West; and the South East. Three of these regions include large percentages of the overall UK population; the other two represent lower population figures but cover extensive rural areas. Women in Northern Ireland appear to be especially poorly served, with no provision at all across a number of the service types mapped here.

Across the regions of England provision is inconsistent. In Wales, strong domestic violence provision, including SDVCs, indicates that the domestic abuse policy has had an impact. However, the lack of voluntary/third sector sexual violence services suggests that this needs to be extended to all forms of VAW.

The best story to be told is in Scotland, where provision is more equitably distributed, and where the only example across the UK of an increase in RCCs can be found. This is incontrovertible evidence of the value and impacts of a strategic approach to VAW coupled with the allocation of ring-fenced funding. As a further illustration, Table 11 presents central government expenditure on women's voluntary/third sector services across the UK and contrasts this with the Scottish government's VAW Fund. The 2000/01 expenditures on women's services are not specific to VAW, although a significant proportion of expenditure is on this form of provision. Apart from Northern Ireland, the total spend is less than 50p per head of the female population. The much higher figure for Northern Ireland (£1.26) undoubtedly reflects the 'peace dividend'; investment in community development including Women's Centres to build community confidence and cross-community engagement[27]. These windfall funds are now winding down with a concurrent contraction in provision. The paucity of specialised VAW services identified in Northern Ireland by *Map of Gaps* suggests that VAW services did not benefit greatly from the peace dividend.

The Scottish VAW Fund[28] monies appear in brackets Table 11, as they are specific to VAW, and cover a different time frame. What is most important here is that it is more than double the spend in England and seven times greater than the Scottish and Welsh spends in 2000/01: £1.13 per woman.

Table 11: Extrapolated percentages of central government funding on women's services in 2000/01

Nation	Expenditure	
	per 1,000 women[1]	per woman
Northern Ireland	£1,265	£1.26
England	£489	£0.49
Wales	£151	£0.15
Scotland	£148	£0.15
VAW Fund	(£1,133)[2]	(£1.13)

Source: Adapted from Mocroft & Zimmeck (2004)
1 Calculated using 2001census figures.
2 Figure in brackets represents spending per 1,000 women and per woman through the Scottish VAW Fund for 2006/7 using mid-year 2006 population figures, based on annual spending of £3 million.

We have not analysed the VAW fund with respect to the Victims' Fund[29] in England and Wales since we would not be comparing like with like: The Victim's Fund is restricted to sexual violence services – a narrower frame than the Scottish fund – and many of recipients provide support to women and men.

The maps also demonstrate that where government steers provision, a more consistent geographical spread is possible, whereas when decisions are left to localised decision-making, the postcode lottery is reinforced. Our concern, and that of the VAW sector as a whole, is that local commissioning, and the move towards larger and more generic providers, will not only reduce the quality and diversity of services, but also marginalise some of the organisations that have championed the issue, thus losing incalculable institutional skill and expertise.

The greater number of domestic violence services – almost three times as many local authorities in England, Scotland and Wales have specialised domestic violence provision as have similar sexual violence services – is, in part, the outcome of government mainstreaming. Again, a strategic approach to VAW could extend this focus to other forms of violence and other communities of women. Since we know that VAW exists without gaps across nations, regions and communities, the support services that enable women to deal with it should be similarly distributed. For as long as violence continues, so should the specialised support services that enable women to survive and move forward with their lives.

We conclude the report with two city-based case studies that begin with the same basic facts, but depict what happens when specialised services are available and are not. Whilst deliberately drawn as contrasts, neither trajectory is an exaggeration. We have already noted that many women have multiple experiences of VAW and may need to access several services at the same time, or over time. For the sake of clarity, the two case studies presented here refer to single forms of violence. That re-victimisation is so common is yet another reason why a diversity of services and routes into support are needed.

We have also calculated notional costs for both accounts, wherever possible sourcing them to extant costings. In one case, this demonstrates that a lack of specialised services can not only result in worse outcomes, but also be considerably more expensive. In the other, roughly the same cost to the public purse can have dramatically different outcomes. Every specialised service could tell stories like these, of women whose life course was changed because they were – this time – in the right place at the right time. The tragedy is that in both cases the second column is far more likely than the first to be the eventual outcome, and this will only become more common as services are forced to pare down or close due to lack of secure funding.

Suki is 18 and is in her first year at university, studying creative arts. She has a strong, punky image and is considered bright, imaginative and a potential writer. In the second term, however, she is skipping classes and fails to submit several pieces of work. After an interview with a tutor she is referred to student services. The counsellor notices angry wheals on Suki's arms and asks about self-harm. Suki tries to avoid the question but with gentle encouragement reveals that she is struggling with a history of sexual abuse by a close male relative.

City 1: Glasgow	**City 2: York**
Student services advise Suki that there are three specialist organisations she could contact, and Suki chooses to begin with Rape Crisis since she can just telephone them anonymously.	Student services advise Suki that there are no specialist services that it would be easy for her to go to – the nearest is 30 miles away. They do have a phone service she can use, but it is only available three days a week, 6-9pm. The worker at student services recommends the Samaritans to talk to and says she will investigate if Victim Support might help.
After a number of phone conversations with women at with Rape Crisis Suki goes to see someone. She talks about the pressure of academic work and of her growing anxiety. She knows she is messing up university but doesn't know what to do.	Suki tries to contact the Rape Crisis group but the phone is either always engaged or on answerphone. She feels alone and desperate, does not complete her course work and receives formal letters from the university warning that she may fail the year. She calls Samaritans to try and stop self-harm – but there is not a woman available to talk to. She is unable to talk to man about the abuse and is left feeling more frustrated and anxious, especially since her accommodation is tied to her university place.
Suki has her first panic attack. The Rape Crisis worker offers her techniques to manage her anxiety as well as an opportunity to talk. She takes the decision to finish her course work and then take a year out of university. The Rape Crisis worker helps to get her fees and loans deferred by liaising with the university on Suki's behalf she will have to give up her accommodation.	Suki has her first panic attack, and cuts herself more deeply than usual. Her flatmates take her to the hospital and she is told to seek counselling. She begins to fear going out alone in case it happens again. Her flatmates say she can stay in the flat for a few months, but they are increasingly uneasy around her.
The Rape Crisis worker encourages Suki to contact a young women's organisation – Say Women. Suki is accepted to live in the project refuge, and there she can access individual and group support. In the young women's group she begins to feel truly recognised and understood, and sees that her self-harm is a way of coping and expressing unbearable feelings.	Suki receives a letter from the university saying that she has failed the year and will have to re-take it. This will mean another loan and this makes her feel very anxious. She spends an hour calling seven Rape Crisis groups, gets through to one and feels recognised. However, it is 100 miles away and they cannot give her anymore support than the helpline. The self-harm escalates and Suki has to attend a local NHS walk-in centre for stitches to her cuts. Her wounds are dressed but she is treated as an attention seeker.
The young women's group has a creative writing workshop and Suki begins writing powerful poems. As she starts to feel more able to write and speak about her pain and anger, the self-harm lessens. At this point, it becomes clear that Suki is extremely fearful of men and being alone in a flat or public space. Say Women organise for Suki and two other young women to do a women's self-defence course with Wise Women, which they do not have to pay for.	Suki's anxiety becomes unmanageable, and she becomes increasingly isolated from her flatmates and friends as she fears being a burden to them and cannot focus on shared interests anymore. She sees a doctor who prescribes anti-depressants, tranquillisers and painkillers for the self-harm. One night Suki takes an overdose of alcohol and tranquillisers. She is admitted to hospital and referred for psychiatric assessment, but told there are no women-only mental health services in the area.
Twelve months later Suki is back at university, full of determination to pursue a career in writing. Both her self-harm and fear are more manageable, and she has two close friends who are also survivors. She is still spending time dealing with the abuse and her anxiety, but feels it is no longer controlling her.	Twelve months later Suki has visited casualty three times, lost her university place, had to move out into a flat she hates and has been referred to a generic Mental Health Outpatients clinic. The self-harming is more regular, her self-confidence is minimal and she has little social support and no hope for the future.
Costs A small amount of university student services, Rape Crisis[1] £1,140 Say Women[2] £15,600 (includes housing costs) Wise Women[3] £ 500 University costs Deferred **TOTAL** **£ 17,240**	**Costs** Small amount of university student services, Rape Crisis, Samaritans[4] £160 GP[5] £39 Casualty[6] £531 Mental Health services[7] £662 Lost university year[8] £10,877 Housing Benefit[9] £3,600 **TOTAL** **£15,869**

1 Based on two hours face-to-face contact with student support services, five hours contact with Rape Crisis Centre Helpline, 20 hours face-to-face support from Rape Crisis worker. Estimated cost of Helpline support £20 per hour, face-to-face support £50 per hour (including on-costs and overheads). Source: Rape Crisis Centre in England.
2 Based on £300 per week average cost of supported housing in women's organisation. Source: specialised women's supported housing organisation.
3 Although the course is available to Suki for free, the figure is based on the cost to the organisation of providing the course, comprising staff costs, including on-costs, and overheads. Source: Wise Women.
4 Based on two hours face-to-face contact with student support service, two hours with Rape Crisis Centre helpline and one hour with Samaritans. Source: as above for 1.
5 Based on a 10-minute consultation at a rate of £85 per hour and £25 prescription costs. Source: North Yorkshire and York NHS data.
6 Based on one A&E visit for wounds treatment at £73, visit to walk-in clinic for stitches to cuts at £55, treatment for overdose at £203. Source: 2007/08 NHS National tariff for a standard A&E attendance, minor A&E attendance and treatment for poisoning, toxic effects respectively. Plus psychiatric assessment estimated at £200.
7 Based on rate of £242 for initial attendance and three follow-up attendances at £140 each. Source: 2006/07 National Reference costs inflated to 2007/08 levels.
8 Based on lost fees at £3,240 per year (2006/07 rate) and lost student accommodation at £3,567 per year (average of all available) at the University of York (www.york.ac.uk). Plus repayable student loan at £3,070 (2006/07 rate) (www.direct.gov.uk) and various lost course materials and equipment estimated at £1,000.
9 Based on full benefit for 12 months to cover monthly rent of £300.

Ali is 24, she grew up in a family where there was a lot of shouting and arguing, and very little affection, she can't ever remember being hugged by her parents. She drifted into a relationship with Ken, who is ten years older than her, when she was 15. She has three children under 5, and wonders some days how she got old, and why life feels so hard. One evening the police are called by neighbours who heard screaming, and it is obvious that Ali has been assaulted by Ken. The police are so concerned about the children that they not only complete a referral form to social services but insist a social worker visits. The flat is dirty and the children unkempt and the social worker refers the children for an assessment.

Case 1: Hammersmith and Fulham

The fact that domestic violence has been flagged in this case means it can be dealt with through a local agreement with a specialised project experienced in domestic violence support work that can assess the family and will see all parties separately.

The assessment with Ali begins gently taking her through her own sense of safety and security, and slowly she talks about feeling intimidated and undermined by Ken and terribly scared that social services will take the children away. She underplays the physical violence.

On the third meeting Ali completes a safety planning tool, and notices how the violence has been getting more frequent and that she is more scared now than previously.

The children are boisterous, but find playing together and sharing toys difficult. The eldest girl talks of previous 'fights' and of her mummy being hurt and crying. She is asked how it makes the other children feel, and what they do when this happens. The worker makes sure to tell the children at the end of the session that the 'fighting' is not their fault.

Ken misses his first appointment. He is angry and confrontational. He insists that he is not a violent man, that he only 'loses it' when Ali 'winds him up', like when she wants to dress up and go out with her sisters to a club. He doesn't understand why he is there, and what right the worker has to interfere in his family. He tries to shift responsibility onto Ali but the worker ends the session. At the second meeting he is asked to talk through how he handles disagreements and what his expectations of Ali and the children are.

The assessment is detailed and comprehensive, highlighting how Ali is entrapped in a household regime where Ken uses power and control routinely. Her capacity to parent was not aided by her childhood, but is now severely diminished by the abuse. They suggest a temporary separation, that Ali attends a perpetrator programme and that Ali and the children receive intense inputs both from a specialised women's sector domestic violence organisation.

Case 2: Shrewburyness

The assessment is undertaken by a social worker, a young recent recruit who received an hour lecture on domestic violence during her training. She only meets with Ali as Ken says he has to go to work.

The social worker begins talking about concerns for the children's safety, as they were present when the violence happened. Ali becomes agitated and defensive, insisting that this is the first time this has happened. She is happy to shift into a conversation about childcare and hygiene.

By the third meeting with the social worker Ali has still not felt able to disclose the history of emotional, verbal and physical abuse. She avoids questions about it, as she is afraid that she will be thought of as a 'bad mother' and the children will be taken away.

The children are boisterous, but find playing together and sharing toys difficult. The eldest girl talks of previous fights and of her mummy being hurt and crying. The social worker confronts Ali with 'this evidence' of harm to the children. She says there have been a few incidents, but it was because Ken was drinking then, he has stopped and they are determined to change for the children.

Ken is angry when he meets with the social worker and Ali. He insists that he is not a violent man, that he only 'loses it' when Ali 'winds him up', like when she wants to dress up and go out with her sisters to a club. He challenges the social worker's right to interfere in his family. He spends a lot of the time insisting that the childcare and hygiene issues are all Ali's responsibility, as she is there all day, and only has to look after the children and the house. Ali visibly shrinks during this tirade.

The couple agree to a care plan that requires there is no more violence and that they attend parenting classes. Although Ken never attends, Ali goes each week, and is cooperative. She begins to enjoy playing with her children, and all four are reluctant to end sessions. She says one day 'it is easy to do it right here', but no-one asks what she means.

When this proposal is made Ken reacts angrily and Ali says nothing. The worker is firm that this is what is on the table, and they can have time to think about it, but if they decline a case conference will be called.

Reluctantly, Ali and Ken agree to the proposal. Ali is worried that she will not cope, and Ken is angry at being made to attend the group.

Ali is withdrawn and uncommunicative at the first meetings with the domestic violence project, but begins to open up in the support group.

Ken is resistant in the perpetrator programme, insisting he should not really be there. The content of sessions and the other men in the group starts to challenge his understanding of what violence is, and what he might be doing to Ali and the children. The group leaders are uncertain whether he will finish the programme.

Ali continues to make progress, and talks of how less stressed she is these days. The work she is able to do jointly with her children enables her to see not only how affected they have been, but also how undermined she had been by Ken. The women's sector organisation writes positive reports about how Ali has begun to take pride in herself and the children. She says she really looks forward to the group and has made friends.

Ken comes round drunk one evening, demands to be let in. Ali refuses saying she does not want the children upset, she tells Ken to go or she will call the police. Ken pushes his way in, notices how good Ali looks and accuses her of having an affair, grabs hold of her hair and hits her head against the wall. The police arrive; Ali explains what has happened and says she wants to press charges. Ken is arrested and pleads guilty to ABH.

Costs

Two police call-outs[1]	£2,054
Assessment by specialist agency[2]	£2,500
Perpetrator programme[3]	£800
Specialist DV group for Ali[4]	£2,000
Specialist support for children[5]	£2,300
TOTAL	**£ 9,654**

After thinking that considerable progress has been made in parenting and childcare, the social worker gets a report from the police that they have had to attend the house again, and that Ken has been arrested. Ali refuses to press charges. The house is in an even worse state than when she first visited.

The social worker makes clear to Ali that she does not trust her to protect the children, and says that it is clear she will prioritise herself and Ken at the expense of the children. She calls a case conference. It takes five weeks to convene and everyone concurs with the social work view.

Because of concern about the children's welfare a Guardian *ad litem* is appointed. She reads all the case papers and is worried that nothing has been done about the domestic violence. She asks for an expert opinion on this.

The expert notes the failure to address the domestic violence, to hold Ken to account, and that this may have affected Ali's parenting. She advises temporary foster care for the children, specialist support for Ali and a perpetrator programme for Ken. There are, however, no services locally, and the nearest possibility is 40 miles away – too far for the family to manage with their small children and limited budget. A compromise is reached with a group of local counsellors who agree to see the couple separately.

Little progress is made in the counselling for weeks. Just before the court hearing Ali reaches a point where she understands how she has been controlled and decides to leave Ken. The court report on her is that she loves the children but that her timescale for change is too slow. The judge accepts the proposal from the local authority that the children be placed for long-term foster care/adoption.

Costs

Two police call-outs	£2,054
Assessment by social services[6]	£6,900
Guardian ad litem[7]	£100
Expert opinion	£1,000
Care proceedings[8]	£75,000
Three children looked after for four months[9]	£36,000
Long-term fostering/adoption[10]	£216,000
TOTAL	**£ 337,054**

1 Based on £1,027 per call out. Source: Government Office for London.
2 Based on average cost in a standard case.
3 Estimated staffing costs and on-costs based on project receiving 100 referrals per year. Figure for one case includes: attendance of perpetrator programme lasting around 32 weeks; assessment of programme suitability and risk; and 78 hours contact time, including individual and group work. Source: a specialist domestic violence intervention project in England.
4 Estimated staffing costs and on-costs based on project receiving 100 referrals per year. Figure for one case includes: attempted contact with all partners and ex-partners; partner support service for up to 75% of the partner and new partners of those assessed for the prevention programme; an average of six individual sessions per woman and the equivalent in group work. Source: as above for 3.
5 Based on 10 therapy sessions for each child at £60 per session and a course of sessions for families on developing parenting skills (£500). Source: West London Action for Children (www.wlac.org.uk).
6 Based on average cost of referral to assessment process per child (£2,300) across three London boroughs. Source: RSE Consulting (2007). Costs can increase notably the more complex the case.
7 Based on four hours at an average hourly rate of £25 for a Social Worker recruited through Social Care agency. Source: Social Care recruitment agency, Essex.
8 Based on average cost of £25,000 application costs for each application for a care order (section 31 of the Children Act 1989), including: legal aid (approximately 60% of total); local authorities' costs (25%); HMCS costs (5%); and CAFCASS costs (10%). Source: DCA (2006).
9 Based on average cost of £600 foster placement per week per child.
10 Based on annual cost of foster care per child of £36,000 for two years. Source: Matrix (2006).

Conclusions and Recommendations

Key recommendation: End Violence Against Women and the Equality and Human Rights Commission are calling on national governments and local authorities to take urgent action to ensure consistent national coverage and funding of specialised third sector support services for all women.

The Commission considers this issue to be a key test against which it will judge British government departments and local authorities in assessing how they meet their legal obligations under the Gender Equality Duty.

According to the UN, VAW is 'any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately'. Over three million women across the UK experience violence each year, and there are many, many more who have experienced historic abuse. For these women, specialised support services, particularly services designed for women by women, are vital for their immediate safety, access to justice and ability to move on with their lives. Numerous government reports and documents attest to this, including the Corston Report and Women's Mental Health: Into the Mainstream. This approach is also supported by international policy.

Equality duties on the public sector have been introduced across the UK, most recently, the Gender Equality Duty in England, Wales and Scotland. This requires all public bodies to take steps to eliminate unlawful sex discrimination and harassment and promote equality of opportunity between women and men. Many British public bodies, including government departments and local authorities, also have specific duties which include setting gender equality objectives, publishing them in Gender Equality Schemes and carrying out gender impact assessments on new and existing policies. The Office of the Third Sector, within the Cabinet Office, should therefore be assessing the gender impact of current funding policies under both national and local processes. This should include an investigation into the extent to which a) support for specialised services is part of gender equality schemes; b) generic providers are being preferred in competitive tendering processes at local levels; and c) funding for frontline services is compliant with the Government's COMPACT with the Third Sector.

Map of Gaps documents significant shortfalls in the provision of specialist services across the UK and demonstrates how a strategic approach to VAW results in better and more equal service provision. The reality is that the greatest demand for support will fall on non-statutory services and we are calling upon government at all levels to recognise and value the historic and current contributions of the women's voluntary sector in addressing VAW and providing support according to women's needs. This recognition should include harnessing their expertise in policy development and ensuring stable and long-term funding strategies.

The experience of Scotland proves that investment in frontline voluntary sector support services produces a significant return. Scotland should, therefore, be regarded as a benchmark with respect to its strategic approach, its recognition that violence is a cause and consequence of women's inequality and its commitment to enhancing capacity and diversity of provision. National and regional governments should follow the model of the Scottish Government in developing VAW strategies which have a core commitment to funding specialised support services. This should also be considered as part of their legal obligations under the public sector equality duties.

Local authorities across the UK should follow the model of Glasgow City Council and commit to long-term funding of specialised support services for victims of violence. This should be part of a strategic approach on VAW and should be considered as part of their legal obligations under the public sector equality duties.

Over the next year, governments in England, Northern Ireland and Wales should develop a funding framework for specialised frontline services, similar to the VAW Fund in Scotland, to ensure that all women across the UK have access to these vital services.

Women deserve access to quality support services. To continue with the current situation is simply too costly, not only to women themselves but also to society more broadly. We must end the postcode lottery by bridging the gaps.

Appendix one: Establishing Minimum Provision at Local Level

As we write, work is emerging at the international level to establish global targets and indicators on VAW, including service provision[30]. We have a historic opportunity in the nations and regions of the UK to continue to be ahead of the game in international approaches to VAW, through developing a methodology not only for securing women's services but for assessing need at local levels. Given the accumulated experience and expertise of specialised VAW organisations, local authorities need to engage with such services (those within their boundaries, those offering services that cover their boundaries and/or those working at regional/national policy levels) when assessing what minimum service provision ought to be.

This appendix presents some initial ideas for how local authorities, NGOs and others might begin to assess what minimum service provision ought to be – this is different from service standards, which apply once there are services in place. We see this as a starting point, to be built on and developed as we explore how to fill in the gaps.

There are a number of potential ways of formulating need – beginning from i) forms of violence ii) forms of provision or iii) holistic responses. None of these are 'right' or 'wrong' but should be considered in light of existing provision and local factors (population size, urban/rural distribution, BME profile etc). Using Map of Gaps as a starting point, local action plans must begin from the existing services: they know what local women want and what the barriers to enhancing services have been historically. They must be the core of any group that seeks to explore optimal local provision – what women ought to be able to expect and access within their own communities.

Establishing a notional baseline for service provision should begin from what we know about how many women might need support. This requires complex matrices, establishing what the pool of need might be alongside associated support needs and appropriate service responses, which we present in outline form below in table 11.

As an illustrative device, we have extrapolated actual numbers of women that may experience domestic violence, sexual assault and stalking, using the BCS (2004/5) prevalence estimates. Whilst we do not claim these to be representative, they are figures that may indicate a scale of unmet need in relation to current service provision. The earlier caveats with respect to potential for multiple counting apply. They are a point to begin from, as we develop more nuanced ways to measure unmet needs.

The additional needs and vulnerabilities for BME, disabled and older women will need to be factored in, with access to services a major issue for them and women in rural areas. Other groups that require addressing specifically, because of the high levels of violence in their lives are women in prison/on probation and women with mental health issues. A local matrix should combine local prevalence estimates, vulnerable populations and availability of appropriate services. The service responses listed below can be provided holistically, or in adapted combinations.

Table 12: Pools of need

Forms of violence	Evidence base	Strength of claims	Estimates
Domestic violence	British Crime Survey	Can extrapolate with considerable confidence	5,900 per 100,000 women in last 12 months 1,600 per 100,000 women severe force in last 12 months
Sexual assault	British Crime Survey	12 month prevalence	2,800 per 100,000 women in last 12 months
Stalking	British Crime Survey	12 month prevalence	8,900 per 100,000 women in last 12 months
Historic experiences of domestic violence, sexual assault, stalking	British Crime Survey	Lifetime prevalence	(1 in 3) 33,000 per 100,000 women
FGM	2007 methodology (Dorkenoo, 2007), based on World Health Organisation methodology		Provides calculations with respect to local affected communities
Forced marriage and crimps in the name of honour	No accurate measure – Home Office funded research on forced marriage due in 2007/8		Examine local reports; reported cases will be the tip of an iceberg
Sexual Exploitation and trafficking	Internal and international trafficking estimates, and those of coercion by pimps and third parties not yet entirely reliable	Need to assess scale of local sex industry – on and off street – and the extent of involvement of minors, trafficked women and and those who are controlled by others	81% women involved in prostitution in London are foreign nationals (Dickson, 2004) 63% of women in prostitution experience from customers (Barnard et al., 2002)
Sexual harassment	Surveys of women in employment find levels of between 1 in 2 and 1 in 4	Limited twelve month estimates	Need to extend methodology
Fear of crime, perceived threat of violence	British Crime Survey	Consistently finds women have greater fear of crime, often linked to fear of sexual crime	Women twice as likely than men to fear violent crime (Walker et al., 2006)

Table 13: Extrapolated Prevalence of Domestic Violence, Sexual Assault and Stalking in last 12 months in UK cities[1]

	Population of women aged 15-59 years[2]	Domestic Violence[3]	Sexual Assault[4]	Stalking[5]	Total
London	2,476,500	146,114	69,342	220,409	435,865
Leeds	241,400	14,243	6,759	21,485	42,487
Glasgow City	192,800	11,375	5,398	17,159	33,932
Manchester	148,100	8,738	4,147	13,181	26,066
Nottingham	94,000	5,546	2,632	8,366	16,544
Newcastle	86,700	5,115	2,428	7,716	15,259
Belfast	85,574	5,049	2,396	7,616	15,061
Plymouth	76,600	4,519	2,145	6,817	13,481
Walsall	74,200	4,378	2,078	6,604	13,060
Norwich	42,300	2,496	1,184	3,765	7,445
Newport	42,000	2,478	1,176	3,738	7,392
Eastbourne	27,000	1,593	756	2,403	4,752

1 Calculated using the prevalence estimates from Finney (2006).
2 Calculated using mid-year Population Estimates, 2006.
3 5.9% prevalence domestic violence.
4 2.8% prevalence sexual assault.
5 8.9% prevalence stalking.

Table 14: Support Needs and Service Responses

Support needs	Service responses
	Access, initial response Helpline Advice – legal, housing, welfare rights, immigration, asylum Short term support Outreach
Crisis intervention	Advocacy Risk and needs assessments Safety planning/support plan Safe housing Forensic examination Immediate health care/treatment
Ongoing support	Accompaniment Advocacy Advice – legal, housing, welfare rights, immigration, asylum Pro-active follow up Supported housing/resettlement Self-help/peer support Personal development - training Counselling Practical and social support Self-defence
Long-term support	Personal development – training and education Counselling Practical and social support Engagement with service – evaluation, development, becoming a supporter
Prevention	Work with perpetrators Work with young people and schools Work with community groups Work with public service providers

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1 Men's violent victimisation is measured is through *all* the incidents they have encountered in a specified time period; VAW prevalence measures, however, are based on any incident and thus seriously underestimate frequency. Sylvia Walby has argued that were all indidents of doemstic violence, stalking and sexual violence counted by the British Crime Survey, men would no longer be found to experience violence more often.

2 VAW support services are defined as organisations that work primarily on violence *and* provide significant direct support to female victims/survivors.

3 We use this concept to acknowledge both victimisation and the agency of individuals in coping at the time and in the aftermath of violence, and to indicate that these positions are not fixed either for individuals or over time.

4 The End Violence Against Women (EVAW) campaign is a large coalition of more than 50 individuals and organisations whose vision is of a society where women can live their lives free from violence and the fear of violence. We are calling for the UK Government to develop a cross-departmental strategy to end all forms of VAW, with prevention as a central pillar. More information can be found at www.endviolenceagainstwomen.org.uk

5 We use the term 'specialised' to reflect the skills and knowledge that women's support services have accumulated from experience and research. It implies a more active level of expertise than the term specialist.

6 This is the 12 months prior to when BCS respondents complete the survey.

7 The BCS module excludes a number of forms of violence, including some that happened before the age of 16 and it is thought to underestimate serious violence. On the other hand, a small proportion of women experience all three of the measured forms of violence, and could thus be 'double counted' in our table. They are, nonetheless, potential service users across a range of services.

8 The way violence is measured in the British Crime Survey involves counting any incident across a range of physical behaviours, including a push or a slap. A woman who experiences single push or slap, unaccompanied by any other form of coercive control, is unlikely to view herself as needing support.

9 Whilst young men are commonly assaulted, this tends to be in the public sphere, by relative strangers and single events (Coleman et al, 2006).

10 The figures across the nations were 1.2% England, 1.3% Northern Ireland, 1.0% Scotland, 0.5% Wales.

11 This amounts to £3 million per annum for 2006/07 and 2007/08. The VAW Fund replaced the Domestic Abuse Service Development Fund and the Violence Against Women Service Development Fund, which together provided £10.5 million between 2000 and 2006.

12 The local authorities are Glasgow, Dundee, Aberdeen, and Edinburgh. The kerb crawling powers, making it an offence, were introduced in Scotland in October 2007.

13 The Victims Fund is administered by the Home Office from recovered proceeds of crime, and is directed at provision for victims of sexual offending.

14 There are substantial criticisms of the processes and timings of funding, which are currently a matter of review by the National Council for Voluntary Organisations.

15 A forthcoming survey by the Rape Crisis Network England Wales and the Women's Resource Centre will provide more detail about the capacity of Rape Crisis Centres.

16 There are 434 Local Authorities in the UK. This is made up of 309 English District Authorities, 45 English Unitary Authorities, 22 Welsh Unitary Authorities, 32 Scottish Council Areas and 26 Northern Irish Districts. In this report the term 'Local Authority' has been used generically to describe all these local administrative categories.

17 Mid-Year Population Estimates 2006, The Northern Ireland Statistics and Research Agency (NISRA).

18 On Women's Aid Census Day in 2005, refuges in England and Wales turned away 54 women with no recourse to public funds while 177 were accommodated within refuges (Williamson, 2006).

19 Probation areas in Avon and Somerset, Cheshire, Cumbria, Devon and Cornwall, Gloucestershire, Hampshire, Humberside, Lancashire, Lincolnshire, Northamptonshire, Northumbria, North Yorkshire, Nottinghamshire, South Wales, Staffordshire, Surrey, Sussex, Thames Valley, West Mercia, West Midlands and Wiltshire list that they provide perpetrator programmes on their websites, but they are not members of RESPECT's 2006 directory.

20 Quoted in Women's Resource Centre (2006) *The Crisis in Rape Crisis*, WRC Newsletter, October.

21 Many SARC service users avail themselves of other services provided, such as advocacy and medical tests, which are most relevant in the immediate aftermath of sexual assault. In addition, a number of SARCs get requests from non-service users for counselling, many of whom have experienced historic abuse, which they are unable to fulfil and have to refer on to voluntary/third sector organisations like Rape Crisis.

22 Not all of these organisations are full members of the Rape Crisis Network (RCN) England and Wales, although they may operate in the same way as Rape Crisis Centres. Membership of RCN England and Wales is due to be reviewed in 2008.

23 There are a further three Rape Crisis Centres in Scotland who provide services for female and male survivors and are not members of RC Scotland as the constitution states that member groups will be run by and for women only (www.rapecrisisscotland.org.uk). These three centres are mapped here under other sexual violence services.

24 The development of a SARC is a central plank of the draft Strategy on Sexual Violence and Abuse in Northern Ireland.

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

26 Although drugs services and sexual health clinics may offer targeted support for women in the sex industry, this mapping is based on organisations whose core work addresses prostitution, sexual exploitation and/or trafficking in women.

27 The EU, for example, through regeneration funds, invested £754 million under the PEACE programme, and £575 million was allocated in a Transitional Objective 1 Programme.

28 This replaces two former funding streams that had been in operation since 2000.

29 The Victims' Fund, drawn from monies confiscated from the proceeds of crime, made available £4 million to sexual violence services between 2004/05 and 2005/06. The current year's Fund amounts to £1.25 million. However, this represents just a tiny fraction of the overall monies recovered – over £180 million (EVAW, 2006) – and the continuation of the Fund is only announced year on year.

30 The UN Special Rapporteur on VAW its Causes and Consequences is preparing a report on indicators, a report is also due to be submitted to the UN Statistical Commission at the end of 2007, and proposals will be presented at a Council of Europe conference in December 2007.