

BEYOND THE LABELS :

Women and girls' views on the 2013
mayoral strategy on violence against
women and girls (VAWG)

'It is easy to package me up
in a box with a bow but this
does not really look at
my circumstances
or me as an individual'

imkaan

WOMEN AND GIRLS

The women and girls participating in this consultation frequently shared difficult and painful memories of the violence. This highlighted both the complexities and the multiple forms of VAWG they had experienced as well as the on-going impact of violence on their emotional and physical health and wellbeing. Below are some examples of what they told us:

“I had no recourse to public funds, so I wasn't entitled to anything. I later discovered that he never applied for a spouse visa for me and that's why I was undocumented, multiple abuse; immigration, emotional & physical. Because he didn't get the visa for me, I saw this as part of his abuse and control”.

“He intentionally seeks women who do not know their rights and live outside the UK because it is easier to control them, deportation threats keep you scared. You can be raped and sexually exploited or be threatened repeatedly with deportation”.

“The troubles I was having at home didn't look like trouble on the outside. My husband is really nice, everybody liked him, he was cool. But it was totally different inside, alcoholic, drug addict, shouting, insulting me. I used to work for him, never got paid, things like that. I was always cooking and cleaning”.

“People that say prostitution is not violent or that you can make it safe are talking out of their arse. There is violence - pimps, punters - no matter which way round it's all still violence. There is no way that it can ever be passed off as a proper relationship. When I was in prostitution it just felt like I was being raped again and again. Even years later it still haunts me, something can trigger a memory and I still struggle with anxiety”.

“I had been living with many, many years of abuse. Somehow I thought that I would be able to manage that abuse and the violence. He was always beating me up”.

“Then he raped me, my uncle. My grandmother left me with the uncle who raped me regularly and he would say things and threaten me like my grandmother always did. He would say 'nobody is going to believe you”.

“For years my husband has had outbursts, which are violent, not always physical to me - except he has wrung my neck in front of the boys on various occasions - more to do with breaking things, like furniture, windows and even my car bonnet once because I spent money on our new born baby”.

“I was constantly threatened by his family; him and his brother would ring me and threaten me over the phone. They were death threats and I was always scared and fearful that they would actually kill me”.

“He used to punch me in the face and another time he was kicking me when I was 8 months pregnant”.

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ABBREVIATIONS

This list contains abbreviations which are frequently used throughout the report.

BLH	Beverley Lewis House
BME	Black and Minority Ethnic
CAMHS	Child and Adolescence Mental Health Services
CAB	Citizen's Advice Bureau
CCG	Clinical Commissioning Group, a component of the National Health Service
CEDAW	Committee on the Elimination of Discrimination against Women
CO	Community Organisation
CJS	Criminal Justice System
CPS	Crown Prosecution Service
DfE	Department for Education
DH	Department of Health
DV	Domestic Violence
FGM	Female Genital Mutilation
FORWARD	Foundation for Women's Health Research and Development UK
FiR	Fun in Recovery
GBV	Gender Based Violence
GP	General Practitioner
HAGA	Haringey Advisory Group on Alcohol
IDVA	Independent Domestic Violence Advisor
ISVA	Independent Sexual Violence Advisor
JWA	Jewish Women's Aid
JSA	Job-Seeker's Allowance
JSNA	Joint Strategic Needs Assessment
LAWRS	Latin American Women's Rights Service
LBT	Lesbian Bisexual Transgender

LGBT	Lesbian Gay Bisexual Transgender
MOPAC	Mayor's Office for Policing and Crime
MPS	Metropolitan Police Service
NHS	National Health Service
NAWP	Newham Asian Women's Project
NMO	Non-Molestation Order
PCSO	Police Community Support Officer
UK	United Kingdom
UKBA	United Kingdom Border Agency
VAWG	Violence Against Women and Girls
WGN	Women and Girls Network
WHEC	Women's Health Equality Consortium

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SUMMARY OF KEY EMERGING ISSUES AND THEMES

Below is a summary of key issues raised during the consultation.

On barriers that prevented women and girls from accessing support sooner

- Fear was the strongest response and linked to several factors including isolation, feeling trapped, repercussions and threats from the perpetrator(s), feeling responsible for the violence, not being believed by agencies, concerns about their future in relation to housing, financial stability and their children's schooling.
- For women with insecure immigration/asylum status fears were compounded by several factors. This included an uncertainty about the responses of immigration authorities, a concern about not being believed as well as direct threats from the perpetrator (s) about being reported to the authorities and the potential for deportation.
- Coercion, repercussions and threats from family members and other linked individuals within the family or wider network.
- Not having the space to consider or make connections between their own need for safety and that of the children because of a primary focus on the safety and welfare of the child(ren).
- Not connecting, seeing or naming their own experiences of violence as indicators of violence prior to engaging with more intensive support interventions. Some of this was linked to the vagueness and ambiguity of existing terminology.
- Not knowing enough about the types of support services that exist including a lack of publicity on black and minority ethnic (BME) VAWG services.
- Not being able to access same language support at different points of need e.g. reporting, disclosure, accessing refuge provision or in counselling settings.

On future services for women and girls

- For refuge provision to be more accessible across London in order to prevent women from being housed in generic homelessness provision.
- Consistent and longer term investment in women-led women-only spaces and services that women and girls value, and that make them feel safer, protected and understood.
- More consistent and longer term investment in BME women-led services which provide effective responses to differences in social identity and support women and girls to experience higher levels of social inclusion and belonging.
- To improve the availability of local women-only services which are specialist in their approach and respond to women and girls' individuality of experience and identity.
- More accessible services that offer different forms of expertise including responses to female genital mutilation (FGM), forced marriage (FM), sexual violence and exploitation, domestic violence, support in exiting prostitution.
- More accessible services to address additional vulnerabilities and support needs including drug and alcohol, disabilities, chronic health issues and mental health needs.

- Improved access to refuge provision for women with immigration/asylum related issues particularly where women lack the relevant documentation or access to any other means of financial or housing support.
- Increased investment in projects that provide longer term support e.g. life skills, training, employment, and programmes that support women and girls to recover and reduce isolation after they have left the violence.
- Increased access to longer term, flexible and specialist key-work support at points of crisis and where women are rebuilding lives after leaving violence. This was specifically important to women who experience a range of complexities and where there are gaps in existing service provision e.g. exiting prostitution, young women within a gang/group-based context and/or peer-based abuse, female genital mutilation and forced marriage.
- Improved access to holistic support services that are young-women centred and tailored to address the specific needs and experiences of young women.
- Improved access to long-term VAWG counselling and therapeutic support services which are rooted in a VAWG approach, including BME specific provision.

On how responses from other agencies could improve

Health

- For GPs to be more informed and proactive about the appropriate care and referral pathways specifically where women require access to support from the VAWG sector.
- Professionals in the health sector e.g. GPs, health visitors etc. to be trained to ensure that they are able to respond better to women after they disclose violence.
- GPs to have a better understanding of their need for confidentiality when seeking support. For example, women and girls wanted more opportunities to be alone with the GP to disclose safely.

Local Authorities

- Local authority staff particularly to have a more consistent and better understanding and knowledge on how to respond to VAWG e.g. homelessness departments, staff within reception.

UK Border Agency (UKBA)

- The UKBA (Home Office) to implement a working culture which is more sensitive and appropriate on VAWG and one which starts from the premise of belief.

Criminal Justice System

- For the police to have a better and more consistent awareness and training on VAWG to prevent women from feeling that their experiences have been minimised or dismissed because of an emphasis on physical violence rather than psychological violence and coercive control.
- For the police to respond more consistently and address areas where they are considered less-sensitive, more judgemental and where women were treated with high levels of disbelief e.g. women exiting prostitution or where women with immigration/asylum issues.

- For the police to be more informed and provide better quality and more consistent advice and information to enable effective referral to specialist VAWG services.
- Regular communication between the police and women/girls so they feel more informed once they have made a formal report. This included being regularly updated on any actions taken against the perpetrator(s) as well as information on location which would impact on their safety.
- More consistent forms of protection to support women and girls to feel informed, equipped and safe before, during and after court proceedings.
- Improved knowledge and training on VAWG across all parts of the Criminal Justice System (CJS) and more specialist VAWG courts.

Legal

- For greater access to solicitors and other legal advocates that have a good understanding of VAWG as this enhances the quality of advocacy and advice.
- Improved access to legal aid.

Other agencies

- To have more control over their personal and financial information. For banks and mobile phone providers to accept PO Box addresses in cases of VAWG, to prevent perpetrators from having access to their personal information.
- For job-centres to have a better understanding of VAWG.

On perpetrators

- More consistent work to address and encourage change in the violent behaviour of perpetrators. It's important to note that there were significant doubts about whether these programmes work particularly where perpetrators did not view themselves as culpable and where they did not honestly engage with the programme.

On early intervention and prevention

- More consistent work around prevention at an early age to provide children and young people with the spaces to discuss and learn about different forms of VAWG; their human rights, and the practical steps for accessing help. Women and girls felt that work in schools should be mandatory and should involve survivors of VAWG.
- Alongside compulsory work in schools, more work to help parents understand VAWG and know how to offer support to their children.
- More educational programmes with parents to address particular forms of VAWG e.g. FGM and forced marriage.
- Dedicated work with men and boys to shift attitudes to different forms of VAWG.

On awareness raising

- More publicity campaigns which send out clearer messages on VAWG and more consistently target different forms of media including TV, radio, and social media to educate the public on VAWG.

- Increased targeted publicity to raise awareness of BME VAWG services.
- Better quality information which supports women to easily identify their own experiences of VAWG prior to accessing more formal support services. This could be done through more accessible information on VAWG as well as separate spaces for group work with women and girls.
- Better quality information on VAWG which enables the public to more easily identify and actively take steps to support and access support for someone they know who may be at risk e.g. family members, friends.
- For campaigns and information resources on VAWG to have clearer, more accessible definitions of VAWG, in particular psychological forms of violence and coercive control to help challenge some of the existing myths and stereotypes.

Key Statistics

- 52% of women and girls told us that they did not recognise their own experiences as VAWG related before they accessed support services.
- 91% of women and girls spoke about the value and benefit of being directly supported by a specialist women-only service. Specialism was described as women-only services and BME-women-only services. This included services that had a primary focus and depth of knowledge on different forms of VAWG e.g. rape, domestic violence, female genital mutilation, forced marriage, exiting prostitution sexual exploitation and those that focused on other areas of need e.g. disability.
- 82% said that different forms of prevention and early intervention should be a stronger priority in effectively tackling VAWG.
- 91% said more consistent training was needed for professionals in statutory services (UKBA, police, solicitors, magistrates, judges, local authority social services and homelessness staff, GPs and other primary care staff, teachers).
- 74% of women and girls wanted greater access to local VAWG services as travelling long distances was costly, added to existing levels of anxiety and isolation and was more of a challenge if specialist advice and accommodation was required. e.g. accessing a BME service, expertise on areas including FGM, sexual exploitation, drug and alcohol issues.
- 68% said they would value more targeted support and better safety measures to help them feel more informed and protected about actions taken by the police, CPS, courts or other parts of the CJS.
- 89% felt there should be more dedicated support services that help young women experiencing VAWG.
- 88% of women and girls said there needed to be more and longer term VAWG specific counselling and other forms of therapeutic support. 66% considered counselling and on-going emotional support as vital and valuable to their wellbeing.

INTRODUCTION

In March 2010, the Mayor's Office for Policing and Crime (MOPAC) published 'The Way Forward', which was the first VAWG strategy for London. At the MOPAC Challenge session on 7 June 2013 Stephen Greenhalgh, Deputy Mayor for Policing and Crime, launched a consultation which looked at how the Metropolitan Police Service (MPS) and partners respond to VAWG crimes. This consultation will be used to inform the mayor's second VAWG strategy (2013-16) which is due to be launched in autumn this year.

Imkaan was commissioned by MOPAC to speak to women and girls in London through a series of one-to-one interviews and focus groups to collate their views with the aim of informing the development of the second strategy. Women and girls were asked to share their experiences of accessing support services, their views on how current services could be improved and how VAWG should be tackled in the future.

About Imkaan

Imkaan is a UK based, black feminist organisation dedicated to addressing violence against women and girls. As a unique second-tier, human rights organisation, with national membership, Imkaan provides a co-ordinated strategic voice for frontline BME specialist services that work to prevent, and respond to, violence against women and girls. We act as a conduit between government, statutory agencies, mainstream voluntary organisations and the specialist BME VAWG sector to promote positive attitudes, recognition, and the effective inclusion of BME women and girls' experiences and needs within service planning, delivery and commissioning. Our work is delivered through strategic advocacy, sector development and support, research, newsletters and publications, accredited training, peer education and consultancy. Imkaan is at the forefront of programmes and initiatives relating to forms of violence that disproportionately affect BME women and girls.

Approach to the consultation

63 VAWG organisations across London were invited to participate in the consultation. **65 women and girls were interviewed, participated in a focus group, telephone interview or completed an on-line survey response between April and June 2013.** All of the participants received an information sheet explaining the purpose of the research prior to interview and completed an informed consent form.

The consultation specifically sought to elicit responses from women and girls under the following themes:

- Women and girls who have previously accessed support via voluntary sector specialist provision, statutory services and criminal justice agencies across the different forms of VAWG.
- Women exiting prostitution.
- BME women and girls including those who have experienced forced marriage, female genital mutilation and 'honour-based' violence.
- Girls under the age of 18 including those who have been/are associated to gangs.

- Women and girls who are likely to experience discrimination/social exclusion linked to their social identity and who fall within specific equality strands e.g. disability, sexual identity, age and ethnicity.

Data-collection measures

A series of open-ended and closed questions were designed around the central themes of the consultation. The questions were split along 4 broad themes including experiences of VAWG; practical and other barriers to accessing support, experiences of accessing support from voluntary and statutory services, areas for improving existing levels of support and views on how to prevent VAWG.

All of the face-to-face interviews and focus groups were recorded (where permission was granted). We also used an online survey to capture responses from women and girls who were keen to feedback, but unable to do an interview or focus group for various reasons.

Focus group sizes were kept intentionally small (6 maximum) to enable participants to feel more at ease; particularly given the sensitivity of the issues being discussed. Women and girls were also given the option to do interviews over the telephone or on a one-to-one basis based on the approach that felt more comfortable for them. Interviews took place at the projects women and girls were accessing support from or in a confidential space within the Imkaan office.

The analysis

The findings were analysed using a thematic analysis approach. This method involved a thorough line-by-line reading of the transcripts to draw out majority and minority themes, categories and meanings that were significant to the overall aims of the research. To ensure rigour, verbatim quotes from women have been used throughout the report to support the findings and key themes generated as well as generating statistical data on the proportion of women and girls with similar views on a particular issue.

Limitations

Women did not always identify the service they accessed support from; therefore some quotes do not identify the specific service they were describing. The consultation involved a wide range of different organisations and women and girls accessing services. However, a number of organisations were unable to participate because of limited capacity, therefore the findings cannot be generalised across all types of support services (statutory and voluntary) and/or groups of women and girls. The consultation was also based in London and therefore cannot be generalised to other geographical regions in England and Wales. Despite this, the consultation has generated data which is rich in content due to the higher number of one-to-one interviews conducted, which allowed us to explore a variety of individual experiences in depth. It has also identified some important themes and issues which will be useful to informing the mayoral strategy on VAWG, as well as areas that would benefit from further research.

Women and girls responding to the consultation

Of the 63 women who chose to provide equalities data the following details were captured:

Age¹: Out of 87% of completed responses:

16-24 years	20%
25-32 years	22%
33-40 years	36%
40-48 years	16 %
48-60 years	5 %

Sexuality: Out of 76% of completed responses, 94% identified themselves as heterosexual and 6% identified themselves as lesbian

Disability: Out of 81% of completed responses, 14% identified themselves as having a disability or chronic health issue.

Ethno-cultural identity: Out of 84% of completed responses. 58% were from BME communities and this included women identified as Black African (Ethiopia, Somalia and Uganda); Black Caribbean / African Caribbean; South Asian (Indian, Pakistan, Bangladesh), Latin American (Mexico, Dominican Republic, Uruguay, Colombian, Bolivia, Peru, Venezuela, Ecuador and Chile); Middle Eastern (Kurdish and Iraqi) and mixed race. Other groups included women who identified as Irish, Jewish and from Eastern Europe.

¹ This also included one participant aged under 16 years and another over the age of 70.

SECTION 1: FACTORS THAT INFLUENCED ACCESSING SUPPORT SERVICES

Fear

Women highlighted a range of emotional issues, as a consequence of enduring significant levels of violence that were obstacles to seeking any help in the first instance. Fear emerged as the strongest emotional response. Women had to find ways of managing multiple complex problems simultaneously which were both overwhelming and often had a debilitating impact. Therefore, not feeling confident about how to go about getting help, the potential violent repercussions from the partner and family, feeling trapped, isolation, self-blame, not being believed and being judged by agencies emerged as strong themes for the majority of women and girls. For women with immigration/asylum related factors, the very real threat of informing the immigration authorities and potential deportation by the perpetrator(s) made it impossible for them to seek help.

“I have been thinking about this for the past year and I didn’t know how to do it, where to start... how to start.”

“I would say things like insecurity, fear, being alone, not having any support is probably one of the big obstacles for me to overcome before I could think of seeking help or support.”

“He was blackmailing me saying that he was going to deport me, send me back to Mexico, he’s going to do something to me if I don’t do what he wants.”

“There was an incident when he was really shouting when it started and I didn’t know that I could actually go somewhere, where it could be acknowledged. When you are in this situation you feel like you have been brainwashed, you’re not capable and you lack self- esteem.”

“Feeling trapped and not knowing what to do and where to go. Anger and frustration.”

“Fear of what my ex-partner would do if he found out stopped me and I didn’t know who I could speak to at the time. The fear was so overwhelming that the practical issues don’t come into play.”

“Fear, shame, being judged and not believed. To everyone he was a fantastic man and behind closed doors he was not.”

“I didn’t have the courage to do it and I started to believe that it was absolutely fine, that it was kind of argument I was having.”

“He would say ‘nobody is going to believe you.’”

“In the beginning I was scared of being deported. He used to say if I do something, like tell the authorities he will deport me. I was scared and I didn’t know what to do. Information about my visa is with Home Office. He is going to call the Home Office and I thought this could happen but it is not true.”

Fear of becoming homeless

Women and girls stated that immediate concerns about their housing and employment situation and an overall uncertainty about their future security were overwhelming. This included the fear of

becoming destitute, concerns about the security of their children and the potential for being made homeless if the violence was reported. Sometimes this was compounded by not feeling sufficiently aware or knowledgeable of their housing and support options.

“I didn’t go, although I knew they would arrest him, I was thinking where will I be? I was thinking he would be in prison and I will not have a home and would have to live on the streets, I didn’t know that they would put me in a place.”

“I couldn’t think properly, I kept thinking about my three young children and where we were going to live.”

“People always tell you in quite a simplistic fashion ‘just leave just leave’ and my answer to that was and go where and live how, and work where?”

Coercion and pressure from family members and other individuals

Women and girls spoke about how the additional impact of death threats, pressure, rejection and coercion from family members made it much more difficult to seek help and be supported in that process. This was more prevalent in the interviews with BME women and girls. Women and girls carried a heavy emotional burden, belief and threat that any disclosure would result in the family and significant community members being judged, blamed and stigmatised. In addition, women would be viewed as the instigators of this and inevitably face the life-threatening repercussions from disclosing in the first place. A number of women and girls experienced being silenced once they had disclosed to a family member.

“I was scared to go to the police because I was told that if I go to the police, I would tear my family apart, if I told them what was going on, my younger brothers and sisters would be taken into care, so I didn’t go to the police as I was afraid of ruining everyone else’s life. My parents drilled it into me that if I said anything then I would be the cause of tearing the family apart.”

“Cultural reasons and pressures is a barrier, coming from my background, my parents died in the Holocaust and this meant that I had to look after my siblings and keep everything together.”

“I travelled to Morocco and ran to my family. I said to him that I want protection from you but my family said he is your husband, you have to accept him, you have to stay with him, we cannot accept you as a divorced person.”

“I asked my dad was it more important that I was safe or what other people would say. He said what other people would say is more important.”

“Normally, I don’t care what people think, but I thought it was unfair how something that I did, that my whole family would suffer for it.”

“I was constantly threatened by his family, him and his brother would ring me and threaten me over the phone. They were death threats and I was always scared and fearful that they would actually kill me.”

Putting children first

Some women said that it was difficult to seek support for their own needs, as they had to prioritise the needs of their children. This in turn meant that for some women, it was impossible to look at

moving forward from the violence until the welfare of their children had been secured. For example, some women spoke about seeking counselling and other support services because their children had shown behaviours that were directly linked to the violence. This was because women did not have the privilege of considering their own emotional and welfare needs and how this was also linked to the needs of their children.

“It was normal for me to keep my family together, I have kids and it’s only now that they are older can I begin to think about myself and what I need. My history dictated surviving and I wanted to keep my children safe.”

“When you have everyone against you saying negative things all the time it is difficult to reach out for help for yourself. It’s only normal for me to be worried for my sons rather than myself.”

“I didn’t have the capacity to speak about my own welfare as I can see that my sons are now behaving in a destructive way, I went to CAMHS to see if I could get them anger management as I don’t want them to end up having destructive relationships like the one they have witnessed at home.”

“My son was watching my husband hit me and he is only 6 and he begged me not to call the police because he was scared. When I heard my son say this that’s when I knew this had to stop and I had to help my son emotionally.”

Not recognising the violence

A significant stumbling block for a number of women and girls was not connecting, seeing or naming their own experiences as indicators of VAWG. This was compounded by a lack of clarity about whether their own experiences constituted violence. Some felt that the confusing and ambiguous nature of existing terminology and a perception that the violence needed to be physical rather than emotional, for their experiences to be heard and taken seriously. Therefore, for a number of women, the realisation of their own individual circumstances were more apparent once they had time to reflect through more intensive contact with specialist support agencies.

“I knew about the National Domestic Violence Helpline but couldn’t recognise it was happening to me.”

“I didn’t see it as abuse or that I couldn’t really understand the terms. It was only when I started with the counsellor that I fully realised and started speaking about it but still it was embarrassing.”

“There is a lot of women in my situation where a lot of stuff is psychological and not physical and you do get confused or if you have the right to speak to somebody so when I picked up a leaflet about domestic violence at the CAB there were eight bullet points on it as to what constituted domestic violence and I was a bit shocked that I could tick four of those. I didn’t know that before.”

Travelling out of borough

A significant proportion of women and girls stated that they were required to travel some distance to access support services. Some stated that they would be willing to travel to access the appropriate type of support. However, a larger number stated that they found travelling outside of

their borough difficult because it added to existing financial burdens. Access to money is particularly challenging for women who have experienced financial abuse in previous relationships. Women with children also expressed the logistical difficulties in managing childcare needs if they had to travel far for advice.

Furthermore, it was much harder for women and girls to locally access support where they experienced additional vulnerabilities e.g. depression, drug and alcohol, physical mobility issues and learning difficulties. This was because service provision in these areas is more limited or they had to access more than one type of service to address multiple and diverse support needs.

Women and girls also spoke about how travelling long distances had a detrimental impact on their emotional health and wellbeing by adding to existing levels of anxiety, isolation and other vulnerabilities. Some said they had to travel further to access specialist support services, e.g. FGM services because these services are less readily available, and therefore travel was more difficult and costly.

“I am in serious financial problems due to my ex-partner, I am not working due to my health problems, disability and mobility, going somewhere far is not an option.”

“I have mental health issues and suffer with depression and anxiety and I tend to walk everywhere. I don’t like public transport because of my anxiety, so no, I wouldn’t go too far. Also you don’t know how people are going to be.”

“I think travelling outside of what is local only makes things worse, it adds to the stress that I am already going through.”

“I wouldn’t go too far, I don’t drive, have three kids and my friends are here and it is really important to be close to your network, people that support you. You can’t be isolated.”

“In each borough they should have a place for FGM women. Travelling is expensive and local services would help women to go in the first place.”

Lack of information about services

Women and girls reported that there was a lack of information about services which prevented them from accessing support when they needed it as it took longer to establish where to go. Not knowing where to go and who to speak to emerged as a strong theme, particularly where they did not want to go directly to the police. Some women and girls had found out about services through friends and neighbours including other women they knew who had sought help because of domestic and other types of violence. A minority approached generic advice services such as the Citizen’s Advice Bureau (CAB) as they were unaware of whom to approach.

Overall, women and girls felt that information about specialist VAWG support services including BME specific VAWG provision needed to improve and provide more information on the different types of support that women can access.

“Not knowing what service provision there is, not knowing where to go has stopped me from seeking help. I didn’t know where to go or who to approach so I asked a friend. In the past I didn’t think I needed any help.”

“I was born here and lived here my whole life and never knew anything about hostels or refuges.”

“I remember knowing someone who was suffering terrible abuse from her husband and I remember not being able to help her or assist her because I didn’t know where to go.”

“The only reason I found about them (BME VAWG service) was because of my neighbour who had been a victim of domestic violence.”

“I have been living in London for five years and I didn’t know that there were places where they spoke my mother tongue and could offer me assistance and support.”

Language

Some women and girls highlighted the additional constraints of not being able to directly speak about their experiences of violence in their first language particularly at the point of disclosure where access to same language support was not always provided.

This impacted on their levels of confidence on being able to accurately convey the nature and impact of the violence and how well they felt they were heard and understood by external agencies. Language was also a barrier for women and girls who could speak some English as they stated that the trauma induced by the violence itself made them feel less articulate in a language that was not their first language.

Some women and girls questioned whether not being heard was more connected to broader racist attitudes by some professionals and less about the limitations around language. The value of conversing directly with a professional speaking the same language was particularly important to all of those who spoke English as a second language but also for women and girls who little some English.

This difficulty also presented itself when interpreters were provided at times where women engaged with more intensive support interventions. This was reflected by one woman who stated that the use of interpreters in a counselling setting created an additional barrier to her being made to truly express herself.

“The first obstacle was the language and every place I went to, even after my teenage years I had learnt basic command of the English language. I was still unable to make myself understood. It was somehow I felt, either I had a problem with expressing myself, or they don’t want to understand me. That was the first main obstacle – the language.”

“When you are distressed the first thing that goes is the very little command of the English language you have.”

“I went to my GP who referred me to counsellor but it was so difficult because of the language barrier, even though there was an interpreter, it’s not the same. The problem with an interpreter in a counselling situation when you are expressing your feelings and having to tell that through a third person is really complicated and uncomfortable.”

Asylum and immigration

A number of women and girls spoke about the huge challenges of accessing any type of support because of their immigration/asylum status. For some, this meant becoming destitute for long periods of time, which increased their vulnerability and risk and the opportunity for seeking support was not available.

“I was homeless and living on the streets but now I have a place to live. It is painful for me to remember, as I was destitute and undocumented. I had no work permit and no home and a victim of domestic violence for ten 10 years. I fell through the cracks.”

SECTION 2: THE TYPES OF VOLUNTARY SECTOR SUPPORT WOMEN AND GIRLS VALUED

Women-only VAWG specialist services

Women talked about the importance and value of women-only provision and this was a consistent and strong theme throughout the interviews. A range of services were accessed through the specialist VAWG sector including refuge accommodation, one-to-one counselling and group work, advice and advocacy, specific support on complex needs, BME women-only services, dedicated support for children and young women, rape crisis provision, VAWG specific counselling services and exiting prostitution services. A number of examples were provided which indicated how and why women and girls felt that support from women-only, women-led services was beneficial to them. Women used words such as trust, comfort, being heard and feeling safe when reflecting on their experiences of accessing women-only provision. More specifically, this included the following:

- Access to women-only spaces which improved their feelings of safety and protection.

“In the support I got the big thing for me was the women orientated focus, just that female environment that you don't get anywhere else, it makes the whole place feel more relaxed, it's more understanding. When I came to [the service] it was the first place that I'd continued to go back to. I'd never gone back to a place from week to week or month to month that wasn't about getting my script. It was a women dominated environment and I was able to get help for everything in one place.”

“To have places that are just women meant a lot to me because some places you go you can be sitting in a reception and see men that are dealers or punters whatever. When you've got that women-only space then you can really breathe out and you know it's a different atmosphere and you can speak to other women who might be going through the same stuff and help each other, support each other.”

“The project is only for women and this is really important, I feel safe and supported here.”

“It's just the people that are here they show that they actually have time for you, and they listen and you feel safe, like, escaping what happened it's just your place to talk.”

“The most helpful thing was that it was a safe place, they believed in us, we were not a piece of dirt off the street. We are as equally important as everyone else. They helped me get out, get away from the prostitution, the abuse, the batterings.”

- A service that had a deeper understanding of what they had experienced and where women and girls experienced higher levels of trust in making an initial disclosure of violence, prior to accessing other statutory agencies. The opportunity and time given to build human relationships with a consistent key-worker was considered an important element of the service.

“There are lots of people you could go to, sympathetic lawyers. Even with the police, there seems to be a lot more support. I do feel that these would be on my side but I wouldn't go to them directly for support, I am more likely to go to Solace for that.”

“It's important to build a human relationship with providers, trust is really important and encourages me to go back, and if they are clinical then I am less likely to go.”

“You need people to really care because that has a knock on effect and you start to care yourself. If your workers don't believe in change or they just see you as a 'case' then it's hard to move forward, they need to be motivating. I had no self-esteem and you can't underestimate how important that is, having that continuous support.”

“I had such brilliant support and there wasn't a cut-off time and I think that's really important because...and I see it in my own work now...there's all this pressure for a cut-off point, 12 weeks this and 12 weeks that and 12 weeks, what? That's nothing! So to have support all the way through and then even when you're doing well, like you know it's good to call up and say hey I'm doing this or that, because that reminds me of how far I've come and how much I've achieved.”

“I found the most helpful thing was the genuine care and how determined the women were to help me and I never felt judged.”

“I was so lucky to get help from a specialist service and what I always say to people is that what was brilliant is that you could get all your needs helped with, not going here there and everywhere, this person and that person, you know what I mean? A different person for the housing, a different person for the drugs...the prostitution, telling your business all over the place to different people and then you go and it's a new key-worker.”

“You need to be able to have that relationship where your worker knows you and you're not going over all the same stuff over and over again.”

- Being heard, believed and listened to and feeling less judged compared to other agencies.

“I have been rejected by most services and I think it is because my case is complicated and my mental health problems do not help, which has been brought on by the years of abuse. But JWA have been a rock and I can come here and get emotional and practical support. Here they listen, here they believe you, and here they don't tell you to stop being a victim. JWA have been really helpful.”

- The recognition of the on-going need for consistent emotional support alongside support with practical needs.

“The counselling is very good. It has helped me emotionally and they listen to me and let me get it out. When something is inside you, you need to get it out or makes you ill. I have a learning difficulty, which is sometimes hard and then all these other abusive things just makes you worse.”

“The emotional support has been great. After this I realised that I can change my life but the first thing is that you need to fix your inside, your emotional health because no matter what anybody gives you if you stay depressed then your children will not be happy and it carries on.”

“I’m still having on-going counselling and the support has been tremendous, they’ve really been able to pull me through a lot of workshops and what I really like is that it’s all-inclusive. What you’re looking for is a sense of belonging.”

“Counselling from Rape Crisis has been fantastic and so helpful.”

“I’d want some counselling because I’ve learnt that it’s not good to bottle things up and keep them in the dark because that just causes you pain and you hurt yourself and you can get help.”

- An opportunity for reflection and discussion and therefore more clarity and understanding about their experiences of violence and their situation.

“They have explained the different types of abuse and I had to admit that it was domestic violence.”

“But when I got here I was still having problems and I couldn’t see things clearly, so after speaking a lot and after many visits, I could start to see how my situation was in its real context and I placed myself and could see that this was really going on and this was not right.”

- Tailored support with practical issues such as welfare benefits, housing, child contact, and the criminal justice system.

“They also organised telephone counselling, benefits advice and application writing and other general practical support. They also gave me advice on how to deal with my children and helped me with the contact time.”

“nia is very good and the case worker is excellent, I could not ask for better help. They have always given me good advice and helped me with the court case to contest my husband’s claim to have full responsibility of our children.”

“I got housing, legal help, with my substance misuse, getting into treatment, group work, aftercare, supporting my probation order, a lot of practical support, help getting into volunteering. I’m now doing a qualification and I’m volunteering and I’m working towards getting employed and I feel I have a lot to offer now.” [woman exiting prostitution]

- Dedicated individualised support and greater levels of understanding where women and girls were coping and managing a range of additional issues including mental health needs, drug and alcohol, disability, chronic illness and other health related issues. A number of women and girls were also supported to engage with other services.

“The FiR is for people who have alcohol issues and it is a really good place. Yes you need to help those with more than one problem. I have more than one problem and that is why I attend two different services, one for my drink problem and the other for the abuse. It is easy to package me up in a box with a bow but this does not really look at my circumstances or me as an

individual. One also deals with my behaviour around drink and the other about my feelings.”

“Yes, I came to BLH because of my learning difficulty. They understand my problems and they help me with them. BLH is very good and there is nothing not so good. The best thing is that it is protected and I feel safe.”

“I went to HAGA to get support around my alcohol issues and they have been very helpful, they support people with substance misuse, I started drinking heavily as a way to cope with the violence and I find it hard without it. But they are helping me sort it out.”

- An opportunity to connect with other women and girls who had gone through similar experiences helped in the process of recovery.

“Provide you with help and support that you really need at that moment, making you stronger so that you can walk tomorrow. The most important thing is that we have all come from domestic violence background and the support that we can give each other.”

- Life skills support was particularly important to young women.

“They have helped me with housing benefits, life skills about the world”
[young woman]

- Being able to provide and access support from peers was strengthening for those who spoke about their learning difficulties.

“I have made new friends and we support each other, the girl I share a flat with, when she is ill I look after her and when I am ill, she looks after me.”

BME VAWG services

Women also commented on the value and benefit of BME VAWG services. Aside from getting support with practical issues such as housing and welfare benefits women stated that BME VAWG services were services that they trusted, were more likely to engage with as they were more understood, comfortable and safe.

Where women viewed interventions as positive it was directly linked to a number of factors. For instance, for some it was the first time women were able to fully disclose the violence they had experienced and the repercussions of it without feeling marginalised, ignored and isolated. Even where women did not require language support, the ability to speak to someone who understood the full impact their particular experiences of violence, family/community dynamics, experiences of racism and discrimination made a significant positive difference to how they accessed, received and benefited from support and moved forward from the violence. Services that had a particular specialism such as working with young women, immigration and asylum, forced marriage or female genital mutilation were considered both effective and valuable to addressing their support needs. Furthermore, projects that provided opportunities for engaging women in the work through peer-led and leadership programmes were considered excellent and many women wanted more opportunities to be involved in these types of initiatives. Again women stated that they would be more likely to access advice from a BME VAWG service prior to other types of agencies.

“It is important that the services are women-only and are culturally sensitive.”

“FORWARD provides a number of services for women who have experienced FGM. The coffee morning is good, it helps women socialise and get out of the house and reminds them that they are not alone. This includes counselling training and leadership skills. After some time you see women who have become more open minded and start to question their culture in a way they didn't before and also become self-sufficient, confident and have more self-esteem.”

“LAWRS is good because they understand the culture and it is in my language. I always speak to her and she always gives me good advice.”

“The [BME women's refuge] understand my culture and I feel comfortable looking for support in my own community.”

“I think Ashiana is the best because I was in violence for two years, I knew that the police would help, but I never went to the police because I didn't have the power inside me to go to the police straight away. I found this place, Ashiana and now I have started to sort my life out. I think that this type of organisation would be the first place.”

“The [BME women's refuge] have been really supportive, every time you have a problem, all you have to do is tell your key-worker, no matter what the problem is and she will help you.”

“The [BME women's refuge] are very understanding and know my culture – the way we think, I feel supported by them.”

Suggestions for improving current provision

Accessing refuge provision in London

Overall, women and girls valued the services offered through women-only refuge based accommodation but some felt that there are insufficient refuge spaces available in London. For instance, being housed far away from existing support networks or in places where local amenities were not easily accessible induced greater feelings of isolation for some women and girls, and a reluctance to use refuge accommodation outside of London. Furthermore, some younger women commented on the difficulties in adapting to the constraints and rules of living within refuge accommodation which meant they found it harder to adjust to living in this type of space for longer periods of time.

For example, women and girls stated:

“It felt like a prison. It was in the middle of nowhere and it took two hours to get anywhere so wasn't that helpful. The refuge was out of London and I couldn't get out to see my friends and you had to be in by 11pm and I was only allowed out a few nights a week. I felt lumbered there, they didn't really think about me being three-four months pregnant. I left soon after a few weeks.”

“You get to stay out twice a week and if you want to go out then it takes hours to get anywhere. It was isolating. I didn't like my experience and I would not ever go back to one.”

Another commented on feeling discriminated because of less availability of spaces for single women.

“They wanted me to go to Kent as I don’t have children, so there needs to be more refuge space for single women in London. I feel discriminated because I don’t have children and that’s not fair.”

Some women and girls also commented on the difficulty in accessing women-only refuge spaces and therefore having to spend time in a mixed-gender supported housing scheme, which made them feel unsafe.

“I came at Christmas time and all the refuges were closed, I had to wait one week in the night shelter, it was really hard.”

“After the violence I had it was a nice shelter at the start, but you could only be there from 6pm until 10am in the morning. It was a mixed shelter but it would have been better if I was in a women’s only shelter as at this time I hated men.”

Not having the necessary paperwork or secured immigration status meant that women could not access safe housing and benefits. Women were often trapped with no access to money, housing or support because they had to wait a long time to receive their identity documents. Other women described feelings of insecurity as their stay in the refuge was also uncertain which meant that there was a constant fear of becoming homeless.

“When a woman comes without documents and she can’t stay so she has to leave the refuge. Where does this woman go? Nowhere, she has no place. Because they come from another country and the government won’t pay for them and they can’t afford the rent. After 3 months they realise that they can’t stay and this is wrong. They can’t go back to their country.”

“Also not having any benefits or the right card, I had to stay at a B&B. The women from Women’s Aid were really helpful. But it was really hard to get into a refuge because of the biometrics thing.”

“The biometric thing is really bad for women and girls who are suffering. When you don’t have your biometric card, you can’t do nothing. When you are not from here, you have a spouse visa so you don’t get any benefits, you can’t go to any refuge, I called a hundred refuges and they asked if I was on benefits and I said no, ‘we can’t help you’.”

More on-going and consistent levels of advocacy and advice

Women and girls spoke about the importance of providing more women’s advocates and outreach workers; particularly in areas where they considered their own circumstances as more complex and where the type of specialism required is not widely available in London. For example, those who had exited prostitution highlighted the need for more immediate access to a specialist worker because of the high risks of attack and sexual violence on the streets. Women and girls who had experienced FGM described the range of obstacles that prevented women and girls from coming forward including the lack of specialist support provision. They therefore suggested that a greater number of specialist women’s advocates based within different communities would support women

with reporting and provide a route for ensuring women were more informed and referred to existing services. Others spoke of the difficulty in communicating with agencies that didn't understand their situation as well as the inadequacy of longer term support and resettlement services. They described the importance of ongoing practical and emotional support, not only when they were facing a crisis but also when they were managing the critical transition between accessing refuge, advice and other services and living independently in the community.

"Once you exit, you need that additional support afterwards, help with adjusting to life, building your life, looking at what you want to do with your life, education, training. Making sure you have the emotional support to guide you through those stages. It has to also be more longer term, not 6 weeks, 12 weeks. You need stages, to work towards something."

"We need community advocates to sign-post women to the right services; this is really important because FGM is not a simple issue, it is complicated and it needs more time. There is a whole community that needs to understand that FGM is dangerous in many ways."

"A bridging worker is needed to help you go to the job centre and other places where they do not believe that you live in a refuge."

"It would be good if there was a duty phone, where there is someone there 24 hours, so that if you did get attacked or raped you can get help. They do have things like that but it's for things like court. But to have something at a local level where you could get someone to support you and help you access services."

Services for young women

Women including young women themselves spoke of the need for dedicated advocacy and support for young women as current services are more focused on adults despite the prevalence of violence towards younger women. Young women experience a number of barriers to reporting violence. This included not feeling confident about whom to disclose to, a lack of information about support options, a fear related to the consequences of reporting and that their experiences will not be taken seriously or lead to the successful prosecution of the perpetrator. Older women particularly supported more work with young women as a way of preventing repeated patterns of violence in adulthood. A number of women highlighted the vulnerabilities of being a young woman in today's society and therefore a need for more work to help address low-esteem and self-worth in order for young women to have healthy relationships with themselves and potential partners.

"A young women's service would be good. It took my daughter two years to tell me that she had been sexually abused by her boyfriend. I feel so powerless as she didn't talk to anyone about it. She is 17 now and so it happened when she was 15 and she was underage. She didn't know what to do and I did tell her to press charges but she just wanted to forget about it."

"Her friend was raped recently and the guy who did it got away with it. She said that it is too much. I do think it is good to do this for young people."

“Throughout my adolescence I was abused. I think it is very important that young women should have access to services like the one I received to support them to overcome whatever abuse they are suffering.”

“Young people don’t have the support systems in place and they could get stuck in years of abuse like me.”

“I think we have to work really hard because this is the base. If you are young and you know your value you won’t let anyone treat you in the way they want. If you have information when you are young it is good.”

“Young girls are more vulnerable - I wish I had somewhere to go when I was younger.”

“There should be key-workers for young people, a hotline for young people, something like that. Someone who can explain what is acceptable and what services are accessible. It needs to be on the lips of a celebrity so that young people are exposed to it.”

Emotional support

Women and girls spoke about the need for counselling provision to be more readily available and flexible according to their specific needs including childcare responsibilities. Cost was a barrier to access for those women who were in employment and had sought help from agencies outside the voluntary sector. Some women who had accessed telephone counselling services found these less effective, preferring instead to access face-to-face support. Women and girls were more likely to comment positively in relation to counselling services they accessed through VAWG specialist services rather than the NHS or other non-specialist providers. This was due to recognising that there was a greater level of VAWG expertise and the long waiting lists within the NHS.

“Although, they got me telephone counselling, it wasn’t practical, I had to sit in my car and do the calls, it is always better to do things like that face-to-face but because of my children this had to happen like this.”

“I tried to get some counselling years ago from a charity that offers free and subsidised sessions. I was assessed and told to relive everything out loud and then informed by the man that I am vulnerable, after alcohol and form attachments to abusive people and I would require the most experienced and qualified counsellor and it will cost me £100 per session. Having to sit in a room alone with a man and tell him about all the men who have raped me was not a comfortable experience.”

“I was offered counselling but had to pay for it as I have a house and an income. I felt like it was biased because I have money, I still needed the emotional support though but simply could not afford it – after paying the mortgage there is little left. Other counselling services outside the domestic violence sector are extortionate and again, I looked but it was an issue of cost.”

The need for more services that offered different forms of therapeutic support including one-to-one and group-based work which was delivered or referred through VAWG specialists was a strong theme.

“Long-term counselling is important, although it depends on the individual. You must support women specifically to their needs, history and circumstances and base the support on that. To understand someone’s recovery needs, you need to listen. Just talking at you is not good.”

“Long-term counselling has really helped me and every borough should have one. I now know that I would never accept abuse again from no one.”

“Long-term counselling is very important because DV has a long-term effect and it does help, it gives you a chance to talk to someone who is not judging you and good way to air your feelings. People don’t talk because they feel like they will be judged. The more counselling the better – the best thing is that someone will listen.” [young woman]

Concerns about the impact of short-term funding for VAWG services

Women and girls wanted more consistent funding of specialist VAWG services and support. A number of women were concerned about the ongoing impact of funding cuts combined with a concern that this would mean less specialist VAWG services in the future. Some commented on the detrimental impact of short-term funding of support services. For some it meant that services that they had been regularly accessing and benefiting from were no longer available because they had closed. For example, one woman comments on loss of a support service for Latin American elders and her feelings of isolation as a result:

“I no longer have a place to go and spend my afternoons. To have a place again where you can meet others, doing things together reduces isolation and you don’t feel so lonely. I think there are a lot of older adults in the community who stay at home because there is not a place outside to go to.”

Another woman talked about the detrimental impact of short-term funding initiatives for women and girls affected by FGM.

“Funding is allocated for a short period, so you did a project and had to stop it as funding ran out and you can’t finish the project. It might be a project that helps women begin to re-build their lives, or basic education and training workshops and so funding needs to be consistent so that project work can be seen through to the end. I have been training as a counsellor in order to help other women, but the funding ran out so I couldn’t follow through. I couldn’t help the women that needed a counsellor, so where do they go? There are several projects that are funded like this and women feel let down, that it’s a waste of time and money. Project work is a long-term process especially for women who need support across the board and for those who have experienced FGM.”

SECTION 3: VIEWS ON OTHER TYPES OF SERVICE RESPONSES

GPs

Some felt supported by their GP particularly where GPs were considered as understanding and responsive to VAWG. Women and girls found being sign-posted to other services as very helpful, and the GP surgery as an important gateway for accessing longer term specialist support from VAWG services.

“I am so thankful my GP referred me to the project in order to get the support I needed, because I was not getting anywhere on my own.”

However, the larger majority raised concerns about GP responses. They were concerned about disclosing to the GP as it would compromise their confidentiality particularly where the perpetrators were registered with the same GP. This included letters being sent to the same address. The most common concern was the unhelpful, dismissive attitudes of some GPs. A lack of empathy, feeling judged, not supported, not understanding VAWG and its impact, and a focus on medicating rather than exploring other options for support with the physical and emotional impact of VAWG were consistently highlighted. Some BME women and girls also felt that the barrier to being heard was their language and ethno-cultural background and that racism from GPs impacted negatively on how they were heard and supported.

“Because I was registered with the GP at his address. If I told the GP then my husband would find out by a letter sent to the house.”

“I felt that I hadn’t been listened to, I hadn’t finished talking and I already was given a piece of paper with what medicines I needed. I was desperate at the time and took the pills but think they are not good for me. The doctor didn’t really take time to listen, instead I was given a prescription.”

“I did see a doctor during this time as well and he was so unsympathetic and very unhelpful.”

“A lot of GPs are quite racist and if you don’t speak the language and they can see that you can’t express yourself very well, they discriminate against you. It is a real disadvantage. I think the GP could see that I was vulnerable and I think this is why he was so unhelpful.”

“Even when I talk to doctors, I saw different ones and one said that I didn’t need medication, all I needed to do is find a guy and get on with life. The other two said that I needed medication?”

“GPs should have all the information of the different types of services and help. Because when I went to the GP they never said that I could go anywhere that could help.”

“I was going to tell the GP but I never had a chance as I was never with him alone. So I think GPs need to know about this and if they can see that there is something wrong or that we are being controlled by our husbands then the GP should have the power to do something. I was wishing that one time the GP would have asked my husband to leave so I could be alone. If this had happened then I would have said something and be much easier.”

“I think that sometimes GPs do notice stuff. My mum – my dad hits her sometimes and she had so many opportunities to tell the doctor and so many other women I know as well but they don't. The doctors asked if the husband is being nice to them but I don't think they do much about it. They can see that something is not right but they don't really care.”

Local authorities

Women and girls described poor attitudes and responses from some local authority departments including council staff, domestic violence units and the homelessness teams. Again, some officers were described as rude and unhelpful and having a poor understanding of VAWG; there was in some cases a lack of any practical assistance despite women and girls disclosing their situation and their fears around their safety. A smaller number described racist attitudes as a barrier to seeking help. In one case, a woman felt she had no option but to return to the perpetrator. In some cases the provision of evidence in the form of a GP letter did not enable them to access appropriate support.

“The most unhelpful service was the council, at first they said that they would provide emergency housing and then managers above the person who dealt with me changed their mind and said that couldn't help me. It was really frustrating and it's the last thing you need when you are scared, lost, hurt, and homeless.”

“The council are 100% appalling. I really felt discriminated. She served the other woman and I just felt they were discriminating against me, maybe because she didn't understand where I was from, I don't know. I was crying and the security was asking what was going on, so I was surprised because no one ever treated me this way - the council have to improve absolutely everything.” [young woman]

“I went to my doctor and he sent me to the domestic violence unit who were not very helpful. I then approached the homelessness unit for assistance on several occasions. I feel that they need to go through some sort of trying to understand the effects of domestic violence, because when I did approach them for help, I felt that they were not compassionate to how I was feeling, I was not given the help I needed, I was turned away, so I ended up going back to the perpetrator because I had nowhere to turn to. All I would be told is, don't go back to the perpetrator, find someone you can stay with. But on many occasions the victim does not want to impose on anyone, and sometimes you just want that time to yourself to reflect on things.”

“I would have been stuck in an abusive relationship because the homelessness unit was unwilling to help me, even in spite of giving them a crime reference number and a letter from the GP underlining what I have been going through.”

Home Office (UKBA)

A culture of disbelief within the UKBA emanating from ethos of the system was a strong reoccurring theme. Women and girls described a lack of empathy, discriminatory attitudes and

treatment which meant that their disclosures of violence were not heard, believed or viewed as credible. They also spoke of the need for a 'culture change' within the UKBA.

"The UKBA need to change the way they talk to women and their own perceptions and paranoid thinking needs to be removed."

"Many women come from a war zone and UKBA know that she has been raped and experienced all kinds of violence, most women come with children. I think that women from these situations should be believed and not made to suffer by asking many silly questions. This is a basic human right and it does not happen if you have experienced FGM. She has come from a war zone and she is clearly having flashbacks and this in itself is proof. So she should be given permission to stay in the UK without further interrogation and the UKBA should accept it."

"The visa situation is difficult. Some women come here on family reunion visas and then experience DV and have no rights; it is the same as women who come on spouse visas; immigration control induces the suffering of women who have already experienced GBV."

Views on other agencies

Women and girls also highlighted their concerns about other issues. For example, that the PO Box address for the refuge was not readily accepted by various companies such as banks and mobile telephone providers. So it was very difficult for them to take control of their financial needs in a way that was secure and prevented the perpetrator from having access to their bills, letters and financial statements. They stated that these obstacles stopped them from moving on with their lives. Job centres were also described as being unhelpful, and not understanding of women and girls' situations.

"It [refuge provider] is good, but there are some issues. The main thing is the address; you are not allowed to give your address to anyone, which is good as it keeps us safe. But when you want to open a bank account it is a problem, documents you have to sign, you can't order anything to be sent to you. The PO Box is not accepted by most places, especially embassies."

"I still have to have my phone bill sent to my parent's house because the phone company won't accept a PO Box address and I don't think this is safe. If my parents got my bank statement, it would show where I have shopped and my parents would know, oh she's in this part of London, so it's not really good."

"My husband found me this way, although now he is in Kurdistan, my bank statements and other documents go to his address because they wouldn't accept a PO Box address."

"I think that outside agencies should know about the refuge because they think you are lying when you tell them. Everyone at the job centre didn't believe that the refuge existed. They should know that there are women like us."

“They make you feel not normal because they do not believe you and this makes you feel even worse. It is complicated and it is stopping me from moving on – I can’t get anything from a bank account, job or even some college courses – I have been told that I have to wait for three years. If you are not on JSA you have to pay and it doesn’t make sense.”

Women sought opportunities for support from other advice agencies and due to their immigration/asylum status women experienced rejection and were not able to get any support at all. For some women this meant that they were not clear about their visa situation and it made it difficult to identify what support they needed. Staff at non-specialist advice agencies were sometimes described as not helpful because of a lack of knowledge of VAWG.

“[Generic advice agencies] have been unhelpful. Because my paperwork is stuck in the Home Office it is very difficult. I am not allowed to get help because I am in limbo in this country, I have approached them but they can’t help, I am not illegal or legal.”

[Generic advice agency] “someone said that they would ring me, but they never did, I went again and it was then they said that they could not help me because I did not have indefinite leave to remain. ‘But he is my husband, he married me’, ‘No, we can’t protect you, until you get your paperwork back from the Home Office’.”

“On one day when I had nowhere to go a friend allowed me to stay for the night and I really didn’t know what to do. I went to CAB and they said they cannot help me. I am not a citizen, it’s ridiculous isn’t it? ‘Ah has he hurt you?’ ‘No’. ‘Well that’s not DV, you can go home’. ‘What home? I have nowhere to go?’ ‘It doesn’t matter, we can’t help you’.”

Criminal Justice System

Police

Some described the police as very helpful, providing both direct practical assistance and reassurance.

“Camberwell police station, I reported the violence. They were helpful, my husband kicked me out of the house and was refusing to give me my belongings, so the police accompanied me to the house and got my belongings out and handed them to me. They also sent him a restriction order and gave me a copy.”

“The police were good because they let me use a phone when it happened as I needed to contact emergency housing.”

However, women and girls were far more likely to complain about the police response than any other statutory agency. Some police officers were described as dismissive or disbelieving of women and girls’ accounts. As a consequence, some were left with the impression that unless they could provide evidence of serious forms of physical injury and threats, that concerns about their own safety and fears of further violence were not heard or taken seriously. They stated that the police lacked understanding of the nature and impact of VAWG placing more emphasis on

physical incidents rather than viewing the wider context of their experiences of violence. Some also feared that police intervention would make the situation worse. A combination of these factors left a number of women and girls questioning whether there was any value to approaching the police for help at all.

“So what’s the point for me calling the police? I called the police once. My husband threatened me with a knife and said that he was going to cut my throat. He was drunk. The police said, he didn’t put the knife near your neck so we can’t do anything to him. My husband was more angry, that was the first time I rung the police and they were unhelpful and that’s why the second time I didn’t call them.”

“For 8 months, he would return to the flat, trash it and cut wires so I couldn’t use any electrical equipment. I went to the police about this and they said that it is fine as it’s his home and he hasn’t hurt you ‘badly’. But every week, he would come and do something and I would have to get everything reconnected.”

“They came with a female officer. They were quick to say nothing could be done without letting me speak first.”

“This makes me think of when I went to the police, they were asking questions such as ‘was this violence?’ ‘Did he only threaten you?’ I think this would also be good for the police so they can be aware of the different forms of violence. The definitions around violence are not clear and we all need to learn this.”

“No protection from police. When you report the case, the police write your statement and on the back they show you a number if you need to call them. It is really difficult to come forward because even if you do go to the police, there’s not much the police can do. You have to be really beaten up before the police really do something.”

“I had called the police many times and was called a liar and things like that by the police. My case was dropped because I didn’t have enough evidence, when they have all the proof and got an injunction.”

Furthermore, some stated that the information they received was often too basic, communication was ad-hoc and they sometimes felt uninformed about where to go for help, particularly with regard to specialist VAWG services.

“I think there is too much pressure on the police system and they can’t follow up.”

“If you go to the police you will find a small leaflet that tells you about domestic violence but nothing else.”

“I have been to the police but they showed a real lack of knowledge and they didn’t do much and told me that I needed more evidence. They didn’t know about stalking registers, I got this information from the probation service – there needs to be greater synergy between the police and the courts. It is

important that services such as the police understand what steps need to be taken once abuse has been reported.”

“I didn’t know what was going on at the station and then finding out two days later that I had to go to court. I have had to contact the police so many times just to get information. I would be at peace if someone had communicated with me and it would have been more helpful. Less stress.”

Those who had exited prostitution, described poor police responses as being connected to judgmental attitudes about their situation and some were made to feel that they were to blame.

“At the time the police didn’t take it seriously, you’re just seen as a prostitute and it’s like you deserve it.”

BME women and girls gave a range of responses. This included the difficulty in accessing appropriate interpreting services and some reported a fear of going to the police because of bad experiences and perceptions of the police from their countries of origin.

“The police gave me an interpreter, but this interpreter was so appalling that we did not understand each other. He didn’t understand my Spanish and I didn’t understand his.”

“I was always scared of the police because I thought that the police here were the same as the police in my country; I come from Bolivia, here I didn’t dare go to the police because first of all, the language barrier. As I was suffering with mistreatment and abuse, the last institution I thought of asking help from is the police.”

Some of those with immigration/asylum issues shared painful experiences of police suspicion and intervention. They also spoke of the requirement to give higher levels of proof than UK citizens and the difficulties in disclosure particularly where their visa status was connected to the perpetrator. The following example reflects the level of disbelief of women and girls’ statements.

“The first thing they asked ‘is your husband British?’ ‘Where are you from?’ ‘So what happened?’ When the last incident happened, after he was blackmailing me, doing things that I didn’t like, trying to control me, the police would say, ‘well he really hasn’t hit you’ so we were both arrested and I was handcuffed and he wasn’t. It was funny that the first time I go to the police I get arrested, so I am not very happy with the police.”

A number also spoke about the difficulties of reporting because of the repercussions from family members in cases where they had experienced FGM.

“The other problem is that women and girls do not report because they do not want to put their families in bad light. They don’t want to get their parents in trouble and they are stuck. No one has ever been convicted and if a woman has gone with this to the police they often withdraw because it is too emotional and a very difficult state of mind.”

“We are already dealing with FGM and then you have to deal with exposing your family to the police and possibly to court and so you stop short of going the full length even if you have a credible case.”

Going to court

Women and girls reported feeling unsafe and more vulnerable during the court process. This was often triggered by having to see and give evidence in front of the perpetrator in court, not being able to access the court safely without seeing the perpetrator and feeling unprepared in court. In one case the woman was unaware that she was being called as a witness rather than a victim. Another woman expressed her wish to have a screen; however the decision was taken not to use it during the trial by the lawyers, which left her feeling scared and unprotected. Other comments indicated a lack of faith in the CJS and punishment of perpetrators.

“Education and awareness raising of magistrates is a very important part of this machinery as they don’t have the sensibility to really understand the problems they are dealing with.”

“Because her father was already touching her inappropriately and I remember going to court and actually talking about this and still he was released and on bail.”

“The problem with going to court is that they don’t really think about your full protection. The last time I went to court I requested a screen which had to be applied for together with a statement asking for reasons why. I explained that I wanted a sense of security but the prosecutor didn’t want a screen and 10 minutes before the hearing I was refused a screen. His lawyer that he got on pro-bono made me cry, accusing me of being abusive. Courts need to understand that it is a very brave thing to do and they must give basic forms of protection such as screens and get rid of the paperwork needed to justify it.”

“I had to go through the same entrance as my ex-husband and he saw me, I had to stand in the same area - I should have been allowed to go through another entrance. Being in the same area at the court meant that he could stare at me, searing into my face, trying to intimidate me in front of everyone and no one could do anything about it. I think at court, the woman needs more protection, just seeing him brought up bad feelings, he was close enough to touch me and of course I was scared, angry and fearful.”

“They arrested him and I didn’t know nothing for two days and then got a phone call at 9am saying that I had to go to court and that I was expected in court and didn’t even know, as a witness not a victim. I wasn’t protected I had to stand face-to-face with him. I was in the same waiting area as him and obviously that caused an argument and we had one in front of people and then they put me in the witness box. This is my point – where is the help for women who are petrified? Surely, they should be there to protect us. I haven’t been protected and have to protect myself.”

Civil Protection orders

Some women spoke about the lack of protection from taking out non-molestation orders. Some cases demonstrated a complete failure to ensure orders were used in a way that secured women and girls’ safety. For instance, some examples indicated that the judge minimised experiences of violence by allowing the perpetrator to remain in the family home rather than be removed. These

examples indicate how decision-making within the court process clearly contradicted the aims and intentions of protection orders, instead placing women and girls at more risk of further violence.

“I have taken out two NMOs and he has been allowed to stay in the house, he is restricted from entering my bedroom and can only use the living room at certain times. I wanted to get an occupation order but the lawyers & IDVA person advised against it. I wish I had done it now as he behaves for a little while and then turns abusive again.”

“I got an occupation order which the judge stated that he cannot enter my bedroom and a non-molestation order. My parents are in the house and he started shouting at all of us the other day without any reason. I get scared and also my children and I simply do not understand this decision, it makes no sense.”

“The current order means that if he breaks the order he will get arrested. I wish he was removed from the house but he cried in front of the judge who felt sorry for him and said that he could stay. This decision does nothing to protect me or keep me safe.”

Legal

Some expressed being supported positively by solicitors. For example, where the solicitor was clear about women and girls' options and how to complete the legal paperwork, or where solicitors had a good understanding of VAWG.

“The lawyers haven't been bad either. They understand the dynamics of DV and this makes a difference.”

However, some described a number of problems. For example, solicitors that didn't understand VAWG and were not sufficiently aware of the immediate and pending risks were less helpful. Many spoke about the high cost of legal representation for those who do not qualify for legal aid.

“I approached the first solicitor and actually she was really expensive. She told me to go to a different solicitor, as her price was too expensive for me. My father is helping me pay for this. I notice that if I say something about the kids, they will dismiss it as they say 'he has assets here'. He does not have any assets here, he has an account with money and that's all.”

“I found with the second solicitor that there was a lot of letters, emails keeping me updated, but they keep charging and are going through money very quickly.”

“The first set of lawyers that I got was not referred by Women's Aid, they were a general practice and they were really bad. They didn't have any understanding of domestic violence and the first time I went to court I was in the lift with my abuser. This was eight years ago. The lawyer at that time, when we were in the lift, she started chatting to him like we were in a pub. They put me in danger really.”

“I cannot have legal aid because the capital of my house is in my name.”

“Access to legal representation is the biggest barrier and very costly and this must change if women are to get justice.”

Working with perpetrators

A number stated that it would be good and important to deliver more consistent work to address and encourage change in the violent behaviour of perpetrators. However, those who agreed also shared a parallel concern and doubts about whether such programmes are genuinely effective if the perpetrator(s) did not take any responsibility for their actions, did not honestly engage with the interventions and if programmes were not compulsory, monitored or enforced by agencies. Others highlighted a lack of faith in the CJS, in the punishment of offenders and had doubts about the success of perpetrator programmes.

“I think it is a good idea, however I feel that the majority of male perpetrators, the law does not punish them and they normally commit terrible crimes and they manage to get released and then they go on perpetrating crimes against women. The best example is my uncle, he was released from the prosecution and this is a man that raped me endlessly. He ruined my life. For three years he was on bail, house arrest. He carried on assaulting and mistreating his wife, and I was terrified that he would do the same to his daughters.”

“I think it is a really good idea that men are made aware of what they are doing and they shouldn't be doing it and why it is wrong. They should address the impact of their actions and develop awareness of what they are doing. They should learn and work on it. I think it might work. But also if it works we will be saving a lot of women that might otherwise end up being killed by their partners and also avoid all that pain. The children suffer witnessing DV.”

“He would go but not sure it would work. He isn't honest and can't admit that what he has done is wrong, so I know that he went to a group thing but was saying that he wouldn't be opening up and talking in front of a group of strange men. I think a one-to-one service for men may work better. The barrier here with this service is about not being honest. You can only work with tough issues when that person is ready to work through them too.”

“Once the man has been identified as a violent man they should go on a course and learn how to respect women.”

Prevention

Women and girls stated that schools play a fundamental role in prevention and this was a strong theme throughout most of the interviews. Many said that it was imperative to teach children about VAWG; the importance of teaching children about their human rights, the different types of violence and the practical steps that would support children to openly discuss their experiences, access help, safeguard their future and their overall wellbeing. They stated that this should be taught alongside other important life skills such as self-worth, confidence, respect and the importance of consent. They also suggested that it would be beneficial to encourage women who have experienced VAWG to share their experiences with children and young people.

“Give children the information about rights from a young age and encourage them to understand consent and that violence is unacceptable.”

“Education and solutions to abuse need to happen at the same time. Think they should teach children in school, because nobody knows about forced marriage and domestic violence even if they are going through it, they may think they are the only ones. They should teach them to speak up about it. There should be posters in schools and clinics.”

“I think there should be assemblies in schools, even people like us [women survivors] to share our experiences and what you can do to change your situation.”

“[Schools] should work on self-esteem, respect and confidence.”

“It’s about going back to where it all starts. If it’s what’s normal, what you see growing up then it just feels what’s normal. Children need to be taught that it’s not normal, being hit is not normal, someone touching you is not normal, someone taking advantage of you is not normal. In schools, in care. if there was more help there then maybe girls wouldn’t end up on the streets. I don’t want young girls going through what I went through, I don’t want nobody going through what I went through. We need to listen, to create a space for children to speak, for young people to speak.”

“Also people that have been through it, going into places with professionals, because it has a big impact. Young people really respond to people that have been through it – ‘wow it does happen!’ they start talking and opening up because you’re not a member of staff.”

“Lessons in schools about domestic violence is a must and it should be a part of the national curriculum so that kids can understand the impact of abuse.”

“I think the only way forward is to make education about healthy relationships and violence and abuse and sexual exploitation compulsory - to get taught sexual exploitation and violence in schools and for workers to have that training as part of their qualifications.”

Women also stated that children should be taught about VAWG from an early age.

“There needs to be a whole lot more education and from an earlier age.”

“Schools need to teach it from an early age and what it really means and how it affects your overall health.”

“Children up to the age of 5 are easy to manage and this is the time that they should be taught about domestic violence and abuse.”

“I would target is pre 14 years old. By the time I was 14, I was sexually active and I think most young girls are sexually active around this age.”

“You need a lot more prevention. When I was being groomed, it was only when I went to treatment that I realised that I’d been groomed, they weren’t my partners.”

Some said that for prevention to be effective it needs to also take place within the child’s home environment between mothers and children. A number shared their experiences of talking to their children about violence.

“Parents are the first step but schools are the second home. If they are not receiving this information at home and not receiving it at school, they are not receiving at all. I have two young daughters and I have had many conversations about their father and why his behaviour is wrong.”

“My daughter is 14 and she knows, I have sat and explained to her that this is not how you should be treated. I have talked to her about respect and that a guy needs to respect you and explain this. Maybe they could teach this in life skills.”

Women and girls also spoke about the importance of offering more space for workshops and group-based work in the following areas to work on changing attitudes towards VAWG.

“Spaces for adults and young women to support them to recognise and reflect on their own experiences whilst building confidence and life skills.”

“More groups for women and real discussions about their experiences – adult women and girls.”

“I think there should be more workshops on self-respect and self-love for women who are suffering domestic violence. This would help greatly.”

A number of women felt that there was a value to doing more of this type of work across all forms of VAWG that focused on women, men but also on other members of the family.

“I think it is a good thing for younger women but I also think it is about education in your family. Think about where it comes from, your mother could have experienced the same thing. Mother’s may think that’s her job and the father will think he can do whatever he wants, talk to you how he wants.”

“Dedicated sessions for young and older women on FGM that highlight the impact and consequences of FGM and other forms of VAWG and which also provide women with the space to consider their legal rights and options for seeking support.”

Furthermore, women and girls felt that community engagement on FGM needed to take on a more holistic approach and that the focus on running women-only sessions although necessary meant that women and girls were left alone to negotiate change within the family/community context. They discussed the need for more spaces to support and initiate discussions with parents and felt that men would be more responsive to messages delivered by informed, community-based male advocates. Sessions needed to demonstrate the negative health, social and emotional consequences of FGM on women and girls and dispel myths and assumptions around religion and culture. Others also felt that religious institutions should play a much stronger public role in denouncing all forms of VAWG.

“The mother cannot do it alone, the father needs to be involved. If the mother accepts that it is wrong and goes home and tries to talk to her husband, he is likely to say that you are wrong and this is our culture.”

“Young men know that it is dangerous but why are they still not accepting it – information and awareness raising needs to come from men. It is crucial for a

brother to stand up and say 'this is wrong my brothers and this needs to stop' and they need to accept that it is dangerous, wrong and unnecessary."

"[Men] need to be educated about the many different health problems FGM brings and how these problems can bring health difficulties throughout your life."

"FORWARD has a youth community where this is being explored and they are trying to do workshops with fathers only and mothers only."

More sessions with parents on the consequences and impact of forced marriage and the negative health implications for minors who have experienced forced marriage.

"Instead of being forced to marry, families need to be educated more and need to understand that it is better to get to know someone before you marry them or have a relationship with them."

Sending out strong public messages on VAWG across all platforms

Women and girls felt that society still does not have a good enough understanding of VAWG in all its forms. They felt that awareness raising efforts on VAWG could improve and that future campaigns should send out clearer messages and more consistently target different forms of media including TV, radio, and social media. As well as educating the public on VAWG, they thought that the media could better promote and inform women and girls, family members, friends and the general public of the types of services and support that exist, and the steps that could be taken to access support. BME women and girls also stated that specialist BME services had less profile and should be advertised and promoted more widely.

"More adverts and information with more examples of domestic violence, on buses, in hospitals, police stations, public places. To help understand it is not right because sometimes we think it is right? Radio and TV as well."

"I don't think there is enough information about exiting prostitution. I think it needs to be a big campaign. Going round and talking to lots of different services, drugs workers, health practitioners, criminal justice, getting their heads around exiting."

"I remember knowing someone who was suffering terrible abuse from her husband and not being able to help her or assist her because I didn't know where to go."

"Make the information about [BME] services that offer specialist services that are culturally sensitive in our mother-tongue, make them more available. Finding out about this service was very hard and difficult. I found out about it through a friend."

Furthermore, that information should be provided to more readily help women, girls and society in general to understand more about VAWG, and to recognise what they or someone they know are experiencing. They felt that there should be an equal emphasis on the emotional forms of violence and control as the public perception still equates VAWG with physical rather than other forms of violence.

“I wish there is more information on it. I think there needs to be more information about the emotional experience of domestic violence because I felt very guilty. When you are suffering these kinds of things you think it is your fault. You are doing wrong or not making him happy, so you don't say anything or do anything. You give more and more and then he pushes and you think it is your fault. I think we should be more aware about this.”

“Recognising that there is a problem in the first place is important.”

CONCLUSION

Overall, the findings point to the need for more consistent, integrated services across London to address different types of VAWG and further investment in the types of support women and girls value and find effective.

There was overwhelming support for improving the local availability of 'women-only services' to address the harmful physical, emotional and social impact of VAWG. In particular, not being able to access support locally and having to travel further to access appropriate support frequently exacerbated women and girl's existing levels of stress and isolation and this was frequently compounded where there are additional vulnerabilities such as drug and alcohol issues, need to access a BME specialist and chronic health issues.

The support for specialist VAWG services also included BME women-led services, those that had a specific expertise and approach to addressing a particular form of VAWG – such as forced marriage, FGM, exiting prostitution or sexual violence – or were particularly effective in supporting women with additional vulnerabilities, such as drug and alcohol use. Women and girls described feeling more emotionally and practically supported, higher levels of trust, and improved health and wellbeing as a result of interacting with specialist VAWG workers.

Overall, it is important for public sector commissioners to recognise the need for more consistent and longer term investment in a diverse range of women-only VAWG service models and approaches which respond to different forms of VAWG and social identity. For example, women exiting prostitution spoke of the importance of services that enabled them to access support workers on a 24 hour basis as well as longer term support to exit through emotional support, training and employment programmes. Women affected by FGM spoke about the barriers around disclosure and the complexities of reporting family and community members, hence the importance of on-going case-work support through community-based support workers. There are also inadequate levels of targeted provision for young women in the context of different forms of VAWG. Equally significant is improving access to services that provide longer term and flexible arrangements for emotional support through counselling, group work, peer-learning programmes and activities for adults and children. These were considered as significant as access to safe housing.

A number of women shared examples of poor practice amongst statutory agencies (health professionals, police, the courts, job centres and council staff) which left them feeling dismissed, disbelieved, vulnerable and not informed about where to access support. Access to on-going face-to-face training on different forms of VAWG from the specialist VAWG sector would go some way to ensuring responses were more consistent and of a high quality. For women with immigration/asylum issues, access to support services including refuge accommodation is particularly difficult, and women face a higher risk of destitution. Therefore there is a need for more joint work with UKBA and other partners to improve referral to specialist VAWG services and review existing practice and policies on VAWG.

On-going work and training of various commercial providers such as banks and mobile phone companies is also required to establish more flexible and appropriate working practices, particularly in situations where women's safety has been compromised by documents being sent to the perpetrator(s) address. Updated and consistent training from the specialist VAWG sector

and making systems more flexible within the commercial sector may go some way to ensure that women are safer.

Alongside, the more consistent delivery of frontline services, there is clearly a need to fund organisations to deliver more consistent work on awareness raising, education, prevention in schools and other community-based settings. Community engagement at different levels with women, young women, boys, work with parents is crucial. Equally significant is the need to embed VAWG and human rights as a life skills subject as compulsory within the national curriculum. Furthermore, there is need for more consistent high-profile campaigns and targeted information campaigns for individuals seeking to access support for someone they know who may have experienced violence. This will also enable women and girls to more easily recognise the indicators of VAWG prior to accessing formal support services, to ensure they are more equipped and knowledgeable about accessing relevant support services. Above all it is critical that the voices of women and girls who have experienced VAWG are actively encouraged and involved in the development and design of services across London.

RECOMMENDATIONS

Women and girls have made a series of recommendations about what future work should be prioritised:

Women and girls want more localised and consistent access to women-only VAWG services across London

A snapshot of VAWG activity across London

MOPAC could conduct a snapshot exercise to map the level and range of VAWG activity and services across London.

- The snapshot would establish the range of services that exist and should capture:
 - different types of VAWG specialism
 - nature of support offered
 - service availability
 - criteria for inclusion
 - women-only provision
 - BME-women-only provision
 - additional areas of expertise such as young or older women, drug and alcohol and mental health services
- The mapping exercise should be repeated on a two-yearly basis to document on-going changes and new developments to service provision.
- Data generated should be published and distributed and should inform the mayor's VAWG strategy and the on-going commissioning of VAWG services across London.

Promoting the importance of an integrated VAWG policy approach across London

- MOPAC should establish an on-going scrutiny panel to discuss and review progress towards integrated VAWG responses. The panel should include representatives from:
 - council leaders
 - local mayors
 - senior public sector local authority commissioners
 - NHS health and social care commissioners
 - schools
 - VAWG organisations
- MOPAC should create an award system or beacon status for local areas, specialist VAWG services and projects that demonstrate innovation as an incentive for promoting promising practice on VAWG.
- The mayor should hold a seminar with key funders and private donors to raise awareness on VAWG, to showcase promising practice and to encourage further investment in the sector.

Commissioning the right types of services that are effective for women and girls

The mayor should take a leading role in influencing the commissioning of VAWG services by:

- Developing a template on 'the principles of commissioning' for public sector commissioners covering key issues including:
 - length of funding contract
 - diversity of service provision across equalities groups and areas of need including women-only provision
 - different models of service intervention
 - impact
- Working in partnership with VAWG organisations including second-tier agencies and other VAWG specialists to develop a self-assessment tool. The tool would provide public sector commissioners with a mechanism for assessing their performance and progress on addressing VAWG across the criteria of:
 - early intervention
 - crisis-based support
 - after-care and resettlement services
 - therapeutic support
 - protection
 - prevention
- MOPAC should work with second-tier VAWG services to endorse and promote the adoption of service standards that currently exist within the VAWG sector, for example:
 - Rape Crisis (sexual violence)
 - Imkaan (forced marriage, female genital mutilation, 'honour-based' violence and VAWG)
 - Respect (perpetrator work)
 - CAADA (Leading lights)
 - Women's Aid (DV)

Where standards do not exist on particular forms of VAWG or other areas of specialism MOPAC should seek to engage in a dialogue with appropriate organisations.

- MOPAC should continue to invest in piloting VAWG initiatives; to encourage and promote more effective service solutions to commissioning, joined-up delivery of service areas that are currently under-addressed and where women and girls are not able to easily access support. For example, pilots could be established to develop effective service models on:
 - exiting prostitution
 - drug and alcohol issues
 - mental health needs

- chronic health issues
- young women
- older women
- BME women and girls, including BME groups that are under-represented in existing provision
- MOPAC should use data from London Councils to review existing levels of refuge provision across London. This data should also be used to consider the extent to which current supply addresses existing need for specialist accommodation services. This should help to prevent women and girls from being housed in generic housing provision or in locations far away from important networks of peer-support.
- In the delivery of the harmful practices pilot, MOPAC should commission specialist BME VAWG organisations to deliver community-based outreach services. For example, improving access to community-based BME support workers for young women affected by FGM or forced marriage. This will aid disclosure and ensure that robust support arrangements are in place at different points of vulnerability.
- Local authority health and social care commissioners should use the findings of this report alongside local/regional data on VAWG to inform and review local strategic frameworks including the JSNA and commissioning processes.
- Local authority health and social care commissioners should review local provision and consider ways of improving access to support services for groups of women and girls who may experience different forms of marginalisation, isolation, discrimination and additional barriers to seeking help, for example:
 - young and older women
 - BME women and girls including newly arrived communities
 - women and girls with immigration/asylum needs
 - LBT women and girls
 - women and girls managing disabilities and chronic health issues
 - women and girls with mental health needs
 - women and girls with drug and alcohol issues

Women and girls want longer term access to services that support their emotional health and wellbeing

- MOPAC should engage in dialogue with specialist VAWG organisations that hold expertise in delivering a holistic range of therapeutic interventions for women and girls, to consider gaps and approaches to improving policy and practice, for example:
 - Women and Girls Network (WGN)
 - Rape Crisis
 - domestic violence services
 - BME specialists delivering same language counselling services

- exiting prostitution services
- MOPAC should hold a roundtable meeting with mental health commissioning leads and VAWG specialists to consider ways of improving policy and practice in the delivery of therapeutic services.
- Funders, commissioners and grant making trusts should recognise the value of funding VAWG organisations to deliver different models of empowerment work to aid women and girls' longer term recovery and rebuilding after violence, for example:
 - group work
 - one-to-one counselling
 - training and employment programmes
 - activities for children and young people
 - peer-led and leadership programmes with women and girls

Women and girls want better quality information on VAWG and VAWG services

- MOPAC should promote existing public information campaigns more widely across London. For example, build on recent campaigns on sexual harassment with TFL and BTP to improve the availability of information on VAWG services on London's transport networks:
 - Lambeth 'know the difference campaign'
 - Home Office materials
 - information developed by the range of VAWG organisations across London
- MOPAC should work with businesses, transport networks, sports institutions and other key stakeholders to encourage them to disseminate messages that promote a culture of respect and zero-tolerance around sexist and misogynistic attitudes, behaviours and VAWG.
- Local authorities should work in partnership with specialist VAWG providers to review ways in which information on VAWG and VAWG services are currently promoted. This process should look at the extent to which existing resources support women and girls to readily identify indicators of VAWG, identify and access appropriate sources of support. Any public awareness raising efforts should consider a range of methods and approaches to ensure that equality objectives are met and the messages resonate effectively with different groups.

Women and girls want prevention on VAWG to be high priority

- Central Government with DFE should make VAWG a compulsory part of the national curriculum and teaching of VAWG should start at primary school age.
- The mayor should pilot a 'whole school' approach within the mayoral academies to promote the importance of addressing and embedding VAWG work within education and as a beacon of good practice. A pilot should be developed in partnership with specialist VAWG organisations that already deliver effective programmes of prevention, including those that hold specialism on specific forms of VAWG, for example:
 - female genital mutilation

- forced marriage
- peer-on-peer abuse
- sexual exploitation
- The mayor and deputy mayor should use the learning from the pilot to take a lead on prevention and lobby the Education Minister and local authorities on the importance and value of VAWG prevention work.
- The mayor could establish a media ‘watchdog’ comprising of VAWG experts, to offer a critical perspective, monitor and respond to harmful gendered attitudes that impact on women and girls.
- Local authority and public sector commissioners should commission VAWG organisations to deliver prevention and community-based awareness raising activities alongside the delivery of frontline services to women and girls. This should include community engagement at different levels with women, girls, boys, parents and programmes that focus on raising awareness on all forms of VAWG, including:
 - events
 - peer-led programmes
 - group work
 - joint work with schools and other community settings
- Sustainable longer term investments in this work would allow for more effective measurement of impact and outcomes.

Women and girls want health services to be more understanding and to appropriately respond to VAWG

- The mayor needs to take a visible lead on health given the pace of change in this area. The mayor could co-ordinate a learning seminar with health partners (Clinical Commissioning Groups, Health & Wellbeing Boards, Health Watch, Public Health leads) and the VAWG sector to consider current developments, guidelines and models of promising practice to drive a more consistent approach across London. For example, specific areas of focus could include;
 - improving rates of routine enquiry across different forms of VAWG
 - drawing on the learning from existing work such as the DH GP champions project looking at young people’s engagement
 - ‘Better Health for Women’ a model on how to incorporate women’s health into JSNAs produced by the Women’s Health & Equality Consortium (WHEC)
 - models of joint working between health and the VAWG sector
- MOPAC should re-establish a health VAWG working group to oversee and review developments.
- CCGs should review progress on VAWG against the NHS public health outcomes framework.

- Local health leads should proactively nurture multi-agency links with local VAWG organisations to consider approaches for improving effective pathways for early intervention, identification, referral, and support responses across all forms of VAWG. This should include commissioning services from the VAWG sector.
- Health and Wellbeing Boards should incorporate key recommendations of the Alberti Review, for example appointing a single designated point of contact (strategic and operational) to advise on appropriate care and referral pathways for women affected by VAWG.

Women and girls want the criminal justice system to respond more sensitively and have a better understanding around their experiences of violence

- The mayor should ensure that the MPS (including front counter staff and PCSOs) have access to on-going standardised training on all forms of VAWG. It is essential that training initiatives are delivered in partnership with specialist VAWG and equalities groups.
- MOPAC should commission a yearly poll with victims/survivors of VAWG to collate their views and experiences of interacting with the CJS.
- MOPAC should conduct a survey to gather information on the MPS in relation to current awareness of VAWG and factors that impact on the way they respond to VAWG in order to drive improvements and consistency across London.
- MOPAC should promote further development of specialist VAWG police leads across London to encourage leadership and more consistent responses to these issues.
- MOPAC should co-ordinate a meeting with CJS partners and the specialist VAWG sector to look at ways of improving policy and practice, including;
 - actions taken against the perpetrator
 - enforcement of protective orders
 - support responses to women and girls accessing the CJS at different points of vulnerability e.g. at the point of reporting, during and after criminal proceedings

Women and girls want immigration authorities and other statutory agencies to respond more sensitively to their experiences of VAWG rather than focus on their asylum/immigration status.

- The mayor should work with key partners to look at ways of improving access to safe housing, healthcare and justice to all women and girls in line with the recent recommendations made by the CEDAW committee. Partners should include;
 - the UKBA
 - Home Office
 - CJS
 - housing providers
 - health sector
 - specialist VAWG sector

- asylum/immigration voluntary sector
- Local statutory and voluntary agencies should review current mechanisms of referral to ensure that women and girls who are disproportionately impacted by sexual violence and other forms of VAWG are more able to access appropriate support from the VAWG sector, for example Rape Crisis Centres, BME VAWG services and VAWG advice services.
- The mayor should ensure that the Metropolitan Police Service (MPS) prioritises women and girls' reports of VAWG over and above immigration/asylum status. Training should be commissioned through BME VAWG and refugee/asylum voluntary sector specialists as part of rolling programmes on VAWG.

Women and girls want other agencies that they are likely to interact with after they leave the violence to have a much better understanding on VAWG

- The mayor should convene a meeting with private sector organisations, for example utilities companies, mobile phone providers and banks, to discuss ways in which current policy and practice can be improved to address the security needs of women and girls who have left situations of violence.

Women and girls want all agencies that they are likely to approach for support to have a more VAWG-sensitive approach

- Agencies that are likely to come into direct contact with women and girls should be required to undergo on-going accredited VAWG and equalities training commissioned from the VAWG sector, as part of their on-going professional development. Agencies that require training include;
 - Homelessness and social work teams
 - Local authority frontline staff
 - Health staff
 - Schools
 - CJS
 - Youth services
 - Job centres

Women and girls want to be more involved in sharing their experiences as part of preventing VAWG in the future

- MOPAC should integrate a community engagement element within all proposals for improving service delivery, to ensure that the views of women and girls feed into the development of all VAWG initiatives and services.
- MOPAC should conduct a scoping exercise to explore different models of engagement to ensure that there are effective mechanisms for involving women and girls who are victims/survivors of VAWG in their on-going work.

APPENDIX 1

Initial e-mail to organisations, sent Mon 22/04/2013 14:39.

Dear Colleague,

My name is Ikamara and I am from an organisation called [Imkaan](#), which is a UK-based, black feminist organisation dedicated to addressing violence against women and girls (VAWG). We would like to arrange to speak with some of your service users and ex-service users.

In March 2010, the Mayor's Office for Policing and Crime ([MOPAC](#)) published 'The Way Forward', which was the first VAWG strategy for London. MOPAC is in the process of drafting their second strategy, and as part of this, Imkaan has been commissioned to organise focus groups and interviews to collate the views of women and girls to inform the development of the second strategy.

The project is being conducted by two staff members, Amena and myself. Please see attached **a briefing paper for further information**.

We would love the opportunity to engage with your organisation on this. We will send you the questions at a later stage so that you can get a sense of the conversations we will be having with participants. We will also be using an online survey so that we can get even more opinions!

We intend to consult with:

- Women and girls who have previously accessed support via voluntary sector specialist provision, statutory services and criminal justice agencies across the different forms of VAWG.
- We will also ensure that those consulted include women exiting prostitution; BME women and girls including those who have experienced forced marriage, FGM and "honour"-based violence; young women under the age of 18 including those who have been/are associated to gangs.
- Women and girls who fall within equality strands i.e. disability, sexual identity, and age, ethno-cultural identity.

This aspect of the work will be taking place between April 22nd and May 21st. We've allocated 2hrs for each focus group and interview, with the intention that we get to speak to participants for an hour. This allows for if anyone comes late, or if they really love talking to us! As a thank you for participating, we are offering participants a £10 voucher. Refreshments will also be provided and travel expenses will be reimbursed. For those who would like to feedback in a different way, the online survey will be available.

We will be in touch over the next few days, to discuss whether you can be involved and how we can work with you on this. In the meantime, please do get in touch with me if you are interested in participating. Thank you for your on-going work and support in tackling inequality.

I look forward to hearing from you.

Best wishes,

Ikamara Larasi
Office Manager | Researcher (MOPAC Victim-Survivors of VAWG Consultation)

imkaan

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www.imkaan.org.uk

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APPENDIX 2

Briefing paper attached to initial email, and made available on our website.

Consultation with Victims-Survivors of Violence Against Women and Girls - Imkaan/MOPAC

April – June 2013

The Mayor's Office for Policing and Crime (MOPAC) is led by the Mayor of London, Boris Johnson, supported by the Deputy Mayor for Policing and Crime (DMPC), Stephen Greenhalgh.

Imkaan is a UK-based, black feminist organisation dedicated to addressing violence against women and girls. As a second-tier, human rights organisation, with national membership, Imkaan represents the expertise and perspectives of frontline specialist women's services that work to prevent and respond to violence against women and girls.

The mayor had made a commitment to develop a second London violence against women and girls (VAWG) strategy to build on the first strategy, *The Way Forward*, published in March 2010. The second draft strategy is currently being prepared and will be launched for consultation in April/May 2013.

The Police Reform and Social Responsibility Act 2011 created a duty for Police and Crime Commissioners to obtain the views of victims of crime about policing and crime matters in their local area. MOPAC is therefore keen to obtain the views of women and girls' to feed into the mayor's second VAWG strategy.

As a part of this process, Imkaan has been commissioned to collate the views of women and girls via a series of focus groups and interviews to inform the development of the second London VAWG strategy.

How we are carrying out the work

From 22nd April to 21st May we will be carrying out a series of one-to-one interviews and small focus groups and an online survey with women and girls including:

- Former-service users of voluntary sector specialist provision, statutory services and criminal justice agencies. This will include women exiting prostitution.
- BME (Black, Minority and Ethnic) women and girls including those who have experienced forced marriage, female genital mutilation and "honour"-based violence.
- Young women under the age of 18 including those who have been/are associated to gangs.
- We will explore any barriers to accessing service provision e.g. disability, sexual identity, and age.

This will be collated into a report to feedback to MOPAC in June. The objective of this piece is to:

- Obtain the perspectives of women and girls to strengthen our understanding in the following areas:

- a. Service gaps and needs
- b. Map the pathways through which women and girls in London access protection and support
- c. Identify barriers to accessing protection and support
- d. Explore and identify preventative measures and how this should be delivered across London.
- e. Develop recommendations on effective service models.

How participants will benefit from the study

The feedback from participants will be used to inform the development of the second London VAWG strategy, so this offers the opportunity women and girls to influence future planning in London. Also, as a thank you for participating, we are offering each participant a £10 voucher. Refreshments will be provided and travel expenses will be reimbursed.

Who to contact about the study

If you have any queries or if you work in this area and would like to contribute to the project or know anybody who would be interested, please contact us using the details below:

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