



Report of the Scrutiny Panel into Support Services for Survivors of Serious Sexual Offences

June 2010

Draft Report v 1

Volume Two: The Evidence

Panel Members:

Councillor David Watkins (Chairman)
Councillor Juliet McCaffery (Deputy Chairman)
Councillor Averil Older
Councillor Alex Phillips

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APPENDIX 1: PANEL'S SCOPING PAPER

Scrutiny Panel Enquiry into Support Services for Victims of Sexual Violence in Brighton and Hove

Scoping Paper

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1. Scrutiny Panel Membership

Cllr Alex Phillips
Cllr Juliet McCaffery
Cllr David Watkins
Cllr Averil Older

2. Scoping Ad Hoc Panels

At its meeting on the 9 November 2009 the Environment and Community Safety Overview and Scrutiny Committee (ECSOSC) agreed to set up a Scrutiny Panel to investigate what services there are in the city which offer support to victims of rape and sexual assault. This decision was taken in response to a Notice of Motion submitted to Full Council on 8 October 2009 (agenda item 24f) calling for a review of current support services available for victims of rape and serious sexual assault, and how these support services are funded. (See appendix for further information.)

Ad hoc panels are intended to “*carry out short, sharply focused pieces of scrutiny work. As a guide, the work of these Panels should be capable of being conducted within 3 meetings or less.*” (Constitution: 6.1[5.1])

Issues to consider:

1. Subject

- Taking into account the information set out in Brighton and Hove’s Community Safety, Crime Reduction and Drugs Strategy 2008-11 which describes how the Crime and Disorder Reduction Partnership is dealing with sexual violence, what precisely is the issue the Panel wants to consider (bearing in mind the need to remain “sharply focused”)?
- Are there any specific aspects of this issue which Panel members wish to exclude from consideration?

2. Objectives

- What kind of general outcomes is the Panel aiming to achieve?
- Do Panel members have specific outcomes which they wish to achieve?

3. Recommendations

Recommendations will need to be made primarily to the Crime and Disorder Reduction Partnership who have responsibility for this agenda.

4. Terms of Reference

- Agreed terms of reference for the Panel

5. Methodology and Research

- How is the Panel going to undertake its investigation?
- Should Panel members be guided by any specific pieces of research?

- Who should be invited to give evidence?
- Is a site visit necessary? Where to?
- Possible timetables for meetings etc

3. Background Information/Focus of the Enquiry

Why undertake a scrutiny enquiry?

Rape, sexual assault, sexual exploitation, and sexual abuse are all forms of sexual violence perpetrated mainly against women and girls but also against boys and men. Sexual violence is more common than most people think: nationally, 21% of girls and 11% of boys experience some form of childhood sexual abuse; 23% of women and 3% of men experience sexual assault as an adult; and, 5% of women and 0.4% of men experience rape. Sexual violence is one of the most serious crimes a victim can experience: it has a devastating impact on a victim, their family and friends, the local community, and the whole of society. Despite this, however, victims of sexual violence rarely have access to the specialised support services which they need in order to cope with the violence which they have experienced. (Cross Government Action Plan 2007)

In 2009, the Equalities and Human Rights Commission together with the End Violence Against Women coalition published a report on '*The Postcode Lottery of Violence Against Women Support Services in Britain*'. The report showed that in many areas of the country the support services for women who have experienced violence are either chronically under-funded or simply do not exist. For example, women experiencing violence and living in the South East have far fewer services to turn to in a time of crisis than those living elsewhere in the UK. The report criticised the government and local statutory agencies for not having a strategic approach to tackling sexual violence.

Women and girls are disproportionately affected by sexual violence and this represents both a significant cause and consequence of gender inequality. In 2007, the government published a '*Cross Government Action Plan on Sexual Violence and Abuse*' which detailed the actions the government would be taking to reduce sex crimes, support victims, and improve the criminal justice systems response to sexual violence. In November 2009, the government published a cross-government strategy which sets out a co-ordinated approach to ending all forms of violence (physical, emotional, and sexual) against women and girls. The '*Together We Can End Violence Against Women and Girls: A Strategy*' includes a range of actions for the police, local authorities, the NHS, and government departments to take across three areas: prevention, provision, and protection. Local areas are required to respond to the actions in this strategy, and develop their own responses to ending all forms of violence against women and girls. (See appendix for further information.)

Undertaking a scrutiny enquiry into the issue of support services for victims of sexual violence will ensure that the specialist support services provided for

victims of sexual violence in Brighton and Hove meet the needs of victims, and are co-ordinated and sustainably resourced.

What is sexual violence?

The government defines sexual violence as:

- Sexual violence and abuse which occurs in a domestic setting (this includes forced marriage and honour killings)
- Rape and sexual assault which occurs in a public place or a non-domestic setting
- Sexual exploitation
- Prostitution and trafficking
- Childhood sexual abuse

This definition includes all of those affected by these crimes including, women, men and children but also recognises the strong associations between sexual violence and gender-based violence which represent a significant cause and consequence of inequality for women.

Brighton and Hove's Crime and Disorder Reduction Partnership (CDRP) has prioritised tackling sexual violence within the Community Safety, Crime Reduction and Drugs Strategy 2008-11. The partnership is working to the government's definition of sexual violence in its Sexual Violence and Abuse strategy and action plan. (See appendix for a copy of the strategy and action plan.)

Whom does sexual violence affect?

Sexual violence can occur in a wide range of different contexts and circumstances with the most vulnerable in society being disproportionately affected.

National data and research indicates that the following groups are affected by sexual violence and may require specific support services:

Women:

Sexual violence is both a consequence and cause of gender inequality with a disproportionately high number of women becoming victims of sexual violence, and with most perpetrators of sexual crimes being men. Almost one in four women in the UK has experienced some form of sexual violence. Younger women are more likely to experience sexual assault, with those aged between 16 and 24 being almost four times more likely than women aged 45 to 59 of becoming a victim of sexual violence. 92% of the 14,449 rape cases reported to the police in 2005-06 involved a female victim. (Cross Government Action Plan 2007) Despite the high numbers of women experiencing sexual violence, one in four local authorities in Britain have no specialised support services for women, and the level of provision of specialised services in the voluntary sector has diminished. (Map of Gaps Report 2 2009)

Men:

In 2005-06, 8% of all rapes reported to the police involved a male victim. Men aged between 16 and 19 are significantly more likely to experience sexual assault than older men. Additionally, a high number of male offenders (60%) may have experienced some form of sexual violence whilst in prison. Despite a significant number of men becoming victims of sexual violence, male sexual violence is rarely covered in the media and there are few specialist support services available for victims. Men who have experienced sexual violence may as a result feel even more isolated by their experience and be even less likely to report it or seek the support that they need. (Cross Government Action Plan 2007)

Children:

In 2007-08 ChildLine counselled 13,237 children for sexual abuse: 61% of these children were aged 12-15, 64% were girls, and 36% were boys. 88% of these children were abused by either a close family member or by someone else known to them. There is a strong correlation between a child's living circumstances and their vulnerability to sexual abuse and exploitation. Children with a disability, missing or looked after children, and children from families experiencing domestic violence are much more likely to experience sexual abuse. (NSPCC Press Release 2009) Lastly, those abused as children are more likely to become victims of further sexual violence as adults. (Cross Government Action Plan 2007)

Young People:

Recent Research investigating partner exploitation and violence in teenage intimate relationships found that there were high levels of physical, emotional, and sexual violence occurring in teenage relationships. One in three girls (31%) and 16% of boys reported experiencing some form of sexual violence. 27% of girls reported feeling pressurised into engaging in sexual behaviour against their wishes, and 13% (one in eight) girls reported being physically forced into engaging in minor sexual behaviour. 16% of girls reported that they had been pressurised into performing sexual acts, and a small minority stated that they had been raped. Girls aged 16 or over were more likely to experience rape than other age groups of girls, and boys aged 14 and 15 reported more incidents of sexual violence than other age groups of boys. Experience of family violence was a predictor of violence experienced in teenage relationships with 40% of young people who had experienced family violence also experiencing violence in their intimate relationships in comparison to 18% of young people who had no experience of family violence reporting sexual violence in their intimate relationships. 41% of young people in a same-sex relationship reported experiencing sexual violence. Most teenagers only reported the incident to a peer, although a few sought help from adult learning mentors located in their school. (Partner Exploitation and Violence in Teenage Intimate Relationships 2009)

Black, Asian and Minority and Ethnic (BAME) groups:

There may be religious and cultural factors which prevent men and women from BAME groups from reporting sexual violence or seeking support services.

There may be cultural or religious stigmas attached to being a victim of sexual violence, or with significant taboos surrounding an individual's ability to even discuss their experience. Additionally, language and immigration status may offer significant barriers to individuals wanting to report a sex offence or seek support to cope with its impact. Levels of sexual violence amongst those from BAME groups may be difficult to judge, and BAME specific services may be required in order to offer BAME women and men the specific help and support they need. (Cross Government Action Plan, 2007)

Sex Workers:

Those involved in prostitution are particularly vulnerable to sex crimes and experience particular barriers to reporting sex crimes, such as concern that they will not be believed by the police, the associated stigma of being a sex worker, the perception that being involved in selling sex implies that all sex is consensual, or the fear of criminal proceedings being taken out on them instead. Those involved in prostitution are also disengaged from services, being more likely to be isolated and less likely to seek support. Migrants or those that have been trafficked into this country and into the sex trade may face additional barriers to seeking support services. (Cross Government Action Plan 2007)

Disabled:

Disabled adults and those with mental health problems may also be affected by sexual violence, with those suffering physical and learning disabilities being vulnerable to sexual abuse. Research conducted in 1995 suggested that there were 1,250 cases of reported sexual abuse against adults with disabilities each year. As those with disabilities may also be less likely to report sexual abuse, particularly if the perpetrator is a care worker or figure of authority, there is likely to be significant under-reporting of incidents of sexual violence against disabled people. (Cross Government Action Plan 2007)

Links with alcohol consumption:

There is a strong correlation between alcohol consumption and sexual violence, and young women in particular are more likely to experience an incident after they have been drinking. Alcohol was involved in 34% of rape cases investigated by the police, and 44% of women who are victims of sexual violence have been drinking to excess. The reasons for this correlation are complex: it is possible that people will take more risks when they have been drinking, they may have slower and less effective reactions and awareness, people may be specifically targeted by perpetrators if they have been drinking and are more vulnerable. Perpetrators of sexual offences are also likely to have been drinking just prior to committing an act of sexual violence or to have a history of long-term alcohol abuse. (Cross Government Action Plan 2007)

Domestic setting:

Contrary to what most people think, most acts of sexual violence are perpetrated by someone known to the victim rather than a stranger. About half of the known serious sexual assaults in 2004-05 were committed by a current or former partner of a victim; only 11% were committed by a stranger and

55% of rapes took place in the victim's home. The majority of childhood sexual abuse is committed by someone known to the child. There are clear links between sexual violence and domestic violence with rape being associated with the most severe cases of domestic violence and one of the risk factors in domestic homicide. Most incidents experienced by victims in this setting are multiple, and most victims are women. Incidents of forced marriage, honour killings and female genital mutilation, all of which tend to take place in the victim's home and are committed by close family members, are also acts of sexual violence. (Cross Government Action Plan 2007)

Local data and research indicates that vulnerable groups in Brighton and Hove which are also affected by sexual violence and may require specific support services are:

Lesbian, Gay, Bisexual and Transgendered (LGBT) people:

Local data from the Count Me in Too report suggested that 30% of LGBT people have experienced domestic abuse and violence, with 55% experiencing this from a partner or ex-partner and 43% from a close family member. The local data also indicated that 8% of domestic violence and abuse survivors had also experienced some form of sexual assault in the past five years. The close correlation between domestic violence and sexual violence suggests that there are probably high levels of sexual violence experienced by members of the LGBT community which goes unreported. The Count Me in Too report stated that there was an overwhelming desire amongst the local LGBT community to have LGBT specific services. (Count Me in Too: Domestic Violence and Abuse Report 2007)

Sex Workers:

Women, young people, men, and transgendered sex workers are often subject to sexual violence at the hands of their pimps or clients, and are also much less likely to report incidents. A local survey suggested that locally, 57.5% of sex workers reported that they had experienced violence or abuse and of those, only 12.5% had reported the incidents to the police. (Brighton & Hove Community Safety, Crime Reduction and Drugs Strategy 2008-11)

What are the consequences of sexual violence?

Sexual violence has a devastating impact on victims, their families, friends and wider society. Its impact is likely to affect mental, physical and sexual health and can cause severe long lasting harm to victims. Direct physical consequences can include physical injury, sexually transmitted infections and unwanted pregnancies. In the longer-term, victims can experience post-traumatic stress disorder, anxiety, panic attacks, depression, social phobia, substance misuse, obesity, eating disorders, self-harm, suicide, domestic violence or even offending behaviour. Abuse can also impact on educational attainment and school attendance. (Cross Government Action Plan 2007)

The cost to society of sexual violence is also significant: in 2003-04 sexual offences cost an estimated £8.5 billion, with each rape costing £76,000. Much of this cost is estimated based on lost output and treating long-term health

issues. Additionally, only 15% of serious sexual offences against people aged 16 or over are reported to the police and of the rape cases which are reported less than 6% result in an offender being convicted. This means that those who commit violent sexual crimes may continue to pose a serious risk to the public. (Cross Government Action Plan 2007)

Due to the devastating impact that sexual violence has on its victims, and wider society, there is a clear need to prioritise the provision of specialist support services for victims of these types of crime.

What is the government's action plan on tackling sexual violence?

The government published its Cross Government Action Plan on Sexual Violence and Abuse in 2007. The plan identified a series of measures to deliver key objectives on sexual violence and abuse. These included:

- to maximise prevention of sexual violence and abuse
- to increase access to support and health services for victims of sexual violence and abuse
- to improve the criminal justice response to sexual violence and abuse

The plan indicated that any work on tackling sexual violence required a more strategic and holistic approach to addressing sexual violence and abuse, and links with work to address other forms of gender-based violence needed to be strengthened. The plan also emphasised the mental and sexual health implications of sexual violence, and the importance of making this agenda a public health issue. The plan recognised the importance of voluntary and community sector organisations which provide long-term support and therapeutic services for victims; it also noted that the sector faces serious difficulties, such as capacity and sustainability issues, in providing these services.

The government's plan suggests that more co-operation between statutory health services, sexual assault referral centres and the voluntary and community sector is needed to ensure that victims can receive holistic and co-ordinated support services. Victims are also in need of a general increase in the number of advocacy and support services available to them.

The government recently published a cross-departmental strategy which sets out a co-ordinated approach to ending all forms of violence against women and girls. The '*Together We Can End Violence Against Women and Girls: A Strategy*' brings together a co-ordinated response to tackling gender-based violence. The need for local statutory agencies to prioritise and mainstream tackling sexual violence, as well as other forms of violence against women and girls, is clearly identified within the government's strategy.

Sexual violence support services: The national context

There are a number of national support services which a victim of sexual violence or abuse can turn to. These include:

Sexual Assault Referral Centres (SARCs) - these centres offer integrated support services specifically for victims of rape or sexual assault. At a SARC a victim can receive medical care, forensic examination, counselling, legal advice, and other support all in one place from professionally trained staff. The government has committed to ensuring that there is one SARC in every police force area by 2011. There are currently 28 SARCs operating in England and Wales.

ChildLine - a 24 hours a day, seven days a week hotline for any child experiencing physical, mental or emotional distress. ChildLine is answered by trained counsellors who will talk with any child whatever their problem whether it involves physical or sexual abuse, exam stress or bullying, or worries about child pregnancy. As well as offering a confidential telephone service ChildLine offers One-to-One chats, email advice and an online forum and website.

Victim support - a daytime support line which victim's of any crime can call and get advice on a victim's rights, information on police and court procedures, basic advice about compensation and insurance, and information about other sources of help such as counselling.

Women's aid – a 24 hour helpline for victims of domestic violence offering support and advice.

There are a number of other national telephone hotlines managed by the voluntary sector which victims of different forms of sexual violence may call to receive support or counseling from professionals who are trained to help victims cope with the devastating impact of these particular crimes. Some of these numbers offer specialised support to different victims, for example those that have experienced long-term abuse, LGBT victims, BAME victims, or men. However, few of these hotlines are open for much more than a couple of hours a week, telephone numbers are not always free, extensive follow-up counseling is not always possible and when it is there may be long waiting lists, the services offered are not always within a victim's local vicinity, and services are often intended mostly for those that experience sexual violence within the context of domestic violence. Currently, there is no dedicated 24 hour helpline (nationally or locally) which a victim of any form of sexual violence can call to receive specialised advice and support.

Victims of sexual violence do have the option of reporting incidents directly to the police, or talking to a health professional. However, the evidence suggests that most victims of sexual violence do not contact statutory agencies for access to support and advice either in the immediate aftermath of an incident or in the longer-term. (The Victim Experience Review 2009 and Still We Rise 2009)

What type of support services do women want?

Women who responded to the governments consultation on specialised support services indicated that they wanted services which: Listens to and

believes them, treats them with dignity and respect, helps them to be safe and are accessible and available when they need support.

There is clear evidence to suggest that victims who receive good immediate care and counselling after experiencing an incident of sexual violence are found to recover more steadily, and are less likely to need ongoing counselling and long-term mental healthcare.

What work to tackle sexual violence is already happening in Brighton & Hove?

The Sexual Violence and Abuse section of the Brighton and Hove Community Safety, Crime Reduction and Drugs Strategy 2008-11 (see appendix) and the action plan for Domestic Violence (see appendix) describe the work that is currently being delivered to deal with these types of crimes. The local Crime and Disorder Reduction Partnership (CDRP) is one of the few CDRP's to have selected an indicator on 'specialist support to victims of a serious sexual offence' as a local indicator in the Local Area Agreement. The CDRP participates in the development and delivery of the Sussex SARC as well as working closely with third sector women's organisations in the city to develop support services for women. There exists within the city a number of partnership groups which aim to reduce violence and increase services for women, for example: the Women's Services Strategic Network. The CDRP recently championed a publicity campaign warning young women of the dangers of excessive drinking and the vulnerability it can cause. Brighton and Hove has been awarded national accreditation for the services which it provides for victims of domestic violence, such as the specialist domestic violence courts, risk assessment and case conferencing arrangements, and independent advisors and outreach services.

There are a number of specialised support services, mostly provided by voluntary organisations, for victims of sexual violence in Brighton and Hove:

Name:	Information:	Supports:	Services offered:	Funding:
The Saturn Centre - Sexual Assault Referral Centre (SARC). www.saturncentre.org	Based at Crawley hospital the SARC receives self-referrals or referrals from the police. The SARC is open Mon-Fri from 9.00-5.00pm and can arrange an out of hours emergency service. The SARC provides Sussex wide services. The Head of Community Safety sits on the Steering/Management Group for the SARC.	Provides services for those who have been raped or sexually assaulted and are aged over 14 years. Supports both male and female victims. The highest number of referrals to the SARC are from Brighton and Hove.	A 24 hour answer phone, forensic screening and immediate emotional support. A special dedicated support worker, support from a witness care officer, information on counselling, and support through to criminal proceedings.	Part funded by Sussex Police, West Sussex PCT, West Sussex County Council. Brighton & Hove CDRP are being asked to provide funding in 2010/11 and subsequent years to contribute to the core costs of the SARC and to fund a local Independent Sexual Violence Advisor Service and some local counselling services.
Survivors' Network www.ube3.co.uk/nfHome.asp? (temporary website)	Brighton based organisation. All services operate to a limited time each week or month.	Women aged over 16 who have experienced any form of sexual violence such as childhood abuse, sexual assault or rape. The Network is contacted by about 1,000 women every year. Between 07/08 and 08/09 there was a 27% increase in women accessing their services.	A helpline is open twice a week Wed and Fri eve from 7.00-9.00pm. Calls can last for up to an hour, the number is not free. An Email service with responses being made within 2 weeks. Drop-in service once a month at the Brighton Women's centre from 7.00-9.00pm, and some facilitated support groups for up to 8 women which run for up to 10 weeks (have a waiting list). Soon to offer more one-to-one counselling and support. Also offer practical	Just received a grant of £38,000 from the Government equalities office. CDRP helping to identify further funding.

Name:	Information:	Supports:	Services offered:	Funding:
			information, advice and advocacy, and a quarterly newsletter.	
Oasis Project www.oasisproject.org.uk	Based in Brighton. Services are available between Mon-Fri on a part-time basis.	Specialist support services for women working in the sex industry. (As well as helping women, young people and children affected by substance misuse.) In 2008-09, 49 sex workers attended the drop-in for advice, support, and safer sex supplies. 94 women made contact with the sex workers outreach project.	Sex workers outreach project - information and advice on practising safe sex, telephone (not 24 hour), email, drop-in services and appointments, advice and ongoing support.	Variety of local and national funders including BHCC and the CYPT and PCT.

Name:	Information:	Supports:	Services offered:	Funding:
			<p>abuse offering advice, information, support and referral.</p> <p>Drop-in and support groups for West Sussex.</p> <p>Raising awareness through campaigns and events and training.</p> <p>Consultation and preventative education programmes. An IDVA and plan to recruit an IDVA to work with LCBT communities.</p>	other Domestic Violence services.
Brighton Women's centre www.womenscentre.org.uk	Based in Kemp Town in Brighton.	Working with female offenders	Counselling services and holistic therapies, drop-in, young women's project, crèche, self-development courses, inspire project and information. Provide access to computers a library and advice on other services.	
Threshold	Brighton & Hove and the surrounding area.	For women experiencing emotional distress, particularly those on low income.	Counselling services.	
Mankind www.mankindcounselling.org.uk	Only service of its kind in the South East. It is based in Newhaven.	Support to men aged over 18	One-to-one counselling with fees payable on a sliding scale, therapeutic groups both creative based and discussion based. Therapy/counselling with	Big Lottery

Name:	Information:	Supports:	Services offered:	Funding:
			partners, family and friends present. A research library available for service users. Training for other professionals.	

What support services are there for victims of sexual violence in other cities across the country?

Glasgow:

Glasgow city council co-ordinates and supports the Glasgow Violence Against Women Partnership and associated working groups. The council oversees work being undertaken to help support victims of domestic abuse and the use of domestic abuse courts. The council is also co-ordinating a project to help identify and support women trafficked for the purpose of sexual exploitation, and a project working with women who are prostituted, offering them support and a route out of prostitution.

As well as the work undertaken by the city council and the Glasgow Violence Against Women Partnership there are a number of voluntary organisations offering specialised support to women and girls affected by sexual violence:

Castlemilk domestic violence project – provides: information, one-to-one support, group support, guidance, personal development for women and children who are living with or who have experienced domestic violence, and training for other agencies. The project works in partnership with statutory agencies and other voluntary organisations. The project is based at a local community centre and operates from 9.30 – 4.00 Mon – Fri.

Glasgow East Women's AID – provides: information, advice, guidance and advocacy for women who have suffered from domestic abuse, supported crisis accommodation, a personal support programme, one-to-one counselling, support groups, information on legal rights, housing issues and benefits, support for children and young people including a dedicated worker.

Hemat Gryffe Women's AID – provides: temporary refuge accommodation primarily for BME women, children and young people who are victims of domestic abuse, a 24 hour emergency service, drop-in centre open from 9.00 – 5.00 Mon to Fri, counselling, and support services for children and young people. Hemat Gryffe also work with individuals who have been subjected to forced marriage.

Women's AID – provides: support services in other areas of Glasgow through Glasgow Women's AID and Drumchapel Women's AID.

Say Women – provides: crisis support and safe accommodation for young women aged 16-25 who are survivors of childhood sexual abuse, rape or sexual assault.

Archway (SARC) – provides: 24 hour services for men, women and children aged over 13 who have experienced sexual violence. Services include: forensic examination and storage, STI testing and follow-up, support for up to 12 weeks, counselling, onward referral to other agencies.

Glasgow rape crisis – provides: a telephone helpline available during day time and night time hours, support to families/partners and friends of victims, access to a support worker, drop-in sessions, and awareness raising workshops in schools and youth groups,

Breakthrough for women – provides: support to women who have experienced sexual abuse.

Women and children 1st – provides: support to women who have experienced domestic abuse, rape, sexual assault or sexual abuse.

Scottish rape and sexual assault helpline, - provides: a telephone helpline from 6.00 pm to midnight every day for male or female survivors of rape, sexual assault or abuse. Language interpreters are available and specialised advice for BME, LGBT, and disabled groups are planned.

There are also a number of women's charities which campaign on behalf of women for better services and changes to policy and practice: these include Rape crisis Scotland, the Women's support project, Scottish Women's AID.

The Equalities and Human Rights Commission and the End Violence Against Women coalition report on support services for women experiencing violence cited Glasgow as a model for other cities to follow. The report stated that Glasgow city has the best provision of support services with a diverse range of services provided by both voluntary and statutory agencies. Glasgow City Council was commended for its strategic approach to tackling sexual violence, including tackling prostitution, and for making women's safety and well-being in the city a priority through their commitment to addressing all forms of violence against women.

Background Documents/articles:

Home Office, April 2007, *Cross Government Action Plan on Sexual violence and Abuse*,
<http://www.crimereduction.homeoffice.gov.uk/violentcrime/sexual03.htm>

Equalities and Human Rights Commission and the End Violence Against Women coalition, 2009, *Map of Gaps Report 2*,
<http://www.equalityhumanrights.com/fairer-britain/map-of-gaps/>

Home Office, November 2009, *End Violence Against Women and Girls: A Strategy*, <http://www.homeoffice.gov.uk/documents/vawg-strategy-2009/>

BHCC, April 2008, *Brighton & Hove Community Safety, Crime Reduction and Drugs Strategy 2008-11*,
<http://www.safeinthecity.info/?q=publications/publications>

NSPCC, February 2009, *Press Release*,
http://www.nspcc.org.uk/whatwedo/mediacentre/pressreleases/2009_09_febr

[uary_children_counselled_for_sexual_abuse_by_ChildLine_reaches_new_high_wdn63429.html](http://www.wdnc.org.uk/News/News_releases/2009/January/children_counselled_for_sexual_abuse_by_ChildLine_reaches_new_high_wdn63429.html)

University of Bristol and the NSPCC, September 2009, *Partner Exploitation and Violence in Teenage Intimate Relationships*,
http://www.nspcc.org.uk/Inform/research/Findings/partner_exploitation_and_violence_wda68092.html

Spectrum, December 2007, *Count Me In Too: Domestic Violence and Abuse Report*, http://www.spectrum-lgbt.org/downloads/CMIT/CMIT_DV_Report_final_Dec07.pdf

Sarah Payne, November 2009, *Rape: The Victim Experience Review*,
<http://www.homeoffice.gov.uk/documents/vawg-rape-review/>

Women's National Commission, November 2009, *Still We Rise*,
http://www.thewnc.org.uk/publications/cat_view/90-violence-against-women.html

BHCC, *Brighton and Hove Local Area Agreement 2008-11*,
http://www.brighton-hove.gov.uk/downloads/bhcc/performance_team/Brighton_and_Hove_LAA_240608_final.pdf

Useful Websites:

www.childline.org.uk
www.victimsupport.org.uk
www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/sexual-assault-referral-centres/
www.rapecrisis.org.uk
www.rasasc.bizview.co.uk
www.broken-rainbow.org.uk
www.womensaid.org.uk

4. Draft Terms of Reference

- To gain an understanding of the nature and prevalence of sexual violence, particularly in the Brighton and Hove context
- To identify what support services for victims of sexual violence are already available to Brighton and Hove residents
- To identify where there are gaps in the provision of support services
- To identify what referral routes and pathways between different statutory agencies and support services currently exist, and how these can be developed further to increase support to victims of sexual violence
- To investigate ways to encourage a co-ordinated and holistic approach to the provision of support services for victims of sexual violence
- To investigate ways to encourage a more strategic and integrated approach to planning and commissioning support services
- To identify ways to ensure that support services can be sustainably resourced
- To identify ways to consult with service users about the support services they are accessing

5. Methodology and Research

1. Develop understanding of issues
 - Council policy
 - National policy context
 - Comparison with policies in other authorities
2. Impact of the current policies/practices
 - Evidence from interested parties
 - Site visits to key areas to gain an understanding of local specialised support services
3. Discussion on key issues that need to be addressed and development of recommendations
 - What should the Panel recommend?
 - Is there the evidence to support the recommendations?
 - Does more investigation need to be undertaken?

Testing of Recommendations

 - Implications of recommendations tested on officers
 - Legality of recommendations checked
 - Financial?

6. Suggested Witnesses

- Cllr Dee Simson
- Crime Disorder Reduction Partnership
- Women's Strategic Services Network and any other relevant steering groups
- Health: A&E, Sexual health services, Mental health services, Social services, GPs, NHS and PCT
- SARC
- Police
- Criminal Justice System
- Housing
- CYPT
- Child Protection
- Survivors Network
- RISE
- OASIS
- Threshold
- Terrence Higgins Trust
- Mankind Counselling
- HOVE YMCA – sexual exploitation of young people
- LGBT – Spectrum/Safety forum
- Women's National Commission
- University lecturer

7. Suggested Timetable

- Private scoping meeting – 18 Jan. 2010
- 1st Public Meeting – Feb. 2010
- 2nd Public Meeting – Feb/Mar. 2010
- 3rd Public Meeting – Mar. 2010

8. Appendix:

Notice of Motion

Briefing report on Violence Against Women and Girls Strategy

Brighton & Hove, Sexual Violence and Abuse strategy and action plan

Brighton & Hove, Domestic Violence strategy and action plan

APPENDIX 2: MINUTES OF PANEL'S SCOPING MEETING

Scrutiny into Support Services for Victims of Sexual Violence

Scrutiny Panel Scoping Meeting Notes

Monday 18 January 2010, 1.00 – 3.00, venue: B31, King's House

Present: Cllrs David Watkins, Alex Phillips, Averil Older, Juliet McCaffery
Tom Hook, Libby Young

1. Welcome and Introductions

2. Election of Chair

Cllr David Watkins was elected as Chair and Cllr Juliet McCaffery agreed to deputise if necessary.

3. Declarations of Interest

Cllr Juliet McCaffery declared a historic involvement in the Women's Centre in Brighton.

4. Agree title of panel

The title of the panel was agreed as:
Scrutiny into Support Services for Victims of Sexual Violence

5. Scoping paper

Key issues for the panel

What services are available and accessible to residents of Brighton & Hove? For whom are services provided?

Who has responsibility for this agenda and for the services provided and what work is currently being undertaken to address it? What work is planned in the future?

What level of support is there for victims of sexual violence? What level of support is offered to victims from the LGBT community, trafficked women, those involved in prostitution, children?

Where are there gaps in service provision?

How is the data for these types of crimes recorded? How many children in the city who have been through care have become victims of sexual violence?

Methodology

Examine council policy in comparison to national policy.

Take evidence from statutory agencies:

eg Investigate what work the CDRP is doing on this agenda? What are the CDRP's responsibilities around support services for victims of sexual violence? Where does the funding come from? How has the money been spent? What is being delivered? What can the CDRP realistically deliver? How are the councils partners involved, for example the police, health and PCT?

Take evidence from voluntary organisations:

eg What voluntary organisations are formally working on this agenda?

What voluntary organisations are informally working on this agenda?

Which voluntary organisations are working together to deliver support services for victims?

Identify the areas where recommendations can be made for changes to take place.

Note: As this is a sensitive topic, anyone wishing to speak to the panel in private should be given the opportunity to do so.

Terms of Reference

The following draft terms of reference were discussed by the panel:

- To gain an understanding of the nature and prevalence of sexual violence, particularly in the Brighton and Hove context
- To identify what support services for victims of sexual violence are already available to Brighton and Hove residents
- To identify where there are gaps in the provision of support services
- To identify what referral routes and pathways between different statutory agencies and support services currently exist, and how these can be developed further to increase support to victims of sexual violence
- To investigate ways to encourage a co-ordinated and holistic approach to the provision of support services for victims of sexual violence
- To investigate ways to encourage a more strategic and integrated approach to planning and commissioning support services
- To identify ways to ensure that support services can be sustainably resourced
- To identify ways to consult with service users about the support services they are accessing

Possible Witnesses

- Cllr Dee Simson
- Crime Disorder Reduction Partnership
- Women's Strategic Services Network and any other relevant steering groups
- Health: A&E, Sexual health services, Mental health services, Social services, GPs, NHS and PCT
- Sexual Assault Referral Centre (SARC)
- Police
- Criminal Justice System

- Housing
- Adult Services
- CYPT
- Child Protection
- Women's Centre
- Survivors Network
- RISE
- OASIS
- Threshold
- Terrence Higgins Trust
- Mankind Counselling
- HOVE YMCA – currently doing work with sexual exploited young people
- LGBT – Spectrum/Safety forum
- Women's National Commission

Meeting dates/themes

It was agreed that an additional scoping meeting will take place prior to the public meetings of the panel and a number of experts will be invited to attend the meeting.

Scoping meeting 2: Experts to be invited:	Friday, 5 Mar. 11.30 – 13.30 Linda Beanlands Cllr Ben Duncan Representative from the PCT/Health Representative from the Women's Services Strategic Network (Voluntary Sector) Representative from Children's Services
Public meeting 1: Experts to be invited:	Friday, 15 Mar. 10.00 – 12.00 Statutory Agencies
Public meeting 2: Experts to be invited:	Monday, 29 Mar. 1.30 – 3.30 Voluntary Organisations
Public meeting 3: Experts to be invited:	Thursday, 15 Apr. 10.00 – 12.00 Voluntary Organisations

6. Publicity

An initial press release will be issued as soon as possible. The press release will include a quote from the chair and list members of the panel, as well as give further information about the scrutiny into support services for victims of sexual violence. Members of the public will be invited to testify to the panel, and offered the opportunity for this to take place in a closed session.

7. Any other Business

None.

APPENDIX 3A: MINUTES OF PANEL'S PUBLIC MEETING: 15/03/2010

**Brighton and Hove City Council
Environment and Community Safety Overview and Scrutiny Committee
Ad Hoc Panel – Support Services for Victims of Sexual Violence
10.00 am 15 March 2010**

Minutes

Present: Councillors Watkins (Chair), Older, Phillips

Also Present: Ruth Mason, Lucy Bryson, Martin Farrelly, Libby Young

Apologies: Councillor Juliet McCaffery

Part One

1 Procedural business

1a Declaration of substitutes

1.1 Substitutes are not allowed on scrutiny panels.

1b Declaration of interest

1.2 There were no declarations of interest.

1c Declaration of party whip

1.3 There were no declarations of party whip.

1d Exclusion of press and public

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

1.5 **Resolved** – That the press and public are not excluded from the meeting.

1.6 It was also noted that should there be a requirement or preference for any evidence to be given in private, either at this meeting or any future meetings of the panel, then members of the panel would support witnesses in this and enter into a Part Two situation. Additionally, if there were a need for members of the panel to leave the room then there was a female deputy chair who would be able to take over the proceedings. Lastly, if there were any members of the public who

wished to share their experiences of the services provided in the city but would not wish to do this in a public meeting then one to one sessions could be arranged at a time and location preferable to the witness.

2 Chairman's communications

- 2.1 The chairman welcomed all the speakers and thanked them for taking the time to come and speak to the panel and for being involved in the panel's evidence gathering process.
- 2.2 It was noted as to how important the scrutiny into support services for victims of sexual violence was, and that it was a timely investigation which was taking place alongside recent national reports which have been released on this topic, such as the Stern Review which announced its findings today.
- 2.3 The scrutiny panel will be focusing on what support services are already available in the city and whether they are operating as they should be, as well as identifying where there are gaps in the provision of local services.
- 2.4 It was noted that there were three speakers present at the meeting and that the speakers would have approximately 10 minutes to present their information to the panel, followed by some questions from members of the panel. It was agreed that the format of the meeting would be kept informal so as to enable the speakers to ask questions of each other and for all present to be able to engage in the issues being discussed.

3 Evidence-Gathering sessions

- 3.1 The panel heard evidence from a number of witnesses.
- 3.2a **Evidence from Ruth Mason, Project Manager, Survivors' Network**

The Survivors' Network is a local agency which supports women who have been affected by sexual violence. Historically, the Survivors' Network has supported victims of long-term abuse and about 70% of their clients continue to be women who have been victims of child abuse. However, since November 2009 the Survivors' Network has offered a rape crisis service, the only one of its kind for women within the city. The Survivors' Network provides a number of services, and these include: a telephone service which is open two nights a week, an email service, one to one support, a limited advocacy programme, a drop-in once a week for childhood sexual abuse survivors, and a quarterly newsletter. The Survivors' Network did run a dedicated service for young women aged 16 – 25 who had been affected by sexual violence, known as Space Two. However, this service was funded only in the short-term (2007/08) by the Equalities and Human

Rights Commission and as new funding could not be found the programme is currently suspended. The Survivors' Network supports women aged 16+ who have experienced any form of sexual abuse, harassment, rape or assault.

The women who the Survivors' Network support are often isolated, suffering with depression, experiencing anxiety, Post-traumatic stress disorder, flash backs and nightmares, have high levels of panic and anxiety, and often have mental health issues caused by their trauma which could include the inclination to self-harm or self-injure, embark on substance misuse or eating disorders and there is a high level of suicide ideation amongst the Survivors' Network client group. The women who seek support from Survivors' Network are extremely traumatised. Dissociative Identity Disorder (D.I.D) affects less than 0.01% of the population, but over 90% of D.I.D people are survivors of childhood sexual abuse. There are also links between domestic violence and sexual violence.

The Survivors' Network logged 400 calls to its helpline in 2008/09 and of these only 88 were able to be answered. This is a very clear indication of the high demand for the services offered by the Survivors' Networks which due to capacity issues can not currently be fulfilled. In 2009/10 the Survivors' Network has been receiving an average of 10 referrals a week from various agencies as well as self-referrals. In 2008/09 there were 59 referrals in total. There is currently a six month waiting list to accessing the support services provided by the Survivors' Network. There has been a big jump in the demand for the Survivors' Network services in the last year. The majority of referrals to the Survivors' Network from statutory agencies are from mental health agencies, and these may come via substance misuse workers, Mill view hospital, midwives, health visitors, GPs, Accident and Emergency services as well as some referrals from other voluntary organisations and some self-referrals.

The Survivors' Network does not generally refer their clients on to other support services although may on occasion make referrals to other voluntary agencies and may recommend that their clients should seek medical assistance from their GP. The Survivors' Network is able to refer clients onto the sexual health clinic on Queens Road and is able to fast track clients through this clinic. The Survivors' Network would like to expand this referral pathway and be able to fast track their clients into other sexual health services in the city.

The majority of the services which the Survivors' Network offers to its clients involves providing emotional support, counselling and group work. The Survivors' Network has put in a bid to the Home Office for funding for two Independent Sexual Violence Advisors (ISVAs). It is hoped that one of these advisors will work with adults, and one will work with those aged 16 – 25. The ISVAs will provide support to victims of sexual violence in a number of ways; through on going case

reviews, signposting on to emotional support services, enabling clients to access counselling, offering holistic support, enabling access to sexual health services and other services such as housing, as well as offering one point of contact for the client through the criminal proceedings. If the client decides to prosecute then the ISVA will be their point of contact through the police proceedings, the crown prosecution service proceedings as well as when the case gets to court. There are currently three ISVAs which cover the whole of Sussex, but no dedicated ISVA within Brighton & Hove. This is a gap which needs to be addressed. If the bid into the Home Office comes through then there may be an ISVA in place in Brighton & Hove by the summer.

- 3.2b Members of the panel asked how many full-time employees the Survivors' Network has.
- 3.2c The panel heard that there are no full-time employees. Ruth as the project manager for the Network works the most hours (25 hours per week). Between the project manager, the administrative support, the counselling co-ordinator and helpline co-ordinator there is the equivalent of 2.6 full-time members of staff. The support staff, the book keeper and clinical supervisors are not employed directly by Survivors' Network. The Network also has 21 volunteers which take on a variety of tasks such as maintaining the helpline.
- 3.2d The panel heard that victims of sexual violence will need access to both a rape crisis support service and a Sexual Assault Referral Centre (SARC) and that one service is not more preferable than the other. The 'Not either/or but both/and' report from Rape Crisis England and Wales, the co-ordinator of the national network of rape crisis centres, also echoes the same sentiments. Victims of sexual violence need access to a SARC to receive some preliminary emotional support, early medical attention as well as to facilitate the collection of forensic information. Victims should then be referred from the SARC on to a rape crisis support service within the city which will provide the required ongoing long-term support. The Survivors' Network does not currently take referrals directly from the SARC in Crawley but is hoping that this will start happening in the next three months. A representative from the Survivors' Network does now sit on the operational board of the SARC.
- 3.2e Members of the panel asked which statutory agencies the Survivors' Network received most of their referrals from.
- 3.2f The panel heard that the majority of referrals were received from health agencies in the city. Many of those affected by sexual violence will not choose to access support from the police, but many will go to various health agencies to access medical support. However, despite the number of referrals from health agencies, the Survivors' Network does not receive any funding from the health agencies in the city.

- 3.2g Members of the panel asked as to how many other organisations in the city worked with similar client groups to the Survivors' Network.
- 3.2h The panel heard that RISE works with victims of domestic violence and that the support networks for victims of domestic violence were very strong in the city. However, in terms of sexual violence, the Survivors' Network offers the only specialised services aimed at victims of sexual violence. There are other services within the city which work with women, some of whom would have experienced sexual violence. However the Survivors' Network is the only locally delivered specialised support service.
- 3.2i Members of the panel commented that it was the panel's role to understand whether there was sufficient funding available for support services for victims of sexual violence, as well as if the funding was being spent in the right places. Members of the panel asked since the expansion of the Survivors' Network services to include rape crisis services within its remit, how had the Network changed how it undertook its outreach work.
- 3.2j The panel heard that the organisation had not expanded its services so much as just added to their current client group. The Survivors' Network capacity to undertake outreach work is very limited, but their helpline is certainly taking more calls from women in the immediate aftermath of experiencing sexual violence. Women who access the Network's services on average do so for up to eight years. The support provided by the Network is long-term, yet the longest funding stream that the Network has is for three years.
- 3.2k Members of the panel asked whether the Survivors' Network would benefit from national ring-fenced core-funding.
- 3.2l The panel heard that not everything comes down to funding, however, for a small organisation in terms of capacity and development the Survivors' Network is limited in the number of calls that they can take. The Survivors' Network had previously received funding from the Victims Fund and the GEO Special fund and this had been ring-fenced for sexual violence support services. This funding was, therefore, only available locally for the Survivors' Network and Mankind UK to apply for. However, the funds have recently been reduced and widened so that any organisation working with victims of sexual violence can apply for the funding. This means more organisations can access the funds than before. Additionally, this funding is now only for one year.
- 3.2m Members of the panel asked whether there was a need for a SARC facility to be located within Brighton and Hove rather than in Crawley.
- 3.2n The panel heard that the SARC at Crawley is fantastic, although it does have a few teething problems what it is doing is very useful. Rather than duplicating resources by putting money into a local SARC it would

be better to use the money for other things. For example, at the moment the SARC can only accept self-referrals between 9.00am and 5.00pm, so unless a victim of sexual violence goes to the police, outside of these hours they can not access the SARC. If money was to be made available then it could be used to enable wider and more supported access to the SARC. For example a victim of sexual violence could call the Survivors' Network and then a representative from the Network could take the client up to the SARC. Alternatively, individuals should be able to self-refer themselves 24 hours a day. In the short-term these kinds of arrangements would be more beneficial than a local SARC.

- 3.2o Members of the panel commented that Crawley is 40 minutes away and that the likelihood of a female police officer being available to take a victim to the SARC is remote. Therefore in the long-term having a SARC available in Brighton & Hove would surely be more beneficial for victims of sexual violence.
- 3.2p The panel heard that certainly making victims journeys to Crawley smoother and more supported would be beneficial. However, if there was money available to set up an additional SARC rather than duplicating services, it would be better to spend more on local services than on a local SARC. It was acknowledged that there will always be issues with the SARC being located in Crawley, such as access to the centre and child care issues. However in the short-term it would be better to make more female support workers available to accompany a victim to the centre and to increase wider support services for victims of sexual violence. It should also be noted that a victim's engagement in the SARC is limited. A client will attend the SARC for initial emotional support, forensic examination, undertaking a police interview should they wish to, and they can access medical support at the SARC. However, after this, a victim will access counselling services locally, have an ISVA based locally and use other local support services. So after an initial visit to a SARC a client will be referred back to the city to access the services and agencies available to them. It is important therefore to ensure that there are sufficient agencies in place locally. In Brighton & Hove there are the agencies in place; however, they do not have the capacity to cope with all the demands for their services.
- 3.2q Members of the panel asked if the Survivors' Network had effective working relationships with other third sector organisations in the city.
- 3.2r The panel heard that the specialised women's services in the city do work together and that they have formed a group known as the Women's Strategic Services Network (WSSN). This network brings the women's organisations in the city together to bid for money; and the recent success of the Inspire project bid is an example of this co-ordinated working. Additionally, the Survivors' Network has a close relationship with Mankind UK. The WSSN has a shared vision of where it wants to go and the Survivors' Network and Mankind UK have similar

service ideas. What should also be noted is the lack of knowledge about sexual violence support services in the city, for example when statutory agencies are tendering for or commissioning services. Additionally, this scrutiny panel was also called for with no reference to the Survivors' Network or the work that the Network does. There are lots of comments to suggest that nothing is being done to support victims in the city, but it is, although there are some capacity issues for the agencies.

- 3.2s Members of the panel asked whether the Survivors' Network was ever contacted by men seeking help and support.
- 3.2t The panel heard that if men do contact the Survivors' Network they will refer the individual on to Mankind UK.
- 3.2u Members of the panel commented that one reason that the scrutiny panel was formed was to enable members to find out what work is going on in the city. There are clearly lots of dedicated officers working on this issue, however, it is not known by members as to what progress is being made.
- 3.2v The panel heard that there is a holistic and coordinated response to domestic violence in the city and that representatives from domestic violence support services are strategically placed to influence decisions as they sit on the Senior Officers Forum and the Domestic Violence Working Groups and Domestic Violence Forum. There is not however, the same structures set up for the organisations which provide support services for victims of sexual violence. The city is not reporting to the national indicator on sexual violence, yet. Records on those accessing housing options because they may be fleeing sexual violence do not exist. There isn't a mechanism through which support agencies working with those affected by sexual violence can bring issues to the table, and there isn't a forum for all the agencies working to support victims of sexual violence to get together. To have such a group or forum would be a very useful and low cost way to help start co-ordinating sexual violence services across the city, raising the profile of this issue and linking services into the strategic decisions taken in the city.
- 3.2w Members of the panel commented that people tend to be comfortable talking about domestic violence; however the same level of discussion about sexual violence in the public arena is not there yet, particularly around childhood sexual abuse. Members of the panel asked if a woman raped in the early hours of the morning did not wish to access support through the police through what other avenues could support be directly accessed.
- 3.2x The panel heard that in theory victims can access medical care from Accident and Emergency departments and A&E can refer victims on to other services. Otherwise a victim would have to wait until the SARC

opens at 9.00am to self-refer, or contact a voluntary agency when they open.

- 3.2y Members of the panel wondered whether A&E units were legally obliged to report sexual violence to the police and how this information was recorded. Members of the panel asked how an individual can self-refer to the SARC.
 - 3.2z The panel heard that there are two ways to access the SARC either through the police or by self-referring between the hours of 9.00am to 5.00pm. This involves telephoning the centre to arrange an appointment to access the forensic and medical attention an individual may need and some immediate support (a victim can not just turn up on their own without an appointment). Whilst at the centre a victim can either report an incident to the police or store the forensic information so that they have the future option of reporting an incident. Reporting can also be done confidentially.
- 3.2aa Members of the panel noted that there appeared to be gaps in when victims can access support, particularly if they do not wish to contact the police or attend A&E.
 - 3.2bb The panel heard that there is no dedicated national helpline for victims of sexual violence, so if victims do not wish to report to statutory agencies then they will have to wait until organisations such as the Survivors' Network open, and even then, there is a limited number of calls which the Network can take, so victims may still not get the support they so desperately need. More funding would enable organisations such as the Survivors' Network to have more capacity to answer calls. The Network is aiming to be able to provide a 24 hour crisis line to enable victims to access immediate emotional support, as well as have a crisis worker available to take victims up to the SARC. If the Network was to have more funding, then these are the extra services which they could provide.
 - 3.2cc Members of the panel asked how people hear about Survivors' Network and the services which the Network provides.
 - 3.2dd The panel heard that 90% of the Network's clients find out about them through the internet. The Survivors' Network is trying to get its name out there but is limited in its capacity to do this. The Network is not listed on the posters put up in toilets and in clubs containing the list of sexual health services in the city. The poster is produced by the PCT. The services provided by the Survivors' Network are not considered a health service as such, although many health agencies are making referrals to the Network. The PCT gives the Survivors' Network no funding at all. There is a gap in the strategic delivery of support services in the city. For example the police lead a Rape and Sexual Assault Steering Group but no representative from Brighton and Hove based voluntary agencies sits on this group. This means that the group

does not hear the voice of those representing victims, and the voluntary organisations do not hear what the police have to say and are doing on the issue. There was talk of the Survivors' Network and Mankind UK sharing a position on the group, but this has not happened. The voluntary organisations supporting victims of sexual violence do not have a strategic voice neither in the police or the health authority. The Survivors' Network is part of the Sexual Health Promotion Group, but they can not get higher than that and therefore sexual violence from the perspective of the victims is not considered at a higher level and in particular when commissioning services.

- 3.2ee Members of the panel noted their concern that those aged 16 – 25 were the most likely to become victims of sexual violence and yet the Network's project, Space 2, aimed at supporting this age group was currently suspended. This means that there is no dedicated support services aimed at those most at risk of sexual violence in the city.
- 3.2ff The panel heard that the 16 – 25 age group were most represented in those being referred to the SARC as a result of the night-time economy and the number of universities in the city. There are lots of young women affected by sexual violence in the city.
- 3.2gg The panel thanked Ruth Mason for her evidence.

3.3a Evidence from Lucy Bryson, Community Safety Manager – Refugees and Migrants, BHCC

The Community Safety Manager for Refugees and Migrants reports to the Head of Community Safety and has a council-wide remit for working with other agencies in the city around refugees, asylum seekers and other vulnerable migrants in the city. The work undertaken does not involve direct service provision, but is work undertaken in the background to ensure that the city's services are accessible and available to refugees and migrants.

There is a Refugee Forum chaired by the Community Safety Manager. The forum has 180 email contacts and the meetings are attended regularly by 30-40 people, mostly representatives from the third sector. Whilst the Community Safety Manager can't formally represent the forum, she did speak to a number of the key agencies who are members of this forum. To support the evidence given today, the panel were asked to refer to a number of documents: a Fact Sheet on Migrants in the city, Refugee Action – Dealing with Definitions, and a Refugee Council Briefing: Rape and Sexual Violence the experience of Refugee women in the UK.

It was cautioned that there is no clear picture as to the numbers of refugees and migrants affected by sexual violence in the city, however sexual violence is likely to fit into the experience of refugees and migrants. Migrants in the city can be categorised as belonging to two

different groups, forced migrants and economic migrants. Brighton and Hove is not a dispersal area for the Border Agency who are responsible for housing asylum seekers if they are destitute so there is no accommodation in the city which has been contracted by the Border Agency to house asylum seekers. However, this does not mean that there are not vulnerable migrants in the city who have chosen to come to Brighton and Hove as they either have a contact here, or because they simply end up in the city. Some unaccompanied asylum seeking children and young people may be brought here but don't know what city they are being brought to. Brighton & Hove is close to Gatwick and Newhaven and therefore there are people that will enter the country and find their way down to Brighton & Hove. There are also migrants living in the city who have been recognised as refugees, some of them decades ago.

In terms of sexual violence there are various stages at which victimisation can occur. Women from countries of civil conflict where rape is being used as a weapon of war, such as the Eastern Congo, are highly likely to have been subjected to sexual violence and rape prior to their arrival in the UK. Additionally those migrants that make it into the country will have had long and complex journeys where they may have had to exchange sex for safe passage or have been affected by sexual violence on route. Once in the country these women will fall into the categories of those most at risk of being affected by sexual violence, they are likely to be poor, vulnerable, and living on their own in rented accommodation.

If a migrant is unaccompanied by an adult and under 18 when they enter the country, then they will most likely become the responsibility of the Young People's Asylum Service under the umbrella of the 16 Plus Team within the Children and Young Peoples Trust (CYPT). A young woman arriving in the country who is pregnant as a result of sexual violence presents a number of issues. Accommodation and support for adult asylum seekers is the responsibility of the National Asylum Support system (part of the UK Border Agency) and as there is no UKBA accommodation in Brighton & Hove, they will be taken elsewhere. The Refugee Council has just produced a briefing on sexual violence and its affects on refugees. One point mentioned in the report which has been echoed by agencies locally is the impact of destitution on refused asylum seekers and those unlawfully present in the UK who do not have access to public funds.

It is useful to consider a case study to highlight a number of issues facing migrants and refugees.

'Joanna' (not her real name) a young Congolese woman who was raped and sexually assaulted whilst in the Congo has had a complex journey to the UK. Whilst in the UK, Joanna meets other Congolese people and receives about £5 a day from the UK Border Agency to live on whilst her claim for asylum is being assessed. Joanna hears that

her claim for asylum has been rejected and after an appeal it is turned down again. Joanna has not included information about her sexual violence experiences in the asylum claim, and has not received the legal advice required nor managed to build the trust with and confidence in her solicitor to enable her to do this. Not only are the physical, mental and emotional effects of the trauma not being dealt with, but Joanna has not been supported to include this information in her asylum claim, which if she was able to would help support her claim for asylum. Joanna's claim for asylum has been rejected and yet she can not go back to the Congo due to ongoing violence there.

Joanna may have to make the decision to stay illegally in the country. It is likely that Joanna will fall into destitution; she will not be entitled to work, nor will she be entitled to receive benefits. She will only be entitled to accommodation and support from the local authority if her physical or mental ill health reaches a critical state and she can prove that her Human Rights would be contravened if she was not accommodated. The threshold for this assessment is very high. As a result of her experiences of sexual violence Joanna is likely to be suffering from Post-traumatic stress disorder as well as living in fear that she may have to return to the Congo. Joanna will not be entitled to secondary health care services and may not be able to gain access to such services as the SARC. If Joanna was, because of her vulnerable situation to experience further sexual violence in the UK she will be unlikely to seek support from the police due to her illegal immigration status, she will not be entitled to psychological support services as she has no access to public funds. Joanna will be living in a situation of extreme vulnerability.

It is not known how many women like Joanna are in this position in Brighton & Hove. The very nature of their vulnerability makes them a hidden population. What is known is that there are women like Joanna across the UK. Whilst there are no services specifically for refugee women who have experienced sexual violence in Brighton & Hove, there are some services working with these individuals in other contexts. Sussex Partnership Trust does employ a specialist counsellor to work with Black and Minority Ethnic (BME) groups. This specialist doesn't ask questions about an individual's immigration status as he feels very strongly that unless these people are cared for, the impact of their trauma can make them a risk to themselves and to others. This counsellor has had contact not only with victims of sexual violence but those that have been subjected to torture. The specialist has had contact with both men and women who have been affected by sexual violence both whilst in Brighton & Hove and in the countries where they have come from.

The counsellor employed by Sussex Partnership Trust uses a particular therapeutic model which aims to support clients both with the practical problems of their daily lives as well as with the psychological impact of their traumas. The councillor tries to be flexible in his approach to his clients and tries to see clients when they want and

need to see him, rather than have fixed sessions and appointments. For example a woman in Joanna's situation when she receives a letter from the UK Border Agency telling her that she cannot stay in the UK, will need access to some support at that particular moment. The specialist councillor tries to be available to her at that time of crisis.

Sussex Partnership Trust has a contract with Sussex Interpreting Services (SIS). SIS has provided 20 different interpreters to work with the specialist counsellor based in Sussex Partnership Trust. SIS offers a good service locally and has a contract with all the local NHS Trusts.

Brighton Voices in Exile are a church-based group funded by charitable trusts. The group says that they quite often have cases of sexual violence disclosed to them and they have volunteer case workers who will offer support to a victim and accompany them to the Claude Nichol Unit, a GP, specialist health providers, and offer other help and support as needed. This group also supports a victim so that they have enough confidence to disclose their experiences to a solicitor who can include this information in their asylum claim.

The Community Safety Manager as part of her day job will brief agencies such as Victim Support about supporting refugees and migrants in their work. The Community Safety Manager also will contact organisations like the Survivors' Network to see what support she can offer them. As a council employee and Chair of the Refugee Forum, the Community Safety Manager has made training available to members of the forum. A recent training event trained 20 different agencies on the Refugee Council's Therapeutic Casework model now used by the counsellor at Sussex Partnership Trust. The training was delivered by the Refugee Council and was kept cost neutral so that voluntary organisations were offered a subsidised rate and council staff charged a bit more – but still a good deal less than commercial training. Council premises were also used which kept costs down and this model will hopefully be replicated in further training sessions.

Men are also the victims of torture and sexual violence, and for men there may be even further difficulties and barriers to disclosing their experience. There is no evidence or specific known cases within Brighton & Hove at the moment, although Mankind UK may have a perspective on the experiences of male migrants with sexual violence. There is a growing Iranian population in the city, and as Iran currently has the death penalty for homosexuality, there are likely to be a number of young, single, gay men coming into the city to escape persecution. These men may be vulnerable to sexual exploitation.

Another area to consider is the trafficking of women, children and perhaps men into the sex industry in Brighton & Hove. There are organisations such as Oasis and Citylight which work closely with women involved in prostitution and they are most likely to come across instances where people from abroad have been exploited for sexual

purposes. From speaking to those agencies and Sussex Police, it appears that refugees and those who enter the UK to seek asylum are not working in the local sex industry. However, many of the women working in the indoor sex industry have come from overseas, many from Eastern European countries. There is a quarterly police operation, Operation Thames, which goes into sex establishments to look for trafficked individuals ie those who have been tricked or coerced into coming to the UK and are now working in the sex industry against their will. Few cases like this have been identified yet. However there are hidden populations within the sex industry. For example Chinese sex workers operate from flats within the city which are known to the police and when these flats are closed down the sex workers may move on elsewhere in the city or elsewhere in the UK. There are problems with returning Chinese nationals to China so there is not much that the UK Border Agency can do with these individuals. The result is that they remain hidden within the population in the UK and are likely to be extremely vulnerable.

It is important to separate out the issue of EU nationals exercising their legal right to travel to the UK to work and ending up in the sex industry, from the situation of those from outside the EU coming here to seek asylum. The journeys of most asylum seekers will include having recourse to human smugglers at some stage and the line between these people and 'traffickers' is not clear cut. Some of the young people who end up in Brighton & Hove from Africa may have been trafficked here. Within the last couple of years, for example, a number of unaccompanied young women from a particular country in Africa arrived in the latter stages of pregnancy over a period of 2 to 3 weeks. The Young People's Asylum Team increased their capacity to work with these women, at the time and would do so again if the situation arose. West Sussex Social Services pick up more cases like this as they have Gatwick Airport within their boundaries.

- 3.3b Members of the panel summarised that within Brighton & Hove there appear to be a number of young women from places such as the Congo who live in the city but do not have rights or access to services and that there are other people who are likely to be aware of this and so will exploit them. These young women are not able to go to the police as they do not want to be sent home, and their relatives are probably unaware of their situation. Members of the panel noted that there must be something which can be done to enable vulnerable migrants and refugees to access advice.
- 3.3c The panel heard that this is why the third sector agencies are so important as they can offer the advice and support which statutory agencies are unable to offer.
- 3.3d Members of the panel asked whether the problem is that there is a potential for vulnerable migrants and refugees to be affected by sexual

violence or whether vulnerable migrants and refugees are being subjected to sexual violence.

- 3.3e The panel heard that this was difficult to clarify as the people within this category are very hidden within the population. It is important therefore that the links are made between the specialist sexual violence support services and the agencies working to support refugees and migrants in order to ensure that vulnerable individuals can access support from a number of different organisations. For example currently if a woman like Joanna contacted the Survivors' Network for support, the Survivors' Network may not have the knowledge to offer support and advice on asylum claims and to understand a migrant's perspective. Every story is complex and every situation is slightly different. This is why very specialist support services for these individuals will not work well. It should be more about ensuring that those services currently operating in the city speak to the experts in this area to gain the necessary knowledge and visa versa. Threshold offer some specialist support services for women who are refugees and asylum seekers.
- 3.3f The panel thanked Lucy Bryson for her evidence. Members of the panel added that elected members would like to be involved in some way in the Refugee Forum. Refugees and migrants are living within their constituents and it is important for elected members to know what work is being done to support these groups of people.
- 3.4a **Evidence from Martin Farrelly, General Manager, Adult Social Care, BHCC**

Martin has a remit for adults with physical disabilities, older people and just recently adults with learning disabilities (assessment) have returned to the Council managed by Naomi Cox. Within his team are a number of managers, senior social workers, care managers and social workers. It is important for the team to connect within the larger work which is ongoing within the city to protect and support vulnerable people.

The guidance on safeguarding vulnerable adults uses a very tight definition of what vulnerability in adults is considered to be and this is based on current legislation and focuses mostly on an individual's community care needs. A vulnerable adult is any person aged 18+ who uses community care agencies because of various mental health, physical illness or disability issues which may make it difficult for them to access care and to take decisions for themselves. Vulnerability does tend to oscillate. Reference to the different sorts of abuse, and in particular to sexual abuse is not largely discussed within the safeguarding vulnerable adults document (although the document is due to be rewritten shortly).

Statistically over the last year, 2008/09, amongst older people and adults with physical disabilities eight investigations took place into

alleged incidents of sexual abuse, and this figure is about the same for previous years. This probably indicates that there is a stigma or difficulties around reporting incidents of sexual violence. In 2007/09 there were 21 reports of incidents involving those with learning disabilities, and 45 reports in the year before (although this higher figure reflects concerns with one particular institution within the city). There are tight procedures in place when concerns are raised about sexual abuse, although claims are not always substantiated. Of the eight investigations which were made in 2008/09 five took place within the community and three within a hospital setting. The team works with the police to investigate any criminal activity, and supports the victim to return to their normal activities. There are no specialist services for older people although those with physical disabilities do have access to some specialist counselling support, provided by the Disabled Federation. Those with disabilities are likely to not only suffer the trauma associated with sexual abuse, but may also have problems with identity and body image. The support needs for these groups are already provided within section 75 agreements with our Health Partners. Those affected by sexual violence are likely to require culturally appropriate community services as well as access to other support services such as housing and support with carrying out day to day tasks. There is a tight correlation between those experiencing sexual violence as part of domestic violence.

Adult Social Care as part, of the Safe in the City Campaign, have been, as part of its strategic work, trying to move away from just dealing with people's care needs and practical needs to consider people in a more holistic way; for example, ensuring that older people and those with learning difficulties and physical disabilities have smoke alarms fitted in their residencies. By supporting vulnerable adults in a more holistic way then more can be done to ensure that people are living in a safer environment, that they will be a lot less isolated and hopefully less vulnerable to a wide range of forms of violence, including sexual violence. It is those adults living on the periphery of society, who are not connected with their neighbours but may be with some care needs who are most likely to be in a situation where sexual violence may occur.

The team has strong links with the police and many of the social workers are trained to enable the best evidence to be obtained from clients. This is important as it enables the victim's voice to be heard in the police proceedings. The team also works closely with colleagues from the health agencies in the city, which are often best placed to know and identify those that are vulnerable to abuse. There are often concerns however that can not be substantiated over issues of consent amongst those in a relationship who are also classified as being vulnerable adults.

There is always more that can be done to ensure that the council and its partners offer seamless services. In May the Quality Care

Commission will be inspecting around safeguarding in the city. The Adult Social Care Directorate is trying to broaden out the definition of what vulnerable is and trying not only to prevent incidents and protect vulnerable adults but enable vulnerable adults to do more to protect themselves. This should hopefully reduce the number of interventions which have to happen at the time of a crisis, as more crisis's will be avoidable; for example raising awareness amongst those with disabilities about sex and sexual behaviour. The team's budget is part of the Community Care budget. The team is able to buy services to assist vulnerable adults with their recovery care plans. In the past commissioning sexual violence support services has not been asked for, however, this wouldn't rule out such commissioning in the future.

Sexual violence committed against vulnerable adults is still considered an issue with an element of taboo and stigma surrounding it, and therefore incidents are generally under reported. Eight incidents in a year would appear to be very low, although due to changes in certain factors, eg around licensing, trends for abuse are going down in the city.

- 3.4b Members of the panel asked how much training social workers and staff who work with older and vulnerable adults have to enable them to spot the signs of sexual violence or abuse. Members of the panel also commented on the appropriate terminology which should be used when referring to incidents, noting that some officers use the term sexual abuse, whilst other officers use the terms, sexual violence, rape, or sexual assault.
- 3.4c The panel heard that a lot of the terminology when describing these kinds of incidents does come down to semantic differences, but it should be noted that some words may trivialise some experiences for victims, and that clients themselves may not identify with the terminology being used to describe their experience of sexual violence. For example some victims will prefer to use the term sexually assaulted rather than raped.
- 3.4d The panel heard that all staff who work with vulnerable adults receive training in how to spot signs of a number of forms of abuse. The training involves a two day course and the amount of material that can be covered in this time is limited. It is also a challenge to get people to use the words associated with crimes of a sexual nature with confidence, eg penetration, rape, sexual abuse etc. Ongoing training is critical.
- 3.43 Members of the panel noted that they had received evidence so far that suggested that the police did not have full statistics covering those aged over 59 and affected by sexual violence, and this may be because it is not recorded properly or because reported incident rates are low.

- 3.4f The panel heard that there is a general perception that older people are not affected by sexual abuse or violence, and that there is a difficulty in terms of an older persons voice first being heard and then being believed and considered a credible witness. This is why the Adult Social Care team concentrates on not only protecting people but enabling people to protect themselves.
- 3.4g The panel heard that sexual violence can happen anywhere and at anytime, and if an individual have been subjected to this trauma then an individual has to live with this. This is why ongoing support is necessary for people who have been traumatised in this manner.
- 3.4h The panel heard that this is a very difficult subject matter, and often procedures can be quite restricting. However, the procedures are being rewritten. There is however no particular piece of legislation aimed at safeguarding adults as there is no national political will to put a legislative framework in place. This means that local authorities still have to operate within the criminal and common law.
- 3.4i Members of the panel noted that they were keen to identify where there were gaps in supporting people who have been victims of these crimes, and where there are agencies in place whether there were sufficient funds available to ensure that these agencies are able to operate. This means that if there are links which can be made between agencies such as Adult Social Care and the Survivors' Network to increase the support available to victims then these should be identified.
- 3.4j The panel heard that within Martin's team there is a 'no recourse to public funds officer' which offers support to vulnerable adults.
- 3.4k The panel heard that monitoring and recording across all services in the city was key and that at the moment sexual violence does not tend to be recorded. Therefore it is not known currently if women accessing housing options are fleeing sexual violence. There is excellent reporting around domestic violence in the city but not the same structures and reporting for sexual violence. There is the added difficult that due to the close links between domestic and sexual violence there may be some cross over and counting of records. For example, if sexual violence is perpetrated by an acquaintance or within the family should this be classified as sexual or domestic violence. The city needs to be clear about the classifications and what it is recording and monitoring.
- 3.4l Members of the panel noted that there was clearly a need for someone to sit down to undertake this work and do the thinking around it as the agencies do not have the time as they are too busy reacting to crises. There is probably a need for someone to coordinate this work.
- 3.4m The panel also heard that there was a need to be clear of the spectrum of behaviour which was considered sexual violence which can vary

from inappropriate touching to sexual violation, rape and long-term abuse.

- 3.4n The panel heard that as well as a spectrum existing, the support needs of all victims were very similar. It was also noted that using the term sexual violence can remove some of the lesser crimes which victims still require support for.
- 3.5 All the witnesses were thanked for attending the meeting and for contributing to the discussions and evidence gathered.

4 Date of Next Meetings

1.30 pm – 15.30 pm, 29 March in Committee Room 2, Hove Town Hall
10 am – 12.00, 15 April in Committee Room 2, Hove Town Hall

5 Any other Business

- 5.1 There were none.

The meeting finished at 11.48 am.

APPENDIX 3B: MINUTES OF PANEL'S PUBLIC MEETING: 29/03/2010

**Brighton and Hove City Council
Environment and Community Safety Overview and Scrutiny Committee
Ad Hoc Panel – Support Services for Victims of Sexual Violence
13.30 pm 29 March 2010**

Minutes

Present: Councillors Watkins (Chairman), McCaffrey, Older and Phillips

Also Present: Michelle Pooley, Arthur Law, Martyn Sullivan, Lisa Dando, Jules Mercy, Naomi Gosling, Jo-Anne Welsh, Libby Young

Part One

6 Procedural business

6a Declaration of substitutes

6.1 Substitutes are not allowed on scrutiny panels.

6b Declaration of interest

6.2 There were no declarations of interest.

6c Declaration of party whip

6.3 There were no declarations of party whip.

6d Exclusion of press and public

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

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

6.6 It was also noted that should there be a requirement or preference for any evidence to be given in private, either at this meeting or any future meetings of the panel, then members of the panel would support witnesses in this and enter into a Part Two situation. Additionally, if there were a need for members of the panel to leave the room then there was a female deputy chair who would be able to take over the proceedings. Lastly, if there were any members of the public who

wished to share their experiences of the services provided in the city but would not wish to do this in a public meeting then one-to-one sessions could be arranged at a time and location preferable to the witness.

7 Chairman's communications

- 7.1 The chairman welcomed all the speakers and thanked them for taking the time to come and speak to the panel and for being involved in the panel's evidence gathering process.
- 7.2 The scrutiny panel is focusing on what support services are already available in the city and whether they are operating as they should be, as well as identifying where there are gaps in the provision of local services. So far the panel has identified and taken evidence from a number of organisations which offer support services to those affected by sexual violence. After today's meeting the panel will meet once more in public before considering what recommendations it will be making.
- 7.3 It was noted that there were a number of speakers present at the meeting and that the speakers would have approximately 10 minutes to present their information to the panel, followed by some questions from members of the panel. It was agreed that the format of the meeting would be kept informal so as to enable the speakers to ask questions of each other and for all present to be able to engage in the issues being discussed.

8 Evidence-Gathering sessions

- 8.1 The panel heard evidence from a number of witnesses.
- 8.2a **Lisa Dando and Jules Mercy from the Brighton Women's Centre gave evidence to the panel.**
- 8.2b The Brighton Women's Centre offers a number of specialised and generic services to women in Brighton and Hove. The centre offers a 12 week course of one-to-one counselling as well as a 12 week course of one-to-one specialist rape and sexual assault counselling. The centre receives referrals for counselling from the Sexual Assault Referral Centre (SARC) in Crawley. Additionally, the centre offers a 12 week one-to-one course of counselling for women who have experienced domestic violence and this is offered in partnership with RISE. The women's centre also offers women only; drop-ins, advice, guidance and signposting to other services; access to a range of training; self development courses incorporating creative, educational and employment opportunities; self-esteem courses which are offered in partnership with the Family Intervention Project; and holistic therapies. The centre also offers an Ofsted registered pre-school.

The Brighton Women's Centre offers support to all women irrespective of their background. It is important that women have access to women only services to ensure that those women who wouldn't otherwise access services are able to. The centre is accessed by women who are vulnerable and disadvantaged to address issues such as accommodation, poverty, mental health and emotional well-being, physical health, low self esteem, sexual health, relationship difficulties, employment and training, domestic violence, sexual violence, and support with childcare. The women's centre focuses on providing generic, women only services and offers these services in a holistic approach as possible. Women tend to access the centre for a specific service but often end up accessing a range of services at the centre.

The women's centre provides a number of preventative services for vulnerable women who are in the high risk categories for sexual violence. A young women's experience of sexual violence, as is acknowledged in the Stern Review, is often in conjunction with other factors such as previous experience of sexual abuse, mental health, learning disabilities, and isolation. These factors lead to women having low self esteem and a lack of internalised self worth which predisposes them to becoming targets for sexual violence. Vulnerable women are far more likely to be at risk of sexual violence. The women's centre works to support women in crisis as well as those who have had historical experiences of sexual violence and will support women through court process as well as offering emotional support. The value of a generic service such as the Brighton Women's Centre, is that women will present with a single issue, such as depression or anxiety, which they may not associate with previous experiences of sexual violence. The therapeutic interventions offered by the centre and its partners help to support women to deal with a number of related factors and issues they may have.

The women's centre is accessed by a large number of women who have been subjected to sexual violence, as the figures for those accessing counselling services at the centre demonstrate. In 09/10 167 clients were referred to the centre's counselling service of which, 11% were dealing with sexual violence, 19% were dealing with childhood sexual abuse, and 26% with domestic violence. This means that 55% of referrals to the counselling services at the centre were associated with some form of physical or sexual violence. In 09/10 104 women accessed and were offered counselling of which, 11% were dealing with sexual violence, 16% with childhood sexual abuse, and 21% with domestic violence. A total of 51% of women accessing counselling at the centre had experienced some form of sexual or physical violence. Demand for services at the centre outstrips supply by 40% and there is a waiting list of 2 to 3 months for those wanting counselling services. The women's centre leads on the Inspire Project and this project is anticipating that referrals from those who have experienced sexual and domestic violence to increase. It is already known that 44% of women offenders are dealing with sexual violence, abuse or domestic violence.

- 8.2c Members of the panel asked which organisations and agencies make referrals to the women's centre.
- 8.2d The panel heard that the centre receives referrals from a range of organisations, agencies, and professionals including; statutory agencies such as the SARC, the Independent Domestic Violence Advisors (IDVAs), GPs, Midwives, East and West Access Mental Health Teams, Royal Sussex Hospital, Police, Sussex Probation, Family Intervention Project and Social Services. The centre also receives referrals from the voluntary sector including; the Crime Reduction Initiative, Age Concern, YMCA, BHT, Brighton Unemployed Families Centre and partners from the Women's Services Strategic Network (WSSN). The centre also makes referrals out particularly to the other women's organisations in the city (RISE, Threshold, the Survivors' Network, and Oasis) as well as other specific agencies depending on a client's need.
- 8.2e Members of the panel commented that there appeared to be an enormous amount of need within the city for the centre's services as well as women needing referring to other services. It was asked whether there is a nucleus of clients which have to wait for a long time before they can get into the system and access services, and whether the services supplied were adequate for the needs of clients and whether there are any identified gaps or areas where the council can offer support to the women's third sector organisations in the city. Members of the panel asked if, because of the 2 to 3 month waiting list, many women were deterred from accessing services.
- 8.2f The panel heard that capacity was a real issue both for the Brighton Women's Centre as well as for the other women's third sector organisations in the city. Some women do drop out because of the long waiting list and some others will access other services instead.
- 8.2g Members of the panel asked if those agencies and organisations making referrals to the centre also assisted the centre with funding.
- 8.2h The panel heard that the Brighton Women's Centre receives some funds from the SARC for referrals. However as an organisation the centre does not receive funding from the PCT or the police and has only just recently received some funding from the council via a discretionary grant. The centre has no sustainable long-term funding.
- 8.2i Members of the panel commented that funding was a constant problem for third sector organisations; however, as the services they are now offering could be considered statutory services then they should be receiving funding to deliver these.
- 8.2j The panel heard that funding problems is a continual and historic problem for the women's centre. Women need to be able to access services which they can trust, and which feel safe, however, this can

be problematic to achieve when sustainability is difficult to maintain and the centre is not always certain that it can run services for the duration of which women may wish to access them.

- 8.2k Members of the panel asked which other third sector organisations in the city the women's centre worked with.
- 8.2l The panel heard that the women's centre works closely with RISE. RISE works with those who have experienced domestic violence and so there is some cross over in client groups between the centre and RISE. The women's centre is also a member of the Women's Services Strategic Network (WSSN). As a result of the development of the WSSN and the partnership working which has resulted from it, the Network received funding to run the Inspire Project. The Inspire Project works with female offenders many of whom would have been the victim of historical violence which may have contributed to them becoming offenders. The women's centre was approached by the Ministry of Justice to apply for the funding. As it was key to the delivery of the service that a holistic approach to implementation and design was taken and as there is a successful women's partnership in operation in the city the WSSN made a joint application for the funding and will be delivering the services in partnership with each other. It is essential that there is a generic women's organisation, such as the Brighton Women's Centre, in the city which can make referrals to other specialised service providers. Many women when accessing services may not know what services they wish to access and the initial route into services may not be the most appropriate one.
- 8.2m Members of the panel asked whether there were effective working relationships between the women's organisations in the city and whether there were any barriers to working together. Members of the panel also asked if the women's centre would be in favour of ring-fenced funding.
- 8.2n The panel heard that the women's third sector organisations in the city work very well together and had worked very hard to build a partnership to enable them to work more cohesively and holistically and in an integrated manner. The grant from the Ministry of Justice given to the WSSN is a demonstration of the faith which the national government has in the sector and in the Women's partnership in the city. The panel heard that ring-fenced funding would be a start. However, the women accessing services at the centre usually present a variety of issues which require support. For example, a woman who has experienced domestic violence is likely to require not only support to overcome the trauma associated with domestic violence, but to require support to build her self confidence, help with accessing training, education and employment, housing support, and support to overcome poverty. This means that a holistic approach is required to supporting women and enabling needs to be addressed and this is best

achieved through partnership working within the sector and it is the partnership which needs to be invested in, and as soon as possible.

- 8.2o Members of the panel asked if the partnership was being invested in and whether there was competition between members of the partnership for funding.
- 8.2p The panel heard that the partnership is currently struggling as it does not have sustainable funding or resources; the services are being delivered it is just the partnership is struggling to do this. The partnership has worked hard to overcome competitive barriers and is working hard to continue to overcome any problems which it faces. Whilst the women's centre works with women across any issue, it concentrates on providing the generic services which women require and in order to do this the centre needs to be able to refer women on to specialist support services. Funding is a continual problem for the women's centre and whilst the centre has received funding from the Ministry of Justice, until March 2011, the centre will really struggle next year. This is unfortunately a familiar problem as the centre has struggled to find funding throughout its history as an organisation.
- 8.2q Members of the panel asked if the centre had the power to change anything what would they change, would it be to receive core funding so that they do not have to compete with other organisations for access to funding and so they could concentrate on delivering services rather than bidding for money.
- 8.2r The panel heard that there is a need to get beyond the situation whereby the centre has to apply for funding every year. The centre really needs 3 or 5 year pots of money. It is really difficult for service providers to effectively plan medium and long-term service provision for very vulnerable women when there is no stability in funding. If service users state particular needs then the centre needs to ensure that they have access to funding to be able to develop and set up the service, as well as get it running and deliver it. The funding from the Ministry of Justice will require the centre to develop and start effectively delivering services within a very short timeframe. Service development takes time and it takes time to put services in place and current funding cycles do not take this into account.

The centre and the sector should be better supported by the statutory agencies in the city. The women's third sector organisations need infrastructure support through further development of the WSSN. The WSSN want to continue to make the gains they have achieved through the partnership and require a Development Worker Post to be able to continue to do this. The Development Worker would be able to support the partnership to thrive and help to co-ordinate the organisations in the city. Currently the women's organisations in the city need support to work in partnership as they have all taken this task on alongside their day jobs and it is hard therefore for the organisations to maintain

their own management as well as work on the WSSN and invest the time to develop the partnership. In order to continue to work in partnership a Development Worker is needed to do the job of developing the partnership. The sector is faced with capacity issues and yet development and investment in the WSSN is key to achieving representation of the sector at a strategic level within the city.

- 8.2s It was noted that there is a gap in many of the statutory services where gender specific services should sit and that there is a link between child abuse and later victimisation as well as offending behaviour. The panel were asked to note that there is some unwanted sexual contact occurring for young people and that there are some opportunities in schools in HSE and RE classes to undertake some education and prevention work.
- 8.2t Members of the panel noted these remarks and also commented that there does not appear to be a single individual within children's services who is responsible for tackling the sexual violence agenda. Additionally, the panel noted they may want to hear evidence from the Adoption and Fostering service as there are cases of children experiencing, or possibly experiencing, sexual abuse in this service area. It was asked as to what the impact on the women's centre is in terms of either preventing victimisation or offending behaviour.
- 8.2u The panel heard that the women's centre and other women's organisations in the city needed to ensure that there was an approach to early prevention as this work is very crucial. At the women's centre Ofsted registered preschool groups are offered for children of women accessing services so the centre becomes aware of children who visit the centre and their mother's situation. As the centre is aware of a child's background and home environment, abuse can sometimes be flagged up at this point in a child's life and the centre has been involved and intervened in child protection cases and conferences as a result of identifying abusive situations. In terms of early intervention for adults, this can be problematic as a woman who presents at the centre may not identify all the reasons why they have chosen to access services, and so violence and abuse may not emerge during initial contact stages. Women rarely feel confident about talking about abuse and violence as a factor that contributes to mental health issues or low self esteem.
- 8.2v Members of the panel noted that it was indeed difficult to undertake effective prevention work in this area as it is difficult to identify and target those that would benefit from early interventions.
- 8.2w It was noted that early intervention and prevention work is crucial and needs to be done ideally from pre-birth and all the way through an individual's lifespan. Some of the tools and systems used by social workers and specialist agencies to detect domestic violence should also be used to ask about and identify sexual violence. Frontline

workers need to not be frightened to ask about sexual violence. The difficulty is the complexity of early intervention and how to demonstrate that early intervention brings about effective outcomes; organisations need to be able to show what the outcomes are, and how they are met. This requires, however, a longitudinal attitude to looking at interventions and outcomes and requires at least 3 or 5 year funding cycles and for agencies to look at how outcomes are turned around and improved.

- 8.2x Members of the panel noted that domestic violence is often talked about but society does not feel as comfortable talking about sexual violence; likewise domestic violence programmes attract money more easily than sexual violence programmes.
- 8.2y It was noted that the difference is arguably a point of language as domestic violence often includes an element of sexual violence but that the close association between the two does mean that some forms of sexual violence are overlooked.
- 8.2z The panel heard that one of the reasons why domestic violence is spoken of and there has been a lot of work done on this issue in Brighton and Hove is that there have been a lot of under-funded organisations working hard to deliver services and to ensure that the issue of domestic violence is on the city's agenda. The women's centre does not want the issue of sexual violence to take as long as it took for domestic violence to be on the city's agenda.
- 8.2aa It was noted that young people receive a lot of education about sexual health but receive very little about what healthy relationships are and what should not happen in healthy relationships. Very few young people are made aware of what they deserve and should have in a relationship. There is a need to empower young people to know about what it is they want from a relationship and to be explicit about what they don't, and should they need to where to go to access support services and information.
- 8.2bb Members of the panel asked if the women's centre supports women who are entering the UK who have experienced sexual violence and are HIV positive.
- 8.2cc The panel heard that the women's centre will support these women and that the Sussex Beacon runs a service for such clients. The women's centre works in partnership with Sussex Beacon and it is key that these partnership arrangements exist so women can be referred on to agencies that work on specific issues. A lot more support for this type of client is needed in the city. At the moment the women's centre and its partners are providing services but it is the tip of the iceberg. There is stigma and shame attached to experiences of domestic and sexual violence and so experiences are kept hidden and women will often blame themselves for the violent experience they have had.

8.3a Naomi Gosling from Stopover gave evidence to the panel.

- 8.3b Stopover is a supported housing project for young women aged 16-24. Stopover runs two housing projects. One is high support housing project which is staffed 24 hrs a day where clients can stay for a maximum of 9 months. Stopover Two provides less support and is staffed only during office hours. The stay is for up to two years. The residents at Stopover Two play an active role in managing the safety of the house. Many clients will move from the high supported housing project into the second project. The supported housing projects are female only and there is a rule against men entering at Stopover One. The projects operate on a safe house ethos, they are not refuges, and the tenants work with the project workers to ensure that the housing is kept safe. The project supports young women to develop independent living skills including skills in managing their tenancy so they can cope on their own in the future. For the majority of young women referred to the project Stopover is their first point of call into services; whilst the threat of homelessness may be the reason they go into supported housing, issues with mental health, drug or alcohol abuse, family breakdown, domestic or sexual violence often emerge.

The Stopover project will help young women to identify an independent living plan and the needs which they have when they move in. None of the project staff are trained counsellors so they will refer women on to other services to ensure that their needs are met. All referrals to Stopover come from the council. The project does not have the capacity for self referrals to be made. The Stopover project will refer clients to a wide range of services such as counselling services available through YAC, YPC and the Women's Centre, the RU OK project if clients have issues with drugs or alcohol and if they are a bit older (over 18) they may be referred to Oasis. For cases of sexual abuse or violence if it has been a recent event the project will support women to contact the police and if other specific services are required then they will refer women on to other agencies such as the Survivors' Network or the SARC or a Family Planning clinic.

It is clear from the work that has been undertaken with young women that some of those who have experienced sexual violence or abuse will not know or perceive themselves to have been a victim of abuse. Very few young women understand what appropriate behaviour within a relationship is and the impact of exchanging things for sexual favours is not widely understood. It is also clear that both domestic and sexual violence is massively on the increase amongst the young women which Stopover has contact with and there is a real lack of understanding about what it is that these young women are faced with and how they may challenge it. Young women need to be educated about what the experiences that they have had are, and preventative work needs to be done amongst this client group.

The majority of Stopover's funding comes from the Supported People Fund. The council also gives the project a discretionary grant and the project receives funding from a church. The work that the project does is not specifically around supporting victims of sexual violence but around enabling vulnerable young women to manage a tenancy agreement. However, it would be great if the project could offer some services. Whilst it is great that there are services which Stopover can signpost their clients on to, for a lot of young women accessing the Stopover project they have built a relationship with their worker and would rather seek further support from their worker. It would be great if those with specialist skills could come to the clients so that they do not have to leave the safe environment of the Stopover project. It would perhaps be useful if Stopover could get involved in the WSSN.

The Stopover project is aware of an individual who had hearing difficulties who was recently raped. There were no specialist services which she could access and the way she was treated by the police was appalling; she had to trek all the way across town to give a statement, she was advised not to change her clothes and she had to wait the full day for an interpreter to arrive. This is just one example of how a disability can make you far more vulnerable to experiencing violence and then in the aftermath far more unlikely to receive the support that is needed.

- 8.3c Members of the panel asked what the referral criteria were for those being referred to the Stopover project.
- 8.3d The panel heard that the project is available to those young women who are in danger of being homeless or insecurely housed. Those aged 16-17 are prioritised. Clients are housed in 24 hr supported housing for only 9 months and if they develop the independent living skills required then they can be transferred onto Stopover's other project. However this is a very short space of time for these very vulnerable young women to develop the skills they need to move on.
- 8.3e Members of the panel asked what happens to women aged over 24 and whether there was a safe project which they can gain access to, and whether any of the women who access Stopover have children.
- 8.3f The panel heard that those aged over 24 could access adult housing through BHT or the YMCA although these are mixed housing, and that the Stopover project could only house single women and there is a separate project available for young moms which Stopover can refer clients to. BHT do have an all female project which specialises in mental health, this is a very small project though.
- 8.3g Members of the panel asked if there was specialist housing available for very young women who have experienced domestic violence or sexual violence and yet are still very dependent on their partners.

There is a concern that this service is not available to young women who will need support for a long time.

- 8.3h The panel heard that there is not enough supported housing for young women and young mothers in the city. There used to be a peer mentoring project which undertook outreach work to young women. However the funding for the project was dropped and so Stopover has had to stop the project. The YMCA does offer some projects of this nature. The women's centre is currently working with Stopover to provide a mentoring project which also offers support on education, employment and housing options. The trouble is that for many young women who gain access to safe housing it can take time for them to identify their own support needs and develop the confidence needed to go out and access external services; it can be much more effective to bring services to them instead.
- 8.3i Members of the panel asked if rough sleepers accessed the Stopover project
- 8.3j The panel heard that no rough sleepers had accessed the project in the last 4 years and that Stopover tended to receive referrals from the council who had been contacted by young women who were 'sofa surfing' rather than actually street homeless.
- 8.3k It was noted that the BHT have a supported house for women who also have mental health issues. It is a valuable service for those who have had to deal with sexual violence as a young person, or for those young women who are unsure of their sexuality, or for those who may have complexities in their lives which may or not be directly due to sexual violence. There are a number of 'sofa surfers' in the city, and there are both young men and women in the city doing this. The city does have female rough sleepers who appear at varying times and often disappear quite quickly as they become either 'sofa surfers' or 'bed down' with others. These women are particularly vulnerable towards being sexually exploited and towards exchanging sexual favours for somewhere to sleep.
- 8.3l It was noted that there are some faith organisations within the city which will not fund projects helping vulnerable members of the LGBT community and that this may impact on projects supporting those who have become victims of sexual exploitation or sexual violence.
- 8.3m It was noted that it was very useful to be invited to attend today's meeting so that information could be given to the panel about what work was going on in the city to support victims of sexual violence and to both be able to raise awareness about ongoing work as well as highlight issues in the sector.

8.4a Martyn Sullivan, CEO of Mankind, was invited to give evidence.

8.4b Mankind offers services to men who have experienced sexual violence either in their childhood or as an adult. The services offered consist mainly of one-to-one counselling services. In the past Mankind has offered group counselling services however the funding for this is no longer available and whilst more is being sought for the time being this service has been dropped. The benefit of offering both one-to-one counselling as well as group meetings is that it gives a client the opportunity to explore their experience in private as well as in a group context where their experience becomes 'normalised' as they meet others who have also experienced sexual violence. Mankind works with men who have experienced sexual violence to offer them therapeutic outcomes which sit outside the female/feminist construct and approach. As a result Mankind is working in a way which has not been researched and is as a result developing an approach and services as it progresses. Mankind offers victims of sexual violence an opportunity to regain a sense of masculinity, which is often lost as a result of the experience they have had, a sense of their self and their self within society. Mankind offers clients either a male or female counsellor to work with however this is potentially problematic as one third of Mankind's clients are abused or violated by a woman. Mankind's other main client group is the families and partners of those who have experienced sexual violence. Male survivors do not exist in isolation and a wide support network is very important to encouraging recovery from an event. Mankind offers one-to-one counselling with partners and family and hope to, as this client group grows, offer group counselling as well.

In 2008/09 Mankind had a 55% increase in the number of men accessing their services, probably as a result of advertising and a campaign about their services which was run in the local newspapers. Mankind recently redesigned their website and they now receive the majority of referrals online. Taking out the first stage of human contact works well for men who want to access services; they can fill out an online form and this is easier for them to do than picking up a phone. The next stage is that Mankind will contact them to arrange an appointment. This referral process has increased the number of men who have followed through from contacting the service to actually attending counselling sessions. There is currently an 8-12 week waiting list for counselling sessions and this can fluctuate depending on the number of volunteer counsellors which are available. Mankind spends a lot of time recruiting and training counsellors and the services offered by Mankind are impacted upon every time a counsellor leaves.

Mankind has built up knowledge of its services mostly through word of mouth and through the campaigns which it has run and the posters and images from the campaign are widely circulated amongst statutory agencies in the city, such as police, housing, and GP surgeries. Mankind makes very few referrals on to other services but rather tends to be an end of the line service for their clients who may have first contacted other services such as alcohol or substance misuse services.

However, these individuals are often living chaotic lives and will struggle to attend two agencies at once to access services. The result is that there is a large drop out from services for this vulnerable client group. To address this Mankind with the Crime Reduction Initiative have been working on a research project aimed to study what the impact would be if a Mankind counsellor was able to provide specialist counselling for men alongside the drug substance misuse services. This may prevent men from dropping out of services if they only have to attend one agency and so have an impact on reducing substance misuse as the likely cause of misuse is also attended too at the same time. The research project would be important to provide evidence for the benefits of such a joint-service delivery approach. Mankind have, however, been unable to find funding to undertake the research project. This is a real problem as the potential learning which could be achieved for other joint services with probation and mental health services is being lost.

- 8.4c Members of the panel asked what the difficulties were for men opening up to services.
- 8.4d The panel heard that men find it difficult to open up about their experience of sexual violence as traditionally men have not been given a voice on this matter. Sexual violence is typically associated with women as the victims and men as the perpetrators. Childhood sexual abuse is more commonly associated with young boys, however, when they become adults they are expected just to deal with the traumas they have experienced, whilst women at this stage in their lives want to access services. There are many myths surrounding male experience of sexual violence and abuse. If you ask the public about sexual violence you will get these stereotypical answers in which there is some truth, but hidden within these stereotypes are the figures and the men who have experienced sexual violence. Men find the experience of sexual violence traumatic for many of the same reasons which a woman would, but also for different reasons. Men have a fear that if they talk about being sexually abused then they will be seen as being the perpetrators rather than the victims. Sexual violence can also raise serious issues around sexuality for male victims. The bottom line is that sexual violence is a trauma, and the trauma doesn't care what gender the victim is.

Mankind offers a people centred approach to supporting men with a range of problems and services. Once men are involved in counselling then Mankind will help them to access housing and financial support and refer men on to other agencies or organisations. Mankind would like to work more closely with other services in the city, but lots of organisations in the city offer women only services and therefore forming links can be a challenge as there is a clear gender barrier to Mankind entering some forums because of their client group. It is problematical that most of the work being done on this issue is with women as Mankind, which is a small organisation, will struggle to

undertake the necessary research and service development to bring the issue of male sexual violence to the table. Mankind hopes to work with the Crime Reduction Initiative in the future.

Mankind receives funding from the Big Lottery as well as a few Trust Funds which they have links with. The vast majority of funding in this area is for projects and services for women not men and so Mankind doesn't have access to most Home Office and government funding. Big Lottery gave Mankind funding for 5 years and they are now into year 3 of the 5 year funding. Mankind are currently focusing on how to market and provide services. If they were able to undertake more research they would have more evidence to support what works and therefore potentially have better access to funding. From March 2011 Mankind will be desperately seeking additional funding.

- 8.4e Members of the panel asked whether there were funding streams available for services for men, and whether Mankind received referrals from the SARC.
- 8.4f The panel heard that there were no funding streams which Mankind were aware of. At this moment in time Mankind is not set up to receive referrals from the SARC. Funding from the SARC is on a case by case basis and therefore funding from the SARC can not be factored into service planning and development. Mankind is current recruiting counsellors that will be accredited by the SARC. However one of Mankind's clients recently had a negative experience of the SARC whereby he got referred on to several wrong agencies and only heard about Mankind when a friend told him about it. This client had contact with the police, Threshold and the SARC and yet no one had referred him on to Mankind. Mankind raised this with the SARC but have yet to receive a response.
- 8.4g Members of the panel asked if male victims of sexual violence would benefit from a SARC facility in Brighton and Hove.
- 8.4h The panel heard that the SARC is really only intended for those who have experienced a recent crisis and has a remit around reporting and prosecuting, with support services and counselling added as a bolt on. The SARC hasn't been thought through very well and there is currently no data available about those accessing the SARC and there has been no evaluation as to the success of such a service. In Brighton and Hove someone who has experienced a recent sexual violence event may call the police however both men and women have reservations about doing this. The police do have a specialist response team which works specifically on sex crimes however very few members of the public are aware of this. Most of the agencies working in this area do not advertise their services as this costs resources. Ideally, there should be a central hub in Brighton, either a helpline or a website, which is identified as a separate organisation, which anyone can access to talk to someone. This 'listening service' could then undertake

proactive referrals, or if it is a website then individuals can complete a form and then receive a call back. The hub could act as a central access point for a variety of services, and the hub can then be advertised as one central point throughout the city, as well as act as a body which can educate the public about some of the facts of sexual violence.

- 8.4i Members of the panel noted that in the short-term officers are working to get services in the city working together so that in the longer-term more people will go to the police to report crimes and from there receive the support services which they need.
- 8.4j The panel heard that if an individual is not sure who to go to then approaching an agency can be really quite difficult, sometimes a client may wish to know more about a service before accessing it and therefore if there is a central point which they can call to talk to someone about what services are available and get information on them then this would be very useful.
- 8.4k Members of the panel asked if there was a need for a 24 hour service which victims could access to receive support.
- 8.4l The panel heard that when commissioning and planning services in the city data on how these services are used need to be taken into account in order to consider future planning of a service. This would also help to identify which agencies are being accessed the most and identify services which are not available. Having a 24 hour service available would help this as well as gaining client feedback on services. Again having an independent source of information on how to access services would facilitate this. Having a one stop number or website which clients can access which is not attached to a single organisation would be a favoured approach.
- 8.4m It was noted that other communities may favour emphasis being placed on support pathways rather than a single support organisation with a consortium put in place to judge what the referral and support pathways should be.
- 8.4n Members of the panel noted that there would perhaps be benefit in having a hub in the city with a telephone number which could be answered 24 hours a day and is constantly manned and can be used to point clients in the direction of services.
- 8.4o It was commented that there will be clients who aren't in a physical crisis who will present to services around a particular issue which isn't actually the causal factor of certain behaviours. A hub may be able to provide connections with other services for such clients.
- 8.4p The panel heard that the details would have to be worked out and it is dependent on how the scheme would be marketed.

- 8.4q It was noted that any hub would have to be properly integrated so that there is a real understanding amongst clients as to how the organisation would refer clients on and how organisations would work with each other. The scheme would also have to empower individuals to access services. In reality it is difficult to move clients across quite big barriers both organisational barriers and barriers of perceptions of how services should work. It also needs to be noted that there are different ways that different service users will want to gain access to services, some may prefer a telephone number others may prefer a using the internet. Referral pathways are crucial.
- 8.4r The panel heard that it is difficult to let potential clients know that services are out there, and ultimately first contacts are only as good as the person speaking on the other end of the telephone.
- 8.4s Members of the panel noted that clients often suffer from multiple issues and will choose just one issue as their point of access into services.
- 8.4t Mankind is based in Newhaven and there are definite advantages of being based outside the city as men can travel to access services unobserved, additionally there are difficulties as it will discourage some men from travelling. Mankind sees clients from across the South East area as far away as Kent, however, 60-70% of their clients are from Brighton and Hove. 400,000 to 600,000 men in the South East region may have experienced some form of sexual violence.
- 8.4u Members of the panel asked what language men preferred to use when talking about sexual violence.
- 8.4v The panel heard that Mankind and its clients try not to use the word rape as many men may not identify with having experienced rape. Mankind tends to prefer the phrase 'unwanted sexual experiences'. There is a problem around the language which is used to talk about experiences and the nature of the events experienced.
- 8.4w Members of the panel asked what the majority of Mankind's client's experiences with sexual violence were.
- 8.4x The panel heard that the majority of clients were those that had been abused as a child and this abuse was often carried out by an older child. Men tend not to report offences to the police or to health agencies and therefore it is unlikely that many men would ever access the SARC. Obviously this is generalised but men may need specific advertising to encourage them to identify with services and this then encourage them to access the services.
- 8.4y It was noted that there is an issue with the legal definition of what the police and the home office consider rape to be.

- 8.5a Jo-Anne Welsh, Director, Brighton Oasis Project was invited to give evidence to the panel.**
- 8.5b Brighton Oasis is a women only drug and alcohol service. In addition it offers therapeutic services for children affected by familial substance misuse, a crèche, and services for women working in the sex industry. Oasis is commissioned to deliver tier 2 and 3 interventions via the PCT and is therefore able to offer open access, initial consultation, and the psycho-social aspects of drug treatment. All drug treatment services in the city are delivered in partnership with the NHS and CRI. Oasis also provides services for those who offend in relation to substance misuse, and outreach services for sex workers. The sex workers are contacted through parlours and at the sex workers homes and there is a general outreach worker who will work with vulnerable women who are insecurely housed and potentially swopping sex for drugs or somewhere to stay but would not identify themselves as sex workers. There is a high level of childhood sexual abuse amongst this client group who will often revert to substance misuse to cope with the experiences they have had. The client groups which Oasis interacts with are also likely to have had recent experiences of domestic violence. Oasis also works with women offenders on community sentences. Research indicates with this client group that 44% reported experiencing or witnessing childhood sexual abuse and 50% of women in prison reported experiencing previous abuse

Since 2001 a sex worker outreach worker has been employed; the worker is funded by the PCT with money from the sexual health budget and drug treatment budget however it is not fully funded. The service is primarily funded to improve health outcomes for women. As Clients will rarely disclose sexual violence or abuse straight away Oasis works with these women to undertake general work around staying safe, maintaining sexual and physical health and will encourage women to participate in schemes that will reduce the risk of being attacked and experiencing sexual violence. Oasis is involved in the delivery and coordination of the 'ugly mugs' scheme.

In terms of how many women Oasis can support, the Sex Outreach Worker is currently under resourced. In the last couple of years the sex market in the city has changed from having parlours which we knew quite a lot about and through which sex workers were known to operate and identified themselves as sex workers, to a situation where women selling sex are operating in a more transitory manner moving through the city and perhaps across the UK and even Europe. The Oasis sex worker outreach worker (SWOP) increasingly finds that on entering parlours she may well encounter women only once, the next time they are not there and have apparently moved on. It is probably fair to say that the parlours we access are the better run ones where women's health and safety is considered. It is difficult to establish relationships and levels of trust and offer support to women to enable them to stay safe if they are moving on quite quickly, also there are barriers to

conveying information to the women if they haven't got the language skills. The workers entering the parlours will use Language Line as a translation service but it is difficult to build on work done and relationships created if the women are moving on quite quickly.

Additionally these women will be particularly vulnerable as they will have anxieties about their immigration status in this country and therefore will be cautious of interacting with any form of authority.

- 8.5c Members of the panel asked if women in the sex industry were moving on of their own accord.
- 8.5d The panel heard that it is difficult to say as the movement may be about trying to access the market and the women may be organising themselves around where the market is considered strongest and some women may be working in this country for a couple of months before returning home. Oasis is struggling to understand what is going on in the market locally due to under resourcing and it is not easy to look at other areas of the country and translate experiences; the sex market works very differently for example in Brighton, Ipswich and the centre of London. In Brighton there is no prominent street scene but there are women which are hidden rough sleepers and will not be selling sex for money but may be trading sex for drugs or a place to sleep. It is these women which are hidden to services and are slipping through the net as they will not identify themselves as sex workers.
- 8.5e Members of the panel asked if these women would identify their experiences as a form of sexual violence.
- 8.5f The panel heard that very few women will ever disclose childhood sexual abuse as they will not wish to acknowledge the experiences they have had and will often use extreme coping mechanisms, such as drug and alcohol misuse, to numb themselves against the traumas they have experienced. This is a real challenge for those trying to support these women. One of the main aims of the drug treatment offered by Oasis is to reduce the chaotic lifestyles of users and to introduce an element of stability. Where these women also disclose sexual violence or historic sexual abuse there is a need to stabilise them and prepare them to be able to engage in a therapeutic relationship. It will be quite difficult for a woman who has experienced sexual violence to open up about their experience particularly if they are still misusing drugs and alcohol. If these women are encouraged to open up too soon whilst also experiencing mental health issues and drug use then the chances of them dropping out of therapy are highly likely and they are unlikely to seek therapeutic help in the future.
- 8.5g It was noted by another speaker that if sexual violence counsellors could be engaged with and included in a client's care management programme then clients could be offered a more holistic set of services to support them and their needs.

- 8.5h The panel heard that for the women Oasis interact with who experience sexual violence they are faced with additional difficulties as they are frequently not considered reliable witnesses and thus will have further anxieties about reporting incidents to the police or to the SARC in case they are considered offenders. These fears remain despite the fact that Oasis has worked quite closely with the police and sex workers to build trust and form links and the fact that sex workers will provide intelligence to the police if needed. There is a scheme set up similar to the ugly mugs scheme for sex workers whereby women who may not be considered reliable witnesses can share information about perpetrators that may be targeting vulnerable women. These women will also have issues with self confidence and self esteem and may consider what they have experienced as a result of the choices they have made and the expectation is that if they report an offence then it may reflect on themselves and they are likely to blame themselves and consider themselves partially responsible.
- 8.5i Members of the panel asked what particular service area is a priority for Oasis to develop.
- 8.5j The panel heard that more co-ordination around some of the services which Oasis offers in the city would be useful. There exists already a sex workers steering group and Oasis works with the police to provide services. However more work needs to be done to ensure the strategic direction of the agenda and services in this sector. A coordinator is needed to coordinate responses from the sector.
- 8.5k It was asked if capacity for the coordinator would be best coming from the voluntary sector or whether a strategic lead was needed from within the council or the police.
- 8.5l The panel heard that the best option would be a strategic lead within the council as there are difficulties around meeting individual women's needs and the model used by Oasis may not be the most suitable for all women.
- 8.5m It was noted that it is important that whatever processes are built in, that enough time is allowed for important discussions and debates and for a dialogue to be developed which demonstrates the complexities of the issues surrounding sexual violence.
- 8.5n It was noted that the complexities of the dialogue surrounding men dealing with childhood sexual abuse also needs to be considered.
- 8.5o It was noted that there is probably the need for gender specific support services for victims of sexual violence.
- 8.5p The panel heard that in Liverpool violence against female sex workers is treated as a hate crime and such an approach has helped to reduce violence against women in the sex industry. Such an approach is seen

as being good practise from a public health, crime reduction perspective and a self esteem perspective as it does not stigmatise women working in the industry.

- 8.5q It was noted that work needs to be done to support male sex workers.
- 8.5r It was noted by another speaker that it is key when asking the sexual orientation of a client to ensure that the client understands why they are being asked and what this information will be used for. Additionally the client must be given the room to articulate their sexual orientation as they perceive it to be. This needs to be considered when developing interventions for services to support victims of sexual violence.
- 8.5s It was noted by another speaker that from the research that Mankind has undertaken gender identification plays an important role for service users, for example some men would prefer male counsellors, others female depending on the nature of the experience they have had.
- 8.5t It was noted by another speaker that based on data collected as part of the Count me in Two project it was clear that many service users felt uncomfortable being asked about their sexual orientation if they perceived the service to be unfriendly to their needs. However if the data was kept anonymous and confidential then only 3% of those asked were not happy to be asked what their sexual orientation is. The trouble is there is not, across the city, a formalised set of questions which are used when asking for equalities information although the City Inclusion Partnership is looking into this.

8.6a Arthur Law and Michelle Pooley representing the Lesbian Gay Bisexual and Transgendered Domestic Violence and Abuse (LGBT DV&A) Working Group gave evidence to the panel

The LGBT DV&A Working Group is a partnership hosted by Spectrum and the Brighton & Hove Domestic Violence Forum since 2005. Partner agencies include: Rise, The Clare Project, Gender Trust, LGBT Switchboard, Relate, Allsorts, Count Me In Too Project, Broken Rainbow, Partnership Community Safety Team, Brighton & Hove Housing Services, and Sussex Police. It is estimated that 15% of the population in Brighton and Hove (and this is likely to be an underestimate) identify as LGBT. Whilst there is a vibrant women's sector in the city working to support victims, there needs to be more crossover and discussions between these groups and those representing the needs of LGBT individuals. Information provided by the Count Me In Too research projects has also highlighted this need for a focus on LGBT experiences of sexual violence. There is not currently in the city a specialised LGBT sexual violence or domestic violence service.

The research data collected as part of the Count Me In Too project around sexual and domestic violence is small and therefore robust data

analysis is not possible, however, the figures produced do provide a starting point for discursive conversations around the topic. Both the Count Me In (2000) and the Count Me In Too (2007) projects collected information on sexual violence, however, as the questions asked were different the two sets of information are not directly comparable. Data collected for the Count Me In (2000) project suggests that of those who participated in the project 40% of women and 32% of men had felt that in their lifetime they had been pressured or forced to have sex against their will and half of these had identified this experience as rape. The data from 2000 indicated that women were more likely to be repeat victims, and strangers were most likely to be identified as perpetrators. 92% of survivors responding in 2000 did not report an incident to the police. Of those that did, 32% evaluated their treatment as poor or very poor. In 2000 survivors were asked if that sought any formal (eg counselling) or informal (eg talking with friends and family) support. The data is very difficult to interpret; however, anecdotal information suggests that the more severe an experience of sexual violence is, the less likely it is that an LGBT individual will seek the formal help they need and even more minor incidents of sexual violence will go unreported and not formally supported. The Count Me In data did highlight that there is a lot of counselling available for LGBT individuals to access, however, 15% of those responding indicated that they had experienced inappropriate linkages between services. Additionally, when it comes to issues of sexual violence there is less readiness to use counselling as a support vehicle due to the way that gender is constructed by these services. In 2000 27% of respondents were interested in attending group-work or workshops with other LGBT people.

Data from the Count Me In Too (2007) project suggests that out of those who responded, in the last 5 years, 3% of lesbians, 4% of gay men, 3% of bisexuals and 9% of trans people had experienced sexual assault. 76% of these survivors had experienced suicidal ideation and 41% had attempted suicide. 25% of survivors of abuse perpetrated by someone close to them reported feeling excluded/uncomfortable using mainstream services because of their sexuality. 70% of survivors of abuse perpetrated by someone close to them wanted an LGBT-specific service providing support and counselling.

Data from other sources also indicate that there are significant numbers of LGBT individuals being affected by sexual violence. The Brighton & Hove LGBT Switchboard (2008-10) reported that 15% of their counselling clients had disclosed some form of sexual violence. A Barnardos report in 2007 indicated that young gay migrants entering the city are vulnerable to sexual exploitation through homelessness. Lastly a 2007 Stonewall report indicated that 12% of LGB secondary school pupils who responded had experienced sexual assault at school.

The experience of LGBT sexual violence is dependent on a number of factors; how the victim perceives the incident which has happened to

them, how an individual can access support services as well as the initial support provided when a victim first discloses sexual violence. A number of support issues for LGBT individuals have been identified and need exploring further. These support issues have been identified from recommendations from the Count Me In Too projects, from some of the focus groups which have happened in the city, from what is known locally to have occurred for LGBT individuals as well as from feedback from the Domestic Violence Forum and other related working groups in the city. One LGBT issue which needs to be addressed in relation to the SARC is how forensic information is held as well as how the links with counselling services is developed to ensure that service providers are Brighton and Hove based and able to offer services sensitive to LGBT issues.

- 8.6b It was noted that in the Stern Report reference was made to the importance of forensic data being held in a confidential and anonymous setting so that individuals can make an informed decision as to whether they wish to report an incident. Most cases of sexual violence are very complex and if a report is made through the police then police procedures will be followed and the victim will be encouraged to officially report an incident. According to the Stern Report, however, the boundaries surrounding who should hold forensic data until an official report is made is explored and the Stern Report recommends that forensic nurse should hold forensic information until such a time as the victim has given their permission for it to be passed on to the police. In incidents where a serial perpetrator is thought to have been involved then these boundaries surrounding access to forensic information need to be very carefully thought through.
- 8.6c The panel heard that there are teething problems with the SARC at the moment, for example, the SARC has not yet contacted the LGBT switchboard to establish a referral pathway for LGBT victims. Due to the vulnerability of this particular client group their needs must be anticipated and yet, currently, they are not. Support services should not de-generalise or de-sexualise their clients but need to offer support inline with the needs of their clients. It is very important that thought is put into how LGBT individuals think about and experience sexual violence and the different pathways that they may need access too, to gain support. LGBT individuals shouldn't have to travel through a system arguing as to why they are not heterosexual. Services need to be LGBT affirmative from the beginning and what it means to be LGBT affirmative needs to be considered.

Within Brighton and Hove there are services which have specialised knowledge about sexual violence and there are services which have specialised knowledge about LGBT issues, these services need to learn from each other. Referral pathways need to be set up between services so clients can be referred to the specialised services they require but generic services need to learn how to be LGBT affirmative.

Additionally, LGBT services need to learn more about domestic and sexual violence and how it affects their client group.

LGBT individuals will report that they can experience sexual violence in a number of ways and that it can be in association with homophobia. Like other individuals those who identify as LGBT are likely to suffer from multiple marginalisation which can mean that they have a number of additional issues, such as mental health issues, which they need support with as well as dealing with the sexual violence they have experienced. However, it is often the case that the more layering of issues a client produces the more vulnerable and potentially excluded from services they are likely to be. The police are not sensitive towards issues such as mental health issues and disabled issues, and the multiple marginalisation which LGBT survivors experience; the assumption is that another service will be dealing with these other issues. These gaps need to be identified and filled in order to support vulnerable clients in the city, and this will only be achieved through working in partnership.

- 8.6d It was noted that some studies appear to show a correlation between those who are HIV positive and an increased chance of having experienced sexual abuse or assault from a partner.
- 8.6e The panel heard that there is a lot of work which needs to be done to support vulnerable LGBT clients in the city. However, the LGBT DV&A Working group is not receiving the funding to do this work, yet it is resource intensive. The CDRP has identified some money to enable the working group to do some work around community safety; it is not, however, enough. The working group needs to be provided with some funds to enable the costs of hosting meetings and writing minutes and other infrastructure costs to be met. If the council wants consortium working to work then they need to fund it.
- 8.6f Members of the panel noted that it was important that they were told what is being funded and what isn't, and that there may be the need for a co-ordinator post to oversee some of the strategic work on the issue of sexual violence.
- 8.6g It was noted that if the council and its partners wanted consortium working around this issue then they need to be funding the consortiums to do this work.
- 8.6h Members of the panel asked whether core funding was needed to tackle sexual violence.
- 8.6i The panel heard that core funding would be ideal, but more important is to develop integrated services so that people are not passed around from service to service. As well as ongoing funding of services thought needs to be put into how the council and its partners fund consortium development. For example, funding for the Inspire Project will end in

March 2011, after that some of that work will need to be mainstreamed; thought needs to be put in now to what happens to the rest of that work. This is the case for many other projects and forums in the city. More thought needs to go into how projects are supported and sustained across the statutory sector and the business sector.

- 8.6j Members of the panel noted that if voluntary organisations work in partnership then they will be more likely to attract funding.
- 8.6k The panel heard that this was the case, but there is a lot of work which could be done in the city to support organisations to work as a consortium. Funders, in the current financial climate, will be far pickier about what projects they fund. Public sector agencies can help the third sector by being far clearer when commissioning services about what their priorities are and about what kind of provider they are looking to commission is. Third sector organisations need clarity over what is wanted from them. More work needs to be done by public sector agencies to support consortium development and working.
- 8.6l It was noted that there are many people that are falling through the gaps; men, women, and those from the LGBT community. Straight men on the street in terms of sexual violence are very under represented in the debate and there are no funding streams for this group out there.
- 8.7 The panel thanked all the speakers for attending the meeting to give evidence, and suggested that if there was further information and evidence which the speakers wished to share with the panel, then the panel would be happy to receive it.

9 Date of Next Meeting

10 am – 12.00, 15 April in Committee Room 2, Hove Town Hall

10 Any other Business

- 10.1 There was none.

The meeting finished at 16:25 pm.

APPENDIX 3C: MINUTES OF PANEL'S PUBLIC MEETING: 15/04/2010

**Brighton and Hove City Council
Environment and Community Safety Overview and Scrutiny Committee
Ad Hoc Panel – Support Services for Victims of Sexual Violence
10.00 am 15 April 2010**

Minutes

Present: Councillors Watkins (Chair), McCaffery (Deputy Chair), Phillips

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

Apologies: Councillor Averil Older

Part One

11 Procedural business

11a Declaration of substitutes

11.1 Substitutes are not allowed on scrutiny panels

11b Declarations of interest

11.2 There were no declarations of interest

11c Declaration of party whip

11.3 There were none.

11d Exclusion of press and public

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

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

11.6 The chairman noted that if at any point in the proceedings if those giving evidence to the panel wanted to share any confidential or sensitive information with the panel and were not keen to do this in a public forum, then the panel would support this and enter into a Part Two situation. Additionally, the panel would be willing to meet with witnesses in a private meeting, and if there were any service users who

would be interested in speaking to the panel a one-to-one session with a council officer and member of the panel could be arranged and all information given would be kept anonymous. If those speaking to the panel today were aware of any individual service users who would be willing to share their experience of support services in the city with the panel, then please let the panel know as they would very much like to hear from them.

12 Chairman's Communications

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

13 Evidence-gathering session

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

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

result of the trauma. If the YMCA does come across clients who have experienced a recent incident of sexual violence then they will link and work with the appropriate service agencies eg child protection to support the client. Generally the YMCA will refer young people into their own counselling services as it can be difficult for them to access other services as these providers will only take clients aged over 16 or 18. When needed, however, the YMCA will link with a variety of other specialised services such as Mankind, the Survivors' Network, Victim Support Programme, Allsorts, CAMHS, Social Services, the Clermont Unit or the Police.

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

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

Sussex Central YMCA has just secured funding for a Young Person's Sexual Exploitation Worker. The funding has taken a long time to become available. The YMCA had identified a particular vulnerable group of young people who access services because they are

homeless and who will have been exchanging sexual favours for somewhere to stay. This type of sexual exploitation appears to be affecting young women and members of the gay community. Young women in particular are being exploited in such a way on some of the city's estates and are being passed around groups of men. There are known characters within the city that are preying on vulnerable young women and sexually exploiting them. The Young Person's Sexual Exploitation Worker post has been set up in partnership with the local authority. The worker will be responsible for providing more information about the sexual exploitation of young people in the city, particularly LGBT and BME individuals and how pathways can be improved for those that are being exploited. The post holder will also undertake some work to raise awareness about this issue and will work with young people to enable them to understand what sexual exploitation and grooming is. Two pieces of research, a Barnardos report called Tipping the Iceberg and a University of Brighton report called Out on My Own, provided the evidence required to support the need for a Young Person's Sexual Exploitation Worker.

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

- 13.2b Members of the panel asked whether Sussex Central YMCA delivered services across Sussex or just within the Brighton and Hove local authority area and whether these services were distinct or all tied up together. Members of the panel also asked if different local authorities co-operated in supporting the YMCA.
- 13.2c The panel heard that Sussex Central YMCA used to be called Hove YMCA, however as the organisation provides services across Sussex it changed its name to reflect this. However, out of the services it does provide the majority are within the city of Brighton and Hove, and all the services are distinct, so interests and services delivered elsewhere remain separate from Brighton and Hove interests and services. Although clearly having interests across Sussex means that some agendas benefit from cross local authority working, such as the sexual

exploitation agenda. Depending on what the YMCA is trying to achieve normally interaction with local authorities is possible. Sometimes it just comes down to finding the right person within the authority to work with in which case things move very quickly. A relationship with Brighton and Hove City Council has been built up so it is not a problem accessing the authority in this city.

- 13.2d Members of the panel asked whether the funding received from the CYPT was a yearly grant which the YMCA had to apply for.
- 13.2e The panel heard that the funding for the counselling services was on a yearly basis and was not applied for through a grant process. The community counselling provided by the YMCA for those aged over 16 is funded on a year by year basis by a grant from the PCT. The YACs also received this year £20,000 through the discretionary grants scheme. Safe and sorted however received no funding this year despite applying for funding from a variety of sources.
- 13.2f Members of the panel asked whether the Sussex Central YMCA received any referrals from the SARC at Crawley.
- 13.2g The panel heard that the YMCA was not part of that referral system; although victims of recent sexual violence could turn up at one of the YACs most of the service users YMCA had contact with had experienced historical abuse not recent incidents. The YMCA therefore had no formal links with other organisations for crisis related service provision although could refer clients on if needs be. The YMCA is more likely to come into contact with service users who may have accessed the SARC or other services in the past and may have even seen their case go through the courts, but have since had the support offered to them end. As these women require ongoing support they will seek access to other services which is when the YMCA may pick them up. Particularly as because of their trauma and the lack of support to deal with it fully women may develop other issues which will see them seeking out services at either one of the advice centres or hostels. Young people who have experienced the trauma of sexual violence are more likely to engage in high risk behaviours such as alcohol or drug misuse and will contact the YMCA to resolve these behaviours and the sexual violence which they have experienced is also likely to be disclosed. Vulnerable young people who engage in high risk behaviours such as drugs and alcohol misuse are more likely to become victims of sexual violence and more likely to have been victims in the past; although many will not necessarily identify their experiences as having been sexual violence and are likely to blame themselves for what they have experienced.
- 13.2h Members of the panel asked whether the work which Sussex Central YMCA did was integrated into what else is going on in the city to support vulnerable young people.

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

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

The Women's National Commission (WNC) is the official independent advisory body to UK governments on women's issues. Established in 1969, the WNC now represents over 560 partners throughout England, Northern Ireland, Scotland and Wales, representing around 8 million women. The WNC has a track record on working on the issue of violence against women and working with survivors of violence and service users to consult with them on their service needs to inform national and local government strategies, policy and service development on all aspects of violence against women. The WNC has

a UK expert Working group on Violence Against Women, which meets quarterly. In 2009/10 the WNC also undertook a series of government-commissioned consultations with women and girls affected by a range of forms of violence to inform the English Violence Against Women and Girls (VAWG) Strategy (published in November 2009); the Home Office Victims' Experience Review (published November 2009); the report from the Department of Health Taskforce on the health aspects of violence against women and girls (published February 2010), and the CPS victims' views assessment (submitted to the CPS in April 2010). For this consultation the WNC ran a number of focus groups across England to identify the gaps in current service provision and the safety and support needs of women and girls who have experienced violence. 579 women and girls from across England participated in the focus groups and from the discussions a series of key issues and recommendations have been produced, as outlined in the WNC Reports ('Still We Rise', 'WNC Report to inform the Victims Experience Review' and 'A Bitter Pill to Swallow' - hard copies of reports were provided to each panel member.)

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

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

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

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

services. This means that the information which agencies have on sexual violence is often fragmented and their understanding of the range of forms of violence, and how it can be experienced and in what contexts is not accurate.

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

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

In the case of the focus groups which happened in Brighton and Hove, the issues and themes which arose elsewhere were also common here. Almost all of the 53 women involved in the focus groups locally had very little trust and confidence in the statutory agencies and women very rarely knew how to get help and where to go for support. Very few women were aware of their housing rights and very few knew what would happen if they called the police after an incident of violence. The women involved in the focus groups felt excluded, isolated and rejected from services and recounted numerous examples of being told their

experiences didn't count, and that many service providers either did not believe their experiences or blamed the women themselves for the violence they experienced. Particular groups of women also talked of services 'labelling' them (e.g. disabled women, women in prostitution, women in prison, women from Gypsy and Traveller communities, women with problematic substance use and women seeking asylum), which they felt exacerbated the poor response they received and further hampered their help-seeking.

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

"When my partner was arrested for raping me, he was actually bailed by the police back to my house ... He raped me, he's taken to the police station and charged, and is bailed back to the house where he was arrested. That just tells him he has every right to walk back to my house and threaten me again."

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

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

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

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

- 13.3b Members of the panel asked what could be done to enable the police to respond better to cases of violence and threatened violence against women and girls.

- 13.3c The panel heard that the main issue was that there is a stark difference between the policies which the police have and individual police officer responses to individual cases. All police forces should be having nationally developed training on how to respond to domestic and sexual violence cases but they need to do a better job in being consistent in how they prioritise initial and ongoing training for officers locally and in their delivery of these policies on the ground. Managers should be checking police officers' compliance with violence against women policies and taking action where they fail to do so.
- 13.3d It was noted that at a community outreach project run by RISE in East Brighton sometime ago ('safe as houses') RISE workers would work with police officers on the beat to brief them about the complexities of violence experienced by women in order to help them to understand the issues and to be better able to respond more effectively. Those running the briefings found that many of the police officers felt quite hopeless when responding to cases as they didn't know what to do and how to respond to the allegations or experiences women were telling them about. This project was good for exchanging information and perspectives so that the police could learn how to better respond, and RISE workers could better understand the realities of being a police officer when they are out doing their job.
- 13.3e The panel heard that an example of good practice, and a recommendation locally, would be that when a woman first calls the police, at that very first point of contact, the police officer should immediately be giving the victim information about how to contact the specialist women's support and advocacy service locally; this referral should be available for all women who call the police, whether or not they proceed with the case and whether or not women are deemed to be 'high-risk'. Referring at the initial point of contact would enable women to access expert advocacy support and so help to reduce the occasions where the police are being repeatedly called out to deal with repeat incidents involving the same individuals. This is an example of a really good early intervention and preventative measure, which would help to better support women and hopefully prevent serial and escalating cases of violence against women from occurring.

Women involved in the focus groups also criticised housing services locally. Women who had experienced violence commented on their need for access to safe and secure housing for single women, child-free women and women without children living with them, yet if they reported sexual violence or rape they felt that they were not considered enough of a priority within the system. There was also inconsistency in accessing information about services. Again, good practice would involve every woman who accesses a service being referred on to a specialist women's service, that way, if an individual's response in a statutory service fails then a specialist service can advocate for intervention to increase women's safety. One woman said that she

went to housing services for help but got told to go home, no one told her about the help she could get and no one told her about RISE:

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

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

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

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

The women involved in the focus groups also felt that services offered by statutory Children's Services through the CYPT locally were not equipped to deal with allegations and experiences of sexual and domestic violence. Social services were often cited as being particularly unsympathetic, with women often being blamed for their children's situations despite the fact that they were the victim of violence and abuse. Services are unable to consider a women and her child's/children's situation together and too often blamed the woman for the abuse she was experiencing. Women involved in the focus groups said:

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

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

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

- 13.3f Members of the panel asked whether children’s services were trained to think in a holistic manner or whether their brief was solely that of considering the child.
- 13.3g The panel heard that children’s services are guided by what is included in the safeguarding children guidance. Often thresholds for intervention are too high, and in many cases children’s services fail to take a holistic approach which separates out abusive from non-abusive parents, and fail to adequately support women to support their children, as this is considered good practice. One woman involved in the focus group said:

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

- 13.3h Members of the panel noted that they felt that children’s services workers were too often over worked and under immense pressure to be able to respond holistically to cases. Any further evidence which could be gathered on this would be most useful as there is a concern about what is happening in children’s services.
- 13.3i The panel heard that all too often when there are financial pressures and budgets are cut or organisations are restructured, issues like domestic and sexual violence fall off the radar, because they are incorrectly seen as additional to mainstream interventions. If sexual and domestic violence are not part of mainstream service delivery then the benefits of early intervention to prevent high risk cases are not evident and are not considered during service planning, delivery and commissioning. Children’s services should have clear procedures to effectively identify and address all forms of violence against women and girls, which are integrated across all areas of their work. These should include identifying and responding effectively to forced marriage and girls at risk of forced marriage, which they have a statutory duty to respond to. There is a significant cost to Children’s Services of not prioritising early identification and effective interventions in response to violence against women and girls.

Women involved in the focus groups felt that support for children from the statutory services was lacking and most women found this type of support from the voluntary services in the city, like RISE Children and Young people’s Services, which despite providing effective child

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

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

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

- 13.3j Members of the panel noted that these cases were extremely difficult whereby there was suspicion of abuse but not enough proof to go to court and thus no evidence to present to the judge as to why abusive partners shouldn't have contact.
- 13.3k It was noted that these types of cases do come up at the local safeguarding children's board. It was also noted that there are low conviction levels in Brighton and Hove in cases of sexual abuse, yet everyone knows that it is happening. More needs to be done to increase understanding around gathering evidence for these kinds of cases as well as increasing the understanding of the criminal, civil and family courts around these types of cases.
- 13.3l Members of the panel commented that it was not clear as to whom the local safeguarding children's board reported to and that elected members who take financial decisions on behalf of the city should have more access to the board, to ensure greater accountability for its work and decision making.

13.3m The panel heard that in cases where allegations of abuse have been made, they can be taken to family courts and dealt with there, and that the evidence required was not as strict as that required by the judiciary system. For example, if there is a child receiving support from RISE and is discussing experiences of sexual abuse or violence during therapeutic sessions, then that information should inform family risk conferences. If a child fears contact with particular family members then that should also feed into the risk assessment process and inform decisions taken about that child in family courts.

13.3n Members of the panel asked who initiates family court processes.

13.3o The panel heard that in domestic violence cases it is often the perpetrator as they will be seeking contact. The perpetrator will then be risk assessed. Family courts have a different standard of proof compared with the criminal justice system and there is often a contradiction between the civil courts and family courts. For example, a woman could go to a civil court and get an injunction against an abusive partner and yet her partner can go to a family court to gain contact with her children. There is not a seamless service between different courts in the court system.

13.3p It was noted that one reason for this is because of the guidelines around parental responsibility which means that there is inconsistency as to how contact with children is applied.

13.3q Women involved in the focus groups had particular issues with the way that health services responded to violence disclosed by women. Women commented that health professionals consistently failed to identify when violence had occurred or if they did identify violence, would fail to offer appropriate support to a woman. Health responses to disclosures often came down to how good an individual's GP was. One woman involved in the focus groups said:

"Health services just don't seem to know what to do and where to refer. I've tried talking to my GP, my nurse, a health visitor, but nothing. If you don't get offered any help it must be because they don't know what help to provide. They need some kind of guidance, how to pick up on women's abuse, how to ask questions, what support is available for us, they need to be told. No-one in health services told me about Rise, if I'd have known sooner, I'd have got out earlier."

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

"I can't get the dental healthcare I need because I'm too scared to go to the dentist. Because of the way dentists work, this can be really terrifying for women ... Lying in that chair with the light in your face,

with a man leaning over you putting things into your mouth, it's really traumatic if you've been sexually abused orally".

Women also commented that other health professionals did not know what to do and how to refer women on. Nurses and GPs need to be trained to ask questions and to recognise when violence is happening as well as referring women on to the correct specialist services.

Women commented that all too often health professionals would treat them for the physical injuries caused by violence and yet would not refer women on to organisations such as RISE. One woman involved in the focus groups said:

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

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

- 13.3r Members of the panel asked whether there would be a benefit in having a SARC in the city and whether this would lead to better co-ordination of support services. Members of the panel asked if national ring fenced funding for tackling violence against women would make a difference.
- 13.3s The panel heard that when a SARC works to a model of good practice then they can be a valued service for victims of sexual violence, working alongside independent specialist rape crisis and domestic violence services provided by the women's voluntary sector. Having a SARC in the city would in principle be beneficial; however, they are very resource intensive, and without having resources for sustainable

specialist domestic and sexual violence community support services for the SARC to refer on to, the model of good practice will break down. Resources should, rather than being put into another local SARC, be put into ensuring that the specialist domestic and sexual violence support and advocacy services in the city are easily accessible and available to women, and that these services are sustainably resourced. Whilst sustainable ring fenced funding nationally would be ideal, this is unlikely to happen given the current climate and changes to regional and local commissioning arrangements. Violence against women should be a priority within and across local intelligent and joint commissioning arrangements. The WNC have already raised this with the government. There are many national strategies, targets and national and local priorities which must be delivered on by local authorities, so it can seem like addressing violence against women on top of these is too much to do. But what needs to happen is for violence against women and girls to feature as a priority in all local strategies and performance indicators. Every area should have a Violence Against Women and Girls Strategy by 2011 and it should be assessed through the CAA. LAAs should have to make this agenda a priority and it should be mainstreamed across all local strategies and into what's already being done, which will meet key targets, save money as well as saving lives.

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

- 13.3t Members of the panel asked how best survivors could be supported.
- 13.3u The panel heard that focus needs to be made on improving access to existing services so that all survivors have easy access to support and protection, and to the immediate response to any disclosure of violence

once women are in contact with a service. Attention needs to be paid to preventing high-risk cases through early intervention and early referral and support for women to specialist domestic and sexual violence services. In contrast to their experience of statutory services locally, women spoke about the crucial role specialist services like RISE and the Survivors Network play in their recovery from abuse. Women valued women-only services which are accessible; safe and which understand about and can respond to all forms of violence against women and girls, providing support beyond a crisis for as long as women need it to recover from abuse. Women considered them to be preventative in their approach - preventing further violence through their early intervention and also by focussing on building self-esteem and empowerment after the crisis has passed. Women said that crisis support services are not enough; women said they wanted longer term support, more community outreach services (drop ins, support groups, community awareness raising), better access to helplines and support out of office hours. This is supported by national evidence, which shows that specialist violence against women services that are women-only provide value for money and make cost savings to the state. It is their independence from the state, from local authorities and the criminal justice system means they are better able to support vulnerable women with complex and multiple needs.

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

- 13.3v Members of the panel asked whether having a 24 hour helpline in the city which could refer people on to services would help.
- 13.3w The panel heard that there is a national domestic violence helpline and development of a national sexual violence helpline was supposed to start soon. The trouble is, is that the success of a helpline relies on the ability for victims to be referred on to local support services. Current helplines in the city are certainly not well resourced and only open for a limited amount of time which really doesn't help survivors.
- 13.3x Members of the panel noted that the council was looking into setting up a one stop phone number which residents could call what ever problem they may have, and if this goes ahead, then it may be possible for

referrals from this number to be made to the domestic and sexual violence support services in the city.

- 13.3y It was noted that whilst it is necessary to improve and increase resident's abilities to access services, if the support services aren't actually there, or properly funded and developed, then the support services will not be able to help clients on their journey to addressing the experiences which they have had.
- 13.3z Members of the panel agreed that it would not be a good idea to raise people's expectations too high if the services are not there to support them. It was noted by members of the panel that there appears to be enough agencies in the city delivering services its just they need to be better funded and developed with more co-ordination between them.
- 13.3aa The panel heard that a good practice model would also involve statutory services becoming more supportive of women, that it is not an either-or approach and the success of statutory services' intervention depends on having a sustainable, robust, independent women's domestic and sexual violence services locally. Many women involved in the focus groups spoke of their encounter with statutory services as being secondary victimisation. All too often statutory services blamed the victim for their experience or disbelieved them. Women complained that professionals all too often responded to disclosures of violence by being dismissive.
- 13.3bb Members of the panel commented that there appears to be a huge lack of training amongst service professionals about how to manage and respond to disclosures of sexual violence.
- 13.3cc The panel heard that the women involved in the focus groups had called for mandatory training on all forms of violence against women, for all front-line staff and managers in public services. Women listed a number of other things that they would like to see improved. The women wanted to be treated with dignity, respect and to be believed; which isn't a lot to ask for. The women wanted to have access to other survivors to reduce their isolation, and spoke highly of women's support groups, and of their need to have greater access to community outreach services. Women wanted to be able to have access to support workers on a long term basis not just during the immediate aftermath of a crisis. Women really valued women only support groups and services as this kind of model helped in terms of prevention, empowerment and giving women back control.

The women involved in the focus groups talked about the crucial role of the specialist services in the city and the value of these services being women only spaces. Women said that they often came across the specialist services through the community development work in the city and that this work was invaluable in raising general awareness of violence in communities and that it acted as good prevention work as it

encouraged women to come forward to report incidences rather than waiting until a point of crisis. Women said that they greatly benefited from advocacy services which were independent from statutory services as these services really appeared to be there for them and care about their safety rather than being concerned with only meeting performance targets.

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

- all statutory service providers to have training so they are equipped to identify violence and respond to disclosures of violence
- needs led services not risk based services, services which provide support, not judgement, and which empower, not coerce
- clearer information for women about what happens if they report an incident to the police so she can make an informed choice about whether to report
- bail conditions which are enforced and take into account a victim's situation
- better responses from the police to harassment allegations
- training for children's services so they can recognise the needs of women as well as their children
- safe information sharing between statutory agencies
- routine enquiry across all healthcare settings, and guidance and training to encourage a consistent and safe response to violence
- for women to be able to have the choice to see female health workers, particularly if they had experienced sexual violence
- for the police and health services to routinely refer women to domestic and sexual violence support services at the point of reporting and disclosure
- to co-locate independent domestic and sexual violence women's advocacy workers at A&E, and with GP and mental health departments
- for dentists to be trained in violence against women and to be more responsive to women's needs so that women can access designated dentists who can respond sensitively to their experiences of abuse.
- health services that are culturally sensitive and that can provide a service in their own language or through trained professional interpreters, and access to healthcare regardless of immigration status
- health services to log incidences and evidence of violence if women don't want to formally report to the police, and to be more effective in providing evidence to support civil and criminal court cases.
- for confidentiality breaches to be avoided
- health services to promote and fund healthy relationships education delivered by specialist services in all schools, and integrate violence against women into all health promotion and prevention work

- for rape and sexual violence to be addressed within a violence against women and girls framework and for a violence against women co-ordinator to ensure that all agencies and partnerships work to preventing violence against women
- most importantly women wanted sustainable provision of specialist domestic and sexual violence services that are independent from statutory services and provide safe, separate women-only space, including refuges and crisis services, rape crisis support, community outreach services— which increases access to support, focuses on early intervention, is available outside of crisis and CJS involvement, and focuses on prevention, children's Therapeutic Groups and support for adult survivors of child sex abuse; increased access to other survivors through women's support groups and community development work so that they do not feel isolated, , and education in schools about gender based violence delivered by specialist services.

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

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

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

13.3gg The panel heard that women who had insecure immigration status in this country were also very vulnerable as they have no access to safety and protection because of 'no recourse to public funds' rules.

13.3hh It was noted that many of the voluntary support services in the city struggle to find funding for interpreting services as they are only able to access limited amounts of funding to pay for interpreting services. Recently a signer was needed for a service user and funding was not available through the supporting people programme. It was only because a volunteer was able to sign that this woman's ability to participate and access services has been greatly improved.

13.3ii Members of the panel noted that there is a mindset amongst people where by violence against women and girls becomes accepted as part of every day life. This is particularly the case in countries such as the Congo.

13.3jj The panel heard that it is unfortunately the mindset of many in this

country as well. Some young girls participating in the WNC focus groups talked of gang rape as part of their every day life experiences.

13.3kk Members of the panel noted that many people, and society in general, were not good at talking about this subject matter. Members of the panel noted that the mindset of violence as an everyday occurrence needs to be addressed, and it needs to be addressed in schools too.

13.3ll The panel heard that there are committed individuals who understand what violence against women and girls is and the complexities of women's experiences. However, this understanding needs to be mainstreamed. Every plan and every strategy within the city needs to be addressing violence and tackling it. This requires an integrated approach to dealing with violence against women and girls so that projects are not competing with each other. We need to learn from the 547 women and girls that spoke to the WNC and told us what they felt would make them safer and prevent further rape and violence against them.

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

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

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

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

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

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

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

Mrs P's case shows the complexity of some of the cases of violence which RISE works with. The case study also demonstrates the inter-relatedness of sexual and domestic violence, and the way that the

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

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

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

a long time. There needs to be a better co-ordinated response from health professionals.

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

- 13.4b Members of the panel asked if there were any protocols which doctors were supposed to follow around reporting cases to the police and whether doctors were even obliged to report incidents to the police.
- 13.4c The panel heard that more work needs to be done with GPs to enable them to have difficult conversations with patients around issues of consent. Women are likely to visit a doctor to seek treatment for physical injuries and doctors can help their patients to not only deal with the medical issues and pain they are experiencing, but to help patients to understand and recognise the experiences that they are having.
- 13.4d It was noted that doctors shouldn't report cases to the police as this further dis-empowers a woman who is already dis-empowered and takes control away from them.
- 13.4e It was also noted that, based on the evidence received from the WNC consultations, if women went to health professionals who would then automatically share information with other services and professionals, then the women would be less likely to go to a health professional to seek help. The best thing that health professionals can do is recognise what a woman is experiencing, help them to recognise it, and then refer them on to specialist support services.
- 13.4f Members of the panel noted that rape in marriage has only relatively recently been recognised as an offense and that there was a long way to go until society realises this too.
- 13.4g The panel heard that the case study also highlights the added complications of supporting women who have insecure immigration statuses and no recourse to public funds. Supporting these women has implications for organisations such as RISE as women need to be in receipt of benefits or able to support themselves in order for RISE to be able to offer them support in a refuge. In the case of Mrs P, RISE worked in partnership with a number of other agencies in order to be able to offer her a place in the refuge. There are other women, however, whose immigration statuses are uncertain and have no recourse to public funds and can not be offered a place in a refuge.
- 13.4h It was noted that many women with insecure immigration status who do

not have access to financial support will be forced to return to the abusive relationship which they are trying to flee or into prostitution. Many women do not know what their rights are and there is no information out there as to how they may be able to access services and benefits.

- 13.4i The panel heard that in the case of Mrs P she was able to access RISE through an International Woman's Day community awareness event. Mrs P went along to the event and it was the first time that she felt able to talk about what she was experiencing. This highlights the importance of sustainable community outreach and development work, to ensure women can access services in ways which they are most able to access them.
- 13.4j RISE provides services for women, children, and young people up to the age of 25. These services are delivered in Brighton and Hove and West Sussex and offer support to victims of domestic and sexual violence. RISE will offer support to an individual in the aftermath of a crisis as well as along their journey to recovery. RISE also undertakes prevention and early intervention work. RISE works with survivors of a range of forms of violence including victims of female genital mutilation, honour based violence, and will support women from the LBT community, those with mental health issues, drug or alcohol issues as well as travellers and gypsies. Travellers and gypsies are often overlooked in service provision, and yet are a very vulnerable and isolated group.

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

RISE signposts high risk cases either onto a MARC (Multi-Agency Risk Assessment Conferences) or into an IDVA service. If risk to a woman's safety is considered medium to low then these women will be referred to therapeutic sessions and community out reach services. The Independent Domestic Violence Advocacy (IDVA) service works in partnership with the Criminal Justice Service and with other agencies in the city to offer a co-ordinated response. Last year (09/10) RISE funded a Health Independent Domestic Violence Advocacy (HIDVA) worker from the A&E department at Sussex County. The aim was that women who had been abused and been admitted to A&E could have

immediate access to an HIDVA worker. RISE hoped that this service would be mainstreamed and that health agencies in the city would pick up funding for the worker. This has not happened. This is problematic as A&E is a key entry point into women's specialist support services for women who have been subjected to sexual and domestic violence, and so this is a key post for the city to have. It is very disappointing that this post is not being funded by statutory services. RISE also works with the LGBT Domestic Violence Advisory Group and there is a representative from RISE working with the group to develop services for the LGBT community and on the issue of sexual exploitation in LGBT communities. RISE has also offered in the past a number of community outreach services.

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

RISE has also successfully delivered preventative education work in primary schools using the Women's Aid education toolkit. RISE believes that it is essential to undertake work with children before attitudes become established and behaviours normalised. Using the Women's AID toolkit, RISE undertook work in one primary school which was greatly appreciated. Due to a lack of resources however this work has not been rolled out across the city. The services offered by RISE to children have in the past been funded by big lottery, comic relief and children in need. However both big lottery and comic relief funding has not been renewed. Grant funders are reluctant to fund services that they considered are the statutory responsibility of children and young people's trusts to fund. Many of the services being offered by RISE are considered to be statutory services. Major grant funders also want to see how the services they are being asked to fund are being supported and sustained by statutory service providers. However, these services are not being funded by statutory agencies and RISE has had to reduce its Community Outreach and Therapeutic service provision and Children and Young People's services. In 2009 – 2010

the CYPT funded 3.79% of RISE's total budget and the PCT funded 2.91%. The rest of RISE's income comes from restricted contracts and grant funding and unrestricted income. RISE also uses its unrestricted income and reserves to support deficits in funding for services or to give added value. It is a real issue for RISE services and service users that the CYPT and the PCT are not adequately funding RISE services or meeting their statutory obligations to do so. It is really important for RISE to be able to offer a sustainable service provision. Partner agencies in the city need to do far more to recognise that tackling sexual and domestic violence in the city is a priority issue. As most funding cycles are only for a year, RISE is unable to adequately plan service provision and this impacts on how staff are recruited, and retained, and the expectations which RISE workers can raise amongst service users. Statutory services in the city need to seriously consider how they support women's specialist services in the city and how they work together to use joint resources to fund and support services for women affected by sexual and domestic violence.

- 13.4k Members of the panel asked if RISE's client base was from just Brighton and Hove.
- 13.4l The panel heard that RISE delivers services in West Sussex but these are funded separately through West Sussex County Council. The services delivered in Brighton and Hove are for Brighton and Hove residents only.
- 13.4m RISE also offers some community outreach services, although due to the ending of big lottery funding these services are now been radically reduced. This is another key priority for RISE as community outreach services are what women say they want and need.

The Safe as Houses project in East Brighton offered a holistic service and community outreach which enabled support workers to work long term with clients and to understand clients' complex situations. The clients that accessed this project greatly valued this way of working as it helped to avoid a 'revolving door syndrome'. (This is where a client in crisis would come into contact with service providers who would help the client through the crisis then break contact with them, only for the client to enter into crisis again and come back into contact with service providers.) The community outreach work enabled support workers to work with clients over the long term whether they were in a state of crisis or living more stable and less chaotic lives. The support workers ran family work groups, play work groups, and had constant contact with clients. In addition to the Safe as Houses project, there were community development workers working in areas of the city, such as Tarner, raising awareness about domestic and sexual violence. From this work a number of issues within the Tarner community had been identified and were starting to come out and domestic violence became identified as one of the priorities in the local action team's action plan.

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

13.5a Evidence from Emma Seymour, Senior Manager, Threshold

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

Threshold is a mental health service commissioned to work mainly with women who have mild to moderate mental health needs. These service users often have a history of abuse and this abuse may have been the trigger for their current mental health problems, housing needs, and their need for support to cope with daily living. Service users are

offered therapeutic interventions according to their need and this may be for 12 – 16 weeks or for longer depending on an individual's need. Some women will receive counselling for over a year and this enables Threshold to work with some more complex cases, although Threshold is unable to support women for seven years. All services offered by Threshold are free to low cost depending on a woman's financial circumstances, so no woman is turned away because she can not afford a service. Women that are refugees or asylum seekers are supported at Threshold as they are considered particularly vulnerable as they have no recourse to public funds. These women need long term access to therapeutic interventions. This service was previously funded by comic relief however Threshold has not been funded by them since last year and the service is currently running at a deficit. The PCT has just agreed to fund some of this work.

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

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

Previously, Threshold was an organisation in its own right until 2008, however, due to issues with funding the BHT had to take over running of the service. The services which Threshold used to offer include a helpline and a drop in service. However, due to funding restraints BHT

could not continue to run these services and so Threshold only now supports women through the counselling service which they operate and their on site crèche. The crèche is crucial to enabling women to access the counselling which they require.

- 13.5b Members of the panel asked whether these services which Threshold had to drop were being picked up elsewhere and whether women's needs were being met elsewhere.
- 13.5c The panel heard that some of the drop-in work has been picked up by Care Co-op's. However, it was noted that that the drop-in work being picked up is not offered in the same way that Threshold used to offer and the drop in space is really very different. The drop in has not therefore been totally replaced as the ethos and vision of the Threshold drop in has been lost. It was noted that this is a real shame as both the helpline and drop in which Threshold used to operate and the way that these services operated were highly valued by the women who accessed them.
- 13.5e Members of the panel noted that gender specific services have not been considered enough of a priority within the city, and it is only now that the importance of such services is being realised. The message of the need for gender specific services needs to be spread.
- 13.5e Members of the panel asked what work was being done in the city with male perpetrators of abuse.
- 13.5f It was noted that there are some projects in the city working with men who are aggressive in their relationships and abusive towards their partners. There is the Break4change project that works with young people who are aggressive in their relationships and their parents/carers. This is a multi agency developed and delivered programme with RISE, Youth offending team, Family Intervention Programme and Integrated Youth Services. The Living Without Violence Programme, IDAP project which is a project imposed on men by the court, and probation services also offer a project working with male offenders. Men involved in the Living Without Violence project need to be very motivated to successfully complete the programme.
- 13.5g It was noted that the Living Without Violence Programme, which started in East Brighton, was at first considered a very controversial project. The programme works very closely with men who are motivated to change, and risk and safety issues are considered exceptionally important by those delivering the project. Over the last 2 years the connections which have been made between this programme and RISE have been very important. The programme is also working with men who are violent towards other men although this aspect of their work is not funded. The programme has also worked with some women who are concerned about their own behaviours as a result of dealing with abuse for so long. Again this aspect of the programme's

work is not funded. The programme has greatly contributed to the knowledge within the city about domestic and sexual violence, and is an example of an extremely good piece of work that is being done around behavioural change. It was noted that it may be useful for the panel to speak to the co-ordinator of this programme.

- 13.5h It was noted that if members of the panel were interested in speaking directly with survivors then RISE may be able to arrange this. It was also noted that Threshold would also be willing to put members of the panel in touch with survivors.
- 13.5i Members of the panel said that they would indeed be very interested in talking with survivors either as a group or in private one-to-one sessions.
- 13.5j Members of the panel asked whether much work had been done in the city with women who are violent towards other women.
- 13.5k It was noted that there was some work which had been done in the past by Threshold and the police. The Count Me In Too project highlighted this as a particular support need within the city which is currently being unmet.
- 13.6 The panel thanked all the speakers for attending the meeting and for providing the panel with evidence. The panel noted that if there was any further information which speakers could provide then the panel would be most interested to receive it.

14 Any other Business

- 14.1 There was none.

The meeting ended at 12.45

APPENDIX 4: SUMMARY OF THOSE WHO GAVE EVIDENCE

Witness	Organisation	Type of information
Caroline Palmer, Crime and Disorder Analyst	Partnership Community Safety Team, Brighton and Hove City Council	Report and verbal at private meeting: 05/03/2010
Linda Beanlands, Head of Community Safety	Partnership Community Safety Team, Brighton and Hove City Council	Verbal at private meeting: 05/03/2010
Detective Chief Inspector Ian Pollard	Sussex Police	Verbal at private meeting: 05/03/2010
Stephen Nicholson, Lead Commissioner HIV and Sexual Health	PCT	Verbal at private meeting: 05/03/2010
Tony Flynn, Clinical Services Manager, Clermont Child Protection Unit	CYPT, Brighton and Hove City Council	Verbal at private meeting: 05/03/2010
Councillor Ben Duncan, Proposer of Notice of Motion	Brighton and Hove City Council	Verbal at private meeting: 05/03/2010
Ruth Mason, Project Manager	Survivors' Network	Verbal at public meeting: 15/03/2010
Lucy Bryson, Community Safety Manager - Refugees and Migrants	Partnership Community Safety Team, Brighton and Hove City Council	Verbal at public meeting: 15/03/2010
Martin Farrelly, General Manager	Adult Social Care, Brighton and Hove City Council	Verbal at public meeting: 15/03/2010
Lisa Dando, Director Jules Mercy, Head of counselling Services	Brighton Women's Centre	Verbal at public meeting: 29/03/2010
Naomi Gosling, Deputy Manager	Stopover Project	Verbal at public meeting: 29/03/2010
Martyn Sullivan, CEO	Mankind	Verbal at public meeting: 29/03/2010
Jo-Anne Welsh, Director	Brighton Oasis Project	Verbal at public meeting: 29/03/2010
Arthur Law, Michelle Pooley	Lesbian, Gay, Bisexual and Transgendered (LGBT) Domestic Violence & Abuse (DV&A) Working Group	Verbal at public meeting: 29/03/2010

Michelle Pooley, (Anti-)Domestic Violence Co-ordinator	Partnership Community Safety Team, Brighton and Hove City Council	Verbal at private meeting: 12/04/2010
Rachel Brett, Head of Support Services for Children, Young People and Families	Sussex Central YMCA	Verbal at public meeting: 15/04/2010
Eleri Butler, Senior Policy Manager (Violence Against Women)	Women's National Commission and Chair of the Brighton and Hove Domestic Violence Forum	Verbal at public meeting: 15/04/2010
Gail Gray, CEO Jess Taylor, Head of Client Services	RISE (Refuge, Information, Support and Education)	Verbal at public meeting: 15/04/2010
Emma Seymour, Senior Manager	Threshold	Verbal at public meeting: 15/04/2010
Nick Hibberd, Assistant Director, Housing Management Deborah Grafham, Housing Options Manager, Crisis Intervention Team	Brighton and Hove City Council	Verbal at private meeting: 20/04/2010

APPENDIX 5: BACKGROUND REPORTS

- ‘The Crisis in Rape Crisis: A survey of Rape Crisis (England and Wales) centres’, March 2008, Women’s Resource Centre and Rape Crisis (England and Wales)
- ‘Ending Violence Against Women: A Conservative Strategy Paper’, December 2008, The Conservative Party
- ‘Still We Rise: Report from WNC Focus Groups’ to inform the Cross-Government Consultation “Together We Can End Violence Against Women and Girls”, July 2009, Women’s National Commission
- ‘Together We Can End Violence Against Women and Girls: A Strategy’, November 2009, Home Office
- ‘Rape: The Victim Experience Review’, November 2009, Sarah Payne, MBE, The Victims’ Champion
- ‘The Stern Review: How Rape Complaints are Handled by Public Authorities in England and Wales’, Baroness Stern, March 2010
- ‘Responding to Violence Against Women and Children – the role of the NHS: The report of the Taskforce on the health aspects of Violence Against Women and Children’, March 2010, Sir George Alberti
- ‘Report from the Sexual Violence Against Women sub-groups – Responding to Violence Against Women and Children – the role of the NHS: The report of the Taskforce on the health aspects of Violence Against Women and Children’, March 2010, Sir George Alberti