

Violence Against Women and Girls (VAWG) strategy 2021-2024

Written Submission by **Agenda – the alliance for women and girls at risk**

About Agenda

Agenda is an alliance of over 100 organisations working in England and Wales to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction, contact with the criminal justice system and homelessness to get the support and protection they need.

Introduction

Agenda, the alliance for women and girls at risk, welcomes the opportunity to respond to this consultation on the 2021-2024 Tackling Violence Against Women and Girls (VAWG) Strategy. This joint response has been coordinated by Agenda and focuses on the experiences of women and girls facing multiple disadvantage. It was developed in consultation with frontline services working with women and girls facing multiple disadvantage, as well as experts by experience in Agenda's Women's Advisory Group and Young Women's Advisory Group. This is Agenda's full response, which provides detailed evidence of the prevalence of violence and abuse affecting women and girls facing multiple disadvantage; progress in current legislation and services to tackle VAWG; and recommendations for effective prevention and support. The executive summary of this full response is supported by 26 organisations working with women and girls facing multiple disadvantage.

Women and girls facing multiple disadvantage experience a combination of complex and overlapping problems. We use the term multiple disadvantage to refer to any combination of: homelessness, violence and abuse, substance misuse, poor mental health, poverty and contact with the criminal justice system. However, there are many other outcomes that are commonly related to these experiences of disadvantage, for example involvement in 'survival sex', removal of children into social care, and poor educational outcomes. For many women and girls, their experiences of disadvantage are underpinned by a history of extensive violence and abuse. Agenda research shows that women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives, with one in 20 women affected.¹ That's 1.2 million women in England alone.

1) Prevalence of violence against women and girls who are experiencing multiple disadvantage

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence 2011 (Istanbul Convention) to which the UK government is signatory defines violence against women as follows:

“Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to

women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

Violence against women and girls (VAWG) must be understood as both a cause and a consequence of gender inequality. Analysis of data on lifetime experience of abuse and violence suggests that 84% of those who suffer extensive physical and sexual abuse as both children and adults are women.² VAWG must also be understood in relation to other, inter-related structural inequalities, such as socioeconomic and race inequalities. Women’s intersectional experiences of violence and abuse should be seen as falling along a continuum of gender-based violence, connected in their nature by unequal gendered power relations.

Women and girls facing multiple disadvantage experience disproportionate and often hidden or overlooked forms of violence and abuse. These experiences are shaped by women and girls’ intersecting identities, which can create further disproportionality and barriers to support. Because of the complexity of the issues they face, women and girls often find themselves bounced between services or excluded from accessing support. Some women even face punitive responses to the abuse they experience. Without effective interventions and support problems can spiral with devastating consequences for women and girls, their families and the community.

A vicious cycle: VAWG and multiple disadvantage

Women and girls facing multiple disadvantage often become trapped in a vicious cycle of violence, abuse and disadvantage. Agenda research shows one in 20 women have experienced extensive physical and sexual violence as both a child and an adult: that’s 1.2 million women in England alone.³ For women and girls who have faced extensive violence and abuse, sexual and physical abuse often starts in childhood and goes on to weave in and out of their lives. Just over half (51%) of women who have experienced extensive violence and abuse are living in poverty.⁴

Many women and girls who have suffered violence and abuse are deeply traumatised and go on to face multiple, complex issues. Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives. Agenda research⁵ reveals that among women who have experienced violence and abuse throughout their lives:

- 54% have a common mental health condition;
- 35% are in the lowest income tertile;
- one in three have attempted suicide;
- one in five have been homeless;
- one in three have an alcohol problem.

Women and girls are often criminalised as a result to the violence abuse they have experienced. More than half (57%) of women in prison report having suffered domestic violence,⁶ and 53% report having experienced emotional, physical or sexual abuse during childhood.⁷ Both of these figures are likely to be significant underestimates. Between three-quarters and 90% of girls (under 18) in the criminal justice system may have experienced abuse from a family member or someone they trusted.⁸ Research by Lankelly Chase shows that women make up 70% of people experiencing homelessness, substance misuse, poor mental health and interpersonal violence and abuse simultaneously, all of which put women at greater risk of the criminal justice system.⁹



For the final report of the [National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#), Agenda and AVA worked with peer researchers who collaboratively produced this diagram to help outline what they understood multiple disadvantage to mean for women.

Women and girls' various intersecting identities mean they have distinct and sometimes disproportionate experiences of violence, abuse, discrimination and multiple disadvantage. Agenda research shows that violence and abuse are associated with poverty: among women in poverty 38% have experienced violence and abuse, compared with 27% of women not in poverty.¹⁰ Systemic racism means Black and minoritised women and girlsⁱ are particularly at risk of poverty and violence, for example.¹¹ Black and minoritised girls and young women are disproportionately represented in low-income groups: in 2015/16, 50% of Bangladeshi households, 46% of Pakistani households and 40% of Black African/Caribbean households were living in poverty, compared to 19% of White British households.¹³ Agenda research shows that 52% of women who have experienced extensive physical and sexual violence as both a child and an adult have a disability.¹⁴ As well as being stigmatised for their experiences of multiple disadvantage, women and girls must also contend with discrimination such as racism, homophobia, transphobia and ableism.

Many of the most negative outcomes that can result from abuse - and from attempts to escape it - increase the risk of further victimisation. For example, girls who run away from home and women who become homeless, misuse drugs or are exposed to criminality are highly likely to experience further violence in their lives.^{15 16} This creates a vicious cycle of violence, abuse and other types of disadvantage. The violence and abuse women and girls experience, and the context in which it takes place, is often hidden, overlooked or even criminalised – meaning that many women and girls are not able to access life-saving support.

Colette

*“After experiencing childhood sexual abuse and emotional neglect, I spent years traumatised and without hope. **It left me vulnerable to further abuse** so that violent and exploitative relationships were all I had in the way of human connection.”*

ⁱ The term ‘Black, Asian and Minority Ethnic’ is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to ‘Black and minoritised’ girls and young women to highlight the way in which these groups are constructed as ‘minorities’ through processes of marginalisation and exclusion.

Though experiences of different types violence and abuse should be regarded as falling a continuum of gender-based violence - often overlapping and not always categorically distinct, this consultation evidences the range of different types of violence and abuse that women and girls facing multiple disadvantage experience, to highlight the disproportionate scale and impact.

Domestic abuse

Women and girls experiencing multiple disadvantage often experience domestic abuse outside the realm of what might be perceived as 'traditional' intimate partner relationships. Violence and abuse can be perpetrated by men against women and girls in coercive or exploitative relationships, for example where women and girls are coerced into sex work by a partner, or where women and girls are at risk of men they have coupled up with on the streets when homeless for safety. Women and girls may experience this kind of abuse from multiple perpetrators. This coercive control is often closely linked with other types of abuse including physical, sexual, and economic. This type of violence and abuse is often overlooked by professionals as Intimate Partner Violence and professionals are often poorly equipped to respond. Women and girls can end up being arrested or treated as a criminal by the police who are often not aware or lack the understanding of this dynamic.

Scale:

- At least 57% of women in prison have experienced domestic violence.¹⁷ This figure is likely to be an underestimate.
- A 2018 review of evidence by the University of York for St Mungo's found that the experience of domestic abuse was near-universal for women experiencing homelessness.¹⁸
- 14% of women in poverty have been prevented from having their fair share of household money and 16% have been prevented from seeing friends and relatives (compared with 8% and 9% respectively, among other women). They are also more likely to report having been bullied (26% compared with 18%).¹⁹
 - Women in poverty are twice as likely as those not in poverty to have been threatened by a partner with hurt (21% compared with 11%), threatened with a weapon (7% compared with 3%), and threatened with death (10% compared with 4%).²⁰
 - 28% of women in poverty have been pushed, held, pinned down or slapped by a partner, compared with 16% of other women. They are twice as likely to have been kicked, bit or hit (21%, compared with 11%) as well as twice as likely to have had a partner try to choke or strangle them (10%, compared with 5%).²¹
- One in three girls and one in six boys, aged 13-17 years, reported experiencing some form of sexual violence by their partner.²² Girls and young women aged 16–24 report the highest rates of domestic abuse experienced of any age group.²³
- 13.8% of disabled women experienced domestic abuse in 2018-19, compared to 6.4% of non-disabled women overall. Disabled women are four times more likely to report abuse by multiple perpetrators, and more likely to experience abuse for longer.²⁴

Impact:

- Women who have experienced domestic and sexual abuse are three times more likely to be substance dependent than women who have not experienced abuse.²⁵
- 60-70% of women using mental health services have a lifetime experience of domestic abuse.²⁶

- Women who experience physical violence from a partner are much more vulnerable to anxiety and depression if they are also dealing with poverty than if they are not.²⁷
- Women and girls fleeing domestic abuse face homelessness. Data from St Mungo's suggests that a third of female clients reported that domestic abuse contributed to their homelessness.²⁸
- More than a fifth (22%) of women who have experienced extensive abuse starting in childhood and extending into their adult lives had run away from home in childhood (compared to 2% of women who had suffered little violence or abuse) and 4% had been expelled from school.²⁹

Spotlight on domestic abuse and substance use

Women who have experienced domestic and sexual abuse are three times more likely to be substance dependent than women who have not experienced abuse, with substances often used as way of coping with trauma.³⁰ Perpetrators of abuse may use substances to control and coerce women and girls in a number of ways, for example: perpetrators may control or withhold substances as a means of abuse; force women and girls to use substances against their will; sabotage women and girls undergoing treatment for substance use; force or coerce women and girls into exchanging sex for drugs, alcohol or money, or committing a crime, such as theft, to pay for the perpetrator's drugs or alcohol.^{31,32} Despite the well-established relationship between substance use and domestic abuse, women report struggling to engage with specialist treatment and support, which often do not acknowledge the impact of domestic abuse for a woman in treatment.³³ Women and girls who are using substances also struggle to access refuge. A 2004 survey of Women's Aid refuges found that just 13% would always accept women with mental health or drug or alcohol needs, while another 48% said that they would sometimes take these women.³⁴

Stephanie's Story

*"From a little child, I **witnessed domestic violence and alcohol abuse** from my parents. My life with my parents was hectic. I saw my mum's involvement in prostitution and this made me upset and miserable. Seeing her let men use her and be abusive was difficult to understand as a child.*

*We went to live with my father and he made me do all the cleaning, cooking and stuff and [...] I **felt like a slave** in the house. I **started to run away** from home. I **went into care** at the age of 13. **From then I started to take drugs** and because of this my foster carers could not handle me. I **started self-harming and overdosing**.*

*Then I met this boy that blew me away. I fell very deeply in love with him. We started dating. **He was very abusive and very violent as he was a leader in a gang**. [...] I started selling drugs for him, robbing people and robbing houses. We made a lot of money but he always got the most. **That's when I was imprisoned**.*

*I got 28 months for what I did and when I tried to write him a letter, he was still abusive, calling me names. I **knew then that I had to change my life**. I had to stop going out with gang members and I didn't want to hurt anyone anymore.*

***After I came out, all my other relationships were abusive and controlling** and I thought 'Why me? Why is this happening to me?' One day, one of my partners **beat me up so bad I was covered in blood**. I had to call the police. **He got me on Coke, weed and even drinking so much that I couldn't live without any of them**. [...] My eyes were blinded by the drugs and drinking for a good 3-4 years.*

***After that, I was homeless**. Sleeping with strangers, walking the streets at night begging for money. I **still can't believe that was me**."*

Sexual violence

Women and girls experiencing multiple forms of disadvantage are some of the most at risk of sexual violence in society. This violence may be perpetrated by intimate partners, strangers and/or by multiple perpetrators. Women and girls' difficult life circumstances and multiple, complex needs can make them targets for perpetrators of sexual violence, who calculate they can commit these crimes with impunity. In 2020, the number of people prosecuted and convicted for rape fell to the lowest level since records began, despite the number of rapes being reported increasing.³⁵ Very few women and girls at the sharpest end of inequality feel able to or comfortable reporting sexual violence crimes to the police, fearful they will be disbelieved, stigmatised and even criminalised.

Scale:

- Agenda research shows that women in poverty are twice as likely as other women to have been raped in childhood (5% compared with 2%), as well as twice as likely to have been raped since the age of 16 (7%, compared with 3%).³⁶

- In a qualitative study, women who are homeless reported being stigmatised, verbally and physically assaulted and a high risk of violence and sexual abuse and violence while sleeping rough.³⁷
- Research by Women for Refugee Women found that a third of asylum-seeking women who fled sexual violence in their country of origin were sexually abused again in the UK - with the vast majority not turning to the authorities for fear of detention or deportation.³⁸
- National data from Rape Crisis England and Wales shows that for 2017-18 where ethnicity is known, 23% of women accessing support across the network identified as Black, Asian, Minority Ethnic (BAME),³⁹ despite making up just 13% of the population of England and Wales.⁴⁰
- Recent research by Changing Lives reports a sharp increase in sexual violence among women selling sex and/ or experiencing sexual exploitation since the beginning of the Covid-19 pandemic. During the first four months of lockdown, there was a 179% increase in the number of women disclosing that they have experienced sexual violence in their services.⁴¹

Claire

“Sexual violence destroys lives, it destroys the confidence of a woman, whether that’s the lowest level of the extreme form of abuse.”

Impact:

- Up to a half of women with a dual diagnosis (co-occurrent substance use and mental ill-health diagnosis) have experienced sexual abuse.⁴²
- PTSD (Post Traumatic Stress Disorder) is the most common mental health illness experienced following sexual violence. A recent review of the literature on the psychological impact of sexual assault found that 7%–65% of women with a lifetime history of sexual assault develop PTSD. The study on the low end of the range was an outlier, with most studies reporting rates in the 33%–45% range.⁴³ The study also found that 13%–51% women meet diagnostic criteria for depression.
- It is not uncommon for survivors of sexual violence to have suicidal ideation (23%–44%), and 2%–19% may attempt suicide.⁴⁴

Spotlight on women in sex work

Women involved in sex work are at particular risk of sexual violence. In 2016, National Ugly Mugs (NUM), a scheme to help protect people involved in sex work from violent and abusive individuals, reported that almost 2000 reports had been made to NUM since July 2012. Of these, 283 were rapes, 86 were attempted rapes and 150 were other sexual assaults. Only 25% of the survivors were willing to formally report to the police.⁴⁵ Previous research by NUM found that 49% of women were either “unconfident” or “very unconfident” that police would take their reports seriously.⁴⁶

Thea's story

*"As a child I always felt a bit different. **I was sexually abused by family members and I was raped by a stranger as a child.** Through my teenage years I had an issue with my weight and became bulimic.*

*I'd used drugs from 12, starting on gas and then it just worked its way up to whizz and party drugs. I got pregnant when I was 17 but **I ended up giving my son up** because of my drug problem.*

*Then I got with a man who was nine years older than me, then I just started hammering it even more. **I started selling drugs**, then I couldn't sell drugs anymore, so **I started doing top shelf modelling and did porn videos for money to pay for my drugs.***

*It took me to a very dark, bad place. **I lost my daughter, I lost my job, I had to give my home up.** I went from a three bedroom house to basically living in one room. I was letting people in there and **I was getting raped** and all sorts while I was off my head. I'd caught a sexually transmitted disease. I'd wake up with broken ribs, **I was black and blue.** It was because I was so vulnerable and I was so lonely, **I just wanted someone to help me."***

Sexual exploitation

Women and girls experiencing multiple disadvantage often experience sexual exploitation in ways that are overlooked in legislation and by mainstream services, and are rarely prosecuted in court. Women experiencing poverty, homelessness and/or addiction often have no choice but to enter exploitative arrangements, such as 'survival sex' or exchanging 'sex for rent', to meet their most basic needs.

Andrea

(Speaking about having to sell sex)

*"I have been on the frontline at the age of 17 doing this work myself and it's something you end up doing **because you need to feed your children and survive.**"*

Scale:

- Shelter England found that over 250,000 women across England have been asked for sexual favours in place of paying rent by their landlord over the past five years.⁴⁷
- St Mungo's, which provides a range of services to support clients who are involved in sex work and prostitution, report that 1 in 4 women living in their supported housing services had current or past involvement in sex working, rising to 1 in 3 female residents who had a history of sleeping rough.⁴⁸
- 10% of women commencing drug treatment reported exchanging sex for money, drugs or something else in previous four weeks.⁴⁹
- During lockdown, organisations have observed an increase in these crimes. For example, Changing Lives report an increase in women who find themselves with no option but to turn

to 'survival sex', exchanging sex to meet immediate needs such as food, shelter or to provide for their children.⁵⁰

Impact:

- The lack of support available to women with complex needs who are being sexually exploited, and low prosecution rates for these crimes, means many women become trapped in exploitative arrangements.

Spotlight on women who are homeless

Many women and girls who are homeless are likely to be among the 'hidden homeless', sleeping out of sight for safety and avoiding male-dominated accommodation where they are at risk of sexual violence.⁵¹ Women and girls who are homeless are particularly vulnerable to being further targeted by perpetrators of both physical and sexual abuse, with 28% of homeless women having formed an unwanted sexual partnership to get a roof over their heads, and 20% having engaged in sex work to raise money for accommodation.⁵² These experiences of homelessness and sexual exploitation are most often invisible to data collection and to support. Once in this situation, it may be extremely hard for women and girls to seek help and leave. To date, there has only been one case of a perpetrator being charged for exchanging "sex for rent".⁵³

"I hate sleeping on the street, I try to find a punter who will let me sleep for free sex. I hate it but I hate sleeping on the streets more."

- A woman interviewed by [Changing Lives](#)

Child Sexual Abuse (CSA), Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Girls experiencing overlapping forms of disadvantage are especially likely to be targeted by perpetrators of abuse and exploitation and 'fly under the radar'. Serious case reviews have shown the devastating consequences of failing to pick up this abuse. Girls and young women are also more frequently identified as experiencing peer-on-peer abuse than their male counterparts, with young people who have experienced abuse in a familial context also more vulnerable to this.⁵⁴ Black and minoritised girls face distinct, cultural barriers to support, as well as racist stereotypes which can lead to an under- and/or mis-identification of a range of forms of VAWG affecting girls and young women. For example, research has shown Black girls more often face a process of 'adultification', whereby they are viewed as older than their age and more 'adult-like', with professionals assuming that they have greater levels of maturity and less 'innocence' than their white peers.⁵⁵ As a result of adultification, professionals' sense of their own safeguarding responsibilities may be reduced/altered.⁵⁶

Girls experiencing multiple disadvantage are often targeted and groomed by criminals who exploit their vulnerability to engage them in criminal activity. Perpetrators often create the impression of a protective familial or romantic relationship, meaning some girls recruited in this way may not realise they are victims of criminal exploitation. This form of exploitation routinely features violence,

intimidation and coercion. Exploitation of young women appears to have increased during the coronavirus crisis.⁵⁷

Scale:

- Women’s experiences of sexual abuse and exploitation often begin during childhood. Research shows that 15–20% of girls are estimated to have experienced childhood sexual abuse, compared to 7–8% of boys.⁵⁸
- Being placed in care, frequently moving accommodation, living in unsuitable or unregulated accommodation, or experiences of homelessness leaves girls at increased risk of abuse and exploitation.⁵⁹ Experience of care has also been reported to be a significant risk indicator of CCE, with those with a looked after children status or those known to social care being reported to be at higher risk of CCE.⁶⁰
- The NSPCC also identify educational vulnerability due to permanent exclusion/ pupil referral units as a risk indicator of CCE.⁶¹
- There is very little data relating to the prevalence of all forms of violence against women and girls for Gypsy, Roma and Traveller women and girls – but evidence does suggest they are more at risk.⁶²
- Research also suggests there is an under-identification of Asian girls and young women experiencing CSE,⁶³ and an under-identification of Black girls and young adult’s experiences of CSA.⁶⁴
- The Children’s Society observe that prosecutions for the offences of sexual exploitation of children under the age of 18 remains low and that there is no data readily available on the number of prosecutions for sexual exploitation crimes where the victim is aged 16 or 17.⁶⁵ Children on the cusp of adulthood are often targeted by perpetrators - with the knowledge that safeguarding responses from services may be less robust for this age group due to the fact that they are less easily protected by the law due to the age of consent.⁶⁶
- The ability to quantify and understand girls’ gendered experiences of criminal exploitation is limited as a result of gender stereotypes, which often mean girls "lost in the narrative" around criminal exploitation,⁶⁷ resulting in services not being designed around their needs.
- 1049 women and girls in London had gangs identified as a risk factor during assessments from council's children's services.⁶⁸
- A report by the Children’s Commissioner found that those affected by CCE are more likely to have a parent with substance misuse problems (41%), be absent/missing from school (37%) and to have social and emotional health concerns (95%).
- Her Majesty’s Inspectorate of Prisons survey data indicates that 8% of girls in Secure Training Centres (STCs) (compared to 2% of boys) report experiencing sexual abuse from other children whilst in custody and 8% of girls report experiencing this from staff (also compared to 2% of boys).⁶⁹ The age of respondents and the gender of perpetrators is not specified.
- The Independent Inquiry into Child Sexual Abuse has suggested that real rates of abuse may be much higher and also notes that a male-dominated culture has been identified as a common factor in a range of inquiries into child abuse in residential settings, with implications for the ability of sexual abuse to be identified or disclosed.⁷⁰

Marie, 23

*“But as I got older, I was able to understand, and realise that I was abused from quite early on as a little girl, and **at that age I wouldn’t have known to say anything.**”*

Impact:

- Research on the impact of sexual abuse on girls aged 6 to 16 demonstrates the range of negative developmental outcomes including: earlier onsets of puberty, cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, high rates of obesity, more major illnesses, dropping out of education, persistent PTSD, self-harm, teenage pregnancy, drug and alcohol misuse, and domestic violence.⁷¹
- The Independent Inquiry into Child Sexual Abuse found that among children who experienced sexual abuse in a residential care setting, 30% reported a lack of trust in authority and 24% reported running away.⁷²
 - In this report, 29% of children also reported becoming involved in various criminal behaviours later in their lives, such as theft and buying illicit drugs. Some of these participants believed this was a direct result of the abuse they had experienced.
- Practitioners working at Redthread report that young women affected by gangs are often known to attend hospitals with mental health related trauma.⁷³
- Sexual or physical violence and sexual exploitation is reported to affect 97% and 96% of girls in gangs 'sometimes' or 'often'.⁷⁴
- The End Violence Against Women coalition have highlighted the link between experience of sexual violence and harassment and girls dropping out of education.⁷⁵

Spotlight on girls affected by gangs

Agenda's Young Women's Justice Project Literature Review observes that it is striking that in one study on 'gangs', survey questions for professionals relating to women and girls 'received relatively low numbers of responses' but, where practitioners did respond, extensive involvement of women and girls in criminal activities was reported.⁷⁶ Ninety-seven per cent of these respondents reported that women and girls carried or stored drugs and 76% to 79% reported that this was also the case for committing violence, carrying or storing firearms and committing other crimes.

These respondents also identified girls and young adult women in a 'victim' role, with sexual or physical violence and sexual exploitation reported to happen 'sometimes' or 'often' by 97% and 96% of respondents.⁷⁷ A different study of 150 young people (aged 13–28, male and female) all shared examples of sexual violence or sexual exploitation of women and girls, despite the relatively low numbers of professionals able to identify this in the study involving survey of professionals. The report states that "girls who are gang-associated can be treated as objects to be used, abused and discarded and in that process are victims of terrible sexual violence. Yet this problem has remained almost entirely invisible to many professionals charged with children's care and protection – police, youth justice, social care, education and health."⁷⁸

Amelia's Story

Amelia was supported to tell her story by [Redthread](#)

*"I've had a social worker since I was 10 or 11 years old. **My dad was just really abusive and my mum didn't know how to manage that.** It would just be constant verbal abuse, **so I started going out a lot.** I would walk around the area all the time. One time, I bumped into a couple of people that looked a bit older. **I started spending time with them because I had nowhere else** and they had a house to go to – there was shelter, food... That's all anyone wants really. So I ended up spending a lot of time with them.*

*It was never sexual but **they wanted me to do stuff for them, like sell drugs.** They felt like older brothers – protective. But I also knew **that if I messed up, the protection wasn't going to be there anymore.***

*When I did get arrested, it was because of fights at home with my dad. As I got older, I started to think, **"I'm not taking this anymore, I'm not going to keep getting hurt by you."** I would lash out.*

*They would ask me what happened but they'd do it when they had me in handcuffs and were searching me. **If they'd treated me like a human, sat down with me and said "is everything okay at home?" or asked if they could help, it would have been different.** They should be working with colleges and social workers more too. **They should be seeing a pattern."***

Sexual harassment

Women and girls facing multiple disadvantage experience sexual harassment in a number of settings where they should feel safe. Survivors of violence and abuse are likely to come into contact with a range of public and community-based services, from drug and alcohol services to hostels, as a result of both the current and historic abuse they have experienced. These spaces are often male-dominated, and can be intimidating and unsafe places where women experience sexual harassment. Harassment may be perpetrated male service-users as well as male staff members.

Rachel

*"**There's a real issue of sexual harassment within services, I've seen it in a mental health hospital but also at the job centre and in hostels. These are places that should be safe for women.** [...] Hostels are always dominated by men and so women are made more vulnerable to abuse when staying there. If services are so male-dominated then the consequence is that women will be less likely to access them."*

Young adult women experiencing multiple disadvantage can feel intimidated by and face exposure to sexual harassment and violence in male-dominated spaces such as youth offending teams, pupil referral units and unregulated, mixed gender accommodation.⁷⁹ Girls that Agenda has spoken to describe experiences of sexist and unfair treatment from staff, as well as inappropriate and intimidating behaviour from boys in secure settings. For Black and minoritised girls and young

women, this can involve experiencing both racism and misogyny, as highlighted by Imkaan's 2016 Purple Drum project focusing on young women's experiences of racialised sexual harassment.⁸⁰

Sheena, 19

(who was previously in a Secure Training Centre)

"I couldn't walk through the unit in like a pair of leggings and stuff... Some of them would take my washing out of the washing machine while it was in progress and sniff my underwear and all this weird stuff."

Scale:

- In response to an FOI from Agenda, there is little data currently collected and published on women and girls' experiences of sexual harassment in statutory and mainstream services, unregulated accommodation, alternative education provision and custody.

Impact:

- Experience of sexual harassment in statutory and mainstream services, for example in Jobcentres or homelessness hostels, mean women and girls feel excluded from accessing support or are reluctant to attend. This can make it difficult for women and girls to address their multiple, complex needs, and leads to services to under-identify women and girls as a cohort in need of these services.
- Poor responses to girls' experiences of sexual harassment and violence at school can lead to girls being excluded from or dropping out of mainstream education.⁸¹

Marie, 23

*"I just felt like I gained a stereotype... Like loud, Black girl... And instead of [being asked] "What's going on... are you okay?"... they ask[ed] me about school counselling once... It was a while after... **It was just too late.**"*

Retraumatizing practices in institutional settings

The common thread of violence, abuse and trauma in the lives of women and girls facing multiple disadvantage leads many women and girls to experience significant mental health difficulties. These difficulties can lead to crisis points and institutionalisation. Despite women and girls' mental health being closely linked to their experiences of violence and abuse, women and girls detained under the Mental Health Act are often subject to retraumatizing practices such as the use of force and physical restraint, often by male members of staff. In custody, use of force, physical restraint and isolation may be used against women presenting with symptoms of trauma, including exhibiting disruptive behavior or self-harming. Restraint can include experiences of having clothes removed and can be particularly distressing for women who have experienced sexual abuse.

Scale:

- Research by Agenda found that around 1 in 5 women admitted to mental health facilities were physically restrained, despite guidance it should be used as a last resort.
- Nearly 2,000 women (6.3%) were restrained face-down. However, there were more than 4,000 incidents of face-down restraint against women, which is more than that for men, suggesting individual women patients were more likely to be repeatedly restrained in this way.⁸²
- As well as being disproportionately likely to be detained under the Mental Health Act,⁸³ Black and minoritised women are disproportionately likely to experience these kind of punitive and

re-traumatising responses. NHS data shows that black patients may be subject to a level of restraint that is three times higher than that of white British people – though no gender breakdown is available.⁸⁴

- Girls were also disproportionately likely to face this response in mental health settings as compared with boys: Agenda’s research highlights that nearly 1 in 5 girls (17%) admitted to CAMHS facilities were physically restrained. They were more likely to be restrained than boys (13%); and 8.1% (180) of girls were restrained face-down (compared to 5.7% - or 72 - boys).⁸⁵

Impact:

- Using physical restraint on a survivor of sexual violence and abuse risks re-traumatising women and girls. Having that restraint carried out by male members of staff, as can be the case, can be particularly traumatic for women and girls.

Pamela

(who was restrained face-down in a mental health unit)

*“I think often care plans are not understanding enough if there is a history of abuse and how using prone restraint could affect the person. Staff should always realise **they could have a long-lasting impact on somebody.**”*

2) Legislative and service response and provision for women and girls experiencing violence and multiple disadvantage

2a) Legislation

As illustrated by the range of ways women and girls facing multiple disadvantage experience VAWG and its impact in their lives, it is essential that a developed understanding of VAWG is embedded across different government departments. While Agenda has campaigned and consulted on a wide range of strategies and pieces of legislation, for the purposes of this consultation we will focus on the extent to which the *Ending Violence Against Women and Girls Strategy 2016 – 2020* and the *Domestic Abuse Bill*, currently progressing through parliament, effectively address and respond to the VAWG experienced by women and girls facing multiple disadvantage.

2ai) Ending Violence Against Women and Girls Strategy 2016 – 2020

The existing *Violence Against Women and Girls Strategy* acknowledges “experiences of abuse have serious psychological, emotional and physical consequences and may contribute to multiple disadvantage, or a chaotic lifestyle involving substance misuse, homelessness, offending behaviour, gang involvement, prostitution or mental health problems.”⁸⁶ It committed to working “toward new forms of services for victims with the most complex needs as too often they are turned away from services.” The strategy set out a number of outcomes to achieve by 2020 that would be vital for ensuring women and girls experiencing multiple disadvantage get the support they need. Evidence suggests that there has only been some progress meeting these outcomes, and more action is needed.

Progress overview:

Public services response – intended outcomes by 2020:

- *Support improvements in responses of health professionals to VAWG for example through roll out of the IRIS programme, free online training and more firmly embedding routine enquiry into domestic abuse in maternity and mental health services. From April 2016 we will begin to introduce sensitive routine enquiry of adverse childhood experiences in a range of targeted services where people who have been abused are likely to present, for example sexual assault referral centres and sexual health clinics.*
- *More victims and offenders are identified at the earliest possible opportunity, with effective interventions in place to prevent violence and abuse from escalating to a crisis point, with a reduction in high-rates of re-victimisation.*
- *Women will be able to disclose experiences of violence and abuse across all public services, including the NHS. Trained staff in these safe spaces will help people access specialist support whether as victims or as perpetrators.*

In 2019, Agenda conducted FOI requests to mental health trusts and found a third did not have a policy on routine enquiry.⁸⁷ This is despite NICE guidance for mental health, drug and alcohol treatment and maternity services recommending that trained practitioners routinely ask patients. Where trusts did have policies on routine enquiry the effectiveness varied considerably, with one trust asking just 3% of patients about experiences of domestic abuse – when they should be asking everyone. The fact that inquiry into domestic abuse is not taking place routinely in maternity and mental health settings has been acknowledged by the Government. In response to the Domestic Abuse Bill consultation in 2019, the Government stated “routine enquiry on domestic abuse already takes place in place in maternity and mental health services.”⁸⁸ The wording in the Draft Statutory Guidance published in July 2020 has since been amended to say that it “should” be taking place.⁸⁹

To date, IRISi has only received funds from the Department for Health and Social Care (DHSC) to support the running of two IRIS programmes, as one of five organisations that made up the Pathfinder Consortium. It has not yet received any direct or sustained funding from DHSC.

Currently, Jobcentre staff are not trained to effectively ask and respond to domestic abuse. An inquiry by the Work and Pensions Select Committee into Universal Credit in 2018 concluded that Jobcentre staff do not have the skills to respond to domestic abuse cases due to the lack of meaningful training.⁹⁰ Despite announcements in July 2020 that up to 600 Jobcentre Work Coaches will receive domestic abuse training, this must go much further. The thousands of staff in DWP, Jobcentres and local authority teams administering Universal Credit must receive robust training on domestic abuse – particularly in delivering safe routine inquiry, robust data collection and providing effective support and referral.

Partnership working – intended outcomes by 2020:

- *Areas routinely have a VAWG partnership, rigorous needs assessment and local strategy with VAWG considered in line with drug and alcohol services, homelessness services and children’s services to ensure wrap-around support for victims and their families.*
- *Better access to integrated pathways of support to meet the needs of victims experiencing multiple disadvantages.*

Current guidance suggests far more support is available for wraparound services than is the case. Research by Agenda and AVA in 2017⁹¹ found that. Research found that:

- All but nine (out of 173) local authority areas across England and Wales are home to at least one type of support for substance use, mental health, homelessness or offending. However, in only nineteen areas in England (none in Wales) do women have access to support for all of these issues.
- Just under half of all local authorities in England and only five unitary authorities in Wales report substance use support specifically for women.
- Support specifically for women experiencing mental distress was identified in 104 English local authorities and five Welsh unitary authorities. Most mental health support identified is for pregnant women or women who have recently given birth.
- Only 57 local authority areas of England and two unitary authorities in Wales were found to provide women-only accommodation that is not a refuge.

Supporting women whose offending is driven by violence and abuse – intended outcomes by 2020

- *Support female offenders who are victims of violence and abuse to receive the interventions they need to stop offending and move into recovery for example by considering the models under development in Greater Manchester, Wales and London.*

The Ministry of Justice 2018 [Female Offender Strategy](#), which received cross-party support, commits to investing in community-based support which helps address the root causes of women's offending behaviour, including violence and abuse, and reduce reoffending. However, despite some government funding, the vital women's specialist services needed to support women at risk of offending remain underfunded and facing a precarious future. Furthermore, the aims of diverting women from custody are undermined by the recent Government announcement on Saturday 23 January 2021 that £150 million will be invested in building 500 new prison cells for women.

Supporting women with complex needs – intended outcomes by 2020

- *Launch a new funding programme to develop and promote new forms of forms of services for victims with the most complex needs.*

Progress has been made by the Ministry for Housing, Communities and Local Government to fund domestic abuse projects where supporting survivors with complex needs was a key criterion.⁹³ However, women and girls experiencing VAWG and multiple disadvantage experience many types of VAWG - not only domestic abuse. More progress is needed to embed a gendered understanding of multiple disadvantage across the department's policy and funding programmes.

For example, the recently launched MHCLG [Changing Futures](#) prospectus does not make any reference to gendered experiences of multiple disadvantage. The only case study to feature in the prospectus is a man's experience of multiple disadvantage.

Women and girls' complex needs and experiences of multiple disadvantage are significantly different to men and boys' experiences.⁹⁴ For many women and girls, their experiences of disadvantage are underpinned by a history of extensive violence and abuse. Most services addressing multiple disadvantage are designed for men by default, in part because more men tend to access these in larger numbers. These male-dominated environments can be intimidating and unsafe for women, and are rarely set up to meet women's distinct needs. Without specifying the need for gender-specialist support, the £46 million Fund - and future funding, are at risk of being funnelled to gender-neutral services which mainly serve male service-users.

2aii) Domestic Abuse Bill

The Domestic Abuse Bill is a central piece of legislation to effectively tackle VAWG. Unfortunately, there is little currently in the Bill that directly references and responds to the abuse experienced by women facing multiple disadvantage.

A key recommendation in the final report of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage, *Breaking Down the Barriers*, was that enquiry into current and historic domestic and sexual violence should be standard practice across publicly funded services supporting women experiencing multiple disadvantage, supported by robust policies, staff training and accurate data collection.⁹⁵ This recommendation was central to those made by the team of peer researchers who interviewed women with lived experiences of these issues, as a critical part of the response needed to tackle domestic abuse.

As at February 2021, Amendment 53 to the Domestic Abuse Bill – which would place a statutory duty on public authorities to train frontline public services staff to make enquiries into abuse has not been adopted by the Government. This is despite the Minister stating “the Government are in full agreement with [the amendment’s] aims” at Committee Stage in the House of Lords.⁹⁶

Agenda supports a number of campaigns to amend the Bill that would better respond to survivors of domestic abuse experiencing multiple forms of disadvantage.⁹⁷

2b) Services

An overarching theme in statutory and mainstream service-response to women and girls experiencing violence, abuse and other forms of disadvantage is a distinct lack of understanding of their trauma and the ways in which their complex needs overlap. There is currently a lack of gender-, age, and trauma-informed support available to women and girls in statutory and mainstream services. Pockets of good practice means women and girls face a postcode lottery in support.

Barriers to support include:

Lack of understanding across public services of what having multiple complex needs means for women and girls experiencing violence and abuse, including by: police officers; prison and probation staff; court staff, including judges; children and adult’s social workers; healthcare professionals; Jobcentre staff; and housing officers.

- Lack of understanding of the effects of being coerced.
- Lack of understanding that threatening women with child removal is re-traumatising and can remind women of controlling and coercive behaviour they may have experienced. Women report that social services do not listen to them when children are involved, instead listening only to the police.ⁱⁱ
- Women and girls report not being believed by police and other statutory services.
- Victim blaming – women and girls report being blamed for the abuse they have experienced due to lack of understanding, for example, feeling shamed in MARAC meetings, court hearings and by the police and local press.

ⁱⁱ As reported by Fulfilling Lives in response to this consultation.

- Women report often being diagnosed with having serious psychotic illnesses and being heavily medicated, when actually what they need is counselling. Women described the mental health system as “broken”.
- Language barriers are also a key difficulty for women reporting abuse, leading to children sometimes having to act as translators to describe abuse to police and other authorities.⁹⁸ It also makes it more likely women will be failed by the system and have their children taken away.

Lucy, 19

*“Just in general – like, when I was abused... I’ve talked about this before as well, I had a social worker and I felt like **a lot of the blame was put on to me** [...] There was some incidents where I was arrested – not through any fault of my own but because, like, I was abused and then would retaliate just to try and get the person who was abusing us off us and things.”*

Saima

*“They refused to give me sick notes and the Jobcentre and medical fitness for my ability to work came back as ‘able to work’ despite my verbal flashbacks, unkempt appearance and being badly underweight. I feel sad writing this but I think the **Jobcentre assessment is very cruel and abuses the vulnerability of applicants.**”*

*“Doctors turn a blind eye to the emotional impact of sexual violence **and only treat the outward scars.** Else they prescribe anti depressants. [...] You are better off self-referring for counselling therapy.”*

Difficulty accessing services and siloed approaches. The lack of specific services for women and girls experiencing multiple disadvantage usually leads to them being excluded by one service, which in turn results in exclusion from the other services they need. For example, if they are using substances, they cannot access refuge; but without a refuge space or safe housing it is very difficult to begin addressing substance misuse problems. Research by Agenda and Ava, *Mapping the Maze*, shows the paucity of holistic support available for women and girls. Evidence from women’s specialist services and analysis of provision for women facing multiple disadvantage in local areas found:⁹⁹

- Housing needs cannot be addressed if women are excluded from services for other support issues, which underpin their ability to maintain safe housing.
- Women and girls facing multiple disadvantage often report feeling the need to prove their ‘worthiness’ to receive support. Women and girls feel forced to fit the services, rather than services flexibly adapting to the realities of women and girls’ lives.
- There is often a discrepancy in service provision depending on where you live, resulting in a postcode lottery. In Brighton, for example, there is more support services than in East Sussex. Black and minoritised women and girls face inequalities in access to care, with research highlighting the under-resourcing of services in economically-deprived areas where they are more likely to live.¹⁰⁰
- The sector is underfunded for women who need specialist support, including outreach and a more flexible approach around engagement with the service. For example, often if women are phoned three times and do not respond, this can lead to discharge from a service.
- Migrant survivors of violence and abuse with No Recourse to Public Funds (NRPF) often do not have the financial resources to access safe accommodation and legal aid.
- Local commissioning models often exacerbate siloed approaches.

Marie, 23

“One thing I remember, I was really young, I was 18 and they just kept asking me if I could leave the city, if I could leave the city, if I could leave the city. And I’m like, what? That just seemed like the easiest option to just leave the city, whereas I just needed a little bit of time and understanding.

[...]

*“I was disheartened because **I felt I did need professional support** but because of where I was, because I wasn’t in [home city], it all just messed with the support I could receive. I just felt like that wasn’t good. I think offering ongoing support [is important].”*

Fear of sharing their story in order to access services.

- Services often lack understanding that most women and girls have experienced complex trauma and PTSD.
- Agencies often don’t realise that asking for help can take years. If and when women and girls do find the strength to bravely disclose, sometimes they aren’t listened to. It can be retraumatising when women and girls don’t get the help they need.
- Women and girls may fear taking the help available. For example, a woman may be afraid of accepting a refuge space when using substances or alcohol, because if found out, she could face yet more punitive responses, such as being excluded from that service.
- Women and girls may also be asked to share their story repeatedly, and be forced to relive their trauma - with multiple professionals.
- Migrant women with insecure immigration status may fear disclosing violence and abuse for fear of deportation, due to the current lack of safe reporting mechanisms.¹⁰¹

Lack of age-appropriate support

- With models of youth provision regularly built around young men’s lives and all key youth funding announcements since 2018 ‘gender-neutral’, youth services are limited in their ability to deliver gender-responsive support.¹⁰²
- For example, teenage girls aged under 16 who experience abuse in their own intimate relationships are rarely recognised as a group impacted by domestic abuse. Research from The Children’s Society’s found that just 39% of local authorities are providing a specialist support service for under 16s, with 26 local authorities providing no specialist support nor any additional support for this age group.¹⁰³
- Despite the high level of need for mental health support amongst girls and young women who have experienced abuse, young women are consistently less likely to access mental health treatment than older, adult women.¹⁰⁴

Kym, 19

(discussing why young women may not disclose VAWG)

*“I think **young women may feel more judged** or like you’re just being misunderstood or not knowing what you’re talking about.”*

The women and girls’ voluntary sector is overstretched.

- Many women’s and girls’ specialist services are annually at risk of closure due to lack of secure funding.

- Interim research by Agenda during the Covid-19 pandemic found that nearly half (46%) of organisations supporting women and girls facing multiple disadvantage report that their financial position during the lockdown has worsened.^{105 iii}
- There is no central strategic overview of provision for women and girls facing multiple disadvantage, meaning that many areas of the country are not covered by these services.
- Funding is often short-term, meaning services are unable to plan for the future and staff are at constant risk of redundancy.¹⁰⁶
- Competitive tendering processes favour large generic service-providers who lack specialist knowledge and, due to their size, do not tend to work with specialist services as equal partners. Women and girls' organisations often struggle to win funding for a range of reasons, including lack of capacity to write bids and their specialism not recognised in eligibility criteria.
- Specialist services run 'by and for' the communities they serve, such as Black and minoritised women, LGBTQ+ women, disabled women and migrant women are particularly disadvantaged by current commissioning frameworks.¹⁰⁷

Lucy, 19

"I think things have moved forward with the support and stuff but I just don't feel like it's enough still. Like, where I live, as far as I know, there's only one service that offers support for domestic violence and stuff like... [...] I obviously attended there, it was literally ran by three people. [...] Obviously three people in comparison to the amount of people who go through domestic abuse isn't a lot of people."

3) Prevention and support

Recommendations for the new VAWG Strategy:

1) Sustainably fund the women and girls sector

- The VAWG strategy must be delivered alongside a **secure, national multi-year funding settlement** for organisations supporting women and girls facing multiple disadvantage.
- This must prioritise funding for specialist organisations with a track record of delivering **gender-, age- and trauma-informed** services to survivors facing multiple disadvantage.
- All public funding for VAWG support should promote **women-centred, trauma-informed, needs-led, holistic, accessible and wrap-around support** services as the sustainable way of addressing intersecting need and preventing further repeat victimisation and exposure to further risk.
- This must include **ring-fenced funding** for specialist services led 'by and for' Black and minoritised women, Deaf and disabled women and LGBTQ+ survivors.
- **A central cross-government funding pot** should be developed to invest in service redesign and incentivise local bodies to collaborate to break down silos and build better infrastructure to meet women and girls' needs in the long-term.

Amelia, 19 *"The first worker that I had – he didn't really understand... And he was young as well, and he's gone through that life, like jail and stuff, but he didn't get it. He related more to boys."*

ⁱⁱⁱ Updated evidence in the recent months of the pandemic is forthcoming.

Holistic, flexible support with a strategic focus on outreach & partnerships: MASH (Manchester Action on Street Health) case study

MASH (Manchester Action on Street Health) is a charity offering advice and support to women in sex work. MASH runs a Drop-In Centre, proactively visits women in saunas (massage parlours) and takes the MASH mobile drop-in van out late at night to reach women who are sex working on the streets. The MASH Sexual Health Clinic provides a safe, private space for women to have a full sexual health screen or to receive general sexual health advice and support.

Throughout the pandemic, MASH has continued its crucial outreach late at night to ensure that women feel confident and able to report crimes, and have maintained an accessible drop-in service. Central to their work is developing good partnerships with local police to ensure women receive a victim-focused approach and support.

2) Advocate gendered, joined-up commissioning

- The funding for the VAWG strategy must be structured around a **comprehensive approach to addressing VAWG and multiple disadvantage**. Services should be designed and commissioned around outcomes that make a difference to women's lives, with a long-term view to addressing issues preventatively.
- Local commissioners must **address gaps for women facing multiple disadvantage**, in particular mental health, substance use, domestic abuse and the impact of trauma.
- **Specialist organisations should be valued partners in this process**. Local boroughs must embed organisations in the commissioning process in a way that acknowledges specialist expertise especially of those 'by and for' led organisations.
- **Commissioners should build incentives into contracts to encourage mainstream services to work collaboratively** and ensure that specialist expertise, including that provided by the specialist women and girls voluntary sector, is prioritised.
- **Commissioning processes must involve genuine and meaningful coproduction with women and girls with lived experience** at all stages, including in developing needs assessments, shaping service specifications, scoring service tenders and sitting on tender panels, evaluating existing services and contract monitoring.

Innovating multi-agency working to improve women's lives: Fulfilling Lives South East case study

Fulfilling Lives South East (FLSE), working in Brighton and Hove, Eastbourne and Hastings, is one of 12 projects across England where National Lottery Community Fund investment is supporting people with complex needs. Ninety-three per cent of the women FLSE work with have experienced domestic abuse and many cases are heard at MARAC (Multi-Agency Risk Assessment Conference).

Last year Fulfilling Lives South East collaborated with a local MARAC Support team and VAWG Commissioner to evaluate a 3-month pilot of new ways of working for MARAC meetings across Brighton, Eastbourne, and Hastings.

The evaluation highlighted improvements on the previous MARAC structure, where the challenges of discussing complex cases in detail were acknowledged. Conversations now appeared to be more focussed on risk planning, exploring agency involvement and ensuring accountability of actions. The evaluation also highlighted that complex cases require clearer definition and pathways within future MARAC systems, in order to ensure safety planning is completed in the most effective way possible.

“We have not only been pleased to see improvements through the pilot period, but also the way in which respondents have engaged positively in the conversation about change.”¹⁰⁸

3) Invest in prevention and early intervention

- Much of the abuse experienced by women and girls could be avoided if boys and girls received **accessible, trauma-informed learning about healthy relationships** and spotting the signs of abusive behaviours in schools, alternative provision and youth settings.
- Beyond the **compulsory rollout of Relationships and Sex Education** (which must not be delayed any longer), the full implementation of a ‘Whole School Approach’ to tackling VAWG must be prioritised by Department of Education, local authorities and education providers.¹⁰⁹
- **Fund and support the specialist girls and young women’s sector** to support earlier intervention and prevention work.

Kym, 19

“Some sort of support system to encourage education, personally I think it should be mandatory or some sort of courses available to be able to distinguish signs of abuse! And to listen to other people's advice because they will tend to see it before you do!”

Lucy, 19

“I think just educating men and boys [...] – just educating everybody more on what domestic violence is, the impact of it, the impacts it can have on children... Just all of it really. I think schools is a good one because it kind of teaches them early.”

Amelia, 19

“They don’t always know how to ask young people about what’s happening in their lives. I had a gangs worker when I was younger and she kept talking about “sexual exploitation”. I didn’t know what she meant and I wasn’t going to go and google it. I think when people ask about what’s happening in your life, they need to break it down more and use simpler words – like, “they’re violating you” or “they’re not good people, they could harm you”. Using words like “harm” is helpful – that would make me think something was wrong.”

Marie, 23

“So maybe in schools they could give training. I know its something that it seems like its something you have to pick out and really put a lot of time into it, but I think it’s worth it. Because once someone gets to 18-20 and it happens, it’s probably a lot worse and harder to free or help that person.

4) Improve public service response

The VAWG Strategy should incentivise all public services to adopt the **trauma- and gender- informed standards** set out in the final report of the Women’s Mental Health Taskforce, jointly authored by the Department for Health and Social Care and Agenda.¹¹⁰ **All public agencies**, including police forces; the CPS; schools and colleges; adult and children’s social care; NHS Trusts and NHS Foundation Trusts; probation services; HM Courts and Tribunals Service; and Jobcentre Plus, should adopt these standards and embed understanding of VAWG across their services. The Government should encourage Mental Health Trusts and local authorities in particular to implement trauma-informed approaches, **supporting organisational change and rewarding and recognising staff commitment to this transformation process**. Trauma-informed standards should be consulted on with and monitored and evaluated by specialists in the women and girls sector, to ensure it is not just a tick box exercise.

4a) Train frontline public services staff to ask about experiences of VAWG and respond appropriately

Marie, 23

“I feel like it probably starts from young. I would have mentioned when I was younger to my doctor or someone about the abuse. I feel like from that time if a sign is shown in a young person it should be questioned and there should be something to prevent it. I know we say prevention is better than cure. I feel like there should be someone sitting you down and asking about abuse.”

Saima

“[The change I would most like to see is] trauma informed training in hospitals, GP surgeries and therapy setting. Especially in mixed workplace environments. Training should be normal practice.”

- It is vital that a wide range of agencies and bodies are able to identify survivors of violence and abuse and provide the right response. The VAWG Strategy should **set out clearly the existing framework for training frontline staff** to identify violence and abuse and respond appropriately.
- **It should establish an overarching set of principles for how all public services must respond better to VAWG**, including by training all frontline public services staff to ask about experiences of violence and abuse in a trauma-informed way, and work collaboratively to ensure the whole system can respond effectively to the needs of victims.
- We support calls from APPEAL for **enquiries to be required at every stage of contact with the criminal justice system**, especially by police and prosecution.
- It should highlight the need for **robust training standards and data collection** to measure the effectiveness of enquiries being made.
- **This guidance should be developed in consultation with the women and girls sector**, including specialist ‘by and for’ services, to ensure enquiries and referral pathways are sensitive and responsive to all survivors, including those from minoritised and marginalised communities.
- All public authorities should **report statistics on enquiries** into VAWG and VAWG training to the Domestic Abuse Commissioner.

Effective VAWG training in healthcare settings: IRIS (Identification and Referral to Improve Safety)

The IRIS programme provides domestic violence training for GPs and other General Practice staff provided by a local clinical lead, and an advocate educator (AE) based in a third sector domestic violence service who survivors can be referred to, and supported by. The project offers support in how to recognise, ask and respond to abuse and a clear pathway when disclosures happen.

There is substantial evidence to suggest the effectiveness of IRIS in practice, both in terms of improved referrals to specialist support, and cost- effectiveness of the programme. A randomised controlled trial of practices in Hackney and Bristol found IRIS training and support intervention had a ‘substantial effect’ on recorded referrals and identification of survivors. The number of referrals to domestic violence agencies made by clinicians in practices where IRIS was in place was 6 times greater than those made in the practices where IRIS was not implemented. The number of identifications recorded in the medical record was 3 times greater in practices where IRIS was in place than in practices where it was not implemented. A follow up cost- effectiveness study, published in 2012, showed that IRIS would produce societal cost savings of £37 per woman registered in a general practice.¹¹¹

As at March 2019, IRIS is commissioned by and running in over 30 areas of England and Wales. Over 1,000 general practice teams have been IRIS trained and over 15,500 women directly referred to local AEs for specialist support. At the end of the first quarter of 2020-2021, IRIS is up and running in a further eight areas.

4b) Develop a comprehensive policy framework to support improved criminal justice responses to women and girls whose offending behaviour is driven by their experience of VAWG

Amanda

“What needs to change? Well women need to be believed, they need more support and ultimately men’s behaviour needs to change. When I was in probation, it was all geared around men. You need to look at it from a female perspective.”

- **We echo calls from Centre for Women’s Justice that a comprehensive, cross-departmental policy framework** must be developed to make clear the **link between women and girls’ experiences of violence and abuse and their criminalisation.**
- This work must be informed by **close joint working** with women and girls specialist services in the community, with specific consideration given to the additional challenges that can be faced by certain groups of women and girls, including Black and minoritised women and girls, foreign national women and girls, and Deaf and disabled women and girls.
- **Learning should be drawn from models of good practice**, such as London’s domestic abuse courts, to develop specialist approaches with women defendants.¹¹²

Addressing the root causes of women’s offending behaviour: The Women’s Centre Model case study

Women’s Centres are specialist community support services for women facing multiple disadvantages, including women who have experienced violence and abuse, and who are involved in (or at risk of involvement in) the criminal justice system.

Women's centres can help tackle the disadvantage which often lies behind women's offending behaviour.¹¹³ In addition to women's improved mental health and wellbeing,¹¹⁴ MoJ analysis shows a statistically significant reduction in re-offending rates for those who receive support from women's centres.¹¹⁵ The estimated cost of keeping a woman in prison for a year is £52,121,¹¹⁶ and £1.7bn is spent on issues linked to women's offending annually.¹¹⁷ A place at a Woman's Centre ranges from £1,223 to £4,125 per woman, depending on her needs. In the long term, £2.84 is saved for every £1 spent on women's centres, with one centre making a saving of £18 million over a 5-year period.¹¹⁸

5) Improve data collection

The VAWG Strategy must ensure the collection of **comprehensive, comparable and disaggregated data on VAWG, and its links with other forms of disadvantage**, across government. At a minimum, data must always be disaggregated by **protected characteristics** and **immigration status** for both victim and perpetrator and their relationship. This data should be **centrally collated, made publicly available and presented accessibly** to allow for further analysis.

In particular, government departments and public agencies should report statistics on the number of women and girls:

- In custody, remand and probation who have experienced VAWG.
- Detained under the Mental Health Act who have experienced VAWG.
- Accessing mental health services who have experienced VAWG.
- Accessing drug and alcohol services who have experienced VAWG.
- Who have experienced different types of homelessness and VAWG.
- Who have been excluded from education who have experienced VAWG.
- With experience of care who have experienced VAWG.
- In unemployment who have experienced VAWG.
- Claiming benefits who have experienced VAWG.
- Facing benefits sanctions who have experienced VAWG.
- In immigration detention who have experienced VAWG.

7) Be inclusive of survivors with No Recourse to Public Funds (NRPF)

- Migrant survivors with NRPF to public funds cannot be overlooked in this strategy. The VAWG Strategy must include **specific provision for migrant women with NRPF** to ensure they can access the support, welfare systems and legal tools they need to escape violence and abuse, and can safely report violence without fear of immigration enforcement.
- Any legislative reforms or new funding proposals should be consulted on with the Step Up Migrant Women Coalition.¹¹⁹

8) Value survivor-led solutions

- **Women and girls are experts in their own lives.** The VAWG Strategy should advocate for women and girls with lived experience to be fully involved in decision-making processes relating to intervention and prevention measures. This includes at all stages of the design and delivery of policy, funding, programmes, governance and evaluation.

- **The VAWG Strategy should also recommend that women-only peer support be commissioned** and delivered as a core component of all wider interventions to support women who have experienced violence and abuse. Peer support and its value should be recognised and built into all local priorities and action plans of VAWG commissioners and practitioners.

Women supporting women: Peer support models

Agenda partnered with Mind, the mental health charity, to deliver a new programme of peer support for women - Women Side by Side.¹²⁰ It aimed to increase the availability of high-quality mental health peer support for women experiencing multiple disadvantage who have, or are at risk of developing, mental health problems.

The evidence from the programme shows the immense value of peer support models. The final report recommended that women-only peer support should be commissioned and delivered as a core component of all wider interventions to support women's mental health.¹²¹ Peer support and its value should be recognised in all future policy frameworks and delivery plans to tackle mental health and VAWG for both the UK and Welsh Governments, and be built into all local priorities and action plans of mental health trusts, commissioners and practitioners in mental health services.

Rachel

"To anyone who may be suffering after sexual abuse, I'd say: You are not alone, and you don't have to suffer in silence. You might feel ashamed, but that shame is not yours. That shame belongs entirely to the person who violated you.

You can have a voice, and if you find someone you feel safe with, you can give a voice to that girl inside you who was so painfully wounded. Your truth matters, and there are people who will help you carry it.

The road to healing is not an easy one, but you've had the strength and courage to survive this far, so you will get through it."

Agenda believe women and girls hold many of the solutions to the challenges they face. In recognition of this, we worked with women and girls involved in Agenda's Women's Advisory Group and Young Women's Advisory Group to develop this consultation response. Their quotes are used throughout the document to illustrate the issues they raised.

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- ¹ Agenda (2015) Hidden Hurt: Violence, abuse and disadvantage in the lives of women <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>
- ² Scott et al (2013) Violence, abuse and mental health in England https://www.natcen.ac.uk/media/1057987/REVA_Brief_1_Population-patterns_FINAL_071015.pdf
- ³ Scott, S. & McManus, S. 2016. (DMSS research for Agenda) Hidden Hurt: Violence, abuse and disadvantage in the lives of women <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>
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