

VIOLENCE AGAINST WOMEN:

Priorities for the Violence Against Women (Wales) Bill



WALES
VIOLENCE
AGAINST
WOMEN
ACTION
GROUP

Members



Wales Assembly of Women



VIOLENCE AGAINST WOMEN:

Priorities for the Violence Against Women (Wales) Bill

Contents

- I Introduction** 4

- II Priority Outcomes for the Violence Against Women (Wales) Bill** 5

- III Priority 1:**
Reduction in the prevalence of all forms of violence against
women, and support for women who experience such violence 6

- IV Priorities 2 & 6:**
Equal access to specialist support services 13

- V Priority 3:**
Compulsory initiatives in schools and other educational settings to
prevent VAW before it starts, and for supporting pupils affected by such violence 26

- VI Priority 4:**
Appropriate and timely interventions, referrals and signposting occur
as a result of improved health responses to VAW 35

- VII Priority 5:**
Employers know how to help female employees affected by VAW 40

- VIII Summary of Recommendations** 44

- IX List of Acronyms** 47

I Introduction

The Wales Violence Against Women Action Group is a coalition of organisations drawn down from a broad spectrum that came together in 2009 in order to share our experience and skills with the aim of tackling violence against women in Wales through raising awareness, challenging attitudes and pressing for change in government policy.

The Action Group successfully spearheaded the campaign for the Welsh Government to introduce Wales's first national strategy to tackle violence against women (VAW), The Right to be Safe (March 2010), and contributed to its development. In 2009 we published a comprehensive report making the case for the need for such a strategy, Violence Against Women: Why an Integrated Strategy in Wales? The Group continues to monitor the effectiveness of this strategy, including through the publication in 2011 of our first annual Scorecard marking the Welsh Government's progress on the recommendations in our original report, Steps to Safety.

We welcomed the First Minister's announcement in the Welsh Government's five-year legislative programme in July 2011 of a Domestic Abuse (Wales) Bill, and particularly the more recent announcement (July 2012) that this Bill will in fact cover all forms of violence against women, both in content and title. Our current focus is working to ensure that the forthcoming Violence Against Women (Wales) Bill makes a real difference to the lives of women affected by any form of VAW, wherever they live in Wales. This report is part of that work, and we look forward to continuing to provide expert input to the legislative process as the Bill is developed.

The Action Group's membership currently includes Amnesty International, BAWSO, Cardiff Women's Aid, Equality & Human Rights Commission (observer status), Hafan Cymru, The Henna Foundation, Llamau, Minority Ethnic Women's Network (MEWN) Cymru, National Federation of Women's Institutes (NFWI) Wales, New Pathways, NUS Wales Women's Campaign, Port Talbot and Afan Women's Aid, Rape and Sexual Abuse Centre North Wales (RASA) Wales, Rape Crisis (England and Wales), Relate Cymru, Safer Wales, Stop it Now! (NSPCC), The Survivors Trust Wales, Wales Assembly of Women, Welsh Women's Aid and Women4Resources.

For further information on the contents of this report or on the work of the Wales Violence Against Women Action Group, please contact:

Naomi Brightmore (Chair)

NaomiB@ptwa.org.uk

Tel: 01639 894864

Hannah Austin (Report Author)

HannahAustin@welshwomensaid.org.uk

Tel: 02920 390874

www.walesvawgroup.com

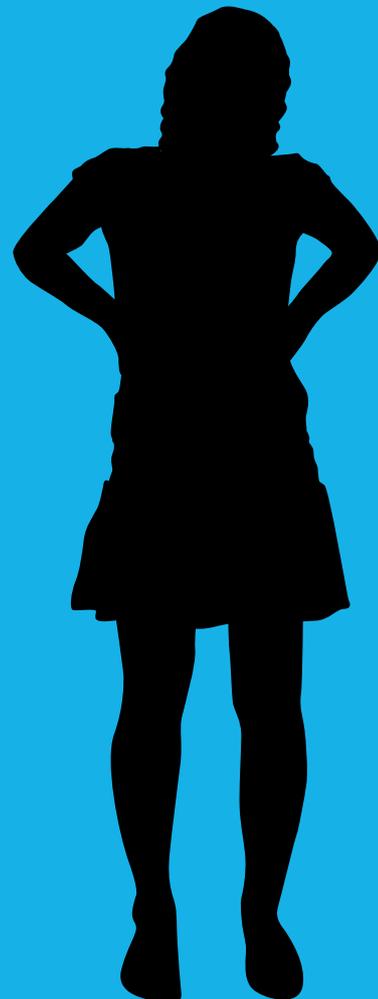
II Priority Outcomes for the Violence Against Women (Wales) Bill

The Wales Violence Against Women Action Group has agreed six key priority outcomes that the forthcoming Violence Against Women (Wales) Bill should include. These are:

1. Reduction in the prevalence of all forms of violence against women, and support for women who experience such violence
2. Guaranteed access to adequate and sufficient services for women in Wales
3. Compulsory initiatives in schools and other educational settings to prevent VAW before it starts, and for supporting pupils affected by such violence
4. Appropriate and timely interventions, referrals and signposting occur as a result of improved health responses to VAW
5. Employers know how to help female employees affected by VAW
6. All women affected by VAW have equal access to specialist support services, regardless of their location.

This report gives in-depth information on each of the above priority outcome areas, including a summary of the evidence base for each priority. It makes the case for the Welsh Government including these priorities within the forthcoming legislation, and makes specific legislative proposals for the Bill. Our aim is to ensure that the legislation makes the greatest possible positive difference to the lives of women who are affected by gender-based violence in Wales.

“There are 52 violence against women support services in Wales, and the majority of these services (38) are designed for women experiencing domestic abuse”



III Priority I

Reduction in the prevalence of **all** forms of violence against women, and support for women who experience such violence

Summary of priority

It is vital that the forthcoming legislation comprehensively tackles all forms of violence against women, not just domestic abuse, as the original title 'Domestic Abuse (Wales) Bill' worryingly suggested¹. The relatively widespread provision of domestic abuse services and the current political popularity afforded to the domestic abuse agenda is a result of successful campaigning by women's organisations, which resulted in domestic abuse moving up the political agenda over the years, including with the introduction of the (then) Welsh Assembly Government's All Wales Domestic Abuse Strategy in 2005. Now that the Welsh Government has broadened its focus to include all forms of violence against women, including through the launch of The Right to be Safe VAW strategy in 2010, **it is vital that the new legislation reflects this broader agenda and covers all forms of violence against women.**

Currently in Wales, there exists a lack of clarity amongst agencies and the general public regarding what is meant by the term 'violence against women', as well as exactly what specific forms of violence/abuse entail – particularly those forms of violence that are not so well-known as domestic abuse, in addition to the non-physical-violence aspects of domestic abuse. This lack of clarity has led to a conceptual confusion about what exactly it is that we are trying to tackle (and how) when we talk about violence against women and its various forms, which has negative ramifications for policy and practice.

Violence against women (VAW) is a manifestation of unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women. The structural nature of violence against women as gender-based violence is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. **It is vital that a shared understanding of the links between all forms of VAW, as well as its causes and consequences, informs the legislation.** This must include the Bills' title, which must not separate domestic abuse from the broader VAW agenda, given that domestic abuse is in fact the most prevalent form of VAW in Wales and is as profoundly gendered as other forms of VAW.

Evidence base

Definitions

For purposes of this report the United Nations, UK Government and Welsh definitions of violence against women have been adopted, which state that:

The term 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 shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring *in the family*, including battering, sexual abuse of female children *in the household*, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring *within the general community*, including rape, sexual abuse, sexual harassment and intimidation at work, *in educational institutions and elsewhere*, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned *by the State, wherever it occurs.*
[Italics added]

¹ Welsh Government (2011), *Legislative Programme 2011-16*.

The Welsh Government appears to endorse this United Nations analysis within *The Right to be Safe*, in which it states: ‘Violence against women is both a cause and consequence of the legacy of women’s inequality and tackling it requires a distinct approach’.

The types of violence specifically referred to within *The Right to be Safe* are:

- Domestic abuse;
- Sexual harassment;
- Rape;
- Forced marriage;
- So-called ‘honour’-based violence;
- Female genital mutilation; and
- Trafficking.

Prevalence

All forms of violence against women are widespread, as are attitudes that normalize and excuse this violence. Research studies continue to find alarming and persistently high levels of VAW in the UK in general and Wales:

- Up to **three million** women across the UK experience rape, domestic violence, forced marriage, stalking, sexual exploitation and trafficking, female genital mutilation (FGM) or so-called ‘honour’-based violence each year.²
- Violence against women costs society **£40 billion** each year in England and Wales.³
- Every year one million women experience at least one incident of domestic violence – nearly **20,000** women a week.⁴
- Every year over **300,000** women are sexually assaulted and 60,000 women are raped.⁵
- **33 per cent** of girls in an intimate relationship aged 13-17 have experienced some form of sexual violence from a partner.⁶
- In 2011, the Forced Marriage Unit received **1468** calls to its helpline regarding suspected/potential forced marriage, **78 per cent** of whom were women.⁷
- **3.7 million** women in England and Wales have been sexually assaulted at some point since the age of 16.⁸
- It is estimated that of **17,000** migrant women involved in off-street prostitution in England and Wales, **2,600** have been trafficked and **9,200** are vulnerable migrants who may be further victims of trafficking.⁹
- **20 per cent** of women say they have experienced stalking at some point since the age of 16.¹⁰

² Coy, M., Kelly, L. and Foord, J. (2009). *Map of Gaps 2: The Postcode Lottery of Violence Against Women Support Services in Britain* (EHRC and EVAW).

³ Järvinen, J., Kail, A. and Miller, I. (2008). *Hard Knock Life: Violence Against Women – A Guide for Funders and Donors*.

⁴ Povey, D. (ed.), Coleman, K., Kaiza, P. and Roe, S. (2008). *Homicides, firearm offences and intimate violence 2007/08, supplementary volume 2 to Crime in England & Wales 2007/08*. (London: Home Office).

⁵ Smith, K. et al. (2012). *Homicides, Firearm Offences and Intimate Violence 2010/11*. Home Office Statistical Bulletin 02/12. (London: Home Office).

⁶ Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009). *Partner Exploitation and Violence in Teenage Intimate Relationships*. (NSPCC and University of Bristol).

⁷ Forced Marriage Unit statistics taken from Foreign and Commonwealth Office website, available online at: <http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/> [accessed 20th July 2012].

⁸ Walker, A., Kershaw, C. and Nicholas, S. (2006). *Crime in England and Wales 2008/09*. Home Office Statistical Bulletin, July 2006.

⁹ Jackson, K., Jeffery, J. and Adamson, G. (2010). *Setting the Record: The Trafficking of Migrant Women in the England and Wales Off-Street Prostitution Sector*. (ACPO Project Acumen report).

¹⁰ Walker, A., Kershaw, C. and Nicholas, S. (2006).

- In Wales in 2010/11, the Police recorded **2,485** sexual offences.¹¹ The British Crime Survey highlights that only **11 per cent** of victims report to the police;¹² therefore we can reasonably estimate that the actual number of women experiencing sexual offences in Wales was nearly **23,000** last year.
- In Wales in 2010/11, there were **5,994** prosecutions of violence against women and girls offences, with a conviction rate of 71.8%. Of these, **5180** were cases of domestic abuse, with a conviction rate of 72.7%; **278** cases of rape, with a conviction rate of 52.5%, and **536** cases of sexual offences, with a conviction rate of 72.6%.¹³

The Wales Violence Against Women Action Group's membership includes organisations that provide direct services to women and their children following VAW. In 2011/12:

- Welsh Women's Aid's members supported **1578** women and **1354** children in refuge.
- Hafan Cymru supported **1070** women, **357** of whom were experiencing domestic abuse as a lead need.
- The All Wales Domestic Abuse & Sexual Violence Helpline (managed by Welsh Women's Aid) assisted **2962** female callers experiencing domestic abuse or sexual violence, **1044** of whom had children. The Helpline managed **12,232** calls from agencies on behalf of women experiencing domestic abuse and **551** calls from concerned others.
- New Pathways supported **1807** women who had experienced rape or sexual abuse; **913** women and **190** girls who had suffered historic sexual abuse; and **602** women and **102** girls who were victims of recent rape or serious sexual assault. They received over **10,000 calls** from people affected by sexual violence.
- Rape Crisis (England & Wales) received **3341** new calls from women experiencing rape, **136** (4%) of whom were calling from Wales. Rape Crisis Centres across England and Wales supported **50,000** women and girls. The Rape Crisis (England & Wales) website receives more than **20,000** hits per week from new users.
- Llamau housed and supported **285** women. Of these, **214** had experienced domestic abuse, **2** were fleeing forced marriage, **5** had been trafficked for the sex trade, and **29** had been sexually abused or raped.
- Rape and Sexual Abuse Centre North Wales (RASA) supported **1230** women and young people in 2011/12.
- The Survivors Trust Wales' members provided specialist rape and sexual abuse services to more than **3,300** women and received in excess of **15,000** calls from people affected by sexual violence.
- Relate Cymru supported **291** women who were experiencing domestic abuse.

¹¹ Chaplin, R., Flatley, J. and Smith, K. (eds) (2011). *Crime in England and Wales 2010/11: Findings from the British Crime Survey and Police Recorded Crime* (2nd edn). Home Office Statistical Bulletin 10/11.

¹² Povey et al. (2009). *Homicides, Firearm Offences and Intimate Violence 2007/08* (Supplementary Volume 2 to 'Crime in England and Wales 2007/8'). Home Office Statistical Bulletin 02/09.

¹³ CPS (2012). *Violence Against Women and Girls Crime Report 2010–2011*.

International obligations

The Committee on the Elimination of Discrimination against Women (CEDAW Committee) of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in its general recommendation on violence against women No. 19 (1992) helped to ensure the recognition of gender-based violence against women as a form of discrimination against women.

The United Nations General Assembly adopted a Declaration on the Elimination of Violence against Women in 1993 that laid the foundation for international action on violence against women. In 1995, the Beijing Declaration and Platform for Action identified the eradication of violence against women as a strategic objective among other gender-equality requirements.

In June 2012, the UK also signed the European Convention on Combating and Preventing Violence Against Women and Domestic Violence ('The Istanbul Convention'). Governments that agree to be bound by the Convention are required to take action on **all** forms of violence against women.

Title of the Bill

On 17th July 2012, the First Minister issued a statement regarding the Welsh Government's Legislative Programme for 2012-13, in which the title of the Bill had changed from 'Domestic Abuse (Wales) Bill' to 'Ending Violence Against Women and Domestic Abuse (Wales) Bill'. The Wales VAW Action Group welcomes the inclusion of VAW within this title, and looks forward to the Bill's contents reflecting this wider agenda. We also welcome the inclusion of 'Ending' in the title, and hope that this is indicative of a much stronger focus within the legislation on tackling the causes of VAW, rather than its symptoms – with a resultant much stronger focus on prevention, which has traditionally been a relatively neglected aspect of the VAW agenda in Welsh policy.

However, we are disappointed that the latest title of the Bill continues to separate domestic abuse from VAW, as if domestic abuse is somehow a separate phenomenon – when in reality, domestic abuse is the most prevalent form of VAW, affecting 1 in 4 women in Wales at some point in their lives. This approach does not comply with international obligations. International definitions of VAW include domestic abuse, including CEDAW and the UN Declaration on the Elimination of VAW. CEDAW, for example, defines VAW as 'violence that is directed towards a woman because she is a woman, or that affects women disproportionately.' This clearly applies to domestic abuse, 91 per cent of whom's victims are female, in addition to all other forms of VAW. The UN also explicitly includes domestic abuse within the range of forms of violence and abuse that it defines under the umbrella of VAW. Similarly, in the overwhelming majority of policy and legislation introduced by countries worldwide to tackle VAW, domestic abuse is situated firmly within the VAW agenda, in recognition of its prevalence, the fact that it disproportionately affects women, and has the same root causes as all other forms of VAW – that is, gender inequality. Separating domestic abuse from VAW also contravenes the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, which the UK has recently signed, which requires that signatories' efforts to combat VAW must be 'based on a gendered understanding of violence against women and domestic violence' (Article 18).

The Welsh Government's separation of domestic abuse from VAW is also outdated in comparison with the approach of the UK Government. The previous Labour administration in Westminster adopted the terminology of 'violence against women and girls' (VAWG) within its policy in this area, which included domestic violence, in recognition of the profoundly gendered nature of these forms of violence and abuse. This is particularly significant as when the then-Welsh Assembly Government was developing its first Domestic Abuse Strategy, a gender-neutral definition was decided upon because at the time, this is the approach that the UK Government was taking, and Welsh policy had to complement this. Now that the UK Government has taken a gendered approach to tackling VAWG (including domestic abuse), the Welsh Government should take the opportunity that the Bill presents to ensure that its own definition devolves, to avoid being left behind the international standard that has been adopted by the UK and Scottish Governments, as well as the London Mayoral strategy.¹⁴

¹⁴ Minutes of the Welsh Government's Working Group on Domestic Abuse, 16 December 2003.

As with the Welsh Government's 2010 strategy *The Right to be Safe*, we presume that the rationale behind separating domestic abuse from VAW for this piece of legislation is in recognition of the fact that in a small minority of cases, men can also be the victims of domestic abuse. This fact is not, and has never been, in dispute by our Group. However, it is unhelpful to imply that the small number of men experiencing domestic abuse means that domestic abuse is not a gendered issue, or that it is somehow a separate phenomenon from other forms of VAW. This mistaken shift in the policy response in Wales has been noted in research literature:

'There seems to have been a shift in [Welsh] policy from the recognition that women – as a status group – are disproportionately disadvantaged by domestic violence to a view that domestic violence can affect anyone and therefore is not gendered. This view disregards the evidence that, on the whole, domestic violence is perpetrated by men on women, and that although individual men may experience domestic violence, men as a group do not.'¹⁵

Separating domestic abuse from VAW is not only significant in terms of international requirements and appropriate conceptual frameworks (which are vital for designing appropriate responses, particularly for prevention work), but also has a profoundly negative impact 'on the ground' for women and children fleeing domestic abuse and the specialist services that exist to support them. One of the unintended negative consequences of gender-neutral national policy in this area is that service commissioners within local authorities are seeking to commission gender-neutral, non-specialist domestic abuse services, which do both male and female victims a disservice in their generic gender-blindness. This situation has worsened since the publication of our last report in 2009, as a combined result of the separation of domestic abuse from VAW within *The Right to be Safe* and a challenging economic climate. In the last year alone, Welsh Women's Aid has had to intervene in three separate instances in which local authorities have sought to either withdraw funding or exclude specialist women-only services from applying for new funding to deliver domestic abuse services, despite a lack of evidence of need for a mixed service, the safety risks of a mixed-sex service, and the well-established urgent need for specialist gender-specific services for women and their children. Reasons given by local authorities have ranged from mistakenly thinking that providing a gender-specific service is breaking equalities legislation, to unevidenced assumptions that domestic abuse affects men just as much as women. National guidance has not remedied this situation – which is why legislation is needed, to ensure that the vital network of women's support services developed over the past 35 years with women's specific needs in mind is not decimated as a result of gender-blind policy and public spending cuts, and that women are able to access the specialist services that they so desperately need when fleeing domestic abuse.

It is therefore our strong recommendation that the Bill takes a gendered approach and focuses specifically and exclusively on VAW – including domestic abuse, which is the most prevalent form of VAW, and which remains a profoundly gendered issue. This does not preclude the provision of services to male victims of domestic abuse. The Welsh Government already has policy, strategy and services which mandate the provision of services to male victims. The reason for introducing this particular Bill is in recognition of the fact that women disproportionately experience certain forms of violence – including domestic abuse – and that therefore stronger action is needed to tackle this, which only legislation can offer. It is vital to situate domestic abuse within the wider context of VAW, and to draw up a specific gendered focus, in order for the legislation to be focused and effective. Too broad a focus will result in the legislation being ineffectual in tackling the very phenomenon that it was intended to tackle – that is, the forms of violence and abuse that women in Wales experience *because they are women*, including domestic abuse.

¹⁵ N. Charles and S. Jones. (2009). 'Developing a Domestic Abuse Strategy', in N. Charles and C.A. Davies, *Gender and Social Justice in Wales*. (Cardiff: University of Wales Press)

“

Up to three million women across the UK experience rape, domestic violence, forced marriage, stalking, sexual exploitation, trafficking, female genital mutilation or so called 'honour' based violence each year

”

Map of Gaps 2, 2009



**WALES
VIOLENCE
AGAINST
WOMEN
ACTION
GROUP**

IV Priorities 2 & 6

All women affected by all forms of VAW in Wales have equal and guaranteed access to adequate and sufficient specialist support services, regardless of their location

Summary of priority

Specialist support services provided by the women's voluntary sector are absolutely vital for assisting women to overcome violence/abuse and to rebuild their lives. However, currently in Wales there is insufficient service provision in this area, and particularly for those forms of VAW which fall outside of domestic abuse. There is also a postcode lottery of service provision for women in Wales, leading to a situation where the availability of support depends upon the woman's location, and posing particular problems for women in rural Wales.

There has been a relatively recent shift from specialist support towards generic, non-specialist service provision (particularly for domestic abuse services), which is inferior in providing the specialist support that women so desperately need to recover from violence/abuse and to rebuild their lives, and coupled with the current economic climate, poses a real risk of a loss of the significant specialism that has been developed within the violence against women third sector over the past four decades in designing and delivering services that fit women's specific needs. There remains an urgent need for highly specialised services to assist women following violence/abuse, including women-only services and services for BME women, coupled with a dangerous lack of understanding about the value of these services, perhaps particularly amongst local authority service commissioners, which is of great concern.

As such, the **VAW (Wales) Bill should include mechanisms for ensuring that all women affected by any form of VAW in Wales have guaranteed access to adequate and sufficient specialist support services, regardless of their location.**

The following section outlines the evidence base for our priority, and the final section sums up our recommendations for legislative mechanisms that the VAW (Wales) Bill should include in order to ensure that all women affected by VAW in Wales can access specialist support services.

Evidence base

1. There is currently a postcode lottery of service provision for women experiencing VAW in Wales – particularly for women in rural Wales and women who have experienced non-domestic abuse forms of VAW.

There has never been enough service provision for women experiencing gender-based violence; most specialist services operate on minimal budgets, providing as much as they can on a shoestring. As an indicator, the female population in Wales is approximately 1,526,000. Given that we know that 1 in 4 women experience domestic abuse at some point in their lives and 1 in 3 experience sexual violence, but that the EHRC estimated in 2009 that there were 63 available services for women experiencing violence, it is clear that there are insufficient services for women seeking support following violence/abuse. The table below is from the EHRC's 2009 report into specialist VAW service provision, *Map of Gaps 2*:¹⁶

¹⁶ M. Coy, L. Kelly and J. Foord (2009). *Map of Gaps 2: The Postcode Lottery of Violence Against Women Support Services in Britain* (EHRC and EVAW).

WALES	
Female population: 1,526,000	
Available VAW services: 63	
Services for BME women	2
Domestic violence services	36
Perpetrator programmes	2
Prostitution, trafficking and sexual exploitation services	1
Rape Crisis Centres	1
Sexual Assault Referral Centres	5
Specialist Domestic Violence Courts	11
Specialist Sexual Violence Services	5

While there have been some developments since this research was published in 2009, the general under-provision of services, and in particular services for women who have experienced any form of VAW that is not domestic abuse, remains similar.

(a) ALL forms of VAW, not just domestic abuse

Domestic abuse service provision is the most widespread in Wales, although this is predominantly crisis intervention and mostly linked to housing-related support – particularly from the Supporting People funding programme – which is restrictive in terms of the amount and type of work that can be delivered. A further constraint with regards to existing funding streams is the patchy and limited provision of early intervention and prevention work, as a result of all work in this area being restricted to housing-related funding.

There is also a huge and ongoing shortage of funding for work with the children of women who are accessing services (that is, the majority of women passing through services), including in refuge. Children have distinct and specialist needs when they have witnessed domestic abuse, and it is vital that specialist children's workers are available (in both refuge and outreach / floating support services) to meet the needs of these vulnerable young people. This is a long-standing and urgent gap in provision in Wales, and the forthcoming Bill must address it.

One Stop Shops have been established throughout Wales, but these have been funded through capital funding without revenue funding being established, and predominantly offer support to women experiencing domestic abuse rather than any other form of VAW. Welsh Women's Aid's members throughout Wales provide a significant amount of added value through the additional delivery of the Freedom Programme and further support services, but further funding is needed to ensure that women and children receive support outside of that related to their emergency housing needs, and to roll out prevention and early intervention, non-crisis work throughout Wales.

The comparatively good domestic abuse service provision in Wales is far from matched in terms of other forms of violence against women. This has been highlighted in UK-wide research; Map of Gaps stated: 'in Wales, strong domestic violence provision [...] indicates that the domestic abuse policy has had an impact. However, the lack of voluntary/ third sector sexual violence services suggest that this needs to be extended to all forms of violence against women'.¹⁷

¹⁷ End Violence Against Women (2007). *Map of Gaps: The Postcode Lottery of Violence Against Women Support Services* (p41).

The relatively widespread provision of domestic abuse services is a result of successful campaigning by women's organisations, which resulted in domestic abuse moving up the political agenda over the years, including with the introduction of the (then) Welsh Assembly Government's All Wales Domestic Abuse Strategy in 2005. Now that the Welsh Government has broadened its focus to include all forms of violence against women, including through the launch of The Right to be Safe VAW strategy in 2010, it is time for service provision to reflect this broader agenda and the needs of women who have experienced any kind of gender-based violence and who require services. The forthcoming Bill provides an excellent opportunity to make sure that these women can access the specialist support that they so desperately need to recover and rebuild their lives following violence/abuse.

There particularly needs to be an increase in sexual violence specialist service provision in Wales. The development of provision for survivors of sexual assault has historically been piecemeal. Specialist sexual violence services which provide a comprehensive range of support, advocacy and counselling services to victims of rape and sexual violence (recent and historic) have existed in Wales for some time. More recently, Sexual Assault Referral Centres (SARCs) have been established in Wales. Four of the six SARCs in Wales are managed by New Pathways. However, there is still a lack of uniformity. There is overwhelming evidence that demonstrates the urgent requirement for victims of rape, sexual abuse and sexual violence to have access to appropriate counselling and support services when they need them and close to where they live.

In Wales, there are five specialist third-sector services providing support to survivors of rape and sexual violence/abuse, all of whom are members of the umbrella body for sexual violence services, The Survivors Trust (TST). These are, New Pathways (Merthyr Tydfil, Swansea, Risca and Carmarthen); Mid Wales Rape Support Centre (in development – Aberystwyth); Seren (Mid and West Wales); Stepping Stones (North and North East Wales), and North Wales RASA (North Wales), also a member of Rape Crisis England and Wales. There is also an Independent Sexual Violence Advocate (ISVA) in Torfaen Women's Aid providing services and counselling to victims of domestic sexual violence. We have six SARCs in Wales. These are situated in Colwyn Bay, Carmarthen, Swansea, Merthyr Tydfil, Cardiff and Risca. Mid Wales does not have a SARC and the whole of North Wales only has one SARC. It should be noted that historic victims often become SARC clients after engaging in the therapeutic process – therefore without the availability of counselling many cases would not be reported or subsequently brought to court. There is presently no ISVA provision in Mid Wales but one ISVA will shortly be employed at the new Mid Wales Rape Support Centre to be established in Aberystwyth. One ISVA is employed to cover the whole of North Wales.

Funding for these specialist sexual violence services is inadequate. Given that the Ministry of Justice is funding Rape Support Centres across the UK, the Welsh Government should work with the Westminster Government to ensure that an additional and proportionate amount of this funding is provided to specialist third sector organisations in Wales that provide support to women who have experienced sexual violence. Across England and Wales, 3.2 million women have been sexually assaulted at some point since the age of 16.¹⁸ Welsh Police Forces recorded 2367 sexual offences in 2010,¹⁹ but given that only 11% of victims report to the police,²⁰ there may have actually been nearly 22,000 offences in Wales.

There is an urgent need for increased service provision to assist these survivors, and for increased and sustained funding for the specialist services that they choose to use. These should include access to a SARC, a Crisis Worker, an ISVA (particularly if the survivor is to pursue a case through the courts), and subsequently specialist counselling and support to help a survivor recover from the trauma of their experiences. It is vital that all of these services are available close to the survivor's home to reduce adding further stress and trauma. For this to happen, there needs to be a significant increase in service provision and an end to the current postcode lottery of provision.

There is a particular need for significantly improved access to service provision for victims of historic rape or sexual abuse and children and young people who have been raped or sexually abused, who require expert, dedicated counselling and support to enable them to recover from the trauma they are enduring, which is often long-lasting. Research has found that three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time, and around a third (31%) still had not told anyone about the experiences by early adulthood.²¹ Women need more than crisis support; 61% of women who come to Rape Crisis England and Wales Centres do so because of events that happened more than

--

¹⁸ Smith, K. (ed), Coleman, K., Elder, S. and Hall, P (2011) Homicides, Firearm Offences and Intimate Violence 2009/10 (Supplementary Volume 2 to Crime in England and Wales 2009/10) Home Office Statistical Bulletin 01/11, Table 3.02;

¹⁹ British Crime Survey, *Crime in England and Wales: Quarterly Update to December 2010* (published 20th April 2011)

²⁰ Smith, K. (ed) et al. (2011). Table 3.12.

²¹ Cawson, P. et al (2000) *Child Maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect*. London: NSPCC p83

three years earlier. Adult Victims of historic or childhood sexual abuse typically seek counselling, help and support from specialist third-sector sexual violence services. The Survivors Trust Wales estimates that their members receive over 1,500 referrals from adult victims of historic or childhood rape or sexual abuse every year. Victims of historic or childhood rape or sexual abuse will often have chosen to suffer in silence for many years before feeling an overriding need to try to do something that will help release them from the trauma and anguish they are enduring. They deserve to receive high quality counselling and support when they need it, and close to where they live, and in a timely fashion: currently, there are long waiting lists and victims often have to travel significant distances to receive the help they need. TST Wales and Rape Crisis England and Wales members also provide bespoke counselling and support to children and young people who have been raped or sexually abused and receive between them in the region of 1,000 referrals each year. As with adults seeking help and support, there are waiting lists and children and young people and their parents often have to travel significant distances to receive the help and support they need. The Survivors Trust Wales members struggle to obtain funding to provide them free of charge even though they are often provided by using the services of voluntary counsellors.

Recommendations

- There urgently needs to be an increase in specialist sexual violence support services. This should include an increase in ISVA support from one to three ISVAs in North Wales, and from one to two ISVAs in Mid Wales, in addition to a further SARC in North Wales and the establishment of a Children's ISVA at each existing SARC. It should also include an increase in counselling services, including for victims of historic rape and sexual violence/abuse.
- There is an urgent need for increased, consistent and sustainable funding for child work within domestic abuse services throughout Wales; for local or regional prevention and early intervention domestic abuse services through the development of population analysis and evidence of need; for stable revenue funding for domestic abuse One Stop Shops; to increase the provision within One Stop Shops to support women who have experienced all forms of VAW; and for funding to be established for domestic abuse service provision which does not restrict service delivery to housing-related support, but encompasses the range of needs that women and children present with following domestic abuse.
- A duty should be placed on each Health Board, Community Safety Partnership, Local Service Board, Children and Young People's Partnership, Local Safeguarding Children Board and other relevant local partnerships to have a strategy in place which has as its aim: (1) ensuring that it is aware of the prevalence of rape, sexual abuse and sexual violence in its area and the full extent of the services available to victims; (2) ensuring that it is aware of the needs of victims; (3) ensuring that appropriate services are available to Victims when they need them and close to where they live, including counselling and support for victims of historic rape and sexual abuse; (4) ensuring that there is a proper and full engagement between the Health Authority, Community Safety Partnership, Local Service Board, Children and Young People's Partnership, Local Safeguarding Children Board and other relevant local partnerships and local specialist sexual violence services.

(b) Gaps in service provision in rural Wales

The postcode lottery of service provision is a particular problem for women. Research commissioned by the National Federation of Women's Institutes (NFWI) in 2009 into VAW in rural and urban areas identified a lack of services to address the impact of VAW.²² Both rural and urban women interviewed for the research said that support services which women would trust enough to use were simply not available. Respondents said that they had least access to perpetrator programmes, Rape Crisis Centres and women's refuges. Both rural and urban women felt the top services for dealing with VAW in their local areas were women's refuges followed by either Rape Crisis Centres or the police. However, services such as Rape Crisis Centres and women's refuges that women stated they valued highly for tackling VAW were the ones they had least access to locally. Respondents highlighted services that were women-only and specialist when asked to think who they trusted in tackling VAW in their communities.

The main distinction drawn between rural and urban women was not in terms of manifestations or levels of violence and abuse but in terms of isolation and lack of services in rural areas including public transport to access existing services. Rural areas lack both the specialist support services and the infrastructure to access the services which are available. It is not enough for services to exist; the services must be accessible to women. Rural women reliant on public transport are often unable to access services located in nearby towns.

Recommendations

- **Dedicated, cross-departmental, long-term funding for specialist women's support services in rural areas;**
- **Action to tackle the additional problems faced by rural women, in particular confidentiality and transportation;**
- **More imaginative delivery of services in remote and rural areas, such as drop-in advice sessions at GP surgeries or additional funding to enable workers to travel to women where appropriate.**

2. Women affected by VAW require specialist support services.

Specialised violence against women services have created safe places for women to name the abuse, be believed and repair the harms that violence causes. The women's voluntary sector has over 30 years experience of developing and running specialised services for women who have experienced violence, such as specialist rape and sexual violence services and domestic abuse services. As the EHRC observes, '**we define a specialised support service as one which is aimed primarily at violence against women and offers direct support to women who experience violence**'.²³ From counselling to emergency accommodation and outreach programmes, specialised services offer a range of options to support women who have experienced different forms of violence in different ways.

Specialist support services may include:

- Sexual violence services, including those for survivors of historic/childhood rape/abuse;
- Domestic abuse services, including refuges;
- Black and Minority Ethnic (BME) services, including those focused on Female Genital Mutilation (FGM), forced marriage and so-called 'honour'-based violence;
- Specialist Domestic Violence Courts;
- Sexual Assault Referral Centres;
- Support for prostitution, trafficking and sexual exploitation.

²² McCarry, M. and Williamson, E. (2009). Violence Against Women in Rural and Urban Areas. (Bristol: University of Bristol).

²³ EHRC website. Available at: <http://www.equalityhumanrights.com/key-projects/map-of-gaps/what-is-a-specialist-service/>.

Statutory services, such as Specialist Domestic Violence Courts and Sexual Assault Referral Centres, usually support women who report the violence to the police or authorities. Voluntary sector services such as specialist rape and sexual violence organisations, refuges, domestic abuse outreach projects, services for ethnic minority women and trafficking services provide support to women who have experienced abuse recently, as well as in the past or as a child. They are essential lifelines that can take the form of counselling, information and advice, advocacy, shelter, self-help, and routes to employment or training. Their focus is solely to support women in overcoming the impacts of the violence they have experienced.

Women are most commonly abused by someone they know, sometimes in private, often on multiple occasions and with sexualised elements. Only a minority of women report the violence, so they need alternative routes of support, in particular alternatives to the criminal justice system. Women's organisations work with some of the most vulnerable and marginalised women within society and are experts at providing programmes that are appropriate to women's needs. They support women that have been unable to access mainstream services because they have been considered too 'complex or challenging' and offer 'woman-centred' solutions, which take account of the causes and consequences of women's inequality. They help to empower women and provide them with the tools needed to rebuild their lives. Specialised VAW services are essential to allow women space to name their experiences as violence/abuse and explore what support they need to overcome the legacy of abuse.

Through their preventative work, the specialist women's sector creates significant financial savings to the State, reducing the strain on public services and offering broader benefits for wider society. According to the Home Office the minimum cost to the State of VAWG is £37.6 billion per year. By supporting survivors of VAW, for example, the women's sector can create savings to the State by preventing short and long term physical and mental health problems, such as substance misuse. Women's organisations also play a vital role in reaching those furthest away from the labour market and help to increase women's skills and self-esteem to enable them to access further education and employment. For example, through volunteering opportunities within VAW organisations, women can be empowered to develop their skills and increase their readiness for work. Eleven per cent of CEOs of women's organisations started out as service users.²⁴

Many women who have experienced violence are reluctant to seek help. It wasn't so long ago that they were unlikely to be believed and even blamed. Since they are most commonly abused by someone they know, this makes telling anyone else, and especially reporting to the police, complicated. Insecure immigration status, involvement in prostitution, disability, mental health issues or substance misuse all make women more vulnerable to victimisation and less likely to speak out.

Women from particular communities, such as ethnic minority women and refugee communities, older women and disabled women, face particular barriers to reporting as well as seeking support and have particular needs and so require dedicated services. So that women are not discouraged from seeking help and in order to provide real and effective help, different services are tailored to address the specific issues of different forms of violence. Similarly, there must be a range of services and support, including through helplines, shelters, advocacy and counselling, that take into account the needs of various different groups. For all these reasons it is vital to ensure that every woman in Wales has equal access to a diverse range of specialist services offered in diverse ways in every region.

Recommendations

- **Specialist third-sector support services, i.e. those whose sole purpose is to address VAW and to support survivors following violence/abuse, must be sustained and increased throughout Wales.**
- **This should include a diverse range of specialist services across the whole of Wales, which are specialised in dealing with the specific forms of violence that women experience.. This spectrum of such services should be based on research and evidence and should include crisis, prevention and early intervention work for women and their children, access to counselling, and evidence-based programmes such as The Freedom Programme. Development of new services must not be at the expense of existing services unless there is clear evidence they are no longer required.**

²⁴ Women's Resource Centre (2011). *Hidden Value: Demonstrating the Extraordinary Impact of Women's Voluntary and Community Organisations*.

“ Violence against women constitutes a serious violation of the human rights of women and girls and is a major obstacle to the achievement of equality between women and men ”



(a) Specialist support for BME women

Black and Minority Ethnic (BME) women are disproportionately affected by different forms of VAW, including forced marriage, so-called 'honour'-based violence, female genital mutilation (FGM) and sexual exploitation through trafficking. BME women also face specific barriers to reporting and seeking support from abuse, and therefore have specific needs which require specialised and dedicated support services.

For BME women, the context in which they experience, escape and recover from VAW may be different and there is an increased likelihood that perpetrators of violence against BME women use a complex web of tactics as part of the violence/abuse, including for example threats of deportation and abandonment, isolation, entrapment, multiple interested parties and violence condoned by the family and community. BME women are not only dealing with violence from the perpetrator, but also racism and marginalisation in society. The combined impact of these different forms of abuse are profound and are less well understood, and therefore require a specific and specialised response.

Though BME women are just as likely as others to be victims of VAW (and for those forms of violence listed above, are disproportionately affected), there are differences in how they respond to violence and how they are treated by services. Specialist services for BME women are often able to reach women who would not otherwise engage with services, either in public or third sector (including general women's organisations). As with women-only services generally, women from minority groups expect that women from their own or similar backgrounds will have a better understanding of their experiences and issues and greater empathy than men or women who do not share their backgrounds. As well as providing physical, psychological and emotional safety and sanctuary, minority women-only services empower and politicise women. Women see and hear that their experiences of sexism and racism or homophobia etc. are not isolated. They find mutual support and self-determination. It is BME women's organisations that are primarily responsible for bringing the plight of women and girls who are subjected to forced marriage, female genital mutilation, inhumane immigration rules, 'honour' killings etc. to the attention of Government, the third sector and the public in general. As a result, many important legislative changes have been made.²⁵

Research has highlighted the specific issues in relation to BME women pointing to their 'double victimisation' – the violence perpetrated by partners and family members followed by the failure of services to provide appropriate support and interventions.²⁶ The failure to protect BME women by agencies such as the police and health professionals along with the neglect by family members reinforces and perpetuates violence in women's lives. Research shows that women from BME groups are less likely to access existing services and that there is generally a low level of awareness of refuge support services among large numbers of BME women which leads them to endure abuse for longer periods.²⁷ Asian women in particular are likely to severely under-report.²⁸ Sensitivity to BME women's religious and cultural practices has been shown to make a considerable difference to the quality of the experience that many BME women have, and often dictates whether they stay or return to violence. The importance of sensitive and sympathetic support work in appropriate languages as a key to women rebuilding their lives is identified by numerous studies. The availability of a culturally specific service - with access to workers from similar backgrounds and which facilitate sharing of experiences with other BME women - can be crucial to a woman's recovery from VAW.

Research shows that language (and culture) is of great importance to women who are reluctant to access or approach services considered to lack an understanding of their experiences and needs. It has been suggested that cultural issues may impact on take-up of services – specifically when interpreters are required or a strong cultural expectation exists. In particular, language can be a huge barrier in women accessing services. Women may be unable to access written information about services and interpreters are rarely present at police stations and hospitals; indeed women may be reluctant to fully recount their abuse to a stranger with whom they have no relationship of trust.

Language barriers can often lead to a power imbalance within the family and a reliance of women on their children who pick the language up more quickly through school and friends. Women's refuges and hostels have limited access for groups such as non-English speakers and women with NRPF. There is an inequality when it comes to interpretation as, unlike sign language, language interpretation is required to be paid for by services and there are a lack of resources within community based organizations for hiring professional DV interpreters.

²⁵ Women's Resource Centre (2007), *Why Women-Only? The Value and Benefit of By-Women, For-Women Services*.

²⁶ Gill, A. (2004). 'Voicing the silent fear: South Asian women's experiences of domestic violence', *Howard Journal of Criminal Justice*, 43, 5, pp. 465–83; Rai, D. and Thiara, R. (1997) *Re-defining Spaces: The needs of black women and children and black workers in women's aid* (Bristol: Women's Aid Federation England).

²⁷ Rai, D. and Thiara, R. (1997).

²⁸ Imkaan (2003). *A Place to Stay: Experiences of Asian women and Children Affected by Domestic Violence and Insecure Immigration Status*. (London: Imkaan).

Research on BME women shows that for a range of reasons, including extreme isolation and guilt at having failed their family and community, Asian women often require higher levels of support and over a longer period of time – this can include advocacy with statutory agencies, specialist counselling and general emotional and practical support. A Home Office publication also highlights that BME women preferred ‘longer-term support from an advocate or support worker rather than short term crisis intervention’ as it enabled ‘relationships of trust’ to develop.²⁹ It is also evident that the recovery period from domestic abuse and moving on for BME (Asian) women is much longer than for white women.³⁰ In addition research studies suggest that BME support services ensure that women’s additional and specific needs are addressed³¹.

There is meagre provision of specialist domestic abuse services for BME women, and these are concentrated in particular metropolitan areas. Of the 434 local authorities in England, Scotland, Wales and Northern Ireland, 46 – only one in ten (10.6%) – have a specialised BME service. Nine out of ten local authorities have no BME service, and the vast majority of services are located in England. There is only one FGM service in Wales.³² It is estimated that there are at least 66,000 women and girls in England and Wales who have undergone FGM, in the main prior to arrival in the UK, with a further 33,000 girls and young women at risk.³³ There are few community-based services and significant gaps, especially with respect to girls at risk.

Recommendations

- **Specialist support services which are relevant, timely and sensitive to the needs of BME women who have experienced all forms of VAW must be sustained and increased across Wales.**
- **There is a need for equal distribution of services in Wales so that they can be accessed by every woman at point of need – these should be culturally sensitive and specialist.**
- **Specialist training should be available to all staff within the sector to ensure a basic level of understanding of BME’s specific needs.**

3. Women affected by VAW require gender-specific support services.

Women who have experienced violence/abuse benefit from gender-specific, women-only specialist support services. Furthermore, such services are extremely cost-effective; a 2011 research report (and the first of its kind in the UK) using Social Return on Investment methodology to calculate the social value of investment into women’s services found that on average, over five years, for every £1 invested in women’s services, between £5 and £11 worth of social value is generated for women, their families and the State. The research found that the total social value created by women’s organisations and specific services within such organisations ranges between £1,773,429 and £5,294,226.³⁴

²⁹ Parmar, A., Sampson, A. and Diamond, A. (2005). *Tackling Domestic Violence: providing advocacy and support to survivors of domestic violence*. Home Office Development and Practice. (London: Home Office).

³⁰ Thiara, R. and Humphreys, C. (2001). *Routes to Safety: Summary Document*. Women’s Aid Federation England.

³¹ Gill, A. and Rehman, G. (2004). ‘Empowerment through activism: responding to domestic violence in the South Asian Community in London’, *Gender & Development*, 12:1, 75-82.

³² BAWSO (2009). *Female Genital Mutilation: Examining the Practice in Wales*. Research Report.

³³ Dorkenoo et al. (2007). *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*. Foundation for Women’s Health, Research and Development.

³⁴ Women’s Resource Centre (2011). *Hidden Value*.

Women want to have the choice of women-only services, and this is particularly the case when they have experienced VAW. A random poll of 1000 women from the general public, conducted by the Women's Resource Centre in 2007,³⁵ found that some women would not go to mixed services (particularly if they had experienced VAW), so their needs would not be met at all if women-only services did not exist. The poll found that:

- **97** per cent of women thought that a woman should have the choice of accessing a women-only support service if they had been the victim of a sexual assault;
- **90** per cent believed it was important to have the right to report sexual or domestic abuse to a woman (such as a woman Police officer); and
- **78** per cent thought it was important to have the choice of a woman professional for counselling and personal support needs.

There is a diverse range of reasons why women require gender-specific specialist support services following VAW. These include:

- Women have distinct needs to men and access services in a different way;
- Women and girls have better outcomes from delivery in a women-only environment;
- Many women accessing specialist VAW services have encountered abuse from men in various forms throughout their lives, and perceive women-only services to be a safe and non-threatening environment in which they can heal, grow and develop;
- Specialist women-only VAW services empower women by helping them to regain control over their lives and bodies, and equip them with the information and support they need to make informed decisions about their own futures; and
- Women-only service provision can be a factor which brings women through the door of a specialist service – without this, they may not access the service at all.

Furthermore, specialist women's services have been found to bring the following benefits:³⁶

- Increased independence, self confidence and self esteem for ethnic minority migrant women, which supports them in to education and training and so increases tax take for the State;
- Improved physical and mental health for young women from South Asian, Turkish and Iranian communities who experience domestic abuse, reducing long-term health spend on state services;
- Increased economic independence for female survivors of sexual violence, which reduces state spend;
- Improvements in social interactions, personal and emotional safety and improved economic activity for Sudanese women;
- Improvements in personal wellbeing, social relationships, independence and reduction in suicide for women and girls attending specialist counselling services; and
- Improved access to educational and vocational development.

³⁵ Women's Resource Centre (2007). *Why Women-Only*.

³⁶ Women's Resource Centre (2011). *Hidden Value*.

Despite the obvious benefits – to the individual, to the public purse and to society – women-only services are often misunderstood and under-valued. The most damaging manifestation of this comes from service commissioners and policy-makers, with the former having a particularly significant impact upon service provision ‘on the ground’. Specialist VAW organisations are continually forced to spend time defending their existence and challenging allegations that the existence of their specialist women’s services somehow contravenes equalities legislation (legislation that such organisations have campaigned for the introduction of, ironically). This is an ongoing problem, despite the EHRC and the Welsh Government issuing specific joint guidance to negate local authorities’ misinterpretations of equality duties and legislation. The UK has been pulled up at an international level by the UN CEDAW Committee for failing to safeguard essential single-sex services; the Committee recommended in their last sitting that further guidance on the equality duties be provided so that they are interpreted and applied properly and so that single-sex services are safeguarded.

Across Wales, funders and decision-makers are pressuring specialist VAW organisations to deliver mixed-sex services, or inviting tenders for generic non-specialist provision which specialist organisations are unable to tender for without amending their constitutions and purpose for existence. There is a real need to combat this problem in order to ensure that women experiencing VAW can access the kind of specialist support that they want and need, which has been developed and honed over the past four decades with women’s specific needs in mind.

(a) What about men?

The above call for specialist VAW service provision for women begs the question, ‘what about men?’. We do of course acknowledge that men can be the victims of domestic abuse, sexual violence and forced marriage. As a group, we advocate for a proportionate response for these male victims. Such a response should include specialist and gender-specific services for men. Male victims have also been reported to feel ‘uncomfortable’ in a service geared towards women and children;³⁷ male services should be tailored towards men in their own right.

It is clear from the research available and the experiences of service providers working with men that male victims of domestic abuse not only have a different level of need to women, but also require different kinds of services. There is broad agreement across men’s and women’s organisations that a gender-neutral approach is not helpful. It is a disservice to men to assume that male victims require the same services as existing women’s services, which have been developed over the last forty years with the specific needs and experiences of women in mind. Existing services and methodology of delivery must not be skewed in an attempt to meet men’s needs. Men’s experience of violence and abuse are different to women’s and they must be treated differently, with active efforts made to reach male victims and respond appropriately. For example, in the case of domestic abuse, men are significantly less likely to require refuge accommodation than women, and less likely to engage in the group self-help approach that works for women (but more likely to engage with informal but direct, non social-work-driven contact). Neither are men a homogenous group; gay, bisexual and transgender men have different needs to heterosexual men.³⁸

Recommendations

- **Women-only specialist VAW support services must be safeguarded. Guidance issued by the Welsh Government and the EHRC has not been successful in protecting specialist women-only VAW services; a statutory requirement which places a duty on local authorities to provide such services is needed.**
- **Women-only safe spaces must be available within all services, including those that deliver to both men and women, such as One Stop Shops.**
- **The legislation must – at a minimum – ensure that the Council of Europe recommendation of a minimum 1 refuge bed space per 10,000 female population is protected in Wales.³⁹**
- **The legislation should require that services for men be commissioned based on actual (rather than projected) need, proportionality, and based on evidence of what men actually require rather than presuming that men have the same needs as women.**

³⁷ Robinson, A. and Rowlands, J. (2006). *Final Evaluation Report of The Dyn Project: Supporting Men Experiencing Domestic Abuse*.

³⁸ See Welsh Women’s Aid’s 2010 briefing, *Male Victims of Domestic Abuse*, for further information and links to further research in this area.

³⁹ Council of Europe (2008). *Combating VAW: Minimum Standards for Support Services*.

Summary of recommendations

The following is a summary of the recommendations made throughout this section.

All forms of violence against women

1. There urgently needs to be an increase in specialist sexual violence support services across Wales. This should include an increase in ISVA support from one to three ISVAs in North Wales, and from one to two ISVAs in Mid Wales, in addition to a further SARC in North Wales and one in Mid Wales and the establishment of a Children's ISVA at each existing SARC. It should also include an increase in specialist counselling and support services, particularly for victims of historic rape and sexual violence/abuse.
2. There is an urgent need for increased, consistent and sustainable funding for child work within domestic abuse services throughout Wales; for local or regional prevention and early intervention domestic abuse services through the development of population analysis and evidence of need; for stable revenue funding for domestic abuse One Stop Shops; to increase the provision within One Stop Shops to support women who have experienced all forms of VAW; and for funding to be established for domestic abuse service provision which does not restrict service delivery to housing-related support, but encompasses the range of needs that women and children present with following domestic abuse.
3. A duty should be placed on each Health Board, Community Safety Partnership, Local Service Board, Children and Young People's Partnership, Local Safeguarding Children Board and other relevant local partnerships to have a strategy in place which has as its aim: (1) ensuring that it is aware of the prevalence of rape, sexual abuse and sexual violence in its area and the full extent of the services available to victims; (2) ensuring that it is aware of the needs of victims; (3) ensuring that appropriate services are available to Victims when they need them and close to where they live, including counselling and support for victims of historic rape and sexual abuse; (4) ensuring that there is a proper and full engagement between the Health Authority and local specialist sexual violence service.

Gaps in service provision in rural Wales

4. Dedicated, cross-departmental, long-term funding for specialist women's support services in rural areas.
5. Action to tackle the additional problems faced by rural women, in particular confidentiality and transportation.
6. More imaginative delivery of services in remote and rural areas, such as drop-in advice sessions at GP surgeries or additional funding to enable workers to travel to women where appropriate.

Specialist VAW support services

7. Specialist third-sector support services, i.e. those whose sole purpose it to address VAW and to support survivors following violence/abuse, must be sustained and increased throughout Wales.
8. This should include a diverse range of specialist services across the whole of Wales, which are specialised in dealing with the specific forms of violence that women experience. This spectrum of such services should be based on research and evidence and should include crisis, prevention and early intervention work for women and their children, access to counselling, and evidence-based programmes such as The Freedom Programme. Development of new services must not be at the expense of existing services unless there is clear evidence they are no longer required,

Specialist support for BME women

9. Specialist support services which are relevant, timely and sensitive to the needs of BME women who have experienced all forms of VAW must be sustained and increased across Wales.

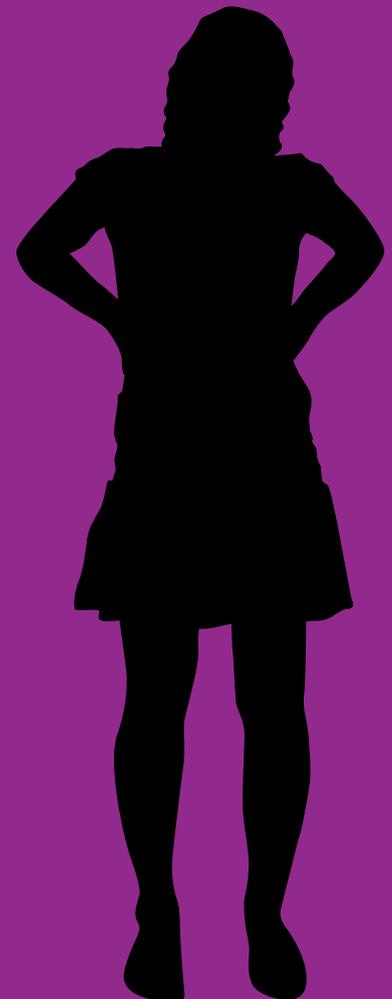
10. There is a need for equal distribution of services in Wales so that they can be accessed by every woman at point of need – these should be culturally sensitive and specialist.
11. Specialist training should be available to all staff within the sector to ensure a basic level of understanding of BME's specific needs.

Gender-specific support services

12. Women-only specialist VAW support services must be safeguarded. Guidance issued by the Welsh Government and the EHRC has not been successful in protecting specialist women-only VAW services; a statutory requirement which places a duty on local authorities to provide such services is needed.
13. Women-only safe spaces must be available within all services, including those that deliver to both men and women, such as One Stop Shops.
14. The legislation must – at a minimum – ensure that the Council of Europe recommendation of a minimum 1 refuge bed space per 10,000 female population is protected in Wales.
15. The legislation should require that services for men be commissioned based on actual (rather than projected) need, proportionality, and based on evidence of what men actually require rather than presuming that men have the same needs as women.

“ If we are to achieve the cultural change that we wish to see in attitudes and behaviours towards women, then children and young people need to be engaged in these issues from an early age ”

WG 'The Right to be Safe'



V Priority 3

Compulsory initiatives in schools and other educational settings to prevent VAW before it starts, and for supporting pupils affected by such violence

Summary of priority

Schools and other educational settings are vital sites for preventing violence against women and girls (VAWG) before it starts – both through specific education to challenge attitudes, encourage healthy relationships and promote respect for women and girls, and through supporting pupils who are affected by such violence, whether at home or within their own burgeoning relationships. This would result in significant cost savings to the state, in addition to significant social and equality gains. As such, it is vital that the VAW (Wales) Bill includes a much stronger focus on prevention, particularly education, than previous Welsh policy in this area.

There is an urgent need to significantly improve efforts to prevent VAWG from happening in the first place, because despite considerable investment in support services for after violence has taken place, the prevalence of VAWG is showing no signs of decreasing, and attitudes towards such violence are showing no signs of improvement. Negative attitudes towards women and girls, which normalise VAWG and contribute towards a ‘conducive context’ for violence/abuse, remain unchallenged and continue unabated. A shocking number of young women and girls in Wales experience violence and abuse within their own relationships, and female pupils regularly experience sexualised and gender-based bullying within our schools and other educational settings, which has a negative impact upon their safety, wellbeing, educational attainment and prospects. There is currently no compulsory education on VAWG in schools, and the education that is delivered is insufficient, patchy and focuses solely on domestic abuse, whilst teachers remain untrained in dealing with any disclosures made by pupils following the sessions.

Evidence base

1. VAWG is extremely prevalent, as are attitudes that normalise this violence.

Up to three million women across the UK experience rape, domestic violence, forced marriage, stalking, sexual exploitation and trafficking, female genital mutilation (FGM) or so-called “honour”-based violence each year.⁴⁰ Over one in three people in Wales believe that a woman should be held wholly or partly responsible for being sexually assaulted or raped if she was drunk – including students in our higher education institutions.⁴¹ One-third of girls in an intimate relationship aged 13 to 17 have experienced some form of sexual violence from a partner.⁴² Despite considerable investment in services to support women after violence has occurred, the prevalence of VAWG has not been reduced and the sexist attitudes that encourage, accept and normalise such violence have changed very little across generations compared to attitudes towards e.g. racism and homophobia. Without investing in prevention work, this situation will at best stay the same and more realistically escalate, with significant human and financial costs.

Educational settings are an important site where attitudes that condone VAWG and gendered stereotypes can be challenged, and positive attitudes towards gender equality and equal healthy relationships can be fostered. This would contribute in the short-term to increased protection of young people, and in the long-term to the reduction of the prevalence of VAWG. Current initiatives are failing women and girls in that they are not reducing the incidence or prevalence of VAWG and are not tackling its root causes. To do this, primary prevention in schools is essential.

2. VAWG occurs in schools and other educational institutions in Wales

VAWG permeates the lives of school-aged girls and young women – including within schools and other educational institutions. The Teen Abuse Survey of Great Britain 2005 found that in Wales, more teenage girls reported having been forced into having sex than those in any other area across the UK.⁴³ A 2009 YouGov poll⁴⁴ of 513 women aged 18-21 commissioned by Refuge found that nearly 90 per cent had not learned about domestic abuse in school, but 70 per cent

⁴⁰ Coy, M., Lovett, J. and Kelly, L. (2009). *Realising Rights, Fulfilling Obligations: A Template for an Integrated Strategy on Violence Against Women for the UK*.

⁴¹ Amnesty International & NUS Wales Women’s Campaign (2008). *Violence against Women: The Perspective of Students in Wales*.

⁴² Barter et al. (2009). *Partner Exploitation and Violence in Teenage Intimate Relationships* (NSPCC)

⁴³ Sugar Magazine and NSPCC (2005). *Teen Abuse Survey of Great Britain*

⁴⁴ Refuge (2009). *Starting in School to End Domestic Violence: Findings of a YouGov survey to explore young women’s understanding and recognition of domestic violence*

would have liked to. Almost all said that domestic abuse lessons were as important or more important than lessons on drugs and alcohol, sex and relationships education, and the environment. Although schools are only one potential source, they have an important role as a trusted source of information, in an environment where children and young people can discuss issues with teachers and their contemporaries.

The following figures are from a 2011 YouGov poll and weighted to be representative of 16- to 18-year-olds in the UK:⁴⁵

- Almost one in three girls have experienced unwanted sexual touching at school;
- 71% of 16-18-year-olds say they have heard sexual name-calling such as “slut” or “slag” towards girls at school daily or a few times per week;
- Close to one in four (24%) 16-18-year-olds said that their teachers never said unwanted sexual touching, sharing of sexual pictures or sexual name calling are unacceptable;
- 40% of 16-18-year-olds said they didn’t receive lessons or information on sexual consent, or didn’t know whether they did.

There has been no Wales-specific research conducted into the prevalence of VAWG in our schools, including both the violence/abuse that girls and young women experience within their own relationships, and violence/abuse being witnessed at home, despite witnessing domestic abuse being recognised as a child protection issue.

As outlined in the Department for Children, Schools and Families’ Violence against Women and Girls Advisory Group final report and recommendations (2009), schools should tackle violence against women and girls:

- Through a whole school approach, by developing practice on VAWG that includes creating a strong ethos of respect exemplified by staff behaviour and leadership, and is made clear throughout relevant policy and procedure.
- Prevent violence against girls and young women by creating an environment that challenges rather than tolerating it and teaching boys and girls to build respectful relationships. Work in schools should include working positively with young men and young women. They should also explicitly include the issue within PSE education when exploring the concept of relationships
- Support girls and young women experiencing violence, discrimination and sexual bullying by:
 - Acknowledging, identifying and intervening in violence against girls and young women
 - Engaging and working in partnership where possible with parents/carers
 - Ensuring that staff are aware of signs and symptoms and alert to them
 - Providing support for them directly through its pastoral role and securing effective referral to appropriate facilities and services, for example counselling services
 - Working in partnership with specialist support services
 - Prominently displaying information about advice services, in both public and private spaces in schools.

3. Young people affected by violence attain less in the education system

In addition to the moral and legal case, there is also a ‘business’ case for challenging gender inequality and VAWG within schools, as young people and staff affected by violence and bullying are likely to have lower attendance rates, as well as reduced capabilities to engage in education and therefore to attain. For example, there is evidence to suggest the following:⁴⁶

⁴⁵ End Violence Against Women and YouGov (2010). *Sexual Harassment in UK Schools Poll*.

⁴⁶ End Violence Against Women (2011). *A Different World is Possible: A Call for Long-Term and Targeted Action to Prevent Violence against Women and Girls*.

- The stereotyping of young women and girls as sexual objects and sexually available may negatively influence girls' achievements and opportunities through restricting their aspirations.⁴⁷
- Young BME women are subject to particular racialised and gendered stereotyping as hypersexual, which limits and restricts their aspirations.⁴⁸
- There are links between teenage pregnancy and non-consensual sex, which are based on gendered dynamics of pressure, coercion and expectation and may be reinforced by media representations of sex – making good quality sex and relationships education critical in terms of ensuring safety, preventing VAWG, and increasing attainment.⁴⁹

Preventing VAWG through the education and youth service systems would therefore have the additional desirable effect of improving attainment, achievement and aspirations, both when girls and young women are within the education system and after they have left education. Understanding of, and ability to conduct, healthy and equal relationships will also contribute towards the attainment and development of young men and boys and reduce incidences of violence against women and girls in the future. In addition to schools and colleges, provision is also needed for young people who are 'outside' the education system for example through exclusion or as 'NEETS'.

4. School staff are not currently equipped to deal appropriately with VAWG

In 2011, an evaluation of work to address domestic abuse in Welsh schools was published.⁵⁰ The Welsh Government commissioned this evaluation. It found that 'schools staff do not have sufficient training in domestic abuse and related issues, which might lead to them dealing with disclosures incorrectly'. It therefore recommended that the Welsh Government should 'include domestic abuse awareness training in initial and continuing teacher training'. However, to date the Welsh Government has not made it clear how it will be responding to the recommendations made by this evaluation. It is also vital that schools know that national policy in this area has been extended from "just" domestic abuse to all forms of VAWG, since the publication of *The Right to be Safe* in 2010 – and that both teaching and non-teaching school staff and governors are equipped to understand and deal with forms of VAWG which are less well-known and understood, such as forced marriage and female genital mutilation.

The Welsh Government's strategy for tackling VAW, *The Right to be Safe* (2010), commits to 'consider[ing] the inclusion of gender awareness and VAW in the next review of the Qualified Teacher Status Standards and associated documents'. However, no date has been set for the next review. We believe that the forthcoming Bill offers an opportunity to place teacher training on a statutory footing, for example through nominating one fully-trained 'go-to' staff member in each school with expertise in VAWG and the knowledge and confidence to assist pupils in seeking assistance and information. Online guidance for practitioners teaching PSE to 7- to 19-year-olds was published in 2011, but given that teaching about VAWG is not compulsory, these can only be of limited value, and in any case must be complemented by specialist training to ensure understanding.

It is imperative that teacher training covers the following fundamentals of VAWG:

- **What VAWG is, and its effects on victims**

There is little understanding within society in general regarding the nuanced and complex nature of gender-based violence. It is therefore essential that teachers receive specialist training in the dynamics of abusive relationships, in additions to other forms of VAWG (sexual violence, trafficking, forced marriage, "honour"-based violence, female genital mutilation, stalking and harassment). It could be more damaging for a teacher to attempt to tackle VAWG in schools from an inappropriate perspective than not to cover it at all – so such training should be delivered by specialist third-sector VAWG agencies, who should be adequately funded to provide it.

⁴⁷ American Psychological Association (2007). *Report of the APA Taskforce on the Sexualisation of Girls*.

⁴⁸ M. Coy (2009). 'Milkshakes, Lady Lumps and Growing Up to Want Boobies: How the Sexualisation of Popular Culture Limits Girls' Horizons', *Child Abuse Review*, vol. 18.

⁴⁹ M. Coy et al. (2010). *A Missing Link?: An Exploratory Study of the Connections between Non-Consensual Sex and Teenage Pregnancy*

⁵⁰ National Foundation for Educational Research (2011). *A Review of Preventative Work in Schools and Other Educational Institutions in Wales to Address Domestic Abuse*.

- **Gender and tackling gender-based stereotypes**

It is necessary to understand gender in order to understand and tackle gender-based violence. It is therefore essential that training for teachers covers gendered norms, stereotypes and expectations (rigidly policed by peers within school settings). It is also necessary for teachers to understand gender in order to understand how all forms of VAWG are linked, as both a cause and a consequence of gender inequality – as recognised by the Welsh Government in *The Right to be Safe*, in addition to agencies including the World Health Organisation, Amnesty International and the United Nations.

- **Recognising if a pupil is witnessing violence at home, and what to do about it**

At least 750,000 children witness domestic abuse every year (Department of Health, 2002). It is essential that teacher training on VAWG includes training to recognise signs that pupils may be witnessing abuse in the home – as well as what to do about this (including referral mechanisms, child protection procedures, and what to do if a child discloses abuse). Links should be made with existing Welsh Government guidance, such as *Information and Guidance on Domestic Abuse: Safeguarding Children and Young People in Wales for Education (2010)*.

- **Recognising if a pupil is personally experiencing VAWG, and what to do about it**

Pupils may be experiencing some form of gender-based violence themselves. This could range from being at risk of FGM or forced marriage, to being in an abusive interpersonal relationship, to harassment, being shown inappropriate pictures on mobile phones, sexual name-calling or unwanted touching. It is therefore vital that teachers are equipped and confident enough to recognize and intervene if they see violence or abuse within school, or suspect that pupils are experiencing or at risk of such abuse from their families, communities, within their own relationships or peer groups.

The Welsh Government published a pioneering Schools-Based Counselling Strategy in 2008, which obliges all local authorities to establish a counselling service for pupils in secondary schools. Over 6000 young people accessed the service between summer 2009 and summer 2010. Out of these, 3 per cent of presenting issues were domestic abuse. However, domestic abuse is not a distinct category under which the counselling services collect and present data. ‘Family issues’ is, and this accounted for 57 per cent of presenting issues. VAW could also be covered under the counsellors’ categories of bullying, stress, and so on, but currently the data collection categories are inadequate for giving an accurate picture of how many pupils are presenting with issues of VAW to schools-based counsellors, and whether these issues are at home, within their own relationships, and/or within the school itself.

- **Having the knowledge and confidence to teach about VAWG in schools**

Currently, teachers are able to deliver lessons relating to VAWG within the PSE Curriculum for 7 to 19-year-olds. However, VAWG is one of a suite of modules (rather than compulsory). Without adequate training, teachers are unlikely to feel confident in teaching about VAWG, so are less likely to choose this module. Furthermore, if teachers are not adequately equipped to identify potential and actual victims of gender-based violence, they are unlikely to be able to deal with disclosures of abuse following lessons – so pupils may remain at risk and opportunities to intervene may be missed.

5. Current VAW educational initiatives are insufficient, piecemeal and optional

There is currently no obligation for schools or other educational settings to teach pupils about VAWG in the Curriculum. Wales’s PSE Framework for 7 to 19-year-olds includes a ‘Health and Wellbeing’ theme, which includes understanding safe relationships, respecting self and others, and promoting critical awareness of how wider power inequalities that create gendered division can give rise to sexual violence. However, as mentioned above, this is an optional module from a ‘suite’ of modules that teachers can choose from – and many do not, for reasons stated above including a lack of confidence, lack of training and lack of specialist knowledge.

For preventative work to be effective, it must be delivered consistently throughout schools and other educational settings, including training for professionals in all related fields, in Wales, from an early age (at an age-appropriate

level), and from a perspective of gender equality and human rights. Such education should integrate gender stereotypes, sexualisation, VAWG and media literacy across all subjects – opportunities exist outside of the usual PSE framework.

The United Nations recommends that legislation to tackle VAW should prioritise the prevention of VAW and should include the ‘use of educational curricula to modify discriminatory social and cultural patterns of behaviour, as well as derogatory gender stereotypes’.⁵¹ The UN, in addition to experts within academia and NGOs, emphasise the need to address the root causes of VAW (i.e. gender inequality), to take a gender equality and human rights perspective, and to use primary prevention including compulsory school education as a key part of preventing VAW. In terms of educational curricula, the UN recommends that VAW legislation should provide:

- For compulsory education at all levels of schooling, from kindergarten to the tertiary level, on the human rights of women and girls, the promotion of gender equality and, in particular, the right of women and girls to be free from violence;
- That such education be gender-sensitive and include appropriate information regarding existing laws that promote women’s human rights and address VAW; and
- That relevant curricula be developed in consultation with civil society.

The 2011 evaluation of Wales’s school-based domestic abuse initiatives found that twenty-six domestic abuse initiatives were operational in Wales (work on other forms of violence against women is virtually non-existent). Of these, the four largest are as follows:

- **All-Wales Schools Liaison Core Programme**

This is delivered by Police School Liaison Officers in every Welsh local authority. This includes a module on domestic abuse, but currently does not cover other forms of VAW. It is a one-off session, with no follow-up work for pupils. This is problematic because follow-up sessions are recognised to be good practice, as pupils may take some time to process the information but with no follow-up work they lack a space for further discussion and safe disclosure.

- **Spectrum Programme**

This is delivered in eighteen of Wales’s twenty-two local authorities by Hafan Cymru and Welsh Women’s Aid.

- **Keeping Safe**

This is delivered in seventeen local authorities by SERAF, part of Barnardos Cymru.

- **Crucial Crew**

This is delivered in ten local authorities by Welsh Women’s Aid, local Women’s Aid organisations and Hafan Cymru.

Small local initiatives, such as the Domestic Abuse Early Intervention project delivered by Port Talbot and Afan Women’s Aid in Neath Port Talbot, are also extremely well received, generating many requests in schools and youth clubs for more of the same. However they are currently randomly funded and short term for example through individual application to Big Lottery Fund. The twenty-two other initiatives are delivered in individual or groups of local authorities by statutory and third-sector providers. Education on VAWG and healthy relationships is too important to be left to chance.

None of the above initiatives are compulsory – a gap that the 2011 review identified a key factor associated with ineffective delivery. The evaluation also found that schools vary considerably in their attitudes to domestic abuse initiatives being delivered within their school; some are unwilling to acknowledge the extent or existence of the problem and are far less willing to have initiatives delivered than others. A lack of leadership of the VAWG agenda within schools has been found to hamper delivery, and the support of senior management is often crucial in enabling programmes to be delivered. The 2011 review also pointed out that good practice is observed when staffs from specialist support agencies are involved in creating and delivering programmes. However, specialist agencies are restricted by funding and by the challenges of getting into schools to deliver their specialist programmes in the first place. A further point that the Review raised was that monitoring and evaluation of prevention initiatives is not systematically undertaken.

⁵¹ United Nations Division for the Advancement of Women (2010). *Handbook for Legislation on Violence Against Women*.

The 2011 review found that the following aspects are essential to underpin effective delivery of domestic abuse prevention initiatives in schools:

- Challenging attitudes that perpetuate domestic abuse
- Challenging gender-based stereotypes
- Incorporating sexual exploitation [we would add the whole spectrum of VAW]
- Having the support of senior management staff in schools.

The review's recommendations to the Welsh Government included the following:

- Include VAWG awareness training in initial and continuing teacher training and in the training of all frontline professionals
- Roll out VAWG initiatives across all schools and a greater number and range of educational and alternative non-educational settings in Wales
- Make VAWG education a compulsory part of the school curriculum in Wales

The forthcoming Bill provides an excellent opportunity to action these recommendations, to solve the current problems relating to patchy inadequate delivery, and to make real progress towards preventing VAWG and assisting pupils experiencing violence/abuse through placing compulsory education on VAWG on a statutory footing.

The forthcoming Bill should also ensure VAWG education and awareness has to be delivered in a wide range of settings including youth groups, temporary hostel accommodation, supported accommodation, traveller sites, community settings, children's homes and young offender institutions to ensure young people who are 'outside' the education system (for example through exclusion or as 'NEETS') have equal access. The Bill should recognise the need to reach all children and young people who may be 'harder to reach' and/or at greater risk of experiencing VAW, such as those excluded from school, looked after children or children in youth offending institutions.

Children and young people can only benefit from educational initiatives if they are in school/education at the time of delivery. By their nature and characteristics, some groups are less likely to attend school consistently, such as those disengaged from education, young carers, those excluded from school, gypsy travellers, looked-after children and young offenders.

As such educational preventative programmes should be delivered not just in schools, but in all educational and youth settings to ensure excluded children and young people are reached. The use of settings other than schools also enables preventative programmes to be delivered to specific groups of young people, for example a programme being delivered in a young women's hostel or a programme being delivered alongside Youth Offending Service, enabling the programme to be adapted to take account of the young people's own experiences and situation. Children and young people being educated other than in school, home tutoring, alternative curriculum providers should also have access to these programmes.

“There is a whole population of children and young people that we aren't reaching because they are not attending school. If they are not within the education system on a regular basis they will miss the sessions. They need targeting where they won't be in the mainstream systems, for example, youth clubs or organisations.”⁵²

Llamau has developed and facilitates interactive workshops with their young service users (16-18 year olds, a significant proportion of which have not engaged in mainstream education and in general disengaged from learning) on peer relationship abuse to raise awareness and promote safe and healthy relationships, using the RESPECT Toolkit.

⁵² Jones, S. (2011) *A Review of Preventative Work in Schools and other Educational Settings in Wales to Address Domestic Abuse*

5. The Welsh Government has obligations to prevent VAWG under international and national human rights and equality laws

Under the European Convention on Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the UK has obligations to exercise due diligence in preventing VAW before it happens. Due to the nature of devolution, preventative schools-based initiatives fall under the responsibility of the Welsh Government, and it is essential that these are delivered in Wales in order to meet the due diligence standard.

In June 2012, the UK also signed the European Convention on Combating and Preventing Violence Against Women and Domestic Violence ('The Istanbul Convention'). Governments that agree to be bound by the Convention are required to (amongst other things) train professionals in close contact with victims and take steps to include issues such as gender equality and non-violent conflict resolution in interpersonal relationships in teaching materials.

Following the introduction of the Equality Act 2010 by the UK Government, the Welsh Government published its Strategic Equality Plan and Equality Objectives in April 2012.⁵³ One of these equality objectives is to 'reduce the incidence of all forms of VAW'. If the Welsh Government wants to achieve this objective, it is vital that greater emphasis is placed on preventing violence before it starts. It is only through prevention that the incidence of VAW can be reduced; whilst support services are essential for victims of violence, support following abuse will not prevent it from happening, nor will it reduce the incidence.

6. The Welsh Government cannot afford NOT to tackle VAWG in schools

It is estimated that VAW costs society £40 billion per year in England and Wales.⁵⁴ Each rape costs the state approximately £122,000.⁵⁵ In Wales, the estimated annual cost of domestic abuse alone is £826.4 million – including £90.9m for health care; £66.2m for criminal justice; £14.9m for social services; £10.3m for housing and refuge; £20.3m for legal services and £100.9m for lost economic output – plus human and emotional costs.

The benefits of preventing VAW from happening in the first place will therefore far outweigh the costs, and the Bill presents an excellent opportunity for ensuring that prevention is at the forefront of our efforts to combat VAW in Wales. The Bill needs to provide for a significantly improved focus on the prevention agenda, particularly in schools and other educational settings – as noted throughout this paper and reiterated by the UN, 'one of the most effective entry points at which discriminatory attitudes regarding gender equality and violence against women can be challenged is the educational system'.

This section has placed a major emphasis upon education in schools and for teachers. The Wales VAW Action Group would also argue that awareness-raising, preventative, education about violence against women in all its forms, healthy relationships and gender stereotyping is essential within the initial training for all front-line professionals – not only teachers, but all health professionals, social workers, legal professionals, police, youth workers, doctors, dentists and employers etc. It needs to be incorporated in all educational settings within the basic training for all groups, and also into their compulsory continuing professional education.

⁵³ Welsh Government (2012). *Working for Equality in Wales: Strategic Equality Plan and Objectives 2012-2016*.

⁵⁴ Jarvinen et al. (2008). *Hard Knock Life: Violence Against Women – a Guide for Donors and Funders* (New Philanthropy Capital). Costs in 2006/7 prices

⁵⁵ EVAW (2011). *A Different World is Possible: A Call for Long-Term and Targeted Action to Prevent Violence against Women and Girls*

Recommendations

The Bill should include, at a minimum, the following statutory requirements:

- Ensure that there is one fully-trained ‘go-to’ staff member in each school with expertise in VAWG and the knowledge and confidence to assist pupils in seeking assistance and information;
- Include education on VAWG and healthy relationships mandatory on the school curriculum in Wales; this should be taught from a perspective of gender equality and human rights;
- Ensure that schools regularly collect data on all forms of VAWG, including sexual harassment and bullying;
- Ensure that education on VAWG and healthy relationships is available to children and young people not engaged in formal education system or ‘NEETS’;
- Appoint a VAWG champion amongst school governors and the student council;
- Ensure that Estyn inspects on school responses to VAWG.
- Ensure provision of comprehensive VAWG and healthy relationships training for all related professionals

How these recommendations could be achieved

The best way to achieve the above recommendations is for the legislation to **ensure universal delivery of a whole-school approach to preventing and tackling VAWG across the education system**. This approach should incorporate and make statutory the initiatives suggested in the above recommendations, at a minimum. A ‘whole-school approach’ addresses the needs of pupils, staff and the wider community across the Curriculum and the entire learning environment within a school. It aims to develop an ethos and environment in a school that supports learning and promotes the health, wellbeing and safety of all.

Practical steps towards building a whole-school approach should include the above recommendations at a minimum, and should also incorporate:

- Staff leadership, including placing responsibility for the work within a working group or within a senior manager’s work strand;
- Positioning the work to link to school policy frameworks, including schemes of work and priority areas such as attainment, good behaviour, child protection, anti-bullying and social inclusion;
- Working directly with students through input to the curriculum, peer-led advocacy and mentoring;
- Researching and consulting with young people, staff and parents to gather data and achieve universal ‘buy-in’;
- Increasing awareness of the issues through staff training;
- Developing a ‘shared language’ within the school, which engages with human rights and gender equality.

Womankind Worldwide has pioneered this approach, including in Plasmawr School, and have found that incorporating a ‘whole-school’ approach to preventing and tackling VAWG has been the most effective mechanism.⁵⁶

⁵⁶ Womankind Worldwide (2011).

“ Implement a unified and multifaceted national strategy to eliminate violence against women and girls, which should include legal, education, financial and social components ”



VI Priority 4

Appropriate and timely interventions, referrals and signposting occur as a result of improved health responses to VAW

Summary of priority

The health service spends more time dealing with the impact of violence against women and children than almost any other agency. Physical and sexual violence and abuse have direct health consequences and are risk factors for a wide range of long term health problems, including mental health problems, substance misuse, trauma (including maternal and fetal death), unwanted pregnancy (including teenage pregnancy), abortion, sexually transmitted infections and risky sexual behaviour. Violence and abuse also has major consequences in terms of depression, anxiety, post-traumatic stress disorder and suicide and self-harm amongst women. It is less well recognised that a number of health problems such as obesity and dental neglect due to dental phobia can also be caused by abuse. Action to tackle the causes and consequences of violence against women and children therefore contributes to the health and well-being of the population.

As such the health impacts upon women and children of VAW are extensive, and research has shown that for many women who are experiencing violence/abuse, health settings and their GP surgeries often represent the one place where it is possible to talk to someone about their experience without discovery or reprisal from the perpetrator. The response by health practitioners to women/victims who can be isolated and fearful as a result of their experience is critical to their future wellbeing. However, both research evidence and practitioners' experience has repeatedly found that GPs are ill-equipped to identify or respond appropriately to women experiencing violence or abuse, leading to increased risk for women and children and a huge cost impact on the NHS.

As such, **the VAW (Wales) Bill should include mechanisms for ensuring that all front-line health practitioners are able to identify and respond appropriately to women experiencing violence/abuse.**

Evidence base

1. VAW, health and the role of health practitioners

The lifetime population prevalence of physical and sexual violence is consistently and substantially higher in women seeking health care.⁵⁷, including primary care.⁵⁸ Eighty per cent of women in a violent relationship seek help from health services,⁵⁹ usually general practice, at least once, and this may be their first or only contact with professionals. A study published in the *British Medical Journal*⁶⁰ found that 41% of women in east London GP waiting rooms had experienced physical violence from a current or former partner, 74% of women had experienced controlling behaviour and 46% had been threatened – but just 15% of women had any reference to violence in their medical record. Research commissioned by the NFWI in 2009 into violence against women in rural and urban areas found that women suffering VAW often present to their doctors but doctors then fail to respond in a helpful way.⁶¹ Improving the response of front-line health professionals could therefore reach a significant proportion of women who have experienced domestic or sexual violence/abuse in the UK.

Domestic abuse is one of the most common causes of injury in women. Seventy-five per cent of cases of domestic violence result in physical injury or mental health consequences to women.⁶² Health effects persist after the abuse has ceased, and cross-sectional studies have shown that the range of conditions experienced includes chronic pain (e.g. headaches, back pain); increased minor infectious illnesses; neurological symptoms (e.g. fainting and fits); GI symptoms; irritable bowel

⁵⁷ Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. and Watts, C. H. (2006). 'Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence'. *Lancet*, 368: 1260–69.

⁵⁸ Feder, G., Ramsay, J., Dunne, D. et al. (2009). 'How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria'. *Health Technology Assessment* 13 (16).

⁵⁹ Department of Health (2000). *Domestic violence: A health response: working in a wider partnership*

⁶⁰ Richardson, J., Coid, J., Petrukevitch, A., Chung, W.S., Moorey, S. and Feder, G. (2002). Identifying domestic violence: cross sectional study in primary care. *British Medical Journal*. 324: 274-8.

⁶¹ McCarry, M. and Williamson, E. (2009). *Violence Against Women in Rural and Urban Areas*. (Bristol: University of Bristol).

⁶² Ramsay, J., Rivas, C. and Feder, G. (2005). *Interventions to reduce violence and promote the physical and psychosocial well-being of women who experience partner abuse: a systematic review*. (London, Department of Health).

syndrome; raised blood pressure, and coronary artery disease. These are all common conditions with which women may present to their GP – in addition to reporting repeatedly with non-specific symptoms.⁶³ Teeth, face and head are the most commonly injured sites in incidents of domestic abuse and victims will often seek dental help for these problems. In a recent study 70% of patients who sought help from their dentist wished that the dentist had asked about their injuries.

Gynaecological problems are the most consistent, longest-lasting and largest health difference between women who have and have not experienced abuse.⁶⁴ The risk of women developing gynaecological problems is increased threefold if they have experienced domestic abuse, with an increased risk where sexual and physical abuse are combined. Common gynaecological problems include sexually transmitted infections, vaginal bleeding and infection, dyspareunia, chronic pelvic pain and recurrent urinary tract infections. Violence against women in the form of current and historic sexual abuse has been shown to increase the probability of risky sexual behaviour later in life. Such behaviours include consensual sex at an earlier age, multiple partners, transactional sex, and heavy use of alcohol and drugs. These behaviours also increase the risk for sexually transmitted infections and unintended pregnancies. Consequently, midwives are often some of the first people to see signs and symptoms of abuse, and specialist training will enable them to identify this and to know how to respond appropriately in conjunction with other professionals.⁶⁵

The mental health impacts of women who have experienced violence/abuse is well-established. One study⁶⁶ of general practice in East London found that women who have experienced violence/abuse are 2.1 times more likely to experience depression, 1.9 times more likely to experience post-traumatic stress disorder, 2.5 times more likely to turn to misuse substances, and twice as likely to be suicidal than women who have not experienced violence/abuse – with Asian women experiencing a significantly higher incidence of self-harm and suicide.⁶⁷ The World Health Organisation estimates that up to 60% of women in the UK mental health service population have been sexually abused in their lifetimes and 20% of victims of sexual violence will use health services in the first year but by the second year, 50% are 'heavily embedded' in the health system. Rape victims are far more likely than victims of other violent crime to experience long-term mental health problems. Long-term effects of recent and historic sexual abuse include, post-traumatic stress disorder, anxiety and panic attacks, depression, social phobia, substance misuse, eating disorders, self-harm and suicide.⁶⁸ The first port of call for women experiencing mental health problems is often their GP.

Abuse/violence against women may involve other household members, including children. In addition, 75% of domestic abuse incidents are witnessed by children. Consequently, early years professionals, particularly Health Visitors, can play a key role in identifying and reporting incidences of violence against women.⁶⁹ The Adoption and Children Act 2002 extended the legal definition of harming children to include 'harm suffered by seeing or hearing ill treatment of others, especially in the home', and under the Children Act (1998) health services have a legal duty to safeguard children from harm. Furthermore, witnessing violence is a risk factor for psychological disorders in children and adolescents, and for abuse relationships as an adult. There is also an increased prevalence of long-term mental health problems for those who have witnessed domestic abuse as children. The General Medical Council considers that child abuse or neglect and providing information about any violent crime are 'public interest' arguments in favour of disclosing information, i.e. where the GP's duty of confidentiality may be bypassed.⁷⁰

Violence against women has significant costs to the health service. The Cross-Government Action Plan on Sexual Violence and Abuse reported that the cost of sexual violence to society was £8.5 billion in 2003-4 alone. Investment in health services which identify and address violence against women would result in significant cost savings to the health services. It costs the NHS £1.7 billion a year for purely physical injuries with an added £176 million for mental

⁶³ Feder, G., Ramsay, J., Dunne, D., Rose, M., Arsene, C. and Norman R. et al. (2009). 'How far does screening women for domestic (partner) violence in different healthcare settings meet criteria for a screening programme? Systematic review of nine UK National Screening Committee criteria. *Health Technol Assess.* 13 (16): iii-xiii, 1.

⁶⁴ Feder et al. (2009).

⁶⁵ World Health Organization. *Violence Against Women*. Available online at: <http://www.who.int/mediacentre/factsheets/fs239/en/>. [accessed 1 August 2012].

⁶⁶ Coid, J., Petruckevitch, A., Chung, W.S., Richardson, J., Moore, S. and Feder, G. (2003). 'Abusive experiences and psychiatric morbidity in women primary care attenders'. *British Journal of Psychiatry.* 183: 332-9.

⁶⁷ Husain, M.I., Waheed, W., and Husain, N. (2006). 'Self-harm in British South Asian women: psychosocial correlates and strategies for prevention'. *Annals of General Psychiatry.* 5:7.

⁶⁸ HM Government (2007). *Cross-Government Action Plan on Sexual Violence and Abuse*.

⁶⁹ Royal College of Psychiatrists (2004). *Child Abuse and Neglect: The Role of Mental Health Services*. Council Report CR120.

⁷⁰ General Medical Council (2009). *Confidentiality Guidance*.

health care.⁷¹ Each rape costs over **£96,000**⁷² and the estimated cost of domestic violence to hospital, ambulance, GP and prescription health care services is **£1,220,247,00**.

Despite the clear impact of VAW on the health profession, and opportunities to reduce risk and save costs through front-line health professionals intervening, academics working within the field of the health response to domestic abuse have labelled the UK's health service response to domestic abuse as 'negligible'. Domestic abuse and other forms of violence against women are largely missing from the undergraduate curriculum for medical students and other health professionals, the majority of women who are experiencing abuse and its effects remain unidentified by clinicians, and the aetiological role of abuse in mental health problems remains unrecognised.⁷³ Academic research in this area is backed up by common practitioner experience amongst specialist violence against women service providers.

Although it is widely acknowledged that black and minority ethnic (BME) populations in general experience poorer health and barriers to accessing health services there is paucity of information about the impact of VAW and experiences of BME women in relation to their access to health services. What is known is that despite some progress, there remain unacceptable variations in access to GP practices and the responsiveness of GP services. Appropriate access from BME communities with accessible information- many women from BME communities are not able to access the information about services due to language barriers and also struggle to seek much needed support from GPs and other health professionals such as Health visitors who are often their first and sometimes their only point of contact outside the violent relationship or situation they are in. It is clear that provision alone cannot ensure access to care for all women affected by VAW, regardless of their religion, culture, or ethnic background. Services need to be relevant, timely and sensitive to the needs of BME women. Women from BME communities should be able to use the health service with ease, and with confidence that you will be treated with respect. The health impact on BME women of VAW are arguably more extensive- as well as experiencing the violent relationships, they are often marginalised within the community which can result in isolation and mental health illness.⁷⁴

2. What do survivors of violence/abuse want from health practitioners?

Women are very clear about what they want: safe spaces where it is easier to disclose violence and abuse and staff who are understanding, believe what they are told and are able to address issues themselves or refer women to appropriate services. Health services often provide the one setting where women feel able to disclose, and it is therefore imperative that health practitioners are aware of the need to provide safe spaces.

Survivors of violence believe that their doctor is one of the few people to whom they can disclose violence – and they want their doctor to respond appropriately. This is particularly crucial in rural areas, which may lack both the specialist support services and the infrastructure to access the services that are available. Women report wanting health professionals and services to have a duty to identify and respond to VAW, and felt it was more appropriate for health professionals to receive mandatory VAW training to meet their needs effectively than it was for criminal justice professionals.⁷⁵ The response of GPs should therefore go beyond merely treating the symptoms of violence/abuse, and GPs should take a greater role in identification and responding to victims.⁷⁶

⁷¹ Walby, S. (2009). *The Cost of Domestic Violence: Update 2009*.

⁷² Home Office (2005). 'The economic and social costs of crime against individuals and households 2003/04'. Figures from this report were up rated to 2009 prices as follows: the physical and emotional cost component of this estimate was up rated to account for growth in nominal income - this reflects changes in prices and evidence that health quality is a normal good and hence the costs of negative health impacts rise with real income. Other costs were uprated for inflation only using the GDP deflator series published by HMT.

⁷³ Feder, G. (2012). 'Domestic Violence: What is a GP's Role in Primary Care?' Presentation at Wales RCGP and GMC meeting, 6th March 2012, Cardiff.

⁷⁴ Szczepura, A. (2005). 'Access to health care for ethnic minority populations'. *Postgraduate Medical Journal*. 81: 141-7.

⁷⁵ Women's National Commission (2009). *Still We Rise: Report from WNC Focus Groups to Inform the Cross-Government Consultation 'Together we can End Violence against Women and Girls'*.

⁷⁶ Feder, G., Hutson, M., Ramsay, J. and Taket, A. (2006). 'Women exposed to intimate partner violence. Expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies'. *Archives of Internal Medicine*. 166: 22-37

A meta-analysis of qualitative studies on the expectations and experiences of women who have experienced interpersonal violence when they encounter health care professionals) has found that women want the following from their GPs:⁷⁷

- Before disclosure/questioning, GPs should ensure that they are able to provide (or refer) for continuity of care.
- Survivors want GPs to make it possible for women to disclose, through asking about current and past abuse.
- If survivors raise the issue of partner violence, doctors should not pressurise women to fully disclose.
- GPs' immediate response to disclosure should be to ensure that the woman feels that she has control over the situation, and that safety concerns are addressed.
- In later consultations, GPs should understand the chronicity of the problem and provide follow-up and continued support.

To ensure that GPs respond appropriately in the above ways, initial and continued training should be rolled out to enable GPs and other health professionals to respond appropriately. For example, identifying and responding to violence against women should be included in the undergraduate curriculum for medical students, student nurses and dentists. A statutory extension of the current Health Care Pathways should be implemented to include GPs and other health professionals, to include a screening tool for VAW.

3. What should health practitioners do?

Ideally all health care staff should have – and apply – a clear understanding of the risk factors for violence and abuse, and the consequences for health and well-being of violence and abuse, when interacting with women and children. This should include appropriate basic education and training of all staff to meet the needs of women who have experienced violence and abuse, with more advanced education and training of all 'first contact' staff and those working in specialties. Staff should be aware of the associations and presentations of violence and abuse and how to broach the issue sensitively and confidently with women and children.⁷⁸

There is evidence of effective interventions post-disclosure.⁷⁹ Advocacy, psychological interventions and child/mother interventions are likely to improve women- and child-centred outcomes for women who have experienced violence – particularly if the woman has actively sought help and has left the abusive relationship.

Front-line health professionals should ask about abuse; offer non-judgmental support; check the immediate safety of the woman; consider exposure of the children to abuse/violence; document the abuse/violence within the woman's medical record, and offer referral to a specialist VAW service.

The IRIS Project (Identification and Referral to Improve Safety), a partnership between the University of Bristol and domestic violence advocacy organisations, has found that partnership between GPs and specialist VAW services has been 'crucial'. This should include links to local domestic abuse fora, multi-agency partnerships and coordinated community responses. Similarly, the General Medical Council advises that GP's should 'provide patients with the information they need to make decisions in their own interests, for example, by arranging contact with agencies that support victims of domestic violence'. However, specialist VAW services report that they rarely receive referrals from primary care, and historically general practice and other health representation has been absent from community domestic abuse partnerships.

Importantly, perpetrators are patients too and access the NHS. An exploratory study⁸⁰ of intimate partner homicides suggests that depression, mental health and suicide risk should be core indicators of high-risk perpetrators, and health professionals are therefore well-placed to refer perpetrators to appropriate services.

⁷⁷ Ibid

⁷⁸ Department of Health (2010). *Report from the Taskforce on the Health Aspects of Violence against Women and Children*.

⁷⁹ Feder, G., Ramsay, J., Carter, Y., Davidson, L., Dunne, D., Eldridge, S., Feder, G et al. (2009). 'Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse.' *Cochrane Database Systematic Review*. 3.

⁸⁰ Regan, L. Kelly, L., Morris, A. and Dibb, R. (2007). 'If only we'd known: an exploratory study of seven intimate partner homicides in Englishshire'. Final report to Englishshire Domestic Violence Homicide Review Group.

Recommendations

The Bill should include a provision for statutory initial and ongoing professional training for GPs and other health professionals on identifying and responding appropriately to VAW. Such training should also extend to the undergraduate curriculum for medical students, and should include:

- Understanding the links between violence/abuse and other health conditions (physical and mental), to aid identification and referral;
- Identification of victims through appropriate questioning;
- Enabling and dealing with disclosure of violence/abuse;
- Referral and signposting to specialist VAW organisations;
- Addressing immediate safety concerns for women and children;
- Appropriate post-disclosure interventions;
- Identifying, responding to, and referring perpetrators.

This could be delivered through placing appropriate and comprehensive duties on Local Health Boards, for example.

The Bill should place Health attendance at multi-agency partnerships such as MARAC on a statutory footing, as it is often difficult to get Health professionals to participate at a local level.



“ Violence that is directed against a woman because she is a woman, or that affects women disproportionately ”

UN Convention on the Elimination of All Forms of Discrimination against Women

**WALES
VIOLENCE
AGAINST
WOMEN
ACTION
GROUP**

VII Priority 5

Employers know how to help female employees affected by VAW

Summary of priority

Women experiencing violence/abuse are targeted in the workplace, and VAW can seriously impact upon women's working lives and affect their ability to fulfil their job duties. The workplace represents an excellent avenue for assisting women to safely access services and information that can ultimately save their lives – in addition to saving a significant amount of money to organisations, currently lost through absenteeism, sick leave, decreased productivity, lateness, errors and increased employee turnover.

All employers in Wales should therefore develop and implement a workplace VAW policy to identify and assist female employees who are victims of violence. Such policies should help to prevent such violence, provide protection from the violence, and ensure provision of services for those affected. The Equality and Human Rights Commission has produced guidance on developing an effective domestic abuse policy and other tools for public bodies via their project '*Domestic Abuse Is Your Business*', which could easily be expanded to include the private sector and all forms of VAW. In Australia, initiatives have been positively evaluated from taking a 'whole-workplace' approach to tackling VAW, including engaging men in challenging violence-supportive attitudes.

The forthcoming Bill should make VAW workplace policies mandatory for employers in Wales, and should ensure that the policy is extended from domestic abuse to all forms of VAW, in line with recent Welsh Government policy developments.

Evidence base

Victims of VAW are targeted at work

- 75% of women that experience domestic abuse are targeted at work – from harassing phone calls and abusive partners arriving at the office unannounced, to physical assaults.⁸¹
- In addition to domestic abuse, female employees affected by other forms of VAW may be targeted at work, and abuse may take place within the workplace itself, e.g. sexual harassment from other employees.
- Colleagues may also be affected; they may be followed to or from work, or subject to questioning about the victim's contact details or location. They may have to cover for other workers while they are off sick as a result of violence/abuse, try to fend off the abuser, and fear for their own safety. Colleagues may also be unaware of the abuse, or not know how to help.

The workplace can also be a site where VAW is perpetrated

- It is often possible for perpetrators of VAW to use workplace resources, such as phones, email and other means, to threaten, harass or abuse their current or former partner.
- Female employees may experience sexual harassment within the workplace at the hands of male employees.

VAW is hugely costly to businesses

- Domestic abuse alone currently costs UK businesses over £2.7 billion a year.⁸³
- In the UK, in any one year, more than 20% of employed women take time off work because of domestic abuse, and 2% lose their jobs as a direct result of the abuse.⁸⁴

--

⁸¹ <http://www.devonline.gov.uk/localcontent.htm?site=5&ref=employers-information.html>. Quoted in EHRC (2011), *Domestic Abuse Is Your Business: Guidance for Developing a Workplace Policy*.

⁸² Walby, S., Armstrong J. and Strid, S. (2010). *Physical and Legal Security and the Criminal Justice System: An analytical research overview*. UNESCO Chair in Gender Research Group. Lancaster University.

⁸³ Quoted on EHRC website, <http://www.equalityhumanrights.com/wales/projects/your-business-workplace-policies-on-domestic-abuse-and-mental-health/domestic-abuse-is-your-business/> [accessed 11th July 2012].

⁸⁴ <http://www.devonline.gov.uk/localcontent.htm?site=5&ref=employers-information.html>. Quoted in EHRC (2011), *Domestic Abuse Is Your Business*.

- VAW is a performance and productivity concern. The effects of VAW can include decreased productivity, lateness, stress, absenteeism, errors and increased employee turnover.
- Research shows that 56% of abused women arrive late for work at least five times a month, 28% leave early at least five days a month, and 53% miss at least three days of work a month.⁸⁴

Employers can take effective action to assist women affected by VAW

- It is also important to recognise that the workplace can be a safe haven and provide a route to safety for women affected by VAW.
- Employers can make the workplace a safe place where colleagues can discuss, disclose and ask for help and support.
- Employers should develop and implement a VAW workplace policy, raise awareness of VAW in the workplace (e.g. through concerted campaigns), and provide training on VAW for employees.
- Refuge and Respect's evaluation report on implementing a domestic abuse policy within a local authority found that the domestic abuse policy and procedures were welcomed by managers. The most common reason cited was that it gave them 'permission' to act. The policy and procedures were also seen by employees to demonstrate a commitment to tackling the issue of domestic abuse.
- The numerous and often very serious examples given by the respondents in the evaluation of how domestic abuse has already affected the local authority workplace demonstrated a clear reinforcement of the need for the policy.
- Domestic abuse clearly has safety and welfare implications for all staff, not only the victim. The management implications including having to deal with resentment, team members who don't know the real reasons for staff absence or the mistrust team members have when they know reasons for absence and conclude that it makes the employee unfit for the job. Lack of awareness about domestic abuse and misunderstanding can lead to difficult and stressful workplace environments.
- Having a domestic abuse policy and providing supportive training and resources to guide managers does help organisations to identify and respond to domestic abuse in the workplace. This makes workplaces safer and also helps to fulfill the duty of care employers have towards staff.⁸⁵

Key aspects of an effective workplace VAW policy

- The EHRC recommends that the following key areas should be addressed within a domestic abuse workplace policy.
- It is important to note that such actions should be broadened to include all forms of VAW, and that whilst the following provides guidance, all organisations should develop their own workplace policy to reflect their employees' needs.
- The policy should also be required to be reviewed and evaluated on a regular basis.

Raising awareness

- A policy statement / organisation commitment opposing all forms of VAW and committing the organisation to taking it seriously, understanding its causes and consequences in the workplace, supporting colleagues fully and taking action against perpetrators
- A clear definition of what VAW is (using the UN definition adopted by the Welsh Government)
- Information and examples of the different forms of VAW to assist in understanding
- Statistics to demonstrate the extent and prevalence of VAW, including in Wales
- Clear indicators to identify VAW, e.g. information on identifying potential signs that someone is experiencing abuse

⁸⁵ Refuge and Respect (2011), 'It's a difficult subject, isn't it?' Piloting Refuge and Respect's domestic violence resources for employers in 'Nordby' County Council: an evaluation report.

Identify responsibilities

- Specific roles and responsibilities for managers should be clarified (e.g. encouraging disclosure and identifying support).
- Specific roles and responsibilities for the HR team should be clarified (e.g. developing VAW policies and procedures).
- Specific roles and responsibilities for employees should be clarified (e.g. behaving supportively and taking basic steps to assist colleagues).
- A commitment to challenging perpetrators (e.g. making employees aware that misconduct both outside and inside of work is viewed seriously).
- An obligation to prioritise confidentiality wherever possible (e.g. managers being responsible for ensuring information is not disclosed and that all employees are aware of their responsibilities in relation to confidentiality, including exceptions where confidentiality can be broken, such as when there are concerns about children or vulnerable adults).

Ensuring provision, support and safety

- Clear information on practical and supportive measures in the workplace (e.g. diverting phone calls, alerting reception and security staff, linking to employee assistance services offered by trade unions such as legal advice).
- Assurance to prioritise health and safety at work (e.g. undertaking a risk assessment, with the authorisation/consent of the woman).
- Linking the VAW policy to other workplace policies (e.g. allowing women to change working patterns and allowing for special leave; see, for example, Spain's initiatives in this area).
- Appointing VAW link staff and providing their contact details to all employees (e.g. providing link staff with specific training and clear responsibilities in recognition that women may not wish to go through line managers).
- A clear commitment to providing training to all staff on VAW and the VAW policy (e.g. through bringing in local experts from the VAW third sector, to train all employees on basic aspects of VAW and to deliver more detailed training to managers).
- A commitment to distribute the VAW policy to all employees (e.g. through displaying posters and including information on VAW in other training sessions such as harassment and bullying).
- List local and national support and advice agency contacts.
- Assigning a designated contact for further information on the VAW policy.

A 'whole-workplace approach' to tackling VAW

- Whilst in Wales, the key project to have been undertaken around VAW in the workplace has been the EHRC's domestic abuse workplace policy, there are international examples that point towards the importance of developing a 'whole-workplace approach' to tackling VAW, including through preventative measures and encouraging men within workplaces to challenge violence-supportive attitudes and behaviours.
- A good example comes from Australia, where Women's Health Victoria's *Working Together Against Violence* project used workplaces as a setting for the primary prevention of violence against women.⁸⁶ The project aimed to strengthen the organisational capacity of a male-dominated workplace to promote gender equality and non-violent norms. The project comprised two phases spanning four years, from 2007 to 2011.
- The project took an ecological approach to understanding violence, driven by the underpinning theory that work to prevent violence against women must occur at an individual, organisational and societal level. The project was also informed by theories of masculinity, organisational culture theory, social norms theory and the bystander approach to violence prevention.

⁸⁶ Women's Health Victoria (2011). *Working Together Against Violence*. Final Project Report. Available at: <http://whv.org.au/publications-resources/publications-resources-by-topic/post/working-together-against-violence-final-project-report/> [accessed 11th July 2012].

- At a societal level, theories of masculinity were used to understand the context in which violence against women occurs. Organisational culture and change theory influenced understandings of workplace health promotion. Social norms theory overlayed these theories, informing efforts to prevent violence against women at an individual, organisational and societal level by examining how the norms that shape behaviour can be changed.
- The project developed a workplace programme, *Take a stand against domestic violence. It's everyone's business*. This is a whole-of-company program that addresses the prevention of domestic violence at a range of levels within a workplace. It is premised on the understanding that the health and safety of employees at home affects their health and safety at work. It is informed by the following concepts:
 - **Primary prevention** – *Take a stand* aims to prevent violence before it occurs by focusing on the determinants of violence against women.
 - **Bystander approach** – *Take a stand* engages and encourages men and women to stand up against violence against women.
 - **Whole-of-company approach** – *Take a stand* addresses all staff, systems, and levels of a company.

Take a stand helps companies prevent VAW before it occurs and support staff who might be experiencing it. This is achieved through three key elements – leadership, training and message promotion. Together, these three elements can create a workplace that does not tolerate violence.

Importantly, the project regarded men not as perpetrators, but as individuals who can make a difference. A program in which men felt targeted, or one that was more confrontational, would not have gained traction in a male-dominated company. The bystander approach was therefore key to the take up of the program, and the receptiveness of employees in training.

In total, **515** employees participated in the training, across 11 Victorian worksites. Evaluation found that:

- **87 per cent** felt that the training helped them gain a better understanding of domestic violence.
- **87 per cent** of participants felt that the training helped them understand how things people say or do can support domestic violence.
- **89 per cent** of participants felt that they were very likely or quite likely to speak out against domestic violence as a result of the training.
- Participants felt they were more likely to challenge violence-supportive attitudes and behaviours as a result of the training, and understood how sexism occurs on a continuum of violence against women.
- **Almost all** participants felt that the training should be provided more widely. For the majority of focus group participants, the training had changed the way they thought about VAW and what they could do about it.
- Following the training, **95 per cent** of participants were 'happy' or 'very happy' that their organisation was working with a not for-profit organisation to prevent violence.

Recommendations

- **The forthcoming Bill should include a provision for making VAW workplace policies statutory for all employers in Wales.**
- **The EHRC's template domestic abuse policy could be expanded on to include all forms of VAW and made mandatory for both public and private sector employers.**
- **It is vital that training is delivered on VAW workplace policies to ensure that they make a real difference to women's lives.**
- **Consideration should be given to international examples of VAW policies that take a 'whole-workplace approach', including preventative measures and initiatives to engage men in challenging violence, e.g. Working Together Against Violence by Women's Health Victoria.**

VIII Summary of Recommendations

1. Reduction in the prevalence of all forms of violence against women, and support for women who experience such violence

- The Welsh Government should adopt the internationally agreed definition of violence against women and its component parts defined by the United Nations.
- The legislation should include all of forms of VAW outlined in this paper, which are all included in the Welsh Government's current policy in *The Right to be Safe*:
 - Domestic abuse
 - Rape and sexual violence
 - Sexual harassment
 - Female genital mutilation (FGM)
 - Forced marriage
 - 'Honour'-based violence (HBV)
 - Trafficking
 - Stalking
- The legislation should be human rights-based and be informed by a gender equality perspective, as required under international law. It should recognise the inequalities between women and men, as well as the specific needs of women and men and also acknowledge that women's and men's experiences of violence differ.
- The legislation must situate domestic abuse firmly within the VAW agenda, and must be gender-specific. This must be reflected in both the title and the content of the Bill.

2. Equal access to specialist VAW support services, regardless of location

All forms of violence against women

- There urgently needs to be an increase in specialist sexual violence support services across Wales. This should include an increase in ISVA support from one to three ISVAs in North Wales, and from one to two ISVAs in Mid Wales, in addition to a further SARC in North Wales and one in Mid Wales and the establishment of a Children's ISVA at each existing SARC. It should also include an increase in specialist counselling and support services, particularly for victims of historic rape and sexual violence/abuse.
- There is an urgent need for increased, consistent and sustainable funding for child work within domestic abuse services throughout Wales; for local or regional prevention and early intervention domestic abuse services through the development of population analysis and evidence of need; for stable revenue funding for domestic abuse One Stop Shops; to increase the provision within One Stop Shops to support women who have experienced all forms of VAW; and for funding to be established for domestic abuse service provision which does not restrict service delivery to housing-related support, but encompasses the range of needs that women and children present with following domestic abuse.
- A duty should be placed on each Health Board, Community Safety Partnership, Local Service Board, Children and Young People's Partnership, Local Safeguarding Children Board and other relevant local partnerships to have a strategy in place which has as its aim: (1) ensuring that it is aware of the prevalence of rape, sexual abuse and sexual violence in its area and the full extent of the services available to victims; (2) ensuring that it is aware of the needs of victims; (3) ensuring that appropriate services are available to Victims when they need them and close to where they live, including counselling and support for victims of historic rape and sexual abuse; (4) ensuring that there is a proper and full engagement between the Health Authority and local specialist sexual violence service.

Gaps in service provision in rural Wales

- Dedicated, cross-departmental, long-term funding for specialist women's support services in rural areas.
- Action to tackle the additional problems faced by rural women, in particular confidentiality and transportation.
- More imaginative delivery of services in remote and rural areas, such as drop-in advice sessions at GP surgeries or additional funding to enable workers to travel to women where appropriate.

Specialist VAW support services

- Specialist third-sector support services, i.e. those whose sole purpose it to address VAW and to support survivors following violence/abuse, must be sustained and increased throughout Wales.
- This should include a diverse range of specialist services across the whole of Wales, which are specialised in dealing with the specific forms of violence that women experience. This spectrum of such services should be based on research and evidence and should include crisis, prevention and early intervention work for women and their children, access to counselling, and evidence-based programmes such as The Freedom Programme. Development of new services must not be at the expense of existing services unless there is clear evidence they are no longer required,

Specialist support for BME women

- Specialist support services which are relevant, timely and sensitive to the needs of BME women who have experienced all forms of VAW must be sustained and increased across Wales.
- There is a need for equal distribution of services in Wales so that they can be accessed by every woman at point of need – these should be culturally sensitive and specialist.
- Specialist training should be available to all staff within the sector to ensure a basic level of understanding of BME's specific needs.

Gender-specific support services

- Women-only specialist VAW support services must be safeguarded. Guidance issued by the Welsh Government and the EHRC has not been successful in protecting specialist women-only VAW services; a statutory requirement which places a duty on local authorities to provide such services is needed.
- Women-only safe spaces must be available within all services, including those that deliver to both men and women, such as One Stop Shops.
- The legislation must – at a minimum – ensure that the Council of Europe recommendation of a minimum 1 refuge bed space per 10,000 female population is protected in Wales.
- The legislation should require that services for men be commissioned based on actual (rather than projected) need, proportionality, and based on evidence of what men actually require rather than presuming that men have the same needs as women.

3. Compulsory initiatives in schools and other educational settings to prevent VAW before it starts, and for supporting pupils affected by such violence

- There should be at least one fully-trained 'go-to' staff member in each school with expertise in VAWG and the knowledge and confidence to assist pupils in seeking assistance and information.
- Education on VAWG and healthy relationships should be made mandatory on the school curriculum in Wales; this should be taught from a perspective of gender equality and human rights.
- Schools should regularly collect data on all forms of VAWG, including sexual harassment and bullying.

-
-
- Education on VAWG and healthy relationships should be available to children and young people not engaged in formal education system or 'NEETS'.
 - A VAWG champion should be appointed amongst school governors and the student council.
 - Estyn should inspect and report on school responses to VAWG.
 - The Bill should ensure the provision of comprehensive VAWG and healthy relationships training for all related professionals.

4. Appropriate and timely interventions, referrals and signposting occur as a result of improved health responses to VAW

- The Bill should include a provision for statutory initial and ongoing professional training for GPs and other health professionals on identifying and responding appropriately to VAW. Such training should also extend to the undergraduate curriculum for medical students, and should include:
 - Understanding the links between violence/abuse and other health conditions (physical and mental), to aid identification and referral;
 - Identification of victims through appropriate questioning;
 - Enabling and dealing with disclosure of violence/abuse;
 - Referral and signposting to specialist VAW organisations;
 - Addressing immediate safety concerns for women and children;
 - Appropriate post-disclosure interventions;
 - Identifying, responding to, and referring perpetrators.
- This could be delivered through placing appropriate and comprehensive duties on Local Health Boards, for example.
- The Bill should place Health attendance at multi-agency partnerships such as MARAC on a statutory footing, as it is often difficult to get Health professionals to participate at a local level.

5. Employers know how to help female employees affected by VAW

- The forthcoming Bill should include a provision for making VAW workplace policies statutory for all employers in Wales.
- The EHRC's template domestic abuse policy could be expanded on to include all forms of VAW and made mandatory for both public and private sector employers.
- It is vital that training is delivered on VAW workplace policies to ensure that they make a real difference to women's lives.
- Consideration should be given to international examples of VAW policies that take a 'whole-workplace approach', including preventative measures and initiatives to engage men in challenging violence, e.g. Working Together Against Violence by Women's Health Victoria.

IX Glossary of Terms

BME	Black and Minority Ethnic
CEDAW	Committee on the Elimination of all forms of Discrimination against Women
CPS	Crown Prosecution Service
DA	Domestic Abuse
DV	Domestic Violence
DCSF	Department for children, Schools and Families
EHRC	Equality and Human Rights Commission
FGM	Female Genital Mutilation
FMU	Forced Marriage Unit
HBV	Honour Based Violence
IDVA	Independent Domestic Violence Advocate
ISVA	Independent Sexual Violence Advocate
NEET(s)	Not in Education, Employment or Training
NGO	Non-Governmental Organisation
NFWI	National Federation of Women's Institutes
NRPF	No Recourse to Public Funds
PSE	Personal and Social Education
SARC	Sexual Assault Referral Centre
TST	The Survivors Trust
UN	United Nations
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WG	Welsh Government
WWA	Welsh Women's Aid

www.walesvawgroup.com

WALES
VIOLENCE
AGAINST
WOMEN
ACTION
GROUP