

TOGETHER WE CAN
END VIOLENCE AGAINST
WOMEN AND GIRLS:
A STRATEGY

Contents

	■ Foreword	3
	■ Executive summary	4
Chapter 1	■ Background and introduction	12
Chapter 2	■ Prevention	20
Chapter 3	■ Provision	36
Chapter 4	■ Protection	58
Chapter 5	■ Holding us to account	78
Annexes		
A	■ Summary of key actions	80
B	■ Key messages from the consultation	88
C	■ Achievements and actions to date	96
D	■ Glossary of terms	100



Foreword




Violence against women and girls can have a devastating effect on individuals and the communities in which they live. It ruins lives, breaks apart families and has an impact across the generations.

Much has been done over recent years to increase protection for women and to punish their attackers. New legislation, extra resources

and frontline training have made a real difference. But the complexity of the problem and its far-reaching effects demand a broader response. This strategy represents a cross-government commitment to address the issue. It includes proposals from departments dealing with health and education, housing and defence, local government and transport, as well as from across the criminal justice system. It looks at the role of local as well as central government with proposals for more integrated ways of organising services on the ground, and it recognises the invaluable and pioneering role played in developing support services by specialists in the voluntary sector.

I am indebted to colleagues across government for their support in putting this strategy together. Far more importantly, however, we are all indebted to the organisations and individuals who responded to the recent consultation which is the basis of these proposals. In particular I would like to thank the women and girls who shared their own experiences of violence with us. Their testimonies are woven through this strategy and show clearly how much more still needs to be done.

When the consultation was launched in March 2009, our aim was to create a national debate engaging all parts of society in the task of eliminating violence against women and girls. Around 10,000 people engaged with the consultation including hundreds who attended events across the country to share their thoughts and ideas. This strategy document is a joint effort by the public and politicians to address an enduring social problem. Together, we can end violence against women and girls.



Alan Johnson MP, Home Secretary



Executive summary

1. Addressing violence against women and girls (VAWG) is a challenge for us all. It remains a key barrier to realising our vision of a society in which women and girls feel safe and confident in their homes and communities. The 'snapshot' data we have from individual studies reveals a shocking picture. In overall terms, around half of all women and girls in England and Wales could recall being victims of violence over their lifetime.¹

- Nearly 1 million women experience at least one incident of domestic abuse each year (British Crime Survey (BCS) self-completion questionnaire, 2007/08).
- Close to 10,000 women are sexually assaulted every week (BCS self-completion questionnaire, July 2008).
- At least 750,000 children a year witness domestic violence (Department of Health, 2002).

2. VAWG has a significant impact on the criminal justice system (CJS) although many cases never reach the CJS. The effects of VAWG go far wider than the criminal justice consequences, impacting on a wide range of other areas including health,

children's services, education and housing. All government departments and local agencies therefore have a role to play.

3. A number of initiatives over the last decade have made a real difference, but many of these have focused only on specific offences. These distinctions can create artificial barriers. For example many women suffer both domestic and sexual abuse in the same relationship. Although the Government has published a number of separate plans in recent years for dealing with different problems, so far these have not been brought together in one place.

4. What is needed therefore is a co-ordinated approach to combating all forms of VAWG. This strategy represents our integrated approach to tackling this problem and supporting its victims across the three key areas of prevention, provision and protection.

5. It draws on the outcomes of one of the largest public consultations ever undertaken on this issue. Over the course of three months, more than 300 victims of violence participated in 24 focus groups undertaken for us by the Women's National Commission (WNC). Around 9,000 responses to the consultation were received by email or in the form of written responses and completed surveys.

¹ Walby, S. and Allen, J. *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey, 2004, Home Office Research Study 276.*



Between them, Ministers and officials met over 700 frontline experts in every region of England and Wales and visited almost 40 towns and cities to talk directly with the public. There are further details of the consultation at Annex B and in a separate report from the WNC.

6. The strategy also draws on the initial outputs of a number of more detailed reviews, including the Health Taskforce examining the NHS response to VAWG, led by Professor Sir George Alberti, a Department for Children, Schools and Families Violence Against Women and Girls Advisory Group on the role of schools in preventing VAWG, and Baroness Stern's review into the response of the CJS and other agencies to rape complaints. Each of these reviews will report over the next

few months and will further develop the proposals set out in this strategy. Reviews have also been undertaken into legal powers to control serial perpetrators, led by Chief Constable Brian Moore; the sexualisation of young people, conducted by Dr Linda Papadopoulos; and the experience rape victims have of the criminal justice system (Victims' Experience Review), led by Sara Payne.

7. Unless otherwise stated, the quotes used throughout the strategy are taken from the responses to the consultation and Sara Payne's Victims' Experience Review.

8. A complete list of the actions included in this strategy is presented in Annex A (some of the key actions are listed below).

Protection – delivering an effective criminal justice system:
Investigation; prosecution; victim support and protection; perpetrator programmes

Provision – helping women and girls to continue with their lives:
Effective provision of services, advice and support; emergency and acute services; refuges and safe accommodation

Prevention – changing attitudes and preventing violence:
Awareness-raising campaigns; safeguarding and educating children and young people; early identification/intervention and training



Prevention

9. Traditionally, government effort has been concentrated on providing support services once women have been victimised. This strategy outlines our plans to campaign actively to challenge attitudes around violence; to promote healthy relationships by working with young people in schools and with adults; and to support training in the early identification of abuse.

CHANGING ATTITUDES, RAISING AWARENESS

10. A number of myths and stereotypes about VAWG contribute to perpetuating the problem. There was widespread support in our consultation exercise for a national communications campaign to raise awareness of VAWG more effectively. Respondents also felt that the sexualisation of popular culture and the ubiquity of sexualised imagery of women and girls were a problem. These concerns are being examined as part of an independent review of the sexualisation of young people by Dr Linda Papadopoulos. Her report will be published in January 2010.

11. Men have a crucial role to play in challenging VAWG. Most men and teenage boys are not violent towards their partners and would condemn those who are. Our prevention strategy will emphasise the part all men can and should play in taking a stand against violence.

PROMOTING HEALTHY RELATIONSHIPS THROUGH SCHOOLS

12. Schools and colleges have a crucial role to play in helping children and young people to develop healthy relationships, deal with their emotions and challenge the way in which some men and boys behave towards women and girls. What is taught in the classroom, and the way a school deals with bullying and inappropriate behaviour, can all have an important impact.

13. There was a strong feeling from the consultation that all children should be taught about VAWG and that all schools, including faith and primary schools, should be involved.

EARLY IDENTIFICATION AND PROFESSIONAL TRAINING

14. Intervening early to prevent violence can protect victims from immediate harm and have other, indirect positive consequences, such as reducing the number of people requiring treatment for mental ill health, the incidence of family breakdown and the number of looked-after and missing children.

15. A clear message from our consultation was that frontline professionals need more support with this work, including training that focuses on identifying and managing risk, and on making it clear to all women and children that they will be supported if they disclose violence.

ACTION

Key actions on prevention include:

- developing a national communications strategy designed to address attitudes towards VAWG among all members of the public;
- as part of a national communications strategy, launching a campaign in early 2010 targeting violence within teenagers' relationships run by the Home Office with support from Department of Health and the NSPCC;
- including gender equality and violence against women in the school curriculum for Personal, Social and Health Education and Sex and Relationship Education;
- Training and Development Agency for Schools to address VAWG in initial teacher training and continuing professional development (CPD); and
- increasing investment in Family Intervention Projects which provide help for families with multiple problems, including VAWG.

Provision

16. Our ideal remains to prevent VAWG. However, when women and girls do suffer violence, we need to ensure they have access to the right help. Public authorities should consider whether they need to address VAWG as part of their approach to gender equality when drawing up their gender equality scheme and action plans.

17. Survivors of violence who responded to our consultation consistently said that their ideal service is one that:

- listens to and believes them;
- treats them with dignity and respect;
- helps them be safe; and
- is accessible and available when women need support.

18. In many areas women and girls do not get the support they need. This may be due to patchy provision, a lack of visibility of VAWG at senior level on Local Strategic Partnerships (LSPs), or a lack of proper local data and needs assessment, a lack of co-ordinated planning or of sustained resourcing.

QUALITY SERVICES IN EVERY AREA

19. While central government has a role in the provision of some national services (such as national helplines) and can directly



pump-prime new initiatives, the main responsibility for local services rests with local statutory partners to whom resources and commissioning responsibilities for all health and social care needs are now devolved.

20. VAWG needs to be part of core business for all statutory agencies – so mainstreaming it into every aspect of ‘business as usual’ will be a key priority over the coming year. We will:

- commission a review of existing data on violence against women and girls to assess the possibility of developing a template for a national, regional or local dataset;
- ensure that VAWG is mainstreamed into the Joint Strategic Needs Assessment process, enabling the identification of joint or aligned commissioning strategies in response to local needs;
- look to develop a comprehensive national indicator relevant to VAWG, and mainstream VAWG into other relevant national indicators where possible, while working to encourage more LSPs to prioritise the issue;
- publish guidance for local authority and NHS commissioners on the range and quality of services they should be providing and send a clear message through the NHS Operating Framework of how VAWG services can help deliver national and meet local priorities;
- publish, early in the new year, the outcomes of a major Health Taskforce led by Professor Sir George Alberti examining the services that the NHS provides to victims of VAWG; and
- work with local partners to encourage a co-ordinated approach to VAWG services in all Local Area Agreements (LAA) areas to encourage them to have a co-ordinated locally driven VAWG strategy in place for April 2011. This would be overseen by a senior local champion working across partnership structures including LSPs, Children’s Trusts, and CDRPs. Government will want to encourage areas to make arrangements that best meet local circumstances.

ACTION

Key actions on provision include:

- delivering a new online directory of services;
- developing a new 24-hour sexual violence helpline;
- developing an online resource centre bringing together government guidance and other VAWG materials;
- continuing to invest in specific VAWG services (like Multi-Agency Risk Assessment Conferences (MARACs), Independent Domestic Violence Advisers, helplines and Sexual Assault Referral Centres (SARCs) in 2010/11 and prioritise investment in VAWG thereafter;
- working with a wide range of professional bodies and others to explore how training on VAWG could be included in initial training or CPD for all frontline staff. For healthcare staff, this will be considered by the Health Taskforce on VAWG; and
- piloting a project to assist victims of domestic violence who have entered the UK on a spousal/partner visa, and have no recourse to public funds.

Protection

21. Since 1997 significant progress has been made in improving the service provided to victims. More victims have been encouraged to report their crime to the police and more offenders are being brought to justice. New laws, new technology such as DNA testing, specialist training and a change in police and prosecution culture have made a real difference but are still not having the full impact that they could have.

22. Our priorities in this area are therefore to:

- provide end-to-end support for all victims through the criminal and civil justice systems, from report to court;
- bring more offenders to justice by improving reporting and conviction rates; and
- rehabilitate offenders and manage the continuing risk they may present to women and girls.

23. To improve protection for the highest risk domestic violence victims we will continue to roll out MARACs to cover all geographical areas. To help this happen, we see a case for placing MARACs on a statutory basis, but we will consult first on how best this could be taken forward.



24. We will continue to invest in independent, personalised support and advocacy for victims.

25. To ensure we bring more offenders to justice, we are working with the Association of Chief Police Officers (ACPO) to support every police force in improving its investigation of rape complaints, and are taking forward a major review led by Baroness Vivien Stern, focusing on how to encourage more victims to report rape and improve conviction rates.

26. To ensure that all rape victims receive a consistent, high-quality service, the Government asked Sara Payne, the Victims' Champion, to make recommendations for further improvement of the criminal justice response to victims of rape. These recommendations included challenging public attitudes and teaching healthy relationships in schools; improving provision of SARCs and ISVAs; improved training for police and the Crown Prosecution Service, and more effective multi-agency working.

27. Over the past 10 years we have completely updated and reformed the criminal and civil legal frameworks around

sexual and violent offences to rebalance our CJS and put victims' needs at its heart.

28. Where further powers are necessary to deal with emerging or hidden issues, we will provide them. An ACPO review of legal powers to deal with serial violent perpetrators, led by Chief Constable Brian Moore, has proposed a range of new powers for police and the courts, which we are considering. We are already committed to legislating on his proposal of new Domestic Violence Protection Orders.

29. We will also continue to invest in programmes to rehabilitate perpetrators. New strategies on domestic abuse and sexual offenders will be published by the National Offender Management Service during 2010.

Ensuring delivery

30. Good work is already under way across many areas. Our aim is therefore to provide a more strategic and co-ordinated approach to delivery and to ensure that we have the right structures and levers in place to deliver on our commitments, nationally and locally.



31. We are proposing:

- a cross-departmental senior delivery board, managed by the Home Office, with oversight of the actions to which all individual departments, public services and local areas have agreed;
- a single inter-ministerial group, to which the board will report, which can address VAWG issues across government and monitor progress on the delivery of the strategy; and
- an annual independent review of progress on the strategy and an annual parliamentary debate on this vital topic.

issues. The Welsh Assembly Government has its own Domestic Abuse Strategy and will consider the most appropriate ways to address the issues in ways that meet its own needs in those areas for which it has devolved responsibility.

32. The strategy firmly commits government departments to work together and with local government partners. We propose a phased timetable for implementation whereby we work towards having key elements of the strategy in place by April 2011.

Scope of the strategy

33. Devolution affects many of the areas of government covered in this strategy. Scotland has its own Violence Against Women Strategy. Northern Ireland has both a domestic violence strategy and a sexual violence strategy to address these



I Background and introduction

What is violence against women and girls and how common is it?

1. The United Nations (UN) Declaration on the Elimination of Violence Against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women”. An alternative definition is provided by the UN Convention on the Elimination of All Forms of Discrimination Against Women as “violence directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women”.

2. While violence against women and girls (VAWG) has historically been treated as a criminal justice issue in England, there is clearly a very strong human rights component. VAWG can contravene a number of articles in the European Convention on Human Rights.² Other international agreements include:

- the Platform for Action, the core document of the 1995 UN women’s conference in Beijing in which violence against women was declared a human rights violation and an obstacle to equality, development and peace;
- the Convention on the Elimination of All Forms of Discrimination Against Women (the outcome of the UN

General Assembly’s 23rd special session “Women 2000” and of the Beijing+10 regional conference);

UN Security Council Resolutions 1820 and 1888 (of which we are key supporters), that address the issue of sexual violence in conflict.

We consider these to constitute the most comprehensive set of international commitments to gender equality and women’s rights drafted to date.

Other relevant international commitments include the Convention on the Rights of the Child and UN Security Council Resolution 1325, the first resolution ever passed by the UN Security Council that specifically addresses the impact of war on women. It stresses the importance of women’s equal participation and full involvement in all efforts to maintain and promote sustainable peace and security. The resolution underscores the responsibility to protect women and girls from human rights abuses, including gender-based violence, and emphasises the vital importance of mainstreaming gender perspectives in all aspects of conflict prevention, resolution and reconstruction.

3. Violence may most often be thought of as physical attack or sexual abuse, but it

² These include articles 2 (right to life), 3 (right not to be tortured or degraded), 5 (right to liberty), 10 (right to free speech) and 12 (right to marry a person of one’s choosing and have a family).



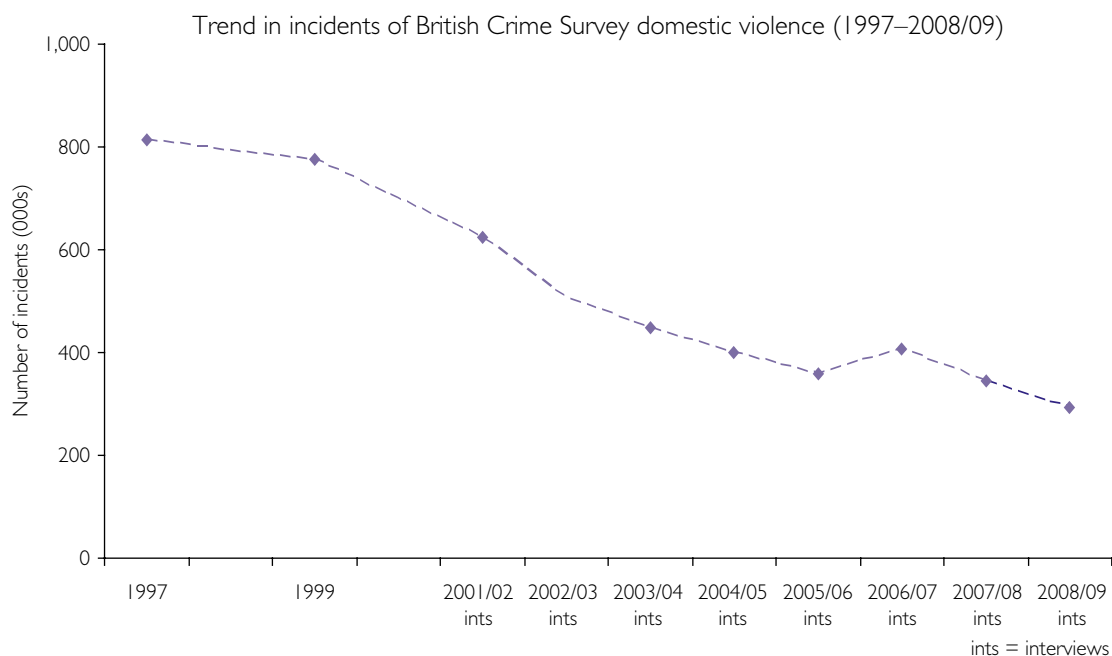
can also include emotional or psychological abuse, financial abuse and the imposition of social isolation. In addition to actual incidents of violence, the fear of violence can have a debilitating effect on the lives of women and girls, affecting their confidence and behaviour.

4. Getting a comprehensive picture of the extent of VAWG remains a challenge. This is often (although not always) a hidden crime.

5. The data from the British Crime Survey (BCS) that allows us to determine trends is, in part, encouraging. It shows, for example

that there has been a 64% reduction in the number of incidents of domestic violence in England and Wales since 1997.³

6. Statistics from the Crown Prosecution Service (CPS) show that between 2005/06 and 2007/08 the conviction rate for domestic violence rose from 60% to 69% and the number of prosecutions increased from 49,782 to 63,819. Between 2006/07 and 2007/08 the conviction rate for rape increased from 55% to 58%, while the number of cases prosecuted rose from 3,264 to 3,503.⁴



Source: Walker, A., Flatley, J., Kershaw, C. and Moon, D. (eds.) *Home Office Statistical Bulletin 11/09*, 2009.

³ Walker, A., Flatley, J., Kershaw, C. and Moon, D. (eds.) *Crime in England and Wales 2008/09*, July 2009. Note that this is a measure of incidence, rather than one of prevalence based on face-to-face interviews.

⁴ Crown Prosecution Service *Violence against women crime report 2007–2008*.



What is the impact of violence against women and girls?

7. The data we have from individual studies reveals a shocking picture of the levels of violence against women and girls in England and Wales. In overall terms, around half of all women and girls could recall being victims of violence over their lifetime.⁵ Prevalence of violence against women and girls by type of offence is illustrated below.⁶

Domestic violence

More than one in four women in England and Wales (4.8 million) since aged 16 has experienced at least one incident of domestic abuse.

Every year 1 million women experience at least one incident of domestic abuse – nearly 20,000 women a week. Of the 88% of young people in an intimate partner relationship, 33% of girls reported some form of sexual partner violence.

Forced marriage

In 2008 the Forced Marriage Unit received over 1600 calls to its helpline on suspected incidences of forced marriage.

Prostitution

There are estimated to be around 80,000 people involved in prostitution in the UK. As well as being at risk of exploitation, they are particularly likely to be the victims of violent or sexual crime.

'Honour' crimes

There are no published statistics on numbers of 'honour' crimes in the UK, but it is widely quoted that there are around 12 honour murders a year.

⁵ This comprises 45% who experience domestic violence, rape or stalking (BCS), plus other forms of VAWG.

⁶ Sources: **Domestic Violence and Sexual Violence:** Povey, D. (ed.) *Homicides, Firearms and Intimate Violence. Supplementary Volume 2 to Crime in England and Wales 2007/08*. Home Office Statistical Bulletin 02/09; Governments' Actuary's Department website, http://www.gad.gov.uk/Demography_Data/Population/2006/uk/wuk065y.xls; **Forced Marriage:** Forced Marriage Unit There are no reliable estimates on the extent of forced marriage in the UK. **FGM:** Dorkenoo, E et al *A Statistical study to estimate the prevalence of female genital mutilation in England and Wales*. Forward. Department of Health 2007; **Stalking:** Walker, A., Flatley, J., Kershaw, C., and Moon, D. (Eds) *Crime in England and Wales 2008/09*. Home Office Statistical Bulletin 11/09.; **Prostitution:** *Coordinated Prostitution Strategy and Summary of Responses to Paying the Price* Home Office 2006 **Honour Crimes:** Met Police. Note there are no available statistics on 'honour'-based violence; **Human Trafficking:** *The impact of organised crime in the UK: revenues and economic and social costs* (2003). Home Office unpublished report.

Sexual violence

3.7 million women in England and Wales have been sexually assaulted at some point since the age of 16. Around 10,000 women are sexually assaulted, and 2,000 women are raped, every week. 34% of all rapes recorded by the police are committed against children under 16 years of age.⁷

Trafficking for sexual exploitation

In 2003 there were up to 4,000 women trafficked for sexual exploitation in the UK.

Stalking

20% of women say they have experienced stalking at some point since the age of 16.

Female genital mutilation

An estimated 66,000 women in England and Wales in 2001 had been subject to genital mutilation.⁸

8. In addition, it is known that:

- over half the women in prison say that they have suffered domestic violence and

one in three that they have experienced sexual abuse;⁹ and

- at least 750,000 children a year witness domestic violence.¹⁰

Who are the victims of violence?

9. Women are more likely than men to experience all forms of intimate violence, but the risk will vary among different groups of women. For example, younger women are more likely to be victims than older women. Some forms of violence against women are more likely to be experienced by particular sub-groups of the population than others. For example black and ethnic minority and refugee women are more likely to experience female genital mutilation (FGM) and forced marriage and so-called honour based violence (HBV). But we know that there are no significant differences in domestic violence, sexual violence and stalking between urban and rural areas.

10. Children are also affected by VAWG through exposure to violence perpetrated against their mothers. Children and young people may also be directly abused themselves (physically, sexually

⁷ Walker, A., Kershaw, C. and Nicholas, S. *Crime in England and Wales 2008/09*, Home Office Statistical Bulletin, July 2006.

⁸ It is thought that the vast majority of these mutilations will have occurred in the women's countries of origin.

⁹ Social Exclusion Unit *Reducing re-offending by ex-prisoners*, 2002.

¹⁰ Department of Health *Women's Mental Health: Into the Mainstream: Strategic Development of Mental Health Care for Women*, 2003.



and emotionally), most commonly by a family member or other trusted adult. Child sexual exploitation is also a form of child sexual abuse and happens in all areas of the country. It involves exploitative situations which may involve trafficked children and women and relationships often characterised by the inducement of money, accommodation, food or other incentives, or by an imbalance of power such as age or economic resources.

What is the impact on the public services?

11. The effects of VAWG go far wider than the criminal justice consequences, encompassing a range of other areas including health, children's services, education and housing. All government departments have a role to play in countering VAWG. The total annual cost of domestic violence has been estimated to be around £20 billion.¹¹

Achievements since 1997

12. We have made real progress in protecting women and girls from violence since 1997. Incidents of domestic violence have fallen. More women have the confidence to report rapes to the police and the number of rape convictions has increased. Domestic violence conviction rates are also up. We have put in place

arrangements to support victims of crimes such as forced marriage, trafficking and 'honour'-based violence.

13. Over the last 12 years we have radically overhauled the criminal and civil legal frameworks in place to protect victims and bring offenders to justice. The Sex Offenders Act 1997, Youth Justice and Criminal Evidence Act (1999), the Sexual Offences Act 2003, the Female Genital Mutilation Act 2003, the Domestic Violence, Crime and Victims Act 2004 and the Forced Marriage (Civil Protection) Act 2007, and a range of other legislation, have given police and courts new powers to monitor and control domestic and sexual assault perpetrators and have recognised what were previously hidden crimes.

14. We have learnt from local best practice and supported the roll-out of a specialist infrastructure to protect and support victims, including the following.

15. **Specialist Domestic Violence Courts (SDVCs)** enable police, prosecutors, courts and specialist services to work together to identify and track domestic violence cases, support victims and bring more offenders to justice. The first 25 were accredited in 2005/06 – now there are 127 in England and Wales.

¹¹ Järvinen, Justine et al *Hard-knock life*. New Philanthropy Capital, 2008. Costs in 2003/4 prices. This comprises Health and social services costs £1.6bn; CJS £1.2bn; lost economic output £2.3; and human and emotional costs £15bn.



16. **Multi-Agency Risk Assessment Conferences (MARACs)** bring local statutory and voluntary agencies together to protect those women at highest risk from repeat domestic violence; they provided protection to 29,000 women in the last year alone. The first MARAC started in 2003 – there are now over 225 across England and Wales.¹²

17. **Independent Domestic Violence Advisers (IDVAs)** are trained specialists providing independent advocacy and support to high-risk victims. In 2005/06 the first 100 were trained; by the summer of 2009 that number had increased to over 700 in England and Wales.

18. **Sexual Assault Referral Centres (SARCS)** are joint police/NHS/voluntary sector centres providing a one-stop location for victims of recent sexual assault to receive medical care and counselling and enabling the collecting of forensic evidence. The first one was launched in Manchester in 1986. Now there are 29 with a further 16 in development – well on the way to meeting the Government's commitment to ensuring at least one in every police force area by 2011.

19. Mainstream services have also recognised the need to raise their game. Thousands of frontline staff in the police, local government and the NHS have received training, with a range of specialist staff also in place in the police, the CPS and other agencies. There are dedicated specialist training programmes in place for those working particularly closely with victims of violence. First-response police officers are now expected to arrest domestic abusers. Routine enquiry is already being implemented in key parts of the health sector.

20. All victims have been given legal rights to a high standard of support and have been informed of the services they can expect to be provided with by the criminal justice agencies. Special measures in court, such as screens and live video links, should enable victims to give their evidence.

21. Moreover, we have increasingly recognised the need to work across government and with local partners, with cross-government action plans published on a range of specific offences from sexual violence and domestic abuse to human trafficking and forced marriage.

¹² The information was provided by Co-ordinated Action Against Domestic Abuse teams and covers the 12 months to 1 July 2009.



Attitudes towards violence against women and girls

22. VAWG is still seen as acceptable by a minority of people. An opinion poll commissioned by the Home Office in February 2009 found that:

- nearly half of those polled thought that a woman should be held fully or partly responsible if she worked as a prostitute and was sexually assaulted or raped;
- one-third of those polled thought that a woman should be held fully or partly responsible if she was drunk and was sexually assaulted or raped; and
- around one in five of those polled thought that it would be acceptable in certain circumstances for a man to hit or slap his wife or girlfriend in response to her being dressed in sexy or revealing clothing in public.

23. Although held by a minority of people, these attitudes can create a culture in which the actions of offenders are seemingly legitimised. This can make it difficult for victims to reveal what has happened to them and can influence the views of frontline staff such as police or prosecutors, or of others, including juries.

24. While some progress has been made in changing young people's attitudes, a minority of young people still harbour attitudes that condone VAWG. A survey by the NSPCC in 2009,¹³ showed that partner exploitation and violence in teenage relationships are more common than previously thought:

- 13 to 15-year-olds are as likely to experience violence as the over-16s.
- 25% of girls and 18% of boys surveyed reported that they had experienced some form of physical violence.
- Nearly 75% of girls reported that they had experienced some sort of emotional violence from partners.
- One in three girls and 16% of boys reported that they had experienced some form of sexual violence from partners.
- Over 75% of girls with an older partner (in particular a "much older" one) reported that they had experienced physical violence.

¹³ Barter, C., McCarry, M., Berridge, D. and Evans, K. *Partner exploitation and violence in teenage intimate relationships*, 2009.

2

Prevention

Prevention – changing attitudes and preventing violence:

Awareness-raising campaigns; safeguarding and educating children and young people; early identification/intervention and training

1. Traditionally, effort has been concentrated on providing support services once women have been victimised. But it is just as important to focus on proactive interventions to prevent violence as reactive services for those who need help after the event. Prevention can provide a means for long-term and sustainable reductions in violence and abuse. Progress has already been made in this area, for example with school anti-bullying and gender equality policies, and the teaching of healthy relationships in schools through Social and Emotional Aspects of Learning (SEAL) and Personal, Social, Health and Economic (PSHE). However, there is much more to be done in the field of prevention, reducing incidents of violence and minimising the harm caused to victims by supporting early identification of the problem and early intervention. This section of the strategy lays out our approach to reducing the incidence of VAWG by:

- challenging attitudes through awareness-raising campaigns designed to debunk common myths about VAWG and change attitudes;
- supporting the promotion of healthy relationships, gender equality and non-violence through work with children and young people in schools, and with adults, for example through parenting guidance and family support; and
- supporting training in the early identification of violence and abuse and promoting early intervention across the public services to minimise the harm being done to women and children at risk of violence.


2. We are committed to the following key actions:

Awareness-raising, the media and communications

- Developing a national communications strategy designed to challenge attitudes towards VAWG among all members of the public, and to raise awareness of existing services which support women and children affected by violence.
- Launching this activity in early 2010 with a campaign targeting violence within teenagers' relationships, to be run by the Home Office with support from Department of Health and NSPCC.
- Working with the National Union of Journalists to draw up guidance for their members to ensure responsible reporting of violence against women.
- Publicising new offences aimed at reducing demand for prostitution (including on paying for sex with someone subject to exploitative conduct, kerb-crawling and brothel closures).
- Publishing the outcomes of a review by Dr Linda Papadopoulos of the sexualisation of young people.
- Developing a series of short films on sexual violence which will be made available to patients via NHS Choices.

A whole-school response; children and young people

- Every school should make clear that all forms of VAWG are a safeguarding issue and ensure that all staff know how to deal with girls they identify as being affected, including when to refer to the school's designated senior person for child protection.
- Key messages about VAWG and what schools can do to prevent and tackle it will be included in a range of existing and planned guidance to help mainstream it into school policies and roles.
- Gender equality and violence against women and girls will be included in the school curriculum for PSHE Education and Sex and Relationship Education (SRE).
- DCSF will remit the Training and Development Agency for Schools to include gender awareness and VAWG in the list of topics when the Agency reviews the Qualified Teacher Status Standards and associated guidance in 2010.
- Ofsted to engage with students and staff in schools in its inspection of how a school undertakes its equality duties, works to prevent violence and supports girls who are experiencing violence.



Early identification, early intervention

- DCSF, with the support of the Home Office, the Department of Health and the Ministry of Justice, to increase investment in Family Intervention Projects (FIPs), leading to an increase in the number of families supported from 2,700 to 10,000 families per year by 2010/11.
- The National Safeguarding Delivery Unit to develop guidance as part of a larger piece of work on referral and assessment systems for children affected by domestic violence.
- Continuing provision of £30 million to support ChildLine.
- DCSF to consult on the implementation of a framework for early intervention and support within schools.
- Connexions and other services working with schools to be further developed to ensure that they help and support victims.
- Jobcentre Plus to enhance training to improve its response to victims of VAWG.

- Department of Health to take forward the recommendations outlined in 'Towards a Violence and Abuse Prevention Framework'.

Employer best practice

- Best practice for addressing VAWG in the workplace to be developed and shared across all government departments and Non Departmental Public Bodies
- Ministry of Defence to publish an updated strategy on domestic and sexual violence by June 2010.

Changing attitudes, raising awareness

3. Most of the victims and stakeholders we spoke to were clear that a key part of any effective prevention strategy should be a co-ordinated public campaign to challenge violent and abusive attitudes, educate the public about the extent of VAWG and combat myths. In order to tackle violence against women we must challenge the perceptions of both men and women.



“Magazines try to empower women by telling you all the things you can do to avoid rape, but... you’re actually taking away the power of choice about what you can wear. Because there should be no reason why you can’t walk down your own street in heels at whatever time of day – you’ve just as much right to be there as anyone else.”

“We have ads about tax returns, taxing your car, but nothing about domestic violence and other kinds of violence against women. We need a campaign like the drink and drive one, an up-front campaign on violence against women, with adverts on the telly.”

“Why can’t we have something about not going out raping women, you won’t get away with it? The advertising we have had so far puts all the onus on the victim. It’s ‘don’t go out and get drunk, you might get raped.’ The onus needs to be on the man, to stop women feeling shameful. So they have the confidence to go out into the world and say I’ve been raped, and you’re not going to get away with it, and I’m not ashamed to say it.”

“Much more education and public awareness is needed. We need to break down the myths and stereotypes about what rape and sexual violence is, and a national advertising campaign: alcohol doesn’t rape women, men do.”

4. In the past, most campaigns have focused on providing information for women experiencing violence rather than on educating the general public as to the reality of the problem. Campaigns at local and national levels need to challenge social attitudes and the secrecy that surrounds VAWG to bring it into the public domain.

5. We will promote initiatives designed to equip friends and family members with useful information about how best to support someone who has experienced VAWG.

6. Our national communications effort will start with a youth partner violence campaign in early 2010 to encourage teenagers not to use or tolerate violence in their relationships or those of their peers.

7. The objective of the initial campaign will be to challenge the perceptions and change the attitudes of teenagers. The aims will be:

- to encourage teenage boys not to use violence, abuse or controlling behaviour against girls; and
- to empower teenage girls to understand that they do not have to tolerate any form of violence, abuse or controlling behaviour in a relationship.

8. To support the wider national strategy, the Government Equalities Office has developed communications guidance and a toolkit for *Tackling Violence Against*



Women and Girls: a guide to good practice communications in order to support and inform this activity and all future government communication in this area.

A POSITIVE ROLE FOR MEN

9. Changing the attitudes of men, particularly of those most likely to condone or be involved in VAWG, is important.

“It is ingrained in women from a very young age that by walking around at night you’re putting yourself at risk, somehow doing something wrong. Why aren’t we allowed to walk around in public and to feel safe? Ad campaigns should be targeted at men for a change. All this stuff is aimed at women, whereas if you want to tackle it at the cause you have to talk to men, get them to change their behaviour to prevent them from getting in a situation where they’re going to end up committing the crime.”

10. One under-exploited area of public education is in encouraging men to challenge other men. There is considerable room here for forming coalitions between the many men who eschew violence, but who currently fail to challenge their peers who do not.

11. Much of this work in the UK is currently undertaken by the White Ribbon Campaign, a branch of a global campaign to ensure that men take more responsibility for reducing the level of VAWG. It is an

organisation that encourages men to carry out educational work in schools, workplaces and communities. We will work with the White Ribbon Campaign to promote the positive role that all men can play in ending VAWG and build this into our national communication strategy.

REDUCING THE DEMAND FOR PROSTITUTION

12. We are taking measures to tackle the demand for prostitution and specifically to deter those who pay for sex with women who have been forced, coerced or threatened into providing sexual services, for example women who have been trafficked into sexual exploitation.

13. The Government has set out its commitment to reduce all forms of commercial sexual exploitation in its Prostitution Strategy. We are taking forward the recommendations of the Home Office review into *Tackling the Demand for Prostitution*. These include a range of new laws now in the Policing and Crime Act 2009. These laws introduce a new offence of paying for sex with someone who has been subject to exploitative conduct; removing the requirement to prove persistence when apprehending kerb-crawlers; and legislation giving police powers to close down brothels associated with certain prostitution and pornography-related offences.



14. We will continue to explore the potential for further measures to reduce the demand for prostitution as this strategy is taken forward. This includes looking at what we can do to challenge the advertising of prostitution. We will seek to build on discussions that have taken place between Ministers and members of the newspaper and advertising industry. These led to the Newspaper Society publishing tighter guidance for editors on what adverts should be refused. Since then a number of local newspapers have announced that they will no longer accept offending adverts. But we want to explore options and the merits in approaches taken in other jurisdictions.

Sexualisation of women and girls

15. Responses to the consultation felt that the sexualisation of popular culture and the ubiquity of sexualised imagery of women and girls constitute a problem with respect to VAWG. As part of the Government's VAWG consultation, Dr Linda Papadopoulos has been undertaking an independent review of the sexualisation of young people, looking at the effects of different types of media on young people's body image, self-esteem and understanding of gender and sexuality. Dr Papadopoulos will publish her findings in January 2010.

“Young men and women are encouraged to see girls as sex symbols and nothing more. Who cares if we're successful if we're not attractive too? Girls suffer from low self-esteem thanks to the bombardment of perfect images they receive from the media, girls themselves believe that if they are not beautiful they are worthless.”

16. Early findings of Dr Papadopoulos's work have been fed into the work of the DCSF Advisory Group on VAWG and the government consultation on proposed changes to PSHE Education in schools. Her work has informed the campaign targeting intimate teenage partner violence which will be launched in early 2010.

A whole-school approach to preventing violence

17. Schools and colleges have a crucial role to play in helping children and young people to develop healthy relationships, deal with their emotions and challenge the way in which some young men behave towards young women. What is taught in the classroom, the school's values and ethos, and the way in which it deals with bullying and inappropriate behaviour can all have an important impact.

18. Schools have an existing statutory duty to develop and implement behaviour, anti-bullying and gender equality policies. This gives a strong framework for schools to counteract VAWG.



19. At least 750,000 children a year witness domestic violence, and in up to two-thirds of domestic abuse cases the offender is also directly abusing the children. Girls may also be subjected to FGM, forced marriage, HBV and sexual abuse or exploitation. Schools can play a vital role in early identification of all forms of VAWG and in supporting young victims of, or witnesses to, violence. A school may be one of the few safe places where a child can disclose that they are being abused.

20. Through the co-location in schools of health, social and family support services, schools are increasingly becoming places of safety for mothers to seek support and information about where they can get help if they are being victimised.

21. Our consultation suggested only about half of young women and girls had received lessons on VAWG in school. However, there was a strong feeling from the consultation that all children should be taught about VAWG at school and that all schools, including faith schools and primary schools, should be involved.

“We need to teach children from a very young age that their bodies are their own – they belong to themselves. They don’t belong to their mummy or daddy, they belong to themselves. Why can’t we talk to our children like this? We can’t eradicate what has happened to us but we can try and protect the next generation. So these children don’t

end up in bad relationships, and they listen to their instinct.”

“Stop calling it sex education, people get scared off by that. It’s nothing to do with teaching them how to put a condom on. It’s about teaching boys not to be violent and girls that being a sex object isn’t the only way to be validated.”

22. As part of this strategy, DCSF has established a VAWG Advisory Group on the role of schools. The group will produce a full report early in 2010, including a range of recommendations to ensure that schools actively address the prevention of violence against girls and young women, and identify and support girls who experience violence in school, at home or in the wider community.

23. On the basis of its initial work, the Advisory Group recommends that schools develop a whole-school approach to preventing VAWG, which includes implementing policies to address violence and safeguarding children. We will support schools in doing this by:

- including VAWG in the school curriculum;
- supporting schools with guidance and training for teachers and other members of the schools workforce;
- including VAWG in existing inspection arrangements; and

- offering support for children and families outside the classroom.

24. DCSF will continue to work with its Advisory Group as its work develops, and will respond to its final report once it has been completed.

VIOLENCE AGAINST WOMEN AND GIRLS IN THE CURRICULUM

25. The school curriculum provides scope for schools to address the underlying causes of violence and abusive relationships. We will work with schools to help educate young people how to develop mutually respectful personal relationships, and to make violence against women and girls unacceptable amongst young people by challenging and changing attitudes. These issues are tackled by schools in a range of ways – and in particular through the curriculum for PSHE, which the Government intends to become part of the statutory National Curriculum. The school curriculum also provides scope for education on addressing the underlying causes of violent and abusive relationships through SRE.

ACTION

Key actions will include:

- inclusion of gender equality and violence against women in the programme of study for personal and social wellbeing when PSHE is made a statutory part of the National Curriculum in September 2011; and
- Schools will be encouraged to work with outside organisations including the voluntary sector to offer advice and resources to support teaching about this issue.

GUIDANCE AND TRAINING

26. Our consultation responses highlighted the need for training of teachers and other staff in schools so that they have an awareness of the prevalence and the different types of VAWG. Teachers need to know how to respond to signs of violence, where to refer children for help and how to deal with the consequences of disclosure.



ACTION

Key actions will include:

- Every school should make clear that all forms of VAWG are a safeguarding issue and ensure that all staff know how to deal with girls they identify as being affected, including when to refer to the school's designated senior person for child protection.
- Key messages about VAWG and what schools can do to prevent and tackle it will be included in a range of existing and planned guidance to help mainstream it into school policies and roles.
- DCSF will remit the the Training and Development Agency for Schools (TDA) to include gender awareness and VAWG in the list of topics when the Agency reviews the Qualified Teacher Status Standards and associated guidance in 2010.
- publication of revised guidance on SRE in 2010 after a public consultation, in order to support schools in delivering effective SRE, with a stronger emphasis on relationships;

ACTION

Key actions will include:

- publication by DCSF, together with the Anti-bullying Alliance, of guidance on tackling sexist, sexual and transphobic bullying, advising teachers on how to recognise and respond to it, and including examples of how to use the curriculum to promote respect for others; and
- supporting and training of governors to address gender equality and VAWG issues.

INSPECTION ARRANGEMENTS

27. Ofsted inspectors place increasing focus and emphasis on bullying, including sexual bullying, in schools. They are required to discuss with young people whether they feel safe from bullying and other forms of harassment and whether they are confident about reporting incidents with staff. A new framework for school inspection came into effect in September 2009. Two of the key areas which inspectors will consider are the effectiveness with which a school promotes equal opportunities and tackles discrimination, and the effectiveness of safeguarding procedures. Ofsted will engage students and staff in inspecting how a school undertakes its equality duties, works to prevent violence and supports children who are experiencing violence.



SUPPORT OUTSIDE THE CLASSROOM

28. The Extended Schools services being rolled out by DCSF are establishing schools as community hubs, linking services such as health, social and family support services. Parent Support Advisers are part of the wider Extended Schools programme. They support families across a range of issues, which can include VAWG, and in particular focus on prevention and early intervention. We believe however that some parents need additional support, and in some cases challenge, regarding issues of gender and violence.

ACTION

Key actions will include:

- teachers supporting peer mentoring, where young people support each other, as a valuable mechanism for those experiencing VAWG; and
- further development of Connexions and all children's and young people's services working with schools, to ensure that they help and support girls and young women experiencing violence.

Early identification, early intervention


29. Women and girls who are victims of VAWG will come into contact with a wide range of services, so there will be many opportunities for professionals working

across the public services to spot early indications of violence. The circumstances behind some children's abuse may reveal suspicious signs of greater harm, such as children who may have been trafficked.

30. Intervening early to reduce violence and abuse against both adults and children not only protects victims from immediate harm but can have longer-term benefits too, such as reducing:

- the number of people requiring treatment for mental health problems such as depression;
- risky health issues such as alcohol and drug abuse and smoking, as well as obesity;
- gynaecological and sexual health problems;
- incidence of family breakdown;
- number of looked-after and missing children;
- incidence of teenage pregnancy; and
- poor educational attainment and behavioural problems, absenteeism and school drop-out.

31. A clear message from our consultation responses was that frontline professionals including teachers, medical staff, social workers, UK Border Agency (UKBA) staff and housing professionals need more support with this work. This should include training that focuses on identifying



and responding to VAWG, assessing and managing risk, and making it clear to all women and girls that they will be supported if they disclose violence.

32. Building on the approach that has already been developed in some services such as maternity care, over the next few years we will work with employers, training providers, and regulatory and professional bodies to explore extending the range of frontline staff trained to identify the early signs of VAWG.

THE NHS

33. Routine enquiry is already being implemented in key parts of the health sector. Midwives are trained to ask sensitive questions during the booking process to find out whether a woman is subject to domestic abuse. This information contributes to the full health, social needs and risk assessment. The National Programme on Mental Health Violence and Abuse Policy Implementation is supporting routine enquiry about abuse (in childhood and/or adulthood) in all assessments by all mental health provider trusts (including equipping trust trainers to cascade requisite training courses). The need to train frontline health professionals to identify and signpost services for woman victims of violence is being considered by the Department of Health taskforce on the health aspects of VAWG and has been highlighted in its emerging findings.

“The RCN has been supportive of ‘routine enquiry’ within midwifery services although we are reminded by members that this is not always carried out and needs further investment in pre-registration training to ensure that midwives and nurses are confident in asking assessment questions in relation to abuse and violence experiences and to be knowledgeable in their responses ... RCN would support an investment in pre-registration and CPD programmes which develop assessment and intervention skills [for all nurses].”

(Royal College of Nursing)

“There is evidence that the ability of GPs to do this [routine enquiry] is variable, and all professional training in this area should include emphasis on appropriate consulting and referral practice, including the use of screening questions and managing disclosure without putting the woman at risk ... [this needs] to be highlighted in medical undergraduate training, GP training, and as part of regular safeguarding updates for primary care staff ... The e-GP sessions developed by the RCGP are a good vehicle for achieving this. However, coverage of this important issue in all aspects of training could be further improved and resourced.”

(Royal College of General Practitioners)



JOBCENTRE PLUS

34. Jobcentre Plus routinely delivers training for its customer-facing staff on how to identify and manage vulnerable customers – including women who have been subject to violence. As part of the VAWG strategy, and to continue to improve the quality of services provided, Jobcentre Plus will enhance this training to include specific actions to take where violence is disclosed. Jobcentre Plus will also look at developing relations with specialist service providers such as refuges, and carrying information from local safe houses/victim support groups that could be displayed on desks or in waiting areas for customers.

THE ROLE OF EMPLOYERS IN ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS

35. Workplaces throughout the country are affected by VAWG and employers have an important role in addressing the problem. Domestic violence alone costs UK businesses in excess of £2.7 billion each year¹⁵ due to decreased productivity, poor performance, absenteeism and employee turnover. It affects the financial strength and success of the organisations in which victims work, whether in the private, public or third sector. Victims often feel safe in the workplace, but perpetrators may know where their victims work. It is important

therefore that employers take steps to improve workplace safety and strengthen the support available to staff.

36. The Corporate Alliance Against Domestic Violence, which aims to raise awareness and reduce the human and economic impact of domestic violence by taking action in the workplace, provides a good example of positive action being taken by a group of progressive companies and organisations to prevent domestic violence. Members include the Home Office, The Body Shop International, NHS Employers, Comic Relief and KPMG. A Home Office-funded project manager is helping to strengthen the organisation and infrastructure of the Alliance.

37. Public bodies have additional duties to promote gender equality. As part of this, all public bodies should have employee assistance programmes to provide emotional advice and support, and many have strategies to tackle domestic abuse affecting their staff. We would like to make this approach more widespread by developing best practice guidance with the CPS and the Cabinet Office on addressing VAWG in the workplace and dealing with perpetrators. We will ensure this guidance is shared across all Government departments and Non Departmental Public Bodies.

¹⁵ Walby, S. *The Cost of Domestic Violence*, Women and Equality Unit, 2004.



38. The Ministry of Defence will review its policies on domestic violence in order to maintain alignment with the Cross-Government Strategy on VAWG and will publish an updated strategy on domestic and sexual violence (and associated operational guidance) for the armed services by June 2010. It will review the measures taken to raise awareness among its personnel, both uniformed and civilian, of the issue and the help that is available to victims of domestic and sexual violence.

THE ROLE OF SCHOOLS IN EARLY IDENTIFICATION AND INTERVENTION

39. Effective early intervention practice will involve school staff being alert to signs that indicate that a child may be experiencing difficulties. This may alert teachers in some cases of signs that indicate the child may be a victim of trafficking. Schools should have clear policies so that staff are able to follow up concerns and link back to a trusted adult.

40. Alongside this, all schools must have a child protection policy and a designated lead for child protection who can link with children's services.

ACTION

Key actions will include:

- DCSF launching a consultation on early intervention in December 2009. This will include a focus on schools' role in early intervention and in identifying where children and young people including those affected by VAWG, may have additional needs.

41. In addition to specifically school-based interventions, we are proposing a number of actions designed to support parents and families:

¹⁶ The National Centre for Social Research *Monitoring and evaluation for family intervention projects (FIPS) aimed at anti-social behaviour*, DCSF 2009.

ACTION

Key actions will include:

- the Families and Relationships Green Paper, which will be published shortly, setting out the Government's vision for a cross-government family policy. It will consider what the Government can do to support relationships and help families to thrive, whilst making sure those with the most need have most support;
- Since April 2009, the Government has provided funding to all local authorities to implement the **Think Family** reforms, which encourage children's and adult services to work more effectively together to identify and support families at risk. These reforms include setting up **FIPs** aimed at families experiencing problems. DCSF, with the support of the Home Office, the Department of Health and the Ministry of Justice, will increase investment in FIPs, leading to an increase in the number of families supported from 2,700 to 10,000 per year by 2010/11. To date a quarter of all the families supported by FIPs have been affected by domestic violence, often occurring over a number of years, alongside other complex problems such as poor parenting, chaotic lifestyles, drug and alcohol misuse, and mental health problems. The first 669 families leaving projects showed a significant reduction in the number affected by domestic violence, from 22% to 9%;¹⁶ and
- the Department of Health will continue to fund bespoke training on domestic violence for all FIP teams.

IMPROVED LOCAL PARTNERSHIP WORKING

42. The impact of violence on children can be far-reaching. All five key outcomes for children identified by Every Child Matters¹⁷ can be adversely affected when a child lives with violence and abuse. It is therefore vital that professionals such as police officers, accident and emergency staff or housing officers involved in dealing with a violent incident consider how the child has been affected, and that services consider children's wellbeing in the wider context of their family.

43. The Government has proposed legislation that will ensure closer working between Children's Trust Boards and a range of other local agencies, including the police. These arrangements will be set out in the local Children and Young People's Plan.

Safeguarding children

44. When responding to VAWG the overriding legal and moral responsibility of all those involved is to ensure the safety of any child affected. *Working Together to Safeguard Children* is the core government guidance for agencies on safeguarding and promoting the welfare of children. The Government is currently reviewing safeguarding arrangements for children in light of the findings of Lord Laming's review of child protection procedures, published in March 2009. The forthcoming revision

¹⁷ The five outcomes are: be healthy, stay safe, enjoy and achieve, make positive contributions and achieve economic wellbeing.



of Working Together will address more clearly the impact of domestic violence on children.

ACTION

Further actions will include:

- the newly established National Safeguarding Delivery Unit developing a project to help ensure that, where children are affected by violence, information is automatically shared with children's services, and that referrals are always made where there is a significant risk of harm to children as a consequence of adult violence; and
- continuing provision of £30m to support ChildLine.

45. Sheila Shribman (National Clinical Director for Children, Young People and Maternity Services) is working closely with NHS and professional leaders to ensure that the children's health workforce benefits from high-quality training and support. As a first step this has involved a stocktake of current training programmes to get a clear picture of what is currently being delivered and where the gaps are. Further action is currently being considered in the light of the findings.

46. The Department of Health is sponsoring the Royal College of Paediatrics and Child Health to develop further components of its child protection training, and is also working with the College to scope work to develop clinical networks for child protection within the NHS.

47. The Department of Health, DCSF and the Youth Justice Board (YJB) have committed £16 million over 4 years from 2007/8 to 2010/11 to fund 10 pilot sites of the standard Multisystemic Therapy (MST) Programme, one site of MST for Child Abuse and Neglect and a research trial. This follows an undertaking from the Social Exclusion Action Plan and the Care Matters white paper.

48. The MST programme targets young people aged 11-17 and their families, where the young person is at risk of custody or entering care due to offending or anti-social behaviour. MST therapists work with families to reduce domestic violence, including violence between partners and violence from young people towards their parents or carers, often mothers. International research evidence indicates that the programme is successful in improving family relationships and reducing young people's violence and offending, even at 21 year follow up.

Making public spaces safer

49. Women can often feel that they are at heightened risk of becoming victims of crime and anti-social behaviour because of their gender. This fear of crime in public spaces can limit and reduce quality of life and lead to social isolation.

50. A review of women's safety in public spaces, including plans for safer public transport, is currently being prepared and will be published in January 2010. Key recommendations from this paper are included in the list of actions contained in this document at Annex A.

ACTION

Key actions from the women's safety review will include:

- a named single point of contact in each police basic command unit for all matters relating to stalking and harassment;
- establishing a dedicated stalking and harassment helpline to offer advice and guidance to victims or those concerned for the safety of others; and
- steps to improve safety on public transport – a key area of concern for many women.

Provision

*Provision – helping women and girls to continue with their lives:
Effective provision of services, advice and support; emergency and acute services; refuges and safe accommodation*

*Prevention – changing attitudes and preventing violence:
Awareness-raising campaigns; safeguarding and educating children and young people; early identification/intervention and training*

Providing support to those suffering violence

1. Our ideal remains to prevent violence against women and girls as much as possible. However, it remains an ongoing problem, with around 1 million women experiencing at least one incident of domestic abuse and 500,000 suffering sexual assault each year.¹⁸ We need to ensure that when women and girls suffer violence they have access to the right help and that support services are structured around meeting their needs.

2. As part of our consultation exercise we spoke to over 300 victims of violence about what support they received and what help they would like to have had.

3. The results of this exercise are being published separately, but the headline messages were clear. Women and girls consistently said that their ideal service is one that:

- listens to and believes them;

- treats them with dignity and respect;
- helps them be safe; and
- is accessible and available when they need support.

“An ideal service would be all in one place, with a lot of help there for you so that you don’t have to go from place to place, one link-worker supporting you with a degree of choice of who that is. A service should offer you stability; we need a service that’s safe and that’s quick to access, someone who will be there when you need it, whatever time of day, with no waiting lists, and who understands about violence and knows about rehab, about other things we’re going through.”

4. It was clear from consultation responses that in many areas we are still a long way from matching this ideal. Although over the past three or four years we have made good progress in rolling out targeted initiatives such as SARCs, independent advocates to support victims of domestic

¹⁸ Povey, D. (ed.) *Homicides, Firearms and Intimate Violence Supplementary Volume 2 to Crime in England and Wales 2007/08 Home Office Statistical Bulletin*, 2009.

or sexual violence and MARACs, in too many areas women and girls do not get the support they need, with patchy and inconsistent provision still a real problem.

5. Stakeholders reported lack of visibility of VAWG at senior level on some Local Strategic Partnerships (LSPs); lack of proper local data and needs assessment or co-ordinated planning, and inadequate, confused and ad hoc funding arrangements, particularly for non-statutory providers, who have pioneered many of the services that are now taken for granted as an essential part of the landscape.

6. We will commission a review of existing data on VAWG to assess the possibility of developing a template for a national, regional or local dataset.

7. We are committed to the following key actions:

Ensuring that victims of VAWG have access to services

- Piloting a project to assist victims of domestic violence who have entered the UK on a spousal/partner visa, and have no recourse to public funds.
- Developing a new online directory of VAWG services

- Developing a new 24-hour sexual violence helpline. This will draw on the experience of existing helpline and good practice, including the Rape Abuse Incest National Network Model in the USA.
- Developing an online resource centre bringing together government guidance and other VAWG-related material.
- Building on the learning from the existing Total Place pilot areas and seeking to identify a locality willing to pilot a Total Place-style approach to VAWG.
- Continuing to invest in specialist VAWG services (such as MARACs, Independent Domestic Violence Advisers (IDVAs), Independent Sexual Violence Advisers (ISVAs), helplines and SARCs) in 2010/11 and prioritising investment in VAWG thereafter.
- Seeking to honour the Government's Compact with the voluntary sector by moving to three-year funding arrangements with specialist third sector organisations working in this field where appropriate.

- Developing a standard local VAWG dataset and data tool to enable every local area to undertake an accurate needs assessment.
- Developing a 'ready reckoner' tool to enable commissioners to estimate need for local services in their area and ensuring that VAWG is included in the Joint Strategic Needs Assessment (JSNA) process to establish the current and future needs of the population.
- Publishing new commissioning guidance on VAWG services for every local authority and primary care trust.
- Encouraging every local authority to have a co-ordinated VAWG strategy with a director-level champion working across partnership structures to encourage areas to make arrangements that best suit local circumstances to drive this forward.
- Encouraging NHS Trusts to give attention to VAWG. The Department of Health will include tackling VAWG in the NHS Operating Framework.
- Exploring the development of a wide-ranging VAWG indicator in the national indicator set and looking to mainstream VAWG into other relevant national indicators.

- Improving the way VAWG is included in existing audit and inspection arrangements and in the Comprehensive Area Assessment (CAA) process.

Quality services in every area

- Working with a wide range of professional bodies and others to explore how training on VAWG could be included in initial training or CPD for all frontline staff. For healthcare staff this will be considered by the health taskforce on VAWG.
- Launching an awards scheme to celebrate the achievements of local areas delivering excellence in VAWG and to recognise best practice.

What services should be in place?

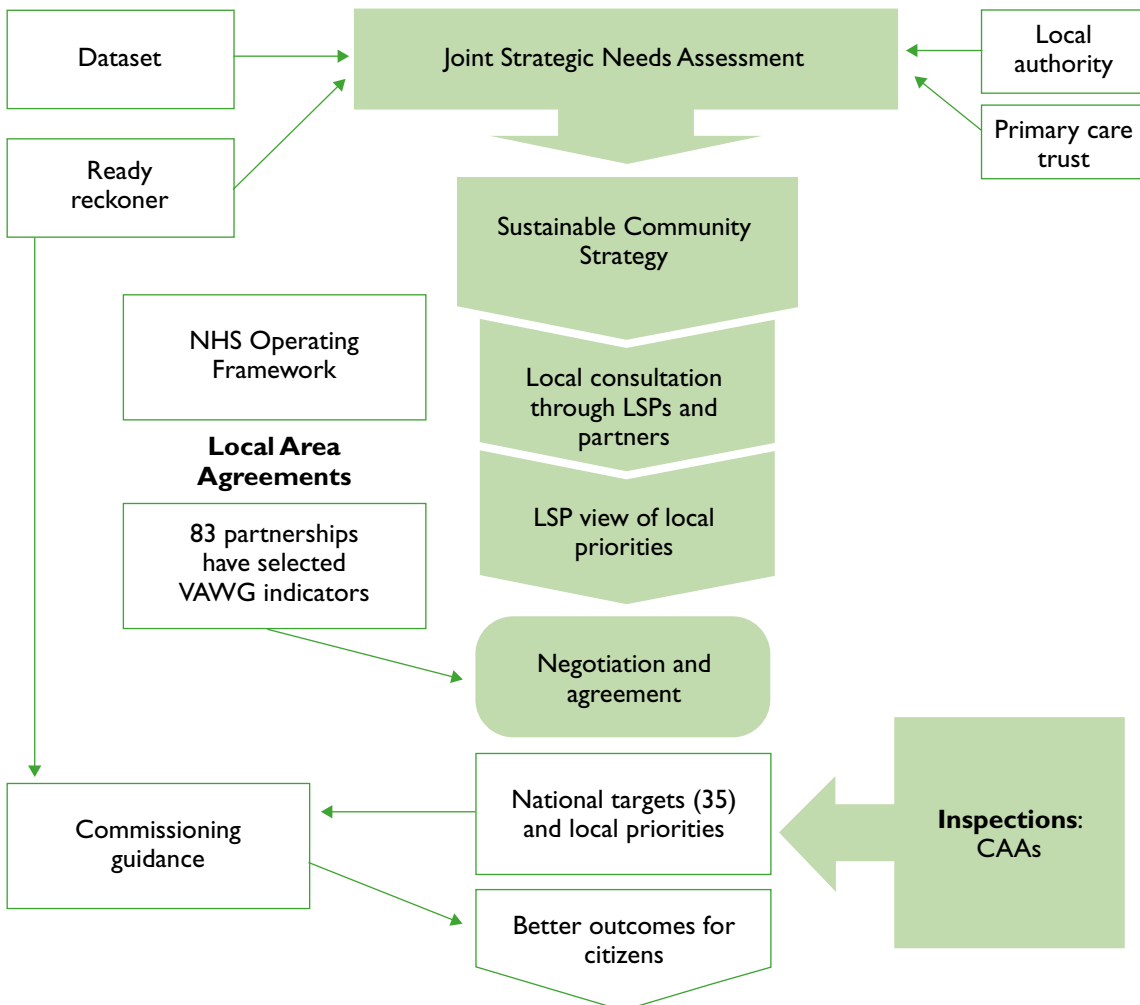
8. Every victim of violence should receive proper advice and support. It is a requirement under the Equality Act 2006 for all public authorities to promote gender equality. The Equality and Human Rights Commission has stated that it will take legal action against public authorities that fail to comply under the Gender Equality Duty.

9. At a minimum every victim needs:

- a **voice** so her views can be taken into account;
- **support** to enable her to recover from violence;
- **information** to be able to make meaningful choices; and
- **protection** from a violent situation and redress through the criminal justice system (CJS).

10. That means:

- easily accessible advice about where to go for help and support, available 24 hours a day;
- frontline staff trained to ask about the early signs of violence and respond appropriately;
- acute care in the immediate aftermath of violence;



Source: adapted from Department of Health and Communities and Local Government *Delivering health and well-being in partnership: The crucial role of the new local performance framework*, 2007.



- independent, personalised advocacy and support to help each victim make the right choices about next steps;
- follow-up and support for those needing longer-term help; and
- safe emergency accommodation for those who need to leave their homes to escape abuse.

Quality services in every area

11. In terms of service provision, there is a role for central government to assist some national-level services (such as national helplines). Government can also pump-prime new initiatives. However, it is local partners who will continue to have the main responsibility for local services. They administer the great bulk of budgets and the now devolved commissioning responsibilities.

12. Ensuring that VAWG is part of core business for all statutory agencies is key to ensuring the sustainability and quality of the response to it. Mainstreaming VAWG into 'business as usual' activities is therefore a key priority over the coming year:

- **From November 2009 to March 2010** we will prepare the groundwork for a more co-ordinated approach by developing the necessary tools and agreements, including commissioning guidance and a ready reckoner to assess need, and setting out how tackling

VAWG will help deliver the priorities for the NHS for the current planning period and in the future.

- **From April 2010 to March 2011** we will work with local partners, including Government Office Regions and other government departments, to develop new national indicators, datasets and funding arrangements to enable implementation.

13. **By April 2011** our aim is that:

- every area should have access to the data and guidance required to assess needs and commission appropriate services;
- every area should be encouraged to have an integrated VAWG plan in place, with a designated local champion; and
- more areas will be prioritising VAWG services locally, backed by a new national indicator set and raising their profile in the NHS Operating Framework.

14. Within this timetable, our aim is to ensure that the following steps are taken over the coming 12 months:

- **Data:** we will commission a review of existing data on VAWG to assess the possibility of developing a template for a national, regional or local dataset.



- **Needs assessment:** drawing on this new dataset, we will work to ensure that VAWG is mainstreamed into the JSNA process, the first step in establishing overarching local priorities for health and wellbeing already being undertaken by every local authority and PCT.
- **More areas prioritising VAWG:** we will develop a new, more comprehensive national indicator on VAWG and mainstream VAWG into other relevant indicators in preparation for the new suite of national indicators to be published in 2010 and implemented from April 2011. And we will work to encourage more LSPs to prioritise the issue within their Local Area Agreements (LAAs).
- **Clear guidance for commissioners:** we will publish guidance for local authority and NHS commissioners and will be seeking views on this. We will expect each area to commission services locally and will send a clear message through the NHS Operating Framework how VAWG services support delivery of the national priorities.
- We will publish the outcomes of a major Health Taskforce review examining the role of the NHS in response to victims of VAWG and we will respond to those recommendations.
- **Local VAWG strategies and senior VAWG champions:** we will work with local partners to encourage a locally-driven a co-ordinated approach to VAWG services in every local authority

area, with the aim of encouraging every area to have a co-ordinated VAWG strategy in place for April 2011. We will also want to encourage local areas to appoint a senior local champion who is able to work across the partnership structures of the local area (e.g. LSPs, Housing, Children's Trusts, and CDRPs) in a way that best meets local circumstances.

- **Audit and inspection:** we will work with the inspectorates (including the Audit Commission) and local authority partners to improve the way VAWG is included in the CAA and other inspectorate processes including through exploring development of a new VAWG indicator.
- **Frontline training:** we will work with a wide range of professional bodies and others to explore how training on VAWG could be included in initial training or CPD for all frontline staff. For healthcare staff, this will be considered by the Health Taskforce on VAWG.

DATA

15. Accurate and comparable data is essential to enable local areas to plan, implement and monitor services for victims of VAWG. It enables local areas to assess what specialist services they need to be providing to achieve the best mix of services for women and girls in their area. It also enables more effective tasking of relevant agencies such as the police to direct interventions where they are most needed. Accurate data is also essential



in determining outcomes – establishing benchmarks and assessing whether services and interventions are successful.

16. We know that data relating to VAWG is collected at both national and local levels. Our challenge is to understand better the range and quality of the data available so that we can consider how this is brought together in a clear and consistent way. We will therefore commission a review of existing data in order to inform how this can be used both nationally and locally. The review will be in three phases: firstly, to review the data, secondly, to review the availability and accessibility of regional and local data, and thirdly to develop a template for both national and local use.

INFORMATION SHARING

17. The Department of Health has been promoting collection of data on violence and sharing of it between acute hospitals and Crime and Disorder Reduction Partnerships (CDRPs). The Department is promoting a minimum dataset which covers all victims of violence and records type, time and location of assaults. Hospitals and police can use this data to provide a better picture of violence in an area and to inform plans to address violence. It is hoped that there will be 100 hospitals collecting and sharing minimum dataset information by January 2010. The Department of Health is currently discussing plans for incorporating the dataset into NHS Connecting for Health,

and aims to roll it out nationally by spring 2011.

18. Where local arrangements are in place, personal information from the minimum dataset can also be shared to reduce risk of violence. Wherever possible consent to share personal information should be obtained, and a clinician would normally be expected to abide by a competent patient's refusal to consent to disclosure, even if their decision leaves them, but nobody else, at risk of serious harm. There may also be circumstances in which information needs to be shared when it is not possible to obtain consent. For example, it may be in the public interest to share information if a health professional has good reason to believe that disclosure may prevent a murder.

19. The Department of Health is currently revising the guidance on the public interest element of the NHS Code of Practice. In addition, the Health Taskforce on VAWG will consider whether a clearer framework for sharing information about vulnerable women is required.

NEEDS ASSESSMENT

20. Every local authority and PCT is already required to produce a JSNA of the health and wellbeing of the local community. This involves understanding the current and future health and wellbeing needs of their local population; so informing the priorities and targets set by LAAs and leading to agreed



commissioning priorities that will improve outcomes and reduce health inequalities.

21. So far, few areas have incorporated needs relating to VAWG into their JSNA processes. Building on the new data set and the ready reckoner tool we will be developing over the next six months, we will encourage every area to start to incorporate VAWG into their JSNAs.

GIVING HIGHER PRIORITY TO VIOLENCE AGAINST WOMEN AND GIRLS

22. Using existing mechanisms for determining priorities at local and national levels (including JSNAs) we will work to encourage a much larger number of strategic partners to give proper priority to VAWG.

NATIONAL INDICATOR SET

23. The national indicator set contains 188 indicators that measure priority outcomes which are delivered by local authorities. Of these, each local authority selects up to 35 indicators, which are agreed between the local authority and its partners and central government as priorities for a three-year period in the form of an LAA. Take-up of the national indicators for VAWG has been patchy, with 79 partnerships selecting the indicator related to repeat victimisation for MARAC cases for their LAAs, and four have chosen the indicator for sexual violence. The CAA will assess and report on performance across all 188 indicators whether in the LAA or not.

24. We will explore the development of a new national indicator covering all forms of VAWG, as well as looking to mainstream VAWG into other relevant indicators.

EMBEDDING VIOLENCE AGAINST WOMEN AND GIRLS IN THE NHS OPERATING FRAMEWORK

25. The NHS is a key service provider for victims of VAWG and has a role across the range of services from prevention, early identification and provision. The NHS Operating Framework sets out the priorities for the NHS and also reminds PCTs of their role in agreeing plans for developing LAA targets.

PROVIDING LOCAL SERVICES

ACTION

To encourage NHS Trusts to give attention to VAWG, the Department of Health will include tackling VAWG in the NHS Operating Framework.

- The way in which services are provided is as important as what services are provided. For example, there are differences in the way women access support services between rural and urban areas. Rural Reachout highlights an effective response to the needs of women in rural areas and Bradford's Jyoti services showcases an effective intervention to support black and minority ethnic women affected by sexual violence.



Bradford is one of the only areas in the country which has seen an expansion in the provision of Violence Against Women services over the last 12 months. In particular, Bradford has a high level of provision of services for Black, Asian Minority Ethnic (BAME) women. For example, Bradford Rape Crisis and Sexual Abuse Survivors Service have developed a specialist Jyoti service to meet the needs of BAME women who experience sexual violence. This includes:

- Dedicated help line sessions
- Face to face counselling
- Drop-in sessions in community settings to increase access to our services
- Services offered in Punjabi, Urdu, Mirpuri, Hindi and English

Through BAME specific workshops Jyoti has raised awareness about rape and sexual abuse and provided information about support services. This ongoing engagement with the community means that women know about the support that is available and have confidence and trust in the services provided.



As part of its Domestic Violence Strategy, Stafford Borough Council identified a substantial rural area with very limited availability and knowledge of domestic violence support services. As a result Staffordshire Women's Aid and the Domestic Violence Co-ordinator developed a pilot project, **Rural Reachout**, to deliver community-based outreach support in rural areas. It provides:

- awareness-raising of domestic abuse in rural communities;
- specialist domestic abuse outreach support;
- help to women to make positive choices, avoid homelessness and live independently, and housing-related support;
- emotional support, counselling, advocacy and advice;
- referrals to agencies such as health and the police; and
- training and awareness for agencies to enable them to respond appropriately to domestic abuse.

To enable women to access support and overcome barriers such as a lack of transport, social isolation and stigma, Rural Reachout operates from discreet bases within the community, for example a GP surgery.

The project was initially funded through pump-priming money, but has since been mainstream funded by Staffordshire County Council's Supporting People. It has expanded to include many rural areas across Staffordshire.

"You have no idea how hard it is to call the police in the middle of the night, have them come out to your home in a small village and then have to take your children to school the next morning with everybody knowing about it."

(Rural Reachout service user)



CLEAR GUIDANCE FOR COMMISSIONERS:

26. To improve the commissioning and provision of services for victims of VAWG, we will publish a recommended framework for local commissioners which brings together areas such as health, the police and children's services at the local level to work together to end VAWG.

27. We will also publish new guidance for PCTs in spring 2010 to help them understand how best to commission services for victims of violence, in line with the World Class Commissioning framework.¹⁹ The NHS guidance will be supported by resources such as sample Service Level Agreements, examples of good practice and service specifications.²⁰

28. Another way of improving the consistency of provision is through developing national service standards for support services outside of the NHS. We are working with Women's Aid with advice from the Audit Commission to take this forward. This will be piloted with areas before deciding the best way to roll-out nationally.

29. Related work on standards has already begun. CAADA has been developing national service standards for IDVAs and Respect has developed national standards

for perpetrator programmes outside the CJS. We are also working with CAADA to support its quality assurance programme for MARACs. This aims to ensure that victims get a high-quality and consistent response, by establishing clear and nationally recognised criteria against which every MARAC will be assessed and by identifying good practice as well as areas that need improvement.

LOCAL VAWG STRATEGIES AND SENIOR VAWG CHAMPIONS

30. Effective leadership at local level is crucial to ensuring that VAWG is mainstreamed and adequately prioritised in local service delivery. Having an influential person who champions the VAWG agenda locally can make a big impact on local services.

31. We will work with local partners to encourage a locally driven co-ordinated approach to VAWG services in every area with the aim of encouraging every area to have a co-ordinated VAWG strategy in place for April 2011. We will also want to encourage local areas to appoint a senior local champion who is able to work across the partnership structures of the local area (e.g. LSPs, Children's Trusts, and CDRPs) in a way that best meets local circumstances.

¹⁹ World class commissioning is intended to deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes.

²⁰ These will be available on the Primary Care Commissioning website at www.pcc.nhs.uk/violence

32. Local authorities should also consider the needs of specific types of VAWG victims, such as victims of human trafficking, alongside their plans for supporting victims of VAWG more generally. This need is affirmed in the Council of Europe's 2006 Congress of Local and Regional Authorities in Europe declaration on the fight against trafficking in human beings, which contains a commitment to ensure that the fight against trafficking is prioritised by local authorities, including by ensuring that victims are protected and rehabilitated.

33. The Government has committed to continue funding safe accommodation for victims of trafficking for a further two years and is prepared to work with local authorities to improve provision in their own areas.

AUDIT AND INSPECTION

34. Better data and needs assessment, clear commissioning guidance and national indicators, backed up by a system of audit and inspection, will help ensure consistency of quality services across the country. The CAA regime, introduced in April of this year, will assess and report on performance in local areas against each of the whole set of 188 national indicators, not just those chosen for LAAs.

35. The CAA will take the LAA as its starting point. But it will look more widely at outcomes for local people, including those likely to be affected, but specifically those who are in vulnerable circumstances. The assessment will evaluate their experience by examining a range of evidence, including views of service users, the national indicator set and findings from inspection, regulation and audit work.

36. The CAA will be delivered by six public service inspectorates working together, led by the Audit Commission and including the Care Quality Commission. The first CAA reports are expected to be published jointly by the inspectorates in December.

Provision of specialist services

37. While we must ensure that VAWG is mainstreamed into the work of all statutory agencies and that statutory partnerships are giving proper priority to the issue, there will always be a requirement for more specialist services, often provided outside the statutory sector, that meet the needs of women.

38. Over the past 30 years the third sector has played a huge role in pioneering and providing a range of support services



including refuge provision, advocacy, counselling and advice and skills support. The Government wants to continue to work in partnership with third sector, but recognises that funding arrangements have remained yearly and ad-hoc. We will overhaul our arrangements for funding the voluntary sector in this area and will encourage local commissioners to do the same. In particular we will seek where appropriate to honour the Government's Compact with the voluntary sector by committing to three-year grant arrangements with specialist third sector organisations (NGOs) operating in the VAWG area.

39. We will work with national and umbrella organisations sponsoring capacity building work. Drawing on best practice in other areas of health and social care, we will also develop a programme of training and support for specialist third sector organisations to enable them to compete on a level playing field with other providers for locally commissioned service provision contracts.

40. Local and statutory agencies will need to ensure there is adequate provision of support services in their areas. These include the services detailed below:

ADVICE AND SUPPORT

41. Women and girls suffering violence and abuse or at risk of such abuse need access

to information and advice on where to go for further support. Advice and support are provided to many women by national organisations such as Citizens Advice and Victim Support, by local law centres and local authority advice centres, and by more specialist organisations such as Rape Crisis and Women's Aid. The Government has invested £30 million a year in Victim Support. In addition the Government funds helplines, including the National Domestic Violence Helpline (which we will continue to invest in). The helpline has taken 600,000 calls since 2003, with 137,000 of these occurring between April 2008 and March 2009.

42. We will also:

- **introduce a sexual violence helpline for victims.** Working closely with partners in the sexual violence sector we will develop a sexual violence helpline to go live in 2010. We will draw on the experience of existing helplines and good practice to develop this, including the Rape, Abuse and Incest National Network model in the USA; and
- **create a directory of services.** During the consultation process victims told us that they wanted better advertising and signposting of services and better knowledge of the support that statutory and third sector services were able to provide. To address this need, we are compiling a comprehensive

online directory of VAWG services that would enable a victim, family member or friend to identify what provision is available in their local area, collating information already in existence and adding new information as necessary.

INDEPENDENT DOMESTIC VIOLENCE ADVISERS

43. IDVAs are trained specialists who work with victims who are at high risk of harm, addressing their safety needs and helping them to manage the risks they face. The role of the IDVA is a pivotal component of both the Specialist Domestic Violence Courts (SDVCs) and MARACs. The Government has provided over £14 million since 2006 to seed-fund IDVAs and training. IDVA involvement with victims of domestic violence has been shown to reduce victimisation, increase notification of children at risk and reduce the number of victims unwilling to support a prosecution. An evaluation report on the SDVC pilots in Caerphilly and Croydon found that victims were more likely to participate in the criminal justice system if they were assisted by advocates.²¹

ACTION

Key actions will include:

We will continue to invest in developing a network of IDVAS to work with victims of domestic violence. Over £5m will be invested in 2010/11 in IDVAs and the further roll-out of MARACs

INDEPENDENT SEXUAL VIOLENCE ADVISERS

44. Based on the IDVA model, ISVAs provide independent support and advocacy to victims of sexual violence and abuse throughout and beyond the criminal justice process. ISVAs are essential in building relationships between local agencies to improve the effectiveness of the response to victims of sexual violence. Victims and support organisations who responded to the consultation and Sara Payne's Victim Experience Review felt that they received a better service when independently supported, and where the ISVA model worked well it was also considered of great benefit to police and the CPS. There are now 43 ISVAs in post across England and Wales, and the Government has provided just over £3 million to support ISVAs since they were piloted in 2006.

45. Sara Payne, in her work with victims of rape, recommended that ISVAs should be professionally trained and accredited, to

²¹ Cook, D., Burton, M., Robinson, A. and Vallely, C. *Evaluation of Specialist Domestic Violence Courts/Fast Track Systems*, March 2004.



put them on a par with other professional roles, and that there should be more ISVAs available to support victims. As a result the Government will:

- protect funding in 2010/11 to help fund ISVAs with a view to expanding the number of ISVAs available;
- revise the definition of the ISVA role and set clear minimum standards; and
- provide centrally funded and properly accredited training for ISVAs, including CPD, networking and best practice support.

SEXUAL ASSAULT REFERRAL CENTRES

46. SARC's are one-stop locations where victims of recent sexual assault can receive medical care and counselling quickly and empathetically, and which allow for the collection of forensic evidence for potential prosecutions. They are joint ventures between police forces, health providers, the voluntary sector and the CJS. Police or other agencies refer victims to SARC's, and all SARC's are working towards accepting self-referrals – with a number already doing so.

47. Where SARC's are operating well, they have a significant positive impact on victim care and are considered to benefit both investigation and prosecution. However, there remains a high degree of variability in SARC provision – both between different SARC's and also within SARC's

between core and out-of-hours provision. Sara Payne found that victims were also concerned about the distance they had to travel to access SARC services. Workers in statutory and voluntary agencies identified concerns over the sustainable funding of SARC's.

48. There are currently 29 SARC's in England and Wales with a further 16 in various stages of development. The Government is committed to ensuring that there is at least one in every police force area by 2011. Joint Home Office/ Association of Chief Police Officers (ACPO)/Department of Health guidance published in October 2009 sets out a series of key elements for each SARC to work towards, including:

- 24-hour access;
- access to trained crisis workers;
- choice of gender of physician; and
- support and follow-up from an ISVA.

49. A national support team will be helping every SARC to attain these elements. Home Office and Department of Health will double central investment in SARC's in 2010/11 making £3.2 million of pump priming funding available.



50. Access to a well trained forensic medical workforce fosters consistency in the collection and recording of evidence and in the setting of a SARC, helps make victim care more personalised. However, the availability of such staff is a long-standing concern with regard to the provision of healthcare in police custody. The Bradley Report²² noted that police custody is now the only stage in the criminal justice system where commissioned healthcare is not subject to the improvement and performance measures available in NHS care. The report's recommendation to explore the feasibility of transferring commissioning and budgetary responsibility (including funding) for healthcare services in police custody suites to the NHS is being taken forward by the Department of Health and the Home Office. Unlike custody work, healthcare and forensic examination for sexual offences is focused on victims and requires specialist skills, which are best integrated into SARC provision.

EMERGENCY ACCOMMODATION

51. When women and their families are forced to flee their homes as a result of violence, safe and secure alternative accommodation is essential. The National Domestic Violence Helpline estimates that approximately 50,000 women have been

referred or have self-referred into refuges and other emergency safe accommodation this service started in December 2003. In 2008/09 1,760 households were accepted by local housing authorities in England as being owed a main homelessness duty (to secure accommodation) because a household member was vulnerable as a result of having to flee domestic violence (this represents 3% of total homeless acceptances in England). New research, commissioned by Communities and Local Government (CLG), is examining the current provision of housing and support for people who seek help from a local authority because they are homeless having fled domestic violence.

52. The Housing Act 1996²³ provides one of the strongest safety nets in the world for families with children and people who are vulnerable and who become homeless through no fault of their own, including those fleeing their home because of violence or the risk of violence. Housing authorities must ensure that suitable accommodation is available for people who are accepted as owed the main homelessness duty; the duty ends when a settled home can be offered.

²² *The Bradley Report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*, Department of Health, April 2009.

²³ Part 7 of the Act, which applies to England.



53. Significant resources have been invested in ensuring that accommodation and support will be available for victims of domestic violence, including a £61 million capital investment in refuge provision since 2003 (from CLG and the Housing Corporation). In 2007/08 local authorities spent over £64.5 million of their Supporting People programme funding on housing-related support services for women at risk of domestic violence. Any future support plan drawn up under Supporting People should take full account of the risk to a person fleeing domestic violence and have reasonable safeguards in place to protect them from ex-partners.

ACCOMMODATION AND SUPPORT FOR VICTIMS WHO ARE SUBJECT TO IMMIGRATION CONTROL

54. In the consultation particular concern was expressed about the situation of women with no recourse to public funds. This applied not just to women on spousal/partner visas but also to refugees and asylum seekers.

55. To address these concerns, we are piloting a three-month scheme to provide up to 40 days' accommodation and living support to victims of domestic violence who entered the UK or had an extension as a spouse, unmarried partner or same sex or civil partner, but have had to flee their home as a result of violence within their two-year probationary period. This would allow sufficient time for a victim to complete and submit their Indefinite

Leave to Remain application and for the UKBA to make a decision, provided that the necessary information was received with the application. UKBA has made substantial changes to guidance and application forms with the aim of significantly improving the domestic violence application process to underpin the scheme. The national pilot commences on 30 November 2009 and is being delivered by Eaves Housing for Women. A full evaluation will be conducted, which will also take on board lessons from previous attempts to address this issue, to help inform our next steps in developing a long-term solution.

56. Under asylum rules, gender is recognised to constitute a 'particular social group' and it is recognised that there are forms of harm that are more frequently or only used against women and which will in individual cases amount to persecution. Gender issues should therefore be taken into account in the assessment of asylum claims and this is emphasised in the training and guidance given to decision-makers. Information is provided at the point of application setting out the claim process. If a woman is included as a dependent on her spouse's application, she will be specifically asked if she wishes to claim asylum in her own right.

57. The asylum interview will usually be the principal means of establishing whether an applicant has protection needs, although



all evidence will be taken into account in reaching a decision. UKBA recognises the importance of providing an atmosphere of confidentiality and trust at the interview to enable every applicant to give as full an account as possible of what will often be difficult and sensitive matters for a woman to discuss. Every applicant is therefore offered the opportunity to be interviewed by a case owner of the same gender, and the agency will normally be able to comply with the request.

58. More generally, UKBA has issued full guidance on the implementation of asylum and gender guidelines, which is being reviewed in consultation with the UN High Commissioner for Refugees and other stakeholders. We are looking at how guidance can be strengthened to include VAWG and what considerations should be made if the woman is not the principal applicant, including in relation to accommodation and support.

59. Over the last six years we have improved support and protection for victims of human trafficking. We have invested £5.8 million in the POPPY Project to provide high-level specialist support for victims trafficked into sexual exploitation, and are providing a further £3.7 million investment over the next two years (until 2010/11) to extend specialist services for

victims of sexual exploitation as part of our ratification in December 2008 of the Council of Europe Convention on Action against Trafficking in Human Beings.

PREVENTING VICTIMS OF VIOLENCE FROM BECOMING HOMELESS

60. Wherever possible victims should be kept safe in their own homes, with the perpetrator, not the victim, having to leave the home. Preventing victims of VAWG from becoming homeless is therefore a key strand of housing policy. From 2008/09 to 2010/11, £220 million is being made available to support strategies for tackling and preventing homelessness in local areas. It is for local authorities to decide how to use these resources, but a proportion of the money can be used to support victims of domestic abuse, for example through the provision of Sanctuary Schemes.

“Violence against women is both a cause and a consequence of homelessness ... Ending violence against women will not happen while there are still women who are homeless and, likewise, ending homelessness amongst women will not happen until both homeless and non-homeless services understand and provide for the needs of women who are victims of violent or sexual abuse.”

(Crisis)

61. These schemes provide security measures such as panic alarms, security



bars and toughened doors to allow those experiencing domestic violence to remain in their own accommodation where it is safe for them to do so. Research published in June 2007 shows that 171 local authorities had set up Sanctuary Schemes and that a further 90 planned to introduce them in the future.

SPECIALIST PROVISION AND INTEGRATED APPROACHES

EMPOWERING WOMEN TO REBUILD THEIR LIVES

62. We also need longer-term solutions to enable women who have been victims of VAWG to leave an abusive situation and rebuild their lives. In partnership with the Women's Enterprise Team in the Department for Business, Innovation and Skills, we will run a pilot to support women in rebuilding their lives by providing tailored advice on employability and training. To ensure that women are able to access this support in a safe environment, we will:

- work with partners in the third sector to offer one-to-one support and advice to women on a range of issues; and
- explore options to work with online social networks to ensure that we reach as many women as possible in an environment which is safe for them.

INTEGRATED APPROACHES

63. We are looking to improve the way local VAWG services are integrated. This

includes work to improve care pathways in health and work to bring services together in geographical locations, learning from initiatives such as Total Place and one-stop shop approaches.

64. The Department of Health has established a **taskforce on the health aspects of violence against women and girls**. This aims to identify the NHS response in relation to VAWG – in terms of both prevention and treatment. The taskforce is looking specifically at:

- improving early identification of victims of violence;
- improving the quality of, and access to, healthcare services;
- raising the profile of VAWG among NHS frontline staff and commissioners, as well as their partner agencies;
- staff training and development; and
- embedding improvements in the NHS by making the most effective use of existing NHS resources.

65. A final report is due in January 2010. Emerging findings include the need for a public health campaign on VAWG; the importance of training frontline staff, in undergraduate, postgraduate, medical and



non-medical training, on the identification, treatment and referral of victims of VAWG; and greater clarity on information sharing protocols and more explicit commissioning guidance.

66. One of the key emerging findings from the taskforce is around the need for clear **care pathways**. Women, young people and children who are victims of violence can enter the health service at many different points via almost any service. It is therefore essential to have a clear, locally agreed care pathway that takes into account different entry points and the different agencies involved.

67. **Total Place** is another initiative aimed at providing integrated services to the public by taking a more holistic approach to public services within areas (e.g. by encouraging local agencies to pool budgets). Building on the learning from the existing Total Place pilot areas we will seek to identify a locality willing to pilot a Total Place-style approach to VAWG in 2010.

68. The Ministry of Justice is investing £15.6 million over two years to divert from custody those vulnerable women who are not serious or dangerous offenders. In November 2009 the Ministry of Justice announced funding for 31 voluntary organisations to provide **women's community projects**. These

projects will provide extra and enhanced community support to vulnerable women offenders and women at risk of offending, which includes women who have been victims of domestic and/or sexual violence. This is done through a range of on-site services and support, or referrals to other agencies, in order to help tackle problems in a holistic way, including mental health, accommodation, education and employment and childcare. This follows recommendations in Baroness Corston's review of vulnerable women in the criminal justice system, which was published in 2007.²⁴

FRONTLINE TRAINING

69. The need for better training for staff dealing with victims of VAWG came up repeatedly in our consultation. There was strong support for requiring staff in statutory services to undergo specialist training on violence against women, especially if they were to undertake a specialist VAWG role within their organisation. This covered the range of staff relevant to the needs of VAWG victims, including CJS staff, teachers, social workers, healthcare staff, Jobcentre staff and housing professionals.

70. Training on VAWG issues is currently available to professionals in a range of public services including health services, the CPS, Jobcentre Plus, schools (see

²⁴ Corston, Baroness J., *The Corston Report: a review of women with particular vulnerabilities in the criminal justice system*, Home Office, 2007.



section on early identification above) and UKBA. This is being developed further. For example the Deputy Chief Medical Adviser at the Department for Work and Pensions has agreed that VAWG information will be integrated into the training of health staff who undertake Work Capability Assessments, to ensure that the emotional and physical impact of VAWG is appropriately considered. For UKBA staff there is a mandatory e-learning package on human trafficking. Later this year, UKBA will roll out a further module to that course targeted at staff who interact with potential victims. UKBA will also consider how information from regular reporting meetings with asylum applicants can provide further opportunity for information sharing and support, and what further training could be provided for frontline staff in reporting centres in recognising the signs of violence.

71. Skills for Justice has developed National Occupational Standards for the functions carried out by those working to tackle domestic and sexual abuse. These standards have now been approved and are available through the Skills for Justice website. Skills for Justice will work with the Home Office to implement these standards within the sector.

72. The Ministry of Defence is working closely with the Foreign and Commonwealth Office and the

Department for International Development on implementing the requirements of UNSCR 1325, which deals with the treatment of women in conflict areas and to which the UK is a signatory. The resolution underscores the responsibility to protect women and girls from human rights abuses, including gender-based violence. The principles of UNSCR 1325 are reflected in the pre-deployment training of personnel who are about to participate in operations.

73. Training is also available to deal with specific aspects of VAWG. For example, for victims of trafficking a multi-agency toolkit containing targeted guidance and information for frontline staff who may come into contact with victims has been produced. This includes sections for the Prison Service, the health service, local authorities, Citizens Advice Bureaux and trade unions. The FMU is currently developing specific e-learning training for frontline professionals to complement the revised practice guidelines issued to professionals in July 2009. We expect this to be rolled out in early 2010.

74. We will create an online resource centre bringing together all materials in a single place, to ensure that all government and NDPB guidance and other VAWG-related materials are easily accessible to frontline staff and the public.



ACTION

Our commitment is:

- to work with a wide range of professional bodies and others to explore how training on VAWG could be included in initial training or continuing professional development for all frontline staff. For healthcare staff, this will be considered by the Health Taskforce on VAWG.

4

Protection

Protection – delivering an effective criminal justice system:
Investigation; prosecution; victim support and protection;
perpetrator programmes

Provision – helping women and girls to continue with their lives:
Effective provision of services, advice and support; emergency and acute
services; refuges and safe accommodation

Prevention – changing attitudes and preventing violence:
Awareness-raising campaigns; safeguarding and educating children and
young people; early identification/intervention and training

Introduction

1. The measures laid out in the preceding chapters outline the work being done to prevent violence against women and girls and the action being taken to support women who have been victimised, whether or not they choose to report their attacker.

2. This final section of the strategy deals with the response of the criminal justice system to both victims and perpetrators once abuse has been disclosed. Our priorities in this area are to:

- provide end-to-end support for all victims through the criminal and civil justice system, from report to court;

- bring more offenders to justice by improving reporting and conviction rates; and
- rehabilitate offenders and manage the continuing risk they may present to women and girls.


3. We are committed to the following key actions (a complete list of the actions to be undertaken is given at Annex A).

Supporting victims from report to court

- Continuing the roll-out of MARACs to cover all geographical areas and reach at least 50,000 new victims a year by 2011.
- Consulting on putting MARACs on a statutory basis.
- Continuing to invest in local non-statutory support services for rape victims – with £2.25m central funding available in 2010/11 including from a surcharge on offenders. Additional funding is also being made available for SARCs.
- Working with Rights of Women to ensure its handbook *From Report to Court* is made available to all victims of rape reporting to the police.
- Improving the way in which victims are notified by the CPS if their case does not proceed to court.
- Ensuring that victims' property seized as evidence is returned promptly and any delays fully explained.
- Introducing new Domestic Violence Protection Orders.

Bringing more offenders to justice

- Asking all chief constables to report on the adequacy of their training on rape.
- CPS to ensure that all rape specialist prosecutors complete the revised Rape and Serious Sexual Offences (RASSO) training course.
- All chief crown prosecutors to receive specialist training in prosecuting and managing rape cases by January 2010.
- Ensuring that all force areas are following new ACPO/CPS guidance on rape investigation and prosecution with a joint ACPO/CPS support team visiting every area by March 2010.
- A Rape Monitoring Group to scrutinise local performance and advise on new performance indicators for police and CPS in investigating and prosecuting sexual offences, particularly rape.
- Exploring the feasibility of setting up and/or extending scrutiny panels, similar to those currently operated by the CPS in relation to hate crime and domestic violence.



Rehabilitating and better managing offenders

- Continuing to invest in NOMS perpetrator programmes in custody and the community for offenders in both the criminal and civil justice systems, with plans to provide additional places in 2010/11.
- Publishing new national offender strategies for domestic violence and sexual assault perpetrators in 2010.
- Working to improve multi-agency information sharing on risky perpetrators through statutory and non-statutory partnerships such as MARACs and Multi-Agency Public Protection Arrangements (MAPPAs).
- Ensuring that IDVAs are involved in MAPPAs in appropriate cases.
- Exploring how to enable third parties such as IDVAs or other third sector organisations to apply for civil injunctions with the leave of the court, on behalf of victims under section 60 of the Family Law Act.

- We will provide support to MARACs and Local Safeguarding Children's Boards to agree joint working arrangements for identifying, protecting and supporting children affected by domestic violence.

Supporting women from report to court

4. Significant progress has been made in improving the service provided to victims who report a crime to the police. But as our consultation highlighted, provision can remain patchy and inconsistent.

“If you have special measures in law, such as allowing a woman to have somebody sitting next to her in court, or giving evidence in the video link room, the court services need to make sure this happens. Time after time ISVAs are prevented from advocating for this and women are denied special measures because we’re told ‘it’s at the judge’s discretion’.”

“The length of time it takes to bring a prosecution to trial really puts women off. There is a lack of communication between agencies and the process is so slow, with many delays – for, say, four weeks just spent asking for reports – which could be a woman’s life on the line, something drastic can happen in that time.”

“When my partner was arrested for raping me, he was bailed to my house! Why don’t the police or courts check this kind of thing out?””

“I took photos of my injuries. I thought it would help in the family court, but three years on, nothing has happened. He is representing himself, he denies he was ever violent, he talks nonsense and the judge listens to him. It’s such a waste of money. He has nothing to lose and I can’t move on. My children are scared of him. It’s so frustrating. There should be more domestic violence courts to deal with family matters, which have specially trained judges.”

Listening to victims

5. Some stark messages came from the different groups with whom we consulted, highlighting some of the barriers that victims face before deciding to report their experiences at all:

“There is a lot of fear about making a statement and going to court. If there was some way of telling women who have been attacked that making a statement doesn’t have to be traumatic, there can be a female officer; it’s in your own time. More information should be available ... I think the publication ‘From Report to Court’ (Rights of Women) should be much more available for women. I know women who have read it not wanting to report, and decided to report afterwards – it’s having the knowledge and knowing what steps will be taken.”



“There is this incredible fear. If I make a complaint will the police come and get me? Will it bias what they say about me?”

“Social services don’t seem like they are linked in to protect women. When I reported domestic violence, social services wrote to me and just threatened to take the kids off me and put them into care. Now I can’t call the police in case they punish me by taking my kids away. And men also punish you, they’re very good at manipulating you – it’s your fault, it’s your depression that’s causing this. Men punish you and agencies punish you, we can’t win either way.”

6. Several women spoke of feeling a loss of control once they had reported a rape or an instance of domestic violence to the police:

“It’s their pace, not your pace. There is a lack of control. It should be the other way round.”

“When I left my husband social services weren’t helpful at all, they threatened to take my daughter off me unless I made sure my violent husband stayed away, how can I do that? They should work to keep the abusive parent away instead of putting it all on me.”

Sara Payne’s Victims’ Experience Review

7. Sara Payne, the Victims’ Champion, undertook a review of the experiences of rape victims which will be available on the Home Office website. Her recommendations include the following:

- Public attitudes to rape and other forms of sexual violence should be challenged through an awareness campaign.
- Sexual violence should be included in education in schools about healthy relationships and respect.
- The number and quality of ISVAs needs to be improved, with sustainable funding provided through all partners.
- The quality of SARCs needs to be improved to ensure consistent high quality provision across the country.
- Training for police and CPS should be implemented consistently across the country and be regularly updated with specialist third sector organisations and victims involved wherever possible.
- Items seized by police as evidence, such as mobile phones, should be returned to victims as quickly as possible with clear communication with the victim about evidential needs.



- Agencies, particularly the police and CPS, should work to the same targets to ensure a coherent multi-agency response to rape complaints.
- The CPS should improve the way in which it informs victims if their case does not proceed to trial.

The Stern Review

8. In September 2009 the Government announced a review into how rape complaints are handled, from when a rape is first disclosed until the court reaches a verdict. The review will look in particular at how public authorities (including the police, local authorities health providers, and the CPS) not only respond individually to rape complaints, but interact with each other. The review is being led by Baroness Stern and will consider a number of issues including how to encourage more victims to report rape; how to ensure that more cases progress further through the criminal justice system; how to fairly increase conviction rates; and how to build satisfaction and confidence in how rape complaints are handled. It will report by March 2010.

Commitments to all victims

9. The Government has set out clear expectations of the service it expects **every** victim of crime to receive as they travel through the criminal justice system.

- The **Code of Practice for Victims of Crime** gives victims the legal right to a high standard of support and sets out the services provided by the criminal justice agencies for victims of crime.
- The **Witness Charter** includes new standards of care for victim and non-victim prosecution witnesses and defence witnesses. This includes being kept informed, having their needs catered for, being safe and comfortable at court, and feeling that their contribution is valued.
- **Special measures** are available to the courts for vulnerable and intimidated witnesses to help women give evidence in cases of violence and abuse. These include screen, live video links and evidence given in private.
- The **Youth Justice and Criminal Evidence Act** precludes unrepresented defendants from cross-examining complainants in sexual offences, and imposes restrictions on questions about complainants' sexual behaviour in rape and other sexual offences, with an automatic ban on media reporting of the identity of the victim.



Improving the wider police response to victims of violence

10. Every year the police receive over 600,000 calls for assistance from victims of domestic or sexual assault. It was clear from the many victims' testimonies we collected that the first response a victim receives from the police is crucial to setting the tone of their overall experience. Where that first response is dismissive or disbelieving the impact can be devastating.

11. Ensuring that women and girls are informed about the options available to them, and involved in decisions taken about their case, is crucial to building confidence in how their cases are being managed.

12. The Government will work with Rights of Women, which currently provides a detailed and respected information handbook for victims called *From Report to Court* to ensure that this is made available to all victims of rape reporting to the police, a SARC or voluntary sector services. We will also consider how to ensure that appropriate information is distributed in other places where victims may seek help, such as GP or sexual health clinics.

Specialist training

13. Some women said that they would never report being a victim of VAWG to the police because of professionals' attitudes to rape victims.

“I never reported it [rape by a partner] because police just viewed it as a domestic; they said there was nothing they could do; they told me to sort it out yourself. Slowly things are changing. It used to be that they would just let him out in two hours and they would come back to get you. I was told ‘no-one would believe you.’”

14. Equipping the police with the awareness and skills to ensure an appropriate, protection-led response at all levels within the police service is therefore critical.

“I want mandatory training for all law enforcement officers. So at least they have an inkling, if there is a rape they have some knowledge of how to go about it. They fuff about, and you are already depressed, you are already terrified.”

“Every police force should have the same procedure and have compulsory training, it should be nationalised so that all women know what to expect from the police if they report rape.”



15. All forces now have specially trained officers to respond to rape and sexual violence and some operate a dedicated team approach to rape and sexual offences investigations. In addition, the CPS has specialist rape and domestic violence prosecutors. However, it is clear that some officers, particularly first response officers, feel inadequately trained.

16. A range of recent guidance packages and training has been produced for the police, including:

- guidance on investigating domestic violence, which has been reinforced by training for all officers including compulsory sessions for all probationer police officers;
- guidance on stalking and harassment; and
- sexual violence guidance and a core syllabus for training specialist officers.

17. ACPO and domestic violence delivery partners and stakeholders have produced the Domestic Abuse, Stalking and Harassment (DASH) and HBV risk assessment model. We are committed to seeing this rolled out nationally and to having all officers trained in its use.

18. However, much remains to be done. Training for police forces and CPS areas on rape and domestic violence must be consistent and updated.

- The Home Secretary will write to all chief constables to ask them to consider, and report on, the adequacy of their training on rape and to ensure that they are adequately trained to provide leadership to their areas on this issue.
- The CPS will ensure that all rape specialist prosecutors complete the revised RASSO training course by 2011. In addition, by January 2010 all chief crown prosecutors will receive specialist training on prosecuting and managing rape cases.
- A joint inspection of police and CPS areas by Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI) planned for autumn 2010, and the Stern Review, will consider police and CPS training on rape and make recommendations.

19. The National Policing Improvement Agency (NPIA) is currently updating police training on domestic violence (including forced marriage and HBV) and this should be available in early 2010. The United Kingdom Human Trafficking Centre and the NPIA have also developed training modules on human trafficking to be included in mandatory training for



police officers. This is being rolled out in 2009 and will be incorporated into programmes for all new officers as well as specific programmes such as initial detective training and those aimed at police community support officers.

20. A significant number of women in prison are likely to have experienced domestic and/or sexual violence. In 2008 a Women Awareness Staff Programme was introduced by the National Offender Management System (NOMS) Women's Team for all staff and volunteers working with women in prison. This programme includes information on why women offend and considers the effects domestic violence may have had on them. Staff are given specific guidance on supporting these women and are provided with information to help signpost women to appropriate contacts within the prison, who can then link them to specific support provided by specialised service providers.

Communication with victims

21. The issue of how the CPS and police inform victims of rape of decisions to discontinue a case received a great deal of criticism.

“Mine didn’t get to court; my emotions are all over the place ... The police were crap. They sent me a letter to tell me that the case wasn’t going to court. Two police officers came, and read me the letter; I had no idea

who they were. I was sat there; they were saying all these things. They don’t actually treat you like a person. The only person who the CPS bother to talk to is the guy that did this to me. They got his side of the story; it was a biased letter. It was a stupid, crap letter ... If somebody had talked to me and explained to me why this isn’t going to court, someone who was actually working on the case it would have been so much better ... That letter made me feel so small and demeaned, like I was a waste of time, I got nothing from it. There was no point in me going to the police; he got away with it.”

“My client often had to call in to see how the case was going; she felt misled and misinformed. Even when they arrested him, they didn’t tell her. When the CPS decided to discontinue the case she wanted a meeting with them to find out why; for her that would have been really important in terms of being taken seriously. For a sense of procedural justice, she didn’t get that meeting; they took a long time to respond. She felt that if she had had that meeting it would have helped.”

22. Sara Payne recommended that the CPS consider how to ensure that this decision is communicated in a thoughtful, more personal way. This must involve considering how the victim would like to receive this information, for example by discussing with the victim whether she would like to receive it via an ISVA or for a meeting to be arranged.

23. The CPS will continue to work to improve communication generally and via training to chief crown prosecutors, to ensure that the quality of communications to victims is monitored and best practice examples are made available to prosecutors.

Specialist Domestic Violence Courts

24. SDVCs are a multi-agency approach to the specific safety and support needs of victims of domestic violence. The police, prosecutors, court staff, the probation service, local authorities and specialist support services work together to identify, track and risk-assess domestic violence cases, support victims and share information so that more offenders are brought to justice. Among the features of an SDVC are:

- magistrates specially trained in dealing with domestic violence;
- where possible, separate entrances, exits and waiting areas so that victims do not come into contact with their attackers;
- cases clustered on a particular day or fast-tracked through the system; and
- tailored support and advice from IDVAs.

25. In 2005/06, we established the first 25 accredited SDVC systems and we now have a total of 127 across England and Wales. In November 2009 we announced a further accreditation round, with a closing date of 15 January 2010. By the end of March 2010 we will have met, ahead of target, the ambition we set ourselves in the Tackling Violence Action Plan of establishing 128 SDVCs by 2011. From April 2010 local criminal justice boards will take responsibility for the governance and performance management of SDVCs.

26. In implementing an effective CJS response we will look at the evaluation and outcomes of the SDVCs and other court systems internationally.

Trafficking and the Olympics

27. Preparations for the London Olympics in 2012 have led to concerns about the potential for an increase in trafficking linked to the games. We are vigilant to the threat. Intelligence assessments (which are reviewed quarterly) are in line with research evidence which does not indicate an increase. The situation may change closer to the event and if that happens, we will strengthen enforcement activity and review victim care arrangements. We also have proactive measures in place with the



Metropolitan Police, which is working to disrupt trafficking for sexual exploitation in the five Olympic boroughs over the next three years.

Forced marriage

28. Forced marriage is a marriage in which one or both spouses do not (or in the case of some adults with learning and physical disabilities, cannot) consent to the marriage, and some form of duress is involved.

29. In 2008 the joint Home Office and Foreign and Commonwealth Office FMU received over 1,600 calls to its helpline in relation to suspected cases of forced marriage. Of these calls the FMU provided direct support to victims in 420 cases, which involved overseas and immigration assistance. In 2008, 39% of all the overseas assistance cases dealt with by the FMU involved children under the age of 18, and in 14% of these cases children under 16 were involved.

30. The FMU has launched a new two-year action plan for 2009 and 2010, which is available on its website at www.fco.gov.uk/forcedmarriage

31. The FMU is currently developing an online e-learning training package for frontline practitioners. The training aims to complement the practice guidelines

for handling cases of forced marriage, in order to support frontline professionals in providing an effective response to victims and potential victims of forced marriage.

'Honour'-based violence

32. Some forms of violence are focused within particular communities, and for many years were neglected by mainstream criminal justice agencies. Honour-based violence (HBV), for example, is a collection of practices used to control behaviour within families using the excuse of protecting perceived cultural and religious beliefs and/or 'honour'. Women are predominantly (but not exclusively) the victims of HBV. Most of the Government's work on HBV revolves around raising awareness, which it is hoped will prevent HBV.

33. The Home Office is currently conducting a scoping exercise to assess the feasibility of developing an information pack about HBV for new entrants to the UK. This would help new entrants understand their rights in the UK and signpost them to relevant support services. In addition, the cross-Government HBV Steering Group will continue to work together to develop effective initiatives to raise awareness and tackle the issues of Forced Marriage, Honour Based Violence and Female Genital Mutilation.

34. A training DVD (part funded by the FMU) for police who investigate cases of forced marriage and HBV was launched in September 2009 at ACPO's first national HBV conference.

Female genital mutilation

35. A cross-government FGM co-ordinator was appointed in September 2009 to provide a single point of contact for stakeholders in and out of government, and also to lead on work on FGM, including the development of guidance and a standardised training package for practitioners dealing with FGM.

Bringing more offenders to justice

Professionalising good practice

36. ACPO, the NPIA, CPS and bodies such as the Judicial Studies Board have produced a detailed and comprehensive range of good practice advice in recent years.

37. In July 2009 detailed guidance and good practice examples on rape investigation and prosecution were published. A Home Office-funded expert ACPO/CPS support team will visit every force area by March 2010 to ensure that the guidance is being adopted, and will provide detailed feedback to every force on areas for improvement.

Multi-agency working

38. Sara Payne's work on rape found that agencies providing a service to victims of rape are frequently working in isolation. In some cases, the police are taking on functions that should not be their responsibility, for example trying to find counsellors or doctors for victims. Her report highlights the need for a multi-agency response to rape victims in which all agencies are aware of their own and other agencies' responsibilities.

39. Linked to this, agencies have different, and often, conflicting measures of success. In order to ensure an efficient, joined-up response to rape victims. The police and CPS should agree as soon as possible a common performance measure to ensure that joint working is a reality.

40. The Government has established an HMIC-led Rape Monitoring Group to scrutinise local performance on rape investigation and prosecution, and make recommendations to ministers on better joint working and ways of monitoring police and CPS performance on this issue.

Scrutiny panels

41. The Government will also work to explore the feasibility of setting up and/or extending scrutiny panels, similar to those currently operated by the CPS in relation to hate crime and domestic



violence, to scrutinise rape cases. Such panels will enable CJS partners to identify trends, and strengths and weaknesses in rape investigations, decision-making and case management, and to gather and disseminate good practice.

Homicide reviews

42. Domestic homicide reviews are vital in ensuring that agencies learn lessons from each case and respond appropriately to prevent homicides. The Government is working towards implementation of section 9 of the Domestic Violence, Crime and Victims Act 2004. This will establish a statutory requirement on local areas to undertake multi-agency reviews – including an input from victims' families – into all domestic violence homicides. In advance of statutory implementation we will be issuing guidance on how these multi-agency reviews should be undertaken so that areas can start to undertake them on a voluntary basis. A timetable for implementation will be published in early 2010 alongside the guidance.

Protecting women involved in prostitution

43. Women involved in prostitution are at particular risk from violence and abuse. To address this it is important to increase reporting of violent incidents to allow perpetrators to be prosecuted, including through the dissemination of

intelligence about perpetrators to those particularly at risk. The Ugly Mugs scheme allows such opportunities by promoting information sharing between the police and local projects. It will also facilitate rapid identification of offenders and improve early identification of repeat and mobile offenders across regions of the UK. The scheme is currently operating in a number of voluntary sector projects. The Home Office will fund a feasibility study into a national roll out of Ugly Mugs.

Rehabilitating offenders and managing risk

44. Since 1997 there has been a significant improvement in the way that the prison and probation services assess and manage the risk posed by domestic and sexual violence perpetrators. All offenders are now assessed through the Offender Assessment System (OASys) process for risks of domestic and sexual violence, with additional specialist assessment tools for those flagged as higher risk.

45. A range of accredited offending behaviour programmes for both sexual and domestic violence have been developed both in prison and for offenders being supervised in the community. Data from the OASys system shows that over a quarter of male offenders under probation supervision and 17% of male prisoners are domestic violence perpetrators. Accredited

domestic violence programmes have been available in all probation areas since April 2006 and all probation areas should have access to one of four accredited sex offender programmes.

46. NOMS is developing a domestic abuse strategy to provide a framework for prison and probation staff to work with domestic abuse perpetrators and victims. It will promote:

- a co-ordinated approach to the management of domestic abuse perpetrators, encompassing the assessment and management of risk of serious harm, access to interventions and inter-agency working;
- the delivery of an effective, consistent and high-quality service to victims of domestic abuse; and
- a sufficiently robust and sensitive approach to respond to and actively manage staff who may themselves be victims or perpetrators of domestic abuse.

Prison-based perpetrator programmes

47. The Healthy Relationship Programme in use in prison aims to identify and address the reasons for domestic violence offending and to work with offenders to reduce the risk they pose.

48. The organisation Woman Safety Workers works with the victims and current partners of men undertaking domestic violence programmes in order to promote the safety of women and children.

Probation-run domestic violence programmes

49. For perpetrators convicted of domestic violence and sentenced to punishment in the community, there are two accredited domestic violence programmes which aim to challenge the attitudes and beliefs of the offender:

- Community Domestic Violence Programme.
- Integrated Domestic Abuse Programme.

50. NOMS is also sponsoring three pilot projects to enhance the range of interventions for domestic abuse perpetrators. Two of these are the Integrated Individual Sessions for Domestic Abuse, a one-to-one structured approach developed from the recently accredited Caledonian system; and Caring Dads, a programme developed in Canada for abusive fathers. A third pilot will seek to enhance the regime within Approved Premises as a residence requirement specifically to tackle domestic abuse. The Integrated Individual Sessions for Domestic Abuse and Approved Premises pilots are being run in association with the voluntary organisation Respect.



Attaching requirements to community orders

51. Not all domestic abuse offenders will be suitable for or benefit from the accredited domestic abuse programmes. Domestic abuse offenders have diverse needs, some of which can be met by other interventions.

52. There are a number of requirements that can be attached to community sentences or custodial licences, in addition to a supervision requirement, which may be effective for domestic abuse offenders. Domestic abuse issues can be addressed on an individual basis supported by a probation officer (offender manager) as well as within a domestic abuse programme. Any intervention with an offender should be completed within a framework of inter-agency collaboration and protection of known victims.

Perpetrator programmes outside the Criminal Justice System

53. With funding from the Home Office, Respect has been developing core standards for services offering programmes for perpetrators of domestic violence who are outside of the CJS.

54. As of November 2009, two projects have received accreditation, with more expected to follow in the next six months. Respect hopes to develop a network of accredited services to provide effective interventions with perpetrators of domestic violence across England and Wales. We will be encouraging all commissioners and funders to ensure such programmes have either been accredited or are applying for accreditation.

55. The Home Office has contributed funding in 2009/10 to Respect's four year research project which will find out how, and to what extent, perpetrator programmes improve women's and children's safety and reduce men's violence. Interim reports will be published in November 2010 and November 2011 with publication of the final report in June 2012.

56. Respect has also established a helpline for men worried about their violent behaviour and wanting help. The helpline which is funded by the Home Office is open five days a week.

57. In December 2008 the DCSF launched a range of initiatives to promote safe contact between children and their parents. This includes domestic violence perpetrator programmes to which the family courts can refer parents. This new form of provision is emerging slowly and national coverage is not yet in place. We

are working closely with Children's and Families' Courts Advisory and Support Service (CAFCASS), Respect and providers to build provision and meet demand.

Children who display sexually harmful behaviour

58. A cross-government framework on young people who sexually abuse is currently being developed. The aim is to provide a clear pathway from early intervention through the community, and within custody, ensuring that there are clear plans for this group of children and young people.

59. A pilot site of MST for young people aged 10–17 years who have committed sexual offences, or have problematic sexual behaviour, has also been established at the Brandon Centre in North London. The aim is to reduce the risk of re-offending or prevent future sexual offending, including violence. The pilot and associated research will be funded for three years by the Department of Health and the Youth Justice Board.

Risk management

60. The Government has provided just over £7.8 million over the last two years to support the roll-out of IDVAs and MARACs to provide safety planning support to high risk victims of domestic

violence through the criminal justice process and actively to manage the highest risk cases.

61. In recent years we have developed much better structures to enable local agencies to work together to share information about the most at risk victims and the riskiest perpetrators.

Multi-Agency Risk Assessment Conferences

62. The MARAC is a multi-agency meeting that focuses on the safety of high-risk domestic violence victims. MARACs share information to build a picture of the victim's situation and jointly devise a risk management plan to reduce the harms faced by the victim and their families.

63. The Government is committed to ensuring that there is a MARAC in every geographical area by 2011. There are now over 225 in operation. In the 12 months to July 2009 over 29,000 cases were brought to a MARAC, with over 40,000 children considered in the safety planning as well. We will provide support to MARACs and Local Safeguarding Children's Boards to agree joint working arrangements for identifying, protecting and supporting children affected by domestic violence. By 2011 we want MARACs to be protecting at least 50,000 victims a year, with victims supported by IDVAs.



64. In his review into additional measures for managing violent perpetrators, Chief Constable Brian Moore found strong evidence for the effectiveness of MARACs, with an average reduction of 50% in repeat victimisation for cases reviewed at a MARAC but a 'postcode lottery' in service delivery between areas where the process was available (200 out of 350 local areas) and those where it wasn't.

65. On this basis he saw a strong case for placing MARACs on a statutory basis. To ensure that every area has a MARAC in place and that every relevant statutory agency attends them, we see a case for this change but it is important that we consult fully on the best way of achieving this – so we will launch a public consultation on the issue early in 2010.

66. This work must remain a priority, so the Home Office will allocate £3.5 million in 2010/11 to help deliver our aspiration of MARACs and adequate IDVA provision in every area.

Strengthening legal provisions to manage perpetrators

BRIAN MOORE REVIEW

67. As part of the *Together We Can End Violence Against Women and Girls* consultation, Chief Constable Brian Moore, then the ACPO lead on domestic abuse, was commissioned by the Home Office to consider what additional powers may be required by the CJS to better protect women and girls. The review provides evidence that there may be a significant number of serial perpetrators (where the offender is alleged to have used or threatened violence against two or more unconnected victims). In response to this, the review focuses on three key issues:

- strengthening the 'right to know' for potential victims about dangerous individuals with whom they come into contact so that informed decisions – with the right support – are taken by the people most affected by the risk;
- wider recognition, and improved management, of serial perpetrators of violence against women and girls; and
- a stronger 'bridge' between criminal and civil law to support the needs of victims as well as the obligations of the state to manage dangerous and serial perpetrators.

68. The review proposes a number of changes to legislation and policy in relation to perpetrators of violence against women.

1. Placing **MARACs on a statutory footing** to provide a consistent, properly resourced multi-agency response to managing high-risk victims of domestic violence.
2. Providing persons at risk of violence with a **'right to know' about serial domestic violence perpetrators** by making relevant, intelligence-led disclosures to adults who are considered to be at risk of future violence from serial perpetrators.
3. Changing the law to permit the **registration and 'tracking' of serial perpetrators** of violence against women and girls by requiring a serial perpetrator to be registered with the police and managed in a process akin to that of registered sex offenders (although the idea of a separate 'register' of such offenders was rejected).

4. A new criminal offence whereby a prosecution may be brought on the basis of a **'course of conduct' against different victims of interpersonal violence**.
5. Making a **victim's witness statement immediately available to the victim to expedite the civil remedy process** and to minimise the number of times a victim is required to repeat their evidence.
6. A **new DVPO** to require suspected perpetrators of interpersonal violence to leave the address of the victim and/or prevent contact with the victim, thus creating breathing space and protection for the victim in the immediate aftermath of a domestic violence incident.
7. A **new VAWG order** to protect women and girls from serial perpetrators (if recommendations 2, 3 and 4 are not adopted) which would comprise a preventative order with a positive obligation on the perpetrator to attend a perpetrator programme.



8. Consider, in the future, making **conditional cautioning available in some cases involving violence against women and girls.**
9. Place **an obligation on health professionals to report FGM** in pregnant women in order to protect female children born to these women from FGM.
10. To consider, in the future, a **new 'liability for suicide'** law creating a new offence with regard to victims of domestic violence and HBV.

further support is offered to the victim to decide on next steps, including longer-term protection through a civil injunction application. These powers have been included in the crime and security bill which was introduced to Parliament in November 2009.

69. We are currently considering the detailed evidence and analysis set out in the review and will provide a full response in the new year.

70. The idea of DVPOs was widely welcomed by victims and stakeholders during our consultation so, in September 2009, the Home Secretary announced a commitment to legislate to enable the police to apply for a DVPO to require a perpetrator to stay away from their home. This notice would be confirmed by a court within 48 hours, which will then be able to compel an offender to stay away from the victim for up to 28 days while

Holding us to account

1. This strategy sets out a comprehensive approach to addressing VAWG. Moving beyond an approach which is purely centred on the criminal justice system, it envisages a role for all relevant public sector organisations, ranging from central government departments and public service delivery bodies through to local government and the voluntary sector. Action on VAWG will be mainstreamed across the public services within a framework of local delivery, supported by central government commitment and action.

2. As we acknowledged in the introduction (chapter 1), good work is already under way at each level. Our aim here is to provide a more strategic and co-ordinated approach to delivery and to ensure that we have the right structures and levers in place to deliver on our commitments, nationally and locally.

3. We believe that the arrangements for overseeing the delivery of the programme can largely be embedded in governance and inspection arrangements which already exist and we are not seeking to impose an additional regime of management, measurement or reporting on top of what is already in place.


4. If agreed as part of a refreshed indicator set, local authorities will be required to report against the new indicator introduced in the local authority

performance assessment process as well as take account of this issue through the range of their other reporting structures.

5. To ensure that the actions and milestones set out in this strategy are delivered we are proposing a light-touch management structure, encompassing:

- a cross-departmental delivery board, managed by the Home Office, with oversight of the actions to which all individual departments, public services and local areas have agreed; and
- a single inter-ministerial group (to which the board will report) which can address VAWG issues across government and monitor progress on the delivery of the strategy.

6. At the local level, we would encourage director-level champions in local areas to work across partnership structures to help ensure that VAWG is mainstreamed into local delivery – from JSNA through to developing local VAWG plans and priorities for CDRPs, LAAs and other relevant local structures. These local champions will help to assess progress against delivery and lead an annual audit of services, including MARACs and SARCs in their local areas.



7. To support delivery, and offer an external challenge to government on its achievements, we propose to invite the new, independent Victims' Commissioner, supported by a VAWG expert adviser, to consider taking a role in monitoring the progress of the strategy.

8. We envisage that the Commissioner might attend meetings of the delivery board to represent the voice of the victim. The commissioner could also be asked to provide independent oversight of available information and reports about progress against the strategy, to challenge agencies to improve delivery. The details can be further considered when the new commissioner has taken up post.