

EXECUTIVE SUMMARY

2019

# Breaking Down the Barriers

FINDINGS OF  
THE NATIONAL COMMISSION ON  
DOMESTIC AND SEXUAL VIOLENCE AND  
MULTIPLE DISADVANTAGE



## We Would Like to Thank:

The Chair and Commissioners.  
The Peer Researchers and the women they interviewed.  
The Community of Practice.  
All of the organisations and individuals who  
submitted evidence to the Commission.

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### IN MEMORY OF PIP WILLIAMS

SURVIVOR, PEER RESEARCHER, INSPIRATION

## AVA

AVA (Against Violence & Abuse) is a feminist charity committed to creating a world without gender-based violence and abuse. Our mission is to 'Inspire innovation and collaboration and encourage and enable direct service providers to help end violence against women and girls.' We are an expert, independent and groundbreaking national charity particularly recognized for our specialist expertise in multiple disadvantage and children and young people's work. Our core work includes training, policy, research and consultancy.

## Agenda

Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

## Lloyds Bank Foundation England & Wales

The Lloyds Bank Foundation for England and Wales is an independent charitable trust funded by Lloyds Banking Group. The Foundation partners with small and local charities helping people overcome complex social issues, including domestic and sexual abuse. Through long term funding, developmental support and influencing policy and practice, the Foundation helps charities make life changing impact. The Commission and this report was funded through the Foundation's Transform programme aimed at stimulating innovation and improvements in the domestic and sexual abuse sectors.

## Foreword: Baroness Armstrong of Hill Top

We have made slow but steady progress in our understanding of women's experiences of domestic abuse and sexual violence. While there is still a long way to go, there is a growing understanding that these are public policy issues, to be discussed in parliament and featured in soap operas, rather than shut behind closed doors. We remain in the early days, however, of our understanding of the ongoing legacy of trauma and abuse, and how to respond to it. For far too many women, the legacy of sexual violence and domestic abuse is mental ill health, substance use, homelessness, or a criminal record.

It was a privilege as Chair of the Commission to listen to these women, hear their stories, and understand what help and support would have worked best for them. This report reflects their stories, and sets out the practical changes needed at national and local level to ensure future generations of survivors get the support they deserve.



### INTRODUCTION

Too many women who have experienced domestic and sexual violence are being left to face the legacy of that trauma alone and without support. They may go on to face other forms of disadvantage, such as poor mental health, or using drugs and alcohol to cope. The consequences of women's multiple disadvantage can be devastating and life-long, with homelessness, addiction, and involvement in the criminal justice system being just some of the many negative outcomes they may face.

Despite the far-reaching impact of violence and abuse, services meant to help women with the range of issues they experience often fail to meet their needs. Instead, they are addressing each individual problem in silos without seeing the whole person, thus missing opportunities to provide support, and failing to make the connections between abuse and other forms of disadvantage. This means that instead of women's problems being solved, they are often left to escalate. For mothers, the fear of separation from their children leads many to avoid seeking help, which results in their only coming to the attention of statutory services when they have reached crisis point. These failures of the system and services have been compounded by cuts under austerity, and welfare reforms which have disproportionately affected women.

### Why a Commission into Women's Domestic & Sexual Violence and Multiple Disadvantage?

The Commission was established to evidence the connections between women's experience of domestic and sexual violence and multiple disadvantage, and to fill a vital gap in the current response to their needs. Whilst progress has been made in raising awareness of the prevalence of violence against women and girls, understanding of the ways in which this can impact on women's lives has tended to remain ignored. This frequently leads to women who face multiple disadvantage being stigmatised and overlooked in policy, practice and public discussions.

#### THE SPECIFIC ISSUES THE COMMISSION ADDRESSED WERE:

The links between domestic and sexual abuse and multiple disadvantage – particularly mental health, substance use issues, homelessness and poverty – across women of different identities, particularly in terms of ethnicity and disability.

The experiences of women facing these issues, including their views of what services would best meet their needs and support them to rebuild their lives.

Current provision to support women affected by these issues, including gaps and current shortcomings in the system.

Evidence, ideas and good practice on how best to support women with experience of domestic and sexual abuse and multiple disadvantage.

## About the Commission

The Commission was established by AVA (Against Violence & Abuse) and Agenda, the alliance for women and girls at risk. It was funded by the Lloyds Bank Foundation of England & Wales. Baroness Armstrong of Hill Top chaired the Commission and convened a panel of leading experts from across the health, homelessness, substance use, criminal justice and violence against women and girls sector. The Commission sat from October 2017 to December 2018 and was supported by a secretariat. There was a national call for written evidence in addition to seven oral evidence sessions which took place across three days in Manchester, Cardiff and London.

## Community of Practice

A Community of Practice made up of 35 professionals was formed from a diverse range of sectors across England and Wales. This includes experts in health, education, drugs and alcohol, homelessness, criminal justice, academia, local authorities and violence against women and girls. The Community of Practice shared examples of good practice, made their own recommendations and reviewed the Commission's draft recommendations.

## Peer Research

To put women's voices and experiences at the heart of this work, 13 volunteer Peer Researchers were recruited and trained. The Peer Researchers conducted interviews with eighteen other women with whom they shared similar life experiences. The findings of their research underpin the report and were published in **Hand in Hand: Survivors of Multiple Disadvantage Discuss Service & Support**. All the quotes in this report have been taken from this report and are from women with lived experiences.

## What Is Multiple Disadvantage?

Around one in every 20 women has experienced extensive physical and sexual violence & abuse across their life course, compared to one in every 100 men.

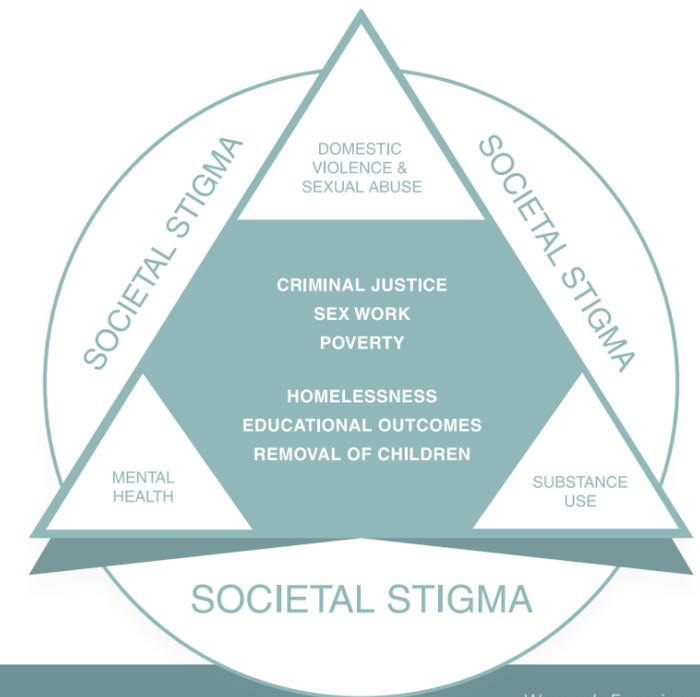
More than half of these women have a common mental health condition, one in five have experienced homelessness, and one in three have an alcohol problem.<sup>1</sup>

Women facing multiple disadvantage have very complex, overlapping needs and are at the sharpest end of inequality. Their experiences of disadvantage are frequently underpinned by a history of extensive violence and abuse, and they often face high rates of mental health problems, substance misuse, contact with the criminal justice system and issues around housing or homelessness.

<sup>1</sup> Scott, S, McManus, S, DMSS research for Agenda (2016), Hidden Hurt, Violence, Abuse and Disadvantage in the Lives of Women, <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

Previous research carried out by AVA and Agenda found that of 173 local areas in England and Wales, only 19 had access to support for women facing multiple disadvantage that could address all of the following issues: substance use, criminal justice contact, mental-ill health and homelessness.<sup>2</sup>

To build on our understanding, the peer researchers collaboratively produced a diagram to help outline what multiple disadvantage means for women, and this formed the lens that was used by the Commission.



Women's Experiences of Multiple Disadvantage

In addition to understanding how multiple disadvantage is experienced by women, the wider structural and social context also plays a critical role. Barriers created by gender inequality, poverty, insecure immigration status, racism, disability and homophobia, as well as social norms, community contexts, how institutions are shaped, and national and local policy-making, all shape women's lives and the ways in which they are able to access help and support.

## Findings and Recommendations

IN TAKING EVIDENCE THE COMMISSION IDENTIFIED SEVERAL KEY THEMES, WHICH ARE EXPLORED BELOW.

### Service Design and Pathways

Women affected by multiple disadvantage, who have also experienced abuse and sexual violence, face a range of challenges and engage with numerous services. Ideally, these services should collaborate appropriately, share information and address the connections between the issues these women face. In reality, however, evidence shows that women are regularly let down by services, with frequent missed opportunities for support and thresholds that prevented them from accessing help. This often led to problems escalating and women reaching crisis point before they got the help they needed.

<sup>2</sup> AVA and Agenda (2017) Mapping the Maze. p.8

- Women experiencing multiple disadvantage do not typically present at specialist domestic and sexual violence services.
- The services which these women do come in to contact with, often do not have the required skills or capacity to support them.
- Despite the clear links between domestic and sexual abuse and other forms of disadvantage, routine enquiry into these experiences is not commonly carried out across the services women are likely to come in to contact with.
- Black, Asian, Minority Ethnic and Refugee (BAMER) women face a range of additional barriers, including but not limited to language barriers, a lack of specialist support and no recourse to public funds.

We need to have more understanding of what these women are going through on a daily basis, and women need to be able to access these services 24/7 without any barriers or any fear.

- 1 Services should **work collaboratively** to break down service siloes and offer person-centred, holistic support for women from diverse backgrounds, including through **one-stop-shops**, and **co-location** of professionals. Where this is not possible, **'navigator' models**, where individuals or teams support service users to navigate systems, should be developed to support survivors to access available services.
- 2 **Enquiry** into current and historic domestic and sexual violence should be standard practice across publicly funded services supporting women experiencing multiple disadvantage, supported by robust policies, staff training and accurate data collection.
- 3 Where abuse is identified, there must be appropriate **trauma-informed support and pathways into care**. Services should ask women on more than one occasion if they meet with a woman multiple times.
- 4 All women facing multiple disadvantage who have experienced abuse should be able to access appropriate **women specific, trauma-informed** services as a priority, particularly in spaces that are currently failing to meet women's needs, such as addiction treatment, criminal justice and homelessness.

This should include provision of specialist services for BAMER, LGBT and disabled women. Mainstream and mixed services should take active steps to ensure they are providing appropriate and safe support for women, including taking women's specific needs into account. In particular:

- a) **Women specific substance use services** must be made universally available in all areas, including the provision of childcare to enable mothers to participate in treatment programmes.
- b) **Diversion away from the criminal justice system** and into gender-specific community support should be prioritised for women, particularly for crimes related to prostitution.
- c) All mental health trusts should have a clinical lead for women's mental health and a women's strategy, that draws upon the gender and trauma-informed principles set out in the **Women's Mental Health Taskforce report**.
- d) **Housing First**, with appropriate gender informed support, should be rolled out nationally as an alternative to hostel accommodation. The homelessness sector needs to improve its response to domestic and sexual abuse, including through committing time and resources to support women in mixed settings safely and effectively. In Wales, the Supporting People Programme should be kept in place and used to enable this.
- e) As part of its implementation of the Rough Sleeping Strategy, the Ministry of Housing, Community and Local Government and local authorities should ensure that emergency services such as Somewhere Safe to Stay (SSTS), No Second Night Out (NSNO) and emergency accommodation offer **women-only accommodation** and facilities in every area.

5 Existing projects designed to join up services for people experiencing **multiple disadvantage**, such as the Making Every Adult Matter (MEAM) coalition and Fulfilling Lives, should ensure the support they provide is gender and trauma-informed, and involve women-specific services in their partnerships. Such projects should also take steps to consider how they are able to reach and support specific groups of women who face additional barriers in accessing services, such as BAMER, LGBT and disabled women.

6 **Thresholds** and criteria for support should be reviewed by all services to ensure women experiencing domestic and sexual violence and multiple disadvantage are not disproportionately excluded from the support they need. Services should review their **inclusion criteria** and related policies and provide clear reasons and data on why women are being turned away. Local authorities must ensure there is suitable provision for women with a **'dual diagnosis'**, of both a mental health problem and substance use, and that thresholds do not exclude them from accessing support.

## Gender and Trauma-Informed Practice

Women's experiences of abuse and violence, as well as other forms of disadvantage, can leave women severely traumatised. Women who submitted evidence to the Commission were clear that services which understood and could respond to their experiences of trauma were vital in their journey to safety and recovery. The Commission heard evidence that trauma-informed practice was the most effective model of support for survivors facing multiple disadvantage.

### KEY THEMES

- The trauma experienced by women who have survived abuse can have lifelong consequences, yet this is seldom recognised by the services or professionals working with them on issues such as homelessness and substance misuse.
- Trauma-informed practice is the most effective model of support for survivors facing multiple disadvantage.
- Despite a growing international evidence base, trauma-informed approaches are still considered to be an emerging field in the UK, with an inconsistency of approach and a lack of trauma-informed support for survivors.

The psychological one is much deeper than the physical one. It's more damaging than the physical one because the physical one leaves you with a bruise but the other one is more damaging mentally. They put doubt in your mind and fear and you learn not to trust people. Lack of confidence, low self-esteem. So, it's hard for you to socialise with people and you are fearful.

### RECOMMENDATIONS

- 7 Government, led by the Department for Health and Social Care, should lead an **evidence review** on the value and impact of trauma-informed approaches in public service settings. This should build the evidence base and develop **national guidelines** around what quality gender and trauma-informed services mean in practice across all public services to assist commissioners to identify effective approaches. Monitoring this practice should form a part of inspection regimes.
- 8 Government should **incentivise public bodies**, in particular Mental Health Trusts and local authorities, to implement trauma-informed approaches, supporting organisational change and rewarding and recognising staff commitment to this transformation process.

## Workforce

One of the strongest themes presented to the commission was the value in having workers with lived experience involved in the design and delivery of services. This approach was seen to improve engagement, help women feel understood and improve understanding within the workforce. Staff who have the right skills and training to carry out routine enquiry about domestic and sexual violence were also emphasised as essential. In addition to routine enquiry about domestic and sexual violence, backed with proper training, support and referral pathways, 'Values-based recruitment'<sup>3</sup>, a model promoted by the NHS, was thought to be an effective method of ensuring that staff with the right skills and empathy were recruited.

### KEY THEMES

- Key to effective engagement is empathy and relationship building. Women prioritise staff who have the right values and competencies to work with them.
- Staff in services outside the domestic and sexual abuse sector must also be appropriately trained, to ensure that violence against women and girls is everyone's business.

They (people with lived experience) are the only ones who have lived it, the real life, the reality and know what it's like.

### RECOMMENDATIONS

- 9 There should be a **public duty** on services, especially health services, to ensure their staff are appropriately trained to enquire about domestic and sexual abuse, and respond appropriately to disclosures, including having clear referral pathways that understand and reflect women's diverse needs.
- 10 Service providers should review their **recruitment practices** to ensure they are recruiting staff with the right balance of technical skills and core competencies, with emphasis placed on empathy and relationship building at the core. **Values-based recruitment** should be considered as one vehicle through which to do this.
- 11 Service providers should prioritise the recruitment, retention and development of **staff with lived experience**. Clear progression paths should be identified through volunteering, work opportunities and targeted 'experts by experience' apprenticeship programmes, with appropriate support and remuneration in place.

<sup>3</sup> <https://www.hee.nhs.uk/our-work/values-based-recruitment>

## Poverty

A significant theme raised throughout the submitted evidence was the chronic levels of poverty that survivors facing multiple disadvantage experience. Women in poverty are more likely to have suffered violence and abuse.<sup>4</sup>

### KEY THEMES

- Poverty is an exhausting and grinding force that prevents women moving on from crisis.
- Welfare changes, Universal Credit arrangements and cuts to public services have compounded this for many. This situation is magnified for women with uncertain or insecure immigration status.
- More support is needed to promote women's economic independence and pathways into employment when they are ready.

### RECOMMENDATIONS

- 12 The Department of Work and Pensions should produce a revised, updated and comprehensive **Equality Impact Assessment** for the continued roll out of Universal Credit, and for all future policy and decision making around welfare reform, including a **cumulative assessment of reforms so far** to improve policy outcomes for women. This should involve meaningful stakeholder engagement with the women's sector and women with lived experience.
- 13 Alternative methods should be designed and tested to enable **separate payment arrangements** to each member of a couple under Universal Credit. Payments should be made fortnightly, as is allowed in Scotland, to make these more manageable for women.
- 14 Women need greater support to rebuild their lives after domestic and sexual abuse, particularly when they have experienced other forms of multiple disadvantage. Even where the abuse itself has not been economic, gender-based violence leads to women having to rebuild their lives, and this can include seeking new employment. There needs to be an explicit recognition of this in the funding and developing of schemes to support women back into work.

## Children

The role of women as mothers featured strongly in relation to their ability to access help and support, especially in terms of the legacy of trauma where children had been removed either temporarily or permanently from their care. Many women described the fear of losing their children as a huge barrier to seeking support. This was particularly true for women who used substances and/or who experienced mental ill-health.

<sup>4</sup> Agenda (2016), *Joining the dots: The combined burden of violence, abuse and poverty in the lives of women*, <https://weareagenda.org/policy-research/agenda-research-reports/>

### KEY THEMES

- Women facing multiple disadvantage are being prevented from seeking help for fear of losing their children. The removal of children as a result of domestic abuse can be a major barrier to women making a meaningful recovery.
- When children are removed into care, not enough is being done to support them or consider their needs.
- Keeping children safe is essential, but more must be done to reduce the long-term harm to both mother and child from separation, whether temporary or permanent.

Women need to feel confident in speaking to somebody about the abuse they are suffering without repercussions of children being removed or social care being involved.

### RECOMMENDATIONS

- 15 The Department for Education should prioritise work to develop **alternatives to permanent child removal** that protect the child from short term risk whilst recognising the long terms risks to both mother and child of permanent removal into care. Further investment is needed in **Family Drug and Alcohol Courts**, which are proven to be effective. Evidence has found sustained benefits of Family Drug and Alcohol Courts, including higher rates of substance misuse cessation, higher rates of family reunification and more women receiving help from other agencies for their substance misuse, as compared to those who had been through ordinary care proceedings.<sup>5</sup>
- 16 Particular attention should be paid to models in other countries, such as the social demagogue model in Germany that have a greater emphasis on supporting parenting combined with temporary rather than permanent removal. The What Works Centre for Children's Social Care should support and **evaluate projects and evidence development** that will enable these approaches to be embedded in the profession longer-term.
- 17 Children's social services should apply **strengths-based approaches** that enable women to draw on their strengths, make safe plans for their children, and allow decision making about a child's welfare based on a proper understanding of the family context. **Multi-disciplinary teams** should be in place in all local areas, drawing on the skills of substance misuse, mental health and domestic abuse practitioners to work alongside children and adult social workers.
- 18 A full understanding of the experiences of survivors facing multiple disadvantage must be embedded in all **children and family social work training and development** in England and Wales. Social Work England has a potentially important role to play in ensuring this happens.

<sup>5</sup> Harwin, J., Alrouh, B., Ryan, M. and Tunnard, J. (2014) *Changing Lifestyles, Keeping Children Safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings*. London: Brunel University

**19** To reduce the numbers of children entering care, greater specialist trauma-informed **early intervention support** is needed to support mothers facing multiple disadvantage to parent effectively and before they reach crisis. **Universal services**, such as children's centres, should be available across the country to provide community support to all families, with staffing, skills and strategies in place to ensure women facing multiple disadvantage and abuse are reached and supported.

**20** More gender and trauma-informed **step down support** is needed to support mothers and children who would continue to benefit from other targeted or universal interventions when they move on from statutory safeguarding support.

**21** **Long-term support** is needed for women whose children have been temporarily or permanently removed into care to enable them to process the loss of losing a child, to support with care proceedings and to establish and maintain appropriate and meaningful contact with children.

**22** Women and survivors should **never be made to feel responsible** for protecting their children from an abuser. In their current form, written agreements, which require victims to sign contracts with terms around their contact with the perpetrator, are highly problematic and should not be used.

## Commissioning and Funding

The evidence heard made it clear that services are not currently commissioned or funded in a way that enables appropriately joined up services, sufficiently long-term funding to allow continuity of care, or for the development of a skilled and secure workforce. This is set against a background of local government funding cuts and reductions in public services that have led to a rise in women accessing crisis support, rather than being able to get support earlier. This means women are spiralling into further crisis, ultimately at great cost to society, the public purse and the women themselves.

- Commissioning and funding arrangements frequently prevent the delivery of joined up services, continuity of care, or a skilled and secure workforce.
- The shift from local grants to competitive commissioning has disadvantaged many smaller specialist women's providers, including BAMER organisations.
- Women's life experiences remain hidden, partly as a result of limited and gender-blind data collection that leads to a lack of evidence of need.
- The Peer Researchers also described the value of being involved in genuine and collaborative policy making. Survivor voices are rarely involved in shaping or developing commissioning strategies or service specifications.

No professional, I don't care how much expertise you have got, how much knowledge you have gained. You are never going to know what it feels like, like a survivor's going to. So, they need to start engaging with survivors more and using their voices to inform policies and procedures.

## RECOMMENDATIONS

**23** Local authorities should hold **overall responsibility for coordinating joined-up approaches**. This should be supported by a **duty on local bodies to collaborate** with and through the local authority.

**24** Mental health and substance use services should be led jointly at a strategic level to enable women with dual diagnosis to be effectively supported. Clinical Commissioning Groups and local authorities should cooperate, pool budgets and set out partnership working arrangements through s75 agreements in England, and s33 agreements in Wales.<sup>6</sup>

**25** Commissioners should build **incentives into contracts** to encourage mainstream services to work collaboratively and ensure that specialist expertise, including that provided by the specialist women's voluntary sector, is prioritised.

**26** Services should be **designed and commissioned around outcomes** that make a difference to women's lives, with a long-term view to addressing issues preventatively. As a matter of urgency, local commissioners must address gaps for women facing multiple disadvantage, in particular mental health, substance use, domestic abuse and the impact of trauma. This process must ensure sufficient delivery across geographical areas and specialist services for marginalised groups. Commissioners should ensure that services provide data on **who is being turned away** to allow data collection on service thresholds and provide clarity on local need.

**27** Commissioning processes must involve genuine and **meaningful coproduction** with women with lived experience at all stages, including in developing needs assessments, shaping service specifications, scoring service tenders and sitting on tender panels, evaluating existing services and contract monitoring. **Experts by experience networks** should be drawn on to support this, and beneficiaries should be supported with remuneration or through accredited skills and training.

<sup>6</sup> An agreement made under section 75 of National Health Services Act 2006 between a local authority and an NHS body in England. Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. Equivalent provisions for Welsh authorities are contained in section 33 of National Health Service (Wales) Act 2006. [https://uk.practicallaw.thomsonreuters.com/4-385-1383?transitionType=Default&contextData=\(sc.Default\)&firstPage=true&comp=pluk&bhcp=1](https://uk.practicallaw.thomsonreuters.com/4-385-1383?transitionType=Default&contextData=(sc.Default)&firstPage=true&comp=pluk&bhcp=1)

RECOMMENDATIONS

31 A **Secretary of State for Women and Equalities** must be appointed, with their brief including responsibility for driving **cross-departmental approaches** to improving the national response in England and Wales to women experiencing and living with the legacy of domestic and sexual violence, abuse and multiple disadvantage.

32 A central cross-government **funding pot** should be developed to invest in service redesign and incentivise local bodies to collaborate to break down silos and build better infrastructure to meet women’s needs in the long-term. This must prioritise funding for specialist organisations with a track record of gender and trauma-informed delivery to survivors facing multiple disadvantage.

33 The forthcoming **Domestic Violence Commissioner** and the **Welsh National Advisors** for Violence against Women, Gender-based Violence, Domestic Abuse and Sexual Violence respectively must prioritise survivors facing multiple disadvantage. They should ensure appropriate evidence is gathered about the experiences and needs of this group of women, and that wider services they are likely to engage with are held accountable for meeting women’s needs. This should be done in partnership with the **Children’s Commissioner and Victims’ Commissioner**.

34 Local and national government departments must commit to robust **research and gender disaggregated data collection** that allows for an intersectional analysis across equality characteristics. In particular, better data is needed on women sleeping rough and in homelessness accommodation.

35 **Sex and Relationship Education** is crucial both to support children living with domestic abuse and multiple disadvantage and to prevent domestic and sexual abuse in further generations. This needs to be provided to all children and young people from early years onwards, in age appropriate ways. It should take place in all education settings and needs to specifically help children and young people to recognise abuse and understand where to get help, as well as promoting healthy relationships. It also needs to reflect the gendered nature of this abuse. This education should be supported by a Whole School Approach to tackling abuse.

28 To end the process of smaller and specialist organisations being used as ‘bid candy’ or **marginalised in large public service contracts**, lead contract holding organisations must be responsible for specifying the amount of funding partners will receive and for ensuring this is then allocated. This must form part of the contract monitoring process, with penalties in place where this is not honoured.

29 The Cabinet Office should improve promotion of the take up of the **Public Services (Social Value) Act 2012**, which has a positive impact where used, to support local authorities to meet the needs of marginalised women in their area and ensure vital specialist provision, including BAMER and disabled women’s organisations, can thrive.

30 **Police and Crime Commissioners’ (PCC) local plans** should have a gendered lens that understands the connections between women’s offending and their experiences of domestic and sexual abuse and enables more holistic commissioning that addresses the risks that cause women to become involved in the criminal justice system. **Police and Crime Panels** should scrutinise PCC decision making on the basis of how well they have achieved this. The Association of Police and Crime Commissioners should support the discussion and exchange of good practice in this area.

### Local and National Strategy: Lack of Coherence and Join-Up

Due to central government structure leading to departmental silos, there is a lack of coherence in policy and practice for women facing multiple disadvantage and abuse. This challenge is then reflected at a local level in policy making and service provision. The peer researchers described the value of being involved in genuine and collaborative policy making, yet there is a lack of survivor voice informing this work.

There is a clear evidence of need for a greater investment in collecting data and commissioning research about this group of women in order to inform holistic, gender-sensitive policy and practice.

- Departmental silos at national and local government level result in a disjointed approach with this lack of holistic approaches to service delivery locally failing women.
- Most service delivery is aimed at crisis intervention, with very little set up to prevent violence and abuse in the first place.
- There is a dearth of support for rural communities, with focus generally on urban populations.
- National work is underway in both England and Wales to try to improve joint working, details of which can be found in the full report.

KEY THEMES

## CONCLUSION

Too many women who have experienced domestic and sexual abuse are left to endure traumatic and extremely difficult lives as a result of failures in the system and services that are meant to help them. Services do not currently respond well to women who experience multiple forms of disadvantage, and do not understand or address women's trauma. This leaves too many women left to cope on their own as their problems mount. Alternatives to this failure are urgently needed.

Women with lived experience of these disadvantages are often stigmatised and considered by services and systems to be a problem. Too often their voices, experiences and ideas have been ignored in policy making to the detriment and cost of all of us. We believe, however, that with the right support, women with these experiences do not just survive, but thrive. The work of the peer researchers, and their journey over the lifetime of the Commission is proof of this.

The passion and commitment of those working to support women in both the voluntary and public sectors is what sustains many of the services we heard from. The workforce has a key role to play in transforming women's lives, and the value of these supportive relationships cannot be underestimated.

Through this report the Commission aimed to reflect that, while the issues involved are complex, intertwined and challenging to resolve, change can happen. It is the responsibility of all of us to improve public policy and practice understanding at all levels to improve this situation and ensure no more women are left to suffer without support. Together we can stop the cycle.

Full report available on  
**AVA** and **Agenda** websites

*We need to not give up.  
We need to keep on going.  
We need to keep trying.  
We need to be brave.  
We need to challenge people.  
We need to keep on having campaigns.  
We need to break down barriers for  
women accessing services.  
We need to do as much as we can to  
reduce the stigma and to stop the  
never-ending cycle of violence and  
substance misuse and mental ill-health  
which all go **hand in hand***

A WOMAN WITH LIVED EXPERIENCE



AVAPROJECT.ORG.UK  
@AVAPROJECT

THE FOUNDRY  
17 OVAL WAY  
LONDON  
SE11 5RR

0203 752 5535

REGISTERED CHARITY NO. 1134713  
REGISTERED COMPANY NO. 07092449

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WEAREAGENDA.ORG  
@AGENDA\_ALLIANCE

18 VICTORIA PARK SQUARE  
BETHNAL GREEN  
LONDON  
E2 9PB

0208 709 4819

REGISTERED CHARITY NO. 1179417

## Agenda

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LLOYDSBANKFOUNDATION.ORG.UK  
@LBFEW

PENTAGON HOUSE  
52-54 SOUTHWARK STREET  
LONDON  
SE1 1UN

0370 411 1223

REGISTERED CHARITY NO. 327114  
REGISTERED COMPANY NO. 1971242

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