



Developing **Stability, Sustainability** and **Capacity** for **Specialist Third** **Sector Rape, Sexual Violence and** **Abuse Services**

**A Report prepared by Consult Research
for The Survivors Trust**

February 2010



The Survivors Trust
Registered Charity Number 1109305
www.thesurvivorstrust.org



Acknowledgements

This research project is the result of a collaboration between The Survivors Trust and Consult Research, with funding provided by Government Equalities Office.

We are very grateful to staff from third sector rape and sexual abuse crisis services across the UK who have taken time out from their extremely important roles to complete the detailed sector mapping survey. Their experiences of delivering services and ideas for developing the sexual violence and childhood sexual abuse sector form the core of this report.

Consult Research

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Consult Research is an independent research consultancy specialising in social research and evaluation throughout the UK. It was launched in 2005 by Claire Fraser, an experienced academic researcher, to provide affordable, timely and accessible research and evaluation solutions to third sector organisations. Key areas of research expertise include children and young people; family support and parenting; child protection and abuse prevention; sexual violence; youth and community work interventions; drug and alcohol misuse; and generally, researching sensitive topics.

The Survivors Trust

www.thesurvivorstrust.org

The Survivors Trust is a national umbrella agency for 131 specialist voluntary sector agencies throughout the UK and Ireland who provide a range of counselling, therapeutic and support services for women, men and children who are survivors of rape, sexual violence and childhood sexual abuse. It provides a collective voice and peer networking for members; raises awareness about rape and sexual abuse and its effects on survivors, their supporters and society at large; and informs acknowledgement of, and effective responses to, rape and sexual abuse on a local, regional and national level.

A special thank you is due to Lizzie Campbell, Communications Officer at the Survivors Trust for the support provided to Consult Research throughout the project, including raising awareness of the project and administering the survey to member agencies.

Contents

Page nos.

| | |
|--|----|
| Definitions | 5 |
| Executive Summary | 6 |
| Summary of Recommendations | 8 |
| 1. Introduction | 10 |
| 2. Understanding Sexual Violence and Abuse | 12 |
| 3. Policy Context | 14 |
| 4. Third Sector Support Services | 18 |
| 5. Current Developments | 21 |
| 6. Stability, Sustainability, Capacity | 23 |
| 7. Methodology | 24 |
| 8. Key Findings | |
| - Service provision | 27 |
| - Operational impact of insecure funding | 29 |
| - Key barriers affecting stability across the sector | 30 |
| - Factors that might underpin stability and capacity in the future | 31 |
| - Assessment of progress on Stakeholder recommendations | 32 |
| 9. Research Findings | |
| - Agency background and governance | 34 |
| - Range of services provided | 34 |
| - Client overview | 37 |
| - Barriers to disclosure | 37 |
| - Reliance on helplines | 38 |
| - Referrals | 39 |
| - Specific client groups supported | 40 |
| - Waiting lists for support | 46 |
| - Service eligibility restrictions | 47 |
| - Levels of resources and funding | 47 |
| - Staffing | 49 |
| - Sector stability | 50 |
| - Factors that could underpin stability | 56 |
| - Specific support needed for the sector | 59 |
| - Evaluation and data monitoring | 60 |
| - Assessment of progress linked to government initiatives | 61 |
| 10. Summary | 78 |
| 11. Conclusion and Recommendations | 84 |
| Figure 1 - Location of TST member agencies | 11 |
| Figure 2 - Location of agencies responding to the Survey | 26 |
| Appendices | |
| One - List of TST Member Agencies | |
| Two - Sector Mapping Survey | |
| Three - Survey Covering Letter | |

Definitions

Sexual violence and abuse

Sexual violence and abuse can take many forms and includes rape, sexual assault, childhood sexual abuse, sexual exploitation, online grooming, abusive images of children, female genital mutilation, ritual and organised abuse and trafficking,

Victims/survivors

The Survivors Trust believes that it is a personal decision for someone to decide whether they are a ‘victim’ or ‘survivor’ of sexual violence. For some people being described as a ‘victim’ is disempowering, but others do not feel that ‘survivor’ describes their situation either.

We also acknowledge that some services or agencies have usually used the term ‘victim’ rather than ‘survivor’. For these reasons, we therefore use ‘victim/survivor’.

Independent Sexual Violence Advisor

The Independent Sexual Violence Advisor role has been developed to provide a pro-active service to victims of sexual violence through risk assessment and safety planning; enabling victims/survivors to access statutory and other services

they need; and ensuring victims/survivors are kept informed and supported as their case progresses through the criminal justice system.

Specialist third sector rape and sexual abuse support services

Third sector specialist sexual violence and abuse support services provide a wide range of services developed in response to the needs of their client groups. These are explained in more detail in this Report and include sexual violence counselling and therapy, facilitated and therapeutic support groups, helplines, advice and ISVA services.

Third sector specialist sexual violence and abuse services are acknowledged by the Home Office and Department of Health as providing essential crisis and therapeutic support services for victims.

The Compact

The Compact provides an overall framework for promoting effective partnership working between the Government and the third sector. Revised November 2009.

Executive Summary

This Study provides the most extensive review to date of the factors affecting the stability and sustainability of third sector specialist sexual violence and abuse services.

The findings are directly relevant to Government Offices, commissioners, Ministers, Government Officials, specialist rape and sexual abuse services, trust funds, academics, experts and professionals working in the field of sexual violence and sexual abuse.

The recommendations represent the combined experience and expertise in providing specialist services of The Survivors Trust member agencies, offering a way forward to address the urgent need for stability and capacity building to meet victims' needs.

In March, 2009, Government Equalities Office (GEO) provided a grant to the Survivors Trust and Consult Research to produce a comprehensive report and recommendations aimed at identifying local, regional and national (England and Wales) factors affecting the ability of third sector rape, sexual violence and abuse crisis services to deliver services, build stability and develop capacity. This information was sought in order to support specialist services to develop their skills and abilities to underpin sustainable funding strategies for service delivery.

Specifically, the research set out to answer the following questions:

1. What are the existing levels of resources and funding for specialist rape and sexual abuse crisis services?
2. What are the different sources of funding or other resources?
3. What is the operational impact of insecure funding?
4. What are the barriers affecting stability and capacity across the sector?
5. What do specialist services identify as crucial to supporting their stability and service development in the future?

Over the past few years, Central Government has set out a framework for action designed to improve the experiences of victims of rape and sexual violence, increase protection and improve criminal justice responses to sexual violence, including a commitment to establish SARCs in all police authorities, introducing Independent Sexual Violence Advisors and providing emergency funding for specialist rape and sexual abuse third sector services.

However, as this Study has revealed, many specialist third sector rape and sexual abuse support services continue to struggle to maintain financial and organisational stability and a significant number of specialist agencies remain concerned about their ability to maintain services, let alone build capacity.

A review of recommendations made to the Government Stakeholder Advisory Group on Sexual Violence and Abuse in 2008 shows that in many areas of policy and

practice there is still much to be done that can strengthen the position of specialist services, including increased involvement at local authority level, increased awareness of the prevalence and impact of sexual violence and abuse and recognition of the needs of victims and survivors.

The results of this Study provide invaluable evidence of the need for a co-ordinated and structured local, national and regional response to funding specialist sexual violence and abuse support services in order for them to maintain current service provision and to allow services to increase their capability and capacity to meet victims' needs.

A wide range of support services are provided by The Survivors Trust member agencies including therapeutic, practical, emotional and advocacy support.

The number of clients seeking support from third sector specialist rape and sexual abuse services greatly exceeds those cited in the British Crime Survey.

49 agencies provided client statistics revealing a caseload of on average, 60,645 clients each year - 45,688 female victims/survivors, and 14,957 male victims/victims.

It should also be remembered that the agencies providing the above figures represent just under half of all specialist agencies providing services for victims and survivors in England and Wales.

This would suggest that actual figures for the specialist sector would be closer to 121,000 - around 91,000 female victims/survivors and 35,000 male victims/survivors.

In every area where a SARC has been established, specialist services report increased numbers of referrals - the majority of them unfunded.

At the same time, whilst 60% of agencies responding to the survey said they felt confident in their ability to build capacity over the next year, the remaining 40% expressed concern about their ability to continue to provide the same level of service to victims, and in some cases to continue to provide services at all.

The Study focused on three key areas relating to sector stability and sustainability in order to arrive at targeted recommendations:

1. Funding
2. Awareness
3. Sector Development

*“There are barriers [to getting funding] because **no-one wants to talk about the issues facing victims of rape and sexual abuse and until the public's perception is challenged** this will continue making this sector an **unpopular one to funders**”*

Summary of Recommendations

Funding

1. *Urgent and immediate action to address the shortfall in funding for the sexual violence sector as a whole*
2. *Funding focussed on longer-term counselling and support in addition to crisis interventions*
3. *Ministerial support and strategic directives from Government Departments to influence regional funding for specialist sexual violence and abuse services*
4. *Compact compliant funding*
5. *Referrals from statutory services to third sector to be funded via service level agreements or grants*
6. *Acknowledgement of the need to fund services addressing the causes of abuse as well as the symptoms of trauma, for example drug and alcohol misuse*

7. *Strategic support to establish specialist services in under-served areas to address the post-code lottery of service provision*
8. *Central Government funding to meet core costs of service delivery to ensure stability for specialist rape and sexual abuse third sector services*
9. *All funding to support full-cost recovery*
10. *Targeted funding to enable The Survivors Trust's National and Regional Development Officer programme to continue beyond the current one year funded term*

Awareness

1. *A national awareness campaign which should include the needs of different client groups; the range of sexual offences and the true impact of rape and sexual abuse on the individual and on the wider communities.*
2. *A Government supported marketing campaign to increase awareness of*

specialist support services - to facilitate disclosure and aid access to support and justice

- 3. Representation of sexual violence and abuse third sector services at local authority level to improve awareness and information sharing*
- 4. Training and awareness from specialist rape and sexual abuse support services to be used to improve front-line responses of statutory service personnel*

4. Specialist rape and sexual abuse support services to be adequately resourced to implement monitoring and outcome systems

5. Training and support to develop fundraising skills across the sexual violence and abuse third sector

6. Increased inter-agency working and collaborative campaigning to identify and promote issues raised by clients and specialist rape and sexual abuse support services

Sector Development

- 1. The Survivors Trust to develop briefings for commissioners, specialist services and funders*
- 2. Increased information sharing between specialist rape and sexual abuse services on funding opportunities and successful funding bids*
- 3. Sector specific data monitoring and outcome evaluation tools to be developed to accurately reflect the client group and appropriate outcomes*

1. Introduction

About The Survivors Trust

The Survivors Trust is a national umbrella agency for third sector rape, sexual violence and abuse services¹, in the UK and Ireland representing 131 specialist services for survivors² and their families, 118 of which are located within England and Wales. Please see Appendix 1 for a full list of our member agencies and illustration 1 on page 12 detailing their locations.

Services provided by The Survivors Trust are aimed at promoting good practice in service delivery and building sustainability and robustness within its member groups. This is achieved via the following activities:

- Individual mentoring for member groups;
- Drafting guidelines for best practice in service delivery and training;
- Informing and influencing policy at local, regional and national level and providing a collective, national voice;
- Collating and disseminating funding information;
- Supporting member groups to access consultation processes;

¹ The term 'rape, sexual violence and abuse' in this report refers to child victims of sexual abuse, adult survivors of childhood sexual abuse and victims of sexual violence in adulthood

² The term 'survivor' is the preferred terminology (rather than 'victim') amongst member agencies of The Survivors Trust and refers to both male and female survivors of rape, sexual violence and abuse

- Producing statistical data to reveal the true extent of rape, sexual violence and abuse and its impact on the individual and society;
- Promoting awareness of the need for effective support and resourcing of specialist third sector services throughout the UK;
- Networking with Government and relevant voluntary and statutory bodies across the UK.

Since its launch in 2000, The Survivors Trust has grown from just five agencies to its current membership level of 131 agencies across the UK.

A range of service delivery models have been developed by organisations within the specialist sexual violence and abuse sector, female only services; male only services; mixed provision.

The Survivors Trust does not prioritise one model over another, recognising that one size does not fit all, and supports a commitment to the provision of services based on client need and choice.

**Geographical Locations of all
The Survivors Trust
Member Agencies**

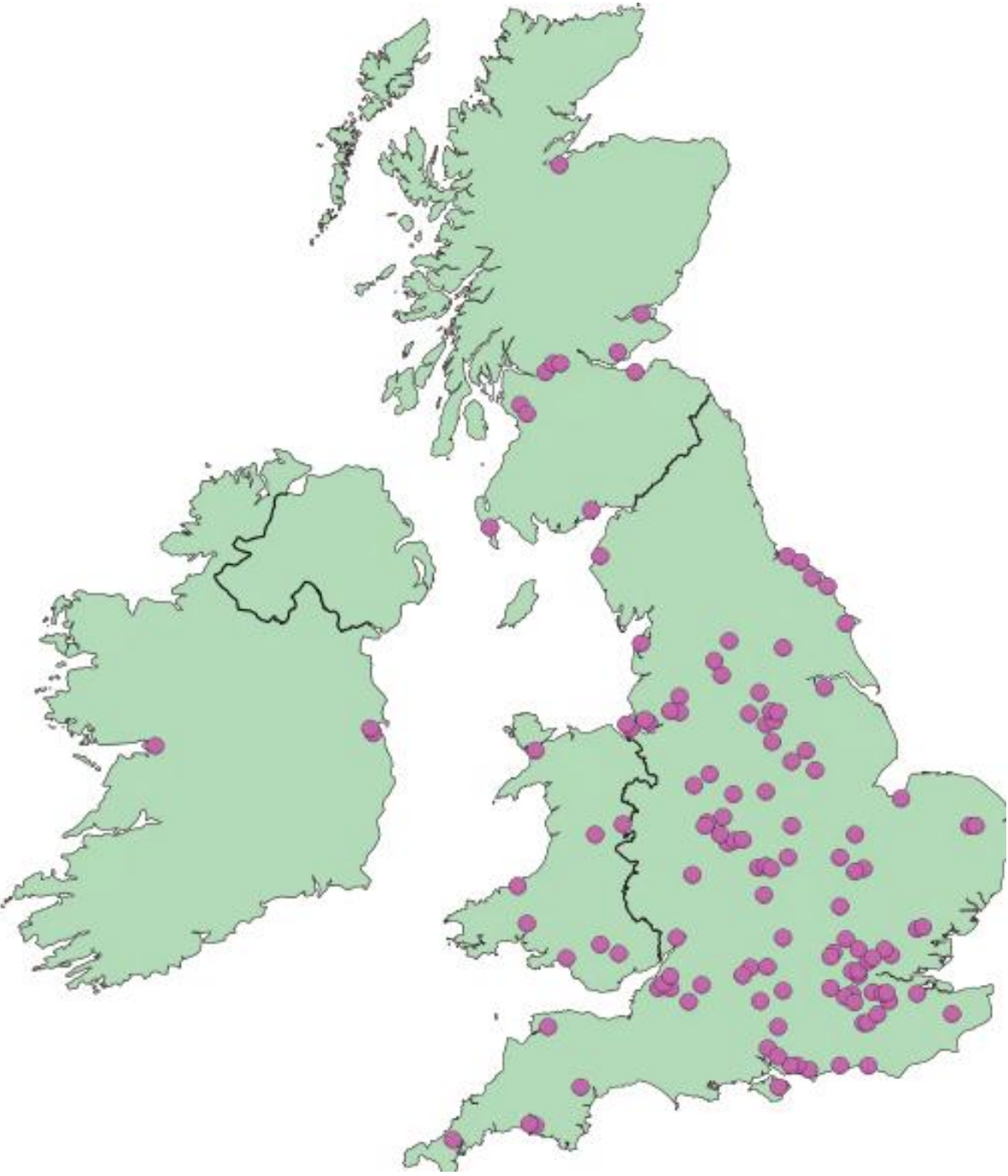


Figure 1

Full list of member agencies at Appendix 1

2. Understanding Rape, Sexual Violence and Abuse

The Extent and Impact of Rape, Sexual Violence and Abuse

Rape, sexual violence and abuse can take many forms and includes rape, sexual assault, childhood sexual abuse, sexual exploitation, online grooming, abusive images of children, female genital mutilation, ritual and organised abuse.

‘Sexual Violence has continued to be systematic and unrelenting because of state failure to take seriously, prevent and prosecute routine and widespread discrimination and violence against women during times of peace.’

(2006, Treatment of Women in Times of Peace)

The long-term effects of sexual violence and abuse are often significant and life changing, not only for the survivor themselves, but also for those close to them.

The longer term impact on the wider society, for example through lost productivity, is also likely to be considerable (Meadows et al, in

progress)³. Fraser and Survivors West Yorkshire (2006)⁴, Livingston (2004)⁵ and Reagan et al (1998)⁶ have provided useful overviews of some of the characteristic effects that survivors may experience.

Prevalence

It is widely acknowledged that determining the actual prevalence rates for the different forms of rape, sexual violence and abuse is problematic due to the stigma and shame associated with disclosure and the low reporting levels (Lovell, 2003)⁷.

The possible long term consequences of sexual violence and sexual abuse

Rape Trauma Syndrome
Post Traumatic Stress Disorder
Depression

³ Meadows, P., Tunstill, J., and Kurtz, Z (work in progress). *Costs and Consequences of Child Abuse and Neglect*. London: NSPCC

⁴ Fraser, C. and Survivors West Yorkshire (2006). *A View From Inside the Box: A Social Research Project Exploring Sexual Abuse/Violence Service Provision Across the Bradford District*. Bradford: SWY

⁵ Livingston, K. (2004). *The Inter-Relatedness of Sexual Victimization and Priority Social and Health Policy Issues*. The Survivors Trust Briefing Paper

⁶ Linda Reagan, Liz Kelly and Sheila Burton (1998). *Legacies of Abuse - it's more complicated than that: A qualitative study of the meanings and impacts of sexual abuse in childhood*. End of award report to the ESRC. London: Child and Woman Abuse Studies Unit, University of North London.

⁷ Lovell, L. (2003). *Poverty, Social Exclusion and Maltreatment*. London: NSPCC

Anxiety
Dissociative conditions
Nightmares and sleep problems
Lack of confidence
Self-harming behaviour
Irritability and outbursts of anger
Low self-esteem
Suicidal thoughts
Completed suicide
Alcohol abuse/dependence
Substance abuse/dependence
Workoholism
Homelessness
Revictimisation
Relationship problems
Mood swings
Sexual dysfunction

The most authoritative study to date was carried out by the NSPCC (Cawson, 2000)⁸ with 2,869 UK 18 - 24 year olds and found 21% of young women (16% involving contact abuse) and 11% of young men (7% involving contact abuse) had experienced child sexual abuse (prior to the age of 12 or non-consenting).

The National Institute for Mental Health in England also reported similar prevalence rates for child sexual abuse at around 20 - 30% for females and 5 - 10% for males (Mayne, 2005)⁹. Nurse (2008) provides a

⁸ Cawson, P., Wattam, C., Brooker, S., and Kelly, G. (2000). *Child Maltreatment in the UK: A Study of the Prevalence of Child Abuse and Neglect*. London: NSPCC

⁹ Mayne, L. (2005). *Working jointly with adult survivors of child sexual abuse*. CSIP/NIMHE Mental

useful overview of the relevant prevalence studies to date¹⁰

Unfortunately, one of the consequences of sexual victimisation can be an ongoing vulnerability to revictimisation. The SAVI Report¹¹ notes that women who have experienced childhood sexual abuse are

Multiple victimisation has been linked to more entrenched reactions to trauma, including Post Traumatic Stress Disorder (PTSD), Complex PTSD, Rape Trauma Syndrome and Dissociative Identity Disorder.

Health Trusts Pilot Collaboration Project.
CSIP/NIMHE East Midlands Development Centre:
VVAPP

¹⁰ Nurse, J. (2008). *Healthier, Fairer & Safer Communities - Connecting People to Prevent Violence: Towards a Framework for Violence and Abuse Prevention*. Presentation to the Department of Health engagement Event to support the development of a Framework for Violence and Abuse Prevention.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091764.pdf

¹¹ McGee et al (2002). *The SAVI Report. Sexual Abuse and Violence in Ireland: A National Study of Irish Experiences, Beliefs and Attitudes Concerning Sexual Violence*. Royal College of Surgeons in Ireland

3. Policy Context

Government Framework for Action

***Cross Government Action Plan on Sexual Violence and Abuse
Tackling Violence Action Plan
Cross Government Strategy on Violence
Against Women and Girls
Strategy
Sara Payne - Victim Experience
Consultation
Stern Review***

Cross Government Action Plan on Sexual Violence and Abuse

The Government's framework for action was set out in the Cross Government Action Plan on Sexual Violence and Abuse, published in 2007. The aims of the Sexual Violence and Abuse Action Plan are:

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

Tackling Violence Action Plan

The Tackling Violence Action Plan published in 2008, restated the Government's commitment to tackling sexual violence through establishing SARCs

and supporting the introduction of Independent Sexual Violence Advisors, identified as key sources of support for victims engaged with the criminal justice system.

Multi-level Ecological Framework, Gender-based Violence and Human Rights

The Tackling Violence Action Plan follows a multi-level ecological framework as the most appropriate model for understanding interpersonal violence, including sexual violence.

Sexual violence and abuse are seen as the product of multiple levels of influence on behaviour involving the individual, relationships, community and society.

The World Health Organisation¹² notes that no single factor can explain why some people are at a high risk of experiencing sexual violence while others are not or why it is more common in some contexts than in others. Figure 2 presents an ecological model for understanding this interplay of factors at various levels (Krug et al., 2002). This model illustrates how an individual's exposure to violence is influenced by factors at the individual, relational, community and societal levels.

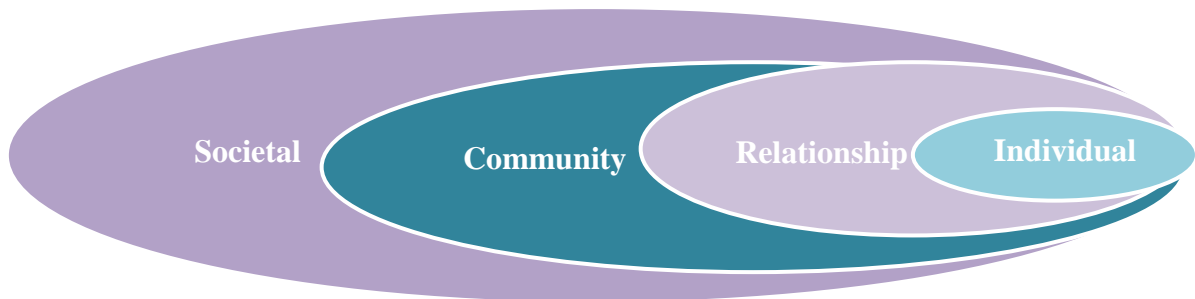
¹² Primary prevention of intimate-partner violence and sexual violence:
Background paper for WHO expert meeting
May 2-3, 2007
A. Harvey,¹ C. Garcia-Moreno² and A. Butchart¹
¹WHO, Department of Violence and Injury Prevention and Disability
²WHO, Department of Reproductive Health and Research

The individual level of the model encompasses biological factors, beliefs and attitudes, and personal history factors that influence an individual's likelihood of becoming a victim or perpetrator. The relationship level reflects how an individual's close social relationships influence the risk of violence.

experience of sexual intercourse was forced (Jewkes et al., 2002).

There is increasing evidence that the younger the age at which someone experiences their first sexual encounter, the more likely it is to be coerced.¹³

Figure 2



Factors at the community level relate to the settings of social relationships, such as neighbourhoods, workplaces and schools, and characteristics of those environments that contribute to or protect against violence.

Risk groups include young people, people who have witnessed family violence as children, and people with a prior history of victimization or perpetration.

Societal level factors refer to those underlying conditions of society that either encourage or inhibit violence. The interaction of factors at various levels of the model must also be taken into account.

Generally, women are at greater risk of victimisation, and men at greater risk of perpetration.

Population-based studies indicate that young people—both girls and boys—experience significant levels of sexual coercion (Pineiro 2006); studies of forced sexual initiation, for example, have found that between 7% and 48% of adolescent girls and between 0.2% and 32% of adolescent boys report that their first

WHO identifies the factors linking the different forms of interpersonal violence and sexual violence:

- gender inequality;
- social norms supportive of traditional gender roles, intimate partner violence and sexual violence, and macho male gender roles;
- poverty, economic stress and unemployment;

¹³ (Dickson et al., 1998; Erulkar, 2004; Keonig et al., 2004; Garcia-Moreno et al., 2005).

-
- lack of institutional support from police and judicial systems;
 - weak community sanctions;
 - dysfunctional, unhealthy relationships characterized by inequality, power imbalance and conflict;
 - alcohol and substance misuse; and
 - witnessing or being a victim of violence as a child.

However, it is noted that whilst this overlap suggests that intimate partner violence and sexual violence need to be addressed together rather than in isolation, it is important to address those factors unique to both sexual violence and domestic violence.

‘Just as sexual violence results from the complex interplay of individual relationship, social and cultural and environmental factors, so, too, it’s solution must also involve all those who have the opportunity to reduce such violence and eliminate its preventable harms by working together, where possible, to build synergistic relationships.’

Australian Institute of Family Studies, Dec 2006, Jill Astbury, Research Professor, Victoria University

“The Government states that they understand the difference between sexual violence and domestic violence but it appears not to be the case when funding is required, as it is much cheaper to put both categories together”

Cross Government Strategy on Violence Against Women and Girls

The Cross Government Strategy on Violence Against Women and Girls, published in November 2009, is the first co-ordinated Government approach to combating all forms of violence against women and girls.

The Government has also committed to establishing at least one Sexual Assault Referral Centre (SARC) in every police force area by 2011. To support this the Department of Health is running a National Support Team for Response to Sexual Violence to work with existing SARCs, bringing together local agencies to focus on local needs and support the sustainability of specialist Third Sector agencies.

A resource on developing SARCs was published jointly by the Department of Health, Home Office and Association of Chief Police Officers in October 2009, setting out the key elements of a SARC.

Sara Payne - Victim Experience Review

Throughout 2009, Sara Payne, Victims' Champion, has been working with victims and specialist agencies to look specifically at rape victims' experiences of the criminal justice system. The final report was published in November 2009 and made specific recommendations aimed at improving victims' experiences including:

- A national communications strategy to challenge attitudes towards violence against women, including rape and other forms of sexual violence;
- The inclusion of gender equality and violence against women in the school curriculum for Personal, Social, Health and Economic lessons; and
- A further £3.2 million of funding to help establish more Sexual Assault Referral Centres.

The Stern Review

In the wake of the Home Office consultation on violence against women and girls, Baroness Stern is leading a review into how rape complaints are handled by public authorities. The review is due to report in March 2010.

4. Third Sector Support Services

The Survivors Trust member agencies developed out of recognition of the gap in specialist service provision for survivors of rape, sexual violence and abuse. Service provision within the statutory sector was felt to be either non-existent or difficult to access due to the stigma and shame of disclosing a history of abuse. As a result, member agencies have developed a range of specialist services in response to their clients' needs and feedback.

Many agencies offer counselling, psychotherapy, therapy groups, mutual support groups, telephone and online counselling and practical support and advocacy services in addition to crisis services and helplines.

The demography of the United Kingdom is rich in variety and ethnic mix with notable differences in the ability of certain groups to disclose or access support services and embark on recovery pathways. To address this, some services have developed further specialisations to meet the needs of client groups facing additional barriers through individual, cultural or social factors.

Member agencies have also developed highly specialist training programmes for statutory sector agencies and colleagues across the third sector to ensure the needs of vulnerable groups are better understood and supported.

Sector Funding

Over the past four years there have been a series of initiatives aimed at improving services and outcomes for victims of rape, sexual violence and childhood sexual abuse:

- The Department of Health's Victims of Violence and Abuse Prevention Programme;
- Cross Government Action Plan on Sexual Violence and Abuse¹⁴;
- Tackling Violence Action Plan;
- Sexual Assault Referral Centre (SARC) Development Programme;
- Independent Sexual Violence Advisor (ISVA) Programme;
- Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse.

Throughout these initiatives, the expertise of the third sector has been consistently highlighted.

The Survivors Trust Member Funding Survey (2008)¹⁵ revealed that many services are still continually firefighting to maintain funds for core operating costs. In total, seven agencies reported that they had six months or less funding and a further two agencies reported significant

¹⁴ Home Office (2007). *Cross-Government Action Plan on Sexual Violence and Abuse*.

www.homeoffice.gov.uk/documents/sexual-violence-action-plan

Home Office (2008). *Saving Lives, Reducing Harm, Protecting the Public: An Action Plan for Tackling Violence 2008-11*.

<http://www.homeoffice.gov.uk/documents/violent-crime-action-plan-08>

¹⁵ The Survivors Trust (2008). *Funding Report for Third Sector Rape and Sexual Abuse Crisis Services*.

budget deficits affecting their ongoing service delivery. Six agencies reported secure funding to cover core costs for ‘up to a year’.

Despite recognition and referrals, funding for specialist rape and sexual abuse support services has proved problematic for many years and is now under increased pressure as a result of the current economic climate. Eight of The Survivors Trust member agencies have closed since 2007 due to lack of funding despite national initiatives to prioritise the need for specialist services.

Research conducted by the Women’s Resource Centre and Rape Crisis (England and Wales) in 2008¹⁶ revealed the following additional statistics:

The average annual income for a Rape Crisis centre is £81,598, only marginally more than the cost, to the state, of one rape (£76,000); 69% of centres felt that they were ‘unsustainable’ in the future;

79% of grants received were for one year or less;

Only 21% of services were fully funded.

Clearly mindful of the long-standing difficulties with regards to sector funding

¹⁶ Women’s Resource Centre & Rape Crisis. (2008). *The Crisis in Rape Crisis: A Survey of Rape Crisis (England and Wales) Centres*. <http://www.rapecrisis.org.uk>

and in particular, the commissioning process, the Scottish Executive’s *Survivor-Centred Strategic Approach* (2005)¹⁷ highlights the need for more understanding from service planners and commissioners:

‘Improving services for survivors of abuse is not a matter of creating a new suite of additional services. It is about getting existing services to respond to needs in a more co-ordinated way.

For this to happen requires commitment and direction from service planners and commissioners - to better understand how and when survivors access services and what their needs are.’

Research carried out by the Child and Woman Abuse Studies Unit and the Cities Institute at the London Metropolitan University in 2007 and again in 2008¹⁸ has highlighted the postcode lottery of access to services for women.

The Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse Funding Sub-Group (2008)¹⁹ identified five key barriers which were impeding the

¹⁷ Scottish Executive (2005). *A Survivor-Centred Strategic Approach*. <http://www.scotland.gov.uk/News/News-Extras/sexualabuse#a2>

¹⁸ Coy, M., Kelly, L., and Foord, J. (2008). *Map of Gaps 2: The Postcode Lottery of Violence Against Women Support Services in Britain* (http://www.mapofgaps.org/docs/map_of_gaps_08.pdf)

¹⁹ Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse Finance Sub-Group report (2008)

sector in their attempts to develop capacity and stability:

- A history of Government targets which tended to focus on volume crime rather than impact and failed to specifically take into account sexual violence and childhood sexual abuse resulting in under-funding for the sector.
- The absence of a secure funding stream for the sexual violence and childhood sexual abuse sector due to the prioritisation of other areas such as domestic violence by many commissioning bodies.
- Misunderstanding and a lack of awareness of prevalence levels and the long-term impact of sexual violence and abuse amongst statutory agencies and commissioning bodies.
- Lack of understanding and appreciation of the work undertaken by specialist services across the sector and a lack of recognition of the expertise contained within the sector.
- Misunderstandings around the application of 'gender guidelines' (e.g., prioritisation of generic services) and of gender as an issue in service delivery for victims.

Uncertainty around funding has a seriously detrimental impact on the ability of specialist services to plan forward for service delivery, recruit, train and retain

skilled and expert workers, network locally, respond to opportunities to deliver existing services and increase capacity.

5. Current Developments across the Sector

The research project detailed in this report has been timed to link into a number of ongoing strategic developments and projects aimed at improving services for victims of sexual violence and childhood sexual abuse.

The Survivors Trust National and Regional Development Officers

The Survivors Trust received funding from Government Equalities Office to run a one year capacity building project aimed at providing targeted support, at local, regional and national level, for third sector specialist rape, sexual violence and abuse services.

The aim is to help agencies deliver their capability to attract funding and resources essential to their organisational health and stability.

Specialist services will also be supported to develop their skills and abilities to underpin sustainable funding strategies for service delivery.

GEO Special Fund

Government has recently demonstrated its commitment to tackle rape, support victims and prosecute perpetrators by announcing, in August, 2009, £1.6million funding to support Rape Crisis Centres and The Survivors Trust member agencies in

providing services to victims of rape and sexual violence.

Home Office

£1.67million Home Office funding will help establish eight new Sexual Assault Referral Centres (SARCs), support 15 existing SARCs, and fund 43 Independent Sexual Violence Advisors (ISVAs) to offer practical support to victims of rape and sexual violence.

Department of Health Strategic Partner Scheme

The Survivors Trust has been appointed as a Strategic Partner in the Department of Health Third Sector Investment Programme for 2009-10²⁰. As a Strategic Partner, The Survivors Trust will work collaboratively with the Department of Health:

- To ensure that specialist third sector expertise is incorporated into health and social care service developments through accredited training resources and information prescriptions based on sector expertise through focus groups, VVAPP Delphi research and Care Pathways research;
- To support and improve the capability and capacity of the third sector to deliver specialist services for victims of rape, sexual violence and abuse through training

²⁰ Department of Health (2008). *Third Sector Investment Programme: Strategic Partners 2009-10. Information Pack for Third Sector Organisations.* (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086329.pdf)

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- resources and service specific standards;
- To support the implementation of the national roll-out of the Mental Health Trusts Pilot Collaboration Project (MHTPCP) through shared learning via Sexual Abuse Forums; greater partnership working and collaborating on direct service delivery;
 - To establish protocols and processes for increasing participation of third sector agencies in regional shared learning events for health professionals;
 - To improve access to services and outcomes for male and female victims of rape, sexual violence and abuse.

SAVI UK Feasibility Study

The Survivors Trust has recently commissioned a Feasibility Study to explore prevalence, experience and resiliences concerning sexual violence in the UK general population. This project, which runs for one year commencing October 2009, is being led by the University of Warwick and aims to replicate the landmark SAVI study undertaken in Ireland in 2002²¹.

²¹ McGee et al (2002). *The SAVI Report. Sexual Abuse and Violence in Ireland: A National Study of Irish Experiences, Beliefs and Attitudes Concerning Sexual Violence*. Royal College of Surgeons in Ireland

6. Stability, Sustainability, Capacity

This research project has been designed to link into the Survivors Trust's 2009 -10 project to develop targeted support, information and resources at local, regional and national level for third sector specialist rape, sexual violence and abuse services.

The Survivors Trust Capacity Building Project Aims to:

Develop and provide targeted support to help specialist third sector rape, sexual violence and abuse services enhance their administrative and financial management systems and processes so that they are more stable as organisations and therefore better equipped to develop sustainable funding strategies to underpin service delivery;

Support and improve the capability of third sector specialist services for victims of rape, sexual violence and abuse to become more stable as organisations so that they are better placed to work with local partners;

Build stability for specialist sexual violence and abuse services who are member agencies of The Survivors Trust, by supporting informed world class commissioning through Local Authorities and Primary Care Trusts and strategic funding through Crime and Disorder Reduction Partnerships;

Create and facilitate networks and pathways for specialist services to participate in Local Safeguarding Boards, Crime and Disorder Reduction Partnerships and Local Criminal Justice Boards, to better inform local problem profiles, to evidence need for appropriate specialist services and to influence Local Area Agreements to incorporate relevant Public Service Agreements and National Indicators;

Create a sustainable funding model based on the outcomes of The Survivors Trust's study on Developing Stability, Sustainability and Capacity - a focussed study of the factors contributing to effective service development and provision for third sector rape, sexual violence and abuse crisis services in England and Wales.

7. Methodology

The research set out to explore factors affecting the ability of third sector rape, sexual violence and abuse crisis services in England and Wales to deliver services, build stability and develop capacity. Specifically, the research set out to answer the following questions:

What are the existing levels of resources and funding for specialist rape and sexual abuse crisis services?

What are the different sources of funding or other resources?

What is the operational impact of insecure funding?

What are the barriers affecting stability and capacity across the sector?

What do specialist services identify as crucial to supporting their stability and service development in the future?

An online survey methodology was chosen for the research as this has been successfully used previously by The

Survivors Trust to engage with its member agencies.

An initial draft survey for discussion was produced by Consult Research and The Survivors Trust and reviewed by those member agencies attending the National Members meeting in March, 2009. This provided very useful feedback and led to a further revision of the initial draft. Rape

Crisis (England and Wales) were also invited to review and comment on the draft survey and to circulate the survey link to their members. Questions relating to the recommendations made in the report by the Funding Sub-Group of the Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse (2008)²² were also incorporated into the survey to ascertain how effective these levers have been to date.

The final version of the survey contained 26 sections with questions relating to staffing, funding, agency governance, service provision, service eligibility restrictions, referrals, monitoring and evaluation, inter-agency working/national organisation membership and the impact of strategic initiatives such as the Gender Equality Duty (2007), Local Area Agreements, Crime and Disorder Reduction Partnerships (CDRPs), Sexual Assault Referral Centres (SARCs), Government Sexual Violence Co-ordinators, Primary Care Trust (PCT) commissioning and contact with local MPs. The survey is detailed at Appendix One.

Response Rate and Geographical Areas Covered by Participants

The invitation to participate in the online survey was administered via e-mail to the member agencies on 30th March 2009. Paper versions of the survey were also made available for three member agencies

²² Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse Op. Cit.

without internet access. The survey was accompanied by a covering letter from the Chief Executive of The Survivors Trust (Appendix Two).

Regular reminders to complete the survey were issued via The Survivors Trust weekly email bulletin and follow-up telephone calls to all non-responders were made during the first week in May.

Data collection ceased on 31st May 2009.

The survey was completed by 79 Survivors Trust member agencies, which represents a 67% response rate from all eligible agencies in England and Wales.

In total, **79 completed questionnaires were received**, representing an excellent **response rate of 67%** of the eligible member agencies located in England and Wales (N = 117). Sixty-seven respondents completed the online survey, ten participated via email and three completed postal questionnaires.

Seventy-six (95%) of all respondents were from specialist services based in England where all nine Government regions were represented:

East Midlands (6 agencies)
East of England (7)
Greater London (10)
East England (1)
North West England (5)

South East England (16)
South West England (10)
West Midlands (10)
Yorkshire and Humber (11)

Three respondents were from services located in Wales:

North East Wales (1)
South East Wales (1)
South West Wales (1)

One further questionnaire was completed by an organisation in the North East of Scotland which is beyond the geographical parameters of this research.

Illustration 2 on page 24 shows the geographical locations of the agencies responding to the survey.

Geographic location of agencies responding to the survey

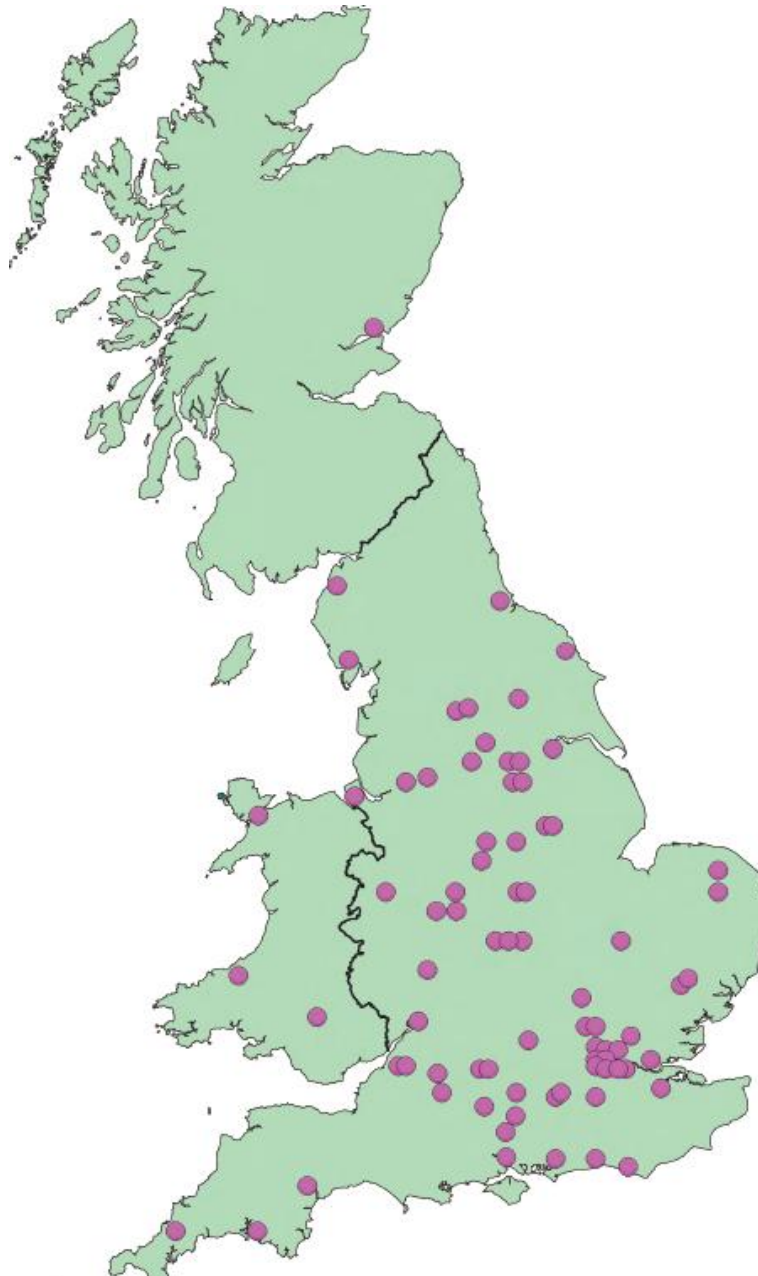


Illustration 2

8. Key Findings

Service Provision

“Still no-one wants to talk about abuse – the biggest barrier we face is raising awareness in society”

1. Services

A wide range of support services are provided by The Survivors Trust member agencies including therapeutic, practical, emotional and advocacy support. Participating agencies are supporting, on average, **60,645 clients each year, 75% of whom are female.**

The British Crime Survey estimates that only around 15% of sexual offences are reported, and it is therefore unsurprising that, even based on a 67% response rate from specialist services, the number of survivors supported exceeds Home Office recorded rates of sexual violence.

2. Waiting Lists

Waiting lists are common for all victims with adult women most likely to face a delay in accessing support.

All clients over the age of 16 years (both male and female) have to wait, on average, 8 - 12 weeks to access appropriate support services.

3. Referrals

Specialist services responding to the survey state that the majority of their agency referrals come from the statutory sector, even where service level agreements are not formally in place.

4. Barriers for male victims

67% of participating agencies work with both male and female clients but provision for male clients is often significantly below that available for female clients.

Client figures provided appear to show significant evidence of barriers to disclosure for young male clients, particularly in the 14 - 16 year age group.

“Government do not look at the sexual violence against men and boys and it is the voluntary sector that has to pick up the pieces”

Sources of funding

1. Main funders

The sector currently relies heavily on grants provided by the charitable and voluntary sector but the majority of referrals are received from the statutory sector.

“There is no funding because of little or no recognition by statutory sources and no political drive; a lack of popularity of cause (no fluffy appeal); social barriers and a denial of the problems caused by sexual violence”

2. Core costs

The estimated core costs per agency per year are £98,500.

3. The value of volunteers

This survey suggests that the value of voluntary worker contributions to specialist service provision each year is an estimated £312,867 per agency.

4. Lack of strong lead

The lack of statutory funding may be linked to the failure to take a strong lead on tackling funding of rape, sexual violence and abuse provision by central Government.

5. Downward funding trend

The total level of funding for 50 member agencies is £4,350,984 which suggests a downward trend based on the previous two years.

“Nationally I don't feel there is enough support for women-only services. I feel the Gender Equality Duty is almost being re-defined and there is a lack of belief in substantive equality”

6. Per unit costs

Current funding levels reported in this survey indicate a per unit cost of just £139.58 per survivor.

7. Increased referrals

58% of respondents are located in areas with a SARC and these were felt to have contributed to increased agency referrals by a quarter of respondents.

However, only 12% of all agencies responding to the survey receive funding directly from the SARC with almost half

of all respondents taking unfunded referrals from their local SARC.

8. Changing services for funders

Agencies have adopted flexible approaches in their attempts to find adequate funding, for example, changing their service delivery to meet the requirements of a particular funder.

Funding is sometimes easier to secure for specific clients groups, for example, children; black and minority ethnic clients and victims of domestic violence.

9. Treating symptoms not causes

Funding appears to be easier to secure for services which deal with the traumatic aftermath of sexual violence/abuse (e.g. drug/alcohol services) rather than services within the specialist sexual violence sector.

“There seems to be a national - local - regional belief that splitting people off into issues to be dealt with in a variety of places such as alcohol/drugs etc is beneficial rather than accepting that the impact of violence and abuse is to fragment the person and fragmented service provision enforces this”

10. Understanding services

Support which cannot be categorised as therapeutic counselling such as practical and emotional support and advocacy can be difficult to secure funding for as these services are not always understood by commissioners and funding bodies.

“If we were to focus our language away from the use of sexual violence or abuse in bids and use relationship breakdown, depression or anger management support we suspect it would be easier to gain funding from local Government in particular”

Operational impact of insecure funding

1. Funding cuts/restricted services

Despite the continued calls for greater resources, over a fifth of respondents noted they had recently experienced funding cuts.

Over a third were currently being forced to restrict services, reduce personnel and/or consider closure.

2. Short term, project funding

There is a tendency for grants to be short-term and non-recurring and time needed for numerous applications for small amounts can sometimes seem to outweigh the benefits gained when applications are successful.

3. Lack of full funding

Only 21% of respondents are 100% funded to provide the services currently being delivered.

“Non-statutory funders favour project work. Whilst this may be good at the time, it doesn't promote long-term sustainability”

4. £98,500 core costs

The estimate core agency costs for rent, heating, lighting, general running expenditure and one staff post per agency is £98,500. However, the emphasis on project-based work makes the logistics of securing core costs from a number of funders challenging and sometimes impossible, even when funders support full cost recovery.

5. Lack of continuity

Repeat funding for existing projects can also be difficult to obtain with funding bodies displaying a preference for new rather than well established projects.

“Financial constraints and the lack of stability are always issues affecting service delivery. This will not become any less of a problem unless the Government steps in and gives statutory funding to organisations that are carrying out work that should be a statutory responsibility”.

6. Impact of recession

The impact of the current economic climate is being felt across the sector with 43% of recipients indicating that their level of funding is already being affected by the recession.

7. Voluntary sector resilience

Despite acute financial difficulties and the continued paucity of adequate funding for the sector there is clear evidence of resilience amongst sector staff in response to the current economic downturn, not least because of the

continued good will of over 1400 volunteers who continue to sustain these important services.

8. The value of volunteers

Of the 1919 staff posts detailed in the survey, 75% are voluntary and 25% funded.

Our estimate of the true cost of service provision for the 78 agencies detailed in the survey is £32,086,674 meaning that the voluntary contribution to specialist sexual violence and abuse services is a staggering £24,065,005.

Key barriers affecting stability and capacity across the sector

1. Lack of stability

40% of responding agencies are ‘**not at all confident**’ about building stability and developing their capacity to deliver services in the future.

Key barriers include:

- The reliance on short term funding in lieu of long-term strategic level agreements and commissioned services; and
- The time burden associated with applying for numerous small grants.

“There is a real need for an organisational overview to review infrastructures; service delivery; funding and partnership working”

2. Lack of sector support

The failure of Government to respond to calls for increased funding from sector umbrella agencies such as The Survivors Trust.

“There is a continued failure to prioritise historic sexual violence and abuse in strategic funding plans both at Government and local authority level”

3. Lack of awareness

The continued silencing of abuse in society and the failure of Government to support a targeted awareness raising campaign.

4. Impact of the recession

The current economic climate and its likely impact on Government spending plans.

5. Lack of training

The continued need for a improved training in relation to supporting victims of sexual violence and abuse for staff in statutory sector front line services, e.g., police, health, social care.

“There is a complete lack of training for statutory agencies meaning that we are constantly helping people further damaged by police, health or social care responses”

6. Funding for volunteers

A lack of suitably trained volunteers and the lack of funding to support such training.

*“Looking at the answers here from our agency and the probable answers received from elsewhere, the whole situation needs help and **not just further meetings and boards to decide on what’s best, WE NEED HELP AND ACTION ASAP!**”*

Factors that might underpin stability and capacity in the future

1. Prioritising sexual violence

The prioritisation of sexual violence and abuse in Government spending plans and support at ministerial level for the sector in order to influence local level commissioning and funding plans.

2. Government funded core costs

Central government funding of core costs.

3. Evaluation of client outcomes

Robust monitoring and evaluation to evidence service need and client outcomes to support future funding applications.

4. Specific funding for victims

Targeted funding to support victims of sexual violence and abuse rather than a reliance on services that just deal with the traumatic aftermath of abuse, e.g., drug/alcohol services.

5. Focus on service user feedback

Raising awareness in funders and commissioners that capacity building must be linked to service outcomes and service user feedback.

6. Challenge of full-cost recovery

Awareness of the challenges of securing core costs through ‘full cost recovery’ from a range of funders and project-based funding.

7. Fundraising support

Agencies surveyed cited training to improve their fundraising expertise as important to help underpin stability and capacity in the future.

8. Long-term funding

Long-term secure funding (three to five years minimum).

9. Funded referrals

Funding support from statutory sector services who rely so heavily on the sector when referring clients for support.

10. Awareness of need for services

A campaign to raise awareness of sexual violence and abuse and its impact throughout society to target the silencing of abuse and to increase support for victims.

11. Collaboration and networking

Increased inter-agency networking and collaborative campaigning across the sector.

Assessment of the progress made on the recommendations made to the Joint Home Office and Department of Health Stakeholder Advisory Group on Sexual Violence and Abuse by the funding sub-group

1. GED Impact Assessments

Despite concerns that funding for gender-specific services may be adversely affected by the Gender Equality Duty, few agencies felt that there had been a negative impact on their ability to secure funding or on their working practices.

However, only one agency was aware of an impact assessment being undertaken to review compliance and understanding of obligations under the duty.

2. PSA 23 and NI26

Just over a fifth of respondents were aware of steps to adopt local area agreements such as PSA 23 and NI 26, which are focused on improving access to specialist services for victims of sexual violence and abuse.

3. Informing problem profiles

Just 16% of respondents had been contacted by their Local Criminal Justice Board (LCJB) to provide information to inform local problem profiles indicating a dearth of strategic links between criminal justice agencies and the sector.

*“What an **astonishing number of 'Don't Knows'** in the local development section, this demonstrates **the lack of joined up thinking in the local area.**”*

Just four agencies were aware of steps taken by their LCJB to prioritise sexual violence in local strategies and programmes of work.

4. CDRP Targets

Only three agencies were aware of local investment by Crime Disorder Reduction Partnerships (CDRP) in setting targets and providing guidance.

*“There is no funding because of little or **no recognition by statutory sources and no political drive; a lack of popularity of cause (no fluffy appeal); social barriers and a denial of the problems caused by sexual violence**”*

5. Local sexual violence forums

A fifth of respondents were aware of local sexual violence and child sexual abuse forums in their local area which had been set up by Government regional office.

6. Government Office leads

A third of respondents were aware of a Government Office Sexual Violence Lead being appointed in their area.

7. Training for Government Office leads

Despite the recommendation for training for Leads to be provided by the sector,

only two agencies had been involved to date.

*“Government Departments are very good at making **suggestions and recommendations** and organising committees rather **than incorporating support for victims of sexual violence as a 'must' in national statutory provision**”*

know whether he or she had received guidance from the Home Office or the MP’s own political party with regard to services for victims.

8. PCT/SHA Commissioning

Just over a third of respondents reported that their local Primary Care Trust or Strategic Health Authority had commissioned services for victims of sexual violence and abuse but only 12% had been invited to help develop commissioning guidelines for victims of sexual violence and abuse.

9. Health-led sexual abuse forum

Only 10% of responding agencies were aware of a health-led sexual abuse forum in their local area.

10. Partnership working

12% of responding agencies were located within areas participating in the Mental Health Trust Collaboration Pilot aimed at introducing routine enquiry about sexual violence and abuse at assessment stage. However, the vast majority of agencies responding to the survey were not aware of their local Trust’s status or of the pilot and its remit.

11. Support from MPs

A welcome finding was that 55% of responding agencies were in contact with their local MP, but the majority did not

9. Research Findings

Agency Background and Governance

Questions about agency background and governance were included to provide evidence of the professionalism and structure of the sector as third sector agencies have often had to counter the notion of services being run by well-meaning but untrained volunteers without any formal structure.

Responding agencies were asked to indicate when their organisation had been established.

One agency dated back to 1978 and 26 (34%) were established in the 1980s. Almost half of agencies responding had been established during the 1990s (43%), with the remainder established in the last decade.

“We have been here for 12 years and are well known (so people tell us), however, we do not feature on the radar of most statutory organisations who seem to favour the ‘they’re over there doing their thing, leave them to it’ approach rather than believing we may have something worthwhile to contribute or even being tempted to respond to approaches from us’

Range of Services Provided

Specialist services for survivors of rape, sexual violence and abuse have developed considerably over the last three decades. Respondents were asked to indicate which of 19 types of service were provided by their agency. Sixty-four respondents answered the question and their responses (for client groups as a whole) are detailed in the table on page 35. Agencies were most likely to be providing information (94%), training (89%), support (83%), counselling and telephone counselling (72-81%) and advice (72%).

Responding to Needs

Additional agency services and activities included text message support, advocacy; befriending; survivor retreats; complementary therapies; research and publications; participation in policy consultations; raising awareness, networking, campaigning and lobbying.

The high percentage of agencies providing counselling training, support, information and telephone counselling is a useful indicator of client need as the voluntary sector is very responsive to client requests for provision.

| Range of Services Provided | Number of agencies | % of sample (64) |
|---|--------------------|------------------|
| Counselling | 46 | 72% |
| Support* | 53 | 83% |
| Crisis Support | 39 | 61% |
| Telephone counselling/support | 52 | 81% |
| Training for volunteers | 57 | 89% |
| Training for external agencies | 51 | 80% |
| Newsletter | 20 | 31% |
| Therapy Groups | 26 | 41% |
| Mutual Support Groups | 23 | 36% |
| Information | 60 | 94% |
| Advice | 46 | 72% |
| Helpline | 43 | 67% |
| Management Supervision | 31 | 48% |
| Counselling Supervision | 37 | 58% |
| Group Supervision | 36 | 56% |
| Preventive work (school info sessions; CP advice) | 30 | 47% |
| Penpal/Contact List | 5 | 8% |
| Online Forum Support | 10 | 16% |
| Email support | 41 | 64% |

Training is a vitally important area of specialist sexual violence sector provision since training on working with the aftermath of trauma is still not generally included in sufficient detail in courses for statutory health and social care workers.

Many survivors do not have ongoing mental health difficulties which require intensive therapeutic counselling support *throughout* their life. Indeed whilst they may have had considerable needs as a result of their trauma, many survivors may now have made considerable progress in terms of mental health needs as a result of therapeutic support delivered by the specialist sector.

However, some may need ongoing support other than counselling to maintain their therapeutic progress and to deal with the ongoing trauma of sexual violence. This type of ongoing support has been identified as a critical mediator in ongoing recovery, supporting victims to maintain therapeutic changes in the longer term and in preventing deterioration in trauma recovery (Astbury, 2006)²³.

It is important to emphasise this area of practical and emotional support and advocacy as it has sometimes been difficult to secure funding for such services as it cannot necessarily be neatly categorised as a therapeutic support service. This is despite the fact that such services are still delivered in a structured format, with a contractual arrangement between client and worker and with supervision of the client - support worker relationship.

Independent Sexual Violence Advisors

The introduction of the role of Independent Sexual Violence Advisers (ISVAs) is considered by The Survivors Trust and member agencies to be evidence of how Government Policy is starting to recognise the value of this role. The Survivors Trust is seeking to support this initiative through developing accredited training for ISVA Service Managers and ISVAs and via the creation of a professional network.

Support services, identified as critical mediators of ongoing mental health and wellbeing, are provided by 83% of the responding agencies.

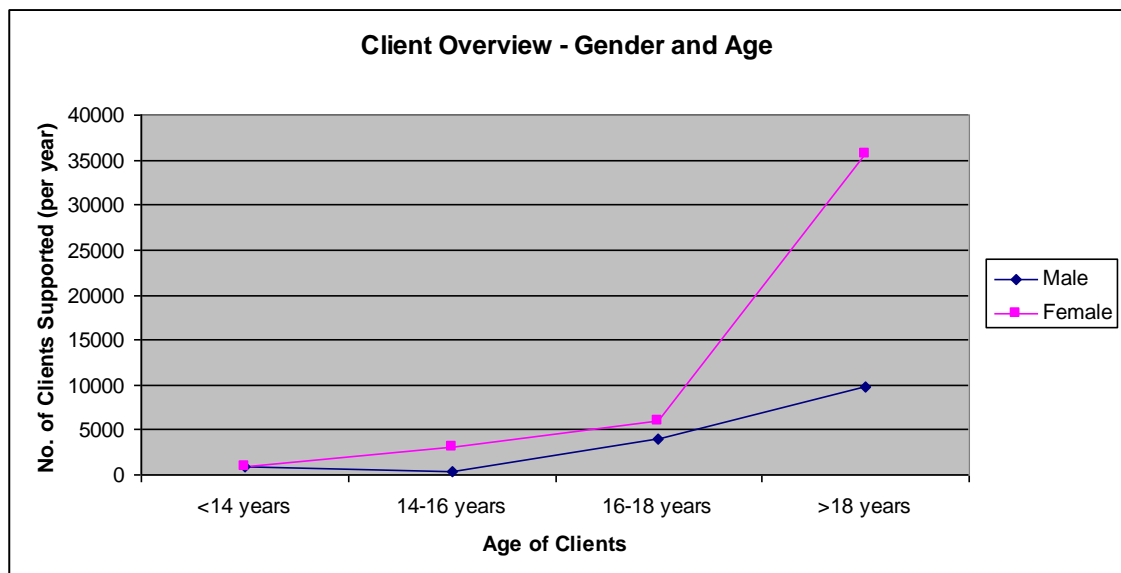
These services include a range of 'practical and emotional support and advocacy services' which support a client in ways other than therapeutic or counselling interventions.

This might include active listening to facilitate communication or supporting a client to access other services such as mutual support groups.

It might also include helping a client to participate in criminal justice proceedings, for example, by accompanying him/her to court.

²³ Astbury, J. (2006). *Services for victim/survivors of sexual assault: Identifying needs, interventions and provision of services in Australia* (ACSSA Briefing Paper No. 6). Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute for Family Studies.

Client Overview



Using data from 48 agencies responding to this section of the questionnaire, it is interesting to note the patterns emerging in terms of the gender and age breakdown of all clients supported in an average year by the responding agencies.

Whilst figures for girls and boys under 14 years of age are relatively similar (957 and 861 respectively), a significant drop off in client numbers emerges for older clients with the number of 14 - 16 year old females supported rising to 3019 whilst the number of 14 - 16 year old males supported drops to just 284 per year.

Although it is known that childhood sexual abuse is most prevalent in the 5 - 14 year age group²⁴, it is difficult to imagine that there is such a sudden drop

²⁴ WHO Collaborating Centre for Evidence and Health Policy in Mental Health (2001). *Comparative Risk Assessment: Final Report*,

in the number of male teenage victims and therefore, this finding suggests a possible issue in relation to the availability and/or accessibility of services for male victims in this age group.

Barriers to Disclosure

However, a comparison of studies found that the childhood disclosure rate is just over 33% for all children and that the average delay between abuse onset and disclosure was 15 years (London et al, 2005)²⁵. This would suggest that there is significant under-reporting from the young women and young men in the 14 - 16 age category.

Childhood Sexual Abuse. St. Vincent's Hospital, Sydney, Australia

²⁵ London, K. Bruck, M., Ceci, S. J., and Shuman, D. W. (2005). Disclosure of child sexual abuse. What does the research tell us about the ways that children tell? *Psychology, Public Policy and Law*, 11(1), 194 - 226

It is known that there are already significant barriers to disclosure for young male victims as highlighted in recent research with young male survivors in Scotland (Nelson, 2009)²⁶ and there is concern amongst member agencies that Government focus on ‘violence against women’ strategies could further marginalise male survivors and limit funding opportunities for agencies working with male clients.

In total, the 48 agencies providing client numbers support approximately 60,645 clients per year. Of these, 45,688 are female, and 14,957 are male.

This figure is higher than that reported by the Home Office in its most recent sexual offence crime figures which notes that Police recorded 53,540 sexual offences in England and Wales in the year ending March 2008²⁷.

This finding is not surprising given that many victims of sexual violence choose not to disclose what has happened to them²⁸.

It should also be noted that ethnicity and race may affect disclosure patterns, placing additional cultural and social barriers against victims disclosing. (Rao et al, 1992²⁹)

Reliance on Helplines

Client figures gathered in this Study, show that significant numbers of victims, in particular adult women and young men in the 16 - 18 years age group, have to rely on Helplines for crucial support and advice.

From 16 - 18 years, male and female client statistics show, on first glance, a similar pattern, with client numbers dramatically increasing, from 3019 to 6032 in the case of young women and from 284 to 3998 for young men.

However, what is particularly striking for this age group is that young men have to rely almost exclusively on telephone helpline support whereas in all the other age groups for both females and males, there are significantly greater opportunities to access counselling and other support services such as groups and practical, emotional and advocacy support. Just 70 young men have access to ISVA support each year compared to 767 young women.

In adulthood the number of female clients seeking support (35,680) far

²⁶ Nelson, S. (2009). *Care and Support Needs of Men Who Survived Childhood Sexual Abuse: Report of a Qualitative Research Project*. Centre for Research on Families and Relationships: University of Edinburgh

²⁷ Home Office (2008). *Crime in England and Wales*. <http://www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/>

²⁸ Home Office (2007). *Cross-Government Action Plan on Sexual Violence and Abuse*. Op. Cit.

²⁹ Rao, K., DiClemente, R. J., & Ponton, L. E. (1992). Child sexual abuse of Asians compared with other populations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 880-886

exceeds the number of male clients (9814) as might be expected given the barriers to disclosure for male clients already highlighted.

However, the range of support services available to adult male clients is more favourably comparable to that available for female clients in this age group when examined as a percentage of the total client category.

Referrals

Respondents were asked to indicate the sources of agency referrals and 62 agencies provided information.

The major source of referrals for all responding agencies is self-referrals direct from clients with 100% of respondents indicating that they receive referrals in this way. 82% of respondents also receive referrals from GPs or other health professionals, including those located within psychological and psychiatric services.

Forty-six (74%) of the responding agencies receive referrals direct from their local police force and forty-five (72.5%) from Victim Support.

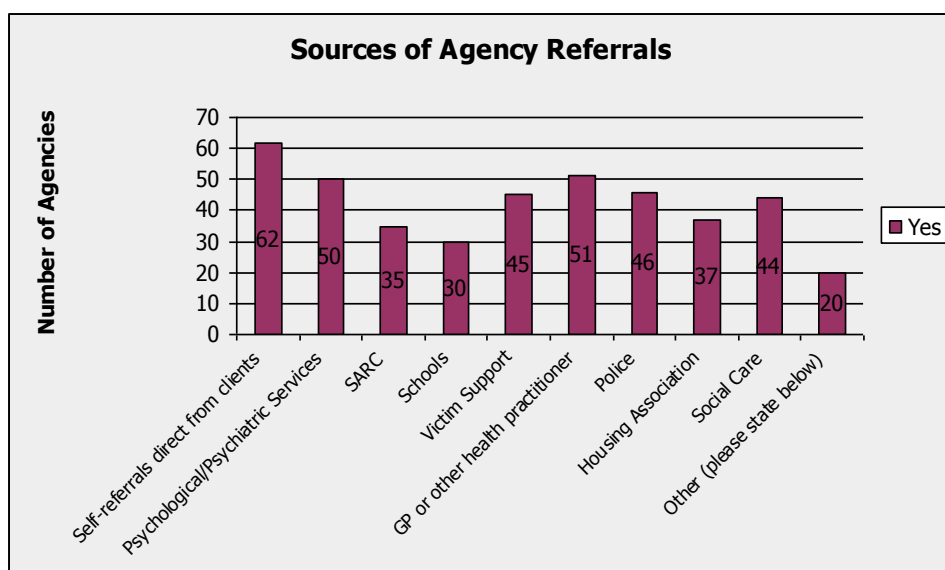
Other major sources of referrals include social care agencies (71% of respondents); housing associations (60%); SARCs (56%) and, to a lesser extent, schools (48%).

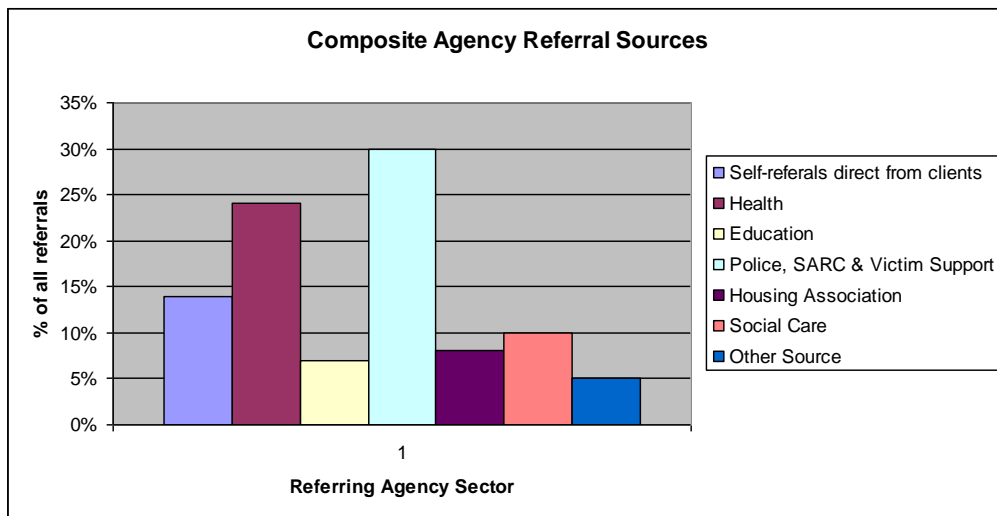
It is clear that the majority of agency referrals (71%) are received from the statutory sector.

Unfortunately, this is not reflected in funding.

Other sources of referrals noted include other voluntary sector agencies; substance misuse services; churches; the Probation service; Relate; Women’s Aid; legal support services; universities; Connexions; youth offending teams; and homelessness projects.

An additional question later in the survey which explored inter-agency working revealed a similar list of voluntary and statutory sector agencies.





Data collected for this Study, shows that victims/survivors choosing to self-refer to specialist sexual violence and abuse services make up the major source of referrals for all responding agencies. 100% of agencies responding indicated that they receive referrals in this way.

included targeted support for clients with learning disabilities; for survivors of non-sexual violence; for clients within the prison/probation service; for victims of trafficking; for children displaying inappropriate sexual behaviour; for clients with paraphilias; for clients with dissociative disorders/other personality disorder; and fast track access to medical services such as screening for pregnancy and sexually transmitted infections.

Specific Client Groups Supported

Respondents were asked to indicate which particular client groups their agency supported and 63 agencies answered this question.

Whilst two thirds (67%) of respondents are able to support both male and female survivors, provision for boys and men across the age range is consistently less than that available for female survivors.

Additional services (not categorised right) provided by member agencies

Service Provision by Client Type

Respondents were asked to further describe service provision provided by their agency based on client age, gender and the type of support provided. Data is provided on the average number of clients supported by responding agencies each year and the actual total numbers of clients supported by all responding agencies.

However, some caveats should be noted in relation to the data presented in this section. Firstly, these figures only reflect the agencies that chose to complete this section of the questionnaire - on average,

48 agencies. This is less than half of the 117 eligible member agencies in England and Wales. Therefore, **these figures should not be interpreted as a true reflection of the numbers of survivors in the relevant age categories seeking support throughout England and Wales.**

Secondly, the figures presented fall far short of the numbers that would be expected in relation to the numbers of survivors seeking support when established prevalence figures are considered.

For example, the data from the 47 - 50 agencies providing services to children less than 14 years of age illustrates that they are working with approximately 957 girls and 861 boys each year.

This is clearly a drop in the ocean of the true figure in relation to the numbers of children in need of support when we consider Cawson's (2000) estimate of prevalence rates of 21% (girls) and 11% (boys) throughout the UK.

Therefore it is likely that insufficient provision exists, particularly for children and young people, and, even when services do exist, there are likely to be significant barriers to disclosure.

The data in following section is broken down by gender (and age) although it should be noted that 67% of respondents are working with both male and female clients. The Survivors Trust believes strongly in the notion of gender sensitive counselling and in prioritising choice for

survivors of rape, sexual violence and abuse seeking support.

| Client group | Number of agencies supporting this group | % of all respondents (63) |
|--|--|---------------------------|
| Services for women | 56 | 89% |
| Services for men | 44 | 70% |
| Services for all adults (both men and women) | 42 | 67% |
| Services for young women (14 - 16 years) | 24 | 38% |
| Services for young women (16 - 18 years) | 43 | 68% |
| Services for young men (14 - 16 years) | 20 | 32% |
| Services for young men (16 - 18 years) | 34 | 54% |
| Services for all youth (14 - 16 years) | 21 | 33% |
| Services for all youth (16 - 18 years) | 30 | 47% |
| Services for girls (< 14 years) | 19 | 30% |
| Services for boys (< 14 years) | 15 | 24% |
| Services for all children (< 14 years) | 15 | 24% |
| Services for survivors of incest during childhood | 59 | 94% |
| Services for survivors of other childhood sexual abuse | 62 | 98% |
| Services for survivors of adult rape/sexual violence | 54 | 86% |
| Services for partners of survivors | 53 | 84% |

Female Clients - Women (> 18 years)

In relation to female clients, agencies were most likely to be supporting adult women (> 18 years) via helpline services, supporting on average, 494 women per year. Support (227 women per year, on average, per service) and counselling (104) services were also well-utilised aspects of service provision.

In total, the 54 agencies responding to this question estimated they support over 35,000 adult women each year.

| Type of Support Provided | Total number of women (> 18 years) supported each year by all agencies (54) |
|--------------------------|---|
| Helpline | 20758 |
| Groups | 607 |
| Counselling | 4589 |
| Support | 8178 |
| ISVA | 1548 |
| Total | 35,680 |

Male Clients - Men (> 18 years)

Adult men (> 18 years) were most likely to access telephone helplines with an average of 140 men supported by each service, each year. The provision of generic support (80 men per year, on average, per service) and counselling (30) were also important aspects of service provision. Support via an independent sexual violence advisor (9), and groups (8) were less common.

In total, the 52 agencies responding to this question estimated they support just under 10,000 adult men each year.

| Type of Support Provided | Total number of adult men (> 18 years) supported each year by all agencies (52) |
|--------------------------|---|
| Helpline | 5454 |
| Groups | 266 |
| Counselling | 1190 |
| Support | 2652 |
| ISVA | 252 |
| Total | 9814 |

Female Clients - Young Women (16 - 18 years)

Young women (16 - 18 years) were also most likely to access support via agency helpline services with an average of 71 young women supported by each service, each year. The provision of support (44 young women per year, on average, per service), access to an independent sexual violence advisor (25.5) and counselling (24.5) were also well-utilised services.

In total, the 49 agencies responding to this question estimated they support over 6000 young women each year:

| Type of Support Provided | Total number of young women (16 - 18 years) supported each year by all agencies (49) |
|--------------------------|--|
| Helpline | 2698 |
| Groups | 83 |
| Counselling | 983 |
| Support | 1501 |
| ISVA | 767 |
| Total | 6032 |

Male Clients - Young Men (16 - 18 years)

Young men (16 - 18 years) were most likely to access telephone helplines with an average of 104 young men supported by each service, each year. Counselling and generic support (4 men per year, on average, per service) and independent sexual violence advisor services (2.5) were far less common.

In total, the 44 agencies responding to this question estimated they support just under 4,000 young men (16 - 18 years) each year:

| Type of Support Provided | Total number of young men (16 - 18 years) supported each year by all agencies (44) |
|--------------------------|--|
| Helpline | 3648 |
| Groups | 2* |
| Counselling | 155 |
| Support | 123 |
| ISVA | 70 |
| Total | 3998 |

* Number of groups supported

Female Clients - Young Women (14 - 16 years)

Young women (14 - 16 years) were most likely to access practical, emotional and advocacy support services with an average of 40 young women supported by each service, each year. The provision of helpline support (35 young women per year, on average, per service), counselling (12.5) and access to an independent sexual violence advisor (4.5) were also important aspects of service provision.

In total, the 46 agencies responding to this question estimated they support over 3000 young women aged 14 - 16 years each year:

| Type of Support Provided | Total number of young women (14 - 16 years) supported each year by all agencies (46) |
|--------------------------|--|
| Helpline | 1265 |
| Groups | 4* |
| Counselling | 450 |
| Support | 1168 |
| ISVA | 132 |
| Total | 3019 |

* Number of groups supported

Male Clients - Young Men (14 - 16 years)

Young men (14 - 16 years) were most likely to access telephone helplines with an average of 3.5 young men supported by each service, each year. Generic support was provided to an average of 2 men per service each year and fewer than two groups on average were delivered. Counselling and ISVA services were further limited with an average of 1.4 and 0.4 men respectively being supported.

In total, the 43 agencies responding to this question estimated they support 284 young men (14 - 16 years) each year:

| Type of Support Provided | Total number of young men (14 - 16 years) supported each year by all agencies (43) |
|--------------------------|--|
| Helpline | 118 |
| Groups | 48 |
| Counselling | 48 |
| Support | 58 |
| ISVA | 12 |
| Total | 284 |

Female Clients - Girls (< 14 years)

Girls (< 14 years) were most likely to access telephone helplines with an average of 11 girls supported by each service, each year. The provision of practical, emotional and advocacy support (9 girls per year, on average, per service), counselling (7) and access to an independent sexual violence advisor (2) were also important aspects of service provision.

In total, the 47 agencies responding to this question estimated they support just under a 1000 girls (< 14 years) each year:

| Type of Support Provided | Total number of girls (<14 years) supported each year by all agencies (47) |
|--------------------------|--|
| Helpline | 375 |
| Groups | 0 |
| Counselling | 267 |
| Support | 260 |
| ISVA | 55 |
| Total | 957 |

Male Clients - Boys (< 14 years)

Boys (< 14 years) were most likely to practical, emotional and advocacy support and counselling services with an average of 14 and 8 boys respectively supported by each service, each year. The number of boys accessing helplines was far lower at an average of just over 2 per year, and less than 1 on average, per service, per year receiving support via groups or an ISVA.

In total, the 50 agencies responding to this question estimated they support 861 boys (< 14 years) each year:

| Type of Support Provided | Total number of boys (< 14 years) supported each year by all agencies (50) |
|--------------------------|--|
| Helpline | 112 |
| Groups | 18 |
| Counselling | 297 |
| Support | 424 |
| ISVA | 10 |
| Total | 861 |

Waiting Lists for Support

Respondents were asked to estimate how long a client may have to wait for support after first contacting their service and to provide a detailed breakdown of these estimates based on client gender and age.

However, as with the previous section on service provision by client type (3.7), it should be noted that these figures only provide a flavour of the waiting times for the 38 agencies that chose to complete this section on the questionnaire.

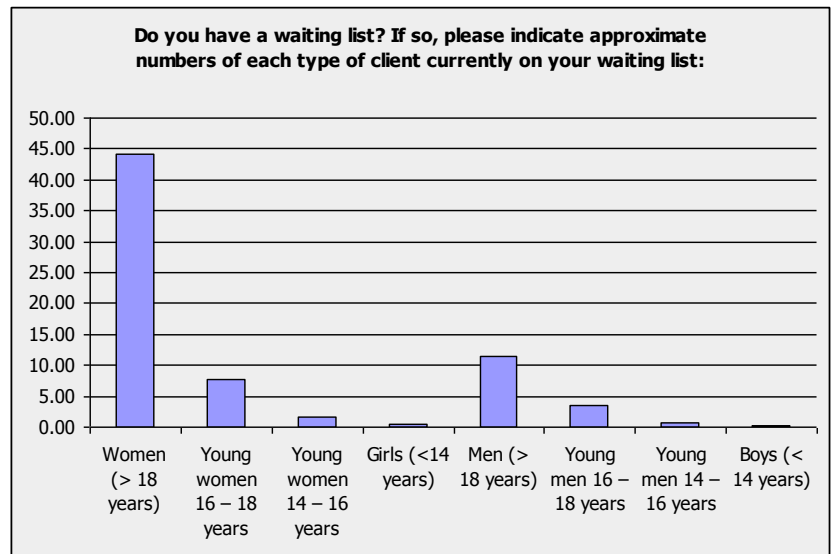
Therefore, these figures should be not read as a true indicator of the unmet need throughout England and Wales.

Many respondents noted that they prioritise services for young victims to prevent delays in accessing support.

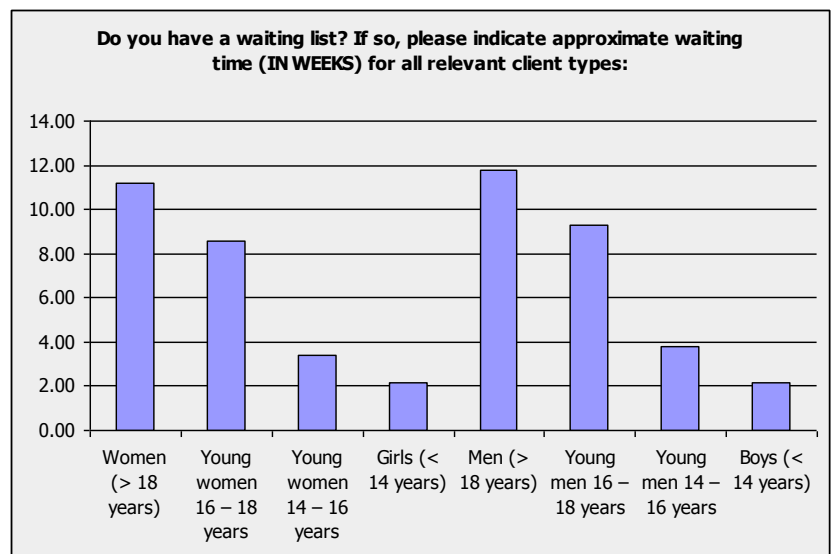
Adults were most likely to face a waiting list before being able to access appropriate support services, and particularly women over the age of 18 years.

On average up to 44 women and 12 men could be waiting for support from *each agency at any one time.*

To further examine delays in accessing support for particular client groups, we asked agencies to estimate the approximate number of weeks a client may have to wait.



Although fewer men were estimated to be waiting for services, they were the client group most likely to have the longest wait for appropriate support, with an estimated waiting time of up to 12 weeks.



Service Eligibility Restrictions

Respondents were asked to indicate if any of the services provided were restricted in anyway due to eligibility criteria on the basis of gender, age, abuse experience or culture/background. Respondents were asked to consider restrictions in relation to general, crisis and ISVA service provision.

With regards general service provision, 46% (19 of the 41 agencies responding to this question) restrict services based on gender; 85% (35) on the basis of age (usually restricting services to those over a certain age); and 15% (6) on the basis of the type of sexual violence/abuse experience. No service restrictions on the basis of culture/background were noted.

Twenty-seven respondents answered the same question in relation to crisis service eligibility restrictions. 52% (14 agencies) restrict services based on gender; 74% (20) on the basis of age; and 11% (3) on the basis of abuse experience. No service restrictions on the basis of culture/background were noted.

Eleven respondents answered the same question in relation to ISVA service eligibility restrictions. 54.5% (6) restrict services based on gender and 82% (9) on the basis of age. No service restrictions on the basis of abuse experience or culture/background were noted.

Levels of Resources and Funding

Respondents were asked to describe their funding history for the last two years and

74 agencies were able to provide funding details for the financial year 2007 - 2008 with the total revenue for all agencies totalling **£7,592,998**.

Agency funding for 2007 - 2008 varied greatly amongst the respondents with two agencies detailing funding of just £2000 for the year, a further 30 detailing funding of £50,000 or less and 27 agencies recording funding in excess of £100,000. The highest funding amount recorded for 2007 - 2008 was £519,000.

However, despite the 8% increase noted overall in funding budgets, a fifth (15) of the 78 responding agencies noted budget cuts due to the withdrawal of long-standing funding sources.

Seventy-four of the responding agencies were also able to provide funding details for the financial year 2008 - 2009 with the total revenue for all 74 agencies totalling **£8,226,495**.

This represents an 8% funding increase across the sector from 2007 - 2008. However, the data collected for 2009 - 2010 appears to suggest a downward trend overall, discussed in more detail at Point 3.11.2.

Funding amounts again varied greatly across agencies with the smallest grant recorded at just £500 for the year. A further 27 agencies recorded funding of £50,000 or less and 29 agencies recorded funding in excess of £100,000.

The highest funding amount recorded for 2008 - 2009 was £600,000.

Sources of Funding

Fifty agencies were also able to provide a detailed breakdown of current funding sources which can be categorised as follows (numbers refer to the number of grants awarded in total this year to all responding agencies).

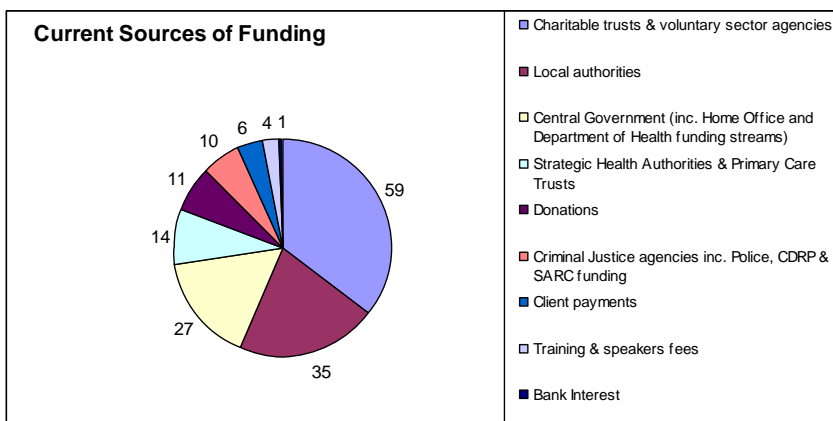
Thus the majority of funding sources are drawn from the charitable and voluntary sector with 59 (35%) of the 167 grants detailed being drawn from these sources. Statutory sector funding is drawn from three sectors - 21% of the grants detailed are from local authorities; 16% from central government and just 8% from criminal justice agencies such as the police and local crime reduction partnerships.

to the reliance placed upon third sector sexual violence support services by the statutory sector as highlighted earlier in the previous section on referral sources.

When the 167 grants are summed, the total revenue for the current financial year (2009 - 2010) for all 50 agencies equates to **£4,350,984**.

To assess how this compares to funding levels in the previous two financial years, figures have been calculated per agency, since data on funding was available for 74 agencies in previous years:

| Financial Year | Total Revenue Across Sector | Number of Agencies Providing Funding Information | Agency Per Capita Funding Estimate |
|----------------|-----------------------------|--|------------------------------------|
| 2007 - 08 | £7,592,998 | 74 | 102,608 |
| 2008 - 09 | £8,226,495 | 74 | 111,168 |
| 2009 - 10 | £4,350,984 | 50 | 87,019 |



Whilst this is a somewhat crude assessment of the available data, it does suggest a downward trend for funding across the sector which may be partly explained by the current economic climate as detailed later in this report.

The lack of funding from statutory sector sources in comparison to the charitable and voluntary sector is in sharp contrast

The Cross Government Action Plan on Sexual Violence and Abuse (2007)³⁰ has estimated that the cost to society of sexual offences can be estimated at around £8.5 billion with each rape costing over £76,000. These figures are based on estimates of lost output and costs to the health service as a result of long-term health issues for victims/survivors.

Current funding levels for the sector can be estimated at somewhere in the region of £4 - 8 million, allowing for the fact that this survey is only representative of those member agencies who have chosen to participate.

As a comparison it is interesting to note that the total income for the NSPCC in 2007-8 was £147.2 million³¹. The largest proportion of this figure (77.3%) is derived from donations, gifts and legacies.

The remainder is drawn from 'charitable activities income', e.g., training social workers; sales of research reports (11.3%); 'generating fund activities', e.g., sales of Christmas Cards; dinners and balls (7.2%); investment income (3.3%); and 'other resources' (0.9%).

Staffing

When staffing levels are considered in the context of available funding, it is clear that third sector rape and sexual abuse crisis services, like many other services throughout the third sector, rely heavily on voluntary, un-paid staff to sustain their services. With the exception of Independent Sexual Violence Advisors (ISVAs), the number of volunteers far outweighs paid staff as detailed in the table below which indicates the number of paid and unpaid posts across the 78 responding agencies.

| | Management | Counsellors | Support | ISVA | Other | Total |
|------------------|------------|-------------|------------|-----------|------------|-------------|
| No of F/T Staff | 47 | 19 | 18 | 17 | 18 | 119 |
| No of P/T Staff | 81 | 129 | 86 | 19 | 58 | 373 |
| No of Volunteers | 292 | 506 | 322 | 5 | 302 | 1427 |
| Total | 420 | 654 | 426 | 41 | 378 | 1919 |

Thus, of the 1919 posts across the 78 responding agencies, only 25% (492) are funded. If we consider the funding revenue of £8,226,495 detailed for the financial year 2008 - 2009, this equates to a per capita figure of £16,720 for each funded staff post.

³⁰ Cross Government Action Plan on Sexual Violence and Abuse. Op. Cit.

³¹ NSPCC (2008). *Trustees' Report*. http://www.nspcc.org.uk/whatwedo/aboutthenspcc/annualreport/financialreport_2008pdf_wdf60886.pdf

However, if we are to estimate the true cost of providing services to victims of rape, sexual assault and childhood sexual abuse then this per capita figure must be multiplied by actual staff numbers (1919) revealing the true cost of providing services for the 78 agencies detailed is £32,086,674 per year in total or £411,367 per agency when volunteer time is taken into account.

Summary of Sector Staffing (78 Agencies)

Returning to the consideration of Government estimated costs to society of each rape (£76,000) or child sexual abuse (£120,000) case, we can further explore the level of funding of participating member agencies on a per client basis by exploring the number of clients supported during 2008 - 2009 for the 74 agencies who were able to supply funding information:

| | |
|---|-------------------|
| Total level of funding (2008-2009) | |
| = | £8,226,495 |
| | ÷ |
| Total number of clients supported= | 58,935 |
| | |
| by agencies supplying funding info = | 74 |
| | ————— |
| | £139.58 |

Thus the reality of funding levels for third sector rape, sexual violence and abuse services on a per client basis reveals the extent to which specialist crisis response and mental health support services for victims rely on the contribution that volunteers make to this work - just **£139.58 per survivor**.

However, this figure only reflects the survivors who are actually accessing support services at the 74 agencies and we know that many survivors are suffering in silence without specialist support. This sum can be compared to the cost of attending private counselling, which can range from £50 to £85 per session.

As previously noted, the majority of the workers in the agencies surveyed are working on a voluntary basis. If we consider the number of clients accessing counselling from the responding agencies (a total of 7,797 clients), providing direct payment for a single counselling session for each client at the lowest cost would amount to £398,950.

Furthermore, whilst member agencies report that some clients only access 6 or 12 sessions, many will require longer term work amounting to a hundred or more sessions.

The Survivors Trust has previously estimated that based on accepted prevalence rates for sexual abuse, there are at least 5.1 million women and 2.5 million men who are adult survivors of childhood sexual abuse in the UK - more than 7.6 million survivors.

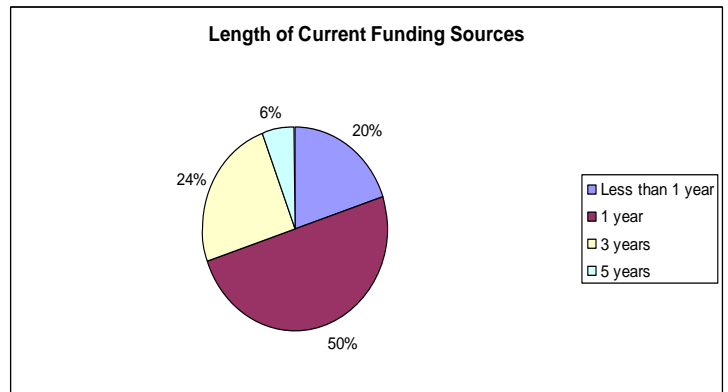
Sector Stability

Respondents were asked to estimate the amount (£) that would be needed to secure the organisation's core costs per year, based on an assessment of costs for rent, heating, lighting, general running costs and one funded staff post. Fifty-three respondents answered the question and estimated yearly costs ranged from £3000 to £200,000 per annum. The median estimate would suggest that the sum needed for one year's core costs is £98,500 per agency.

If we compare this with our previous estimate of actual cost of service provision per agency including voluntary contributions, £411,367, we can see that the value of voluntary worker contributions to specialist service provision is an estimated £312,867 per agency.

However, the majority of agencies are struggling by on much less than the median estimate for core costs and the majority of current funding sources are also short-term, covering a period of one year or less.

In order for volunteers to be appropriately recruited, trained, supervised and co-ordinated to work with victims, it is crucial that the agencies where they volunteer provide a stable and supportive environment to guard against vicarious trauma, burn out and loss of morale.



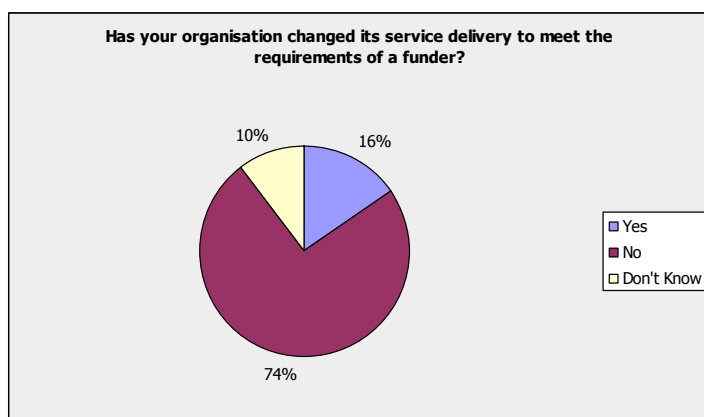
The majority of funding sources (65%) were also one-off payments with just over a third (35%) described as 'recurring'. Only 21% of 56 respondents were fully (100%) funded to provide the services being delivered and almost 40% (22) of respondents were delivering services with less than half the funding actually needed. This was achieved due to a heavy reliance on voluntary staff and agency workers' goodwill and commitment to projects.

However, it is a myth that volunteers, whilst essential in maintaining third sector services, are a 'cheap option'. An evaluation of the STAR Young Persons' project in West Yorkshire revealed that the actual cost of a volunteer service may only be slightly cheaper than a service with paid staff when the cost of recruiting, training, retaining and managing volunteers was taken into account³².

³² Skinner, T., and Taylor, H. (2004). *Providing counselling, support and information to survivors of rape: an evaluation of the 'STAR' Young Persons' Project*. Home Office Online Report 51/04.

Changing Services to Suit Funders

Respondents were asked if they had changed their service delivery to meet the requirements of a particular funder:



A small number (9) of agencies had indeed changed service delivery to meet funding requirements. Examples cited included:

- Providing shorter treatments
- Increasing the numbers of victims supported
- Introducing workshops
- Introducing one to one counselling
- Improving access to support for vulnerable victims

Although the majority of respondents said they did not make changes to service delivery to meet funding requirements, some of the changes noted by a small number of agencies raise significant concern as they seem to suggest that

<http://www.homeoffice.gov.uk/rds/pdfs05/rdsolr5104.pdf>

there may be a tendency for some funders to place an emphasis on quantity and throughput rather than quality and improved outcomes. This may therefore be an area for improving awareness in funders and commissioners that capacity building must be linked to service outcomes and service user feedback.

In addition, a preference for one-off innovative 'projects' amongst non-statutory funders had been observed by some respondents:

“Non-statutory funders favour [short-term] project work. Whilst this may be good at the time, it doesn't promote long-term sustainability”

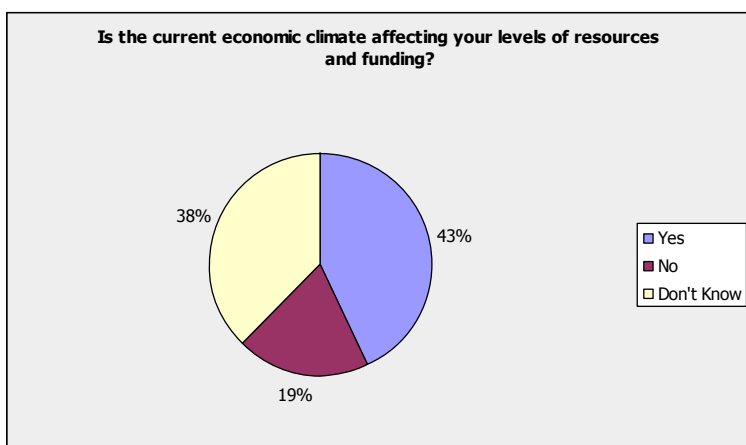
Some respondents noted that it was often easier to secure funding for new rather than well-established projects and continued difficulties in securing funding for day to day core costs such as salaries and overheads were evident.

Almost a third of respondents (17 or 29%) noted they had found it easier to gain funding for specific client groups or specific areas of support. Client groups that were more likely to attract funding included:

- Children and young people (both male and female)
- Women
- Black and minority ethnic community
- Unemployed or 'hard to reach' groups

- Victims of domestic violence
- Sex workers
- Victims of trafficking

Client groups that were particularly difficult to secure funding for were male survivors and those with learning disabilities.



The current economic climate is also affecting the sexual violence and abuse sector with 43% (25) of respondents indicating it is currently affecting agency resources and funding. Indeed this figure may in fact be higher since many of the agencies who replied 'don't know', indicated this was because it was 'too early to say' and that they would find out when they next applied for funding.

For the 43% who had already seen an effect of the recession, the following examples were given:

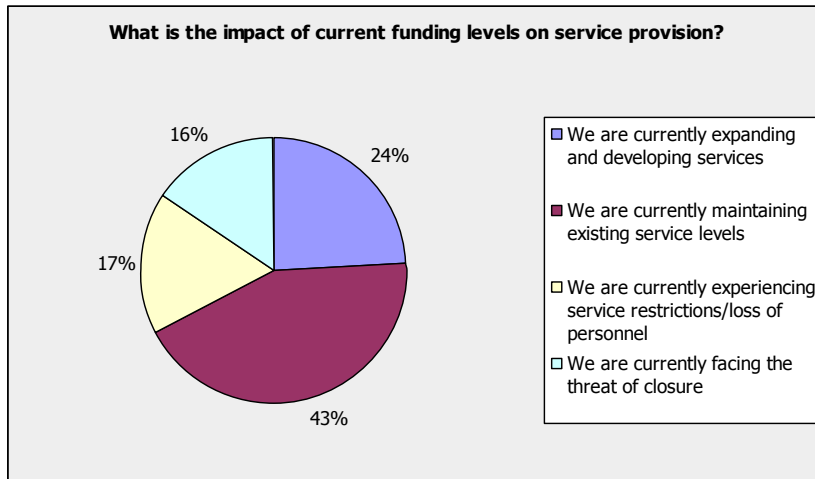
- Reduced income from bank interest
- Less money available from charitable foundations and trusts

and a reluctance to fund core costs

- No renewal of statutory grant funding
- Reductions and cut backs in local health service observed
- Charitable donations (both individual and business) down as belts are tightened
 - Reduced income from training events as businesses cut back on staff training
 - Reduced income from client fees due to job losses amongst client group
 - Statutory funds depleted
 - Increased competition for reduced funding pots
 - Reductions in statutory grants due to local authority reluctance to commit long-term strategic funds
- Tendency for the Government to focus on helping private (profit-making) businesses through the recession - what about the third sector!

Respondents were asked to describe the impact of *current* funding levels on service provision:

Despite concerns about the recession, almost half of the 58 respondents reported that they are maintaining existing service levels and a quarter are expanding or developing services.



33% of responding agencies reported service restrictions or loss of personnel or the threat of closure.

This situation clearly has an operational impact on organisations and on staff morale as trained staff and volunteers are lost, specialist services are cut and the remaining staff are faced with job insecurity.

“Looking closure in the face means it’s difficult to think very far into the future. Funding year-by-year is just not sustainable, and as long as this is the case, the future is always uncertain and capacity building is always limited”

The survey asked agencies to rate their confidence on how they felt about building stability and increasing their capacity to deliver services in the future as either ‘very confident’, ‘reasonably confident’ or ‘not at all confident’.

Agencies were also asked to identify key areas relating to factors underpinning stability and also key areas of concern.

“We do not have anything in the pipeline and will be discussing closure at our next Management Meeting”

The majority of agencies (49%) reported that they felt ‘reasonably confident’, and a further 10% felt ‘very confident’ that they will be able to build stability and increase capacity in the future.

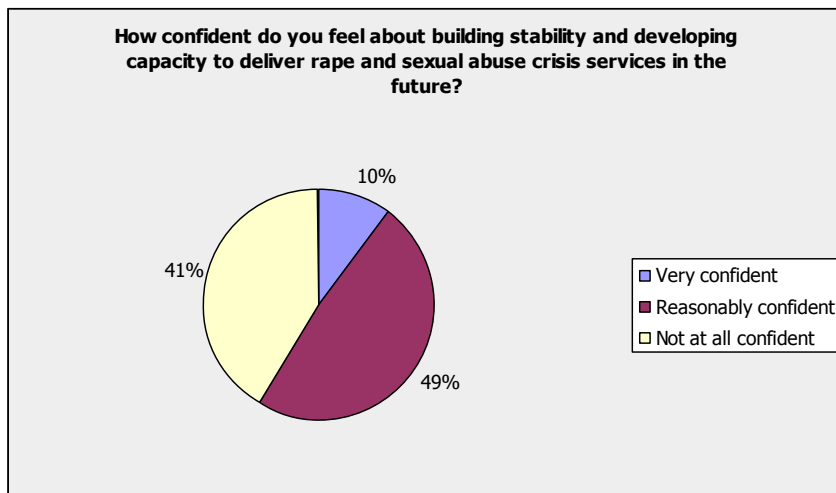
41% of responding agencies were ‘not at all confident’ about building stability and developing capacity in the future:

Agencies who were ‘not at all confident’ (24 of 58 responding agencies) went on to identify their key areas of concern:

- *Sexual violence and abuse rarely appear in local authority and primary care trust strategic plans - abuse victims are ‘low priority’*
- *As victims of sexual violence are not a priority, it will be the first area to be cut when public spending is reduced as a result of the recession*

- *Organisations are constantly closing - the Government seems to have implemented none of what they might have learnt from increased contact with the sector via The Survivors Trust*

- *Because society lacks the necessary awareness to fund sexual violence support services progressively and instead employs strategies which destroy innovation and capacity development*



- *We need service level agreements lasting 3 years and Government funding to pay for core services. Even if the government provided 50% of core funding, this would have a massive impact on our service*
- *Core funding has been refused by the local authority and PCTs are too caught up with IAPT (Improving Access to Psychological Therapies)*
- *Even if we do get funding it will only be for three years maximum and then we are back to the drawing board again*
- *In spite of Government lip service on sector sustainability, evidence so far does not support this. Funds from other sources are harder to secure and the potential tendering processes with Health and Local Authorities may be a threat - i.e., going for the cheapest, not the best*

- *The Sexual Violence Task Group seems to be totally dormant and we are concerned that being a women-only service will have an impact on our ability to gain any sustainable grant funding*
- *We cannot build or develop capacity without guaranteed income. Grant maintenance is not enough, commissioned services are required*
- *Our dependence on self-generated income and donations is high risk and restricts the services we are able to offer. Our capacity to fundraise is in need of development to ensure stability and capacity to deliver and this need coincides with the economic downturn, existing low priority for our 'controversial' specialism & existing difficulties in getting full cost funding*

- *Quick fixes and short term ideas regarding funding do not work. Expecting the voluntary sector to supply care provision for statutory sector client bases, is unfair and unjust, but it continues*
- *Many charitable trusts appear to be favouring environmental action and climate change at the moment*

The main points identified by the agencies that did not feel confident were the **perceived lack of priority** for victims of sexual violence and abuse both in local authority and primary care trust plans. **Lack of core funding had been refused** by one local authority and **full cost recovery was difficult to secure.**

Agencies did not feel able to **develop capacity without guaranteed income** and were concerned that **tendering processes with health and local authorities might actually be a threat rather than a benefit.** There were also fears that **women-only services would have more difficulty in obtaining sustainable grant funding.**

Factors that could underpin stability were identified by those who were 'reasonably confident' (28 agencies):

- *We have robust monitoring and evaluation systems in place which underpin funding applications*
- *Even without funding we will continue our services and obtain funding as we can - we've always operated a 'Desert Strategy' - maintaining a low cost support system to always guarantee a basic pathwaying/support service*
- *Because we work with children rather than adults and it is easier to get funding for this client group*
- *We are relatively new service and all our discussions to date have been very positive*
- *We have just secured funding for the next six months and hope this will open the door to other funding streams*
- *The emergency fund has enabled us to employ two part-time staff for the first time. Before this our service was restricted and unsustainable. We are hopeful that the Government will build on their commitment to provide funding*

- *The continual up and down in funding is really bad for volunteer and staff moral, but as chief fundraiser I am a very confident and positive person. I will put in the extra miles to enable funds to keep coming in*
- *Because we believe the Government will adhere to its agreements to fund us*
- *We are putting more effort into developing a wider range of funders which should, hopefully, offset the impact of the current economic climate. We are also increasing awareness of need for the service*
- *Because we're a well-established organisation with a good reputation, good links and good funding experience*
- *We are lucky to have a supportive local council who provide core unrestricted funding to support us. We are also fortunate to have a solid base of reserves to ride out uncertainty with regard the Home Office or other funders*

Some of the confidence may be the result of new funding or a new service being established. The Government Equalities Office Special Fund was cited by several agencies, who had been able to employ staff as a result of this funding.

Agencies that reported they felt 'reasonably confident' in building stability and developing capacity cited **robust monitoring and evaluation systems** used to underpin funding applications and **targeting a wider range of funders** to combat the potential impact of the recession.

A number of agencies had only just secured funds and expressed **hope that the Government will build on a commitment to provide funding.**

The funding strategy of one agency was aimed at **maintaining low cost support systems**, meaning that the service could continue even without funding.

The determination and dedication of specialist services was apparent in comments like **'I will put in the extra miles to enable funds to keep coming in'**.

One agency said that **working with children made funding easier to get.**

Additional factors relevant to stability were also identified by those who were ‘very confident’ (6 agencies):

- *We have recently secured long-term (4 year) funding*
- *We are funded until 2012 and already have a fundraising strategy in place to secure funding for beyond this date*
- *We work hard to evidence the effectiveness of what we do and this supports funding applications*
- *We have a member of staff who commits to one day a week for funding and that is working very well. Also all the statutory bodies who fund us are keen to keep the funding going*
- *We are reviewing our approach to evaluation and monitoring and we are seeking funding to develop the organisation to meet local need and to expand our training services*
- *We have a good relationship with our local authority and have done much to develop the infrastructure of our services recently We are developing a new service for children and feel reasonably confident that we have a good case for funding from the non-statutory sector*

Agencies reporting that they felt ‘very confident’ about developing stability and capacity, cited **longer term funding** and having a **funding strategy** as an important factor in their confidence.

Evaluation and monitoring, developing service infrastructure and evidencing service outcomes were identified by three of the six agencies in this category.

Also mentioned was having a specific member of staff who could commit one day a week to **fundraising** activities..

Overall, the agencies that were not confident did not feel able to develop their services and felt restricted by a lack of core funding. Without the ability to rely on core funding, agencies that were not confident felt threatened by the introduction of tendering and commissioning processes and did not feel able to develop capacity.

The most frequent point raised by the agencies reporting that they were either ‘reasonably confident’ or ‘very confident’ was robust monitoring and evaluation systems. These agencies also referred to developing their service infrastructure, developing the services offered to meet local need and broadening the range of funders applied to.

Fundraising Expertise

Just over half (51%) of the 78 responding agencies noted that they have a staff member on the team with specific responsibility for sourcing funding. 41% (32) of the responding agencies feel that they require further training in fundraising skills and would welcome assistance from the Survivors Trust in developing this skill area.

Key Barriers Affecting Service Delivery, Stability and Capacity Building

In order to further explore the key barriers to effective service delivery, stability and capacity building in the sector, the next section of the questionnaire provided a space for respondents to provide comments using an open-ended response format. Fifty-eight respondents provided detailed responses describing the key barriers that are affecting the rape, sexual violence and abuse sector as the quotes below illustrate.

The most prominent issued raised was in relation to funding and particularly, the perceived barriers due to the lack of statutory funding and Government support for the sector:

Indeed it was felt that the Government appears to pay ‘lip service’ to the sector:

In the absence of a strong message from central government, many ‘local’ funders (including local authorities and primary care trusts) fail to see sexual violence as a priority and are therefore reluctant to fund local specialist sexual violence support services.

“We need political will and political vision. The sector is lacking a long-term clear strategic vision and financial support from central government... The sector needs about £50 million over 5 years to enable change to happen and to radically alter the landscape of sexual violence support services in the UK forever”

Research has highlighted the connections between sexual victimisation and substance misuse (Livingston, 2004).³³ However agencies felt that funding was easier to access for drug/alcohol services responding to the symptoms of sexual victimisation rather than for sexual violence agencies responding to the root of the symptoms.

“Financial constraints and the lack of stability are always issues affecting service delivery. This will not become any less of a problem unless the

³³ Livingston, K. (2004). Op. cit.

Government steps in and gives statutory funding to organisations that are carrying out work that should be a statutory responsibility”

Other issues raised in relation to funding were the reluctance of many funders to provide funding for core costs and the time that was taken up by applying for numerous, relatively small funding streams. This latter issue was exacerbated in some organisations by a lack of expertise in fundraising skills.

Barriers were also perceived to be present because of the ‘silencing’ of abuse and the ‘ignorance’ or ‘stigma’ that is present in our society:

The lack of awareness and understanding of sexual violence and abuse is also evident amongst some staff within front line statutory services and a strong need for training for front-line professionals continues to be highlighted:

Specific Support Needed for the Sector

Following the barriers highlighted in the previous section, respondents were asked what specific support they would like to see available to support third sector rape, sexual violence and abuse services.

Perhaps not surprisingly, given the comments raised throughout this report, funding was considered to be the key area of specific support needed for the sector. Exploring these responses in more detail, respondents felt that funding needs to be:

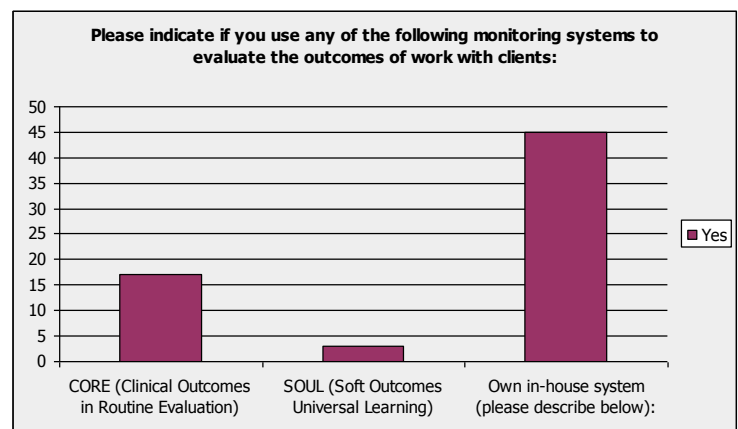
- Long-term (circa five years), sufficient and sustainable
- Supported by central Government via strategic initiatives including ministerial responsibility for sexual violence and abuse
- Nationally allocated but with the flexibility to take into account local priorities and indicators
- Targeted, ring-fenced and secure, as per the model of Victim Support
- Compliance with the Compact Code of Good Practice, Funding and Procurement
- Supported within the sector by expertise in fundraising and financial management
- Able to meet core costs and provide ‘full cost recovery’

- Underpinned by legislation - it should be a victim’s right to receive appropriate support
- Supported financially by local statutory services - police, health, social care - via service level agreements
- Accessible and easy to apply for - perhaps centralised and overseen by a national umbrella agency
- Have reasonable reporting requirements - some funders requirements outweigh the small grants received due to the time commitment needed
- Sufficient to provide Rape Crisis and ISVA services throughout the UK to end the postcode lottery system at present

The second area outlined for specific support was the need for greater awareness of sexual violence and abuse throughout society. Such a campaign needs to be national, supported at the highest level, and needs to focus not only on the fact that abuse happens, but on the devastating and perhaps life-long impact it may have on victims and the urgent need for appropriate support services. Such a campaign would address the stigma and silence that shrouds abuse in society, highlight the need for strategic level funding support, and raise awareness of the many services that exist nationally to support victims.

“There is a real need for an organisational overview to review infrastructures; service delivery; funding and partnership working”

The third and final area outlined for specific support was the need for a **“national organisational review”** of the sexual violence and abuse sector. It was noted that much expertise exists within the sector but that this expertise is not always shared with other agencies and that the sector sometimes lacks **“joined up ways of thinking and working”**. The sector as a whole could be stronger and more visible if national umbrella organisations such as The Survivors Trust and Rape Crisis were centrally funded to enable a thorough re-development of the sector’s infrastructure, training and professional standing:



*“The sector is **too fragmented**; we may need to think about **consolidating services** in order to support future stability”*

National initiatives to support training needs, development of volunteer provision, monitoring and evaluation, fundraising and personnel issues would also be welcomed.

Evaluation and Data Monitoring

Outcome Evaluation

Agencies were asked to describe how they currently evaluate outcomes in their work with clients. Sixty-two agencies answered this question:

The majority of respondents (72.5% or 45 agencies) use their own ‘in-house’ system to evaluate client outcomes. A range of systems were described, some in more detail than others and these systems (where detail provided) are summarised below:

- Monitoring of self-harm, drug misuse and anger
- Client questionnaire issued at the end of support
- Warwick and Edinburgh Mental Well-Being Scale
- Depression inventory
- Six-monthly client evaluation form
- Six, ten and twelve week client assessment of services
- Counsellor assessment at the end of support
- Well-being questionnaire
- Scale system for assessment and feedback

-
- Local authority (funding body) evaluation system
 - Monitoring of changes in lifestyle and feelings
 - Evaluation by external consultant
 - Baseline and end of evaluation monitoring of use of medication, usefulness of counselling, substance use, mental health and coping mechanisms, self-esteem, relationship issues and general well-being
 - Narrative evaluation
 - Case studies
 - Strengths and Needs Questionnaire
 - Pre and post therapy questionnaire
 - Client satisfaction questionnaire
 - Self-evaluation of each session

Many agencies acknowledged that their current (in-house) system was ‘ad-hoc’ and ‘in need of development’. This was particularly the case when services were using ‘home-made’ evaluation tools rather than validated measures.

Just over a quarter of respondents were using the validated CORE (Core Outcomes in Routine Evaluation) tool, a clinical outcomes monitoring system used widely throughout NHS Primary Care services.

“We show progress through the support we offer”

Three agencies had no monitoring and evaluation system in place and were relying on subjective feedback:

“We routinely hear feedback from callers to our helpline and therefore know we offer a valued service”

This tendency to rely on subjective feedback is of concern given the clear need to evidence service need and client outcomes in order to satisfy the requirements of commissioners and funding bodies.

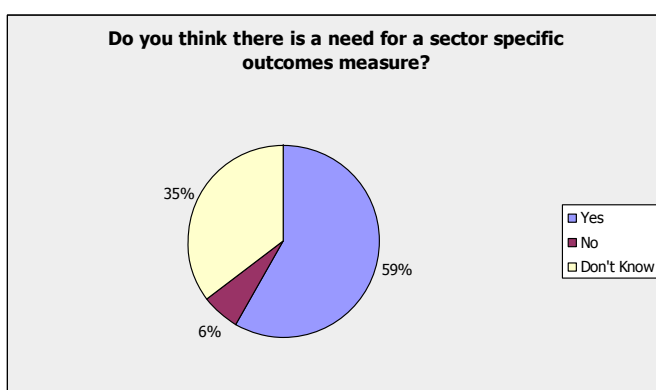
“This is difficult because we are anonymous, but the fact is that most of our clients return to us”

Another agency acknowledged that a more robust system should be in place but noted that could not follow up clients due to resourcing levels.

To assess the need for a specific outcomes measure for the sexual violence and abuse sector, respondents were asked to comment on The Survivors Trust’s proposal of developing a sector-specific measure:

Almost two thirds of respondents (36 agencies) supported the idea of development of a sector specific outcomes measure. Ideas for areas that might be included on a sector specific outcomes measure included:

- Quality of life measures
- Changes in drug/alcohol use/other lifestyle changes
- Changes in employment, career and education
- Changes in relationships with others
- Changes in mental health; reduction of self-harm
- Changes in reliance on medication
- Assessment of the client’s perspective on what works in counselling and support, e.g., number of sessions, model of support
- Impact of support on wider family and victim’s children
- Age of disclosure; perpetrator characteristics
- Soft outcomes, e.g., levels of happiness, self-esteem
- Outcomes that can be presented using statistics and graphical displays to support funding applications
- Assessment of vulnerability to re-victimisation
- Measures specific to survivors who experience complex dissociative disorders

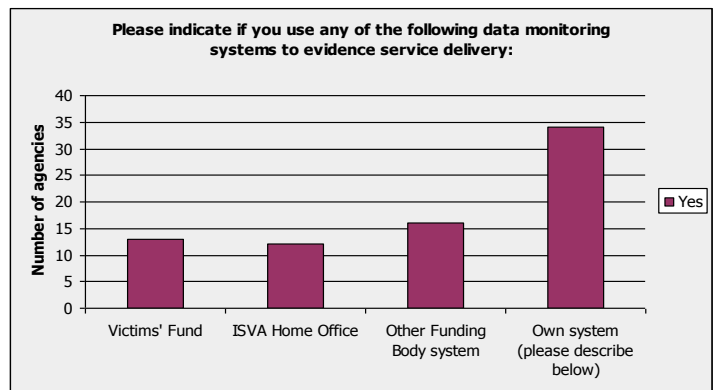


It is of interest that many of the suggested outcome measures are what can be described as ‘soft’ outcomes rather than objective measures such as

conviction rates and criminal justice outcomes. Although it is noted that agencies are using a range of outcome measures, including in-house and CORE, the view was expressed that a specific outcomes measure would need to be flexible to cover many different aspects of provision and easily understood and accepted by funders.

“The Home Office Final Data Tool is a good example of recording life-course events and can be adjusted to include many different outcomes”

Examples of currently existing validated measures were also highlighted and it is suggested that these are reviewed by The Survivors Trust Development Officers to assess their applicability to the wide remit of the agencies represented by The Survivors Trust:



“Are there not a few organisations looking at national statistic and client outcome capture mechanisms and could these not be all encompassing instead of everyone looking at different measures? I know Rape Crisis England and Wales are thinking about a data management system and Women’s Aid have just been launching their management system”

Finally, one agency noted:

“Any system would need to have a wide consultation and be more than number crunching to be both positively used and an effective development tool for the enhancement of services for clients”

Data Monitoring

The next section of the survey asked respondents about data monitoring, and in particular, which systems were used to evidence service delivery, i.e., number and range of clients seen. Sixty-two agencies answered the question:

The majority (34 or 55%) were using their own in-house system to monitor client contact and to evidence service delivery with the majority using Microsoft Excel or Access software for this purpose. Two respondents were trialling a new Rape Crisis (England and Wales) database system.

A smaller number were using monitoring systems linked to specific funding streams such as the Victims' Fund (21%) or ISVA (Home Office) funding (19%). But many agencies were spending considerable amounts of time inputting data on a number of systems due to reporting requirements for multiple funding streams. This clearly has significant time and resource implications and provides evidence for the need for a standardised, yet flexible system, for use across the sector.

Respondents were then asked to consider which areas they would like to see included on a sexual violence and abuse sector data monitoring system. The responses (from 16 agencies) revealed that there was considerable confusion over what exactly a 'data monitoring system' constituted with many confusing this with an evaluation system to record client outcomes. Relevant suggestions included recording of repeat clients to evidence continued trauma and recording of the time period over which support is provided to evidence the intensive and long-term support needed for victims of sexual violence and abuse.

Assessment of Progress Linked to Government Initiatives

Sexual Assault Referral Centres (SARCs)

A Sexual Assault Referral Centre (SARC) is defined as:

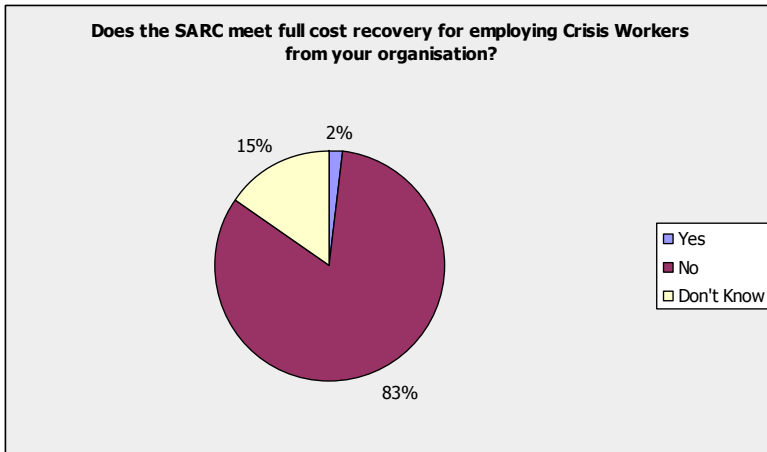
A 'one stop' location where victims of sexual assault can receive medical care and counselling whilst at the same time having the opportunity to assist the Police investigation into alleged offences, including the facilities for a high standard of forensic examination³⁴

SARCs are described by Government as an '*integral part of our strategy to support victims of sexual crime³⁵*'. There are currently 28 of these centres around the country, with more in development. Centres are designed to provide complete care for victims, including medical care and counselling.

The development of SARCs has been monitored carefully by specialist services within the sector. Whilst improved services to support victims are clearly welcomed, there has been some concern that SARCs are simply an attempt by the Government to tackle crime figures, and in particular, the negative press associated with high attrition rates in rape cases.

³⁴ <http://www.crimereduction.homeoffice.gov.uk/sexual/sexual15d.pdf>

³⁵ <http://www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences>



However, even this aim does not appear to have been achieved as recent research has highlighted that the postcode lottery for victims continues as rape conviction rates have actually fallen in 16 out of 42 police force

areas (Fawcett Society, 2009)³⁶

To ascertain progress on SARC development, respondents were asked about links with local SARC services, particularly in relation to referrals and funding.

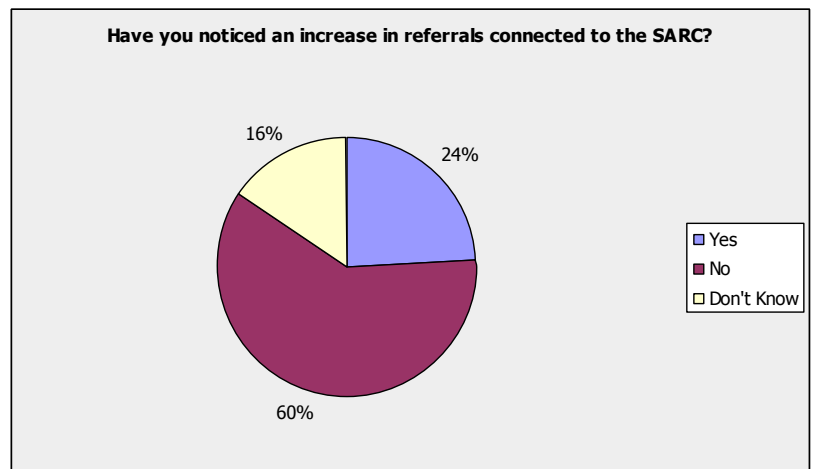
Thirty-four agencies were aware of SARC services in their local area and twenty-two of these (38% of all 58 respondents) are involved in the SARC Steering Group.

Three of the fifty-four responding agencies receive funding directly from their local SARC to pay for Crisis Workers, however, only one of these three agencies benefits from full cost recovery funding:

48% of respondents (27 agencies) take unfunded referrals from their local SARC and a quarter of all respondents (14 agencies), have noticed an increase in referrals to their agency since their local SARC was set up:

However, only 12% (7 agencies) receive SARC related funding for these increased referrals. Four agencies (7% of 54 respondents) set time limits on SARC referrals but the majority do not, regardless of lack of funding. There were also some concerns raised about victim care:

“We work with victims referred from the SARC but have noticed the SARC is not manned on a daily basis, referrals are not sent to us quickly, and it can take days for the referral to come through... This is not good for victim care”

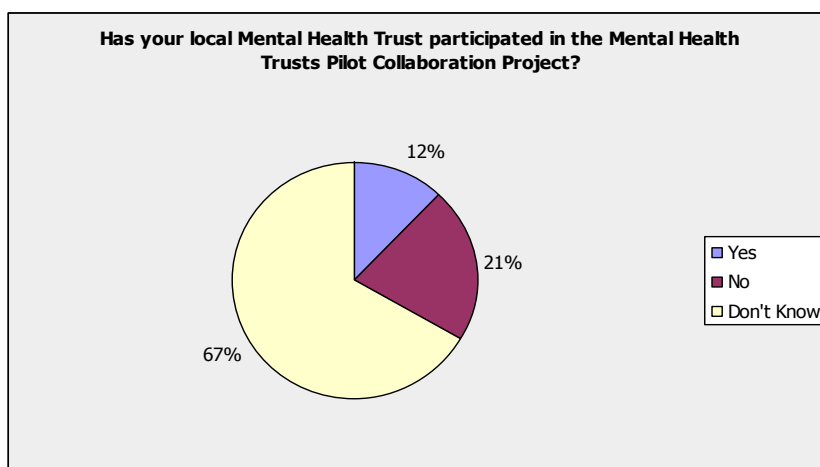


³⁶ Fawcett Society (2009). *Postcode Lottery for Victims of Rape Continues with a Growing Gap in Conviction Rates Between Police Force Areas.*
[http://www.fawcettsociety.org.uk/documents/Regional%20Rape%20Conviction%20Rates%202007\(1\).pdf](http://www.fawcettsociety.org.uk/documents/Regional%20Rape%20Conviction%20Rates%202007(1).pdf)

This section of the findings provides further evidence of the impact of SARCs on specialist third sector services with referrals being seen to increase without a parallel increase in funding.

Mental Health Trust Pilot Collaboration Project

The Mental Health Trust Pilot Collaboration Project is located in the Department of Health's Victims of Violence and Abuse Prevention Programme (VVAPP) and is working in partnership with the Gender Equality and Women's Mental Health Programme. It aims to implement national policy on violence and abuse with a specific focus on child sexual abuse.



Nine pilot trusts were engaged in the first wave in July 2006 and an additional seven trusts were engaged in September 2007. The pilot process and future national roll out aims to ensure:

- *'Sexual abuse is embedded as a core mental health issue*
- *Routine exploration of sexual, and other, abuse is consistently carried out by all mental health professionals conducting assessments*
- *Mental health professionals of all disciplines recognise their clinical responsibility to address sexual, and other, abuse in partnership with service users*
- *Adult service users with a history of abuse receive the care, support and therapy they need*
- *Every trust has an adequate number of staff with the confidence and skills to provide appropriate support to service users with a history of abuse'.³⁷*

Seven of the 57 agencies responding to this section of the survey were located within areas participating in the Mental Health Trusts Pilot Collaboration Project. However, the majority were not aware of their local Trust's status in this respect and in fact many were not aware of the national policy initiative or its remit.

³⁷ NHS Confederation (2008). *Briefing 162: Implementing National Policy on Violence and Abuse*. Care Services Improvement Partnership and Department of Health

One of the key ‘building blocks’ of the policy is to work ‘in partnership with the voluntary sector’. Therefore it is pleasing to note that five of the seven agencies who were located within Pilot Trust areas had been involved either on the steering group or in provision of training for the pilot project.

The Pilot is seen by some in the sector as a step in the right direction towards ensuring that health service providers play their part in identifying, understanding and ameliorating the harmful effects of sexual violence (Astbury, 2006)³⁸. However, there are some concerns that the pilot is simply reinforcing the tendency for the statutory sector to ‘refer on’ the problem to specialists in the third sector without additional funding to support this increase in client numbers.

Two agencies noted that they had already noticed an impact on referrals from health professionals as a result of the pilot project. However, anecdotal evidence from the sector to date has highlighted that referrals have tended to be restricted to survivors with chronic and long-term mental health needs. It is considered that this may reflect a lack of training and/or resources for those working within mental health trusts. This finding also provides further evidence for the need for statutory sector funding from local health providers.

³⁸ Astbury, J. (2006). *Services for victim/survivors of sexual assault: Identifying needs, interventions and provision of services in Australia. Op. Cit.*



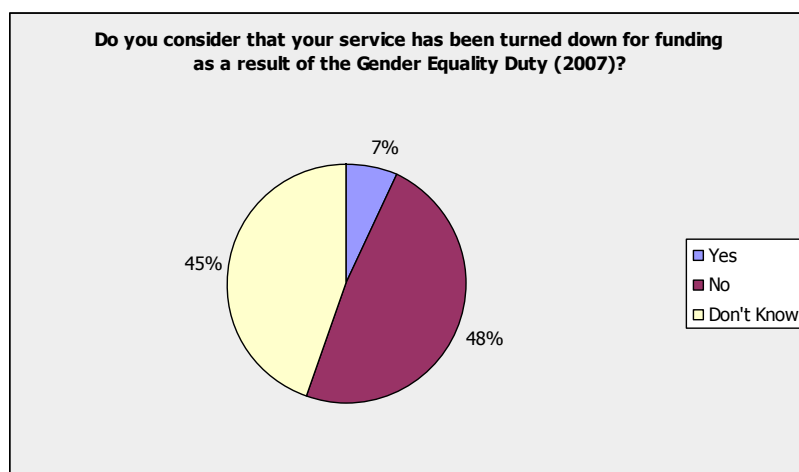
Joint Home Office/Department of Health Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse - Assessment of Progress

As noted earlier in the ‘methodology’ section, the latter part of the survey sought to assess progress on some of the recommendations made in 2008 by the Funding Sub-Group of the Joint Home Office and Department of Health’s Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse as these are considered to be key factors that might affect stability and capacity building. This final section of the survey findings explores the data from responding agencies in relation to these areas, commencing with a summarised table overleaf

Gender Equality Duty (2007)

Recommendation 9 of the Funding Sub-Group report states:

‘The Government should work with NGOs and Public Bodies in England to raise awareness, and issue guidance/training on the Gender Equality Duty. Impact assessments should be done on existing work to review compliance and understanding of their obligations under the Gender Duty - especially with commissioning bodies’



The rationale behind this recommendation is three fold. Firstly, the Gender Equality Duty (GED) requires public bodies in England (including some voluntary and private organisations) to show that they are taking active steps to eliminate unlawful sex discrimination and harassment and promote equality between women and men.

Secondly, public bodies (including councils, NHS Trusts, police forces and schools), are required to assess the impact of local policies on women and men and to publish ‘Gender Equality Schemes’ which set out objectives and action points in relation to gender inequality.

Thirdly, and perhaps most importantly in relation to this survey, the funding sub-group noted there had been a tendency for the Gender Equality Duty to be misunderstood by some public bodies, such that the guidance could be interpreted so literally that there might be a reluctance to fund gender specific (e.g., women only) services.

The funding sub-group recommendation sought to ensure that Local authorities and Commissioners were made aware of how the GED could in fact be utilised to support the funding of, rather than threaten, gender sensitive services.

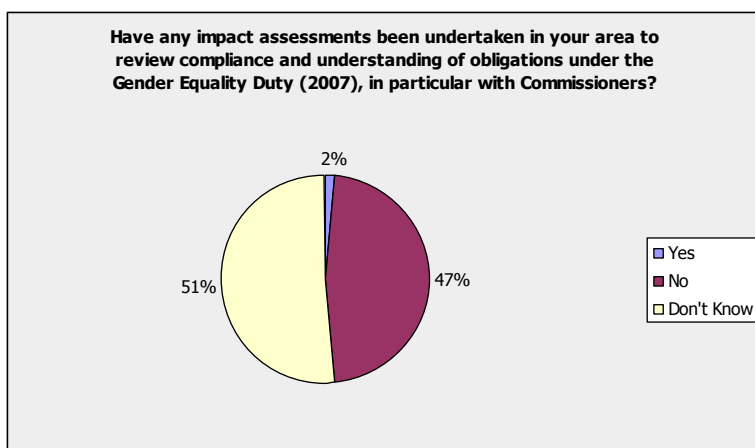
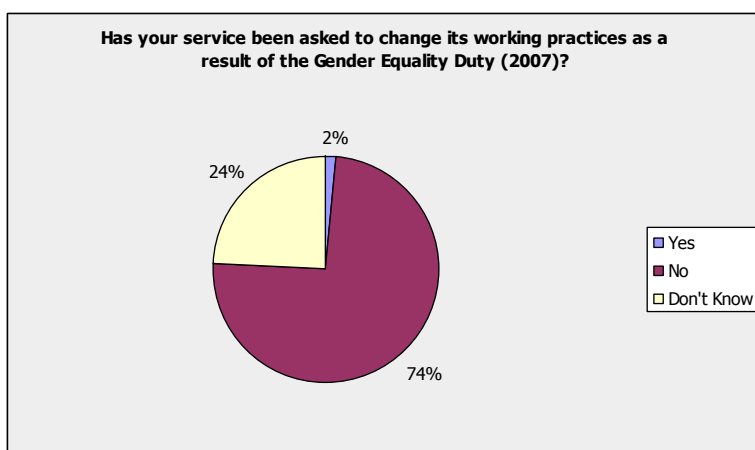
Therefore, respondents were asked to consider the impact of GED on their agency funding applications and this question was answered by 58 respondents:

A very small percentage (4 out of 58 agencies) felt that they had failed to secure funding due to the GED with one of the four respondents adding:

“Nationally I don’t think there is enough support for women-only services. I feel the Gender Equality Duty is almost being re-defined and there is a lack of belief in substantive equality”

However, despite concerns, almost half of the sample (28 agencies) did not consider that their service had been turned down for funding as a result of the introduction of the GED, and a similar number (26) were unsure.

Respondents were then asked if the GED had impacted on their working practices, for example, whether they had been asked by funding bodies or commissioners to change service delivery practices in order to secure funding. The vast majority of respondents (74% or 43 agencies) did not feel this had been the case, whilst a quarter (14) were unsure and therefore unable to comment.



Just one agency responded affirmatively to this question but did not provide any further detail as to the changes required:

Respondents were also asked about their knowledge of local impact assessments to review compliance and obligations under the GED:

The majority of the sample (28 agencies) did not feel they had been turned down for funding as result of the GED or were unsure (26) and therefore unable to comment.

Almost half of the sample (27) were unaware of any local review procedures and just one agency was aware of a local impact assessment being completed.

Local Area Agreements

Recommendation 1 of the Funding Sub-Group report states:

‘There should be national public service agreements (PSAs) which take account of sexual violence and childhood sexual abuse linked to performance indicators at a local level. This should be supported by guidance and awareness raising for local agencies’

The rationale behind this recommendation was to ensure that local areas take sexual violence and childhood sexual abuse seriously and provide funding for appropriate support services. These requirements are set out in PSA 23 (Make Communities Safer) and National Indicator 26 which relates to specialist support for victims of a serious sexual offence. It is known that there has been some confusion amongst strategists and commissioners in relation to such provision since it has been wrongly assumed that funding for domestic violence services will also cover sexual violence services.

The first question sought agency feedback on the adoption of these targets in their local areas since a lack of local recognition of these targets is likely to be a significant barrier to funding being allocated to the sector:

Thirteen agencies (22% of the responding sample) indicated that these targets had been adopted in their local area but the **vast majority simply did not know, indicating an area of development work** with member agencies which could be actioned by the newly appointed **Survivors Trust National and Regional Development Officers**. However, it should be noted that at the time of publishing this report, NI26 has been deferred until 2010, subject to piloting.

Local Criminal Justice Boards (LCJB)

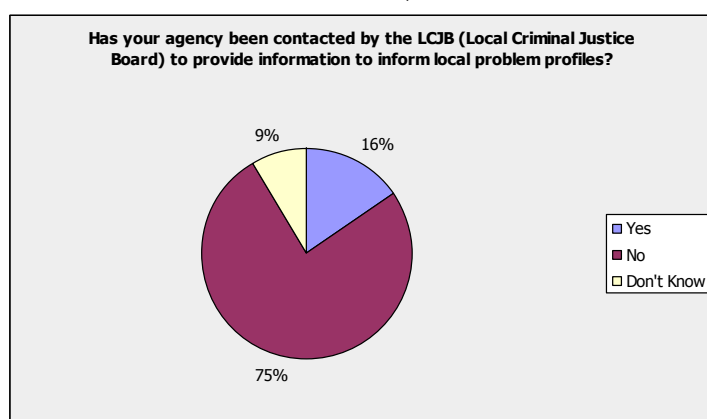
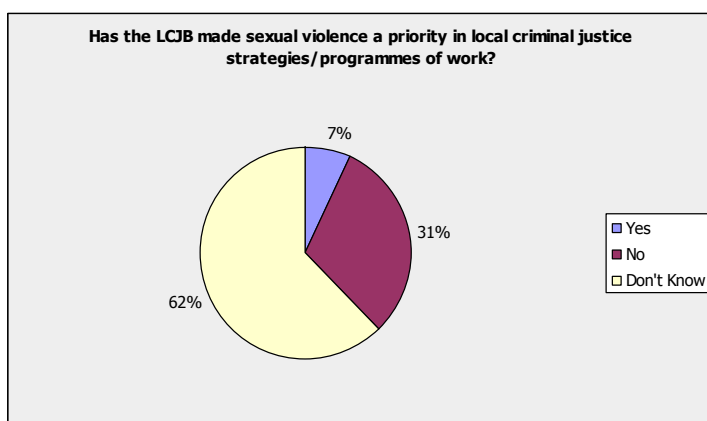
Recommendation 13 of the Funding Sub-Group report states:

‘Local Criminal Justice Boards should be encouraged to engage with the sexual violence and childhood sexual abuse specialist third sector, and to use information from these organisations to improve the investigation and prosecution of sexual offences’

‘There is a need to create a mechanism for ensuring that the impact of sexual violence and abuse is considered as a priority in local criminal justice strategies/programmes of work’

The rationale behind this recommendation was to improve the strategic links between local criminal justice agencies and the sexual violence and abuse sector, both on a local level and in terms of links with national umbrella agencies such as The Survivors Trust. It is known that LCJBs have previously failed to consult adequately with the sector and as a result, have failed to understand this specialist area of work and the needs of victims. Therefore, this recommendation sought to support the creation of data sharing avenues to improve outcomes for victims and sustainability of support services via the provision of realistic information on prevalence rates rather than a reliance on recorded crime figures.

Just four agencies (7% of respondents) were aware of steps taken by their LCJB to prioritise sexual violence in local strategies and programmes of work.



However, the vast majority did not know whether such targets had been adopted in their local area.

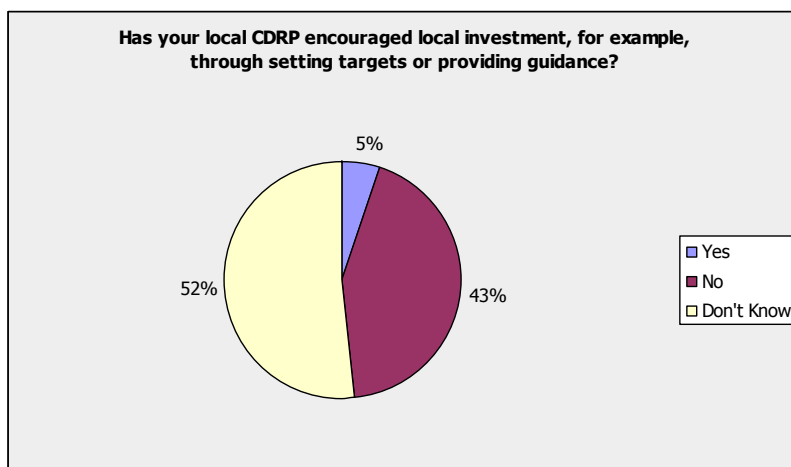
Agencies were asked if they had been contacted by their LCJB. Only 16% of respondents (9 agencies) indicated this to be the case:

5.3.4 Crime and Disorder Reduction Partnerships (CDRP)

Recommendation 14 of the Funding Sub-Group report states:

‘The Home Office should issue guidance and targets on sexual violence and childhood sexual abuse to CDRPs to encourage local investment’

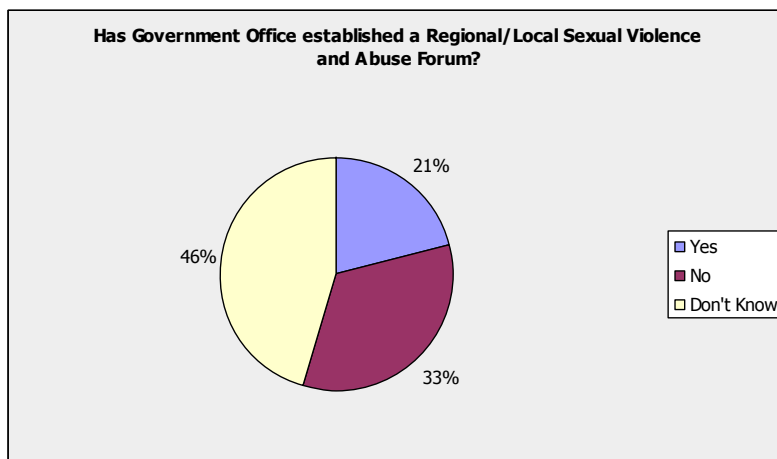
The rationale behind this recommendation was to ensure that clear targets on sexual violence and abuse are set for CDRPs to ensure their inclusion in local area agreement reviews in order to underpin funding opportunities for the sexual violence sector. Respondents were asked to indicate their knowledge of progress on achieving this recommendation in their local area but only three agencies (5% of respondents) were aware of such action by their local CDRP:



Regional and Local Sexual Violence & Childhood Sexual Abuse Forums

Recommendation 11 of the Funding Sub-Group report states:

Government Offices should encourage Local Strategic Partnerships to establish Regional and Local Sexual Violence and Childhood



Sexual Abuse Forums as set out in the Action Plan; to raise awareness, create links and share best practice

The rationale behind this recommendation is to increase collaborative working and local area agreements to prevent and address sexual violence and childhood sexual abuse.

A fifth of respondents (12 agencies) were aware of a regional or local sexual violence and childhood sexual abuse Forum in their local area.

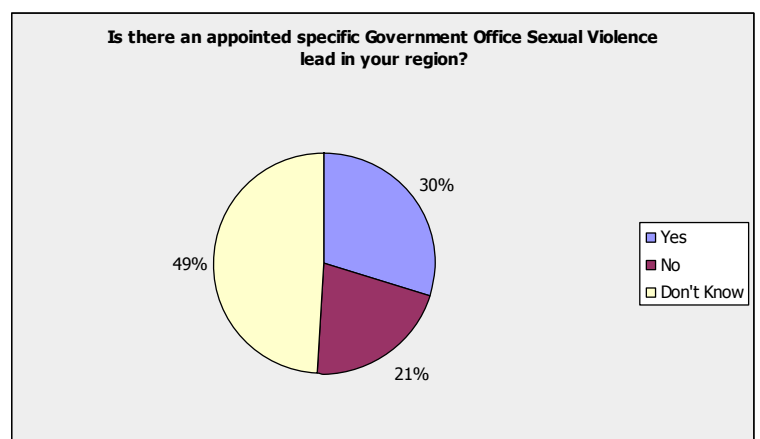
The recommendation acknowledged that Forums are more likely to be established and to be effective in establishing local links when they are encouraged and supported by Government.

Such Forums could ensure that strategic decision makers are aware of services provided locally by the sector and improve access to relevant local funding for service providers.

Government Office Sexual Violence Co-ordinators

Recommendation 12 of the Funding Sub-Group report states:

Government Office Sexual Violence Co-ordinators should be encouraged to actively participate in discussions around priorities for Local Area Agreements and champion the need for resources for sexual violence and childhood sexual abuse organisations, particularly in areas where service provision is limited.



Government Office Sexual Violence Co-ordinators should be provided with training from the sexual violence and childhood sexual abuse specialist

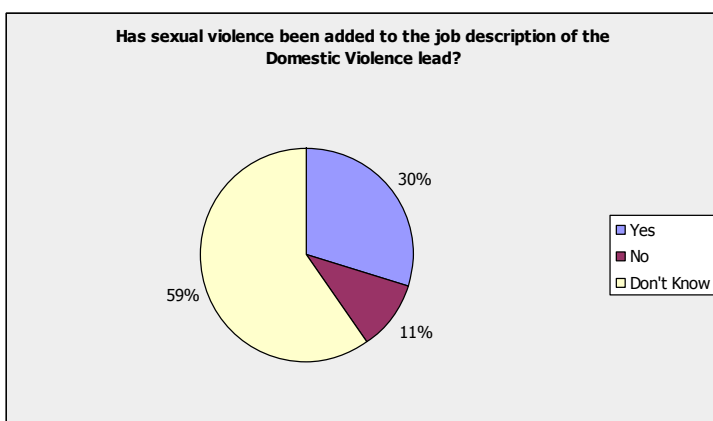
voluntary and community sector; taking account of existing practice and auditing compliance with the Cross Government Action Plan on Sexual Violence and Abuse. Responsibilities for sexual violence and childhood sexual abuse provision should be formally included in the job description.

Government Office Leads on Sexual Violence have been appointed to oversee regional implementation of the recommendations contained with the Cross Government Action Plan on Sexual Violence and Abuse (2007)³⁹. The first question in this section sought to establish awareness amongst member agencies of regional sexual violence leads:

Fifty-seven agencies responded to this question and just under a third of these (17) were aware of a local Government Office Sexual Violence Lead in their region. However, the majority of respondents (28) did not know whether such an appointment had been made.

In addition, it is known that in some areas, rather than appoint a specific sexual violence lead, sexual violence has sometimes been added to the job description of the existing Domestic Violence lead instead and respondents were asked to indicate if this was the case in their local area.

30% of respondents (17 agencies) were aware that sexual violence had been added to the Domestic Violence Lead job description in lieu of a specific Sexual Violence Lead appointment being made.



There has been some concern that strategic policy makers are including sexual violence within existing domestic violence strategies and funding streams, when many specialist sexual violence and abuse support services feel strongly that a clear distinction should be made. Indeed, a third of agencies responding reported that sexual violence had been added to the job description of the Domestic Violence lead.

³⁹ Cross Government Action Plan on Sexual Violence and Abuse. Op. Cit.

Additionally, despite recommendations that training should be provided to Government Office Sexual Violence Leads by specialists within the voluntary and community sector, only two agencies had provided such training to date.

Primary Care Trusts (PCT) and Strategic Health Authorities (SHA)

Recommendation 3 of the Funding Sub-Group report states:

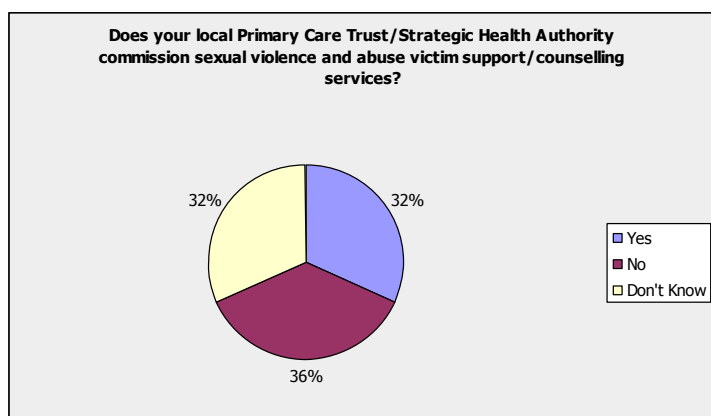
The Department of Health should develop guidance for PCTs on commissioning specialist services for victims of sexual violence and childhood sexual abuse.

It is important that the guidelines take account of the range of services essential to meeting the needs of victims throughout the course of their recovery and the existing expertise in the sector.

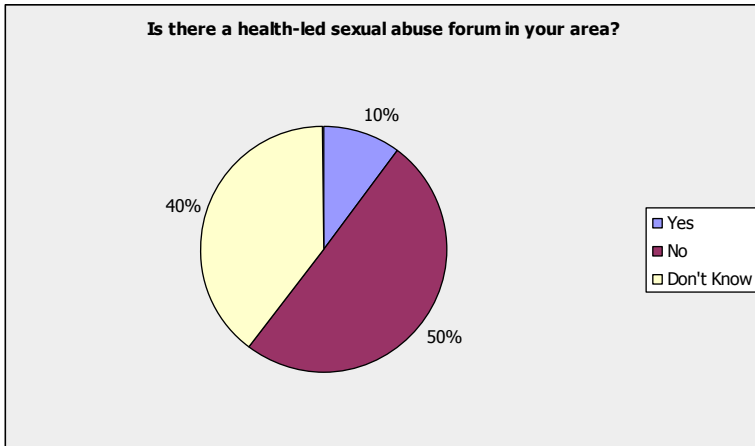
It is recommended that the guidance is endorsed at a high-level (Ministerial) to promote its importance. Further measures are also required to assist PCTs in implementing this guidance to ensure that it has the required impact.

This recommendation builds on the Commissioning Guidance for PCTs for specialist service provision and aims to ensure that commissioners are effectively trained in relation to sexual violence and childhood sexual abuse and the long-term health consequences for victims and the economic impact on the wider society.

To establish progress on this recommendation, the following questions were included in the survey:



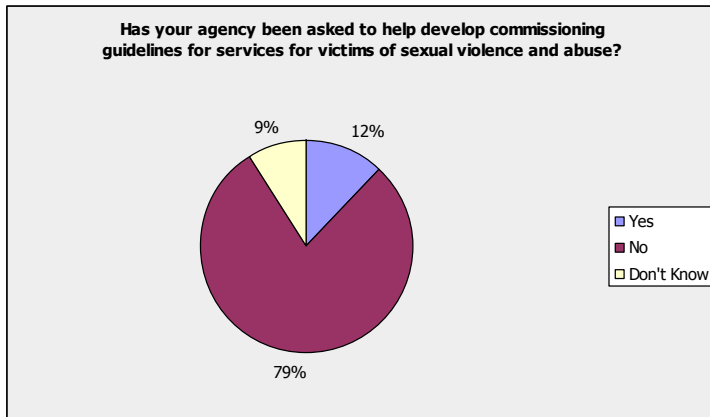
Eighteen agencies (32% of 57 respondents) noted that their local PCT/SHA commissions services for victims of sexual violence and childhood sexual abuse. Of these, ten agencies had been supported to enter into the commissioning process.



Six of 58 responding agencies were aware of a health-led sexual abuse forum in their local area.

Since the Funding Sub-Group recommendation acknowledges the importance of commissioners drawing on the expertise contained with specialist voluntary sector services, the survey sought to establish how many agencies had been invited to help

develop commissioning guidelines. However, to date only 12% of the 57 responding agencies (7 agencies) had been invited to do so.



Local MPs

Recommendation 15 of the Funding Sub-Group report states:

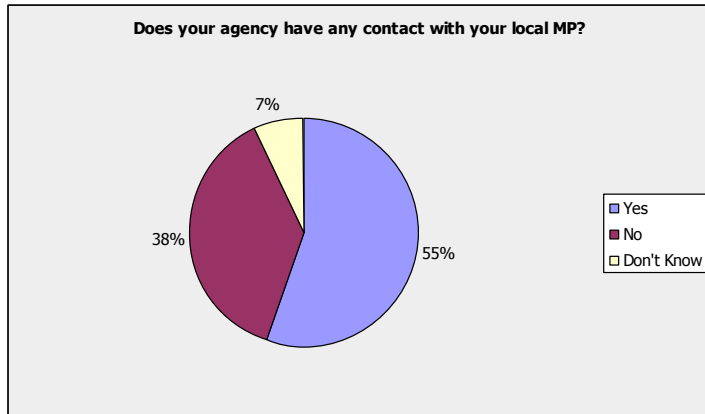
The sexual violence and childhood sexual abuse sector should engage with Members of Parliament (MPs) and other local champions to help encourage

local investment. A specific toolkit is currently being developed by the Home Office to provide guidance for MPs on this.

The rationale behind this final recommendation is to draw on the public and media profiles of MPs to raise public awareness of the issues relating to sexual violence and childhood sexual abuse and to promote the work of the sector in Parliament.

More than half (32) of the 58 responding agencies are in contact with their local MP, with one respondent noting:

“All (County) MPs are aware of our service... and some have championed us in the House of Commons”



However, the majority (76% or 44) did not know whether their local MP had received any guidance from the Home Office or their own political party with regard to championing services for victims of sexual violence and abuse.

10. Summary

This report presents the findings of a survey of third sector rape, sexual violence and childhood sexual abuse services. The study was undertaken by Consult Research on behalf of The Survivors Trust. Eighty organisations from the sector participated in an online survey although not all respondents completed the survey fully. The majority of respondents were drawn from organisations based in England with a small number from Wales and Scotland.

10.1 What are the existing levels of resources for specialist rape and sexual abuse crisis services?

Third sector rape, sexual violence and childhood sexual abuse agencies rely heavily on voluntary, unpaid staff to sustain their support services. Despite this financial limitation, an extensive range of services are provided to survivors across the geographical areas listed earlier in this report with over 45,000 women and girls and almost 15,000 men and boys supported by the participating agencies each year. The number of victims supported by responding agencies exceeds Home Office recorded rates of sexual violence.

The sector strives to respond to all survivors in a timely manner but financial constraints inevitably delay availability of, and access to support. There appears to be a dearth of support services and/or barriers to disclosing abuse and accessing support for teenage boys (14 - 16 years). Counselling, group support and ISVA services for young men (16 - 18 years) appear to be particularly under-resourced. Adult women were most likely to face a delay in accessing support due to the higher numbers of this client type requesting support.

At the time of completing this survey, 1636 women were waiting for support from the participating agencies; 245 young women and 8 girls were also on waiting lists. Resources for male clients are also insufficient to meet current need with 353 adult men, 95 young men (14 - 18 years) and 3 boys also awaiting support. Respondents estimated that clients over the age of 16 years (both male and female) will have to wait, on average, 8 - 12 weeks to access appropriate support services.

10.2 What are the different sources of funding or other resources?

Many respondents were able to provide information on current and historical (previous two years) funding levels. In relation to current funding, over a third ((35%) of the 167 funding grants detailed were provided by the charitable and voluntary sector; 21% were provided by local authorities; 16% from central Government; 8% from Primary Care Trusts and 6% from the Police and related agencies (CDRPs and SARCs). As a whole the statutory sector accounts for 71% of all referrals made.

This predominant reliance on voluntary sector resources in the absence of appropriate statutory funding streams appears to highlight a paradox when the sources of agency referrals are considered. Over 80% of respondents receive referrals from GPs or other health practitioners including psychological and psychiatric services and over 70% receive referrals from the Police, Victim Support or Social Care.

Thus, whilst the statutory sector appears to rely heavily on the services provided by the third sector there is a discrepancy in the funding provided by statutory agencies. This is despite the fact that research continues to highlight how a lack of appropriate support services for victims of sexual violence can compound long-term physical and psychological harm, thus increasing the likelihood of more prolonged (and costly) reliance on statutory health services (Astbury, 2006)⁴⁰.

The total level of funding for the current year for 50 responding agencies is £4,350,984. Comparing this on a per capita basis per agency to the previous two years, this suggests a worrying downward trend

The vital contribution of volunteers providing specialist services to victims is highlighted when the funding to agencies for providing services are calculated on a per unit cost for each client - **just £139.58 per client**. It was noted that private counselling costs range from £50 to £85 and that victims of sexual violence may need up to 100 counselling sessions.

This survey suggests that the estimated value of voluntary worker contributions to specialist service provision is an estimated £312,867 per agency each year.

58% of respondents are located in areas with a SARC and these were felt to have contributed to increased agency referrals by a quarter of respondents. However, only 12% of all agencies receive funding directly from the SARC with almost half of all respondents taking unfunded referrals from their local SARC. There is concern amongst member agencies that SARCs are driven by Government's crime reduction agenda and agency staff would welcome a Government approach which prioritises the support needs of victims over and above a crime reduction agenda.

Responding agencies appeared flexible in their attempts to find adequate funding, for example, changing their service delivery to meet the requirements of a particular funder. It was noted that funding was sometimes easier to secure for specific clients groups, for example, children; black and minority ethnic clients and victims of domestic violence to name just three groups.

⁴⁰ Astbury, J. (2006). *Op. Cit.*

There is still a tendency for commissioners and funding bodies to prioritise services which deal with the traumatic aftermath of sexual violence/abuse and the symptoms associated with this (e.g., drug/alcohol services), rather than tackling the root causes of abuse in society and supporting specialist sector provision. This reactive and narrowly focussed approach fails to recognise the true cost of abuse to society and can result in difficulties in securing funding for the specialist sector, particularly in relation to preventative work.

Practical, emotional and advocacy support services which cannot be categorised as ‘therapeutic counselling’ can be difficult to secure funding for as these services are not always understood by commissioners and funding bodies. However, it is clear that these services can be essential in supporting survivors of rape, sexual violence and abuse to maintain therapeutic changes and to prevent a revolving door situation whereby therapeutic gains are not maintained due to inadequate long-term support.

10.3 What is the operational impact of insecure funding?

The dearth of appropriate funding resources for the specialist rape and sexual abuse crisis sector has long been documented. However, despite the continued calls for greater resources, over a fifth of respondents noted they had recently experienced funding cuts and over a third were currently being forced to restrict services, reduce personnel and/or consider closure.

Another significant problem for the sector is the propensity for grants to be short-term and non-recurring and time needed for numerous applications for small amounts can sometimes seem to outweigh the benefits gained when applications are successful. Only 21% of respondents are 100% funded to provide the services currently being delivered.

When asked to estimate likely core agency costs for rent, heating, lighting, general running expenditure and one staff post the average was £63,000. However, core costs are often specifically excluded from that which is funded by available funding streams. Some respondents additionally noted that repeat funding for existing projects was also often difficult to source with funding bodies displaying a preference for new rather than well established projects.

Respondents commented on the difficulties and challenges of the logistics of securing core funding through full cost recovery, especially where project-based funding is preferred.

The impact of the current economic climate is also being felt across the sector with 43% of recipients indicating that their level of funding is already being affected by the recession. This is due to a reduction in statutory funding as a result of reductions in Government public spending, reductions in charitable donations (from both businesses and individuals) and bank interest and reductions in client fees as individuals ‘tighten their belts’ or lose paid employment.

However, despite these acute financial difficulties and the continued paucity of adequate funding for the sector there is clear evidence of resilience amongst sector staff in response to the current economic downturn, not least because of the continued good will of over 1400 volunteers who continue to sustain these important services. Of the 1919 posts detailed in this survey, only 25% are funded.

10.4 What are the barriers affecting stability and capacity across the sector?

Due to the many funding difficulties highlighted, over 40% of responding agencies are ‘not at all confident’ about building stability and developing their capacity to deliver services in the future. The key barriers were felt to be:

- The continued failure to prioritise sexual violence and abuse victims in strategic funding plans both at Government and local authority level
- The reliance on short term funding in lieu of long-term strategic level agreements and commissioned services and the time burden associated with applying for numerous small grants
- The failure of Government to respond to calls for increased funding from sector umbrella agencies such as The Survivors Trust
- The continued silencing of abuse in society and the failure of Government to support a targeted awareness raising campaign
- The current economic climate and its likely impact on Government spending plans
- The continued need for a improved training in relation to supporting victims of sexual violence and abuse for staff in statutory sector front line services, e.g., police, health, social care
- A lack of suitably trained volunteers and the lack of funding to support such training

However, 60% of respondents are ‘reasonably’ or ‘very’ confident which illustrates the resilience of the sector and the pragmatic approach of the staff working within specialist agencies.

Key factors contributing to confidence were:

- Robust monitoring and evaluation systems
- Developing the service infrastructure
- Developing services offered to meet local need
- Broadening the range of funders applied to

10.5 What do specialist services identify as crucial to supporting their stability and service development in the future?

Key support mechanisms were felt to be:

-
- The prioritisation of sexual violence and abuse in Government spending plans and support at ministerial level for the sector in order to influence local level commissioning and funding plans
 - Fundraising expertise
 - Robust monitoring and evaluation to evidence service need and client outcomes in order to support future funding applications
 - Targeted funding to support victims of sexual violence and abuse at the time of need rather than a reliance on services that deal with the aftermath of abuse, e.g., drug/alcohol services
 - Funding of core costs or 'full cost recovery'
 - Long-term secure funding (three to five years minimum)
 - Funding support from statutory sector services who rely so heavily on the sector when referring clients for support
 - A campaign to raise awareness of sexual violence and abuse and its impact throughout society to target the silencing of abuse and to increase support for victims
 - Increased inter-agency networking and collaborative campaigning across the sector

10.6 Assessment of the progress made on the funding sub-group recommendations (Stakeholder Advisory Group on Sexual Violence and Childhood Sexual Abuse, 2007)

Despite concerns expressed by women-only services that the Gender Equality Duty might have a negative impact on their ability to secure funding, few agencies felt that their ability to secure funding or their working practices had been affected. However, only one agency was aware of an impact assessment being undertaken to review compliance and understanding of obligations under the duty.

Just over a fifth of respondents were aware of steps to adopt local area agreements such as PSA 23 and NI 26 to improve funding for victims of sexual violence and abuse.

Only 16% of respondents had been contacted by their Local Criminal Justice Board (LCJB) to provide information to inform local problem profiles indicating a dearth of strategic links between criminal justice agencies and the sector. Just four agencies were aware of steps taken by their LCJB to prioritise sexual violence in local strategies and programmes of work.

Only three agencies were aware of local investment by Crime Disorder Reduction Partnerships (CDRP) in setting targets and providing guidance and just three agencies were represented on their Local Safeguarding Children Board (LSCB).

A fifth of respondents were aware of local sexual violence and child sexual abuse forums in their local area which had been set up by Government regional office. A third of

respondents were aware of a Government Office Sexual Violence Lead being appointed in their area and despite the recommendation for training for Leads to be provided by the sector, only two agencies had been involved to date.

Just over a third of respondents reported that their local Primary Care Trust or Strategic Health Authority had commissioned services for victims of sexual violence and abuse but only 12% had been invited to help develop commissioning guidelines for victims of sexual violence and abuse. Only 10% of respondents were aware of a health-led sexual abuse forum in their local area. However, it is known that public health care which is responsive to victims of sexual violence can play an important part in empowering survivors and ameliorating the long-term effects of trauma (Astbury, 2006)⁴¹.

55% of responding agencies were in contact with their local MP but the majority did not know whether he/she had received guidance from the Home Office or their own political party with regard to services for victims.

12% of respondents were located within areas participating in the Mental Health Trust Collaboration Pilot but the vast majority were not aware of their local Trust's status or of the pilot and its remit.

What is most striking about the findings in relation to the assessment of progress on the Funding Sub-Group recommendations is the number of respondents who were simply unaware of the initiatives being assessed and therefore unable to answer questions in relation to these areas. One respondent noted that this might reflect the lack of 'joined up thinking' and strategic links between the statutory and voluntary sectors.

However, it is also likely that staff in the sector find it difficult to allocate the necessary time to attend meetings with local authorities and other statutory agencies due to the limited number of funded staff posts and the need to allocate a significant amount of staff time to grant applications and fundraising. Thus, a vicious circle is created whereby staff are unable to afford to attend meetings and therefore risk being unaware of attempts to develop local area agreements and funding streams for services to support victims of sexual violence and abuse.

⁴¹ Astbury, J. (2006). *Op.Cit.*

11. Conclusion and Recommendations

It is clear from this research that third sector rape, sexual abuse and abuse agencies continue to be chronically under-funded.

The agencies who have participated in this research support thousands of victims each year, operating on shoe string budgets and relying on the good will of almost 1500 volunteers.

It is clear that inadequate support at the time of abuse can lead to prolonged and possibly life-long trauma which costs society literally billions in the long term. Yet the services detailed in this report still rely largely on the voluntary and charitable sector to fund their services.

Is it not time that Government and statutory sector services provided **secure and sustainable funding** to the sector?
Is it not time that the **true cost of not supporting victims** was realised?

The following actions are recommended:

Funding

- Immediate action by Government to address the shortfall in funding for the sexual violence sector as a whole with ministerial support underpinning such action
- Recognition of the service needs of victims and survivors of historic sexual violence and abuse in addition to crisis response services
- Government departments should work collectively to develop secure, long-term funding provision based on the Victim Support model and issue strategic directives to influence regional funding provision for the sexual violence and abuse sector
- Sector funding to be provided via three or five year cycles to enable the sector to build stability and develop capacity. Currently a significant proportion of service provider time is allocated to securing numerous, short-term grants and subsequent reporting requirements
- Funding for the sector to be provided by statutory sector services at regional/local level via targeted public service agreements to address the reliance on third sector services by the statutory sector
- Allocation of targeted funding for sexual violence and abuse services dealing with the causes of abuse. Currently funding is disproportionately allocated to services dealing with the symptoms of trauma, e.g., drug/alcohol services
- Targeted work to address the current post code lottery in service provision including strategic level support to establish specialist services in under-served areas

-
- Central Government funding should be provided to meet core costs of service delivery and all referrals to third sector services should operate on a full-cost recovery basis
 - Funding for second-tier initiatives to develop organisational sustainability and capacity specifically for specialist sexual violence and abuse support services

Awareness

- Targeted, Government supported campaign to raise awareness of sexual violence and abuse in society. Key areas should include the needs of the different client groups; the range of sexual offences perpetrated and the true impact of sexual violence and abuse, both to the individual, and to wider society
- Targeted, Government supported marketing campaign (linked to a national awareness raising campaign) to increase awareness of support services and enable victims to disclose and access support. The campaign should clarify the differences and similarities between sexual violence/abuse and domestic violence
- The sector should be adequately represented at local authority level to ensure statutory services are aware of the range and quality of services offered in their local area and to ensure the sexual violence sector is informed about local funding priorities
- The sector should provide training for key statutory sector personnel including health, social care and police to improve front line responses to victims of sexual violence and raise awareness of specialist support services. This training should be funded by the statutory sector

Sector Development

- The Survivors Trust should ensure specialist services across the sector are adequately briefed and supported to utilise existing levers (such as PSA 23 and NI26) to gain funding from statutory sector. Those agencies who have been

successful in securing funding from the statutory sector should share their experiences and fundraising expertise with other agencies

- The Survivors Trust should commission sector specific data monitoring and outcome evaluation tools to enable the sector to accurately record the services delivered and outcomes for clients. The sector should be supported to embrace such monitoring systems and advised of the importance of such tools in securing funding and therefore building stability and developing capacity
- The Survivors Trust should develop a programme of training and support to develop fundraising skills across the sector
- The sector should aim to achieve increased inter-agency working and collaborative campaigning, identifying the issues raised by services and clients in order to demonstrate local, regional and national needs

Key recommendations for The Survivors Trust National and Regional Development Officers include:

- Promote awareness of PSA 23 and NI26 across the sector and support member agencies to develop strategic links on a local level
- Support member agencies to become more closely involved with local Primary Care Trusts and Strategic Health Authorities and the development of commissioning guidelines and local service profiles
- Establish contact with regional Strategic Health Authorities; Mental Health Trusts and Primary Care Trusts specifically to make links with the Collaboration Project and to ensure referrals to third sector agencies are recognised and funded
- Raise awareness within the sector about the initiatives raised in The Survivors Trust Funding Report (2008) and how these levers can be used to gain access to funding, representation and support

-
- Continued monitoring of the impact of the Gender Equality Duty (2007) to ensure gender-sensitive services are supported
 - Assist in the development of strategic links between criminal justice agencies/Local Criminal Justice Boards and member agencies
 - Promote investment by Crime and Disorder Reduction Partnerships and assist agencies to develop their role in target setting and providing guidance on local problem profiles
 - Address the issue of lack of representation on Sexual Assault Referral Centre steering groups and the issue of unfunded referrals
 - Assist agencies to gain greater representation on Local Safeguarding Children Boards
 - Develop links between Government Office Sexual Violence leads and member agencies
 - Develop links between Local Sexual Violence and Abuse Forums and member agencies
 - Provide information for Members of Parliament to better help them support their local agencies

Member Agencies as at December 2009

England

| | |
|--|------------------------|
| Amsosa | Swindon |
| APHIST (Abused People's Help in Sexual Trauma) | Wolverhampton |
| Aurora Health Foundation | London |
| Avon Sexual Abuse Centre | Bristol |
| Axis Counselling | Shrewsbury |
| Aylesbury Vale Rape Crisis | Aylesbury |
| Barnardos Amazon Young Peoples Counselling Service | Birmingham |
| Barnsley Sexual Abuse and Rape Crisis Helpline (BSARCH) | Barnsley |
| Basingstoke Rape and Sexual Abuse Crisis Centre | Basingstoke |
| Beacon Bolton Counselling Service | Bolton |
| Boarding Concern | London/National |
| Breaking Free | Swindon/National |
| Bristol Crisis Service for Women | Bristol/National |
| Cambridge Rape Crisis | Cambridge |
| CARA (Centre for Action on Rape and Abuse) | Colchester |
| Choices Counselling (Comprising Choices for Men and Choices for Women) | Cambridge |
| CIS'ters | Hampshire/National |
| Cornwall Rape and Sexual Abuse Centre (CRASAC) | Truro |
| Coventry Rape and Sexual Abuse Centre (CRASAC) | Coventry |
| Crisis Point | Walsall |
| DABS (Directory & Book Services) | Doncaster/National |
| Derbyshire Rape Crisis | Derby |
| Doncaster Rape and Sexual Abuse Counselling Centre | Doncaster |
| East Kent Rape Line | Canterbury |
| Eaves | London |
| EMERGE | Stafford |
| Family Matters | Gravesend |
| First Person Plural | Wolverhampton/National |
| First step | Leicester |
| Fylde Coast Men's Support Association | Fleetwood |
| Gloucestershire Rape Crisis | Gloucester |
| Grimsby and Scunthorpe Rape Crisis | Scunthorpe/National |
| Hertfordshire Rape Crisis and Sexual Abuse Centre | Hatfield |
| HOPE Groups (Healing Our Past Experiences) | Scarborough |
| ICAP (Immigrant Counselling and Psychotherapy) | Birmingham |
| ISAS (Incest and Sexual Abuse Survivors) | Newark |
| Jig Saw | Sandown/National |
| Kinergy | Bristol |
| Kirklees Rape and Sexual Abuse Counselling Centre | Huddersfield |
| The London Centre for Personal Safety | London |
| Life Centre | Chichester |
| Mankind | London |
| MOSAC | London/National |
| Mosaic II | Bradford |
| MPOWER | Norwich |
| NAPAC (National Association of People Abused as Children) | London/National |

| | |
|--|----------------------|
| North Devon Women's Aid | Barnstaple |
| One in Four | London |
| Oxford Sexual Abuse and Rape Crisis Centre | Oxford |
| Peterborough Rape Crisis Counselling Group | Peterborough |
| Portsmouth Area Rape Crisis | Portsmouth |
| Quetzal Project | Leicester |
| RAINS (Ritual Abuse Information Network and Support) | Guildford |
| Rape and Sexual Abuse Counselling Service, Winchester | Winchester |
| Rape and Sexual Abuse Line | Exeter |
| Rape and Sexual Abuse Support Centre (Cheshire and Merseyside) | Warrington |
| Rape and Sexual Abuse Support Centre, Croydon | Croydon/National |
| Rape and Sexual Abuse support Centre, Guildford | Guildford/National |
| Rape and Sexual Violence Project | Birmingham |
| Rape Crisis (Wycombe, Chiltern and South Buckinghamshire) | High Wycombe |
| Respond | London |
| Revival Support Services | Trowbridge |
| Rugby RoSA | Rugby |
| Safeline | Warwick |
| SAIL (Sexual Abuse and Incest Line) | Chesterfield |
| SALT South West (Sexual Abuse Listening Therapy) | Plymouth |
| Sandwell Rape Support Service | West Bromwich |
| SARA (Survivors After Rape and Abuse) | Bath |
| SASH (Survivors of Abuse and Self Harming) | Enfield |
| SAVANA | Hanley |
| SEARCH (Sexual Abuse and Rape Hartlepool and Stockton) | Hartlepool |
| Service User Involvement Project (Mid Hants Locality) | Andover |
| SARAC (Sexual and Domestic Abuse and Rape Advice Centre) | Burton upon Trent |
| Sexual Violence Alliance (SeVA) | Norwich |
| SHE (Survivors Helping Each Other) | Newark |
| Sheffield Rape and Sexual Abuse Counselling Service | Sheffield |
| South Cumbria Rape and Abuse Service | Barrow in Furness |
| Southampton Rape Crisis Service | Southampton/National |
| Steps to Freedom | Liverpool |
| STEP UP (Support to Empower Parents Under Pressure) | Dagenham |
| Stop-Start Group | King's Lynn |
| Supporting Survivors of Abuse (UK) | Wirral |
| Supportline | Ilford |
| Survive (Survivors of CSA in North Yorkshire) | York |
| Surviving Together | Aylesham/National |
| Survivors Manchester | Manchester |
| Survivors Network (Sussex) | Brighton |
| Survivors UK | London/National |
| Survivors West Yorkshire | Bradford |
| TAG (Trauma and Abuse Group) | Swindon |
| Trauma and Abuse Support in Cambridgeshire (TASC) | Huntingdon |
| The Ann Craft Trust | Nottingham |
| The Lantern Project | Wallasey |
| The Relationships Centre | Warrington |
| The Treetops Centre - Hampshire and Isle of Wight SARC | Portsmouth |
| Twelves Company | Plymouth |
| Voice UK | Derby |

| | |
|---|-----------------|
| Watford Rape Crisis and Sexual Abuse Helpline | Watford |
| West Cumbria Rape Crisis | Cockermouth |
| Witness Against Abuse by Health and Care Workers | London/National |
| Womankind | Bristol |
| Women and Girl's Network | London |
| Women for Change | Welford on Avon |
| Women's Counselling Centre | Hitchin |
| Women's Support Network | Middlesbrough |
| Worcestershire Rape and Sexual Abuse Support Centre | Worcester |
| Yorkshire Survivors | Scarborough |
| Young Person's Advisory Service | Liverpool |
| Young Women's Housing Project | Sheffield |

Wales

| | |
|--------------------------------------|-----------------|
| New Pathways | Merthyr Tydfil |
| New Pathways | Carmarthen |
| New Pathways | Risca |
| New Pathways | Swansea |
| SEREN | Newcastle Emlyn |
| Yffynnon | Newtown |
| Rape and Sexual Abuse Support Centre | Caernarfon |

Scotland

| | |
|--|-------------|
| Break the Silence | Kilmarnock |
| Breakthrough for Women | Glasgow |
| Izzy's Promise | Dundee |
| KASP | Kirkcaldy |
| Rape Counselling and Resource Centre | Kilmarnock |
| Safe Space | Dunfermline |
| Safe Strong and Free Project | Inverness |
| Say Women | Glasgow |
| South West Rape Crisis and Sexual Abuse Centre | Dumfries |
| Thrive | Glasgow |

Ireland

| | |
|---------------------------|--------|
| Galway Rape Crisis Centre | Galway |
|---------------------------|--------|

Eire

| | |
|--------------------|--------|
| Dublin Rape Crisis | Dublin |
| One in Four | Dublin |





The Survivors Trust – Third Sector Rape, Sexual Violence and Childhood Sexual Abuse Service Mapping Survey

Appendix Two

1. Your Agency's Contact Details

Your Agency's Name:

Main contact for Survey Communications:

Position of Main Contact:

Address:

Town or City:

County:

Postal Code:

Country:

Office Telephone Number:

Primary Email Address:

Website:

2. Personnel:

Number of staff:

| | Management | Counsellors | Support | ISVA | Other |
|----------------------|------------|-------------|---------|------|-------|
| Number of F/T Staff | | | | | |
| Number of P/T Staff | | | | | |
| Number of Volunteers | | | | | |

3. Funding history: (Please use estimates if necessary)

Annual income for 2007/2008:

Annual income for 2008/2009:

Has any long-standing funding been withdrawn?

Yes/No

Does your agency have a staff member with specific responsibility for fundraising?

Yes/No

Does your agency require training in fundraising skills?

Yes/No

4. Background to organisation

When was your agency established?

Charity Registration Number (if relevant):

Which governing document has your agency adopted?

Does your agency have an executive committee or steering group?

If no governing document, what steps are being made to achieve this?

5. Membership of a national umbrella agency? (Please indicate all that apply)

The Survivors Trust

Rape Crisis England & Wales

Other – (please state):

6. Service Provision

Geographical area covered by your agency:

On average, how many clients does your agency work with each year:

| | Women (>18 years) | Young Women 16 – 18 years | Young Women 14 – 16 years | Girls (<14 years) | Men (> 18 years) | Young Men 16 – 18 years | Young Men 14 – 16 years | Boys (<14 years) |
|-------------|-------------------|---------------------------|---------------------------|-------------------|------------------|-------------------------|-------------------------|------------------|
| Helpline | | | | | | | | |
| Groups | | | | | | | | |
| Counselling | | | | | | | | |
| Support | | | | | | | | |
| ISVA | | | | | | | | |

Do you have a waiting list? If so, please indicate approximate numbers and waiting times:

| | Average number on waiting list | Average waiting time |
|---------------------------|--------------------------------|----------------------|
| Women (>18 years) | | |
| Young women 16 – 18 years | | |
| Young women 14 – 16 years | | |
| Girls (<14 years) | | |
| Men (>18 years) | | |
| Young men 16 – 18 years | | |
| Young men 14 – 16 years | | |
| Boys (<14 years) | | |

12. Are you a member of a local network or forum? Please state which:

13. Referrals

Who do you receive referrals from? (Please indicate all that apply):

- | | |
|------------------------------------|-----------------------|
| Self referrals | GP |
| Psychological/Psychiatric Services | Police |
| SARC | Housing Association |
| Schools | Social Care |
| Victim Support | Other (please state): |

14. Monitoring and Evaluation

Please indicate if you use a monitoring system to evaluate outcomes of client work:

| | |
|--|--|
| Own system (please describe) | |
| CORE (Clinical Outcomes in Routine Evaluation) | |
| SOUL (Soft Outcomes Universal Learning) | |

If none of the above, how does your organisation evidence client outcomes?

The Survivors Trust is considering developing a specific outcomes measure for the sexual violence and abuse sector. Do you think there is a need for a sector specific measure?

Yes/No/Don't Know

What additional areas would you like to see included on a sexual violence and abuse specific outcomes measure, for example empowerment, access to justice, self-protection?

Please indicate if you use a **data monitoring system** to evidence service delivery:

| | |
|------------------------------|--|
| Own system (please describe) | |
| Victims' Fund | |
| ISVA Home Office | |
| Other Funders' system | |

What areas would you like to see included on a sexual violence and abuse sector specific data monitoring system?

15. Inter-agency working

What other organisations do you work with?

16. Funding

How is your organisation currently funded?

Please state **all** different **sources** and funding **amounts**, the **period covered** and whether the funding source is **recurring or one off**:

| Type of Funding | Time length of funding | | | | Please state whether Statutory or Non-statutory |
|-----------------|------------------------|--------|---------|---------|---|
| | Less than 1 year | 1 year | 3 years | 5 years | |
| One off | | | | | |
| Recurring | | | | | |

Has your organisation changed its service delivery to meet requirements for a funder?

Yes/No/Don't Know

How? What has been the impact of this?

Has your organisation found it is easier to gain funding for specific client groups or specific areas of support/work?

Yes/No/Don't Know

If yes, please give details:

In your estimation, what percentage of your services are you *actually* funded to provide?

What amount (£) would be needed to secure your organisation's core costs per year, based on rent, heating and light, general running costs and one funded staff post?

Is the current economic climate affecting your levels of resources and funding?

Yes/No/Don't Know

If yes, please explain how:

17. What is the impact of current funding levels on service provision:
(Please choose one option only)

- | | |
|--|--------|
| Current funding is helping the organisation to expand or develop services | Yes/No |
| Current funding only allows the organisation to maintain existing service levels | Yes/No |
| Current funding is leading to service restrictions and/or loss of personnel | Yes/No |
| Current funding is leading to the loss of services and/or threat of closure | Yes/No |

18. How confident do you feel about building stability and developing capacity to deliver rape and sexual abuse crisis services in the future? (Please circle chosen response)

Not at all confident *Reasonably confident* *Very confident*

Please explain your response below:

19. What are the key barriers affecting service delivery, stability and capacity building?
(Please state whether barriers are local, regional or national issues)

20. What specific support would you like to see available to support third sector rape and sexual abuse crisis services?

21. Gender Equality Duty (GED) 2007

Do you consider that your service has been turned down for funding as a result of the GED (2007)?

Yes No Don't Know

Has your service been asked to change its working practices as a result of the GED (2007)?

Yes No Don't Know

Have any impact assessments been undertaken in your area to review compliance and understanding of obligations under the GED (2007), in particular with Commissioners?

Yes No Don't Know

22. Local Area Agreements/Local Criminal Justice Boards/ Local Safeguarding Children Boards/Crime and Disorder Reduction Partnerships

Have PSA 23 (Make Communities Safer) and NI26 (Specialist support to victims of a serious sexual offence) been adopted in your area?

Yes No Don't Know

Has your agency been contacted by the LCJB to provide information to inform local problem profiles?

Yes No Don't Know

Has the LCJB made sexual violence a priority in local criminal justice strategies/programmes of work?

Yes No Don't Know

Has your local CDRP encouraged local investment, for example through setting targets or providing guidance?

Yes No Don't Know

Is your organisation represented on the LSCB?

Yes No Don't Know

23. SARCs

Is there a SARC in your area?

Yes No Don't Know

Is your agency involved in the SARC steering group?

Yes No Don't Know

Have you noticed an increase in referrals connected to the SARC?

Yes No Don't Know

Do you receive any SARC related funding for counselling/crisis/ISVA work?

Yes No Don't Know

Are SARC referrals time-limited?

Yes No Don't Know

Does the SARC pay for Crisis Workers from your organisation?

Yes No Don't Know

Does the SARC meet full cost recovery for employing Crisis Workers from your organisation?

Yes No Don't Know

Do you take unfunded referrals from the SARC?

Yes No Don't Know

24. Government Office Sexual Violence Co-ordinator

Is there an appointed specific Government Office Sexual Violence lead in your region?

Yes No Don't Know

Has sexual violence been added to the job description of the Domestic Violence lead?

Yes No Don't Know

Has any specific training been provided for Government Office Sexual Violence leads?

Yes No Don't Know

Has Government Office established a Regional/Local Sexual Violence and Abuse Forum?

Yes No Don't Know

25. Primary Care Trust/Strategic Health Authority

Does your local Primary Care Trust/Strategic Health Authority commission sexual violence and abuse victim support/counselling services?

Yes No Don't Know

If so, has your agency been supported to enter into the commissioning process?

Yes No Don't Know

Has your agency been asked to help develop commissioning guidelines for services for victims of sexual violence and abuse?

Yes No Don't Know

Has your local Mental Health Trust participated in the Mental Health Trusts Pilot Collaboration Project?

Yes No Don't Know

If so:

- Has your agency been involved either on the steering group or in provision of training for the Project?

Yes No Don't Know

- Has your agency noticed any impact on referrals from health professionals as a result of the Project?

Yes No Don't Know

- Is there a health- led sexual abuse forum in your area?

Yes No Don't Know

26. Local MPs

Does your agency have any contact with your local MP?

Yes No Don't Know

Has the MP received any guidance from the Home Office or their own political party with regard to championing services for victims of sexual violence and abuse?

Yes

No

Don't Know

27. If you wish to add any further comments please use the space below:

Appendix Three

March 2009

Dear Colleague

Developing Stability, Sustainability and Capacity - a focused study of the factors contributing to effective service development and provision in third sector rape and sexual abuse crisis services in England and Wales

I am pleased to announce that The Survivors Trust has been able to use funding from the Government Equalities Office to produce a comprehensive report and recommendations aimed at identifying local, regional and national (England and Wales) factors affecting the ability of third sector rape and sexual abuse crisis services to deliver services, build stability and develop capacity.

Government Equalities Office have also funded The Survivors Trust to deliver a project which will provide targeted support, at local, regional and national level, for third sector specialist rape, sexual violence and abuse services that will help them develop their capability to attract funding and resources essential to their organisational health and stability.

The Survey and the support project are relevant for all specialist sexual violence and abuse services that are member organisations of The Survivors Trust and Rape Crisis England & Wales. Your participation in the Survey will ensure that we gain the fullest information to present a compelling case to Central Government for recognition and funding.

Background

Funding for third sector rape, sexual violence and abuse services has proved problematic over many years and is currently under increased pressure as a result of the recession. The Survivors Trust Member Funding Survey 2008 revealed that seven agencies had six months or less funding remaining and a further two agencies reported significant budget deficits affecting their ongoing service delivery. Six agencies reported secure funding to cover core costs for only 'up to a year'.

Whilst Emergency Funding from Government Equalities Office has ensured that no Rape Crisis England & Wales services have closed in the past year, specialist sexual violence and abuse services have continued to close. Eight Survivors Trust member agencies have closed since 2007.

Uncertainty around funding has a seriously detrimental impact on the ability of specialist services to plan forward for service delivery, recruit, train and retain skilled and expert workers, network locally, respond to opportunities to deliver existing services and increase capacity.

Research Consultant

Our Research Consultant is Claire Fraser (BSc MSc) of Consult Research who has extensive experience of undertaking research for the academic, statutory and voluntary sectors. She is now working as an independent freelance Research Consultant, having previously been employed as Research Fellow at the Universities of York and Huddersfield and the Nationwide Children's Research Centre. Research has been undertaken on behalf of leading academics, various Children's Fund teams, national charitable organisations and local third sector agencies, and various statutory agencies such as primary care trusts and local authorities. She has particular interest and expertise in evaluation research; research with children and young people; research on family support and parenting; youth and community work interventions; health research; drug and alcohol misuse; child protection and abuse prevention; and generally, researching sensitive topics.

Methodology

Claire will draw upon the methodology she devised for 'A View from Inside the Box' (Fraser, 2006) using a specifically designed questionnaire and follow-up telephone survey to focus on key research questions:

- What are the existing levels of resources and funding for specialist rape and sexual abuse crisis services?
- What are the training needs for specialist services to develop their governance and fundraising skills;
- What levers can be used to develop stability and capacity?
- What do specialist services identify as crucial factors to develop stability and organisational health?
- What funding opportunities are available for specialist services?
- What are the key elements necessary to embed specialist services in local service delivery plans?
- What are the essential elements of a sustainable funding strategy for a specialist rape, sexual violence and abuse service?

Outcomes

The study will be used to inform The Survivors Trust's work in supporting specialist rape, sexual violence and abuse services to improve their stability and financial sustainability as organisations delivering specialist services; it will identify essential skills and expertise necessary to support the administrative and financial infrastructure of specialist services; identify training and support needs essential for specialist services to build their capability to develop sustainable funding strategies. The findings of the study will be used to develop local, regional and national support, information and resources and will be available for member agencies of The Survivors Trust and Rape Crisis E&W.

Ethics and Data Protection

Consult Research undertakes to store all personal data securely and in accordance with the Data Protection Act (1998) and to carry out all data collection in accordance with ethical guidelines published by the British Psychological Society and Social Research Association (of which Claire Fraser is a member of both). Copies of the relevant ethical guidelines are available on request through The Survivors Trust.

Your support for this study is vital to ensure that the needs of our specialist sector are fully represented and to help develop targeted support. Please contact Fay or Lizzie on 01788 550554 if you want more information or have any other questions.

With thanks

Fay Maxted

CEO, The Survivors Trust