

# The Crisis in Rape Crisis

Understanding and supporting  
women and their organisations



# Acknowledgements

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## **Women's Resource Centre**

The Women's Resource Centre (WRC) is a charity which supports women's organisations to be more effective and sustainable. We provide training, information, resources and one-to-one support on a range of organisational development issues. We also lobby decision makers on behalf of the women's not-for-profit sector for improved representation and funding.

Our members work in a wide range of fields including violence against women, employment, education, rights and equality, the criminal justice system and the environment. They deliver services to and campaign on behalf of some of the most marginalised communities of women.

There are over ten thousand people working or volunteering for our members who support almost half a million individuals each year.

**[www.wrc.org.uk](http://www.wrc.org.uk)**

## **Rape Crisis (England and Wales)**

Rape Crisis (England and Wales) was set up and registered as a charity to support the work of Rape Crisis centres in England and Wales.

It provides co-ordination and support to 38 affiliated member groups and campaigns and lobbies to raise awareness of the issues of sexual violence in the wider community and with local and national government.

**[www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)**

# The Crisis in Rape Crisis

## A survey of Rape Crisis (England and Wales) centres

**Women's Resource Centre and Rape Crisis (England and Wales)**

March 2008

This research is part of the **why women?** campaign – [www.whywomen.org.uk](http://www.whywomen.org.uk)

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# Key findings

Thirty-five of the 38 Rape Crisis (England and Wales) affiliated members responded to an in-depth survey. These are the key findings from this research.

## **Rape Crisis is a crucial support service for women with historic experiences of sexual violence (such as childhood sexual abuse).**

Sixty-one per cent of survivors who were supported by Rape Crisis centres had sexual violence experiences which happened three or more years ago. In addition, 85% of women were identified as having 'complex needs'. On average, just 10% of survivors reported the experience/s to the police.

Respondents and service user evaluations reported that the positive effects of accessing Rape Crisis centres impact, not just on survivors, but also their loved ones and wider communities. Survivors reported outcomes ranging from improved mental well being and a reduction in self-harming, better inter-personal relationships, ability to return to work or study, ability to reduce or stop medication, etc.

The 35 Rape Crisis centres that responded to the survey had a combined annual income of £3,570,912 in 2006-07. In 2004-05, the Government spent more than twice this amount on advertising and public relations *each week*. Sixty-three per cent of Rape Crisis centres had an annual income of £100,000 or less. The average income was £81,598, only marginally more than the cost, to the state, of one rape. Funding to some of the larger Sexual Assault Referral Centres is five times this average income. The average income of centres in the North West, South East and East of England was significantly lower than in other English regions and Wales.

Securing funding was a relentless and constant challenge; often resulting in low staff morale and/or, in worst case scenarios, the 'freezing' or closure of services (resulting in survivors not receiving the support they need). In addition, 15 centres had been challenged by funders about being women-only.

Grant funding received in 2006-07 was examined in-depth. There were 161 grants reported, ranging in value from £200 to £202,000. The total value of this funding was £2,762,627, and the average grant was just £8,650. Thirty-two per cent of this funding came from councils and partnerships, 26% from the Home Office and 23% from charitable grant givers. However, where the funding came from did not reflect where centres were applying to. For example, over half of all centres applied to a local or regional public body (other than councils), yet only eight received any funding.

Of the 161 grants, 22 were Service Level Agreements (SLAs). Almost one third of these SLAs were for three or more years, compared with just ten per cent of all grants.

Given the low value of the average grant funding received, it was not surprising that Rape Crisis centres submitted a disproportionate number of applications compared with the funding received. For example, one organisation received just £77,000 (in total) from 14 funders.

Many centres stated that they felt compelled to keep costs low in funding applications, such as costing salaries well below the market value, in order to improve their chances of receiving any funding.

## **Seventy-nine per cent of grants were for one year or less.**

## **Sixty-nine per cent of centres said they were ‘unsustainable’ in the future.**

### **Eight organisations had no funding secured for 2008-09.**

There are few Rape Crisis centres, relative to the large populations they service, and they often cover vast geographical areas across England and Wales. Recent research by End Violence Against Women has found that all areas are vastly under-served.

There were 43 full-time and 103 part-time paid staff and 12 full-time and 684 part-time volunteers working for Rape Crisis centres. Eight organisations have made posts redundant or have reduced staff hours due to lack of funding. There were instances in six organisations where staff had worked *without pay* because of a funding crisis. Staff commitment to the well-being of survivors, through the continuation of a quality service even though salaries could no longer be paid, was extremely high.

A total of 498 services were delivered, ranging from two to 20 different services per organisation. On average, a centre delivered 14 types of services. Face-to-face counselling and telephone helplines were the most common types of services delivered.

### **Only 21% of services were fully-funded.**

There were 134,242 direct contacts (including counselling and support sessions, helpline calls, referrals and advice/enquiries etc) with survivors, their families and friends and other agencies in the last 12 months.

The data indicated that there was a strong relationship between annual income and levels and types of services delivered. Although only 37% of Rape Crisis centres had an annual income of £100,000 or more, these 13 organisations accounted for:

- 68% of paid staff;
- 68% of all counselling appointments;
- 70% of all helpline calls;
- 61% of all contacts with other organisations; and
- 74% of service users.

The two organisations with an annual income of £300,000 or more saw one third of all service users and provided almost a third of all service outputs. In addition, these 13 centres were far more likely to negotiate multi-year SLAs of greater value.

Nineteen centres stated that they have no restrictions on the length of time that survivors can access support (such as counselling). Of the 14 centres that do have time limits in place, the length of support ranged from four months to two years, with an average of one year.

Twenty-five organisations had a total of 510 women on waiting lists. The average length of time a survivor spent on a waiting list was 84 days or roughly three months.

### **The total number of average days on waiting lists was 1,929 days – equivalent to 5.3 years.**

Despite the many positive benefits reported by Rape Crisis centres, organisations felt there were low levels of awareness about the work of Rape Crisis, both amongst the general public and Government decision makers.

# Introduction

Rape Crisis centres are closing at an alarming rate because of a lack of funding. In 1984 there were 68 Rape Crisis centres in England and Wales – today there are just 38 centres affiliated to Rape Crisis (England and Wales). Nine Rape Crisis centres have closed in the last five years.

**While Rape Crisis centres have always been marginalised and suffered from under-investment, the sector, en masse, is now at crisis point.** Any further losses of centres, and their specialist expertise and experience, will, undoubtedly, impact heavily on survivors of sexual violence, their families and society as a whole.<sup>1</sup>

Rape Crisis centres, and many other third sector organisations, have expressed deep concerns that the urgent need for serious discussions about sustainable funding for sexual violence support services is often sidelined by the focus on the (appalling) rape conviction rate, which is currently just 5.7%.<sup>2</sup>

For these reasons, Rape Crisis (England and Wales) approached the Women's Resource Centre (WRC) to conduct research into the state of the Rape Crisis sector. This report is the end result.

## Methodology

An in-depth survey was distributed to the 38 centres affiliated to the national network, Rape Crisis (England and Wales). Ninety-two per cent (35 centres) responded. Respondents were able to complete the survey online, as a word document or over the phone. WRC was responsible for disseminating surveys and collecting and analysing the data.

The survey was conducted from November 2007 – February 2008 and the data is accurate at the time of the survey. Not all the questions were answered, signalling a need for a uniform data performance and management system. Some statistics may be under-represented as a result. The survey covered the key areas of: funding and sustainability; service users; staffing; service provision; women-only services; and political and public awareness of Rape Crisis centres.<sup>3</sup> In addition, the audited accounts of respondents were examined to provide information about annual incomes, as well as evaluation reports to provide information about outcomes for services users.<sup>4</sup>

There are different ways of calculating an average score. This research uses the median ('the middle point') as using the mean (the sum divided by the number of scores) would have resulted in an average that was skewed by a few very high and a few very low 'outlier' scores. Where it was appropriate to do so for comparison, both the median and the mean are presented.

<sup>1</sup> This report uses the term 'survivor' rather than 'victim' (of sexual violence) as this is the language used by Rape Crisis centres.

<sup>2</sup> *Rape cases: Police admit failing victims. Senior Met officer blames scepticism and inertia for low conviction rate.* The Guardian, 04/03/08. See [www.guardian.co.uk/2008/mar/04/ukcrime.law](http://www.guardian.co.uk/2008/mar/04/ukcrime.law)

<sup>3</sup> A copy of the survey is available from WRC.

<sup>4</sup> Audited account information obtained from the Charity Commission website: [www.charity-commission.gov.uk](http://www.charity-commission.gov.uk).

# Background

## Extent of sexual violence

The prevalence of violence against women and girls in the UK is high. At least 32% of children, mostly girls, experience some form of child sexual abuse.<sup>5</sup> The British Crime Survey found that 45% of women have experienced some form of domestic violence, sexual assault or stalking, and it is conservatively estimated that 80,000 women suffer rape every year.<sup>6</sup> The implications for the state and the third sector are significant:

*“The stark fact is that across the UK three million women experience violence each year, and almost half these incidents will be serious and/or repeated. In addition, there are many, many more women who have suffered violence in the past as children or adults and who need support to deal with the legacies of victimisation. **Potential service users, therefore, are in their millions.**”<sup>7</sup>*

Survivors of sexual violence don't always get the support they need – 40% of adults who are raped tell no-one about the assault and 31% of children who experience sexual violence reach adulthood without disclosing the abuse.<sup>8</sup>

## Impact of sexual violence

Rape and sexual assault, including childhood sexual abuse, have profound effects on individuals, communities and the public purse. Sexual violence can result in:

*“...physical injury, gynaecological disorders, long-term mental health issues, self-harm and suicide, disruption in intimate relationships, constrained socio-economic opportunities, routes into offending behaviour and wider social exclusion.”<sup>9</sup>*

The Government's Sexual Violence and Abuse Action Plan (SVAAP) acknowledges that “sexual violence and childhood sexual abuse are two of the most serious and damaging crimes in our society”. SVAAP goes on to state that sexual violence is “both a consequence and a cause of gender inequality” and that perpetrators are overwhelmingly male and most victims are female.<sup>10</sup>

**Each rape costs over £76,000, and the cost of sexual violence to society was £8.5 billion in 2003-04 alone.**<sup>11</sup> According to SVAAP, “much of this cost is made up of lost output and costs to the health service resulting from long term health issues faced by victims. Addressing problems early should help prevent these long-term costs.”<sup>12</sup>

The Department of Health has also acknowledged the relationship between mental ill health and violence against women, as well as the need for women-only mental health services.<sup>13</sup>

<sup>5</sup> HM Government (2007) *Cross-government Action Plan on Sexual Violence and Abuse*. Home Office: London.

<sup>6</sup> Walby, S. and J. Allen (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey*. Home Office: London.

<sup>7</sup> Coy, M., L. Kelly and J. Foord with V. Balding and R. Davenport (2007) *Map of Gaps: the postcode lottery of violence against women services*. End Violence Against Women in partnership with the Equality and Human Rights Commission: London. (p.5)

<sup>8</sup> HM Government (2007).

<sup>9</sup> Coy, M. et al. (2007). (p.6)

<sup>10</sup> HM Government (2007). (p.iii and p.1)

<sup>11</sup> Ibid.

<sup>12</sup> Ibid. (p.iii)

<sup>13</sup> Department of Health (2002). *Women's Mental Health: Into the Mainstream. Strategic Development of Mental Health Care for Women*. Department of Health: London.

## Service provision for survivors of sexual violence

Recent research which mapped violence against women service provision in the UK found a 'postcode lottery' for women wanting to access basic support services.

### **Most women do not have access to a Rape Crisis centre.<sup>14</sup>**

SVAAP acknowledges "the vital and significant contribution that the sexual violence and childhood sexual abuse voluntary sector makes" and that "these organisations generally provide a high standard of intervention and support by well qualified staff and it is important to acknowledge that these organisations are delivering crucial mental health services".<sup>15</sup> It also acknowledges that many specialist voluntary and community organisations in this area are having difficulty accessing funding and that sustainability is a key concern.

Generic service providers often lack the expertise to effectively support survivors of sexual violence and can further compound and exacerbate the impacts of the violence suffered:

*"[A woman who had been raped] had gone to one of the larger mainstream organisations and she said she got to speak to a male volunteer there. He gave her half an hour of his time and told her she had to 'get on with her life', that was probably 'the best thing for her'. This was quite appalling. [...] These mainstream organisations are often quite well funded and well respected but on the ground the experience is somewhat different, depending obviously on which branch you go to."<sup>16</sup>*

Sexual Assault Referral Centres (SARCs) are a relatively new phenomenon and the SARC model was developed to ensure high quality criminal justice responses to survivors of (primarily recent) sexual assault:

*"Current SARC services consist primarily of: crisis intervention with respect to recent sexual assault; ensuring professional standards and the prompt availability of forensic examinations; providing immediate medical care and follow-up tests; and short – term counselling."<sup>17</sup>*

SARCs provide very different services to those delivered by Rape Crisis centres. The majority of SARCs are statutory led and generally provide services to those who have been recently assaulted, whereas Rape Crisis centres are independent, provide long-term support and women-only space, and support survivors who have experienced recent and historic abuse and/or have complex needs.<sup>18</sup>

Funding from the Victims Fund accounts for a significant proportion of some Rape Crisis centres' income. However, in 2007-08 only 18 Rape Crisis groups out of 38 received this funding, sharing £562,725 of the £1.25m available. The Victims Fund (formerly administered by the Home Office until it was taken over by the Ministry of Justice in 2007) has been criticised for non-compliance with the Compact, particularly in regards to length of grants (one year) and the late notice given to Rape Crisis centres on whether their applications were successful.<sup>19</sup> The Ministry of Justice responded by stating that the Victims Fund was never intended to be a stable source of funding and that local authorities should be responsible for ensuring that sexual violence services are funded to meet the needs of local communities.<sup>20</sup>

<sup>14</sup> Coy, M. et al. (2007).

<sup>15</sup> HM Government (2007). (p.23)

<sup>16</sup> Women's Resource Centre (2006) *why women? The women's voluntary and community sector: changing lives, changing communities, changing society*. Women's Resource Centre: London. (p.7)

<sup>17</sup> Lovett, J., L. Regan and L. Kelly (2004) *Sexual Assault Referral Centres: developing good practice and maximising potentials*. Home Office Research Study 285. Child and Woman Abuse Studies Unit, London Metropolitan University: London. (p.2)

<sup>18</sup> Child and Woman Abuse Studies Unit, Rape Crisis (England and Wales), End Violence Against Women and Fawcett (2008) *Not either/or but both/and: Why we need Rape Crisis Centres and Sexual Assault Referral Centres*. Child and Woman Abuse Studies Unit: London.

<sup>19</sup> The Compact is a set of guidelines governing the relationship and responsibilities between government and the voluntary and community sector.

<sup>20</sup> *Half Rape Crisis centres face closure threat*. The Guardian. 03/05/2007.

See: [www.guardian.co.uk/society/2007/jul/03/crime.penal](http://www.guardian.co.uk/society/2007/jul/03/crime.penal)

Elsewhere, Rape Crisis service provision is well supported. The recent capacity building of Rape Crisis centres in Scotland has made a significant impact on service provision and the development of the sector. There is dedicated, ring-fenced funding for Scottish Rape Crisis centres, as part of an integrated strategy on violence against women.

## Focus on rape conviction rates

The main focus of the Government remains firmly on challenging the unacceptably low rape conviction rate of 5.7%, which strongly indicates that survivors of sexual violence are not receiving justice in the criminal justice system. However, despite SVAAP outlining the need to increase access to support and health services for survivors of sexual violence and abuse, there is little focus on ensuring that survivors have access to adequate, specialist support services, such as Rape Crisis centres.

The Government's recent Action Plan for Tackling Violence focuses on rape conviction rates and plans to double the number of SARCs across the country.<sup>21</sup> Disappointingly, this new Action Plan has failed to address:

- a) the fact that 90% of women using Rape Crisis centres do not report rape or sexual assault and are unlikely to access a SARC, or
- b) the need for Rape Crisis centres working alongside SARCs.<sup>22</sup>

**Securing a criminal conviction, however, is not the only outcome that survivors of sexual violence say they want or need.** Rape Crisis (England and Wales) argues that the form of holistic support at the heart of its services is in line with the concept of 'parallel justice'<sup>23</sup> which focuses on both criminal justice *and* social justice:

*"The concept of Parallel Justice elevates the goal of helping victims rebuild their lives to a fundamental component of justice. Parallel Justice requires us to decouple the pursuit of justice for victims from the administration of justice for offenders. Under a system of Parallel Justice the societal message to victims would be, "What happened to you is wrong and we will help you rebuild your life"."*<sup>24</sup>

<sup>21</sup> HM Government (2008) *Saving Lives. Reducing Harm. Protecting the Public: An action plan for tackling violence 2008-11*. HM Government: London.

<sup>22</sup> Child and Women Abuse Studies Unit et al. (2008).

<sup>23</sup> Westmarland, N. *Parallel Justice*. (To be published 2008).

<sup>24</sup> The Parallel Justice Project was established by the National Center for Victims of Crime to advance a new vision of justice for victims of crime. See the National Center for Victims of Crime website: [www.ncvc.org/ncvc/main.aspx?dbID=DB\\_ParallelJustice156](http://www.ncvc.org/ncvc/main.aspx?dbID=DB_ParallelJustice156).

# About Rape Crisis centres

Member groups of Rape Crisis (England and Wales) provide specialist, dedicated services to (primarily) women and girls who have experienced rape, childhood sexual abuse and/or other forms of sexual violence. They offer a wide range of support and information for survivors, families, friends and professionals including: telephone helplines, face-to-face counselling and support, group work, advocacy (such as supporting women to access the criminal justice system or housing), practical support and supervision for other agencies.

Since the late 1970s, Rape Crisis centres have provided services to women and girls in a women-centred and often women-only environment, where survivors can talk to specialist staff and volunteers about their experiences of sexual violence. They encourage self-referrals and have a long history of working from a feminist perspective and within a framework of empowerment. The Rape Crisis sector campaigns and raises awareness of the impact of sexual violence and the needs of those affected by sexual violence, including the hidden needs of adult survivors of childhood sexual abuse.<sup>25</sup>

**Rape Crisis centres work with women and girls of all ages, from three to 84 years old. Women from a wide diversity of backgrounds are supported by Rape Crisis.**

Rape Crisis groups work with women and girls affected by both recent and/or historic sexual violence. The reality is that many women have not had access to appropriate and specialised support to address the impact of their experience, or a safe space to 'break the silence' about their experience, prior to contacting a Rape Crisis centre. Rape Crisis centres do not work on the basis of individual 'incidents' and acknowledge that some women experience a number of sexual assaults in their lifetimes and have been vulnerable to re-victimisation.

While there is a strong focus on support services such as helplines and counselling, advocacy and practical support are key features of the Rape Crisis sector. This approach to advocacy has been described as:

*"...taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice."<sup>26</sup>*

<sup>25</sup> Child and Woman Abuse Studies Unit et al (2008).

<sup>26</sup> Action for Advocacy (2002) *Advocacy Charter*. Action for Advocacy: London.

# Location of Rape Crisis centres

*“Two volunteers made a 50 mile round trip each week for a year to provide support to a girl and her mother. The girl was 11 years old when she was raped twice by her mother’s boyfriend and became pregnant. She gave birth at just 12 years of age. She did not realise she was pregnant, nor did her mother...This long journey was necessary as the service users lived in an isolated rural location and had no means of transport or means of paying for public transport and childcare.” (Respondent based in South West England)*

Recent research has found that the majority of women have no access to a Rape Crisis centre.<sup>27</sup> Some areas that are highly populated have few Rape Crisis centres.

As demonstrated in the table below, the distribution of Rape Crisis centres is uneven and sparse across England and Wales. All areas are vastly under-served. Many centres, particularly those which work in rural communities, cover vast geographic areas.

**Table 1: Number of Rape Crisis centres and regional populations by region**

Region	Number of Rape Crisis centres in each region	Regional populations <sup>28</sup>
East England	7	5,606,600
East Midlands	3	4,364,200
Greater London	1	7,512,400
North East England	3	2,555,700
North West England	5	6,853,200
South East England	4	8,237,800
South West England	2	5,124,100
Yorkshire and Humber	6	5,142,200
West Midlands	3	5,366,700
North Wales	1	663,00
<b>Total</b>	<b>35</b>	<b>50,762,900</b> England total population <b>2,965,900</b> Wales total population

There were also three Rape Crisis (England and Wales) affiliated centres which did not participate in the survey, located in East Midlands, the South East and the South West.

<sup>27</sup> Coy, M. et al. (2007).

<sup>28</sup> Population data taken from: Government Offices for the English Regions website: [www.gos.gov.uk/national/](http://www.gos.gov.uk/national/); North Wales Criminal Justice Board website: [http://lcjb.cjsonline.gov.uk/NorthWales/details\\_new.html](http://lcjb.cjsonline.gov.uk/NorthWales/details_new.html); and Statistics for Wales website: <http://new.wales.gov.uk/topics/statistics/headlines/pop-2007/hdw20070822/?lang=en>.

# Funding

*“The year 2006-07 was a relatively healthy year for us financially as we managed to secure three short term grants to top-up the core funding we receive via the County Council and Primary Care Trust. However, this is not reflective of our general financial position. Our income has fallen sharply since the end of a Lottery grant in March 2005 and we have not been able to source ongoing, substantial funding. This has resulted in staff posts being made redundant, a cut in all other staff hours and a reduction in the number of volunteers we are able to support, and therefore the number of women survivors who can receive a service from us. At the beginning of this year we had to freeze the service to new women because we had no confirmed income past March 2007 other than that from the Council and Primary Care Trust and we knew this was not enough to sustain our organisation for the coming year.” (Respondent based in East Midlands)*

## Annual income

Data on income were collected from the audited accounts and survey responses of the 35 Rape Crisis centres which took part in this study. The combined annual incomes, for the fiscal year 2006-07, amounted to £3,570,912.<sup>29</sup>

**Compared to other nation-wide services providing support to victims of crime, Rape Crisis centres are spectacularly under-funded.**

For example, in 2005-06 local authorities distributed £59m to people at risk of domestic violence through their Supporting People grants from the Office for the Deputy Prime Minister,<sup>30</sup> and Victim Support received £30m from the Home Office.<sup>31</sup>

One Rape Crisis centre had zero income during 2006-07 (and had closed for part of this time) and another reported negligible income – only £306 for the year. Excluding these two organisations, the income of the remaining 33 respondents ranged from £9,358 to £381,749.

The majority (63%) of respondents had an annual income of less than £100,000. The average income was £81,598.

<sup>29</sup> One respondent had a financial year running from December to November and the remaining 34 organisations had financial years running from April to March. However, all data are for a 12 month period.

<sup>30</sup> Supporting People is now distributed to local authorities through the Department for Communities and Local Government. Figure for Supporting People funding for domestic violence from written answer 25 February 2008. Hansard. [www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080225/text/80225w0023.htm#0802266001816](http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080225/text/80225w0023.htm#0802266001816).

<sup>31</sup> Written answer 5 March 2007. Hansard. [www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070305/text/70305w0030.htm](http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070305/text/70305w0030.htm).

**Table 2: Percentage of respondents by income band**

Income band	Number of respondents	As % of all respondents
Band A: £10,000 or less	4	11%
Band B: £10,001 - £50,000	8	23%
Band C: £50,001 - £70,000	3	9%
Band D: £70,001 - £100,000	7	20%
Band E: £100,001 - £150,000	4	11%
Band F: £150,001 - £200,000	5	14%
Band G: £200,001 - £250,000	1	3%
Band H: £250,001 - £300,000	1	3%
Band I: Over £300,001	2	6%
<b>Total</b>	<b>35</b>	<b>100%</b>

### Regional analysis of annual income

In the North West, South East and East of England, the average incomes of organisations were well below that of other regions. Eighty per cent of Rape Crisis centres with annual incomes under £70,001 were based in these areas – all four respondents in income band A, 75% (6) of those in band B and 67% (2) in band C are located in these three regions.

**Table 3: Annual income aggregated by region**

Region	Number of respondents based in the region	As % of all respondents	Total income of respondents in the region	As % of all income	Median income in the region	Mean income in the region
East of England	7	20%	£592,519	17%	£11,852	£84,646
East Midlands	3	9%	£445,149	12%	£117,036	£148,383
Greater London	1	3%	£189,386	5%	£189,386	£189,386
North East						
England	3	9%	£314,560	9%	£85,000	£104,853
North West						
England	5	14%	£276,390	8%	£46,881	£55,278
North Wales	1	3%	£101,115	3%	£101,115	£101,115
South East						
England	4	11%	£190,141	5%	£44,344	£47,535
South West						
England	2	6%	£394,990	11%	£197,495	£197,495
West Midlands	3	9%	£378,468	11%	£109,571	£126,156
Yorkshire and Humber	6	17%	£688,194	19%	£81,543	£114,699
<b>Total</b>	<b>35</b>	<b>100%</b>	<b>£3,570,912</b>	<b>100%</b>		

## Grants received

Thirty-three organisations (94% of respondents) provided details about 161 different grants received in financial year 2006-07. The two remaining Rape Crisis centres did not receive any grant funding during this period.

### Value of grants

Grants ranged in value from £200 to £202,000 and totalled £2,763,627 (77% of all annual income reported for 2006-07). The average grant received was just £8,650.

Respondents reported feeling pressured to keep the cost of their services low to increase their chances of being funded:

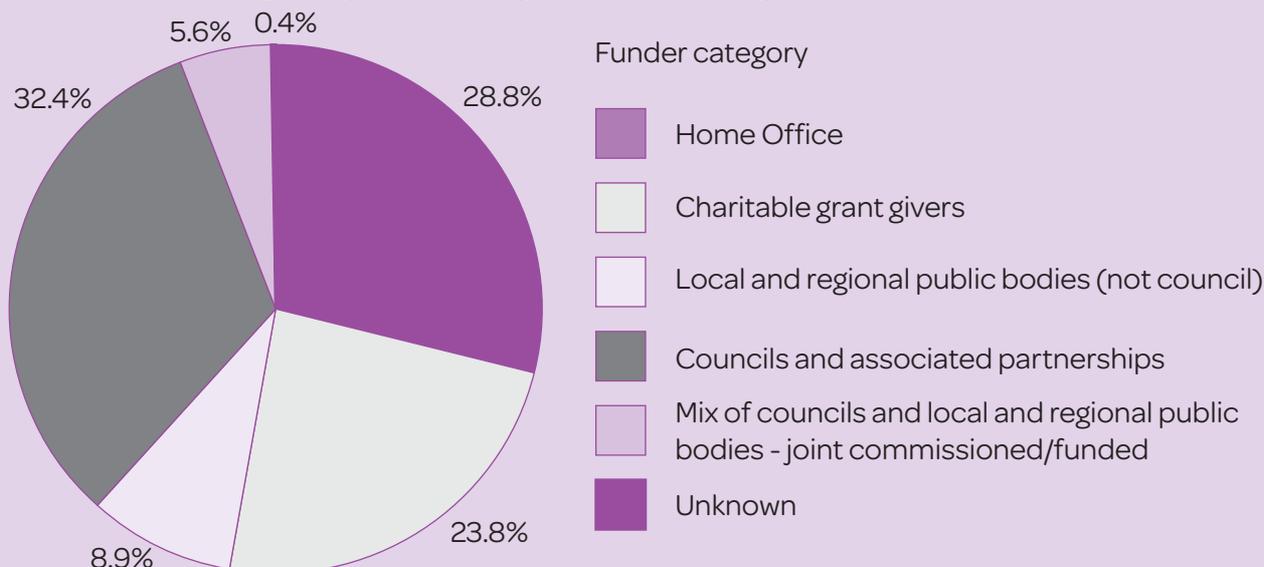
*“Full cost recovery is a far-off dream. Local authorities expect to have cheap services which deliver far more than statutory services do...The Government push to include the voluntary sector is a way of getting cheap services, although, in reality, using volunteers is not cheap...Salaries are valued much lower in order to keep the cost of the funding bid down. This has an impact on staff morale, and for new posts, it has an impact on the experience and qualifications of applicants.”* (Respondent from income band G)

### Sources of grant funding

Of the total £2,763,627 grant funding received by Rape Crisis centres:

- 32% (£896,352) came from councils and their associated partnerships. This includes City, County, District, Borough and Parish Councils, Social Services, Crime and Disorder Reduction Partnerships (CDRPs) and Local Strategic Partnerships (LSPs).
- 28% (£795,047) was from the Home Office and the Welsh Assembly. The vast majority came from the Home Office (£735,047) from the Victims Fund, Independent Sexual Violence Advisors (ISVA) and Gold Star funding.
- 23% (£659,114) came from charitable grant givers. This category includes charitable trusts, bank and building society charitable foundations, Councils for Voluntary Service distributing small grants programmes on behalf of a public body, Lottery funding, Comic Relief, and other philanthropic organisations/individuals.
- 8% (£246,264) came from local and regional public bodies which are not part of the council, such as Primary Care Trusts (PCTs), NHS, National Offender Management Systems, Prison Services, Probation Services and also Connexions.
- 5% (£154,540) were for services funded jointly between councils and other public bodies (such as PCTs). Because the funding contributed by each funder could not be disaggregated, they were not analysed within any of the above categories.
- 0.4% (£12,310) was from funders where the funder category could not be determined.

**Chart 1: Percentage of grant funding by funder category**



There were regional differences in terms of sources of funding to Rape Crisis centres in 2006-2007. For example, local and regional public bodies provided no funding to respondents in the East Midlands, North Wales, the South East or South West of England. Joint funding was reported by respondents in only three regions.

**Table 4: Funding received from funder categories by region**

Region	Home Office and Welsh Assembly	Charitable grant givers	Local and regional public bodies	Councils	Joint funders	Unknown	Total
East of England	£100,505	£39,660	£62,331	£80,242	0	0	<b>£282,738</b>
East Midlands	£95,556	£121,750	0	£60,042	£118,000	0	<b>£395,348</b>
Greater London	£20,000	£17,966	£2,950	£121,000	0	£3,000	<b>£164,916</b>
North East England	£49,998	£110,049	£35,860	£90,320	£6,540	£7,000	<b>£299,767</b>
North West England	£104,800	£149,829	£3,000	£35,697	0	0	<b>£293,326</b>
North Wales	£85,000 <sup>32</sup>	£12,700	0	0	0	0	<b>£97,700</b>
South East England	£70,750	£49,950	0	£19,475	0	£2,000	<b>£142,175</b>
South West England	£105,000	£2,500	0	£213,450	0	0	<b>£320,950</b>
West Midlands	£63,448	£88,710	£51,994	£112,101	0	£310	<b>£316,563</b>
Yorkshire and Humber	£100,000	£66,000	£90,129	£164,015	£30,000	0	<b>£450,144</b>
<b>Total</b>	<b>£795,057</b>	<b>£659,114</b>	<b>£246,264</b>	<b>£896,342</b>	<b>£154,540</b>	<b>£12,310</b>	<b>£2,763,627</b>

<sup>32</sup> The centre in North Wales was the only organisation that received funding from the Welsh Assembly (two grants totalling £60,000). They also received Home Office funding.

### Purpose of grants

The grants funded a range of front-line services and associated staffing costs, including face-to-face support such as counselling and advocacy, helplines, and to a lesser extent, family work, outreach and floating support. There were also grants for ICT, advertising and promotion, training of other professionals in the health and criminal justice fields, awareness raising, research and some grants specifically for core costs.

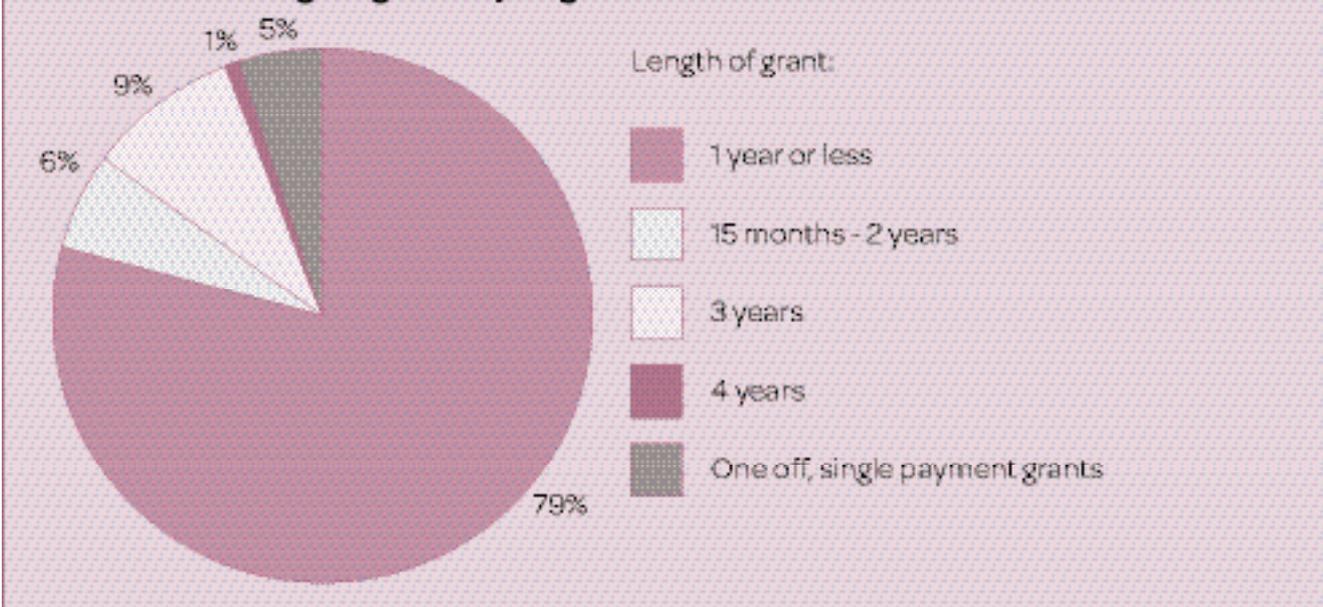
### Grants for specific groups of women

There were a number of respondents providing services for specific groups of women.

**Table 5: Value and regions of grants by specific groups**

Specific group	Value of grants	Region
Black and Minority Ethnic (BME) women	£26,750	South East England
	£3,000	Yorkshire and Humber
Asian women specifically	£39,859	West Midlands
Young women	£5,000	North East England
	£7,000	East Midlands
	£15,000 <sup>33</sup>	East of England
Women with learning difficulties	£5,000	North East
Women in prisons	£5,418	North East
	£23,179	Yorkshire and Humber
Women on probation	£3,500	West Midlands
Rural women	£103,250	East Midlands
Women experiencing domestic violence	£59,750	Yorkshire and Humber
<i>(four respondents stated the identified grants were specifically for domestic violence work)</i>	£30,000	Yorkshire and Humber
	£30,000	East of England
	£20,505	East of England
	£3,975	East of England
	£6,745	East of England
	£53,000	South West England
	£202,000	South West

**Chart 2: Percentage of grants by length**



Of the grants for domestic violence work, one organisation received funding from a CDRP (£59,750) and another had funding from a Borough Command Unit (£30,000). One centre, which provides both domestic violence and sexual violence services, received a large grant for Independent Domestic Violence Advisors, accounting for 56% of its income in 2006-07.

### Length of grants

The one-off grants were usually for specific projects such as ICT, research, advertising and promotion etc.

**Only 9% of grants were for three years (with 1% for four years).**

**Of particular concern is that 79% of grants were for one year or less.**

Grants of less than one year have a number of disadvantages – they are often resource intensive, offer little or no financial security, restrict an organisation’s ability to plan for the future, and divert resources away from service delivery:

*“Fundraising has taken up a lot of time over the last three years because the funding has been annual, so we get the funding and straight away have to look for more.”* (Income band D)

*“We have to apply every year for funding. This takes up a lot of time and resources. This year there is a lot of uncertainty as we have no carry-over funding.”* (Income band F)

*“It is impossible to expect a service to keep going with lack of knowledge of where the next funding is coming from. High standards and effective services are being delivered despite this, but it shouldn’t have to be this way.”* (Income band G)

Short-term grants also have adverse impacts on staff (who may leave due to the risk of redundancy if funding is not extended or replaced) and on service users (organisations unable to offer survivors support due to uncertainty about the continuation of the service).

The Government itself recognises these risks and has stated that:

*“The lesson here is clear: short term funding – if used inappropriately – can produce suboptimal outcomes for both the third sector organisation and the client group that benefits.”<sup>34</sup>*

### Service Level Agreements<sup>35</sup>

Eleven Rape Crisis centres reported having Service Level Agreements (SLAs) with funders during 2006-07. Of the 161 grants reported in the survey, 14% (22) were SLAs, totalling £492,193.

There were 19 different funders providing SLAs, particularly councils and Primary Care Trusts.

<sup>33</sup> Funding specifically for the young women’s service accounted as the grant was for a number of activities. The amount of funding specifically for work with young women could not be separated out from the total funding.

<sup>34</sup> HM Treasury, Charity and Third Sector Unit, Cabinet Office, Office of Government Commerce, National Audit Office (2006) *Improving financial relationships with the third sector: Guidance to funders and purchasers*. HM Treasury: London. (p22)

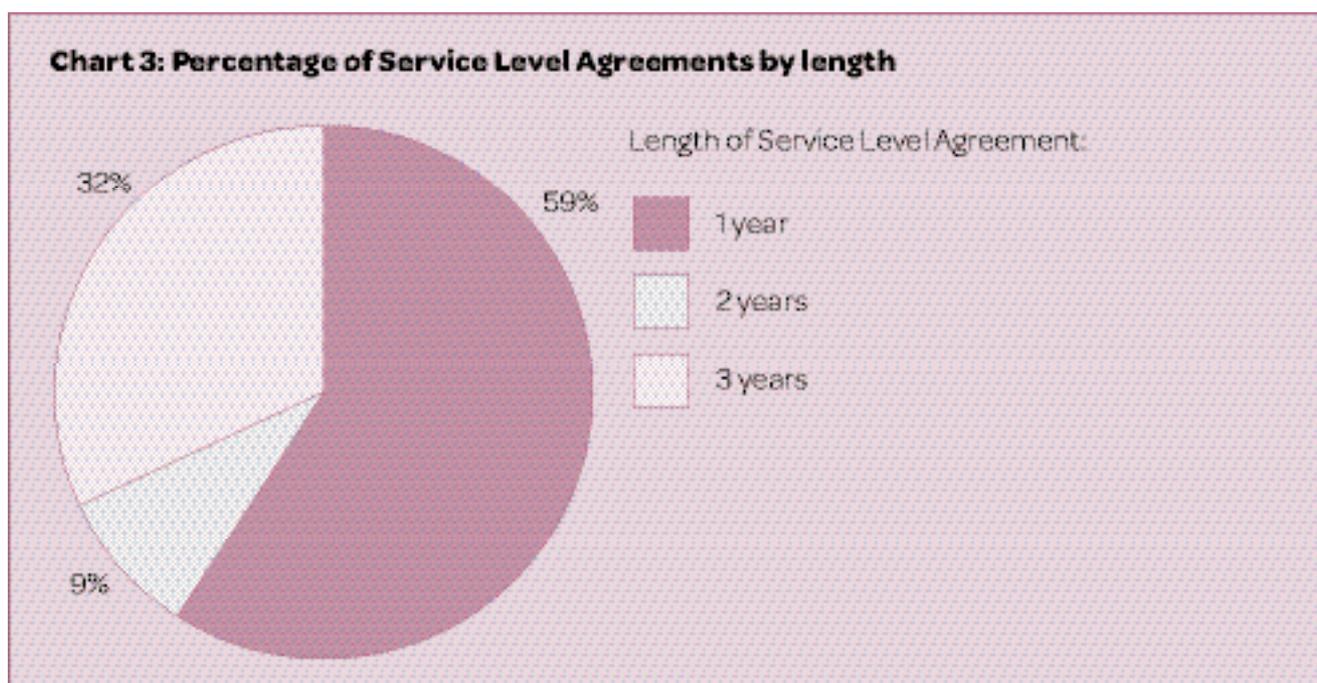
<sup>35</sup> Ibid. Service Level Agreements are defined as “grant contracts that set binding conditions with detailed specifications for levels of outcomes and output performance”. (p16)

**Table 6: Number and value of Service Level Agreements by funder type**

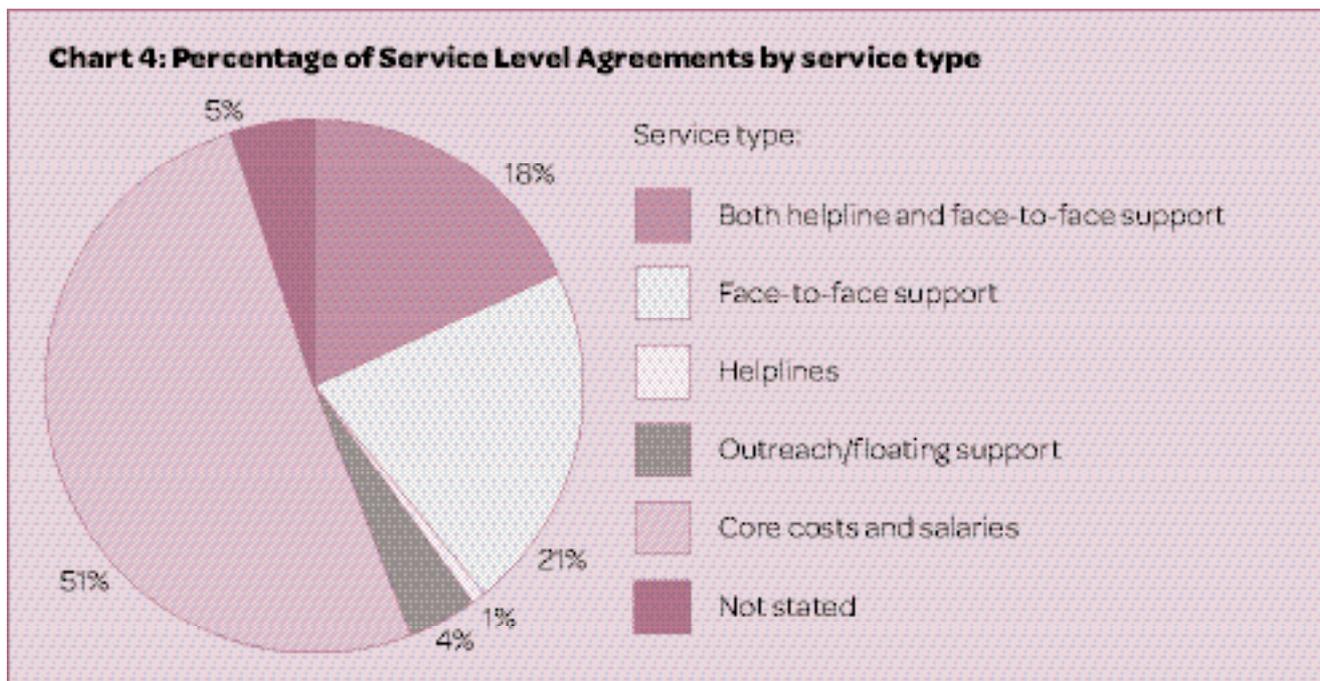
Funder type	Number of different funders	Number of SLAs	Total funding from funder/s
CDRPs	1	1	£59,750
Councils	6	7	£138,988
LSPs	2	2	£53,159
Joint funding between councils and PCTs	1	1	£58,000
NHS	1	1	£8,000
PCTs	4	6	£133,390
Prison Services	2	2	£28,597
Social Services	1	1	£6,309
Unknown	1	1	£6,000
<b>Total</b>	<b>19</b>	<b>22</b>	<b>£492,193</b>

SLAs were more likely to offer greater security than other grant processes. Fifty-nine per cent (13) of SLAs were for one year (although respondents noted that four were reviewed, and potentially renewed, annually) compared with 79% of all grants. Nearly one third of SLAs were for three years, compared to just 10% of all grants.

**Chart 3: Percentage of Service Level Agreements by length**



Over half of all SLA funds were specifically for contributions towards core costs and salaries, followed by face-to-face support (such as counselling).



Although the number of SLAs to analyse was limited, it appears that Rape Crisis centres with larger annual incomes were more likely to negotiate multi-year SLAs of greater value. Of all the respondents with SLAs, 54% were organisations with an annual income of £100,000 or more. However, these centres accounted for:

- 80% of organisations with three or more SLAs in place;
- 100% of all two and three year SLAs; and
- 71% of all SLA funding.

## Applications to funders

The analysis of the 161 grants received does not adequately illustrate the full spectrum of funders from which Rape Crisis centres attempted to access funding. During 2006-07, respondents made funding applications to a wide range of public bodies, philanthropic organisations and Government departments.

Many respondents stated that whilst statutory agencies readily referred survivors to Rape Crisis centres, very few are prepared to invest in the services:

*"We are providing high quality, well used services and providing much needed support to women.... What we do works. We take referrals from the Police, GP's and health and youth workers but receive no funding. If you are prepared to use the service then you should support it."* (Income band D)

*"Rape Crisis centres are not taken seriously enough. It is getting harder and harder to secure funding and, on the other hand, the amount of referrals from PCTs, for example, fosters the belief that Rape Crisis centres are being taken for granted (pressure on demand for services, no capacity to increase supply in quantity or quality)."* (Income band E)

*"It is outrageous that we have to beg for money for survivors of serious crimes."* (Income band D)

Rape Crisis centres submitted a high number of funding applications compared to the funding they received. For example, one organisation received just £77,000 from 14 applications. Other respondents recorded making 10, 12 and 13 applications for total funding worth less than £150,000 per organisation.<sup>36</sup> This was particularly common for centres with an annual income of £100,000 or more.

Organisations described ‘cobbling together’ different pots of funding to provide a service. Meeting the outcomes and outputs of one grant was often dependent on the ongoing funding of another grant:

*“Funding is from a variety of different sources, all running out at different times. Each funding stream supports the others like a house of cards. If one goes, it has an impact on all the others.”* (Income band G)

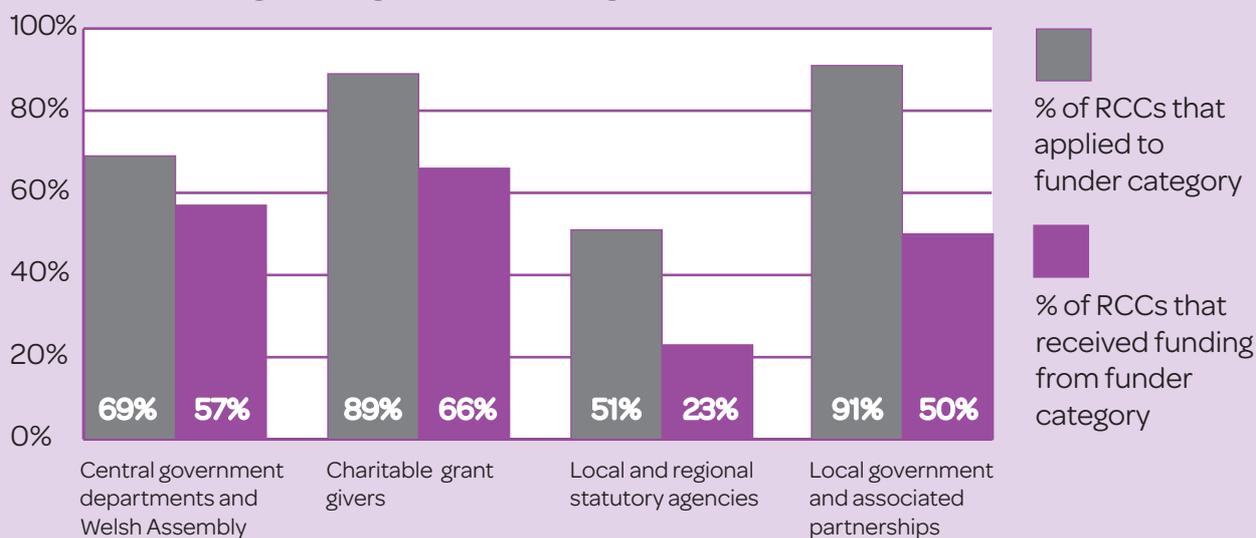
Almost half of all Rape Crisis centres made applications to Community Foundations and PCTs, 54% to CDRPs, 63% to the Home Office (mostly to the Victims Fund which is now administered by the Ministry of Justice), 89% sought funding from councils and 91% from charitable grant givers.

**Table 7: Percentage of respondents applying to funder type**

Funder type	% of respondents applying to funder	Funder type	% of respondents applying to funder
Borough Command Units	3%	Local Area Agreements	11%
Community Foundations	46%	LSPs	17%
Connexions	3%	Mental Health	
Councils	89%	Partnership Teams	11%
CDRPs	54%	Other	3%
Department for Children, Schools and Families	3%	PCTs	46%
Department of Health	14%	Prison Services	3%
Charitable grant givers	91%	Probation Services	6%
Home Office	63%	Social Services	31%
		Welsh Assembly	3%

The survey data suggests there may be significant differences between where Rape Crisis centres are *applying* for funds and where they are *successful*. For example, over half of all Rape Crisis centres applied to CDRPs, yet only three received funding from a CDRP during 2006–07. However, comparison of the data should be approached with caution as some of these applications may have been successful but not recorded by respondents, or funding was not received until the 2007–08 fiscal year (and therefore not analysed in this study).<sup>37</sup>

**Chart 5: Percentages of respondents applying to and receiving funding by funder category**



## Fundraising

For many centres, particularly those with few or no paid staff, fundraising was a group effort (including Management Committee members). Organisations that relied solely on volunteers often stated that applications were written by those who had capacity at the time.

The majority of respondents stated that fundraising was a relentless and constant challenge, even for larger organisations with paid staff. It was not uncommon that fundraising activities were undertaken in staff's own time:

*"What is clear is that in order to focus on fundraising, staff often have to drop other bits of their work to ensure this gets done and this is a constant pressure. Indicative of this is that staff have written bids in their own personal time."* (Income band D)

*"Fundraising is carried out mostly in volunteers' own time, as the priority is to offer helpline and counselling services."* (Income Band B)

Seven respondents stated that volunteers (including Management Committee members) were responsible for fundraising. All of these organisations had an annual income under £25,000 and only three had a part time paid worker. Volunteers who fundraised were also responsible for staffing the helpline and providing face-to-face support.

Organisations that relied on volunteers to fundraise were more likely to report spending less time on fundraising than centres with paid staff:

*"[Our fundraising is] minimal because we are part-time volunteers with other personal commitments i.e. families, full time jobs, etc."* (Income band B)

*"We only made [one application] to the County Council as it was a very difficult year and we were down to only three volunteers."* (Income band A)

Twenty-two respondents named senior managers (mostly Directors but also managers responsible for service delivery) as the organisations' fundraisers. These organisations had at least one paid staff member.

Staff responsible for fundraising also did a vast range of other tasks including managing staff, monitoring and evaluation, meeting legal requirements, co-ordinating volunteers, service delivery and contributing to local networks and forums, amongst other roles.

One Rape Crisis centre employed a part-time fundraiser for two days per week. Two other respondents noted they previously had paid part-time fundraisers but were no longer able to afford them.

## Future sustainability

Research with 29 Rape Crisis centres in 2003 found that although 48% of organisations had no funding or identified their funding as 'under threat', an equal number believed their funding to be 'fairly secure'.<sup>38</sup>

<sup>36</sup> This includes successful applications only and does not include unsuccessful applications.

<sup>37</sup> The analysis of grants in this study accounted for 77% of total annual income in 2006-07.

<sup>38</sup> Panahi, Elahi (2003) *Rape Crisis Federation Membership Survey*. Rape Crisis Federation. Unpublished.

**Table 8: Number and percentage of Rape Crisis centres by level of funding (2003)**

Level funding	Number of Rape Crisis centres	As % of Rape Crisis centres
Have no funding	3	10%
Fairly secure funding	14	48%
Under threat	11	38%
No response	1	4%
<b>Total</b>	<b>29</b>	<b>100%</b>

In this *current* study, centres were asked if they thought their funding was ‘sustainable’ or ‘unsustainable’, based on the value and length of grants and future funding prospects. Sixty-nine per cent of respondents reported that their funding was ‘unsustainable’. These organisations were a range of sizes. Eight organisations reported that they had not secured any funding for 2008-09.

Thirty-one per cent of respondents said they were ‘sustainable’. However, some organisations that identified as ‘sustainable’ expressed concern that this situation was not secure:

*“I’d like to say our funding is sustainable, but we are living from year-to-year from different pots of money.”* (Income band E)

*“We are borderline sustainable – any expansion of our skeleton service, urgent costs or delays in council funding would cause difficulties.”* (Income band A)

### Delays in funding

A number of respondents stated that delays in funding decisions, many of which were due to funder disorganisation, had significant impacts on their sustainability:<sup>39</sup>

*“Historically, negotiation for funding begins in September with no decision until end of February. It also has a tendency to get caught up in local politics e.g. council officers being challenged by elected councillors who do not understand the voluntary sector (e.g. [councillors think] that ‘voluntary’ means unpaid) and who also have a focus on using voluntary sector funds to keep council tax low.”* (Income band I on their £73,000 core funding grant from the council)

*“Not hearing about [our Victims Fund application] meant that we were late in sending out additional applications. Our staff were on three month contracts throughout 2006-2007 as we sent in applications to secure the service to a range of funders.”<sup>40</sup>* (Income band D)

*“The [Victims Fund] payment was backdated as it was not received for four months into the financial year, which led to staff uncertainty and [our organisation having to cash-flow] salary costs.”* (Income band I on the impact of a delayed payment of their £46,000 grant)

*“Internal (statutory sector) restructuring led to delays and there was a low level of communication/information about grant funding. We had to chase up officers, leading to a lot of insecurity.”* (Income band F commenting on a £10,550 grant from a council)

<sup>39</sup> An example includes a £500 grant from a council which took 11 months from application to receiving the funding.

<sup>40</sup> In 2007, delays in Victim Fund decisions were highlighted in the media after the issue was taken up by the Compact Advocacy Group.

## Sexual violence not a priority

In relation to funding from the public sector, Rape Crisis (England and Wales) and other third sector organisations have been voicing deep concerns at the lack of responsibility taken by Government to address funding to, and closures of, Rape Crisis centres. Centres were “being passed from pillar to post”, with ministers insisting that core funding is down to local authorities when the reality is that councils, on the whole, do not accept that it is their duty to provide it.<sup>41</sup> This is exacerbated by the fact that until the recent Public Service Agreements (PSAs) and National Indicators in late 2007, there were no targets for sexual violence.<sup>42</sup> Also, because reported rapes are consistently low, from locality to locality, this has enabled some statutory agencies to ignore sexual violence as a priority for local funding. The lack of targets was reiterated by respondents in this study:

*“There is little, if any, acknowledgement of the work that we do. We need to be linked to specific targets for all areas.”* (Income band D)

*“Because we work with survivors of child sexual abuse we don’t fit neatly enough into strategic priorities around domestic violence/rape/crime reduction in the area.”* (Income band D)

There were also concerns that charitable trusts are becoming ever more over-subscribed and that the work of Rape Crisis centres is increasingly falling outside of their criteria:

*“To date, we have almost exhausted all avenues available to us. Many charitable trusts no longer have criteria related to counselling or mental health work – those that do are over-subscribed and/or fund small amounts for short periods.”* (Income band D)

## Impact of funding difficulties on sustainability

The ongoing and relentless funding challenges often result in low staff morale and survivors have even less access to support, as services are reduced or ‘frozen’, and, in worst-case scenarios, are closed (see pages 27, 31 and 37):

*“The service sees fewer people and...the waiting list has grown. In the end, we had to shut the waiting list, the staff’s morale was very low and staff illness went up. There is less promotion and publicity of the service, less networking, less campaigning, and we end up working in crisis, not being able to look to the future at strategies for developing the service. We then become quite insular, focusing on survival, which is not good. We are not able to recruit new volunteers, which has a knock-on effect. We have to cut running costs, not being able, therefore, to get back to survivors when they’ve got mobile phones. We had to cut supervision fees as well as training budgets.”* (Income band D)

*“Posts where there has been a reduction in hours have fluctuated year-to-year. Salaries have still been paid but these have not been reviewed for years due to lack of finance and so fall below acceptable rates. Living ‘hand to mouth’ for funding has led to less frequent recruitment of new volunteers since April 2005. At the same time, demand for our services has increased. The gap has meant that our waiting list (by February 2007) had shot up to 6-9 months, with women who needed evening appointments waiting over a year for ongoing counselling. Women often feel very distressed at the point they access counselling; having to wait so long further compounds their distress and adds to their feelings of being let down and not cared for by society. Some women can’t wait that long and so don’t get the support they need...Staff experience increased pressure and stress with added workload and lack of job security and low morale.”* (Income band D)

<sup>41</sup> Rape Crisis centres face their own crisis. The Guardian. 15/08/07.

See <http://www.guardian.co.uk/society/2007/aug/15/guardiansocietysupplement.crime>

<sup>42</sup> Women’s Resource Centre, NAVCA and Rape Crisis (England and Wales) (2007) *Briefing for Local Infrastructure Organisations (LIOs) on the ‘crisis in Rape Crisis’ and sexual violence policy drivers*. Women’s Resource Centre. London.

# Staffing

*"Rape Crisis is a unique movement offering specialist and genuinely appropriate, sensitive and responsive services to a huge range of women from every sector of society and of all ages. Although many centres are almost debilitatingly under-funded, we are an extremely 'professional' sector that benefits from the vast wealth of knowledge, expertise and experience contributed by our dedicated workers (both paid and unpaid), many of whom have devoted decades to this field."* (Income band D)

## Paid staff

Rape Crisis centres employ few paid staff members. Thirty respondents had paid staff, employing just 47 full-time, and 103 part-time staff between them. Five centres had no paid staff.

**Table 9: Number and percentage of respondents by staffing band**

Staffing band	Number of respondents	As % of all respondents
No paid staff	5	14%
1-2 paid staff	9	26%
3-4 paid staff	10	29%
5-6 paid staff	3	9%
7-8 paid staff	4	11%
9 or more paid staff	4	11%
<b>Total</b>	<b>35</b>	<b>100%</b>

As to be expected, organisations with higher annual incomes employed more paid staff. The 13 respondents with an annual income over £100,000 (in 2006-07) employed 68% of all paid staff despite making up only 37% of all respondents. The two centres with annual incomes of £300,000 or more employed 9% of the paid workforce.

## Volunteers

Centres relied heavily on volunteers regardless of income bands or levels and types of services. A large number of respondents stated that they could not operate or deliver the range and level of services if it were not for volunteers. Five Rape Crisis centres would not exist if it weren't for volunteers as they had no paid staff.

There were a total of 696 (12 full-time and 684 part-time) volunteers working at the 35 Rape Crisis centres. Twenty-two respondents had 20 volunteers or fewer.

## Professional qualifications

Twenty-nine respondents recorded a wide range of qualifications held by paid staff and volunteers, the most common being counselling qualifications. Many respondents stated that all counselling staff and volunteers directly supporting survivors must have counselling qualifications.

A number of centres conducted in-house accredited training for all staff:

*“Paid staff and volunteers must successfully complete nine months in-house training in counselling that is specific in relation to understanding sexual violence and its consequences from a feminist perspective. This is followed by a three month induction period.”* (Income band B)

Some respondents cited the extensive experience of their staff as being as relevant as qualifications.

Many Rape Crisis centres have independently assessed quality, monitoring and evaluation processes, such as PQASSO, Supporting People and Telephone Helpline Association, and many work to British Association for Counselling and Psychotherapy guidelines and ethical standards.

Rape Crisis (England and Wales) is currently working on National Service and Occupational Standards, which will outline minimum skills and experience or qualifications required to work at a Rape Crisis centre.

## Impact of funding difficulties on staffing

Six respondents made eight staff redundant and two centres reduced staff hours to reduce salary outgoings for seven posts, because of funding difficulties. The redundant or reduced posts included counselling co-ordinators, managers, counsellors, volunteer co-ordinators, a development worker and Independent Sexual Violence Advisors.

In six organisations, staff worked without pay during times of financial crises in order to continue providing services to survivors. In one organisation, all five paid staff worked without salary for one month. In another centre, a counsellor worked without pay for three months, after being made redundant, to prevent a service being taken away from service users abruptly, which could have serious consequences.

**The level of commitment of staff and volunteers to ensure the continuation of a quality service with little or no pay was extremely high, even at their own considerable personal expense (forgoing pay).**

A number of centres stated that staff worked considerably more hours than what they were paid for and would often not claim basic expenses. Some respondents also noted that salaries were not increased with inflation. As described in the previous section, the ongoing funding pressures often had adverse effects on staff, many of whom were already working under the threat of redundancy or were being paid well below the market rate relative to their skills and experience.

In addition, many organisations stated that they had to freeze volunteer recruitment during funding difficulties due to lack of capacity and resources to recruit, train and supervise volunteers.

# Service provision

*“This area is complex and specialised. It requires a skill set and mind set that should be recognised as being professional and expert. Rape Crisis centres are vital and provide a service that makes an immense difference to people’s lives, and, as an added benefit, can also save untold thousands of pounds as those clients who see us come off medication, drugs, alcohol, get back into employment and education, stop self-harming, risky behaviour and struggling with eating disorders, reduce the need for intervention by social services... and the list goes on.” (Income band G)*

## Types of services and activities delivered

Rape Crisis centres are often described as user-led organisations providing holistic services to meet the needs of women.<sup>43</sup>

The 35 respondents delivered a total of 498 services, ranging from two to 20 different types of services per organisation. Each centre provides a (mean) average of 14 services.

Face-to-face counselling and telephone helplines were the most common services delivered (see Table 10 for the number of respondents providing different types of services and activities).

## Funding for services and activities

Centres were asked whether the services and activities provided were ‘fully funded’, ‘partly funded’ or ‘unfunded’.

Of the 498 services recorded by respondents:

- 21% were ‘fully funded’.
- 29% were ‘partly funded.’
- 39% were ‘unfunded’.
- The funding status of 11% of services was not stated.

<sup>43</sup> Child and Woman Abuse Studies Unit et al (2008).

**Table 10: Percentage of fully funded services/activities by service/activity type**

<b>Service/activity type</b>	<b>Total number of respondents providing this service/activity</b>	<b>Number services/activities that are fully funded</b>	<b>Fully funded services/activities as % of total service/activity provided</b>
Awareness raising (media work)	24	3	13%
Campaigning and awareness raising	28	4	14%
Child protection	14	1	7%
Consultation and engagement with local and regional bodies	24	1	4%
Consultation and engagement with national bodies	18	1	6%
Criminal justice information	25	7	28%
Email support, text messaging	19	2	11%
Family support	26	7	27%
Group work	15	6	40%
Independent Domestic Violence Advocate (IDVA)	1	0	0%
Independent Sexual Violence Advisors (ISVA) <sup>44</sup>	16	7	44%
Joint projects e.g. with domestic violence services	15	1	7%
Medical information	19	4	21%
One-to-one advocacy	20	6	30%
One-to-one sexual violence counselling, or face-to-face support	33	14	42%
Other (befriending)	1	0	0%
Outreach services	20	6	30%
Pre- and post- court support	24	7	29%
Prevention (in community, school and non school settings)	16	1	6%
Providing specialist support to other agencies	24	2	8%
Signposting for additional support services	33	10	30%
Specialist services	15	1	7%
Supervision for external agencies and professionals	8	2	25%
Telephone helplines	33	14	42%
Training to external organisations (e.g. in rape awareness, adult survivors of childhood sexual abuse, etc)	27	6	22%

<sup>44</sup> Advocacy has been (and continues to be) a 'traditional' part of Rape Crisis services but tends to be integrated across all types of services including counselling, group work, telephone support, etc. Therefore, the figures relating to ISVAs, which is a relatively new model of advocacy working, do not accurately reflect the true level of advocacy work provided by centres.

Telephone helplines and counselling were the main services provided by Rape Crisis centres; yet less than half were **fully funded** (i.e, the full cost to the organisation. This excludes partially funded services). While this data should be approached with caution (because it could not be compared against any other data for accuracy), it indicates where serious gaps in funding for services are likely to be.

The prevention of sexual violence is one of the three priorities in the SVAAP<sup>45</sup>, yet only one out of 16 prevention services was fully funded. Only four organisations (out of 28) were funded to campaign and raise awareness of sexual violence. Twenty-four organisations gave their time and expertise to local consultations and 18 are consulted by national bodies but only one service in each category is fully funded for consultative work.

## Outputs

There were a total of 109,958 direct contacts with service users over the last 12 months.<sup>46</sup> In addition, there were 14,631 agency contracts (see below) and 9,653 referrals, adding to a total of 134,242 service contracts.

**Table 9: Number of direct contacts by service type**

Type of service	Number of direct contacts
Helpline calls	63,051
Face-to-face counselling appointments	33,438
Telephone counselling appointments/advocacy support outside of helpline	13,469
Contacts with external agencies	14,631
Referrals	9,653
<b>Total</b>	<b>134,242</b>

### Contacts with service users

Most contacts were with women and girls (survivors). Some respondents also provided support to male survivors, and family and friends of survivors.

Annual income has a significant impact on the level and types of services that can be provided, and the number of beneficiaries. Centres with an annual income of £100,000 or more were able to deliver significantly greater outputs.

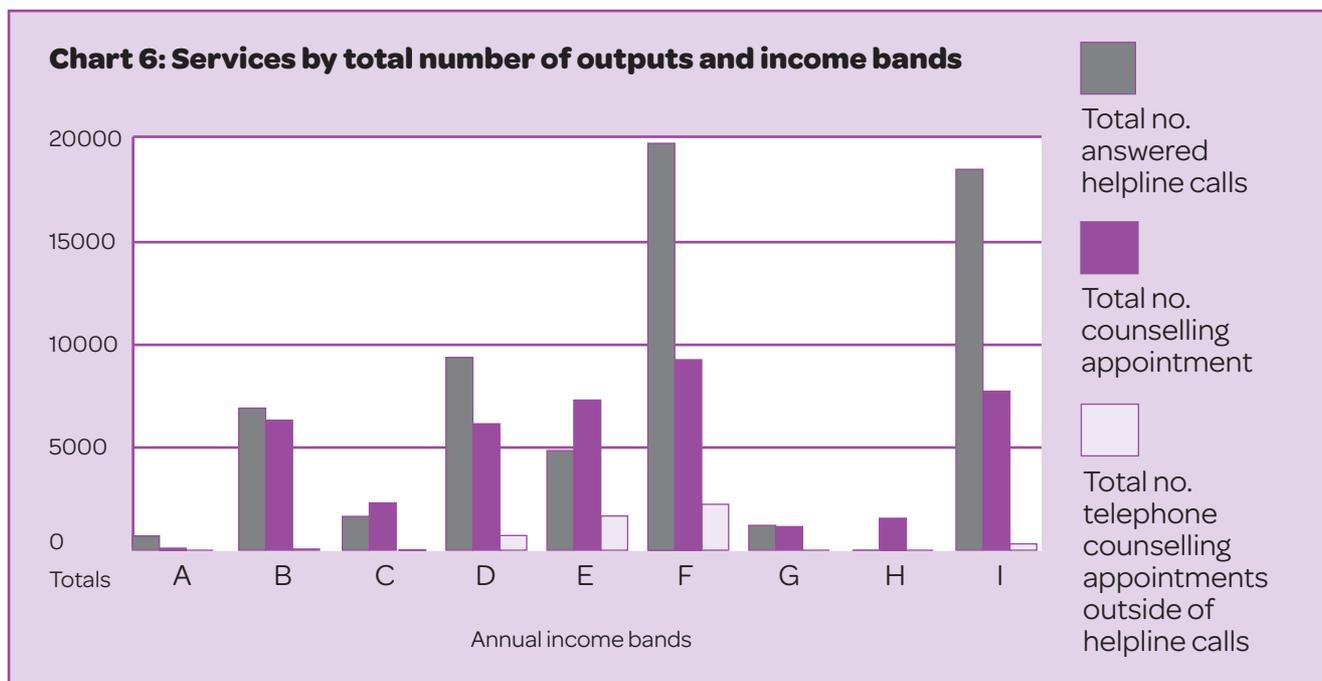
Seventy per cent of helpline calls were taken by the 13 centres with an annual income of £100,000 or more (with 29% of all helpline calls taken by the two centres with over £300,000 income). Thirty per cent of calls were taken by the 22 centres with an income under £100,000.

Thirty five per cent of counselling appointments were provided by the 22 centres with an income under £100,000, but the majority (65%) were provided by the 13 centres with an income over £100,000. Eighteen per cent of all counselling appointments were provided by the two centres with over £300,000 income.

<sup>45</sup> HM Government (2007).

<sup>46</sup> Excludes group work sessions.

<sup>47</sup> Advice was provided by phone, email and in person.



### Contacts with other agencies

Twenty-six respondents reported 14,631 ‘contacts’ with other agencies. ‘Contacts’ included signposting, professional supervision and support, responding to consultations, responding to requests for information and providing advice.<sup>47</sup>

Once again, annual income impacted on a centre’s ability to engage with other organisations: 39% of all agency contacts were with the 22 centres with an income £100,000 or less, while 61% of contacts were with the 13 centres with an income over £100,000.

### Referrals

Twenty-eight respondents reported that, in the last 12 months, they received 9,653 referrals from women and external agencies.

Referrals from other organisations came from a wide range of agencies, almost all of whom were public bodies. The largest number of these referrals came from: mental health services (658), GPs (567) and police (529). The total number of referrals from health related agencies was 1,566.

## Impact of funding difficulties on service provision

Eleven centres had to close or reduce a total of 21 services over the last three years due to lack of funding. This is in addition to the nine centres that have closed altogether in the last five years. Services closed or reduced include the core services of face-to-face counselling and support (six centres affected) and telephone helpline (five centres affected). Other activities ended or reduced included telephone counselling, group work, support and advocacy, social befriending, supporting women to go to the police or seek medical attention, training other organisations and recruiting new volunteers.

Respondents described a vast range of survivor needs that are not being met. Thirty-one centres identified a total of 66 services they would like to provide but have no funding to do so. These included increasing current services (such as extending helpline hours, or employing paid counsellors or volunteer supervisors); providing specialist services for BME, disabled or young women; specific services for women who self-harm or have eating disorders; and sexual violence education work in schools.

# Women-only

*"We don't change tyres. We don't sell vegetables... We offer services to women. This is what we do here."* (Income band B)

## Women-only and women-led

Rape Crisis centres have a tradition of being women-only because sexual violence is overwhelmingly committed by men against women and children. Working *with* women and providing *safe places* for them to address the violence they have experienced are core values of the Rape Crisis movement (globally).<sup>48</sup>

Rape Crisis centres are still predominantly women-only. Twenty-seven (77%) respondents are women-only and 32 (91%) are women-led.<sup>49</sup> Some centres have become mixed gender for a number of reasons, including the pressures of funding criteria.

The majority of women-only centres stated that they signpost male survivors on to appropriate resources. Many respondents stated that they support men over the phone and some supported men who are friends and family of survivors.

While the survey did not ask specifically about male service users, respondents that provided services to both men and women indicated that the number of men supported was very small.

## Meeting women's needs

Rape Crisis centres described many benefits of providing women-only services, including challenging myths that blame women for sexual violence:

*"I think being women-only benefits our service users in that it creates a safe space for women, primarily. We also provide a space where women receive understanding for their personal experience of abuse in a way that is not attached with any stigma or conventional social perceptions. With us the women can talk about her experience, overcome shame she might experience from being raped."* (Income band F)

### **Many Centres stated that women survivors of sexual violence would simply not come to their service if it was mixed gender:**

*"Women feel more confident and relaxed in a women-only space. This enables survivors to concentrate on their healing process. Most of our service users, when they first come to us, tell us that they would find it impossible to use our services otherwise because they would not feel safe."* (Income band D)

This reflects recent research about the women's third sector which found that many women (service users) would not access mixed gender / generic services.<sup>50</sup> The research also found that in a poll of

<sup>48</sup> Child and Woman Abuse Studies Unit et al (2008).

<sup>49</sup> The survey definition of being women-led was "when staff and volunteers are women, so that services are developed and run by women, for women".

<sup>50</sup> Women's Resource Centre (2007) *why women-only? The value and benefit of by women, for women services*. Women's Resource Centre: London.

1,000 women, 97% thought it was important for women who have been sexually assaulted to have the choice of women-only support services.

## Challenges to women-only services

Fifteen respondents stated that they had experienced challenges from funders about their women-only status:

*“We find that a women-only service is most appropriate when dealing with issues of violence against women. We have been asked to provide services for men on a number of occasions but believe that issues of violence against women are more appropriately addressed in a single gender service.”*  
(Income band D)

Worryingly, centres were challenged by a range of statutory funders who specifically did not want to fund a women-only service. This is despite, and in direct contradiction with, the Gender Equality Duty<sup>51</sup>, which places a legal obligation on public bodies to promote equality of opportunity between women and men and to eliminate discrimination. Funders that had attempted to refuse funding to services because they are women-only, or pressured centres to deliver services to men, included Government Offices for the Regions, CDRPs, PCTs, councils and Probation Services.

*“Our local Government Office originally advised our CDRP to back an ISVA funding bid from another non-specialist local organisation over ours because we are a women-only service, despite the Home Office guidance clearly stating that specialist services should receive priority and that gender-specific services should be given equal consideration. We had to appeal to the Home Office, who intervened on our behalf.”* (Income band D)

*“Many agencies do not recognise the value of a women-only centre. We are constantly being asked why we do not see men. Probation (who give us under £3,500 per annum) are particularly vocal in this and feel that we should be seeing men.”* (Income band D)

<sup>51</sup> For more information about the Gender Equality Duty, see the Equality and Human Rights Commission website: [www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/gender\\_equality\\_duty/Pages/Introduction\\_genderduty.aspx](http://www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/gender_equality_duty/Pages/Introduction_genderduty.aspx)

# Service users

*"...The service received a 'thank you' card from a survivor who had worked with a counsellor over a period of two years. Her card said 'I just want to say a big thank you for your part in my journey. I feel really tired but good about myself and all because I know how much you all care about the people who you are there for...I am a very unique individual with lots of courage and strength and I will never again use the phrase 'people like me' ...[My counsellor] has encouraged me to believe in me, trust in me and love me.'" (Income band A)*

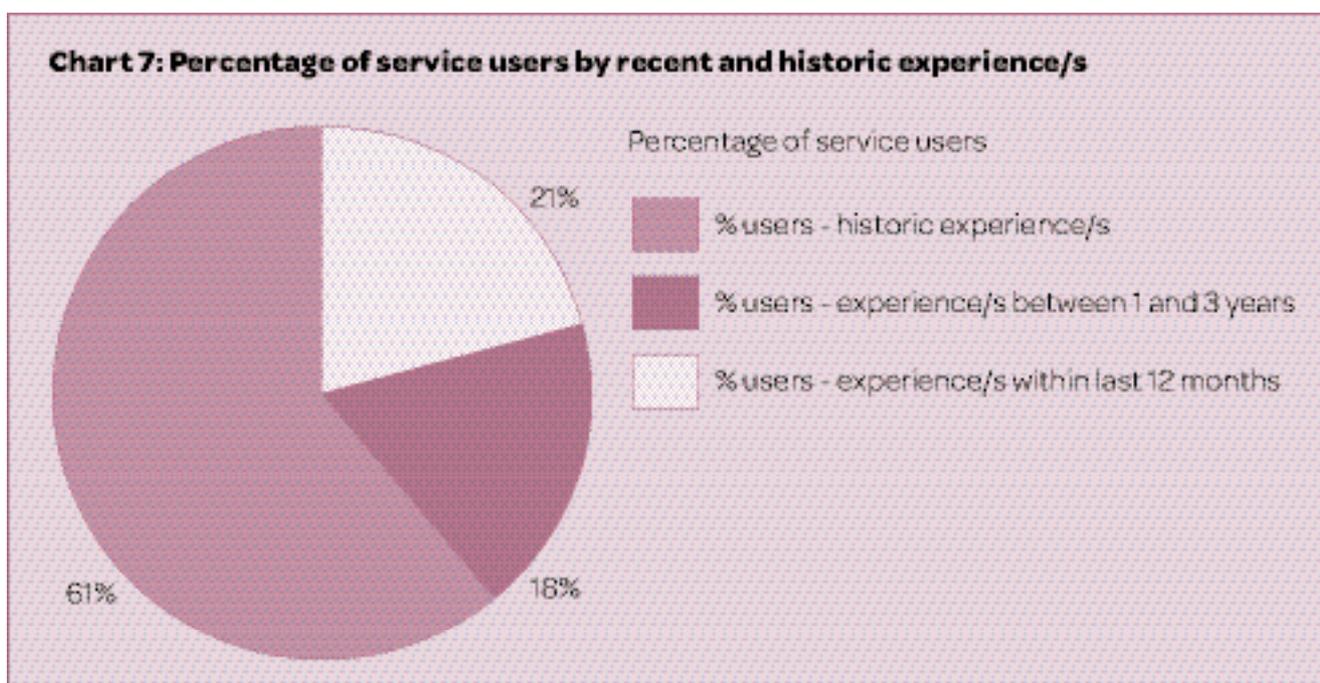
## Profile of service users

Centres were asked a range of questions about the women and girls who use their services and to describe, as far as possible, what survivors' experiences and needs typically are.

### Historic or recent experience/s

Centres were asked to identify whether service users were presenting as a result of experiences of sexual violence which were recent or historic.<sup>51</sup>

Overwhelmingly, the women and girls presenting to Rape Crisis centres experienced sexual violence that occurred in the past. Over 78% of survivors had experiences that happened some time ago – 61% presented with experiences that happened three or more years ago and 18% of survivors experienced sexual violence between 12 months and three years ago. Only 21% of survivors who presented to Rape Crisis centres were doing so because of experiences that happened in the last 12 months. These findings support anecdotal evidence in the Rape Crisis sector, and a recent briefing, that Rape Crisis centres are supporting large numbers of women who have experienced childhood sexual violence and historic abuse.<sup>52</sup>



<sup>51</sup> Centres were originally asked what percentage of survivors present with experiences of: 1) recent rape or sexual assault (i.e. within the last 12 months); 2) rape or sexual assault that happened within the last three years; and 3) rape or sexual assault that happened more than three years ago, including childhood sexual assault. However, respondents answered this question by providing numbers of women whose experience of sexual violence were in the last 12 months, between 12 months to three years or more than three years ago so this is how the information is presented.

## Complex needs

Respondents stated that, on average, 85% of service users could be described as having ‘complex needs’, which are often not being met by statutory services:<sup>53</sup>

*“We think it is important to point out that we often support women with enduring mental health difficulties (such as schizophrenia and borderline personality disorder) whose therapeutic needs are not catered for within the statutory sector. Involvement with these clients often takes up a lot of resources to ensure they are safely held by their counsellors and the agency.”* (Income band D)

*“If ‘mental health issues’ means normal reactions to sexual violence, then 100% of women we support have complex needs.”* (Income band D)

## Reporting to the police

The average number of service users that reported to the police was just 10%. It is likely that this reflects the fact that while Rape Crisis centres can and do support women who wish to report to the police, their primary focus is on meeting the needs of the women rather than the needs of the criminal justice system. Because Rape Crisis centres are independent from the state, it is likely that they are seen as more accessible and/or appropriate by the large number of women who do not wish to report the assault to the police for a number of valid reasons, such as fear of not being believed; the low conviction rate, or having to go through the lengthy court process.

## Length of support provided

Nineteen centres provided services to survivors for ‘as long as needed’ and without restriction on length of support. These organisations stated that unrestricted support was important because of the enduring impact sexual violence often has on survivors’ lives, even long after the incident/s, which was evident in the number of women that presented with experiences of childhood or historic abuse. In addition, many women had ‘complex needs’ and therefore required longer-term support:

*“Our services are user-led therefore users define the level of need.”* (Income band F)

*“We offer support for as long as it is requested, and women can also come back to us anytime if they stop.”* (Income band B)

Fourteen centres stated that they had restrictions on the length of service provided to survivors, which ranged from four to 24 months. Across these organisations, the average length of support was just under one year.

## Number of service users

Twenty-seven respondents reported that 8,669 survivors had accessed counselling services during the last 12 months – a (mean) average of 321 women per organisation. This figure reflects the fact that many women are accessing services for an extended period of time, are likely to have complex needs and/or are accessing support for historic sexual assault/s.

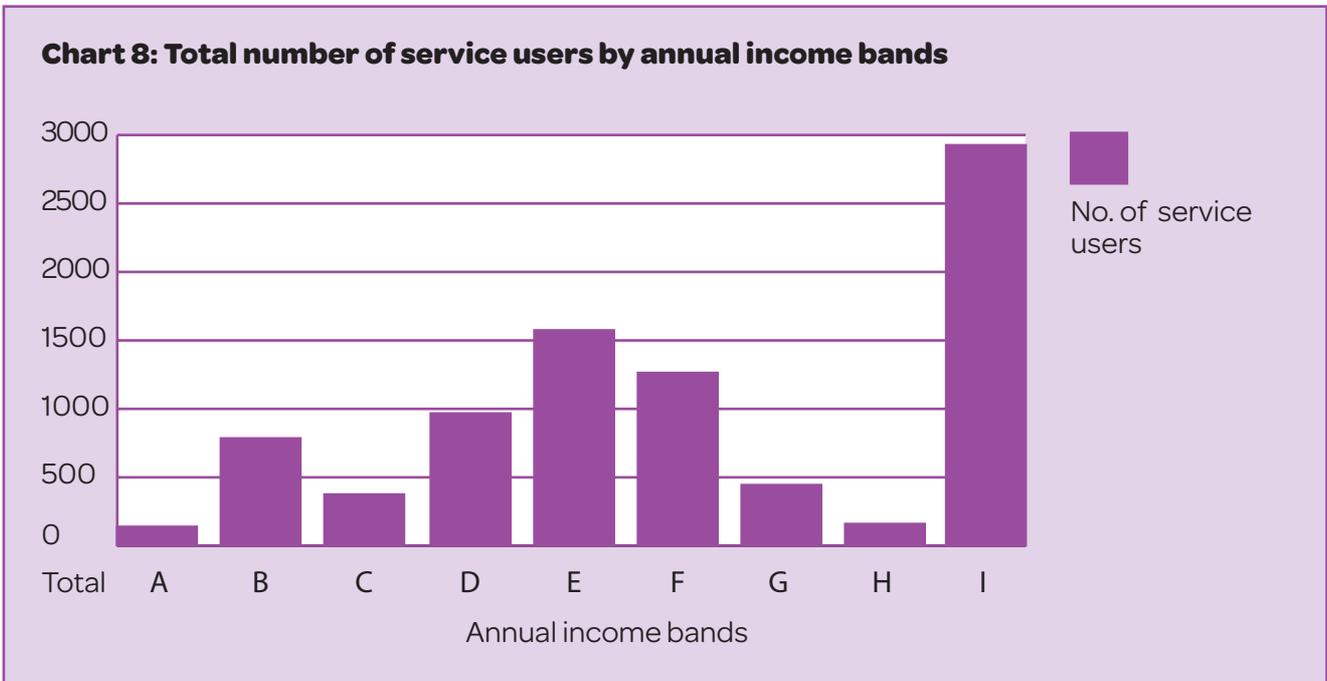
This figure is only the number of women provided with counselling and *not* the total number of service users seen by Rape Crisis centres. The total number of users across all services is likely to be very high given that there were 109,958 helpline calls and counselling sessions in the last 12 months.

<sup>52</sup> Child and Woman Abuse Studies Unit et al. (2008).

<sup>53</sup> In the survey, ‘complex needs’ was defined as including mental health issues, drug and alcohol abuse, self-harm, eating disorders, sex work, sexual and reproductive health issues, childcare issues, other kinds of violence against women, etc.

Other beneficiaries also included public and third sector organisations with whom centres had regular contact with.

There was, again, a relationship between the level of annual income and the number of service users seen. At least one in four service users were seen by the 22 centres with an annual income of £100,000 or less. The majority (74%) of service users were seen by the 13 centres with annual incomes over £100,000. The two centres with the largest annual incomes (over £300,000) saw 34% of all service users between them.



## Demand for services

Twenty-five respondents had a total of 510 women on waiting lists (to 'queue', effectively, for services). Only five centres did not have any (potential) service users on waiting lists. However, some organisations did not operate a waiting list system.

Twenty-eight respondents provided data on the typical number of days women spent on waiting lists. The total number of average days spent on waiting lists across the 23 respondents was 1,929 days (**equivalent to 5.3 years**). The average length of time a woman will spend on a waiting list was 84 days, or roughly three months.

The lengthy waiting list, and the high level of direct contacts and referrals, indicates that Rape Crisis centres experience a high level of demand for their services.

## Outcomes for women survivors of sexual violence

Rape Crisis centres provided service user evaluations to illustrate outcomes of the services provided. A typical example was improved employment and education outcomes:

*"Client 1 is a survivor of childhood sexual abuse, with poor education opportunities. Following counselling she went on to train as a nurse (a lifelong ambition she had felt unable to even try). Client 2 was diagnosed as being bi-polar and given medication. Following counselling she has now come*

*off medication and returned to work. Client 3 was in a violent relationship. She has now left this unsafe situation and returned to study.” (Income band F)*

Centres reported that the positive impacts of their services had reverberated across families, communities and society as a whole:

*“We are providing a much needed and valued service. Many of the women using the service have approached health services and been unhappy about what is available for them. Using our counselling service has enabled them to regain control of their lives. This has a much wider impact than for just the individuals receiving counselling – it also has a huge impact on their families, friends and communities.” (Income band F)*

In the evaluations, survivors described the impact counselling, practical support and advocacy had on their lives, for example, feeling supported going to court. They were able to address issues such as self-harm, suicidal feelings, depression, flashbacks, anxiety, lack of confidence and problems with inter-personal relationships and sex:

*“I felt as though I was finally doing something about a thing that happened many years ago, but which was still colouring my behaviour.” (Service user quote, income band B)*

*“The fact that there is no pressure to pay for any services makes it accessible for all financially. Not many services in counselling are.” (Service user quote, income band D)*

*“I had severe depression, problems with sex and flashbacks before I had counselling at (the Rape Crisis centre).” (Service user quote, income band B)*

*“Counselling (at the Rape Crisis centre) was instrumental in my re-contacting the police and making a formal complaint.” (Service user quote, income band B)*

*“I felt so isolated before I came to talk to you.” (Service user quote, income band B)*

*“I now know what happened to me was not my fault.” (Service user quote, income band E)*

## **Impact of funding difficulties on service users**

Respondents reported that funding difficulties which led to a service being reduced or closed due to lack of funds, impacted significantly on services users:

*“We received feedback from several service users that they feel the carpet has been pulled from under them, as they had spent years trying to find an organisation that met their needs and could be trusted. Since the end of July, there have been five attempted suicides and several accounts of self harm recorded from helpline calls and an increase in the number of calls and level of desperation of callers. Staff find it has been impossible to manage workload, no matter what we do. We are stressed and have no budget for staff support.” (Income band D)*

*“Reducing the helpline opening hours has meant that we are regularly unable to follow up women who contact us during the day needing telephone support, or take longer to respond...A sense of lack of control is a common effect of sexual abuse – and unreliable opening times can exacerbate this.” (Income band A)*

# Awareness of Rape Crisis centres

*“Working in this field, I am aware of the increasing support that policy makers/decision makers in government and local authorities (who generally hold the financial budgets) have for promoting services in domestic violence. I hope that this kind of support (both financial and promotional) can be given to survivors of rape, sexual violence and abuse.” (Income band A)*

Twenty-six centres thought the general public has no awareness of the work of Rape Crisis centres and eight thought there was some level of public awareness:

*“I think that the general public assumes that the sector is well funded, until they find out about the reality and are shocked about it.” (Income band E)*

*“I think we’d be surprised by the number of people who haven’t even heard of Rape Crisis. I think there’s also a significant proportion of people who would assume that Rape Crisis centres are directly linked to the police, or Social Services, or health, and that we receive sustainable core funding from statutory bodies, or Central Government, for our work. I think many would also be surprised at the range of diverse services that Rape Crisis centres offer, such as advocacy and practical support as well as counselling for example. And I doubt many people are aware of the number of women we work with who have accessed no other services, sometimes never even disclosed to another person, and who haven’t reported to the police.” (Income band D)*

*“The public does not comprehend that the effects of sexual violence can last a life-time and women access support in many cases decades after the rape or abuse happened.” (Income band D)*

Twenty-one centres thought that policy and decision makers in Government have no awareness of the work of Rape Crisis centres, 12 thought they had some level of awareness and only one respondent believed they were fully aware:

*“Policy and decision makers in government will need to become more aware of the impact of sexual violence in the UK. Currently the emphasis seems to be on improving the judicial system and sentencing, however, there is a distinct lack of knowledge about or resources for the ‘after-care’ of a survivor.” (Income band A)*

*“Political discussions of rape tend to focus on the low conviction rates rather than the lack of support available.” (Income band A)*

*“In local government, the message is not being fed down and there is far less awareness at the local level.” (Income band C)*

*“In order to meet the many health and government agendas in the area of violence against women, the experience and knowledge held by rape crisis services are crucial. Without long-term sustainable funding, rape crisis services will not be in a position to respond appropriately and in the time-scales required, and without support, many women may not survive.” (Income band D)*

# Conclusions

## Strengths of the Rape Crisis sector

Despite being spectacularly under-funded, Rape Crisis centres provide professional support which makes a significant impact on the lives of survivors. Because there are few Rape Crisis centres, they cover wide geographical areas, often supporting women (and men) within a hundred mile radius.

Rape Crisis centre staff and volunteers hold a large number of relevant qualifications and often have decades of combined experience working in this field. They provide high quality specialist support which enables women to address the impact abuse has on their lives and challenge the myths that blame women for sexual violence. The National Service and Occupational Standards currently being developed in partnership with other organisations will provide guidance on the qualifications and skills needed to work in a Rape Crisis Centre. The level of commitment made by staff and volunteers to keep services running during times of financial crises is extremely high, albeit at a personal cost to workers.

Rape Crisis centres produce an astonishing amount of service outputs (counselling appointments, helpline calls and advocacy sessions), particularly given their high reliance on volunteers and the lack of funding received. They also support other agencies, engage in Government consultations, undertake prevention work, and provide expertise to and take referrals from health and other statutory bodies. There was strong evidence that centres with annual incomes over £100,000 delivered greater outputs and supported more service users *because* they were better funded and had more paid staff than organisations with an income of £100,000 or less. The two centres that were best funded (over £300,000 per annum) were responsible for a third of all contacts with service users.

Many survivors would not access centres if they were not women-only. Women-only and women-led services provide safe spaces for survivors of sexual violence to address their experiences.

Rape Crisis centres primarily support women and girls who: have experienced historic sexual violence (including adult survivors of childhood sexual assault); have complex needs; and who do not report their assault to the police. Many have never told their experiences to anyone before, or accessed any other support.<sup>52</sup> Rape Crisis centres are user-led and most support women for as long as needed, sometimes over a number of years. Rape Crisis centres support a relatively large number of women, particularly those centres with annual incomes over £100,000.

## Challenges facing the Rape Crisis sector

All regions in England and Wales are vastly under-served. Most women do not have access to a Rape Crisis centre and access to support is a postcode lottery.<sup>53</sup> There are few Rape Crisis centres relative to the large populations they cover, and centres are often responsible for vast geographical areas.

Funding to the Rape crisis sector is spectacularly low. The 35 Rape Crisis centres that responded to the survey had a combined annual income of £3,570,912 in 2006-07. In 2004-05, the Government spent more than twice this amount on advertising and public relations *each week*.<sup>54</sup> More than six

<sup>52</sup> Rape Crisis (England and Wales) 2006.

<sup>53</sup> Coy, M. et al. (2007).

<sup>54</sup> Government 'spin' spending unnecessary. Taken from the Liberal Democrats website: [www.libdems.org.uk/news/story.html?id=9605](http://www.libdems.org.uk/news/story.html?id=9605).

times this amount was spent on imprisoning rapists than is spent on funding for Rape Crisis centres.<sup>55</sup> While it is crucial that perpetrators are brought to justice, there must be as much commitment to ensuring support services for survivors of sexual violence.

Sixty-three per cent of Rape Crisis centres had an annual income of £100,000 or less. The average income of a centre was £81,598, only marginally more than the cost, to the state, of *one rape*.<sup>56</sup> Funding to some of the larger Sexual Assault Referral Centres is five times this average income.<sup>57</sup>

Funding is short-term and unsustainable, with 79% of grants being for one year or less. Accessing funding takes large amounts of time and energy for centres, particularly when they are already stretched to capacity. Funding difficulties (including delays in hearing about or receiving funding) have significant impacts on staff and service users, such as when services are closed or reduced.

Many of the services provided are not fully funded, or even partly funded. Smaller centres are not able to provide as many service outputs or see as many women as better funded centres. Lack of stable funding has impacted upon centres' ability to provide services, including a centre's capacity to implement the range of services needed. Twenty-three per cent of Rape Crisis centres had not secured funding for 2008-09.

Rape Crisis centres operate with very small numbers of paid staff and rely heavily on volunteers, yet demand for their work is high. Over-reliance on volunteers is not sustainable, particularly when combined with significant resource restraints.

While women-only services are effective and wanted, they are being challenged by a range of statutory agencies. Some centres had funding refused on the basis of being women-only or had been pressured to deliver services to men.

There is a large demand for Rape Crisis services and long waiting lists as a result. Often, significant resources are needed to effectively support a survivor of sexual violence (as the impacts can be long-lasting and severe) and they may need to access support for some time. This does not seem to be fully acknowledged or understood by Government.

Most Rape Crisis centres thought that both the public and the Government were unaware of the work of Rape Crisis, or even the extent or impact of sexual violence against women and girls. Despite the significant awareness that has been raised about 'the crisis in Rape Crisis', this has yet to result in the political will (urgently) needed to ensure that sexual violence survivors are able to access independent, sustainable, specialist, women-only support services such as Rape Crisis centres and put an end to the postcode lottery.

<sup>55</sup> The gross cost of a prison place in the UK was £37,500. Research, Development and Statistics Directorate (1998) *Reducing offending: an assessment of research evidence on ways of dealing with offending behaviour*. Home Office Research Study 187. Research, Development and Statistics Directorate, Home Office: London. There were 728 convicted rapists imprisoned in 2005. Research, Development and Statistics Directorate and Office for Criminal Justice Reform (2006) *Criminal Statistics 2005 England and Wales*. Research, Development and Statistics Directorate, Home Office: London.

<sup>56</sup> The estimated cost to the state of one rape is £73,487. Research Development and Statistics Directorate (2005) *The economic and social costs of crime against individuals and households 2003/04*. Online report 30/05. Research Development and Statistics Directorate, Home Office: London.

<sup>57</sup> The funding for the three SARC in London was £1.2m and St Mary's in Manchester was £500,000. Domestic Violence Coordinators' Forum meeting notes. 02/03/2006. Taken from Government Offices for the English Regions website: [www.gos.gov.uk/497648/docs/300069/DVforumMarch06](http://www.gos.gov.uk/497648/docs/300069/DVforumMarch06).

# Recommendations

**Support for women and girls to rebuild their lives after rape must be a right, not a privilege determined by a postcode lottery.**

## Funding

**The inequality between Rape Crisis and other nation-wide services providing support to victims of other types of crime must be eliminated.**

Following the Scottish model, a cross-Government ring-fenced 'Rape Crisis Fund' of £5m needs to be established before the end of 2008. This should include money from the Department of Health.

Rape Crisis centres provide essential services to survivors of sexual violence, and are integral to successful SARCs. Both Rape Crisis centres and SARCs need to be appropriately and adequately resourced.

To improve the quality and consistency of services, grants and SLAs of one year or less should be avoided. Three-year cycles for grants and SLAs should become the norm not the exception.

Statutory agencies making referrals to Rape Crisis need to invest in those services.

Charitable trusts should acknowledge that Rape Crisis centres are at crisis point and consider re/opening specific streams for rape and other forms of sexual violence.

All funders to take proactive steps to outlaw the 'hand to mouth' existence experienced by many Rape Crisis centres. Funders who delay decisions because of their own disorganisation should accept responsibility for the impact this has on the sustainability of services.

A realistic, Compact compliant funding base for the national umbrella group Rape Crisis (England and Wales) needs to be implemented as a matter of urgency, and should follow the Scottish Model.

## Staffing

**Funding needs to be made available for salaries and on-costs. Higher levels of paid staff are required to deliver services, train and supervise volunteers and manage Rape Crisis centres.**

The professionalism of Rape Crisis staff and volunteers should be recognised.

Staff and volunteers should be commended for their commitment to providing services in times of financial crisis and their personal expense should be acknowledged and, where possible, recompensed.

There needs to be more awareness that reducing levels of paid staff has a direct effect on the number and quality of volunteers a centre can support, and the number of service users that can be supported.

A proper commitment to full-cost recovery is needed. Salaries should be able to be paid at the market rate relative to skills and experience, and be increased with inflation.

Funding needs to be made available to implement national service standards for Rape Crisis centre workers.

### **Service provision**

**Every woman and girl should have access to a Rape Crisis centre. This means increasing the number and capacity of Rape Crisis centres.**

Increased service provision for survivors should be achieved through increased funding.

The Government acknowledges that sexual violence is both a cause and a consequence of gender inequality, yet there is a gap between policy and practice that needs to be closed as a matter of urgency. The support needs of survivors of sexual violence must be prioritised by Government through supporting and sustaining appropriate services.

The large amounts of consultative work undertaken by Rape Crisis centres should be recompensed accordingly.

### **Women-only**

**There must be greater recognition of the importance, and protection of, women-only space for survivors of sexual violence.**

Statutory sector funders should respect a survivor's right to choose a women-only space and refrain from supporting and commissioning only generic service provision.

A cross-government 'Violence Against Women Strategy' should be in place by March 2009, and should include a strong commitment to sexual violence survivors and practical actions to improve funding to Rape Crisis centres.

### **Service users**

**The impact of sexual violence is long term and far reaching. Survivors need access to long term counselling and support.**

Since most service users were defined as having 'complex needs' which were often not being met by statutory services, a more diverse range of funding is needed (health, education, employment etc.).

The Department of Health needs to recognise that the closure of Rape Crisis centres has a direct impact on the numbers of women they provide care for, because of the serious health consequences of sexual violence.

Waiting times should be eliminated – all women should have immediate access to services.

### **Awareness of Rape Crisis centres**

**Rape Crisis centres should be funded to carry out a public awareness campaign about the reality and impact of sexual violence.**

The Inter-Ministerial Group on Sexual Violence Work needs to learn about and promote the value and sustainability of the Rape Crisis sector.

A national training programme on sexual violence awareness should be resourced and rolled out by Rape Crisis to all statutory sector services that have contact with survivors of sexual violence. This should be at a local, regional and national level, and should use a woman centred, empowerment model.



