VOICES OF SURVIVORS: HEARING WOMEN FOR CHANGE

Voices of Survivors

Hearing Women for Change

"I DIDN'T KNOW WHERE TO GO OR WHO TO CONTACT."

"THERE WAS NOTHING IN MY AREA."

"I HAVE NOT TOLD ANYONE ABOUT IT BEFORE NOW."

INTRODUCTION

"Female survivors of sexual violence in Greater Manchester are not able to access the support they need."

It's an alarming statement, but it was the conclusion reached in conversations between Manchester Action on Street Health (MASH), Manchester Rape Crisis (MRC) and Trafford Rape Crisis (TRC).

We were increasingly frustrated by the apparent lack of profile of sexual violence in the wider context of Violence Against Women and Girls (VAWG), the limited amount and range of support available, and what seemed to be a lack of attention to the views of survivors themselves.

When the Lloyds Bank Foundation set up their Transform Funding Programme, aimed at: "Investing in those charities that have the potential to shape and influence the domestic and sexual abuse sector and lead to greater long-term impact", we saw an opportunity to address these issues.

The three agencies decided to establish a formal partnership and made a successful bid for funding. The opportunity for small third sector agencies to undertake this work is extremely rare and we would argue has brought a fresh, survivor-focussed perspective. As the Lloyds Bank Foundation recognises: "Small, specialist charities are at the heart of delivering domestic and sexual abuse services in local communities. As experts in their field, with established relationships and trust with the community and survivors, they are often better placed than larger service providers to respond to their needs."

Following discussions within the partnership, and previous close working with Manchester Metropolitan University (MMU), we decided to commission Dr Kate Cook and Becky Clarke. Working with MMU also brought additional resources, including valuable support from two students. We also established a multiagency steering group for the project. This included partners from statutory and voluntary sector agencies (see Appendix 4).

We were clear that the strength of the research would be in its focus on listening to female survivors and that the work should be part of a wider and ongoing commitment to improving the support available in line with what women told us. From this came the project title: Voices of Survivors, Hearing Women for Change (VOS).

We wanted this to be a Greater Manchester-wide project. We were encouraged by the Mayor of Greater Manchester Andy Burnham's manifesto commitment to: "put in place a plan to reduce violence against women and girls" and by the commitments in Standing Together, The Greater Manchester Police & Crime Plan to: "Improve local access to forensic and after-care services for victims, particularly those who have been abused, raped or exploited" and "design integrated services and work more closely together to reduce violence, especially against women and girls".

We hope that as you read this report you will hear the voices of a wide range of women who had the courage to tell us about their experiences. They have told us about receiving support, and failing to receive it, what worked well and what didn't, and they have provided a rich source of evidence and experience on which improvements can be built.

We see this research as the beginning of a long-term commitment to change. We are committed to establishing a Greater Manchester-wide network of survivors, third sector organisations and statutory partners. We want to work together to ensure that female survivors of sexual violence in Greater Manchester are able to access the support they need.

This report begins by outlining the literature we drew upon in designing the research and goes on to discuss how we went about doing the work. We then report on the findings and finish with our conclusions to date.

PLEASE BE AWARE THAT THIS REPORT INCLUDES DESCRIPTIONS OF WOMEN'S PERSONAL EXPERIENCES OF SEXUAL VIOLENCE. YOU MAY FIND THIS DISTRESSING TO READ AND IT MAY TRIGGER DIFFICULT MEMORIES FROM YOUR OWN EXPERIENCES.

WHAT WE READ: LEARNING FROM PREVIOUS RESEARCH

We wanted to put our research into context in terms of what is already known about women's experiences of sexual violence and the need for services, as well as looking at the kinds of service provision available to those seeking support. In this project, positionality is key. It has been vital to us to make space for the voices that have been marginalised, including a range of survivors from different backgrounds. More often than not, some women have less access to services, either because they are being stopped from accessing them or simply because their social or economic situation does not allow them to.

The second wave of feminism, also known as the Women's Liberation Movement (WLM), believed that women should be able to live full lives, regardless of our situation. The WLM had a number of key interests, one of which was VAWG. Knowledge about the reality of women's experiences of rape and other forms of violence began to emerge from "consciousness-raising" (CR) groups during the late 1960s (Jones and Cook, 2008, 4-6). Prior to this it had been widely believed that rape, domestic abuse and child abuse were rare crimes, committed by crazed strangers. The CR or "rap" groups created spaces where women could speak with other women about their lives, and this allowed some to begin to talk about their experiences of unwanted sex. It emerged that all of these crimes were far more common than had been believed (ibid).

Feminists in the US began to develop this knowledge further by researching the prevalence of rape (Russell, 1982) and this work later spread to the UK (Painter, 1991; Kelly, Regan and Burton, 1991). Over time, it emerged that rape affects around 1 in 4 women (Russell, 1983; Painter, 1991) and that child sexual abuse is also suffered by around 1 in 4 girls (Kelly, Regan and Burton, 1991). Domestic abuse, stalking, sexual harassment and other linked crimes are also common and research continues to explore these experiences (www.nottinghamwomenscentre.com/wp-content/uploads/2018/07/Misogyny-Hate-Crime-Evaluation-Report-June-2018.pdf). Further data can be found here: (www.endviolenceagainstwomen.org.uk/about/data-on-violence-against-women-and-girls/). As indicated above, there is ongoing interest in the experiences of different groups of women such as black women (Wriggins, 1996) and disabled women (Elman, 2005).

Also starting in the US, the WLM responded to this new knowledge by inventing the idea of the Rape Crisis Centre. The first of these was opened by a small group of women in Washington in 1972 (Jones and Cook, 2008, 6). The support provided was by women for women and modelled on ideals emerging from the WLM. From there, the idea spread quickly and the first Rape Crisis centre in the UK opened in London in 1976 (London Rape Crisis Centre, 1984). Our own Manchester Rape Crisis (MRC) centre opened in 1979 and provided a telephone helpline as its core service (ibid, p. 8). Over the years, the Manchester centre has moved a number of times and has sometimes been able to employ workers to develop a range of services. However, there has been an ongoing issue with secure long-term funding that means, on occasion, service provision has had to be cut-back (Jones and Cook, Chapter 5). In 2010, it was finally joined by another Rape Crisis centre, this time in Trafford (TRC). The Trafford service provides telephone and email support to women and continues to follow many of the principles of the early rape crisis pioneers (www.traffordrapecrisis.com/about-us/).

From the 1970s, Rape Crisis continued to be the only service providing specialist support for women who had experienced rape and/or sexual abuse (further detail on their work can be found here: www.rapecrisis.org.uk/statistics.php) although there have also been refuges for women who are survivors in some localities including Manchester, where Taboo ran a specialist service until 1991 (Jones and Cook, p.15).

In the late 1980s, Manchester Action on Street Health began to offer support to female street sex workers. Initially focussed on the risk of HIV/AIDs, the work developed as the complexity of the needs of the women, including high levels of rape and sexual violence became clear. MASH has developed high levels of expertise in supporting this very marginalised and stigmatised group of women.

Mainstream NHS provision has developed ways of working with survivors, and the Criminal Justice System (CJS) has also made repeated efforts to improve its work with these crimes. In 1986, these came together to form the first Sexual Assault Referral Centre (SARC) at St Mary's Hospital in Manchester (Jones and Cook, 33). These centres provide support through the CJS process and some counselling, based on a medical model. One key difficulty with these responses has been inconsistency across different areas, different support-workers and different types of case (discussed in Cook, 2012, p.422). Interestingly the NHS has recently announced that it is improving access to services, including "lifetime trauma care" for survivors (4.6.2018, detailed: www.england.nhs.uk/2018/06/lifetime-nhs-mental-health-care-for-sexual-assault-victims/). Therefore, there is a promise that one form of service will improve in the future.

Meanwhile, the job of this research project has been to investigate the current service provision locally, in Greater Manchester.

There have been a number of local surveys around England over the past 30 years, examining women's experiences of rape and related crimes. The first was the London survey, reported by Ruth Hall in 1985. However, not all of these have also been interested in service provision. Hall's questions asked 1,236 women about the types of experiences women had suffered and their experiences of reporting to the CJS. In 1987, Surinder Bains completed a similar piece of work in Manchester, on behalf of the Police Monitoring Unit at the City Council. This found that local women respondents felt far more fearful than was previously understood:

63%
never walk home alone at night

54%
never go out at night unless guaranteed safe return

27%
felt at risk travelling alone on public transport

25%
felt most at risk at home

However, this research did not investigate women's needs in terms of service provision.

Other studies from the mid-1980s look at the emerging model of sexual assault centres (Duddle, 1985). More recently the Campaign to End Rape undertook an online survey of women's views on what they would do if they experienced rape, or what they did do when they were raped (Little and Cook, 2012). This survey was primarily interested in women's views of the CJS but did also ask questions about support after victimisation. It differs from the work carried out by the current team, in that not all the women completing the survey had experienced sexual violence. However, those who responded to questions about services were clear that more specialist services were needed, including both Rape Crisis centres and SARCS. Similarly, a literature review from Scotland considers work from around Europe in concluding that survivors do find dedicated support services important in their recovery (Henderson, 2012).

The Voices of Survivors research has drawn on ideas from within the WLM and from standpoint theory to allow space for the voices of the survivors themselves to be heard. The remainder of this report will demonstrate this by drawing on the words of survivors who have completed the online survey as well as those who attended the various events that comprised the consultation process.

WHAT WE DID: OUR STUDY INTO WOMEN SURVIVORS

The (VOS) partnership wanted to reach as wide a range of women as possible from across all ten Greater Manchester boroughs. This broad and ambitious approach led to discussions about methodology. We decided to focus primarily on an online questionnaire to be promoted widely, including through social media. We also set up a website (vosgm.org.uk) through which women could access the questionnaire.

From the beginning we were very aware of the limitations of this model. Not all women use social media or are able to get online. In light of this, we developed other approaches to complement the questionnaire, including our VOS Roadshows, attendance at events and a small number of focus groups.

The Voices of Survivors, Hearing Women for Change project was launched on 13 September 2018 at the Methodist Central Hall. Baroness Beverley Hughes, Greater Manchester's Deputy Mayor for Police and Crime, spoke and Take Back Theatre performed a thought-provoking piece. Above all, over 100 attendees from a range of agencies (see Appendix 3) heard powerful testimonies from survivors. Following the launch, the project was publicised widely through leaflets and posters, as well as online.

We were very aware of the sensitivities involved in asking people to talk about their experiences, sometimes for the first time. As the lead partner for the VOS project, MASH oversaw the key ethical considerations and decisions for the project. In relation to the research, questionnaire and group discussions, the academic contributors provided ethics advice and support. This included careful consideration of the necessary information provision and consent process, as well as the support available for anyone who took part in any stage of the project.

THE QUESTIONNAIRE

In designing the questionnaire we wanted to ensure that women's voices were really heard – so we provided free-text space for longer responses. The questionnaire was piloted in May 2017 and, following some revisions, was launched on 17 July 2017 and was live until 23 March 2018. The project used Qualtrics software to create and host the questionnaire, which ensured an intuitive interface that worked well across a range of devices including mobile phones and tablets. We extracted the women's responses from Qualtrics and carried out coding of the qualitative responses. We used SPSS statistical software to analyse the data and, following a careful process of cleaning and transforming the data, we were able to capture both basic descriptive information and, where appropriate, cross-tabulation to examine any relationships between the features of women's experiences and identities.

In publicising the questionnaire, we targeted the widest possible networks to reach women who might never have been in contact with services. A diverse range of organisations shared the questionnaire including the Greater Manchester Chamber of Commerce, the Manchester College, the Women's Institute, the Church of England and other third sector partners. As responses were received, we regularly reviewed the profile of the respondents and took steps to address any issues of under-representation. In some cases this meant further promotion of the questionnaire and in others we took different approaches. For example, members of the VOS team attended the Sapphormation festival (sapphormation.com) to promote the questionnaire to lesbians and other women exploring their sexuality. We took laptops with us and six women completed the questionnaire during the session.

We wanted to include students and young women, so we ensured material was available at student unions, spoke to student journalists and the Manchester College shared the questionnaire widely.

We received a high proportion of responses from women who identified as disabled (see 'What we found'). However, we were also aware that some sectors of the disabled women's community might be less well represented. We had several meetings with Manchester Deaf Centre and agreed that deaf women could text their responses. The Centre promoted the questionnaire and we provided awareness and disclosure training. As a result, one woman completed the questionnaire, supported by a member of Deaf Centre staff.

We were aware of a risk of producing research that largely discussed the needs of white women. We were able to get reasonable engagement with BME women from Manchester and Trafford through our own organisations. Sadly, it proved more difficult to engage with women from boroughs where we were not already working. We approached asylum-seeking women through two largely peer-led organisations, Women Asylum Seekers Together (WAST, wastmanchester.com) and Safety4Sisters (forevermanchester.com/safety4sisters). In both cases we paid the women's travel costs and provided gift vouchers as a thank you for participating. At Safety4Sisters we had a round table focus group/discussion. This covered wide-ranging issues including the role of religion and culture. From the discussion, it was clear that most women's experience had been of sexual violence within marriage. After the group, a number of individual women agreed to complete the questionnaires, some supported by interpreters. "We found it incredibly valuable and wish for more discussions and time to talk about sexual violence. Listening and being heard is such a crucial part of the experience and it has had a positive impact on us all."

One further focus group discussion took place in Rochdale and some quotes from this are included in the discussion in 'What we found'. After meeting WAST's management committee we agreed a slightly different approach. This group did not want to discuss individual experiences of sexual violence, but they were happy to hold a focus group. The group discussion was extremely helpful and highlighted difficulties in reporting abuse and accessing support that results from the immigration system.

ROADSHOWS

We decided to hold roadshow events in each of the ten boroughs. We counted the launch event as the roadshow for Manchester. Our roadshows aimed to:

PROMOTE
the project, and raise the profile of sexual violence in each borough

OFFER
a space for survivors to come and take part in conversations in person

REACH
smaller grass roots projects offering support

IMPROVE
our understanding of the needs of women living in each borough

We felt that people were unlikely to attend without a specific offer from us, and so we decided to provide training on sexual violence. This included issues around rape and sexual violence but primarily focussed on responding to initial disclosure. This training was well received, indicating a lack of confidence from workers and a demand for further support when working in this area.

Sadly, we struggled to get smaller groups to attend, in spite of organising the roadshows in partnership with local agencies. We believe this is an indication of the lack of provision available, which also led to low levels of attendance from survivors. However, we did find the attendance from other agencies useful and were able to gather some locally-specific information, for example that people in Wigan have traditionally looked to Liverpool, not Manchester, for services; and that the impact of child sexual exploitation scandals in Rochdale and Oldham made it difficult for attendees to talk about other forms of abuse.

WHAT WE FOUND: THE VOICES OF WOMEN SURVIVORS

This part of the report gives details of the data collected from the questionnaire, roadshows and focus group discussions conducted as part of the project. The sample is analysed in some depth, leading to the conclusion that this study has produced important evidence of survivors' views.

A key finding from this work is that there is a great need for more and better-resourced service provision that is capable of creating women-only spaces across Greater Manchester. Survivors often want face-to-face support from another woman who can speak their language and who is knowledgeable about sexual violence. The women who have contributed to this study have experienced a wide range of forms of abuse, often in more than one context in their lives. This provides strong evidence in support of the professionals we spoke to, who are clear that there is currently a lack of adequate support in many locations.

This section begins by outlining who took part in the discussions and completed the survey, before moving on to consider the demographic and geographic spread of these contributions.

The next sections discuss the forms of abuse disclosed by the survey participants, illustrating the importance of providing support that can positively impact the lives of these women and others like them. We next provide a review of the support that women accessed and the evidence collected on barriers to support. This section closes with the ideas women gave about what now needs to happen, how services should be designed to respond to women who experience sexual violence and putting a challenge to commissioners and service providers in Greater Manchester.

“BEING IN A GROUP WITH OTHER WOMEN WHO SPEAK MY LANGUAGE AND WHO UNDERSTAND MY CULTURE MAKES ME FEEL THAT I WON’T BE JUDGED.”

WHO TOOK PART: DIVERSITY & GEOGRAPHY

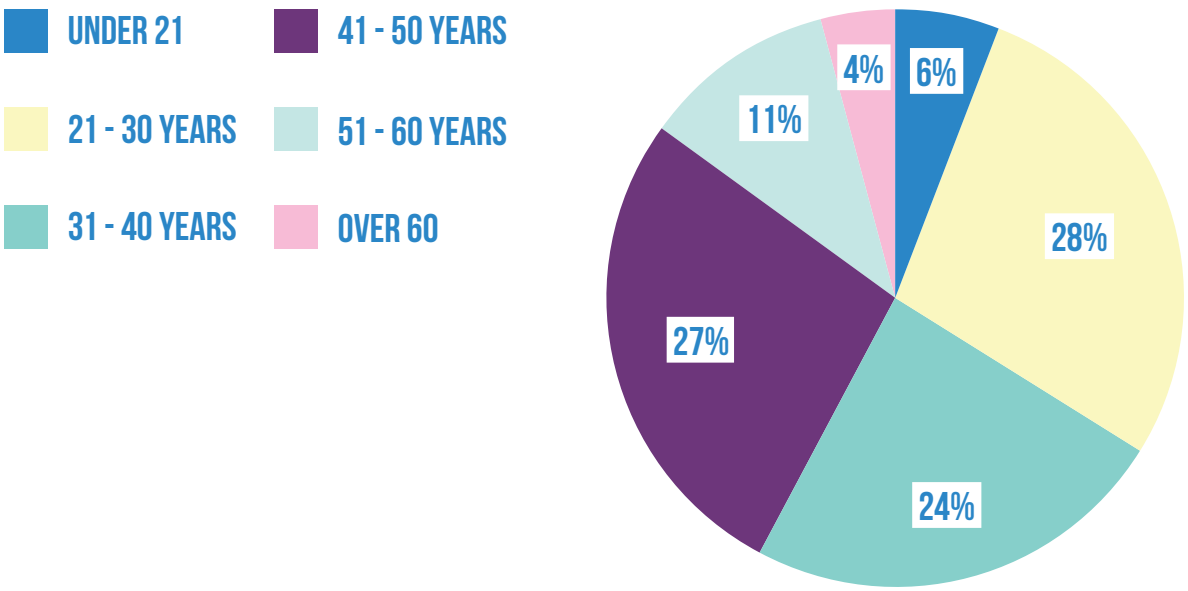
A total of 366 survey responses, completed by women survivors, were analysed as part of the Voices of Survivors project. In addition, 140 professionals and 17 survivors took part in the focus group discussions. We explain later in this section how we arrived at these numbers. We next look at the diversity of participants, before moving on to consider where they live. It is always important to consider who has taken part in a piece of research, to see whose voices are included but also in order to find out who is not represented within a sample. For example, in Oldham the lack of workers who speak Urdu was specifically mentioned as a barrier to accessing support.

In total, 554 people completed some part of the online questionnaire. However, 167 of these were not analysed as they were incomplete surveys. These were most likely people having a look at the questions, but who chose to leave after completing the introductory sections. It might be that an online questionnaire could be easier for participants if the scope of the questions could be seen without clicking through a number of screens. However, this is simply a lesson for the future. A further six surveys were not analysed as the individual did not give consent at the necessary step in the online process.

Another 15 surveys were not analysed as the participants indicated that they were male or selected 'other' gender (and this project is about women's experiences). The ten people who identified as male were directed to a local service for male survivors and did not provide any more information within the questionnaire. The remaining five surveys were completed by individuals who identified as 'other' gender, self-defined as 'human', 'A-gender', 'non-binary', 'intersex' and 'trans female to male'. Importantly, none of these five individuals had accessed any support in relation to what happened to them.

AGE OF WOMEN COMPLETING THE VOS SURVEY

Figure 1



They had all experienced child sexual abuse and, as young adults (all under 30-years-old), reported having poor mental health. The barriers to them accessing support were very similar to the wider group of women, including stigma and fear of disbelief.

As already noted, the VOS team wanted to include as diverse a group of women survivors as possible. The women who responded to our survey did cover a wide range of ages. The smallest groups of survivors completing the survey were those under 21 and those over 60.

Women were next asked when they first experienced sexual violence and the majority said this took place when they were children (65% were under the age of 18). However, most (39%) of the women told us that they first looked for support in relation to what happened to them in their 20s or 30s. Sadly, at the point of completing the questionnaire, 56% of the women had still not accessed any type of support.

The women who responded come from a range of communities across Greater Manchester, with 9% identifying as being from an Asian or Asian British community; 3% identifying as Black or Black British; 4% of mixed ethnic heritage; and six women (2%) identifying as from another background (this included Arab, Latin European, Welsh Indian and White European). The remaining 82% identified as White British. A question about nationality revealed greater diversity, with women identifying as belonging to over 30 different nationalities including Nigerian, Pakistani, Caribbean, Canadian, Portuguese, Swedish, Polish and Irish.

There was also some diversity on sexuality, with 7% of the women identifying as lesbian or gay; 13% as bisexual; and 73% of women as heterosexual. There were also nine women who chose to define their sexual orientation otherwise, indicating they were either 'asexual', 'confused', 'unsure' or 'queer'.

Many of the women (42%) indicated that they lived with a long-standing illness, disability or infirmity. Over one-third of these women live with anxiety and depression; 10% specifically reported living with post-traumatic stress disorder; and 13% with other diagnosed disorders such as obsessive-compulsive disorder or personality disorder. One quarter of these women with an illness or disability are living with a physical health condition such as multiple sclerosis, rheumatoid arthritis, coeliac disease, epilepsy or diabetes. A small number of the women (8) who took part in the survey lived with a learning or communication disability such as autism, dyslexia or ADHD.

We were also interested in the wider socio-economic context of women's lives. Of the 366 women, 326 told us something more about the context of their lives. Most were employed (229) and of these a number were homeowners (54). Many of these women had past or current experiences of poor mental health, substance use and a proportion had been involved in sex work at some time in their lives. Some of the women (47) were currently unemployed and often this would feature alongside experiences of mental ill health, substance misuse and experiences of homelessness. Just 25 of the women were currently students and a further 25 of the women were now retired. Only five of the women who took part had experiences of prison or criminalisation. Given the high levels of sexual violence experienced by women in contact with the criminal justice system, further investment is required to enable the voices of these women to be heard.

Reviewing this information led the VOS team to make efforts to speak with younger survivors and those from asylum-seeking communities. In all, this sample constitutes a fair range of survivors' views, and creates an important body of knowledge on what women believe works, after abuse.

GEOGRAPHY MATTERS

It was clear from the roadshow feedback that geography plays a big role in what services are readily available to survivors, as well as on the local knowledge of what is available within Greater Manchester. We were told that both Wigan and Rochdale cover large geographic areas, and designing services for them has its own challenges. Agencies from all the boroughs furthest from Manchester were less likely to know a great deal about the specialist agencies working with survivors.

Survivors told us they were unlikely to travel to Manchester to visit specialist agencies as transport costs and childcare responsibilities would make this very difficult.

Figure 2 reflects the location of the 310 women responding to the VOS survey based in Greater Manchester – all of the ten local authority areas are represented here. The majority (110 women) indicated that they lived in the city of Manchester. The other local authorities all represent 5-10% of the women respondents (between 13 and 25 individual women).

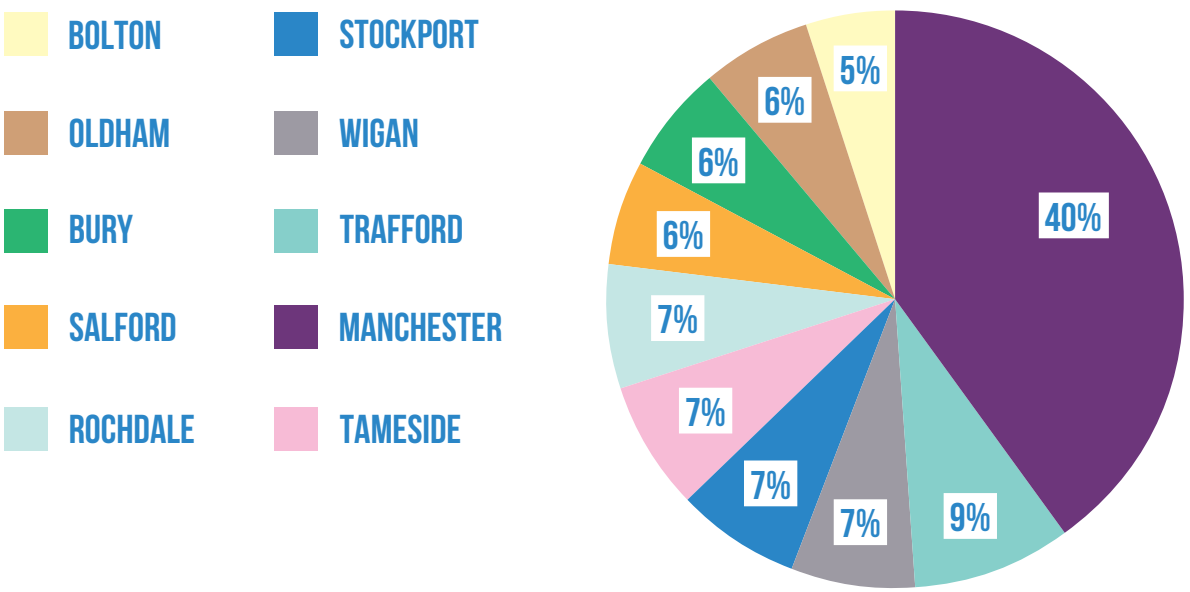
An additional 54 women living in the UK but outside Greater Manchester completed the questionnaire. However, the overwhelming majority of these women reported that they had ties to Greater Manchester – they had either lived here or in bordering regions in the past.

There were a further two women who currently lived outside of the UK.

We asked the women whether they had sought to access support in coping with what had happened to them. Figure 3 reflects these experiences by location. Across the total group of women, those who had sought support was fewer than half (44%). This increased marginally in Manchester and Salford, where just over half of the women had accessed support. In Bolton, Oldham, Rochdale and Tameside this proportion was below one-third, similar to those women living elsewhere in the UK.

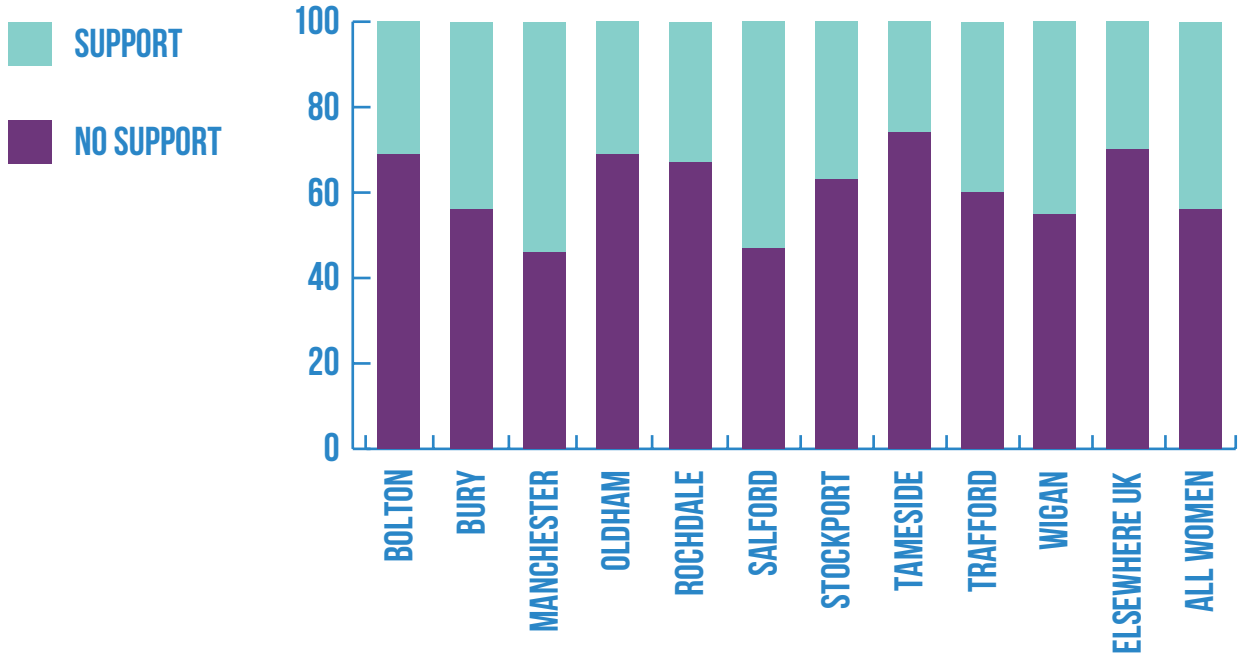
LOCATION OF GREATER MANCHESTER WOMEN

Figure 2



THE PROPORTION OF WOMEN WHO ACCESSED SUPPORT FOR THEIR EXPERIENCES OF SEXUAL VIOLENCE BY LOCATION

Figure 3



EXPERIENCES OF SEXUAL VIOLENCE

It is evident that women who completed the survey had often experienced more than one form of abuse, which is thought-provoking to services and commissioners alike. Services that are specialist in supporting survivors of sexual violence are already aware of these overlaps. Survivors of rape in adulthood may also have experienced abuse in childhood. Survivors of domestic abuse may also suffer sexual harassment elsewhere in their lives. Roadshow participants in Salford also talked about the repeated nature of abuse in young women's lives.

When they have seen their father abuse their mother, they already have the idea that this is normal within family and relationships. These harms are all too common, as our review of the literature makes clear. Mainstream services within the NHS, the police and other agencies can perform better, if they appreciate the complexities of the lived-experience of survivors and consider how to implement more inclusive services.

The question about experiences of abuse was an open one, inviting women to give as much or as little detail as they wanted. The VOS team then coded the responses to allow for these to be considered within recognised categories. While all the women identified as having experienced some form of sexual violence, 22 of the women chose not to give any details about what had happened to them. The stories and experiences described by the remaining 344 women reveal something about the types of sexual violence women had experienced and the context within which this had taken place.

NUMBER OF PEOPLE WHO ATTENDED THE VOICES OF SURVIVORS LAUNCH AND ROADSHOW EVENTS


ROCHDALE
31
BURY
27
OLDHAM
51
MANCHESTER
101
TAMESIDE
24
STOCKPORT
28

“I FELT IT WAS MY FAULT, I THOUGHT IT HAPPENED TO EVERYONE.”

“I DIDN’T KNOW HOW TO FIND THE WORDS TO EXPLAIN IT.”

Over half of the women who took part in the survey (173) told us that they had been raped. We included in this group those women who described experiences of attempted rape: 'a friend attempted to have sex with me whilst I was extremely drunk and could barely move'. Another spoke of rape in the context of a forced marriage: 'my husband would come home from work late and have sex (with me) whilst I was asleep… at the time I just thought it was normal and my fault'. Over one third of the women (124) had experienced some form of sexual assault as an adult including: 'kissing attempts and unwanted touching', 'multiple occasions of being groped in public places'. Thirty-three of the women reported experiencing some form of non-contact sexual violence such as: 'I have had a man expose himself to me on the bus', verbal abuse, 'verbal sexual insults' or coercive control.

Almost half of the women (153) reported being victims of child sexual abuse, including: 'child rape' and 'sexual assault'. For example: 'I suffered sexual abuse at a young age, as well as suffering violent abuse, it stopped just before my 7th birthday'. Eleven women described being victims of organised sexual abuse, including gang rape and abuse at the hands of multiple connected perpetrators. For example 'Subjected to family run trafficking from age of 4 until 22' and 'organised child sexual abuse…raped and molested from age 3-20'. Clearly these complex and long-term experiences raise the likelihood of complex support needs.

Eleven of the women had also experienced sexual violence in relation to prostitution or being trafficked. 'I have experienced both rape and sexual assault whilst engaged in sex work.'A further five of the women's responses referred to the term exploitation but did not specify their age at the time, or context in which this had occurred, for example: 'grooming and sexual exploitation from older man who was abusive'.

Other information the women provided revealed that for almost one quarter (23%; 84 women) their experiences of sexual violence happened within a domestic context by a current or previous partner: 'having sex when I didn't want to, to keep my partner happy', 'rape from a boyfriend' and 'I have had two ex-partners have sex with me without my consent'. Just seven of the women indicated that their partner was also a woman: 'female perpetrator sexual violence'. A further 50 women (14%) disclosed that the perpetrator of the sexual violence they had experienced was a relative: 'I was sexually abused by a family relative from the age of 8 to 11'.

Some women described violence occurring within the work context (21 women). 'I have also experienced unwelcome touching from male colleagues, one a peer and one a senior line manager.' Others were students at university (six women): 'I have had several experiences of men forcing penetrative sex when I didn't want this and had said so. In each case I was 18 to 20 years old and in a student circle where sexual activity was very normal outside relationships'. Some were at secondary school (seven women). 'I had been the victim of a sexual assault prior to this when two boys from my school dragged me off the road and raped me.' A further four women reported these experiences were perpetrated by a medical professional: 'rape over three year period by a medical professional'.

For four women, the VOS questionnaire was the first time they had disclosed what happened to them. 'I have never told anyone about it for fear of being judged' and 'control in marriage – in the middle of very heated arguments he would instigate sex and I would have to do it, I had no control this was the time I was totally broken. I have not told anyone about it before now.'

The VOS team has been moved by these responses and by the women's candour. We hope to use their voices to improve service provisions, across Greater Manchester.

“PEOPLE DID NOT BELIEVE ME.”

“I HAVE NEVER TOLD ANYONE ABOUT IT FOR FEAR OF BEING JUDGED.”

“I DIDN’T KNOW WHO TO SPEAK TO ABOUT IT.”

BARRIERS TO SUPPORT

In the survey, women were next asked whether they had accessed support in coping with what had happened to them.

As mentioned already, over half of the 366 women had no support (56%; 205 women). Below we list the top 10 barriers to accessing support as articulated by the women, some who had overcome these barriers, and many who had not.

1	The most significant barrier reported by 77 women was that they 'did not know how to speak about it', that they 'didn't think it was bad enough' or that they 'just wanted to forget and move on'. 'I never thought we could complain. If I don't know rape is a crime, how can I report it? In my country it is not a crime.' Three quarters of these women continue to be unsupported.
2	A similar number of women (69) specifically related the shame, stigma and 'feeling judged by others' as the barrier to support. Almost two thirds of these women continue to be unsupported.
3	A lack of services was the third most reported barrier, with 47 women reflecting on this – 'nothing in my area', 'waiting lists', 'unsuitable opening times' and 'a lack of funding'. A further group of ten women specifically noted the lack of services that respond to women's lived experiences ethnicity, religion, language, disability or sexuality. Happily though, more than half of these women have gone on to access support.
4	A barrier for 44 women who sought help was that 'people did not believe me', 'they didn't listen' or 'nobody did anything'. Sadly, women reported that this included professionals and counsellors. Over two thirds of these women remain unsupported.
5	For 42 women that they 'didn't know where to go or who to contact' was a barrier to getting support. The lack of information available meant these women struggled to find help. Over half of these women continue to be unsupported.
6	A sense of 'fear', being 'too young and too scared', 'fear of people [parents and family] finding out' and generally 'fearing the repercussions' stopped 37 women from accessing support. Almost half of these women they remain unsupported.
7	The age of the girl or woman was significant for 36 women, with 29 women reflecting that as a child they were 'too young to understand', 'couldn't talk privately on a phone or travel far', and 'realise now I was groomed to be silent'. A further seven women reporting that becoming older enabled them to find support.
8	For 29 women who had sought help they 'experienced a poor service', which meant they did not receive support. This includes five women who specifically identify the problem as being 'given a male therapist' or 'male GP being judgemental'.
9	In 23 women's experiences their self-blame was a barrier to getting help, 'I felt it was my fault', 'thought it happened to everyone' or 'having no confidence'. For most of these women (78%) they continue to be unsupported in relation to what has happened to them.
10	Another group of women who remain unsupported are the 19 women who have spoken out to professionals, in many cases specifically the police, and 'nothing was offered'. Of these women, 90% remain unsupported.

The roadshows and group discussions rounded out this information further. The BME women, for example, were particularly concerned about awareness, language barriers, fear of not being believed and the sceptical attitude of the police and other professionals: 'when the police got me an interpreter, they were my husband's relative'. We heard that it is easier to speak to another woman and that, in the health service and other mainstream agencies, there is no guarantee of a female nurse, doctor, or professional.

For migrant or refugee women with insecure legal status there are additional barriers. Women are frequently afraid to report violence for fear of deportation and the current 'hostile environment' has made this worse. A woman on a spousal visa with no recourse to public funds said: 'he told me "because of me you are here." I was pregnant... where else would I go? I had no-one else here... I did report and the police said I was an illegal'.

At the roadshows it was apparent that professionals are aware of the difficulties that women in ongoing abusive situations have in finding appropriate support. They knew that what they could offer could be inadequate, particularly regarding the lack of gender-specific provision. There was also concern about a lack of expertise to respond appropriately to young survivors and about the transition from child to adult services. In some boroughs there was also awareness of a lack of the mainstream specialist support from ISVAs (Independent Sexual Violence Advisers), employed through the St Mary's Sexual Assault Referral Centre (SARC). Despite an attempt to extend this service across Greater Manchester, we were told that this is very limited and does not amount to full service provision. There was a clear call for adequate and equitable service provision across Greater Manchester.

In all, it is clear from this study that there is a lack of service provision across Greater Manchester and that many survivors struggle alone, without finding the support they need. The next section of this discussion considers the support that some women did find.

EXPERIENCES OF SUPPORT

The 161 women who completed the survey and indicated that they had sought support, went to a range of services and individuals. In some cases, women found the support they were looking for, but some women were often disappointed by the responses they got.

Figure 4 shows that women went to a range of different types of people for help. Family were sometimes helpful, but they were as likely not to be. A total of 124 women said that they had received support from family and just 33 of these (26.6%) found this support helpful or extremely helpful. 'With family it was mixed, with the sexual abuse when within the family, extended family turned against me when I reported it to the police. When I first mentioned it to my family they were not supportive and it was brushed under the carpet…'. 'My family should have been helped to understand what I was going through, so that they could understand what has happened to me.'

More women, 141 in total, had support from friends. This was more likely to be of use, with almost half of the women finding this helpful or extremely helpful (49%; 68 women). 'My friends were amazing, but when I told them I always felt like I was bringing them down, it made me feel a lot of shame the whole experience, but they were very supportive and understanding and validated me.'

Only a quarter of the survivors who approached the police found their response helpful or extremely helpful (24.4%; 28 women out of the 115 who said they had approached the police for support). 'The police would ask lots of questions, which made me feel anxious. There was no proof or evidence and I didn't feel supported. At times I wish I hadn't told them as I had to discuss private things including how he raped me. I didn't know how to find the words to explain it.'

However, one woman said: 'the policeman when I reported my childhood sexual abuse was fantastic though. He was really supportive, he gave me his mobile number so I could contact him easily. He was regularly in contact with me with updates and he came with me to the CPS.'

There is also evidence within the questionnaire that police officers can be deeply supportive, when they believe the survivor. However, the overall approval rate with the police was almost as low as for family support, and is disappointing.

Doctors and other health professionals fared somewhat better, with 41.7% saying this was helpful or extremely helpful (55 of the 132). 'I have only recently managed to trust my current GP who has been a great support. Listened to me and showed a great deal of empathy.' 'I felt relaxed with my GP as she is female, it made me feel more comfortable.'

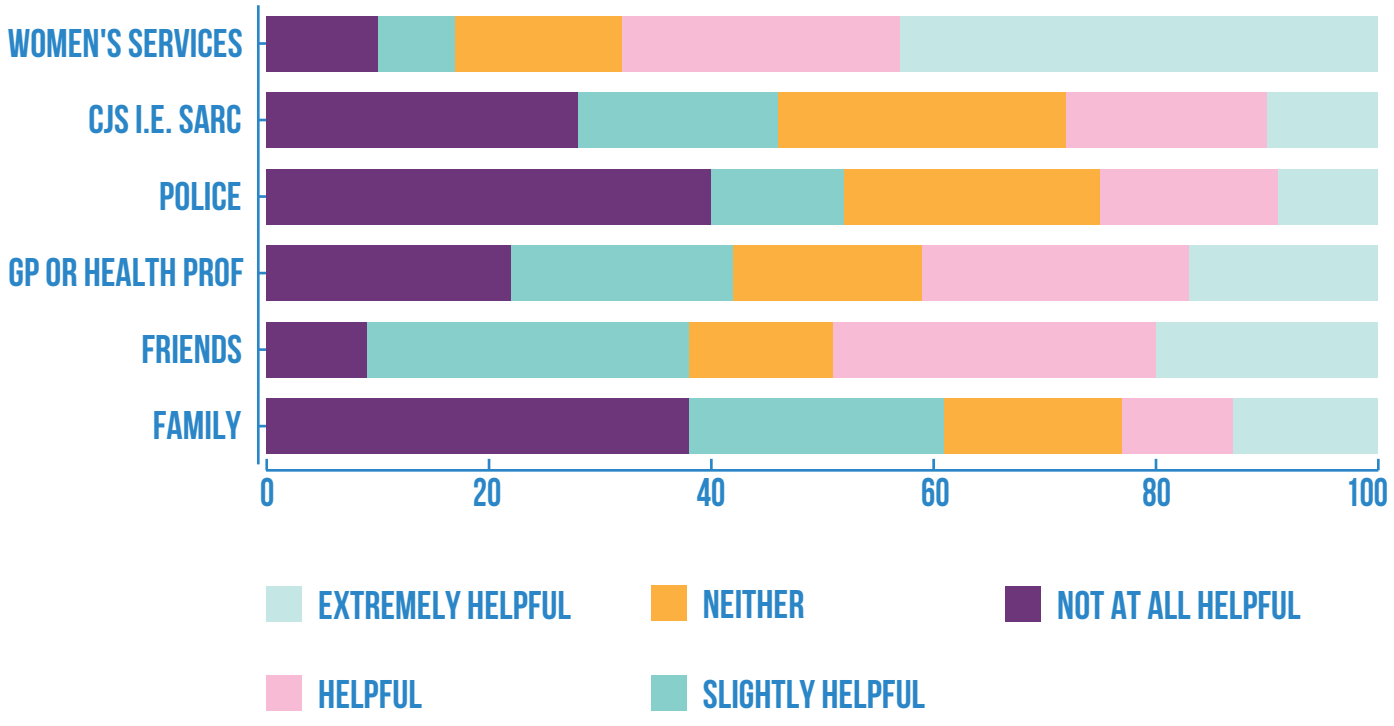
Another strikingly poor figure is the rating for support from the specialist services linked to the Criminal Justice System (CJS) such as the St Mary's Sexual Assault Referral Centre (SARC), which got an approval rating of only 28.5% (30 of the 105 women who had approached these services found the support helpful or extremely helpful). 'St Mary's – at the time I contacted them I was told they won't work with people unless the police are involved. I'm not interested in dealing with the police, I shouldn't be forced to involve the police in order to receive some help for what's happened. I've been forced to do enough.'

Other evidence in this study comes from the discussions and roadshows. The WAST women were very clear that they had difficulty accessing most of the services available. The police were unhelpful and the women were afraid that police would take action to deport them. The St Mary's SARC had been experienced as unhelpful and lacking understanding of cultural difference. 'Because of my immigration status it's difficult to get help. I was afraid and still am.'

The final categories of agencies for support are the ones with the higher rates of satisfaction. The support from independent charities such as Rape Crisis, MASH and Women's Aid was helpful 70.4% of the time (90 of the 128 women who had approached these services rated them helpful or extremely helpful). 'I think that I just found it much easier to be vulnerable with specialist services and really felt confident that they'd say helpful, compassionate and insightful things.' 'MASH are a safe space with people that don't judge… supported me at my pace on what I felt important.' 'The first call

WOMEN'S EXPERIENCES OF SUPPORT – WHERE DO THEY FIND SUPPORT WHICH IS EXPERIENCED AS HELPFUL?

Figure 4



[to Rape Crisis] was so difficult, I felt ashamed… the volunteer I spoke with made my anxiety melt away and I found myself saying things that had been unsaid for over 30 years. Sometime later I decided to embark on counselling…I felt that I could put my trust in their professionalism, experience and skills…I felt relieved, supported, and liberated by the whole experience.'

Finally 'other' types of support got the best rating at 80.4% helpful or extremely helpful (56 women chose this option). For example, 'Drop in safe space... one stop shop… fully accessible for all women... the staff care and have passion'. 'My therapist validate my feelings towards it and give me time to talk about it. They don't question my experience and have never pushed for me to do anything other than vent to them [for example, they have never pushed for me to report].' 'There are only women in the settings and staff are very careful about protecting us... feels like a safe space. They enabled me to meet other people who had gone through similar, which has been a massive eye opener.'

There is some overlap here, as seven of these 56 then named women's support agencies as the ones they had approached. Others (17 in total) had support from other third sector specialists such as the NSPCC, Samaritans and the LGBT Foundation. What these answers tend to suggest is that the better support comes from more specialist services and particularly those that are independent of the CJS.

The evidence from this study comes together to suggest that women-only services are also very important to female survivors of abuse. It should be noted that it is possible that these figures could have been somewhat different if the survey had been conducted by other agencies. In other words, it is possible that the more satisfied clients in the partner agencies will have completed the survey. However, the participants in the roadshows and focus groups were not, in general, clients of the partner agencies and these discussions came to similar conclusions – that the specialist and women-only services have something very powerful to offer, if only they were more widespread.

When asked what was unhelpful about the services, 161 women responded and 51 of these said that there was a lack of empathy and/or understanding from the professionals (31.6%). 'I felt that my GP had a judgemental tone when I told her. She instantly asked if I had reported the rape, and when I said no, she asked me why not, and that reporting it would be important in preventing it happening again to someone else. While I understood that, I felt like she was passing judgement. I think asking different questions would be more helpful.' Some felt stigmatised or shamed by the responses from professionals (20.5%; 33 of the 161). Other women said that they had not accessed some of the services (11.8%; 19 o the 161). 'I could not tell the police for fear of shaming my family.' Some women specifically commented about family responses as being unsupportive (11.2%; 18 of the 161): 'as a child I did not disclose and as an adult it just made them feel ashamed and embarrassed'. In other cases lack of funding limited the service (10%; 16 of the 161): 'waiting lists are too long, phone lines being engaged. No funding for individual therapy'. Clearly the lack of basic understanding and empathy from services can be addressed by better and deeper training.

Participants were also asked about what was helpful about the services they accessed. Helpfulness was largely to do with feeling believed, understood and respected. 'TRC supported me, heard me and really listened. They gave me guidance without rescuing me or feeling sorry for me.' Eighty-four women (52.2% of the 161) gave these as key positive features of the services or support they received. Thirty-four women commented on the importance of the safe space and knowledge from the women's organisations (21.1%). 'The support from Rape Crisis was really invaluable. They provided a safe and supportive space in which I could process through what happened. It was helpful that they had a deep awareness of the impact that sexual assault can have on someone and that informed how they interacted with me. Their help was incredible and I don't think I'd be here today had it not been for their support.' Happily, 27 women talked about the positive nature of support from family and friends (16.8% of the 161). Another positive was being signposted to appropriate services (9.9%; 16 of the 161). Other aspects that were mentioned included: continuity and consistency (9 of the 161) 'seeing the same worker so I didn't have to repeat myself'; support without a time-limit (9 of the 161) 'open ended support'; someone who can draw on own lived-experience of sexual violence (12 of the 161); self-acceptance (7 of the 161); someone from my own culture (5 of the 161) 'being with other women in a group who speak my language (Urdu) and who understand my culture made me feel that I wouldn't be judged as much'; group support (6 of the 161); local, free support (6 of the 161) 'we need groups like

WAST and Safety4Sisters. It's very difficult financially. Travel is very expensive. Asylum seekers should be issued with bus passes'; and safe space (6 of the 161).

These results provide a little more insight into the support that women survivors need. Some are able to access good support from family and friends and it is important for services to respect this. However, another group find family and friends unhelpful and so support from specialist agencies assumes priority, in these cases. Women want to feel understood, respected and believed. They hope to be treated with kindness and not to be judged. The sense of safety that women's organisations provide can be key to some survivors and agencies should be confident in referring on when this is not their specialist area, as that is also perceived as a positive response.

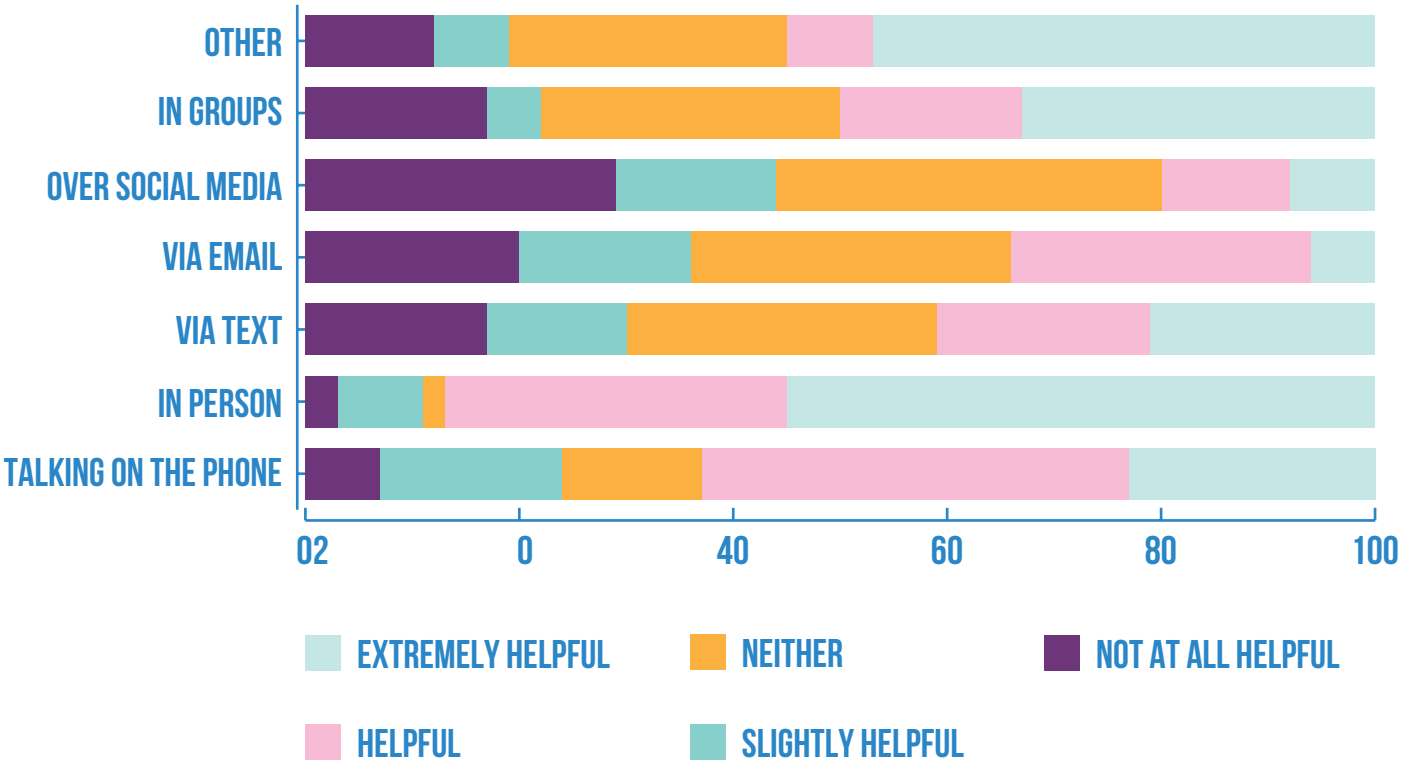
Women were asked to name specific services that were helpful and told us about over 30 different organisations they had been to. For some women this was one place; others had found support in multiple places. Within the list of organisations that had been most helpful, the largest group of answers named women's independent support groups (including Manchester Rape Crisis; Trafford Rape Crisis; MASH; Women's Aid; Safety4Sisters; WAST and others).

A smaller group of answers specifically named the Sexual Assault Referral Centre at St Mary's and others named a range of independent counselling services run by charities. Others listed NHS services and student counselling services, in particular some of these spaces that are gendered, such as antenatal and maternity services. This long list of agencies shows that, over time, women do find helpful support, and that it comes from a wide range of different agencies. However, it also backs up the work of the women's specialist support agencies at Manchester Rape Crisis, MASH and other independent groups.

TYPES OF SUPPORT

WOMEN'S EXPERIENCES OF SUPPORT – WHAT TYPE OF SUPPORT IS EXPERIENCED AS HELPFUL?

Figure 5



Women were also asked about the different ways of accessing support in order to learn more about the methods of support that the survivors considered useful. The form of support that received the most approval was support in person.

Of those who experienced this, 90% felt it was helpful (of 125 respondents). Similarly, 50% found group support helpful (of 80 respondents). So it is clear that the types of support that involved face-to-face contact were the most helpful to this group of survivors. These forms of support also tend to be difficult to source as they are more expensive to supply, so a number of respondents had also tried other forms of support. For example, coaching from another survivor, accessing an online application such as 'Headspace' and complementary therapies. The evidence from the roadshows and focus groups also called for more one-to-one support – there were repeated comments about the length of waiting lists and a clear demand for better provision.

Telephone support was considered helpful or extremely helpful by 62.4% of the 109 who had experienced it. The telephone has traditionally provided support that allows the service-user to retain their anonymity, if they wish to, and that this makes it easier for some to get in touch. Equally, other forms of less direct support were approved of by some who had tried them. Support via text was helpful to 42% and unhelpful to 30% of the 72 who had experienced it. This might suggest that there is room for improvement or for this type of service to be better resourced. Email support was also useful to 36% and unhelpful to 36% (of the 70 who had tried it). Again, this would be worthy of more thought and possibly more investigation. Perhaps surprisingly the form of support with the highest unhelpful rating was support over social media, which 46% found unhelpful and only 21% found helpful (of 64 respondents). Again, as some did find this useful, it would be worth doing more work to investigate this. Clearly, some of these remote services need to be better advertised to survivors, since they can be available to women across Greater Manchester without the need to travel.

HOW WOULD YOU DESIGN SUPPORT?

Women who took part in the questionnaire and the events (roadshows, focus groups) were also asked what they would include if they were designing support services for women survivors.

The group in Rochdale were specifically asked about services for younger women. Themes that emerged included awareness-raising and support in schools for those already experiencing abuse as children. This should include explaining what abuse is, as it may be difficult to recognise when it is a part of the fabric of your life; being welcoming and understanding; allowing children to attend sessions; flexibility (regarding the timing of sessions and the possibility of missing some); and practical support, including money and a job.

The women at WAST said that they lacked access to the internet and found it difficult to afford adequate phone credit to access telephone support. All of this group wanted face-to-face support, rather than other modes of support, and complained about long waiting lists at Rape Crisis. They preferred the idea of regular group support with women who had similar lived experiences. They wanted to see understanding of cultural diversity, equal treatment and services that aimed to inspire and empower women.

CHOICE IS KEY

'Menu of options'
'What fits that woman'

AWARENESS RAISING

'Breaking down barriers' and the stigma and shame women feel (n=80)

EDUCATION

Sessions delivered in education context – schools, colleges, university etc. in healthy relationships/consent (n=39)

PATHWAYS

Clearer referral pathways and adequately 'trained professionals who can signpost' (medical, legal, education, criminal justice) (n=39)

LOCATION

'Somewhere local that I already go' (family planning, school, hospital mentioned) (n=15)

PEER GROUPS

Well-developed peer groups for counselling/support (n=26) and 'connecting survivors' socially (n=19)

ACCESSIBLE AND CONFIDENTIAL

Video calls, facetime, skype (n=35)

OTHER IDEAS

Other ideas made by handful of women – home visits and creative spaces

WHAT NEEDS TO HAPPEN NOW?

Having undertaken this piece of work we have concluded that:

There needs to be a greater awareness of sexual violence as an issue in society as a whole, so that more of the people approached by survivors can offer some support.

Whoever women choose to disclose to, they should be confident of an appropriate and informed response.

Frontline workers need to have adequate training and access to up to date knowledge regarding services available in Greater Manchester.

More services are needed and these need to be commissioned to reflect the views of survivors: providing women with access to women-only support and choice and control about what they access; ensuring equity of access from across Greater Manchester; recognising the diversity of survivors and the complexity of their experiences (including the particular needs of migrant women); and valuing the expertise of specialist women's organisations.

OUR RECOMMENDATIONS

In order to achieve this we recommend:

1.

A distinct Sexual Violence strand within the emerging Greater Manchester Violence Against Women and Girls Strategy.

2.

A review of current commissioning arrangements.

3.

The establishment and resourcing of a Greater Manchester-wide Sexual Violence Network.

Led by the Third Sector this network would:

A

Ensure that sexual violence is recognised and continues to be recognised as a significant issue by policy makers, providers and commissioners in Greater Manchester.

B

Continue to ensure that the voices of survivors are heard and responded to.

C

Support frontline workers, both statutory and voluntary through training, sharing information and enabling networking.

D

Ensure that organisations are aware of each other's work and are able to develop appropriate pathways between them.

VOS APPENDICES

APPENDIX 1

Thank you to:

The Lloyds Bank Foundation, Caroline Howe.

Di McNeish from DMSS Research.

Firecask website designers

Tracey Oultram, Max Design for the production of publicity materials

David Whitfield from Havas Lynx for designing the VOS logo

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Shari Denson for producing the video for the launch event

Take Back Theatre

MASH volunteers, including Sam Jones and Holly Taberner, who volunteered their time to support the project

To everyone who helped organise or host the roadshow events and focus groups or supported the project, including: Claire Mayo at Salford City Council; Claudia Carvell at LGBT foundation; Friends Meeting House Bolton; Jane Honeyford and Jenny Miller at Rochdale Connections Trust; Jane Ratcliff at Stockport Homes; Kerry Purnell at Trafford Council; Lancashire County Cricket Club; Sally Bonnie and Diane Baxter at Inspire Women Oldham; REIGN pioneers; Sandyha Sharma and the women from Safety4Sisters; Sunshine House Wigan; Tahira Zulfikar at Bury Council; The Deaf Centre; Vicky Marsh and the women at Women Asylum Seekers Together.

Everyone who we have not already mentioned, who completed or helped to publicise the questionnaire, completed the pilot or attended roadshow events and focus groups.

APPENDIX 2

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APPENDIX 3

List of organisations who attended the launch and roadshow events:

African and Caribbean Mental Health Service; Afruca; Albert Kennedy Trust; Back on Track Manchester; Barnardos; Beacon; BHA; Bolton at Home; Bolton Council; Bolton CVS; Bridgewater Community Healthcare Wigan; Bury Adult Care; Bury Council (children's centre); Central Manchester University Hospitals NHS Foundation Trust; Citizens Advice Bureau; Collaborative Women UK; Community Rehabilitation Company; Early Help Oldham; Endeavour; Great Places Housing Group Oldham; Greater Manchester Chamber of Commerce; Greater Manchester Mental Health; Greater Manchester Police; Healthwatch Bolton; Healthwatch Trafford; HMP Styal; Hyperactivity and Neuro-Developmental Family Unity Link (HANDFUL); Independent Choices; Inspire Women Oldham; Interserve; Leigh Soroptomists; LGBT Foundation; Lifeshare; Lloyds Bank Foundation; Manchester Council; Manchester Health and Care Commission; Manchester People First; Manchester Women's Aid; Moodswings; Motiv8 Building Better Opportunities; National Association for People Abused

in Childhood (NAPAC); National Health Service; National Probation Service; New Charter; NHS Central Manchester CCG; NHS Oldham Clinical Commissioning Group; Oldham College; Oldham Council; Pakistani Resource Centre; Pennine Care NHS Foundation Trust; People First Housing Association; Petrus; Phoenix Futures; Probation Service; Pulse Regeneration Reclaim Project; Reign; Rochdale Connections Trust; Rochdale Early Help Team; Rochdale Home Choice; Safenet; Salford Foundation; Salford Healthwatch; Salford Royal Foundation Trust; School Nursing Service; Pennine Care NHS Foundation Trust; Shelter; Soroptomist Stockport; St Mary's Sexual Assault Referral Centre; Startwell; Step Together; Stockport Mind; Stockport Womens Centre; STRIVE; Take Back Theatre; Talk; Listen; Change; The Children's Society; The DIAS Domestic Violence Service Wigan; The Housing Link Bury; Threshold; Trafford Domestic Abuse Service; Urban Outreach; Victim Support; WHAG; Wigan Adult Services; Wigan Council; Wigan Council Children's Services; Wigan North Recovery Team; Wigan Safeguarding Adults Board; Wigan Safeguarding Children Board; Woman Matta.

APPENDIX 4

Steering Group Members:

- Alison Healicon, Manchester Rape Crisis (MRC) trustee
- Allison Lobley, Centre Manager, Trafford Rape Crisis (TRC)
- Anastasia Selby, HMP Styal
- Anne Stebbings, Centre Manager MRC
- Becky Clarke, Manchester Metropolitan University (MMU)
- Blessing Bashorun, TRC trustee
- Cate Allison, CEO, Manchester Action on Street Health (MASH)
- Dr Cath White, Clinical Director, St Mary's Sexual Assault Referral Centre (SARC)
- Charlotte Hand, VOS Project Administrator based at MASH
- Christopher Mossop, Greater Manchester Police (GMP)
- Clare Smith, Detective Sergeant, Tameside CID
- Claudia Carvell, Women's Programme Coordinator, LGBT Foundation
- Deborah Oakes, Detective Chief Inspector Public Protection
- Dr Kate Cook, MMU
- Katrina Gleaves, HMP Styal
- Louise Honour, Safeguarding Adults Nurse, NHS Central Manchester Clinical Commissioning Group
- Louise Jones, MMU
- Rabiya Majeed, Research Associate, St Mary's SARC
- Sophie Lambe, Domestic Abuse Outreach Coordinator, LGBT Foundation
- Stephanie Fernley, Mental Health, Greater Manchester Health and Social Care Partnership
- Tabs O'Brien Butcher, MASH trustee
- Zaheer Ali, GMP

APPENDIX 5

Specialist provision available in Greater Manchester:

Manchester Rape Crisis

Manchester Rape Crisis was set up in the mid 1970s by a small group of local women concerned about the lack of support for women who had experienced rape or sexual violence. We remain a women-centred organisation firmly embedded in our local community and providing information and support for women in Greater Manchester who have experienced sexual violence, no matter when the event took place or whether it has been reported to the police.

We have a range of services including a telephone helpline, free face-to-face counselling and group work. We provide specialist support for women who wish to report to the police. We have a specialist service for South Asian women who can access support in a range of community languages if English is not their first language. We also have a specialist service for students in Greater Manchester, which we deliver in partnership with the University of Manchester Students' Union.

MRC is a member of Rape Crisis England and Wales and holds the Quality Assurance mark.

Registered Charity Number 509771

Trafford Rape Crisis

Trafford Rape Crisis (TRC) provides a safe space and free confidential support service for women and girls who have experienced any form of sexual violation, regardless of when it happened in their lives. We work across Trafford, Greater Manchester and beyond through our helplines, email support and counselling. We support women and girls who are survivors of rape, child sexual abuse, sexual harassment, organised/ritual abuse, FGM, forced marriage and honour-based violence, and promote inclusion through a women-centred, empowerment approach based on listening and believing. Our specialised services offer focussed support for a range of mental and physical health conditions resulting from the trauma of sexual violation including depression, anxiety, low self-esteem, low mood, Obsessive Compulsory Disorder (OCD) and panic disorders, alcohol and drug abuse, eating disorders, self-harm, suicidal ideation, Dissociative Identity Disorder (DID), post-traumatic stress and flashbacks. We also signpost to other relevant sources of help, for example in relation to housing, debt advice, and legal support which women may need.

Manchester Action on Street Health (MASH)

MASH supports female sex workers to promote sexual health, wellbeing and personal safety whilst offering choice, support and empowerment to promote individual positive life changes. We work for and with women sex workers. We also work with others to tackle and address the root causes of the challenging issues faced by many of our service users. We offer arrange of services including drop in support, one-to-one case worker support, a nurse led sexual health service and specialist counselling. We provide an outreach service on four nights a week until midnight. We have many years experience of supporting sex working women and women with complex needs who have experienced sexual violence.

Registered in England Company Limited by Guarantee No: 3131154

Registered Charity Number: 1051754

St Mary's SARC

Saint Mary's Sexual Assault Referral Centre (SARC) has been delivering co-ordinated services to men, women and children who have experienced sexual violence since 1986. It was the first sexual assault referral centre to open in the country and is seen as a centre of excellence both nationally and internationally. Saint Mary's Sexual Assault Referral Centre offers a range of services to people of Greater Manchester and Cheshire including:

- Forensic Medical Examination – these examinations can be accessed via the police or by people who may want to self-refer.
- Advice and support as to how to access and navigate through the Criminal Justice System via our team of Independent Sexual Violence Advisors.
- Counselling for people of all ages who have experienced sexual violence – this is available for people who have reported historic sexual assault to the police as well as those who have experienced recent sexual assault.

The centre is open 24 hours a day, 365 days a year. For advice and guidance, please contact our 24 hour helpline on 0161 276 6515 – this is manned by a crisis worker who will be able to offer you help, advice and immediate support.

“IT MEANS SO MUCH TO HAVE EVEN HAD SOMEONE LISTEN TO ME.”

AUTHORS

Dr Kate Cook and Becky Clarke, Manchester Metropolitan University (MMU); Cate Allison and Charlotte Hand, Manchester Action on Street Health; Anne Stebbings, Manchester Rape Crisis, Allison Lobley and Blessing Bashorun, Trafford Rape Crisis, Sara Hussain and Saffron Mir, MMU Q Steps students.

MASH manchester action on street health empowering women for 25 years

Manchester Rape Crisis LISTENING • BELIEVING • SUPPORTING

TRC Trafford Rape Crisis

LLOYDS BANK FOUNDATION England & Wales

Manchester Metropolitan University