

Violence Against Women and Girls Locality Needs Assessment – NE Glasgow

Report for Inspiring Scotland



Social Research



Service Design & Innovation



Strategy & Collaboration



Evaluation Support



Social Impact Measurement

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1: Executive Summary

Background

Social Value Lab was commissioned by Inspiring Scotland on behalf of a consortium of interested and participating funders and service commissioners to conduct a needs assessment, establishing current gaps in gender-based violence (GBV) service provision in Glasgow with particular focus on the North-East of the city. The aim of this is to inform effective service provision in the future which meets the needs of those seeking support. Incorporating the views of those with lived experience of gender-based violence and of professionals working with survivors was central to the research. We adopted an intersectional feminist perspective to the research and approached consultation with survivors and community members in a flexible and trauma-informed way to ensure their engagement was proportionate and meaningful.

The Research

We structured our research around five key research questions:

- a. What are the key issues and challenges in terms of the social, cultural and economic profile in the North-East of Glasgow?
- b. What are the common barriers for women who have experienced gender-based violence accessing services and supports?
- c. What are the key gaps in terms of supporting women who have experienced gender-based violence?
- d. What would you recommend that would make support for women and girls who have experienced gender-based violence more effective?
- e. What needs should we take into account when supporting children and young people who have experience of gender-based violence?

We used a mixed methods approach to allow for a variety of opportunities for engagement to suit different needs and to gather a wide range of views. Our approach consisted of:

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- Desk-Based Research: Reviewing good practice in other areas and local and national data.
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- Mapping of Current Services: Creating a virtual map of specialist GBV and relevant non-specialist services.
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- Stakeholder Consultation Launch Event: Workshop with 36 stakeholders involved in statutory and non-statutory services and agencies.
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- Focus Groups: Focus groups with staff from two GBV services and survivors/community members from four services.
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- Interviews: Interviews with 11 professionals across the GBV field in Glasgow.

- Social Media Enquiry: Mini-website, Instagram and TikTok accounts to access those not, or not currently, engaged with services.
 - Surveys: One survey for survivors/community members with 72 responses and one for professionals with nine responses.
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Findings

- Systemic issues in North-East Glasgow such as poverty create additional barriers to women experiencing GBV. This also leads to stigma and many women in the area may not reach out for support as their expectations for life are low.
 - The lack of suitable and affordable public transport prevents women in the North-East from being able to access support as they do not have the time or money to travel into the city centre or further.
 - There are gaps in knowledge about available services for both community members and other services. Additionally, there is lack of clarity about how to access support and who the support is provided for which can prevent survivors reaching out.
 - There are a lack of independent, local and community-based services for GBV in the North-East.
 - Services are not well integrated and this can lead to challenges, particularly for women with complex needs, who struggle to maintain contact with multiple services and are retraumatised by needing to tell their story multiple times.
 - Non-specialist, frontline services such as the NHS, the police, social work and schools are important as they are often the first and only point of contact to identify and engage with a survivor of GBV. However, there are often gaps in their training, knowledge around GBV and recognition that this is an issue they should be engaging with.
 - Marginalised women including black and minority ethnic women, migrant women, disabled women and women with complex needs such as GBV and substance use face additional barriers. These include language barriers, discrimination and racism, lack of awareness that GBV can affect disabled women and lack of person-centred and trauma-informed support.
 - Specific youth focused work is required around GBV as young people's experiences of GBV can be different to an adult's, and empowering young women and challenging problematic behaviour for young men are key areas for early intervention and prevention.
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Recommendations

- Services need to be clearer about what support they offer and who they support, awareness of services in general needs to be increased. Online and

app-based service maps and signposting, and targeted outreach to marginalised communities should be utilised to increase awareness.

- The use of community hubs or one stop shops where women can access multiple services in one, easy to access location is required particularly in the North-East. There should be consideration of using women-only spaces.

 - The community and people with lived experience of GBV should be involved in the provision of GBV services, as this often facilitates trust for women seeking support. This is especially true for women who face additional barriers including migrant, black and minority ethnic, and disabled women and women impacted by substance use and complex needs.

 - Services and service delivery need to be better integrated so that services can collaborate to provide the best and most efficient care to women. There should be a single point of entry, where a woman is able to receive the GBV support she needs no matter which service she presents to and without being signposted to multiple agencies.

 - Service delivery infrastructure needs to allow services to network, collaborate and share skills with one another. This includes providing them with the funding, time and resources to allow them to do so.

 - There is a need for better policy and strategic cohesion and leadership regarding GBV. There needs to be a whole-council and city approach to tackling GBV rather than a siloed approach relying on individual services.

 - There should be greater focus on prevention and early intervention work, and it is crucial that this goes beyond education and raising awareness, identifying and challenging problematic behaviours in males and cultures which enable GBV.
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2: Introduction

This report has been commissioned by Inspiring Scotland on behalf of a consortium of interested and participating funders and service commissioners.

Glasgow East Women's Aid recently ceased operating their domestic abuse service bringing an end to one focused gender-based violence (GBV) service within the North-East of Glasgow. This leaves a gap in direct frontline service provision and prevention work in the area. In response, a collective of funders engaged Social Value Lab to undertake a needs assessment to determine, from the perspective of services and service users, what the current gaps are in GBV services in Glasgow with particular focus on the North-East of the city. The findings are intended to inform policymakers, funders, planners and service providers on what is needed to ensure women, children and young people in the area have access to timely GBV services that meet their needs. It is also hoped that this will support a collaborative approach to funding service priorities, ensuring that available funds are used effectively and avoid gaps in provision.

Who has undertaken the needs assessment?

Social Value Lab are the lead partner working with Heather Williams of Themis Training and Consultancy and Ellie Hutchinson of Ellie Hutchinson Consults. Social Value Lab is a leading social impact research, strategy, and evaluation consultancy based in Glasgow. Established in 2010, Social Value Lab has extensive experience working with organisations that support vulnerable groups. Our mission is to help organisations understand, measure and enhance their social impacts, ultimately fostering stronger, more effective projects and programmes that make a meaningful difference in the lives of individuals and communities.

All three partners have relationships with specialist GBV services and non-specialist services across Glasgow. They have a proven track record in working with services and service users in the violence against women sector. This knowledge and these pre-existing relationships have resulted in significant access to a broad spectrum of relevant stakeholders, particularly those women and girls most affected. These include women and girls experiencing complex additional barriers to accessing supports and services.

We approached this research from an intersectional feminist perspective. We are passionate about participation and making sure that people are able to share their voices and experiences in a meaningful way. We worked alongside our partners exploring what works, what could work, and how best to meet the needs of all of the communities they work with. We focused on inclusion and empowerment using a careful, people-led approach, grounded in trauma-informed, anti-racist and feminist practice.

3: What is gender-based violence?

The Scottish Government defines gender-based violence as “any form of violence used to establish, enforce or perpetuate gender inequalities and keep in place gendered orders”.

We defined this in our public communication channels as:

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- Domestic abuse

 - Female genital cutting

 - Rape and sexual assault

 - Stalking

 - Sexual harassment

 - Street harassment

 - Homophobic or transphobic bullying

 - Sharing intimate images to others without consent

 - Sharing explicit images of themselves without consent

 - Online harassment

 - Buying sex by paying money or giving someone somewhere to sleep or something to eat in exchange for sex

 - Moving people around the country for work or for sexual exploitation

 - Child sexual abuse and exploitation
-

4: Methodology

We committed to ensuring both lived and learned experience was heard. As such, we took a mixed methods approach, drawing on multiple platforms and tools. This tried and tested approach enabled us to hear from those who have experienced GBV, those who support them, as well as those who have experience of both. Underpinning our approach was a commitment to ethical, non-extractive knowledge gathering, which ensures that victim/survivor participation is proportionate and meaningful. We were flexible and responsive to the needs of those we worked with, enabling more victims/survivors and services to take part. Our intention was to create a robust and fuller understanding of the need across the city, particularly the service need in the North-East of Glasgow. Stakeholder consultation and data collection took place from November 2024 to February 2025.

To do this, we undertook the following:

Desk-based research:

We researched other, similar areas to identify good practice as well as reviewing census data and other local and national data to identify potential needs for services and survivors.

Mapping of current services:

This involved creating a virtual map of specialist GBV services in Glasgow and relevant non-specialist services to help us visualise the current landscape and identify any gaps in service provision.

Stakeholder consultation launch event:

A workshop exploring the needs, gaps, and barriers in GBV service provision involving **36 stakeholders** from a variety of services including funders, statutory agencies such as Glasgow City Council, the Health and Social Care Partnership, Police Scotland, and third sector organisations providing support to survivors of GBV.

Focus groups:

We facilitated focus groups with both professionals (**two organisations**) and survivors/community members (**eight young women and 19 adult women from four organisations**). For the focus groups with survivors/community members, these were arranged with the help and support of the service with which the members were engaging. We facilitated three of these ourselves and for the other, staff at the organisation engaged with survivors with our support.

Interviews:

We conducted semi-structured, one-to-one interviews with **11 professionals** from both statutory and third sector organisations involved in the GBV field.

Social media enquiry:

We set up a dedicated mini-website, Instagram and TikTok accounts to reach those who haven't used services or aren't currently receiving support. All of our social media posts were to direct people back to the survey, and to create different avenues for people to tell us what they think and to sense check emerging themes. Whilst we had little public engagement on TikTok or Instagram, we reached many people which resulted in a raised awareness of the project as well as engagement in the survey. Instagram reached **2995 people** based in Scotland with a targeted boosted post directed at women in Glasgow. From these we had **70 website hits** and gained **40 followers**. Our TikTok videos had **225 views** of which 62% were female and 37% were male. 0% identified as other genders. On our website we had **455 visits**, of which **423 were unique visitors**. This translated to **653 page views**, with **479 views** of the home page which was where we linked the survey. 147 of these views came to us from social media, and 292 came directly.

Surveys:

We circulated two surveys, one for professionals and service workers, and one for survivors and community members. We received **nine responses** to the professional survey and **72 responses** to the community survey. Respondents to the community survey were from a good range of areas within Glasgow, ages (although there were no respondents aged between 21 and 25) and ethnicities as illustrated in the figures below. Additionally, 46.4% of respondents stated they had a disability or long-term health condition and 23.5% identified as LGBTQ+. The majority of community survey respondents had experiences of GBV themselves (64%) or had friends (73%) or family (65%) who had experienced GBV.

See Appendix A for the complete list of stakeholders consulted and Appendix B for the list of organisations who were invited to take part.

Data Analysis:

We analysed the data from interviews, focus groups and free text answers from surveys using thematic analysis with inductive coding, where codes and themes are drawn from the data rather than from a pre-defined framework. We also used data from wider research to inform our analysis to provide wider contextual information. Finally, we also carried out some descriptive statistic analysis of the community survey to identify some broad trends and points.

FIGURE 1: AREAS OF RESIDENCE FOR COMMUNITY SURVEY RESPONDENTS

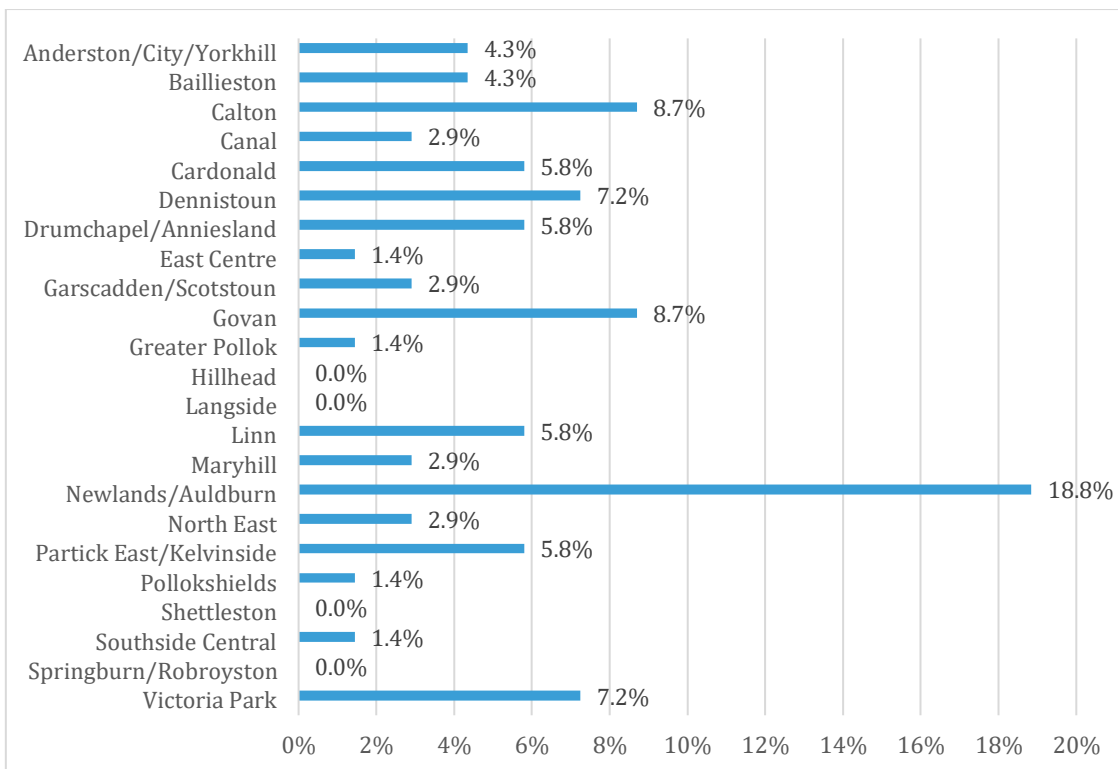


FIGURE 2: AGE DISTRIBUTION OF COMMUNITY SURVEY RESPONDENTS

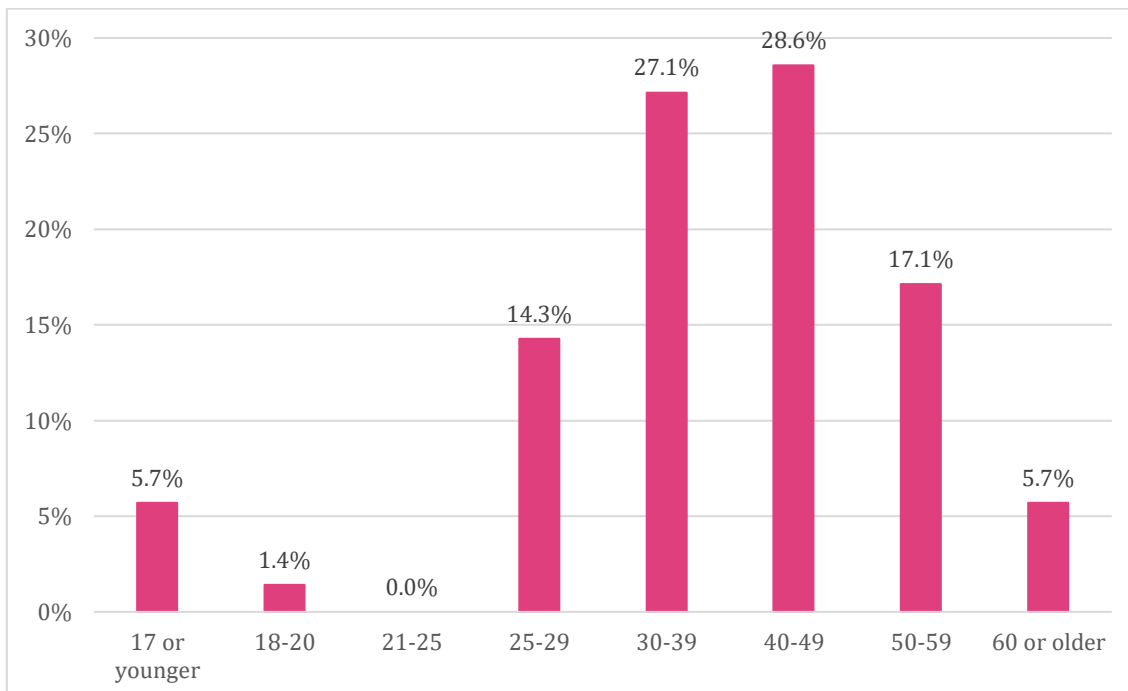
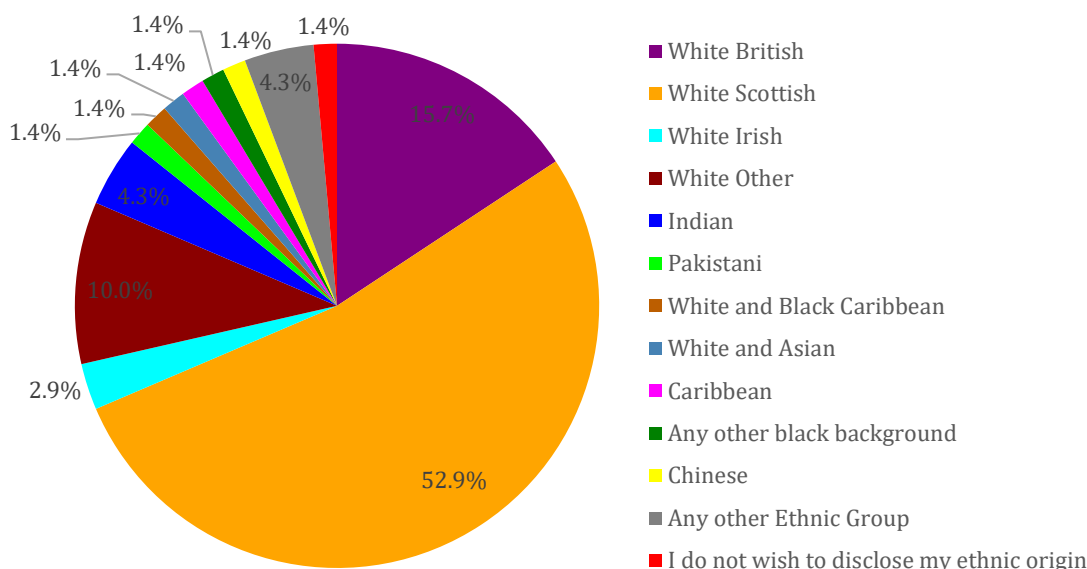


FIGURE 3: ETHNICITIES OF COMMUNITY SURVEY RESPONDENTS



We drew on these multiple methods to meet the research objectives as detailed below:

1. Involve services in identifying gaps and barriers to support and priorities for service development. This involved:

- A launch event at Molendinar Community Centre on the 21st November 2024 for the Violence Against Women Partnership (VAWP) members and other key stakeholders to develop consensus around the problem statement we are researching and create a space to dig into the issue.
- Running asynchronous focus groups, interviews and an online survey with key stakeholders to identify what is currently working and what changes could close gaps or reduce any barriers identified.

2. Involve those who have experienced GBV in identifying gaps and barriers to support and priorities for service development. This involved:

- Working with services to gather the views of the women, children and young people they are supporting. This involved attending groups which are already running, interviews with adult women and young women, having workers gather views of those they are working with, and using social media and technology to run polls and gather views.
- A mini website, survey and social media channels to reach those who haven't used services or aren't currently receiving support, advertising this through universal services.

3. Identify the need for GBV services in Glasgow and in particular in the North-East Area. This involved:

- Mapping current provision across specialist and non-specialist third sector and statutory services, creating a virtual map of support available and highlighting gaps and accessibility to those with protected characteristics and co-occurring needs.

- Evidencing potential need for GBV services in the area, using census and local and national data to provide estimates of likely need.
- Identifying good practice in service provision from other areas of the UK, by undertaking desk-based research as well as building on work the project team have already been involved in nationally.

4. Make recommendations for addressing any gaps and barriers identified. This involved:

- Analysing the data collected, and where appropriate disaggregating data to identify any requirements for minoritised groups.
- Reporting to the steering group as well as making the results available in an accessible way to those who participate in the research.

Reflections on the Research and Challenges:

Using multiple methods allowed us to engage with a number of both professional and community stakeholders with a variety of experiences which gave us a good depth of perspective on which to base our research. Responses to our community survey reflected a range of ages, locations and ethnicities, as well as reaching both people who had used services but also those who had not. However, there were still some GBV services with whom we were unable to engage, largely due to their availability and capacity. Additionally, the needs and barriers for the LGBTQ+ community were mentioned by some stakeholders. We were unable to explore this further to scope and timescale of this present research, but it is an important issue which warrants further research to explore how services can meet the needs of LGBTQ+ people with experience of GBV.

Furthermore, though there was a good level of engagement with the community survey and data gathered in surveys, interviews and focus groups reached saturation, more time would have allowed for more engagement with women in the North-East.

It is also worth mentioning that, during consultation, some stakeholders had reservations, mentioning that they had provided their views and feedback before but that nothing had changed. There was a feeling that, while most were happy to engage, they wanted that engagement to be meaningful. While we cannot say whether this sentiment prevented some key professionals and survivors from engaging in this research, it is a possibility that should be considered.

“The changes I'd like to see happen have all been outlined already. I'm afraid we're reinventing the wheel here.”

Service Provider

“Research and consultation/evidence should be accessible and used. We would like to take part but feel we are repeating ourselves and/or not resourced to spend the time.”

Service Provider

5: Data analysis and findings

5.1 Research questions

We based our research around the following key questions:

- What are the key issues and challenges in terms of the social, cultural and economic profile in the North-East of Glasgow?
- What are the common barriers for women who have experienced gender-based violence accessing services and supports?
- What are the key gaps in terms of supporting women who have experienced gender-based violence?
- What would you recommend that would make support for women and girls who have experienced gender-based violence more effective?
- What needs should we take into account when supporting children and young people who have experience of gender-based violence?

a. What are the key issues and challenges in terms of the social, cultural and economic profile in North-East Glasgow?

We drew from both census and local data combined with what stakeholders told us to identify the challenges which affect the North-East of Glasgow as a locality.

TABLE 1: THE SCOTTISH CRIME AND JUSTICE SURVEY 12 MONTHS PREVALENCE CONVERTED INTO NUMBERS OF WOMEN IN GLASGOW NORTH-EAST

Type of Violence	The rate in SCJS for experiences over 16*	HSCP North East**	HSCP North West**	HSCP South **
Partner Abuse	21.2%	15,891	20,898	17,666
Sexual Violence	16.2%	12,143	15,969	13,499
Stalking	12.1%	9,070	11,927	10,083

*Taken from 2019-20 SCJS report¹

** Extrapolations based on 2022 census figures for women over 16 using 2022 Glasgow Ward boundaries²

The domestic abuse rate (rate of incidents recorded per 10,000 population) for Glasgow City is 146.7 compared with the Scotland average of 118.3.

¹ <https://www.gov.scot/publications/scottish-crime-justice-survey-2019-20-main-findings/>

² <https://www.scotlandscensus.gov.uk/about/2022-census/>

“I would say overall, the sort of North-East probably accounts maybe for about 6 to 8% of our referrals now, whereas historically it used to be less than 1%”

Service Provider

1. Geographic and Transport Barriers

- North-East Glasgow is one of the least connected areas in the city, requiring multiple, expensive buses and long travel times to reach essential services.
- Limited public transport options make it difficult for women, particularly those with children or experiencing coercive control, to seek support.
- Geographic isolation, territorialism, and lack of infrastructure contribute to a feeling of being "cut off" from services.

“If you have children, it’s almost impossible to travel into the city for support/courses and get back again in time to pick up kids in nursery.”

Service Provider

2. Lack of Local Services and Community Hubs

- There are very few GBV services in the North-East, with most located in the city centre or North-West.
- The closure of community hubs due to funding cuts has further limited access to local, easily reachable support. We carried out mapping of services and in addition to there being fewer services in the North-East in general, these services are also more spread out and harder to access by public transport (see Section 5.2 and Figure 1).
- Survivors often don’t know where to seek help due to poor service visibility.

“Community centres are just thin on the ground, you know, there are whole areas of the city, including parts of the North-East where you’re really struggling to find anything that the women can walk to.”

Service Provider

(In relation to barriers to accessing services) “Having to go into town”

Community Member

3. Housing and Accommodation Issues

- There is little temporary supported accommodation for GBV survivors in North-East Glasgow.
- Due to the housing crisis in Glasgow survivors are often placed in hotels or bed and breakfasts, which lack proper facilities and long-term stability.
- Housing policies vary across associations, leading to inconsistency and difficulty in securing stable housing.

“There are still issues in relation to access to accommodation. We’ve got women and children in hotels and you’ve got women with babies that are, they don’t even have access to microwaves or kettles”

Service Provider

4. Poverty and Economic Barriers

- North-East Glasgow has some of the highest poverty levels in the city, exacerbated by unemployment and the cost-of-living crisis. 2020 SIMD data shows that the North-East has a far higher proportion of 20% most deprived data zones at 58.4% (128 data zones) than both the South (112 - 40.1%) and North-West localities (99 - 39.9%)³.
- Financial dependence often prevents survivors from leaving abusive partners.
- Limited availability of food banks and financial support services adds to economic hardship and has been exacerbated by the cost-of-living crisis.
- Within Glasgow, the North-East locality has the highest percentage of children living in the 20% most deprived data zones (62.6%), followed by North-West (47.6%) and South (44.5%)³.

5. Lack of Trust and Engagement with Services

- Fear of being labelled a "grass" deters survivors from reporting abuse, especially within close-knit communities.
- Many women distrust statutory services, primarily the police and social work, due to concerns about child removal or lack of cultural sensitivity.
- Women from marginalised groups, including migrant women, face additional barriers such as language difficulties and lack of legal support.

"Police, I found them to be victim blaming, unhelpful and uneducated in GBV."

Community Member

6. Isolation and Mental Health Struggles

- Women in North-East Glasgow experience high levels of isolation which is exacerbated for those facing domestic abuse or cultural pressures.
- People we engaged with discussed how both the community and services in North-East Glasgow feel disconnected, so survivors may not feel able to engage in services and there is less of a supportive network.
- Mental health services are not readily accessible, and many survivors struggle with anxiety, depression, and trauma without adequate support.

"Women that we work with are very isolated and very alone, very vulnerable, you know, struggling with mental health...So there is definitely, I think a lot more isolation and disconnectedness in the North-East."

Service Provider

"In the North-West, I think that connectedness and that ability for people to get around and travel and just the transport, public transport is much better, and the scope of the North-East, it's almost, like it just feels like the north of the wall."

Service Provider

³ [https://www.glasgow.gov.uk/article/6499/Poverty-and-Deprivation#:~:text=Within%20Glasgow%2C%20the%20North%20East.localities%20\(99%20%2D%2039.9%25\).](https://www.glasgow.gov.uk/article/6499/Poverty-and-Deprivation#:~:text=Within%20Glasgow%2C%20the%20North%20East.localities%20(99%20%2D%2039.9%25).)

b. What are the common barriers for women who have experience of gender-based violence accessing supports and services?

Women who have experienced GBV face multiple barriers when trying to access the services and support they need. These challenges range from a lack of awareness about available services to deep systemic issues such as distrust in institutions, fragmented service provision and the invisibility of GBV and women's needs. 67% of community survey respondents felt that there were factors which would prevent women, children and young people from reaching out for support for GBV. The following outlines the most common barriers.

1. Lack of Awareness and Accessibility of Services

Challenges

- Many survivors and professionals are unaware of what services exist, what they offer, and how to access them. Being unsure of what support services offered and who could access that support was highlighted as a key barrier.
- This was especially highlighted for women involved in selling or exchanging sex where, even if women were aware of services, many thought they were only applicable to those involved on-street and not those involved indoor or online. Professionals also highlighted challenges with engaging with some communities involved in selling or exchanging sex, particularly those from different cultures.
- Information about GBV services is often buried within council websites or government social media accounts, making it difficult to find.
- Community survey respondents were most confident about knowing which services to go to in response to "being hit by someone you are in a relationship with" (77%), "being made to have sex or do anything sexual without your consent" (76%), and "being stalked" (73%). However, they were least confident about knowing where to go for "being made to get married without your consent" (46%), "being shouted at, touched or whistled at on the street or on public transport" (41%) and "experiencing sexism online" (39%).
- Some professionals (e.g., teachers, social workers, GPs) lack awareness of referral pathways, meaning they cannot effectively direct women to support.
- Glasgow Women's Aid was the most well-known service by other professionals who responded to the professionals survey. However, in general most professionals who responded to the survey stated they lacked awareness of GBV services (56%) and clarity about what these services offered (59%) and were even less clear on how to refer to these services (76%).

Examples

- **Digital Invisibility:** A young woman experiencing coercive control may try searching online for help but struggles to find clear, accessible information.
- **Limited Outreach:** A migrant woman might not know GBV services exist because information is not available in her language or shared in her community spaces.
- **Lack of Knowledge and Connection:** A woman disclosing abuse to a GP may not be informed about available support options because the GP is unaware of local services.

- Lack of Clarity if the Support is for Them: A women involved in selling or exchanging sex indoors has heard about a support service but does not contact them as she believes it is only for those involved on-street.

“For women in the most deprived areas and the most restricted, even if it's not deprived, the ones that have been restricted through violence or fear of violence, and they're not getting that information, so they assume is there is nothing for them.”

Service Provider

“Not knowing what the process would entail when going to these services, what do they want to do with the information?”

Community Member

“Unsure of how to access the services or who can help with certain categories.”

Community Member

2. Fear and Shame of Engaging with Services

Challenges

- Shame, fear of stigma, or lack of trust in professionals prevents some survivors from reaching out.
- Survivors spoke about how there is an assumption that they know about services and what will happen when they disclose their experiences of abuse, however this is often not true and women do not know what to expect, especially regarding the criminal justice system.
- Many women stated that being concerned that what they were experiencing was not “serious” enough would discourage them from seeking help as they feared not being taken seriously and were worried about taking services away from “those who really need them”.

Examples

- Migrant Women: Some migrant women believe that reporting abuse may result in deportation if they have an insecure immigration status, or will lead to judgement from others in their community.
- Emotional Barriers: A survivor of coercive control may downplay her experience, thinking that only women suffering physical violence qualify for support.

“What helps to go in knowing that the service can actually help, to have an expectation of what they can do, and then that being delivered. When that is uncertain or not delivered then that discourages accessing.”

Community Member

(Discussing what would prevent them seeking help) “Worrying my experience wasn't “real” or “bad enough”.”

Community Member

3. Distrust in Statutory Services

Challenges

- Survivors fear statutory services will not take them seriously, will judge them, or will take punitive action (e.g., child removal).
- Many women believe the police and courts are slow, ineffective, or biased when dealing with domestic abuse and sexual violence cases.
- Previous negative experiences with social work, the police, or legal systems prevent survivors from seeking help again.

Examples

- Fear of Child Removal: A woman experiencing domestic abuse does not call the police because she is afraid social services will take her children away.
- Mistrust of Police: Women from ethnic minority backgrounds fear racial profiling, biased treatment, or being pressured into criminal proceedings against their abuser.

“If you phone police re gender-based violence and you have kids, there is an automatic referral to social work therefore, potential impact on kids, wider family, people knowing that I wouldn't have wanted to know.”

Community Member

“I would be hugely put off going to the police about (GBV) as it doesn't feel like a safe space for women to go to the police for help. Judgement and prejudice is a huge part of this.”

Community Member

“Criminal enquiries and slow court system prolong trauma.”

Community Member

4. Fragmented and Overwhelmed Support System

Challenges

- Women must navigate multiple disconnected services, which means they retell their trauma repeatedly, which can cause re-traumatisation.
- Long waiting lists prevent women from getting timely access to support, therapy, and safe housing.
- Lack of coordination between housing, legal, healthcare, substance use, and mental health services creates gaps in support.

Examples

- Multiple Disclosures: A woman seeking legal, housing, and mental health support may have to explain her trauma separately to each agency, delaying her recovery.
- Waiting Lists: A woman reaches out to a service seeking help but does not hear back from them.
- Lack of Coordination: A domestic abuse survivor may get housing support from one agency, mental health care from another, and legal aid from a third—with no communication between them.

- Lack of Long-term Support: A survivor of GBV receives support immediately after an incident occurs, but after 12 weeks most of that support has ended and there is little available, despite her still wanting and needing support.

“We have had to close our service to referrals for the last 12 weeks as we were over capacity, and we didn’t know what was happening with regards funding.”

Service Provider

“A 24-hour service would be good so you could go when it is safe. But not sure there is staff or funding for that.”

Community Member

“Calls ringing out when you phoned agencies”

Community Member

“My granddaughter is dealing with domestic abuse just now and she’s here, there and everywhere just now, she doesn’t know whether she’s coming or going.”

Community Member

“I asked but got nothing”

Community Member

5. Barriers for Marginalised Women (Intersectional Challenges)

Challenges

- Migrant Women: Language barriers, fear of deportation, and lack of cultural sensitivity within services.
- Disabled Women: Physical inaccessibility, lack of disability-trained staff, and not recognising that these issues affect disabled women.
- Women in Poverty: Financial dependence, high transport costs, and lack of affordable childcare prevent them from seeking support.
- Women affected by Substance Use: Difficulty in accessing traditional recovery services as these are often not tailored to women.

Examples

- Language Barrier: A migrant woman with an abusive partner does not seek help because service information is not available in her language and she does not wish to use a family member as a translator due to confidentiality.
- Substance Use: A woman with experience of GBV and substance use cannot access childcare so does not attend support services for GBV and recovery services.
- Lack of Recognition for a Disabled Woman: Someone delivering GBV prevention education assumes that a woman with a learning disability cannot be in a relationship so does not include her in the session.

“Being disabled I was unable to get to appointments face to face with other services”

Community Member

(When discussing barriers to accessing services) "The language and understanding the culture."

Community Member

"Traditional recovery services often don't meet women's needs as women can't go to these meetings because they can't take their kids with them, because there's nobody to look after their kids there, because services do not have budgets for creches, because they're extortionate."

Service Provider

Addressing these barriers requires systemic change, increased funding, better communication, and survivor-centred approaches. There is a need for more community approaches, designed for and with the involvement of communities to ensure they are realistic and relevant. There is also a need for greater policy coherence and leadership to ensure there are consistent and city-wide approaches to GBV, so that opportunities to identify and support survivors are not missed. By implementing trauma-informed practices, improving service coordination, and making support more accessible, we can ensure that more women get the help they need.

c. What are the key gaps in terms of supporting women who have experienced gender-based violence?

Many of the gaps have been highlighted above in the barriers that women face. The following section drills down further on where the gaps in supports and services currently lie.

1. Lack of Understanding of GBV as a Spectrum

- There is a lack of understanding of how GBV interacts and intersects with other vulnerabilities. GBV can often be a root cause of wider societal issues such as drug deaths, suicide, child poverty and homelessness, but this is often not recognised at a strategic level.
- There is a lack of recognition that GBV is a spectrum, and those with experience of one form of GBV are more vulnerable to experiencing others.
- Structural issues such as child poverty and homelessness/housing issues should be viewed through a gendered lens to provide greater understanding and better enable support.

"I think, and it's not just symptomatic for Glasgow or the North-East, but I mean, I think...there's been a kind of like a de-gendering of services over the last few years. And people have kind of forgotten a wee bit about the particular needs that women have and they've forgotten about, you know, some of the challenges around that."

Service Provider

2. Lack of Community Hubs and Local Services

- There are a limited number of services and especially specialist GBV services which are based in the North-East of the city.

- There are a lack of community hubs which could be used to host services and run drop-in sessions.
- Many services are at capacity and are struggling with funding, exacerbated by the cost-of-living crisis. This not only means a reduction in available places for women seeking services but also means there is limited follow-on support for women exiting services after support.
- This significantly reduces the accessibility of services, especially for those who are unable to travel.
- Post-Covid, there has also been a reduction in face-to-face support which has made access more difficult for some women, for example those without access to the internet.

"It's so hard now to get through to actual frontline practitioners, you know, because we're not talking switchboards and you can be on the phone for a long time, it's much harder to build up that network."

Service Provider

3. Lack of Long-Term and Holistic Support

- Services often focus on crisis intervention, which means there is a lack of long-term support often due to funding constraints.
- Women with complex needs, such as substance use or multiple trauma experiences often struggle to engage with services, or to maintain engagement with multiple specialist services.
- There is a lack of independent, non-statutory services who can be on the side of survivors, advocate for them and go on their journey of recovery with them. Women often distrust statutory services, and statutory services can be viewed as powerful and having authority which may not be helpful for a survivor of GBV.

"Good support in the initial stage, but not enough longer-term support, likely due to funding."

Community Member

"92% of those we worked with knew their perpetrator including those who were in positions of trust. When you think about the amount of statutory services that are already in there and about that correlation with abuse and of power that we then see, we believe that the need for independent organisations like us be more present and more available is crucial to address that."

Service Provider

"When it all kind of came to a head, I likened it to like when you get a bereavement, everybody's there, you have everybody around you, you have family, friends, agencies suddenly you're just surrounded by loads of people. And then once you kind of get through the worst of it, that all disappears, and everybody thinks you're OK and you're not OK because that's when you need to actually start living and dealing with it and you don't know how to."

Community Member

4. Lack of Supported Accommodation and Housing

- There is a lack of specialist, purpose-built supported accommodation for survivors of GBV, which often results in survivors staying in hotels and bed and breakfasts which do not meet their needs.
- The lack of available housing, particularly in the North-East of the city, means that survivors are often placed further afield, away from their community and support system.
- The lack of suitable housing can make survivors more vulnerable, with less protections available in unsuitable, unsupported housing and survivors may also feel less able to leave or see engaging in support as possible.

“Homelessness services due to the severe pressure on resources and the housing emergency, women’s particular needs as a group are not being well met. So we have very vulnerable women being accommodated in mixed sex hotels and women with children being accommodated in hotels and bed and breakfasts.”

Service Provider

“A neighbour used a shelter, but it was far away, too disruptive for the kids.”

Community Member

5. Lack of Service Coordination

- Different areas of work are often siloed, and little information is shared which can result in a lack of knowledge surrounding available services for women. For example, the GBV and homelessness sectors could do more to share information with one another about what services exist.
- Not all survivors of GBV will present at specialist services so non-specialist services also need to have capacity to support them. Non-specialist services need to recognise that GBV is an area where they need to provide support, and not just refer on to specialist organisations.
- There is a need for a citywide, coordinated strategy rather than isolated interventions. There is a lack of joined up, strategic thinking, leadership and there is little policy coherence. For example, there have been strategic moves towards a Feminist City approach and corresponding recommendations to Glasgow’s Travel Strategy around public transport, but little coordination between this and GBV strategies⁴.
- For some areas of GBV, for example Commercial Sexual Exploitation, there is an overreliance on one service to provide support and strategic direction. There needs to be an overarching approach council-wide to ensure consistency and avoid over-burdening one service.
- Post-Covid, opportunities for services to come together, network and share information have reduced.

“Previously there were groups which met on a locality basis (implementation groups), and these were helpful for sharing info and identifying supports in the local community.”

Service Provider

“Important that the links between mental health, substance misuse and VAWG are seen (1 in 2 of the women we support have at least 1 of these issues). Against the backdrop of standstill funding and staffing losses it can be difficult to sustain

⁴ https://cdn.prod.website-files.com/6398afa2ae5518732f04f791/660bc13667af2bc947ebc4ba_YWL-2021%20small.pdf

collaborative approaches.”

Service Provider

6. Lack of Safe and Confidential Spaces

- There are very few women-only spaces, making it harder for survivors to disclose abuse safely.
- Survivors from tight-knit communities fear confidentiality breaches when using translators or community-based services.

“One of the biggest challenges for us is finding suitable venues, making sure that there's not a risk to that person coming into our space.”

Service Provider

7. Lack of Prevention and Early Intervention

- Services focus more on crisis response than prevention, meaning warning signs of abuse go unaddressed.
- Schools and youth services lack education in the form of consistent and evidence-based programmes in addressing unhealthy relationships and harm in young people's relationships.
- However, there are also a lack of prevention strategies which aim to tackle the underlying causes and cultures which facilitate GBV. Prevention work needs to be more than just education around healthy relationships.

“There's a real disconnect between the intention to educate and prevent versus the investment to educate and prevent.”

Service Provider

“So I think that's where there's a big gap is about how we carefully communicate reality to young women, but also we're communicating and dealing with a whole toxic masculinity and porn culture among young men about, this is not acceptable.”

Service Provider

d. What would you recommend that would make support for women and girls who have experienced gender-based violence more effective?

The following outlines key recommendations which stakeholders made to improve the provision of GBV services in Glasgow.

1. Better Communication and Accessibility of Services

- Improve how services are promoted and communicated to ensure people know what support is available and how to access it.
- Create visible and culturally sensitive campaigns to reach women, particularly those from marginalised groups (migrant women, women involved in commercial sexual exploitation (CSE) indoors/online).
- Use technology (e.g., apps) to map services and provide easy access to verified support.

- However, stakeholders also cautioned that communication regarding services needs to be backed up with actual availability of service, which can be an issue with long waiting lists for several services.

“It would still be helpful to have more visible, straightforward information about where to go for specific kinds of support.”

Community Member

“The app provides a connection into, you know, like almost kind of verified services that have proven themselves to be on the ball when it comes to this kind of stuff”

Service Provider

“You can signpost to your heart’s content, but if there’s nobody there to signpost to then actually, what good is that?”

Service Provider

2. Localised, Community-Based Services

- Establish community hubs where multiple services can be accessed in one place, especially in isolated areas like Glasgow’s North-East.
- Outreach services should be offered in familiar venues like community centres, churches, and shopping areas.
- Encourage collaboration between statutory and community-based organisations to build trust and bridge service gaps.
- Recognise the importance of non-statutory, third sector organisations who provide an independent voice and can advocate for and stand alongside survivors.

“There’s not a lack of statutory services in the North-East but there is a lack of independent services that are on the side of survivors. I think there’s a real lack of that independent voice being alongside women and girls and particularly in the area of advocacy and particularly in the area of trying to heal or, you know, deal with an experience of rape and sexual assault.”

Service Provider

3. Intersectional and Inclusive Approaches

- Services need to consider and respond to the specific needs of marginalised groups, including migrant women, women with no recourse to public funds, disabled women, and women impacted by substance use.
- Recognise that women’s experiences of GBV are cumulative and linked to other issues such as poverty, homelessness, and mental health, services working in these areas must understand the differences in men and women’s experiences and build this into how they deliver support.
- Design services for the most vulnerable groups to prevent repeated experiences of violence.

“(We) need to also recognise that women who experience VAWG will have cumulative experiences of trauma. Homelessness, poverty, these aren’t experienced as distinct, separate things.”

Service Provider

“(The) city doesn’t provide a good enough service to women with complex needs. These women are right at the hard edges, they have the most complex needs, and their behaviour can be really, really challenging... Nevertheless, they are the women that are most vulnerable to the worst of all harms.”

Service Provider

4. Improved Inter-Agency Collaboration and Capacity Building

- Enhance multi-agency collaboration and information-sharing to support a more integrated response, to provide a better response to survivors and to mitigate capacity and funding constraints felt by services.
- Provide regular training for youth workers, teachers, and other non-specialist professionals to recognise and support survivors of GBV.

“There needs to be a better community-based strategy and connectivity as well as a city-wide strategy.”

Service Provider

“If I could change one thing right now it would be joining up services across all sectors to make supporting people easier and seamless. Money, time and involving local people and services is needed to get this done.”

Service Provider

5. Holistic and Trauma-Informed Support

- Develop long-term, trauma-informed services that offer a continuum of care from crisis intervention to therapeutic support.
- Include family-focused interventions to help break cycles of generational trauma.

“It’s important that any services take a trauma-informed approach. There needs to be support at all points of a woman’s journey to recovery. It also needs to be family focused to help repair relationships impacted by abuse.”

Service Provider

6. Prevention and Education

- Increase educational efforts on healthy relationships, consent and challenging abusive and problematic behaviours in schools and community settings.
- Utilise peer-support networks, particularly for young people, as they can be more effective than authority figures in providing support.
- Address digital abuse and online exploitation by educating young people on coercion and healthy relationships.
- More work needs to be done on how to identify and engage with people earlier who are at risk, for example with those at risk of becoming involved with selling or exchanging sex but who have not yet become involved.

“We’ve done so many workshops in schools about red flags and green flags, but what we found really interesting is that there’s so much before that part.”

Service Provider

"The rise in digital abuse, such as the sharing of intimate images and social media-based harassment, needs to be tackled with up-to-date education and awareness efforts."

Service Provider

7. Policy and Strategic Leadership

- Ensure that GBV is fully recognised as a public protection issue and that they are present at key decision-making tables.
- Recognise that GBV is prevalent across and plays a role in many issues across society, including poverty, homelessness, substance use and more. These issues need to be viewed through a gendered lens.
- Focus on preventative work at the policy level, integrating GBV responses across child poverty, housing, and public health initiatives.

"Equalities and violence against women and girls need to run like a silver thread through all other areas of work "

Service Provider

e. What needs should we take into account when supporting children and young people who have experience of gender-based violence?

1. Youth-Specific Services

- Services should recognise that GBV affects children and young people in a unique way, and that this requires a different approach than when working with adult survivors.
- Some survivors spoke about how they felt that the impact of their abuse on their children was not seen, and they struggled to get support for their children, especially if their children weren't showing any adverse behaviours.
- Some survivors spoke about how they struggled to get support for their children and recognition of the impact that the abuse had on them, especially if they weren't showing any adverse behaviours at the time the abuse became known to agencies. There needs to be greater recognition of the impact that GBV has on children in the household, and better in-built support mechanisms for them throughout their life.
- Involving youth workers who interact with vulnerable young people and ensuring that they are trained and equipped to recognise and support children and young people with experience of GBV is essential. This provides an opportunity for the earlier recognition of at-risk children and families, allowing for earlier intervention.

"I think having youth services being trained and equipped to support young people through a gender lens and through a gender-based violence lens and violence against women. And that they have a basic level of understanding of how to have conversations with young people around it."

Service Provider

2. Trust and Confidence in Support Services

- During consultations, both young people and those who work with young people highlighted that there are high levels of distrust in statutory services such as the police and social work, and many young people would be hesitant to approach them if they were experiencing GBV.
- Stakeholders highlighted that trust is crucial when working with children and young people with experience of GBV, and the importance of training people who regularly interact with young people such as teachers and youth workers how to respond to disclosures of GBV.

3. Understanding of Gender-Based Violence

- Children and young people need to be shown and educated about what safe and healthy relationships look like, as well as about what abuse is and how to recognise the signs.
- However, stakeholders also highlighted that simply raising awareness is insufficient, and young people also need to be empowered to be able to say no and reach out for help.
- Knowledge of the causes of harm is still poorly understood in society, and more and consistent training is needed to enable services to better understand GBV and to allow earlier and better intervention.

"[Community response would mean] Just being there, I think, would help them a lot, because, like, [young people] they don't trust anybody else, or they're scared to go to the other people... so the fact that they're trusting you to actually be there for them, just as support, or just to help them figure out where they could.. that's the safest place for them.. and you can actually be there by their side and all that. I think that's a good thing"

Service Provider

4. Community and Peer Support

- Community and peer support are important sources of support for people with experience of GBV, and for children and young people in particular.
- For young people, being able to talk to their friends about GBV in a non-judgemental way and to receive reassurance and advice from them is key. Support from peers and from the community may be more impactful than from services such as schools and social work, who may be viewed as authority figures.

5. Addressing Digital Abuse and the Role of Media

- The rise of digital abuse, such as the sharing of intimate images and social media-based harassment, needs to be tackled with up-to-date education and awareness efforts.
- Social media and the rise in misogyny from some creators, in addition access to pornography, can have a significant impact on how young men view women and girls. This must be mitigated by education and intervention work so that young men and boys can understand the difference between healthy and abusive behaviours.

5.2 Service Mapping

As part of this needs assessment, we created an interactive map of current GBV services and relevant non-specialist services in Glasgow. Organisations were mapped based on their address. This mapping highlighted that there are several specialist services accessible to people in Glasgow which focus on different types of GBV, including domestic abuse, sexual abuse, trafficking, child sexual abuse and supporting women who sell sex. However, the majority of services are based in the city centre or West of the city, with fewer services in the North-East of the City (see Table 2).

TABLE 2: NUMBER OF SERVICES BY REGION

Type of Service	Locality	Number of Services
Total	Glasgow North-West	40
	Glasgow North-East	29
	Glasgow South	12
	Remote/Country-wide	15
GBV specialist services	Glasgow North-West	16
	Glasgow North-East	4
	Glasgow South	7
	Remote/Country-wide	9
Services for women and girls	Glasgow North-West	3
	Glasgow North-East	4
	Glasgow South	0
	Remote/Country-wide	1
Services for children and young people	Glasgow North-West	6
	Glasgow North-East	10
	Glasgow South	3
	Remote/Country-wide	2
Support services (general)	Glasgow North-West	15
	Glasgow North-East	11
	Glasgow South	2
	Remote/Country-wide	3

Inclusion and exclusion criteria

Services providing advice and support to women, children, young people and families in Glasgow were included in the mapping. This includes remote or national services such as helplines which are accessible to people living in Glasgow. The primary services identified were those providing some level of specific advice and support regarding GBV, and these have been explored and mapped citywide.

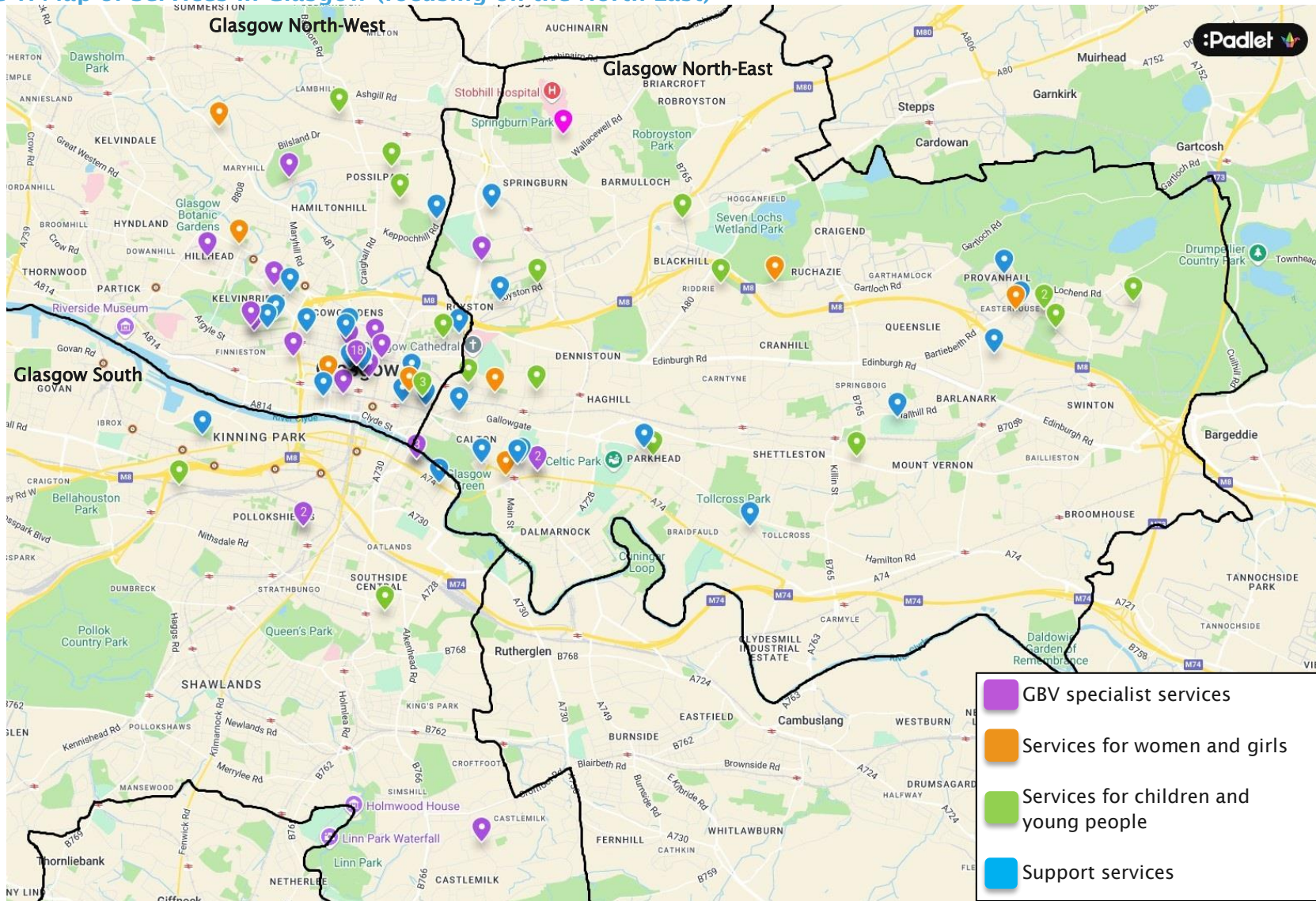
However, due to the recognition that GBV often does not occur in isolation and survivors may have complex needs, the mapping was also extended to include services which may have another or more general area of focus but are likely to work with or be available to people who have experienced GBV. This includes, for example, organisations working with women and girls more generally, services for those at risk of homelessness, substance use services, and youth and family support work. As this needs assessment was focused on the North-East, the mapping for these wider services has been carried out in more detail for this locality than for the North-West or the South.

Services which provide advice and support to professionals working in the GBV field but not survivors and members of the public directly were excluded, as were services which specifically focused on male victims or perpetrators. Finally, services which appeared to be inoperative and whose online/social media presence had been inactive for over a year were also excluded.

Map of Services

An image of the service map is included on the next page which includes the locality boundaries as defined by Glasgow HSCP, and the full, interactive map can be accessed with the following link: <https://padlet.com/ellie149/glasgow-services-a172dg90rd6hd24g>.

Figure 1: Map of Services in Glasgow (focusing on the North-East)



6: Key Learning

1. Challenges in the North-East of Glasgow

Structural Barriers

Many of the challenges identified related to the accessibility of GBV services for women, children and young people in the North-East of Glasgow were less about specific issues relating to GBV and more about wider, structural barriers. Poverty, transport and housing were all highlighted as significant barriers for survivors of GBV. Women often lack the finances to leave an abusive partner or seek support, they do not have the time or resources to take at least two expensive buses with a journey time of over an hour to reach primarily city-centre based services and they cannot risk losing their support system by being placed in housing in another part of the city or further afield.

This highlights the importance of viewing GBV and its support services within a wider context, not purely as an isolated issue, and recognising there is a need for all services to have a GBV lens. When designing new services, it is therefore important to do this from a gendered perspective from the offset.

“(There is a) need for all services to have a VAWG lens to it – parenting project had been set up without this and it took them 6 months to realise that for many the issues weren’t parenting but VAWG”

Service Provider

Reputation and Expectation

For some women in the North-East, the presence of poverty and deprivation, and the reputation of the area as a masculine, industrial area with a historical problem with violence has an impact on their expectations of what their life should look like and what they can expect. Stakeholders discussed how the North-East can be isolated and insular, with many people growing up within several streets and not often travelling further afield. If this is coupled with having witnessed GBV within their own families, neighbours and communities over and across generations, then the issue may be less about women’s awareness of services and more about their feeling that those services are not for them. Women do not seek out services as they do not think that their circumstances can change.

“And I think that like when you're saying about what stops women from getting to know about services and things, I think sometimes women do know. I think that the problem is that their expectations are so low for their protection that they think it's not relevant to them.”

Service Provider

2. Accessibility of Services

Working with the community

Working with the community is essential in supporting survivors of GBV as it ensures a more holistic and accessible approach to their needs. Community engagement helps reduce the isolation that survivors often experience by providing local, trusted services and safe spaces. Collaborative efforts between specialist organisations, statutory services, and community groups improve access to culturally sensitive and trauma-informed support, which is crucial given the complex needs of many survivors. Involving people with experience of GBV and of using services is also important as they can provide valued feedback about their experience of services. It may also be easier for a survivor seeking support to build trust with them as they can recognise that someone has had a similar experience. However, it is also important to remember that many people who work in the sector do have lived experience but may not necessarily publicise this. Consideration should be given to how services can incorporate lived experience and recognise the unique and valued perspectives that staff with lived experience can bring, without requiring to share their experiences if they are not comfortable doing so.

Local Services

Due to the barriers outlined above, the importance of women having access to services locally was emphasised. Closures of services and community centres post Covid in the North-East of Glasgow has contributed to the challenges faced by women and girls living there. This is not only because women and girls struggle to physically get to services, but also if services are not accessible in the local area, then they are less likely to know they exist and know what options there are if they need support. The closure of community centres in the North-East was highlighted as a particular issue. Community centres were identified by several stakeholders as beneficial as they provide a space which several services can utilise, for example for drop-in sessions or group work, and they are often easily accessible to the community and people know what and where they are. There was recognition from services that, for women in the North-East, they need to go to where the women are and not the other way round.

“Outreach services that operate in communities are invaluable so that women can drop in when they are out without being away for hours and hours.”

Service Provider

“We’re in venues where women go, churches, community venues, shopping centres.”

Service Provider

3. Connected Services

Integrated Services

Several stakeholders highlighted that services are not as well integrated or connected to one another as they could or should be. Services often operate

separately from one another, focusing on one specialist issue. While this allows for expertise, this often means that women with multiple or complex needs, must navigate multiple providers on their own, often repeating their stories, which can be retraumatising. This can lead to women feeling frustrated and disengaging with services and therefore receiving no support.

“In the North-West there is a real sense of connectedness within the third sector in that area, I don’t feel it is the same in the North-East. That’s something that I definitely feel is different.”

Service Provider

Non-specialist Services

While specialist GBV services play a vital role in supporting women, children and young people, the role of non-specialist services such as GPs, social work, schools, youth services and housing officers, is also crucial. They are often the first point of contact for survivors and present the first (and sometimes only) opportunity to identify if someone requires support for GBV. Non-specialist service workers must therefore be sufficiently aware and trained to recognise the signs of GBV. Additionally, as survivors may often be dealing with multiple challenges, services supporting survivors with, for example, housing, financial or legal issues, must also be aware of the role GBV has played in their circumstances and act in a person-centred and trauma-informed manner.

“The police were kind but very clumsy and made mistakes”

Community Member

“We need workers to be able to talk about the issues and be able to support after disclosures. We need to provide them with the tools and the skills to be able to deal with it (GBV) and not be afraid of it.”

Service Provider

4. Meeting Needs

Safe Spaces

Several agencies and community members/survivors spoke about how women-only services and spaces are necessary to make survivors feel safe and comfortable and to allow them to fully engage with services. Some women do not access mixed-sex services due to fear of being judged, retraumatised or encountering men who may trigger them. This can be especially true for migrant women and women whose cultural or religious background means they feel more comfortable in women-only spaces.

However, one challenge with this approach is with inclusivity for the LGBTQ+ community. Trans women and non-binary people may be or feel excluded from these spaces and therefore do not access support. Further research to explore the needs of the LGBTQ+ community and what services are needed to support them is necessary.

“I want to be sure that services are for women only and are safe spaces for to access without risk of men being there”

Community Member

“It would also make me uncomfortable accessing these services if it was not explicit that they were supportive of the LGBTQ community broadly in terms of sexual orientation but also specifically around gender identity.”

Community Member

Understanding Rights and Services

It was also identified during stakeholder consultation that women often haven't heard of services and, even where they have heard of them, they are not sure what these services do, what support means or whether it is for them. This can be an additional barrier to their reaching out to support and allows perpetrators to exploit this lack of clarity and certainty to further isolate women. This is reflective of the findings of previous lived experience engagement with women who sell or exchange sex in Scotland by LKJ Research, who highlighted that identifying and accessing appropriate services was one of the biggest barriers for women seeking support⁵. Survivors spoke about how having more information about their rights and what to expect when disclosing experiences of GBV is key, particularly relating to the criminal justice system. Women need to be provided with more information about their rights and what they can expect.

(When discussing what would prevent them from contacting a service) “Not sure if it would start something I didn't want to go through with. I liked being able to call a helpline first because I could test the water.”

Community Member

Cultural and Intersectional Issues

Intersectionality is key when supporting women and girls with experience of GBV and, as has been touched on above, women with multiple needs such as those who are homeless or with problematic substance may face additional barriers when trying to access services. Services are often not accessible to disabled women, and some disabled women depend on their abusers for care, making it even harder to leave. Minority ethnic women, refugees and asylum seekers and those whose first language is not English also face additional challenges. Financial and housing problems are exacerbated for women with no recourse to public funds which may prevent them from being able to leave an abusive partner. Language barriers may prevent women from accessing services, due to a lack of availability of interpreters and fears regarding confidentiality when using interpreters from their community or friends and family members. There may also be additional cultural pressures against seeking help, and distrust of services due to fears and experiences of discrimination and racism. Issues of race and discrimination are not only a barrier

⁵ <https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2022/07/lived-experience-engagement-experiences-people-sell-exchange-sex-interaction-support-services/documents/lived-experience-engagement-experiences-people-sell-exchange-sex-interaction-support-services/lived-experience-engagement-experiences-people-sell-exchange-sex-interaction-support-services/govscot%3Adocument/lived-experience-engagement-experiences-people-sell-exchange-sex-interaction-support-services.pdf>

for women but also an area where services need to improve, as many women from ethnically diverse backgrounds have described racist and discriminatory experiences with services in the past. Services need to ensure they are educated, trained and equipped to respond better to black and minority ethnic women.

"I don't feel there's help so no longer ask for help of services that say they are in place to help, just feels like people who are happy to get paid to come hear about your hardship with little interest to actually help unless you are white."

Community Member

"There's so much we need to do better for women of colour in in the city and we need to be, you know, much more kind of proactive and interrogating our services around that. Because ignoring their needs increases the vulnerability and leads to such high risk of, you know, women staying in violent relationships and not having an easy exit, you know, And that first contact with a service for a woman of colour needs to be spot on because she's even more scared than I would be, you know?"

Service Provider

Children and Young People

Work with children and young people regarding GBV must be youth-centred. Their experience and understanding of GBV may be different from adults and requires a different approach often utilising multiple creative methods to engage children in different ways. Schools and youth workers were highlighted as being important contacts with young people and should therefore be trained so that they are able to recognise signs of GBV and deal sensitively with disclosures from young people, and work to build genuine trust. This should extend to providing support to young people who have experienced GBV but may not be showing outward signs, and recognising that it can have a significant impact on children and young people throughout their lives.

5. Prevention Work

Prevention work, particularly with young people, was discussed as an important aspect to reduce GBV. However, services highlighted that, while education and raising awareness about GBV is important, it is insufficient. This has also been reflected in the literature⁶. One youth-based service highlighted that one key element of prevention work is empowering young women and building their confidence so that they are not only able to recognise abusive behaviours but also challenge them or seek help. However, in addition to empowering girls, it is also important that prevention work addresses boys' use of harm. Working with boys at the earliest stage possible to intervene when they are enacting unhealthy behaviours should be central. Currently, there is a gap in knowledge and consistency as to how youth services do and should respond to boys exhibiting harmful behaviour towards girls, but as this is a key intervention point there needs

⁶ [Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme](#)

to be more guidance and resources for this. While there is some evidence that programmes such as Mentors in Violence Prevention (MVP) have led to young people thinking differently about GBV, there is little evidence to show that it results in behaviour change⁷. The profile of prevention work in general also needs to be raised, as there was still limited awareness of it for the community members we consulted. While some community members spoke about prevention campaigns that they were aware of, particularly those who had come into schools and spoken with their children, 58% of community survey respondents were not aware of any prevention work taking place.

“Women's Aid have been in my child's school discussing healthy relationships. I appreciated this as it opened the conversation for me to chat with him about it.”

Community Member

“No, I don't know of any (prevention work). But I know that there absolutely should be.”

Community Member

6. Good Practice and Supporting Research

In addition to the gaps and barriers we have identified above, it is important to recognise that there is good practice happening within the GBV field both in Glasgow and further afield. Identifying what is working as well as what can be improved is important to recognise for future development. We identified examples of good practice during stakeholder consultation and through desk research. It is crucial that GBV support and interventions be rooted in lived experience with those who have experienced GBV and those who work with survivors of GBV so that services are grounded in reality and work for those they are designed to support. However, it is also important that work is evidence-based to ensure that it actually works.

Community Hubs

There are some examples of a hub or space where women can attend and access multiple services in one space. These hubs are designed for women to be able to access support and services easily and in a culturally sensitive manner, to reduce challenges in navigating services and knowing where to go.

-
- Glasgow: The Women's Centre Glasgow provides services for women including childcare, activities for mothers and children, fitness classes, socialising and counselling⁸.

⁷ [Evaluating Mentors in Violence Prevention: A Longitudinal, Multilevel Assessment of Outcome Changes - PMC](#)

⁸ <https://www.thewomenscentreglasgow.org.uk/>

- Dundee: Dundee Women's Hub is a multi-agency support hub for women impacted by substance use, GBV, homelessness, poor mental health, isolation, and trauma⁹.
 - Tower Hamlets, London: One stop shop for survivors of domestic abuse to access multiple services in one place. This also includes culturally sensitive support for black and minority ethnic women¹⁰.
 - Walton, Liverpool: Community hub for a wide range of women's issues including mental health and support for women involved in selling or exchanging sex¹¹.
 - Belfast: Women's centre for a wide range of women's issues including support for survivors of rape, child abuse, sexual violence, domestic violence and crime¹²,
 - Wales: Women's health hubs focusing on women's health issues being rolled out across Wales¹³.
 - Ho Chi Minh, Vietnam: One stop shop for receiving, screening, treating, consulting, and providing on-site services to women and children subject to violence and sexual abuse located in a hospital¹⁴.
 - New York, USA: The Empower Center is a walk-in centre where people involved in selling or exchanging sex can drop in and access multiple trauma-informed services including medical, social and legal services¹⁵.
-

A review of women's health hubs found that, though most were at an early stage so evidence of wider impact was difficult to evaluate, women generally had positive experiences of them, and that this was primarily due having a single point of contact and someone who they felt represented them, being provided with holistic care and being listened to and in control of decisions about their health, and the fact that it was accessible by both car and bus¹⁶.

Collaboration and Partnership Approaches

There are some examples of both cross-agency and community partnership working to increase training around GBV.

- Southampton: Collaboration between a domestic abuse charity and family hubs to train the family hub workers in recognising domestic abuse, exploring the risks and, where safe to do so, engaging the perpetrator to encourage

⁹ <https://www.wrasac.org.uk/womens-hub/>

¹⁰ <https://www.gpcaregroup.org/news/haawa-project-domestic-abuse-support-for-local-women/>

¹¹ <https://www.walton-communityhub.com/about-us>

¹² <https://www.familysupportni.gov.uk/Service/4776/domesticsexual-abuse/falls-womens-centre--belfast>

¹³ <https://www.bbc.co.uk/news/articles/c0q0dxqv977o>

¹⁴ <https://vietnam.un.org/en/225109-official-launch-%E2%80%9Cone-stop-shop-model-support-women-and-children-subject-violence-ho-chi>

¹⁵ <https://sanctuaryforfamilies.org/our-approach/client-services/empower-center/>

¹⁶ <https://pubmed.ncbi.nlm.nih.gov/39268794/>

them to seek help to change their behaviour¹⁷. This approach recognises that frontline workers are often in the best position to identify and intervene in domestic abuse.

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- Maidstone, Kent: Training, support and the development of a toolkit to provide information and advice to people with learning disabilities and professionals about healthy relationships and identifying abuse¹⁸. This approach recognises and aims to address some of the challenges identified in our research around supporting disabled women, such as the fact that disabled women are often dismissed as being capable of being part of adult relationships.

 - Manchester: Training for staff at sexual health clinics to identify and respond to domestic and sexual abuse¹⁹. This is another example of an approach recognising the importance of frontline workers.

 - Bradford, West Yorkshire: Auntie's network for responding to Child Sexual Exploitation where women in the community are trained to help respond to and support women and girls²⁰. An example of involving the community in support.

 - Croydon, London: Restart programme provides training and support to children's social care and housing teams to recognise patterns of abusive behaviour as early as possible and respond to the person causing harm before their behaviour continues or escalates²¹. This approach both recognises the importance of early intervention, tackling abusive behaviour and involving multiple services. Evaluation of the Restart early intervention with perpetrators programme highlighted the importance of consistency of staff, training of social workers on Safe and Together approaches, the skill set of partner support workers and voluntary engagement of perpetrators as key elements to what works²².
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A report which reviewed intimate partner violence programmes in 35 programmes found that to promote and ensure the effectiveness of integrated service delivery across agencies, a whole-of-state approach to gender and GBV must be taken. This includes well-organised funding, policy coherence and strong data-sharing across services. This review also found that services for survivors need to be trauma-informed and women-centred and that more work is required with perpetrators to prevent recidivism and encourage behaviour change away from abuse at both an individual and a cultural level²³.

¹⁷ <https://hamptontrust.org.uk/hampton-trust-teams-up-with-southampton-family-hubs-to-address-gender-based-violence-and-help-keep-women-safe/>

¹⁸ <https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit>

¹⁹ <https://gmintegratedcare.org.uk/health-news/spotlight-on-new-scheme-to-support-survivors-of-domestic-abuse-across-greater-manchester/#:~:text=As%20part%20of%20a%20wider%20Greater%20Manchester%20commitment,of%20both%20domestic%20and%20sexual%20violence%20and%20abuse.>

²⁰ <https://muslimwomenscouncil.org.uk/sites/default/files/documents/The%20Impact%20of%20the%20FRAGILE%20project%20%281%29.pdf>

²¹ <https://cranstoun.org/help-and-advice/domestic-abuse/restart/>

²² <https://drivepartnership.org.uk/publication/restart/>

²³ https://www.oecd.org/en/publications/supporting-lives-free-from-intimate-partner-violence_d61633e7-en.html

Information Sharing

There are some examples of the use of online information sharing to provide women and girls with information about GBV and signposting to relevant services.

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- Glasgow: App created by Glasgow Girls Club for young women aged 16-21 living in Glasgow to provide information about GBV and support services available in the city²⁴. This approach utilises social media and is designed for girls to be able to find out about resources easily and in one place.
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- Bradford District, West Yorkshire: Online information and support for anyone experiencing domestic abuse and/or sexual violence in the area.
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Person-Centred, Trauma-Informed Care for those with Complex Needs

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- Glasgow: Martha's Mammies offers flexible, intensive and adaptive support to women in Glasgow who have either temporarily or permanently lost care of their children²⁵.
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- Glasgow: Tomorrow's Women provides wrap around support across a broad range of areas including mental health, housing, employment and linking with other services for women with complex needs who are involved in the criminal justice system²⁶.
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- Wolverhampton and Walsall: The Iris project is a project providing flexible and trauma-informed support to women involved in selling or exchanging sex in Wolverhampton and Walsall. An evaluation of this project found the elements that contributed to the project being successful were proactive outreach and drop ins which were both accessible and held in neutral venues, women-centred services, consistency and skills of staff and funding and positive relationships with stakeholders²⁷.
-

Stakeholders discussed how there were several services operating with good practice with trauma-informed and flexible models aimed at meeting the specific needs of the women they support. However, they also emphasised that this often came with a trade-off where these support services have specific entry requirements and therefore only offer support to a very specific and small subset of women.

"We need to take a more proactive approach when working with this group of women, staff have to have smaller caseloads to be able to take this proactive approach – there are services out there that have this model but the criteria to access them can be restrictive i.e. you have to have been involved in the criminal justice system , or have had children removed from your care – we need a service that rather than making women jump through hoops we jump through the hoops

²⁴ <https://sophiesstop.com/about>

²⁵ <https://glasgowcity.hscp.scot/news/cosla-award-marthas-mammies>

²⁶ <https://www.glasgow.gov.uk/article/3925/Tomorrow-s-Women-Glasgow>

²⁷ <https://wlv.openrepository.com/bitstream/handle/2436/624902/Changing%20Lives%20Iris%20Evaluation%20Report%20FINAL%20020621.pdf?sequence=2&isAllowed=y>

for them.”

Service Provider

Prevention and Early Intervention Work

- Glasgow: The Rosey Project by Glasgow and Clyde Rape Crisis provide workshops and education around GBV based on the experiences of survivors, going to where young people are in schools, colleges, universities and youth groups²⁸.
 - Glasgow: EmilyTest provides training to staff at colleges and universities to recognise and respond to GBV safely and carry out appropriate risk assessment²⁹.
 - Glasgow: Enough!! by Glasgow Women’s Aid is a programme for young women aged 13-21. Young women can contact the helpline if they are concerned about their relationship, and they also carry out outreach work in schools providing education around healthy relationships³⁰.
 - Glasgow: Medics Against Violence Navigator Programme is a programme where support workers engage with people who have come into the emergency department at hospital and work with them after they have been discharged to connect them with services in the community for a wide range of issues³¹.
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Policy and Infrastructure

- Barcelona, Spain: Since 2015, the council of the city of Barcelona have declared that all elements of policy and society should be viewed from a feminist perspective and all decisions regarding the city budget, urban planning and public services must consider implications for both men and women. Since then, the city has taken measures such as increasing pedestrian areas and adding bus routes to better meet the needs of women³².
 - Vienna, Austria: Vienna has incorporated gender budgeting in their annual city budget, which involves identifying gender imbalances in public services and resources and using budgetary tools to try and address these gaps. This has included increasing public lighting and security in public spaces, introducing gender-sensitive education in day care centres and adapting cemeteries to better meet the needs of visitors, who were identified as being primarily women³³.
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²⁸ <https://www.roseproject.co.uk/>

²⁹ <https://www.emilytest.org/>

³⁰ <https://glasgowwomensaid.org.uk/enough/>

³¹ <https://www.mav.scot/navigator/>

³² <https://streets.mn/2020/05/22/how-can-cities-be-designed-for-women/>

³³ <https://www.ebrdgreencities.com/policy-tool/gender-budgeting-vienna-austria/>

The Need for Evidence-Based Practice

In addition to areas of good practice and innovation, during our engagement with stakeholders, there were some gaps in the knowledge of stakeholders and attitudes around GBV identified. For example, there was some discussion of how women, particularly young women, can adjust their behaviour to avoid GBV rather than focusing on changing problematic male behaviours and cultural attitudes which facilitate GBV. There was also mention of generational cycles of violence which can be problematic as it again places the blame on the family rather than on systemic issues such as sexism, misogyny and toxic masculinity. This cements the need for consistent practice across services which is based on evidence to ensure that survivors receive the best and most consistent support possible, and as a sector we move towards positive change.

7: Recommendations

This chapter proposes some recommendations in response to the challenges, barriers and gaps which were identified during stakeholder consultation and research identifying what works.

1. Making Services More Accessible

Being unaware of services, unsure of how to access them or unsure if they were for them was one of the key barriers to accessing support described by both professionals and community members. There is a need for services to provide more clarity about who they can support and what that support would entail, so that people seeking support are not discouraged due to uncertainty. This also extends to providing more information to other services and professionals about what support is available and for whom, including information about how to refer and about current waiting times to access the service.

Using digital media such as apps and websites to provide clear lists and signposting to relevant agencies would be beneficial, particularly for younger women. However, there is also a need for proactive and culturally sensitive outreach to marginalised communities who may not otherwise hear about services due to language barriers, accessibility issues or lack of access to the internet.

In addition to making services more initially accessible, there also needs to be recognition that a survivor of GBV needs support at all points along the journey, not just immediately after an incident occurs or is reported. More long-term support options and plans need to be provided and made accessible to survivors.

"I think there are great services out there but reality is, we know about Woman's Aid but the others, not so much and asking women to research during times of real need is hard. As a professional I don't even know some of these and I know the referral process is different for each and sometimes you need to fit into a specific box. They do amazing things but we need better understanding and easier access.

Service Provider

2. Community Hub Approaches

One of the main issues highlighted in this report, particularly for women and girls in the North-East of Glasgow, is the challenges they face in accessing services. To address this, a community hub, "one stop shop" approach is recommended. This would involve multiple services being present in one location at the same time and at regular intervals, for example once a week, in a community space in local communities. This would make accessing services more physically accessible for women, in local community centres rather than needing to travel to the city centre. It would also reduce barriers for women with multiple or complex needs as instead of needing to make multiple appointments for different services to focus on, for example, housing, finances, substance use and GBV, they could attend once and

receive advice and support for multiple issues. If women were able to have one trusted person who could help them navigate services, this would also help to reduce women needing to tell their stories multiple times and being retraumatised.

“It might not necessarily be about having services based there (the North-East) full time, but it might be a hub that’s a one stop shop, but also that different organisations can go in there to do bits of work rather than a full-blown organisation.”

Service Provider

3. Women-Only Spaces

From stakeholder consultations, it was identified that an increase in women-only spaces would make many survivors feel safer and more able to access support without fear. Therefore, an increase in women’s hubs or centres could encourage more women to access support. However, a potential challenge with this is that it may be exclusionary for some survivors, for example trans women and non-binary people who may not feel able to access these services. There is therefore also a need for specialist LGBTQ spaces and services to ensure that they can also access support.

4. Community and Peer-Based Support

While many survivors spoke of positive experiences with specialist third-sector organisations, a distrust of statutory services was highlighted as a key barrier for survivors. Therefore, it may be beneficial to introduce a community-based support network where people in the community are trained to help respond and support women and girls, so the support is coming from within the community rather than an outside service. This may make the support more appropriate and survivors more able to engage with support, especially for minority ethnic women, migrant and refugee women and women whose first language is not English who often experience additional barriers when accessing services. An example of where this has been used elsewhere is Bradford’s Muslim Women’s Council who has an “auntie network” where they train women in the community to support with women and girls with experience of child sexual abuse³⁴. Additionally, more opportunities should be provided for women from the community who have already experienced and navigated the system to support others, as this will allow trust to be built up much more quickly.

“A village that knows and understands that one another’s, although my situation is quite different from yours, you’ve got the understanding that what trauma does to you and then they build the village around that, you know?”

Community Member

“For a lot of migrant women, where they seek support is within their own communities and it’s almost like services, and especially this service, needs to have those clear relationships with almost like, you know, peer community groups”

Service Provider

³⁴ <https://muslimwomenscouncil.org.uk/sites/default/files/documents/The%20Impact%20of%20the%20FRAGILE%20project%20%281%29.pdf>

“What I worry about in our community as well is I worry about, and it's happening quite a lot in other areas, if you've got like middle class, educated people parachuting and wanting to fix things and just like, ‘do you know what, Oh, it's a really, you know, poor area’. And I'm like, well, no, it's not a poor area. It's an under-resourced area that isn't getting the funding it needs...our people in our community know fine well how to sort things out.”

Service Provider

5. Integrated Service Delivery

It was highlighted in this report that, for survivors who need to access multiple services, this can often be challenging to navigate and potentially retraumatising by needing to tell their story multiple times. A more integrated approach where, firstly, all services are aware of one another and what they do and secondly, they operate in an integrated and connected manner rather than as separate entities would be beneficial. The “No Wrong Door” approach³⁵ currently being developed in Glasgow for services which tackle child poverty recognises the importance of collaboration between services, but it should incorporate a GBV perspective. It was emphasised by several stakeholders that a gendered lens is vital in understanding many societal issues. The integration of statutory and third sector services is also vitally important, as statutory services are often the first point of contact with survivors of GBV. Therefore, frontline statutory workers including healthcare workers, police officers and school staff need to be suitably trained and equipped to identify and support women, children and young people with experience of GBV. An integrated approach would provide a single-entry point where women, children and young people can access multiple supports without being redirected repeatedly. It would also improve the efficiency of the service landscape and allow for services to tackle issues collaboratively, which is important as capacity and funding constraints mean that one service cannot tackle all needs.

“I think we're so bad at the intersectional stuff that you need to have multiple services, but I think this has come about due to undercapacity and one organisation not being able to meet the needs of all the different areas/groups. I think given the way demand outstrips supply, duplication is impossible, but we do need to consider how we can work together more collaboratively to maximise the impact of resources.”

Service Provider

“I work in an acute hospital setting (Obstetrics & Gynaecology) and I do not think we have a good awareness of third sector organisations.”

Service Provider

6. Resourcing to Collaborate

Stakeholders discussed how opportunities for services and professionals to meet up and share information and learning, even in an informal manner, had reduced post-Covid. However, opportunities for professionals to be in the same space and share

³⁵ <https://gcvs.org.uk/policy/no-wrong-door/>

ideas would greatly facilitate integrated service delivery. Co-location and skills swaps can be really good ways to enhance partnership working. For example, a skills swap between a specialist GBV service and a substance use recovery service would better enable both sets of practitioners to support women with experience of both and better meet their needs. However, this needs to be facilitated and resourced to provide these organisations with both the finances and the time to participate. This also extends to providing knowledge and networking to expand services' knowledge of what other services are available, it will only be effective if it is invested in fully.

"I think that myths surrounding subjects such as GDPR along with the fear of reprimand or sanctions definitely hinder the sharing of relevant information between stakeholders/partner agencies/organisations or whatever we're calling each other these days."

Service Provider

7. Leadership and a Cohesive Response to GBV

Several stakeholders spoke about how the approach to service delivery for GBV violence in Glasgow lacks leadership and strategic cohesion. Implementing strong leadership and a city and service wide approach for providing support would assist with several of the other recommendations outlined in this report. A cohesive strategy would allow statutory services to better understand that they have a role in responding to GBV and would reduce the overburdening of specialist organisations. This would also provide a better response to survivors as it would ensure that they will receive appropriate advice and support, no matter to which agency they first present. Increased leadership and strategic focus would also promote GBV being embedded into broader public protection efforts, recognising that GBV plays an important role in other societal issues and ensuring it is treated with the same importance as other public safety concerns.

"Strategic perspective, I think there is still a glass ceiling where the violence against women partnership is concerned. I don't think that violence against women and girls has been truly embraced as a public protection issue. So it still sits round in the cheap seats of the public protection arena. And I think it needs to be much more involved in that whole public protection understanding and discussion."

Service Provider

8. Prevention Work Beyond Education

Raising awareness and education around what GBV is, how to recognise the signs and how to access support was highlighted by stakeholders as important, particularly for children and young people. However, enhancing people's knowledge of GBV is not sufficient to cause changes to people's behaviour. Therefore, there should be a greater focus on prevention work which leads to sustainable behaviour change. This includes work which empowers and increases the confidence and agency of (young) women so that they feel able to challenge abusive behaviours and

seek help. This empowerment and early intervention work would be beneficial for young women, but also for women who may not be likely to reach out to services due to stigma and low expectations. However, it also importantly includes work which identifies, challenges and intervenes with young men who are exhibiting harmful behaviours. Youth services should be provided with guidance and resources on this to ensure that these behaviours are identified early and consistently with the goal of preventing any continuation or escalation into adulthood³⁶. Beyond this, prevention and early intervention work with perpetrators is also required to identify, challenge and change problematic behaviours. The Caledonian System in Scotland working with men who have been convicted of domestic abuse in Scotland has shown some evidence of improvement in their behaviour³⁷. However, earlier intervention programmes which aim to identify and intervene with men exhibiting problematic and abusive behaviours prior to any involvement with the criminal justice system should be introduced to allow survivors to receive support as early as possible and to prevent escalation. There are some examples of perpetrator programmes such as these being developed in England, such as the Restart programme in London³⁸.

“We need to be increasing people's expectations that actually if you're living in an unsafe situation or that, you have a right to actually ask for support and help to actually change that”

Service Provider

“It feels like there is a lot of the preventative stuff that is not about red flags and green flags, it's not about like the obvious stuff. It's about confidence, like, you know. It's about actually young women being sort of fortified before it even becomes about relationships or in it. To have the confidence to say no.”

Service Provider

³⁶ [Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme](#)

³⁷ <https://www.gov.scot/publications/caledonian-system-evaluation-analysis-programme-tackling-domestic-abuse-scotland/>

³⁸ <https://drivepartnership.org.uk/publication/restart/>

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This research would not have been possible without the dedication and collaborative efforts of those involved in gender-based violence service provision across Glasgow, from the strategic level to individual services who shared their views and also facilitated our contact with survivors and community members. We are also immensely grateful to the survivors and community members who engaged with us and shared their time and insights. Our aim was for this research to be grounded in the reality of those who experience gender-based violence in Glasgow, and without their generosity this would not have been possible.

Appendix A: Stakeholders Consulted:

Organisations Represented at the Launch Event Workshop	Organisations/Professionals Consulted in Interviews
Glasgow City Council Violence Against Women Services	Wise Women
Glasgow City Council Homelessness Service	Glasgow Women's Aid
Glasgow City Council Homelessness Service – Asylum and Refugee Service	Women's Support Project
Glasgow City Council Children's Services	Glasgow and Clyde Rape Crisis
Glasgow Health and Social Care Partnership	Financially Included
Scottish Government	St Paul's Youth Forum
Inspiring Scotland	The Wave Project
Corra Foundation	Violence Against Women Partnership Lead
The National Lottery	Alcohol and Drug Partnership Lead
Police Scotland	TARA/Routes Out
NHS	CSEAware
Glasgow and Clyde Rape Crisis	Glasgow Girls Group
Aberlour Child Care Trust	Organisations/Professionals Consulted in Focus Groups
No Feart	Saheliya
Moirra Anderson Foundation	Young Parent's Support Base
Financially Included	Focus Groups with Community Members/Survivors from these Organisations:
Glasgow Life Family Finance	Glasgow Girls Club (four young people)
Young Parent's Support Base	Young Parent's Support Base (four young people)
Community InfoSource	Glasgow Disability Alliance (10 adult women)
North West Women's Centre (The Women's Centre Glasgow)	The Daisy Project (nine adult women)
Glasgow Disability Alliance	Survey Responses:
Wise Women	Professionals Survey
The Daisy Project	Nine responses
The Young Women's Movement	Community Survey
Hemat Gryffe Women's Aid	72 responses

Appendix B: Organisations Invited to Take Part:

Aberlour Child Care Trust	Just Right Scotland
Amina	Launch Pad
Amma Birth Companions	MARAC Steering Group
Assist	Martha's Mammies
Barnardo's	Moira Anderson Foundation
Bridges Programme	NHS
British Red Cross	NHS - SARC
Children First	No Feart
Choice Works	North East Recovery Community
Community InfoSource	North West Women's Centre
Corra Foundation	One Parent Family Scotland
Councillor for Langside	Police Scotland
CSEAware	Routes Out
The Daisy Project	Royston Youth Action
Education	Saheliya
Enable Scotland	Say Women
GCVS	Scottish Government
Geeza Break	Scottish Refugee Council
Glasgow Alcohol and Drugs Partnership	Simon Community
Glasgow and Clyde Rape Crisis	Social Work
Glasgow City Council	St Paul's Youth Forum
Glasgow City HSCP	Supported Communities
Glasgow Disability Alliance	TARA
Glasgow East Money Advice Project	Tomorrow's Women
Glasgow Girls Club	VAWP
Glasgow Life	The WAVE Project
Glasgow Life Family Finance	Way Ahead
Glasgow Women's Aid	Wheatley Group
Glasgow Women's Library	Wise Women
Glasgow's Empowering Communities Consortium	Women's Support Project
Hemat Gryffe Women's Aid	Young Parent's Support Base
Glasgow City Council Homelessness Service	Young Women's Movement
Inspiring Scotland	

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