

TACKLING

SEXUAL VIOLENCE:

**GUIDANCE FOR LOCAL
PARTNERSHIPS**

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Guidance to Local Partnerships on Tackling Sexual Violence

Introduction

Sexual violence is a terrible crime which affects women, children, and to a lesser extent, men from all backgrounds. Its impact on the victim can be substantial, affecting mental, physical and sexual health. There are also implications for the police, criminal justice system and the health service, not to mention the fear of sexual crime evident in our communities.

Sexual violence is best tackled through a multi-agency approach, involving the voluntary sector as well as statutory agencies in the prevention of sexual crime, improved care for victims and a more effective CJS response. Local Partnerships are ideally placed to support work in this area because of their role in bringing together local agencies to deliver the crime reduction agenda. They now include the police, PCTs (or Local Health Boards), local authorities and fire authorities as responsible authorities, and are required to work in co-operation with local education and probation authorities and invite co-operation of a range of local private, voluntary, other public and community groups including the community itself. With the exception of the fire service, these organisations all have a role to play, whether direct or indirect, in addressing sexual violence.

This guidance is designed to help Partnerships understand how sexual violence affects their area, and to suggest options for solutions where it is a significant problem. It should be read in conjunction with guidance on tackling domestic violence '*Developing Domestic Violence Strategies: A guide for Partnerships*' which was circulated to Partnerships before Christmas.

The first half of the guidance describes the national profile of sexual violence and the impact it has on victims, the community, the Health Service, and CJS; sets out some of the particular issues associated with sexual violence, e.g. under-reporting; and provides advice on how to understand the problem on a local level. It also suggests which parties should be involved in analysing the problem and developing solutions and provides advice on sources of funding.

The second half of the guidance describes steps which can be taken to:

- i) prevent sexual violence, e.g. through awareness raising, practical measures and early interventions with abusers;
- ii) provide care for victims, e.g. through Sexual Assault Referral Centres and voluntary sector provision of counselling and support; and
- iii) improve the investigation and prosecution of sexual offence cases, and the management and treatment of offenders.

The guidance illustrates the interventions described with case studies, and sets out the role a Local Partnership can play, together with other statutory agencies and the voluntary and community sector.

References to 'sexual violence' in this guidance should be read as including rape and sexual assault, and childhood sexual abuse by both strangers and those known or related to the victim, unless otherwise stated. This applies whether or not physical injury is sustained, and whether or not the case is brought to the attention of the police.

SECTION 1: THE PROFILE OF SEXUAL VIOLENCE IN ENGLAND AND WALES

The 2001 British Crime Survey (BCS) Interpersonal Violence Module (IPV) reported 190,000 incidents of serious sexual assault against women aged between 16 and 59 in England and Wales, and among these an estimated 80,000 incidents of rape or attempted rape in the year leading up to the research. There were also 450,000 incidents of less serious sexual assault on women, many involving unwanted sexual touching that caused fear, alarm or distress. The results of the survey suggested that the majority of rape and sexual assault takes place in a domestic setting - 54% of rapists were current or former partners of the victim. A further 29% were known to the victim. The survey also estimated that a small proportion of men – 0.2% - had also been subject to sexual assault in the previous year.

Sexual violence is massively under-reported. In the year 2003/04, 52,070 sexual offences were recorded by the police. Of this number, 13,247 were offences of rape. The total number of recorded sexual offences rose by 7% in 2003/04, to account for 5% of total recorded violence. Importantly, the 2001 BCS IPV found that only about 15% of rapes came to the attention of the police. 40% of those who had suffered rape in the 2001 BCS IPV had told no-one about it.

Whilst the volumes of rape and sexual assault are lower than for other forms of violent offending, it is a particularly serious crime, and one which has a considerable impact on fear of crime within the community. The 2002/03 BCS found that 30% of women aged 16-29 and 24% of women aged 30-59 were very worried about rape. This is a higher figure than for all other crime types that were measured, including mugging, burglary and physical attack.

Sexual violence in a domestic context

The BCS IPV finding that over half of the respondents who had experienced rape had done so at the hands of a current or former partner reflects the findings of a substantial body of evidence. Research suggests that women forced to have sex by their partners experience the most severe forms of domestic violence¹, and that sexual coercion and violence within a marriage is likely to occur more than once with increasing frequency and intensity². Levels of reporting have been found to be particularly low for rape and sexual assault within a pattern of domestic abuse.³

Work on sexual violence needs to take account of the strong links with domestic violence and vice versa. Advice on addressing sexual violence in a domestic

¹ 'Sexual violence against adult women primary care attenders in east London.' Coid J, Petrukevitch A, Chung WS, Richardson J, Moorey S, Cotter, Feder GS. Br J Den Pract. 2004 Feb;54(499):135-6

² 'The legal irony of marital rape.' Afr Women Health. 1995 Jul-Sep;:16-8

³ The HMCSI Report on domestic violence;

context can be found throughout this document. More detailed guidance for Partnerships on tackling domestic violence can be found in *Developing Domestic Violence Strategies: A guide for Partnerships*

<http://www.crimereduction.gov.uk/domesticviolence46.doc>

The impact of sexual violence and abuse

The impact of sexual violence and abuse is wide-ranging. Research, and the experience of practitioners, has indicated that the following effects may result from sexual violence:

Victims

- Physical injury
- Sexually transmitted infections
- Mental health implications including post-traumatic stress disorder, anxiety and panic attacks, depression, somatic symptoms, social phobia, substance abuse, eating disorders and suicide.
- Unwanted pregnancy
- Time off work
- Negative experience of the criminal justice process may exacerbate these problems.
- Where people are abused as children, the psychological effects may be particularly complex and often endure into adulthood. There may also be additional implications in terms of social development, behavioural problems and education difficulties.
- Impact on relationships, family and friends, particularly where sexual violence is perpetrated in a domestic context.

Health Service

- Failure to provide good immediate medical care and advice may increase long-term pressure on GPs, substance abuse treatment services and services for mental health, Genito-Urinary Medicine (GUM) and family planning.
- Where appropriate services are not in place, victims of sexual offending may report to A&E departments, GUM services and GPs, creating an additional burden on services which are not equipped to deal effectively with victims of sexual crime.

Criminal Justice System

- Time spent on police investigation, case preparation and court hearings.
- Cost to prison and probation services in terms of offender management

- Failure to bring sex offenders to justice, or to effectively manage them may lead to a revolving door effect, where the same people go on to commit further crimes with implications for the CJS.
- According to research by Morris et al (1995)³ one third of a sample of 200 women in prison had experienced past sexual abuse.

The Community

- High rates of attrition reduce public confidence in the criminal justice system
- Lack of information about the realities of sexual crime may lead to an inaccurate public understanding of sexual crime, e.g.
 - a disproportionate fear of rape by strangers
 - a lack of awareness about the extent of sexual abuse within a domestic setting
 - a lack of knowledge about personal safety
- One third of sexual offences are committed by people under the age of 18. This has particular implications for families, social services and the education system.

⁴ Morris, A., Wilkinson, C., Tisi, A., Woodrow, J. and Rockley, A. (1995) *Managing the Needs of Female Prisoners*. London: Home Office.

SECTION 2: UNDERSTANDING THE PROBLEM AND DEVELOPING STRATEGIES

Local Partnerships have a duty to tackle the problems with crime and disorder that exist in their area, including violent crimes such as sexual offences. Where violent crimes are not included in strategies, Government Offices for the Regions (GORs) will ask Local Partnerships to account for this using evidence from their audits.

The National Policing Plan 2005-08 advises use of the National Intelligence Model (NIM) by Local Partnerships as part of their audit and strategic planning process. The NIM standardises the way police forces gather, assess and act upon intelligence by utilising a series of management processes and intelligence products developed by analysts. It enables information to be collected, researched and analysed in a structured way.

The National Intelligence Model is relevant to all involved in tackling crime, disorder and community safety. As part of the NIM process, a “problem profile” can be commissioned. The purpose of a problem profile is to provide an assessment of a specific problem (or series of problems) which may be criminal, which may pose a threat to public safety or may be anti-social in content. The profile will include an analysis of the problem with recommendations for intelligence gathering, enforcement or prevention. Partnerships seeking to establish a profile of sexual violence in their area can use the NIM to help understand the problem and design operational responses. For further information on NIM see the Police Reform website:

<http://www.policereform.gov.uk/implementation/natintellmodel.html#nimpartnership>

As sexual violence is a complex and under-reported crime, requiring multi-agency solutions, it is preferable to use a multi-agency data capture system to inform audits. A multi-agency data capture system involves the systematic collection of data on sexual violence from local agencies in addition to the police, including A&E, GPs and GUM services as well as the voluntary sector, to give an overview of the numbers seeking help, and the help they receive. This can be conducted over a prolonged period, to highlight areas for improvement and establish baselines, or over a shorter period such as a week, to provide a snapshot of help-seeking and referrals. Consultation with victims and the community can also play a key part in data capture systems.

There are a number of additional factors that should be taken into account when considering whether sexual violence is an issue in your area:

- Although it is important to look at recorded crime figures, it should be remembered that this figure only reflects about 15% of overall sexual violence.

- Rates of reporting may be particularly low for familial sexual violence and by minority groups such as the Black and Minority Ethnic (BME) community.
- Where availability of services for victims is low, people may be less likely to report to the police.
- In addition to rates of sexual offending, availability of victim care should be considered. Are local voluntary organisations active in this area? Does the area have a Sexual Assault Referral Centre (for further information see pages 24 to 26)? Are services accessible to all, including hard to reach groups?
- Fear of crime is also relevant. If there is a gap between actual sexual offending figures and those perceived by the community, there may be a need for raising awareness and making people feel safer. Fear of crime should be taken into account in the audit process.
- In terms of reducing sexual crime, the primary focus nationally is on rape and sexual assault, since these crimes can be particularly serious, and account for a large proportion of sexual violence. In light of this, Partnerships are advised to pay particular attention to the data on these offences.

Where sexual violence is identified as a significant problem in an area, steps to tackle sexual violence can either be the subject of a stand-alone strategy, or be included in a wider strategy. Local Partnerships might consider integrating a sexual violence strategy with a domestic violence strategy, given the cross-over between the two issues, and potential for shared resources. Links can also be made with strategies on alcohol, education, personal safety, young people and fear of crime. In some areas it may be appropriate to develop strategies on a cross-boundary basis.

Tackling Violent Crime Programme

Some Partnerships will currently be taking part in the Tackling Violent Crime Programme (TVCP). This has been established by the Home Office's Police Standards Unit and the Prime Minister's Deliver Unit to work intensively with those Partnership areas facing the greatest challenges and highest volumes of violent crime, to help them reduce violent crime. The focus of the TVCP is on the night time economy and domestic violence which account for the majority of violent crime in these areas. Partnerships involved with the TVCP may wish to consider the extent to which there is a link between these crime types and sexual violence in their area, as part of their action planning within the programme.

Engaging partners in development and delivery

Given the far-reaching implications of sexual violence outlined on pages 6 and 7, a multi-agency approach to tackling the problem is crucial. The following are likely to be relevant partners:

- The **police** are key partners in tackling sexual violence, with an interest in prevention, victim care, investigations, public and child protection and dealing with sex offenders. They have responsibility for implementing a number of the recommendations from the Rape Action Plan, published jointly by the Home Office, Court Service and CPS in 2002, to improve victim care and the investigation and prosecution of rape cases [\[www.homeoffice.gov.uk/docs/action_plan.pdf\]](http://www.homeoffice.gov.uk/docs/action_plan.pdf). Sexual offending should therefore be an issue on which the police are already acting at a local level, and it is important that they are involved in the development and delivery of strategies including sexual violence. The police need to work closely with other statutory agencies and the voluntary and community sectors, and should be aware of the cross-over between the roles of different organisations.
- The conviction rate for sexual offences remains unacceptably low. In 2002, 5.6% of rape allegations reported to the police resulted in a conviction. This needs to be increased if we are to deliver justice to victims, reduce sexual violence and increase public confidence. It is important for Local Partnership strategies including sexual violence issues to be aligned with the work of **Local Criminal Justice Boards (LCJBs)**. LCJBs are responsible for local delivery of Criminal Justice System objectives, improvement in the delivery of justice, the service provided to victims and witnesses and securing public confidence. Improving the response of CJS agencies to sexual violence will contribute to these objectives. They are in place in each of the 42 criminal justice areas in England and Wales and include representation from the Police, CPS, Magistrates and Crown Courts, Youth Offending Teams, Probation and the Prison Service. The latter three of these have expertise in the management and treatment of offenders.
- **Primary Care Trusts (PCTs) or Local Health Boards (LHBs)** have an important role in victim care. Both sexual and mental health services should be involved in providing immediate and ongoing care for victims of sexual violence. Early interventions by health services, when integrated with work by the police and voluntary sector, may be crucial in preventing future costs to the health service.
- **Voluntary/community groups** are a crucial source of long-term counselling and support for victims of recent and historical sexual violence. There are a growing number of small specialist organisations across the country, including Rape Crisis groups, which between them offer counselling to women and to a lesser extent men and children, as well as larger organisations such as Victim Support offering practical help and support. These groups have first hand experience of victim needs and how these can be met effectively, and should be involved in the development and implementation of strategies. The Home Office, together with the Department of Health is currently conducting a mapping exercise of voluntary groups supporting victims of sexual violence,

the results of which will be made available to Local Partnerships. In the mean time, information about organisations in your area can be obtained from the Survivors Trust (contact Faye Maxted on 01788 551150), from the DABs Directory which lists over 550 organisations working with victims of historical or recent sexual violence ([http://www.dabsbooks.co.uk/info/F4main.htm - details](http://www.dabsbooks.co.uk/info/F4main.htm-details)) or through a subscription to the Resource Information Service UK advice finder at <http://www.ris.org.uk/index.asp?sid=7&mid=5>.

- **Sexual Assault Referral Centres (SARCs)** are 'one stop' locations where victims of rape and sexual assault can receive medical care and counselling and have the opportunity to assist the Police investigation into alleged offences, including the facilities for a high standard of forensic examination. There are different SARC models, but most are run in partnership by police and PCTs with close involvement of the voluntary sector. If there is a SARC in your area – there are currently 13 in the country - they may be able to provide valuable information about the profile of sexual violence in your area, victim care and partnership working. Further information about SARCs can be found on pages 24 to 26.

If sexual crime is a significant problem in a Partnership area there may be considerable value in establishing a forum to oversee work on sexual violence, bringing together practitioners from the agencies described above and relevant voluntary and community groups. A forum can help to share good practice and information, facilitate routes for referral between services and provide a source of mutual support. Depending on local circumstances there may be potential for integrating domestic and sexual violence fora. As well as ensuring that links between domestic and sexual violence are made in service provision, this can help to spread expertise on issues such as evidence collection, advocacy services, information sharing and support and counselling.

Financial resourcing

Resources for the delivery of local strategies can be sought from a range of sources. Local Partnerships can play a key role in helping agencies and voluntary organisations to access available funding. Sources may include:

- **Local statutory agencies, primarily police and PCTs (or LHBs)**
 - Most funding will come from mainstream budgets held by police and PCTs. Measures to improve the prosecution of rape cases are mainly funded by the CPS, and the management and treatment of sexual offenders is funded by probation areas.
- **Mainstream Local Partnership funding**
 - From 2005-06 the Safer and Stronger Communities Fund (SSCF) will bring together a number of Home Office and Office of the Deputy Prime

Minister (ODPM) funding streams, with the intention of reducing crime, tackling anti-social behaviour, improving public spaces and ensuring services are more responsive to local needs in deprived neighbourhoods. Work on sexual violence supports the delivery of targets in relation to reducing crime and the fear of crime, and if local partners agree that sexual violence is a key local priority, it may be possible to include it within the Safer and Stronger Communities Fund agreement. An additional portion of the SSCF will be allocated to GORs for regional priorities, which could include sexual violence.

- In addition there are 21 Local Area Agreements being piloted in 2005/06. Funding incorporated as part of a Local Area Agreement will be structured around three functional blocks in 20 of the pilots with a 'single pot' being piloted in one area (Telford and Wrekin). The three functional blocks are Children and young people; Safer and stronger communities; and Healthier communities and older people; and all three are of relevance to sexual offending.

Further information on both the Safer and Stronger Communities Fund and Local Area Agreements is available on ODPM's website:

<http://www.odpm.gov.uk/>, and from GORs.

- **Central funding streams,**
 - The government funding website <http://www.governmentfunding.org.uk> contains information about the funding available for voluntary and community organisations from the Home Office, ODPM, Department of Health and GORs. Examples of the types of funding available include the Home Office Victims' Fund (which is currently providing resources specifically for services for victims of sexual crime); and Department of Health Section 64 General Scheme of Grants.
- **Contributions from local businesses**
- **Charitable fund raising**
- **Charitable grants, e.g. from the National Lottery, Children in Need**
- **Resourcing in kind, where agencies or others provide staff, time, premises or supplies.**

SECTION 3: KEY AREAS FOR STRATEGIES

This guidance focuses on three main areas that Local Partnerships may wish to cover in their strategies in relation to sexual violence:

- Prevention
- Acute and on-going victim care
- The criminal justice process

Depending on the issues affecting a particular area, a range of different measures may be appropriate under each of these headings. The suggestions for good practice that follow are illustrated with case studies from across the country. Where the case studies have been subject to an evaluation this is stated.

SECTION 4: PREVENTION

Prevention is clearly central to addressing the problem of sexual violence, and may take a number of forms. It is crucial that we **raise awareness** about the nature of sexual violence and how to prevent it; put in place **practical measures** to reduce the opportunities for sexual violence; and put in place **early interventions** for young people who sexually abuse, or people at risk of offending.

4a. Awareness raising

General public

Local Partnerships can play an important role in raising public awareness about the realities of sexual violence and its characteristics, including what is meant by 'consent' in relation to sexual activity; and the practical steps people can take to reduce their vulnerability. Partnerships can also consider integrating communications on sexual violence with messages about domestic violence, or messages about alcohol harm reduction (see page 18 for further information). Communications work should be done with reference to the community and its needs. Local Partnerships can work with partner agencies to devise campaigns which include posters, leaflets etc. situated in places such as doctors' surgeries, sexual health clinics, libraries, taxis, pubs and night clubs and student unions. There may also be the potential to work with local media to get your messages across, and publicise work that is being done on this issue. Better public awareness should help to increase understanding of risks and change behaviour as well as making people feel safer. For further information about personal safety advice see the website for national personal safety charity, the Suzy Lamplugh Trust <http://www.suzylamplugh.org/home/index.shtml> or the Metropolitan Police 'Project Sapphire' website <http://www.met.police.uk/sapphire/>.

Spiked – raising awareness about drink spiking

Essex Police launched the 'Spiked' campaign in 2002 in response to what officers saw as a growing problem of drink-spiking. Using the eye-catching 'Spike the Hedgehog' to brand their awareness-raising work, 'Spike' posters giving advice to pub & club goers were widely distributed amongst the bars and clubs of Essex. Bar staff wore 'Spike' T shirts, and, armed with 'Spike' bookmarks, would place a 'Spike' on the edge of a glass if they found one left unattended. Spike became a well-recognised brand and has been exported both to many UK police forces, and to countries as far afield as California, Botswana, Iceland, Northern Ireland and Austria.

Accompanying the publicity was an internal police intranet site, developed to advise investigating officers on how to deal with cases of suspected or alleged drink-spiking. Police intelligence helped identify certain premises where drink-spiking was thought to be a particular problem with a view to targeted operations. Spike had a second run in 2003, and, following internal evaluation which demonstrated increased awareness about the risks associated with drink spiking, the campaign is being developed for a third year to encompass the risk of alcohol consumption. Other drug rape awareness campaigns have been run in Bristol and Northumbria
<http://www.crimereduction.gov.uk/cgi-bin/iex/iex.pl>

Illegal minicabs - Part 1

Over the last 3 years, the Metropolitan Police, in partnership with the London Mayor's office and Transport for London have been working to raise awareness about the dangers of using illegal

Schools and colleges/universities

The Education Act 2002 introduced a new duty on schools, LEAs and FE Corporations to safeguard and promote the safety of children. There is also a requirement, under the revisions to the National Curriculum in 1999, for schools to deliver sex and relationship education. Sex and Relationship

Education Guidance issued by the DfES in 2000

(<http://www.dfes.gov.uk/sreguidance/>) makes clear that this should be done within the PSHE framework, and that it should include learning how to recognise abuse, and how to avoid being exploited or exploiting others as well as understanding how the law applies in sexual relationships. Schools should therefore already be addressing these issues within the curriculum, but local

partnerships may play a role in encouraging the involvement of other agencies in raising awareness in schools, e.g. police, local authorities and voluntary groups.

Online safety

In March 2001 the Task Force on Child Protection on the Internet was established by the Home Office. It is a unique partnership of Government, industry, police and charitable organisations working together to tackle the danger posed to children by online paedophiles. One of the aims of the group has been to raise public awareness about on-line safety. As well as a cinema advertising campaign, there are various websites which deliver consistent messages about safety to children, parents and teachers. Accessible advice and links can be found for parents on www.wiseuptothenet.co.uk, for children on <http://www.thinkuknow.co.uk> and for teachers on the Superhighway safety site at <http://safety.ngfl.gov.uk/schools/>.

Personal safety

The Suzy Lamplugh Trust is a voluntary organisation that works alongside the police, education authorities and the business sector to encourage personal safety. The Trust undertakes a wide range of research, campaigning, training and practical support activities. It has produced a range of education packages for children and young people, including teaching aids and guidance for teachers. Earlier this year the Trust, in partnership with Wandsworth City Learning Centre, developed an interactive on-line game known as 'Smart Kids' for primary school children to learn about personal safety. The game received a positive evaluation, including feedback from both pupils and teachers. For further information, or access to the game see the website at <http://www.suzvlamplugh.org/smartkids>

In order to raise student awareness about crime, many universities have teamed up with local police and other agencies to introduce 'campus watch' schemes. Campus Watch schemes use a partnership approach to educate students and staff, initiate crime prevention activities, increase awareness of potential crime and enhance personal safety.

Campus Watch

The University of Sunderland has a campus watch scheme that includes the allocation of two police officers from Northumbria Constabulary to the university to tackle crime directed towards the university and its students. The campus watch website <http://my.sunderland.ac.uk/web/support/campuswatch/> provides user-friendly advice to students about how to stay safe, including from sexual violence, and what to do if you have been the victim of rape or sexual assault, with information about relevant services in the area. It also provides a facility for anonymous reporting and regular updates on crime in the area. The scheme has not been subject to a formal

watch website <http://my.sunderland.ac.uk/web/support/campuswatch/> provides user-friendly advice to students about how to stay safe, including from sexual violence, and what to do if you have been raped or sexually assaulted, with

4b. Practical measures

There are a number of practical measures which can be implemented to make communities less dangerous, and to make people feel safer from sexual violence. The actions described here relate primarily to prevention of stranger sexual violence. Further information about prevention of domestic violence can be found in the guidance for Partnerships on domestic violence:

<http://www.crimereduction.gov.uk/domesticviolence46.doc>

Possible practical measures include installing CCTV on public transport and in public places; ensuring that public areas are well lit; and working with local transport operators to improve the provision of public transport at night and providing personal alarms, particularly to vulnerable groups such as young people and people involved in prostitution.

Work can also be undertaken in partnership with local businesses, e.g. encouraging night clubs to put on buses to help people get home safely; encouraging bars and clubs to advertise local reliable taxi companies or to establish their own legal taxi service; putting in place a negotiated drinks price policy with owners of licensed premises to reduce binge drinking; and providing police training for licencees on preventing and dealing with drink spiking and sexual assault.

Illegal minicabs – part 2

Part 1 of this case study described how the Metropolitan Police have worked with Transport for London and the London Mayor's office to raise awareness about the risks associated with using illegal minicabs. This is part of a wider strategy which has relied on a partnership approach between these organisations, and also with the entertainment and transport industries. The strategy has included the introduction of a minicab licensing scheme, a greater overt police presence in areas frequented by minicabs touting for business, the introduction of a hotline providing details of licensed minicabs in the area and the establishment by a number of bars, of their own legal taxi firms.

There may also be opportunities to help people to protect themselves from both domestic and stranger attacks, e.g. through offering self-defence classes.

Self defence

The London Centre for Personal Safety is a registered Charity, established in 1981, providing personal safety and self-defence training primarily, but not exclusively, to women and children in Greater London. Through the training, the organisation aims to prevent and reduce violence and minimise the fear and impact of violence, increasing people's capacity to respond positively to challenges and violations of their safety. The organisation provides training, mostly free of charge, to a range of individuals and groups including frontline staff and other at risk or vulnerable people, such as women in domestic violence situations, women working in the sex industry and rape crisis groups, people with learning and physical disabilities and those who are homeless. For further information and details of evaluations of the personal safety training go to <http://www.londoncentreforpersonalsafety.org/>

Addressing the links between alcohol and sexual violence

Research indicates that in a significant proportion of rape and sexual assault cases – in some studies up to 81% - the victim has consumed alcohol prior to the assault. There may be a number of reasons for this association including:

- People may take more risks when they have been drinking, e.g. walking home alone, going home with someone they don't know;
- People may have slower and less effective reactions and awareness, making them less able to defend themselves;
- People may be specifically targeted by perpetrators because they are drunk and therefore more vulnerable, but also because the perpetrator believes that they will be less likely to remember details of the attack and the identity of the attacker, and less likely to be believed by a jury.

Findings from research also suggest that many perpetrators of sexual violence have drunk alcohol immediately prior to the incident and/or have drinking problems⁴. Furthermore, perpetrator alcohol consumption is sometimes associated with increased sexual violation and physical aggression⁵. Whilst this may be partly due to pharmacological factors which increase sexual desire and aggressive behaviour, there is also evidence that alcohol is invoked as a post-offence excuse, and that there is an expectation that people in bars will be receptive to sexual advances⁶.

⁵ Grubin and Gunn (1990). *The imprisoned rapist and rape*. London: Department of Forensic Psychiatry, Institute of Psychiatry.

⁶ Brecklin, L.R and Ullman, S.E. (2001). The role of the offender alcohol use in sexual assaults: results from the National Violence Against Women Survey. *Journal of Studies on Alcohol*, 63 (1): 57-63.

⁷ Finney, A. (2004). *Alcohol and sexual violence: key findings from the research*. Home Office Research Findings 215. London: Home Office

Links need to be made between local alcohol and sexual violence strategies if this problem is to be effectively addressed. In particular, raising awareness about the associations between alcohol and sexual violence may significantly influence behaviour so as to reduce the opportunity for assaults to take place. Communications can be directed towards potential victims, encouraging them to drink sensibly and take appropriate personal safety precautions; and towards potential perpetrators, emphasizing that consumption of alcohol, on their part or on the part of their victim, does not validate sexual activity without consent. At the national level, the Alcohol Harm Reduction Strategy for England brings together a programme of work covering crime and disorder, identification and treatment, education and prevention and communication. It is intended that part of the work on developing a new sensible drinking message will include personal safety and the links between alcohol and sexual violence.

The following case study illustrates a number of the practical steps that can be taken locally by Partnerships, together with other agencies and the industry, to tackle alcohol-related sexual violence.

In 2003, Calderdale, West Yorkshire, experienced an increase in the number of rapes in the area, including of children under 16. The consumption of alcohol in town centre licensed premises was a serious

Preventing sexual violence against people involved in prostitution

Violence, including sexual violence is routinely used by pimps as a means of control. In a study of 19 'pimped' women, ten said that they had been raped or otherwise sexually abused by their pimp⁷. Men

and women involved in prostitution are also at risk of sexual violence perpetrated by users. In *A Three-City Comparison of client violence against prostitute women*, 28% of women involved in street based prostitution reported attempted rape⁸.

Local Partnerships in areas affected by prostitution may wish to instigate a 'dodgy punter' scheme to allow men and women involved in prostitution to share information on violent clients. The schemes involve a range of local partners, including local outreach services, drop-in centres and the police, collaborating to provide written information sheets to warn against dangerous clients which are

⁸ May, T., Harocopos, A., and Turnball, P.J. (2001) *Selling Sex in the City: An evaluation of a targeted arrest referral scheme for sex workers in Kings Cross*, London: South Bank University Press

⁹ Barnard, M. A., Hurt, G., Benson, C., Church, S. (2002) *Client violence against prostitutes working from street and off-street locations: A three-city comparison*, Swindon: ESRC

circulated through the agencies. Many of these schemes have provided evidence used to successfully convict offenders – while ensuring that women have better information about potentially risky situations.

Ugly Mugs

Ugly Mugs, set up in Liverpool in June 2000, passes on reports on violent clients. This is backed up by an 'early warning system' where local agencies pass messages about dangerous individuals by telephone. There has been an increase in the reporting of violent prostitute users and information from the scheme's database has been used to secure the convictions of a number of violent users.

4c. Early interventions

According to Home Office recorded crime statistics for 2003, around one third of sexual offences are committed by young people between the age of 10 and 24. The Government is developing a strategy to improve outcomes for young people who display sexually problematic or abusive behaviours in order to tackle this problem and a key aspect of this will be early intervention. Effective assessments and interventions involve a holistic approach, tailored to the needs and circumstances of each individual child and family, and require close working between relevant agencies (Youth Justice Board, the Probation Service, Social Services, the NHS, treatment providers and voluntary organisations such as NCH, NSPCC and Barnardos). It is important that the sexually abusive behaviour is not treated as an isolated problem, but that interventions take account of other problems affecting the family, drawing in relevant agencies as appropriate. Research suggests that primary, secondary and tertiary approaches should be considered, covering prevention, treatment and longer term support. There is at present a range of interventions operating across the UK. Local Partnerships may wish to assist in the funding of relevant interventions in their area, or help to raise awareness about local projects amongst practitioners.

The Young Abusers Project

The Young Abusers Project in Camden and Islington provides comprehensive assessment and treatment services for children and young people up to twenty-one

Early interventions may also be appropriate for adults who have recognised that their behaviour is, or could potentially be, sexually abusive.

Stop it Now!

The Stop it Now! Campaign, led by the Lucy Faithfull Foundation, seeks to promote a wider understanding of child sexual abuse as a preventable public health issue,

See pages 33 and 34 for information about the management and treatment of convicted

sex offenders.

SECTION 5: VICTIM CARE

Care for victims of sexual violence is currently provided by both the statutory and voluntary sectors and should, where possible, be delivered through a multi-agency, multi-disciplinary approach.

There are a range of needs that may need to be addressed for victims of sexual violence, which vary depending on the individual circumstances of a case:

Immediate

- treatment of injuries
- sexual health screening and treatment
- emergency contraception
- support during forensic examination and statement taking (where the victim wants to pursue an investigation, or may want to pursue an investigation in future)
- counselling and emotional support
- risk assessment in assault cases taking place in a domestic context
- practical help such as clean clothing (where victim's clothes have been taken as evidence); reassurance that any children are being cared for (where appropriate); and transport home after treatment

Ongoing

- counselling and emotional support for the victim (and possibly family and friends)
- practical support, e.g. with housing, time off work
- support during the criminal justice process

5a. Immediate - Sexual Assault Referral Centres

The model for the provision of immediate victim care recommended by the Home Office, Department of Health and the Association of Chief Police Officers is through a Sexual Assault Referral Centre (SARC).

A SARC is a one stop location where victims of sexual assault can receive medical care and counselling, and have the opportunity to assist the police investigation, including undergoing a forensic examination.

Most SARCs are joint ventures between the police and PCTs, with close involvement of the voluntary sector. A SARC enhances the investigation and prosecution of cases, and enables health providers and support workers to access victims in an appropriate environment within a supportive framework and rapid timeframe. Specific benefits exist for the victim, the health service and the criminal justice process:

- a high standard of victim care, and high levels of victim satisfaction;
- an improved standard of forensic evidence;
- the provision of mental and sexual health services in the SARC increases the likelihood that the client will access the treatment they need and reduces the immediate and future burden on the health service;
- specialist staff, trained in caring for victims of sexual violence;
- the opportunity for victims, if they wish, to access the services as self-referrals, without any involvement from the police. This includes the opportunity for a forensic examination, providing important evidence if the client wishes to make a police complaint at a later date;
- the potential to bring more offenders to justice on the basis of better evidence, fewer withdrawals because of better victim care, increased reporting and access to intelligence from self-referrals;
- the development of a centre of excellence and expertise, providing advice, training, and support to local health practitioners and police involved in this work and relieving pressure on police.

Evidence for these benefits and further information about good practice in SARCs can be found in the recent evaluation of SARCs⁹ commissioned by the Home Office.

There are currently thirteen SARCs operating across England in the following locations: Manchester, Preston, Walsall, Peterborough, Dartford, Codnor (Derbyshire), Bristol, Swindon, Newcastle and Sunderland, Leicester and three in London. Further centres are currently under development.

Sources of funding for SARCs include police forces and PCTs themselves, the Association of Police Authorities, hospitals, local authorities, donations from businesses and private benefactors, and grants from the Home Office (Crime Reduction Fund). Further funding has been identified by the Home Office for 2004-06 to assist new SARCs with start-up costs. Police and PCTs (Local Health Boards) in areas wishing to apply for funding for 2005-06 will need to prepare joint applications. For further details please see the Home Office website: <http://www.homeoffice.gov.uk/crime/sexualoffences/index.html>

Models of SARCs vary according to the demographics and level of sexual violence in an area, and the resources available within the partner agencies. The Rowan Centre in Walsall is an example of a new SARC run on a relatively small budget.

¹⁰ Lovett, J. , Regan, L. , and Kelly, L (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials *Home Office Research Study 285*

The Rowan Centre, Walsall, West Midlands

The Rowan centre, which opened in June 2004, offers forensic medical examinations, counselling and a 24 hour emergency phone line for any victim of rape or sexual assault in the Walsall borough (there are plans to extend the catchment area). The centre also operates a 24 hour fast track system into clinic for STI / pregnancy screening. Clients can access the centre by referrals from other agencies, via West Midlands Police and by self-referral. The Walsall Rowan Centre is a combined initiative between Health, Police and CRISIS POINT, a local counselling organisation. CRISIS POINT manage the day to day running of the SARC. They have received funding from the Police, Walsall Teaching PCT and the Safer Walsall Borough Partnership Board. Forensic examinations are funded by the police, and counselling services are provided by CRISIS POINT volunteers. The Home Office provided the centre with a grant to help with start-up costs.

In areas where a SARC is well established, such as in Manchester, centres have evolved to include a range of additional services.

St Mary's, Manchester, Greater Manchester

St Mary's was established in 1986 – the first centre of its kind - to provide a comprehensive and co-ordinated forensic, counselling and medical

The role of voluntary organisations in SARCs varies. In some areas their role is to refer relevant cases on to a SARC and to receive referrals from a SARC in cases where clients have a preference for counselling away from the centre, or need ongoing counselling (e.g. Manchester, Northumbria, London); in some areas a voluntary organisation provides the support service for a SARC (e.g. Victim Support in Swindon) and in others a voluntary

organisation is responsible for the running of a SARC (e.g. Derbyshire, West Midlands).

Given the cross-over between sexual and domestic violence, the Practitioner Advisory Group on SARCs is currently considering ways of ensuring closer links between SARCs and domestic violence services. One option is the creation of a post within a SARC to develop links with domestic violence and other relevant service providers in the area, provide appropriate support to victims of domestic sexual violence and provide training to other staff and linked police officers about the needs of service users experiencing domestic abuse. There may also be significant value in arranging for the local domestic violence co-ordinator to sit on the board of a Sexual Assault Referral Centre (SARC);

Local Partnerships can play a valuable role in supporting existing SARCs and in assisting in the development of new SARCs in areas where they do not currently operate. Given that Local Partnerships now include PCTs (or LHBs) and work closely with the voluntary sector, they may provide an appropriate forum for bringing together relevant agencies and brokering partnership arrangements. Local Partnerships may also contribute funding to help establish a SARC or to help develop the services offered by an existing SARC, or provide backing in relation to an application for Home Office funding.

5b. On-going victim care

The Voluntary and Community Sector are key providers of specialist and innovative on-going care for victims of sexual violence. There are a wide range of organisations, including rape crisis groups, operating helplines and services providing emotional support and counselling across the UK for women and to a lesser extent, men and children, who have suffered recent or past sexual violence. There are also a number of organisations which provide care for victims of sexual violence and abuse from minority groups, including black and minority ethnic women, people with learning disabilities and women involved in prostitution. See page 11 for information on how to find out about voluntary organisations operating in your area.

The Survivors Trust

The Survivors Trust is an umbrella group which represents over 80 organisations (UK and Ireland) that work with and on behalf of adolescent and adult survivors of childhood sexual abuse. The organisation aims to offer a national collective voice to support and empower survivor groups, to educate and inform acknowledgment of and response to sexual abuse on a local and national level. The Survivors Trust may be able to provide Local Partnerships with information about voluntary sector services for victims of sexual violence operating in particular regions.

Care must be taken about the provision of counselling to those going through the criminal justice process as rigorous policies must be adhered to. These are set out in a joint CPS, Home Office and Department of Health document “Action for Justice – Provision of Therapy for Vulnerable or Intimidated Witnesses Prior to a Criminal Trial”. This is available on the CPS website at <http://www.cps.gov.uk/publications/>.

Victims need to be able to make an informed choice about whether to take their case through the criminal justice system. The following box describes guidance which has been produced to provide victims with information about the criminal justice process. Further information about the investigation and prosecution of rape cases can be found in section 6 of this guidance.

Legal Handbook for victims of sexual violence

Rights of Women, a non for profit organisation, and the Child and Woman Abuse Studies Unit at London Metropolitan University,

Local Partnerships can be instrumental in raising awareness amongst statutory agencies about local voluntary service providers. They may also be able to help facilitate partnership arrangements between voluntary and statutory service providers, perhaps through becoming involved with or developing networks (see case study on the Lilith Project below).

The Lilith Project

The Lilith Project is a second tier, pan-London violence against women (VAW) initiative established in January 2003. The project was formed by a consortium of eight volunta

As well as emotional support and counselling, victims of sexual violence may require considerable practical support. Local Partnerships can ensure that statutory and voluntary agencies in their area have links with Victim Support – one of the main sources of practical support to victims of crime - to facilitate referrals where necessary.

Victim Support

One of the main sources of support (as opposed to specialist counselling) is Victim Support. Branches of Victim Support operate throughout the UK. They provide victims with the opportunity to talk confidentially to specially trained volunteers, provide information on police and court procedures and on claiming compensation and crime prevention. Volunteers will go with victims of sexual violence on visits to places such as the police station, hospital or GUM service and will refer people on to other services, e.g. for specialist counselling where appropriate. Victim Support can act as advocates on behalf of people with housing difficulties, or can help people to find legal advice or refer you on. Victim Support also run a witness service which offers practical and emotional support to victims before, during and after court

Whilst Local Partnerships may wish to consider funding voluntary organisations, they can also strengthen applications to other funding

sources by assisting with and backing bids to demonstrate a partnership approach.

The Home Office has placed £4 million recovered from the proceeds of crime, into the Victims Fund to support the development of community-based services for victims of sexual offending over 2004-06. The closing date for applications is 28 February 2005 and the names of successful applicants will be posted on the Home Office website. The grants will enable organisations to expand and strengthen the service provided to victims of sexual violence in a range of Local Partnership areas, providing the opportunity for a renewed local focus on sexual violence. Details of the fund can be found on the government funding website

<http://www.governmentfunding.org.uk> which also contains information about the funding available for voluntary and community organisations from the Office of the Deputy Prime Minister, Department of Health and Government Offices for the Regions.

5c. Multi-agency co-operation in victim care

Good links between statutory agencies and voluntary service providers can be crucial in ensuring that victims access the services they need. For example, the first contact many victims have with service providers is when they access the police, GUM or A and E departments. These organisations should be able to refer people on to appropriate voluntary providers of support and counselling. Similarly, it may be useful for voluntary organisations to have agreements with local health providers so that, for example, people who access voluntary sector services can be fast-tracked for sexual health screening.

It is important that front-line service providers are equipped to deal with first disclosures of sexual violence. The Home Office is currently funding the development of an electronic training tool for A and E staff and police, designed to help identify people who have been sexually assaulted, provide the best immediate care, and consider how to preserve and collect evidence. It is also hoped to make the material available to staff in family planning, genitourinary medicine, general practice, ambulance services, pharmacists and social services. For further information contact sexual.offences@homeoffice.gsi.gov.uk

St Mary's SARC, Manchester, have developed an algorithm for referral to the SARC where a client discloses sexual violence to another front-line service provider. This can be found on the St Mary's website <http://www.cmht.nwest.nhs.uk/directorates/smc/default.asp> and may be adapted for use by practitioners in any area where there is a SARC.

<p><u>Routine enquiry</u> Health professionals are ideally placed to raise the issue of domestic violence with service users and routinely provide information or refer to specialist support agencies. Such an</p>

SECTION 6: THE CRIMINAL JUSTICE PROCESS

The 2002 Thematic Inspection into the Investigation and Prosecution of Sexual Offences¹⁰ highlighted that the criminal justice system has not always served the interests of victims and of justice well. Effective criminal justice work is crucial in encouraging reporting, raising the conviction rate, and restoring faith in the criminal justice system not only amongst victims, but also the wider public.

As a result of the thematic inspection, the police and CPS have been implementing a range of recommendations, set out in the Government's Rape Action Plan (http://www.homeoffice.gov.uk/crime/sexualoffences/rape_action_plan.html) to improve the investigation and prosecution of sexual offences. In forming a strategy including sexual violence, and as part of co-ordination with Local Criminal Justice Boards, Local Partnerships should consider how well the following good practice in criminal justice interventions is met in their area.

6a. Investigation

- Use of early evidence kits by the police and other appropriate agencies (eg SARCs). Early evidence kits enable urine samples and mouth swabs to be taken by either the victim themselves, or a non-FME, allowing the victim to eat, drink, and go to the toilet without risking the loss of crucial forensic evidence. These kits have been available to the police for the last few years, and ACPO encourage their widespread use.
- 24/7 availability of specialist Sexual Offence Liaison Officers, who are specifically trained to deal with victims in the immediate aftermath of an assault, as well as to provide ongoing support throughout an investigation and prosecution.
- Development of forensic capability. ACPO recommend the use of SARCs for forensic examination of victims of rape and sexual assault, but in addition the Forensic Science Service is developing a number of forensic techniques that can capture crucial evidence to demonstrate that sexual contact has occurred, and can also indicate whether any violence may have been used. It is important that both police and CPS work with the FSS to ensure the best possible understanding of the relevant forensics in a case.

6b. Prosecution

¹¹HM Crown Prosecution Service Inspectorate and HM Inspectorate of Constabulary (2002) *A Report on the Joint Inspection into the Investigation and Prosecution of Cases involving Allegations of Rape*

- Introduction and successful embedding of specialist rape prosecutors and rape co-ordinators. All CPS areas should have established specialist rape prosecutors, as well as a rape co-ordinator to liaise across areas.
- Improvement of support and information offered to victims, including procedures for contact to inform a victim when a case is discontinued or reduced to a lesser charge.

The CPS Rape Policy

The CPS launched a new policy for prosecuting cases of rape in June 2004. Designed to explain to members of the public, and particularly victims and witnesses of rape offences, how rape prosecutions are carried out, its aim is to encourage more rape victims to come forward and to give them greater confidence in the process. The policy includes detailed new procedures on offering greater support and information to victims, the importance of working with the police, ensuring the right barrister for the case, and challenging unfair cross-examination of victims and untrue mitigation.

6c. Multi-agency working

- Early case conferences between the police and the CPS in investigations into allegations of sexual offences were a recommendation of the 2002 Rape Action Plan. The earliest possible contact between police and CPS enables intelligence to be shared and the case built from the beginning. Some police forces have established CPS charging units within police stations.
- Establishment of strong local links between police, CPS, and voluntary organisations involved in supporting victims, and a clear procedure for sharing of information between any relevant agencies. This might include local authority social services departments and healthcare organisations.
- Development of 'advocacy' services for victims: a clearly designated individual who is responsible for tracking cases and keeping victims informed of developments. In areas with a SARC, a SARC worker is ideally placed to take on this role.

6d. Managing Offenders

Local Partnerships should be aware of local arrangements for the management and treatment of sex offenders.

Under the Multi-agency Public Protection Arrangements (MAPPA), a Responsible Authority formed of probation, police and prison services works in

close partnership with other agencies such as the health services, social services and local housing authorities to assess and manage the risks posed by sexual and violent offenders living in the community. Arrangements in each of the 42 probation and police areas of England & Wales aim to ensure that individual offenders are managed at an appropriate level of single or inter-agency intervention to minimise the risk of them re-offending. Certain restrictions can be placed upon an offender's behaviour through licence conditions or court orders and, where necessary, information about that offender will be disclosed to individuals such as previous or potential victims and employers

The NPS implements a range of treatment programmes which have been 'tried and tested' at national level. For sexual offenders, there are three independently accredited programmes, which involve intensive, long-term group work. These programmes are not suitable for everyone, in which case, offenders will undergo individual programmes of supervision. When properly targeted, sex offender treatment programmes reduce reconviction rates by up to a third. The NPS has also provided funding for a number of initiatives within the voluntary sector which contribute to the management and treatment of sex offenders. Further information about MAPPA and sex offender treatment can be found in the Sex Offender Strategy for the NPS

<http://www.probation.homeoffice.gov.uk/output/page32.asp>

Early interventions for young people who display sexually abusive behaviour and people at risk of offending are referred to earlier in this guidance on pages 21 to 23.

For further information about any of the advice or case studies included in this guidance, please e-mail the sexual crime reduction team at sexual.offences@homeoffice.gsi.gov.uk.