



# HM Government

in association with

Association of Chief Police Officers

Crown Prosecution Service

Her Majesty's Court Service

National Offender Management Service

Voluntary and Community Sector

## Cross Government Action Plan on Sexual Violence and Abuse

April 2007



# MINISTERIAL FOREWORD

Sexual violence and childhood sexual abuse are two of the most serious and damaging crimes in our society. For victims, these crimes represent a violation which can have significant and ongoing consequences for health and wellbeing. These individuals deserve to be supported, to be treated with dignity and respect, and to see their offenders brought to justice.

In the 2006 Criminal Justice Review Rebalancing the Criminal Justice System – cutting crime, reducing reoffending, and protecting the public, this Government emphasized the importance of tackling the most serious crimes and protecting the public from dangerous and violent offenders. This Action Plan, which sets out how we plan to deliver key objectives on sexual violence and abuse, represents an important step in taking forward this agenda. It is closely linked with workstreams addressing domestic violence, prostitution and trafficking and will underpin the new crime strategy when this is published in due course.

The Action Plan on Sexual Violence and Abuse includes work from across the whole of Government, reflecting the wide-ranging implications of these crimes. As members of the Inter-departmental Ministerial Group on Sexual Offending, we are committed to working with our delivery partners and stakeholders to ensure the plan's effective implementation over the course of the coming year.

Vernon Coaker, Home Office (Chair)

Parmjit Dhanda, Department for Education and Skills

Caroline Flint, Department of Health

Harriet Harman, Department for Constitutional Affairs

Dr Kim Howells, Foreign and Commonwealth Office

Meg Munn, Department for Communities and Local Government

Mike O'Brien, Attorney-General's Office

Gerry Sutcliffe, Home Office

# BACKGROUND

1. Sexual violence and abuse have a devastating impact on victims, their families and friends, and wider society. Addressing these crimes and the harm they cause is a priority for the Government, and fits within agendas on public health, reducing crime and the fear of crime, bringing offenders to justice, safeguarding children and vulnerable adults, education and gender equality.
2. The Action Plan brings together the measures underway and planned over the next year to deliver our key objectives on sexual violence and abuse:
  - To maximise prevention of sexual violence and abuse
  - To increase access to support and health services for victims of sexual violence and abuse
  - To improve the criminal justice response to sexual violence and abuse,
3. The purpose of the Action Plan is to:
  - Tell our stakeholders and members of the public what we are seeking to achieve in relation to sexual violence and abuse
  - Identify the actions we are taking to deliver our objectives
  - Identify gaps in existing work which require further consideration
  - Increase transparency and enable us to be held to account on delivery of our objectives
  - Provide a platform for developing a more strategic and holistic approach to tackling sexual violence and abuse
4. The Action Plan is supported by an on-line implementation guide that sets out the roles and responsibilities of the following key delivery agencies and partnerships for work on sexual violence and abuse:

## Delivery agencies

- Police
- Crown Prosecution Service
- Courts
- National Offender Management Service
- Local Authorities
- Voluntary and Community Sector Organisations
- Sexual Assault Referral Centres (SARCs)
- Primary Care Trusts (or Local Health Boards in Wales)
- External Forensic Service Providers and Forensic Practitioners

## Local partnerships

- Crime Disorder Reduction Partnerships
  - Local Criminal Justice Boards
  - Local Safeguarding Children Boards
5. The over-arching Plan covers all forms of sexual violence and abuse, both recent and historic, and all those affected by these terrible crimes including women, men and children. It recognises the continuum of gender-based violence, which represents a major cause and consequence of inequality, particularly for women.
  6. The Plan, which will underpin the forthcoming crime strategy, represents a platform for a more strategic and holistic approach to addressing sexual violence and abuse. Over the course of 2007-08 we will be working with our stakeholders to consider what more we need to do in the longer term to make further progress on the delivery of these objectives, particularly at a local level, and how we can further strengthen links with work to address other forms of gender-based violence.

# WHY IS TACKLING SEXUAL VIOLENCE AND ABUSE A PRIORITY?

## **It's much more common than people think...**

- Around 21% of girls and 11% of boys experience some form of child sexual abuse
- 23% of women and 3% of men experience sexual assault as an adult. 5% of women and 0.4% of men experience rape.

## **The most vulnerable in society are disproportionately affected...**

- Child sexual abuse is more likely to be experienced by children with a disability, missing or looked after children and children from families experiencing domestic violence.
- Adult sexual violence and abuse is more likely to be experienced by people with a disability, people involved in prostitution, people who have been abused as children and young women who have been drinking.

## **It represents a form of gender inequality...**

- Most perpetrators are male and most victims are female. It is both a consequence and cause of gender inequality.

## **It causes fear in communities...**

- Women are more worried about rape than any other crime

## **It can cause severe and long lasting harm to victims...**

- Direct physical health consequences of sexual violence and child sexual abuse include physical injury, sexually transmitted infections and unwanted pregnancy.
- Long-term consequences of sexual violence and child sexual abuse include post-traumatic stress disorder, anxiety and panic attacks, depression, social phobia, substance abuse, obesity, eating disorders, self harm and suicide, domestic violence and in some cases, offending behaviour. Child abuse can also impact on educational attainment and school attendance.

## **...and to society...**

- The overall cost to society of sexual offences in 2003-04 was estimated at £8.5 billion, with each rape costing over £76,000. Much of this cost is made up of lost output and costs to the health service resulting from long term health issues faced by victims. Addressing problems early should help to prevent these long-term costs.

## **Victims don't always get the support they need...**

- 40% of adults who are raped tell no one about it. 31% of children who are abused reach adulthood without having disclosed their abuse. This means that victims don't get the support they need to deal with the abuse or violence they have experienced.
- Where victims do try and access support, it hasn't always been available. We need to increase the capacity in support services to deliver services for those who need them.

## **It is an important and dangerous element of domestic violence...**

- Many people believe that adult sexual violence and child sexual abuse is normally committed by a stranger. In fact, perpetrators are normally known to the victim and many are partners or family members. Rape is associated with the most severe cases of domestic violence, and is a risk factor for domestic homicide.

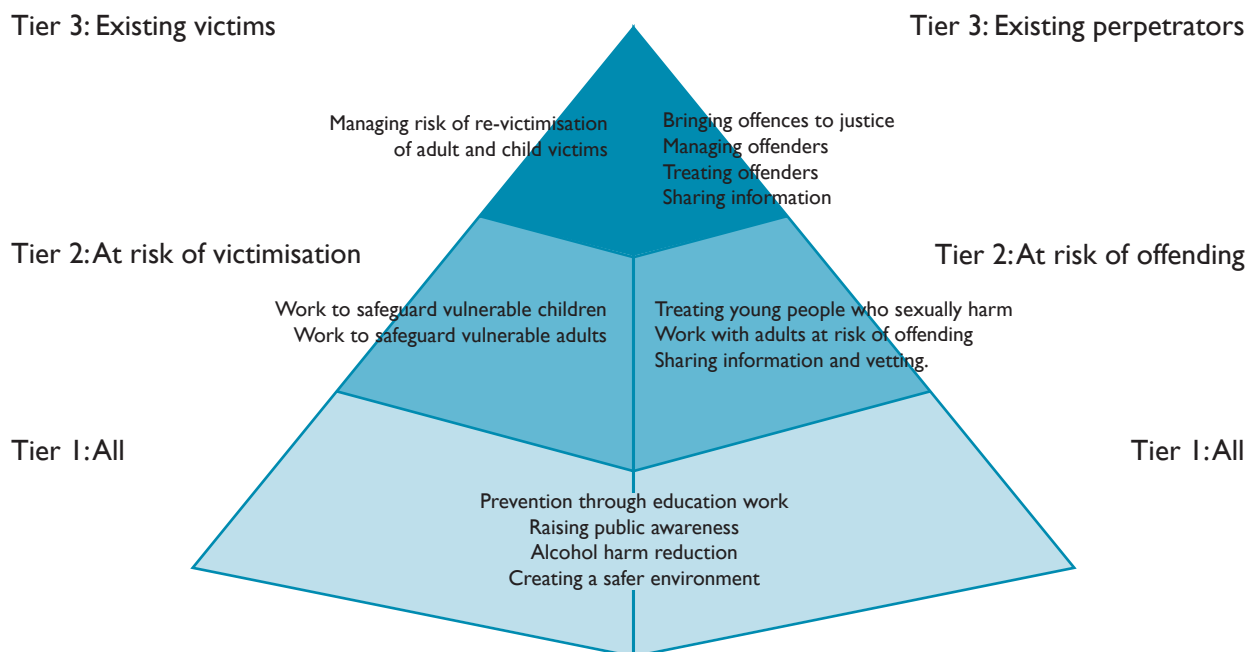
## **Offenders have been getting away with it....**

- Only 15% of serious sexual offences against people 16 and over are reported to the police and of the rape offences that are reported, fewer than 6% result in an offender being convicted of this offence. This means that those who commit these very serious crimes may continue to pose a risk to the public.

# KEY AREAS FOR ACTION DESCRIBED IN THE PLAN

## Prevention

7. The ultimate aim of work on sexual violence and abuse is to reduce its prevalence and associated outcomes. Maximising prevention is therefore a key objective of the Action Plan. The model below summarises the various actions underway and planned to prevent sexual violence and abuse of adults and children. The model reflects the different levels of intervention that are required to prevent sexual violence and abuse, depending on level of risk, both of victimisation and perpetration.

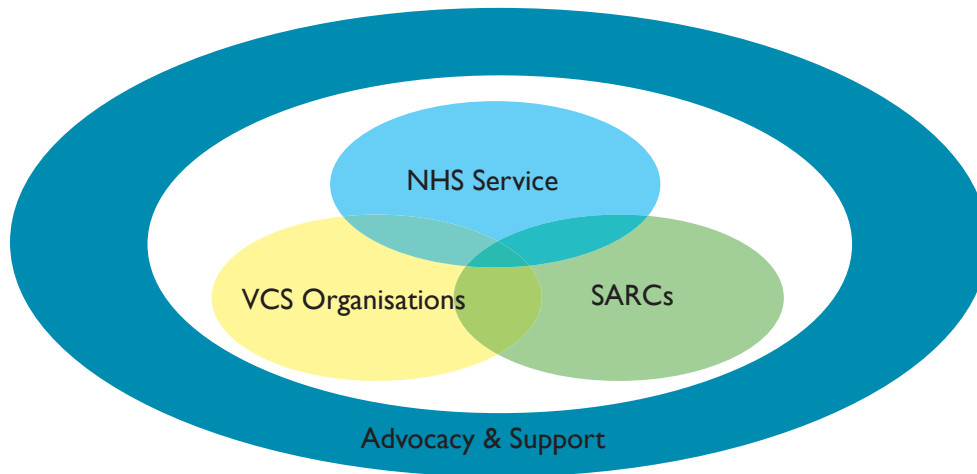


### Key actions on prevention for 2007-08

- Management of sex offenders through Multi Agency Public Protection Arrangements.
- Implementing new strategies for treating adult sex offenders and young people who sexually abuse.
- Implementing a new vetting and barring scheme to make sure all those who work with children are safe to do so.
- Implementing guidance published last year on Working Together to Safeguard children and the new Common Assessment Framework to identify and intervene to help Children with Additional Needs.
- Working with schools to implement new standards on sexual and mental health promotion through the Healthy Schools programme.

## Health and Support

8. Sexual violence and abuse have major mental and sexual health implications and consequently, addressing these is an important public health issue. However, access to appropriate services to address these needs, such as Sexual Assault Referral Centres (which provide health and support services to victims in the immediate aftermath of an assault), is currently limited. The Voluntary and Community Sector (VCS) provide valuable longer-term support and therapeutic services to victims of sexual violence and abuse, but the capacity of this sector is stretched and sustainability is a major issue.
9. Our second objective is therefore to increase access to support and health services for victims of sexual violence and abuse. The diagram below illustrates the importance of co-operation, in terms of strategy and service provision between Statutory Health Services (including A & E, Sexual Health Services, GPs, Mental Health services), VCS and SARCs if victims are to receive a holistic and co-ordinated response. Building capacity in these services, and co-ordinating the provision of a holistic response to the needs of individual victims through the provision of advocacy, form the key elements of this objective.

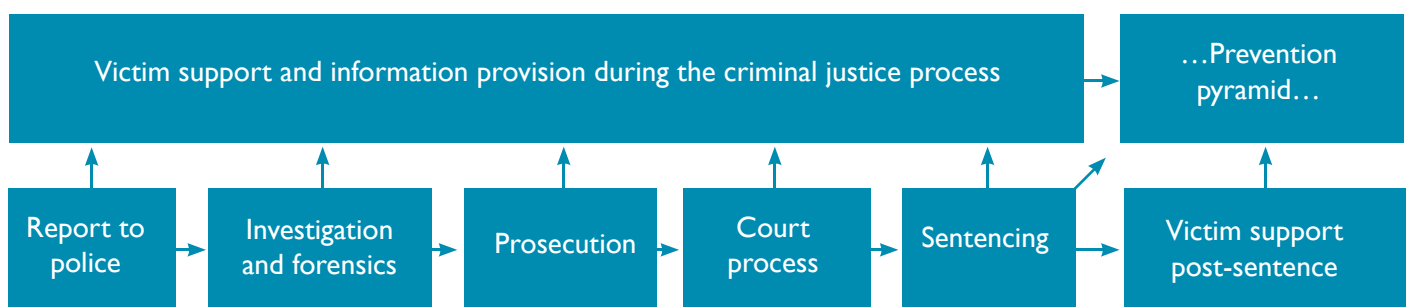


### Key actions on increasing victim access to health and support for 2007-08

- Through the Home Office Victims Fund, providing an additional £1.25m to voluntary sector organisations providing services for victims of sexual violence and abuse.
- Expanding the network of Sexual Assault Referral Centres which provide medical care, a forensic examination and counselling in the aftermath of a sexual assault (there were 5 centres in 2003 and should be around 40 by the end of 2008).
- Evaluating 38 Home Office-funded Independent Sexual Violence Advisor schemes, which provide advocacy and support for victims of sexual violence and abuse.
- Producing guidance for Primary Care Trusts on commissioning services from the sexual violence and abuse voluntary sector, and on commissioning child specific sexual abuse services.
- Through the Victims of Violence and Abuse Prevention Programme, developing national service guidelines on responding to the needs of child victims of sexual abuse, adult survivors of child abuse and adult victims of recent sexual violence.

### Criminal Justice Response

10. Attrition rates in sexual offence cases, and rape in particular are very high. Sexual offences are very difficult to report and to prosecute, but notwithstanding this, we need to do more to improve the criminal justice response to sexual offences, and in particular to increase reporting and improve the way in which sexual offence cases are investigated and prosecuted. Work in relation to delivering these objectives can be broken down into a number of key stages, illustrated in the diagram below, each of which must be underpinned by support for victims. Bringing more offences to justice and sentencing offenders appropriately feeds directly into the prevention of further sexual offences.



## Key actions on improving the criminal justice response for 2007-08

- National roll-out of training for specially trained officers who gather evidence and liaise with victims of sexual offences.
- Strengthening the capacity of specialist rape prosecutors and rape co-ordinators to ensure the best cases are built.
- Introducing sexual offences training for all barristers prosecuting in serious sexual offence cases.
- Introducing a new performance management framework for criminal justice agencies on sexual offences and a joint Home Office/Association of Chief Police Officers operational support team to assist forces with the implementation of recommendations from the rape inspection Without Consent.
- Expanding special measures to make it easier for vulnerable victims to give evidence and rolling out the use of intermediaries to help vulnerable witnesses with communication/understanding needs, including children, give evidence.
- Extending the network of Sexual Assault Referral Centres and piloting Independent Sexual Violence Advisors to obtain high quality evidence and provide support throughout the criminal justice process.
- Extending the use of Victim Personal Statements and introducing advocacy arrangements to enable victims to put forward their views when the Parole Board is considering offenders' cases.

## Monitoring implementation

11. The plan includes a number of diagnostic indicators relating to each objective. We will take account of these indicators when assessing the Government's progress on implementation of the Action Plan. As the plan brings together work from across government, there are also a number of performance management frameworks that will provide levers for driving performance of the various delivery agencies.
12. The implementation of the Action Plan will be overseen by the Inter-departmental Ministerial Group on Sexual Offending. Progress reports will also be provided to the Cross-Government Stakeholder Advisory Group on Sexual Violence and Abuse. A full progress report will be published at the end of 2007-08 following consultation with key stakeholders.





# CONTENTS

## Part I – Background and Policy Context

### Chapter 1: Introduction

### Chapter 2: Background

Prevalence of sexual violence and childhood sexual abuse	3
What we know about the victims	3
What we know about the offenders	4
Alcohol as a factor in sexual violence and childhood sexual abuse	5
Consequences of sexual violence and childhood sexual abuse	6
Disclosing sexual violence and childhood sexual abuse	7
The law on sexual offences	8

### Chapter 3: Government Policy Context

Crime and Criminal Justice	10
Public Health	11
Sexual Health	11
Mental Health	11
Safeguarding Vulnerable Adults	12
Safeguarding Children	12
Education	13
Gender Duty	13

### Chapter 4: Links between sexual violence and childhood sexual abuse and other forms of gender-based violence

Domestic Violence	14
Forced Marriage	14
Crimes committed in the name of honour	15
Female Genital Mutilation	15
Prostitution	15
Trafficking	16

### Chapter 5: Implementation and Monitoring Performance

Delivery Partners	17
Managing implementation and performance	19

## PART 2 – OBJECTIVES AND KEY ACTIONS

### Chapter 6: Support and Health Services

Health related impact of sexual violence and childhood sexual abuse	21
Mainstream health services	22
Sexual violence and childhood sexual abuse voluntary sector services	23
Sexual Assault Referral Centres (SARCs)	24

Advocacy and support	25
Victims of Violence and Abuse Prevention Programme	26
Diagnostic Indicators for health and support	26
<b>Chapter 7: Criminal Justice Response</b>	
Reporting by adult victims	28
Reporting by children	29
Attrition post report	29
Investigation and forensics	29
Prosecution policy and practice	32
Court process (including special measures and evidence)	33
Sentencing	34
Victim support and information provision through the Criminal Justice Process	34
Support for victims post-sentencing by Probation Service	35
Diagnostic indicators on criminal justice	36
<b>Chapter 8: Prevention</b>	
<b>Tier 1 Interventions</b>	
Prevention through education work	39
Raising public awareness about sexual violence and childhood sexual abuse	40
Alcohol Harm Reduction	40
Creating a safer environment	40
<b>Tier 2 Interventions: People at risk of victimisation</b>	
Safeguarding vulnerable children	41
Safeguarding vulnerable adults	42
<b>Tier 2 Interventions: People at risk of offending</b>	
Young people who sexually abuse	42
Adults at risk of offending	43
Information sharing and vetting procedures	44
<b>Tier 3 Interventions: Preventing re-victimisation</b>	
Managing risk of re-victimisation: adult victims	44
Managing risk of re-victimisation: child victims	44
<b>Tier 3 Interventions: Preventing re-offending</b>	
Managing and sharing information about convicted sex offenders	45
Treating sex offenders	46
Diagnostic Indicators for Prevention	47

## PART I – BACKGROUND AND POLICY CONTEXT

### CHAPTER 1: INTRODUCTION

1.1 Sexual violence and childhood sexual abuse have a devastating effect on the lives of victims and their families and inspire fear in local communities. These crimes violate the basic right of women, men and children to be treated with dignity and respect, to have control over their bodies and to live without fear of sexual violence and childhood sexual abuse.

1.2 The Government is committed to creating a society where these rights are upheld. Sexual violence and childhood sexual abuse are not inevitable and through a co-ordinated approach with our stakeholders and delivery partners, we are seeking to reduce their prevalence through bringing more offences to justice, reducing the opportunity for offences to take place, and through providing an effective multi-agency response to victims and survivors. This document sets out the objectives we are seeking to achieve, and describes the actions underway and planned to deliver them over the coming year. The objectives of the plan are as follows:

1.3 This Plan will underpin the forthcoming Crime Strategy which will seek to prioritise those crimes which cause the most harm to individuals and to society. There are strong associations between sexual violence and other forms of gender-based violence including domestic violence, trafficking and sexual exploitation through prostitution. These very serious crimes present a significant cause of inequality for women, and are being addressed by the Government through a series of linked strategies and plans.

1.4 This Plan represents a platform for a more strategic and holistic approach to addressing sexual violence and childhood sexual abuse, and over the course of 2007-08 we will be working with our stakeholders to consider what more we need to do in the longer term to make further progress on the delivery of these objectives.

1.5 An on-line implementation guide has been developed to accompany the Action Plan and is available at <http://www.crimereduction.gov.uk/sexualoffences/sexual03.htm>. This provides information for practitioners about the initiatives included in the Plan, the agencies responsible for their delivery including arrangements for multi-agency working, and sign-posting to relevant guidance.

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

## CHAPTER 2: BACKGROUND

2.1. Safe, consenting sexual relationships should embody the principles of sexual autonomy, respect, gender equality and health. Sexual violence and childhood sexual abuse, including rape, sexual assault, sexual exploitation, and sexual abuse, run contrary to these principles.

2.2. The majority of victims of sexual violence and abuse are women and children of both sexes, but rapes and sexual assaults against men are equally traumatic. Although sexual violence perpetrated by women does happen, most sex offenders are male. Contrary to popular belief, the majority of rape and sexual assault takes place in a domestic setting – the British Crime Survey (BCS) Interpersonal Violence Module (IPV) 2004-05 found that 51% of serious sexual assaults were committed by current or former partners of the victim. Only 11% were committed by strangers. Similarly, the majority of childhood sexual abuse is committed by someone known to the child<sup>1</sup>.

### Prevalence of sexual violence and childhood sexual abuse

2.3. The following table provides information about the prevalence of sexual violence and childhood sexual abuse.

2.4. In the year 2005-06, 62,081 sexual offences were recorded by the police. Of this number, 14,449

were offences of rape, of which 92% were rape of a female and 8% were rape of a male. Sexual offences accounted for 5% of total recorded violence.

2.5. Sexual violence and childhood sexual abuse are massively under-reported by both female and male victims. 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 year leading up to the survey had told no-one about it. Similarly, Cawson et al (2000) found that three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time.

### What we know about the victims

2.6. Research indicates that there are a number of factors, in addition to gender, which are associated with being a victim of sexual violence and childhood sexual abuse.

### 2.7. Childhood sexual abuse

- Age: Research indicates that childhood sexual abuse is most prevalent in the 5 to 14 age group.<sup>4</sup>
- Multiple abuse: 33% of those childhood sexually abused had been abused by more than one abuser and 60% were repeatedly sexually abused.<sup>5</sup>
- Family violence: Families experiencing physical violence were more likely to include a child who had been sexually abused.<sup>6</sup>
- Local Authority Care: Research into children and young people abused through prostitution found that, on average, those who had been looked after by the local authority became involved in prostitution 3 years earlier than those who had not.<sup>7</sup>

Type of sexual violence	Female	Male	Source and location of study
Childhood sexual abuse (all forms and contact sexual abuse)	21% all forms 16% contact sexual abuse	11% all forms 7% contact sexual abuse	Cawson, 2000 <sup>1</sup> NSPCC UK study
Sexual Assault (16-59 year olds experienced)	Sex Assault: 23% (2.8% in last year)	Sex Assault: 3% (0.6% in last year)	Finney, British Crime Survey, 2004/5 <sup>2</sup>
Rape (16-59 year olds experienced)	Rape: 5%	Rape: 0.4%	Finney, British Crime Survey, 2004/5 <sup>3</sup>

1 Cawson et al. (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child childhood sexual abuse and neglect. London: NSPCC

2,3 Walker, A., Kershaw, C. and Nicholas, S. (2006) Crime in England and Wales 2005-06. 12/06

4 Comparative Risk Assessment: Final Report, Childhood sexual abuse. WHO Collaborating Centre for Evidence and Health Policy in Mental Health, St Vincent's Hospital, Sydney, Australia, May 2001

5 Singh (1996) Singh, H.S., Tiing, W.W. and Nurani, H.N. (1996) Child Childhood sexual abuse and Neglect, June 20 (06) 487-92 International journal of child childhood sexual abuse and neglect.

6 Siverman, A.B., Reinherz, H.Z., Giaconia, R.M. The long term sequelae of child and adolescent childhood sexual abuse: A longitudinal study, child childhood sexual abuse, negl. (1996)

7 Pearce J.J., Williams, M and Galvin, C (2003) Research Findings: The choice and Opportunity Project: Young women and sexual exploitation, York.

- Runaway children: A 2001 study found that 21% of young runaways will be physically or sexually assaulted whilst missing (Rees, 2001)<sup>8</sup> A 2002 study of 55 sexually exploited young women found 53 had a history of going missing or running away from home or care.
- Trafficking: There have been occasional instances of minors (mainly 16 and 17 year olds) being trafficked into the UK for the sex industry. A recent national police and immigration operation “Pentameter” discovered 12 girls under 18 who had been trafficked for sexual exploitation, two of whom were only 14 years old.

## 2.8. Adult sexual violence

- Age: Men and women aged between 16 and 19 are significantly more likely to experience sexual assault than older people. Women aged from 16 to 24 are almost four times more likely to have experienced sexual assault in the last year than women aged from 45-59.<sup>9</sup>
- Marital status: Single, separated or divorced women are almost four times more likely to report having experienced sexual assault in the last year than married women.
- Illness or disability: People with a limiting illness or disability are more likely than those without one to be sexually assaulted.
- Alcohol: Many victims are assaulted when they have been drinking. In *A Gap or A Chasm: Attrition in reported rape cases* Kelly et al found that alcohol was involved in 34% of rape cases reported to the police. The reasons for this association are complex (see page 5 for further explanation).

- Prostitution: In a Three-City Comparison of client violence against women involved in prostitution, 28% of women involved in street based prostitution reported attempted rape.<sup>10</sup>
- Childhood sexual abuse: A study by Humphrey (2000) showed that young adults were more likely to be sexually assaulted if they had experienced sexual abuse as children.<sup>11</sup>

## What we know about the offenders

2.9. Sexual abusers against children can be found amongst all socio-economic groups and all walks of life. Some seek work and leisure pursuits which allow easy access to children. This enables them to gain the trust of the child and the parent over a period of time so that defences are lowered and childhood sexual abuse is facilitated. Far from being stereotypical loners, many are married or in long-term relationships, some with children of their own. Research estimates that only about 25 to 40% of offenders have a “recurrent and intense sexual attraction to children that would attract a label of ‘paedophilia’”<sup>12</sup>. The same research indicates that less than 5% of sexual offences against children are known to have been committed by women, often in association with men. Research estimates that 60 to 70% of child molesters target only girls, about 20 to 33% only boys and 10% children of either sex.

2.10. A 21 year reconviction study published in 2003-04 found that a quarter of sex offenders whose cases were examined were reconvicted for a sexual offence during this period.<sup>13</sup> Just under 22% of the same cohort were reconvicted for a violent offence and just under 62% received a conviction for a non sexual/violent offence. This is far lower than reconviction rates for non-sexual crime among both sexual and other offenders but low levels of reporting and the difficulty securing convictions in sexual offence cases demand that these figures are treated with caution.

<sup>8</sup> Rees, G. (2001) Working with young Runaways: Learning from practice: The Children's Society.

<sup>9</sup> Finney (2006), Crime in England and Wales 2005/06 (Walker, Kershaw and Nicholas, 2006)

<sup>10</sup> 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

<sup>11</sup> Humphreys, C. (2000) Social work, Domestic Violence and Child Protection. Challenging practice. Bristol, The Policy Press

<sup>12</sup> Grubin, D. (1998) Sex Offending against children: understanding the risk. Police Research Series Paper 99, Home Office

<sup>13</sup> Cann, J., Falshaw, L. and Friendship, C. (2004) Sexual offenders discharged from prison in England and Wales: A 21-year reconviction study. Legal and Criminological Psychology Volume 9, Number 1, February 2004, pp. 1-10(10)

2.11. Research estimates that adolescents probably account for up to one third of all sexual crime<sup>14</sup> and that around half of adult sex offenders report an adolescent onset of sexual deviance<sup>15</sup>. Studies that have examined recidivism for young abusers in adulthood have found re-conviction rates for sexual offences ranging from 9% to 37% (Nisbet, Wilson and Smallbone, 2004; Rubinstein, Yeager, Goodstein and Lewis, 1993; Sipe, Jensen and Everett, 1998; Worling and Curwen, 2000). There appears to be a greater chance of young people who sexually abuse being reconvicted for a non-sexual offence with recidivism rates varying from 37 to 89%.<sup>16</sup> This indicates that sexually abusive behaviour as a boy, may represent an important marker for the emergence of a generally anti-social profile in adulthood.

### Alcohol as a factor in sexual violence and abuse

- Research indicates that in a significant proportion of rape and sexual assault cases the victim has consumed alcohol prior to the assault. 17% of victims of sexual assault surveyed in the British Crime Survey Interpersonal Violence Module 2001<sup>17</sup> said that offence took place when they were incapable of consent due to alcohol. Other studies report even higher figures. One recent study, Operation Matisse (2006), found that in 119 of the 120 cases initially suspected to be drug-assisted sexual assault, the victim had been drinking prior to the assault. None of the cases involved the drug rohypnol, often thought of as a 'date rape drug'.
- There may be a number of reasons for this association including that 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; and people may be specifically targeted by perpetrators because they are drunk and therefore more vulnerable, and less likely to remember details of the attack and the identity of the attacker, or to be believed. Alcohol may also be used as part of a grooming process for childhood sexual abuse.
- The law on consent in relation to sexual activity states that a person consents if he agrees by choice, and has the freedom and capacity to make that choice. Excessive amounts of alcohol may affect a person's capacity to consent to sexual activity. The relationship between alcohol and sexual violence and abuse is therefore a very important one.
- Findings from research also suggest that many perpetrators of sexual violence and abuse have drunk alcohol immediately prior to the incident and/or have drinking problems.<sup>18</sup> Furthermore, perpetrator alcohol consumption is sometimes associated with increased sexual violation and physical aggression<sup>19</sup>. 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 advances.<sup>20</sup>
- Alcohol and drug abuse can also be consequences of sexual violence and abuse, providing a coping mechanism for dealing with other effects. Wilson (1998) found that 67-90% of women with alcohol and drug addiction problems were survivors of sexual abuse. Adult male victims of childhood sexual abuse are more likely than non-childhood sexual abused counterparts to meet diagnostic criteria for substance misuse disorder (55.4% versus 26.7% respectively) or for drug abuse/dependence (44.9% versus 7.8%) (Stein et al, 1998).

14 Lovell, E. (2002) I think I may need some help with this problem: Responding to children and young people who display sexually harmful behaviour. NSPCC. London

15 Abel, G.G., Osborn, C.A., and Twigg, D.A. (1993) Sexual assault through the life span: Adult offenders with juvenile histories. In *The Juvenile Sex Offender*. Guildford Press

16 Caldwell, M. F. (2002) What we do not know about juvenile sexual reoffense. *Child Maltreat.*, 7:291-302.

17 Walby, S. and Allen, J. (2004) Domestic Violence, sexual assault and stalking: Findings from the British Crime Survey Home Office Research Study 276

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

19 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.

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

### Consequences of sexual violence and childhood sexual abuse

2.12. Sexual violence and childhood sexual abuse represent a psychological as well as physical violation. Various studies report a range of mental health problems following rape and sexual assault, including post-traumatic stress disorder, anxiety and panic attacks, depression, somatic symptoms, social phobia, substance abuse and suicide<sup>21</sup>.

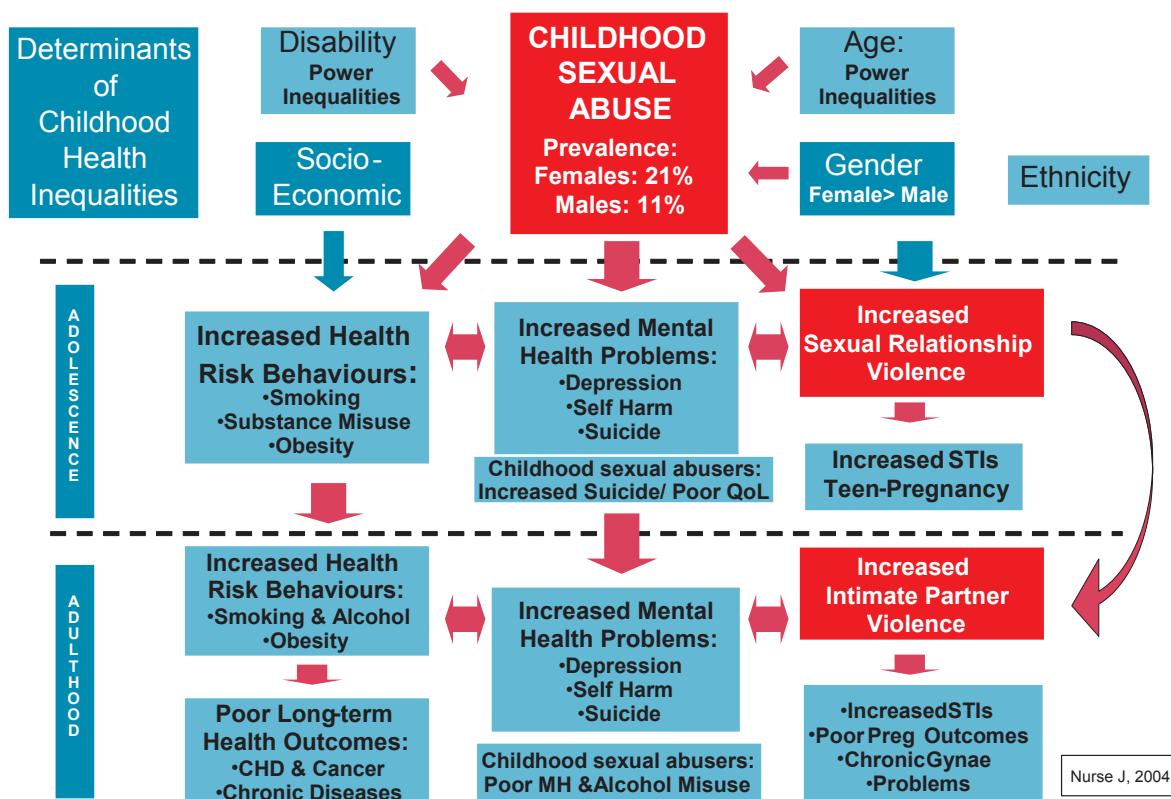
2.13. Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Childhood Sexual Abuse (2006)<sup>22</sup> identifies depression, anxiety, posttraumatic stress disorder, psychosis, substance abuse, eating disorders, self harm and suicide as long term effects of abuse for women. There are similar effects for males. Moreover, various studies have reported between 50-60% of inpatients and 40-60% of outpatients in mental health services having been physically and/or sexually abused as children.

2.14. Adverse health effects of sexual abuse and rape/sexual assault include higher rates of health risk

behaviours such as smoking, and alcohol and drug misuse, risky sexual behaviour (including prostitution), eating disorders (including anorexia and obesity), sexually transmitted infections, unwanted pregnancies (including teenage pregnancies), irritable bowel syndrome and increased gynaecological problems.

2.15. The following diagram, included in the World Health Organisation Fact Sheet on Sexual Relationship Violence in Adolescents, illustrates how sexual abuse in earlier life has multiple health impacts and interactions across the life course, including an increased risk of future sexual relationship violence in adolescence, with a consequent increase risk of negative sexual and pregnancy related outcomes. A history of sexual relationship violence increases the risk of intimate partner violence in adulthood (pathway illustrated with red boxes), with the cumulative physical, mental and sexual health risks. Additionally, experiencing sexual abuse in earlier life is associated with an increase in other health risk behaviours, for example, smoking, substance misuse and obesity, which contribute to the excess long-term health problems associated with childhood sexual abuse.

Uncovering the Hidden Life-Course Impact of Childhood sexual abuse on Health Inequalities



Nurse J, 2004

21 Ullman, S.E. and Brecklin, L.R. (2002) Sexual Assault History, PTSD and Mental Health Service Seeking in a National Sample of Women Journal of Community Psychology 30 3 261-279  
 22 Itzin, C (2006) Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Childhood sexual abuse



2.16. Home Office research published in 2005<sup>23</sup> estimated that each adult rape costs over £76,000 in emotional and physical impact, cost to the health services and criminal justice system and lost output. The total cost of sexual offences committed in England and Wales in 2003-04 was estimated at nearly £8.5 billion, 23% of the estimated total cost of crime against individuals and households. Research by the NSPCC (2004) estimated the immediate cost of childhood sexual abuse to be £20,000 per case, with an estimated long term cost of £60,000. Whilst this long-term figure is speculative, these estimates do demonstrate just how serious the impact of these crimes is.

### Disclosing sexual violence and childhood sexual abuse

2.17. Given the complex effects of sexual violence and childhood sexual abuse, it is perhaps unsurprising that many people choose not to disclose what has happened to them. This decision may also be affected by perceptions of how others are likely to respond to their disclosure, particularly as myths about sexual violence and childhood sexual abuse, and those affected by it, are relatively widespread<sup>24</sup>. Whilst this is understandable, it means that victims may not access the help and support that they need, and the risk posed by perpetrators will not be managed. For some groups, including some of those most at risk of sexual violence and childhood sexual abuse, this difficulty may be exacerbated by additional and specific familial, social or cultural factors:

#### Children

2.18. It is not unusual for children to say nothing about sexual abuse when it is actually happening to them, especially if their sexual abuser is someone the child loves or respects or they have been told not to tell anyone. Research by the NSPCC (2000, 2002) has found that only a quarter of people who had experienced sexual abuse as a child told anyone at the time it occurred. A quarter told someone later, but 31% had never told anyone by their early adulthood. Children who are sexually abused may feel responsible for what has happened, fearful of real or perceived consequences of disclosure, or wish to protect other family members. A lack of understanding of sexual matters, combined

with feelings of guilt and embarrassment, provide further barriers to disclosure. Adult survivors of childhood sexual abuse may also be reluctant to disclose for these reasons.

#### Men

2.19. Although the majority of rapes are committed against women, men are also the victims of rape and serious sexual assault. Male rape is less likely to be reported in the media or covered in magazines than female rape, with the result that victims may feel they are the only ones to experience such assault, isolated by their experience and a fear they will not be believed if they report the assault to the police. Since most men are assaulted by men, for those who are heterosexual there are complex issues about homosexual acts and meanings to be negotiated. Furthermore, there are few services that deal specifically with male victims of sexual violence, which can mean that travelling long distances to access such a service may be an additional factor affecting men's willingness to tell anyone they have been raped and come forward for help.

2.20. The SAVI Report (Sexual Abuse and Violence in Ireland)<sup>25</sup> cites findings from informal research conducted with prison and probation officers working with male offenders (non-sexual offences) which suggest that up to 60% of prisoners have experienced sexual violence or sexual abuse at some point in their lives. Disclosure and access to counselling and support in prisons may be very problematic for a number of reasons including availability of services and issues around confidentiality.

#### Women from Black and minority ethnic (BME) groups

2.21. There are religious and cultural factors within some BME communities which have an impact on the levels of disclosure of sexual violence and childhood sexual abuse, and make it difficult to know its actual nature and extent. Although the barriers preventing some women from BME groups disclosing incidents of sexual crime are not necessarily religious in nature, there are similarities between faith communities in terms of the cultural stigma attached to being a victim of sexual violence. There are significant taboos that restrict women from feeling free to discuss their experiences

23 Dubourg, R; Hamed, J and Thorns, J (2005) The Economic and social costs of crime against individuals and households 2003-04 Home Office on-line report 30/05

24 Amnesty International UK (2005) Sexual Assault Research Summary Report (ICM)

25 Cawson et al. (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child childhood sexual abuse and neglect. London: NSPCC

with relatives and members of their community, let alone contacting the police. This is why it can be important for specialist support services to be available to women from BME groups.

2.22. Language can pose a significant barrier to reporting sexual crimes for women for whom English is not their first language, or who don't speak any English at all. This has an impact on whether they will report to the police or access support from statutory agencies or voluntary organisations. In some cases, immigration issues may also play a role in preventing women from black and minority ethnic groups from approaching criminal justice authorities if a woman perceives that her immigration status (and that of any dependents) might be put at risk by coming forward.

### *People involved in prostitution*

2.23. As explained in paragraph 2.8, women, children and young people, men and transgender individuals involved in prostitution, and in particular street prostitution, are especially vulnerable to sexual crime. Violence, including sexual violence is routinely used by pimps as a means of control over people involved in prostitution. In a study of 19 'pimped' women, ten said that they had been raped or otherwise childhood sexually abused by their pimp<sup>26</sup>. Those involved in prostitution are also at risk of sexual violence perpetrated by users. In research about client violence against women involved in prostitution, 28% of women involved in street based prostitution reported attempted rape<sup>27</sup>.

2.24. People involved in prostitution share the same barriers to reporting as other victims of sexual crime. This includes shame and self-blame, a perception of the relative ineffectiveness of the criminal justice system, and uneven local service provision. But in addition they may suffer from social stigma and fear of being identified as an individual involved in prostitution; a lack of self-esteem which can significantly intensify feelings of blame; a perception of a prevailing view that involvement in selling sex means that sex must have been consensual; a perception that there is a prevailing view that people in prostitution are unlikely to be reliable witnesses; a fear of criminal proceedings being taken against them for outstanding prostitution-related offences; and a fear of deportation among those with unsettled immigration status. Those involved in

problematic drug use may also fear that their drug-using status may undermine their credibility.

### *People with physical and learning disabilities*

2.25. Research by Brown, Stein and Turk (1995)<sup>28</sup> found that there are 1,250 cases of reported sexual abuse against adults with a learning disability annually in England and Wales. This is a conservative estimate given the likelihood of under-reporting, and there are, unfortunately, no comparable figures for children with a learning disability. People with a physical or learning disability may be targeted by sex offenders because they are vulnerable. Those with a learning disability may also be targeted because offenders think they won't be believed or make credible witnesses in court. Where the perpetrator is a care worker or in a position of authority, it may be difficult for a learning disabled victim to understand that what has happened to them constitutes a crime, and they may not wish to report the crime to the police, or be a witness if the case comes to court.

2.26. Research from the early to mid nineties showed that the experience of sexual abuse by people with a learning disability affects future relationships and general well being and is a cause of depression, self-harming, eating disorders, soiling and challenging behaviours.

### **The law on sexual offences**

2.27. The Sexual Offences Act 2003 was a complete overhaul of the legal framework for dealing with sexual offences. It widened the definition of some offences (e.g. bringing non-consensual penile penetration of the mouth within the definition of rape), created new offences for behaviour that was not previously specifically covered by an offence (e.g. paying for sex with a child and voyeurism), extended the age from 16 to 18 covered by certain offences against children (e.g. familial sex offences), and gave additional protection to vulnerable adults. The legislation introduced for the first time, a statutory definition of consent, requiring that someone 'agrees by choice [to sexual activity], and has the freedom and capacity to make that choice. It also modernised the law, eliminating discrepancies in penalties for offences against boys and girls and removing laws which treated homosexual activity differently from heterosexual activity.

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

27 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

28 Brown, Stein and Turk, *The Childhood sexual abuse of Adults with Learning Disabilities: Report of a Second Two-Year Incidence Survey*, Mental Handicap Research, Vol. 8, No 1, 1995.

2.28. The Sexual Offences Act 2003 also strengthened arrangements for the monitoring of sex offenders, including procedures for offenders to notify the police of their whereabouts and a range of new orders to restrict the activities of sex offenders to reduce risk.

2.29. It is hoped that this stronger legal framework will contribute to bringing more offenders to justice, employed alongside the vulnerable witness provisions of the Youth and Criminal Evidence Act 1999 and the “bad character” provisions of the Criminal Justice Act 2003. There are inherent difficulties in proving beyond reasonable doubt that illegal sexual activity took place, particularly where a case hinges on the question of consent. This underlines the importance of enhancing standards of evidence gathering, to ensure that the prosecution is able to present the best possible case to the court.

## CHAPTER 3: GOVERNMENT POLICY CONTEXT

3.1 Sexual violence and abuse is relevant to a range of Government policies, priorities and recommendations:

### Crime and Criminal Justice

#### 3.2 The Home Office's Public Service

**Agreement 1 (PSA1)** requires the Government to reduce crime, including violent crime, by 15% and more in high crime areas. PSA2 requires that by 2007-08, fear of becoming a victim of violent crime, burglary or car crime are lower than those in 2002-03.

This is particularly relevant to rape, as it is the crime most feared by women. The Government also has a **PSA target to improve the delivery of justice** by increasing the number of offences brought to justice to 1.25 million by 2007/08. Given the very low conviction rate for rape, there are clear gains to be made by improving the investigation and prosecution of rape cases. The Government is currently considering the focus of the next 3-year PSAs, beginning in 2008-09, and recognises the importance of including a focus on those crimes, such as serious sexual offences, that cause the most harm.

**3.3 The Criminal Justice System Review: Rebalancing the criminal justice system in favour of the law-abiding majority**, published in 2006 emphasizes the importance of addressing serious violent crimes such as rape. It talks about the need to "use our 'smarter' approaches to low-level crime and disorder to free up time and resources to devote to serious and violent crime.

**3.4 The National Community Safety Plan** for 2006-09 includes as a key priority in reducing crime the need to "continue to encourage victims, families, friends and neighbours to report incidents of domestic violence and sexual assault to the police and other agencies". In order to protect the public and build confidence, the Plan states that the government will, "as an interim step to bringing more sexual offenders to justice, increase the number of rapes and other sexual offences (but excluding exposure) reported to the police so that fewer victims suffer in silence". A specific priority for 2007-08 is the implementation of this Action Plan.

**3.5 The Victims and Witnesses Delivery Plan** was published in 2004 and outlines key priorities for increasing victim and witness satisfaction including providing information about services and the case, delivering a high quality service from CJS staff and offering emotional and practical help. Providing support to victims is vital in terms of reducing the overall cost of sexual crime for society, and keeping victims in the criminal justice process in order to bring more offences to justice

**3.6 The Code of Practice for Victims of Crime**, introduced in April 2006 sets out the services victims can expect to receive from the criminal justice system including:

- A right to information about their crime within specified time scales, including the right to be notified of any arrests and court cases.
- Clear information from the Criminal Injuries Compensation Authority (CICA) on eligibility for compensation under the Scheme.
- All victims to be told about Victim Support and either referred on to them or offered their service.
- An enhanced service in the cases of vulnerable or intimidated victims.
- Victims to have access to a Prison Service helpline to notify and seek advice about unwanted contact by those convicted of or on remand for relevant criminal conduct.
- The right for the victims of sexual and violent crimes where the offender has been sentenced to at least 12 months imprisonment to be contacted (within specified timescales) to enable them to make representations about post-release licence or supervision requirements and to receive information about any conditions which are imposed on offenders .

**3.7 The Crime Strategy** currently under development is likely to encourage an increased focus on those offences, such as sexual violence and abuse, which cause the most harm to individuals and to society.

3.8 The Government issued a consultation paper in the spring 2006, “**Convicting rapists and protecting victims- justice for victims of rape**”. The paper made four main proposals with the aim of improving rape prosecutions in relation to capacity to consent; expert evidence; first complaint; and special measures. A number of actions are being considered as a result of the consultation.

### Public Health

3.9 The **Public Health White Paper ‘Choosing Health’ (2004)** identifies child physical, emotional and sexual abuse and neglect and domestic violence as public health issues to be addressed through a cross government strategy for tackling the physical and mental ill health associated with this. The **Public Health White Paper Delivery Plan (2005)** includes under ‘Improving Sexual Health’ the joint DH and HO initiative to develop Sexual Assault Referral Centres (SARCs) nationally, including services for children and adolescents. Under ‘Improving Mental Health and Well Being’ it includes ‘Targeted action to improve the quality of patient experience’ for victims of domestic (and sexual) violence through the joint ‘DH, HO and NIMHE violence and abuse programme’.

### Sexual Health

3.10 **Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV (2001)** includes the key aims of reducing the prevalence of undiagnosed HIV and STIs and reducing unintended pregnancy rates and improving the quality of service provision. It identifies ‘local coordination and back up for sexual assault as one of the specialist services to be provided across more than one PCT. The designated sexual health leads in each PCT may be well placed to work with the police and voluntary sector on developing SARC services.

3.11 **The Sexual Health and HIV commissioning toolkit for PCT and Local Authorities (2003)** stresses that voluntary and community organisations have an important contribution to make to the modernisation of HIV and sexual health services. The guidelines recommend that PCTs should consider the involvement of VCOs in commissioning and planning and in service delivery,

giving the VCOs the same opportunities to tender for and deliver appropriate services as PCTs and NHS Trusts.

3.12 The Department of Health funded and endorsed as good practice the development of **Recommended Standards for sexual health services by the Medical Foundation for AIDS and Sexual Health**. One of the recommendations was that ‘people with sexual health needs should be able to have prompt access to comprehensive services needed following sexual assault’. It further noted that, ‘Dedicated sexual assault referral centres (SARCs) provide supportive environments .....for optimal care’, and that ‘sexual health services should be involved in multi-agency collaboration to plan for and meet the needs of those who have been, or are being, sexually abused.’

### Mental Health

3.13 **The Women’s Mental Health Strategy ‘Into the Mainstream’ (2002)** and the Implementation Guidance ‘Mainstreaming Gender and Women’s Mental Health’ (2003) have a strong focus on sexual abuse, domestic violence and rape/sexual assault as causal factors in mental illness in women, and proposes that these are core issues in mental health services delivery.

3.14 **Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse (2006)** (jointly with the Home Office and National Institute for Mental Health in England) sets out Department of Health policy and outlines the work of the **Victims of Violence and Abuse Prevention Programme (VVAPP)** to address these issues. The VVAPP is a two-year initiative which is conducting research to produce evidence based policy development and practice improvement by equipping professionals and services to identify and respond to the needs of victims of domestic and sexual violence and sexual abuse, including rape and sexual assault and childhood sexual abuse. For further information on the deliverables from the VAAPP see page 26.

3.15 **The National Suicide Prevention Strategy (2001)** includes as an objective ‘to promote the mental health of victims and survivors of sexual abuse, including childhood sexual abuse’ – and domestic violence with a particular focus on self harm.

## Safeguarding Vulnerable Adults

**3.16 No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse** was published in 2000 to support the development of local multi-agency codes of practice, intended to create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of sexual abuse and a consistent and effective response to any circumstances giving ground for concern. Building on “No Secrets”, the Association of Directors of Social Services published in 2005 **Safeguarding Adults: a National Framework of Standards** for good practice and outcomes in adult protection work. This sets out the roles and responsibilities for local safeguarding adults partnerships, and includes a number of recommendations for the statutory agencies involved in safeguarding adults.

**3.17 The White Paper, Valuing People: A New Strategy for Learning Disability for the 21st Century** was published in 2001. The proposals in the white paper (linked below) were based on four key principles: civil rights, independence, choice and inclusion. Valuing People takes a life-long approach, beginning with an integrated approach to services for disabled children and their families and then providing new opportunities for a full and purposeful adult life. It aims to make improvements in education, social services, health, employment, housing and support for people with learning disabilities and their families and carers.

## Safeguarding Children

**3.18** The statutory inquiry into the death of Victoria Climbié (2003), and the first joint Chief Inspectors’ report on safeguarding children (2002) highlighted some of the problems with systems for safeguarding children including the lack of priority given to safeguarding by some agencies. The Government response to these findings was made in “**Keeping Children Safe**” (2003). The Green Paper **Every Child Matters** and the provisions in the **Children Act 2004** took forward commitments made in the Government response. Three of the most important in this context are: the creation of children’s trusts

under the duty to co-operate; the setting up of Local Safeguarding Children Boards; and the duty on a range of agencies to make arrangements to safeguard and promote the welfare of children.

**3.19 Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children (2006)** (HM Government) provides the guidance framework for safeguarding children in the context of the Children Act 2004, the NSF for children, Young People and Maternity Services, Every Child Matters and the Sexual Offences Act 2003 and the rest of the policy framework. It provides detailed guidance on the multi-agency management of individual cases and provides guidance for Local Safeguarding Children Boards and their member agencies.

**3.20 Working Together to Safeguard Children Involved in Prostitution (2000)** set out the responsibilities for agencies working with children involved in or at risk of prostitution. It is currently being updated.

**3.21 The National Service Framework (NSF) for Children, Young People and Maternity Services (2004)** recognises that ‘the abuse of a child - physically, emotionally or sexually - or neglect and domestic violence can have a serious impact on all aspects of the child’s health, development and well-being which can last throughout adulthood’ with ‘immediate and longer term impact...including anxiety, depression, substance misuse, eating disorders and self-destructive behaviours.’ It includes a chapter on Safeguarding Children policy which addresses these issues. **Supporting Local Delivery (2004)** sets out the health agenda for children and details the support that Government will provide for implementation of the NSF for Children, Young People and Maternity Services.

**3.22** The Government is strengthening the system for checking adults being recruited to work with children. **The Safeguarding Vulnerable Groups Act 2006** aims to do this by preventing those who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. It provides for introduction of a new vetting and barring system.

## Education

3.23 Schools (including independent and non-maintained schools) and Further Education institutions should give effect to their duty to safeguard and promote the welfare of pupils under section 175 of the Education Act 2002, set out in **Safeguarding Children and Safer Recruitment in Education** (DfES, November 2006). They should create and maintain a safe learning environment for children and young people; and identify where there are child welfare concerns and take action to address them, in partnership with other organisations where appropriate.

3.24 School is a key source of information for children and young people, and education has an important role to play in reinforcing the message that relationships should be based on respect and that sexual activity should be consensual. Secondary schools are required to provide a programme of sex and relationship education to all pupils enrolled at the school to ensure that the needs and concerns of their pupils are met appropriately. **Sex and Relationship Education Guidance** (2000) produced by the Department for Education and Skills, recommends that SRE should include how to avoid being exploited or exploiting others, knowing how the law applies to sexual relationships and developing positive values and a moral framework that will guide decisions, judgements and behaviour.

## Gender Duty

3.25 The **Gender Equality Duty**, coming into force in April 2007 will require public service providers to ensure that their services meet the individual needs of women and men. Public bodies will need to consult with their service users to identify: the priority issues for women and men in the services they provide; whether they have different needs within some services; whether women or men are put off accessing a particular service and why; whether there are some services that are more effectively delivered as women-only or men-only. Enforceable by law, the duty will require that public authorities have 'due regard' to the need to provide appropriate services for victims of crimes, such as sexual crime and domestic violence, where the majority of victims are women and also to ensure that services for male victims of sexual

crimes are delivered in an accessible and appropriate environment. More information can be found on the Equal Opportunities Commission website.

## CHAPTER 4:

# LINKS BETWEEN SEXUAL VIOLENCE AND ABUSE AND OTHER FORMS OF GENDER-BASED VIOLENCE

4.1 It is important that sexual violence and childhood sexual abuse are not considered in isolation from other forms of gender-based violence, all of which represent a major violation of an individual's human rights. Whilst there are differences between these crimes and the needs of victims and survivors, there is also considerable cross over in terms of who is affected, the potential impact of the crimes, the criminal justice process and the steps that can be taken to try and reduce their perpetration. In taking forward this action plan at both a national and local level, it is important to consider where it is appropriate to join work up, to ensure a co-ordinated and effective response, and where it is appropriate to draw distinctions between the different forms of gender-based violence, for example, in providing specialist therapeutic care.

### Domestic Violence

4.2 There are clear links between sexual and domestic violence. Both are experienced primarily by women. According to the British Crime Survey Interpersonal Violence Module 2004-05, over half of adult rapes are committed by current or former partners of the victim, and 55% take place in the victim's home. As is the case with all forms of domestic violence, it is common for victims to experience multiple incidents, sometimes over long periods of time, before they seek support or report to the police. It is also important to note that victims of sexual violence perpetrated by a current or former partner are likely to be victims of the most severe forms of domestic violence.

4.3 The National Delivery Plan on Domestic Violence, (2nd Progress Report published end of March 2007) sets out work to deliver a series of objectives in relation to domestic violence including:

- increasing the early identification of and intervention with victims of domestic violence;
- building capacity within the domestic violence sector to provide effective advice and support to victims of domestic violence;

- the promotion and promulgation of a co-ordinated community response to domestic violence;
- increasing reporting and arrest rates for domestic violence;
- increasing the rate at which sanction detections are converted into offences brought to justice, particularly in high incidence areas and/or communities as well as in areas with high attrition rates;
- supporting victims through the CJS and managing perpetrators to reduce risk; and
- developing the evidence base to close key knowledge gaps, particularly around (a) understanding the nature and scope of domestic violence and (b) understanding what works in reducing the prevalence of domestic violence.

4.4 Over the coming year, we will be ensuring that there is greater integration between work on sexual and domestic violence, both on a national level and a local level.

### Forced Marriage

4.5 A forced marriage is one where people are coerced into a marriage against their will and under physical or emotional duress. Forced marriage is abuse of human rights and cannot be justified on any religious or cultural basis. Where someone is forced into marriage it is unlikely that they will have the freedom or capacity to consent to sex. As such, as well as being forced to marry against their will, they may also find themselves the victim of a sexual offence.

4.6 In 2004 the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently acts such as forced marriage and other so-called honour crimes can now come under the definition of domestic violence. Many of these acts are committed against children. The DV Virtual Unit



is looking at how to ensure Forced Marriage and so-called honour-based violence in a domestic violence context is properly addressed. In particular CPS is looking at how to capture statistical information including in those cases that involve children and young people at 16 and 17 years old.

4.7 Government action to address forced marriage forms part of the National Delivery Plan on Domestic Violence, and is managed by the joint Home Office/FCO Forced Marriage Unit.

### Crimes committed in the name of honour

4.8 A crime committed in the name of honour is a crime that is, or has been, justified or explained by the perpetrator of the crime on the grounds that it was committed as a consequence of the need to protect or defend the honour of the family. Codes of honour relate primarily to appropriate behaviours for women and 85% of victims of forced marriage are female. There is a direct link between forced marriage and crimes committed in the name of honour. Murder in the name of honour is normally committed in the belief that defiled honour can only be redeemed when the source of shame is removed and is often done in collusion with relatives and the community.

4.9 In response to this horrific crime, the UK & Turkey presented jointly the 2004 UN General Assembly Resolution on Working Towards the Elimination of Crimes Against Women and Girls in the Name of Honour. (15 October 2004, A/C.3/59/L.25). The Resolution aims at preventing honour killings, emphasising that the elimination of crimes against women and girls requires enhanced efforts and commitment from Governments and the international community. The Resolution declares the obligation of States to exercise due diligence to prevent, investigate and punish the perpetrators of crimes committed against women and girls in the name of honour and to provide protection to the victims and that not to do so violates, impairs or nullifies the enjoyment of their human rights. Government action to address honour crimes is included in the National Delivery Plan on Domestic Violence.

### Female Genital Mutilation

4.10 Female Genital Mutilation (FGM) has been a specific criminal offence in this country since 1985 when the Prohibition of Female Circumcision Act was passed. However, in some communities, within the UK as well as abroad, the practice is still accepted or even condoned, with many individuals circumventing UK laws by taking young girls abroad to have the procedure done. The Female Genital Mutilation Act 2003 made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, even if it occurs in countries where FGM is legal. It is also illegal to aid, abet, counsel or procure FGM abroad, and anyone convicted of doing so could now face a maximum penalty of 14 years' imprisonment, increased from the previous maximum of five years. Government action to address FGM is included in the National Delivery Plan on Domestic Violence.

### Prostitution

4.11 The Coordinated Prostitution Strategy launched in January 2006 highlighted the fact that women involved in prostitution, and in particular street prostitution, are especially vulnerable to violent and sexual crime. Many are disengaged from services, increasing their isolation and vulnerability. This situation is exacerbated in the case of migrant women, and women who have been brought to this country against their will. Steps need to be taken to address the issue of access to support services, and to encourage women and men working in prostitution to report sexual crimes to the police.

4.12 It should be noted that children may also be victims of prostitution and other forms of commercial sexual exploitation. This group may also include children who have been victims of human trafficking. The identification of a child involved in prostitution, or at risk of being drawn in, should always trigger the agreed local procedures to ensure the child's safety and welfare, and to enable the police to gather evidence about sexual abusers and coercers. Strong links have been identified between prostitution, running away from home, human trafficking and substance misuse.

## Trafficking

4.13 There are links between international organised crime and sexual violence. There is evidence that victims are being trafficked internationally for the purposes of sexual exploitation, with the United Kingdom as a destination country. Victims who have been trafficked for the purposes of sexual exploitation are particularly vulnerable. They often experience a wide range of health, mental health, emotional and psychological problems as a result of repeated sexual violation and physical and emotional intimidation.

4.14 Tackling human trafficking was a key priority for the United Kingdom's presidencies of the Council of the European Union and the G8. Over the course of the UK Presidency an EU Action Plan on Human Trafficking was developed, which has been adopted by the Justice and Home Affairs Ministerial Council. This year the UK became signatory to the European Convention on Action Against Trafficking in Human Beings which will build on our existing measures and set the framework for future support for victims.

4.15 A United Kingdom Action Plan on tackling Human Trafficking was published this year. In line with the Organisation for Security and Cooperation in Europe (OSCE) guidance it focuses on three key areas: Prevention; Investigation, Law Enforcement and Prosecutions; and Protection and Assistance to Victims.

4.16 Within IND, the Paladin model has been adopted at key airports. Operation Paladin Child was a joint operation set up between the UK Immigration Service, Metropolitan Police, Social Services and the NSPCC to define the nature of child migration from non-EU countries to the UK via London Heathrow, with a view to recognising signs of trafficking. The recommendations flowing from Operation Paladin Child continue to be taken forward and are informing our child safeguarding procedures as well as contributing to ports' safeguarding teams – often known as Paladin teams which involve police, immigration and social workers working together effectively to safeguard children.

4.17 Care and support for child victims of trafficking are key elements of the UK Action Plan on tackling Human trafficking launched in March 2007. Contained in the action plan are detailed and proactive measures

to ensure that potential victims and communities in source countries are alerted as to the risk of trafficking, and awareness raising programmes are conducted by DfID, the FCO and the International Labour Organisation (ILO). Working in source countries is one strand of activity. The other strands include working with carriers in terms of training of key staff to recognise children suspected of having been trafficked for sexual and/or labour exploitation, working with the Immigration Service at ports of entry and Asylum Screening Units (ASUs), and with children's social services on a wide range of initiatives as outlined in the plan. Working with the police and health services is also a key strand of activity, and improving the levels of support for key child safeguarding professionals is an integral part of the child aspects of the plan.

## CHAPTER 5:

# IMPLEMENTATION AND MONITORING PERFORMANCE

### Delivery Partners

5.1 Whilst some of the actions included in this plan are solely the responsibility of central government, many require the local engagement of a wide range of organisations and local partnerships, summarised below. Further detail about their roles and how they need to work together to address sexual violence and childhood sexual abuse is provided in the implementation guide. Available at <http://www.crimereduction.gov.uk/sexualoffences/sexual03.htm>

### Organisations

5.2 **Police:** 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. The police undertake investigations on rape in accordance with Guidance on Investigating Serious Sexual Offences published in 2005.

5.3 **Crown Prosecution Service (CPS):** The CPS is responsible for charging decisions and the prosecution of sexual offence cases. Serious sexual offences are prosecuted by Specialist Rape Prosecutors in accordance with the CPS Rape Policy.

5.4 **Courts:** The courts have an important role to play in ensuring that sexual offence cases are dealt with as efficiently and effectively as possible with appropriate facilities for victims and witnesses, particularly those classified as vulnerable or intimidated.

5.5 **National Offender Management Service:** The National Offender Management Service, comprising HM Prison Service and National Probation Service, has responsibility for the management and treatment of offenders, both in prisons and in the community. With the police, NOMS forms the Responsible Authority for Multi Agency Public Protection Arrangements for managing offenders. NOMs also has, via the probation service's statutory duty in respect of certain victims of sexual or violent crimes, a responsibility to inform and consult with victims.

5.6 **Primary Care Trusts:** Given the extremely high health-related cost of sexual violence and abuse, Primary Care Trusts (PCTs) or Local Health Boards in Wales (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, either directly or through services commissioned from the voluntary sector.

5.7 **Local Authorities:** Under the Children Acts 1989 and 2004, county-level and unitary Local Authorities (LAs) have a general duty to safeguard and promote the welfare of children in need in their area and undertake child protection work to investigate and tackle harm to children including sexual abuse.

They should ensure that issues of sexual violence as well as other risks of harm to children are considered in the preparation of the Children and Young People's Plan for the local area. As they are also responsible for the provision of education they can help ensure that Personal Social and Health Education, including 'sex and relationships' modules, is delivered effectively.

5.8 **Immigration and Nationality Directorate:** Within its statutory framework where IND encounters or suspects any incident of sexual abuse, relevant signposting is provided.

5.9 **Voluntary and Community Sector Organisations:** Voluntary/community groups are a crucial source of long-term counselling and support for victims of recent and historical sexual violence and childhood sexual abuse. There are small specialist organisations across the country, which between them offer counselling and support to women, men and children. There also organizations that support specific vulnerable groups such as victims with a learning disability and victims from black and minority Ethnic communities. The National Rape Crisis Network and The Survivors Trust are two umbrella organisations that provide links between most local specialist organisations. In addition, larger organisations such as Victim Support offer practical help and support. These

groups have first hand experience of victim needs and how these can be met effectively, and are crucial to the delivery of support to victims of sexual violence and childhood sexual abuse. Some voluntary sector organisations also work with offenders, including those with a learning disability, to provide therapy and conduct risk assessments on behalf of statutory agencies.

**5.10** As well as the provision of direct services the voluntary and community sector is an important source of training and information for statutory agencies on preventing and responding to sexual violence and childhood sexual abuse. The expertise and knowledge of the sector should be drawn upon in the development of local strategies and action plans. Voluntary sector organizations can also provide useful intelligence to help solve crimes and inform local sexual violence and childhood sexual abuse problem profiling.

**5.11 Sexual Assault Referral Centres (SARCs):** Sexual Assault Referral Centres are one stop locations where victims receive medical care and counselling from expert practitioners, and have the opportunity to assist the police investigation, including undergoing a forensic examination. They are normally multi-agency initiatives including input from the police, health services and voluntary sector. There are currently 16 in England and Wales, providing a vital source of care in the immediate aftermath of an assault and beyond. The main client group for SARCs is victims of recent sexual assault, although some also provide counselling and support services for victims of historical sexual abuse. Like the voluntary sector, SARCs are an important source of training and intelligence, and should be involved in the development of local strategies and action plans.

**5.12 External Forensic Service Providers and Forensic Practitioners:** Forensic services and forensic examinations are often provided by external contractors. Close partnership working with local statutory agencies and agreed standards of service delivery are important in ensuring that victims of sexual violence and childhood sexual abuse get the best possible service.

## Partnerships

**5.13 Crime and Disorder Reduction Partnerships (CDRPs)** (or Community Safety Partnerships in Wales): Crime and Disorder Reduction Partnerships (CDRPs) are ideally placed to support work to address sexual violence and childhood sexual abuse because of their role in bringing together local agencies to deliver the crime reduction agenda. They now include the police, the police authority, Primary Care Trusts (or Local Health Boards), local authorities and fire and rescue 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 and community groups. CDRPs have responsibility for the allocation of the Government's Safer and Stronger Communities funding stream and are strongly encouraged to include indicators on sexual violence in Local Area Agreements.

**5.14 Local Criminal Justice Boards (LCJBs)** are responsible for local delivery of Criminal Justice System objectives to improve: the delivery of justice; the service provided to victims and witnesses; and public confidence. The National Criminal Justice Board supports LCJBs, with whom they also agree local targets. LCJBs are made up of chief officers from the police, CPS, Magistrates and Crown Courts, Youth Offending Teams, and offender management services (prisons and probation). LCJBs have a role to play in ensuring that action to improve the investigation and prosecution of sexual offences, and the management of offenders is co-ordinated across the criminal justice agencies. The monitoring and tracking of individual cases is more a responsibility of the agencies themselves, but the LCJBs can play a role in promoting this kind of practice. There are proposals currently under development to provide LCJBs with a greater amount of performance data on bringing serious offences to justice, including serious sexual offences. This will ensure that LCJBs have a more informed view of performance in this area than they do currently, and are therefore in a better position to bring about improvements.

**5.15 Local Safeguarding Children Boards:** The Local Safeguarding Children Board (LSCB) is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to

safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do. Guidance for LSCBs is contained in 'Working Together to Safeguard Children'. Membership is made up of statutory members, including representatives from the LA and its Board Partners:

- District councils, ;
- Police;
- Probation;
- Youth Offending Teams;
- Strategic Health Authorities and Primary Care Trusts;
- NHS Trusts and NHS Foundation Trusts;
- Connexions service;
- CAFCASS (Children and Family Courts Advisory and Support Service);
- Secure Training Centres; and
- Prisons.

5.16 The LA should also involve other relevant local organisations and the NSPCC where possible.

5.17 In areas where they have significant local activity, the armed forces, the Immigration Service, and the National Asylum Support Service should also be included.

5.18 The LSCB would play a key role in: identifying sexual abuse and neglect wherever it may occur; proactive work targeting particular groups who are potentially more vulnerable to sexual violence and childhood sexual abuse and sexual exploitation; and, responsive work protecting children who are suffering, or at risk of suffering harm.

5.19 **Local Safeguarding Adults Partnerships or Adult Protection Committees** are responsible for coordinating work to prevent violence and sexual abuse against vulnerable adults. A vulnerable adult is someone who is or may be in need of community care

services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm. Safeguarding adults policy is based around the "No Secrets" national framework, launched in 2000 so that local councils with social services responsibilities, local NHS bodies, local police forces and other partners could develop local multi-agency codes of practice to help prevent and tackle sexual abuse.

## Judiciary

5.20 Given the independence of the judiciary, it is not appropriate for them to be included as delivery partners for this Action Plan. However, they do have a key role in ensuring that sex offence trials are conducted fairly and in accordance with the law, and to this end the Judicial Studies Board has a training programme for Crown Court judges who are ticketed to hear serious sexual offences. Newly ticketed judges are trained before hearing such a trial and there is currently a continuous programme of training on a three-year cycle. The judiciary are very much aware of the sensitivities of these cases and although the core of the seminars deals with law, evidence and procedure, the programme is continually reviewed to also include input from representatives of relevant external organisations.

## Managing implementation and performance

5.21 The implementation of this Action Plan will be monitored on a quarterly basis by the Inter-departmental Ministerial Group on Sexual Offending, with support from a group of cross-government officials who will compile a quarterly progress report for Ministers. This report will include progress against milestones and key statistics. The Stakeholder Advisory Group on Sexual Violence and Childhood sexual abuse will also maintain oversight of the Plan, and raise any issues of concern with the Ministerial Group. A full progress report will be published at the end of 2007-08 following consultation with key stakeholders.

5.22 The DH, HO and DfES at Regional Government Offices also have a role in working together to facilitate and promote regional and local work to prevent and address sexual violence and childhood sexual abuse, via collaborative working and Local Area Agreements.

5.23 There are a number of specific levers that will be used to drive performance on different elements of this Action Plan and implementation guide. It should, however, be recognised that local solutions must be appropriate for local problems, and whilst all of the actions in the implementation guide are recommended, they are not all mandatory for local delivery partners.

### **Criminal Justice**

5.24 From the beginning of 2007-08, the Home Office will introduce a new performance management framework for criminal justice agencies on the investigation and prosecution of serious sexual offences. This will monitor the performance of local police force areas and also provide support to those facing particular challenges. This operational support will be provided by a joint ACPO / Police and Crime Standards Directorate project. In order to assist criminal justice agencies in monitoring their performance, comparative data will be provided to Local Criminal Justice Boards on a regular basis.

5.25 The CPS Area Performance Reviews enable comparative performance of individual Areas to be assessed on a quarterly basis. It is possible to adopt specific themes for these reviews and in the two recent rounds a specific rape theme was adopted which measured the proportion of rape cases that have had a flag attached to our case management system to afford them appropriate priority and then provided a comparative attrition analysis of those flagged cases. These Area Performance Reviews will also consider feedback from the rape offences assurance regime.

5.26 The serious sexual offence performance management project will tie in closely with the police performance management framework for safeguarding and investigating child abuse currently being developed by the Home Office and ACPO in consultation with DfES.

### **Health**

5.27 The role of Primary Care Trusts (PCTs) is to commission services based on local assessments of need. It is the role of PCTs to commission a comprehensive and equitable range of high quality responsive and efficient services, within allocated resources. PCTs operate within the framework of Department of Health policy and are held to account for this by Strategic Health Authorities. The role of Strategic Health Authorities (SHAs) is to ensure local systems operate effectively and deliver improved performance; by working in partnership with PCTs and holding PCTs to account for their performance.

### **Support**

5.28 In 2006, the Department of Health mapped voluntary and community sector support services for victims of sexual violence and childhood sexual abuse. This provided baseline information about waiting times to access services and numbers of service users. This information will be updated at the end of 2007-08 to provide diagnostic indicators in relation to access to support services for men, women and children.

### **Safeguarding Children**

5.29 A Safeguarding Programme Board led by the Department for Education and Skills has been established to take a cross-Government overview of work to safeguard children, including some work aimed also at safeguarding vulnerable adults. The Board will examine how the various Government initiatives which contribute to safeguarding children fit together and their overall impact. That will include relevant work detailed in this Action Plan.

## PART 2 –

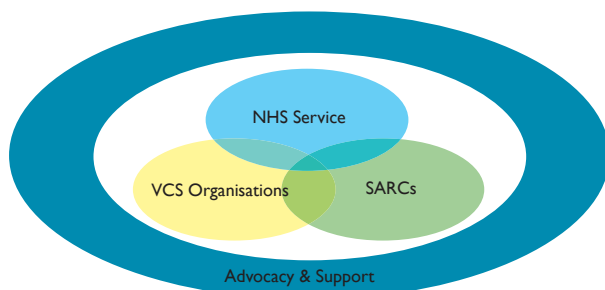
### OBJECTIVES AND KEY ACTIONS

This section sets out the objectives we want to achieve on sexual violence and childhood sexual abuse, the rationale for why each is a priority and what we know about what works in delivering outcomes related to the objective. It also describes the action we are already taking, or planning to take in order to deliver the objective and the diagnostic indicators we will take into account when considering what progress has been made.

## CHAPTER 6: SUPPORT AND HEALTH SERVICES

### Objective One: To increase access to support and health services for victims of sexual violence and childhood sexual abuse

6.1. This chapter describes the physical and mental health-related impact of sexual violence and childhood sexual abuse, and the ways in which we are trying to increase access to support and health services. The Statutory Health Service (including A & E, Sexual Health services, GPs, Mental Health services), Voluntary and Community Sector and Sexual Assault Referral Centres (SARCs) provide immediate and long-term health and support services to victims of sexual violence and abuse. It is vital that all three of these providers work as effectively as possible and in close co-operation, both strategically and in the provision of services. Only then will it be possible to ensure the victim receives the best possible care. All three of these providers must be underpinned by the advocacy and support that is needed to improve the outcomes for victims. The following diagram and text covers these elements of an effective response.



#### Health related impact of sexual violence and childhood sexual abuse

6.2. Research estimates the health-related cost of each adult rape at £73,487<sup>29</sup>. This includes the emotional

and physical impacts of injuries and illnesses and estimates of the associated costs to health services and of lost output from time spent at less than full health. There is unfortunately no equivalent figure for childhood sexual abuse.

6.3. Information about the life course and impact of sexual violence and childhood sexual abuse was provided on page 6. This includes a wide range of direct and indirect health consequences, which can affect victims of both child and adult sexual violence and sexual abuse at different stages in their lives, and to varying degrees of severity.

6.4. Failure to provide good immediate medical care and support may increase the likelihood of the above conditions occurring and persisting, and increase long-term pressure on GPs, substance abuse treatment services and services for mental health, Genito-Urinary Medicine (GUM) and contraceptive services. It can, however, be difficult for many victims of sexual violence and abuse to access appropriate health and support services, either because appropriate services are not in place or because they do not feel able to disclose the abuse. For some groups, including some of those most at risk of sexual violence and childhood sexual abuse, this difficulty may be exacerbated by additional and specific familial, social or cultural factors. The massive personal and social health-related costs of sexual violence and abuse mean that increasing access to appropriate health and support services is a key objective for this Action Plan.

<sup>29</sup> Dubourg and Hamed (2005), Estimates of the Economic and Social Costs of Crime in England and Wales: Costs of crime against individuals and households, 2003-04, Home Office

## Mainstream health services

6.5. The NHS may provide a number of 'touch points' where adult victims of recent or historic sexual violence and abuse may access statutory health services, including A & E, General Practitioners, mental health services, genitourinary medicine, contraception and abortion services. As emergency contraception is now available for women over 16 from pharmacies, pharmaceutical settings represent a further 'touch point'. In order to equip these services to provide appropriate support, gather evidence and make appropriate referrals in relation to adult victims, we have funded Kings College London to develop and distribute the "Care & Evidence" training package. Work on dissemination of this product is ongoing.

6.6. Child victims of sexual abuse may access the health service both through the 'touch points' referred to above and through child and adult mental health services or paediatric services. Guidance on responding to child victims of sexual abuse is included in *Working Together to Safeguard Children* and *What To Do If You're Worried A Child Is Being Abused* (see page 41, in the chapter on prevention for further information).

6.7. The Home Office has been working closely with the Department of Health to explore the potential for the national collection of data in A&Es on domestic violence, sexual violence and alcohol fuelled violence. This will provide a more complete picture on the health impact and help to target resources and violence prevention work. A 'Do Once & Share' pilot was launched in February 2006 to try and develop a system of recording valid and reliable data about these different forms of violence from a number of healthcare environments. We are currently considering the potential for further roll-out of this project.

## Sexual health, contraception and abortion services

6.8. Many individuals will not disclose sexual violence and childhood sexual abuse and health care professionals should be aware that individuals presenting with sexual health needs might do so following non-consensual sex. Clinicians need to

raise sensitive questions about any unwanted sexual experiences patients may wish to discuss. This may help people who have been sexually assaulted, or those in previous or current abusive relationships to seek the help they need.

6.9. In 2006 the Department of Health produced *Competencies for providing more specialised sexually transmitted infection services within primary care: Assessment Toolkit*. This best practice toolkit for assessing the range of competencies, knowledge and attitudes required for delivering specialised sexual health services included a standard for the assessment and management of adults who have been sexually assaulted.

6.10. The Department of Health's Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health (2004) sets out principles for those who see under 16s including:

- Providing the young person with the time and support to make an informed choice, including exploring whether the relationship is mutually agreed or whether there may be coercion or sexual abuse;
- Identifying any additional counselling or support needs

6.11. In the case of young or otherwise vulnerable patients, medical professionals can be expected to advise that they should not feel pressurised into having sex that they do not want or are not ready for, as well as understand the arguments or delaying sexual activity, understand the consequences of their actions and behave responsibly within sexual relationships. The guidance also makes clear that there will be circumstances when information should be shared with Local Authority children's social care or Police, for instance when the young person is engaged in an abusive or coercive relationship. Further guidance on these circumstances is set out in *Working Together to Safeguard Children (2006)*.



In 2007-08 we will be:

- Publishing a revised Sexual Health Commissioning Toolkit to reflect the health reform agenda and DH Commissioning Framework.
- Rolling out a new data set to GUM clinics. It is planned to include assessing access to specialist clinics within the service, including SARC's (where these are based in GUM services).
- Publishing Best Practice Guidance for Service Commissioners and Service Providers of Contraception and Abortion Services.
- Funding National Recommended Training Standards in Contraception, Sexual and Reproductive Health for non Medical Health Care Professionals.
- Funding a handbook on the Sexual Health Needs of Asylum Seekers and Refugees which includes community research.
- Funding a guide, Meeting the Sexual Health Needs of Unaccompanied Asylum Seeking Minors: An Innovative Practice Guide which includes the need for awareness of sexual violence prior to arrival in the UK.
- Developing a practice guide on The Sexual Health Needs of Unaccompanied Asylum Seeking Minors which will include the need for awareness of sexual violence prior to arrival in the UK.
- Working with pharmacy, contraception, primary care and industry stakeholders to pilot the feasibility of increasing access to contraception and sexual health services from within pharmacies.
- Working with Prison Health and Offender Partnership to include sexual health questions into reception screening in prisons.
- Publishing an information leaflet, Sexual Health Information for Women Who Have Sex With Women.

### Sexual violence and childhood sexual abuse voluntary sector services

6.12. The mapping exercise carried out as part of the Victims of Violence and Abuse Prevention Programme (see paragraph 3.14) highlighted the vital and significant contribution that the sexual violence and childhood sexual abuse voluntary sector makes to the provision of counselling and therapeutic services for a wide client base including women, men and children from a range of ethnic groups. They are also key providers of advocacy and support services (see paragraph 6.16). The mapping exercise found that these organisations generally provide a high standard of intervention and support by well qualified staff and it is important to acknowledge that these organisations are delivering crucial mental health services. However, whilst demand for their services is high, the organisations are mostly small and find it difficult to access long-term core funding. Sustainability was identified as one of their main concerns in the mapping exercise and it is important for the Government to work with the sector to address this issue if access to support services is to be increased. Sexual violence and childhood sexual abuse voluntary sector services also play an important role in providing training to other practitioners, to enable them to respond more effectively to victims and survivors.

In 2007-08 we will be:

- Supporting the sexual violence and childhood sexual abuse voluntary sector through grants totalling £1.25 million from the Victims Fund in 2007-08, continuing the therapeutic and support work assisted by grants totalling £5.25 million from the Victims Fund in 2004-07.
- Funding the umbrella groups, the Survivors Trust and Rape Crisis England and Wales, to enable them to undertake national work to support and represent their member organisations.
- Working with voluntary sector partners through a sub-group of the Stakeholder Advisory Group on Sexual Violence and Childhood sexual abuse to look at how we can increase capacity and stability in the sexual violence and childhood sexual abuse voluntary sector.

- Developing commissioning guidance for Primary Care Trusts on the provision of therapeutic services for victims of sexual violence and childhood sexual abuse in consultation with the sexual violence and childhood sexual abuse voluntary sector.
- Through guidance for Local Partnerships on Tackling Sexual Violence, encouraging Crime Disorder Reduction Partnerships to assist the local sexual violence and childhood sexual abuse sector in building up capacity, and involve them in the development of strategies on sexual violence.
- Disseminating a Funding and PR Toolkit which aims to deliver guidance to voluntary sector victims' organisations on the planning and researching of funding proposals, advice on how to write the proposal for funding and the follow up required when it is submitted. The toolkit will also include guidance on building relationships, targeting key audiences and planning publicity as well as guidance on alternative sources of funding, both private and public sector wide.
- Funding the POPPY Project to provide accommodation and support services to adult female victims of human trafficking for sexual exploitation.

### Further work identified

- We recognise that there is a need to look at how the sexual violence voluntary sector can demonstrate its professionalism through the development of recognised standards. We will be working closely with the sector over the following year to look at how this could be taken forward.

### Sexual Assault Referral Centres (SARCs)

6.13. Sexual Assault Referral Centres are normally run in partnership by police and health services, working closely with the voluntary sector, to provide forensic examinations, sexual health screening and treatment and counselling and support to victims of sexual violence. Research indicates that SARCs can provide optimum care for victims in the aftermath of

an assault, as well as enabling the effective collection of evidence where a police investigation is required (see further details on page 34)<sup>30</sup>. One of the key benefits of SARCs is that they accept self-referrals, meaning that people can access treatment without going to the police and can then make an informed choice about whether they want to report the offence.

6.14. Some SARCs provide services only for older teenagers and adults, whilst others provide services for both adults and children. More recently, a number of designated children's SARCs, or equivalent centres, have also been established. The appropriate location and approach to caring for child victims will depend on local circumstances and paediatric services, as well as what is right for the individual child. Where SARCs do see children, it is important that they provide appropriate medical and psycho-social services, delivered by well-qualified staff in a child friendly environment. Additional partners, such as local authorities and Child and Adolescent Mental Health Services also need to be involved in oversight of the service.

6.15. Joint Home Office and Department of Health National Service Guidelines have been produced that advocate the development of SARCs across England and Wales<sup>31</sup> as a specialist service for treating victims of sexual assault. The Home Office has invested nearly £2m over the last 4 years in helping local partnerships of police, health and voluntary sector to establish SARCs. There are currently 16 SARCs, with more under development. Additionally, the Department of Health has funded the start-up costs for a university course on sexual offences forensics work, open to both doctors and nurses, run by St Mary's Sexual Assault Referral Centre and the University of Manchester. The course will run annually from 2007.

In 2007-08 we will be:

- Further developing the network of Sexual Assault Referral Centres through additional funding worth £1.1m and practical support. By the end of 2008 there should be around 40 SARCs.
- Ensuring that all SARCs we fund meet the needs of minority and vulnerable groups including people from BME communities, people with a learning disability or physical disability, people

<sup>30</sup> Lovett, J, Regan, L and Kelly, L. (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials. London. HO Research Study 285.

<sup>31</sup> Home Office and Department of Health (2005) National Service Guidelines on Developing Sexual Assault Referral Centres

involved in prostitution, male victims and the elderly.

- Gathering data from all SARCs in order to assess how service user and offence characteristics and services provided interact with outcomes.
- Supporting the work of the National SARC Steering Group and its regional groups to co-ordinate national activity on the development and maintenance of SARCs.
- Publishing guidance on the model of care for sexually abused children, including SARCs that provide services for children.

### Further work identified

- We recognise that there is a need to look at how SARCs can demonstrate their professionalism through the development of recognised standards and quality assurance. We will be working closely with existing SARCs over the following year to look at how this could be taken forward.

### Advocacy and support

6.16. Research also suggests that advocacy and support are important in improving outcomes for victims. Advocacy and support services are provided by both the sexual violence and childhood sexual abuse voluntary sector, including Rape Crisis, and Sexual Assault Referral Centres. The Home Office funded evaluation of Sexual Assault Referral Centres published in 2004 found the flexible support and advocacy provided by the Support Worker at St Mary's SARC, Manchester, to be the "most vital support functions" a SARC can offer. Clients welcomed the pro-active contact and support and this was associated with reduced withdrawals from Criminal Justice System<sup>32</sup>. In relation to domestic violence, the focus on providing proactive independent support; risk assessment and safety planning; effective partnership working within a multi-agency setting all through adopting a case work based approach has been shown to decrease victimisation; increase notification of children at risk, and reduce the number of victims unwilling to support a prosecution.<sup>33</sup>

6.17. Advocacy and support may be particularly important for victims and survivors who because of a particular vulnerability, such as involvement in

prostitution, criminality, or a learning disability, or because they are young, may find it more difficult than others to access appropriate services.

6.18. Building on the advocacy work already taking place in the voluntary sector and SARCs, in 2006-07 we have provided capacity-building grants and accredited training for 38 advocates known as Independent Sexual Violence Advisors, and will be evaluating the impact of these posts over the course of 2007-08. This project is closely aligned with the roll-out of Independent Domestic Violence Advisors. ISVAs work in a multi-agency setting to provide advice and signposting, practical and emotional support, and risk assessments and plans. They can play an important role in helping victims to access the health care to which they are entitled. One of the ISVAs funded will work specifically with women involved in prostitution and three will work specifically with young people.

6.19. Over 2006-07, we have been piloting Victim Care Units which provide local, practical and immediate support for victims of crime, e.g. fitting new locks, meeting immediate health care needs, sign posting to support services, such as specialist sexual violence organisations.

In 2007-08 we will be:

- Providing continuation funding for the 38 ISVA projects, and conducting an independent evaluation of the project.
- Following the provision of funding for an advocacy post at Streetreach (a support project for people involved in prostitution) producing a factsheet building on good practice on working with victims of sexual crime, and supporting them to report. Guidance on advocacy for women involved in prostitution is also being produced for national use.
- Publishing an evaluation of the Victim Care Units pilot, with a view to wider roll-out.
- Implementing the Together Women Programme which will fund demonstration projects for women in the community, delivering a more integrated package of measures and support for women offenders, and women at risk of offending.

32 Lovett, J, Regan, L and Kelly, L (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials. London. HO Research Study 285.  
 33 Evaluation of Domestic Violence Pilots sites at Caerphilly (Gwent) and Croydon 2005/2005 - Independent Report, published by CPS June 2005  
[http://www.cps.gov.uk/publications/docs/eval\\_dv\\_pilots\\_04-05.pdf](http://www.cps.gov.uk/publications/docs/eval_dv_pilots_04-05.pdf)

Dealing with sexual abuse will be an important element of this approach, which will include provision for counselling and support.

### Victims of Violence and Abuse Prevention Programme

6.20. The Department of Health is leading work on the Victims of Violence and Abuse Prevention Programme (VVAPP<sup>34</sup>). As set out in the Programme Guide<sup>34</sup>, the purpose of the programme is to equip professionals and services to identify and respond to the mental and physical health effects of sexual abuse, domestic violence, rape and sexual assault and sexual exploitation in prostitution, pornography and trafficking as it affects children, adolescents and adults, both male and female including victims, survivors and sexual abusers.

6.21. The programme is developing evidence-based national service guidelines that will inform policy, improve practice and promote access to appropriate services. The guidelines will have as their primary focus effective preventive and therapeutic interventions, but will also cover principles and core beliefs, managing safety and risk, training, improving outcomes and addressing obstacles for those areas set out in the previous paragraph. The guidelines will be informed by the results of a Delphi Expert Consultation which has been conducted with a panel of 295 experts from all relevant academic and professional disciplines and fields, practitioners and service providers from all sectors together with all the major voluntary sector victim, survivor and sexual abuser organisations, Royal Colleges and professional bodies.

In 2007-08 we will be:

- Developing a series of national service guidelines on effective interventions relating to sexual abuse, domestic violence, rape and sexual assault and sexual exploitation in prostitution, pornography and trafficking.
- Undertaking a Sexual Violence & Sexual Abuse Literature Review (with a focus on interventions)
- Undertaking a Violence & Abuse Care Pathways Mapping Project involving victims, survivors and sexual abusers (including individuals in black and

minority ethnic communities, and individuals with physical and learning disabilities).

- Through a two year Mental Health Trust Project, piloting the implementation of routine enquiry about violence and abuse in mental health services as part of assessment and care planning. An Evaluation has been commissioned to report in April 2008 and will look to develop a model that can be rolled out nationally.
- Using the Mapping Survey Report of Voluntary, Community and Independent Sector services for adult victims and survivors of sexual violence and childhood sexual abuse to develop a web-based information portal for service users and professionals.

#### Further work identified

- The VVAPP will cover effective interventions with people with a learning or physical disability and women from BME communities. On the basis of this, it will be important to consider with our stakeholders what more we need to do to ensure that these groups have access to appropriate therapeutic and support services. We are also commissioning research to help us understand more about the needs of male victims and lesbian, gay, bisexual and transgender victims.

#### Diagnostic Indicators for health and support

In assessing progress against this objective we will be taking account of the following indicators:

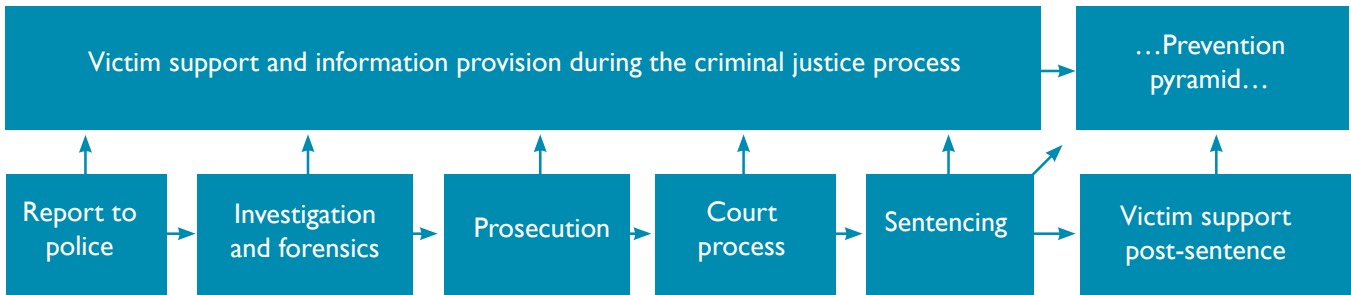
- Capacity and stability in the sexual violence and childhood sexual abuse voluntary sector as measured by comparisons to results of 2006 mapping exercise:
  - number of organisations providing counselling and support for victims of recent sexual violence and recent or historic sexual abuse;
  - number of clients receiving counselling and support for recent sexual violence and recent or historic sexual abuse;
  - average waiting time to access services for recent sexual violence and recent or historic sexual abuse;

34 Itzin, C. (2006) Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Childhood sexual abuse London: DH/NIMHE/HO

- Number of Sexual Assault Referral Centres
- Number of adult victims of recent rape or sexual assault accessing a Sexual Assault Referral Centre
- Number of Sexual Assault Referral Centres or equivalent providing services for children
- Number of clients seen by an Independent Sexual Violence Advisor
- Number of areas with a sexual violence and sexual abuse forum or gender-based violence forum
- Dissemination of National Service Guidelines on Preventive and Therapeutic Interventions for Victims, Survivors and Perpetrators of Sexual Crime
- Introduction of a more advanced waiting times data set in GUM clinics
- Inclusion of sexual violence and sexual abuse in Local Area Agreements

## CHAPTER 7: CRIMINAL JUSTICE RESPONSE

### Objective Two: To improve the criminal justice response to sexual violence and childhood sexual abuse



7.1 This chapter describes what we know about reporting and attrition in sexual offence cases and the work in train to deliver improvements to the different elements of the criminal justice system illustrated in the model above:

#### Reporting by adult victims

7.2 The BCS IPV 2001 estimates that only 15% of adults affected by rape, and 12% of adults affected by any serious sexual assault report the crime to the police. This means that the perpetrators of these crimes are free to go on offending, putting that individual, or others at risk. In some cases it may also mean that victims do not access the support to which they are entitled. Respondents to the BCS IPV 2001 identified a number of reasons for choosing not to report the offence to the police:

- 27% did not think the police would be able to do much
- 11% feared that going to the police would lead to more violence
- 10% did not want any further humiliation
- 10% thought it was a private/family matter or not police business
- 8% did not think the police would be sympathetic
- 6% did not think they would be believed
- 3% did not want to go to court
- 12% did not report for some other reason.

7.3 This indicates that a lack of confidence in the criminal justice system has a major impact on the willingness of victims to report. We believe that through providing an enhanced standard of victim care, making the criminal justice process easier for victims and bringing more offenders to justice, we will increase confidence in the system, and encourage more victims to come forward.

7.4 Page 7 described why it may be particularly difficult for some groups to disclose sexual violence and childhood sexual abuse. Reporting to the police may be even more unlikely for these groups than disclosure to other individuals or services. For example, some people involved in prostitution may be fearful of prosecution for soliciting or drug offences; people from some BME communities may fear repercussions within their family or community if they report to the police or may be restricted by language barriers; people who are in the country illegally may be concerned about being forced to leave the country; people sexually assaulted by a partner may be fearful of the repercussions of reporting to the police for their safety and the wellbeing of their family. This is one of the reasons that Sexual Assault Referral Centres are so important. They provide a facility for self referrals, enabling people to access the services they offer without reporting to the police, and to be supported in reporting to the police if they wish to do so.

7.5 Research into the detection of offences has pointed to the importance of speed as a factor in securing evidence and increasing the likelihood of an offence being detected or convicted. Several US studies have indicated that this finding holds true

for adult rape victims (see for instance Kingsnorth, MacIntosh and Wentworth 1999)<sup>35</sup>. We therefore also need to encourage victims to come forward more quickly after the offence, if we are to increase rates of conviction.

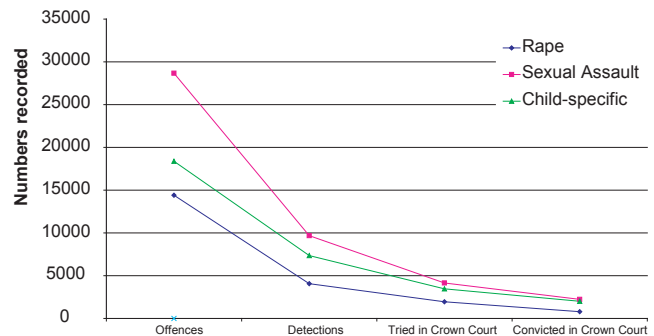
### Reporting by children

7.6 Research by the NSPCC (2000)<sup>36</sup> has found that only a quarter of people who had experienced sexual abuse as a child told anyone at the time it occurred. Where children do disclose, they rarely do so to the police. The reasons why children may not disclose sexual abuse are summarised on page 7. Specifically, disclosure to the police may also be affected by a fear of the police and criminal justice process, and fear that their sexual abuser, who may be someone close to them, will be sent to prison, or that they may be separated from their family. This can create feelings of guilt, and worry that they will be blamed for this outcome.

### Attrition post report

7.8 Whilst the number of sexual offences brought to justice has remained relatively stable over time, the number of sexual offences reported to the police is increasing year on year, meaning that the proportion of sexual offences brought to justice has steadily declined. All UK studies of attrition in rape cases concur that the highest proportion of cases is lost at the earliest stages of the criminal justice system, with between half and two-thirds dropping out at the investigative stage, mainly due to victim withdrawal or lack of evidence. A case is detected when there is sufficient evidence to charge a suspect. Once offenders have been charged, the rate of attrition decreases, but the proportion of offenders who are actually convicted is still relatively low. The following chart shows how rape, sexual assault and child specific offences progressed through the criminal justice system in 2005 (most recent data available).

### Attrition in sex offences by offence type, 2005 data



**NOTE:**

- Trials and convictions figures are counts of defendants whereas the other figures shown count offences.
- Trials are all cases heard and finalised at Magistrates Courts (excluding committals for trial to the Crown Court) plus all trials at Crown Court.

7.9 Notwithstanding the inherent difficulties in proving that an offence took place where the case hinges on whether or not one party consented, the current rate of serious sexual offences convicted is unacceptable. As well as delivering justice for victims, increasing the rate of conviction is vital in terms of crime reduction, both in preventing rapists from committing further offences, and sending a deterrent message to potential offenders.

### Investigation and forensics

#### Adults

7.10 Victim withdrawals make an important contribution to the loss of rape cases from the criminal justice system. US studies have estimated that victims withdraw in up to four in ten cases (Bryden and Lengnick, 1997)<sup>37</sup> and it seems likely that a similar proportion withdraw in rape cases in England and Wales. Indeed, the rate of withdrawals may well play an important role in determining conviction rates at the police force level. Paying more attention to victim care and minimising victim withdrawals may well be an important factor in enhancing conviction rates. Kelly et al (2005)<sup>38</sup> identified a range of additional factors that victims of rape said would make them more likely to co-operate with the investigation, including

35 Kingsnorth RF, MacIntosh RC & Wentworth J (1999). 'Sexual assault: the role of prior relationship and victim characteristics in case processing'. Justice Quarterly 16(2): 275-302  
 36 Cawson et al. (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child childhood sexual abuse and neglect. London: NSPCC  
 37 Bryden D. P & Lengnick S (1997). 'Rape in the Criminal Justice System', Journal of Criminal Law & Criminology 87(4), 1194-1384  
 38 Kelly, L. Lovett, Land Regan, J. (2005) A Gap or a Chasm? Attrition in reported rape cases. London. Home Office Research Study 293.

the availability of female police officers and forensic examiners; a culture of belief, support and respect; being in control of the forensic examination; access to clear information at appropriate points in the process; being kept informed about case progress; continuity of police officers and meeting investigative officers in person.

7.11 Perhaps self evidently, research evidence indicates that proceedings are most likely to be initiated in offences which yield evidential material (witnesses and physical evidence) (see for instance Fitzgerald 2006<sup>39</sup> and Lievore 2004<sup>40</sup>, 2005<sup>41</sup>). Although evidential opportunities are in part determined by the specific features of a case, evidence collection will also be determined by the diligence and inventiveness of investigators and the processes that exist to support them. Kelly et al (2005) recommends that there needs to be an increased focus on evidence gathering and case building amongst police and prosecutors. Anecdotal evidence suggests that very few cases involving vulnerable victims actually end up being successfully prosecuted. This is clearly concerning, and suggests that it is particularly important for the police to ensure all investigative angles are explored in these cases, including, where relevant, the use of the specific sexual offences for victim's with a mental disorder and the use of intermediaries to maximise the potential of a victim's evidence.

7.12 Nearly all police forces now have specially trained officers (STOs) to provide support to victims of sexual offences and gather initial evidence, including interviewing the victim. Sexual offence cases are investigated in accordance with ACPO Guidance on Investigating Serious Sexual Offences. This cross-refers to ACPO (2004) Guidance on Investigating Domestic Violence and Dealing with Cases of Forced Marriage: Guidance for Police Officers (2005) as well as Guidance on Investigating Child Abuse and Safeguarding Children (2004).

7.13 Her Majesty's Inspectorate of Constabulary and Her Majesty's Crown Prosecution Service Inspectorate have recently undertaken a follow-up thematic inspection to the 2002 Joint Inspection into the Investigation and Prosecution of Cases involving

Allegations of Rape. In relation to the policing of rape, the inspection report, *Without Consent*<sup>42</sup> identified that steps have been taken by police to encourage and support victims such as STOs, Sexual Assault Referral Centres and Witness Care Units. It also commended local training for STOs, good partnership working in some areas, good levels of forensic awareness and service level agreements with forensic providers that have led to enhanced evidence in some areas. However, the report raises concerns about variations with respect to recording practices, management and supervision of STOs, awareness of first-response officers about how to deal with first complaints, standards of interviewing and investigative strategies, variability in standards in forensic examinations and lack of clarity about responsibility for victim contact. The recommendations from the report have informed the actions in the box below. Specific actions for individual police forces are set out in the Implementation Guide.

7.14 The Home Office has been running a joint project with ACPO to visit all police forces to disseminate and elicit good practice on investigation policy and practice. A good practice guide including case studies and signposting for police forces dealing with sexual offences has been produced to assist a named sexual offences lead in each force take forward the recommendations from the inspection<sup>43</sup>. This complements the existing Guidance for Investigating Serious Sexual Offences.

### Children

7.15 Most UK evidence points to the fact that detection and conviction rates for rape offences involving victims aged under 16 at the time of the offence are higher than for adult victims (see for instance Kelly et al 2005).

7.16 Childhood sexual abuse is investigated by dedicated child abuse units in all police forces, in accordance with ACPO Guidance on *Investigating Child Abuse and Safeguarding Children* published in 2004. *Keeping Safe, Staying Safe*, a thematic inspection of the investigation and prevention of child abuse published in 2005 identified significant progress in the police service response to child abuse, including

39 Fitzgerald J (2006) The attrition of sexual offences from the New South Wales criminal Justice System. Contemporary Issues in Crime and Justice Bulletin No 92 Sydney: NSW Bureau of Crime Statistics and Research

40 Lievore D (2004) Victim Credibility in Adult Sexual Assault Cases, Trends and Issues in Crime and Criminal Justice, No. 288, Canberra: Australian Institute of Criminology

41 Lievore D (2005) Prosecutorial decisions in adult sexual assault cases, Trends and Issues in Crime and Criminal Justice, No. 291, Canberra: Australian Institute of Criminology

42 HMCP/PSI (2007) *Without Consent: A report on the joint review of the investigation and prosecution of rape offences*. London. HMIC.

43 ACPO/PSU Stocktake Report 2001. London.



the establishment of specialist units dedicated to the investigation of child abuse, good working relationships with other agencies and improvements in training. The inspection recommendations were therefore largely about ensuring that work is carried out effectively to a consistent standard. Recommendations relating to the investigation of abuse included national performance indicators for the investigation of child abuse, improved accountability frameworks for investigations and active supervision of staff and clarification about the criteria for investigations. The recommendations from this inspection have been incorporated into the HMIC annual baseline assessment process, which is used to assess force performance.

In 2007-08 we will be:

- Asking all forces to produce actions plans to implement the recommendations of the inspection including:
  - establishing review processes for the investigation of rape, and monitor the quality of these reviews through dip sampling.
  - using specially trained officers to support and interview adult victims of sexual offences and gather evidence. As part of this, forces are expected to:
    - Review STO call-out lists and rotas to ensure that they are up to date , are meeting need and are regularly maintained.
    - Formally monitor the deployment of STOs to ensure that workload is equitable and all STOs have the opportunity to engage in the work and maintain their skills.
    - Review STO supervisory structures to ensure that line-management responsibility for STOs is clearly defined.
  - issuing guidance to first response officers on the action to be taken when attending a report of a rape including taking an initial account from a victim in line with the ACPO Guidance on Investigating Serious Sexual Offences.

- auditing of rape no crimes within routine auditing processes to ensure that all no crimes are sustainable and compliant with the HOOCR.
- Assisting police forces with the development and delivery of their action plans through advice and visits from a central Home Office/ACPO sexual offences support team.
- Introducing procedures for monitoring performance data on serious sexual offences, both by Local Criminal Justice Boards and by central Government.
- Working with ACPO on the development of specialist training and occupational standards on sexual offences for police roles ranging from specially trained officers up to senior investigators. This will build on the Guidance for Investigating Serious Sexual Offences published in 2005 and will include content on vulnerable and hard to reach groups.
- Working with ACPO on a review of forensic physicians in sexual offence cases, with a view to producing guidance aimed at driving up standards and increasing the availability of female forensic physicians. This will include the importance of sending all prosecution evidence to the forensic physician where their expert opinion is being sought and including them in a case conference with police, prosecutor and counsel.
- Continuing Operation Advance, where the Home Office helps forces to re-open cold cases using new advances in DNA technology.

#### *Child specific actions*

- Working with ACPO on the delivery of training across the country for child abuse specialist investigators. This will include training on dealing with historic child abuse.
- Introducing a police performance management framework to ensure the effective investigation of child abuse, including childhood sexual abuse

## Prosecution policy and practice (2005)

7.17 Kelly et al also made a number of recommendations in relation to the prosecution of rape, including piloting of early case conferences between police, CPS and counsel, with the aim of exploring potential evidential weaknesses; running accredited training courses for prosecution barristers and mechanisms within the CPS to monitor courtroom prosecution advocacy. In particular they stressed the importance of multi-agency working between police, CPS and counsel.

7.18 The CPS prosecute serious sexual offences according to the *CPS Policy on Prosecuting Cases of Rape*, including ensuring that all serious sexual offence case are prosecuted by specialist rape prosecutors, that case conferences take place with the police in all rape cases and that victims are offered a meeting if the CPS decide to drop or substantially reduce charges. Under the CPS Single Equality Scheme, rape has been linked to other issues of violence against women with the aim of achieving a strategic approach to this problem. This has led to the coordination of action plans in 2007–08.

7.19 The 2006 Inspection made a series of recommendations for the CPS including that:

- Prosecutors should be more proactive in building cases, including consideration of bad character and hearsay evidence along with disclosure issues, and working with trial counsel as part of the prosecution team;
- Prosecutors should ensure decisions not to proceed or discontinue are taken after conference with counsel (if instructed), and that the case is referred to a second specialist;
- The CPS should take steps to ensure that lessons are learnt after each prosecution, and that the knowledge is disseminated;
- The CPS institutes a formal system of monitoring prosecution counsel;
- Prosecutors should ensure that complainants are consulted and brought into the process, and prosecutors should be particularly aware of vulnerability and diversity issues;

- Joint working between partner agencies should be formalised and progressed at a strategic level.

7.20 Some of these recommendations such as creating a standard role for the rape specialist and coordinator, production of a rape checklist and writing training, are already in hand. The CPS will produce a delivery plan in which we will address the underlying problems in prosecuting rape that the 2006 report identified.

In 2007-08 we will be:

- Developing a comprehensive assurance regime to ensure that rape cases are managed in accordance with CPS guidance and good practice;
- Developing a manual for specialist rape prosecutors on prosecuting serious sexual offences and developing an e-learning package for training based on the manual;
- Continuing to deliver training to all prosecutors on providing proactive advice to the police on strengthening cases during pre charge process. The training is a two day course and includes case studies on domestic and sexual violence. It is coming to the end of its current cycle;
- Running seminars for rape co-ordinators to provide specific training and dissemination of good practice to co-ordinators, to be cascaded to specialist rape prosecutors; and keeping specialist rape prosecutors up to date on good practice, changes to the law and case law through the Sexual Offences newsletter published quarterly;
- Holding a joint conference with ACPO to promote closer working relationship between prosecutors and investigators;
- Producing a checklist for the management of rape cases, that will address essential steps in the prosecution process;
- Working with the Bar Council to deliver accredited training to all counsel who prosecute rape cases, and effectively monitoring all aspects of prosecution counsel's work.

## Court process (including special measures and evidence)

7.21 Going to court can be a major ordeal for any victim, and in particular for victims of sexual offences who will often have to face cross-examination on personal and intimate details. Fear of going to court is enough to put some victims off reporting the offence in the first place, and to cause others to withdraw from the criminal justice process. For this reason it is important to make the court environment as safe and secure as possible, and to make it as easy as possible for victims to give evidence. In the Youth Justice and Criminal Evidence Act 1999 we legislated to give vulnerable and intimidated witnesses, including victims of sexual offences, the opportunity to access special measures in court. These include giving evidence by video link, giving evidence from behind a screen and clearing the court. These have enabled victims who otherwise would not have given evidence, to do so. We have also piloted the use of intermediaries to help vulnerable witnesses with communication/ understanding needs (over half of which are victims of sexual offences) to give evidence.

7.22 In 2005-06 we invested over £3m in improving accommodation facilities at courts for victims and witnesses. Local areas have used the money to improve facilities in both Crown and Magistrates' Courts to ensure safety and comfort, e.g. the installation of better locks to secure waiting rooms, re-decoration and re-fitting of witness rooms and the provision of entertainment equipment, such as DVD players for waiting areas.

7.23 We have also made a number of changes to the use of evidence in court to ensure that relevant evidence is put before the jury. We have widened the circumstances in which evidence of a defendant's previous bad character and hearsay evidence are admissible in court (Criminal Justice Act 2003). *Without Consent* (2007) stressed the importance of this evidence in building an effective prosecution case. We have also restricted the cross examination of complainants about their previous sexual history (Youth Justice and Criminal Evidence Act, 1999) to prevent irrelevant information about the victim influencing the jury. In the Spring of 2006 the Government issued a consultation paper, "*Convicting*

*rapists and protecting victims- justice for victims of rape*" which included proposals for a number of measures to put more and better evidence before the court. As a result of this a number of actions are being considered.

### Children

7.24 Giving evidence in court can be even more overwhelming and intimidating for child victims. In addition to those special measures referred to above, video-recording of children's evidence in chief is admissible as evidence, meaning that the witness' main oral evidence is videotaped in advance and played to the court. Judges and lawyers will also remove wigs and gowns to help normalise the experience of the court.

7.25 We have provided funding to every Crown and Magistrates' Court specifically for improving facilities for child witnesses including the provision of entertainment equipment such as DVDs and playstations.

In 2007-08 we will be:

- Extending the use of video-recorded evidence-in-chief to adult complainants in serious sexual offence cases to form part of the package of special measures already available to vulnerable and intimidated witnesses.
- Continuing to deliver training for all CPS Areas on the use of special measures for vulnerable and intimidated witnesses to ensure that they are used effectively.
- Rolling out the use of intermediaries to two further areas to help vulnerable witnesses with communication/understanding needs (over half of which are victims of sexual offences) give evidence, with a view to national roll-out of intermediaries.
- Implementing guidance on security measures in court to create a safe environment in courts across England and Wales.
- Ensuring that by 2008 all Crown Courts and 90% of Magistrates' Court have separate waiting facilities for witnesses.

- Working closely with our partners in the criminal justice agencies, and the judiciary, to ensure that training needs in relation to the new Criminal Procedure Rules on previous sexual history evidence are met. The Rules aim to reduce the number of late, oral, applications.

## Sentencing

7.26 Sentencing decisions are taken independently by the judiciary within the statutory framework established by Parliament. However it is the responsibility of the Government to ensure courts have sufficient powers to deal effectively with offenders. The Criminal Justice Act 2003 created new sentences aimed specifically at sexual and violent offenders. Offenders convicted of specified offences are assessed by the court as to whether or not they pose a risk to the public, and those that are considered to be a risk are subject to the provisions for dangerous offenders. The new sentences are designed to protect the public and will ensure that dangerous sexual and violent offenders are subject to assessment by the Parole Board, and in serious cases not released from prison unless their level of risk to the public is assessed by the Parole Board as manageable in the community.

In 2007-08 we will be:

- Continuing to make use of indeterminate and extended sentences for public protection

## Victim support and information provision through the Criminal Justice Process

7.27 The importance of supporting victims of sexual violence and childhood sexual abuse has been highlighted in the previous chapter and more detail is provided there about therapeutic and support interventions. However, support for victims also has an important role to play in reducing levels of victim withdrawal. Kelly et al (2005) found that support and advocacy through the criminal justice process was particularly important in keeping victims engaged in the process. Page 25 describes the Home Office

Independent Sexual Violence Advisor Project, which is providing capacity building grants and training for organisations providing advocacy and support services for victims of sexual violence.

7.28 The previous chapter also emphasised the benefits of Sexual Assault Referral Centres. In relation to the criminal justice process, Kelly et al (2004)<sup>44</sup> found that SARCs enable a better standard of evidence gathering, reduce victim withdrawals and free up police time to focus on the investigation. The Home Office has invested nearly £2m over the last 4 years in helping local partnerships of police, health and voluntary sector to establish SARCs.

7.29 Kelly et al (2005) also recommend that there should be more inter-agency work between police and specialist support agencies and more information should be provided on processes and decisions. On a national level, the two main sexual violence and childhood sexual abuse voluntary sector umbrella groups, the Survivors Trust and Rape Crisis, England and Wales are represented on the ACPO Rape Working Group and the cross-government Stakeholder Advisory Group. We are recommending that local statutory and voluntary sector agencies form local sexual violence and abuse forums, or alternatively, set up local inter-personal violence forums to ensure that agencies work closely together to meet the needs of victims of sexual violence and abuse.

## Children

7.30 Children face a range of barriers to disclosing sexual abuse. If we are to assist them in speaking out about the sexual abuse, and taking a case through the criminal justice system, we need to ensure that they are provided with accessible and responsive services that will support them and keep them safe, whether this be through child-focused SARCs or child-specific Independent Sexual Violence Advisor services.

In 2007-08 we will be:

- Working with CJS agencies to embed the Code of Practice for Victims of Crime, which places obligations on a wide variety of agencies and

<sup>44</sup> Lovett, J, Regan, L. and Kelly, L. (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials. London. HO Research Study 285.

organisations involved in the criminal justice system, including the Police, CPS, HM Courts Service, joint Police/CPS Witness Care Units, National Probation Service, HM Prison Service, Youth Offending Teams and the Parole Board to assess and address the needs of victims, and to keep them informed of case progress within specified timescales.

- Investing £1.1m in supporting the extension of the national network of Sexual Assault Referral Centres (SARCs), where victims receive medical care and counselling from expert practitioners, and have the opportunity to assist the police investigation, including undergoing a forensic examination. We will work closely with those areas without SARCs to identify and broker local partnerships.
- Providing continuation funding for 38 Independent Sexual Violence Advisor projects, which provide advocacy and support for victims of sexual violence and childhood sexual abuse, and conducting an independent evaluation of the project (see page 25 for further information).
- Funding the distribution of “From Report to Court” – a legal handbook for adult survivors of sexual violence and abuse to adult victims through all police forces, SARCs and voluntary sector organisations to de-mystify the criminal justice system and help victims to make an informed choice about pursuing a criminal justice resolution.
- Working with Kings College London on the roll-out of the “Care & Evidence” training package (funded by the Home Office and launched December 2005) to help health and criminal justice staff understand the needs of victims and capture appropriate forensic evidence.
- Funding Victim Support to run the Witness Service in every criminal court in England and Wales to give information and support to witnesses and victims, and their families and friends when they go to court.

### *Child-specific actions*

- Funding young peoples’ Independent Sexual Violence Advisors at the three London Havens, to establish the effectiveness of this role with young people.
- Developing guidance for local areas to set up a child witness support scheme, to complement the support already provided to child witnesses by the Witness Service.
- Developing commissioning guidance for PCTs on the provision of support services for child victims of abuse, including children’s SARCs. Applications will also be invited for funding towards the development of SARCs providing services for children as part of SARC funding in 2007-08.

### Further work identified:

- We recognise that more needs to be done to ensure that more vulnerable and intimidated witnesses are identified throughout the criminal justice process and that effective monitoring systems are in place to guarantee that the needs of vulnerable and intimidated witnesses are met at each stage. Over the next year we will work closely with our statutory and voluntary sector partners on addressing this issue.
- Over the next year we will consider the feasibility of gathering data on victim satisfaction for use as a measure of performance by the criminal justice agencies.

### **Support for victims post-sentencing by Probation Service**

7.31 It is also important that victims of sexual offences are supported once the trial is over. Failure to keep victims informed about relevant issues such as the timing of the perpetrator’s release from prison or hospital and to give them the opportunity to express views about conditions surrounding release can result in victims being revictimised.

7.32 The National Probation service (NPS) therefore has a statutory duty of victim contact in relation to victims of sexual or violent crimes where the offender is sentenced to at least 12 months in custody. Victims are given the opportunity to meet a probation victim contact officer, usually through a home visit, and are offered:

- a point of contact with NPS through which they will be able to express any concerns or anxieties about the offender;
- general information about the custodial process and likely supervision arrangements after the offender is released;
- the opportunity to be contacted at key stages during the offender’s sentence – e.g. a move to a lower security establishment consideration for a community-based work placement, or a temporary release on licence;
- the opportunity to express their views, via a written report from the victim contact officer, on the offender’s eventual conditions of release.

7.33 The take up and timeliness of the service is monitored on a quarterly basis, and data is collected by gender and ethnicity of victims. Performance against national targets is published annually.

In 2007-08 we will be:

- Producing a new guidance manual for probation victim liaison officers which will more accurately reflect the current criminal justice environment and will ensure that the service effectively meets the needs of the victims of sexual crimes.
- Developing specialist accredited training for probation victim liaison officers, as well as improved victim awareness training for offender managers and trainee probation officers to improve the quality of service provided to all victims including those victims of sexual crimes.
- Maintaining a dedicated Victim Liaison Unit in each probation area to ensure effective delivery of the statutory duties to the victims of violent and sexual offences imposed on the probation service by the Domestic Violence, Crime and

Victims Act 2004.

- Developing new arrangements to enable victims’ voices to be heard at Parole Board hearings by giving victims the opportunity to have a Victim Personal Statement presented by an advocate or by victims themselves in person.

### Diagnostic indicators on criminal justice

In assessing progress against this objective we will be taking account of the following indicators:

### Measures of attrition (apply to adult and child offences)

- The proportion of victims of sexual assault who say that they have reported the crime to the police, as measured by the BCS IPV.
- The proportion of rapes that are ‘no crimed’ by the police.
- The proportion of rapes reported to the police that result in a sanction detection.
- The proportion of rapes cases where the victim withdraws between charge and the case going to court.
- The number of prosecutions for rape.
- The proportion of rape cases (post-charge) discontinued by the CPS.
- The proportion of rape trials resulting in a conviction.

### Measures of process

- The number of police force areas that have developed and implemented action plans aimed at implementing the recommendations from *Without Consent (2007)*
- The number of police forces with systems in place for reviewing serious sexual offence cases
- The proportion of advocates prosecuting rape cases that have received training on sexual offences

### Supporting victims

- The number of areas with a SARC in England and Wales.
- The proportion of victims where the offender has been sentenced to 12 months or more imprisonment for serious sexual or violent offences who are contacted by the probation service within 8 weeks of the offender being sentenced.

## CHAPTER 8: PREVENTION

### Objective Three: To maximise the prevention of sexual violence and childhood sexual abuse

8.1 The ultimate aim of work on sexual violence and abuse is to reduce its prevalence in order to protect the public and reduce the harm and suffering that are direct consequences of these terrible crimes. Bearing in mind the wide ranging impacts of sexual violence and abuse described on page 6 and its interactions with other forms of gender-based violence and health issues, reducing the prevalence of both adult and child sexual violence and abuse could also have more indirect consequences, such as:

- reducing the number of people requiring treatment for mental health issues such as depression, post traumatic stress disorder, dissociation and eating disorders;
- reducing the number of suicides;
- reducing other risky health behaviours such as alcohol and drug abuse, smoking and obesity;
- reducing gynaecological and sexual health problems;
- reducing domestic violence and family breakdown.

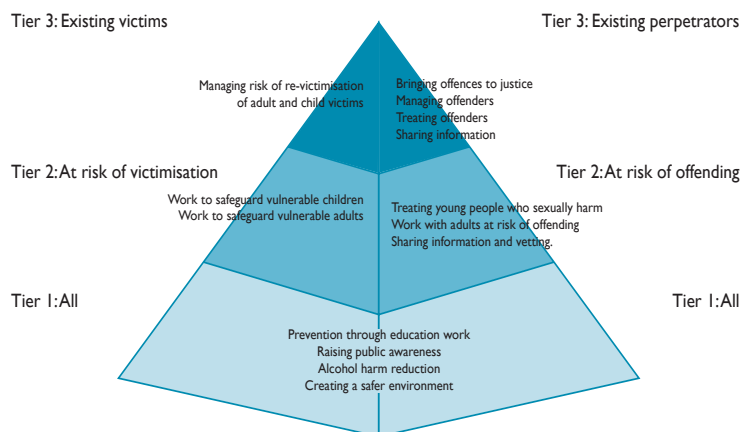
8.2 In addition, preventing abuse could also contribute to:

- reducing the number of looked after and missing children;
- reducing teenage pregnancy;
- increasing educational attainment and reducing school drop out;
- reducing the numbers of children sexually abused through prostitution;
- reducing the proportion of people who go on to experience sexual violence as an adult.

8.3 The model below represents the various interventions to prevent sexual violence and abuse of adults and children in two sides of a pyramid, made up of three tiers. This reflects the different levels

of intervention that are required to prevent sexual violence and abuse, depending on level of risk, both of victimisation and perpetration. It is important that all members of society are aware of the realities of sexual violence and sexual abuse, encouraged to develop healthy relationships and consider personal safety issues. Actions to address this societal level of intervention are highlighted in the model below as ‘tier 1’. However, we know that some groups of children and adults are particularly vulnerable to sexual violence and childhood sexual abuse, and it is important that enhanced interventions are in place to safeguard these groups. Interventions at this level are referred to as ‘tier 2’. Tier 2 also includes interventions with those at enhanced risk of abusing others, such as people who are concerned about their own thoughts and feelings, and young people who display sexually harmful behaviour. ‘Tier 3’ interventions are aimed at reducing the risk of re-victimisation of those who have already suffered sexual violence or childhood sexual abuse, or re-offending by those individuals who have already committed sexual offences.

8.4 A range of work is already underway and planned in relation to these three tiers of prevention and is described below.





## Tier I Interventions

### Prevention through education work

8.5 School is a key source of information for children and young people, and education has an important role to play in reinforcing the message that relationships should be based on respect and that sexual activity should be consensual. Secondary schools are required to provide sex education to all pupils enrolled at the school to ensure that the needs and concerns of their pupils are met appropriately. Guidance suggests that this should include how to avoid being exploited or exploiting others, knowing how the law applies to sexual relationships, developing positive values and a moral framework that will guide decisions, judgements and behaviour and understanding the consequences of actions and how to behave responsibly within relationships. DfES guidance makes clear that mainstream schools and special schools have a duty to include pupils with special educational needs and learning difficulties properly in sex education programmes.

8.6 A study on 'Safe Dates' in the USA included a school based programme on developing healthy relationships, and how to protect oneself and where to seek help, found that at four year follow-up there was a reduction in the perpetration and victimisation of sexual and physical dating violence, (Foshee, 2004)<sup>45</sup>.

8.7 Sexual abuse and violence is frequently hidden and can act as an underlying risk factor, with 'symptoms' including poor mental health, smoking, alcohol and drug misuse, teen-age pregnancy. Stewart-Brown (2006)<sup>46</sup> found that the evidence base to support school based mental health promotion and violence prevention programmes is much stronger than that to support substance misuse programmes, (including smoking, drugs and alcohol). This in part is a reflection of the need to address underlying risk factors, of which sexual abuse and sexual violence are a significant contribution, along with other Adverse Childhood Experiences, (Feletti, 1998)<sup>47</sup>.

8.8 The Voluntary and Community Sector is ideally placed to contribute to the development and delivery of awareness-raising sessions in schools. They can also support teachers and education staff to handle potential disclosure of sexual abuse.

In 2007-08 we will be:

- Rolling out the Social and Emotional Literacy Skills primary school integrated curriculum programme in all primary schools, including peaceful problem solving, calming down strategies, understanding emotions, being assertive and anti-bullying.
- Delivering **sex and relationships education (SRE)** in all secondary schools. Guidance from the Qualifications and Curriculum Authority on SRE includes specific modules on healthy relationships. Through the Healthy Schools programme, we are working with schools to ensure standards are met in relation to PSHE, including SRE and emotional health and well-being. By the end of 2009 all schools are expected to qualify as 'healthy schools', assisted by Healthy Schools Co-ordinators based in every Local Education Authority..
- Investing £3million annually in training for teachers and community nurses on Personal, Social and Health Education (PSHE) to ensure that PSHE teaching is of a high standard. 2,300 teachers and school and community nurses are expected to be trained in 2006-07 and 2007-08
- Ensuring the on-going dissemination of guidance produced by the Sex Education Forum to support schools in delivering effective sex and relationship education and publish commissioning guidance on programmes for schools to address the issue of healthy relationships and, specifically, the dangers of grooming and coercion into prostitution.
- Funding the website [www.ruthinking.co.uk](http://www.ruthinking.co.uk) , which provides advice for young people about sex and relationships, including consent and the law on sexual offences.

<sup>45</sup> Foshee, V.A., Bauman, K. E., Ennett, S.T., Linder, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the Long-Term Effects of the Safe Dates Program and a Booster in Preventing and Reducing Adolescent Dating Violence Victimization and Perpetration. *American Journal of Public Health*, 94, 4, 619-625.

## Raising public awareness about sexual violence and childhood Sexual Abuse

8.9 A poll by Amnesty International, published in 2005, found that around a third of people in the UK believe that a woman is partially or totally responsible for being raped if she has behaved in a flirtatious manner, worn revealing clothing or has been drinking. The perpetuation of these myths can create a culture where the unacceptable actions of sex offenders are seemingly legitimised and allowed to continue. This also makes it difficult for victims to reveal what has happened to them and can influence the views of juries.

8.10 In the spring of 2006, the Home Office ran a communications campaign aimed at making men think twice about whether their partner is consenting. The hard-hitting campaign used men's magazines, posters and radio advertisements to get its message across. Tracking of the campaign found that almost 70% of over 600 men surveyed said that these adverts really did make them think differently about getting consent before sex in the future. The posters and radio ads are available for use in local campaigns.

8.11 The strong links between alcohol and sexual violence and abuse were highlighted on page 5 Sexual violence and abuse is always the responsibility of the perpetrator and it is important that potential perpetrators are aware that alcohol is not an excuse for inappropriate sexual behaviour and that it may affect a person's capacity to consent. However, it is also important that those most likely to be the victim of alcohol-related sexual violence and abuse, young women, are aware of these links and of the steps they can take to minimise risk.

In 2007-08 we will be:

- Including in the Alcohol Harm Reduction communications campaign radio, poster, print and on-line messages aimed at young women; and on-line and PR messages aimed at young men about the links between alcohol and sexual violence.

### Further work identified:

- We are aware that we need to do more to address the myths and stereotypes associated with sexual violence and childhood sexual abuse

that our prevalent in society. We will look at what more can be done with our statutory and voluntary sector partners to raise awareness in this area.

## Alcohol Harm Reduction

8.12 In addition to the direct communications campaign around alcohol and sexual violence, we are undertaking a range of actions, through the Alcohol Harm Reduction Strategy, to reduce alcohol misuse. As alcohol consumed by the perpetrator or victim is a key factor in sexual violence and childhood sexual abuse, as well as in other crimes, this work has implications for the prevention of sexual violence and childhood sexual abuse.

In 2007-08 we will be:

- Ensuring effective enforcement of penalties for drink-related offences.
- Encouraging the drinks industry to promote more-responsible drinking and holding them to account, at the point of sale, through effective use of regulatory powers in the Licensing Act 2003.
- Enabling individuals to make more sensible drinking choices through the provision of information.
- Providing better support and treatment for those who suffer from the effects of alcohol misuse.

## Creating a safer environment

8.13 Although it is important to remember that sexual violence and childhood sexual abuse often takes place behind closed doors, there are improvements that can be made to public places, such as effective use of street lighting, CCTV and security alarms that can help to reduce the opportunity for sexual violence, and other crimes, to take place and make people feel more secure. Section 17 of the Crime and Disorder Act 1998 requires all local authorities to do all they reasonably can to prevent crime and disorder. Guidance on how this can be achieved, Safer Places: The Planning System and Crime Prevention, was published in 2004.

## Tier 2 Interventions – People at risk of victimisation

### Safeguarding vulnerable children

8.14 The model on page 6 showing the risk factors for and consequences of childhood sexual abuse highlights the importance of taking a holistic approach to safeguarding children. Lessons from research have shown that the following works in the prevention and tackling of sexual abuse:

- Focussing on the needs of the child and improving developmental outcomes
- Listening to children
- Creating environments where children feel safe
- Safeguarding as everyone’s responsibility – not just a specialist service
- Well trained professionals who are safe to work with children
- Effective assessment and identification of need and implementation of the plan of action to meet the need
- Effective management
- Multi-agency working
- Broad awareness of safeguarding in different services and willingness to raise concerns.

8.15 The Government’s policy on safeguarding children, led by the Department of Education and Skills, is focused around these key principles. In particular, it helps professionals to identify and respond effectively to child abuse, through a multi-agency approach. Raising professional awareness is a key part of this work. This multi-agency approach is co-ordinated at a local level by Local Safeguarding Children Boards (see page 18 for further information). There are certain groups of children who may be particularly vulnerable to childhood sexual abuse and exploitation, such as looked after and missing children and children trafficked into the country. The Government’s Guidance on *Working Together to Safeguard Children* includes a section focusing in particular on children who may be particularly vulnerable. This covers a wide range of groups, including looked after/missing children.

8.16 In 2006, the Child Exploitation and On-line Protection Centre (CEOP) - the UK’s first all encompassing approach to tackling child sexual abuse in both online and offline environments was established. CEOP delivers a holistic approach with law enforcement officers sitting alongside specialists from children’s charities and industry. It undertakes operational activity to track and prosecute child sex offenders, as well as educational work with children about staying safe on-line, including their website [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk).

In 2007-08 we will be:

- Implementing the Government’s guidance ‘*Working together to safeguard children*’ which sets out how organisations and individuals should work together to safeguard and promote the welfare of children. It is addressed to practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children. Working Together explains the role, functions, governance and operation of LSCBs. It also covers when to share information and make referrals in relation to crimes against a child, including where this is specifically about underage sexual activity.
- Implementing a duty under section 11 of the Children Act 2004 on key agencies to safeguard and promote the welfare of children and implementing of the Common Assessment Framework to identify and intervene to help Children with Additional Needs.
- Updating guidance on safeguarding children involved in prostitution and sexual exploitation more generally.
- Developing guidance on safeguarding children who have been trafficked. This will complement the UK Action Plan on child trafficking.
- The Department of Health are conducting a Stakeholder Event in June 2007 of Services for Sexually Abused Children Across Sectors involving all relevant stakeholders, including Child and Adolescent Mental Health Services and NHS specialist safeguarding professionals, with a view to informing the NICE Guidelines on Child Abuse scheduled for autumn 2008.

- Improving support, networking and information for specialist safeguarding professionals through the Department of Health Care Services Improvement Partnership Service Level Agreement, including sharing of the learning from serious case reviews.
- Continuing to raise awareness of safeguarding children across Immigration and Nationality Directorate (IND) through updating IND's guidance for dealing with children in need and rolling out the minors segment of The New Asylum Model which ensures that a child is listened to.
- Funding the Child Exploitation and On-line protection Centre to work with parents, young people and children to safeguard their online experiences, provide direct support to victims and their families and use intelligence to track and prosecute offenders.

### Safeguarding vulnerable adults

8.17 Page 4 described how some adults are more likely to experience sexual violence than others. Research indicates that particularly vulnerable groups, for example people with a learning disability and people involved in prostitution, may be targeted and exploited because of this vulnerability. It is therefore important to take additional steps to protect these groups from sexual violence and abuse. Measures to safeguard women involved in prostitution from violence are being taken forward as part of the Government's Prostitution Strategy, *Paying The Price* (2005). The Government's strategy for addressing the sexual abuse of people with a learning disability was originally set out in 2000 in the *No Secrets* policy document, and is co-ordinated at a local level by Local Safeguarding Adults Partnerships or Adult Protection Committees. Since then we have introduced specific offences in the Sexual Offences Act 2003 aimed at addressing sexual violence and abuse against people with a mental disorder. Another group which may be particularly vulnerable to sexual violence are people seeking asylum in this country because they are concerned about persecution, through sexual violence, in their country of origin. Asylum policy instructions, *Assessing the Asylum Claim and Gender Issues in the Asylum Claim* make clear that gender related

harm such as rape and domestic violence is serious enough to constitute persecution. It emphasises the importance of ensuring that IND's asylum processes are accessible and sensitive to the needs of women.

In 2007-08 we will be:

### Prostitution

- Funding Crimestoppers to produce publicity to encourage reporting of information on 'dodgy punters' to be shared with projects working to support people involved in prostitution and developing the scheme to ensure effective information sharing between the police and local projects.
- Funding the Suzy Lamplugh Trust to produce safety training specifically tailored for women involved in prostitution and supporting the continued delivery of the programme locally by projects. To compliment the training, SLT will be producing personal safety leaflets for circulation to those involved in prostitution via local support projects.

### People with a learning disability

- Working with commissioners and providers of services for people with learning disabilities to increase sexual safety

### Further work identified:

- Bearing in mind the high level of victimisation of people with a learning disability and other vulnerable adults, we will work with our stakeholders to identify what more needs to be done to raise awareness about sexual violence and sexual abuse, and healthy sexual relationships amongst this group and amongst the professionals that work with them.

### Tier 2 Interventions – people at risk of offending

#### Young people who sexually abuse

8.18 There is an increasing awareness that a substantial minority of those who come into contact with the police in connection with sexual offences

are children and adolescents. We are responding to these challenging issues by developing our knowledge of the most effective treatments for young people who sexually abuse. It is acknowledged that currently, appropriate treatment is not always available.

8.19 Primary, secondary and tertiary treatment approaches need to be considered in order to address the needs of young people who sexually abuse. It is important to gain as much knowledge as possible regarding the needs of each young person through a comprehensive assessment process as, in order for intervention programmes to be effective, they should be tailored to meet the needs of the individual as opposed to a 'one size fits all' approach. Several tiers of intervention are needed, from those under parental supervision through to treatment services conducted within secure placements.

8.20 In 2006 we published a report on the needs of and effective interventions with young people who sexually abuse, commissioned as part of the Victims of Violence and Abuse Prevention Programme. We also published a report of research on links between emerging personality disorder in some young people who were sexually childhood abused. These reports will inform future interventions in this area.<sup>46</sup>

In 2007-08 we will be:

- Developing a cross government framework on Young People who Sexually Abuse. Broadly it is envisaged that this will include establishing a common screening framework so that young people who display sexually harmful behaviour are identified at an early stage and directed towards appropriate treatment. It would also look to establish a national policy on how, where and by whom treatment should be provided, recognising that interventions must be tailored to individual needs and must involve close partnership working between Youth Offending Teams and Children and Adolescent Mental Health Services (CAMHS).

## Adults at risk of offending

8.21 It can be very difficult for people worried about their own abusive thoughts or behaviour to seek help, for fear of recriminations. It is important that

people in this position, or those concerned about the behaviour of friends or family have somewhere they can turn for confidential advice and guidance, in order to try and prevent such behaviour escalating. For this reason, we provide funding for Stop It Now! UK and Ireland which operates a national helpline and local projects based on partnerships between the local community and the agencies that work to protect children, including police, probation, children's services, health, housing, voluntary agencies and the courts.

8.22 The Government introduced Risk of Sexual Harm Orders (RSHO) in the Sexual Offences Act 2003. RSHOs are civil preventative orders and are used to protect children from the risks posed by individuals who do not necessarily have a previous conviction for a sexual or violent offence but who have, on at least two occasions, engaged in sexually explicit conduct or communication with a child or children, and who pose a risk of further such harm. The RSHO can contain such prohibitions as the court considers necessary. Breach of any of the prohibitions in a RSHO is a criminal offence, with a maximum punishment of five years imprisonment.

In 2007-08 we will be:

- Funding the national Stop It Now! UK and Ireland Helpline to provide support for people worried about their own or others' abusive thoughts or behaviour.

## Victims of Violence and Abuse Prevention Programme (VVAPP)

8.23 Raising professional awareness about the early identification of both victims and perpetrators of sexual violence and childhood sexual abuse is a vital element of the Government's Victims of Violence and Abuse Prevention Programme (see page 26 for further details).

In 2007-08 we will be:

- Conducting a care pathways mapping project as part of the VVAPP, which will include examples of individuals whose sexual abuse could have been prevented if professionals had identified it earlier. This will inform national service guidelines on responding to the needs of victims of violence and childhood sexual abuse.

<sup>46</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4140126](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4140126)

## Information sharing and vetting procedures

8.24 The case of Ian Huntley demonstrated how dire the consequences can be when agencies fail to act on concerns or share information. In December 2004, the Home Secretary commissioned Sir Michael Bichard to conduct a public independent inquiry in response to concerns which had arisen out of the investigation into the Soham murders and subsequent conviction of Ian Huntley for the murders, in particular, into concerns arising from the management and handling of intelligence by the police service and about the vetting procedures relevant to his employment in a school. Since then a range of action has been put into place by the Government to address the recommendations made in the Bichard Report, focused on improving the protection of children and vulnerable adults, facilitating the prevention and investigation of crime and restoring public confidence in the system of protection. In particular the Safeguarding Vulnerable Groups Act (2006) has legislated for a new vetting and barring scheme to help ensure that those working with children are safe to do so. The new scheme will be introduced in a phased manner from 2008.

8.25 Information sharing between police forces and other relevant agencies about individuals who police believe are at risk of offending, including those convicted of an offence, or who are at particular risk of being victimised has become increasingly important in the aftermath of Bichard. In 2006, we issued new Guidance on the Management of Police Information to accompany the statutory Code of Practice published in 2005. Under the IMPACT Programme, we are helping forces to implement those guidelines and developing national police data sharing systems that will improve the ability of the Police Service to manage and share intelligence and other operational information to prevent or detect crime.

8.26 Both information sharing and vetting and barring relate to people at risk of offending as well as those who have already been convicted of an offence. These initiatives are therefore an element of both tier 2 and tier 3 prevention.

In 2007-08 we will be:

- Making the IMPACT Programme part of the National Policing Improvement Agency and will:
- continue to work with police forces to help them implement the Code of Practice and Guidance on the Management of Police Information with a view to full compliance across all business areas by December 2010; and
- continue to develop new IT capabilities for locating and sharing operational information, and to work with forces to deliver the business change needed to realise the potential benefits.
- Implementing a new vetting and barring scheme under the Safeguarding Vulnerable Groups Act (2006) to help ensure that those working with children and vulnerable adults are safe to do so, and working with EU counterparts to develop mutual recognition of prohibitions from working with children and procedures for sharing information about dangerous criminals travelling abroad.

## Tier 3 Interventions: Preventing re-victimisation

### Managing risk of re-victimisation: adult victims

8.27 Page 14 describes the links between sexual and domestic violence. Where sexual violence is perpetrated as a form of domestic violence, the risk of re-victimisation may be particularly high, and it is important that this risk is acknowledged and managed effectively. Research on the dynamics of domestic violence, recognises it as a repeat crime which intensifies and escalates over time. Therefore, the combined elements of sexual assault and domestic violence should trigger the need for a comprehensive risk assessment to gauge the level of danger that a victim may be facing. As part of the Specialist Domestic Violence Court programme, Multi-Agency Risk Assessment Conferences (MARACs) have been promoted as a way to identify and protect the very high risk victims and their children and manage the perpetrators. These have been evaluated as highly effective and demonstrated a significant reduction in repeat offending.

In 2007-08 we will be:

- Investing a further £1.8m in the roll-out of MARACs to bring the number of Crime Disorder Reduction Partnerships operating MARACs to around 100 by the end of 2007-08.

### Managing risk of re-victimisation: child victims

8.28 Most children who suffer sexual abuse are abused by someone known to them. It is therefore important to ensure that they are safeguarded from further sexual abuse by this individual, particularly where there have been no criminal proceedings. The DfES Guidance, *“Working Together to Safeguard Children”* has details of what is in place to protect children, and the DfES publication *“What to do if you are worried a child is being abused”* is practice guidance which has been developed to help practitioners who suspect a child might be the victim of abuse. If any concerns remain about future harm the child will be the subject of a child protection plan. As childhood sexual abuse is also a risk factor for experiencing sexual violence as an adult, child victims need to be given appropriate support to reduce the likelihood of this cycle being perpetuated. Support and the rape for victims of childhood sexual abuse is covered in chapter 7. Working Together provides very clear guidance about managing re-victimisation.

In 2007-08 we will be:

Implementing the Government’s guidance ‘Working together to safeguard children’ including maintaining and reviewing child protection plans for all sexually abused children judged to be at risk of future harm.

### Tier 3 Interventions: Preventing re-offending

#### Managing and sharing information about convicted sex offenders

8.29 The effective management of sex offenders, to prevent them from re-offending, is rightly a key concern for the public. Multi Agency Public Protection Arrangements (MAPPA) provide the statutory framework for inter-agency co-operation in assessing and managing convicted violent and sex offenders in

England and Wales. Under the arrangements, Police, Probation and Prisons, supported by additional agencies including housing, health and social services combine forces to manage the risk to the public posed by dangerous offenders. This includes considering what arrangements need to be put in place to safeguard victims of sexual and violent crimes and monitoring the effectiveness of such arrangements. Evidence shows that MAPPA works – in the last year for which figures are available (2005/6) 10% of the highest risk offenders were returned to prison to prevent further offending and fewer than 0.5 per cent of offenders actively managed within MAPPA were charged with a serious further offence as a result of the much closer supervision of high-risk offenders that the MAPPA has brought about. The fourth annual reports, published in July 2005, show that 0.6 per cent of offenders actively managed within MAPPA were charged with a serious further offence. Across the whole range of offenders under probation supervision the rate was similarly low at 0.4%.

8.30 Under the Sexual Offenders Act 1997 and the Sexual Offences Act 2003, sex offenders are required to undertake a range of notification procedures to ensure they can be effectively monitored. They may also be made subject to an order which will restrict their activities in line with risk. The obvious limitation of MAPPA and notification procedures is that they can only be used where someone has been convicted of an offence.

8.31 Information about vetting and information sharing was included in the section on tier 2, in relation to those at risk of committing a sexual offence. However, the interventions described there also apply to those who have been found guilty of an offence, and therefore fall into tier 3. In addition, the National Violent and Sex Offender register (ViSOR) has been implemented across all police forces for England and Wales and will have been implemented across the whole of Scotland by the end of 2006/07. This makes it easier for information about offenders to be tracked and shared.

In 2007-08 we will be:

- Continuing to put in place local MAPPA business plans to ensure the effective planning and delivery of local MAPPA strategies.

- Continuing to train prison and probation staff who supervise or work with sex offenders on the Structured Assessment of Risk and Need (SARN) process which uses both actuarial and structure clinical assessment to give a comprehensive assessment of risk and need.
- Building on the existing SARN process, developing an Acute Risk Factor Monitoring and Scoring Guide for use by staff in the Probation, and Police Services who supervise and assess sexual offenders in the community.
- Enforcing requirements for sex offenders to notify the police of changes to address, foreign travel etc. and using Sex Offender Prevention Orders and Foreign Travel Orders to restrict the activities of sex offenders in order to protect the public.
- Implementing the National Violent and Sex Offender Register (ViSOR) in Probation and Prison services.
- Funding the Serious Crime Analysis Section at the Central Police Training and Development Authority to analyse rape and serious sexual assault cases to identify the potential emergence of serial rapists at the earliest stage of their offending.
- completing a Review on Child Sex Offenders looking further at: the development of the MAPPA and how they are working; how rehabilitation and treatment of child sex offenders is being taken forward and options for improvements, and; issues around public access to information about sex offenders.

### Further work identified

- We are aware of the need to find more effective ways of managing those offenders who do not reach MAPPA thresholds but where there is evidence of sexually-abusive behaviour. We have set up an Information Sharing Working Group which is looking at mechanisms for agencies to share information with a view to providing MAPPA-type oversight for individuals who are assessed as posing a significant risk of harm but do not meet the MAPPA statutory requirements. This group will also consider oversight of

vulnerable victims who fall outside the Multi Agency Risk Assessment Conference approach for victims of domestic sexual abuse.

### Treating sex offenders

8.32 Under the National Offender Management Service Strategy for the Assessment and Treatment of Sexual Offenders, there are a range of programmes in place in prisons and in the community for the treatment of adult sex offenders, appropriate for varying levels of risk and need. Offenders are assessed on deviancy level, risk of reconviction and risk of harm in order to allocate them to the most appropriate Sex Offender Treatment Programme, (core, internet, one to one programmes).

In 2007-08 we will be:

- Implementing the National Offender Management Service Sex Offender Treatment Strategy, including:
- Delivering sex offender treatment programmes to over 1000 sex offenders in prison every year. There are six accredited and evaluated programmes available depending on risk and need levels.
- Delivering sex offender treatment programmes to over 1200 sex offenders in the community every year. There are four accredited sex offender programmes, including one specifically for internet related sexual offending.
- Through the Department of Health Sex Offender Treatment Mental Health Policy Development Group and the Victims of Violence and Abuse Prevention Programme, developing National Service Guidelines for Therapeutic and Preventative Interventions with young people who sexually abuse and adult sex offenders..

### Further work identified

- Around a third of sex offenders in prison are serving less than 2 years which means there is insufficient time to complete sex offender treatment either in custody or on licence in the community. We are looking further at how to address this issue.



### Diagnostic Indicators for Prevention

In assessing progress against this objective we will be taking account of the following indicators:

- The proportion of those interviewed through the BCS IPV that say they have been the victim of a sexual assault.
- Percentage of schools qualifying as 'healthy schools'.
- Success of the Know Your Limits campaign in reducing risky behaviour (as reported by members of the target audience interviewed for the evaluation).
- Number of Local Authority Areas that have implemented the Common Assessment Framework by end 2008.
- The number of civil orders taken out for sex offenders (Sexual Offence Prevention Orders, Risk of Sexual Harm Orders, Foreign Travel Orders).
- Level of compliance by sex offenders with initial and ongoing requirements to notify.
- Number of offenders completing sex offender treatment programmes .

### Acknowledgements

The Inter-departmental Ministerial Group on Sexual Offending is grateful for the support of a wide range of officials, delivery agencies and stakeholders in developing this Action Plan. Thanks go to:

- The cross-government sexual violence officials group which has overseen the drafting of the Action Plan, and will oversee its implementation
- Members of the National Stakeholder Advisory Group on Sexual Violence and Abuse
- The Survivors Trust
- Rape Crisis, England and Wales
- The Women's National Commission Sexual Violence Sub-group
- Members of the National Sexual Assault Referral Centre Steering Group
- Members of the ACPO Working Group on Rape
- All those who attended the Welsh Assembly Government seminars on the Action Plan in North and South Wales

Particular thanks go to all those who attended the consultation events held in September and October in Bristol, Manchester, London, Derby and York. It would not have been possible to develop the Action Plan without their helpful feedback.

