Tackling sexual violence and abuse in Devon

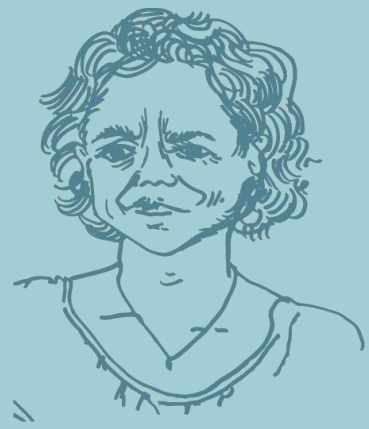
A call to action

April/May 2021

Innovation Unit

“If the government knew the true cost of sexual violence in the many troubled adults using drugs and alcohol, who are homeless, who have so many chronic physical health problems, they would not tolerate it. The government needs to understand the cost implications of not doing anything.”

(Denise, Survivor from Devon)



We’re impatient for change. We know you are too.

Sexual violence and abuse (SVA) are profoundly damaging experiences with negative effects that can be felt across lifetimes and generations.

Over the past six months, the Sexual Violence and Abuse Action Group has been working with partners and collaborators from across sectors, services and communities in Devon to bring SVA out of the shadows and to start a system-wide conversation about change.

We must find new ways of responding to this complex and important challenge, which has far-reaching personal, familial, community and wider societal consequences.

We need to do this work together across organisational and sectoral boundaries and partnering with communities. Joining up our energy and expertise under a sharper sense of shared purpose, we must be bold and creative in our thinking and try new and different things.

We invite you to take a look at some of the insights and evidence that are pre-occupying us and spurring us on. We can’t wait for you to add your own knowledge and perspective to this emerging case for change.

Thank you for coming with us on this important journey.

What is sexual violence and abuse?

SVA involves a range of offences or circumstances where offences may occur including (but not restricted to): sexual harassment, sexual assualt, rape, sexual acts involving a child, forced marriage, honour-based violence, female genital mutilation, human trafficking, sexual exploitation and ritual abuse; or any unwanted sexual activity with someone without their consent or agreement.

SVA can happen to anyone: men, women and children; at any age, and may be a one-off event or happen repeatedly.

In some cases, SVA can involve the use of technology such as the internet or social media which may be associated with grooming, online sexual harassment and trolling.

Definition adapted from NHS England, Strategic Direction for Sexual Assault and Abuse Services - Lifelong Care for Victims and Survivors: 2018 - 2023.

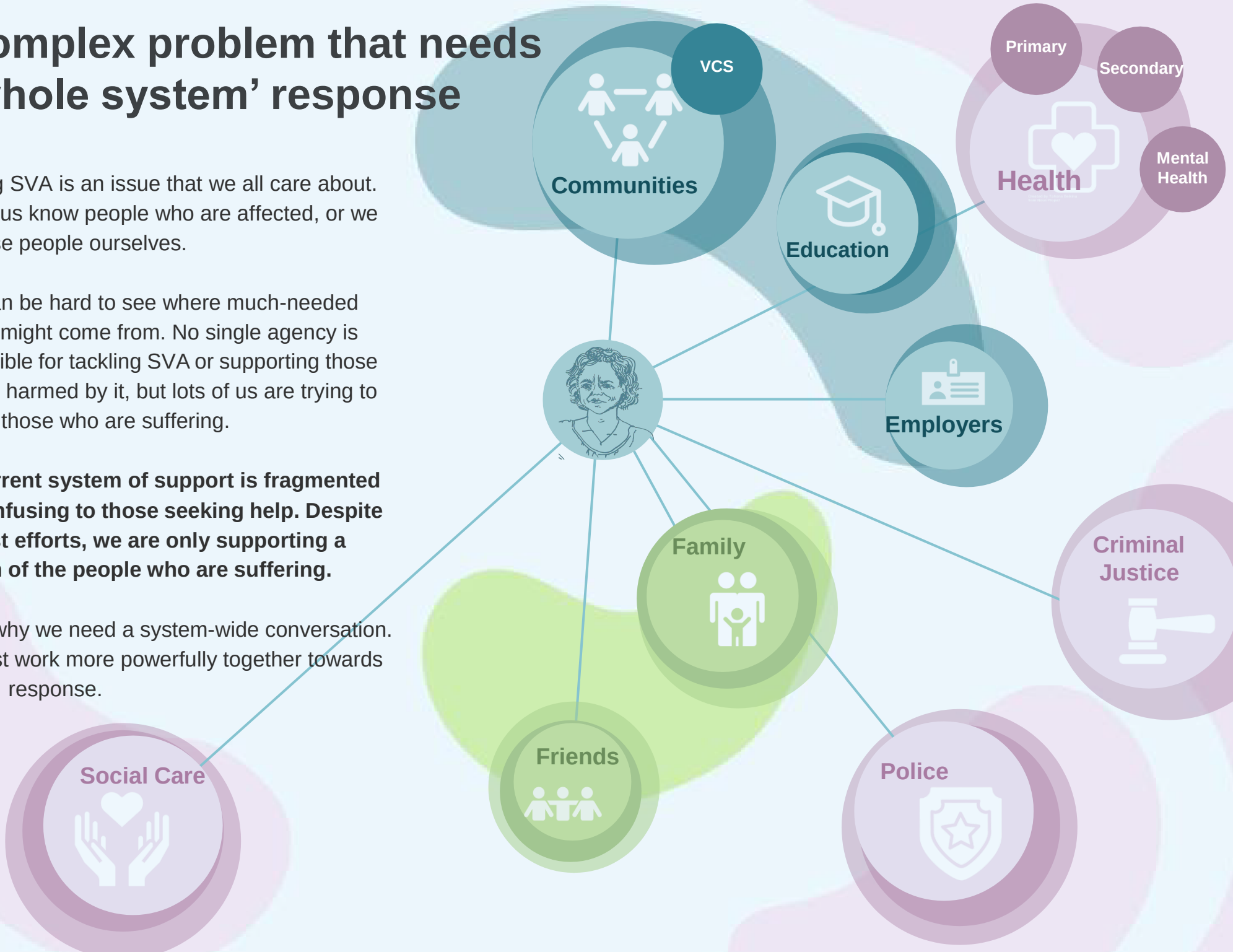
A complex problem that needs a ‘whole system’ response

Tackling SVA is an issue that we all care about. Most of us know people who are affected, or we are those people ourselves.

But it can be hard to see where much-needed change might come from. No single agency is responsible for tackling SVA or supporting those who are harmed by it, but lots of us are trying to support those who are suffering.

Our current system of support is fragmented and confusing to those seeking help. Despite our best efforts, we are only supporting a fraction of the people who are suffering.

This is why we need a system-wide conversation. We must work more powerfully together towards a better response.



Our work so far…listening, learning and mobilising a movement

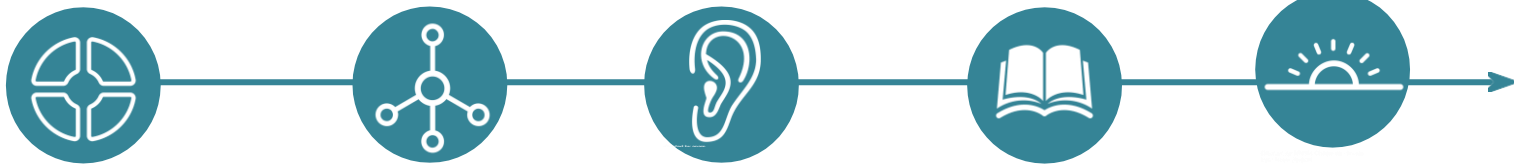
Building a Case for Change
October 2020 - April 2021

Since October 2020, we have been working together to understand:

- The nature and extent of the problem of SVA
- The current system of support and what it's like to seek help in Devon
- Promising new practice and opportunities for doing better

We have been gathering insight, evidence and ideas from a wide range of sources, and engaging lots of different people in the conversation as we go.

October 2020



April 2021

Planning for change

Laying the groundwork and testing the appetite for change, reaching out to new people across organisations and communities.

Tuning into the system

Exploring how this issue looks from different perspectives, speaking with a wide and diverse group of professionals and practitioners.

Listening to people's experiences

Leading in-depth conversations with 16 people about their experiences of seeking help for SVA in Devon.

Learning from the literature

Running a rapid literature review to explore the nature and extent of SVA and key barriers to help seeking.

Scanning the horizons

Unearthing inspiring and emerging practice locally, nationally and internationally.

Designing a better future
May 2021

Bringing together a wider group of supporters to:

- Develop and strengthen our case for change
- Explore and design how we want the future to be

Workshop 1 : 6/5/21
Vision and goal setting

Workshop 2 : 12/5/21
Generating ideas and identifying opportunities

We will follow up these sessions with dedicated action planning with anyone who wants to join us.

We’re deeply troubled by the prevalence of sexual violence

1 in 5 women have experienced sexual violence

(ONS, 2018)

In 2017/2018, 150,732 sexual offences were reported to police in England and Wales; 53,977 of which were rape.

In 36% of cases, the perpetrator was a partner or ex-partner

(ONS 2018)

1 in 20

An estimated 1 in 20 children have been sexually abused and over ⅓ of police recorded offences are against children.

(NSPCC, 2021)

The CSEW estimates that

700,000 people

(this many dots x 700)

aged 16 to 59 years were victims of a sexual assault in 2017/18.

Approximately 4% of men have experienced some type of sexual assault after the age of 16.

(ONS, 2020)

This represents a 24% increase on the previous year for sexual offences, and 31% increase for rape.

These are the highest figures since records began despite most sexual offences not being formally reported via official channels.

(ONS 2018 and ELKIN 2018)

Of victims who experienced sexual assault by rape or penetration (including attempts) since the age of 16 years almost half (49%) had been a victim more than once

(ONS, 2020)

But the true extent of the problem is also much greater than we imagine

It's difficult to get an accurate measure of the nature and extent of the problem.

Statutory services often do not keep SVA data, so many commissioners assess local need using police data in isolation, despite the fact that most victim-survivors do not report to police.

Between Oct 2019 and Sept 2020, 2,914 sexual offences were reported to the police in Devon (incl. Torbay and Plymouth).

917 were reports of rape.

Over 30% of all sexual offences were 'historic' (there is a gap of over one year before reporting to the police).

(OPCC, 2020)

Given that only 10%-15% of sexual offences are reported to the police, it is likely that the actual number of incidents in Devon, Plymouth and Torbay for the year 2019/20 edged towards 30,000

The impact on people's lives is profound

Experiences of sexual violence and abuse can cause enormous harm to people.

Being a victim and survivor is associated with increased risk of adverse outcomes in all areas of life. Long-term longitudinal research with survivors of CSA also suggests that – in many cases – these adverse outcomes are not just experienced over the short and medium term following abuse, but instead can endure over a person's lifetime.

Rates of self-harm are as high as 49% among adult victims and survivors of CSA in treatment.
The risk of victim-survivors attempting suicide can be as much as six times higher than the general population.

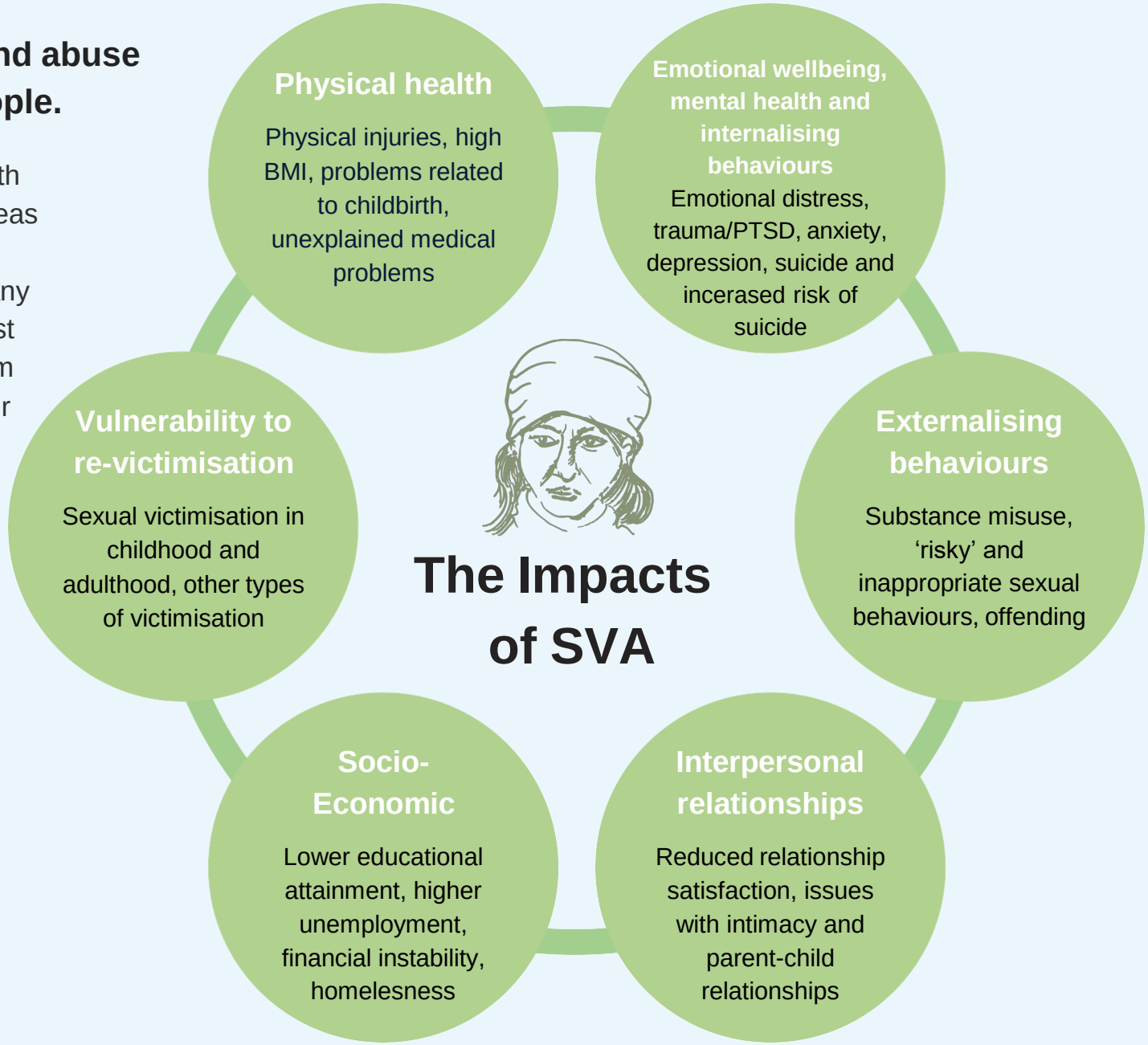


Diagram and data taken from Independent Inquiry into Child Sexual Abuse (2017) The impacts of child sexual abuse: A rapid evidence assessment

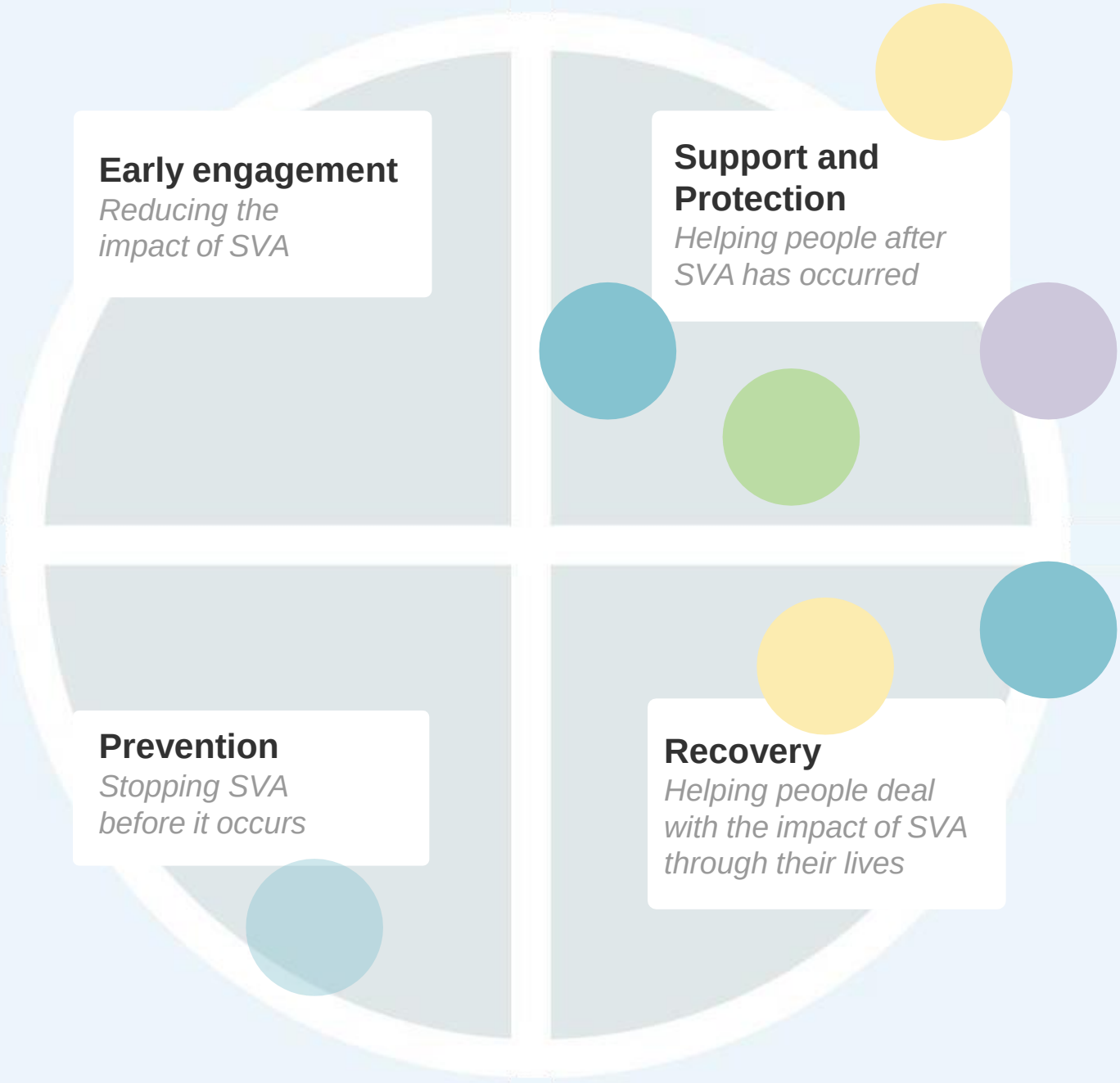
Our commissioning system is fragmented and complex

The commissioners of services are varied, with a wide range of providers (including voluntary and third sector providers and private sector).

Funding comes through lots of different channels and mostly in short term, time limited grants.

Accounts from victim-survivors repeatedly point to the need for better collaboration and to integrate services across the health, care and justice sectors to ensure that transition from one service into another is streamlined. This includes support for substance use and mental health.

… with little investment in early engagement or prevention



There is a common understanding that ‘genuine victims’ will seek help the criminal justice system, but …

Only a small portion of victim-survivors engage with the Criminal Justice System (CJS).

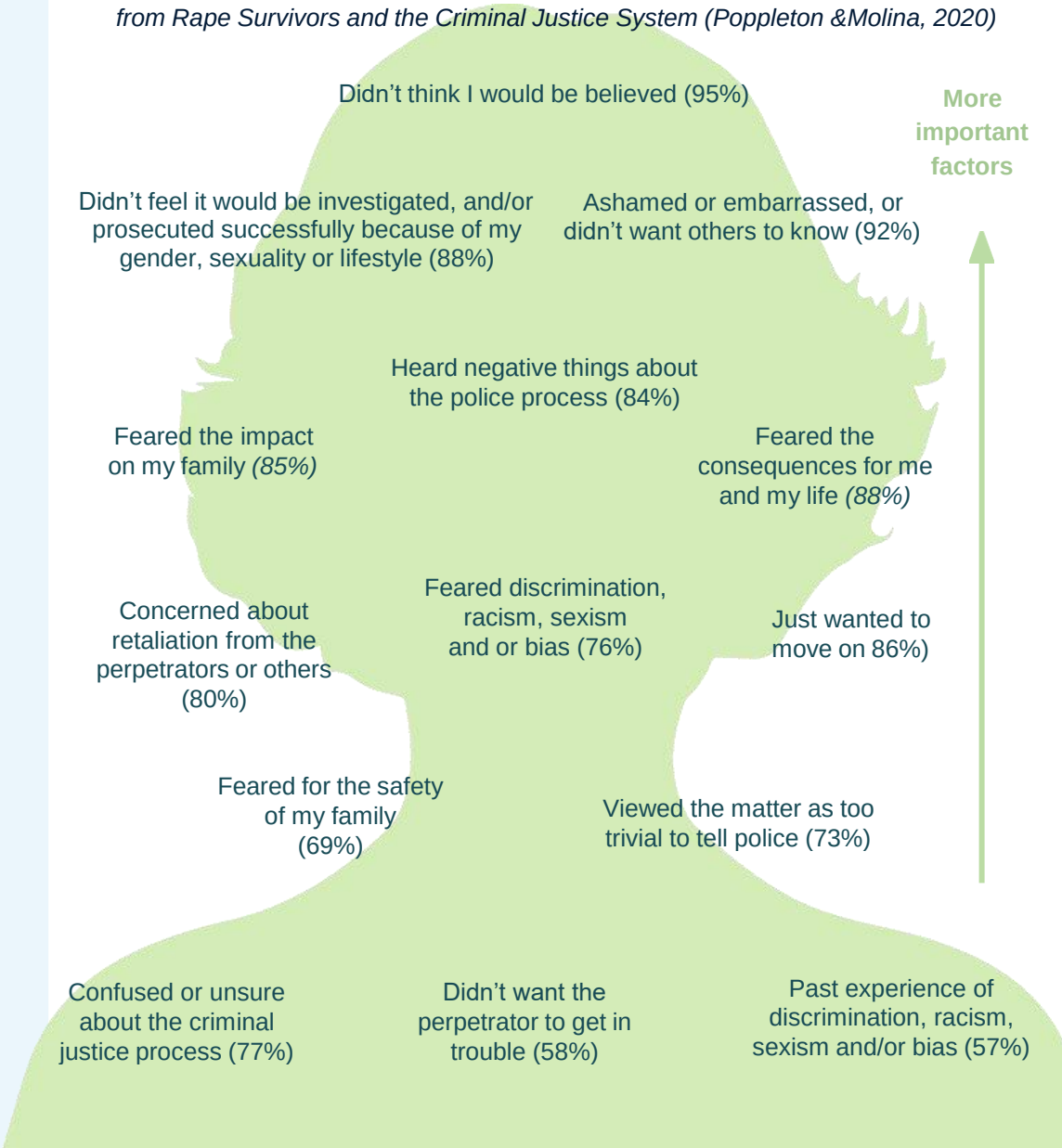
Evidence continues to point to the inadequacy of a CJS led response and failure to prosecute. Only 1.5% of rape cases reported to the police will end in a prosecution (Smith & Daly, 2020).

Research with victim-survivors indicate very low satisfaction levels (only 12% of victims feel that police investigations are fair and proportionate). (Smith & Daly, 2020).

The emphasis on a CJS response to SVA functions as a real barrier to help seeking for some victim-survivors.

Disclosure and identification of SVA often take place within a CJS setting, rather than within a service dedicated to the care and support of victim-survivors. So, while services are available through forensic or judicial processes, there may be little emotional or physical support in the longer-term/during the lifetime of victim-survivors.

The importance of different factors in not reporting SVA incident(s) to the police, from Rape Survivors and the Criminal Justice System (Poppleton &Molina, 2020)



If you don’t engage the police, where do you go for help? It can be hard to know where to start...

People seeking help through schools, GPs or trying to directly engage with specialist services often to struggle to connect with what they need.

They are often told there is nothing for them, that they don’t ‘fit’ what the service provides or meet the thresholds. They sit on waiting lists and are bounced around the system.

People with a history of SVA are also over-represented in drug and alcohol services, mental health services, prisons, homelessness services. These services are mostly not set up to help people deal with their experiences, or the ongoing health and wellbeing impacts.

“I am articulate and confident, but I didn’t know what to do or where to go for help.” (Survivor - Devon)

“The GP referred me to this service. When I turned up I was told, ‘We don’t provide the specialist help you need. We have nothing for you.’” (Survivor - Devon)

“We work hard to enable people to share their experiences. That’s incredibly hard for them to do ... and then there’s nothing for them.” (Commissioner - Devon)

“People are just recycled through the system. They develop physical problems, and GPs are trying to treat fibromyalgia and PTSD, but don’t ask questions about sexual violence.” (Provider - Devon)

“There are these unnatural thresholds: ‘You’re not damaged enough to access CAMHS’. And then we only see people in crisis when they’ve been labelled ‘offender’ or ‘junky’.” (Provider - Devon)

Many people will struggle ever to reach for help… This is especially true for some groups

Reasons include a concern that they will not be believed by services, coupled with feelings of embarrassment, as well as concerns about how services might respond to, or understand specific gender identities and presentations.

"Our poor response is even poorer for some groups." (Commissioner - Devon)

Communities that experience racism

Services are typically not designed with these cohorts of people in mind and there is a lack of specialist knowledge and training and how to support people.

Services often view BAME women's experiences as uniform or solely linked to immigration, poverty or language resulting in discriminatory practice.

Language barriers and cultural factors (family, community) can prevent women from accessing support and creates a fear of disclosure.

Concerns around confidentiality are particularly prominent for these cohorts. Isolation impacts upon victim-survivor access to help.

Denial of SVA among some communities is also a contributing factor.

"I can not tell you how much safer I was having someone who understood my background."
(Victim-survivor, Thiara et al, 2015)

25%-50% of people with a learning disability have been sexually exploited.

(Withers & Morris, 2012).

People with a learning disability

People with a learning disability are more vulnerable to SVA.

Children with a learning disability face increased risk of SVA.

Communication barriers and inability to articulate experience, are worsened by power imbalances extant in services, and a lack of specialist training in services.

Evidence shows discriminatory treatment by the police when reporting does occur; people with a learning disability are routinely framed as 'incredible witnesses', dismissed or responsible for their own abuse.

Older adults (especially women)

The vast majority of older victim-survivors are women. The types and nature of SVA among older women are similar to younger women, but they are far less acknowledged.

Emotional challenges mirror those of other age groups (shame, fear, anxiety, self-blame) but are amplified for older adults due to cultural norms from earlier life which may inhibit disclosure. Stigma associated with sexuality in later life and nudity compound barriers for older adults.

The myth that rape is linked to sexual desire, combined with infantilisation of older adults, or belief that they are undesirable, present real barriers to disclosure and make it hard to for some victim-survivor to make sense of their experiences.

"She told me it was incredibly difficult at 70 years of age to accept that she had been raped for most of her married life … She never thought she would need the services of a Rape Crisis Centre. She had an idea that only young women were raped and that they were raped by strangers." (Case study from, Scriver et al., 2013).

LGBTQ+ community

Services are not designed with these cohorts in mind. We anecdotally understand that people are more likely to seek help through support services aimed at this cohort, even if they are not set up to offer support for SVA.

"From us, they get a response that considers the complexity of their lives. For the really complex cases we pay for counsellors out of our hardship fund. We do the best that we can." (Provider - Devon)

Evidence suggests that gay and bisexual men are particularly vulnerable to SVA; in some cases gay men are discouraged from reporting SVA because they are from a sexual minority group.

Men

Male victim-survivors often struggle to see themselves reflected in services or are unable to locate professionals who will understand their experiences in a non-judgemental way.

Research indicates that dominant (hetero) gender and masculinities norms can render men less able to disclose or process SVA experiences (such as, only 'weak' men are raped).

Men are more likely than women to be subjected to institutional and clergy abuse as children, and prison-based sexual violence and coercive sex as adults.

"Victims should have a choice as to the gender of the person they deal with, especially when talking about sexual assault."
(Male victim-survivor, Hester et al., 2012)

People involved with commercialised sex practices

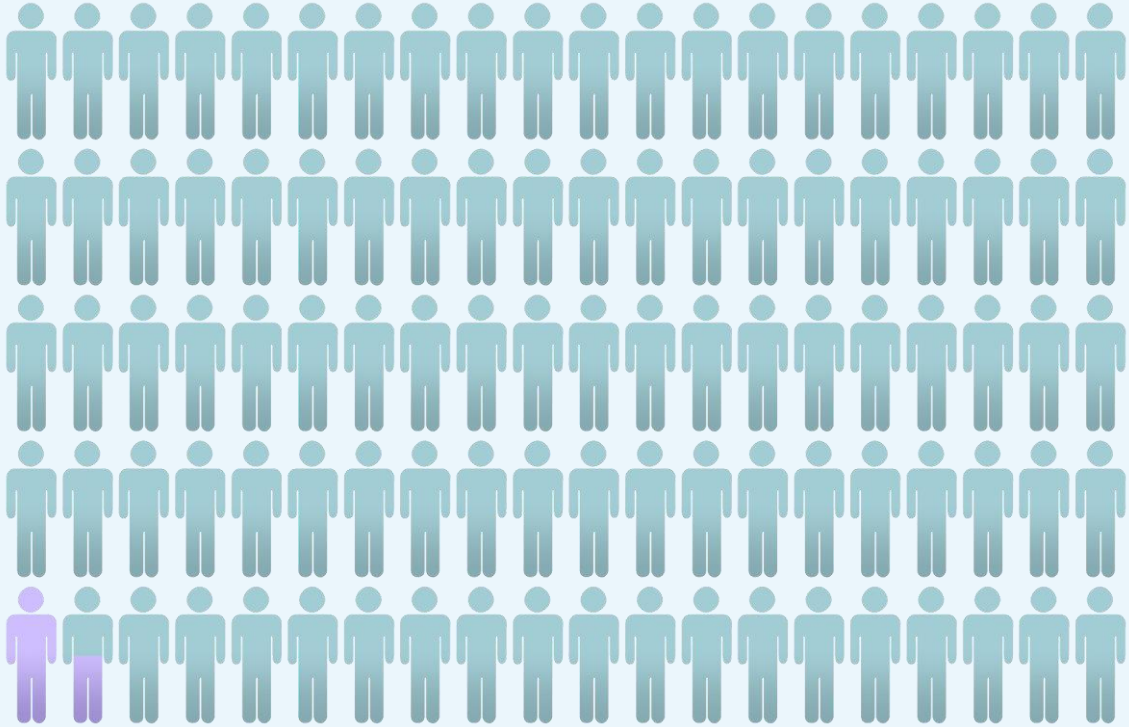
SVA experienced by those involved in commercial sex practices is unparalleled among other groups and is evidenced across countries worldwide, with transwomen at particularly high risk of DVA and SVA.

This cohort are often regarded as 'implausible' complainants by the police, particularly when coupled with notions of 'authentic' victimhood.

Between 50-100% of people involved in commercialised sex practices have experienced SVA.

(Campbell, 2016)

Levels of need eclipse our ability to respond



In 2016/17 in Devon we found we had specialist capacity to respond to the therapeutic needs of approx 1.5% of victims.

Based on 2015 population estimates and 2016 British Crime Rate victimisation rate of 3% (13,596 victims of SVA – 180 people receiving support).

Between 2017-18, 78,461 people used Rape Crisis services. At the end of that year, there were 6,355 victims on Rape Crisis waiting lists, and the wait for counselling ranged from three to 14 months.

(RAPE CRISIS COMMISSIONING LANDSCAPE SURVEY FOR THE APPG, 2018)

"We have to be careful about our messaging to people, because we can't cope with the levels of need, and I personally think it's worse to get people's hopes up, and then not be able to work with them." **(Provider-Devon)**

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What to expect when we next meet...

We look forward to working with you and a diverse group of people to design a stronger 'whole system' response to SVA in Devon.

Workshop 1. Vision and goal setting
We will be listening to stories of lived experience of SVA in Devon and taking a deep dive into the evidence around the scale and impact of SVA nationally and locally. This will help us to really understand what needs to change and what we want to be different in the future.

Reflection:

- **How does what you've read here make you feel?**
- **What issues does it raise for you?**
- **What additional insight and evidence is also important from your perspective?**

Come prepared to:

- **Engage with a complex problem that requires fresh thinking.** Be prepared to share your wisdom, consider other perspectives and explore new creative possibilities with colleagues.
- **Participate actively and work collaboratively.** We hope you'll be energised by the opportunity to think and work with colleagues, empowered by a sense of collective purpose and your own agency.
- **Help us to create a safe and honest space for listening and learning.** We need to look after ourselves and each other as we tackle a difficult topic. We are sending some additional advice about looking after yourself and others through this work.

“All of us have a part to play. We need to learn to be people who know how to give good support, to be in those difficult conversations and signpost and talk about options. We need to inspire people too. We can be more caring and supportive. The question is, what kind of people do we want to be?”

(Catherine, Survivor from Devon)

Our work has just started.

We look forward to seeing you in May

A note on sources of evidence:

We are grateful to our partners *Research in Practice* (RiP) who conducted a rapid review of published data and evidence to inform this work. We have drawn from this in our Call to Action. Should you like to read **RiP's full presentation** and consider their bibliography in detail, please follow the links.

We have also drawn from our professional interviews, lived experience conversations and other sources of data to develop our thinking. We are thankful to everybody who has participated and shared their thinking and data.

Any inaccuracies in this document are likely to come from our curation and handling of the sources. We hope you'll help us resolve them, and add your own knowledge, data and ideas to the mix.

Innovation Unit Team

Innovation Unit