MOPAC | MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

NHS England

Sexual Violence Against Children and Adults in London

A Joint Summary Report of *The London Sexual Violence Needs Assessment 2016* and *The London CSE Needs Assessment 2016*
For **MOPAC** & **NHS England (London)**

Summary Report

November 2016

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FOREWORD

This report does not make for easy reading. One in five women has been the victim of sexual assault or rape at some point in their lives since the age of 16. Given that only an estimated one in four women report assaults, that paints a bleak picture indeed.

In the case of children, the most vulnerable in society, estimates of childhood abuses range from 5-24% of our population. Staggering though these figures are, the statistics mask the very personal stories of lives shattered.

This report was commissioned to better understand the scale of the issues, the service response and the extent to which this response provided the range of support needed by victims and survivors to cope and recover.

MOPAC and NHS England (London) jointly commissioned MBARC to deliver both a needs assessment on sexual violence and a needs assessment on child sexual exploitation (CSE). Critically, these reports will also inform the development of the new Mayor's statutory Police and Crime Plan as it is developed for publication in the Spring of 2017. It will also inform the subsequent development of the Violence Against Women & Girls strategy and a sexual violence Commissioning Framework both of which will be finalised in 2017.

The Commissioning Framework will provide an opportunity to improve London's response to sexual violence. It will ensure the agreement of a set of London outcomes to improve the statutory response to sexual violence whilst also l informing the commissioning intentions for those services directly commissioned or co-commissioned by both MOPAC and NHS England to deliver support for victims.

These needs assessments identify areas of excellence in the service response across London which provides a platform for service improvement. However, in too many cases needs are only partially addressed and in others left wholly unmet. The cost of failings in one part of the system increases demand in others. The election of a new Mayor provides the opportunity to look afresh at these needs and is an opportunity for commissioners, service providers and, most importantly, survivors of sexual violence to work together across the capital and transform the response to sexual violence in London.

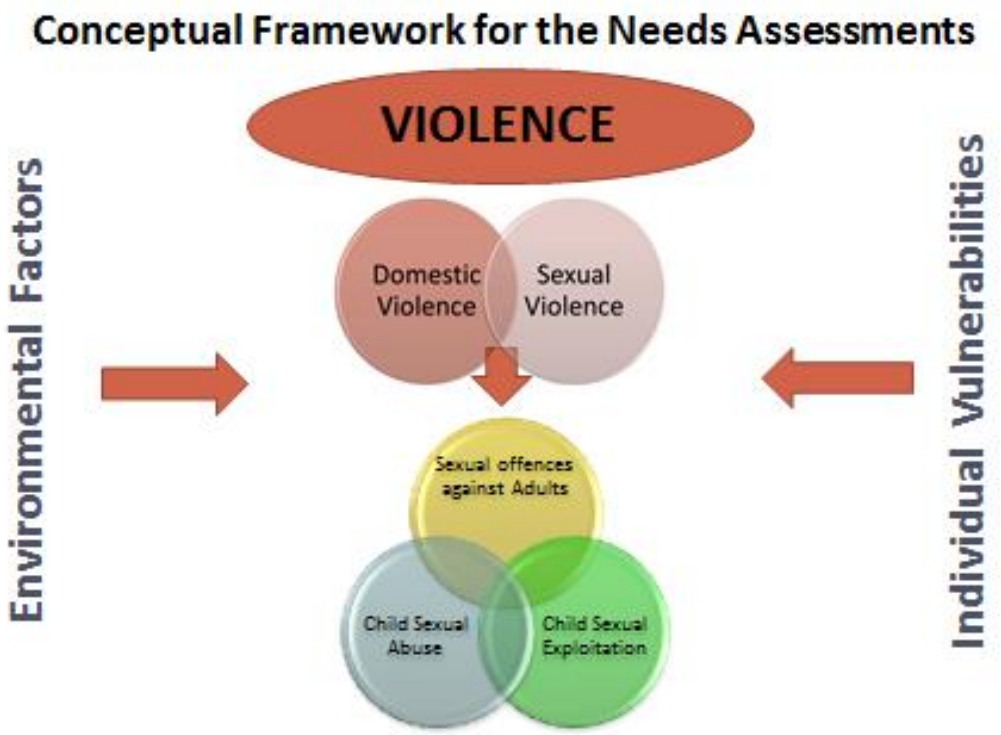
The Mayor hopes all stakeholders will join him in sharing a new vision for our response to sexual violence:

Our vision is to deliver world class, joined up services to all current and non-current victims of and survivors of sexual violence across London with improved outcomes in terms of criminal justice, health and well-being and create a cultural step change in effective prevention through building communities that are more resilient.

INTRODUCTION

This summary is drawn from two reports: "*Sexual Violence in London: The London Sexual Violence Needs Assessment 2016*" and its companion volume *"Sexual Violence Against Children & Young People: The London CSE Needs Assessment 2016."* They build upon the work of Dame Elish[1] in relation to adults and the King's review[2] relating to children and young people (CYP) and are drawn from an extensive review of current literature, the testimony of more than 100 stakeholder organisations and the direct perspectives and views of more than 100 victims and survivors of sexual violence.

This work is informed by MOPAC's strategy on Violence Against Women & Girls (VAWG) 2013-17 which will be refreshed following publication of the Mayor's Police and Crime Plan in Spring 2017. Whilst oversight of sexual violence sits within the VAWG framework it is recognised that men and boys can also be victims of sexual violence and rape and that they will have distinct and specific needs. The conceptual framework underpinning both needs assessments is illustrated in the figure below.



This figure provides our understanding of sexual violence against adults, CSE and CSA within the interlinked domains of both domestic and sexual violence. These are part of the overall context of violence overwhelmingly perpetrated by men on women and girls and on other men and boys and illustrates that individuals may be victims for example of sexual violence as both children and adults. It recognises that all forms of sexual violence

[1] https://www.cps.gov.uk/Publications/equality/vaw/dame_elish_angiolini_rape_review_2015.pdf
[2] https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/review-pathway-cyp-london-report.pdf

(and domestic violence) are impacted by, on the one hand environmental factors (such as home, school neighbourhood) and individual vulnerabilities (such as learning disability etc.).

SEXUAL VIOLENCE IN LONDON NEEDS ASSESSMENT SUMMARY

For this needs assessment we took a broad view of sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts directed against a person's sexuality without their consent and/or using coercion.

The Profile of Sexual Violence and the Nature of Need in London

The most authoritative estimates of sexual violence are provided by the Crime Survey for England & Wales (CSEW)[3]. Whilst only around one in four victims of sexual violence report their cases to the police, we have made use of Metropolitan Police Service (MPS) data to provide additional depth to the overall profile of sexual violence. In addition, we have utilised Havens data (one of many service providers in the capital); the Havens is the provider of the vast majority of forensic medical examinations relating to serious assault or rape and their data provides further granularity to this profile.

The CSEW indicates that each year around 24,000 adults in London[4] experience serious sexual assaults and/or rape[5]. The vast majority of victims are women (85%); this is equivalent to an average 11 sexual assaults and rapes of women per borough each week of the year. For men, the figures are much lower; however, they are still equivalent to more than 100 sexual assaults and rapes of men each year in the average borough. For both men and women the offender was reported as male in 99% of cases.

It should be noted that the pattern of offences is not evenly spread across London. Based upon data of reported crimes from the MPS the number of assaults on women varies considerably with Westminster, Lambeth, and Croydon being the most likely place of assault and Merton, Richmond and Kingston the least likely. The highest numbers of reported rapes were Croydon, Lambeth and Westminster. When weighted for population size Merton has the lowest rate and Westminster the highest rate of assaults. For men the lowest number of assaults per 1,000 population is Harrow (0.2) and the highest is Westminster (1.0). The higher prevalence in Westminster reflects the concentrated nature of London's night-time economy within this area.

CSEW estimates that one in five women (20%) have experienced sexual assault or rape at some time in their lives since the age of 16, (3.6% of men). Each year 2.2% of women experienced sexual assault or rape including attempted assaults (0.7% of men). These aggregated figures mask significant differences between age groups with both younger women and men much more likely to experience sexual assault than older age groups. For example, in 2013/14 the rate of assaults for younger women 16-19 years old was more than three times higher at 6.7% than the average for all women (2.2%).

[3] It is widely acknowledged that police reporting levels only present a fraction of victims that report to the police, therefore police data while important does not necessarily reflect the true scale of sexual violence.

[4] http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/005624sexualassaultinlondonyearsendingmarch2013march2014andmarch2015csew

[5] http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter1overviewofviolentcrimeandsexualoffences

The majority of offenders were the partner or ex-partner of the victim (47%) or someone they knew (33%) with only one sixth reporting the offender as a stranger (16%). This also reflects the close relationship with domestic violence, with 13% of sexual assaults reported to the police being flagged as domestic violence. Almost two thirds of assaults happened in in the victim's home (38%) or offender's home (24%). However, 40% of sexual harassment reported by women takes place in public spaces, particularly on the transport network. Reports to British Transport Police (BTP) increased by more than a third between 2012 and 2015.

The likelihood of sexual assault has remained broadly constant over the past three years (CSEW). However, there has been an increase in reporting to the police (MPS & BTP) which has been attributed to increased confidence in police handling of such cases. MPS data indicates the total number of assaults reported has risen from 10,151 to 15,809 (2012-2015) and for rapes from 3,353 to 5,416 over the same period. Survivors coming forward to report historic or non-current abuse have also impacted significantly on MPS figures as a result of high profile investigations such as Operation Yewtree. Between 2013 and 2015 the MPS reported cases of non-current cases increased from 2,237 to 3,259. Conversely a number of stakeholders speculated that adverse media coverage may see reductions in survivors coming forward to report their cases.

The high rate of attrition between assaults estimated through CSEW and reporting to the police is mirrored by high rates of attrition in other parts of the CJS. For example, whilst the numbers of victims reporting to the police has increased significantly the number of referrals into the Havens and the numbers of forensic medical examinations to support prosecution has remained broadly static. As cases progress through the CJS there are further key points of attrition, from the decision to proceed with prosecution through to conviction rates. The number of reported rapes in 2012 was 3,353 and the number of convictions in 2014 two years later (allowing for cases to progress through the CJS) was 581. Rates of attrition are higher in London than other parts of the country; in London almost a quarter of cases (23%) are unsuccessful due to "victim issues" (e.g. retraction of statements) and for those cases where there is also domestic violence the likelihood of retraction doubles.

Attrition is also driven by police "no criming" for example when a victim's account is viewed as inconsistent. This is most likely where there has been a history of consensual sex, no physical resistance, mental health problems, alcohol consumption or where the offender is white and the victim is non-white. For victims who have learning disabilities the chance of "no criming" is 4.4 times more likely[6].

It is important to note that the data relating to ethnicity is based on MPS categorisation[7], which is different from the categorisation of ethnicity used by other statutory and voluntary services. There are significant disparities in the ethnicity of victims with disproportionate reporting from black and white women and lower levels of reporting from Asian women[8].

[6] Hohl and Stanko 2015:13
[7] "IC3": Black including African, African Caribbean, Black British and those of mixed heritage etc. "IC1": White including Eastern European
[8] MPS

There are a range of other vulnerabilities which increase the risk of sexual assault, these include[9]:

- Around one third of both female and male victims have a pre-existing mental health issues. Severe mental illness increases the risk of assault for women by five times and for men by ten times.
- Both women and men with learning disabilities are at increased risk of abuse and are least likely to proceed through the CJS to see the conviction of the offender.
- One in five women (21%) who have experiences of extensive sexual abuse have experienced homelessness[10]
- Participation in prostitution also increases vulnerability with more than 50% of both women and men involved in the sex industry suffering assaults
- Immigration status has an impact in terms of increased risk of assault; increased barriers to reporting and access to support for both women and men
- Female offenders have a specific range of vulnerabilities with more than half of women in prison reporting sexual or other abuse during childhood[11]
- For gay men there are particular vulnerabilities in relation to chemsex[12] and this further exacerbates the considerable barriers to both reporting and proceeding through the CJS or accessing other support faced by men.

The Commissioner Response

The cost of sexual violence to the public purse is substantial. This includes CJS costs from policing, through court procedures to sentencing costs. Both the National Audit Office[13] (NAO) and Her Majesties Inspectorate of Constabulary[14] (HMIC) have identified the investigation of both current and historic sexual abuse as a rapidly growing area of work with significant resource requirements: estimate of the cost of police time investigating sexual offences in England and Wales is c.£1billion per annum and rising (i.e. in London c£150-180m.) Costs per court case are substantially higher for sexual violence due to extended time from offence to completion (i.e. 438 days compared to 154 for other criminal cases)[15]. Where prosecutions are secured custodial sentences are relatively long at an average of 63 months[16] (average cost per adult prisoner per month c£3,500).

This needs assessment provides a broad estimate of current annual expenditure on sexual violence of £150milion, excluding CJS costs. This comes from a variety of statutory sources including both MOPAC and NHS England, but also with substantial expenditure by individual local authorities and Clinical Commissioning Groups (CCGs). MOPAC's directly commissioned annual funding includes: £1.3m to four Rape Crisis Centres, c£2.5m for

[9] Note: The majority of data presented below has been taken from a range of small-scale studies.
[10] Forthcoming research report by Professor Liz Kelly, London Metropolitan University
[11] http://www.womeninprison.org.uk/research/key-facts.php
[12] Chemsex refers to gay or bisexual men using (normally illicit) drugs to facilitate sex with other men. It is often referred to in the context of chemsex parties (e.g. drug assisted events lasting several days where men may have multiple sexual partners).
[13] https://www.nao.org.uk/wp-content/uploads/2015/06/Financial-sustainability-of-police-forces.pdf
[14] http://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/state-of-policing-13-14.pdf
[15] The overall offence to completion time for rape cases in 2011 was 675 days (two-thirds of this time is taken to reach the point where the case is charged, a third of the time is court time from first listing to the conclusion in the Crown Court). Offences involving sexual activity with minors take 575 days from offence to completion on average. In comparison, the average offence to completion time for cases involving violence against the person was 162 days, of which almost two-thirds of this time is court time. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf
[16] https://www.gov.uk/government/news/sex-offender-sentences-hit-record-levels

a Pan London Domestic Violence service, £3.85m through the London Crime Prevention Fund to local authorities for projects tackling violence against women and girls, alongside direct funding through the Victims Fund and indirect funding to support victims and witnesses through Victim Support. Services co-commissioned by MOPAC with NHS England include the Havens with three sexual assault referral centres at c.£4.4m with NHS England directly commissioning a range of other related services through its Health in the Justice Team. Detailed auditing of local authority funding was not part of this needs assessment but indicative figures suggest an average spend on sexual violence related services in social care and public health of £750k to £1.5m per borough. A similar sum for each of London's CCG's is estimated primarily on mental health services accessed by survivors of sexual violence[17]. In addition to this public investment, the independent charitable sector makes substantial contributions to support the survivors of sexual violence.

The Service Response

Direct investment in the CJS is supported by funding a range of related services which support victims through CJS or provide the evidence to support criminal prosecution such as Forensic Medical Examinations (FMEs) and Independent Sexual Violence Advocates/Advisors (ISVAs). London's Sexual Assault Referral Centres, known as the Havens, are delivered in three London locations providing one-stop services to just under 2,000 victims and survivors each year. The Havens undertake the majority of forensic medical examinations of both adults and children which underpin criminal prosecutions. The service is primarily for victims of recent assaults rather than non-current or historic cases.

London has a number of ISVAs employed by a range of organisations. As the role and function of ISVAs varies across services and funding is provided from a range of sources the number of ISVAs is unclear but this report identified 41 ISVAs serving adults and 16 serving young people/young women. In some boroughs there are no ISVAs. However, MOPAC funds a pan London network of Independent Domestic Violence Advocates (IDVAs) and some of these will support women and men experiencing both domestic and sexual violence. It should be noted that there is an absence of consensus between IDVA and ISVA providers as to whether the skill and knowledge competency base of IDVAs is sufficient to support victims of sexual violence through the CJS. We were informed that the role of ISVAs in supporting victims and survivors through the CJS is vital and therefore the absence of sufficient ISVAs is likely to be a contributor to the high rates of attrition in the CJS, particularly when considering that sexual violence prosecutions take 2 to 3 times longer from offence to completion than for other violent offences against the person.

London's four Rape Crisis Centres provide specialist support to women who have experienced any form of sexual violence at any time in their lives, including face to face counselling, therapy, a helpline and ISVAs for those going through the CJS. Just under half of their current clients are survivors of non-current abuse, a figure reflected in most other non-statutory services.

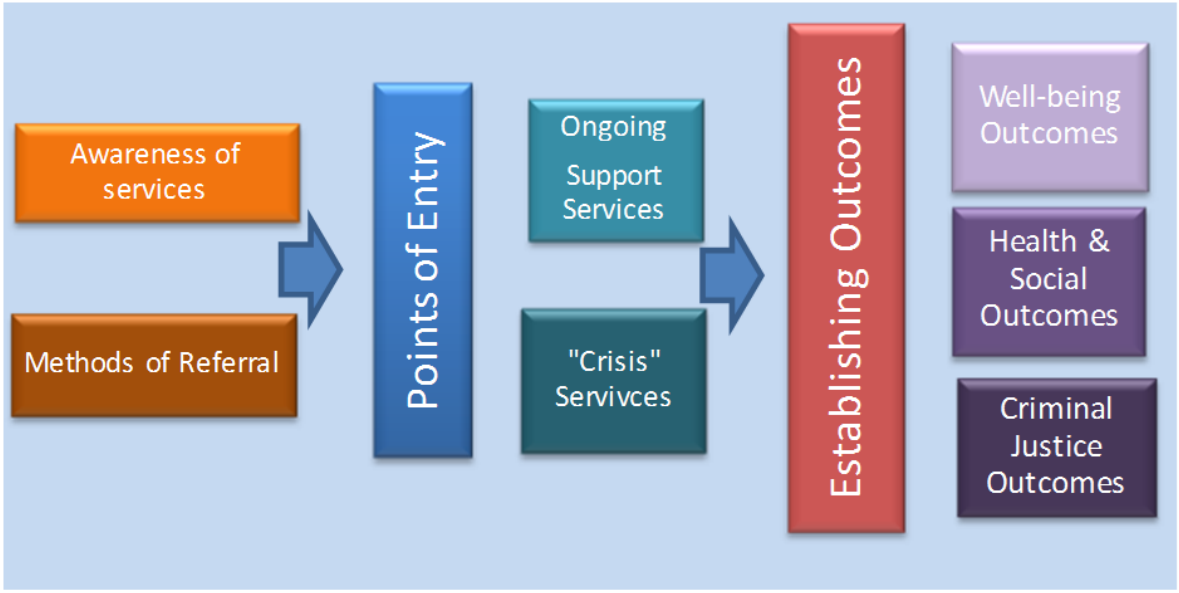
[17] For example if just limited counselling (IAPT) is provided only to the victims of sexual violence the average annual cost per CCG would be c£650,000

There are a range of other specialist sexual violence services in London which offer survivors a range of different support options designed to respond to the complexity of need including immediate responses, advocacy, therapeutic and outreach services. MOPAC also operates other funding streams that support victims/survivors and activities to prevent or disrupt sexual violence.

In addition, a number of women's organisations will often provide services for victims and survivors of sexual violence, organisations such as the London Black Women's Project and Latin American Women's Rights Service deliver support to Black, Asian & Minority Ethnic (BAME) women and girls. At a local level the number of women from a particular community needing services may be small and services are better provided at a sub-regional level, however, the availability of cross borough funding has been reduced significantly in recent years making such groups less financially secure.

There are a range of smaller therapeutic, survivor and peer-led organisations as well as a small number of equalities led organisations. These include GALOP focused on Lesbian, Bisexual Gay and Transgender (LGBT) victim-survivors, Respond working with both victims and perpetrators with learning disabilities, MOSAC who support non-abusing parents of victims of CSA and SurvivorsUK working with male victims. Whilst demand exceeds supply for all services, services targeting specific equalities groups report particular pressure due to lack of resources.

The needs assessment sought to understand the service response based upon the pathway of survivors rather than current commissioning silos. The pathway below represents our lines of enquiry although it should be noted that a victim's progression along this pathway is not linear and people may enter, leave and re-enter at various points on their journey to recovery.



Prevention

Whilst not identified in the pathway above a number of stakeholders talked of the importance (and absence) of work to prevent sexual assaults. There is a wide range of preventative work undertaken by voluntary sector

specialist providers. These include workshops in schools and accredited and non-accredited training for front-line practitioners. However much of this work is unfunded and dependent upon provider services responding to requests from third parties, as such it is increasingly vulnerable to both increases in case load and increasing complexity of case loads which reduces the capacity of providers to respond to such requests.

Points of Entry

The majority of victims of sexual violence do not report the incident at or near the time of the offence and may seek help months or years later. Of respondents to our survivors survey, 62% did not seek immediate help and of these almost two thirds only sought support five years after the offence. The reasons for non-reporting include fear of not being believed or *"having someone tell me I'd deserved it".* Many respondents complained of poor or judgemental responses at their disclosure from non sexual violence specialist professionals including some statutory services and for some this was re-traumatising: the Elish Review writes extensively about the importance of the first response after disclosure. There were a range of concerns expressed by survivors of their experience of the police response. This is in contrast to the positive experience of survivors in relation to the service provided by specialist organisations.

The survey of survivors indicated that more than two thirds of victims had very limited awareness of the range of services at the time that they first sought assistance and more than half reported that they found it difficult to access support. Two thirds of survivors accessed support outside their borough and for this group two thirds travelled outside their borough because there was no support locally or waiting lists were too long.

Ongoing Support

Many women reported the importance of gendered (women-only) spaces for support. While it is evident that agencies such as Rape Crisis Centres routinely support BAME women and girls, there was a broader concern about the lack of BAME led sexual violence provision in London. The need for empathetic services was echoed by LGBT survivors who similarly stressed the importance of empathetic LGBT run services, such as GALOP. It is estimated that up to half of male victims are heterosexual. A range of stakeholders expressed concerns that heterosexual men may face particular challenges as services are targeted at women or gay men.

Access to health and well-being support, particularly therapeutic support was characterised by long waiting lists and at times very short and limited interventions which did not address trauma. A number of survivors resorted to self-funding of psychotherapeutic interventions as the only means of accessing support. The poor quality of NHS clinical interventions in terms of both access and the type of therapeutic interventions offered was a common theme amongst stakeholders. The importance of group therapy and peer support alongside one-to-one interventions was identified by many as a vital component of recovery. These could be particularly helpful in cases where, alongside sexual abuse, there were multiple, complex and interconnected issues with survivors managing histories of care, offending, substance misuse, and homelessness.

For women subject to both domestic and sexual violence there were mounting concerns about the absence of sufficient places of refuge. Some survivors with complex multiple needs faced particular challenges in relation to securing permanent accommodation.

CHILD SEXUAL VIOLENCE NEEDS ASSESSMENT SUMMARY

Introduction

Child Sexual Exploitation (CSE) is a form of child sexual abuse (CSA). This needs assessment reports on both current CSE and non-current or historic cases of CSA reported in later life by adults. The full report provides further details of the debate on definitions of CSE and the legislative framework underpinning both current and historic sexual offences against children and young people, including sexual abuse perpetrated by children and young people on other children and young people ("peer-on-peer abuse"). The current ACPO definition of CSE used by MOPAC is:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s)receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities.

CSE can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet/mobile phones without immediate payment or gain.

Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice, as a result of their social, economic or emotional vulnerability.

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

For this report we have taken the NSPCC definition of contact sexual abuse as our definition of CSA:

involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:

- *sexual touching of any part of the body whether the child's wearing clothes or not*
- *rape or penetration by putting an object or body part inside a child's mouth, vagina or anus*
- *forcing or encouraging a child to take part in sexual activity*
- *making a child take their clothes off, touch someone else's genitals or masturbate.*

The Profile of Sexual Violence Against Children in London

London is an increasingly young city with more than two million children and young people who represent around a quarter (24.5%) of the capital's population. London is the most ethnically diverse region of the UK and this diversity is even greater amongst children and young people. Ensuring the protection of this young population is a priority for all.

The relatively recent priority attached to CSE arising from high profile safeguarding failures (as in Rochdale) means that data sources available for reporting and analysing CSE are less well developed than those for

sexual violence against adults. As noted in the ACPO definition *"a common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation"*. This places an onus on third parties, particularly schools, youth services and others in contact with CYP to identify CSE and to report this in a consistent manner.

The common perception of CSE is the older, predatory perpetrator grooming a CYP prior to sexual abuse. Whilst such CSE is a feature of prevalence in London more common are cases where there is no material age difference. In peer-on-peer abuse there can be substantial cross overs between victim and offender with victims facilitating or coercing others into inappropriate sexual behaviours. Analysis of MPS data in 2015 indicated that peer on peer abuse accounted for over half (55%) of all CSE cases in London. This led to a "MOPAC Challenge" [18] which sought to establish a better understanding of peer-on-peer abuse and a more strategic approach to addressing the issue. Arising from the MOPAC Challenge, the MsUnderstood partnership was commissioned to undertake more detailed analysis in a number of boroughs; their recent work has indicated that peer-on-peer abuse rises to 85% of all cases in some London boroughs.

The London profile of CSE and the preponderance of peer-on-peer abuse is very different from other parts of the country where the proportion of peer on peer cases is estimated at around a quarter. MsUnderstood have indicated that this may be due to the different development of the response to CSE; in London the approach has been more closely aligned with the urban street gang context. This focus on the gangs has led to enhanced identification and consequent reporting of CSE in this within this context. Third party agencies may be less skilled at identifying and consequent reporting of CSE in non-gang contexts.

At the time of preparing this needs assessment figures for the numbers of adults in London who experienced sexual abuse whilst they were children are estimated at between three quarters of a million and one and a half million. Figures for prevalence are highly contested with the Child Online Protection Centre estimating prevalence at 5% of children being victims of sexual abuse at some time in their lives by the age of 18 to the NSPCC's estimate (based upon the percentage of 18-24 year olds reporting that they were sexually abused as a child) at 24.1% (with 11.3% indicating that this abuse included contact sexual abuse). This provides a range of between 100,000 and 500,000 people in London at risk of sexual abuse at some time during their childhood, 5,500 to 27,000 each year.

Subsequent to completing the fieldwork of this needs assessment the CSEW produced their first estimate for historic child sexual abuse[19]. This provides the most authoritative estimate to date and indicates that nationally 7% of adults experienced sexual abuse as children (11% of women and 4% of men). Using these

[18] https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/governance-and-decision-making/mopac-challenge/mopac-challenge-board-2

[19] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/abuseduringchildhood/findingsfromtheyearendingmarch2016crimesurveyforenglandandwales

estimates there are more than 450,000 adult survivors of CSA living in London; equivalent to around 11,000 adult women and 3,500 adult men in the average borough.

Many of these survivors will have taken years, and in some cases decades, to disclose that they were victims of CSA and many may still not have disclosed. The numbers disclosing and seeking support have increased dramatically in recent years and the pace of disclosure has been driven by high-profile investigations such as Operation Yewtree. It is anticipated that the national inquiry into historic cases will further drive disclosure rates and the numbers of those seeking support to aid their recovery. This anticipated increase in numbers is likely to provide particular challenges to the police in investigating reports and to third sector support services many of whom already report almost half of service users are survivors of non-current sexual violence.

Vulnerability & Risk

The 2012 Office of the Children's Commissioner Report highlighted a range of factors that increased a CYP's vulnerability to CSE. These are reflected in the London data:

- Vulnerabilities identified through MPS data on contact CSE identified young people going missing (35% of all victims), looked after children (21%) and young people involved with gangs or other offending behaviours at significantly greater risk.
- Data from the Havens on rape and serious sexual assault of children indicates other vulnerabilities, most notably that those in the 30% most deprived communities were 7.5 times more likely to suffer abuse than those in the 30% least deprived communities: almost a third (31.8%) had a pre-existing mental health issue and/or had experienced domestic violence (29.4%), 6.8% were learning disabled and around a quarter used alcohol (24.1%) or recreational drugs (23.4%).
- Data from MPS (CSE contact) and the Havens (serious sexual assault) indicate that risk levels of were broadly proportionate for white CYP to their numbers in the population, but CYP from black and mixed heritage backgrounds were at greater risk and those from Asian backgrounds less risk.

Of all data in this area the overwhelming common factor in both reported CSE and serious assaults was the gender of victims with all data sources reporting more than 9 out of 10 victims being girls or young women. This differs significantly from the gender profile of adults reporting that they were abused in childhood, where, though the proportion of survivors is still predominantly female, around one third of survivors are male.

CSE does not respect borough boundaries with a third of reported offences taking place in a different borough to the victim's home and a similar proportion of young people vulnerable to "county lines[20]". Local CYP safeguarding arrangements traditionally are more likely to focus on the domestic environment;

[20] This refers to the practice of London gangs operating drug sales and other criminal activity including CSE outside London, often using exploited young people from London.

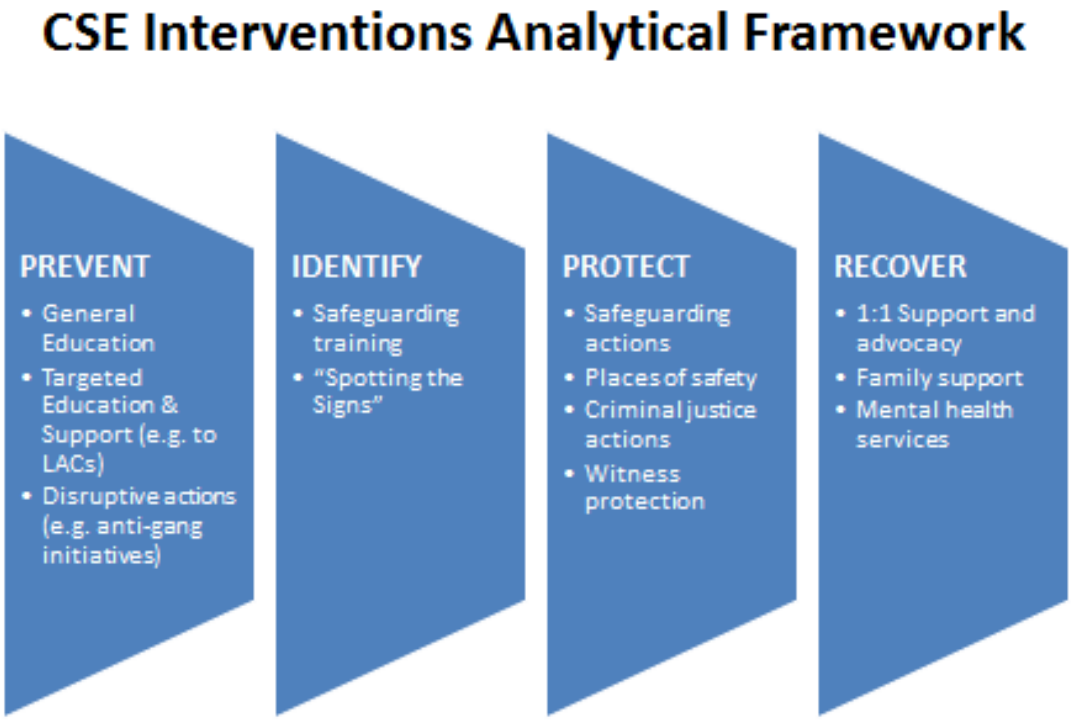
the location of CSE offences means identification and reporting protocols require effective cross borough arrangements.

Calculating the cost of Sexual Violence Against CYP in London

NSPCC have developed a methodology[21] for calculating the annual cost to the exchequer of CSA (excluding lost tax revenue from lower productivity of adult victims of CSA). Applying this methodology to London it provides a total annual cost to the exchequer of between £34m and £69 million. For the health sector the annual cost is between £14m to £29m, for social services £8m to £16m and the CJS £12m to £24m. Whilst we consider the methodology as provisional, it potentially provides the basis for establishing a business case for investment in co-commissioning opportunities such as the multi-agency *Child House* model and demonstrates that the initial priority may not be additional funds but more effective deployment of current resources.

The Service Response to CSE

In assessing the service response we were keen to ensure that we reflected the child or young person's pathway rather than capturing the ways in which services are currently commissioned. To support this approach we developed the following analytical framework for understanding service responses[22].



[21] Estimating the cost of CSA in the UK, NSPCC (July 2014) https://www.nspcc.org.uk/globalassets/documents/research-reports/estimating-costs-child-sexual-abuse-uk.pdf

[22] This analytical framework is not relevant to understanding the pathway for adult survivors of CSA.

CSE cases are managed through local authority Multi-Agency Safeguarding Hubs (MASH). In a number of boroughs these arrangements have been enhanced through the establishment of Multi-Agency Sexual Exploitation (MASE) meetings to better co-ordinate their local response to CSE[23]. In localities with a MASE, many stakeholders commented on the enhanced visibility and the critical role of the third sector in providing support to CSE victims.

This needs assessment identifies a rich variety of statutory and voluntary sector services providing support services to CYP at risk or exposed to CSE. The pattern of provision varies considerably between boroughs with substantial gaps and variations in service models and priorities: in some boroughs there was extensive work with 11-13 year olds whilst others focussed on an older cohort, some had rolled out standard tools supported by training to improve identification amongst CYP professionals whilst others saw this as an individual agency responsibility.

As part of the Child and Adolescent Mental Health Services(CAMHS) Transformation Fund [24]resources have been made available to each of the five NHS England sub-regions to better understand CSE service provision in London. In most sub-regions there are plans to maintain service maps or registers moving into the future which will provide a rich resource for better co-ordination between services and to inform future commissioning.

Prevention Services

A number of boroughs have developed multi-agency approaches to awareness raising and early intervention work, these have included training programmes for staff in generic services. Other practices of note include "Operation Makesafe" type campaigns that have undertaken targeted work with hospitality, transport and licenced premises to help their staff identify suspected CSE.

A number of boroughs have also sought to raise awareness amongst young people through training and engagement programmes and information resources. This includes targeted work as part of Sex and Relationships Education (SRE) within schools. However, in spite of many good practice examples including those delivered by specialist voluntary agencies, stakeholders commented that the approach was disjointed and that engagement of and with schools was particularly problematic. Many local authorities are reliant on specialist voluntary sector partners to deliver effective prevention work.

Identification of CSE

[23] This reflects good practice guidance which identifies challenges in joining up responses across MASH,MASC and other systems (https://contextualsafeguarding.org.uk/assets/documents/Towards-a-Contextual-Response-to-Peer-on-Peer-Abuse.)

[24] NHS England has established a national transformation fund for CCGs, working closely with their Health and Wellbeing Boards and partners from across the NHS, Public Health, Local Authority, Youth Justice and Education sectors to develop Local Transformation Plans to support improvements in children and young people's mental health and wellbeing.

Local authorities have developed different risk and needs assessment tools for identifying CSE. Some have developed analytical capacity to identify trends and provide problem profiles of CSE hotspots to inform their response. However, there are concerns that despite implementation of a Pan-London protocol, needs assessment approaches and the operation of individual MASH differ considerably between localities.

A range of stakeholders noted that methods of identification, assessment and referral to specialists require improvement across services working with young people and that in too many areas there was continued failure to identify CSE. Others noted that this was sometimes still exacerbated by a continuing "culture of disbelief" and gendered forms of victim blaming, particularly where the young women's behaviour may be perceived as particularly challenging.

Protection Services

The non-CJS response to CSE varies considerably between boroughs. The report provides some examples of good practice and effective interagency working to ensure the protection of the victims. In particular where boroughs had well run MASE meetings and had invested in CSE specialist workers stakeholder reported that accessing timely information and support was simple and effective. Where there had not been that investment stakeholders reported excessive delays between, for example, initial disclosure at a hospital to social services contacting the family and a range of other gaps in services leading to CYP's disengagement with protection services.

There were approximately 900 11-17 year olds presenting to the Havens and designated doctor referrals in 2014 for sexual abuse. The pathway for these young people has been subject to a separate review commissioned by NHS England to inform the commissioning intensions with regard to these clinical services. It also includes assessment of the pathways through the CJS and, along with early learning from the Crown Prosecution Service's pilot to expedite prosecutions relating to sexual offences against young people, will also be utilised in developing the commissioning intentions. As part of this work MOPAC and NHSE have secured funding to develop two Child House pilots to provide joined up services to children and young people who have experienced sexual abuse.

Recovery Services

CYP who have experienced CSE have complex needs to be addressed to support their recovery. There are a wide range of voluntary sector organisations providing pastoral support services and these vary considerably between boroughs. Providers include national organisations, such as Barnardos, The Children's Society and the NSPCC delivering local services alongside a range of more local organisations such as Redthread, Safer London, and specialist women's support organisations including the Rape Crisis Centres and those supporting women and girls from specific BAME communities.

There are also a range of small, specialist projects such as MOSAC which provide family based support services to the non-abusing parent or carer where the child's abuse has taken place within the home and Respond which provides a range of interventions to support the recovery of young people with learning disabilities who may be the victim and or perpetrator of abuse.

Access to appropriate mental health services is a high priority for many victims to support their longer term recovery, particularly for the large proportion of young women whose vulnerability has been exacerbated by a pre-existing mental health condition, self harming behaviours or related issues. Stakeholders reported increasing difficulties in securing access to statutory CAMHS due to the rising thresholds for access to care.

Adult Survivors of CSA

The report identifies that adult survivors of CSA may have a wide range of needs, particularly in relation to mental health support arsing from their abuse and that these support needs may be exacerbated by the wider impact upon their lives arising from that abuse, including relationship problems and self-harming activities such as alcohol and substance misuse.

Adult survivors may already be extensive users of services, in particular health services, even without disclosure. However, there are few dedicated statutory services addressing these needs in a consistent way. In the absence of a joined up service response, survivors have established a vibrant range of self-help organisations with some infrastructure support provided by the Survivors' Trust but funding is limited.

TRANSFORMING THE RESPONSE TO SEXUAL VIOLENCE IN LONDON

Key Gaps in Services for Adults

In contrast to other crimes, including hate crimes we found no evidence of a strategic approach at either a London or borough level to reduce the overall prevalence of sexual violence or those that enhance the resilience of those most vulnerable to violence. Prevention interventions are largely delivered by third sector service providers and are reactive (in response to requests), poorly resourced and subject to cancellation or postponement to deal with increasing case loads. There is an absence of focus on building resilience in most at risk communities or addressing the causes of increased vulnerability to sexual violence.

In spite of the level of investment in CJS work, support for victims through the CJS is poorly resourced meaning the extensive and expensive police time spent on investigations is effectively wasted due to high rates of attrition. There is limited and uneven access to ISVA provision across London, this is likely to compound the high rates of attrition at key stages of the CJS. The needs assessment identified 45 ISVAs across London: based on current annual figures of sexual offences reported to the MPS this is equivalent to an average of 3 hours of ISVA support per person per year; substantially less than required to navigate the lengthy and complex CJS process. There are a small number of specialist ISVAs supporting people with particular needs such as LGBT people and people with learning disabilities but providers stress demand for services outstrips their capacity to respond. The absence of both a consensus on the role and operation of ISVAs between providers and the absence in some areas of other forms of pastoral support compounds the shortfalls in ISVA provision.

There is limited public awareness of the potential sources of support for those who have experienced sexual violence and no “google-optimised” search directing individuals to a single point of information and access. Knowledge of the range of support services by third party organisations that may assist in directing individuals to support services is limited and, even amongst sexual violence service providers, there was limited understanding of the range of support services available from other specialist organisations.

Ongoing support services provided by the third sector were rated highly by survivors but all were struggling with increased demand and limited resources. Gendered services were important, as were those providing empathetic services to specific communities of interest such as particular BAME groups, LGBT specific services and learning disabled services, although levels of resources available were even more limited. Other vulnerable communities such as female (non-sexual violence) offenders, women and men working in the sex industry may benefit from similarly tailored, empathetic services. Heterosexual male survivors, whilst small in number, lacked any specialist support services.

Access to statutory support services, particularly mental health services was universally poor.

Key Gaps for Adult Survivors of CSA

Whilst adult survivors of CSA may make substantial demands upon statutory services, many will not have disclosed their status as survivors. More targeted support for this large group of adults is required to support their recovery. In addition, the numbers of adults who report CSA has been increasing rapidly and is likely to continue to increase as police investigations, the National Inquiry and media reporting drive disclosure. Already many specialist support services report that up to half of their service users are survivors of non-current abuse and with numbers likely to grow this risks overwhelming services' capacity to respond to the needs of victims and survivors.

A comprehensive strategy for addressing the needs of adult survivors of CSA is required.

Key Gaps for Children & Young People

The Office of the Children's Commissioner's 2013 report[25] highlighted significant failings in the response to CSE at both a strategic and operational level. Since that report there has been much progress in London; there is a much better understanding of the interplay between individual vulnerabilities, and the context (family, friends, school, neighbourhood) a CYP at risk may find themselves; co-ordination and information sharing between professionals has been reshaped by new structures; operational performance has been transformed with thousands of front-line staff trained to "spot the signs" and intervene. However, there is more that can be done at a local, sub-regional and Pan London level.

Pan London governance was criticised as no longer being fit for purpose or adding value to the work at a local level. Accountabilities and priorities have become blurred between different strategic bodies with potential duplication (and consequent gaps) between the work of the VAWG Board and the London Children's Safeguarding Board in particular.

There were concerns that there was an over-reliance on a borough based approach. Young people are mobile and evidence suggests that much CSE activity happens across boroughs. In relation to peer-on-peer abuse it is worth noting that the majority of young people who study at Further Education Colleges do so in a different borough to their place of residence. Within West London the shared arrangements between the "tri-boroughs" provide an example of working beyond borough boundaries which appears to have facilitated better information sharing both within and between boroughs. However, in considering such bi- or multi-lateral arrangements it is important that these reflect CYPs patterns of movement rather than administrative convenience.

The important role of third sector organisations in providing young people focused interventions was widely recognised. Across London opportunities for quality referrals were lost due to concerns between

[25] http://www.childrenscommissioner.gov.uk/sites/default/files/publications/If_only_someone_had_listened.pdf

organisations around information governance issues and the respective standards operated by different providers. It is anticipated that the Child House pilots may make substantial progress in developing effective sub-regional networking, information sharing, information governance and referral protocols.

Current reported data is still inadequate. Whilst generating improvements in data quality the current London-wide protocols have not been effective in standardising reporting. Significant variations in the reported cases of CSE or CYP at risk of CSE may reflect actual activity, but are more likely to reflect different reporting methodologies and the capacity of front-line staff to identify cases. There remains a risk, a key feature of the Rotherham investigation, "*that you see what you look for*".

This is particularly the case in relation to boys and young men where the strategic and operational response has been largely focused on their potential role as perpetrators of abuse. Boys and young men are identified as potential victims of CSE in less than on in ten cases. Current reporting would appear to substantially underestimate the risk for boys with data on the proportion of adult males and females reporting that as children they suffered some form of sexual abuse being closer to a one third/two-third split[26]. Research by Barnardos and NatCen[27] identified that boys were significantly less likely to be identified in a grooming context and that their reaction to trauma was often in the form of anger or violence which brought them into contact with the system as offenders not victims.

Much is known about the individual vulnerabilities that drive CSE, yet key groups of girls and young women at high risk may not be identified, or receive responses which fail to adequately support them. For example, there was evidence from stakeholders that young women with offending or other challenging behaviours were least likely to be identified and continue to face a response characterised by criminalisation or "*heavy handed child protection*".

Particularly within the context of boys and young men (although not exclusively) there is considerable crossover between victims and perpetrators; young people who themselves may be victims of CSE and go on to perpetrate or facilitate the abuse of other young people. This requires a more sophisticated approach to the identification of individuals both at risk of being victims and being perpetrators and will require different service responses.

Concern was also raised by a range of stakeholders that CSE was broadly framed in heterosexual contexts with little understanding of the vulnerabilities of young people questioning or challenging their sexuality or gender identity. This was potentially exacerbated by LGBT community organisations being reluctant to talk

[26] For example, CSEW 2016. 11% of adult females and 4% of males experienced CSA as a child.
[27] "It's not on the radar" Carron Fox (2016)

about or acknowledge CSE within their own communities and thus not developing an appropriate service response.

In spite of elevated risk there are few examples of targeted responses to CYP with learning disabilities, looked after children and unaccompanied asylum seeking children. Innovative programmes of work in these areas, including for example, support for foster placements tend to receive only short term funding.

Prevention

The role of schools in delivering effective prevention interventions, targeted at both younger children and older pupils is widely recognised. There were examples of innovative practice with children under 10 years old in some localities, however, these were limited in scale and unavailable in most areas. Stakeholders also raised concerns that there was limited provision targeted at 10-13 year olds. Some stakeholders commented that where schools did deliver preventative programmes these were not sufficiently gendered and that insufficient attention was paid to early preventative work to tackle potentially harmful sexual behaviour. It was also noted that too many interventions for young people assumed they were heterosexual leaving LGBT young people unsupported.

Engagement with schools remains problematic, particularly Academies. In some localities relationships are strained between Academies and their former education authority and it may be appropriate for the Mayor to develop a schools charter which transcends such relationships and provides for greater consistency across London.

There is insufficient targeted prevention work in sites of increased vulnerability e.g. children's homes, foster placements and Pupil Referral Units.

Identification

The quality of training in the identification of CSE was also noted, with particular concerns where this may be a small part of a broader child safeguarding training programme. A number of respondents noted that whilst training may include individual risk factors it did not necessary ensure that there was an understanding of the wider contextual drivers. Ten distinct tools for identifying risk have been developed and further tools are not required but work is required to align the different approaches to develop a more consistent approach across London.

The very low rates of identification for boys and young men experiencing or at risk of CSE is a particular concern. Boys and young men continue to be seen only as potential perpetrators and too little work is being undertaken to identify boys and young men at risk of CSE.

Online risks through social media are poorly understood and as a result there is limited identification of CYP at risk of CSE through this medium.

Protection

For those CYP who have been identified as victims of CSE, stakeholders were critical of the protection services that were available to them. Responses were seen as either heavy handed child protection on the one hand or CJS focused on the other rather than responding more holistically to the CYP's needs.

For those going through the CJS the length of cases was seen as particularly problematic for CYP, although we note the Crown Prosecution Service (CPS) pilot programme in South London to expedite the process. The absence of support and protection services for CYP acting as witnesses was also highlighted.

For female victims, particularly looked after children, there was an absence of appropriate places of safety.

There was also substantial criticism of schools who, it was reported in peer on peer cases tended to move the victim rather than the perpetrator.

Recovery

The report notes a significant concern amongst many stakeholders about timely access to CAMHS due to very high eligibility thresholds or long waiting lists. Some also highlighted concerns that statutory mental health interventions tended to be too short to address young people's needs and could alienate them from other support services. A number of stakeholders stressed the need to invest in non-clinical therapeutic models including peer support, group work and other confidence building activities.

Third sector organisations report increasingly challenging financial constraints at a time of rapidly rising demand. This is felt most acutely in those organisations supporting young people in the vulnerable communities, such as BAME women's organisations.

Next Steps

MOPAC and NHSE have developed a Commissioning Framework to support the transformation of the response to sexual violence in London. London has a new Mayor and this Framework will inform the development of his Police and Crime Plan and strategic priorities in sexual and domestic violence. MOPAC and NHSE both make substantial investments in preventing sexual violence, supporting its victims and dealing with the consequence of sexual violence. Other statutory organisations also invest directly and indirectly in services to support the survivors of sexual violence. The Framework seeks to ensure that these investments, along with those from other bodies add up to more than the sum of their parts. MOPAC and NHSE will undertake a consultation on this framework with a view to producing a strategic framework to support and inform their own commissioning and the commissioning intentions of local authorities, CCGs and the independent funding sector.

By working together London can make more effective use of our resources to shape person-centred response that reduces the prevalence of sexual violence and ensures better outcomes for children and adult victims and survivors of sexual violence.

A DRAFT VISION FOR LONDON