MOPAC | MAYOR OF LONDON OFFICE FOR POLICING AND CRIME

NHS England

Sexual Violence

The London Sexual Violence Needs Assessment 2016 for MOPAC & NHS England (London)

November 2016

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Acknowledgements

This report has been produced by MBARC with Imkaan for MOPAC and NHS England (London)'s Health in the Justice Team. MBARC wishes to acknowledge the support and guidance provided by the project management team from MOPAC and NHS England.

We would also like to thank our partners in London's Rape Crisis Network, the Survivors' Trust and Survivors UK for arranging engagement events, focus groups with survivors and the design and distribution of the Survivors' Survey.

This needs assessment would not have been possible without the full engagement of a wide range of stakeholders from the voluntary and statutory sectors across London and beyond and we would like to thank them for their support and contributions.

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1 EXECUTIVE SUMMARY

MOPAC and NHS England jointly commissioned MBARC to deliver both a needs assessment on sexual violence and a needs assessment on child sexual exploitation (CSE). These were designed to better understand the scale of these 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.

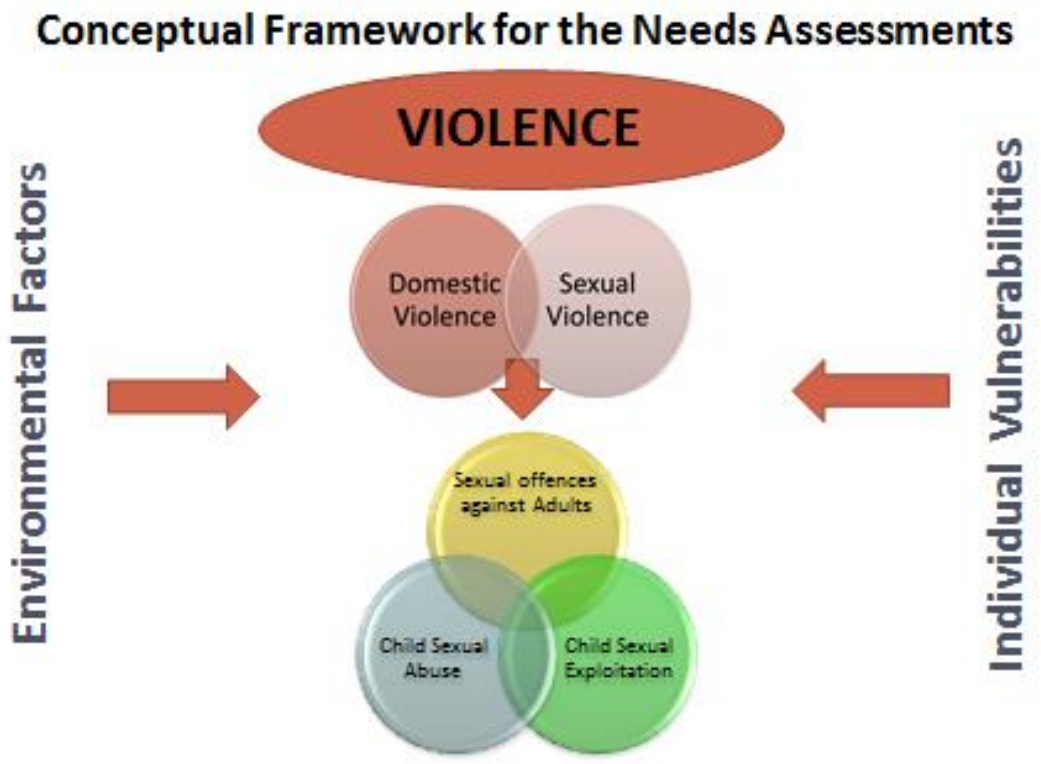
The needs assessments were informed by the Dame Elish *"Report of the Independent Review into the investigation and prosecution of rape in London"* (April 2015). In light of the Elish findings and recommendations, MOPAC and NHS England wished to better understand whether commissioned and statutory services available for victims and survivors of sexual violence were effectively meeting the needs and demands in the Capital. The assessments also provided an opportunity to hear directly from victims and survivors about what they required from service providers.

The findings of the needs assessment have coincided with the development work begun by MOPAC for the new Police and Crime Plan. This provides MOPAC with an opportune time to outline in the Plan how we will work with regional, local and delivery partners to improve the experience of services for victims and survivors. These needs assessments are critical pieces of work for MOPAC and NHS England. Both MOPAC and NHS England have significant roles in regards to sexual violence commissioning but recognise that they cannot achieve service transformation alone. These needs assessments provide an evidential framework of the challenges faced in London and the gaps in service provision that must be collectively addressed together.

Both the Mayor's work to develop his Police and Crime Plan and NHS England's work supporting the development of Sustainability and Transformation Plans provide the platform for joint work with regional and local partners on the development of a set of outcome measures to transform the service response to sexual violence in London.

The needs assessment is drawn from an extensive review of current research literature, the testimony of more than 100 organisations working in London. The direct perspectives and views of more than 100 victims and survivors, many of whom access current provision in London have been central to this needs assessment process.

For this report we have taken 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. This work is informed by MOPAC's strategy on Violence against Women and Girls (VAWG) 2013-17 that 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 (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.).

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

The Crime Survey provides the most authoritative estimates of sexual violence for England & Wales (CSEW)[1]. 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.) Havens are 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[2] experience serious sexual assaults and/or rape[3]. 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

[1] 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.
[2] http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/005624sexualassaultinlondonyearsendingmarch2013march2014andmarch2015csew
[3] http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter1overviewofviolentcrimeandsexualoffences

reported assaults and Merton, Richmond and Kingston the least likely. The highest numbers of reported rapes were in Croydon, Lambeth and Westminster. When weighted for population size Merton has the lowest rate and Westminster the highest rate of reported 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 within Westminster reflects the concentration of the night-time economy within that locality.

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%).

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 affected significantly on MPS figures because 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 might 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[4].

It is important to note that the data relating to ethnicity is based on MPS categorisation[5], 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[6].

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

There are a range of other vulnerabilities that increase the risk of sexual assault, these include[7]:

- Around one third of both female and male victims have a pre-existing mental health issue. 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[8]
- 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[9]
- For gay men there are particular vulnerabilities in relation to chemsex[10] and this further exacerbates the considerable barriers to both reporting and proceeding through the CJS or accessing other support.

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[11] (NAO) and Her Majesties Inspectorate of Constabulary[12] (HMIC) have identified the investigation of both current and historic sexual abuse as a rapidly growing area of work with significant resource requirements. The 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

[7] Note: The majority of data presented below has been taken from a range of small-scale studies.
[8] Forthcoming research report by Professor Liz Kelly, London Metropolitan University
[9] http://www.womeninprison.org.uk/research/key-facts.php
[10] 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).
[11] https://www.nao.org.uk/wp-content/uploads/2015/06/Financial-sustainability-of-police-forces.pdf
[12] http://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/state-of-policing-13-14.pdf

c£150-180m.) Costs per court case are substantially higher for sexual violence cases, due to extended time from offence to completion (i.e. 438 days compared to 154 for other criminal cases)[13]. Where prosecutions are secured custodial sentences are relatively long at an average of 63 months[14] (average cost per adult prisoner per month c£3,500).

The needs assessments provide 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 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 three Sexual Assault Referral Centres (also referred to as Havens) 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[15]. In addition to this public investment, the independent charitable sector makes substantial contributions to support the survivors of sexual violence.

[13] 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

[14] https://www.gov.uk/government/news/sex-offender-sentences-hit-record-levels

[15] 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

The Service Response

Direct investment in the CJS is supported by funding a range of related services that 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 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 that 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. However, in some boroughs there are no ISVAs. 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.

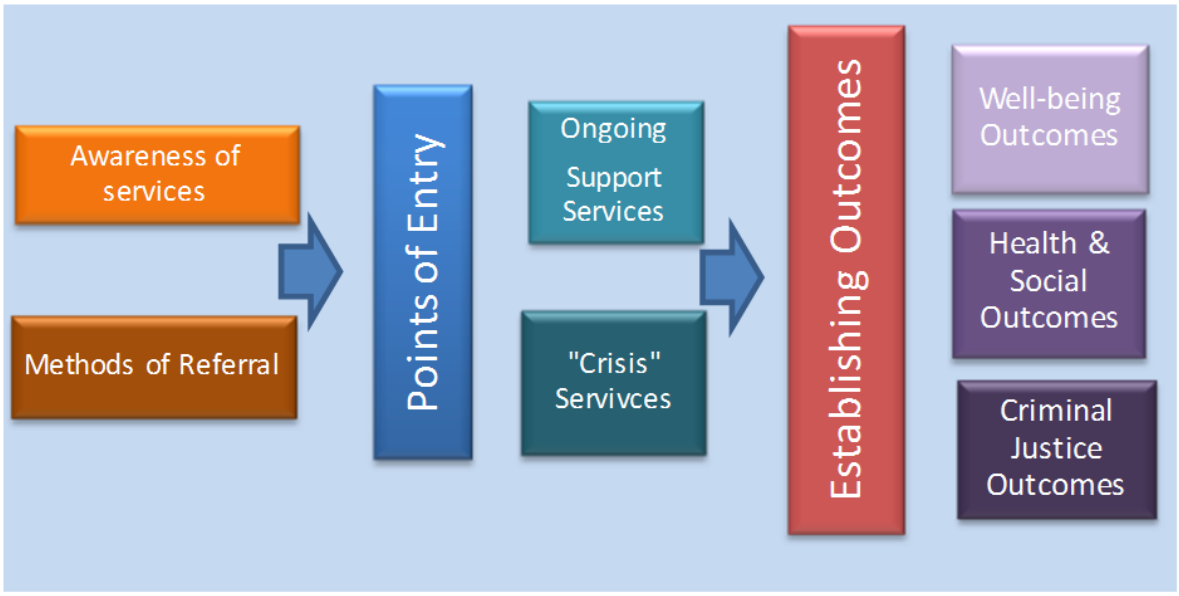
London's four Rape Crisis Centres provide specialist support to women who have experienced any form of sexual violence at any time in their lives, including face-to-face counselling, therapy, a helpline and ISVAs for those going through the CJS. Just under half of their current clients are survivors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

There is a range of other specialist sexual violence services in London that 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 is 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 LGBT victim-survivors, Respond working with both victims and perpetrators with learning disabilities, MOSAC who support non-abusing parents of victims of CSA and Survivors UK 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 was 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 Lesbian, Gay, Bisexual and Transgender (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 short and limited interventions that 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.

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 caseloads. 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 ISVA posts 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 involved 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.

NB. Gaps in relation to the response to children and young people experiencing sexual violence are identified in the companion report.

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 a person-centred response that reduces the prevalence of sexual violence and ensures better outcomes for children and adult victims and survivors of sexual violence.

2 INTRODUCTION

Definition of Sexual Violence

For this report we have taken 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 World Health Organisation[16] provides a broad definition of sexual violence as:

"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".

The definition of "coercion" is wide: apart from physical force, it may involve psychological intimidation, blackmail or other threats including the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person is unable to give consent while drunk, drugged, asleep or mentally incapable of understanding the situation.

"Sexual violence includes rape, defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape.
Rape of a person by two or more perpetrators is known as gang rape. Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus."

[16] http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

The Mayoral Strategy on Violence against Women and Girls 2013-17[17]

- **Prostitution and trafficking** – women and girls are forced, coerced or deceived to enter into prostitution and/or to keep them there. Trafficking involves the recruitment, transportation and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries ("internal trafficking").
- **Sexual violence including rape** – sexual contact without the consent of the woman or girl. Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family or household, workplace, public spaces, social settings and during war or conflict situations.
- **Sexual exploitation** – involves exploitative situations, contexts and relationships where someone receives "something" (e.g. food, drugs, alcohol, cigarettes, affection, money etc.) as a result of them performing, and/or another or others performing on them, sexual activities. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the person's limited availability of choice resulting from their social/economic and/or emotional vulnerability. Girls involved in, or connected to gangs, are at risk of sexual exploitation by gang members.
- **Sexual harassment** – unwanted verbal or physical conduct of a sexual nature. It can take place anywhere, including the workplace, schools, streets, public transport and social situations. It includes flashing, obscene and threatening calls, and online harassment.

The Legislative Framework for Sexual Violence

Within London, sexual violence is covered by two critical pieces of legislation[18]: Sexual Offences Act 2003 and the Sexual Offences Act 1956. The Sexual Offences Act 2003 came into force on the 1st May 2004 and applies to all offences committed on or after that date.

[17] https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/Pan-London%20Strategy%20on%20Violence%20against%20Women%20and%20Girls%202013_17_1.pdf
[18] http://www.cps.gov.uk/legal/p_to_r/rape_and_sexual_offences/soa_2003_and_soa_1956/

Its purpose was to strengthen and update the law on sexual offences, whilst improving the protection of individuals from sexual offenders and it repealed almost all of the previous legislation in this area. Part 1 of the Act defines the range of indictable sexual offences and Part 2 the arrangements relating to the establishment and maintenance of the Sex Offenders Register (as updated in the Sex Offenders Act 1997). The 1956 Act relates to cases where the offence took place before 1st May 2004 that remains relevant for some non-current sexual violence cases.

Key Offences covered under Part 1 of the Act include the following where the victim does not consent to the act and where the defendant "does not reasonably believe" that the victim has consented:

- **Rape** – is the intentional penetration of the victim's vagina, anus or mouth by the defendant with his penis
- **Assault by penetration** - is the intentional penetration of the vagina or anus of the victim with a part of their body (e.g. finger, tongue) or anything else (e.g. bottle)
- **Sexual Assault** – is the intentional touching of another person where that touching is sexual
- **Causing sexual activity without consent** – where the defendant causes the victim to engage in sexual activity such as masturbation, sex with a third party etc.

The Act also provides for a range of other offences, of relevance to this report these include **offences against persons with a mental disorder** – where their free choice may be impaired, where they are liable to inducements or where their dependency upon a carer may affect their capacity to consent.

The legislation contains specific provisions relating to children and young people and these are detailed in the companion to document to this report: *Sexual Violence Against Children: London CSE Needs Assessment 2016 Report*.

Background to the Needs Assessment

This needs assessment has been jointly commissioned by the Mayor's Office for Policing and Crime (MOPAC) and NHS England (London Region)'s Health in the Justice Team. Both organisations have a range of direct and indirect roles in relation to sexual violence:

- On behalf of the Mayor of London, **MOPAC** sets strategic direction and accountability for policing, based on consultation with the public and victims of crime, as well as the commitments made in his manifesto. In doing this, he must ensure that the voices of the public, the vulnerable and victims are represented. The Mayor is responsible for the formal oversight of the MPS, including performance scrutiny and strategic policy development. The Mayor is also responsible for setting a budget for policing and has considerable powers to commission services and provide grants to address crime and disorder issues. As such, the Mayor seeks to influence the commissioning decisions of other bodies, such as Local Authorities. The Mayor is also required by law to produce a strategic plan – the Police and Crime Plan - that outlines how the police, community safety partners and other criminal justice agencies will work together to reduce crime.
- Under the Health and Social Care Act 2012, the Secretary of State was given the power to require NHS England (NHSE) to commission certain services instead of CCGs. These include "services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description". NHSE (London Region)'s Health and Justice Team is responsible for commissioning services including:
    - Prison healthcare (including youth offender institutions)
    - Immigration removal centres
    - Children and young people's secure settings
    - Liaison and Diversion
    - Police custody healthcare across England (from April 2016)
    - Sexual Assault Referral Centres across England

  In addition, NHS England is the regulator of CCGs and as such needs to be assured that services commissioned locally by them in relation to sexual violence and CSE, such as mental health, are appropriate to need and that all CCG commissioned services are meeting best practice safeguarding requirements.

Aims of the Research

MOPAC and NHS England, (London Region), jointly commissioned MBARC, an independent consultancy, to deliver both a Sexual Violence and a Child Sexual Exploitation Needs Assessment for London to inform the way in which future services are funded by both organisations to best meet the needs of victims/survivors from 2017 onwards. These Needs Assessments will support MOPAC and NHS England in delivering the following ambitions:

- Support victims to cope and recover
- Enable early identification of repeat or vulnerable victims/survivors
- Provide better support to victims/survivors and witnesses in order to increase satisfaction and reduce attrition
- Provide a strong evidence base to inform future commissioning decisions and levels of funding; providing enough context to support commissioning choices and to ensure maximum value
- Provide an understanding of the comprehensive needs of adults affected by sexual violence and children and young people affected by CSE to help understand trends, demands, and capacity issues in order to make realistic projections of future need

This report and its companion volume, *The London Child Sexual Exploitation Needs Assessment 2016*, are designed to support the development of a Commissioning Framework for Sexual Violence and CSE in London that will inform the commissioning intentions from 2017 of:

- Services directly commissioned by MOPAC
- Services co-commissioned by MOPAC and NHSE
- Services co-commissioned by MOPAC and individual London boroughs
- Commissioning bodies assured by NHSE (e.g. CCGs)

It is also anticipated that the framework will inform the commissioning priorities of individual boroughs and independent charitable foundations.

Methodology

In undertaking, this needs assessment MBARC worked with commissioners to develop the following analytical framework for understanding sexual violence in London, the range of services in place and the ways in which they work together to address need. The programme of work agreed with commissioners included:

1. **Commissioner Engagement** – with a programme of meetings and points of reflection to modify and refresh the programme of work. Regular presentations were made to relevant governance bodies, including the Mayor's Violence Against Women & Girls (VAWG) Board.
2. **Evidence Assessment** – this included:
    - A detailed literature review and call for evidence which examined a total of 110 documents provided by more than 40 separate organisations
    - Understanding service provision through a funders' survey, and for the CSE report cameo studies of activity in 4 boroughs which was supplemented with close working with related projects including the MOPAC and locally commissioned Ms Understood audits and sub-regional Child & Adolescent Mental Health Services (CAMHS) Transformation Fund studies
    - Updating and analysis of epidemiological data held by MOPAC, the MPS and other bodies to get an understanding of scale.
3. **Experts by Experience** – the voice of victims/survivors was at the heart of this needs assessment and we worked with survivors' organisations to deliver:
    - A survivor survey with 92 respondents
    - A series of 4 survivor focus groups
    - Other engagement activities including attendance at Survivors' events
4. **Stakeholder Engagement** – this included:
    - More than 100 stake-holders were involved in this needs assessment through stakeholder interviews or engagement sessions
    - Three round-tables (CSE, Sexual Violence, Independent Funders) were held to explore key issues raised in the research

- Two Accelerated Learning Events (CSE and Sexual Violence) utilising hothouse methodology were held, each with four multi-disciplinary teams, to work through case studies and, with challenge from an expert panel to develop "perfect" service pathways.

3 THE PROFILE OF SEXUAL VIOLENCE IN LONDON

The Prevalence of Sexual Violence

This is a summary of the published data held by MOPAC. Most of their analysis looks at financial years (April to March) rather than calendar years. It also includes data sent by the Office for National Statistics (ONS) on the Crime Survey for England and Wales (CSEW). In subsequent sections of the report, data from the voluntary and community sectors is used to supplement our understanding of this qualitative data.

In considering the prevalence of sexual violence, it is worth noting that:

- Sexual assault and harassment are generally under-reported crimes – for example 75-95% of victims never report to the police[19]
- Recorded sexual offences are a small proportion of all victim based offences (approximately 2%) yet the number of recorded sexual offences has increased dramatically. In the calendar year to February 2016, the number of recorded sexual offences is 91% higher than in the financial year 2008/09. This represents an increase of over 7,000 offences. This shows the increase in recorded sexual offences in recent years following the Savile scandal and the so called "Yewtree effect" reported by ONS.
- Non-current sexual offences recorded by the MPS (those offences that occurred more than a year before reporting) have increased by 121% in the last three years with recorded historic rape offences increasing by 111%.
- In the year to June 2014, the time for offence to completion at court for rape was 269 days for Magistrates Courts and 602 days for Crown Court. Rape cases are mainly affected by the "Offence to Charge" times. Rape cases take on average 2 weeks to be listed in Magistrates Courts.
- British Transport Police found that victims did not report sexual violence because it did not seem serious enough; fears of not being taken seriously; not knowing who to report to; being unable to remember details of the perpetrator; embarrassment,

[19] Office for National Statistics 2013; HMCPSI/HMIC 2007 at p.14

fear and assuming they would not be caught; and that sexual violence was normalised behaviour.

- Surveys of students in London found high levels of sexual harassment on campus and under-reporting due to fear of not being taken seriously, feeling ashamed and to blame. There was a lack of consistency in how universities responded to sexual violence[20]

Crime Survey for England and Wales[21]

The Crime Survey for England and Wales (CSEW), formerly the British Crime Survey, has been used to provide a robust estimate of the prevalence of crime since 1981. CSEW asks people aged 16 and over living in households in England and Wales about their experiences of crime in the last 12 months. Data is based on a sample of 35,000 households and in 2014/15, its estimates were based on face-to-face interviews with 33,350 adults aged 16 and over. The table below provides the estimated prevalence of sexual assault for adults in the financial years 2012 to 2015:

Prevalence of sexual assault in the last year in London, by category, year ending March 2013 to year ending March 2015 CSEW [1,2]

London				Adults aged 16 to 59	
				Apr '14 to Mar '15 compared with	
	Apr '12 to Mar '13[3]	Apr '13 to Mar '14	Apr '14 to Mar '15	Apr '12 to Mar '13	Apr '13 to Mar '14
	Percentage victims once or more			Statistically significant difference	
Any sexual assault (including attempts)	**2.5**	**1.4**	**1.5**		
Serious sexual assault including attempts	0.7	0.2	0.2		
- Rape including attempts	0.5	0.1	0.1		
- Assault by penetration including attempts	0.5	0.1	0.2		
Less serious sexual assault	2.2	1.2	1.5		
Unweighted base - number of adults[4]	1,253	2,716	2,230		

[20] NUS (2010) *Hidden Harm: a study of student experience of harassment stalking violence and sexual assault*
[21] ONS (2015) 'Chapter 4: Violence Crime and Sexual Offences – Intimate Personal Violence and Serious Sexual Assault' http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_394500.pdf

The survey is weighted to adjust for possible non-response bias to ensure the sample reflects the profile of the general population:

- 20% of women in England and Wales had experienced sexual assault since the age of 16 (3.6% of men).
- For 2013/14, in the last year, 2.2% of women and 0.7% of men had experienced some form of sexual assault (including attempted assault)
- Young women were more likely to be victims of any sexual abuse in the last year- 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34).
- The majority of female victims of serious sexual assault had experienced at least one incident of serious sexual assault by a partner/ex-partner since age 16 (56.0%). In contrast, for less serious sexual assault around a quarter (23.8%) of victims had experienced at least one incident where a partner/ex-partner was the offender.
- Respondents who had experienced serious sexual assault since they were 16 reported that offenders were most likely to be men (99%), with 63% of victims reporting that the offender was a male aged between 20 and 39
- For the majority of female victims of serious sexual assault, the offender was a partner or ex-partner or someone who was known to them other than as a partner or family member (47% and 33% respectively) with one sixth reporting the offender as a stranger (16%)
- Of those who had experienced a serious sexual assault since the age of 16, the majority took place in the victim's home (38%) or the offender's home (24%). For 10% of victims it had taken place in a park, other open public space or on the street
- Just over two fifths of victims of sexual assault had been the victim of serious sexual assault more than once since the age of 16 (44%) with nearly half of these respondents reporting having been a victim more than three times (19% of all victims)
- A fifth (20%) of victims were asleep or unconscious in the most recent serious sexual assault that they had experienced
- Those who had experienced a serious sexual assault since the age of 16 were asked whom they had personally told. A third had not told anyone about their most recent

experience (33%). Looking at whom victims had told, 58% of victims had told someone they knew personally and 28% had told someone in an official position. One in six had told the police (17%)

- In cases where the police did come to know about the incident of serious sexual assault, the majority of victims (64%) reported that they found the police to be very or fairly helpful and 36% reported they found the police not very helpful or not at all helpful

Of particular note for health sector commissioners was that nearly half of victims (45%) reported suffering physical injuries from the most recent serious sexual assault incident they had experienced since the age of 16. Three in five (61%) victims of serious sexual assault suffered mental or emotional problems, while two in five (41%) reported having problems trusting people or having difficulty in other relationships. In 9% of incidents, the victim attempted suicide as a result. 5% of victims reported becoming pregnant as a result of the incident and the victim reported contracting a disease in 3% of incidents. With regard to mental health, section 4 below provides further information on the prevalence of more complex post traumatic stress disorders (PTSD Type 2) arising from assaults.

Estimated numbers of victims of sexual assault in the last year in London, by category, year ending March 2013 to year ending March 2015 CSEW [1,2]

London						Adults aged 16 to 59
	Apr '12 to Mar '13		Apr '13 to Mar '14		Apr '14 to Mar '15	
	Estimate	**Range[3]**	**Estimate**	**Range[3]**	**Estimate**	**Range[3]**
	Numbers (000s)[4]					
Any sexual assault (including attempts)	**135**	79 - 190	**76**	47 - 105	**84**	51 - 118
Serious sexual assault including attempts	**37**	8 - 67	**10**	0 - 21	**10**	0 - 21
- Rape including attempts	**25**	1 - 49	**7**	0 - 16	**5**	0 - 13
- Assault by penetration including attempts	**25**	1 - 49	**4**	0 - 12	**9**	0 20
Less serious sexual assault	**116**	64 - 167	**67**	40 - 93	**84**	51 - 117

The Profile of Violence against Women & Girls

CSEW: Percentage of women aged 16 to 59 who were victims of intimate violence, in the last year by age and type of abuse, 2013/14

England and Wales			**Adults aged 16 to 59**
	Domestic abuse	Any sexual abuse	Stalking
	% victims once or more		
16-19	13.1	6.7	7.5
20-24	10.1	4.1	7.8
25-34	9.2	2.0	4.0
35-44	7.9	1.4	4.5
45-54	7.1	1.3	2.9
55-59	5.9	1.1	2.7

Higher levels of reporting come from young women**:**

- Almost 4,000 females aged 10-19 (the biggest age category), followed by 20-29 year olds
- 62% of females who reported a sexual offence were aged between 10-29 years age[22]

When considering sex, age and ethnicity together it is possible to surmise:

- Asian victims of sexual offences are most frequently women aged between 18 and 31 years of age (37% of all Asian victims)
- Black victims were frequently recorded as girls aged 12 – 19 (39% of all recorded black female victims)
- White victims of abuse showed a wider range of ages, with women and girls between 13 and 26 years of age representing the highest proportion (50% of white female victims).[23]

[22] It is important to note that the data relating to ethnicity is based on Metropolitan police categorisation, which is not in line with data collected by voluntary sector or government therefore does not provide the full picture, which is likely to be more complex.

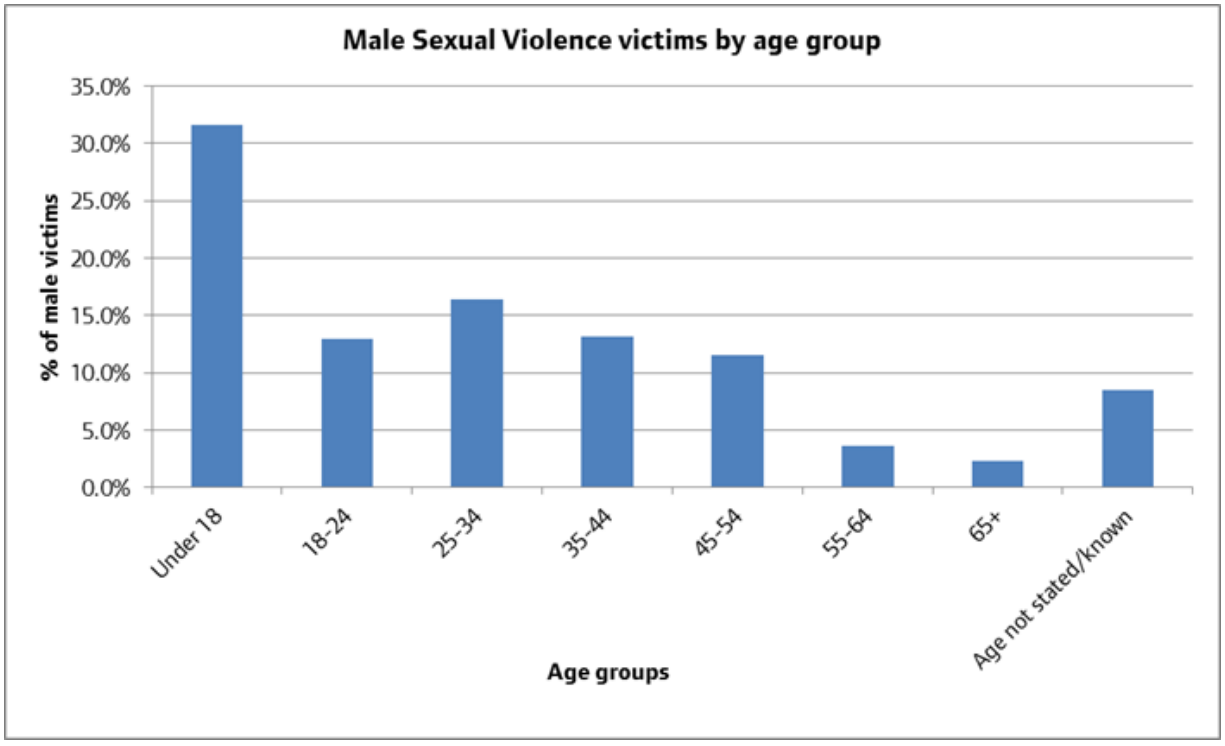
[23] MOPAC Profiles Sexual Violence 2014/15

Violence against Men & Boys

The table of CSEW of men aged 16 to 59 who were victims of sexual violence in the last year by age and type of abuse, 2013/14:

England and Wales			**Adults aged 16 to 59**
	Domestic abuse	Any sexual abuse	Stalking
	% victims once or more		
16-19	7.5	1.3	2.5
20-24	6.5	1.6	3.7
25-34	4.5	1.0	2.5
35-44	4.5	0.3	2.3
45-54	3.5	0.3	2.4
55-59	2.4	0.3	1.5

The most common age group for male victims of sexual violence offences is under 18, with these accounting for 31.6% of male victims (632). Further breakdown of this group shows that 17.6% are aged between 11-17 (352) and 14% are aged 10 and under (280). Just under half (44%) of males who reported a sexual offence fell into age category of 10-29 year olds.



The proportion of male victims of the total recorded sexual offences by police ranges from 7.9% in Tower Hamlets to 22.6% in Richmond upon Thames with a London average of 12.7%.

The London average is 0.5 males victims per 1,000 males. Eight boroughs are above this average. Rates range from 0.2 male victims per 1,000 males in Harrow to 1.0 male victims per 1,000 males in Westminster.

CSEW: Victim/offender relationship for sexual assault or stalking experienced for men age 16 to 59, 2013/14 (percentage)

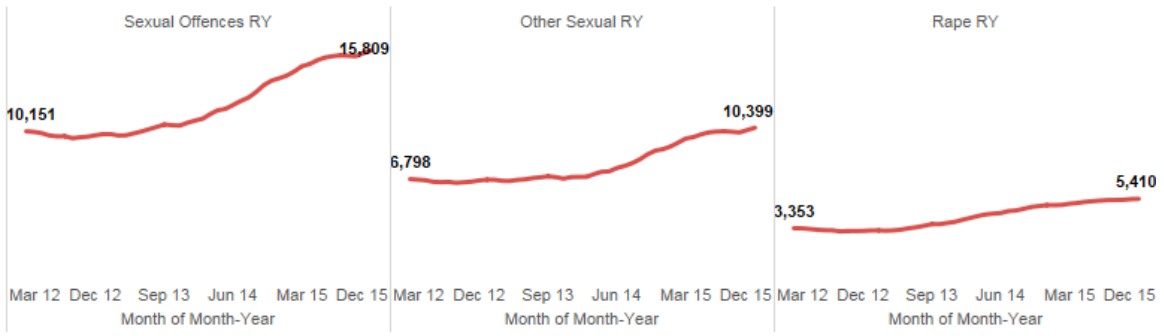
	Less serious sexual assault	Serious sexual assault	Stalking
Partner/ex-partner	15.6	25.3	28.2
Family member	7.5	6.7	11.9

Reports to Police in London

Sexual offences make up 2.2% of crimes reported to the police in London. Rape and sexual offences are crime types that are under reported to the police. "Rape: The victim experience review"[24] estimates that between 75% and 95% of rape offences across England and Wales go unreported each year. However, with allegations that are more serious, victims are more likely to report to police (MoJ, 2013):

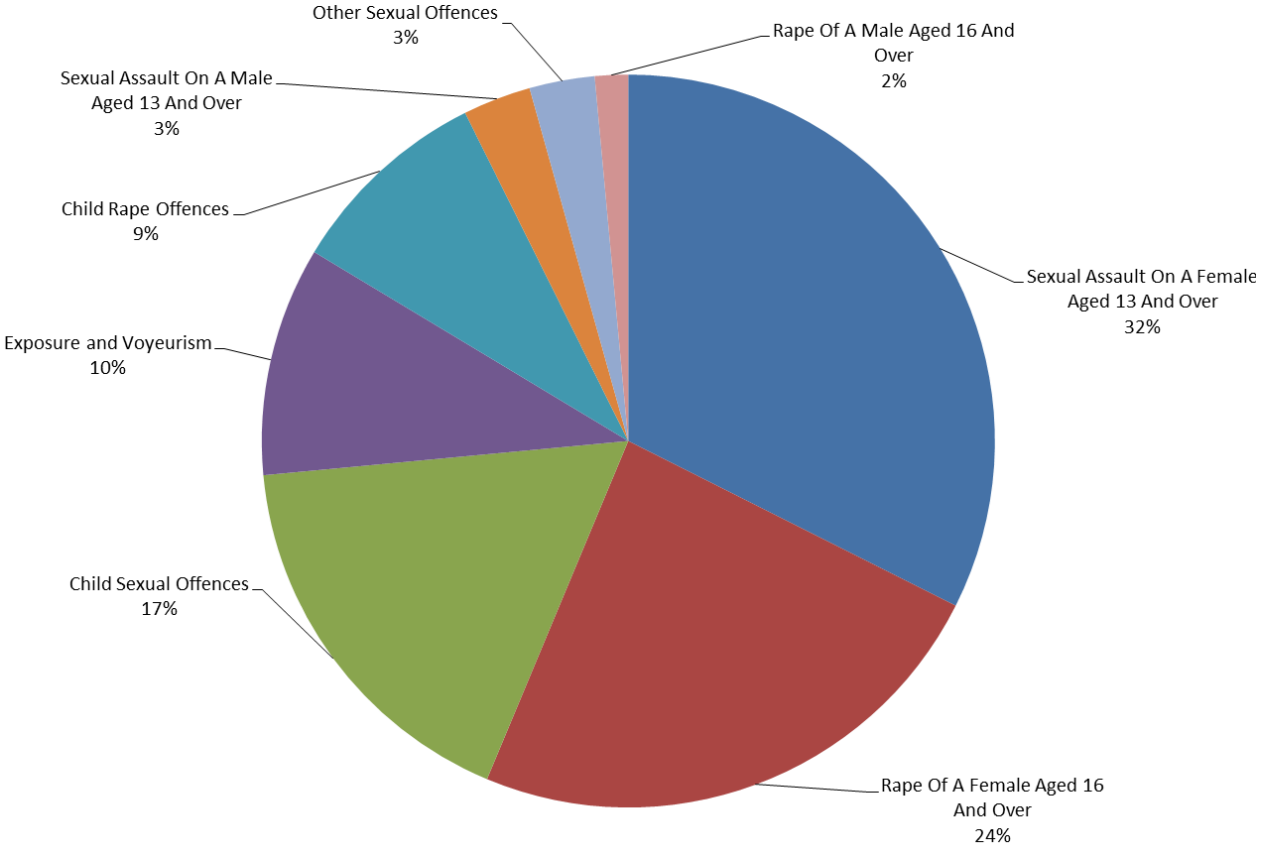
- London accounts for 17.5% of all recorded sexual offences across England and Wales (the lowest in four years).[25]
- There has been an increase in recorded Sexual Offences in the year to December 2015 with over 1,900 more offences than in the previous year (to December 2014). Within this, rape offences have also increased by 9% compared to the same period.

[24] Payne,S. London Home Office 2009
[25] MOPAC Profiles Sexual Violence 2014/15



- Almost nine in ten victims of recorded sexual assaults in the year to December 2015were female
- Almost nine in ten offenders proceeded against for sexual offences in the year were charged with the offence. Cautions are used infrequently, with just 229 recorded against a total of over 2,500 individuals proceeded against by police.

Profile of Sexual Offences for FY 2014/15 in London

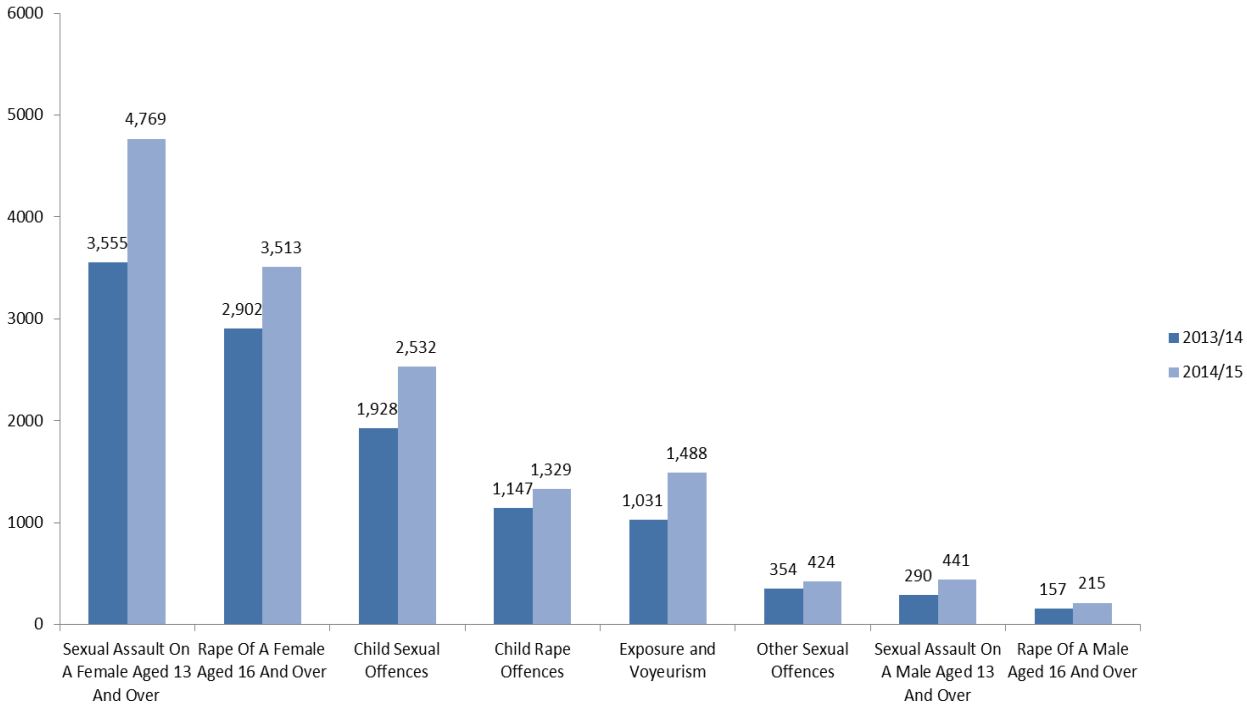


The largest single category of sexual assault was on females aged 13 and over, representing just under a third of all reported sexual violence during 2014/15. Rape of females aged 16

and over was the next highest volume offence group, representing just under a quarter of offences. Child sexual offences[26] accounted for 17% of all reported sexual offences in 2014/15, yet when rape offences against children are also accounted for, this represents a combined 26% of the total reported sexual offences for the year.

It is worth noting that there can also be fluctuations in reporting based on media coverage. Rape Crisis of England & Wales (RCEW) have tracked a number of cases and this indicated lower levels of confidence in the Criminal Justice System (CJS) where the case is unsuccessful or where the judge makes adverse comments about the victim. Such media coverage can also have a detrimental impact on survivors with RCEW reporting some may require additional longer-term counselling because of such coverage.

Changes in Sexual Offences (2013/14 - 2014/15)



[26] Child sexual offences includes: Sexual Assault On A Female Child Under 13, Sexual Activity Involving A Child Under 16, Sexual Activity Involving A Child Under 13, Sexual Assault On A Male Child Under 13, Sexual Grooming and Abuse Of Children Through Prostitution & Pornography

Overall ONS police recorded offences for year ending 2015 including City of London

	2015
City of London	59
Metropolitan police	14,538
TOTAL	14,597

Total sexual offences by ethnicity compared to population 2014-15[27]

	Sexual Offences	Population ethnicity
White	64%	60%
Asian	13%	19%
Black	16%	13%
Chinese /other	4%	3%
Mixed	3%	5%

As shown above, people of black ethnicity are over-represented in reports to the police of sexual violence, whilst people from the Asian population are under-represented.

The Havens

Operating from three sites in London, the Sexual Assault Referral Centres, also known as the Havens, provide forensic medical examinations (FMEs) and other support services for victims of sexual assault. For adults the service is available up to one year after the assault, with the forensic medical examination window normally within one week. Activity in the Havens has been largely static over the last three years. The total number of individuals using the service in 2014/15 was 1,793. The total number of FMEs in 2014/15 was 1,360.

London also has four sub-regional Rape Crisis Centres and a wide range of other voluntary and community services seeing substantial numbers of victims/survivors. These include victims of recent assaults. Around half of service users are survivors of non-current/historic abuse. The service they offer is described in more detail in subsequent sections of the report. As noted below, in relation to adult survivors contacting London's Rape Crisis Centres, demands upon their services can vary from the profile of work reported by the police.

[27] MPS data year to October 2015

Police Performance

This section provides an overview of issues relating to police performance in relation to responding to sexual violence:

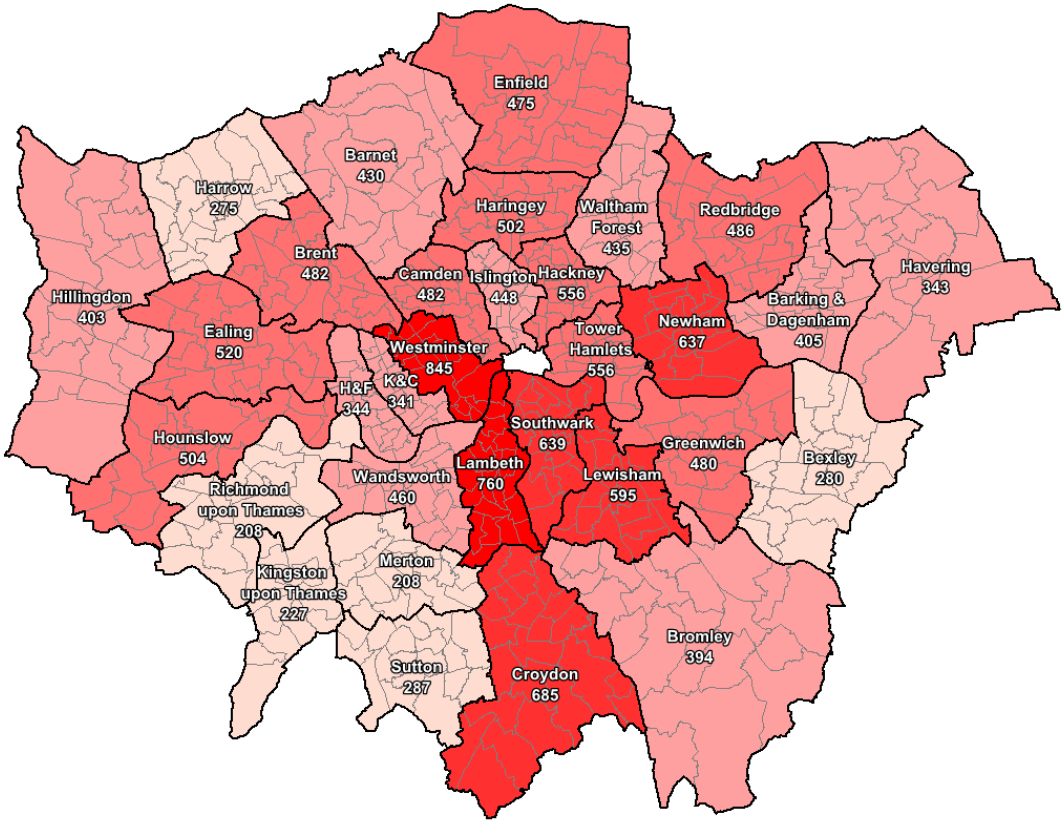
- Of all crimes, rape has the highest rate of statement withdrawal, linked to key decision points in the victim journey[28]
- On a borough level basis, the proportion of People Processed Against (PPA) ranges from 20% in Redbridge to 4.7% in Croydon and 5.1% in Southwark.
- The forensic window for sexual offences is generally within 7 days. More rapes are reported within the 7-day period. In 2014/15 2,024 offences were reported within the forensic window compared to 2013/14 (1,863)
- In 2013/14, 44% of rape offences were reported within the 7 day window
- In 2014/15 40% rape offences were reported within the 7 day window
- Her Majesty's Inspector of Constabulary (HMIC) found that in 2014[29] there was a lack of accuracy in crime recording practices for rapes and other sexual offences. Although the MPS was not specifically mentioned, it would appear that this is a problem across all the forces.[30]
- RCEW data indicates that whilst the police report a decline in adult survivors of CSA reporting to the Police, Rape Crisis Centres in London are experiencing an increase of 50% in adult survivors contacting their centres over the last two years.

Sexual Offences per Borough

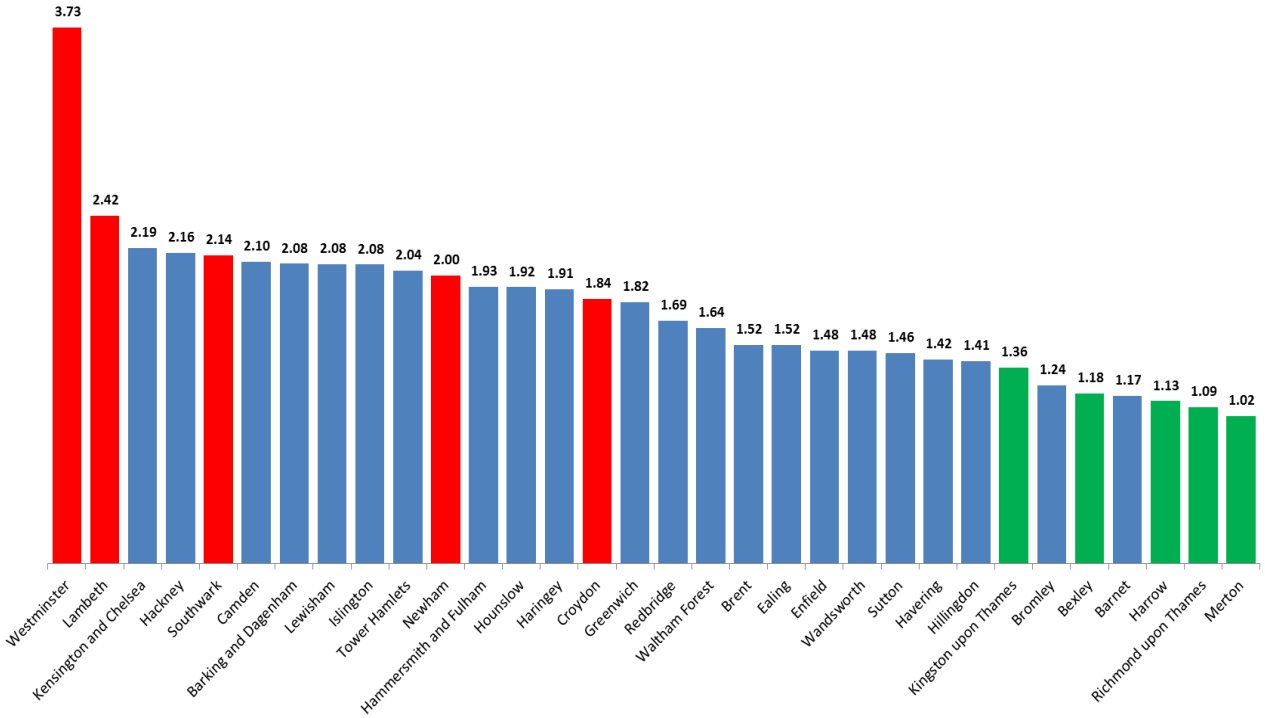
In this section, we provide a graphic overview of sexual offences by borough. Further details are contained within the appendices to this report.

[28] MOPAC Victims challenge 2015
[29] HMIC Crime recording – "A matter of fact"
[30] MOPAC Profile Sexual Violence in London 2014/15

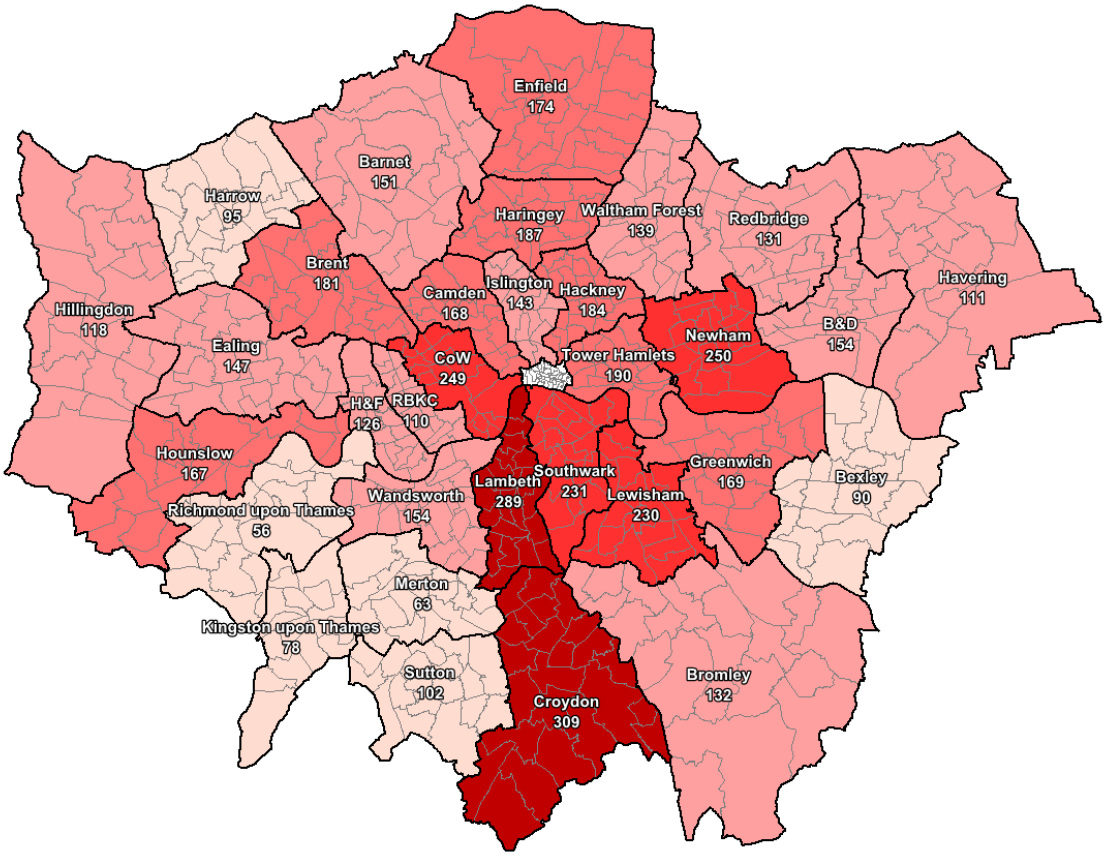
Total Sexual Offences by borough 2014/15



Rate of sexual offences per 1,000 resident population 2014/15



Rape offences by borough 2014/15



Break down by borough of residence (latest Met data 2015)

- Women and girls are more likely to be the victims of sexual violence than men; the average across London is 87% female and 13% male. This varies from borough to borough with 92% of victims in Newham being female to 77.4% in Richmond upon Thames
- The rate of female victims per 1,000 females ranges from 1.02 female victims per 1,000 females in Merton to 6.4 female victims per 1,000 females in Westminster. The London average is 3.2 female victims per 1,000 females with 15 boroughs having rates higher than the average
- Westminster had the highest volume followed by Lambeth, Croydon, Southwark and Newham. Croydon recorded the highest number of rape offences, followed by Lambeth, with Westminster recording the fourth highest volume. It should be noted that Croydon is London's most populous borough and that Westminster has the

highest rate of sexual offences in relation to its population size that is likely to be due to its large night time economy.

- Over the five financial years 2010/11 – 2014/15 the borough volume of all sexual offences has remained static. In all years, Westminster has recorded the highest volume of offences, representing approximately 6% of the total in each year.
- There is considerable variation in the ethnicity of recorded victims compared to the size of specific BAME communities. For example, in Brent, the population of Asian heritage is 34%, yet Asian victims of sexual offences represented only 12% of all victims on this borough[31].

Sexual Violence and Domestic Violence

There is a close relationship between domestic violence and sexual violence. Total numbers of sexual violence crimes that are flagged as domestic violence cases by the MPS were

- In 2015 - 2,078 of a total of 15,816 sexual offences reported (13%)
- In 2014 - 1,798 of a total of 14,011 sexual offences reported (13%)

Data from CSEW (2013/14) on victim-offender relationships for women over 16 indicates that serious sexual assaults are most likely to be committed by a partner or ex-partner.

	Less serious sexual assault	Serious sexual assault	Stalking
Partner/ex-partner	23.8	56	42.7
Family member	8.5	10.2	13.5

Respondents who experienced a serious sexual assault since they were 16 years reported that offenders were most likely to be men (99%), with 63% reporting that the offender was male between 20 and 39 years. Other key characteristics:

- For the majority of female victims the offender was a partner or ex-partner (47%) or someone who was known to them other than as a partner or family member (33%) with one sixth reporting the offender as a stranger (16%).

[31] MOPAC Profiles Sexual Violence 2014/15

- Victims were more likely to report that offenders were under the influence of alcohol (36%) than drugs (10%)
- Of those who had experienced a serious sexual assault since the age of 16, the majority took place in the victim's home (38%) or the offender's home (24%)
- 29% of victims reported that they were under the influence of alcohol at the time of the most recent incident of serious sexual assault.

Sexual Violence in Public Spaces

Women can be at risk of sexual violence including unwanted sexual harassment in public spaces such as transport, college campuses etc. The findings of a recent YouGov poll reported that two thirds of women in London have experienced sexual harassment on the transport network or in public spaces, and 40% have experienced sexual contact. This is significantly higher in London than the national average[32]. The focus on crime has meant that research, policy and practice have concentrated on intimate partner violence and, to a lesser extent, sexual assault. Consequently, "the everyday, routine intimate intrusions which are the most common form of sexual violence in the lives of women and girls have dropped off many agendas" When prevalence surveys have included questions on sexual harassment, studies show that sexual harassment is more common.[3334]

British Transport Police (BTP)

BTP undertake a range of interventions in relation to sexual violence and gather detailed data on reported incidences:

- Sexual violence is most likely to take place at peak commuting hours at high passenger footfall stations (morning/evenings), during the morning hours (8-9am) and evening hours (6-7pm)[35]
- There has been a year on year increase in reports of sexual offences: In 2012/13 there were 924 reports, the following year 1,112, and, in 2013/14 a total of 1,374 [36]

32 YouGov poll by EVAW and video by EVAW/Imkaan young women's team (2016)
[33] European Commission, 2010; EU Fundamental Rights Agency
[34] Kelly, L (2011) 'Standing the test of time? Reflections on the concept of the continuum of sexual violence'. In J Brown and S Walklate (eds) *Handbook on Sexual Violence*. London Routledge.
35 British Transport Police 2015

- Over half of victims were recorded as girls aged 13-15 years
- Nationally, types of crime recorded during 2012 to June 15 indicate that:
    - Over half (54%) were 'crimed' as sexual assault on a female (13 – 15 years +)
    - 24% involved offences classed as 'committing an act of outraging public decency' and
    - 12% involved 'exposure'.
- Collectively, the three offence types noted above account for 90% of all recorded sexual offences. Data on 'sexual assault' involving girls aged 13 and over indicates that sexual assault is the main contributor to the increase in sexual offences across each financial year since April 2012. The most recent data indicates that 59% of crimes involve sexual assault towards young women, the highest proportion observed over the last three years[37].

Attrition in Rape Cases

The prevalence figures indicate a significant disparity between CSEW figures and those that go on to report rape to the police – the "attrition rate". In subsequent sections, the reasons for this attrition rate are explored. There are further points of attrition in the criminal justice process that are also explored in subsequent sections. In summary key issues include:

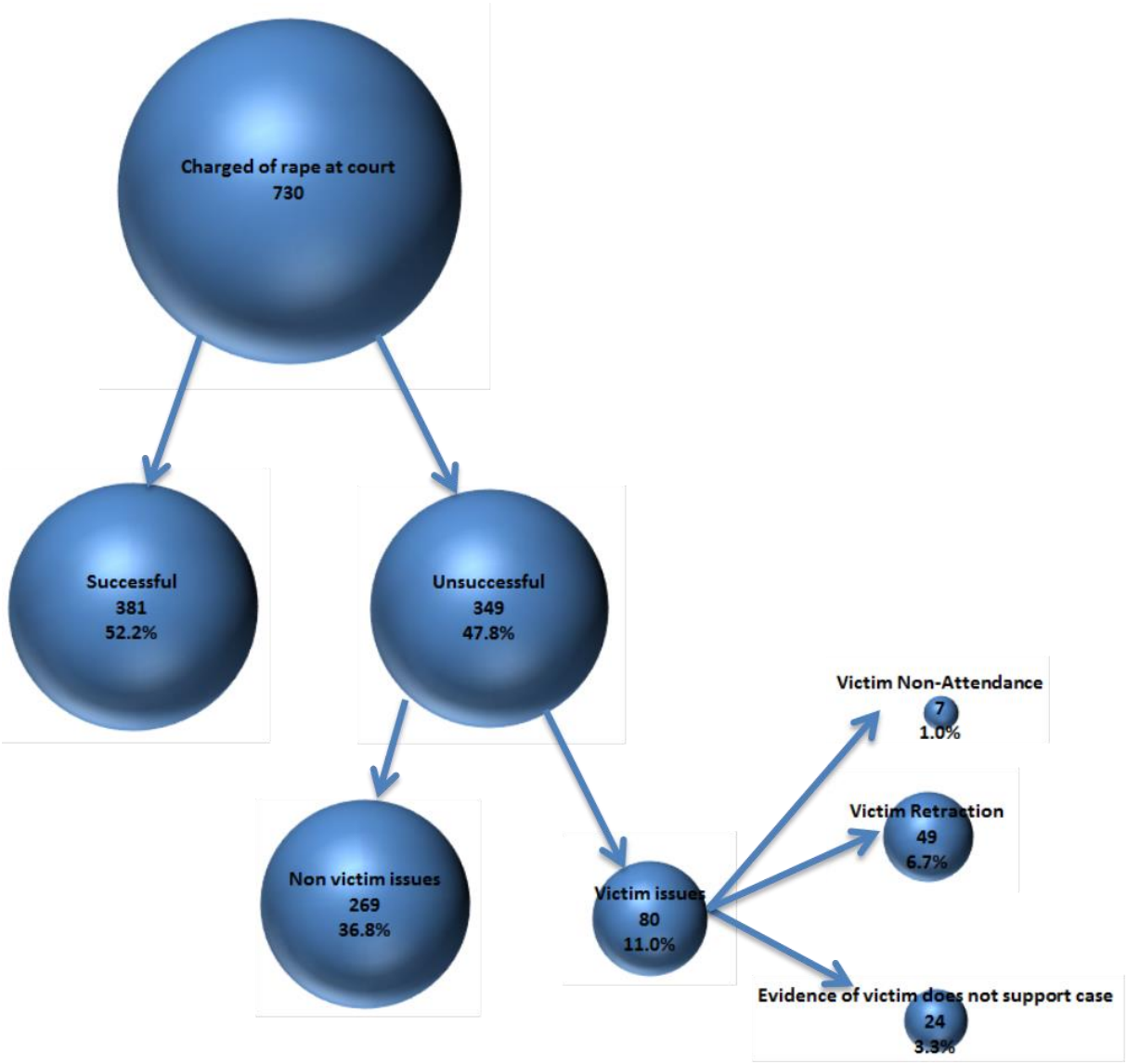
- Of rape offences reported to police 55% of suspects are arrested[38]
- Where suspects are not arrested, the largest single reason for a case to falter at this point is the victim's withdrawal from the process. Similarly, when a suspect is arrested, 7% of cases end with no further action (NFA) being taken due to victim withdrawal
- Attrition of rape cases is high with unsuccessful outcomes in London more often due to victim related issues[39]. The conviction rate for rape cases remains constant, with an average of 6% ending with prosecution

36 British Transport Police 2015:.3
[37] British Transport Police 2015:10
[38] Attrition trees created by Met HQ Portfolio & Planning 2014
[39] MOPAC Rape outcomes analysis 2014 (Okwulu. J)

- London records the highest number of defendants charged across England & Wales. Previous analysis has shown that London accounts for almost one in five charged defendants nationally
- There has been little change in 2014/15 compared to the previous 2013/14 in regards to the proportion of those charged (77%). However, there has been a slight decrease in the percentage of those cautioned (from 19% to 16%)[40]
- Across England & Wales, almost 40% of rape cases end with an unsuccessful outcome. However, rape attrition rates are worse in London than the England & Wales, on average 48% result in an unsuccessful outcome. In London, 23% of all unsuccessful rape outcomes in London are due to victim issues compared to 18% for England & Wales.[41] Of the cases that are unsuccessful due to victim issues in London, the key reasons for attrition are
    - Victim retraction (14%)
    - Evidence that victim does not support the case (6.9%)
    - Victim non-attendance (2%)

[40] MOPAC Profiles Sexual Violence FY 2014/15
[41] MOPAC VAWG attrition document 2013/14

Summary of Rape Cases in London (FY 2013/14)



Related Forms of Violence Against Women & Girls

Women may experience different and multiple forms of abuse in their lives e.g. some BAME women may be experiencing forced marriage, domestic and sexual violence simultaneously.

Links between sexual violence, abuse and sexual exploitation were raised repeatedly as issues missing from current approaches to addressing the needs of women impacted by forced marriage, female genital mutilation and "honour-based" violence[42]. The 'Missing

[42] "Equality Now" Imkaan and City University (2011).

Link' research also identified a lack of BAME sexual violence specialist workers in London, gaps in local strategic planning (where the intersections between, for example, forced marriage and sexual violence are not adequately integrated within local policy and planning.) The report also identifies the potential for strengthening partnerships between sexual health clinics, specialist Sexual Violence (SV) providers and BAME women's VAWG and Domestic Violence providers to improve service pathways.

Female Genital Mutilation

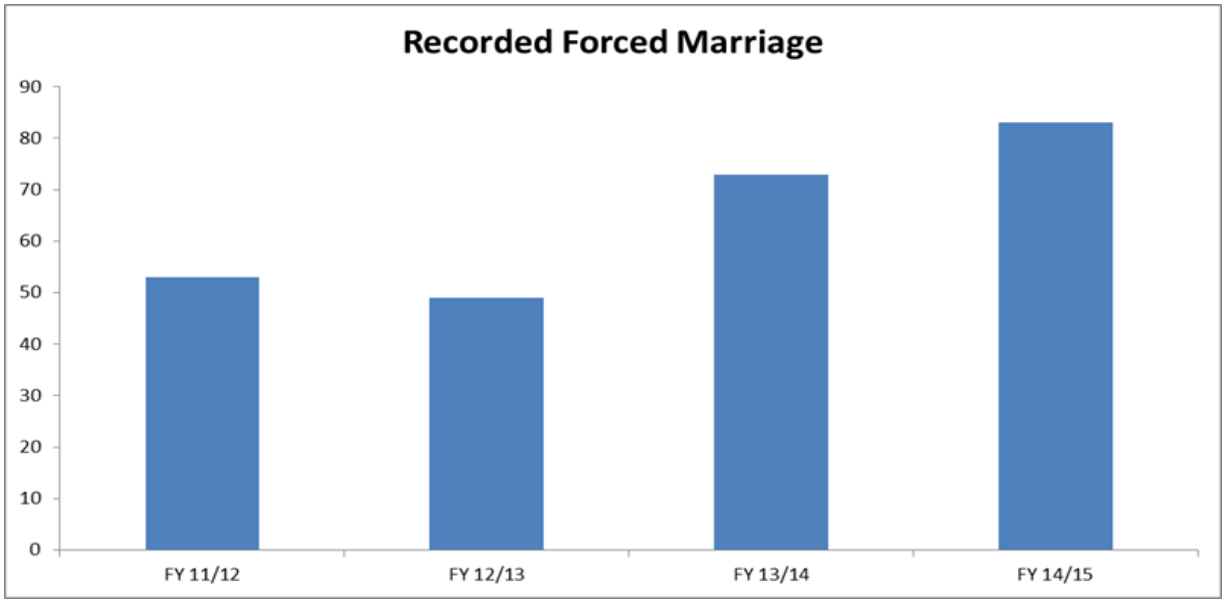
The reporting of FGM often takes place via other police contact with the victim through other reported crime, via third parties (such as social workers or family members) or via medical examiners. The level of recorded FGM is low, with seventeen offences recorded by the MPS in the twelve months to November 2015. This is the same number as was recorded in 2014. However, this is significantly higher than historic figures e.g. 5 in 2011/12.

There is a sharp decrease in the number of people proceeded against (accused) for FGM compared to the number of offences. In 2014/15, there were ten recorded offences yet only two individuals were charged for this offence. All FGM reports are within the Violence Against Person police category of crime.

Forced Marriage

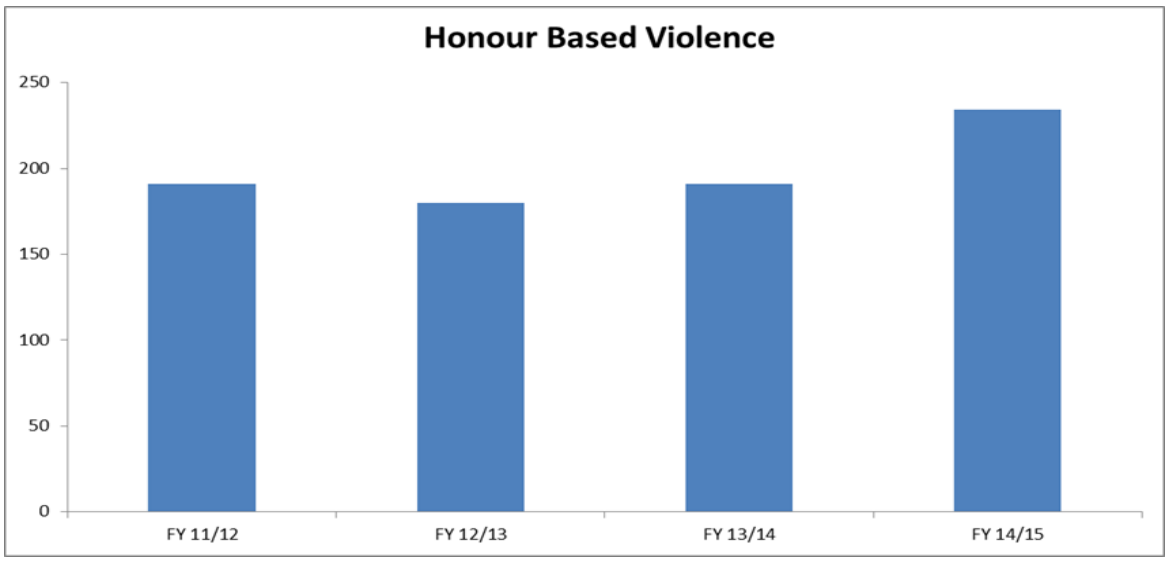
The level of recorded Forced Marriage offences is small, with 72 offences recorded in the last twelve months[43]. Over the most recent four financial years, the level of recorded forced marriage offences has increased (see graph below). Of the 72 recorded offences in the last twelve months, there have been thirteen individuals charged for this offence and four additionally cautioned by police. This equates to approximately 24% of offences resulting in an individual receiving a sanction. In 2015, 8 sexual offences were flagged as forced marriage by the MPS. This is down from 13 in the previous year. However, in 2015 all forced marriage related sexual offences were recorded as rape compared to seven of the 13 in 2014:

[43] Dec 2014-Nov 2015



Honour Based Violence

Over the last four financial years, 'honour-based' violence across London has been at levels of approximately 200 offences per year. In the twelve months to November 2015, there were 263 recorded offences. There were 64 people proceeded against for 'honour-based' violence offences in the same period, equating to approximately 24% of offences resulting in an individual receiving a sanction. The majority (72%) of the arrested individuals were charged by police for the offences, with the remainder receiving a caution.



4 THE IMPACT OF SEXUAL VIOLENCE

To assess the impact of sexual violence we have based this section upon the Survivors' Survey, Survivors' Focus Groups and interviews and it is supported by further evidence from the literature review and call for evidence. All quotes within this section are the direct testimony of survivors from our Survivor Survey unless otherwise attributed.

The impact of sexual violence varies according to each individual, however the short and longer-term negative emotional, physical and social harms experienced by victims/survivors because of sexual violence and abuse is well established. A survivor of child sexual abuse and rape describes the impact:

"I hated myself with a vengeance and suffered deep depression and anxiety. I have been traumatised by these events and carried this for many years. My life was destroyed but I have been given hope through receiving help"

"Short term responses may include shock, shame, misplaced guilt as well as physical injury. Longer term impacts …there is a continuation of these symptoms. Inevitably, all of these can have an impact on a survivor's ability to work, form relationships, parent, carry out daily tasks or self-care. Further, survivors may need access to appropriate support years after experiencing sexual violence given that "trauma responses can be re-triggered at any point" during the life course in response to 'life events". [44]

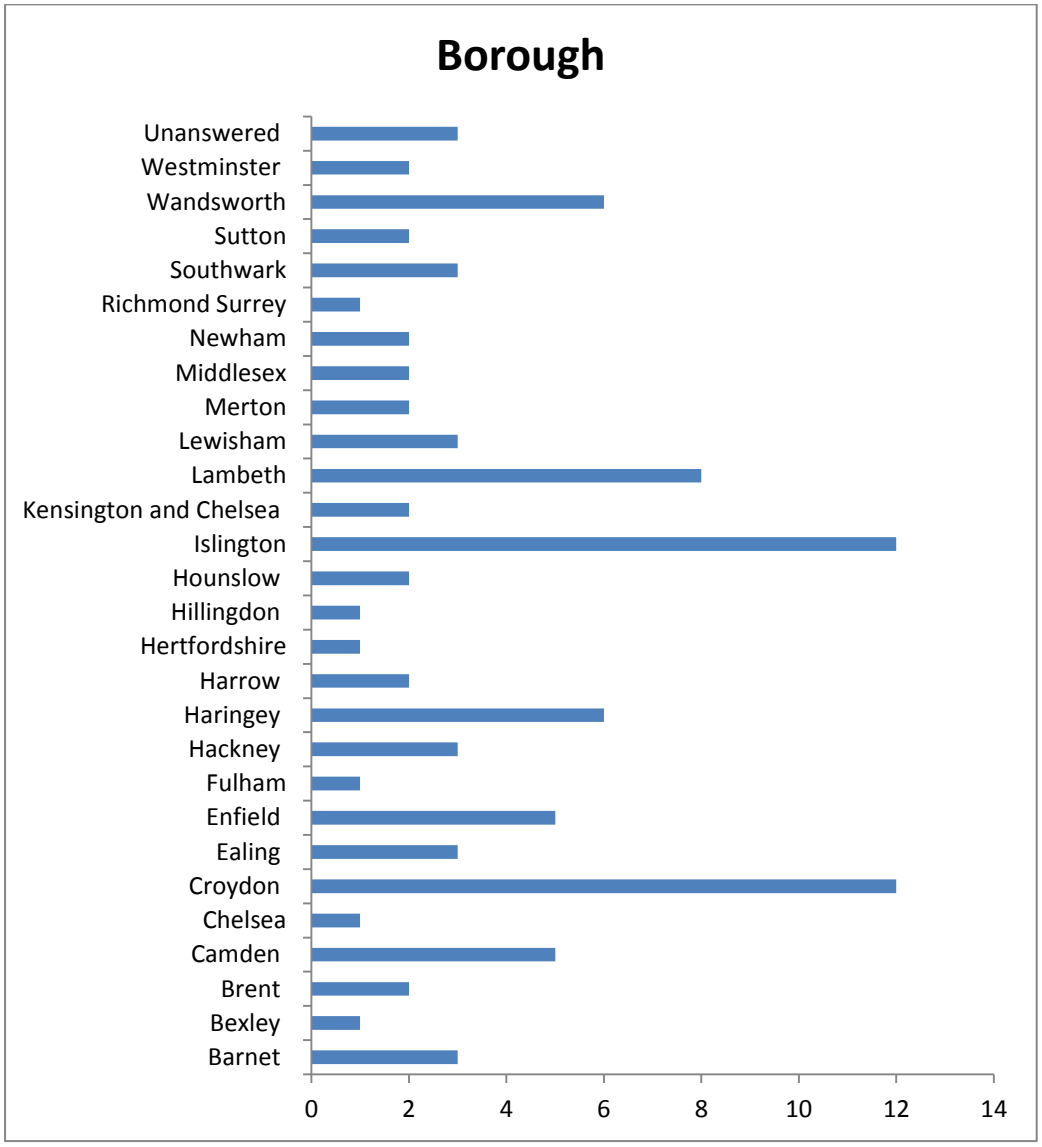
97 people responded to the survivors' online survey, with the breakdown in gender, ethnicity, age, sexual orientation, and disability as follows:

- 92% of the respondents were female, 4% male, 2% stated other and 1% did not respond to this question

[44] The Survivors Trust and Rape Crisis England & Wales 2015:3

- The top three groups with the greatest number of respondents were: White British (55%); White Other (9%); Black Caribbean (9%), with South Asian at 7% and South East Asian at 1%
- 40% of the respondents were from the ages of 25-34, while 22% were from the ages of 45-54, with 19% of respondents being from the age group 35-44
- The majority of respondents were heterosexual (75%), with 15% of respondents identified themselves as being bisexual and 5% as lesbian
- 55% did not have a disability. 43% said that they did

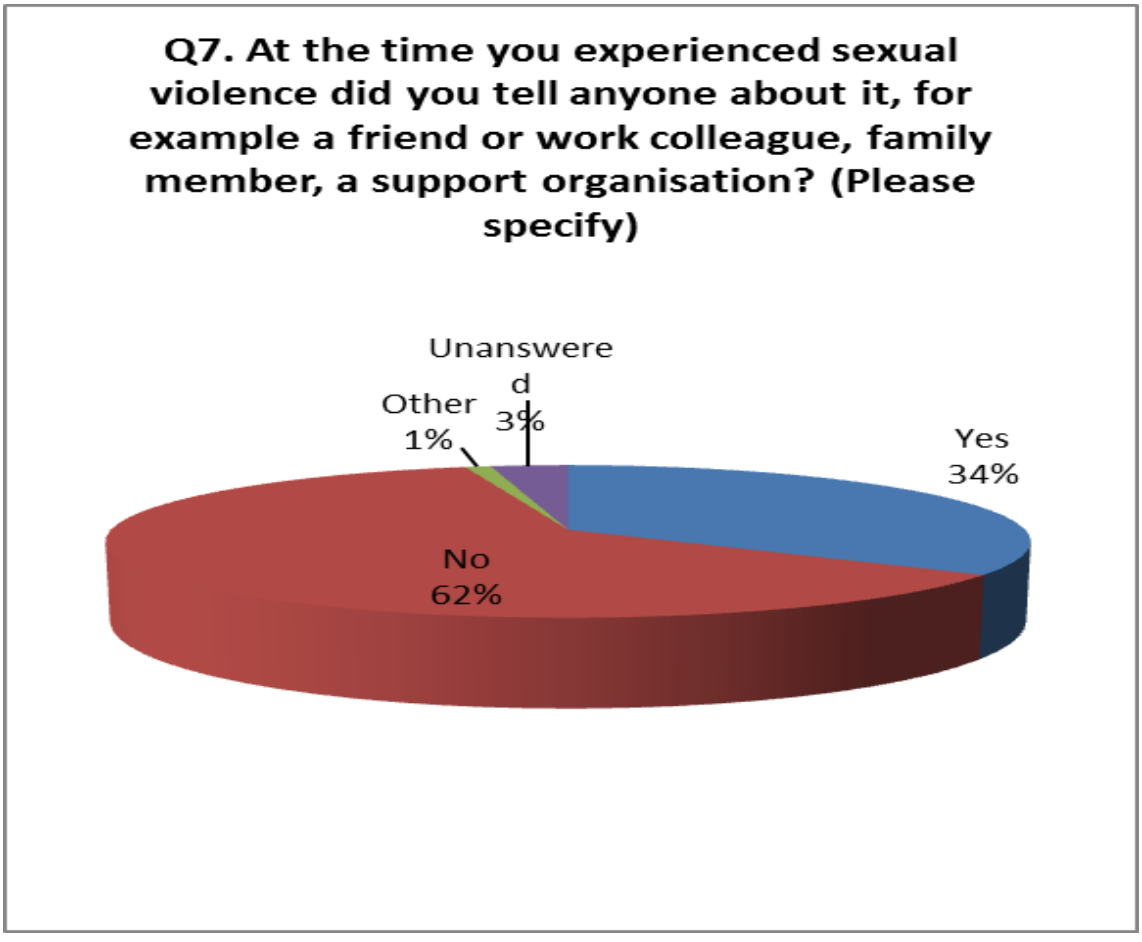
Borough of residence of survey respondents:



Many survivors spoke about fears and anxieties they had before they had taken the step to tell someone. Many spoke about fears of not being believed, listened to, blamed and judged.

"I didn't tell anyone for so long because I knew I wouldn't have been believed or taken seriously, and I was struggling enough to admit to myself what had happened - having someone tell me I'd deserved it, invited it, would have been impossible to deal with."

97% of the respondents, who had experienced sexual violence, answered the following question: *At the time you experienced sexual violence did you tell anyone about it, for example a friend or work colleague, family member, a support organisation?*



The answers ranged from family member, friend, to the police, NHS: GP or hospital support team, mental health professional and Rape Crisis Centre. Unfortunately, when survivors

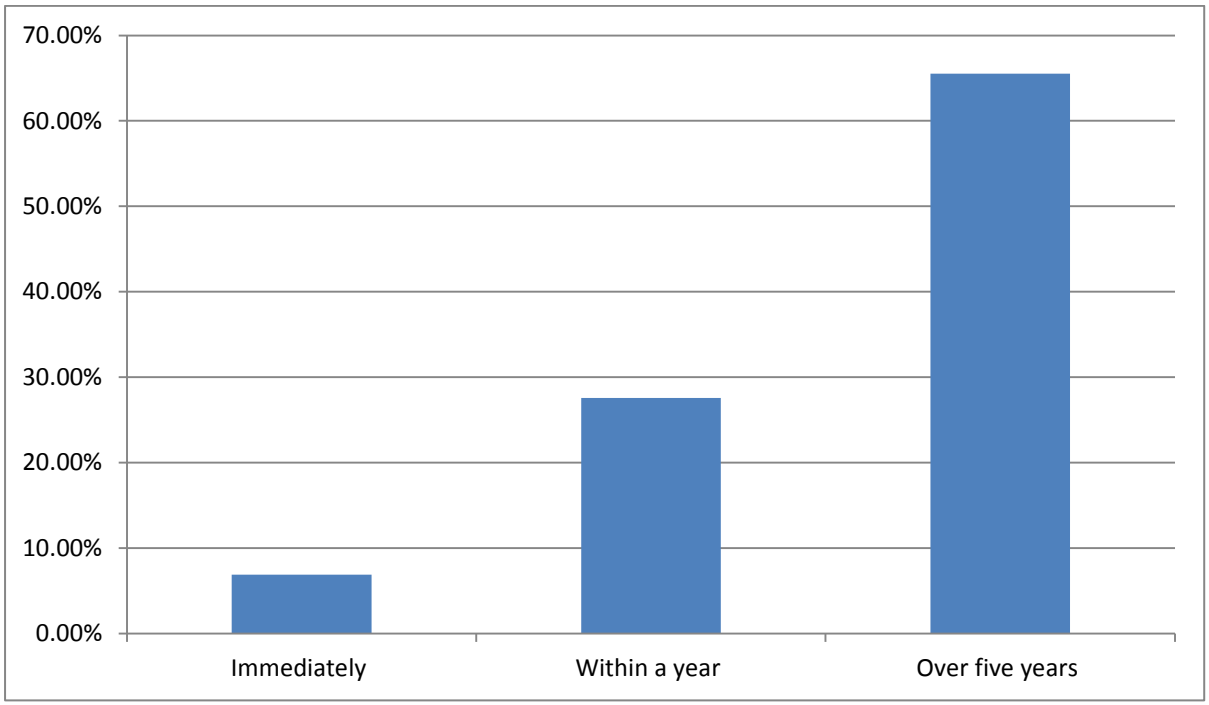
took the step to tell someone responses to disclosure were not always positive particularly from significant others.

"I was treated as if it were my fault,

I was called a slut and people hated me and left me alone."

"I told a friend, she acted like she didn't hear me"

In response to the question: If you have told someone about your experience, at what point after the incident/s did you do this?



In terms of telling someone about their experience of sexual violence, and the response received (e.g. how they were treated, listened to), 35% of survivors experienced a negative response and 41% a positive response, while 16% had a mixed response, with 8% of respondents not answering the question.

When asked 'what were the positive things about the support you received?' survivors stated feeling listened to, believed, not judged, not blamed and understood.

"I feel listened to, having a professional person reassure me that it wasn't my fault - is like a weight being lifted off of my shoulders"

"Being understood and believed. Not being completely alone with it."

"I've been listened to, believed, understood when I didn't even understand myself, helped to understand, had my old ideas challenged"

"For once I was understood and not made to feel guilty or strange."

Adult Women

Stakeholders were keen to stress that in order for effective support to be provided for survivors it was important for professionals to understand the connections between the different forms of violence and how these intersect with sexual violence. As highlighted below:

"The complexity of the range and extent of sexual violence that women experience means that our services, and workers within those services, are fully experienced in working across the continuum of violence against women and girls. This means that though we are seeing women for experiences of sexual violence, such as rape and childhood sexual abuse, working with a feminist, theoretical underpinning means that women accessing our centres can also receive support and referrals (sometimes internally) to specialist support for VAWG e.g. domestic violence, FGM, stalking and harassment, forced marriage and prostitution"[45]

Whilst CSE is covered in more detail in the separate companion volume to this needs assessment, stakeholders stressed that it should also be seen within this wider context of violence experienced by women and girls if we are to understand its full impact.

[45] Rape Crisis Data, Report for Deputy Mayor (June 2015)

"it is important for services to look at SV as a whole… by just looking at CSE, it over shadows other forms of SV and where young women are objectified and experience other forms sexual violence". (Stakeholder)

In the sections below, we highlight areas where this intersection between different forms of violence and sexual violence both increases the vulnerability of some women to sexual violence and impacts upon the support they may access and their longer-term recovery.

Mental Health

A study by NatCen's (2013) on violence, abuse and mental health in England further reinforces the long-term impact on mental health, highlighting that individuals experiencing extensive physical and sexual violence were fifteen times more likely to have attempted suicide, with four per cent having attempted suicide in the last year[46]. Also noting that the impact is gendered in that women (84%) were more likely than men to experience violence and abuse, particularly in the group marked by "extensive physical and sexual" violence[47].

Although Post-Traumatic Stress Disorder (PTSD) is more likely to occur in women, for both men and women, prolonged exposure to social and/or interpersonal trauma (including domestic, sexual violence, CSA, CSE and other forms of violence, such as forced marriage etc.) results in a more complex form of PTSD (or type 2) known as Complex PTSD. Briere & Jordon, 2004 describes symptoms, which may include suicide ideation, substance misuse, chronic interpersonal/relationship difficulties[48]. People experiencing interpersonal violence including rape and sexual violence are more likely to present with PTSD than those who have experienced other forms of trauma e.g. road traffic accidents, natural disasters[49].

[46] NatCen (2013) Violence, Abuse and Mental Health in England, Preliminary Evidence Briefing, at p.11 (https://www.natcen.ac.uk/media/205520/reva-strand-1-13th-may-briefing-report-2-.pdf [accessed 27/6/16])
[47] NatCen (2013) as above, at p. 6
[48] Clifford (2016)
[49] Clifford (2016)

Different contexts and factors can further compound the trauma of rape/sexual violence including existing mental ill health, learning disability, previous sexual abuse, religious or cultural pressures, immigration status and language barriers[50].

Pre-existing mental ill health issues can significantly exacerbate the risk of sexual violence. A study[51] which examined the experiences of patients who had contact with a community service at Camden and Islington Foundation Trust or South London and Maudsley NHS Foundation Trust and compared this data with the general population found that 27.1% of women with a severe mental illness had experienced domestic violence in the past year compared with 8.8% of the general female population. Women with a severe mental illness are approximately 5 times more likely to have experienced sexual violence in the past year compared with the general female population (10.1% against 2%).

Substance Misuse

It is not uncommon for victims of sexual violence to become substance dependent as a strategy for coping with the trauma of the violence they have experienced. Physical and sexual violence can manifest in a range of mental health and other health impacts e.g. psychosis, PTSD, eating disorders, obesity, alcohol dependency.[52]

Victims and survivors who consumed substances before the assault frequently face even greater barriers to achieving justice than survivors who had not been drinking or taken drugs. They also experience additional stigma and disbelief about the harm they have experienced if substances were consumed prior to them being sexually assaulted or raped[53]. This is reinforced by other research on attrition.

The Crown Prosecution Service Guidelines on Prosecuting Child Sexual Abuse cases (2013) state that if "the victim has been, or is, abusing drink or drugs" or the account they give is "inconsistent", this should be understood as a possible indicator that abuse has taken place

[50] Dame Elish (2015)
[51] Kalifeh, Moran, Borschmann and colleagues (2014)
[52] Violence, abuse and mental health in England (2015) (REVA Briefing 1): Natcen, Truth Consulting and CWASU, London Metropolitan University
[53] Not worth reporting: women's experiences of alcohol, drugs and sexual violence (2014): AVA

rather than undermining the victim's credibility. One of the recommendations of AVA's 2013 report regarding women's experiences of drug-facilitated sexual assault is that this approach should be adopted by the CPS and the police and in relation to adults.[54]

Asylum, Immigration & Trafficking

Female asylum seekers who have experienced sexual violence may face specific barriers to accessing appropriate support. The asylum application process does not provide safe and appropriate methods for disclosure of rape and sexual assault that may have taken place prior to arrival in the UK. Asylum Aid identify the lack of trained female interviewers, lack of childcare, the use of detention for some survivors of sexual violence for administrative purposes, disregard of clinical evidence of sexual violence by asylum decision-makers; and disbelief of disclosures of sexual violence if these are made at a late stage in the asylum process. This despite recognition within the Home Office protocol that memory, timing and stigma are likely to be impacted by the trauma of sexual violence[55].

The2014 Women for Refugee Women report[56] identified that women seeking asylum who are survivors of rape, sexual violence and other torture from their home countries are often held in immigration detention for long periods. Thus, the detention itself re-victimises women and impacts on their mental health.[57]

A 2015 report by Women for Refugee Women focused on the experiences of 38 women who were detained in Yarl's Wood Detention Centre, in terms of how they were treated during their arrests, detention and attempted removals. Against the background of recent reports of sexual assaults within Yarl's Wood in 2014, with 31 allegations of sexual contact investigated, leading to the dismissal of 10 staff, the report found that almost all the women interviewed for the report (33 out of 38) stated that men watched them in intimate situations, such as while naked, partly dressed, in the shower or when using the toilet. In

[54] Harvey, S., Hayton, L., Beard, N and Holly, J (2013). Not worth reporting: Women's experiences of drug-facilitated sexual assault. London: AVA
[55] Asylum Aid (2016)
[56] Women for Refugee Women (2014) Detained: women asylum seekers locked up in the UK, http://www.refugeewomen.co.uk/2016/wp-content/uploads/2016/07/WRWDetained.pdf
[57] Women for Refugee Women (2015) I am Human: Refugee Women's Experiences of Detention in the UK, http://www.refugeewomen.co.uk/2016/wp-content/uploads/2016/07/Finalexecsummary.pdf

addition, six out of the 35 women who answered the question about how they were treated in Yarl's Wood, also said that a member of staff made a sexual suggestion to them, five of these being men; three of them stated they had been touched sexually, two by men.

The voucher system, which provides support to asylum seekers, may increase asylum seekers vulnerability to rape and sexual assault. It has been reported that, because of having to depend upon vouchers or having nothing to live on, women have resorted to prostitution[58]. A lack of access to other forms of support means that many asylum-seeking women were isolated, vulnerable to exploitation and often trapped in violent relationships[59].

In a 2005 report on Minimum Forced Labour in the World, the International Labour Organisation estimated that women and girls make up 98% of victims of trafficking for sexual exploitation. This figure is still quoted in numerous briefings.[60] Women who had been trafficked spoke about government departments and state agencies being more concerned about immigration status and about pursuing a prosecution than they were about women's safety and wellbeing. In addition, women wanted greater recognition by agencies of what trafficked women have been through, particularly in relation to statutory agencies, like the police and immigration services. Women wanted to be able to have a choice of a female caseworker or officer, so that they could disclose their experiences in a safe environment[61]. Women who had been both trafficked and who had experienced abuse and violence spoke of the trauma of being placed in detention that made them feel like they were being punished and imprisoned for having suffered violence and abuse from their traffickers[62].

Research carried out by King's College London and ten NHS Trusts across England (funded by the Department of Health Policy Research Programme) found that physical and sexual violence is highly prevalent among trafficked women, men and children, with a high number

[58] AVA 2010:24
[59] AVA 2010: 27
[60] Global Sex Trafficking Fact Sheet: http://www.equalitynow.org/sites/default/files/Sex%20Trafficking%20Fact%20Sheet.pdf
[61] AVA 2010:20
[62] AVA 2010:20-21

experiencing psychological stress, PTSD, and others reporting suicidal ideation symptoms. Other diagnosis mentioned included severe distress, adjustment disorders, anxiety, depression and affective disorders, with an indication that the mental health issues are likely to be long term. Common physical health problems experienced included headaches, back pain, fatigue, memory problems, sexually transmitted infection and dental problems. Children reported similar mental and physical problems as experienced by adults, including: depression, anxiety, psychological distress, including suicidal ideation with two reported attempted suicides.

Staff in mental health services, maternity and emergency services are likely to meet a trafficked person, however, health professionals, in general, feel unprepared for responding appropriately, which is partly due to a lack of training and information.[63]

Vulnerabilities may be further exacerbated for lesbian migrants:

I was once assaulted by one of my flatmates, a Nigerian guy, who found out about my sexuality because he saw me in Soho. When I returned home he tried to rape me along with his friends. I reported it to the police.[64]

Involvement in the Sex Industry

Evidence also highlights the marginalisation of women, who have multiple vulnerabilities linked to complex histories and chaotic lives, which revolved around their involvement in the sex industry. Women may be dealing with multiple overlapping issues such as being in the care system, traumatic childhood experiences of sexual abuse and exploitation. They may also be presenting with issues related to drug and alcohol dependency, stigma, isolation, poverty and homelessness, criminal sanctions for selling sex including multiple criminal records and being sent to prison and a lack of qualifications, which present a range

[63]KCL (2015) The Protect Project: Provider Responses Treatment and Care for Trafficked People, Final Report for the Department of Health Policy Research Programme. Optimising Identification, Referral and Care of Trafficked People within the NHS, https://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECT-Report.pdf

[64] MBARC (2009) Over Not Out: The Housing & Homelessness Issues Specific to Lesbian, Gay, Bisexual & Transgender Asylum Seeker

of complex barriers for those choosing to move out of being involved in selling sex[65]. Interviews carried out with women involved in the sex-trade, indicated that a significant proportion (72%) had experienced childhood violence and made links between the "abuse they experienced as children and their involvement in prostitution". 79% had experienced physical and/or mental health problems including depression and anxiety and half (including women who were trafficked) described experiencing coercive control similar to what are considered as classic signs of domestic violence from a partner, pimp, relative or another person[66].

Involvement in selling sex can make women particularly vulnerable to violence, abuse and exploitation. They often fear reporting to the police because of the potential for facing criminal sanctions themselves being stigmatized and not being believed. A survey by National Ugly Mugs (NUM) found that:

***Sex Workers** (individuals that work in the sex industry) **are often targeted by offenders but rarely report to the police. Almost 2000 reports have been made to NUM since July 2012; but only 25% of the victims were willing to formally report to the police. Of these, 283 were rapes, 86 were attempted rapes and 150 were other sexual assaults. Our 2015 survey with Leeds University found that 49% of Sex Workers are "worried" or "very worried" about their safety and 47% have been targeted by offenders. Yet, 49% were either 'unconfident' or 'very unconfident' that police would take their reports seriously.* [67]**

A recent national audit of ISVAs found that 38% of ISVAs reported seeing clients who identified as working in the sex industry. Of the ISVAs two thirds reported that 10% of their client caseloads consisted of individuals working in the sex industry. They further noted that perpetrators were likely to be punters or clients.[68] Three ISVAs were identified as exclusively

[65] Home affairs committee enquiry on prostitution, available at: http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/inquiries/parliament-2015/prostitution/

[66] Bindel, J.B., Easton, L. and Matthews, H., R. and Reynolds, L.(2012) Breaking down the barriers: A study of how women exit prostitution.

[67] Available at: https://uknswp.org/um/uploads/National-Ugly-Mugs-HASC-response.pdf

[68] King's College London and Lime Culture (2015) An audit of Independent Sexual Violence Advisors (ISVAs) in England and Wales (Prof Susan Lea, Dr. M Aurora Falcone, Kim Doyle and Stephanie Reardon), http://www.limeculture.co.uk/recent-research Available at: 26/7/16.

working with this client group.

Evidence submitted during the Home Affairs Enquiry on prostitution[69] has identified a series of gaps in current policy and service responses. There are uneven and patchy service responses across the country where some areas focus on enforcement, displacement and crackdowns whilst others focus on supporting. It is notable that despite polarised perspectives on prostitution itself, and whether there should be criminal sanctions for buying sex, there is widespread agreement that those individuals who sell sex should not be criminalised. Gaps also include a lack of national guidance and strategy; lack of funding to support women with complex and overlapping needs, a lack of awareness amongst mainstream organisations (NHS) which means that practitioners do not ask or feel confident in asking women if they want to exit or what the referral process would involve. Support programmes are more likely to be helpful where they offer holistic, personalised support (including safety planning), advocacy and opportunities, which prioritise women's choices rather than focussing solely on harm-minimisation or exit.

An absence of a pan-London approach creates a significant barrier to women seeking support in London.[70].

Homelessness

A report by Scott and McManus for Agenda (2016), based on data from the Adult Psychiatric Morbidity Survey (APMS) found that women are twice as likely to experience interpersonal violence and abuse, including more extensive forms of violence compared to men. This included childhood sexual abuse, adult rape and serious forms of violence from a partner including threats of and attempted murder. The report also highlighted that women experiencing more extensive forms of violence were more likely to experience multiple and layered forms of disadvantage e.g. disability, poor health, poor living conditions, homelessness and discrimination.

[69] Home Affairs Enquiry (as above)
[70] Johnson 2015

One in five women (21%) with experiences of extensive forms of physical and sexual violence reported experiencing homelessness during their lives. A significant number were more likely to live in rented accommodation; as well as experiencing financial insecurity and unstable employment[71].

In the context of the findings, the report calls for a greater priority towards commissioning gender-specific services and more gender-responsive public services.

Female Offenders

Women who are in contact with the criminal justice system as offenders for non-sexual violence crimes face increased vulnerability and a range of obstacles to securing the necessary support:

- More than half (53%) of women in prison report having experienced emotional, physical or sexual abuse during childhood[72] nearly double that of men in prison (27%)[73]
- 12% of women in prison are foreign nationals, some are known to have been coerced and trafficked into offending.[74]
- 80% of the women, the organisation Women in Prison works with, report having experienced domestic violence.

Compared to the rest of the country, London sends a disproportionate amount of women to prison.[75] A significant number of women are imprisoned for low-level, non-violent offences.[76] Reasons for offending include supporting someone else's drug use (48%), financial difficulties in relation to supporting their children and relationship concerns. Women offenders are more likely to experience unemployment and homelessness. 45% of women are reconvicted within a year.

[71] Scott and McManus for Agenda (2016) Hidden Hurt, Violence, abuse and disadvantage in the lives of women, http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf (accessed 27/6/16) at p. 5
[72] http://www.womeninprison.org.uk/research/key-facts.php (accessed 27/6/16)
[73] Ministry of Justice (2012) Prisoners' childhood and family backgrounds, London: Ministry of Justice
[74] Hales, L. and Gelsthorpe, L. (2012) The criminalisation of migrant women, Cambridge: University of Cambridge
[75] https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/governance-and-decision-making/mopac-decisions-165
[76] Prison: the facts Bromley Briefings Summer 2016 Prison Reform Trust: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Summer%202016%20briefing.pdf

Women in prison are more likely to suffer from poor health, with women entering prison often having poorer physical, psychological and social health than those with the poorest health in the general population.[77] 70% of women required clinical detox service for drugs and alcohol dependency on entering prison. 30% of women offenders have had psychiatric admission prior to entering prison and 46% have reported attempting suicide at some point in their lives, more than double that of men (21%).

Women in contact with the CJS, including prison, are incredibly vulnerable. Despite the successes of the existing specialist services, female offenders in parts of London are still required to access male-dominated provision that is not designed to meet the needs of women. We know that women benefit significantly from holistic, tailored provision that is woman-centred and addresses their offending behaviour and other multiple needs. A high number of women who come into contact with the CJS have been or are victims of domestic and sexual violence and exploitation; therefore, it is critical to have specialist, women-led and women only spaces, as well as age, sexual orientation and ethnicity specific services and spaces. The Beth Centre in Lambeth and the Minerva Project in Hammersmith and Fulham have both demonstrated a significant improvement in outcomes for women who have offended, including decreased prostitution, a reduction in the number of women sentenced to prison and indications that reoffending is reduced.

Adult Men

Dame Elish's 2015 review found that a sense of isolation is felt by men who have been raped, with greater barriers for gay and Trans men to reporting. "Silent Suffering"[78] reports key barriers to reporting, including men being unaware that a crime has been committed against them, fear of not being believed, fears that their sexuality could become the focus of any investigation. Further barriers include societal attitudes towards (and assumptions of) male victims of sexual assault and rape. These include issues of masculinity, (e.g. heterosexual victims were frequently labelled as gay) or the assumption is that a male

[77] Hales, L. and Gelsthorpe, L. (2012) The criminalisation of migrant women, Cambridge: University of Cambridge
[78] GLA Conservatives (2015) Silent Suffering. Supporting the Male Survivors of Sexual Assault, https://www.survivorsuk.org/press-release/gla-report-silent-suffering-supporting-the-male-survivors-of-sexual-assault/

victim should be able to fight off the attacker, which is also the attitude of the police, especially if the perpetrator was female. There is also a belief amongst male victims that they will be re-victimised by an unsympathetic law enforcement and judicial system

Current sexual violence service responses focus primarily on women and girls. Service responses to sexual violence have historically evolved within the independent women's voluntary sector both in the UK and internationally, through advocacy, awareness raising and activism, and this has played a critical role is creating a societal shift in understanding, knowledge and practice[79]. Whilst the overwhelming proportion of victims and survivors are women or girls and most services are geared to addressing their needs, statistical evidence suggests that between 12% and 15% of victims and survivors are boys or men. Their experience of and vulnerability to assault may be exacerbated by poor access to services or services which do not reflect the ways in which men and boys may wish to experience services.

Many of the factors, which increase the vulnerabilities of girls and women to sexual violence, also impact upon men and boys, including poor mental health, substance misuse, participation in the sex industry and migration status. In most cases, evidence is much less well documented for men and boys.

Men and Mental Health

As for women, men with a pre-existing mental ill-health issue may be at substantial additional risk of sexual violence. The Kalifeh, Moran, Borschmann and colleagues report of 2014 (referred to above) found that 12.9% of men with a severe mental illness have experienced domestic violence in past year compared with 4.9% of the general male population. Men with a severe mental illness are approximately 10 times more likely to have experienced sexual violence in the past year compared with the general male population (3.2% against 0.32%).

[79] Htun, M., & Weldon, S. L. (2012). The civic origins of progressive policy change: Combating violence against women in global perspective, 1975–2005. *American Political Science Review*, *106*(03), 548-569.

Men, Asylum & Immigration

In the 2009 report, "Over Not Out"[80] based on in-depth interviews with 40 LGBT asylum seekers, around 1 in 5 of those interviewed reported having to undertake unpaid work to maintain their accommodation, including feeling obligated to perform sexual favours in return for food or accommodation. Young gay men were more vulnerable than women to both financial and sexual exploitation and a number reported participation in other forms of prostitution/sex work. As with many other asylum seekers, their immigration status can make them reluctant to report problems to the authorities.

Extracted from "Over Not Out" - Although those respondents who did infrequent sex work claimed to normally be in control of their own decision-making, at times economic necessity and social marginalisation made them especially vulnerable to abusive forms of exploitation. An Iranian gay man stated that:

Yeah, even in gay bars, I have to, they knew, in bad situations I have to survive. I need money and food in my stomach and they try to abuse me and take advantage of me.

Additionally, several interviewees faced sexual exploitation in their accommodation. This usually took the form of feeling obligated to perform sexual favours for acquaintances who were temporarily housing them. A Congolese Gay man stated that:

If someone is helping you, they want something back in return and I wasn't feeling comfortable so I had to leave.
He said you can't give me sex so you can't stay with me and you have to go.

All of the respondents who described both casual sex work and sexual exploitation in their accommodations or other settings were gay men. However, two lesbian interviewees described feeling exceptionally vulnerable to sexual assault in their accommodations and attributed it to homophobic and sexist attitudes of housemates who were from the same

[80] MBARC (2009) Over Not Out: The Housing & Homelessness Issues Specific to Lesbian, Gay, Bisexual & Transgender Asylum Seeker

nationality.

Men working in the Sex Industry

In 2014 "Import.io", a data collecting web-service reported that its analysis of escort sites across the UK indicated that 42% of all escorts advertising were male. National Ugly Mugs data suggests that men working in the sex industry are equally vulnerable to violence from their clients as are women working in the sex industry with more than 50% experiencing sexual violence and assault whilst undertaking this work.

Other Vulnerabilities for Men

Stakeholders raised other issues impacting upon the specific vulnerabilities of men and boys to sexual violence as:

- **Learning disability** – in common with women and girls
- **Homelessness** – With a higher proportion of young men experiencing homelessness, this may place them at greater risk of sexual exploitation in return for accommodation etc.
- **Offenders** – some stakeholders mentioned the high numbers of young men in secure accommodation or prison and the culture of violence including sexual violence between inmates.
- **ChemSex & Consent -** Activities like chemsex blur the lines between what constitutes consent. While an individual will consent to engaging in chemsex there may be instances when they may not have pre-consent but are unable to stop. Complex issues such as chemsex often prevent men from disclosing when they have been a victim of sexual assault based the belief that their activities will reflect negatively on them or may themselves be subject to criminal sanction..

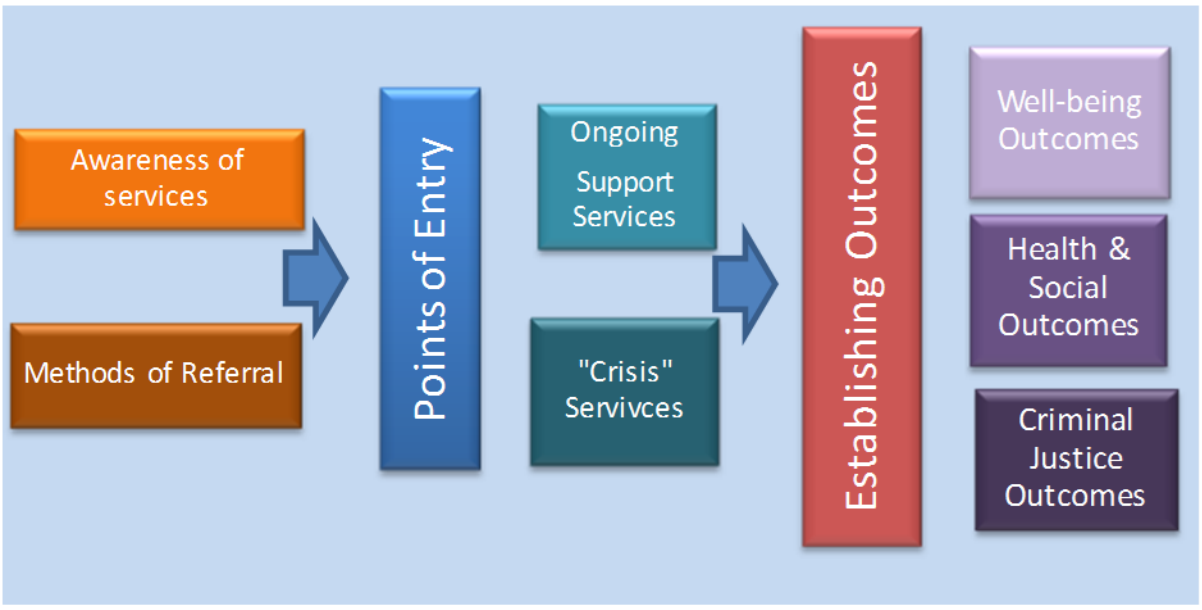
Children and Young People

Issues relating to Children and Young People are detailed in the companion report, *"Sexual Violence Against Children and Young People: The London CSE Needs Assessment 2016".* This includes reporting on adult survivors of child sexual abuse.

5 THE SERVICE RESPONSE

This section is based upon the Literature Review, Call for Evidence, Funder Survey and Stakeholder Interviews. We have also placed particular emphasis on findings from the Survivors' Survey including perceptions of service from service users and un-met needs/gaps in or perceptions of services by survivors.

A range of responses to the impact of sexual violence currently exists from statutory and voluntary sector services to address the needs of survivors. To assist in understanding these services and how they support survivors/victims through the pathway the figure below illustrates our approach:



Please note this is not a linear pathway and individuals may enter at various points. The term "Crisis Services" is contested, but is well understood to mean services near the point of assault or at disclosure, including forensic, medical and non-clinical interventions.

The Funders & Commissioners Response

Alongside policing and criminal justice system activities, there are a wide range of services commissioned by statutory organisations and independent funders to support victims and

survivors of sexual violence. This needs assessment sought to undertake a qualitative assessment of the service response to the challenges faced by victims/survivors rather than a comprehensive mapping of all relevant provision across London.

Whilst some funded activity includes provision directly "tagged" as for sexual violence, activity is also funded under a wider range of categories including the VAWG agenda, including domestic violence, community safety initiatives, education and youth orientated funding programmes and family support interventions. Alongside this funding a range of other services will spend considerable resources on supporting survivors and victims because of sexual violence, including social services core budgets and NHS budgets relating to GP provision, mental health services etc.

For the purposes of this needs assessment we have agreed a very broad estimate of annual expenditure as in the region of £150million per annum comprising around £45million from MOPAC, £4million commissioned by NHS England Health in the Justice System and around £750,000 to £1.5million for each local authority and each CCG in London.

Alongside information from MOPAC, NHS England and the provider sector itself, we undertook a survey of Local Authority funders with around one third of boroughs responding. This was supported by a roundtable of independent funders and charitable trusts. Information from these sources has contributed to the qualitative assessment of the service response contained in this section.

The Havens

The Havens are London's Sexual Assault Referral Centres set up in 2000 as a joint initiative by the Metropolitan Police and the NHS to ensure that victims of rape and sexual assault get the help they need. They are a specialist service and have three sites in London at Camberwell, Paddington and Whitechapel. The Havens provide forensic medical examinations, medical aftercare post sexual assault and psychosocial care by specialist-trained staff for clients who have been raped or sexually assaulted for up to one year after the assault. Psychosocial care provided in the Havens includes advocacy and emotional

support, psychological assessment, therapy and counselling. They aim to provide a one-stop-shop service to victims of rape, regardless of gender, age or background. The NHSE/MOPAC income for the all sites is £4.34 million.

The appendices to this report provide a breakdown of the cases dealt with by the Havens by victim profile and type of intervention.

In its recent, NHS England funded quality assurance inspection the service was rated as "good" overall. Under the "caring" domain, the service was rated as outstanding, but under the "effective" domain, it was rated as "requires improvement"[81].

Independent Sexual Violence Advocates (ISVAs)

The Home Office Violent Crime Unit commissioned the ISVA role in 2005. There is currently no accepted precise definition of the role of an ISVA and this does differ between organisations. Key elements of the ISVA role include providing practical and emotional support to survivors of sexual violence, regardless of whether they have decided to report to the police or not. ISVAs should be independent of the CJS, offer a non-judgemental and confidential service and work closely with relevant agencies to ensure survivors get the advice, information and support that they need. ISVA support can take the format of either face-to-face visits, telephone contact or both. ISVAs support individuals to understand their options and help them access relevant support services, providing support through the legal process if appropriate. MOPAC funds some ISVAs, whilst others are funded through Local Authorities and there is some funding of ISVAs for survivors from particular communities of interest including LGBT, learning disabled people, children etc. Estimates of the numbers of ISVAs in London range between 35 and 60 and in the course of this needs assessment we identified 45 full-time equivalent ISVA posts.

MOPAC funds a pan London network of Independent Domestic Violence Advocates (IDVAs) and many of these will support women experiencing both domestic and sexual violence. It

[81] This related primarily to the relatively static number of service users at a time of increased reporting of cases to the police and whilst impacting upon the Havens quality rating it was seen as an issue requiring a system wide, rather than individual service response to address.

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.

MOPAC also operates a number of other funding streams that support victims/survivors of sexual abuse or activities to prevent or disrupt sexual violence, including the Victims' Fund.

Third Sector Overview

There are a range of specialist sexual violence services that exist in London. Further details of third sector organisations can be found in the appendices. In addition, a number of women's organisations, particularly those supporting specific communities that provide services for victims and survivors of sexual violence.

In the section below, we provide a brief overview of some of the larger third sector organisations supporting survivors of sexual violence:

- Rape Crisis Centers offer long-term support and short-term interventions (based on risk and need) to women and girls who have experienced any form of sexual violence whether acute (past 7 days), recent (up to 1 year) or non-recent. This includes adult and teenage survivors of child sexual abuse, rape, sexual assault, CSE, trafficking for sexual exploitation, prostitution, female genital mutilation and ritual or ceremonial sexual abuse. They offer a service that is complimentary to Haven provision. Rape Crisis Centers service provision is divided into 4 quadrants in London (funded through MOPAC, MOJ and other charitable sources).

1. Solace Women's Aid runs the northern quadrant covering seven boroughs - Barnet, Camden, Enfield, Haringey, Islington, Kensington & Chelsea and Westminster.
2. Rape and Sexual Abuse Support Centre Rape Crisis South London (RASASC) runs the southern quadrant covering 12 boroughs - Bexley, Bromley, Croydon, Greenwich, Kingston, Lambeth, Lewisham, Merton, Richmond, Southwark, Sutton and Wandsworth.
3. Nia runs the eastern quadrant covering seven boroughs - Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

4. Women and Girls Network runs the western quadrant covering six boroughs - Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow.

- All the Rape Crisis centres are affiliated to Rape Crisis England & Wales (RCEW) and are also part the pan-London VAWG Ascent Consortium.

There are also a range of smaller therapeutic-focused, survivor and peer-led organisations. There is an organisation that provides dedicated CSA support to non-abusing carers (MOSAC). A small number of equalities led organisations e.g. GALOP, Respond and organisations supporting BAME women and girls offer services to survivors for specific communities. The appendices to this report list those organisations participating in this research.

Independent Funders

London benefits from a rich mix of independent funders, which include endowed charitable trusts, corporate social responsibility investors from large corporations, and annual programmes of charitable giving such as the City of London Mayor's Fund. Many of these institutions have identified sexual violence or issues relating to CSE as priority areas for funding and a number of them already invest significant sums in projects in these areas. Examples of current charitable programmes include:

- **Trust for London** has a wide programme of work and includes a substantial focus on smaller BAME led groups undertaking work around related issues such as honour based violence and FGM. Its specific programmes related to sexual violence include:
    - Funding senior practitioners, employed in three London boroughs (Lambeth, Hackney, Barking & Dagenham) to help vulnerable young people at risk of CSE. Half of their time will be providing direct support for young people and half capacity building, working with police and knowledge exchange in each borough
    - A programme of support to those seeking to exit prostitution
    - A pilot programme to improve direct support to Albanian women affected by domestic and or sexual violence, delivered as a collaborative project between Shpresa and Solace Women's Aid

    - A project with journalists to improve media narratives around rape and sexual violence.
- **Berkley Foundation** fund work around gangs and youth offending
- **The CSE Funders' Alliance** (which includes the National Lottery, Northern Rock and Trust for London, supported by the University of Bedfordshire) is looking at the development of hub-and-spoke models in the UK. This alliance has invested in the development of a centre of expertise/communities of practice (peer support /information exchange between professionals) in two London boroughs (Wandsworth and Croydon). This has already identified useful learning such as the importance of independent workers for young people; young people not knowing who to speak to and a need for young person-centred focus to risk assessments.
- **Premier League Foundation** (with part funding from MOPAC) has funded a programme called "Kicks" to work with gangs and CSE in gang hotspots. They have worked with Women's Aid on a domestic violence awareness raising campaign. They have also worked in partnership with primary schools as part of Personal, Social and Health Education (PSHE).

MBARC co-hosted, with London Funders, a roundtable for independent funders to better understand their commitments in relation to sexual violence and examine ways in which they could be better supported to continue and enhance their current funding programmes. All stakeholders were keen to develop their relationship with MOPAC and through this relationship build a better dialogue with statutory funders. In particular, they welcomed the proposed development of MOPAC/NHSE's "sexual violence commissioning framework" and saw this as an opportunity to ensure that their funding could add value and promote innovations within a broader strategic context. Issues raised through this roundtable included:

- Welcoming the needs assessments as providing an opportunity for independent funders to refresh their understanding of needs and gaps in provision
- The desire for greater clarity in the statutory sectors responsibilities in funding the response to sexual violence. All independent funders are keen to add value, meet gaps in current service provision and fund new ideas, but were concerned to avoid

their funding being used to cover shortfalls in activities that should be met from statutory sources. Within this context they would welcome the opportunity to co-commission initiatives with the statutory sector

- Greater support in identifying quality providers. Most trusts have some form of due diligence in relation to their grants, but these were reported as financially focused, and did not provide assurance to funders about the quality of the service that may be provided by their grant recipient. It was felt that some form of quality assurance at a pan London level may be useful
- Similarly, each trust developed to greater or lesser extent its metrics for assessing performance and value for money in the grants provided. Further strategic support in this area, including common definitions and performance measures was seen as an area that may benefit both trusts and applicant providers.

Priority areas for investment by independent funders identified at the Roundtable included:

- work with female (non-sexual violence) offenders
- work with those involved in the sex industry
- work with asylum seekers, particularly Unaccompanied Asylum Seeking Children (UASC)
- addressing specific needs of 16-17 year olds
- work with those experiencing multiple forms of sexual violence including assault FGM, forced marriage and domestic violence
- developing a more focused and strategic approach to prevention work.

Disruptive & Preventative Services

All stakeholders commented that there was a substantial need to develop a more effective disruptive and prevention activity. All of the Rape Crisis Centres and other voluntary sector specialists play a proactive role in delivering prevention-based work; however, delivery is often based on the availability of funding and capacity. Activities may include workshops in schools as well as accredited and non-accredited training for frontline practitioners across the statutory and voluntary sector. Examples of current practice include:

- **Rape and Sexual Abuse Support Centre (RASASC - Rape Crisis South London)** have developed Young Person Prevention Workshops and Teacher Training in conjunction with the London Centre for Personal Safety (LCPS). They deliver a series of workshops for young people, aimed at building self-esteem and self-awareness as well as challenging the myths of sexual violence and encouraging young people to adopt a critical perspective on body image and gender roles. They also cover areas including gender stereotypes, rape myths and grooming and train teachers on sexual violence and bullying within a wider context of VAWG and its impact on child attainment and attendance to ensure they are better able to identify and respond to disclosures
- **NIA (East London Rape Crisis)** offer prevention work for young people aged 10-21 years in schools, pupil referral units, youth groups and other settings which challenge sexual bullying, sexual violence and sexual exploitation, enabling young people to develop safe, healthy and consensual relationships. These sessions also support young people to challenge gender stereotypes and understand boundaries. School based sessions work within the Personal, Social and Health Education (PSHE) and Sex and Relationships Education curricula. In addition, professionals are offered training on sexual bullying, enabling them to address these issues effectively with young people and to deal with disclosures. They also offer awareness-raising work for parents and carers
- **London Black Women's Project (LBWP)** deliver early intervention and prevention work to support BAME women and girls affected by grooming, sexual harassment, gang related violence, domestic violence, forced marriage, coercive control, female genital mutilation, 'honour'-based violence and sexual exploitation. This involves workshops in local schools and a dedicated and specialist project addressing the normalisation, tolerance and acceptance of violence against women and girls, offering key-working and advocacy to young women from the ages of 12 to 18 who are at risk or surviving violence. This project also supports cases of grooming and sexual harassment.
- **Women & Girls Network (WGN)** partners with Tender as part of the Ascent consortium to deliver a healthy relationships prevention programme to girl only

groups in issues such as what is violence and abuse, relationships, myths and help-seeking. This is then used to produce a drama performance of the learning. They also recently piloted a 6-week young women's empowerment workshop programme for year 8 girls deemed as having issues around self-confidence, self-esteem and conflict in areas such as self-identity and image, developing positive relationships, future goals and aspirations. WGN also deliver CSE prevention-based programmes.

Service Gaps and Needs

Nearly all of the stakeholders and survivors referred to the lack of sustainable funding towards prevention-based activities and that it was getting more difficult to accommodate growing caseloads with increasing requests from schools and other agencies to educate and support professionals. This was highlighted in the context of teachers often lacking the confidence, skills and knowledge needed and left them feeling ill equipped to address or respond to a disclosure of sexual violence or bullying.

"Prevention work is needed from primary school and the first few years of secondary school. Entry into gangs was often during the transitional years from primary to secondary school. Therefore, awareness and information should be given during primary school before young people accessed information from their peers. This should be given at a basic level in primary school and built upon through secondary school." (Focus Group with young women)

One prevention pilot project[82] which delivered both single gender and mixed gender prevention workshops allowing young people to explore issues of gender development, inequality and violence within the *"confines of single gender setting before being supported to challenge and explore these issues within a mixed gender setting"* found that the workshops provided young women with valuable opportunities to challenge young men on issues of sexual harassment, bullying and victim-blaming while supporting young men to

[82] WGN submission to the Commons Select Committee Inquiry on Sexual Harassment and Sexual Violence in Schools 2016.

understand *"the constructs and pressures within which these attitudes developed and up-skill them on communication conflict resolution skills."*

The importance of a consistent programme of age-appropriate prevention based work from the age of 10 was identified as a priority particularly as current provision is viewed as fragmented. However, capacity is an issue as there can be an expectation by schools and other agencies that this work can be delivered unfunded. There is often also a reliance on one-off grants.

"There should be better education in schools not only about consent but also what help and options are available to you if you have experienced sexual violence"
(Survivor Survey respondent)

"Awareness and training for health professionals and police so that they can better refer survivors to appropriate services such as Rape Crisis Centres"
(Survivor Survey respondent)

The need for more prevention work and appropriate policy approaches in Universities and Further Education Colleges was identified in order to equip them to respond to the high prevalence of sexual assault within their institutions. This would include enhanced referral pathways to improve student access to specialist support services. The importance of a structured and proactive response is reinforced by a national survey of 2,058 students during 2009-10 that reported that one in seven female students experienced serious physical, or sexual assault whilst being a student[83]**.** An online survey involving 416 students and their experiences of sexual harassment at the University of London Union in 2013 reported that women, LGBT, trans, non-binary, black and disabled students were more likely to personally experience and witness sexual harassment than the average student[84]. These

[83] National Union of Students (2nd edition) (2011) *Hidden Marks. A Study of Women Students' Experiences of Harassment, Stalking, Violence and Sexual Assault*, http://www.nusconnect.org.uk/resources/hidden-marks-a-study-of-women-students-experiences-of-harassment-stalking-violence-and-sexual-assault

[84] University of London Union (2013) *Hollaback! ULU Report. Cross Campus Sexual Harassment Research*, http://ulu.ihollaback.org/files/2013/09/HollabackULU.pdf at p.4

surveys also note that Universities had few policies and procedures in place to address sexual (and other forms of) violence against women on campuses.

Initial Crisis Services

Knowing where to go for support

Survivor Survey respondents identified their initial method of finding out about services. In ranked order, the most common methods were:

1. The internet
2. Their GP
3. A specialist women's organisation
4. A counsellor
5. The police
6. Place of work/friendship network

Of the 97 respondents, 69% (66) stated that there is not enough information and awareness of existing services for survivors of sexual violence and or CSE, in comparison to 14% of respondents who that felt there is enough information and awareness.

Accessing support

When asked 'was it easy to get the help you wanted when you needed it? If not can you tell us the reasons?' Nearly double the amount of respondents (57%) stated that it was not easy to acquire assistance in comparison to yes (34%) it was easy to get help. When accessing support 63% of survivors have travelled outside of their borough to access support, of which 67% of survivors stated that this was not their first choice. All of the survivors that were forced to travel out of their borough of residency stated this was because there was no support in the borough of residence or the waiting list was too long.

"nothing in Barnet, that I was able to access"

(survivor wanted advice and advocacy, group support)

"did not know where or how to access it"

(support for children/young people)"

Respondents believe information and awareness of services could be improved through advertising on television, other media outlets, social media, libraries, GP surgeries, shopping centres, bars and police stations.

"Information should be placed in locations where women frequent: shopping centres, libraries, bars" (survivor)

Of those respondents, who believed there was information and awareness they stated that online information was very helpful and Rape Crisis Centres circulated good information about their services, however smaller charities did not advertise their services enough and needed more funding to do so.

"RASASC are fantastic at advertising many of these services. Please advertise more widely like in magazines, posters on public transport etc."

"Rape crisis had good information about its services and was easy to find. Finding a replacement that was also a specialist organisation was extremely difficult. This could be helped by smaller charities having better advertising (and not being so few and far between!)"

Importance of the First Response

Whilst the circumstances for each victim is likely to vary, such that some may seek support within minutes of an attack whilst others may take days, months or years to report, the primary interaction between the first responder is crucial in "winning the confidence of the complainant and with the progress of the investigation" (Dame Elish review; p.96). The complexity of disclosure and the importance of an appropriate supportive response when victims choose to come forward was highlighted by interviewees alongside ensuring that

public are fully aware of the types of services that are available and are clear about what they can expect from a service.

Stakeholders emphasised the "*importance of responding in a way that does not trigger further trauma"* and the need to ensure that referral pathways are simplified and fluid, but based on the victim's needs which is one where survivors do not have to consistently repeat their experience to different agencies.

The importance of the professionals having knowledge, understanding, empathy and most significantly believing the victim was emphasised as crucial during the first contact and then on an ongoing basis. Professionals spoke about inconsistent and or poor responses from some statutory agencies being driven by a lack of understanding, prejudice, assumptions about the victim and a broader lack of understanding around the impact of sexual violence.

There is an overwhelming issue of myths around sexual violence that informs bad practice. Not believing is common or awareness of the links with mental health, homelessness etc. so there is a narrow view of who is vulnerable and many get missed. If women disclose they need to be believed and require empathy. Clients often say that their first disclosure to a professional (statutory) has been shut down"

(London, Rape Crisis Centre)

Importance of Women-only Spaces

Survivors (online survey) stated the most positive things about support received was feeling listened to and understood. A number who had been supported by specialist women's organisations made comments about the value of women-only spaces connecting their experience to being understood, believed, not judged, and feeling more confident to report to the police as a result.

"From Rape Crisis absolutely, the women-only space isn't just an environment but extends to wider understanding of all it means (e.g. sense of safety, not creating fear), and particularly that they were prepared to understand the gender & sexuality (as well as in

context of my disability, social and ethnic identity). From police they did get in women but didn't make it a women-only space, hospital: not at all. some nurses were a bit kind but the whole experience was awful and extremely unsafe" (Survivor)

"Kindness, caring, understanding and non-judgemental staff who only want to help according to any individual's need and circumstance. I have had the opportunity to make positive contributions to the service in different ways, which brings me into contact with other women who fully understand." (Survivor)

LGBT Services and Services for Men

As previously indicated in this report, women and girls are disproportionately impacted by sexual and other connected forms of violence. However, it is important to recognise that boys and men also experience and are impacted by sexual violence. While service responses for boys and men should be qualitatively and quantitatively different from services for girls and women, they are nevertheless a critical aspect of any comprehensive response to sexual violence. As with the need for women only spaces, stakeholders working with LGBT survivors stressed the need for services that could respond empathetically to the survivor and specialised in the range of issues and needs relevant to this community.

Of the smaller number of male victims, it is estimated that up to half are heterosexual. A range of stakeholders expressed concerns that heterosexual men may face particular challenges as services are targeted at women or gay men.

Disclosure to Statutory Services

When survivors did disclose to the police some described their experience as more harmful than safe. For example, some survivors stated that although in some instances they do want to report to the police they do not have any trust in receiving justice from the police.

"I don't believe in police to get help so I really don't know where to go to get help"

"I wanted to report him but I feel I would not be believed or understood and would be blamed. He is white, from a middle class family, with a good support network, he is manipulative and presents himself as a nice person - the police have a reputation for being racist and the criminal 'justice' system is set up in such a way that it favours the rapist - I do not feel confident any real action would be taken against him and that justice would be served. I would be left feeling publicly humiliated and seen as the bad person (liar, crazy, whatever else people may wrongly think). I am scared I would not cope with going through process of reporting. I also don't want people to know I was raped as they will blame me/ treat me differently/ get upset. I still want to report him one day as this is the right thing to do I need support and reassurance from the system."

"experience with police was more damaging than helpful,"

"The police turned me away because I was an escort-this is disgusting-Escorts are not treated like humans-why?!...if an escort comes into a police station and tells you she has been raped, take it seriously. I had the address and they never even looked into it they just turned me away. This is a traumatic experience in itself"

Some stated that their experiences within the NHS at point of disclosure had been re-traumatising. Some commented about feeling judged and blamed. For example, one survivor described her experience of disclosure of the NHS as "...denial and minimisation from e.g. police or NHS therapists."

In addition to their experiences of racism or fear of racism from the police, BAME survivors also spoke about a similar experience with the NHS and the importance of having a counsellor from the same ethnicity as them. Comments from the Survivor Survey included:

"…not by NHS mental health team. I received racism and coldness by some professionals…"

"[when referring to an NHS therapist]…*he was completely unable to accept my cultural background and would insist on 'translating' terms from my English dialect into his own and that I then use those words…"*

"…As an Asian young woman from a working class background, would have been helpful to speak with someone from same background"

One survivor stated that before accessing a women's specialist service, *"I expected to have a culturally competent counsellor, preferably the same ethnicity as me…"* and once having accessed the service *"My counsellor was the same ethnicity as me, which helped me open up more"*

Criminal Justice System Services

As highlighted earlier some survivors described their experiences of disclosing to the police, as making them feel unsafe. Comments from the Survivor Survey included::

"…When I reported to the police it was made harder by being asked initial questions in the waiting area so others could overhear me; by being asked quite graphic questions (I can see why this is necessary but perhaps it could be done another way..) eg. "I need to report a historical rape." PC: "What do you mean by 'rape'?" me: "sexual intercourse without consent". It added to the humiliation, as did having to add to what I'd already, with great difficulty, communicated. E.g., me: "...& then he forced himself into me." PC: "Do you meant that he forced his penis into your vagina?" Me: "yes." Maybe there no other way but it's humiliating & it came as quite a shock to me that things would be done that way. I felt a lot of pressure afterwards to give a proper statement etc. even though I'd stated throughout that I just wanted his name on file in case of other reports"

The Havens

10% of survivor survey respondents (11) accessed Havens provision. There were mixed views about their experience. Some stated that staff at the Havens made them feel very

comfortable and having Haven support assisted with their decision to report. Comments from survivors included:

"…The staff I've met at the Havens were all very nice, friendly but professional, and very reassuring to me. I felt comfortable with them, so comfortable that I went through the process of reporting it because I knew I would have their support."

"They were cracking jokes which made me feel less nervous at the Havens and therefore open up"

"No I went through many different agencies. There was nowhere that was for the situation I was in other than the Haven and that was limited to what they could provide it was also far for me to travel with anxiety and was time limited therapy"

Some however also stated that they either feared being pressured to report to police or did feel pressured to report to police.

"…Re-train staff at The Havens to stop them from pressuring survivors into getting the police involved…"

ISVA provision

The importance of the ISVA role was identified in helping to reduce attrition and when engaged early (preceding a potential police report) this would help to ensure victims felt protected, safe and engaged in ongoing and longer-term support services including the CJS. A 2015 report[85], auditing ISVA provision identified that the majority of ISVAs participating in the research were employed by a charity or not-for-profit organisation (66%), with others reported as being employed by the NHS (18%), the police (9%) and local authorities (5%).

ISVAs reported that the client group they supported had the following risks:

[85] King's College London and Lime Culture (2015) An audit of Independent Sexual Violence Advisors (ISVAs) in England and Wales (Prof Susan Lea, Dr M Aurora Falcone, Kim Doyle and Stephanie Reardon), http://www.limeculture.co.uk/recent-research

- Suicide, self-harm and safeguarding (91%)
- Domestic violence (89%)
- Mental health issues (88%)
- Drug and alcohol issues (83%)
- Sexual exploitation (78%)
- Risk of perpetrator contact (77%)
- Stalking (70%)
- Honour based or similar violence (68%)
- Trafficking (62%)
- Gang involvement (51%).

A survivor satisfaction survey of an ISVA service located within Women & Girls Network (West London Rape Crisis Centre) indicated that a significant proportion of survivors valued the ISVA role, as it was independent from the police and other statutory services, which was especially important for survivors who had negative experiences of the police and CJS following reporting. Other valued elements of the ISVA provision included being women-only, specialist sexual violence, free of charge and confidential[86].

"They believed me. They were able to hold the info I told them where friends struggled to. They were on my side when I was finding it hard with the police."

"I was worried someone would pressure me in reporting it to the police. No one did, which has led me making the decision on my own to report."

"The advocacy service [women only specialist organisation] are also fantastic; my advocate is supporting me throughout the reporting process, and she's with me at every stage. Any updates the police give her, she tells me straight away, which gives me back as much control as is possible."

[86] ISVA service overview and emerging trends.

Concerns around ISVA provision

A common concern was the lack of ISVA provision, with a number of boroughs not having any available services. This lack of or limited provision led to high caseloads and victims having to wait for a period in order to access to advocacy and support. This is supported by Dame Elish's 2015 review and other reports recommending the need for a greater number of ISVAs across England & Wales[87]. Stakeholders referred to:

We have 2 ISVAs (covering 7 boroughs) funded via MOPAC, we have 62 women waiting to access advocacy at the moment, but there are some police forces e.g. Worcester where they have 7 in one area but when we consider the numbers we have for specialist advocates, it is small" (Stakeholder, Rape Crisis)

"There is no ISVA in some Boroughs, so our advice line workers are holding women from other boroughs that can't access an ISVA' (Stakeholder, Rape Crisis)

Reference was also made to caseloads being "unsafe" because of the pressures on existing workers and the need for minimum guidelines.

"Need to look at ISVA provision and what a safe caseload is – some organisations are working with numbers that are not safe. Need to set a benchmark and safe guidelines given how cases vary in intensity" (London Rape Crisis Centre)

All of the stakeholders with ISVA provision noted an increase in referrals of complex cases that require support across a range of issues, for example, pre-existing mental health conditions, drug and alcohol dependencies, housing and welfare needs, homelessness and language barriers. These survivors require additional support to engage with the CJS as well as attention to safeguarding concerns that often have to be addressed before criminal justice advocacy can take place. Re-victimisation also requires longer-term support. Often this work is unfunded but is essential to improving survivor outcomes, particularly before

[87] King's College London & Lime Culture 2015:32

any engagement takes place with the CJS. Stakeholders felt that the ISVA remit is too narrow and not reflective of the holistic, and fluctuating needs and risks of clients.

"The unfunded work is a necessary foundation to an ISVA's primary role of providing support around criminal justice processes, and highlights the need for flexible service specifications that recognise the varied caseloads of ISVAs"

The respective definitions of the roles of Independent Sexual Violence Advisors (ISVA) and Independent Domestic Violence Advisors (IDVA) are contested. Some stakeholders were concerned that the ISVA and IDVA roles were sometimes conflated by commissioners who, they asserted, did not fully recognise the different roles and skill sets required respectively of ISVAs and IDVAs. There was a concern that tendering processes are increasingly merging the roles without adequately considering what would be most appropriate and responsive in terms of the victim's needs and experiences. Additionally, there is a concern that commissioners have a tendency to view ISVA provision as a role that is distinct and sits outside that of specialist sexual violence provision, despite the fact that advocacy and outreach is a well established and core activity of rape crisis provision. Many viewed the need to attach ISVA provision to specialist sexual violence organisations in order to provide victims with timely support and ensure that they remained engaged with services. Some stakeholders complained that there is a tendency for non-specialist organisations to refer their ISVA clients to Rape Crises Centres which is challenging because of existing resource constraints and that a number of organisations reported of providing support that was "unfunded".

There was a specific concern around the disproportionate amount of investment in forensic/CJS support compared with critical support services required by survivors to support their wellbeing and resilience. Funding is heavily linked to the CJS rather than health. Stakeholders reported limited engagement by CCG's in sexual violence and a need to for it to be brought into the care pathways within health.

Other concerns in relation to ISVAs raised by stakeholders included:

- Current structures around commissioning and tendering processes do not capture the ways in which refuge accommodation providers and Rape Crisis Centres operate in different or distinct ways and commissioners are increasingly combining ISVA with IDVA provision without a clear understanding of the different contexts and needs of survivors
- ISVAs work in very different ways and funded through different sources e.g. some only offer support to victims that have experienced penetration or only offer four sessions of telephone support. Whilst their ethos is supposed to be independent, a number are linked to the police or probation and therefore it makes it much more difficult for victims to challenge their individual contexts - e.g. exercising the right to review. Independence is key to effective ISVA support for victims.
- Linking ISVAs to an independent specialist sexual violence service ensures that victims can be more quickly referred onto other holistic provision, for example Rape Crises Centres that offer counselling. ISVAs are commonly seen by funders/commissioners as a service within itself but should be seen as part of the pathways for victims.
- Lack of capacity for inter-agency work but which is essential to effective support for survivors e.g. developing relationships with SOIT teams and Havens to increase referrals; liaising with solicitors, health and social care as well as local strategic partnerships.
- The need for more specialist Young People's ISVAs

In addition, the lack of ISVA provision for BAME groups was highlighted. This included a lack of recognition that a number of BAME specialist women's organisations in London provided an integrated VAWG approach which includes sexual violence support in the context of other forms of violence e.g. forced marriage and domestic violence, but that this work was not recognised by funders and hard to access funding as there is a lack of understanding around the continuum of VAWG. For example, a BAME provider notes:

"Our forced marriage work is interlinked – we need to articulate it better, we don't partly because of the narrow policy aims around domestic violence e.g. a client may have had a

forced marriage, there might have been rape prior this and then sexual violence within the marriage, there are layered issues and we work holistically"

Although it is a national report, the ISVA audit (2015) noted that only a small number of ISVAs spoke a second language fluently.

Others commented on the difficulty in providing specific services to LGBT communities or disabled groups that required specific approaches. For example:

We need to offer longer-term support to some women e.g. women with learning difficulties, which requires more management and takes more time to explain.

Other concerns in relation to CJS

Stakeholders raised a number of additional concerns in relation to the CJS process. There was concern at the length of time of both police investigations and Crown Prosecution Service (CPS) decisions. Some stakeholders commented that support for survivors was unduly focused on CJS outcomes:

"Some clients don't feel that if they report the crime / seek support, that its not about them. Often feel like its about the system, getting a conviction etc."

There is also an existing misconception that when reporting sexual abuse to a support organisation, the organisation itself is duty-bound to tell the police which acts as a barrier to disclosure:

"There is widespread misconception that if they report sexual abuse, there will be a legal duty to tell the police by the service – so don't disclose"

Some organisations did not think there was consistent interpretation and understanding of guidance around pre-trial counselling. Some offered advice and support through online or anonymous channels; others offered support that focused on feelings and how to cope with

the incident or case. There is a perception by some service providers that clients are not allowed any type of therapy, even group-based therapy. However, some Rape Crisis Centres have developed bespoke therapeutic approaches that complement the CJS process.

A number of stakeholders identified that they are now involved in supporting survivors to request reviews of police and CPS decisions under the Victims Right to Review. Challenging No Further Action (NFA) outcomes and police decisions is a lengthy, technical process that increases the length of time of survivor engagement with the ISVA service.

The organisation Respond spoke about the language of sexual abuse rather than sexual violence being used when speaking about victims with learning disabilities that minimises the experience of SV: "not one case has gone to court". This is further impacted by the process being discriminatory, as they are not viewed as "fit witnesses" by judges. Respond are developing a pictorial tool for their service users, which could help, provide the police with early evidence, which widens the approach to gathering evidence (not sole reliance on the victim) and they stress the importance of training police on first contact with victims with learning disabilities.

Attrition

Research has shown that attrition can occur for a variety of reasons and at different stages of the CJS process. Previous Home Office research by Liz Kelly et al using data from SARCS to better understand attrition in child and adult rape cases identified a number of factors that contribute towards attrition. Contributory factors were linked to CJS decision-making processes including no-criming, reports flagged as false, and decisions not to proceed based on victim credibility (e.g. where there was alcohol consumption or poor quality investigations). Factors relevant to victim withdrawal were also observed (e.g. being disbelieved and or fear of the court process). Most cases did not reach the investigation stage and where cases did reach trial, acquittal was more likely to be the outcome. Whilst attrition was evident throughout the CJS process, the research pointed to a culture of scepticism and disbelief within the CJS which led to an over emphasis on the "dis-creditability" of complainants prior to investigation and an under-emphasis on ways of

improving evidence gathering and case-building including improved communication with victims.

More recent London specific research on attrition reviewed 487 cases reported to the Metropolitan Police[88] reinforced earlier findings related to the influence of rape myths and stereotypes on attrition. There is a greater chance of the police no-criming or taking no further action when for example:

- The victim provides an inconsistent account or where a lack of understanding of consent is noted
- Where there was a history of consensual sex, mental health problems (victim) and voluntary alcohol consumption
- Where there was no evidence of physical resistance to the assault or visible injuries.

Withdrawal is also more likely where:

- Cases involve domestic violence in a previous or current intimate relationship (this doubles the odds of withdrawal)
- Where the victim has learning difficulties (4.4 times more likely) or where independent evidence is provided which questions the credibility of the victim's statement (10 times more likely).

CPS charges are less likely, for example, where the victim has a mental health issue.

In situations where there is domestic violence, either with a current or previous intimate relationship, this nearly doubles odds of withdrawal. However, vulnerabilities such as being young, having a drug and alcohol issue, and so on, does not make it more or less likely for victims to withdraw compared to those not considered vulnerable. Attrition in relation to women with additional vulnerabilities is explained by the police and the court decision-making processes not by victim withdrawal[89].

[88] Hohl, K. and Stanko, E.A., 2015. Complaints of rape and the criminal justice system: Fresh evidence on the attrition problem in England and Wales. *European journal of criminology*, p.1477370815571949.
[89] Hohl and Stanko 2015:12

The ethnicity (of both perpetrator and victim) plays a role in police decisions to no-crime in rape cases. As Hohl and Stanko (2015) note,

"Police appear more hesitant in no-criming an allegation against a suspect with a prior police record (70% reduction in the odds of no-criming). The ethnicity of the suspect matters, too. Non-white suspects have 70% lower odds of no-criming, regardless of the ethnicity of the victim. Including an interaction effect between suspect and victim ethnicity in the analysis shows that compared to a non-white suspect, a white suspect has twice the odds of no-criming if his victim is white and 11 times higher odds if the victim is non-white (results not displayed). This finding suggest that white suspects are significantly and substantially more likely to avoid further investigation than non-white suspects, in particular if their victim is non-white"[90].

Whilst organisations expressed a number of concerns about the CJS, in terms of length of process, delays, poor outcomes and inconsistent treatment of survivors, a number of organisations provided examples of ways in which they are pro-actively working to improve victim-survivor engagement with the CJS. For example:

"ISVAs currently attend fortnightly sessions at the Empress Building in London (where SOIT teams are based) to raise awareness of the role and work of ISVAs, discuss the ISVA service and offer advice/consultation around individual cases. Not only has this increased the number of referrals received from the police but it has also led to better communication in client cases, with ISVAs noting improvements in the speed and quality of case updates from SOIT officers". (Women and Girls Network)

"100% of clients having grounding sessions in Yr1 were taught techniques across their 6 week sessions to reduce levels of anxiety when communicating their needs to professionals in the criminal justice system. This included increasing their ability to ask for meetings with the police after no-criming decisions, with the CPS after NFA (no further action) decisions, and to provide their best evidence for cases that progressed through to a

[90] Hohl & Stanko 2015:13

trial. We also introduced an ISVA at a police station for one afternoon a week to improve survivors' experience of the system and increase referrals from the police, we also met with the Haven manager and have established direct reporting with SOITs".

(RASASC).

Health & Wellbeing Support Services

Access to therapeutic support

Survivors stressed the importance of therapeutic interventions both pre and post trial to support their ongoing recovery. The Elish review noted poor access to long-term therapeutic support that is reinforced by the findings for this needs assessment. Where NHS funded support is available it was reported that this is likely to be short-term e.g. six sessions, which some stakeholders commented could in turn increase the vulnerability of the client. One stakeholder refers to this by stating:

"Six sessions is dangerous. The pathway to getting long-term psychotherapy through a psychiatrist can take a very long time E.g. one survivor in one borough referred for long-term psychotherapy had to wait a year, she had attempted suicide, and there was not another service other than one she would have to pay for herself in that time"

In 2016, a joint report for the Women's Health Equality Consortium on Women's Mental Health and Wellbeing[91] found that the women who had experienced sexual violence, needed longer term support, with many needing lifetime support to live with their trauma. Support was needed specifically from specialist women's organisations where there is an understanding of the causes and links of mental health to the violence that women have experienced. This report found that there are risks to women's longer-term health and wellbeing, when only short-term support is provided, which included the likelihood of relapse, an impact on women's self-motivation to get better, resulting in a revolving door scenario.

[91] Imkaan, Positively UK and Rape Crisis (WHEC) (2016) Women's Mental Health and Wellbeing: Access to and Quality of Mental Health Services, due to be available in June 2016, at p.13

Rape Crisis Centres have developed a specific flexible and trauma-informed approach to working with sexual violence survivors that involve providing trauma-focussed bodywork, empowerment models and mindfulness techniques and befriending and social activities. These have been proven beneficial for survivors compared with shorter–term cognitive behavioural therapy (CBT) based interventions. This involves phased interventions, including situating the abuse in the wider context of gender inequality, pre-treatment assessment, establishing safety, psycho-education, stabilisation, skill building and development of the therapeutic relationship, trauma processing and integration of traumatic experiences and later stages of work looking at resilience, self-care, relationships and life choices[92].

Stakeholders stressed the importance of group therapy, peer-support, one-to-one approaches and non-talking therapies. There was a concern that victims are still too often referred for CBT through the NHS which is not always appropriate. After initially accessing support a number of survivors stated that they were unable to access one-to-one counselling due to long waiting lists at women's support and other voluntary sector services. Comments from the Survivors' Survey included:

"It was difficult; I tried multiple organisations before finding Rape Crisis and had to wait years in total. Each waiting list for each place I tried was extremely long, so in one organisation I only had a couple of sessions before I had to move cities to begin university. Then I had to start all over again with the list at the next place."

"It was hard. I called over a weekend & it was a couple of days before I heard back. There are waiting lists & there are times when I don't feel like I can manage on my own but there are not enough resources to get the help that I need (more counselling sessions. However, the help I do get is first class & I'm eternally grateful for it."

"The rape crisis centre is an excellent service it should get much more funding so that they can make their services accessible and sooner than the 9 month wait for longer-term counselling. There needs to be more flexibility too ie. intensive 3- 6 month counselling ie.

[92] Rape Crisis Responses to working with sexual violence related trauma (June 2015)

twice a week. It was the only appropriate service I could find and I am a researcher! Given the recent stats on childhood abuse there is a need for investment for support services. Most are telephone and busy/engaged services."

"yes initial access but 9 month wait as they are underfunded"

Additionally many respondents described services as lifesaving support.

"The support I have received from the two women who have counselled me have undoubtedly saved my life. I have had anxiety and depression issues throughout my life and I have come to realise the impact the CSA has had on me with their help and I am currently in the process of learning how to look at my experience/s in a different way in order to find a new future. Both of the counsellors I have seen have lots of experience in the field and I believe I would not have got through this without specialist help."

In contrast, survivors were less positive about the counselling they had received through the NHS. When accessing NHS counselling services by a male therapist one survivor described racism and the lack of a female counsellor as retriggering the trauma,

"he was completely unable to accept my cultural background and would insist on 'translating' terms from my English dialect into his own and that I then use those words."

"by NHS mental health team I received racism and coldness by some professionals and the groups they put me in for my depression, had destructive angry older men which really triggered me, but they didn't cater to this."

"Good by Rape Crisis, bad by NHS: forced into mixed gender group therapy..."

"NHS therapist and then an NHS referral roundabout as this initial therapy made me much worse with eg alcohol & (prescription) drug issues so I get ping ponged between addictions saying I've now got mental health issues but mental health services refusing to

offer treatment because of substance use and social isolation. oh, and I tried a MIND counsellor."

"Because I'd presented as suicidal I got sucked into the NHS system, which was entirely inappropriate. And because of apparently being under their 'care' it meant I didn't get offered more appropriate services such as Havens or other witness support stuff when I reported my assault. As outlined briefly above, because of waiting lists and re-traumatising in NHS 'care', I've now been diagnosed with 'complex PTSD' with 5 index traumas (3 sexual violence, 1 of psychological abuse by the therapist, and a related one) but have been waiting 3 years so far to actually get psychological help via the NHS, let alone support for my occupational, social, or addiction issues which 7 years of untreated PTSD has left me with."

"I've been forced to travel outside my borough because the NHS services have nothing to offer, but because of the initial re-traumatising treatment [from the NHS] I'm too 'complex' for local voluntary services. I'm reliant on Rape Crisis and am fucking lucky they are putting up with both my trauma and the re-traumatisation issues as it would be easy for them to walk away too. Def not my choice, means I need to drive which is both costly but also means I can't fully 'commit' to getting down to trauma work as I know I need to stay safe enough to drive."

"Rape Crisis have really had to put up with legacy stuff from NHS damage and have been extraordinarily tolerant. Really appreciate they can deal with things holistically- I've been silenced so massage/body therapy has been a huge key in actually becoming more reintegrated again. Apparently there's also self defence through there which I desperately need."

The need for statutory mental health services to improve their responses to both victims and perpetrators of domestic and sexual violence has been recognised by the Department of Health, which has funded a three-year project from 2013. This project by Camden & Islington NHS Foundation Trust, Sussex Partnership NHS Trust and Against Violence and

Abuse (AVA) aims to develop and evaluate a Trust-wide response to domestic and sexual violence. It includes managing risk and focusing on survivors' recovery from experiences of violence and abuse. In addition, AVA works with the Trusts on their safeguarding, clinical and recovery frameworks to deliver holistic responses to domestic and sexual violence.

Other key issues:

Reinforcing the survivor feedback, a number of voluntary sector specialists, noted the increase in demand for counselling that has led to longer waiting times for counselling – e.g. 9 months, 12 months. As a result, some have to close their waiting lists or have developed other ways of ensuring that survivors are not left unsupported and at risk of deteriorating mental health by providing emotional support through the helpline whilst they wait for an assessment. Women's support services were highly valued and respondents requested more funding for them so that they could reduce waiting times for one-to-one counselling/ therapy, provide counselling and or therapy and provide this over a longer time period and increase capacity to do more to support survivors of sexual violence.

"Our current levels in counselling are unable to cope with the stark rise, given that we offer long-term therapy as counsellors are already working with full caseloads for the next 12 months".

Access for young people was seen as even more challenging with stakeholders commenting on the inconsistent response from CAMHS. These appear to be driven by resource constraints with different boroughs setting thresholds around risk in order to qualify for help with a number requiring a "severe" classification to qualify for mental health support.

Services for Survivors of Non-recent Abuse

National data from Rape Crisis England and Wales (RCEW) 2014-15 reported that 42% of all initial contacts come from adult survivors of CSA. This is reflected in London and has been confirmed through meetings with Rape Crisis Centres in London as accurate for the capital. All stakeholders commented on increased demand but piecemeal provision. Some

organisations have developed bespoke group-work sessions for CSA survivors. An evaluation on one such programme by a Rape Crisis Centre highlights that alongside other interventions i.e. advocacy, telephone support, support through the CJS, this was a valuable intervention.

"The sharing of experiences helped the women to accept that they were not responsible for the abuse. That the feelings they felt and struggled with were also felt by others and were normal and a result of their experience of abuse. It was also noted in the other groups that along with sharing that psycho-educational information given by group facilitators helped the women to gain understanding in to why they felt the way they did, have an understanding of the power dynamics that occur in abuse, which helped them to let go of feelings of responsibility, shame and guilt".

(Evaluation of a CSA survivor support group, London Rape Crisis)

However, there was consensus amongst stakeholders and survivors that there is a lack of local and national strategies, which effectively address the support needs of survivors of CSA. Future responses should recognise the importance of long-term trauma-informed approach that involves a combination of phased approaches rather than short term CBT.

"Accessibility – considerations regarding non-disclosure for multiple decades and how survivors come forward i.e. often using the helpline first, then building trust in the service and then feeling ready to access face to face services"

Key Gaps

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 one that could enhance the resilience of those most vulnerable to violence.

Prevention interventions by individual agencies are largely 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 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 process is poorly resourced meaning the extensive police time spent on investigations is effectively wasted through attrition at other points in the CJS process. In particular, there is limited and uneven access to ISVA provision across London. Based on current annual figures of sexual offences reported to the MPS this is equivalent to a caseload of new victims each year in excess of 350. This would provide an average of three hours of ISVA support per person per year; substantially less than required to navigate the lengthy and complex CJS process. ISVAs play a vital role in supporting individuals through the CJS, alongside facilitating referral to other support services and linked areas e.g. housing, welfare, health, legal. Limited ISVA provision is likely to compound the high rates of attrition at key stages of the CJS. 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 in some areas the absence 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.

“Crisis” services, those at or close to the point of offence (such as the Havens) could be remodelled to provide more cost effective Forensic Medical Examinations (FMEs) through a centralised Hub Model and better links to ongoing support services through a sub-regional Spoke Model. This may also include provision of more empathetic models of ongoing

support for specific communities of interest (e.g. specific BAME, LGBT, those with multiple complex needs).

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

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, learning disabled services), although levels of resources available were even more limited. Other vulnerable communities such as female (non-sexual violence) offenders and individuals working in the sex industry may benefit from similarly tailored, empathetic services. Heterosexual male survivors, whilst small in numbers, lacked any specialist support services.

Other groups for whom there are specific gaps in services or substantial under provision include:

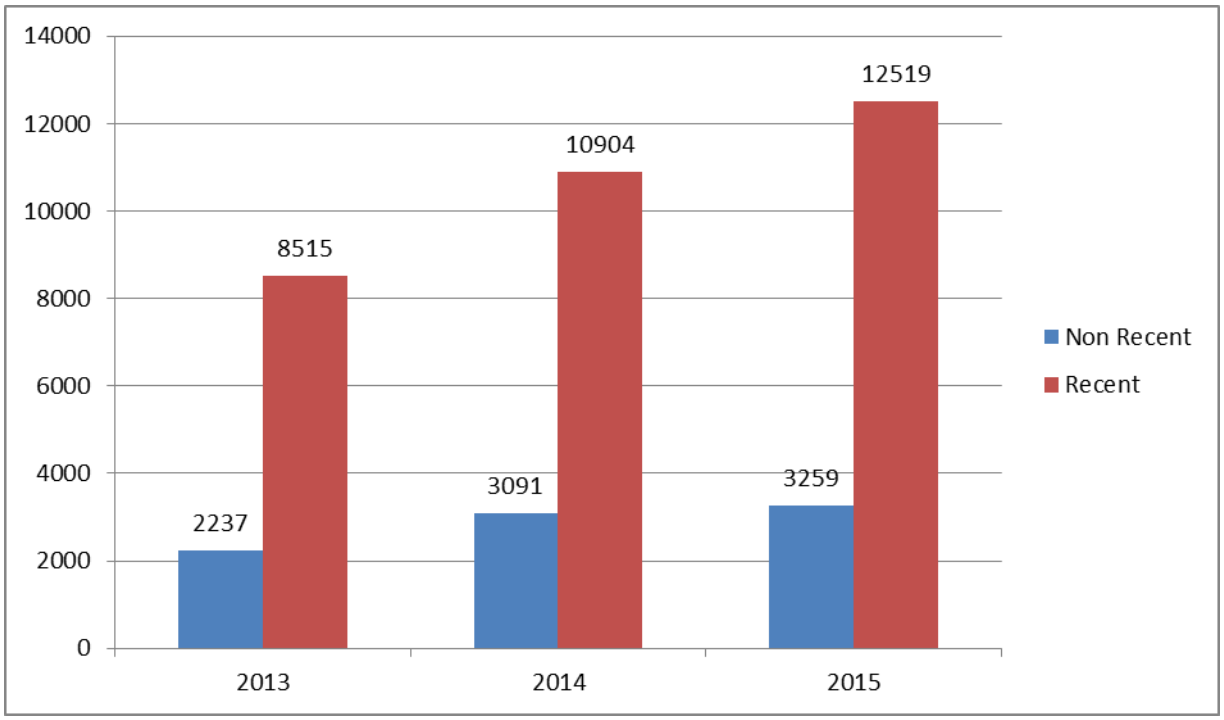
- Women managing the cumulative impact of a history, or current experiences, of offending, histories of being looked-after, being in care, with a substance dependency, homelessness and who have experienced recent and non-recent forms of sexual abuse and violence.
- Women and men involved in the sex industry including both well-being support and, if sought by the individual, support to exit prostitution.
- Women and men with insecure immigration or asylum status.
- Women and girls from BAME communities including both British born women and women of Latin American, Polish, Romanian, Albanian and Middle-eastern origin.
- Young women (17-19 year olds) in relation to the transition between children and adult services and specific issues relating to accommodation where Refuges are not the appropriate environment (e.g. a young woman experiencing CSE from a young boy and his friends).

- People with disabilities were identified as poorly catered for with a need for outreach and adapted technology. The capacity of existing providers should be developed to extend their reach.
- One provider spoke about an increase in older clients experiencing sexual violence from carers and that a key barrier to disclosure was a concern that "there is a fear of reporting in case the care is taken away".

APPENDICES

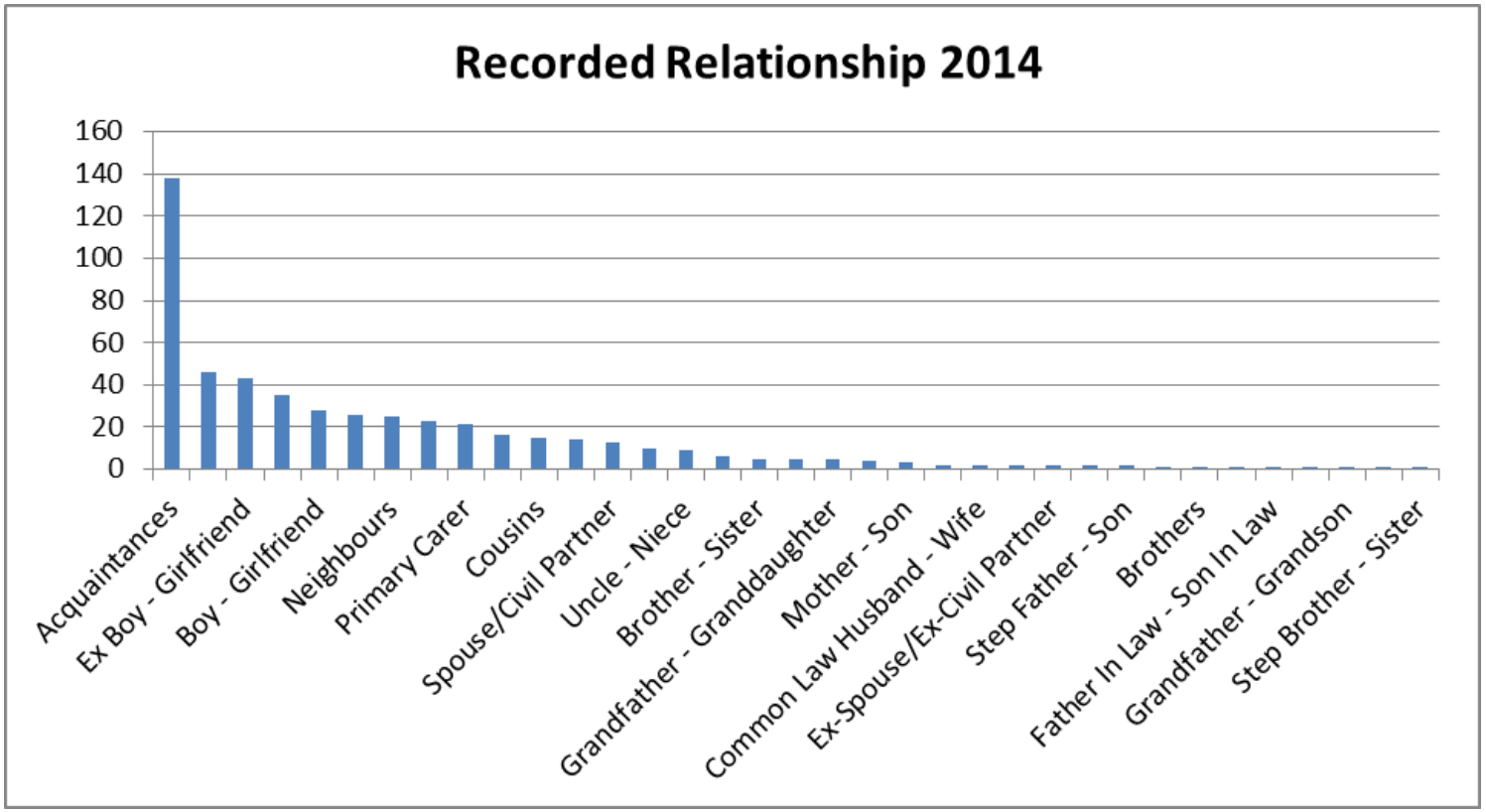
Appx.1: MPS Data

Flagged as Non Recent and Recent for 2013 to 2015 (actual numbers where the date of the offence is known)

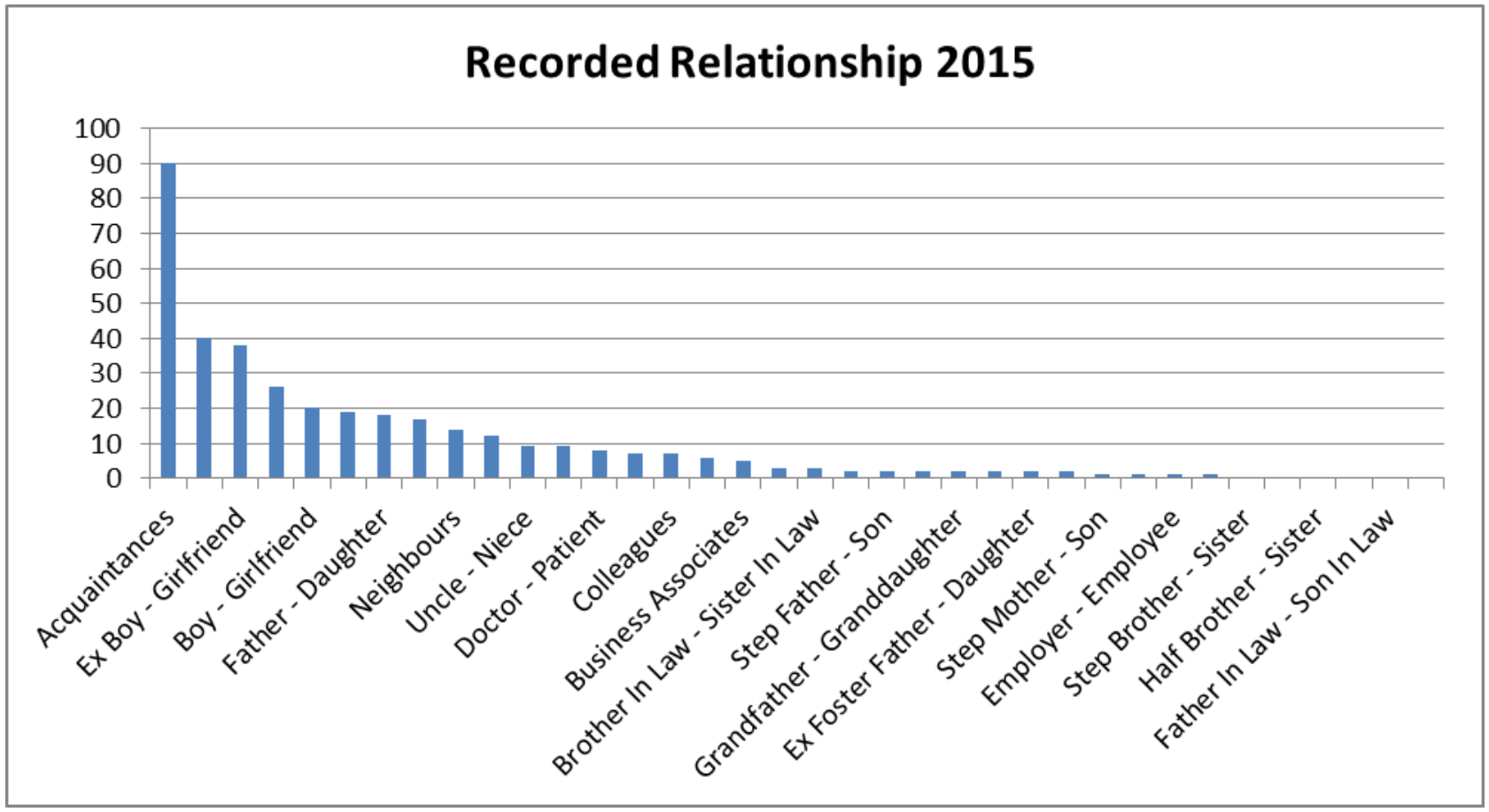


Relationship between the victim and perpetrator (2014 and 2015)[93] [94]

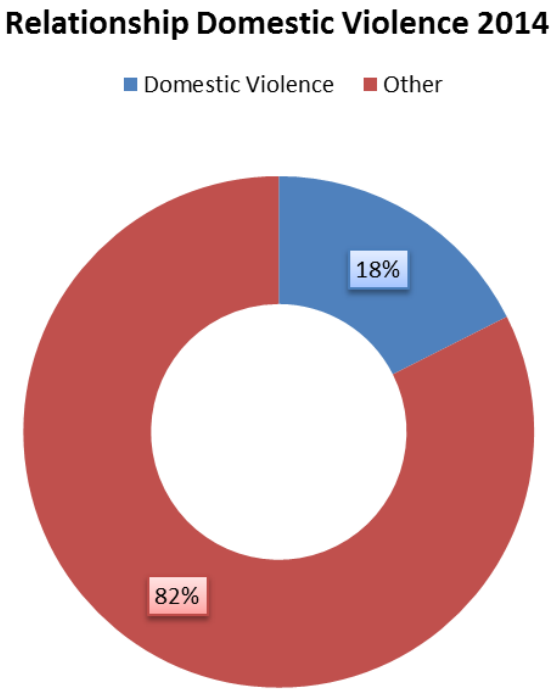
[Nb. The total number where the relationship between the perpetrator and victim was recorded. It is important to note that this is only a total of 2014 is 501 and fewer still for 2015 at 369]

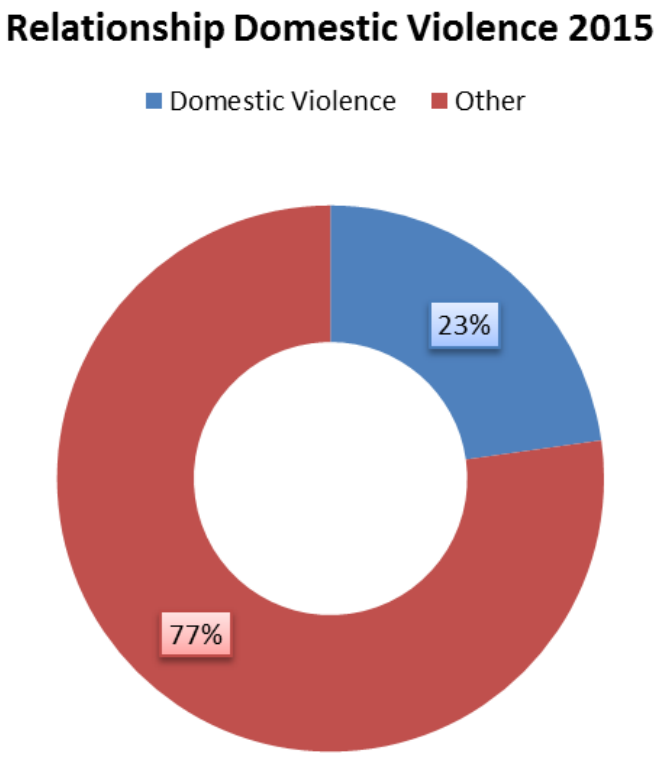


[93] The first description is the Perpetrator and the second is the Victim
[94] Please see Annex A for actual numbers of each category


Recorded Relationship 2015
100
90
80
70
60
50
40
30
20
10
0
Acquaintances
Ex Boy - Girlfriend
Boy - Girlfriend
Father - Daughter
Neighbours
Uncle - Niece
Doctor - Patient
Colleagues
Business Associates
Brother In Law - Sister In Law
Step Father - Son
Grandfather - Granddaughter
Ex Foster Father - Daughter
Step Mother - Son
Employer - Employee
Step Brother - Sister
Half Brother - Sister
Father In Law - Son In Law

Using the above data, although limited, it is possible to see what proportion of those are domestic violence. In this case we have defined domestic violence using the categories of ex boyfriend/girlfriend; boyfriend/girlfriend; common law husband/wife; spouse/civil partner; ex-spouse/civil partner. We are aware that some define domestic violence as intra-familial violence and in this case, it would be substantially higher.



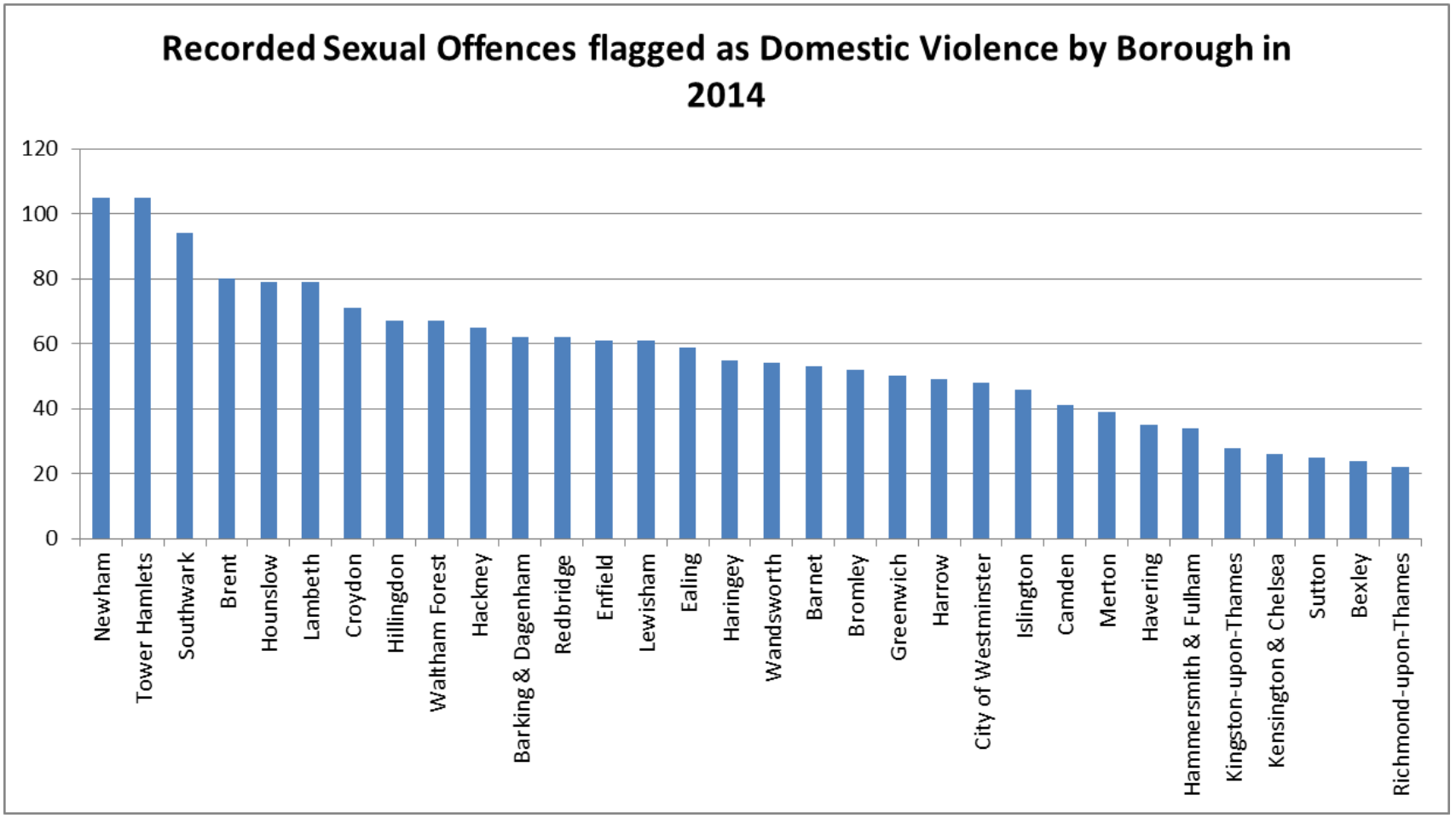


Domestic Violence

Information from the Met around sexual offences cases flagged as domestic violence cases including:

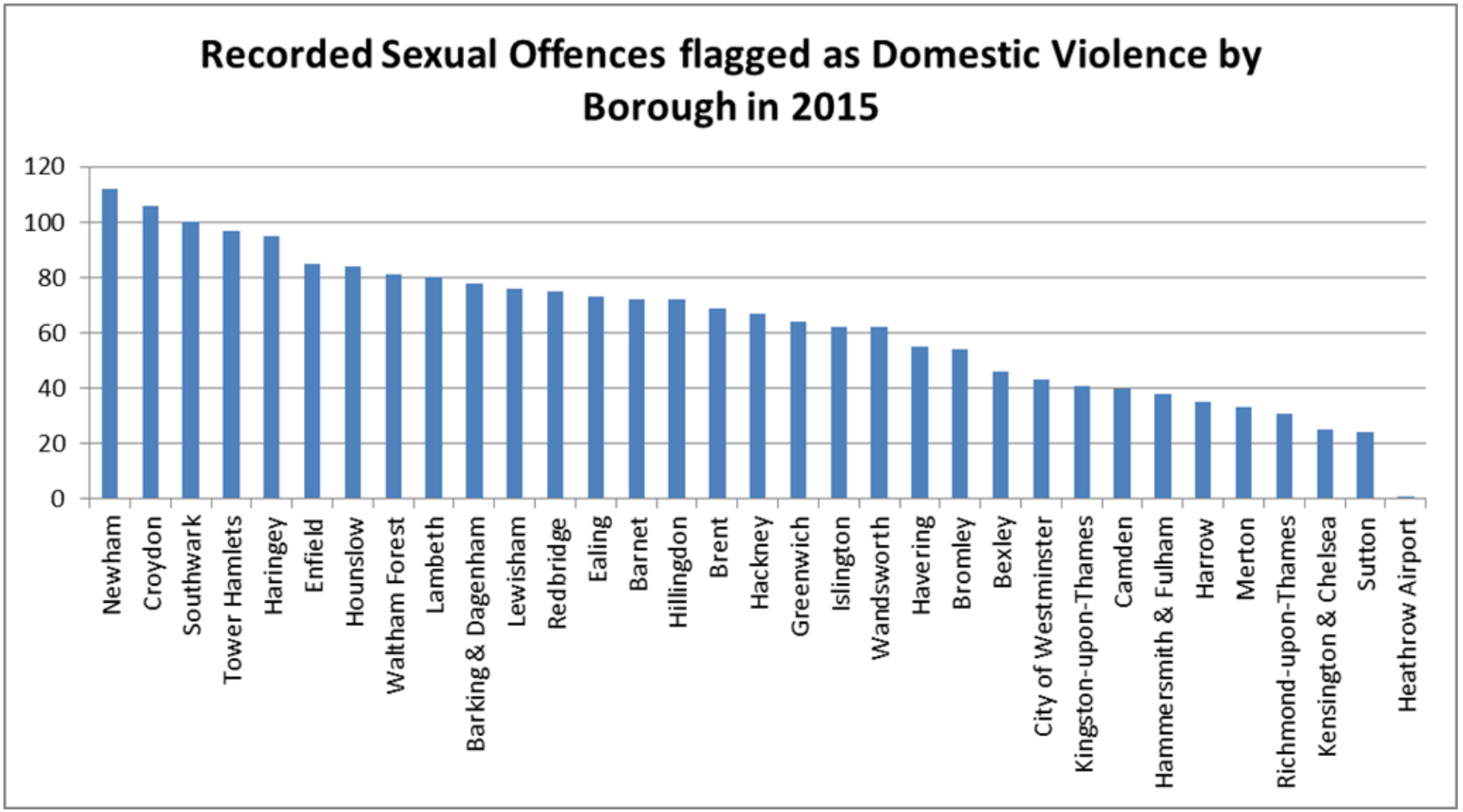
- The total numbers of sexual violence crimes that are domestic violence cases (available by borough below) was
    - In 2015 2,078 of a total of 15,816 offences (13%) were flagged as domestic abuse
    - In 2014, this was 1,798 of a total reported level of sexual offences of 14,011 (13%)
- Total number of sexual violence crimes that are forced marriage cases is not possible by borough but was
    - In 2015, 8 sexual offences flagged as forced marriage.
    - This is down from 13 in the previous year. However, in 2015 all forced marriage related sexual offences were recorded as rape compared to seven of the 13 in 2014.
- Total number of female genital mutilation cases
    - In 2015 there were 17 FGM cases recorded by the MPS.
    - This is the same number as was recorded in 2014. All FGM reports were within the VAP category of crime

Flagged sexual offences cases as domestic violence by borough 2014 [95]



[95] See Annex B for numbers per borough

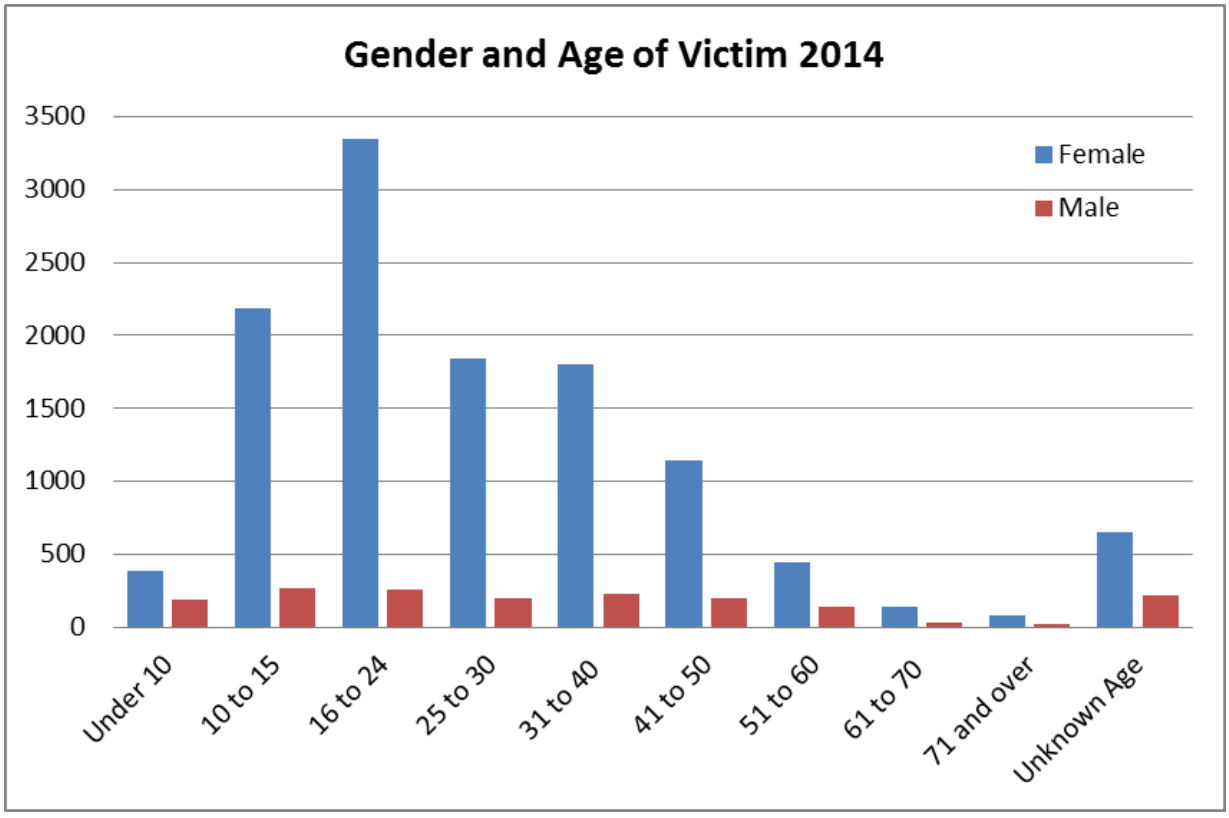
Sexual Offences flagged as domestic violence by borough in 2015[96]



[96] Actual numbers can be found in Annex B

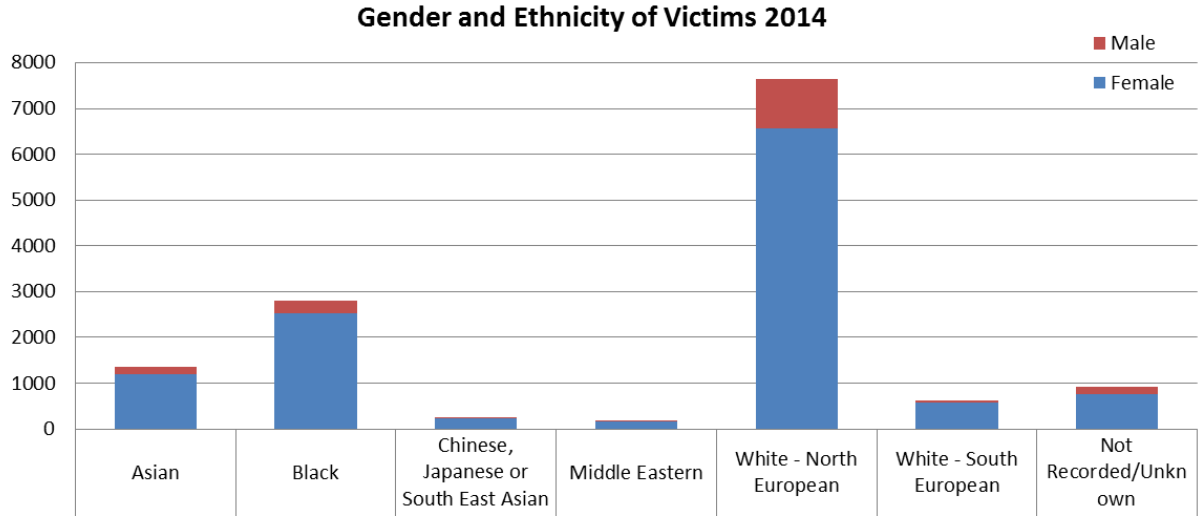
Gender and Age profile of victims 2014

Victims Age	Female	Male	Gender Not Recorded/Unknown	Total
Under 10	388	191	1	579
10 to 15	2187	267	3	2455
16 to 24	3343	256		3602
25 to 30	1844	203	2	2047
31 to 40	1798	230	1	2030
41 to 50	1143	201		1345
51 to 60	449	140	1	589
61 to 70	141	31		173
71 and over	82	24		106
Unknown Age	648	217	17	882
Total	12023	1760	25	13808



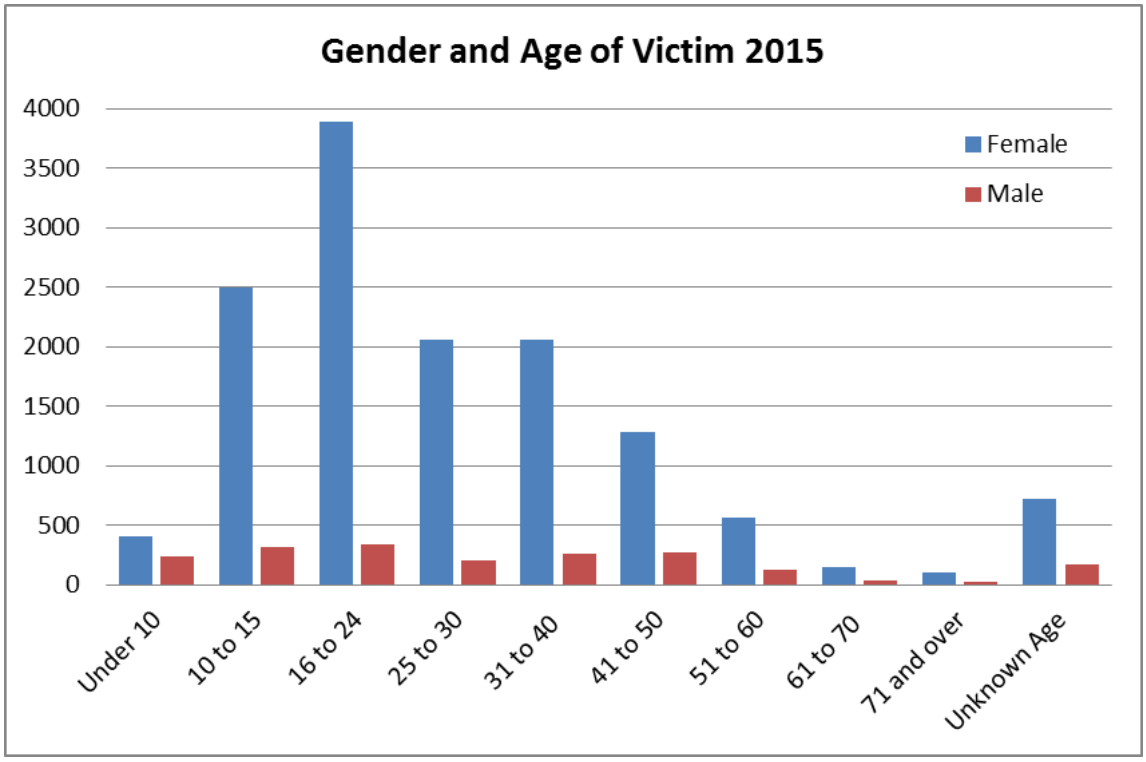
Gender and Ethnicity of Victim 2014

Recorded Ethnicity of Victim	Female	Male	Gender not Recorded/Unknown	Total
Asian	1207	158	1	1366
Black	2520	276	2	2798
Chinese, Japanese or South East Asian	230	13		243
Middle Eastern	159	16		175
White - North European	6566	1083	7	7656
White - South European	574	54		628
Not Recorded/Unknown	767	160	15	942
Total	12023	1760	25	13808



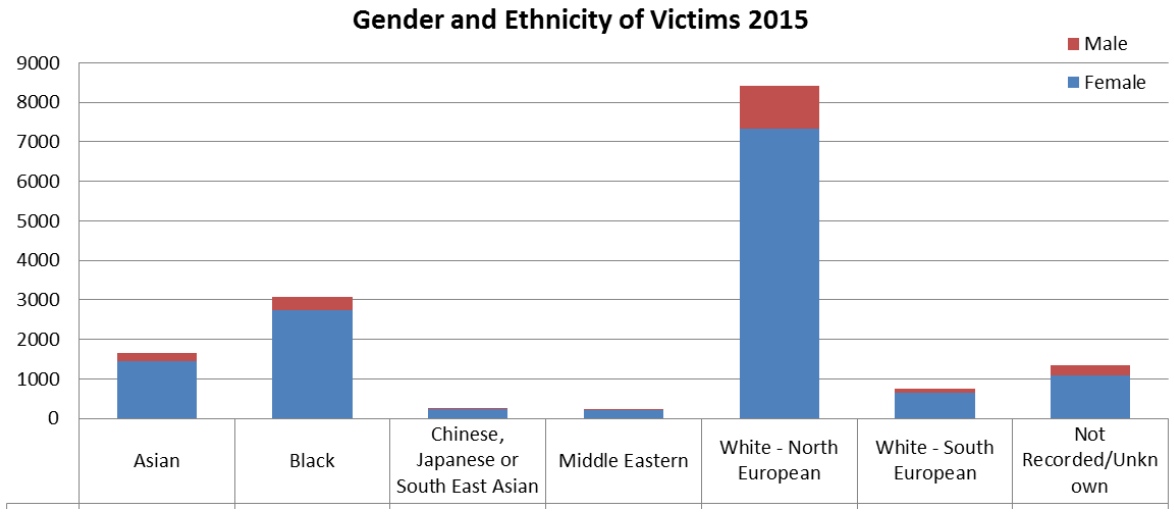
Gender and Age profile of victims 2015

Victims Age	Female	Male	Gender Not Recorded/ Unknown	Total
Under 10	403	236		639
10 to 15	2497	319		2816
16 to 24	3894	335	2	4231
25 to 30	2063	209	3	2275
31 to 40	2057	266	2	2325
41 to 50	1279	268	2	1549
51 to 60	568	127		695
61 to 70	150	41		191
71 and over	103	27		130
Unknown Age	718	169	28	915
Total	**13732**	**1997**	**37**	**15766**

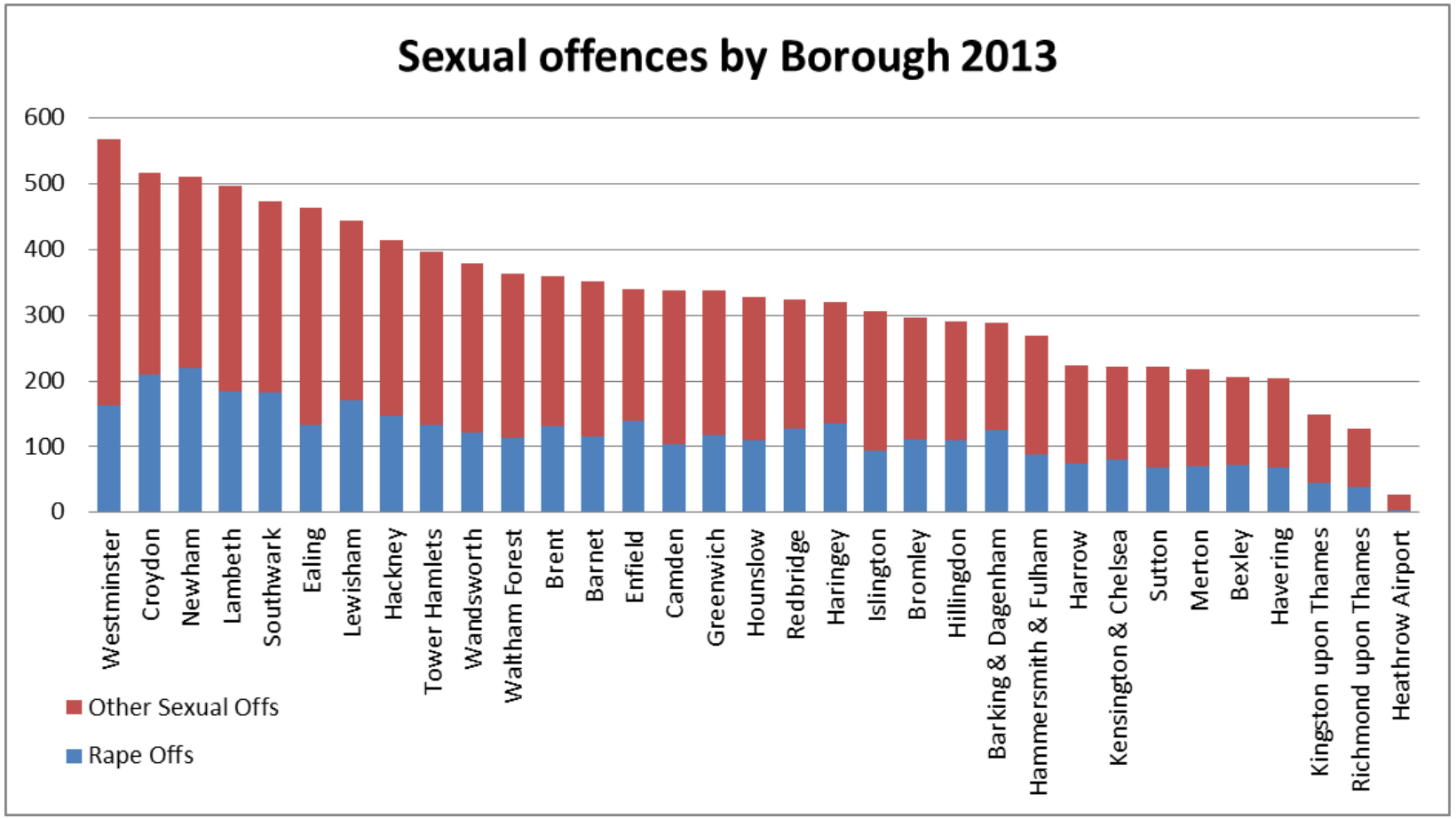


Gender and Ethnicity of Victim 2015

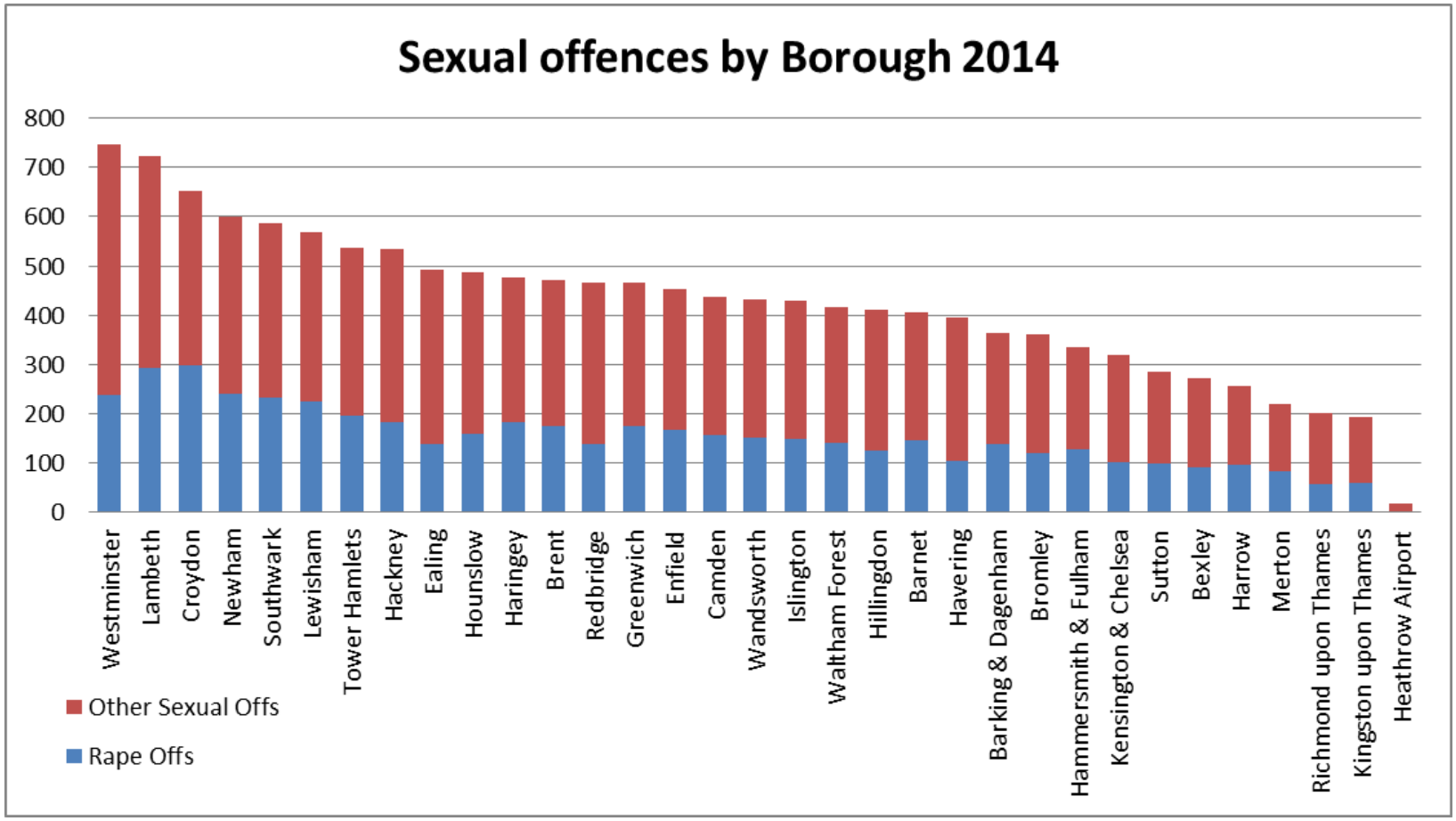
Recorded Ethnicity of Victim	Female	Male	Gender Not Recorded/Unknown	Total
Asian	1455	191		1646
Black	2746	321	2	3069
Chinese, Japanese or South East Asian	246	8		254
Middle Eastern	208	24		232
White - North European	7332	1097	4	8433
White - South European	648	94	1	743
Not Recorded/Unknown	1097	262	30	1389
Total	13732	1997	37	15766

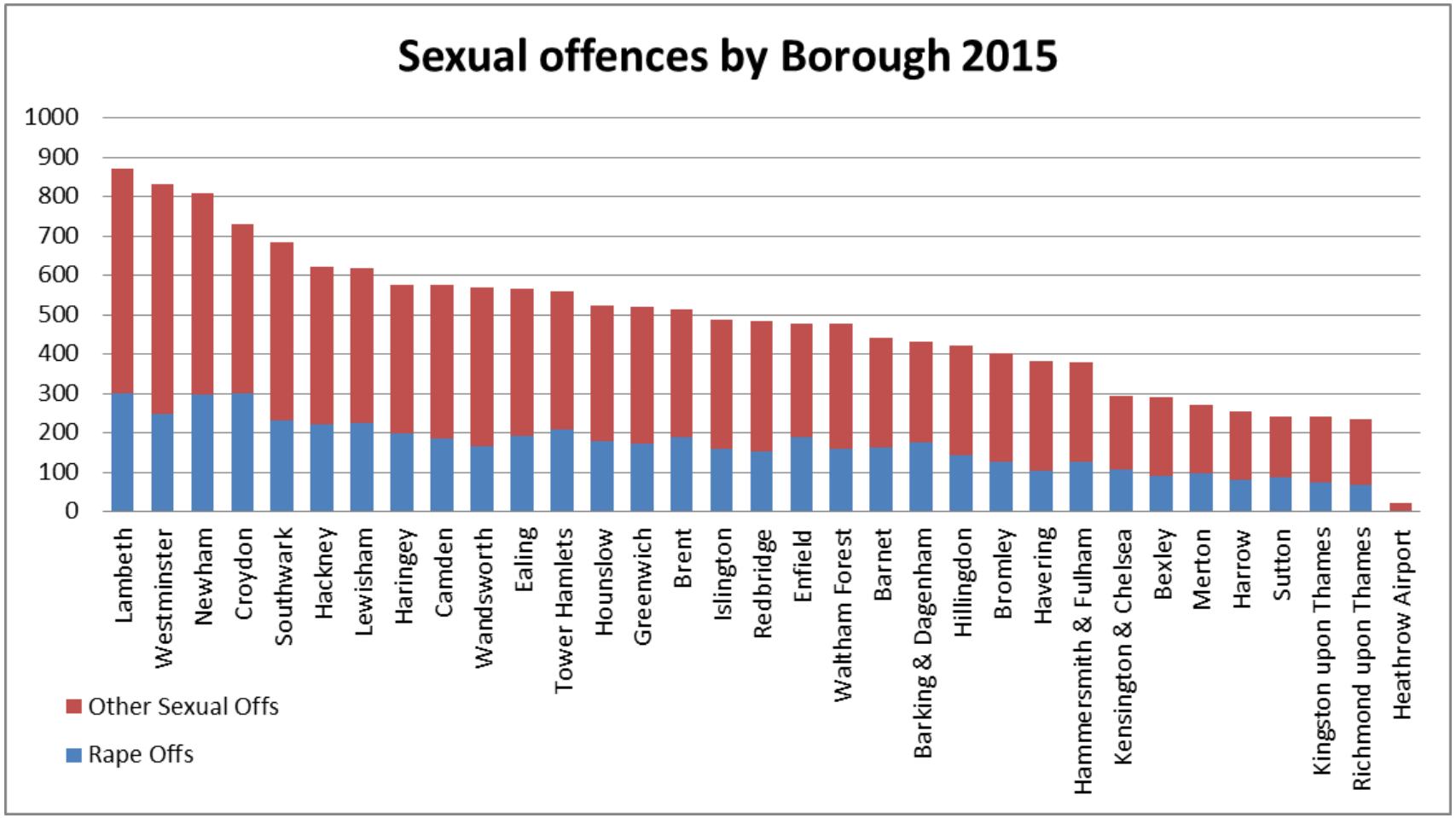


Sexual Offences by Borough from 2013 to 2015 [97]



[97] Please see Annex C for detail of actual number for each borough


Sexual offences by Borough 2014
800
700
600
500
400
300
200
100
0
Westminster
Lambeth
Croydon
Newham
Southwark
Lewisham
Tower Hamlets
Hackney
Ealing
Hounslow
Haringey
Brent
Redbridge
Greenwich
Enfield
Camden
Wandsworth
Islington
Waltham Forest
Hillingdon
Barnet
Havering
Barking & Dagenham
Bromley
Hammersmith & Fulham
Kensington & Chelsea
Sutton
Bexley
Harrow
Merton
Richmond upon Thames
Kingston upon Thames
Heathrow Airport
Other Sexual Offs
Rape Offs


Sexual offences by Borough 2015
1000
900
800
700
600
500
400
300
200
100
0
Lambeth
Westminster
Newham
Croydon
Southwark
Hackney
Lewisham
Haringey
Camden
Wandsworth
Ealing
Tower Hamlets
Hounslow
Greenwich
Brent
Islington
Redbridge
Enfield
Waltham Forest
Barnet
Barking & Dagenham
Hillingdon
Bromley
Havering
Hammersmith & Fulham
Kensington & Chelsea
Bexley
Merton
Harrow
Sutton
Kingston upon Thames
Richmond upon Thames
Heathrow Airport
Other Sexual Offs
Rape Offs

RECORDED RELATIONSHIP BETWEEN THE VICTIM AND PERPETRATOR BY YEAR

Relationship Type	Year 2014
Acquaintances	138
CV Description not mapped within NMIS	46
Ex Boy - Girlfriend	43
Friends	35
Boy - Girlfriend	28
Father - Daughter	26
Neighbours	25
Step Father - Daughter	23
Primary Carer	21
Uncle - Niece	16
Cousins	15
Colleagues	14
Spouse/Civil Partner	13
Business Associates	10
Uncle - Nephew	6
Brother - Sister	5
Employer - Employee	5
Grandfather - Granddaughter	5
Father - Son	4
Mother - Son	3
Aunt - Nephew	2
Common Law Husband - Wife	2
Doctor - Patient	2
Ex-Spouse/Ex-Civil Partner	2
Half Brother - Sister	2
Step Father - Son	2
Brother In Law - Sister In Law	1
Brothers	1
Ex Foster Father - Daughter	1
Father In Law - Son In Law	1
Foster Father - Daughter	1
Grandfather - Grandson	1
Mother In Law - Son In Law	1
Step Brother - Sister	1
Half Brothers	
Step Mother - Son	

Relationship Type	Year 2015
Acquaintances	90
CV Description not mapped within NMIS	40
Ex Boy - Girlfriend	38
Friends	26
Boy - Girlfriend	20
Primary Carer	19
Father - Daughter	18
Spouse/Civil Partner	17
Neighbours	14
Step Father - Daughter	12
Uncle - Niece	9
Cousins	9
Doctor - Patient	8
Ex-Spouse/Ex-Civil Partner	7
Colleagues	7
Brother - Sister	6
Business Associates	5
Father - Son	3
Brother In Law - Sister In Law	3
Uncle - Nephew	2
Step Father - Son	2
Mother - Son	2
Grandfather - Granddaughter	2
Foster Father - Daughter	2
Ex Foster Father - Daughter	2
Common Law Husband - Wife	2
Step Mother - Son	1
Half Brothers	1
Employer - Employee	1
Aunt - Nephew	1
Step Brother - Sister	
Mother In Law - Son In Law	
Half Brother - Sister	
Grandfather - Grandson	
Father In Law - Son In Law	
Brothers	

RECORDED SEXUAL OFFENCES FLAGGED AS DOMESTIC VIOLENCE BY BOROUGH

Borough	2014
Newham	105
Tower Hamlets	105
Southwark	94
Brent	80
Hounslow	79
Lambeth	79
Croydon	71
Hillingdon	67
Waltham Forest	67
Hackney	65
Barking & Dagenham	62
Redbridge	62
Enfield	61
Lewisham	61
Ealing	59
Haringey	55
Wandsworth	54
Barnet	53
Bromley	52
Greenwich	50
Harrow	49
City of Westminster	48
Islington	46
Camden	41
Merton	39
Havering	35
Hammersmith & Fulham	34
Kingston-upon-Thames	28
Kensington & Chelsea	26
Sutton	25
Bexley	24
Richmond-upon-Thames	22

Borough	2015
Newham	112
Croydon	106
Southwark	100
Tower Hamlets	97
Haringey	95
Enfield	85
Hounslow	84
Waltham Forest	81
Lambeth	80
Barking & Dagenham	78
Lewisham	76
Redbridge	75
Ealing	73
Barnet	72
Hillingdon	72
Brent	69
Hackney	67
Greenwich	64
Islington	62
Wandsworth	62
Havering	55
Bromley	54
Bexley	46
City of Westminster	43
Kingston-upon-Thames	41
Camden	40
Hammersmith & Fulham	38
Harrow	35
Merton	33
Richmond-upon-Thames	31
Kensington & Chelsea	25
Sutton	24
Heathrow Airport	1

SEXUAL OFFENCES BY BOROUGH AND CATEGORISATION

2013

Borough	Total Sexual Offences	Rape Offences	Other Sexual Offences
Westminster	567	162	405
Croydon	517	210	307
Newham	511	219	292
Lambeth	497	184	313
Southwark	473	183	290
Ealing	464	133	331
Lewisham	443	170	273
Hackney	414	146	268
Tower Hamlets	396	134	262
Wandsworth	380	121	259
Waltham Forest	363	114	249
Brent	359	131	228
Barnet	351	116	235
Enfield	340	139	201
Camden	337	103	234
Greenwich	337	117	220
Hounslow	327	110	217
Redbridge	323	127	196
Haringey	321	135	186
Islington	307	93	214
Bromley	297	111	186
Hillingdon	290	110	180
Barking & Dagenham	289	126	163
Hammersmith & Fulham	269	87	182
Harrow	223	75	148
Kensington & Chelsea	222	80	142
Sutton	222	68	154
Merton	218	70	148
Bexley	206	73	133
Havering	203	68	135
Kingston upon Thames	149	45	104
Richmond upon Thames	128	39	89
Heathrow Airport	26	4	22
Total	10769	3803	6966

2014

Borough	Total Sexual Offences	Rape Offs	Other Sexual Offs
Westminster	746	239	507
Lambeth	724	293	431
Croydon	652	298	354
Newham	601	240	361
Southwark	586	232	354
Lewisham	569	225	344
Tower Hamlets	537	195	342
Hackney	535	184	351
Ealing	491	137	354
Hounslow	486	159	327
Haringey	476	184	292
Brent	471	175	296
Redbridge	466	137	329
Greenwich	465	175	290
Enfield	453	166	287
Camden	437	157	280
Wandsworth	431	152	279
Islington	429	149	280
Waltham Forest	416	140	276
Hillingdon	410	125	285
Barnet	407	147	260
Havering	396	103	293
Barking & Dagenham	364	137	227
Bromley	361	120	241
Hammersmith & Fulham	336	127	209
Kensington & Chelsea	320	101	219
Sutton	286	100	186
Bexley	271	91	180
Harrow	257	96	161
Merton	220	84	136
Richmond upon Thames	201	58	143
Kingston upon Thames	194	60	134
Heathrow Airport	17	0	17
Total	14011	4986	9025

2015

Borough	Total Sexual Offences	Rape Offs	Other Sexual Offs
Lambeth	870	301	569
Westminster	831	248	583
Newham	809	297	512
Croydon	731	301	430
Southwark	684	233	451
Hackney	623	222	401
Lewisham	620	225	395
Haringey	577	198	379
Camden	575	186	389
Wandsworth	571	165	406
Ealing	566	192	374
Tower Hamlets	560	209	351
Hounslow	525	178	347
Greenwich	521	174	347
Brent	514	188	326
Islington	489	160	329
Redbridge	485	153	332
Enfield	478	190	288
Waltham Forest	477	159	318
Barnet	443	163	280
Barking & Dagenham	431	175	256
Hillingdon	421	144	277
Bromley	401	126	275
Havering	384	105	279
Hammersmith & Fulham	379	128	251
Kensington & Chelsea	295	107	188
Bexley	291	92	199
Merton	271	96	175
Harrow	254	81	173
Sutton	242	87	155
Kingston upon Thames	240	75	165
Richmond upon Thames	235	68	167
Heathrow Airport	23	3	20
Total	15816	5429	10387

Appx.2: Havens Activity 2010/11 - 2014/15

YEAR: 2010/11					
Age Range	**Pathway(s)**	**Camberwell**	**Paddington**	**Whitechapel**	**Total**
0-12	FME Only	19	23	27	69
13-15	FME Only	16	32	40	88
	FME and Follow Up	32	20	23	75
	Total FMEs	48	52	63	163
	Follow Up Only	20	13	32	65
	Total Clients	68	65	95	228
16-17	FME Only	23	38	22	83
	FME and Follow Up	23	16	19	58
	Total FMEs	46	54	41	141
	Follow Up Only	20	6	20	46
	Total Clients	66	60	61	187
18+	FME Only	216	280	258	754
	FME and Follow Up	150	157	112	419
	Total FMEs	366	437	370	1173
	Follow Up Only	121	116	151	388
	Total Clients	487	553	521	1561
All ages	FME Only	274	373	347	**994**
	FME and Follow Up	205	193	154	**552**
	Total FMEs	479	566	501	**1546**
	Follow Up Only	161	135	203	**499**
	Total Clients	640	701	704	**2045**

YEAR: 2011/12					
Age Range	**Pathway(s)**	**Camberwell**	**Paddington**	**Whitechapel**	**Total**
0-12	FME Only	28	28	28	84
13-15	FME Only	22	19	15	56
	FME and Follow Up	31	21	34	86
	Total FMEs	53	40	49	142
	Follow Up Only	30	12	34	76
	Total Clients	83	52	83	218
16-17	FME Only	16	31	21	68
	FME and Follow Up	20	13	26	59
	Total FMEs	36	44	47	127
	Follow Up Only	18	16	16	50
	Total Clients	54	60	63	177
18+	FME Only	187	245	102	534
	FME and Follow Up	166	209	234	609
	Total FMEs	353	454	336	1143
	Follow Up Only	120	88	144	352
	Total Clients	473	542	480	1495
All ages	FME Only	253	323	166	**742**
	FME and Follow Up	217	243	294	**754**
	Total FMEs	470	566	460	**1496**
	Follow Up Only	168	116	194	**478**
	Total Clients	638	682	654	**1974**

YEAR: 2012/13					
Age Range	**Pathway(s)**	**Camberwell**	**Paddington**	**Whitechapel**	**Total**
0-12	FME Only	27	44	0	71
13-15	FME Only	16	36	0	52
	FME and Follow Up	26	16	0	42
	Total FMEs	42	52	0	94
	Follow Up Only	16	17	1	34
	Total Clients	58	69	1	128
16-17	FME Only	22	32	2	56
	FME and Follow Up	16	12	2	30
	Total FMEs	38	44	4	86
	Follow Up Only	10	11	4	25
	Total Clients	48	55	8	111
18+	FME Only	196	332	60	588
	FME and Follow Up	149	154	90	393
	Total FMEs	345	486	150	981
	Follow Up Only	107	115	117	339
	Total Clients	452	601	267	1320
All ages	FME Only	261	444	62	**767**
	FME and Follow Up	191	182	92	**465**
	Total FMEs	452	626	154	**1232**
	Follow Up Only	133	143	122	**398**
	Total Clients	585	769	276	**1630**

YEAR: 2013/14					
Age Range	**Pathway(s)**	**Camberwell**	**Paddington**	**Whitechapel**	**Total**
0-12	FME Only	51	58	0	109
13-15	FME Only	20	64	0	84
	FME and Follow Up	20	30	0	50
	Total FMEs	40	94	0	134
	Follow Up Only	23	18	29	70
	Total Clients	63	112	29	204
16-17	FME Only	15	35	5	55
	FME and Follow Up	20	15	7	42
	Total FMEs	35	50	12	97
	Follow Up Only	7	9	13	29
	Total Clients	42	59	25	126
18+	FME Only	203	338	121	662
	FME and Follow Up	125	178	144	447
	Total FMEs	328	516	265	1109
	Follow Up Only	78	108	171	357
	Total Clients	406	624	436	1466
All ages	FME Only	289	495	126	**910**
	FME and Follow Up	165	223	151	**539**
	Total FMEs	454	718	277	**1449**
	Follow Up Only	108	135	213	**456**
	Total Clients	562	853	490	**1905**

YEAR: 2014/15					
Age Range	**Pathway(s)**	**Camberwell**	**Paddington**	**Whitechapel**	**Total**
0-12	FME Only	37	54	0	91
13-15	FME Only	14	39	10	63
	FME and Follow Up	21	13	16	50
	Total FMEs	35	52	26	113
	Follow Up Only	22	12	27	61
	Total Clients	57	64	53	174
16-17	FME Only	25	35	14	74
	FME and Follow Up	17	10	11	38
	Total FMEs	42	45	25	112
	Follow Up Only	12	9	18	39
	Total Clients	54	54	43	151
18+	FME Only	222	339	109	670
	FME and Follow Up	142	117	115	374
	Total FMEs	364	456	224	1044
	Follow Up Only	89	97	147	333
	Total Clients	453	553	371	1377
All ages	FME Only	298	467	133	**898**
	FME and Follow Up	180	140	142	**462**
	Total FMEs	478	607	275	**1360**
	Follow Up Only	123	118	192	**433**
	Total Clients	601	725	467	**1793**

Appx.3: Key Sources & Informants

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Call for Evidence Respondents

Nick	Gauntlett	Deputy Chief Exec	Aurora Foundation
Nicci	Wotton	Designated Nurse for Children Safeguarding	Barts Health NHS Trust
Karina	Wane	Deputy Head of Safety	Brent Council
Patrick	Kidwell	Project Co-ordinator	British Transport Police
Joanna	Gambhir	Safeguarding Children Board Manager	Bromley Council
Millie	Shutter	External Affairs Manager	Catch 22
			Children's Society
			Croydon Council
Gavin,	Swann	Head of Service, Safeguarding & Quality Assurance	Croydon Council, Croydon Health Services NHS Trust
Shirley	McNicholas	Service Manager	Drayton Park Women's Mental Health In-patient (Camden and Islington NHS)
Sarah	Heke	Institute of Psychotrauma	East London NHS Foundation Trust
Sarah	Green	Acting Director	EVAW
Mary	Trevillion	Clinical Director	Family Matters
Patricia	Durr		Haringey and Enfield Council
Simon	Cordon	Service Manager	Havens
Hazel	North Stephens	VAWG lead	Havering Council
Lorraine	Wiener	Designated Nurse for Safeguarding	Islington CCG
Lorraine	James		Islington Council
Meghan	Field	VAWG lead	Kensington & Chelsea, Hammersmith & Fulham and Westminster (Tri-borough)
Alexandra	Handford	CSE lead officer	Kensington & Chelsea, Hammersmith & Fulham and Westminster (Tri-borough)
Kate	Allen	Lead Nurse for Children's Safeguarding	Kingston Hospital
Claire	Butcher	Community Safeguarding	Lambeth Council

Yasemin	Aray	Lewisham Safeguarding Children Board Interim Business Manager	Lewisham Council
Sandra	Rose	Safeguarding Children	London NW Healthcare NHS Trust
Georgina	Clifford	Director	London Trauma Specialists
Tony	Gallagher	Performance and Assurance	Met Police
Gayle	Hann	Named doctor for chid protection	Middlesex Hospital
Mat	Pickering	Principle Research and Analysis Officer	MOPAC
Carlene	Firmin	Founder	MsUnderstood
Kelly	Simmons		Newham Council
			NHS South East
Holly	Baine	Project Officer	NHSE Paediatric Review
Katie	Nutley	Strategic Threat Manager	NOMS
Diana	Mohar	PA to Chief Exec	North Middlesex University Hospital Trust
Dawn	Hodson	Project Officer	NSPCC
Susuana	Amoah		NUS
Kirsty	Blenkins	Programme Manager Young People	Public Health England
Rebecca	Hitchen	Operations Coordinator	RASASC
Anna	Watson	Emergency Duty Team Co-ordinator	Redbridge Council
Victoria	Cousins	Senior Programme Manager	Safer London
Emily	Robertson	Service Manager	Solace Women's Aid
Jenny	Brennan	Head of Service	Southwark Council
Rory	Patterson	Director of Children and Families	Southwark Council
Victoria	Nystrom-Marshall	Health and Justice Lead Commissioner for SARCs and Police Custodial Healthcare	Surrey and Sussex Council and NHS
Sarah	Kurylowicz	VAWG senior manager	Waltham Forest Council
Gurpreet	Virdee	Director of Operations	Women and Girls Network

The Funders Survey

London Borough of Barnet
London Borough of Bromley
LBH
London Borough of Havering
Lambeth Council
London Borough of Lewisham
Richmond Council
Southwark Council

Stakeholder Interviewees

Shaminder	Ubhi	Director	Ashiana
Susannah	Faithful	Chief Executive	Aurora Foundation
Shabana	Kausar	Project lead	Ava
			Enfield Muslim Women's Aid
Mary	Trevillion	Clinical Director	Family Matters
Lauren	Hart		Gaia Centre, Lambeth
Catherine	Bewley	Senior Practitioner & Manager of the Sexual Assault Casework Service	GALOP
Stacy	Smith	Director	Hercentre Greenwich
Salma			Latin American Women's Aid
Myriam	Bell	VAWG Co-ordinator	Latin American Women's Rights Service
Lucila	Granada	Service Manager	Latin American Women's Rights Service
Baljit	Banga		London Black Women's Project
Baljit	Banga	Director	London Black Women's Project
Alison	Renouf	Manager	London Children Safeguarding Board
Rangan	Momen	Principal Policy & Project Officer	London Councils
Kelly	Agudelo		MPS
Carlene	Firmin	Head	MsUnderstood
Pavan	Amara		My Body Back
Katie	Nutley		NOMs
Anna	Banbury	Development & Impact Manager	NSPCC
Michelle	Denny Brown	Clinical Lead	One in Four
Georgina	Perry	Manager	Open Doors
Jodie	Woodward	Head of Operations	Rape Crisis (Nia)
Rebecca	Hitchen	Operations co-ordinator	Rape Crisis (RASASC)
Gupreet	Virdee	Director of Operations	Rape Crisis (Women and Girls Network)
Lee	Eggleston	Chair	Rape Crisis England and Wales
John	Poyton	Chief Executive	Redthread
Neil	Henderson	Chief Executive	Safeline
Victoria	Cousins	Project Manager	Safer London Foundation - EMPOWER
Patrick	Kidwell	Project lead	Sexual Offences, British Transport Police
Emily	Robertson	Service Manager	Solace Women's Aid
Chris	Tuck		Survivors of Abuse
Philip	Walker	National Development Lead	Survivors Trust
Keith	Best	Chief Executive	Survivors UK

Natalia	Dawkins	Director	Trust
Akima	Thomas	Clinical Director	Women and Girls Network
Gurpreet	Virdee	Director of Operations	Women and Girls Network
		Staff Team	Women and Girls Network

Round Table Participants

Zainab	Al-Shariff	Link Officer (Young Women's Project)	Al-Hasaniya Moroccan Women's Project Ltd
Willis	Atherley Bourne		One in Four
Sophie	Benedict	Psychotherapist/Counsellor	Women in Prison
Keith	Best	Chief Executive	Survivors UK
Noelle	Blackman	Chief Executive	Respond
Simon	Cordon	Manager	Havens
Raquel	Correia		Havens
Hamera-Asfa	Davey		MOPAC
Natalia	Dawkins	Director	Trust
Janet	Edmonds		Havens
Sophie	Khadr	Clinical Director	Havens
Patrick	Kidwell	Project lead	Sexual Offences, British Transport Police
Pip	O'Byrne	Service Development Lead	Family Nurse Partnership National Unit
Florence	Ogunyankin	Senior Probation Officer	National Probation Service
Emily	Robertson	Service Manager	Solace Women's Aid
Sian	Ruddick		Rape & Sexual Abuse Support Centre
Yvonne	Traynor	CEO	Rape Crisis Surrey and Sussex
Mary	Trevillion	Clinical Director	Family Matters
Jane	Trigg		NOMs
Jodie	Woodward	Head of Operation	Rape Crisis (Nia)

Funders Roundtable Participants

Sioned	Churchill	Trust for London
Laura	Bassett	Young Lambeth Coop
Tanya	Bronstein	The City Bridge Trust
Amy	Doyle	Commonwealth Housing
Helen	Greer	Henry Smith Charity
Tina	Rosenow	Berkeley Foundation
Lilly	Swift	Big Lottery Fund
Marini	Thorne	New Philanthropy Capital
Geraldine	Tovey	London Funders
David	Warner	London Funders
Alex	White	Premier League Charitable Fund

Accelerated Learning Event Participants

Frank	Ryan		
Patrick	Kidwell	Project Manager - Sexual Offences	British Transport Police
Mary	Trevillion	Clinical Director	Family Matters
Catherine	Bewley	Clinical Director	GALOP
Simon	Cordon	Manager	Havens
Raquel	Correia	Clinical Director	Havens
Sophie	Khadr		Havens
Muriel	Volpellier		Havens
Faye	Churchyard	Detective Inspector	Metropolitan Police Service
Alison	Crane	Police Sergeant	Metropolitan Police Service
Richard	Mackenzie	Detective Constable	Metropolitan Police Service
Neil	Smithson	Detective Inspector	Metropolitan Police Service
Jane	Trigg		NOMs
Clarinda	Cuppage		One in Four
Yvonne	Trainer		Rape Crisis
Jodie	Woodward	Head of Operation	Rape Crisis (Nia)
Noelle	Blackman	Chief Executive	Respond
Catherine	Dunn	Independent Sexual Violence Advisor	Solace Women's Aid
Chris	Tuck	Director	Survivors of Abuse
Keith	Best	Chief Executive	Survivors UK
Lynne	Tooze	Independent Sexual Violence Advocate	The Gaia Centre Service
Natalia	Dawkins	Interim Director	Trust
Sioned	Churchill	Director of Special Initiatives and Evaluation	Trust for London
Monica	King	Named Nurse - Safeguarding Children and Young People	West London Mental Health Trust
Kate	Holmes		WGN
Sophie	Benedict	Psychotherapist/Counsellor	Women in Prison

Appx.4: Summary Service Mapping

All the organisations and services mentioned below focus on either sexual violence, child sexual exploitation (CSE), child sexual abuse (CSA) and or other forms of gender-based violence. Some organisations have particular specialisms e.g. CSE or CSA - others work across a continuum of violence against women and girls (VAWG) or work with different survivors across the protected characteristics.

Note: The list is primarily based on organisations that gave evidence as part of the pan-London sexual violence needs assessment, therefore this not a comprehensive map of service provision but provides a flavour of the rich diversity of organisations operating in London.

London Rape Crisis

London Rape Crisis Centers are divided into 4 quadrants in London (funded through MOPAC, MOJ and other charitable sources). Last year, Rape Crisis Centers' member organisations across England and Wales responded to 171,000 helpline calls in the 12 months to 31 March 2016, an average of over 3,000 a week. 95% of the calls were from women and girls. Three-quarters of all adult service users contacted Rape Crisis about sexual violence that occurred at least 12 months or earlier; 42% were adult survivors of child sexual abuse. The majority of clients self-refer.

The Rape Crisis Centers offer free, long-term support and short-term interventions (based on risk and need) to women and girls who have experienced any form of sexual violence whether acute (past 7 days), recent (up to 1 year) or non-recent including multiple incidents of sexual violence. Rape Crisis Centers support women and girls across multiple forms of violence that women and girls experience across their lifespan. This includes adult and teenage survivors of child sexual abuse, rape, sexual assault, domestic violence, CSE, trafficking for sexual exploitation, prostitution, female genital mutilation, ritual or ceremonial sexual abuse. Support is offered in the form of a helpline, text and email support service, advocacy, emotional support and counselling including specialist advocacy through the CJS (from reporting to court). All of the centers offer ISVA support, a complementary service to the Havens, so that women are able to discuss their immediate options after rape / sexual, assault including ensuring that survivors can retain evidence and undergo a forensic medical examination at the Haven, and are provided with advocacy at different stages of their interaction with the CJS e.g. reporting, giving evidence, attending court, reviewing police and CPS decisions. Centers also offer training/education for external professionals, strategic input into local, regional, national government policy, and practice on VAWG.

- Solace Women's Aid (northern quadrant) covering seven boroughs: (Barnet, Camden, Enfield, Haringey, Islington, Kensington & Chelsea and Westminster).
- Rape and Sexual Abuse Support Centre Rape Crisis South London (RASASC) (southern quadrant): covering 12 boroughs - Bexley, Bromley, Croydon, Greenwich, Kingston, Lambeth, Lewisham, Merton, Richmond, Southwark, Sutton and Wandsworth.
- Nia (eastern quadrant) covering seven boroughs: Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.
- Women and Girls Network (WGN) (western quadrant) covering six boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow.

All of the London Centers are part of the pan-London VAWG consortium (made up of 22 organisations across London). All Rape Crisis organisations operate with a survivor-centered, trauma-based approach situated within the wider context of gender inequality and adhere to the National Rape Crisis quality standards[98]. All of the Independent specialist Rape Crisis centers are affiliated with Rape Crisis England & Wales (RCEW). As part of this, they are required to meet the network's operating standards.

Rape and Sexual Abuse Support Centre Rape Crisis South London (RASASC)

Based in Croydon, RASASC supports women in all twelve South London boroughs with therapeutic support using the empowerment model, which helps women and girls to discover their strength and re-establish power and choice in their lives. In recognising the life changing impact access to high quality therapy can provide, RASASC are dedicated to providing a full 12 months of counselling, as this is the only way to ensure clients can process their trauma and remain on the path to recovery. RASASC are an accredited center for counselling and psychotherapy through the BACP. They employ qualified therapists who are experts in working with young women, women with learning difficulties and significant mental health disorders (such as Dissociative Identity Disorder and borderline personality disorder) and provide therapy in a range of languages. All their therapists have passed accredited sexual violence training (Open College Network). They have a team of three ISVAs. The outreach service provides specific support to under-represented groups experiencing specific forms of marginalisation e.g. disabled women, women involved in prostitution, homeless women and those with, drug and alcohol dependency. RASASC also provides a Pan-London telephone support and information service. Last year, their training and prevention programme was delivered to 2,465

[98] http://rapecrisis.org.uk/nationalservicestandards_1.php

young people in schools on gender, consent and healthy relationships using resources they have developed themselves (Give and Get Consent) and accessing 735 external professionals.

Nia

Nia provides high quality services for women, children and young people who have experienced, or are at risk of, male violence. Nia has many sexual violence services that respond to the needs of groups that are most vulnerable, or without access to services and currently include East London Rape Crisis Service and the Counselling and Advice through the Ascent Consortium. They also provide IDVA provision in Haringey, Hackney and Newham. Safe Choices which provides intensive support and structured group work programmes to young women who may be experiencing, or are at risk of, sexual violence, sexual exploitation, gang involvement association, and or violent offending. It aims to prevent violent offending by young women through intensive therapeutic work addressing sexual violence and exploitation in the context of gang association, including links to young women's own use of violence. The underpinning framework is a gendered analysis of young women's lived experience, creating a space that enables young women to look at and question social constructs and their own understandings of gender norms. They use RIS, which is a GP training programme and advocacy support process to improve the health care responses to domestic violence and abuse. Nia is part of the national implementation team and delivers the service in Hackney.

The Emma Project

The Emma Project is a pioneering service for women who are escaping domestic and sexual violence and who use substances problematically; more than a third of the women who have lived in the refuge have also been exploited through prostitution. The women who enter the project have frequently been excluded from and or refused access to other types of refuge provision.

London Exiting and Advocacy Project

The LEA Project offers outreach and one-to-one support to women involved in prostitution. It helps women access housing, welfare benefits, legal advice, drugs and alcohol services, specialist counselling and routes to exit prostitution. Women are supported through access to employment training, education, volunteering and sustainable employment.

They also offer training and group-work to agencies, professionals, women's groups and young women.

Solace Women's Aid

Solace Women's Aid is an independent charity working across London, providing life-saving support to more than 10,000 women and children survivors of domestic and sexual violence a year. They provide advice, advocacy, counselling, family and children services, refuge and training. They also provide a unique outreach service to Irish and Irish Traveller women and children who are affected by domestic and sexual violence. Solaces have been commissioned by MOPAC and the MOJ to deliver the Rape Crisis service in North London since 2010.

Solace delivers the following services:

- A confidential helpline offers free 21 hours per week of emotional and practical information and support. The helpline is managed by a qualified ISVA, and offers immediate risk and needs assessment as well as a route into emotional support from the accredited helpline workers
- Specialist trauma informed counselling: Short and long-term counselling. Counsellors provide a range of clinical intervention from short-term pre-trial therapy and support for family and friends to long-term therapy (up to 1 year) for women and girls with complex trauma presentations. Therapeutic group work is also carried out, along with psycho-education, with specific support groups for lesbian and bisexual women, as well as for adult survivors of child sexual abuse. Many of the clients have complex needs requiring specialist person-centered clinical management. Common issues presented include trauma, Post-traumatic Stress Disorder Symptoms, Dissociation, Borderline Personality Disorder, chronic suicidality and other coping mechanisms such as drug and alcohol use, self-harm and eating disorders. They offer free short-term Counselling for family, friends & partners of female survivors of sexual violence in Barnet, Camden, Enfield, Haringey, Islington, Kensington & Chelsea and Westminster.
- ISVA Advocacy service with four ISVAs: supports women and girls to navigate the Criminal Justice Process.
- Body therapies: In partnership with a local women's health service Solace offers up to 8 sessions of complementary therapies (massage, shiatsu, reiki) for women going through the Criminal Justice System.

Women & Girls Network

Women and Girls Network (WGN) is a women-only service that supports women in London who have experienced violence, or are at risk of violence. They offer counselling, advocacy and advice for

women and girls who have experienced gendered violence, including sexual and domestic violence. ISVAs provide practical and emotional support for female survivors of recent and historic sexual violence, including rape, childhood sexual abuse, sexual exploitation and gang-related sexual violence.

WGN also have a free, specialist sexual violence helpline that provides emotional support, information and signposting to women and girls across London who have been affected by gendered violence, including domestic violence and sexual violence. They offer one to one counselling and therapeutic group work, body therapies, Independent Sexual Violence Advocacy Service; a range of accredited training programmes for frontline practitioners working with women and girl survivors of violence and other bespoke programmes; outreach work to support women to exit prostitution; an accredited counselling training programme for refugee women and external clinical supervision and consultancy.

The Young Women's Advocacy Project provides advocacy, prevention and early intervention support to young women and girls aged 11-18 who have experienced sexual violence, childhood sexual exploitation or are gang-involved, or have been identified as at risk of any of the above. The WGN holistic model of work on CSE is cited as an example of promising practice[99].

The Young Women's Advocacy Project now provides support to young women and girls in four boroughs: Ealing, Hammersmith & Fulham, Kensington & Chelsea and Westminster. WGN has a CSE specialist Young Women's Advocate based on site with Ealing Children's Social Care Services. The commissioned service is aimed primarily at high-risk young women and girls aged 14-18. WGN also delivers CSE Specific Prevention and awareness raising programs on healthy and unhealthy relationships and CSE (utilising the NSPCC animation JAY and understanding the grooming line).

NSPCC

NSPCC support parents and families in caring for their children, they provide therapeutic services to help children move on from abuse and they help professionals make the best decisions for children across the UK. In over 40 service centers, they work directly with children and families on a range of issues - from protecting children from sexual abuse, through to helping families who misuse drugs

[99]https://www.childrenscommissioner.gov.uk/sites/default/files/publications/If_only_someone_had_listened.pdf

and alcohol and providing social workers with the tools they need to tackle neglect. Their sexual abuse services include:

- Letting the Future In - boys and girls aged 4 to 17 attend play therapy rooms to do writing, storytelling and art to help express their feelings.
- Hear and now - weekly sessions aim to help children resolve troubling experiences they may not have told anyone about. They see children aged 4 to 18 in their specially designed service centers. Each child will be assigned an experienced social worker trained in therapeutic work
- Turn the Page - This service helps children and young people overcome feelings that have made them harm another child sexually. They see boys and girls aged 4 to 17 and talk about ways to avoid harmful sexual behaviour
- Protect and Respect - supports children and young people who have been, or are at risk of being, sexually exploited. This is aimed at the most vulnerable children and young people, including minority ethnic children. Protect and Respect is for young people aged 11 to 19.
- Education, emotional support and guidance that can keep the family safe – now and in the future. It gives mums and carers a chance to talk about their experiences with others. Group sessions help educate mums about the best ways to protect their children
- Assessing the Risk, Protecting the Child - is their service for assessing and reducing the risks to children during child sexual abuse cases, so they help the courts or children's services make the best decision for the child.

Women in Prison

Women in Prison is a unique, women-only organisation that provides gender-specialist support to women affected by the criminal justice system and campaigns to expose the injustice and damage caused to women and their families by imprisonment. WIP delivers a range of support and advice in all twelve of the women's prisons in England. They will also meet with a woman at the gate on the day of her release and continue that engagement in the community. Women in Prison run three Women's Centers - WomenMatta in Manchester, the Beth Centre in Lambeth and the Women's Support Centre in Woking.

The key to the support for women is holistic; their Women Centers are one-stop-shops for women to access all the services they need under one roof. WIP's staff are gender-specialist practitioners, providing support across all the difficulties and barriers commonly experienced by women affected

by the criminal justice system - domestic and sexual violence, poor mental and physical health, addiction, homelessness, debt, and unemployment.

Expect Respect

The SOS Project supports girls and young women in south London who are vulnerable to gangs. It carries out group work in youth clubs and other similar settings through which they often identify girls who need more intensive one-to-one support and can then be helped before they slip through the net. Danger signs include non-attendance at school, problems at home and associating with friends who are known to be involved in gangs. Caseworkers offer a mix of practical and emotional support to help the young women get their lives back on track.

The project supports young women with re-engaging with education, mediating with their families and sometimes supports the parents if they are experiencing difficulties with issues such as housing (often a critical factor in addressing and preventing gang involvement). Alongside this, the girls are given the opportunity to gain fresh new experiences and take part in activities.

Survivors of Abuse

Founded by a survivor of CSA, its is to empower the adult victim /survivor to transform their life holistically through mindset, nutrition and fitness. Survivors of Abuse educate stakeholders, social workers, counsellors, specialist support services and Government about the impact of childhood abuse on the adult. They also support survivors to consider how mindset, nutrition, fitness & de-stressing can improve the mental, emotional & physical health & well-being of the adult victim & survivor. They also work with partners, carers, family members & supporters to improve their ability to support survivors.

Safe Line

Safe Line is a specialised sexual abuse and rape charity founded over 20 years ago. Their dedicated work with young people focuses on counselling, creative therapy and run workshops on subjects such as bullying, racism, internet safety, sexual exploitation and sexual well-being, gang culture, drugs and alcohol abuse, crime, and the benefits of positive relationships. They introduced online and telephone counselling and this has increased their reach and cut their waiting lists. The Ministry of Justice funds their national helpline. They also have these services for men and have a dedicated ISVA team.

Catch 22

Catch22 is a social business, a non-profit business driven by a social mission. They work all over the UK to deliver better outcomes for young people and their families, wherever they face disadvantage. In 2014/15 Catch22 directly worked with 33,177 people, through 1,650 staff and volunteers in over 100 locations. They welcome the opportunity to contribute evidence from their operational experience providing services that support children at risk of or experiencing sexual abuse and/or violence. A strength of Catch22's services is that they combine support for children who are missing with support and preventative work with those at risk of or victims of sexual exploitation (CSE). Catch22's Dawes Unit in partnership with Missing People published 'Running the Risks: The links between gang-involvement and young people going missing' report, which identifies a number of parallels between gang-related missing incidents and those related to sexual exploitation.

Drayton Park Crisis Women's House

Drayton Park offers an alternative to hospital for women who would otherwise be admitted to an acute mental health inpatient service. It has operated within the principles of a trauma informed environment since its inception and these founding principles have been honoured for the past 20 years it has been running and developed over time. Drayton Park offers women in mental health crisis an all women environment that is a safe, nurturing and validating. They offer therapeutic interventions from a diversely skilled team to support women in crisis and promote wellbeing. This includes signposting to other services and life enhancing resources. They take a holistic approach empowering women to understand the link between the physical, emotional and psychological aspects of themselves. This can include an introduction to trauma work and working through emotional crisis and complex difficulties.

Survivors Together

Survivors Together is based in the London Borough of Newham. Their membership is mostly from Newham, but they have women accessing their services from Barking and Dagenham, Waltham Forest, Hammersmith & Fulham and Harrow. Survivors Together is a network of support and empowerment for adult women survivors of childhood sexual abuse and violence, in east London. They provide support and opportunities for peer support and personal development to enable members to develop their resilience and recovery from debilitating trauma; assisting them to identify and achieve their goals for a healthy and productive life.

iCAP

iCAP is a registered charity that provides accessible, culturally sensitive counselling and psychotherapy to Irish people, people of Irish descent and those from other backgrounds living in the UK. iCAP has two therapy centers, one in Finsbury Park, and the other in Birmingham. They provide a national network of therapists, who work specifically with survivors of institutional childhood abuse. In addition to this, they work with partner agencies, such as Irish Community Care Greenwich, Lewisham Irish Centre and Ashford Place (formerly Cricklewood Homeless Concern), to provide a satellite therapy service for clients who are unable to travel to their centers.

Advance (Minerva Project)

Advance services are available for women aged 13 and over, living in Hammersmith & Fulham, Kensington, Chelsea and Westminster. A&E and maternity-related domestic violence services are available to women in Brent also. At their Minerva Centre, each woman has their own keyworker who will help them work through a variety of issues and find solutions. Their staff work closely with probation, housing, health, children's services and other specialists to get women the help and advice they need, when they need it, all from one place. They also offer a Young Woman specialist at the Minerva Centre for 18-25 year olds at risk of offending. This service is for young women who come to the notice of the Police for anti-social behaviour, or who are arrested for minor offences. They help them with support and advice across a range of issues, from accommodation, family relations, relationships, abuse, drug & alcohol issues, health and financial concerns.

BAME VAWG Organisations

There are over 17 specialist and dedicated BAME ending VAWG services in London. In their most recent survey of BAME VAWG organisations in the Imkaan membership, services shared information about the number of women they had supported over a 12-month period. In one year alone, 11 organisations supported over 21,000 women and children. This included refuge accommodation and support, community-based services, advice, advocacy and group work. Imkaan's national membership network of specialist and dedicated BAME ending VAWG organisations is unique and diverse. Many BAME ending VAWG organisations have developed specialisms in working around particular types of VAWG, including domestic violence, trafficking, forced marriage, female genital mutilation, rape, sexual violence, child sexual exploitation and 'honour based' violence. Some services are open to all BAME women including young women, while others offer targeted services to particular groups of BAME women in recognition of the fact that BAME women are not a homogenous group. Organisations work across a continuum of violence and therefore provide

dedicated support for example where BAME women experience sexual violence within a forced marriage or domestic violence context. Some organisations are also funded to deliver specific preventative, early intervention and advocacy services for BAME women and girls on CSE and other forms of sexual violence.

While other organisations may offer services to BAME women and girls, BAME ending VAWG organisations are independent, specialist, dedicated services run by, and for women from the communities they seek to serve. The 'led by and for' model offers a uniquely empowering experience to women and children as the client group is reflected in staffing, management and governance structures of these organisations: http://imkaan.org.uk/membership

See the following link for a list of BAME women's specialist organisations in London: https://www.dropbox.com/s/2h7zknmuh33zno9/Capital%20Losses%20-%20Imkaan%20April%202016.pdf?dl=0

The Survivors Trust

The Survivors Trust is a UK-wide national umbrella agency for 141 specialist organisations who give support for the impact of rape, sexual violence and childhood sexual abuse throughout the UK and Ireland. It exists to support and empower survivors of rape, sexual violence and or childhood sexual abuse through

- Providing a collective voice and peer networking for members
- Raising awareness about sexual abuse and or rape and its effects on survivors, their supporters and society at large
- Informing acknowledgement of, and effective responses to, rape and sexual abuse on a local, regional and national level

Within London, in addition to support to member organisations it also supports the London Survivors Forum.

Pen portraits of some of its members include:

One in Four

One in Four UK is a charity that provides experienced, specialist counsellors and experts to support adults affected by child sexual abuse (CSA), as well as training and resources for other professionals,

including teachers in schools. They offer advice, therapy and education to survivors of CSA in a safe, confidential and restorative environment. They offer specialist training in CSA for health professionals, counsellors and therapists, as well as resources, such as the new pocket guide for professionals, partners, families and friends for any professionals who might come across someone who may be displaying challenging behaviour, exclusion, or non-participation. They also offer a package for schools to help identify those at risk and help to identify children who may be experiencing CSA.

SurvivorsUK

SurvivorsUK helps men who have been sexually abused and raises awareness of their needs. They provide a national helpline and both individual counselling and group therapy from their base in Shadwell, London. The counselling and groups are for adult men aged 18 and over who have experienced sexual abuse at any time in their lives and they also offer workshops for carers, partners and supporters of male survivors. They provide training to professionals and organisations working with adult male survivors. SurvivorsUK is the only male centric service (offering therapeutic services primarily to men as the focus of the organisation) in London.

MOSAC

Mosac believes that all non-abusing parents, carers and families have the right to receive comprehensive support to live with the consequences of sexual abuse and to aid recovery. The charity aims to provide a unique and specialist service offering effective practical and emotional support to non-abusing parents, carers and families. Amongst its services, it provides:

- **A telephone helpline** - staffed by trained women volunteers offering support and information to all non-abusing parents and carers of sexually abused children. It also provides information to agencies and professionals
- **Advice** – Providing advice on how to take action against the perpetrator of child sexual abuse, in order to keep the child and other children as safe as possible. Advice also covers a range of other topics
- **Advocacy** - Mosac provides information and support when dealing with external agencies such as social services, the courts, housing offices and the police. Mosac workers also accompany non-abusing parents and carers to relevant meetings and case conferences.
- **Therapeutic Services** - including one to one and couples counselling and child centred play therapy.

Respond

Respond is a specialist service working with people with learning disabilities or autism by providing effective and flexible support to help people to improve their lives. Through psychotherapy, advocacy, campaigning and other support, it works with children (aged 5 and over) and adults who have experienced abuse or trauma, as well as those who have abused others. Respond also aims to prevent abuse by providing training, consultancy and research. Services include:

- Adult Therapy Service
- Young People's Service
- Forensic Service
- Circles of support and accountability (CoSA)
- Independent Sexual Violence Advisor (ISVA)
- Family Support Services

Haven Survivor of Abuse Network

Haven in East London provides the following services:

- Weekly one-one counselling for female and male victim/survivors (over the age of 13) of all forms of sexual abuse or violence both historic and recent.
- Crisis support for rape victims
- Telephone support for dependents and partners of victims/survivors of abuse
- Fortnightly female and male support groups.
- Monthly drop in service for women and men
- Educational talks to voluntary and statuary organisations including the police, mental health teams, universities and drug and alcohol groups etc.
- Counselling and mentoring for the London Borough of Waltham Forest for mother and baby units as well as craft therapy groups
- Counselling and mentoring for young people excluded from mainstream education
- Advocacy support.

Survivors Of Abuse (SOB)

SOB seeks to both protect children from all forms of abuse and help adult survivors of child abuse get the specialist aftercare they deserve and need by raising awareness, providing training and education in health, well being, fitness & de-stressing protocols.

Survivors of Sexual Abuse Anonymous (SoSAA)

SoSAA exists to empower adult survivors of sexual abuse to make positive life changes. Its focus is on running peer-to-peer groups for men and women survivors who are 18 years or older, using an adapted version of the Alcoholics Anonymous 12-step framework. It also focuses on tackling the stigma of sexual abuse.

Minister and Clergy Abuse Survivors (MACSAS)

MACSAS is the only non-religious organisation in the UK providing support to survivors of sexual abuse by ministers and members of the clergy or other employees of the church. It is targeted at those abused across all denominations, both past and present. it provides a helpline service, a website, information leaflets and one-to-one support to survivors. It also campaigns for a better understanding of abuse in religious contexts, and offers training to faith organisations.