

Sexual Violence Mapping: Hammersmith and Fulham

This research project has been undertaken by Standing Together Against Domestic Violence (STADV) on behalf of London Borough Hammersmith & Fulham, funded by the Home Office via Government Office of London.



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Introduction

The overarching objective of this report is to develop a better understanding of the nature and extent of sexual violence in Hammersmith & Fulham. The report has been made possible through Private Space funding allocated by the Home Office via Government Office of London. Standing Together Against Domestic Violence (STADV) have been commissioned by LBHF Community Safety Unit, Safer Neighbourhoods' Division to conduct the research. The report will be submitted to GOL as well as the local Domestic Violence Strategic Group and associated networks. This study has been commissioned in response to the growing government agenda on Violence Against Women and Girls (VAWG).

Every year hundreds of thousands of women in London experience some form of violence.¹ In the past ten years most strategic and multi agency coordination has focussed on responses to domestic violence as driven by the Mayor of London strategies and the specialist voluntary sector such as women's services. Now there is an emerging national and pan London policy context that aims to address the whole continuum of gender based crimes; this work is underpinned by a Human Rights policy framework and an international obligation to eliminate all forms of discrimination against women and girls, in particular crimes that disproportionately affect women and girls. The forms of VAWG recognised within this context are as follows; domestic/Intimate Partners Violence, Female Genital Mutilation (FGM), Forced Marriage, 'Honor' based violence, Prostitution and Trafficking, Sexual violence including rape, sexual exploitation, sexual harassment and stalking.

According to the British Crime Survey around half of all women and girls could recall being victims of violence over their lifetime. This comprises 45% of women who experience domestic violence, rape or stalking plus other forms of VAWG.² Women are more likely than men to experience all forms of intimate violence. Although male victimisation is not the focus of this study the authors recognise that men and boys can be victimised by sexual violence and that generic services have a responsibility to respond effectively to crimes and disclosures of this nature. In addition this report acknowledges that risk and experiences will vary among different groups of women. For example younger women are more likely to be victims than older women, some types of violence are more likely to be experienced by particular sub groups of the population such as Female Genital Mutilation (FGM) Forced Marriage (FM) and so called Honour Based Violence (HBV).

Children are also affected by these crimes whether indirectly through witnessing violence perpetrated against mothers or carers as well as directly experiencing a range of abuse themselves (physical, sexual or emotional) most commonly by a family member or other trusted adult. One of the key objectives of our localised research is to better understand the individual and social impact of sexual violence so we can improve community and multiagency responses across provision, protection and prevention services.

The national strategy 'Together We Can End Violence Against Women and Girls' acknowledges United Nations directives. Since 1995 the UK government has been a signatory to the United Nations Platform for Action to Eliminate Violence Against Women and Girls (VAWG). International directives have acknowledged for some time that VAWG is both a symptom and indicator of gender inequality as well as a global public health issue.³ The UK government is also a signatory to the Convention for the Elimination of Discrimination Against Women (CEDAW) and as such has an obligation to report progress relating to eradicating VAWG. Other

¹ Coy, Lovett & Kelly 2008, *Realising Rights, Fulfilling Obligations*. Calculated from London's share of the 3 million women experiencing violence in the UK (12.5 per cent on the basis of population)

² Home Office, *Together We Can End Violence Against Women and Girls: A Strategy*

³ The Taskforce on the Health Aspects of VAWG have published a report from the Sexual Violence Sub group on the role of the NHS in responding to VAWG

relevant international commitments include Convention on the Rights of the Child and UN Security Council Resolution 1325. Resolution 1325 is the first ever resolution passed to address the impact of war on women.

Local Partnership Structure

Hammersmith and Fulham has an established strategic and operational partnership response to domestic violence that has been developing coordinated working in the borough for many years. Standing Together Against Domestic Violence (STADV) is the key enabler of the local Coordinated Community Response (CCR) to domestic violence. The overarching aim of the CCR is to ensure that victim/survivors and their children are made safer and that perpetrators are held to account. The local response to domestic violence has influenced national delivery particularly in relation to the SDVC programme, MARAC's, IDVA service development and and multi agency coordinated responses to domestic violence.

In the previous ten years the local CCR has focused energies on responding to domestic violence. STADV recognise the need for a broader partnership response to victim/survivors of gender based violence. The current Mayor of London strategy and the national strategy set out a framework for improving responses to sexual violence that includes Prevention, Provision and Protection; these frameworks acknowledge that no one agency can respond effectively to sexual violence on its own. Effective strategic and operational work relies on a coherent partnership approach; it is our intention that this report goes some way to making a contribution to our local commitment to address this important issue

Acknowledgements

Standing Together Against Domestic Violence (STADV) and the LBHF Community Safety Unit would like to thank the Home Office and Government Office for London for commissioning and funding this work.

STADV is indebted to every agency and individual who made the time to complete our interviews, questionnaires and focus groups. We recognise that this may bring back distressing memories for individuals and we greatly appreciate your personal commitment to supporting this work and raising awareness of this issue with a wider audience.

Cath Kane

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Domestic Violence Coordinator, Hammersmith & Fulham

Executive Summary and Recommendations

The overarching objective of this report is to develop a better understanding of the nature and extent of sexual violence in Hammersmith & Fulham. The report has been made possible through Private Space funding allocated by the Home Office via Government Office of London. Standing Together Against Domestic Violence (STADV) has been commissioned by LBHF Community Safety Unit, Safer Neighbourhoods' Division to conduct the research. The report will be submitted to GOL as well as the local Domestic Violence Strategic Group and associated networks. This study has been commissioned in response to the growing government agenda on Violence Against Women and Girls (VAWG).

Standing Together Against Domestic Violence (STADV) is the key enabler of the local Coordinated Community Response (CCR) to domestic violence supporting a range of initiatives including MARAC, SDVC, domestic violence training, third sector funding bids and delivery of the borough domestic violence action plan via the Strategic Partnership Group and Themed Operational Groups collectively known as the Domestic Violence Partnership (DVP). The DVP is also delivering projects with a range of partners from health, housing, children and young people's services and community based organizations. The DVP links to the Local Area Agreement (LAA) performance Management Framework via the LSCB, the Crime and Disorder Reduction Partnership and the Children and Young People's Partnership Board via senior level membership.

Key Findings

1. The true extent and impact of sexual violence on women and girls is unknown. Although many services are supporting clients who have experienced sexual violence very few agencies have developed systematic ways of collecting and collating data. Information may be embedded in practitioners' case notes but unlikely to be systematically 'flagged' or recorded as 'sexual violence'. The majority of complex cases may not come into contact with agencies such as the Police or traditional domestic violence specialist services that are collecting data.

In addition for services such as Drug Intervention Programmes, Sexual Health clinics, Youth Offending Teams and Teenage Pregnancy Team (now called SPARC) supporting clients who have experienced sexual violence, this is unlikely to be the only issue or the presenting issue at the initial point of contact. Currently Multi agency case tracking, recording and monitoring systems are inadequate and therefore do not accurately record or reflect the prevalence or impact of sexual violence locally.

2. Despite a robust Domestic Violence Partnership, Local Safeguarding Children's Board and Children and Young People's Partnership there is a lack of coherency in strategic coordination across partnerships around sexual violence.

The research highlighted the need for closer working between specialist services. While there is overlap between domestic violence and sexual violence, survivors of sexual violence will have specific support needs. Operational coordination can be better enabled if there is a coherent and shared strategic vision such as a VAWG borough action plan with shared targets as identified in the National Indicator set that recognises the links with other disciplines such as health, crime, employment, housing, education and diversity.

3. The availability of specialist services and positive initial responses from frontline workers is crucial. There is a need to improve coordination of operational responses including knowledge of specialist services such as the Havens, the police Sapphire Unit and rape and sexual violence support services.

From the questionnaire results some survivors highlighted the positive impact of women only services. In addition as noted in Advance data, women from BAMER communities appear to experience higher than average rates of sexual violence within a domestic violence context. This mirrors the national strategic consultation and the importance of women only services and culturally sensitive services within a multi agency response. The questionnaire and focus group responses highlighted the importance of the workers knowledge of available services.

In targeted youth services such as connexions, youth offending and teenage pregnancy teams, staff play an important role in helping young people identify what constitutes healthy relationships. Workers in these services are also likely to develop deeper insight into the context and nature of harmful behaviour because of the relationships they build with young people and their competencies around challenging harmful behaviour.

The police Sapphire Unit, domestic violence services, targeted youth services and sexual health services are key access points. The research highlighted that many practitioners in a range of agencies are hearing disclosures of sexual violence but staff felt they lacked the infrastructure within their organisations to respond adequately. Building on this strength, increased levels of competence and confidence in frontline staff would improve outcomes for survivor/victims and increase appropriate referrals to specialist services such as The Haven, The police Sapphire Unit, Women and Girls Network (WAGN - which will deliver the new West London Rape Crisis Centre) and domestic violence services. Our partnership aim should be to ensure consistent, effective responses rather than situational or partial responses that rely on individual competency

The national development of Independent Sexual Violence Advocates (ISVA) was universally well received in all in depth interviews. ISVAs (currently the Haven has two) are ideally placed to offer emotional and practical support to survivors dealing with the impact of sexual violence. The Haven offers services to both men and women. Most of the Haven work relates to immediate and crisis intervention however some medium term counselling is available. WAGN aim to offer longer term support to any women suffering the immediate or long term effects of sexual violence including historic child sexual abuse.

In order to develop borough wide consistency, much can be learned and adapted from established ways of working identified through the local CCR to domestic violence such as; inter agency protocols, common definition, risk assessment and independent advocacy/specialist services. Such an approach needs to recognise the disparity of resources between the statutory and voluntary sector and building capacity of statutory services to respond effectively is crucial. One way of doing so would be the identification of 'lead professionals' who can undertake developmental work within departments enabling a progressive internal structure to better support frontline staff.

4. There is a need to challenge negative social attitudes to sexual violence and develop localised and community based information that enables improved access to specialist services particularly for those most marginalised and vulnerable in the local community.

Our local research mirrors national trends that indicate there is an increase in younger boys committing sexual offences. There also appears to be a rise in gang related offences locally. Race on the Agenda (ROTA) recent report provides crucial guidance in understanding the impact of serious youth and gang violence on women and girls.⁴

⁴ ROTA report *Female Voice in Violence Project A Study into the Impact of Serious Youth and Gang Violence on Women and Girls* highlights the importance of BAME, women's, generic women's and the wider third sector role in responding to the impact of 'gang violence'.

Educative work in schools with young people particularly around sexualised bullying could be addressed through a whole school approach including curriculum based activities. Our local research highlighted the lack of awareness of young women around what constituted sexual violence and their legal rights in relation to such crimes.

Public awareness campaigns could be used to reach the wider community addressing both residents and employees in the borough. Such campaigns can be utilised to challenge myths and behaviours often normalised by abusers to justify their actions. Nationally it is recognised within the criminal justice system agencies that reporting and supporting of prosecution cases are low. Further work needs to be undertaken to address this problem. Our research highlighted that young people are reluctant to use the criminal justice system and had little knowledge of the processes and their rights to protection within it.

Key Recommendations

R1. Recommendation: improve identification, recording, flagging and monitoring of sexual violence in single agency and multiagency interventions to improve overall coordination and accountability.

R2. Recommendation: identify a coherent partnership approach and action plan with cross cutting/shared targets and objectives within a VAWG policy framework, including multi-agency coordination with criminal justice agencies to support successful outcomes and address under reporting.

R3. Recommendation: increase the availability of training to agencies and frontline workers currently handling disclosures of sexual violence.

R4. Recommendation: make available Independent Sexual violence Advocates (ISVA) to undertake direct referrals and offer specialist support.

R5. Recommendation: develop consistency of single agency internal policies, procedures and lead professionals, recognising the importance of gender specific and culturally sensitive responses.

R6. Recommendation: incorporate prevention programmes in schools and youth settings to challenge young people's attitudes to VAWG and linked harmful behaviours.

R7. Recommendation: to develop specific publicity and education for young people in relation to their legal rights and demystify the criminal justice system.

R8. Recommendation: develop public awareness campaigns that challenge social attitudes to VAWG and increase awareness of support services

Aims of the Research

In line with the changing policy context and a move to improve responses to VAWG, Government Office for London (GOL) has made funding available to boughs to support local partners in understanding and tackling sexual violence. The impetus for this work has come about in response to a national consultation and subsequent strategy addressing Violence Against Women and Girls (VAWG). In addition the Mayor has produced a strategy to follow through on Boris Johnsons election campaign to increase funding for Rape Crisis Centres; the underlying approach is to adopt an integrated framework to address all forms of violence against women and girls.⁵

The key objectives of this research project are as follows:

1. To develop a better understanding of the nature and extent of sexual violence in Hammersmith & Fulham
2. To map & identify current service provision for survivors: this includes local services, specialist services and cross borough responses such as MARAC, SDVC, IDVA.
3. To identify local priorities for addressing sexual violence (SV) in relation to prevention, provision and protection as part of a coordinated response.

Gender Analysis

STADV endorses the need to enhance understandings of the gendered nature of sexual violence in order to develop effective interventions to address this crime. All services apart from gender specific services (such as women's refuges or outreach and support services specifically for women) will work with both men and women who have experienced sexual violence. Most practitioners that completed online questionnaires or face to face interviews were based in services that offered support to both male and female survivors for example sexual health services, the Haven and Metropolitan Police Sapphire Unit, Youth Offending Service. However as we began to analyse the qualitative and quantitative data it became clear that local findings mirrored national research that sexual violence disproportionately affects women and has significant impact on public services.

Definition of Sexual Violence

For the purposes of this report we used the Metropolitan Police definitions of rape, engagement in sexual activity without consent and sexual assault to gather data around offences. However we also referred to 'Working Together to Safeguard Children Guidance' definition of childhood sexual abuse.⁶ For the purposes of the online questionnaire and interviews we acknowledge sexual violence within the context of domestic violence as defined by the Home Office and ACPO.

⁵ Greater London Authority *The Way forward Taking Action to End violence Against Women and girls* Final Strategy 2010 - 2013

⁶ HM Government (2006) *Working Together to Safeguard Children: A Guide to Interagency working to Safeguard and Promote the Welfare of Children*

Methodology

Several methods were used to conduct this research; each outlined below. The specifics collected from each source are outlined, and the limitations of the data are discussed in the data chapter, together with the findings from the data.

1. Online Questionnaire for Survivors

An online questionnaire was designed and the link published and disseminated via operational partners of Standing Together including relevant agencies and networks such as the Community and Voluntary Sector Association CaVSA (the local Council for voluntary services) based in the borough.

We asked agencies to distribute the link and encourage respondents to access the questionnaire and complete it providing information in relation to their experiences of sexual violence. A poster was also designed as placed in various locations asking potential respondents to visit the website and complete the questionnaire (see Appendix 7).

Unfortunately the (complete) response level was low, with 20 full responses being submitted. However we were able to see that 134 questionnaires were 'abandoned,' meaning that the questionnaire was looked at but not completed or submitted. This might lead us to conclude that our publicising activity was relatively successful in attracting people to view the questionnaire, however the content of the questionnaire itself led to potential respondents abandoning the activity. This is commonly found when conducting research into such a sensitive area.

2. Existing Data from Various Agencies

Data was requested from various agencies which operate in the borough and collect data specific to sexual violence. The agencies which provided data were:

- a. Police: a query was run of the Metropolitan Police Service crime reporting database (CRiS) by the Detective Inspector of the Borough Intelligence Unit in Hammersmith & Fulham. The search parameters included crime reports classified as sexual violence (as identified with a specific 'sexual offence' flag as well as the main classification of offence as being one of sexual assault). The data was filtered to the Hammersmith & Fulham borough only (thus the incident must have occurred within the H&F Met Police borough). Data was provided for incidents between 01/04/08 – 31/03/10 (full calendar year)
- b. Independent Domestic Violence Advocacy (IDVA) service: data from the IDVA service in the borough, ADVANCE was sought. A recent evaluation project conducted by CAADA was felt to be the most accurate source of data from the IDVA service, since it had examined the intake (and closure) of cases within a specific time frame, and had coding and identified cases involving elements of sexual violence as highlighted in risk assessments conducted by the IDVA service of their clients. A request had to be made to CAADA to release the data and to provide data specific to ADVANCE. The evaluation was of several IDVA services across the country.
- c. Haven: the Haven in Paddington provided data specific to cases referred to them from Hammersmith & Fulham borough.

3. Online Questionnaire for Stakeholders

In order for initial feedback to be gathered from agencies who might have to respond to clients who have experienced sexual violence, an online questionnaire was designed (see Appendix 1). The questionnaire was intended to capture information about the proportions of clients who might have experienced sexual violence, and the agencies' ability and resource to respond to these clients, from the perspective of workers in the agencies.

The link to the questionnaire was published and distributed amongst operational partners of Standing Together, and any other agencies identified as having a remit to respond to clients who have experienced sexual violence. In total of [34] responses were received from various workers at various levels in various agencies in the borough.

4. Interviews with Staff from Stakeholder Agencies

Interviews were conducted using a semi-structured format with staff in contact with agency clients who may be survivors of sexual violence see Appendix 1. Information was gathered about their experiences of dealing with sexual violence, particularly in relation to the problems and barriers they encounter. The Tier Mapping diagram in appendix 3 offers a guide to the range of services locally that are access points; a more detailed description of Tier 4 agencies is provided in Appendix 4.

5. Focus Group with Key Stakeholders

A half day focus group was organised in order to gain more information from agencies about the issues and gaps they encounter when dealing with sexual violence. Initial feedback from the stakeholder questionnaire and interviews was provided at the focus group in order to focus discussion. A total of eleven individuals attended representing seven different agencies.

6. Interviews with Young People

Interview sessions with six young people took place to gain their feedback and perceptions around sexual violence. The interviewees were all girls and their ages ranged from 13 – 17 years. The interviews captured some of their concerns and perceptions about sexual violence as well as provided recommendations that should be incorporated into developing interventions targeted at young people, see Appendix 5.

Key Aims and Methodology

The table below lists various methods used to satisfy certain aims and inform certain of stages of the research.

Aim	Method
To capture the extent and nature of sexual violence in the borough.	Data collated from various agencies. Survivor questionnaire asking their experiences.
To explore the issues for agency workers dealing with sexual violence. To identify gaps in service provision around sexual violence.	Examining the feedback provided by stakeholders using the online questionnaire. Feedback from interviews with agency staff. Feedback from stakeholder focus group. Development of Tier Diagram.
To identify gaps in knowledge about the extent of sexual violence.	Examination of existing datasets obtained from agencies in relation to sexual violence. Feedback from agencies in relation to data and what is possible to obtain specific to sexual violence.
To bring young people's perspectives to the study	Interviews with young people in partnership with Youth Offending Service
To bring survivors perspectives to the study	Online questionnaire for survivors Interviews with young people

Problems with Data Collection

Problems in obtaining data in relation to sexual violence specifically was experienced to a high degree and is therefore worthy of discussion in this report. The main problems encountered related to obtaining data specifically pertaining to sexual violence, and (where data on sexual violence was available) obtaining data specifically pertaining to the borough of Hammersmith & Fulham.

The Metropolitan Police data was by far the most extensive due to the detailing classifications attributed to the crimes the police deal with. However through discussion with various officers in the Police, there is likely to be a significant number of incidents of sexual violence which would not be easily captured using the obvious search parameters. These are discussed in the section where police data is presented.

Otherwise it became quite clear that agencies (particularly those without a specific remit to respond to sexual violence) did not have specific codes or classifications for sexual violence which would have made the extraction of relevant data possible. In fact, as corroborated in the interviews, sexual violence is often hidden and an underlying factor in the people who seek help from agencies, and thus is not as easily identified and captured as initial 'presenting' issues.

Where specific research and data was found in relation to sexual violence it was often not possible to obtain a breakdown of the data by specific borough (i.e. Hammersmith & Fulham). Instead data was either national or specific to the research or evaluation which led to the data being gathered in the first place.

The Health sector was a significant area from which data was not obtained; an invitation to submit data was circulated to members of the Children and Health Group. This was disappointing, particularly since there are a multitude of health 'sites' (e.g. GPs, A&E, health visiting, midwifery, etc.) which might provide significant opportunities for sexual violence to be disclosed, identified and to have an effective response.

The Teenage Pregnancy Team (SPARC), Connexions and Targeted Youth Support were represented at the stakeholders focus group and acknowledgement was made that disclosure of sexual violence occurs however the systems and processes within the agency make it difficult to identify such instances to the degree that specific data can be extracted.

Stakeholders Online questionnaire

An online questionnaire was used to capture core information from stakeholders / agencies whose clients may have experienced sexual violence and for whom agencies may need to respond to the needs of these clients in relation to the sexual violence. The aim of the questionnaire was to gain insight into the potential proportion of clients which may present with issues relating to experiences of sexual violence, as to understand the gaps or barriers which stakeholder felt they were faced with when attempting to respond to the needs of their clients. The questionnaire also provided a basis upon which more detailed information could be obtained through interviews.

There were 37 responses to the online questionnaire in total. The respondents were from a range of agencies within the borough, as shown in the table below.

Table 1: Categories of agencies in which respondents work

Category	No. of respondents	% of respondents
Housing	7	18.9%
Social / Children's Services	6	16.2%
Primary Care Trust / GP	4	10.8%
Service for Young People	2	5.4%
Substance misuse	2	5.4%
Domestic Violence Advocacy Service	2	5.4%
Domestic Violence Support Service	2	5.4%
Criminal Justice System agency	2	5.4%
Victim Support	2	5.4%
Counselling agency for women recovering from violence	1	2.7%
A&E department in a hospital	1	2.7%
LGBT voluntary organisation	1	2.7%
Local authority - residents services	1	2.7%
Mental Health	1	2.7%
Several of the above	1	2.7%
Sexual Health	1	2.7%
Support for women & families affected by HIV and AIDS	1	2.7%

Just over half (51%) of the respondents worked for agencies that dealt with over 500 service users per year and in the vast majority of cases (92%) the agency worked directly with over half of the service users.

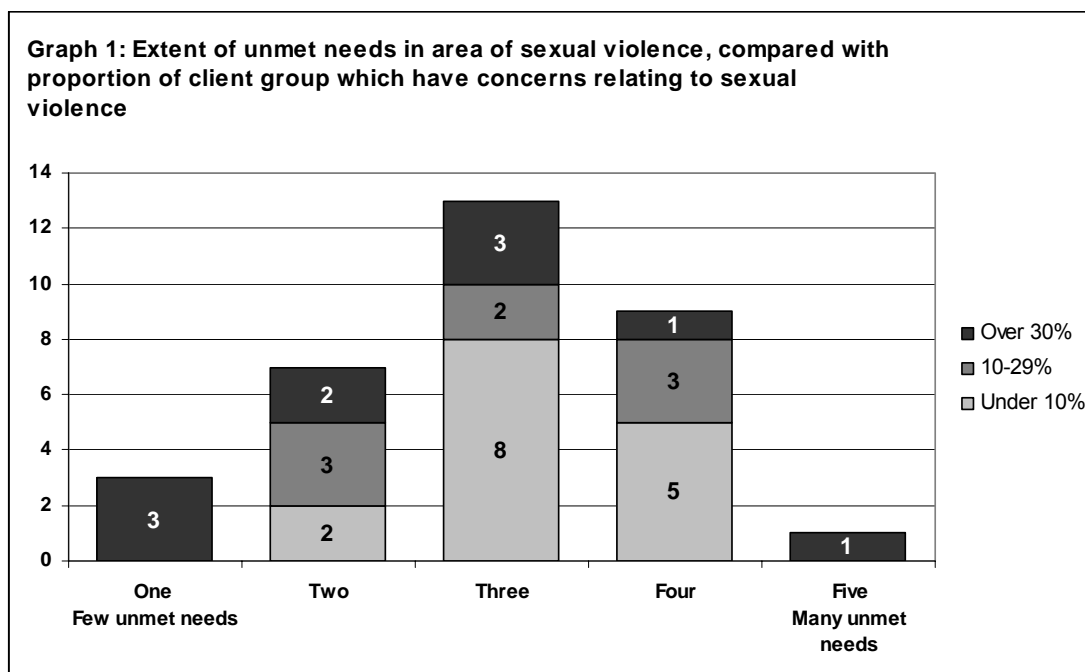
Many of the respondents felt that in a small proportion of the cases dealt with by their agency had concerns relating to sexual violence. For 17 respondents (49%) this was between 1-9% of

the cases their agency dealt. The respondents whose agencies had the highest proportions of cases involving sexual violence were either specialist units or agencies required to investigate sexual violence (i.e. Sapphire Unit of Met Police and The Havens), or tended to be specialist agencies dealing with forms of Violence Against Women (i.e. specialist domestic violence agencies, agency providing counselling for women recovering from violence). A notable exception to these was a respondent from CAMHS (Child And Adolescent Mental Health Services), who stated that in excess of 70% of the cases dealt with by the agency had concerns relating to sexual violence.

57% of the respondent’s agencies provide a direct or specific service to clients around sexual violence. Three of the respondents whose agency dealt with concerns relating to sexual violence in excess of 30% of the overall client load reported that the agency/unit did not provide a direct or specific service relating to sexual violence.

Half of the respondents felt that their agency had the capacity to deal with sexual violence effectively. However for seven of the respondents, the proportion of their agency’s service users with concerns relating to sexual violence exceeded 30% and they either did not feel their agency had the capacity to deal with sexual violence effectively, or they did not know (4 felt their agency did not have the capacity; 3 didn’t know).

The graph below shows the opinions of the respondents in relation to the extent their client group has unmet needs in the area of sexual violence, compared with proportion of the client group who have concerns relating to sexual violence. It can be seen that when considering the proportion of clients with concerns relating to sexual violence, the respondents were fairly evenly spread in their opinions about the unmet needs of their clients. Two respondents for whom over 30% of their client group had concerns relating to sexual violence, felt that this group had unmet needs in this area. By contrast, 5 of the respondents with the same proportions of clients with concerns relating to sexual violence felt that the clients had fewer unmet needs in this area.



In relation to the specific areas in which respondents felt their agencies lacked the capacity to respond to sexual violence effectively, the three most common areas are support through the Criminal Justice System, services specific to disability and crisis intervention. 15 respondents

felt that their agencies lacked capacity in these areas, constituting 48% of all respondents. As might be expected, those agencies which respondents felt lacked capacity cited more areas in which improvement was required than those who felt their agencies were able to respond to sexual violence effectively.

The vast majority (95%) of respondents stated that they signpost clients to a specialist agency when they feel they are not able to respond to the needs of the client in relation to sexual violence. Only four respondents did not report that they do this, 2 of which were from Social Services and 2 of which were from the PCT.

The specific agencies to whom respondents stated they referred clients to for support around sexual violence is shown in the table below.

Table 2. Question: If you are able to refer service users to a specific service for support around sexual violence, who are those agencies? Please tick all that apply.

Agency	No. of respondents	% of respondents
Police	29	80.6%
The Havens	26	72.2%
IDVA	19	52.8%
Sexual health service or clinic	18	50.0%
Victim Support	16	44.4%
Women's Aid	16	44.4%
Counselling	16	44.4%
Independent Sexual Violence Advisor (ISVA)	6	16.7%
Barnados	2	5.6%
Poppy Project	1	2.8%
Other	3	8.4%

The majority of respondents (89%) had received some sort of training to deal with disclosures of sexual violence. However only 10 (29% of respondents⁷) of these reported that they'd received such training from the agency within which they currently worked. 10 respondents had received such training in a previous role or agency. 11 respondents (31% of all respondents) received training around disclosures of sexual violence in context of other training (i.e. domestic violence training). 13 respondents (37% of all respondents) stated that they had not received training in this area. 58% of respondents (n=21) were aware of any policies or written procedures in their agency that cover disclosure of sexual violence, however six of the respondents had not read them. 42% (n=15) of respondents were not aware of any such policies or written procedures.

When asked what the respondents felt would be needed to improve the service delivery of their agency to people who have experienced sexual violence, the most popular answers were better multi agency working (69%), locally based specialist services (51%), joint working protocols (49%), specialist staff / champions (46%), more referral routes (40%), more funding (37%) and training (17%).

Table 3 shows the responses to the question asking respondent to indicate which areas they felt their agency would benefit from being provided with more information. Over three quarters of respondents indicated that information relating to how to deal with disclosures of sexual violence would be beneficial.

⁷ Percentage of all respondents who answered the question.

Table 3. Question: Do you feel that staff and colleagues in your agency would benefit from more information in any of the following areas:

Area in which more information would be beneficial	No. of respondents	% of respondents
Dealing with disclosures of sexual violence	28	75.7%
General awareness of issues around sexual violence	27	73.0%
Honour Based Crime	27	73.0%
Prostitution	25	67.6%
Trafficking	25	67.6%
Where to refer survivors of sexual violence	24	64.9%
Post Traumatic Stress Disorder	23	62.2%
Sexual harassment	23	62.2%
Female Genital Mutilation (FGM)	22	59.5%
Domestic Violence	20	54.1%
Publicity material (leaflets, helplines, posters, etc.)	1	2.7%
The local and national support groups available	1	2.7%
Work with young perpetrators	1	2.7%
Too many to mention	1	2.7%
Other	1	2.7%

We asked respondents whether they were aware that the Government and Mayor of London have launched a Violence Against Women and Girls strategy. 48% (n=16) stated that they were aware of this. 42% (n=13) were aware that their agency collected data specifically relating to sexual violence, however only 5 respondents (22%) stated they were required to work towards specific targets / performance indicators in the area of sexual violence. The complete dataset of the stakeholders survey is in Appendix 1.

Data

Key findings

Survivors questionnaire:

- The majority of the respondents first experienced sexual violence when they were aged under 25 years old
- The majority of the respondents experienced more than one type of sexual violence
- Over half of the respondents stated that the most serious form of sexual violence they had experienced was forced or attempted forced/non-consensual intercourse
- The vast majority of the respondents (n=12) experienced sexual violence from more than one person
- The majority of respondents disclosed at least some of their experience(s) to at least one person/agency
- Psychological problems, depression and increased use of alcohol and drugs were common symptoms experienced by respondents as a result of the sexual violence experienced.

Police data:

- Serious sexual offences and rape are slightly on the increase in Hammersmith & Fulham.
- Over half of the offences were committed by a perpetrator who was not known to the victim (stranger).
- A larger proportion of rape offences took place within the context of domestic violence
- The vast majority of suspects were male, and victims were female
- A quarter of the victims were under the age of 15 years old

The Havens data:

- The majority of referrals to The Havens came from police
- The largest single age group of patients was 18-24 year olds

MARAC data:

- In 12% of MARAC cases reviewed between Jan-Mar 2010 the risk factor of sexual violence was disclosed at the MARAC meeting.

IDVA data:

- Nearly one quarter of IDVA clients had reported experiencing sexual abuse, as identified in the risk assessment conducted at intake
- Significant association was found between the occurrence of sexual abuse and ethnicity.
- Victims experiencing sexual abuse were significantly more likely to be experiencing multiple types of abuse, severe abuse, physical abuse and/or jealous and controlling behaviour

Survivors Online Questionnaire

The number of respondents who replied to the online questionnaire was 20. Of those 14 respondents reported that they had experienced sexual violence in their lifetime. The data presented in this section relates to answers provided by these 14 respondents.

All of the respondents were female. Half the respondents worked in the borough of Hammersmith & Fulham, on respondents lived in the borough and a further 2 respondents both worked and lived in the borough. The remainder lived outside the borough.

The majority (n=11) of the respondents first experienced sexual violence when they were aged under 25 years old, and over half of these respondents (n=6) first experienced sexual violence when they were aged between 13-16 years old.

Respondents were asked about their most recent experience of sexual violence as well as what they considered to be the most serious experience of sexual violence. For nine of the respondents the most recent experience was within the past 6 years. For ten of the respondents the most serious experience occurred over 10 years ago. This indicates that the respondents had experienced more than one incident(s) to sexual violence, the more serious being when they were younger.

Respondents were asked to indicate which type(s) of sexual violence they had experienced. The results are shown in the table below.

Table 4: Types of sexual violence experienced by respondents

Type of sexual violence	No. of respondents
Unwanted touching/groping	8
Obscene/threatening messages/phone call	8
Indecent exposure/flashing	7
Forced/non-consensual intercourse	7
Attempted forced/non-consensual intercourse	6
Other forced/non-consensual activity	4
Threatened to force you to marry	1
Sexual threats	1
Forced to watch pornography	1
Being followed around and watched	1
Being filmed engaging in sexual act against your will	1

The results showed that the respondents experienced a variety of types of sexual violence, and the majority of the respondents experienced more than one type of sexual violence (see Table 6). They were also asked to indicate the type of sexual violence that they considered to be the most serious they had experienced. Eight of the respondents stated that the most serious form of sexual violence they had experienced was forced or attempted forced/non-consensual intercourse, as shown in Table 5.

Table 5: Most serious types of sexual violence experienced

Type	No. of respondents
Forced/non-consensual intercourse	5
Attempted forced/non-consensual intercourse	3
Other forced/non-consensual activity	3
Indecent exposure/flashing	2
Unwanted touching/groping	2
Being followed around and watched	1
Obscene/threatening messages/phone call	1
Unanswered	2

Table 6: Number of types of sexual violence experienced (in lifetime)

No. of types	No. of respondents
One	1
Two	5
Three	5
Four	0
Five	1
Six	1
Seven	1

For most of the respondents the sexual violence experienced happened in their own home or in someone else's home. Two of the respondents stated the sexual violence had occurred on public transport and one in a car/taxi.

In terms of the relationship with the perpetrator, when it came to the most recent experience, nearly half (n=6) of the respondents indicated that the sexual violence occurred in context of domestic violence. The perpetrators in these case were current and former spouses/partners, a 'date' or casual relationship, or another family member. In relation to the most serious incident(s) four of the respondents indicated that the incident(s) were in the context of domestic violence. For the most serious incident(s) 5 respondents indicated that the perpetrators were acquaintances (friend, colleague, someone known or known of).

Only two of the respondents stated the same person had been involved in all of the incidents of sexual violence that they had experienced, meaning that the vast majority of the respondents (n=12) experienced sexual violence from more than one person. In all of the cases the perpetrator was male. None of the respondents felt that the incident(s) were gang related and none reported that weapons were used during the incident(s).

Respondents were asked if they felt that alcohol or drugs were used to perpetrate the incident(s). Five felt that this was the case, five respondents felt that this was not the case and a further 3 respondents were not sure.

The majority (n=11) of respondents disclosed at least some of their experience(s) to at least one person/agency. Reasons for not disclosing appeared to be around feeling of shame (4), wanting to put the experience behind them (4) and not being sure of what had actually happened to them (4).

The people/agencies to which respondents disclosed are shown in the table below:

Table 7: People/agencies sexual violence disclosed to by respondents

People/agencies	Most recent incident(s)	Most serious incident(s)
Spouse/Partner	4	2
Other family/carer	3	4
Friend	2	4
Colleague	3	4
Police	2	2
Friend	3	4
Health Professional	1	1
Teacher	-	2
Someone else	1	1
Unanswered	4	3

Overall the experiences of the respondents when disclosing their experiences appeared to be positive, as shown in the quotes below.

“[I was] treated sympathetically by all. They listened and offered further support.”

“Once the initial statement was taken the police service were very supportive throughout the period prior to trial and during the trial.”

“[I] told a counsellor about some childhood sexual abuse..... and was believed and validated.”

“I told a friend who believed me (it helped her understand my mental state at that time) and supported me in seeking psychotherapy.”

“... my teacher was very supportive and understanding and I felt that she believed me.”

“I found the specific specialist female worker for sexual offences extremely supportive.”

However for some respondents the feeling of not being believed or supported did happen, and affected motivation to disclose in future:

“I felt I was believed initially but then the case was dismissed by the Crown Prosecution Service so the outcome was I was not believed or the evidence was too weak. I did not feel the rest of the police process very helpful or informative. After my experience I am not sure if I would encourage a person to go to the police.”

“I drew a picture for a teacher in my news book when I was a child... but was asked to stay in at playtime and rub it out and draw the 'real news'. Didn't try and disclose again until adulthood.”

Psychological problems, depression and increased use of alcohol and drugs were symptoms experienced by respondents as a result of the sexual violence experienced. As expected, more symptoms were experienced by respondents as a result of the most serious incident(s). Eight respondents reported that they experience long term psychological effects as a result of the most serious incident(s) of sexual violence. When asked to describe the way the experience(s) had made them feel, the issue of trust was mentioned by a number of respondents:

“... the incident made me feel betrayed by someone we had trusted and I now have real issues in trusting any male persons known or unknown to me and feel uncomfortable alone in the presence of men.”

"It has left me with trust issues of letting male friends get close to me and it takes a long time to trust a boyfriend fully because I worry about it happening again."

"untrusting"

"I felt I was to blame for the most serious incident. I was young when the incident occurred and if I found myself in a situation where I was growing intimate with a new male partner, I would rush in to having sex out of fear that it would be forced upon me again. It took me a few years to work to change this behaviour and I felt like I had lost all respect for myself."

"Hurt, ashamed, scared, stupid and worthless. In addition to this the first incident of unwanted touching was when I was 13 and the perpetrator was 31 and that has had lasting effects."

"Incidences made me more safety conscious when going out or dealing with strangers."

The survivors questionnaire, whilst few in numbers of respondents provided an interesting insight into the experiences of some women in relation to sexual violence. Of note, the respondents were relatively young when they experienced sexual violence, and a number of them clearly experienced more than once in their lifetimes. The majority of respondents told someone of their experience and felt in the most believed and supported. However there are remain clear barriers to the disclosure of sexual violence (feeling of shame, not being entirely sure of what had happened to them, etc.) as well as a number of symptoms and long term effects of their experiences.

Data from Metropolitan Police Service (MPS)

Police data was obtained from the local Borough Intelligence Unit. Data was provided covering the crime statistics in relation to sexual offences, and the data is shown in the table below.

Table 8: MPS Sexual Offences data 2004 – 2010 (January) for Hammersmith & Fulham borough

Year	Serious Sexual Offences (incl. rape)	Rape Offences only	Other Sexual Offences	Totals
2004/2005	183	63	163	346
2005/2006	145	56	167	312
2006/2007	157	63	147	304
2007/2008	180	56	190	370
2008/2009	166	67	164	330
2009/2010 ⁸	172	66	130	302

The figures show that over the years serious sexual offences and rape are slightly on the increase in Hammersmith & Fulham. This is reflected in the overall figures for London which has seen a 15% increase. Hammersmith & Fulham borough are within a team of boroughs ranking 7th out of 18 in teams of Sanctioned Detections⁹.

The Sanctioned Detection rate for Sexual Offences has been increasing over the year. In 2009/2010 at time of writing the overall rate was 22.2%, however for Serious Sexual Offences including rape the rate was 24.4% (27.3% for Rape only).

In addition to the performance data provided by the MPS, a search was also created to extract more detailed data relating to sexual offences in the borough from the MPS Crime Reporting Information System (CRiS) reported to Police between April 2008 to March 2009. The search included reports which were 'flagged' as sexual offences. As such we were able to capture some offences in which the main classification of offence committed may not have been an offence of the Sexual Offences Act, but where there might have been sexual assault involved.

Data was provided in relation to 514 offences¹⁰. 53% of the reports were made on the same day as the offence occurred. A further 23% were made between 1 and 7 days after the offence. The remainder were historical reports ranging from reporting within one month (7%), to within one year (7%) to longer, ranging from 2 – 40 years.

The classifications of the offences are shown in Table 9. It should be noted that the offences are classified by police with technical complexity. For example there are a number of specific offences of 'sexual assault,' but for the purposes of this report they have been broadly classified under the heading of sexual assault.

⁸ At time of writing this report data had not been provided in relation to Other Sexual Offences for February and March 2010 therefore the figure provided is likely to increase.

⁹ Sanctioned Detections include all charges, cautions, Fixed Penalty Notices, summons, TIC detections and cannabis warning. Detections are counting in the month in which the crime report is detected. They are counted according to the number of confirmed classifications, except from fraud and forgery (counted per victim), where detections are counted on a victim basis.

¹⁰ Percentages are provided as proportions of offences for which the relevant data is known therefore in most cases missing data is excluded. Where it is not, the percentage of missing data is specifically stated. This applies throughout the section on police data.

Table 9: Offence types (by classification)

Offence type	No. of Offences	% of Offences (n=514)
Sexual Assault	204	40%
Rape	112	22%
Attempted rape	6	1%
Familial sex	5	1%
Exposure	64	12%
Voyeurism	5	1%
Grooming	1	0%
Public Decency	1	0%
Immoral Earnings	1	0%
GBH	1	0%
ABH	3	1%
Common Assault	7	1%
Public Order Offence	2	0%
Crime Related Incident	49	10%
Incident 'No Crimed'	47	9%
Other	6	1%

The most common offence types were Sexual Assault constituting 40% of the offences, Rape (22%) and Exposure which constituted 12% of the offences.

Over half offences (58%) were committed by a perpetrator who was not known to the victim (stranger). 26% were committed by an acquaintance or friend. 13% of the offences were committed by an intimate/former intimate partner. 2% were committed by a perpetrator in a professional or caring capacity, and 1% by a family member. For 36% of the offences the relationship was not known or missing¹¹.

Table 10 shows the offence classifications by relationship type, and highlights that a larger proportion of rape offences took place within the context of domestic violence (i.e. committed by intimate/former intimate partners or member of family).¹²

¹¹ The percentages shown in relationship to the relationship between the suspect and victim are proportions of offences for which the relationship is provided.

¹² The percentages provided do not include offences where data was missing for the relationship type. For this reason the offence types of Familial sex, Voyeurism, Grooming and Public Decency are not shown.

Table 10: Offence classifications according to relationship type (as % of relationship type)

Offence type	Relationship type				
	Stranger (n=192)	Acquaintance / Friend (n=85)	Intimate (n=42)	Familial (n=4)	Professionals / Carers (n=8)
Sexual Assault	63.0%	48.2%	14.3%	25.0%	37.5%
Rape	22.9%	30.6%	61.9%	50.0%	12.5%
Attempted rape	-	4.7%	2.4%	-	-
Exposure	0.5%	-	-	-	-
Immoral Earnings	-	-	2.4%	-	-
GBH	-	1.2%	-	-	-
ABH	0.5%	-	2.4%	-	-
Common Assault	3.1%	-	2.4%	-	-
Public Order Offence	0.5%	-	-	-	-
Crime Related Incident	4.2%	8.2%	7.1%	25.0%	12.5%
Incident 'No Crimed'	5.2%	7.1%	7.1%	-	37.5%

In 97% (n=432) of offences the suspect was recorded as being male¹³. For 15 the suspect was a female. In 3 of these incidents the relationship between the suspect and victim is sited as being of Professional or Carer nature. The majority of the victims in the offences were female (71% of all victims; 89% of victims where gender is recorded). In 13% of all offences the gender of the suspect is missing or unknown.

Graph 2 shows the age groups of the suspects and victims compared with each other. It can be seen that victims aged under 24 years were overrepresented in the sample, which is not the same for the suspect profiles. In particular, over one quarter of the victims were under the age of 15 years, compared with just 7% of the suspect being within this age group.

When examining the victim age group of 11-19 years, 45% (where suspect age known) of offences were committed by a suspect aged within 5 years of the victim. Of these, approximately half (n=40) reported that the relationship between the victim and suspect was of acquaintance/friend nature. 16 offences in this category were committed by a stranger, and the remaining 5 (12%) were committed in a domestic context.

¹³ Information relating to suspects of the offences does not account for offences in which more than one suspect is present. Demographic data of suspects relate to one of the suspects and/or the main suspect in the offence. Suspects of offences may subsequently be eliminated and therefore not shown as responsible for the offence.



The Havens

Data was provided by The Havens specific to cases from the Hammersmith & Fulham Primary Care Trust (PCT) area. During 2009/2010 the total number of forensic examinations of patients from the area was 24. All of the patients were female.

19 (79%) of the patients were referred by Police. The majority (79%) of the patients were classified as being of White ethnicity.

The largest single age group of patients was 18-24 yr olds; 7 patients, constituting 29% of all patients referred.

63% of the patients had been subject to stranger assault. 20 of the patients referred to The Havens made allegations of rape, constituting 83% of the referrals.

The patients from the Hammersmith & Fulham PCT area accessed a total of 167 follow-up appointments for medical care in relation to sexual health, counselling, ISVA support (available for young people only) and psychology services. These relate to a total of 24 people.

Multi Agency Risk Assessment Conference (MARAC)

The MARACs are run every 3 weeks in Hammersmith & Fulham and discuss high risk cases of domestic violence. Sexual violence is not specifically monitored as an individual category of offending however cases reviewed by the MARAC during the last quarter of 2009/2010 (January-March 2010) were examined for the purposes of this exercise in order to provide a 'snapshot' of the extent to which sexual violence specifically featured in the cases.

The case files and minutes of the MARAC meetings were searched for reference to sexual violence. Out of 75 cases reviewed, in 9 cases (12%) the risk factor of sexual violence was disclosed at the MARAC meeting.

This is the figure for the number of cases where agencies at the MARAC shared information on sexual violence based on its relevance to present the risk and the risk reduction plan of the case. It is therefore not a complete picture of whether sexual violence occurred in the abusive relationship or was disclosed to any of the agencies round the table.

ADVANCE Independent Domestic Violence Adviser (IDVA) Service

The data in this section were collected as part a recent evaluation of a number of IDVA services, funded by the Hestia Fund and Henry Smith Charity. The *Safety in Numbers* study (Howarth et al, 2009)¹⁴ followed the cases of 2,500 women and girls over a 27 month period (January 2007 – March 2009) as they received dedicated, specialist support from teams of IDVAs in seven services around the country. The full report can be downloaded from www.caada.org.uk.

As ADVANCE was a participating service in the Safety In Numbers study we were able to access detailed case level information relating to over 500 clients accessing the service over the study period. This significantly reduced the time required to gather this information and given data had been coded, organised and analysed by experts in the field of domestic violence and data analysis, it was felt that use of these data would yield the most accurate and insightful results. We gratefully acknowledge CAADA¹⁵ for retrieval of data specific to ADVANCE and the borough of Hammersmith & Fulham and for undertaking the analysis of these data.

It should be borne in mind that the focus of the *Safety In Numbers* study was slightly different to this study. The aim was to evaluate the outputs and outcomes relating to the clients of the IDVA service, who had experienced domestic violence specifically. Therefore, the results described next may not be representative of the prevalence and level of sexual abuse in the general population.

It must also be noted that the *Safety In Numbers* study had a wider remit of evaluating the outputs and outcomes of the work of the IDVA service and for the purposes of this research distinction was not possible to be made between sexual violence and the overall sample in terms of outputs and outcomes (although the full evaluation report does discuss this issue). The data does however indicate the proportion of the cases examined in which sexual violence was identified, and the demographics of this specific sample.

The figures pertain to 508 clients accessing the ADVANCE IDVA service located in Hammersmith during this period and who had been assessed as 'high risk' according to the CAADA risk assessment model. 109 (21%) of these clients had reported experiencing sexual abuse.

Table 11 shows the demographic profile of high risk clients accessing ADVANCE and of those reporting sexual abuse.

¹⁴ Howarth, E., Stimpson, L., Barran, D. & Robinson, A. (2009), *Safety in Numbers: A Multi-Site Evaluation of Independent Domestic Violence Advisor Services*, funded by the Hestia Trust and the Henry Smith Charity.

¹⁵ CAADA (Coordinated Action Against Domestic Abuse. www.caada.org.uk) serve as custodians of the Safety In Numbers data collection and should be contacted for any further information about the study or the presented here.

Table 11: Profile of ADVANCE clients

	All clients accessing ADVANCE	Clients experiencing sexual abuse
Total number of clients	508	109
	% of all clients accessing ADVANCE	% of clients experiencing sexual abuse
Gender		
Female	99%	100%
Male	1%	-
Ethnicity		
Black & Minority Ethnic	58%	71%
White British / Irish	34%	25%
Unknown/Not asked	8%	4%
Immigration		
British/EU/permanent residents	82%	82%
Insecure immigration status	6%	9%
Unknown	12%	9%
Relationship		
Current Partner	16%	20%
Ex Partner	38%	32%
Other	1%	-
Unknown/Not asked	45%	48%
Children		
Client has children	68%	69%
Age		
Mean age	32.5	33.3
Age range	15-72	18-71
Substance Misuse: Drug use		
Yes	3%	2%
No	61%	64%
Unknown/Not asked/Missing	35%	34%
Substance Misuse: Alcohol		
Yes	6%	6%
No	59%	62%
Unknown/Not asked/Missing	35%	32%
Disability		
Any disability indicated	10%	10%
Repeat client to service	33%	30%

Analyses comparing the demographic profiles of victims experiencing sexual abuse against the profile of those who were not showed on the whole little difference between the groups (cases with missing data were excluded).

The notable exception to this was the significant association between the occurrence of sexual abuse and ethnicity. Sexual abuse was reported at a rate of 35% amongst B&ME victims compared to 23% amongst White British victims, meaning that B&ME victims had nearly twice the odds (1.8) of disclosing sexual abuse relative to White British victims. This is in line with the findings of the full Safety In Numbers study and other research in the field.

Table 12 shows the types of abuse experienced by the ADVANCE clients and those clients who had specifically reported sexual abuse. The level of abuse indicated refers to 'Time 1' in the study; the initial risk assessment of the intake of clients undertaken at the point of referral to the service ('Time 2' in the study refers to the clients' situation at case closure and was compared with Time 1).

Table 12: Abuse profile of all high risk clients accessing ADVANCE and of those reporting sexual abuse.

	All clients accessing ADVANCE	Clients experiencing sexual abuse
Total number of clients	508	109
	% of all clients accessing ADVANCE	% of clients experiencing sexual abuse
Physical abuse		
Yes	75%	91%
No	14%	9%
Missing	11%	0%
Sexual abuse		
Yes	22%	-
No	50%	-
Missing	28%	-
Harassment		
Yes	40%	44%
No	44%	54%
Missing	16%	1%
Jealous controlling behaviours		
Yes	77%	93%
No	10%	6%
Missing	13%	1%
Multiple types of abuse	77%	100%
At least one form of abuse that is high/extreme	65%	83%
Any escalation of abuse (frequency or severity)	67%	67%

Some key observations were made in relation to the sexual abuse profile of the clients at the point of referral to the service:

- 60% of those who experienced sexual abuse reported abuse to be extreme or high in nature and 38% reported that it was moderate (See Appendix 2) for definitions used of moderate, high and extreme abuse).
- 30% of those who had experienced sexual abuse reported that the abuse was escalating in severity, 22% reported that severity was unchanged and 48% reported that severity had decreased.
- 30% reported that the frequency of sexual abuse was escalating, 24% reported that frequency was unchanged and 46% reported that frequency had reduced.

There were some notable differences in the wider abuse profile of those who had experienced sexual abuse compared with those who did not experience this form of abuse. Analyses revealed that victims experiencing sexual abuse were significantly more likely to be:

- Experiencing multiple types of abuse (100% of those experiencing sexual abuse reported multiple forms compared to 81% of those not experiencing).
- Experiencing severe abuse (83% compared to 68%)
- Experiencing physical abuse (91% compared to 78%), but no more likely to be experiencing non physical forms of abuse.
- Experiencing jealous and controlling behaviour (94% of those reporting compared to 84% not reporting sexual abuse).
- No more likely to be experiencing harassment of stalking (49% compared to 49%).

The data from the IDVA service in Hammersmith & Fulham has demonstrated that sexual violence and abuse is a significant risk factor in the context of domestic violence. That there is a correlation between sexual abuse, domestic violence and heightened risk (as characterised by multiple types of abuse and severe abuse experienced) indicates that this type of abuse both inherent and a feature in itself of abuse experienced by this client group.

Gaps in Current Services

There are many services locally responding to disclosures of sexual violence as illustrated in this report. The Tier Diagram (Appendix 3) is an attempt to identify those access points and specialist services. However each agency tends to focus on its area of expertise; for example, a drug and alcohol project will focus its intervention, quite rightly, on the ways in which the survivor's drug or alcohol misuse is impacting their ability to keep safe or how the use of drugs or alcohol has increased due to sexual violence. These are important elements of support but there is a gap in services dedicated to addressing sexual violence comprehensively and a core missing element in multi agency working particularly for responses to complex cases or those addressing the longer term effects of sexual violence.

The possibility of increasing the number Independent Sexual Violence Advocates (ISVA) and rape crisis provision was universally well received by all organisations and services interviewed, particularly if a central point of contact could be established in the borough. Much can be learned from the partnership approach and strategic framework that delivers and monitors the implementation of the borough Domestic Violence Action Plan. The action plan includes outcomes that support a shared vision, objectives, protocols, performance monitoring and best practice. A VAWG action plan with partnership engagement and shared outcomes would assist the coordination of sexual violence work locally.

The key gaps in services appear to be as follow; long term counselling particularly to recover from historic child sexual abuse, rape crisis services (although the Havens and Women and Girls Network go some way to offering this). Preventative and early intervention work done largely with young people is delivered by services such as the Teenage Pregnancy Team (SPARCS) and West London Sexual Health Service and could likely be expanded. Achievement of these goals is reliant on agencies beginning to collect data on the number of sexual violence cases and create and joint action plan with deliverable outcomes. Results from the stakeholder online questionnaire also highlighted the need for frontline staff to have training. Up to date information about specialist services was also important so that frontline practitioners could sign post to these services; the two key agencies which practitioners sign posted to was The police and The Haven but results from the survivor online survey and the interviews with young people indicated that these are unlikely access points.

The interviews with young people summarised in Appendix 4 highlight significant gaps in young people's access to information and specialist services. Young people's access to services and support is further limited by their lack of awareness about their legal rights and the apparent 'normalisation' of sexual violence and harmful behaviour. There is a need to embed prevention work with young people into all areas of education. In addition public awareness campaigns challenging sexual violence in tandem with readily available information about specialist services targeted at young people would go some way to address this gap.

Appendix

- 1. Online Stakeholder Questionnaire Results**
- 2. Online Stakeholder Questionnaire Results**
- 3. Tier Map Diagram**
- 4. Tier 4 Service Description**
- 5. Interviews with Young Women**
- 6. Levels of Abuse Table**
- 7. Single Agency Contact Sheet**

Appendix 1: Online Stakeholder Questionnaire Results

1. Which of the following categories does your agency fall into?

Value	Count	Percentage
Housing	7	18.9%
Social / Children's Services	6	16.2%
Primary Care Trust / GP	4	10.8%
Service for Young People	2	5.4%
Substance misuse	2	5.4%
Domestic Violence Advocacy Service	2	5.4%
Domestic Violence Support Service	2	5.4%
Criminal Justice System agency	2	5.4%
Victim Support	2	5.4%
Counselling agency for women recovering from experiences of violence	1	2.7%
A&E department in a hospital	1	2.7%
LGBT voluntary organisation	1	2.7%
Local authority - residents services	1	2.7%
Mental Health	1	2.7%
several of the above	1	2.7%
Sexual Health	1	2.7%
Support for Women and families affected by HIV and AIDS	1	2.7%
Total Responses:	37	

2. Approximately how many service users approach your agency per year?

Value	Count	Percentage
Over 500	19	51.4%
400 - 499	3	8.1%
300 - 399	1	2.7%
200 - 299	6	16.2%
100 - 199	4	10.8%
50 - 99	4	10.8%
Total Responses:	37	

3. What proportion of these service users does your agency actually work with?

Value	Count	Percentage
Over 90%	21	56.8%
70 - 89%	8	21.6%
50 - 69%	4	10.8%
30 - 49%	2	5.4%
10 - 29%	1	2.7%
Not answered	1	2.7%

4. What proportion of the cases your agency works with would you say have concerns relating to sexual violence?

Value	Count	Percentage
Over 90%	3	8.1%
70 - 89%	1	2.7%
50 - 69%	2	5.4%
30 - 49%	4	10.8%
10 - 29%	8	21.6%
1 - 9%	17	45.9%
No answered	2	5.4%

5. Does your agency provide any direct or specific services around sexual violence?

Value	Count	Percentage
Yes	20	54.1%
No	11	29.7%
Don't Know	4	10.8%
No answered	2	5.4%

6. Do you feel that your agency has the capacity to respond effectively and adequately to service users who need support in relation to sexual violence?

Value	Count	Percentage
Yes	17	45.9%
No	10	27.0%
Don't Know	7	18.9%
No answered	3	8.1%

7. In which areas (if any) do you feel your agency lacks the capacity to respond to service users who have experienced sexual violence? Please tick all that apply

Note: Multiple options allowed

Value	Count	Percentage
Support through the Criminal Justice System	15	40.5%
Services specific to disability	15	40.5%
Crisis Intervention	15	40.5%
Services specifically to LGBT community	13	35.1%
Services specific to BAMER groups	13	35.1%
Services specific to the elderly	12	32.4%
Services specific to special needs	12	32.4%
Counselling	12	32.4%
Support for historical sexual abuse experienced	11	29.7%
Services specific to young people	9	24.3%
Service addressing health or health effects of sexual violence / abuse	9	24.3%
Service which would provide support to report crimes to the authorities	5	13.5%
Other: Support referrals to specialist services	1	2.7%
Other: Specific training in referral or care in sexual assault / referral pathways not well-defined	1	2.7%
Other: Lack capacity to provide specific follow-up services	1	2.7%
Not applicable	1	2.7%
Don't know	1	2.7%
Not answered	6	16.2%
Total Responses:	31	

8. How do you deal with referrals / service users who need support around sexual violence to which you are not able to respond? Please tick all that apply

Note: Multiple options allowed

Value	Count	Percentage
Signpost to specialist agency	35	94.6%
Provide leaflet / information	15	40.5%
Other	4	10.8%
Don't know	1	2.7%
Total Responses:	37	

9. If you are able to refer service users to a specific services for support around sexual violence, who are those agencies? Please tick all that apply

Note: Multiple options allowed

Value	Count	Percentage
Police	29	78.4%
The Havens	26	70.3%
IDVA	19	51.4%
Sexual health service or clinic	18	48.6%
Victim Support	16	43.2%
Women's Aid	16	43.2%
Counselling	16	43.2%
ISVA	6	16.2%
Barnados	2	5.4%
Perpetrators can be referred to TYS	1	2.7%
Poppy Project,	1	2.7%
Too many to mention	1	2.7%
It is the children's social worker's responsibility to identify this resource.	1	2.7%
Not answered	1	2.7%
Total Responses:	36	

10. Have you ever had any training to deal with disclosures of sexual violence?

Note: Multiple options allowed

Value	Count	Percentage
No, I have never had any training in this area	13	35.1%
Yes, in context of other training (e.g. domestic violence)	11	29.7%
Yes, in previous role / agency	10	27.0%
Yes, with current agency	10	27.0%
Not answered	2	5.4%
Total Responses:	35	

11. Are you aware of any policies and/or written procedures in your agency that cover disclosures of sexual violence?

Value	Count	Percentage
No, I am not aware of any such policies / procedures	15	40.5%
Yes, I have read them	15	40.5%
Yes, I am aware of them but have not read them	6	16.2%
Not answered	1	2.7%

12. Which (if any) of your information and marketing resources mentions sexual violence?

Note: Multiple options allowed

Value	Count	Percentage
Leaflets	14	37.8%
Information on website	11	29.7%
Posters	5	13.5%
Cards	3	8.1%
Hold literature on other agencies offering service	2	5.4%
Fact sheets	1	2.7%
Information is linked to the wider definition of domestic violence and not just specifically sexual violence.	1	2.7%
Radio adverts	1	2.7%
Washroom panels	1	2.7%
Cards for Pharmacies	1	2.7%
I am not up to date with the content of our publicity	1	2.7%
Do not understand question	1	2.7%
No, there is not publicity which highlights sexual violence	14	37.8%
Not answered	2	5.4%
Total Responses:	35	

13. What do you feel you need to improve your service delivery to people who have experienced sexual violence?

Note: Multiple options allowed

Value	Count	Percentage
Better multi-agency working	24	64.9%
Locally based specialist services	18	48.6%
Joint working protocols	17	45.9%
Specialist staff / champions	16	43.2%
More referral routes	14	37.8%
More funding	13	35.1%
Training	6	16.2%
Contact details / meeting to be part of the induction for all new staff	1	2.7%
Local Authorities need to sort ISVA provision	1	2.7%
Secure funding (e.g. - Victims Fund for Sexual Offending is unreliable); more research into trans people's experiences of sexual abuse.	1	2.7%
Too much to mention	1	2.7%
Not answered	2	5.4%
Total Responses:	35	

14. Using the scale below, please indicate to what extent you feel your client group has unmet needs in the area of sexual violence?

Value	Count	Percentage
1 - Few unmet needs	3	8.1%
2	8	21.6%
3	13	35.1%
4	10	27.0%
5 - Many unmet needs	2	5.4%
Not answered	1	

15. Do you feel that staff and colleagues in your agency would benefit from more information in any of the following areas:

Note: Multiple options allowed

Value	Count	Percentage
Dealing with disclosures of sexual violence	28	75.7%
General awareness of issues around sexual violence	27	73.0%
HB Crime	27	73.0%
Prostitution	25	67.6%
Trafficking	25	67.6%
Where to refer survivors of sexual violence	24	64.9%
PTSD	23	62.2%
Sexual harassment	23	62.2%
FGM	22	59.5%
DV	20	54.1%
Leaflets, helplines and posters to aid workers and clients	1	2.7%
Change over of staff can be pretty quick	1	2.7%
The local and national support groups available	1	2.7%
Work with young perpetrators	1	2.7%
Too many to mention	1	2.7%
Total Responses:	37	

16. Are you aware that the Mayor of London has produced two domestic violence strategies?

Value	Count	Percentage
No	18	48.6%
Yes	18	48.6%
Not answered	1	2.7%

17. Are you aware that the Government and Mayor of London have just launched a Violence Against Women and Girls (VAWG) strategy?

Value	Count	Percentage
No	19	51.4%
Yes	16	43.2%
Not answered	2	5.4%

18. Does your agency collect specific data in any of the following areas:

Note: Multiple options allowed

Value	Count	Percentage
Domestic violence	26	70.3%
Sexual violence	13	35.1%
Honour Based Violence (HBV) or Forced Marriage	7	18.9%
Female Genital Mutilation (FGM)	6	16.2%
Stalking / harassment	6	16.2%
Homicide	4	10.8%
Prostitution	4	10.8%
Human Trafficking	2	5.4%
Homophobic and transphobic hate crime	1	2.7%
Data not collected	1	2.7%
Don't know / not sure	4	10.8%
Not answered	6	16.2%
Total Responses:	31	

19. Are you required to work towards any specific targets or performance indicators in any of the following areas? If yes, please indicate which areas.

Note: Multiple options allowed

Value	Count	Percentage
DV	14	37.8%
Sexual violence	5	13.5%
Honour Based Violence (HBV) / Forced marriage	1	2.7%
Human Trafficking	1	2.7%
Prostitution	1	2.7%
Stalking / harassment	1	2.7%
Not sure	1	2.7%
No	4	10.8%
Not answered	14	37.8%
Total Responses:	23	

Appendix 2: Online Survivor Questionnaire Results

1. Do you live or work in the borough of Hammersmith & Fulham?

Value	Count	Percentage
Live in the borough	1	7%
Work in the borough	7	50%
Live and work in the borough	2	14%
Neither live nor work in the borough	4	29%

2. What is your sexuality?

Value	Count	Percentage
Heterosexual	10	71%
Bi-sexual	1	7%
Lesbian	2	14%
Unanswered	1	7%

3. How would you classify your ethnic background?

Value	Count	Percentage
White British	5	36%
White Irish	2	14%
White Other	2	14%
Any other mixed	1	7%
Indian	1	7%
Other	3	21%

4. Age (What year were you born?)

Value	Count	Percentage
21-30	6	43%
31-40	3	21%
41-50	1	7%
51-60	2	14%
Over 61	2	14%

5. How old were you when you first experienced sexual violence?

Value	Count	Percentage
Under 12 yrs old	3	21%
13-16 yrs old	6	43%
21-24 yrs old	2	14%
25-35 yrs old	2	14%
36-45 yrs old	1	7%

6. Please think about the most recent incident of sexual violence which you experienced. Please indicate when this incident occurred.

Value	Count	Percentage
In the last 3 months	0	0%
Between 3-12 months ago	1	7%
Between 1-3 yrs ago	3	21%
Between 4-6 yrs ago	5	36%
Between 7-10 yrs ago	2	14%
Between 11-20 yrs ago	2	14%
Over 21 yrs ago	1	7%

7. Please think about what you consider to be the most serious incident of sexual violence which you experienced. Please indicate when this incident occurred.

Value	Count	Percentage
In the last 3 months	0	0%
Between 3-12 months ago	1	7%
Between 1-3 yrs ago	1	7%
Between 4-6 yrs ago	1	7%
Between 7-10 yrs ago	3	21%
Between 11-20 yrs ago	2	14%
Over 21 yrs ago	5	36%
Rather not say	1	7%

8. Please indicate the type of sexual violence you experienced.

We would like to know about the most recent experience, the most serious (they can refer to the same incident) and what you may have experienced (ever) in your lifetime.

Note: Multiple options allowed

Value	Count	Percentage
Unwanted touching/groping	8	57%
Obscene/threatening messages/phone call	8	57%
Indecent exposure/flashing	7	50%
Forced/non-consensual intercourse	7	50%
Attempted forced/non-consensual intercourse	6	43%
Other forced/non-consensual activity	4	29%
Threatened to force you to marry	1	7%
Sexual threats	1	7%
Forced to watch pornography	1	7%
Being followed around and watched	1	7%
Being filmed engaging in sexual act against your will	1	7%

9. Most serious types of sexual violence experienced.

Note: Multiple options allowed

Value	Count	Percentage
Forced/non-consensual intercourse	5	36%
Attempted forced/non-consensual intercourse	3	21%
Other forced/non-consensual activity	3	21%
Indecent exposure/flashing	2	14%
Unwanted touching/groping	2	14%
Being followed around and watched	1	7%
Obscene/threatening messages/phone call	1	7%
Unanswered	2	14%

10. Number of types of sexual violence experienced (ever).

Value	Count	Percentage
One	1	7%
Two	4	29%
Three	6	43%
Four	0	0%
Five	1	7%
Six	1	7%
Seven	1	7%

11. Would you describe the most recent and most serious incident as a single incident or a series of incidents?

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
Single	7	50%	9	64%
Series	6	43%	4	29%
Unanswered	1	7%	1	7%

12. Where did the incident(s) occur?

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
At your home	6	43%	6	43%
On public transport	2	14%	2	14%
At work	1	7%	0	0%
At someone else's house	0	0%	3	21%
In a car/taxi	0	0%	1	7%
Other	1	7%	0	0%
Unanswered	4	29%	2	14%

13. What is the nature of the relationship between yourself and the person(s) who carried out the incident(s)?

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
Current spouse/partner	3	21%	1	7%
Former spouse/partner	1	7%	0	0%
Parent/step parent	0	0%	2	14%
Another family member	1	7%	0	0%
Date/casual relationship	1	7%	1	7%
Friend	0	0%	2	14%
Colleague/fellow student	0	0%	1	7%
Someone in caring/supervisory role	1	7%	0	0%
Had seen but did not know	2	14%	1	7%
Someone else known	1	7%	1	7%
Someone never seen before	4	29%	3	21%
Unanswered	0	0%	2	14%

14. Was the same person involved in every incident?

Value	Count	Percentage
No	12	86%
Yes	2	14%

15. What was the gender of the person who perpetrated the incident(s)?

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
Male	14	100%	14	100%
Female	0	0%	0	0%

16. Was the incident(s) perpetrated by more than one person?

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
No. of perpetrators	Most recent		Most serious	
One person	4	29%	4	29%
More than one person	1	7%	1	7%
Unanswered	9	64%	9	64%

17. Would you say that the person(s) was involved in a gang?

Value	Count	Percentage
No	14	100%
Yes	0	0%

18. Were any weapons used in any of the incidents?

Value	Count	Percentage
No	14	100%
Yes	0	0%

19. Do you feel that drugs and / or alcohol was used to perpetrate the incident(s)?

Value	Count	Percentage
Yes	5	36%
No	5	36%
Not sure	3	21%
Unanswered	1	7%

20. Did you tell anyone about the incident(s)

Value	Count	Percentage
No	3	21%
Yes	8	57%
Yes, some of the incidents disclosed	3	21%

21. What were the reasons you decided not to tell someone of your experience?

Note: Multiple options allowed

Value	Count	Percentage
Felt ashamed or thought I would be judged	4	29%
Didn't think it was important enough or I would not be taken seriously	3	21%
Just wanted to put the whole thing behind me	4	29%
Wasn't sure what had actually happened to me	4	29%
Did not know who to talk to about it	1	7%
Scared of reprisal or revenge from the perpetrator if I told someone	1	7%
Didn't think anything would be achieved (i.e. no arrest or conviction)	3	21%
Have had past bad experience of agencies such as police or support agencies	1	7%
Other: Didn't want to upset mother	1	7%
Total responses	8	

22. If you did tell someone about the incident(s), who did you tell?

Note: Multiple options allowed

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
Spouse/Partner	4	29%	2	14%
Other family/carer	3	21%	4	29%
Friend	2	14%	4	29%
Colleague	3	21%	4	29%
Police	2	14%	2	14%
Friend	3	21%	4	29%
Health Professional	1	7%	1	7%
Teacher		0%	2	14%
Someone else	1	7%	1	7%
Unanswered	4	29%	3	21%

23. Number of people/agencies disclosed to.

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
One	7	50%	4	29%
Two	0	0%	3	21%
Three	2	14%	2	14%
Four	1	7%	1	7%

24. What were the actions taken or outcomes of you telling someone about the incident(s)?

Note: Multiple options allowed

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
Emotional support/Counselling	2	14%	4	29%
Perpetrator arrested	0	0%	0	0%
Perpetrator charged	0	0%	1	7%
Perpetrator convicted	1	7%	0	0%
Formal report made but no further action	1	7%	1	7%
No action taken	5	36%	3	21%
Unanswered	4	29%	4	29%
Medical aid provided	0	0%	1	7%
Other	4	29%	3	21%

25. Please can you tell us which of the following symptoms you experienced as a result of the sexual violence.

Note: Multiple options allowed

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
No effects	5	36%	3	21%
Other mental/emotional problems	3	21%	5	36%
Depression	2	14%	4	29%
Increased use of alcohol	2	14%	3	21%
Increased use of drugs	2	14%	3	21%
STD/Other infection	1	7%	0	0%
Sever bruising	1	7%	1	7%
Bleeding from injuries	1	7%	1	7%
Internal injuries	1	7%	1	7%
Broken Bones	0	0%	1	7%
Pregnancy	0	0%	1	7%
Rather not say	2	14%	2	14%
Concussion/loss of consciousness	0	0%	1	7%
Unanswered	3	21%	2	14%

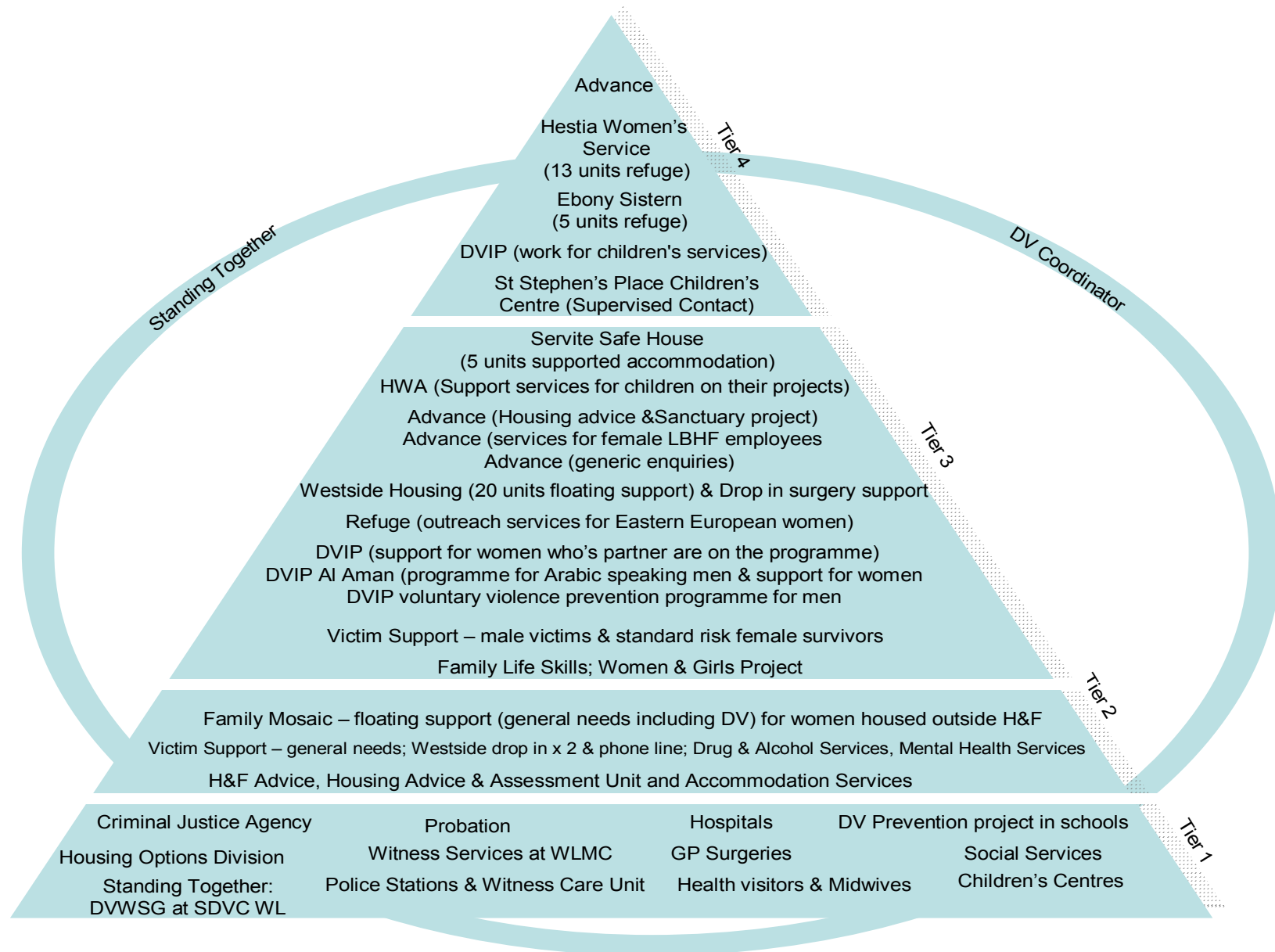
26. Number of symptoms experienced.

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
One	1	7%	2	14%
Two		0%	1	7%
Three	1	7%	1	7%
Four	1	7%	2	14%
Five	1	7%		0%
Six		0%		0%
Seven		0%	1	7%
No effects	5	36%	3	21%
Unanswered/Rather not say	5	36%	4	29%

27. Do you suffer long term effects from the incident(s)?

Value	Most recent incident(s)		Most serious incident(s)	
	Count	Percentage	Count	Percentage
No long term effects	7	50%	3	21%
Psychological effects	1	7%	8	57%
Both psychological and physical effects	1	7%	1	7%
Don't Know	4	29%	1	7%
Rather not say	1	7%	1	7%

Appendix 3: Tier Mapping



Appendix 4: Tier 4 Service Information

ADVANCE Advocacy Project

Provides crisis intervention, risk assessment, safety planning, support through the criminal and civil justice processes, advice and crisis counselling to survivors of domestic violence. Due to funding, main referring services are: the police, Housing Advice, Charing Cross A+E, Parsons Green walk-in centre, health visitors, and midwives. They do accept self-referrals.

Tel: 020 8748 0979

www.advanceadvocacyproject.org.uk

The Haven

Specialist centre for anyone who has been raped or sexually abused in the last 12 months: men, women, young people and children. Medical help, counselling, practical and emotional support. This is an open access service - no need for GP or other referral. There is no requirement to report an incident to the police.

Tel: 020 7886 1101

www.thehavens.org.uk

Refuge Community Outreach Service for Eastern European Women

Provides holistic and individual support based on a needs assessment and planning process, with outreach support to Eastern European women in LBHF, Brent, Barnet and Ealing.

Sponsored by the Big Lottery Fund

Tel: 020 8453 7190

Tel: 020 8453 7171

communityoutreachreferral@refuge.org.uk

Hestia Woman's Aid

Tel: South Refuge 020 8834 4862

North Refuge 020 8743 8518

Ebony Sistren

Provides accommodation and support for homeless women from black communities. Ebony Sistren has access to 4 hostels and one refuge. Self-referrals are accepted.

Tel: 02020 8749 2203

ebonysistrenha@talk21.com

Met Police Sapphire Team

Specialises in investigating rape and sexual assault cases and to provide victims with the support and care they need.

Tel: 020 8246 2307 / 2306

Met Police Clubs and Vice Team

Provide both advice and practical support to other units in the Metropolitan Police around the policing of the nighttime economy of nightclubs, vice and obscene publications.

H&F Police Community Safety Unit (CSU)

Investigate hate crimes including domestic violence. Officers are specially trained. There is an answer phone for out of hours calls. The CSU can make direct referrals to ADVANCE (page 6).

Tel: 020 8246 2828

Women and Girls Network

Provides telephone advice, information and support to women and girls who have experienced any form of violence and abuse.

Tel: 020 7610 4345

www.wgn.org.uk

Appendix 5: Interviews with Young Women

The interviews were conducted individually; permission of parents/carers was sought before interviewing the girls in their own homes.

Within this summary report the term 'girl' refers to a young person 13 – 17 years old which reflects the definition used in the Sexual Violence Against Women Sub Group of the Taskforce on Health Aspects of VAWG. The ages of the interviewees is as follows;

13 years old x1
15 years olds x 2
16 years old x 2
17 years old x1

Question 1: How would you define what falls under the definition of sexual violence? Do you think these views are shared by your peers?

The interviewees had similar views about what was sexual violence and all only mentioned the serious end of abuse.

- Rape
- Child Abuse
- Paedophilia

None of the interviewees thought that harassment, stalking or coercion into sex or sexual acts was sexual abuse even though all talked about incidents described by friends or experienced themselves directly. Even harmful sexualised behaviour was seen as acceptable because the girl/young women had 'said yes'. For example one interviewee recounted an incident experienced by her 12year old friend:

'she {the friend} had agreed to give a boy a blow job in a cinema and that was ok because she had said yes.'

A core component of preventative work would be to explore and clarify issues and concepts such as consent. The girl in this story had also told her friends and then subsequently the boy that she had been made to perform this same act on a man when she was only 6.

This story then prompted some discussion around what was known about the law and what constituted a criminal offence. All interviewees seemed to be very vague about anything other than rape their knowledge of the concept of consent was questionable. All interviewees thought their friends had similar knowledge and perspectives.

Question 2: In general, how concerned are you about sexual violence? How big of a problem do you think it is?

All interviewees talked about *paedophiles on face book pretending to be young and strangers in the street attacking them*. However through the discussions their experiences and stories of friends experiences recounted abuse by boys known to them either by sight/locality, school, college or on the same school route. The girls worried about walking home late and been followed, 2 of the 6 had being followed by a group of

boys harassing them in the park and felt very scared. All the interviewees felt that being asked for their phone number by boys was common. In addition if they refused to give their phone number the boys were likely to get aggressive or harass them until they gave in. Being approached in the street or bus and asked for their number was common and all the interviewees felt scared under those circumstances about refusing to give their number.

Out of 6 girls 3 knew of friends who had been raped or seriously assaulted. One girl had been raped less than a year ago and had only told one friend what had happened. This boy continues to ring and text her periodically in an attempt to talk to her.

Mobile phones and social networking sites such as face book are a common way for boys to harass and stalk girls. All interviewees had received unwanted attention in this way; 4 girls reported boys obtaining their numbers (not directly from them) through friends or in one interviewees case her phone was snatched and searched for friends numbers.

At clubs the girls experienced boys dancing inappropriately and *groping them* without their consent as well as harassing them for their phone numbers. One seventeen year old was being stalked by a boy of 20. The girl had been stalked for a year and he left unwanted sexualised messages on face book such as *“hey sexy why don’t you talk to me?”*. The boy would text regularly and wait outside college for her. The interviewee has taken no action to report this to anyone in authority, at college, or the police. Her parents are aware of the incidents but have not reported this to the authorities or sought any independent advice on what possible action could be taken. Rather than lack of interest in their daughters’ safety this may be more reflective of their lack of awareness of risk or their daughters’ legal rights.

Question 3: Where would you or your friends go for help if they experienced sexual abuse or violence (following up on why and other places)?

Nearly all interviewees said they would only tell their friends. Only the 13 year old girl said she would tell a teacher. Two respondents said they would tell parents only if it was a serious rape. Most did not know where they would go for help, not one interviewee mentioned child line. One interviewee said *‘it depends where it happens’* as to whether she would tell her parents because she would lie about going to a friends house as ‘cover’ for going out.

Question 4: Of the places that were not mentioned (this could be police, teachers-based on the feedback to the previous questions) why not seek help from these places?

Most said they would not seek help from teachers and one interviewee expressed fear about telling the police as *‘he would know I had told’* she was scared of repercussions. Most interviewees said they would not want their teachers to know because they didn’t trust that the information would stay confidential, they expressed strong concerns about the consequences of sharing this information. All mistrusted/very concerned about reporting to the police and all six thought that they could only report to the police if they had been raped or abused as children. The girls mentioned high profile celebrity rape cases within the media recently (including the late Jade Goody’s husband) which had negatively affected their views of the criminal justice process.

Question 5: What would be the best way to reach young people about key messages and help for sexual violence?

All young women said posters and information leaflets in special assemblies or PSHE classes would be really helpful.

Only one interviewee suggested the internet and demonstrated knowledge about using private browsing that could hide their 'surfing' history. All other interviewees did not want to be seen looking up services on line or to leaving a history on the computer. Four interviewees suggested putting up posters in the girl's toilets. Two thought of using drama in assemblies to address the issues with information given out afterwards. They all felt that general information posters meant they could tell other friends without anyone knowing.

Recommendations

- Young people and parents need to know their rights about what constitutes sexual violence, consent and harassment.
- Young men could benefit from improved knowledge of what constitutes sexual violence, criminal offences and consent to increase awareness of harmful or abusive behaviour.
- Availability of information and leaflets in schools, possibly given out in special assemblies and personal health social education classes (PHSE). This information could also be made available in colleges
- Public awareness campaigns that educate around 'healthy relationships', human and legal rights as well as challenge sexually harmful behaviour could be developed.
- Drama in school assemblies could be a useful media to raise awareness and disseminate information to improve access to support services.
- Information on ICT tools and via face book and MSM could be developed.
- Schools and colleges should consider developing/enhancing procedures and taking action when incidents occur.
- Police to consider developing/enhancing ways of informing young people of their rights in regard to sexual violence.

Appendix 6: Levels of abuse (designed and used by CAADA for use in *Safety In Numbers* report)

	Standard/ moderate	High	Extreme
Physical abuse	Slapping, pushing; no injuries and/or lasting pain or mild, shallow bruising or cuts	Beating up, severe contusions, burns, broken bones, miscarriage, threats to kills (imprecise) Noticeable bruising, lacerations, pain	Threats to kill partner, children, relatives or pets with specific risks such as access to weapons. Strangulation, holding under water or threat to use or use of weapons; loss of consciousness, head injury, internal injury, permanent injury, miscarriage.
Sexual abuse	Uses pressure or threats to obtain sex	Uses force to obtain sex, threatens to sexually abuse children	Forced sex or sexual acts on partner, violent sexual practices, deliberately inflicts pain during sex, combines sex and violence, sexually abuses children and forces spouse to watch, enforced prostitution
Harassment & stalking	Frequent phone calls, texts, emails, drops in occasionally	Constant phone calls, texts or emails. Uninvited visits.	Calls obsessively, pursues victim after separation, stalking, threats of suicide/ homicide to you and other family members, threats of sexual violence
Jealous & controlling behaviour	Makes you account for your time, isolates you from family and friends, intercepting mail or phone calls, controls your access to money	Controls most or all of your daily activities? (e.g. tells you with whom you can be friends, when you can see your family, how much money you can use, or when you can take the car?	Extreme dominance, e.g. Believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, (e.g. 'If I can't have you, no-one can) with belief that abuser will act on this. Locking you up or severely restricting your movements Threats to take the children Suicide/homicide threats Extreme sexual fantasies

Appendix 7: Single Agency Contact Sheet

Organisation	Posters	Flyers	Stakeholder Focus Group	Interview
Al-Hasaniya		√		
ADVANCE	√		√	
CAVsa		√		
Centre for Filipion's Hammersmith Branch		√		
Connexions	√		√	
Crown Prosecution Service			√	
Drug Intervention Programme		√		√
Eaves				√
AVA Project (formerly Greater London Domestic Violence Project)				√
HAFAD	√			
Integrated Youth Service at Cobbs Hall	√			
Kalayaan				√
London Centre for Personal Safety	√		√	
MARAC			√	
MAPPA			√	
Mental Health		√		
Out on Thursday		√		
Probation			√	
Project Sapphire-Hammersmith and Fulham			√	
Stepchange		√		
Teenage Pregnancy Team (SPARC)	√	√		√
The Haven			√	√
Turning Point	√			
West London Sexual Health Service	√	√	√	
Women and Girls Network	√	√	√	√
Youth Offending Service			√	