



TACKLING SEXUAL VIOLENCE: GUIDANCE FOR LOCAL PARTNERSHIPS

June 2006

**Sexual Crime Reduction Team
Violent Crime Unit, Home Office**

Ministerial Foreword

Sexual crimes have a devastating and lasting impact on victims, their families, and those around them. If we consider the fact that only 15% of rapes come to the attention of the police and that a significant proportion of rape victims choose not to tell anybody what has happened to them, it is clear that too few victims are accessing the support services they need to survive their experiences. The conviction rate of reported rapes of less than 6% is unacceptable and we need to bring more perpetrators to justice.

We are determined to work with you to improve justice outcomes and provide better services for victims of sexual violence. The introduction of new sexual offences legislation in 2003; the implementation of the Rape Action Plan; and the current consultation on measures to reduce attrition in rape cases demonstrate this commitment. However, the important work that needs to be done is also the responsibility of local criminal justice and health agencies, working in partnership with specialists from the voluntary sector. Crime and Disorder Reduction and Community Safety partnerships are perfectly placed to bring the right partners together, and make a real difference for victims and criminal justice.

This guidance takes you through the reasons why we need to take even more action against sexual violence at a local level, and includes practical case studies to show how to prevent sexual crimes; provide care and support to victims; and bring sexual offenders to justice.

This is the year to tackle sexual violence. In 2006-07, the Government has identified funding opportunities to develop Sexual Assault Referral Centres and introduce Independent Sexual Violence Advisors, both of which aim to provide a first-class service to victims of sexual crimes. I urge local partnerships to lend their support to these initiatives, to ensure that victims in their areas are receiving the best possible care and support.



A handwritten signature in blue ink that reads "Vernon Coaker". The signature is fluid and cursive, with "Vernon" on the top line and "Coaker" on the bottom line.

Executive Summary

Sexual crimes have a devastating impact on victims, their families and friends, the local community, and the whole society. This guidance aims to demonstrate to Crime and Disorder Reduction and Community Safety partnerships¹ that they have a crucial role to play in the prevention of these crimes, bringing perpetrators to justice, and providing services to victims. In this light, the guidance will enable local partnerships to do the following:

- identify the nature and extent of sexual violence in their local area
- identify key partners in the development of a sexual violence strategy
- use 'best practice' case studies to develop practical initiatives to tackle various aspects of sexual violence in their local area

Key facts

- Over 14,000 offences of rape were reported to the police in 2003-04
- Only 15% of rapes are reported to the police
- Of those rapes that are reported to the police, under 6% result in a conviction
- Over half of all rapes are committed by current or former partners of the victim
- Women have a greater fear of rape than any other crime
- Over 90% of rapes are committed against women, though a small proportion of rape victims are men
- Rape incurs a health-related cost of £73,437 per case
- Overall cost to society of sexual offences in 2003-04 is estimated at £8.5 billion

Local Partnerships should note that tackling sexual violence is a government priority, as highlighted in the following:

- **National Community Safety Plan 2006-09**
- **Local Area Agreements Guidance for Round 3 and Refresh of Rounds 1 and 2**
- **Local Area Agreement (LAA) Reward Element Guidance**
- **Home Office Public Service Agreements 1, 2, and 3**
- **Home Office Violent Crime Strategy (*under development*)**
- **Victims and Witnesses Delivery Plan**
- **Department of Health Public Health Delivery Plan and Sexual Health Strategy**
- **Rape Action Plan 2002**

In March 2006, the Government announced a £2.5 million package to tackle sexual and domestic violence, made up of two main components, both of which will require the involvement of Local Partnerships:

- * **Independent Domestic Violence Advisors (IDVAs) and Independent Sexual Violence Advisors (ISVAs)**
- * **Start-up funding for Sexual Assault Referral Centres (SARCs)**

Click [here](#) for more information about these two initiatives.

Links with other crime issues

There are significant links between sexual violence and other crime and disorder issues, but few Local Partnerships recognise these overlaps in their strategies. The need to tackle sexual violence should be addressed in local strategies on the following issues:

➤ Domestic Violence

As highlighted above, 54% of rapes are committed by current or former partners of the victim, and 55% of rapes take place in the victim's home. As is the case with all forms of domestic violence, it is common for victims to experience multiple incidents, sometimes over long periods of time, before they seek support or report to the police. It is also important to note that victims of sexual violence perpetrated by a current or former partner are likely to be victims of the most severe forms of domestic violence. This should be taken into consideration when assessing the risks that domestic violence victims are exposed to.

➤ Alcohol-related violence

Research suggests that the links between alcohol and sexual violence are significant, both in terms of offending and victimisation. Local alcohol strategies need to acknowledge these links if this problem is to be effectively addressed. Raising awareness about the associations between alcohol and sexual violence is one way that partnerships can help to reduce the opportunities for sexual assaults to take place. Although personal safety messages can help to prevent victimisation, it is important that communications also target potential perpetrators, highlighting the legal consequences of having sex without consent.

➤ Violent Crime

We know that 18 of the top 20 areas with the highest rates of sexual offences are also high crime areas, and 14 of the top 20 areas with the highest rates of rape are also high crime areas. Therefore, local partnerships with strategies to tackle high rates of violent crime, including those involved in the Tackling Violent Crime Programme (TVCP), should also recognise that they are likely to have comparatively high rates of serious sexual violence.

➤ Prostitution and Trafficking

The Coordinated Prostitution Strategy launched in January 2006 highlighted the fact that women involved in prostitution are especially vulnerable to sexual crime given the risky situations inherent in their daily lives. Their isolation and vulnerability is exacerbated for migrant women or women who have been brought to the country against their will, particularly if they cannot speak English. Local partnerships should consider running 'dodgy punter' schemes to help identify violent perpetrators, which can help protect these women from future assaults. Steps also need to be taken to encourage women working in prostitution to report sexual crimes to the police, and improve their access to support services. Local partnerships should also consider building links and supporting local voluntary and community organisations that can provide support for victims of trafficking.

➤ **Safeguarding Children**

Research suggests that children are generally sexually abused by people known to them. It is not unusual for children to say nothing about sexual abuse when it is actually happening to them, especially if their abuser is someone the child loves or respects. A lack of understanding of sexual matters, combined with feelings of guilt and embarrassment, provide further barriers to reporting. Delays in reporting can result in complex mental health problems if victims' needs are not addressed early. Local partnerships are encouraged to work together with Local Safeguarding Children's Boards to prevent child abuse, and provide support services to child victims.

➤ **Fear of Crime**

The British Crime Survey 2004/05 found that adult women were more worried about rape than any other crime. It is likely that this fear is based on a disproportionately high fear of being raped by a stranger in relation to the number of such offences. This issue should be reflected and addressed in local strategies to reduce the fear of crime, and raise awareness about the reality of sexual violence.

➤ **Gender Equality Duty**

The gender equality duty, coming into force in April 2007 will require public service providers to design services with the different needs of women and men in mind. Enforceable by law, the duty will require that public authorities provide appropriate services for victims of crimes, such as sexual crime and domestic violence, where the majority of victims are women. In addition, the duty will require that services for male victims of sexual crimes are delivered in an accessible and appropriate environment.

➤ **Public Protection and the management of offenders**

Part of reducing crime and improving community safety is working to reduce re-offending. Police, probation and prisons across England and Wales are responsible for establishing multi-agency public protection arrangements (MAPPA) for the assessment and management of the risks posed by sexual and violent offenders living in the community. Other agencies, including local authorities, health, education and social care providers are required to work within MAPPA and do so at an operational and at a strategic level through strategic management boards (SMBs). CDRPs should ensure adequate links are in place with MAPPA SMBs. Additionally, the use of multi-agency risk assessment conferences (MARACs) can be used to facilitate the risk assessment process for someone who has been raped or sexually assaulted within a domestic setting. CDRPs should also consider early interventions with young people who display sexually abusive behaviour, or who are at risk of offending by working closely with Youth Justice partners, Children's Trusts and/or Local Safeguarding Children's Boards.

CDRPs should be aware that a **National Sexual Violence Action Plan** will be published in the autumn of 2006, which will set out what the government is doing to tackle sexual violence – to prevent sexual crimes, bring offenders to justice, and provide services to victims of sexual crimes. An implementation guide for local agencies will be developed to accompany the Action Plan.

This Action Plan, along with the National Domestic Violence Delivery Plan and the Coordinated Prostitution Strategy, will underpin the new **Violent Crime Strategy**, which will include a specific focus on gender-based violence

Table of Contents

Executive Summary	3
2. The facts about sexual violence	10
* The extent and nature of sexual violence	10
Sexual violence in a domestic context	11
Links between alcohol and sexual violence.....	11
* The impact of sexual violence and abuse.....	13
Victims	13
Health Service	13
Criminal Justice System	14
The Community.....	14
* Vulnerable and 'hard-to-reach' groups	15
Women from Black and minority ethnic (BME) groups.....	15
People involved in prostitution	16
Children	17
Men	17
People with learning disabilities	18
Older people.....	18
* How does sexual violence fit into government policies and recommendations?	19
* National Sexual Violence Action Plan	21
* How can CDRPs identify the problem locally?	22
Tackling Violent Crime Programme	24
* Who are the key partners in strategy development and delivery?	25
* Financial resourcing	28
3. How to tackle sexual violence	30
* Sexual Assault Referral Centres (SARCs)	31
SARC models	32
Role of the voluntary and community sector	33
Outreach work.....	34
Links with local domestic violence services.....	34
Funding sources.....	35
* Independent Sexual Violence Advisors (ISVAs).....	35
Funding for 2006-07.....	36
4. Prevention	37
* Awareness raising	37
General public.....	37
Schools and colleges/universities	39
* Practical measures	41
* Early Interventions	44
5. Victim care	47
* Immediate	47
* On-going victim care	48
* Multi-agency co-operation in victim care.....	51

6. Criminal Justice	52
* Investigation	52
* Prosecution	54
* Multi-agency working	56
* Public Protection and the Management and Treatment of Offenders	57
Notification Requirements or the ‘Sex Offenders Register’	57
Other preventative orders for sexual offenders.....	58
Multi-Agency Public Protection Arrangements (MAPPA)	59
Treatment of sexual offenders.....	59

1. Introduction

Sexual violence is a horrendous crime which has devastating effects for adults and children from all backgrounds. Its impact on the victim can be substantial, affecting mental, physical and sexual health. There are also implications for the police, criminal justice system (CJS) and the health service, not to mention the fear of sexual crime evident in our communities.

The severe impact of sexual violence is reflected in the extremely high cost to its victims and to society. Home Office research published in 2005 estimated the total cost of sexual offences committed in England and Wales in 2003-04 as nearly £8.5 billion, 23% of the estimated total cost of crime against individuals and households. Given the extremely high impact of sexual violence – each rape costs over £76,000 - addressing sexual violence is a priority for the Government. The National Community Safety Plan 2006-09 identified increasing the number of rapes reported to the police and the proportion of those that result in a conviction as a key priority under protecting the public and building confidence. Following from this, work is now underway on the development of a cross-government National Sexual Violence Action Plan, which sets out work that is underway and planned in order to meet these and other objectives.

Sexual violence is best tackled through a multi-agency approach, involving the voluntary sector as well as statutory agencies in the prevention of sexual crime, improved care for victims and a more effective CJS response. CDRPs are ideally placed to support work in this area because of their role in bringing together local agencies to deliver the crime reduction agenda. They now include the police, the police authority, PCTs (or Local Health Boards), local authorities, and fire and rescue authorities as responsible authorities, and are required to work in co-operation with local education and probation authorities and invite co-operation of a range of local private, voluntary, other public and community groups including the community itself. All of these organisations all have a role to play, whether direct or indirect, in addressing sexual violence.

This guidance was first published in February 2005 and was designed to help Partnerships understand how sexual violence affects their area, and to suggest options for solutions where it is a significant problem. It has been updated because of the considerable developments that have taken place in relation to sexual violence in the past year. It should be read in conjunction with guidance on tackling domestic violence '*Developing Domestic Violence Strategies: A guide for Partnerships*' which was circulated to Partnerships at the end of 2004.

Chapter 2 in the guidance describes the national profile of sexual violence and the impact it has on victims, the community, the health service, and the CJS; sets out some of the particular issues associated with sexual violence, for example, under-reporting; and explains why some individuals and groups might be particularly vulnerable or 'hard-to-reach'. It also suggests how to understand the

problem at a local level, as well as which parties should be involved in analysing the problem and developing solutions. Finally, it provides advice on sources of funding for tackling sexual violence.

There are three key strands to tackling sexual violence: Prevention, Victim Care, and Criminal Justice. Chapter 3 outlines two policy initiatives that can address the problem of sexual violence by covering more than one of these three strands: Sexual Assault Referral Centres (SARCs) and Independent Sexual Violence Advisors (ISVAs).

Chapters 4, 5, and 6 look at each strand individually, and describe steps which can be taken to:

- Prevent sexual violence, e.g. through awareness raising, practical measures and early interventions with abusers;
- Provide care for victims, e.g. through voluntary sector provision of counselling and support; and
- Improve the investigation and prosecution of sexual offence cases, and the management and treatment of offenders.

These chapters illustrate the interventions described with case studies, and sets out the role a CDRP can play, together with other statutory agencies and the voluntary and community sector.

References to ‘sexual violence’ in this guidance should be read as including rape, assault by penetration, all other sexual offences, and childhood sexual abuse by both strangers and those known or related to the victim, unless otherwise stated. This applies whether or not physical injury is sustained, and whether or not the case is brought to the attention of the police.

2. The facts about sexual violence

*** *The extent and nature of sexual violence***

The 2004-05 British Crime Survey (BCS) Interpersonal Violence Module (IPV) reported that 2.8% of women had been the victim of a sexual assault in the last year. 0.4% of women had experienced rape over the same period. 23.5% of women said that they had been sexually assaulted at least once since the age of 16. The results of the survey² suggested that the majority of rape and sexual assault takes place in a domestic setting - 51% of serious sexual assaults were committed by a current or former partner of the victim. Only 11% of rapists were strangers.

Whilst the majority of victims of serious sexual violence are women assaulted by adolescent and adult males, the survey also found that a small proportion of men - 0.6% - had also been subject to sexual assault in the previous year with 3.4% saying that they had been sexually assaulted at least once since the age of 16. Other research suggests that almost 3% of men experience non-consensual sexual experiences as adults and over 5% as children³.

Sexual violence is massively under-reported by both female and male victims. In the year 2004-05, 60,946 sexual offences were recorded by the police. Of this number, 14,002 were offences of rape, of which 92% were rape of a female and 8% were rape of a male. The total number of recorded sexual offences rose by 17% from 2003/04⁴, to account for 5% of total recorded violence.

The 2001 BCS IPV found that only about 15% of rapes came to the attention of the police. 40% of those who had suffered rape in the year leading up to the survey had told no-one about it.

The conviction rate for rape is less than 6%. Notwithstanding the inherent difficulties in proving that an offence took place where the case hinges on whether or not one party consented, the current rate of conviction in rape cases is unacceptable. As well as delivering justice for victims, increasing conviction rates is vital in terms of crime reduction, both in preventing rapists from committing further offences, and sending a deterrent message to potential offenders.

² Finney, A (2006), *Domestic violence, sexual assault, and stalking: Findings from the 2004-05 British Crime Survey*, Home Office Online Report 12/06

³ Coxell, A., King, M., Mezey, G., Gordon, D. (1999). Lifetime prevalence, characteristics, and associated problems of non-consensual sex in men: cross sectional survey. *British Medical Journal*, 318, 846-850. (Please note, some US studies put the proportion of men that experience sexual abuse as children at over 10%)

⁴ There was a significant increase in sexual offences from the 52,070 recorded by the police in 2003-04. It is likely that this is mostly due to the inclusion of indecent exposure as a sexual offence under the Sexual Offences Act 2003, which came into force in May 2004. The increase in sexual offences between 2002-03 and 2003-04 was 7%.

Rape is a particularly serious crime, and one which has a considerable impact on fear of crime within the community. The 2003/04 BCS found that adult women were more worried about rape than any other crime.

Sexual violence in a domestic context

The BCS IPV finding that over half of the respondents who had experienced rape had done so at the hands of a current or former partner reflects the findings of a substantial body of evidence. Research suggests that women forced to have sex by their partners experience the most severe forms of domestic violence⁵, and that sexual coercion and violence within a marriage is likely to occur more than once with increasing frequency and intensity⁶. Levels of reporting have been found to be particularly low for rape and sexual assault within a pattern of domestic abuse.³

Work on sexual violence needs to take account of the strong links with domestic violence and vice versa. In particular, the management of risk where rape or serious sexual assault has occurred within a domestic context needs to be addressed. Multi-agency Risk Assessment Conferences (MARACs) are the recommended framework for assessing and managing such risks. Other advice on addressing sexual violence in a domestic context can be found throughout this document. More detailed guidance for Partnerships on tackling domestic violence can be found in *Developing Domestic Violence Strategies: A guide for Partnerships*⁷.

Links between alcohol and sexual violence

Research indicates that in a significant proportion of rape and sexual assault cases the victim has consumed alcohol prior to the assault. Although it is harder to capture forensic data on perpetrators of sexual violence to determine blood-alcohol levels, it is clear that there are also links between alcohol consumption and sexual offending.

Recent findings by the Forensic Science Service⁸ reveal that alcohol was found in 81% of cases where drug-facilitated sexual assault was alleged and where samples were taken within 12 hours of the alleged assault. In addition, 60% of

⁵ 'Sexual violence against adult women primary care attenders in east London.' Coid J, Petrukevitch A, Chung WS, Richardson J, Moorey S, Cotter, Feder GS. Br J Den Pract. 2004 Feb;54(499):135-6

⁶ 'The legal irony of marital rape.' Afr Women Health. 1995 Jul-Sep;:16-8

³ The HMCPSI Report on domestic violence;

⁷ The guidance for partnerships on tackling domestic violence can be found using the following link:

<http://www.crimereduction.gov.uk/domesticviolence46.doc>

⁸ Scott-Ham and Burton (2005), 'A Study of Blood and Urine Alcohol Concentrations in Cases of Alleged Drug Facilitated Sexual Assault in the United Kingdom over a 3-year period', Forensic Science Service

the cases showed high 'back-calculated' levels of alcohol consumption⁹. The results of this research supports other findings¹⁰ from the UK and abroad.

There may be a number of reasons for this association including:

- Women may be specifically targeted by perpetrators because they are drunk and therefore more vulnerable, but also because the perpetrator believes that they will be less likely to remember details of the attack and the identity of the attacker, and less likely to be believed by a jury.
- People may take more risks when they have been drinking, e.g. walking home alone, going home with someone they don't know;
- People may have slower and less effective reactions and awareness, making them less able to defend themselves;

Findings from research also suggest that many perpetrators of sexual violence have drunk alcohol immediately prior to the incident and/or have drinking problems¹¹. Furthermore, perpetrator alcohol consumption is sometimes associated with increased sexual violation and physical aggression¹². Whilst this may be partly due to pharmacological factors which increase sexual desire and aggressive behaviour, there is also evidence that alcohol is invoked as a post-offence excuse, and that there is an expectation that women in bars will be receptive to sexual advances¹³.

Although a large proportion of sexual assaults are not related to alcohol, it is clear that given the evidence above, links need to be made between local alcohol and sexual violence strategies if this problem is to be effectively addressed. In particular, raising awareness about the associations between alcohol and sexual violence may significantly influence behaviour so as to reduce the opportunity for assaults to take place. Communications should be directed towards potential victims, encouraging them to drink sensibly and take appropriate personal safety precautions; as well as potential perpetrators, emphasizing that consumption of alcohol, on their part or on the part of their victim, does not validate sexual activity without consent. It is important to emphasise that whilst potential victims may take preventative measures, the responsibility for preventing sexual violence lies with perpetrators.

At the national level, the Alcohol Harm Reduction Strategy for England brings together a programme of work covering crime and disorder, identification and treatment, education and prevention and communication. The Strategy identified sexual violence as one of the crime and disorder harms. Local strategies to

⁹ High 'back-calculated' levels of alcohol consumption is defined as more than 150 milligrams of alcohol per 100 millilitres of blood.

¹⁰ Testa and Parks (1996) 'The role of women's alcohol consumption in sexual victimisation', *Agression and Violent Behavior*, 3(1), 217-234, 1996

⁵ Grubin and Gunn (1990). *The imprisoned rapist and rape*. London: Department of Forensic Psychiatry, Institute of Psychiatry.

⁶ Brecklin, L.R and Ullman, S.E. (2001). The role of the offender alcohol use in sexual assaults: results from the National Violence Against Women Survey. *Journal of Studies on Alcohol*, 63 (1): 57-63.

⁷ Finney, A. (2004). *Alcohol and sexual violence: key findings from the research*. Home Office Research Findings 215. London: Home Office

tackle alcohol related harm should ensure that the right connections are made with sexual violence strategies.

To find a case study that illustrates the kind of practical steps that can be taken by CDRPs, together with agencies and the industry, to tackle alcohol-related sexual violence, please click [here](#).

* **The impact of sexual violence and abuse**

The impact of sexual violence and abuse is wide-ranging. Research, and the experience of practitioners, has indicated that the following effects may result from sexual violence:

Victims

- Physical injury
- Sexually transmitted infections
- Severe and enduring mental health implications including post-traumatic stress disorder, anxiety and panic attacks, depression, somatic symptoms, social phobia, substance abuse, eating disorders and suicide.
- Unwanted pregnancy
- Time off work or loss of employment, disruption to studies
- Negative experience of the criminal justice process may exacerbate these problems.
- Where people are abused as children, the psychological effects may be particularly complex and often endure into adulthood. There may also be additional implications in terms of social development, behavioural problems and education difficulties.
- Impact on relationships, family and friends, particularly where sexual violence is perpetrated in a domestic context.
- Research has shows links between sexual abuse and offending. According to a study by Morris et al (1995)¹⁴ one third of a sample of 200 women in prison had experienced past sexual abuse

Health Service

- The health-related cost of each rape is £73,487¹⁵. This includes the emotional and physical impacts of injuries and illnesses and estimates of the associated costs to health services and of lost output from time spent at less than full

¹⁴ Morris, A., Wilkinson, C., Tisi, A., Woodrow, J. and Rockley, A. (1995) *Managing the Needs of Female Prisoners*. London: Home Office.

¹⁵ Dubourg and Hamed (2005), *Estimates of the Economic and Social Costs of Crime in England and Wales: Costs of crime against individuals and households, 2003-04*, Home Office

health. Although the financial cost of providing support to victims is included in this cost, it is important to note that the full value of voluntary sector input in counselling and supporting victims, particularly to those that do not report to the police may not have been captured in this figure.

- Failure to provide good immediate medical care and advice may increase long-term pressure on GPs, substance abuse treatment services and services for mental health, Genito-Urinary Medicine (GUM) and family planning.
- Where appropriate services are not in place, victims of sexual offending may report to A&E departments, GUM services and GPs, creating an additional burden on services which do not always have the specialist skills to deal effectively with the immediate and ongoing victims of sexual crime.

Criminal Justice System

- Time spent on police investigation, case preparation and court hearings.
- Cost to prison and probation services in terms of offender management
- Failure to bring sex offenders to justice, or to effectively manage them may lead to a revolving door effect, where the same people go on to commit further crimes with implications for the CJS.

The Community

- Lost output resulting from sexual offences costs England and Wales £1.19 billion per year¹⁶.
- High rates of attrition reduce public confidence in the criminal justice system
- Lack of information about the realities of sexual crime may lead to an inaccurate public understanding of sexual crime, for example:
 - a disproportionate fear of rape by strangers
 - a lack of awareness about the extent of sexual abuse within a domestic setting, and assaults perpetrated by people known to the victim
 - an awareness of personal safety that is geared predominantly towards protecting oneself from strangers
 - the misguided belief that if a woman is wearing provocative clothing, or has been drinking, then they are fully or partially responsible for any assault they experience – a woman is never responsible if she has been raped.
- One third of sexual offences are committed by people under the age of 18¹⁷. This has particular implications for families, social services and the education system.

¹⁶ ibid

¹⁷ Lovell, E. (2002) I think I may need some help with this problem: Responding to children and young people who display sexually harmful behaviour. NSPCC. London.

* Vulnerable and ‘hard-to-reach’ groups

The barriers that prevent victims of sexual crimes from reporting to the police and pursuing their case further through the criminal justice system are complex and significant, hence the 15% rate of reporting for rape. For example, feelings of self-blame, guilt, and shame, and the fear of not being believed are relevant to all victims. However, there are some groups and individuals that are even less likely to report, either because they are particularly vulnerable to sexual crime, or because they are ‘hard-to-reach’, or both. The term ‘hard-to-reach’ is used to describe those that have particular difficulty accessing appropriate support services and reporting incidents to the police. It is likely that this is due to the low availability of culturally-sensitive and appropriate support services at a local level, as opposed to a lack of motivation to seek help.

Whenever possible, links have been provided to other sections of the guidance that include relevant case studies, or to other helpful documents.

Women from Black and minority ethnic (BME) groups

There are religious and cultural factors within some BME communities which have an impact on the levels of reporting of such crimes, and make it difficult to know the actual nature and extent of sexual violence. Although the barriers preventing some women from BME groups reporting incidents of sexual crime are not necessarily religious in nature, there are similarities between faith communities in terms of the cultural stigma attached to being a victim of sexual crimes. There are significant taboos that restrict women from feeling free to discuss their experiences with relatives and members of their community, let alone contacting the police.

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

A step-by-step guide for black and minority ethnic victims of domestic violence has been published, which includes specific advice in relation to sexual violence. In addition, guidance was published in 2005 on providing support to survivors of domestic violence from black and minority ethnic groups. Click [here](#) to access this guidance on the Crime Reduction website.

People involved in prostitution

Women, and a small number of men, involved in prostitution are especially vulnerable to sexual crime given the risks inherent in their daily lives. Such women often live isolated lives and, for a variety of reasons, feel there is no-one they can trust to help them. This situation has been exacerbated by the increasing numbers of migrant women involved in prostitution in this country. A recent study conducted in London by the Poppy Project suggests that 85% of those involved in off street prostitution are migrant workers. Many are isolated from their own communities and, with little English, effectively isolated from many services including those that help women to stay safe. Their presence is believed to have increased the overall numbers of women involved in prostitution. This has increased competition which leads to increased risk taking.

Violence, including sexual violence is routinely used by pimps as a means of control over people involved in prostitution. In a study of 19 'pimped' women, ten said that they had been raped or otherwise sexually abused by their pimp¹⁸. Men and women involved in prostitution are also at risk of sexual violence perpetrated by users. In *A Three-City Comparison of client violence against prostitute women*, 28% of women involved in street based prostitution reported attempted rape¹⁹. These findings are backed up by the *Paying the Price* consultation on prostitution, which reiterated the vulnerability of people involved in prostitution to all kinds of crime, including sexual crime, and emphasised their lack of faith in the criminal justice system.

Women in prostitution share the same barriers to reporting as other victims of sexual crime. This includes shame and self-blame, a perception of the relative ineffectiveness of the criminal justice system, and uneven local service provision. But in addition they suffer from social stigma; a lack of self-esteem which can significantly intensify feelings of blame; a perception of a prevailing view that sex is likely to have been consensual by virtue of their 'profession'; a perception that there is a prevailing view that women in prostitution are unlikely to be reliable witnesses; a fear of criminal proceedings being taken against them for prostitution-related offences; and a fear of deportation among those with unsettled immigration status.

The government's coordinated prostitution strategy, published in January 2006 and developed in response to the *Paying the Price* consultation, includes a number of actions for CDRPs to tackle prostitution. One of the recommendations is for the expansion of the 'Ugly Mugs' scheme – click [here](#) for more on this

⁸ May, T., Harocopos, A., and Turnball, P.J. (2001) *Selling Sex if the City: An evaluation of a targeted arrest referral scheme for sex workers in Kings Cross*, London: South Bank University Press

⁹ Barnard, M. A., Hurt, G., Benson, C., Church, S. (2002) *Client violence against prostitutes working from street and off-street locations: A three-city comparison*, Swindon: ESRC

initiative, which helps to prevent sexual crimes against people working in prostitution, as well as bring more offenders to justice.

Children

A lack of understanding about sexual matters and effective grooming by perpetrators may leave children unaware that they have been the victim of a crime. Abuse, particularly by someone in a position of authority over the child, can result in the victim feeling frightened and isolated, and in many cases, they may believe it is their fault. Where the perpetrator is a parent or carer, there can be an additional fear that a loved and trusted person will be taken from them if their crimes are reported. Child victims often lack the skills to articulate their suffering and fear that they will not be believed. Even if the child wants to report the crime, they may be influenced by family/friends who think that it would not be in their best interests and that going through a trial would compound the victim's trauma.

It is also important to recognise that if a child suffers sexual abuse and their needs are not addressed early, they may develop very complex support needs later in life. Some research studies have shown that child sexual abuse is an important marker of increased risk of sexual violence in adulthood²⁰, which further highlights the need to provide support to child victims at an early stage.

The Local Safeguarding Children's Board is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do – click [here](#) for more on their role.

Men

Although the majority of rapes are committed against women, men are also the victims of rape and serious sexual assault. Male rape is rarely reported in the media or covered in magazines, with the result that victims feel they are the only ones to experience such assault, isolated by their experience and a fear they will not be believed if they report the assault to the police. Gender stereotyping perpetuates the belief that men should be able to take care of themselves and so should be able to resist sexual assault.

Linked to the stereotype that men can protect themselves from assault is a notion that if sex took place between men, it must have been consensual and thus the victim must be gay. Male victims are believed to be anxious that it will be

²⁰ McGee, H., Garavan, R., de Barra, M., Byrne, J. and Conroy, R. (2003) *The SAVI Report: Sexual Abuse and Violence in Ireland*. Dublin Rape Crisis Centre; Liffey Press.

assumed they are gay. Furthermore, there are few services that deal specifically with male victims of sexual violence, which can mean that travelling long distances to access such a service may be an additional factor affecting men's willingness to tell anyone they have been raped and come forward for help.

Specialist services working with male survivors acknowledge the many similarities between men and women in emotional and psychological responses to childhood sexual abuse, but highlight some important gender-related issues that male survivors also experience, such as male role confusion and sexual dysfunction.

People with learning disabilities

The factors that make people with learning disabilities particularly vulnerable to sexual violence are similar to those described above in relation to children. For example, where the perpetrator is a care worker or in a position of authority, it is often difficult for the victim to understand that what has happened to them constitutes a crime, and may not wish to report the crime to the police, or be a witness if the case comes to court. In care homes, there may be a lack of reporting as care workers may not recognise the relevant behaviour of colleagues as a criminal activity and feel the matter can be adequately dealt with by internal measures. Some care workers are unsure of whom they can check with whether the behaviour they have witnessed is criminal.

A booklet about sexual abuse and the law for people with a learning disability has been published by the Home Office in partnership with the Down's Syndrome Association, Mencap, and Respond. The booklet provides information about sex, sexual abuse, and the feelings associated with sexual abuse, written in a way that is accessible and easy to understand. Half of the booklet is specifically for people under 16 with a learning disability. Also included are links to appropriate help-lines and support organisations. Click [here](#) to find this booklet on the Home Office website.

Older people

At a conference hosted by the St Mary's Centre in April 2006, the barriers to providing effective and appropriate services to older victims of sexual violence, and the issue of increased vulnerability associated with age were addressed.

There are similar difficulties surrounding disclosure for older victims of sexual violence as there are for children, in situations where the perpetrator may be a carer either within the home or care setting. In addition, difficulties associated with memory loss, confusion and in some cases dementia, can result in the

credibility of the witness being called into question. Older people may find it more difficult to tell someone about their experiences, due to generational issues about talking about issues of a sexual nature.

Further information about the St Mary's Centre and the work they are doing to improve services for older victims, can be found on their website (www.stmaryscentre.org)

* **How does sexual violence fit into government policies and recommendations?**

The Home Office's Public Service Agreement 1(PSA1) requires the Government to reduce crime by 15% and more in high crime areas. By taking steps to prevent sexual crime, and bring more offences to justice, local partnerships can contribute to this target.

The Violent Crime Unit in the Home Office is currently working with the Prime Minister's Delivery Unit to develop a National Violent Crime Strategy. This is likely to encourage an increased focus on those offences which cause the most harm to individuals and to society, and as such sexual violence is likely to emerge as a priority. More details will follow on this in due course.

PSA2 requires that by 2007-08, fear of becoming a victim of violent crime, burglary or car crime are lower than those in 2002-03. Given that women are more fearful of rape than any other crime, it is important that this is addressed in order to reduce overall fear of crime.

PSA3 requires the Government to improve the delivery of justice by increasing the number of offences brought to justice to 1.25 million by 2007/08. Given the very low conviction rate for rape, there are clear gains to be made here by improving the investigation and prosecution of rape cases.

The National Community Safety Plan for 2006-09 includes as a key priority in reducing crime the need to "continue to encourage victims, families, friends and neighbours to report incidents of domestic violence and sexual assault to the police and other agencies". In order to protect the public and build confidence, the Plan states that the government will, "as an interim step to bringing more sexual offenders to justice, increase the number of rapes and other sexual offences (but excluding exposure) reported to the police so that fewer victims suffer in silence". Work has been done, and continues to be done, to improve the response of criminal justice agencies to victims of sexual crimes. Please see the criminal justice section for more on these developments.

The Local Area Agreements Guidance for Round 3 and Refresh of Rounds 1 and 2 contains mandatory outcomes for LAAs on reducing crime and reassuring the

public, and reducing the fear of crime. Tackling sexual violence can help to deliver these outcomes. The guidance also contains a possible indicator on reducing violent crime, including alcohol related violence, domestic violence, sexual violence, hate crime and the use of weapons which local areas may wish to include in their LAA.

The Local Area Agreement Reward-Element Guidance identifies three indicators on sexual violence that local partners should consider using if they choose to have a performance reward grant target on violent crime in their LAA.

The Victims and Witness Delivery Plan was published in 2004 and outlines key priorities for increasing victim and witness satisfaction including providing information about services and the case, delivering a high quality service from CJS staff and offering emotional and practical help. Providing support to victims is vital not only because they have suffered a horrendous violation, but also because in doing so, the overall cost of sexual crime for society can be reduced, and more offenders can be brought to justice when victims are supported through the criminal justice process.

The Rape Action Plan 2002 sets out a range of measures to improve the investigation and prosecution of rape cases, including improving victim care, victim examination facilities and the skills of the police dealing with rape cases. A recent stock-take of progress on the Rape Action Plan found that although good progress had been made in some areas, there was still some way to go before best practice was replicated across the country. A follow-up thematic inspection on the investigation and prosecution of rape is taking place in the first half of 2006.

The Department of Health's Sexual Health Strategy includes the key aims of reducing the prevalence of undiagnosed HIV and sexually transmitted infections (STIs) and reducing unintended pregnancy rates. Recommended standards were developed as part of the strategy by the Medical Foundation for AIDS and sexual health. Recommended Standard 5 states that "People with sexual health needs should be able to have prompt access to comprehensive services needed following sexual assault". It further identifies Sexual Assault Referral Centres (SARCs) as providers of "optimal care" (click [here](#) for the section on SARCs), and that "sexual health services should be involved in multi-agency collaboration to plan for and meet the needs of those who have been, or are being, sexual abused".

The Public Health Delivery Plan, Delivering Choosing Health: Making Healthier Choices Easier, published March 2005, also highlights SARCs as one of 45 'big wins' – key interventions which the evidence and expert advice suggest will make the greatest impact on health in the shortest period of time.

The Victims of Violence and Abuse Prevention Programme (VVAPP) is a two-year initiative run by the Department of Health and the National Institute for Mental Health in England (NIMHE) in partnership with the Home Office. The programme is conducting research to produce evidence based policy development and practice improvement by equipping professionals and services to identify and respond to the needs of victims of domestic and sexual violence and abuse, including rape and sexual assault. The programme guide *Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse* was published in February 2006.

Every top tier local authority area in England has a 10-year teenage pregnancy strategy in place, developed jointly with health and other relevant partners, which has been agreed by the Teenage Pregnancy Unit at the Department for Education and Skills. In broad terms, local teenage pregnancy strategies contain an assessment and analysis of local services and context, including local conception rates and targets for reduction. This links into the need to provide education to young people about healthy relationships, which is also crucial for preventing sexual violence – see the section on prevention for more on this.

The Gender Equality Duty, coming into force in April 2007 will require public service providers to design services with the different needs of women and men in mind. Public bodies will need to consult with their service users to identify: what are the priority issues for women and men in the services they provide? Do they have different needs within some services? Will women or men be put off accessing a particular service? Why? Are there some services that are more effectively delivered as women-only or men-only? **Enforceable by law**, the duty will require that public authorities provide appropriate services for victims of crimes, such as sexual crime and domestic violence, where the majority of victims are women. In addition, the duty will require that services for male victims of sexual crimes are delivered in an accessible and appropriate environment. More information can be by clicking [here](#), to take you to the Equal Opportunities Commission website. On the website, you can find information about the development of the Code of Practice currently under development, and good practice examples that will become common practice under the gender equality duty.

* **National Sexual Violence Action Plan**

The Interdepartmental Ministerial Group on Sexual Offending is currently overseeing the development of a new national sexual violence action plan. This will seek to set out current and planned government action on prevention and education, early interventions, improving access to health services, increasing capacity in support services, increasing reporting and improving the investigation and prosecution of sexual offence cases, and managing sex offenders.

The Action Plan will be published in autumn 2006, and will incorporate the outcomes of the following: the consultation on measures to tackle attrition in rape cases, launched by the Solicitor General in March 2006; the Victims of Violence and Abuse Prevention Programme; and the recommendations of the thematic inspection into the investigation and prosecution of allegations of rape which will be published in the summer. The Action Plan will also be informed by the new stakeholder advisory group, made up of invited representatives from the specialist sexual violence sector including voluntary organisations dealing with recent and historic abuse, Sexual Assault Referral Centres, key academics and organisations supporting vulnerable or hard to reach groups.

The Action Plan will underpin the Violent Crime Strategy, currently under development, which will include a specific focus on gender-based violence. This will help to ensure that the Action Plan has strategic and substantive links with other work to tackle violence against women, such as the National Domestic Violence Delivery Plan, the Coordinated Prostitution Strategy, and the UK Strategy on Trafficking. It is intended to develop an implementation guide for front-line practitioners to accompany the Action Plan, which will build on the recommendations included in this guidance. By using this guidance to develop a local sexual violence strategy now, and get involved in the development of Sexual Assault Referral Centres (SARCs) and the introduction of Independent Sexual Violence Advisors (ISVAs) (click [here](#) for further information), CDRPs can ensure that they are prepared in advance of the Action Plan launch.

* **How can CDRPs identify the problem locally?**

Local partnerships have a duty to tackle the problems with crime and disorder that exist in their area, including violent crimes such as sexual offences. Where violent crimes are not included in strategies, Government Offices for the Regions (GOs) or the Welsh Assembly Government (WAG) will ask local partnerships to account for this using evidence from their audits.

The National Policing Plan 2005-08 advises use of the National Intelligence Model (NIM) by local partnerships as part of their audit and strategic planning process. The NIM standardises the way police forces gather, assess and act upon intelligence by utilising a series of management processes and intelligence products developed by analysts. It enables information to be collected, researched and analysed in a structured way.

The review of partnership provisions of the Crime and Disorder Act 1998 (CDA), also concluded that partnerships would benefit from adopting NIM principles. As a result, the Police and Justice Bill includes provisions for national standards for partnership working. These are likely to require partnerships to use a NIM model specifically adapted for use by local partnerships. The adapted model will help partnerships with the 6-monthly strategic assessments also proposed by the review. The Home Office is currently working closely with stakeholders to

develop the detailed scope and content of the proposals emanating from the CDA review, with roll-out likely in 2007. Further information about the review can be found at www.crimereduction.gov.uk/partnerships60.htm.

The National Intelligence Model is relevant to all involved in tackling crime, disorder and community safety. As part of the NIM process, a "problem profile" can be commissioned. The purpose of a problem profile is to provide an assessment of a specific problem (or series of problems) which may be criminal, which may pose a threat to public safety or may be anti-social in content. The profile will include an analysis of the problem with recommendations for intelligence gathering, enforcement or prevention. Partnerships seeking to establish a profile of sexual violence in their area can use the NIM to help understand the problem and design operational responses. Click [here](#) for further information on NIM on the police pages of the Home Office website.

As sexual violence is a complex and under-reported crime, requiring multi-agency solutions, it is preferable to use a multi-agency data capture system to inform audits. A multi-agency data capture system involves the systematic collection of data on sexual violence from local agencies in addition to the police, including social services, A&E, GPs, sexual health services, and substance misuse services as well as the voluntary sector, to give an overview of the numbers seeking help, and the help they receive. It is recommended that this be conducted over a prolonged period, to highlight areas for improvement and establish baselines. Consultation with victims and the community can also play a key part in data capture systems.

Sexual Assault Referral Centres (SARCs), currently operational in 14 locations in England and Wales, now collect data about the number and characteristics of cases, both those reported to the police and self referral cases which can be used to increase understanding of the profile of sexual violence in their locality. Click [here](#) for more information about SARCs.

There are a number of additional factors that should be taken into account when assessing the nature and prevalence of sexual violence in your area:

- Although it is important to look at recorded crime figures, it should be remembered that this figure only reflects about 15% of overall sexual violence.
- Rates of reporting may be particularly low for victims of domestic sexual violence; for women from black and minority ethnic (BME) communities; for male victims; and people involved in prostitution.
- Are support services accessible to all, including 'hard-to-reach' groups? It is important that services consider the needs of victims for whom English is not their first language, or who have a disability.

- Where availability of services for victims is low or where confidence in the police and criminal justice system is poor, people may be less likely to report to the police.
- In addition to rates of sexual offending, availability of victim care should be considered. Are local voluntary organizations, such as Rape Crisis centres active in this area? Does the area have a Sexual Assault Referral Centre (click here for further information on SARCs)?

For example, **South Essex Rape and Incest Crisis Centre (SERICC)** is a voluntary sector organisation providing support and counselling to victims of sexual violence. SERICC stores comprehensive, anonymous, statistical information about the nature of the assault reported to them, the relationship between the victim and perpetrator, whether the incident was reported to the police, and the outcome of any criminal justice

- Fear of crime is also relevant. If there is a disproportionate fear in the community of being raped by a stranger, there may be a need for addressing such rape 'myths', and raising awareness about the true nature of sexual crime. This should be taken into account in the audit process.
- In terms of reducing sexual crime, the primary focus nationally is on rape and sexual assault, since these crimes can be particularly serious, and account for a large proportion of sexual violence. In light of this, CDRPs are advised to pay particular attention to the data on these offences.

Steps to tackle sexual violence can either be the subject of a stand-alone strategy, or be included in a wider strategy. CDRPs might consider integrating a sexual violence strategy with a domestic violence strategy, given the cross-over between the two issues, and potential for shared resources. Links can also be made with strategies on alcohol, education, personal safety, young people and fear of crime. In some areas it may be appropriate to develop strategies on a cross-boundary basis. This may be particularly helpful in metropolitan areas where boundaries of local authorities overlap on a number of issues.

Tackling Violent Crime Programme

Some Partnerships will currently be taking part in the Tackling Violent Crime Programme (TVCP). This has been established by the Home Office's Police and Crime Standards Unit and Violent Crime Unit, with support from the Prime Minister's Delivery Unit. The aim of the programme is to work intensively with those Partnership areas facing the greatest challenges and highest volumes of more serious violent crime, to help them reduce violent crime. The focus of the TVCP is currently on the night time economy and domestic violence, which together account for the majority of violent crime. However plans are underway to evaluate and disseminate the learning from the TVCP nationally late in 2006,

and options are being considered for working with other areas and other crime types, such as sexual violence, in a similar way in the future. CDRPs should remember that high levels of rape and sexual assault are associated with high levels of violent crime.

The Violent Crime Unit is also working, in the context of a general Home Office review of crime statistics, to improve performance monitoring and management arrangements for violent crime. Options currently being examined include the monitoring of crime and detection rates for serious sexual violence, to enable areas where sexual violence is a significant problem to be identified by the Home Office, and support to be offered to those areas.

* **Who are the key partners in strategy development and delivery?**

Given the far-reaching implications of sexual violence outlined above, a multi-agency approach to tackling the problem is crucial. The following are likely to be relevant partners:

- **Police:**
The police are key partners in tackling sexual violence, with an interest in prevention, victim care, investigations, public and child protection and dealing with sex offenders. They have responsibility for implementing a number of the recommendations from the [Rape Action Plan](#), published jointly by the Home Office, Court Service and CPS in 2002, to improve victim care and the investigation and prosecution of rape cases. Sexual offending should therefore be an issue on which the police are already acting at a local level, and it is important that they are involved in the development and delivery of strategies including sexual violence. The police need to work closely with other statutory agencies and the voluntary and community sectors, and should be aware of the cross-over between the roles of different organisations. The ACPO working group on rape and serious sexual assault oversees the police response to sexual offending on a national level.
- Given the extremely high health-related cost of sexual violence, **Primary Care Trusts (PCTs) or Local Health Boards (LHBs)** have an important role in victim care. Both sexual and mental health services should be involved in providing immediate and ongoing care for victims of sexual violence. Early interventions by health services, when integrated with work by the police and voluntary sector, may be crucial in preventing future costs to the health service.
- **Local Criminal Justice Boards (LCJBs):**
As referred to in the introduction to this guidance, the conviction rate for sexual offences remains unacceptably low. This needs to be increased if we

are to deliver justice to victims, reduce sexual violence and increase public confidence. It is important for Local Partnership strategies including sexual violence issues to be aligned with the work of LCJBs. LCJBs are responsible for local delivery of Criminal Justice System objectives, improvement in the delivery of justice, the service provided to victims and witnesses and securing public confidence. Improving the response of CJS agencies to sexual violence will contribute to these objectives. They are in place in each of the 42 criminal justice areas in England and Wales and include representation from the Police, CPS, Magistrates and Crown Courts, Youth Offending Teams, Probation and the Prison Service. The latter three of these have expertise in the management and treatment of offenders. The Home Office and the Office for Criminal Justice Reform have recently published guidance for local partnerships and LCJBs called 'How to Work Together' <http://www.crimereduction.gov.uk/partnerships67.htm>

The guidance outlines shared priorities, providing recommendations for partnership-working and examples of good practice. Sexual violence is an issue where the goals of local partnerships and LCJB's overlap significantly, due to the close links between low reporting rates, fear of crime in the community, and public confidence in the criminal justice system.

- **Voluntary/community groups** are a crucial source of long-term counselling and support for victims of recent and historical sexual violence. There are small specialist organisations across the country, which between them offer counselling to women, men and children. Rape Crisis and The Survivors Trust are two umbrella organisations that provide links between most local specialist organisations. In addition, larger organisations such as Victim Support offer practical help and support. These groups have first hand experience of victim needs and how these can be met effectively, and should be closely involved in the development and implementation of strategies. The Department of Health together with the Home Office, has conducted a mapping exercise of voluntary groups supporting victims of sexual violence across England and Wales. Details of the organisations identified through the exercise will be published in June 2006.
- County level and unitary local authorities are responsible for establishing a **Local Safeguarding Children Board (LSCB)** in their area and ensuring that it is run effectively. LSCBs should have a clear and distinct identity within local children's trust governance arrangements. It is the responsibility of the local authority to appoint the Chair.

On April 6 2006 the Government published the revised inter-agency guidance ***Working Together to Safeguard Children***. Chapter three explains the role, functions, governance and operation of LSCBs. The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

The scope of the LSCB role falls into three categories: firstly, they will engage in activities that safeguard all children and aim to identify and prevent maltreatment, or impairment of health or development, and ensure that children are growing up in circumstances consistent with safe and effective care; Secondly, they will lead and co-ordinate proactive work that aims to target particular groups; and thirdly, they will lead and co-ordinate arrangements for responsive work to protect children who are suffering, or at risk of suffering, maltreatment.

- **Local Education Authorities (LEAs)** are specifically responsible for the provision of education within a council's jurisdiction, but also have a duty to work in partnership with other agencies to promote social well-being in their area, in order to meet the needs of young people and the community as a whole. In this light, LEAs have a particular role to play in the prevention of sexual violence, such as ensuring that 'sex and relationships' modules in Personal Social and Health Education are undertaken. In addition, LEAs should consider using the expertise of specialist voluntary sector organisations, which can undertake awareness-raising work or run personal safety classes in schools or after-school groups (click [here](#) to go to prevention section).
- There may be considerable value in establishing a **forum** to oversee work on sexual violence, bringing together practitioners from the agencies described above and relevant voluntary and community groups. A forum can help to share good practice and information, facilitate routes for referral between services and provide a source of mutual support. In some areas, it may be appropriate to **integrate domestic and sexual violence fora**. As well as sharing resources and ensuring that links between domestic and sexual violence are made in service provision, this can help to spread expertise on issues such as evidence collection, advocacy services, information sharing and support and counselling.

Tees Valley Sexual Violence Forum was set up in 2002 initially to contribute to the development of the Sexual Offences Act, and monitor its impact. It also sought to develop a Sexual Assault Referral Centre (SARC) in the region, and to re-establish rape crisis services in the South Tees area. The Forum holds regular conferences on issues relating to sexual violence and has supported the development of a university accredited professional development course, 'Understanding and Responding to Sexual Violence', aimed at sexual violence support workers, counsellors and advocates. Members of the forum include local women's voluntary sector organisations, including NISAA, the Asian Women's Health Project and Barnardo's SECOS, who work with young people exploited through prostitution. Statutory agencies represented in the Forum include Middlesbrough Borough Council Community Cohesion Unit, Cleveland police, Middlesbrough CDRP. Academic researchers and others with an interest are members of the forum as individuals.

* **Financial resourcing**

Resources for the delivery of local strategies can be sought from a range of sources. CDRPs can play a key role in helping agencies and voluntary organisations to access available funding. Sources may include:

- **Local statutory agencies, primarily police and PCTs (or LHBs)**
 - Most funding will come from mainstream budgets held by police and PCTs. Measures to improve the prosecution of rape cases are mainly funded by the CPS, and the management and treatment of sexual offenders is funded by probation areas.
- **Pooled funding available to Local Partnerships**
 - In 2006-07 the **Safer and Stronger Communities Fund (SSCF)** will total at least £220 million. This funding is for tackling crime, illegal drugs and anti-social behaviour, building respect, and improving the poor condition of streets and other public spaces and the quality of life for people in deprived areas. This funding is automatically pooled in **Local Area Agreements (LAAs)** where they exist and partners may choose to spend it on tackling sexual violence once partners have assessed the nature and extent of sexual violence in their local area, and have agreed it is a key local priority. Partners involved in tackling sexual violence should therefore ensure they are actively engaged in the process of negotiating and delivering LAAs.
 - The negotiation of SSCF agreements and LAAs also provides an excellent opportunity to consider ways in which local partners engaged in tackling sexual violence can work more closely together to achieve shared outcomes and reduce costs. In addition this process is a good opportunity to push action to reduce sexual violence within a wider framework of local partners, for example: increasing relationships with local businesses and the voluntary and community sector can help ensure there is an adequate focus on reducing sexual violence outcomes in an area. In addition, employing specialist voluntary sector organisations to deliver sexual violence services may relieve burdens placed on statutory authorities, by providing services often at a lower cost and higher level of expertise.
- **Central funding streams,**
 - The government funding website <http://www.governmentfunding.org.uk> contains information about the funding available for voluntary and community organisations from the Home Office, Department of Health, Department for Communities and Local Government, and GORs. Funding available from the Home Office in 2006-07 includes grants for establishing Sexual Assault Referral Centres (SARCs), and introducing Independent Sexual Violence Advisors (ISVAs) click [here](#) for more on these policy

initiatives]. Other examples of the types of funding available include the Home Office Victims' Fund, a grant scheme for support services for victims; and Department of Health and Department Of Education and Skills Section 64 Grants, which fund voluntary organisations whose activities support the Department's policy priorities, and whose activities can be applied on a national basis.

- **European funding streams**

- The Daphne II programme is a funding programme of the European Commission, running from 2004-2008. It aims to support organisations that develop measures and actions to prevent or to combat all types of violence against children, young people and women and to protect the victims and groups at-risk. The programme seeks to encourage the sharing of good practice between European countries. Although funding is targeted at non-governmental organisations, local authorities could play a role in sponsoring a Daphne project going on in their area. Further information can be found on the Commission's website, by clicking [here](#).

- **Contributions from local businesses**

- In some cases, local businesses have provided free products or advertising to local support services. For example, furniture companies have provided furniture to Sexual Assault Referral Centres (SARCs), while other companies have provided soap, shampoo, and other similar products.

- **Charitable fund-raising and charitable grants, e.g. from the National Lottery, Children in Need**

- There are a large number of charitable grants and opportunities for charitable fund-raising, particularly at a local level. For example, the Big Lottery Fund has a Young People's Fund, for which voluntary and community organisations can apply to run projects to keep young people safe in the local area. CDRPs may be able to support applications to such funds.

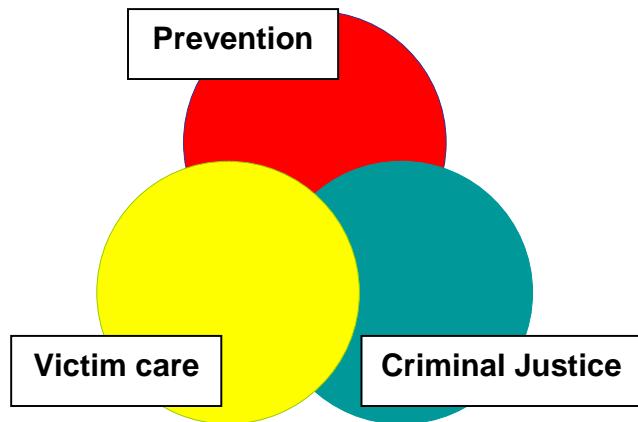
- **Resourcing in kind, where agencies or others provide staff, time, premises or supplies.**

- For example, the NSPCC has seconded a member of staff to assist at the new children's SARC at St Mary's in Manchester (click [here](#) for more about St Mary's)

3. How to tackle sexual violence

There are three key strands that should be included in any strategy designed to tackle sexual violence:

- Prevention
- Acute and on-going victim care
- The criminal justice process



CDRPs can find suggestions for good practice in the following three chapters, which will address each of the above strands individually.

However there are two policy initiatives that CDRPs are urged to support, because they help to tackle sexual violence by addressing more than one of the three key strands – **Sexual Assault Referral Centres (SARCs)** and **Independent Sexual Violence Advisors (ISVAs)**. It was announced in March 2006 that the government has allocated £2.5 million to developing these policy initiatives in 2006-07. It is recommended that CDRPs get involved in both initiatives in their local areas, to ensure that the service is well-developed and sustainable.

* Sexual Assault Referral Centres (SARCs)

The model for the provision of immediate victim care recommended by the Home Office, Department of Health and the Association of Chief Police Officers is through a **Sexual Assault Referral Centre** (SARC).

A SARC is a one stop location where victims of sexual assault can receive medical care and counselling, and have the opportunity to assist the police investigation, including undergoing a forensic examination.

Most SARCs are joint ventures between the police, PCTs, and the voluntary sector. A SARC enhances the investigation and prosecution of cases, and enables victims to access health providers and support workers in an appropriate environment within a supportive framework and rapid timeframe. Specific benefits exist for the victim, the health service and the criminal justice process:

- a high standard of victim care, and high levels of victim satisfaction;
- an improved standard of forensic evidence;
- the provision of mental and sexual health services in the SARC increases the likelihood that the client will access the treatment they need and reduces the immediate and future burden on the health service;
- specialist staff, trained in caring for victims of sexual violence;
- the opportunity for victims, if they wish, to access the services as self-referrals, without any involvement from the police. This includes the opportunity for a forensic examination, providing important evidence if the client wishes to make a police complaint at a later date;
- the potential to bring more offenders to justice on the basis of better evidence, fewer withdrawals because of better victim care, increased reporting and access to intelligence from self-referrals;
- the development of a centre of excellence and expertise, providing advice, training, and support to local health practitioners and police involved in this work and relieving pressure on police.

Evidence for these benefits and further information about good practice in SARCs can be found in the evaluation of SARCs²¹ commissioned by the Home Office. SARCs are currently operating in 14 locations across England and Wales: Manchester, Preston, Walsall, Dartford, Codnor (Derbyshire), Swindon, Newcastle and Sunderland, Leicester, Durham, South Wales, and three in London. Further centres are currently under development in Cleveland, West Yorkshire, Hampshire, North Wales, Gwent, and Staffordshire.

National Service Guidelines for Developing Sexual Assault Referral Centres were published jointly by the Home Office and the Department of Health in November

²¹ Lovett, J., Regan, L., and Kelly, L (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials *Home Office Research Study 285*

2005²². The guidelines recommend that SARCs should be developed across England and Wales; outline the benefits of SARC services in more detail; and provide information about the existing SARC services in operation in England and Wales. Specific information about how to set up a SARC, including practical details about facilities, equipment, and resources, can be found in the 'Getting Started Guide'²³

SARC models

Models of SARCs vary according to the demographics and level of sexual violence in an area, and the resources available within the partner agencies. In areas where a SARC is well established, such as in Manchester, centres have evolved to include a range of additional services.

St Mary's, Manchester, Greater Manchester

St Mary's was established in 1986 – the first centre of its kind - to provide a comprehensive and co-ordinated forensic, counselling and medical aftercare service to anyone in Greater Manchester who has experienced rape or sexual assault (whether recently or in the past). The hospital based Centre provides 24 hour immediate one-stop services to both female and male victims and to date has provided services to over 10,000 clients. The St. Mary's Children Centre was launched in February 2006 providing child specific services. The NSPCC have seconded a part time play therapist to this service. St. Mary's is committed to an interagency approach and works closely with the police and other criminal justice agencies, health and social care services and voluntary sector organisations. In addition to the forensic examination, counselling and provision of post-coital contraception and sexual health screening common to most SARCs, the Centre offers a 24 hour telephone support and information line, crisis support, support through criminal proceedings and a pro-active re-contacting and advocacy service. It also provides rape awareness training for police personnel and other agencies as well as carrying out research. St Mary's is resourced predominantly by Greater Manchester Police, with the hospital providing and maintaining the premises. St Mary's was one of the SARCs subject to the evaluation in Home Office Research Study 285 referred to above. For further information about the centre see the website:

<http://www.stmaryscentre.org>

²² A copy of the SARC guidelines can be found using the following link: <http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/developin-sarcs-guidelines?view=Binary>

²³ The Getting Started guide can be found using the following link: <http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/sarcs-getting-started?view=Binary>

The Rowan Centre in Walsall is an example of a new SARC run on a relatively small budget.

The Rowan Centre, Walsall, West Midlands

The Rowan centre, which opened in June 2004, offers forensic medical examinations, counselling and a 24 hour emergency phone line for any victim of rape or sexual assault in the Walsall borough (there are plans to extend the catchment area). The centre also operates a 24 hour fast track system into clinic for STI / pregnancy screening. Clients can access the centre by referrals from other agencies, via West Midlands Police and by self-referral.

The Walsall Rowan Centre is a combined initiative between Health, Police and CRISIS POINT, a local counselling organisation. CRISIS POINT manage the day to day running of the SARC. They have received funding from the Police, Walsall Teaching PCT and the Safer Walsall Borough Partnership Board.

Forensic examinations are funded by the police, and counselling services are provided by CRISIS POINT volunteers. The Home Office provided the centre with a grant to help with start-up costs. The approximate annual running cost for the Rowan Centre is £98,000

Role of the voluntary and community sector

Voluntary and community sector (VCS) organisations have become specialists in working with sexual violence issues over the last thirty years and form a crucial element of service provision to victims of sexual violence.

The role of VCS organisations in the provision of SARC services varies, but is always an important one. In some areas, VCS organisations have two-way referral arrangements with SARCs (eg. Manchester, Northumbria, London); and in some areas a VCS organisation provides the support service for a SARC (eg. Victim Support in Swindon). There are a number of SARCs where a VCS organisation is responsible for both the management and counselling provision at the centre including New Pathways in South Wales, Millfield House in Derbyshire, and the Rowan Centre in Walsall, West Midlands.

It is important to note that SARCs should not be seen as a replacement for Rape Crisis and other VCS organisations. These groups are in touch with the communities they serve and provide support, advocacy and counselling to a wide range of individuals where SARC services may not be appropriate, e.g. adult survivors of childhood sexual abuse, survivors of historic rape and sexual assault, families of sexually abused children, and individuals suffering the long-

term mental health effects of sexual violence. Specialist sexual violence VCS organisations may also have considerable expertise in providing for a particular client group.

Outreach work

Some SARCs have outreach workers to raise awareness about the services available at a SARC amongst particular groups. At the Haven Whitechapel in London, an Asian outreach worker post has been funded for two years by the Barts and the Royal London Charitable Foundation. This aim of this post is to increase the number of Asian women accessing the Haven services, as currently the number of Asian women attending is not in proportion to their representation within the local community of Whitechapel. The post-holder provides advocacy and support to Asian women attending The Haven and is developing community-based outreach work and prevention programmes with local Asian women's groups across North East London. Similarly, there are two young people's workers at The Havens in Whitechapel and Paddington, who provide support to young survivors of sexual violence who attend the service, identify any child protection issues and ensure that young clients are linked in to other community based services. The two post-holders have also developed a training package for proactive awareness-raising in local schools and with youth groups.

Links with local domestic violence services

Given the cross-over between sexual and domestic violence, it is recommended that SARCs and local domestic violence services are inter-linked. For example, the regional domestic violence lead could sit on the management board of a SARC, or a member of staff within the SARC takes on responsibility for developing links with domestic violence service providers in the surrounding area. There may be opportunities for joint training for practitioners to ensure that appropriate support is given to victims of domestic sexual violence, and that their often complex needs are addressed. In particular, and as mentioned above, the assessment and management of risk in cases of domestic sexual violence need to be addressed by specially trained practitioners.

Hampshire SARC in Portsmouth, due to open in autumn 2006, is a multi-agency project between, Portsmouth PCT, Hampshire Police, Portsmouth City Council and voluntary sector Rape Crisis services. The Early Intervention Project (EIP), a local project providing Independent Domestic Violence Advisors to those experiencing domestic violence, will provide the 'crisis worker' role within the SARC. Training has been provided to the EIP workers around the issues of rape and sexual assault. This has been provided by local specialist services and in partnership with local police sexual offence interview trained officers. Before the SARC opens, the workers will also be trained in early forensic evidence gathering and will continue to provide a client-centred service.

Funding sources

Sources of funding for SARCs include police forces and PCTs themselves, the Association of Police Authorities, hospitals, local authorities, donations from businesses and private benefactors, and grants from the Home Office.

In 2006-07, the Home Office has identified £420,000 for start-up funding for new SARCs, to contribute to the development of the SARC network in England and Wales. This funding stream is now open to applications. Guidelines for applicants and application forms can be found on using the following link to the Home Office website: <http://www.crimereduction.gov.uk/sexual25.htm>. Applicants should have the support of CDRPs, who can help broker local partnerships, provide financial support, and/or sit on the management/advisory board of the centre. Therefore, CDRPs are urged to find out about any plans for developing SARCs in their local area.

It is important to note that SARCs will usually cover a catchment area larger than that covered by one CDRP. Therefore, it is recommended that CDRPs consider pooling resources to provide financial support to a SARC. In doing so, CDRPs can benefit from an advanced level of victim care for their local area; gain access to experts working on the front-line to tackle sexual violence; and share good practice with other CDRPs on sexual violence or related issues – all for a minimal cost.

* **Independent Sexual Violence Advisors (ISVAs)**

Advocacy services are used widely in domestic and sexual violence cases to support victims within and outside of the criminal justice process. The role of the Independent Domestic Violence Advisor has become an established tool in tackling domestic violence in recent years. The focus on providing proactive independent support; risk assessment and safety planning; effective partnership working within a multi-agency setting all through adopting a case work based approach has been shown to decrease victimisation; increase notification of children at risk, and reduce the number of victims unwilling to support a prosecution. The recent evaluation, in 2004, of the two pilot specialist domestic violence courts in Croydon and Caerphilly identified the role as pivotal to the success of this approach.

Advocacy services are provided in the sexual violence sector through a variety of models. The Home Office funded research *Sexual Assault Referral Centres: developing good practice and maximising potentials* found the flexible support and advocacy provided by the Support Worker at St Mary's SARC, Manchester, to be the "most vital support functions" a SARC can offer. Clients welcomed the pro-active contact and support and this was associated with reduced withdrawals from Criminal Justice System. Click [here](#) for a link to the evaluation.

The Home Office funding now available seeks to bring together existing good practice to develop accredited standards for training and service delivery, build capacity in the sexual violence sector to deliver these services and evaluate their impact.

Known as an Independent Sexual Violence Advisors, workers funded through the project will undertake the following role:

- undertake needs and risk assessment;
- support clients during statement-taking;
- conduct pro-active follow-up with clients;
- liaise with the police to both obtain and relay information on case progress;
- provide support, advice, advocacy and information;
- attend court with clients for pre-court visits and trials;
- refer clients to sexual and mental health services and assist with housing/childcare arrangements

Funding for 2006-07

Funding is now available from the Home Office to support/introduce ISVAs and IDVAs for the remainder of 2006-07, and provide accredited training for the advisors. Applications are invited from local sexual violence service providers – SARCs, voluntary sector organisations and existing IDVA services with the endorsement of CDRPs/CSPs and local statutory agencies. Local Criminal Justice Boards (LCJBs) will also be advised to support these applications. Applications can be made for specific ISVA or IDVA posts, or for combined ISVA and IDVA services. ISVAs should have experience of providing support to victims of sexual violence, and can either be new to the organisation, or already working there in a similar capacity. For further details go to <http://www.crimereduction.gov.uk/sexual25.htm>

4. Prevention

Prevention is clearly central to addressing the problem of sexual violence, and may take a number of forms. It is crucial that we **raise awareness** about the nature of sexual violence and how to prevent it; put in place **practical measures** to reduce the opportunities for sexual violence; and put in place **early interventions** for young people who sexually abuse, or people at risk of offending.

*** Awareness raising**

General public

CDRPs can play an important role in raising public awareness about the realities of sexual violence and its characteristics, including what is meant by 'consent' in relation to sexual activity; and the practical steps people can take to reduce their vulnerability. Awareness campaigns can be targeted at different audiences, either potential victims or potential perpetrators. CDRPs can also consider integrating communications on sexual violence with messages about domestic violence, or messages about alcohol harm reduction.

When deciding who to target in an awareness-raising exercise, partnerships are advised to take account of the wide variety of contexts in which sexual violence takes place. Although over half of rapes are committed by a current or former partner, a significant number are perpetrated by other people known to the victim, such as work or school colleagues, neighbours, friends, relatives, and dates. Given this diverse profile of perpetrator-victim relationships, including the small proportion of stranger rapes, it may be advisable for partnerships to consider motivating factors for committing sexual violence, and confront them in an awareness-raising initiative.

A recent poll conducted by Amnesty²⁴ revealed that significant proportions of the public in the UK believe that a woman is either partially or fully responsible for being raped if she was wearing revealing clothing, if she was drunk, or had many sexual partners. It is deeply worrying that anyone would believe that a woman is to blame if she is raped or sexually assaulted. Therefore, local partnerships are encouraged to tackle these 'myths' in their awareness-raising work.

Communications work should be done with reference to the community and its needs. CDRPs can work with partner agencies to devise campaigns which include posters, leaflets etc. situated in places such as doctors' surgeries, sexual health clinics, libraries, taxis, pubs and night clubs and student unions. There

²⁴ http://www.amnesty.org.uk/news_details.asp?NewsID=16618

may also be the potential to work with local media to get your messages across, and publicise work that is being done on this issue. Better public awareness should help to increase understanding of risks and change behaviour as well as make people feel safer. Local partnerships could consider developing a campaign using publicity materials that have already been produced by the police or a voluntary organisation, as demonstrated in the case studies below.

Truth about Rape is an organisation based in Manchester made up of women committed to challenging the prevalent myths surrounding rape in society. They have developed a clever postcard campaign, to raise awareness about the true reality of rape in an imaginative way. The postcards can be found using the following link: <http://www.truthaboutrape.co.uk/4682/index.html>

You could also use materials from a national communications campaign, such as the Home Office campaign that ran in March and April 2006 targeted at potential offenders, informing them that consent is an active concept and is not to be assumed. The key message - 'If you don't get a yes, don't have sex' – was displayed through advertisements in 'lads mags', radio advertisements and posters in pub and club washrooms. Details of all Home Office publicity campaigns can be found on the following website: <http://www.crimereduction.gov.uk/campaigns.htm>.

Suzy Lamplugh Trust and Alcohol Concern produced a leaflet to highlight the impact alcohol can have on personal safety, and how to avoid danger when drinking. The guide is not about telling people not to drink, but how to drink and keep safe. It contains lots of practical, common sense advice on how to stay safe when drinking in a number of situations, such as when out with friends or on a first date. Click [here](#) to access the Suzy Lamplugh Trust website for a copy of the leaflet.

Over the last 4 years, the Metropolitan Police, in partnership with the London Mayor's office and Transport for London have been working to **raise awareness about the dangers of using illegal minicabs**. Their award winning communications strategy has involved an ongoing poster campaign in tube stations, magazines and on billboards, cinema advertising and television advertisements warning of the danger of getting into an illegal mini cab. Most recently a new text service has been initiated in which the caller can text on their phone to receive the nearest licensed mini cabs to them. The success of the campaign is evidenced by the year on year reduction of sexual attacks in mini cabs throughout London. Project Sapphire – the Metropolitan Police initiative to improve the care offered to victims of rape, and the investigation of rape cases - also provides crime prevention advice, including in relation to mini cabs, on its website: www.met.police.uk/sapphire/

Schools and colleges/universities

The Education Act 2002 introduced a new duty on schools, LEAs and FE Corporations to safeguard and promote the safety of children. There is also a requirement, under the revisions to the National Curriculum in 1999, for schools to deliver sex and relationship education. New guidance from the Qualifications and Curriculum Authority on sex and relationship education has been issued, and can be accessed using the following link (http://www.qca.org.uk/15037_15040.html). It emphasises the fact that in secondary schools, headteachers and governors are required to provide a full programme of sex and relationship education to all pupils enrolled in the school. The website above includes a link to different modules including Unit 9, which focuses on healthy friendships and relationships, and Unit 11 - 'Relationships: making healthy choices'. The whole course is designed to support the Every Child Matters objectives of 'stay safe' and 'be healthy'. CDRPs should consider employing the expertise of voluntary sector organisations that undertake awareness-raising work, or deliver personal safety classes. The case studies below illustrate how this has been put into practice.

The **STAR project (Southampton Together Against Rape)** is a Rape Crisis Education and Outreach initiative, which aims to reduce the incidence of rape and sexual abuse via creative and innovative workshops and activities with young people. The project has worked with all of the secondary schools in the Southampton area running sessions as part of pupils' PSHE or citizenship courses. It also works in less formal settings such as youth centres. All Star education and outreach work is backed up by the counselling service at Southampton Rape Crisis. This means that any one who participates in a Star session has a 'safety-net' of support if the issues are real for them. Since Star began (October 2000), there has been a three-fold increase in contacts from young people to the counselling service. Star has the support of local statutory services, and often works in partnership with other agencies such as the Domestic Violence Forum and local Sex and Relationships Education agencies. For more information about the work of the Star project, please look at: www.starproject.org.uk

The Suzy Lamplugh Trust is a registered charity. The mission of the Trust is to raise awareness of the importance of personal safety and to provide solutions that effect change in order to help people to avoid violence and aggression and live safer, more confident lives. The Trust does this by campaigning for changes in the law to create a safer society; by offering practical guidance and support; by raising public awareness of personal safety issues; by sharing expertise and research findings in order to identify new ways to educate and inform; by working with vulnerable groups and their communities; by providing a broad range of personal safety resources for all ages, including videos, leaflets, alarms and books; by delivering high calibre personal safety training to a wide range of audiences across the country.

The Trust in partnership with Wandsworth City Learning Centre has developed two interactive on-line games – Smart Kids for primary school children and Be StreetWise for older pupils. The games have received a positive evaluation, including feedback from both pupils and teachers. For further information, or access to the games, see the website at <http://www.suzylamplugh.org>

In April 2006, the **Child Exploitation and Online Protection Centre** (CEOP) was launched with the remit to protect children, young people, families and society from the threat of sexual abuse. CEOP delivers a totally holistic approach with law enforcement officers sitting alongside specialists from children's charities, industry and other interested sectors with intelligence and knowledge the bedrock of all activity. As such the CEOP Centre is unique in the UK and has a particular interest in how the e-world and the real world are now intrinsically linked and therefore exploited by sex offenders. Central to the work of the organisation is the link between operational activity and the tracking and bringing to account of offenders with the delivery of preventative, educational messages to children and young people on the necessary precautions to help stay safe online. CEOP has a website specifically for children and young people - www.thinkuknow.co.uk. The revised DfES ***Working Together to Safeguard children: A guide to interagency working to safeguard children and promote the welfare of children*** contains a more detailed section on the risks to children from online child abuse (See paragraph 11.58 Child Abuse and Information Communication Technology (ICT) and provides advice on multi-agency child protection investigations.

In order to raise student awareness about crime, some universities have teamed up with local police and other agencies to introduce 'campus watch' schemes.

Campus Watch schemes use a partnership approach to educate students and staff, initiate crime prevention activities, increase awareness of potential crime and enhance personal safety.

The University of Sunderland has a '**campus watch**' scheme that involves the allocation of two police officers from Northumbria Police to the university to tackle crime directed towards the university and its students.

The campus watch website

[[http://my.sunderland.ac.uk/web/support/campuswatch/sexual offence advice?sexual offence advice](http://my.sunderland.ac.uk/web/support/campuswatch/sexual_offence_advice?sexual_offence_advice)] provides user-friendly advice to students about how to stay safe, including from sexual violence, and what to do if you have been the victim of rape or sexual assault. It includes information about relevant services in the area such as contact details for the local Sexual Assault Referral Centre, REACH (Rape Examination, Advice, Counselling, Help). It also provides a facility for anonymous reporting and regular updates on crime in the area. The scheme has not been subject to a formal evaluation but has been well received by the University and students and the contract extended. See the website for further details.

* **Practical measures**

There are a number of practical measures which can be implemented to make communities less dangerous, and to make people feel safer from sexual violence. Further information about prevention of domestic violence can be found in the guidance for CDRPs on domestic violence²⁵.

Possible practical measures include installing CCTV on public transport and in public places; ensuring that public areas are well lit; and working with local transport operators to improve the provision of public transport at night and providing personal alarms, particularly to vulnerable groups such as young people and people involved in prostitution. Creating safer environments is one of the key themes of the National Community Safety Plan. Research has shown that 60% of women feel unsafe travelling after dark on the underground and on railway station platforms²⁶.

Other activities can include the training of staff at leisure centres and other public places in simple child protection measures – see the case study on Leisurewatch below.

²⁵ <http://www.crimereduction.gov.uk/domesticviolence46.doc>

²⁶ Department for Transport (2002-03):

http://www.dft.gov.uk/stellent/groups/dft_mobility/documents/page/dft_mobility_029307.hcsp#P9_283

Work can also be undertaken in partnership with local businesses. For example, encouraging night-clubs to put on buses to help people get home safely; encouraging bars and clubs to advertise local reliable taxi companies or to establish their own legal taxi service; putting in place a negotiated drinks price policy with owners of licensed premises to reduce binge drinking; and providing police training for licensees on preventing and dealing with drink spiking and sexual assault.

Partnership working to reduce sexual assaults in mini-cabs in London

On page 38, a case study described how the Metropolitan Police have worked with Transport for London and the London Mayor's office to raise awareness about the risks associated with using illegal minicabs. This is part of a wider strategy, which has relied on a partnership approach between these organisations, and also with the entertainment and transport industries. The strategy has included the introduction of a minicab licensing scheme, licensed cab ranks for easy access, a greater overt police presence in areas frequented by minicabs touting for business, the introduction of a hotline providing details of licensed minicabs in the area and the establishment by a number of bars, of their own legal taxi firms, and finally a text service which displays the nearest licensed cabs to the caller.

In 2003, **Calderdale**, West Yorkshire, experienced an increase in the number of rapes in the area, including of children under 16. The consumption of alcohol in town centre licensed premises was a serious contributing factor in all the cases.

The **Community Safety Partnership** in the area put in place a range of measures to address the problem, which was successful in reducing the number of rapes in the area:

- Work was undertaken at schools through the PSHCE curriculum to raise awareness of such dangers. This was supported by a commission to the Crag Rats Theatre Company, enforcing the message on alcohol and sexual violence
- A poster competition was held, and the winning entry displayed in pubs, clubs and on local transport throughout the area
- A negotiated drinks price policy was agreed with owners of licensed premises, which removed the binge drinking element of their individual pricing strategies
- The Local Authority designated Halifax town centre as a place where alcohol cannot be consumed in public.
- Regular police visits to 'hot-spot' premises and recording of incidents to inform licensing decisions
- Those involved in disorder and brought to the attention of the Police, or injured and brought to the attention of the local A+E service, were asked where they had taken their last drink. This was in an effort to identify the less responsible licence holders and link their trading behaviour to the violent crime profile.

Leisurewatch is a voluntary sector project which aims to train staff working in leisure centres in practical child protection measures. During the training course staff are helped to identify suspicious behaviour on the part of potential child abusers and sets up procedures between leisure sites and the police to deal with such incidents. Leisurewatch was developed by The Derwent Initiative in Newcastle as a joint pilot venture by Northumbria Probation Service, Esmee Fairbairn Charitable Foundation, Government Office North East and Northern Rock Foundation. The Derwent Initiative is an organisation that promotes an inter-agency response to sexual offending through various initiatives. The National Probation Directorate commenced funding this charitable organisation based in the north-east in April 2002. Following successful evaluation of 3 sites in Northumbria, Leisurewatch has become a successful nationwide programme. Well established programmes are running in Northumbria, Southend, Surrey, Bradford, Northern Ireland and Mid-Lothian; others are launching nationwide.

There may also be opportunities to help people to protect themselves from both domestic and stranger attacks, e.g. through offering self-defence classes.

The **London Centre for Personal Safety (LCPS)**, a Charity established in 1981, has twenty-five years experience of providing best-practice personal safety and self-defence training. It is our aim to prevent violence, reduce fear and impact of violence and campaign with likely minded organisations to tackle the causes and effects of violence. LCPS's gender-aware and holistic training addresses interpersonal violence. Evaluations of our training have consistently shown powerful and enduring improvements in confidence, well-being and reductions in fear. We work with the police, sexual assault referral agencies, local authority, urban renewal programmes, education, health, the voluntary sector and with women's organisations.

LCPS works with a very diverse range of individuals and groups, including frontline staff, women and girls, boys, school children, women in prostitution, trafficked women, organisations for the elderly and for people with learning and physical disabilities. We also provide a Consultancy service for statutory and voluntary agencies and are independent advisors to MPS on sexual violence, homicide and public protection issues. Personal safety and self-defence training, is provided, on a sliding scale to organisations and free to individuals. Safety advice and information is provided free to the public.

To help tackle sexual violence against people working in prostitution, CDRPs are recommended to develop 'Ugly Mug' schemes in their local area. Click [here](#) for more about the vulnerability of people working in prostitution.

'Ugly Mugs' or 'dodgy punter' schemes to allow men and women involved in prostitution to share information on violent clients. The schemes involve a range of local partners, including local outreach services, drop-in centres and the police, collaborating to provide written information sheets to warn against dangerous clients which are circulated through the agencies. Many of these schemes have provided evidence used to successfully convict offenders – while ensuring that women have better information about potentially risky situations. The Coordinated Prostitution Strategy published in January 2006 has recommended that the 'Ugly Mugs' scheme is expanded so as to develop a national database of violent punters.

The Suzy Lamplugh Trust is currently working with the Home Office and Crimestoppers to carry out a **pilot initiative aimed at reaching people involved in prostitution with personal safety advice and information**. This is being done by developing a specialist training programme for people who support/work with people involved in prostitution to equip them with the skills to support them through their existing organisations. The objectives are to provide people working in prostitution with the tools to avoid becoming victims of crime; to encourage support between people involved in prostitution; to teach them skills in avoiding and defusing violence and aggression; and to encourage them to access support services and report to the police.

* Early Interventions

According to Home Office recorded crime statistics for 2003, around one third of sexual offences are committed by young people between the age of 10 and 24. The Government is developing a strategy to improve outcomes for young people who display sexually problematic or abusive behaviours in order to tackle this problem and a key aspect of this will be early intervention. Effective assessments and interventions involve a holistic approach, tailored to the needs and circumstances of each individual child and family, and require close working between relevant agencies (Youth Justice Board, the Probation Service, Social Services, the NHS, treatment providers and voluntary organisations such as NCH, NSPCC and Barnardos).

Government Guidance contained within '**Working Together to Safeguard Children**' suggests that all young people who commit sexual offences should be subject to a Case Conference. This conference can request that an assessment is carried out by a professional with experience and training in this field. Any such assessment should include some indication of how much responsibility the young person can and will take for his/her behaviour, which situations put them at high risk of re-offending, any specific risks posed to them as a result of their behaviours and strategies for immediate and long-term intervention to help them control or change their behaviour.

It is important that the sexually abusive behaviour is not treated as an isolated problem, but that interventions take account of other problems affecting the family, drawing in relevant agencies as appropriate. Research suggests that primary, secondary and tertiary approaches should be considered, covering prevention, treatment and longer term support. There is at present a range of interventions operating across the UK. CDRPs may wish to assist in the funding of relevant interventions in their area, or help to raise awareness about local projects amongst practitioners.

The **Young Abusers Project** provides comprehensive assessment and treatment services for children and young people up to twenty-one years of age, male or female, where concerns exist about sexually abusive or coercive behaviour towards others. Services are provided by an experienced multi-disciplinary team, which includes psychiatrists, clinical psychologists, child psychotherapists and social workers. The Project is managed by the NSPCC who work in partnership with the Camden and Islington Community Health Services NHS Trust. Service users, who may be referred by any professional source in the UK, are given a comprehensive Specialist Risk Assessment which makes recommendations for treatment and case management. The assessment process involves input from probation/social services, health, education and any other professionals involved in the referral. Treatment is on an Outpatient basis and consists of either individual or group therapy programmes. The Project also offers a Consultation Service to enable agencies to consider how best to proceed with a case, and offers training services to a range of other practitioners. The project has completed a body of research, including a Home Office funded study, which informs clinical practice.

Stop it Now!

The Stop it Now! Campaign, led by the Lucy Faithfull Foundation, seeks to promote a wider understanding of child sexual abuse as a preventable public health issue, challenging abusers or those thinking about abusing a child to seek help. Stop it Now! UK & Ireland is developing a network of local projects across the UK, based on partnerships between the local community and the agencies that work to protect children, including police, probation, social services, health, housing, voluntary agencies and the courts. The services delivered by the projects are tailored to local needs and include these key elements:

- Media campaigns to raise awareness of child sexual abuse and how communities and families can protect children
- A telephone helpline offering advice and support to people who suspect that someone they know presents a risk to a child and to those seeking help to stop their own abusive thoughts and behaviour
- Information materials explaining child sexual abuse, how to recognise it and how to seek help.

Local projects have been established in Derbyshire, Surrey and Thames Valley and are under development in the West Midlands and Northern Ireland. Stop it Now! has been the subject of a positive formal evaluation. For further information about Stop it Now! go to <http://www.stopitnow.org.uk/>

Click [here](#) to go to sections on the management and treatment of convicted sex offenders.

5. Victim care

Care for victims of sexual violence is currently provided by both the statutory and voluntary sectors and should, where possible, be delivered through a multi-agency, multi-disciplinary approach.

There are a range of needs that may need to be addressed for victims of sexual violence, which vary depending on the individual circumstances of a case:

Immediate

- treatment of injuries
- sexual health screening and treatment and post exposure prophylaxis for HIV
- emergency contraception
- counselling and emotional support
- risk assessment in assaults against adults and children, perpetrated by people known to the victim
- where the victim wants to pursue a police investigation, or may want to do so in the future: support during forensic examination and statement taking; identification and documentation of injuries; forensic sampling
- practical help such as clean clothing (where victim's clothes have been taken as evidence); reassurance that any children are being cared for (where appropriate); and transport home after treatment

Ongoing

- counselling and emotional support for the victim (and possibly family and friends) to address enduring mental health problems
- practical support and/or advocacy, e.g. with housing, childcare arrangements, time off work
- support during the criminal justice process

One of the key activities of the **Victims of Violence and Abuse Prevention Programme (VVAPP)**, described in the government policy section of this guidance, is producing guidelines on various aspects of violence and abuse. The Programme has published the National Service Guidelines on Developing Sexual Assault Referral Centres in 2005, in partnership with the Home Office. Other publications will include guidance on the needs and effectiveness of interventions with Young People who Sexually Abuse.

*** Immediate**

Sexual Assault Referral Centres (SARCs) are crucial for the immediate care of victims of sexual violence. More information about SARCs can be found above in this guidance – click here to access the SARCs chapter.

Even before a victim attends a SARC, they may make their first contact with a GP, or a health practitioner in A+E, a GUM clinic, with a counsellor, or a police officer. It is important that these people are aware of the needs of people who have just been sexually assaulted. This is the basis for the **Care and Evidence Package**, developed by the King's College Hospital Trust and the Metropolitan Police, with the support of the Home Office. This package is a training tool for people who come into first contact with a victim of serious sexual violence. It is a step-by-step guide to show people how to identify someone who has been sexually assaulted; provide victims with appropriate care in the first instance; and consider how to collect and preserve evidence early. It includes a training DVD and flow charts to be used in doctors' surgeries, clinics, A+E, and sexual health services etc, which show suggested care pathways for victims. All information is included in the website, www.careandevidence.org, is accessible free of charge, and can be used in local training sessions. The DVD lasts for just half an hour, but contains invaluable guidance for those who might be the first point of contact for a rape victim. Although the package hasn't been officially evaluated at this stage, feedback from recent training events using the package has been positive.

* On-going victim care

The **Voluntary and Community Sector** are key providers of specialist and innovative on-going care for victims of sexual violence. There are a diverse range of organisations across the country providing a wide variety of support for victims of recent and historical sexual violence including: long and short-term counselling, acute/crisis services, help-line services, web-site information and advocacy services. There are also a number of organisations which provide targeted care for specific client groups including people with learning disabilities, people from black and minority ethnic communities, women involved in prostitution, and are the main source of support for victims of historic sexual abuse.

The Survivors Trust is an umbrella agency which represents over 80 organisations (UK and Ireland) that work with, and on behalf of adolescent and adult survivors of rape, sexual violence and childhood sexual abuse, whether historic or current. A number of member groups further specialise in working with children. Since 2001, The Survivors Trust has worked to act as a recognised voice for survivor organisations throughout the UK and Ireland. The Survivors Trust aims to:

- Offer a national collective voice to support and empower voluntary sector groups and services through shares ideas and resources;
- Promote the efficiency and effectiveness of specialist voluntary sector organisations working with male and female survivors of rape and/or childhood sexual abuse;
- To raise awareness of the health and social impact of rape and sexual abuse on male and female survivors and their supporters; and
- To seek to influence policy for service provision and development for survivors of sexual violence, rape and childhood sexual abuse at local, regional and national level.

The Survivors Trust may be able to provide local partnerships with information about voluntary sector services for victims of sexual violence operating in particular regions, including services that offer training for working with child and adult victims and survivors. Contact the Survivors Trust on: **01788 551150**

Rape Crisis (England and Wales) is the national organisation which co-ordinates the network of Rape Crisis Centres. It is managed by the Rape Crisis Co-ordination Group (RCCG) that replaced the Rape Crisis Federation in 2003. You can contact the RCCG at info@rapecrisis.org.uk.

Rape Crisis Centres provide specialist, dedicated services to women/girls who have experienced rape and/or other forms of sexual violence. Visit the Rape Crisis website at www.rapecrisis.co.uk for useful up to date information about rape and sexual violence. A list of Rape Crisis Centres with full contact details is also available on the website.

Care must be taken about the provision of counselling to those going through the criminal justice process as rigorous policies must be adhered to. These are set out in a joint CPS, Home Office and Department of Health document "Action for Justice – Provision of Therapy for Vulnerable or Intimidated Witnesses Prior to a Criminal Trial". This is available on the CPS website at <http://www.cps.gov.uk/publications/>.

The introduction of Independent Sexual Violence Advisors (ISVAs) in 2006-07 will also contribute to on-going victim care, building on the expertise of specialist sexual violence voluntary sector organisations and SARCs to provide risk assessments and practical support to victims of sexual violence.

CDRPs can be instrumental in raising awareness amongst statutory agencies about local voluntary service providers. They may also be able to help facilitate partnership arrangements between voluntary and statutory service providers, for example through becoming involved with or developing networks.

The **Lilith Project** is a second tier, pan-London violence against women (VAW) initiative established in January 2003 and managed by Eaves Housing for Women. The project's aims are to develop awareness of the VAW agenda by promoting good practice throughout services responding to VAW, developing research around VAW issues, and by capacity building within the VAW sector. Lilith has developed into a centre of excellence which provides research, information and organisational protocols to enable all voluntary and statutory agencies in London to improve and increase service provision for women experiencing violence and abuse. The project facilitates a multi-agency forum of BME agencies in the VAW field and a network of organisations in the sexual violence sector.

The Lilith Project receives funding from the Home Office Victims Fund to co-ordinate the **Sexual Violence Action and Awareness Network (SVAAN)**. SVAAN comprises over 80 members from London based agencies in the sexual violence or VAW field. Through the network, the agencies meet regularly to share best practice, information on legislative changes and funding opportunities, hear guest speakers on specific issues of sexual violence or innovative services and have a monthly email bulletin sent out to all members. The Lilith Project also enables the SVAAN members to participate in events on sexual violence, such as a seminar on FGM in January 2006, and feed into government policy consultations on matters relating to sexual violence. SVAAN also liaise with the national Rape Crisis Co-ordination Group and the Survivors Trust.

For further information on the Lilith Project and SVAAN see the website:
www.eaves4women.co.uk

As well as emotional support and counselling, victims of sexual violence may require considerable practical support. CDRPs can ensure that statutory and voluntary agencies in their area have links with Victim Support - one of the main sources of practical support to victims of crime - to facilitate referrals where necessary, including referrals to specialist voluntary sector organisations operating in the local area.

Under the **Code of Practice for Victims of Crime** the police must tell victims of sexual violence about **Victim Support's services** and offer to refer them on with their consent. Victim Support is the independent charity which helps people cope with the effects of crime throughout England and Wales. Victim Support services provide victims of crime with the opportunity to talk confidentially to specially trained volunteers, and with information about police and court procedures and on claiming compensation. Volunteers will go with victims of sexual violence on visits to places such as the police station, hospital or GUM service and will refer people on to other services, e.g. for specialist counselling where appropriate. Victim Support can act as advocates on behalf of people with housing difficulties, or can help people to find legal advice, for example. Victim Support also runs the **Witness Service** which operates in every criminal court throughout England and Wales and gives information and support to witnesses, victims, their families and friends before during and after court proceedings. <http://www.victimsupport.org.uk>

When developing strategies to tackle sexual violence in their local areas, CDRPs should consider whether there is already a local voluntary sector organisation providing services to victims of sexual crime in their area. If so, they should consider funding these organisations, or strengthening their applications to other funding sources by assisting with and backing bids to demonstrate a partnership approach.

In 2004 The Home Office placed £4 million recovered from the proceeds of crime, into the Victims Fund to support the development of community-based support services for victims, over two years. Since it opened the Fund has focused on supporting services for victims of sexual offending. A further £1.25 million has already been allocated to continue the development of sexual violence services in 2006-07. The grants will enable organisations to expand and strengthen the service provided to victims of sexual violence in a range of partnership areas, providing the opportunity for a renewed local focus on sexual violence. Decisions about future rounds of the Victims Fund have not yet been taken, but details of future funding streams will be placed on the government funding website <http://www.governmentfunding.org.uk> which also contains information about the funding available for voluntary and community organisations from the Department for Communities and Local Government, Department of Health and Government Offices for the Regions.

* **Multi-agency co-operation in victim care**

Good links between statutory agencies and voluntary service providers can be crucial in ensuring that victims access the services they need. For example, the first contact many victims have with service providers is when they access the police, sexual health or A+ E departments. These organisations should be able to refer people on to appropriate voluntary providers of support and counselling. Similarly, it may be useful for voluntary organisations to have agreements with local health providers so that, for example, people who access voluntary sector services can be fast-tracked for sexual health screening.

It is important that front-line service providers are equipped to deal with first disclosures of sexual violence. The Care and Evidence Package described on page 26 illustrates how training tools can be developed to help practitioners from a range of agencies care for victims of sexual assault, and collect early evidence that could be vital to a police investigation.

St Mary's SARC, Manchester, have developed an algorithm for referral to the SARC where a client discloses sexual violence to another front-line service provider. This can be found on the St Mary's website (www.stmaryscentre.org) and may be adapted for use by practitioners in any area where there is a SARC.

Routine enquiry in mental health services

A National Mental Health Trusts Pilot Collaborative Project has been established by the National Institute for Mental Health in England as part of the Victims of Violence and Abuse Prevention Programme and the Department of Health Women's Mental Health Strategy implementation programme. Twelve mental health trusts have been selected to participate in the introduction of routine enquiry about violence and abuse – and in particular childhood sexual abuse – in mental health service assessments and care plans. This pilot is scheduled to run for two years working with voluntary sector organisations locally in the provision of advice and training.

6. Criminal Justice

The 2002 Thematic Inspection into the Investigation and Prosecution of Sexual Offences²⁷ highlighted that the criminal justice system has not always served the interests of victims and of justice well. Effective criminal justice work is crucial in encouraging reporting, raising the conviction rate, and restoring faith in the criminal justice system not only amongst victims, but also the wider public.

As a result of the thematic inspection, the police and CPS have been implementing a range of recommendations, set out in the Government's Rape Action Plan²⁸ to improve the investigation and prosecution of sexual offences. A stock take of progress on implementation of the Rape Action Plan took place in the summer of 2005. The stock take was the first stage of a two stage process to review progress on whether the measures recommended in the Rape Action Plan have been implemented, and will inform the second stage – a follow-up inspection by HMIC and HMCPSI that took place in the first quarter of 2006. The results of the inspection will be published in the summer of 2006, and will be used to inform the National Sexual Violence Action Plan.

In forming a strategy including sexual violence, and as part of co-ordination with Local Criminal Justice Boards, CDRPs should consider how well the following good practice in criminal justice interventions is met in their area.

*** Investigation**

- Guidance on the Investigation of Serious Sexual Offences was published by Centrex and ACPO in 2005. The guidance presents detailed recommendations for all stages of an investigation, from when the crime is reported to when an offender is identified and charged. It also outlines instances where a sexual crime might be linked to another crime such as domestic violence or prostitution, and details the roles and responsibilities of other agencies such as the CPS in order to facilitate partnership-working.
- Training of first-line police response services, including call-handlers, in appropriate handling of the reporting of incidents of rape and serious sexual assault. A good example of this kind of training is that provided in the Care and Evidence Package – click here for more information on this elsewhere in the guidance.
- Use of early evidence kits by the police and other appropriate agencies (eg SARCs). Early evidence kits enable urine samples and mouth swabs

²⁷HM Crown Prosecution Service Inspectorate and HM Inspectorate of Constabulary (2002) *A Report on the Joint Inspection into the Investigation and Prosecution of Cases involving Allegations of Rape*

²⁸ For a copy of the Rape Action Plan, please use the following link: <http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/rape-action-plan.pdf?view=Binary>

to be taken by either the victim themselves, or a non-FME, allowing the victim to eat, drink, and go to the toilet without risking the loss of crucial forensic evidence. These kits have been available to the police for the last few years, and ACPO encourage their widespread use.

- 24/7 availability of specialist Sexual Offence Liaison Officers (SOLOs), who are specifically trained to deal with victims in the immediate aftermath of an assault, as well as to provide ongoing support throughout an investigation and prosecution.

In Derbyshire a dedicated unit of trained SOLO officers operate under the line management of a Detective Sergeant. The objective is to provide a force-wide cover and service that delivers high quality investigations from the outset into allegations of rape, whilst at the same time ensuring that all police action is victim focussed. The SOLO officers are viewed as an integral part of the investigation process, as well as providing a single point of contact for victims. They form the link to other partner agencies such as Derbyshire Rape Crisis, which jointly runs Millfield House - the SARC in Derby, and Victim Support.

- Development of forensic capability. ACPO recommends the use of SARCs for forensic examination of victims of rape and sexual assault, but in addition forensic providers are developing various forensic techniques that can capture crucial evidence where sexual contact may have occurred, and examinations to assess victims' clothing for damage where violence has occurred are also considered of value. It is important that both police and CPS work with forensic providers to ensure the best possible understanding of the relevant forensics in a case. Currently, ACPO and the Association of Forensic Physicians are undertaking a review of the role of forensic medical examiners, with a view to ensuring the development and maintenance of standards, training, and recruitment and retention of female forensic medical examiners.

The '**New Ways of Working**' initiative is a partnership developed between the Forensic Science Service and some police forces to encourage working between scientists, forensic medical practitioners and investigating officers. The partnership involves mutual training initiatives, greater accessibility to scientists, and a 24 hour helpline to assist police at the beginning of an investigation. This has helped to improve awareness, communication, and effectiveness in relation to forensic science.

Operation Advance, run by the Police and Crime Standards Unit in association with the Forensic Science Service has assisted several police forces in exploiting developments in forensic science in order to revisit historical rape cases. The prosecution and conviction rates for Operation Advance cases are extremely high, and a Good Practice Guide has now been published which should enable more police forces to develop this capability – in total Operation Advance has resulted in 19 convictions, and 14 forces cite Operation Advance as a catalyst to starting up their own force cold case review teams.

Victims need to be able to make an informed choice about whether to take their case through the criminal justice system. The following box describes guidance which has been produced to provide victims with information about the criminal justice process.

"From Report to Court: a handbook for adult survivors of sexual violence"

Rights of Women, a not-for-profit organisation, and the Child and Woman Abuse Studies Unit at London Metropolitan University, have worked in partnership with Home Office support, to produce a legal handbook which provides comprehensive information and advice in a user-friendly format on the process of reporting and prosecuting sexual violence. The Home Office has funded its distribution to all police forces in England and Wales as well as sexual violence support organisations, who can pass them on to victims and use them for their own reference. The handbook has also been translated into a selection of other languages, to ensure that the majority of victims' language needs are accommodated. You can download the handbook for free from the Rights of Women website [<http://www.rightsofwomen.org.uk/>].

* **Prosecution**

The Crown Prosecution Service (CPS) launched a new policy for prosecuting cases of rape in June 2004, following the recommendations of the Rape Action Plan. Designed to explain to members of the public, and particularly victims and witnesses of rape offences, how rape prosecutions are carried out, its aim is to encourage more rape victims to come forward and to give them greater confidence in the process. The policy includes detailed new procedures on offering greater support and information to victims, the importance of working with the police, ensuring the right barrister for the case, and challenging unfair cross-examination of victims and untrue mitigation. Key initiatives in the policy are outlined below, in addition to other more recent developments:

- Introduction and successful embedding of specialist rape prosecutors and rape co-ordinators. All CPS areas have now established specialist rape prosecutors, as well as a rape co-ordinator to liaise across areas to ensure that only those with the right skills and training prepare rape and serious sexual offence cases.

The St Mary's Centre SARC in Manchester undertakes training with specialist rape prosecutors to make them aware of the SARC, the examination process, and help put the findings of the forensic medical examiner into context. The Havens in London have set up 'open days' for rape prosecutors, so they can understand what SARCs do and how the services they provide fit into the criminal justice process.

- Under the new CPS charging initiative, rolled out in April 2006, the CPS rather than the police will make future charging decisions in all sexual offence cases, working with the police and forensic provider (where necessary) to ensure that the best evidence is obtained and the right charges are brought.
- Proactive prosecutor training is currently under development, which will provide training to all prosecutors on providing proactive service to the police on strengthening cases during the pre-charge process.
- Agreement has been reached with the Bar Council that all counsel who prosecutes rape cases will attend accredited training.
- Rape co-ordinator seminars have been arranged to provide specific training to co-ordinators and cascaded to rape specialist prosecutors, which enables training on specific topical issues and the sharing and dissemination of good practice.

Measures to make the court process easier for victims and witnesses have also been introduced:

- Training on 'Speaking up for Justice', which relates to special measures for vulnerable and intimidated witnesses, has been introduced in all CPS areas. There are now Speaking up for Justice champions in all CPS areas.
- Facilities are now available in all major Crown Court Centres to allow vulnerable and intimidated witnesses to give evidence without stepping into court.

- Separate waiting areas are being created in the majority of Crown and Magistrates courts, so that witnesses do not come into contact with defendants.

In March 2006, the Solicitor-General, in partnership with the Home Office, launched a consultation paper on measures to tackle attrition in rape cases²⁹, which focussed on four main proposals:

- **expert evidence** on the psychological impact of rape on victims to be put before a jury
- **video evidence** to allow adult victims of rape to give pre-recorded video evidence at trials
- introduction of **definition of 'capacity'** to define in law a complainant's capacity to give consent where drink or drugs were involved, to assist judges and juries
- **evidence of first complaint** to consider the admissibility of all relevant evidence of complaints made by victims in rape cases as evidence in a trial, irrespective of time passed since the alleged conduct

The consultation period will end on July 31st, and responses to all the proposals included in the paper will be collated and considered. Any new measures resulting from the consultation will feed into the development of the National Sexual Violence Action Plan.

* Multi-agency working

- Early case conferences between the police, the CPS, and prosecuting counsel in investigations into allegations of sexual offences were a recommendation of the 2002 Rape Action Plan. The earliest possible contact between police and CPS enables intelligence to be shared and the case built from the beginning. As mentioned above, the CPS rather than the police will make future charging decisions in all sexual offence cases, working with the police to ensure that the best evidence is obtained and the right charges are brought.
- It is recommended that the outcomes of court cases should be discussed and analysed by the police, the CPS, and prosecuting counsel on a regular basis, to identify why cases resulted in a conviction or acquittal. This can help pinpoint any gaps in evidence-collection, or insufficient support of the victim through the criminal justice process.
- Establishment of strong local links between police, CPS, and voluntary organisations involved in supporting victims, and a clear procedure for

²⁹ To read the consultation paper in full, please use the following link:
http://www.cisonline.gov.uk/downloads/application/pdf/Rape_consultation.pdf

sharing of information between any relevant agencies. This might include local authority social services departments and healthcare organisations.

- Development of ‘advocacy’ services for victims: a clearly designated individual who is responsible for tracking cases and keeping victims informed of developments. It is recommended that partnerships develop the role of Independent Sexual Violence Advisors (ISVAs), either from an similar existing post or by recruiting a suitable individual, using the Home Office funding available for 2006-07 click [here](#) for more on ISVAs).
- Local Criminal Justice Boards (LCJBs) have responsibility for delivering national targets in relation to bringing offenders to justice and improving public confidence in the criminal justice system. As outlined previously in this guidance, it is important that LCJBs work closely with CDRPs to tackle sexual violence by encouraging victims to report to the police and pursue a case in court, so as to secure more convictions.

* **Public Protection and the Management and Treatment of Offenders**

CDRPs should be aware of the arrangements in place for protection the public from sexual offenders, as well as local arrangements for the management and treatment of sex offenders.

Notification Requirements or the ‘Sex Offenders Register’

The notification requirements of Part 2 of the Sexual Offences Act 2003, which are often known as the sex offenders register, are an automatic requirement on all offenders who receive a conviction or caution for one of the sexual offences listed in Schedule 3 to the Act. The notification requirements are intended to ensure that the police are kept informed of the whereabouts of sex offenders, which assists in the management of any risks. They also assist in the detection of sexual crime.

Crucially, the notification requirements are not a punishment and do not prohibit offenders from any activity or employment. Instead, the notification requirements are an automatic administrative requirement that applies regardless of the risks posed by an individual offender. There is no general discretion, to the police or the courts, in the application of the notification requirements.

An offender who becomes subject to the notification requirements must, within 3 days of conviction or caution, notify the police, in person and at a prescribed police station, of his name, address, date of birth and national insurance number.

If the offender is in prison on the day that this requirement falls due then he must make his notification within 3 days of his release.

Such offenders must then notify the police, within 3 days, of any change to their name or their address. They must also notify the police, within 3 days, if they spend 7 days or more (whether consecutively or within a twelve month period) at an address they have not already notified to the police. Offenders must also notify the police 7 days in advance of any intended overseas travel for a period of 3 days or more. All offenders must also now ensure that they re-confirm their notified details at least once every 12 months.

The police have the power to take fingerprints and photographs to confirm that an offender is who he says he is when attending to make a notification. If an offender fails to comply with the notification requirements then he commits a criminal offence with a maximum penalty of 5 years' imprisonment.

The period of time that an offender must comply with the requirements (the notification period) is set out in the legislation and is calculated by reference to whether he received a conviction or caution for the offence and, if the former, the sentence received. In summary: a caution for a relevant offence has a notification period of 2 years; a community penalty or fine, 5 years; a sentence to 6 months' or less imprisonment, 7 years; a sentence to more than 6 months' but less than 30 months, 10 years; a sentence to 30 months' or more imprisonment; life. Notification periods usually begin at the date of conviction or caution.

Other preventative orders for sexual offenders

The Sexual Offences Act 2003 has also introduced several new civil preventative orders which assist the police and probation services in managing the behaviour of those who pose a risk of sexual harm to the public:

- Notification orders: Made in respect of offenders who have received convictions or cautions for sexual offences overseas. The order makes the offender subject to the notification requirements as if the conviction or caution had been received in the United Kingdom.
- Sexual offences prevention orders (SOPOs): Sets prohibitions on sex offenders or violent offenders who pose a risk of serious sexual harm. For example, can be used to prohibit a sex offender from being alone with children, from going to a swimming baths etc. While the order is in force the offender must comply with the notification requirements.
- Foreign travel order: Prohibits child sex offenders from travelling overseas where they pose a risk serious sexual harm to children in a foreign country.
- Risk of sexual harm orders (RSHOs): Aims to restrict the activities of those involved in grooming children for sexual activity.

Multi-Agency Public Protection Arrangements (MAPPA)

Registered sex offenders, other sex offenders, violent offenders who receive sentences of 12 months' or more imprisonment, and any other offenders who are considered to pose a risk of serious harm are subject to Multi-agency Public Protection Arrangements (MAPPA). Under the MAPPA, a Responsible Authority formed of probation, police and prison services works in close partnership with other agencies such as the health services, social services and local housing authorities to assess and manage the risks posed by sexual and violent offenders living in or being returned to the community. Arrangements in each of the 42 probation and police areas of England & Wales aim to ensure that individual offenders are managed at an appropriate level of single or multi-agency intervention to minimise the risk of them re-offending. Victims are at the heart of MAPPA and, via probation service victim liaison officers, can provide valuable information to inform risk assessment and risk management plans. Certain restrictions can be placed upon an offender's behaviour through licence conditions or court orders and, where appropriate, information about that offender will be disclosed to victims and to potential victims.

MAPPA is aimed at individual offenders but it is built upon agreements agreed locally and monitored by MAPPA strategic Management Boards (SMBs) which should have senior representatives from all relevant agencies. SMBs have been encouraged to establish connections which support effective operational work with other public protection arrangements, such as Local Safeguarding Childrens Boards, local Crime and Disorder Reduction Partnerships and Local Criminal Justice Boards. CDRP boards are encouraged to ensure that these links are functioning.

Detailed guidance on the MAPPA, in addition to reports about how MAPPA is operating locally, can be found by clicking [here](#), which will take you to the Probation Service Website.

Treatment of sexual offenders

The National Probation Service (NPS) has developed three accredited core sex offender programmes, which are based on effective practice principles and designed for males with varying levels of risk. The level of risk determines an individual's dosage in terms of hours and their pathway through a programme, for example, group work or one-to-one work. In addition, the NPS has developed a further accredited programme specifically for internet offenders and a pilot programme is underway which targets men who have committed sexual offences but who have a learning disability.

Properly targeted and delivered sex offender treatment programmes reduce reconviction rates and assist men to manage their behaviours and develop skills

to stay offence-free. The NPS has a commitment to ongoing evaluation of the Programmes to determine effectiveness. The Service has also provided funding for a number of initiatives within the voluntary sector which contribute to the management and treatment of sex offenders.

A National Strategy (England and Wales) on Young People who display Sexually Harmful Behaviours is being developed jointly between the Home Office and the Department of Health. Practitioners in the field have completed a scoping document on what a National Strategy should comprise and how it should be implemented taking into account consistency in policy-making across government departments. The proposal has been considered and accepted by the National Institute for Mental Health in England (NIMHE) Sex Offender Mental Health Policy Development Group, which has been set up by the Department of Health, and which includes representatives from Government Departments and practitioners in the field.

Early interventions, such as the Young Abusers Project, for young people who display sexually abusive behaviour and people at risk of offending are referred to earlier in this guidance – click [here](#) to go to this section of the guidance.

Further information about the MAPPA business plan can be found on the National Offender Management Service (NOMS) website, and further detail about treatment for sexual offenders can be found in the Sex Offender Strategy for the NPS³⁰.

If you would like to discuss any of the case studies or other contents of this guidance further, please contact the Sexual Crime Reduction Team at the Home Office: sexualcrimereductionteam@homeoffice.gsi.gov.uk

³⁰ The NPS Sex Offender Strategy can be found using the following link:
<http://www.probation.homeoffice.gov.uk/files/pdf/Sex%20Offender%20Strategy%20Sep%2004.pdf>