



‘Crossing the Boundaries’:

Assessing the needs of victim-survivors of sexual violence in the London Borough of Newham



Rape and Sexual Abuse Support Centre /
Rape Crisis South London

RASASC
rape and sexual abuse
support centre
RAPE CRISIS
SOUTH LONDON

About the Rape and Sexual Abuse Support Centre (RASASC)

The Rape and Sexual Abuse Support Centre (RASASC), also known as Rape Crisis South London, is the Rape Crisis Centre for the South London Boroughs. Set up in 1985 as part of a Women's Aid project, we are an all woman independent organisation based in Croydon providing a high standard of professional support to female victim-survivors of sexual violence. We are a member of Rape Crisis (England and Wales) and adhere to their occupational standards of service delivery and we are a British Association of Counselling and Psychotherapy (BACP) Accredited Counselling Centre. Our core services include:

National Rape Crisis Helpline Freephone 0808 802 9999 Open 365 days a year from 12.00 to 2.30 & 7.00 to 9.30 staffed by fully trained helpline workers. Clients: Women & Girls 13 years and over who are survivors of rape or childhood sexual abuse, family, friends, partners of survivors, other professionals. Provides emotional support for survivors of sexual violence & supporters of survivors; information supplied free of charge; regional and national information resource and signposting to other agencies in the UK.

Counselling Long term (up to a year) specialist sexual violence therapy. 17 fully qualified counsellors, specialists in the field of sexual violence. Clients: Female survivors of rape, childhood sexual abuse/exploitation, trafficking, ritual abuse and any form of sexual violence who are over 13 years old. Clients are asked to self refer and are matched to an appropriate counsellor. Therapists based in Croydon, Kingston-upon-Thames, Southwark and Bexley. Group therapy available.

Advocacy Three ISVAs (Independent Sexual Violence Advocates) including a specialist young person ISVA. Information for survivors contemplating reporting to the police and support for women/girls who have reported to the police and are going through the Criminal Justice System up to & including the trial. Emotional and practical unbiased information and support to aid client's recovery.

Prevention and Training In house accredited training (OCN) on the effects of rape and childhood sexual abuse plus Counsellor training in sexual violence. External training on request. Awareness training given to other professionals, challenging the myths around rape and childhood sexual abuse, the effects of sexual violence and optimum support methods for survivors. Workshops in schools/colleges raising awareness and delivering self-esteem workshop can include women's self-defence classes with the London Centre for Personal Safety. Working in partnership with the Met Police GAGV programme in schools from year 6 to 10 about the dangers for girls belonging to a gang.

Outreach A fully qualified IDVA trained in sexual violence by us is working full time at the Family Justice Centre alongside a sexual violence outreach worker with women suffering from domestic violence. We also run a specialist outreach programme working with women involved in prostitution, Homeless women and girls, providing needles and condoms with the aim of helping women to exit prostitution and access support services. Emotional and practical support.

Acknowledgements

This research would not have been possible without the participation of victim-survivors of sexual violence and professionals working across the Borough of Newham. We would like to thank everyone who took the time to feed into the research, from the questionnaire respondents, focus group participants and individuals who met with us for one-on-one interviews. In order to protect the anonymity of all participants, names and organisations will not appear in this report. However the commitment demonstrated by everyone who took part to ensuring that victim-survivors of sexual violence were able to access specialist support in Newham was inspiring, and we were consistently moved by their honesty and openness.

We would also like to thank Dr. Carol McNaughton Nicholls and Professor Liz Kelly for their comments on earlier drafts of this report, and Luca Cox-Garner for his enthusiastic support. Finally our thanks go to Cat Everett, Domestic and Sexual Violence Commissioning Officer for the London Borough of Newham, for her time, support and understanding throughout the research process.

Please cite as: Vera Gray, F., & Garner, M., (2015) *Crossing the Boundaries: assessing the needs of victim-survivors in the London Borough of Newham*, Rape Crisis South London

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List of Abbreviations

BME	Black and Minority Ethnic
CSEW	The Crime Survey of England and Wales
DSV	Domestic and Sexual Violence
FGM	Female Genital Mutilation
IDVA	Independent Domestic Violence Advocate
ISVA	Independent Sexual Violence Advocate
LBN	London Borough of Newham
LGBT	Lesbian, Gay, Bisexual and Transgender
OSS	The Newham One Stop Shop
RASASC	The Rape and Sexual Abuse Support Centre
SOA (2003)	Sexual Offences Act (2003)
VAWG	Violence against women and girls
NAADV	Newham Action against Domestic Violence (commissioned IDVA provider until 31/05/2015; NIA Project commissioned IDVA provider from 01/06/2015)



“Crossing the boundaries, whether raped, beaten, abused, those feelings are similar. There are time bombs, walking around, ready to blow, because nobody knows how to defuse them.”

(Victim-survivor focus group)



Executive Summary

The Rape and Sexual Abuse Support Centre (Rape Crisis South London) was commissioned by the London Borough of Newham in October 2014 to conduct a needs assessment for victim-survivors of sexual violence in the Borough, focused on identifying and understanding the needs of victim-survivors of sexual violence in Newham aged over 16 years.

Our mixed methodological approach incorporated focus groups and interviews with 22 individual professionals from across the domestic and sexual violence and social care sector, as well as 17 victim-survivors, with further anonymous participation from 47 victim-survivors through an online questionnaire. We brought this together with desk-based research comprising of a literature review and an analysis of existing prevalence and population statistics to estimate the prevalence of sexual violence in Newham. We then used all three strands to explore the needs of victim-survivors of sexual violence in Newham, identify the barriers and enablers they experience in attempts to access services, and the gaps currently existing in provision.

We found a significant gap between the estimated numbers of victim-survivors in the Borough and the numbers being recognised as accessing services. Interviews and focus groups with professionals and victim-survivors highlighted a perceived mismatch between the definition of sexual violence Newham are working to, and the range of services on offer across the Borough.

We suggest that there is an overwhelming proportion of the victim-survivor population in Newham who are currently not seeking or receiving specialist support for their experiences of sexual violence. Through the course of our research with professionals and victim-survivors of sexual violence we have established a constellation of factors that may be contributing to this including:

- A substantial amount of confusion exists across the Borough as to what services provide what, to whom and even what services existed at all. This confusion exists both for professionals, including those working within the One Stop Shop, and for victim-survivors.
- There appears to be on Borough, a conflation between sexual violence and domestic violence resulting in the possibility of inappropriate referrals. This also acts as a barrier for victim-survivors of sexual violence outside of an intimate partner setting, as they do not see services in, for example the One Stop Shop, as ‘for them’.
- There is a broader issue in how child sexual abuse is omitted as a form of sexual violence from Borough information. Through the course of our research we identified a highly successful social group for female survivors of childhood sexual abuse operating in Newham. Only one of the professionals we spoke with was aware of this group, despite there being a recognised gap in

provision for survivors of childhood sexual abuse on Borough. As a social group, this organisation does not provide therapy, however group facilitators had extensive expertise in the impacts of and responses to childhood sexual abuse and LBN would benefit from working with them more closely.

- Barriers for victim-survivors who have not accessed services are often connected to the impacts of sexual violence itself. Both barriers perceived by professionals and enablers perceived on reflection by those who had accessed services, focused more on practical issues. This suggests the need for wider work in the Borough to challenge the myths associated to sexual violence, as well as work to ensure the practical barriers are minimal. An overwhelming barrier, however, was simply not knowing what existed.

In order to address these factors and improve the Borough response to victim-survivors of sexual violence, we suggest that:

- The London Borough of Newham would greatly benefit from extending the good practice it has developed in partnership working around domestic violence and sexual violence to **develop an integrated violence against women and girls strategy**.
- There is a clear need to improve the **collection of accurate data recording the levels of sexual violence** being worked with across services in Newham. This causes considerable difficulty in estimating need across the Borough, and measuring levels of service access.
- The widespread confusion across both victim-survivors and professionals as to the services available in the Borough would be helped through a clear **communications strategy to publicise sexual violence specific services** in Newham; including in the first instance a dedicated page on the Council website for sexual violence.
- The One Stop Shop, though widely praised, is seen as a statutory response and promotion of it does not marry up with the services provided within it. Concern has been raised that particular sensitivities unique to victim-survivors of sexual violence may make the concept of a single location for delivery to all survivors difficult to operationalise. The service would be improved through the development of a more flexible approach to working in order to ensure the varied needs of both service users and providers are accounted for; including possibilities **for joined up working with providers who may not be delivering services from the OSS**.
- **Prevention work** delivered by specialists with frontline experience is vital in the long-term eradication of sexual violence. Additional resources and services need to be allocated towards this area of work which will in turn increase demand for services by challenging the stigma that victim-survivors in the Borough are experiencing as a barrier to accessing services.

Introduction

The necessity of understanding the impacts of sexual violence, and the needs of victim-survivors,¹ has never been greater. From the child sexual exploitation gangs unearthed in Rochdale and Oxford, to allegations of a sexual abuse ring operating in Westminster, recent high profile criminal cases have begun to unearth the range and extent of sexual violence. This report will add to the growing evidence base, exploring specifically the needs of women and men who live in the London Borough of Newham and have experienced sexual violence.

The level of sexual violence being perpetrated in England today forms one of most significant public health emergencies facing both national and local governments. The London Borough of Newham has committed to addressing domestic, sexual and gender-based violence as a strategic priority, recognising the impact of domestic and sexual violence (DSV) across all council services as well as the criminal justice system and healthcare services.² In 2012/13 Newham commissioned a needs assessment for victim-survivors of Domestic and Sexual Violence (DSV), from which the need for separate work to better understand the needs of victim-survivors of **sexual violence** in the Borough became evident.³ There are key differences between domestic violence, sexual violence and gender-based violence, though there are intersections and overlaps between them. It is important to outline these similarities as well as the differences before discussing the specific needs of victim-survivors of sexual violence.

Gender-based violence and violence against women can be understood as umbrella terms for a range of acts including forms of domestic violence and sexual violence. Gender-based violence is defined by the Council of Europe as violence that is directed against a person on the basis of gender.⁴ It constitutes a breach of the

¹ Within this report we use the terminology of victim-survivor to recognise both the victimisation that women and men who have lived through sexual violence have experienced, as well as their agency in managing its impacts. Such aligns with that used by the Great London Authority (see Coy, M., Kelly, L., & Lovett, J. (2011) '*Violence Against Women and Girls: Step by step guidance on moving towards an integrated approach in London Boroughs*', GLA, available at https://www.london.gov.uk/sites/default/files/violence_against_women_step_by_step_guide_Boroughs.pdf [accessed 9th January, 2015].

² Simmons, K. (2013) *Newham Domestic and Sexual Violence Delivery Plan 2013-16*, available at <http://www.newham.gov.uk/Documents/Community%20and%20living/NewhamDomesticandSexualViolenceDeliveryPlan20132016.pdf> [accessed 12th November, 2014].

³ Divisional Director of Adult Social Care, London Borough of Newham (2014) *Request for Quote: Sexual Violence Needs Assessment in Newham Service Specification*, Newham London.

⁴ Hagemann-White, C., Katenbrink, J., & Rabe, H. (2006) *Combating Violence Against Women: Stocktaking Study on the Measures and Actions taken in Council of Europe member states*, Council of Europe, available at: http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/CDEG%282006%293_en.pdf [accessed 4th November, 2014],

fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. Most gender-based violence is inflicted by men on women and girls.⁵ This has led to the terms gender-based violence and violence against women and girls being used interchangeably, often with the term gender-based violence used in place of violence against women in order to appear inclusive of violence perpetrated against men. It is important to note, however, that **a violence against women framework does not exclude violence perpetrated against men and boys**. While a VAWG analysis highlights that victims are disproportionately women, and perpetrators are disproportionately men, it is a focus on this disproportionality that means men and boys are not excluded as possible victims.⁶ Furthermore, this framing is underpinned by an understanding of gender inequality as a cause and consequence of violence against women, and that this inequality is seeded in social systems where gendered hierarchies are reproduced institutionally as well as across day to day life. Recognising that the reality of 'gender-based violence' is violence inflicted on women and girls is an important step in being able to correctly classify the problem, as well as to begin identifying and forging the best routes forward in terms of prevention and support provision. A VAWG perspective enables the illumination of not only hierarchies between women and men, but also between different men as these are also based on normative gender relations and practices.⁷ These hierarchies work to silence both female and male victim-survivors of sexual violence and thus it is in the interests of all victim-survivors that the ways in which VAWG is cause and consequence of gender inequality are acknowledged and challenged.

The term 'sexual violence' covers a wide range of acts committed by any person regardless of their relationship, in any setting, including but not limited to home and work. The most well-known is rape, however sexual violence can include many different forms of assault and intrusive practices in a wide range of circumstances, settings and relationships. These do not need to be penetrative based, and even where so, may not involve penile penetration (such as digital penetration or penetration with objects). Domestic violence is defined by the Home Office as "(a)ny incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality".⁸ For the purposes of this study sexual violence is defined by Newham Borough as "any sexual act that is perpetrated against someone's will."⁹ Some forms may not involve contact offences and, unlike domestic violence, there is no age limit for when something 'becomes' sexual violence, thus child sexual abuse is included as a form of sexual violence. Having lifelong impacts on the physical, sexual, reproductive and mental health of victim-survivors, sexual violence is a heavily gendered crime, with women and girls at

⁵ Ibid.

⁶ Coy, M., Kelly, L., & Lovett, J. (2011) '*Violence Against Women and Girls: Step by step guidance on moving towards an integrated approach in London Boroughs*', Greater London Authority

⁷ See Connell, R. (1987). *Gender and power*. Polity Press.

⁸ Home Office, 2013: see: <https://www.gov.uk/domestic-violence-and-abuse>.

⁹ The full definition of sexual violence being used for this study, taken from the specification given by Newham, can be found on page 18 of this report.

least five times more likely to have experienced some form of sexual violence in the past 12 months.¹⁰

The overlaps between domestic violence and sexual violence are evident. A sexual act perpetrated against someone's will between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality would be defined as an act of sexual violence within a domestic violence setting. There are, however, significant points of departure in both perpetration and victimisation. Sexual violence can occur to those under the age of 16 (with the according impact on childhood development) and has a wide range of perpetrator relationships including strangers, friends, neighbours and work colleagues. Sexual violence can also be perpetrated by multiple perpetrators, and the most known form, rape, can only legally be perpetrated by men. The differences in legal definitions for the acts comprising each form of violence mean that victim-survivors seeking support through the criminal justice process may have distinct and varied needs. The differences in perpetration can lead to issues unique to either victim-survivors of domestic violence or victim-survivors of sexual violence when accessing support services.

1. Research aims and ethics

It is to further understanding of the **needs of victim-survivors of sexual violence as a particular group** in Newham, that the Rape and Sexual Abuse Support Centre was commissioned by the London Borough of Newham in October 2014 to conduct a needs assessment for victim-survivors of sexual violence in the Borough. This sexual violence needs assessment focuses on identifying and understanding the needs of victim-survivors of sexual violence in Newham aged over 16 years. The purpose of undertaking any needs assessment is to assist in the establishment of high quality service provision,¹¹ and as such recommendations made at the end of this report have been designed to be as practical and implementable as possible. The research is guided by a 'no more harm' approach as endorsed by the British Sociological Association; this means that the wellbeing of research participants took precedence over research imperatives.¹² All aspects of the research process from design to data collection were undertaken to enable as diverse a range of participants and stakeholders to access and feed into the needs assessment as possible. Informed consent formed the basis of all participation, particularly in recognition of the

¹⁰ Ministry of Justice, Home Office & Office for National Statistics (2013), *An Overview of Sexual Offending in England and Wales: Ministry of Justice, Home Office & the Office for National Statistics Statistics bulletin*, available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf [accessed 4th November, 2014], p. 11

¹¹ Department of Health (2011) *Responses to Sexual Violence Needs Assessment (RSVNA) Toolkit*, available online:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215654/dh_126402.pdf, [accessed 6th November, 2014].

¹² *Statement of ethical practice*. British Sociological Association, 1996.

importance of consent for a research population who have experience of their sexual consent being ignored, controlled or overpowered.

The research had three core aims:

1. To map current service provision in Newham against an estimate of the prevalence of sexual violence in the Borough;
2. To create a better understanding of the help-seeking processes¹³ of victim-survivors, including the barriers and enablers for victim-survivors in accessing services;
3. To develop recommendations for improving service provision to better meet the needs of victim-survivors in the Borough.

This report addresses these aims through five interlinked sections. This section introduces and defines the study, including outlining the methodology. The report moves onto addressing the context and background both of sexual violence more broadly and the context of the population of Newham in particular. Section Three conducts a gap analysis and Section Four reflects on what both victim-survivors living in Newham and service providers spoke about as the barriers and enablers to accessing services for sexual violence. The final section draws out the recommendations for improving service provision across the Borough and ensuring that the strategic priorities identified by Newham are being addressed through the provision of services for victim-survivors of sexual violence in the Borough.

2. Methodology

The methodological approach of the research involved two clear stages. The first stage aimed to engage service providers working in both specialist organisations working in Newham to support victim-survivors of either sexual violence or domestic violence and in broader organisations across the Borough where service-user populations were particularly likely to include victim-survivors of sexual violence (such as sexual and mental health services). The second stage was designed to ensure the voices of victim-survivors were at the centre of our recommendations. As noted in the guidance for London Boroughs moving towards an integrated violence against women and girls strategy, victim-survivors should be at the heart of developing responses to VAWG, though they are often overlooked or deemed to be lacking in expertise.¹⁴ This stage sought to address this imbalance and consisted of both a questionnaire to enable anonymous participation and one to one interviews and focus groups with victim-survivors asking about the barriers and enablers they experienced in accessing service provision. It is important to note that whilst the two groups appear distinct, we acknowledge there is often an overlap; that is those we

¹³ It is important to conceptualise disclosure and help-seeking not as a single moment, but as an ongoing process.

¹⁴ Coy, M., Kelly, L., & Lovett, J. (2011) 'Violence Against Women and Girls: Step by step guidance on moving towards an integrated approach in London Boroughs', GLA, available at https://www.london.gov.uk/sites/default/files/violence_against_women_step_by_step_guide_Boroughs.pdf [accessed 9th January, 2015].

engaged as victim-survivors may also be service-providers and visa versa. Both groups form valuable 'epistemic communities',¹⁵ meaning they hold a wealth of practice based and experiential knowledge, gained at the frontline of service provision and victim-survivor experience. This expertise is particularly valuable in terms of collecting information, which may not be present in the evidence review of health and crime data; for example evidence of the barriers for, and extent of violence for groups who may not report.

2.1. *Service providers: focus groups/interviews*

This strand of data collection is invaluable in filling some of these gaps in data, in particular to illuminate the needs of 'silent' communities (that is from communities who may not wish to participate in research themselves).¹⁶ The service provider interview schedule was designed around three main themes:

- Contexts and challenges to service delivery;
- Understandings and awareness of specialisms across Newham;
- Perceived barriers and enablers for victim-survivors accessing services and reporting to the Police.

Originally this strand was to be completed through focus groups only, however, practical challenges in securing focus groups with busy professionals required flexibility on the part of the research team. As such, either face to face or telephone interviews were also offered, and undertaken to ensure those who wanted to contribute but whose work commitments prevented them from doing so within a focus group, could take part at their convenience.

Combining focus groups with individual interviews brought the benefit of achieving different but mutually complimentary discussions. Bringing together within a group, diversity and scope of professional experience meant that the needs of different victim-survivors of sexual violence could be discussed in relation and in context to one another, creating a cross-services insight. Meanwhile individual interviews enabled space for in-depth explorations of particular remits (forming part of the gap analysis) and in depth discussions across issues salient to particular professionals and services.

Two focus groups were held with 3-4 participants from across organisations in each, two small team groups were conducted with 2 members of staff in each, and 12 professionals were interviewed individually. This resulted in a total participation number of 22 individual professionals from across the DSV and social care sector in Newham. The expertise of professionals ranged across sexual health, youth offending teams, police child safeguarding, adult social care, and voluntary sector organisations working across the continuum of violence against women and girls.

¹⁵ Coy, M., & Garner, M. (2012). 'Definitions, discourses and dilemmas: policy and academic engagement with the sexualisation of popular culture.' *Gender and education*, 24(3), pp. 285-301.

¹⁶ DeVault, M. L. (1996). Talking Back to Sociology: Distinctive Contributions of Feminist methodology. *Annual review of sociology*, pp. 29-50.

There was no participation from specific male victim-survivor services or from the Haven, a service providing medical and forensic examinations, as well as counselling, for women and men with recent experiences of sexual violence.

2.2. *Sexual violence victim-survivors: Questionnaire, focus groups/interviews*

To ensure victim-survivor voices were at the heart of an assessment of their needs, the second strand of the research involved a questionnaire, individual interviews and focus groups. Online questionnaires enable confidentiality, anonymity, wide participation and respondent autonomy,¹⁷ crucial considerations when working with victim-survivors of sexual violence. The online aspect however may also present barriers to those without access to the internet and/or for those who may not be computer literate. Copies of questionnaire, with a stamped return envelope, were made available in hard copy and distributed to all services participating in the research as well as to all libraries, children's and community centres in Newham. The aim here was to potentially reach victim-survivors who may not access specific sexual violence services. In addition the questionnaire was distributed across social networks, through the services engaged with in the first stage of the research, and via established links between Rape Crisis South London and other services supporting victim-survivors of sexual violence in London and nationally.

The questionnaire explored:¹⁸

- What in their own view do victim-survivors of sexual violence need from services;
- What practical and emotional barriers and enablers to accessing services and/or reporting to police may exist for different victim-survivors;
- The quality of experience for those who have accessed services and/or reported to the police;
- What works well and not so well in terms of service provision for victim-survivors across Newham and what is missing or could be improved.

A total of 47 participants were recorded, with 32 of these responses used for the final analysis.¹⁹ Demographic information, in figures 1.1, 1.2, and 1.3, following, was

¹⁷ Coy, M., Kelly, L., Elvines, F., Garner, M. & Kanyeredzi, A. (2013) *Sex without consent, I suppose that is rape: how young people in England understand sexual consent* London: Office of the Children's Commissioner.

¹⁸ The questionnaire is too large to be included as an appendix; but it is available on request as a PDF file from Rape Crisis South London.

¹⁹ Three screening questions were used at the beginning of the questionnaire. In order to be included in final analysis, participants had to be over 16 years old, live in Newham, and identify as having experienced being forced/coerced to do something sexual or had something sexual done to them that they did not want. If the answer to any of these questions was no then participants were unable to continue through the questionnaire. 13 people did not pass through the qualifying questions and thus are not included in the analysis presented here.

recorded for 26 respondents.²⁰ In addition 4 respondents identified as having a disability.

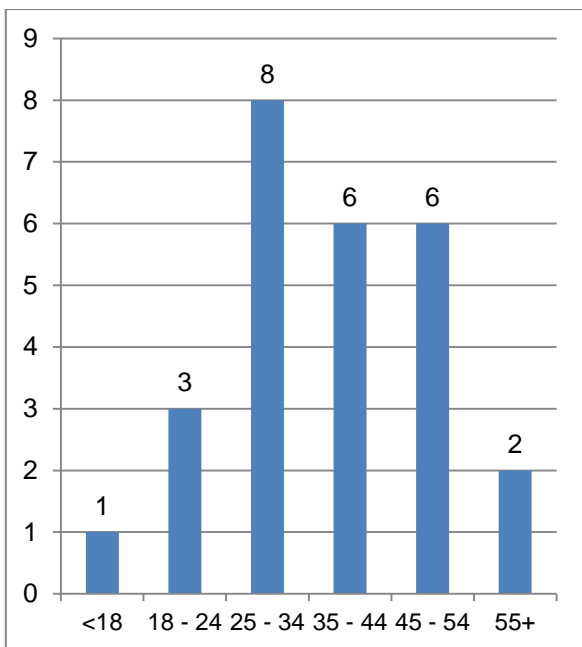


Figure 1.1: Questionnaire Respondent Age (n=26)
(n=26)

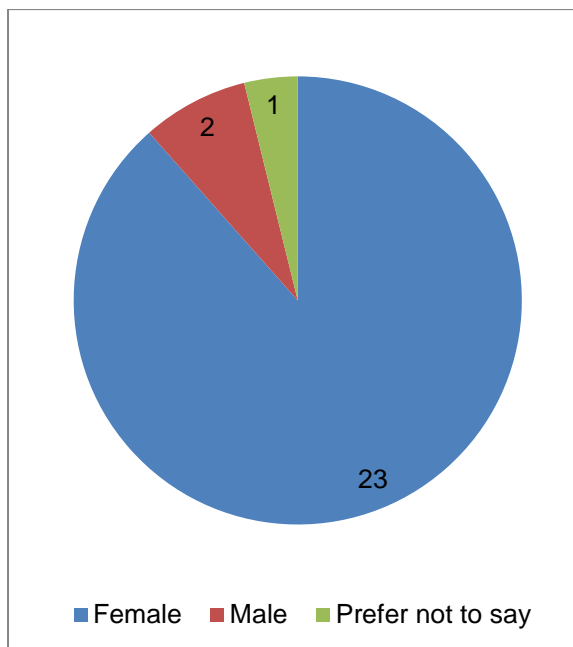


Figure 1.2: Questionnaire Respondent Gender

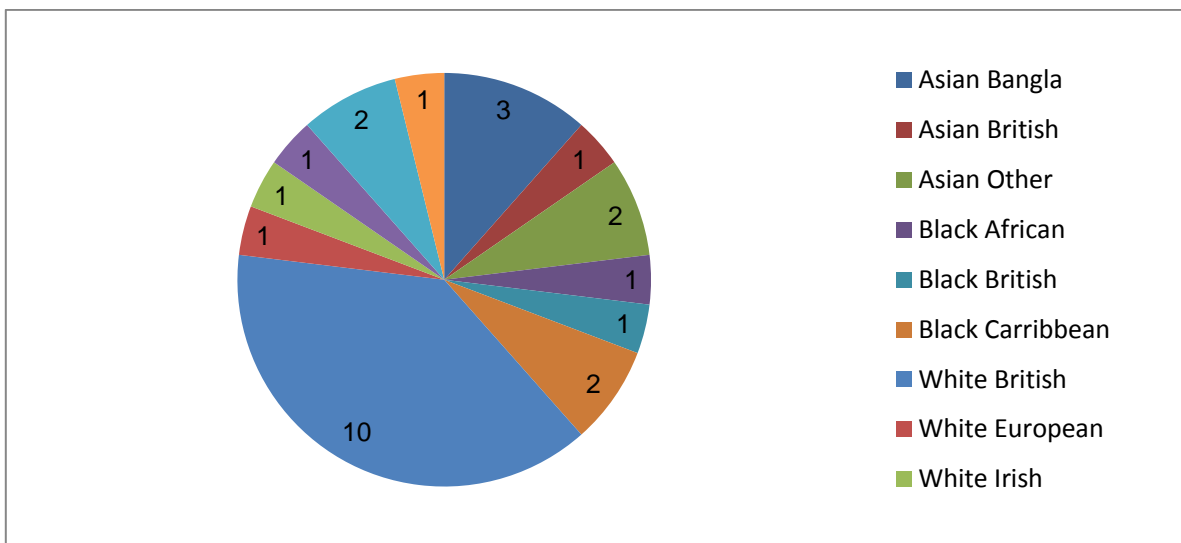


Figure 1.3: Questionnaire Respondent Ethnicity (n=26)

²⁰ In order to recognise the importance of confidentiality for victim-survivors over the need for demographic information, these questions were optional.

It is important to note that given the number of respondents, findings from the questionnaire cannot be generalised out to a broader population in Newham. Reflecting on the level of response to the survey, a professional in a sexual violence service in Newham reported that she had spoken with some victim-survivors who felt reluctant to give information such as whether or not they had accessed mental health services, as they experienced ongoing distrust of services and professionals resulting both from their experiences of sexual violence, and their experiences of services. It may also be that the low level of participation from victim-survivors of sexual violence accessing services in Newham illustrates that low numbers *are* accessing services. Some of the possible reasons for this will be outlined in the report.

In order to enable more detailed participation from those who wanted to, included at the end of the survey was an invite to participate in an individual interview. Questions used in the interviews and focus groups were designed to provide reflection on the main themes in the questionnaire as well as prompting for those participants who had completed the questionnaire to expand on their answers. 5 people who completed the questionnaire left information for further participation and of these 3 individual interviews were held. In addition a large (n=14) focus group was held with female victim-survivors of childhood sexual abuse. To ensure participant safety, all participants in this focus group were accessing a service.



Definitions and Contexts

This section defines the key terms used in this report, as well as provides an overview of the contexts underpinning the help-seeking processes of victim-survivors of sexual violence in Newham: namely the prevalence and impact of sexual violence, and the demographic context of the London Borough of Newham.

1. Sexual Violence: Definitions

In assessing the needs of victim-survivors of sexual violence, it is essential at the outset to identify the differences and similarities in definitions being used across various stakeholder groups including the criminal justice system, commissioners, services and victim-survivors themselves. A consistent, inclusive and well considered definition is important to monitor the incidence of sexual violence as well as to assist in examining trends over time, ultimately helping to inform not just service provision but also prevention and intervention efforts.

1.1. *The Sexual Offences Act 2003*

- Rape is classified as penetration by the penis of somebody's vagina, anus or mouth, without their consent. Rape can be committed against men or women, but since it involves penile penetration it is only committed by men.
- Assault by penetration is the penetration of the anus or vagina of someone else with any part of the body or with an object, if the penetration is sexual and if the person does not consent.
- Sexual assault covers any kind of intentional sexual touching of somebody else without their consent. It includes touching any part of their body, clothed or unclothed, either with your body or with an object.
- Causing a person to engage in a sexual activity without consent is an offence which covers any kind of sexual activity without consent.

The definition of consent is key to all acts comprising sexual violence and the Sexual Offences Act, SOA (2003),²¹ also introduced for the first time, a statutory definition of consent, being agreeing by choice with the freedom and capacity to make that

²¹ UK Parliament (2003) Sexual Offences Act 2003: Chapter 42, London: HMSO. Available at: http://www.legislation.gov.uk/ukpga/2003/42/pdfs/ukpga_20030042_en.pdf [accessed 4th November, 2014].

choice.²² This means that, for England and Wales, sexual violence is not defined by force but rather can also involve actions and behaviours that limit an individual's 'space for action'.²³ Apart from physical force, such actions may involve psychological intimidation, blackmail or other threats, unwanted sexual advances or sexual harassment, including demanding sex in return for favours. It may also occur when the person aggressed is unable to give consent, for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.

1.2. *Child sexual abuse*

Child sexual abuse is the overarching term used to encompass a number of sexually violent offences committed against those under the age of 16. As such it does not have a specific definition in the SOA(2003), rather the acts comprising child sexual abuse are specific offences listed in the SOA(2003), from grooming through to rape of a child under 13. The World Health Organisation provides a useful definition to identify acts that may be included under the broad category of child sexual abuse.²⁴

Government safeguarding guidance from 2013 uses a similar definition,²⁵ characterising child sexual abuse as forcing or enticing a child or young person under 16 years old to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Again, both contact and non-contact offences are included such as penetrative acts, involving children in looking at, or in the production of, sexual online images, or encouraging children to behave in sexually inappropriate ways.

“Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”

- World Health Organisation (1999)

²² For further guidance on consent see Crown Prosecution Service (2015) *What is Consent*, available at http://www.cps.gov.uk/publications/equality/vaw/what_is_consent_v2.pdf, [accessed 10th March, 2015].

²³ Jeffner, S. 2000. *Different Space for Action: The Everyday Meaning of Young People's Perception of Rape*. Paper at ESS Faculty Seminar, University of North London, May 2000.

²⁴ World Health Organisation (1999) *Report of the consultation on child abuse prevention*, WHO, Geneva, 29-31 March 1999. Social Change and Mental Health, Violence and Injury Prevention, 1999.

²⁵ HM Government (2013) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*, London. Department for Education

1.3. London Borough of Newham definition

Newham Borough works to a specific definition of sexual violence which is notably broader than the definitions of child sexual abuse or the offences given in the Sexual Offences Act.

The definition used by Newham Borough, is a definition recommended in the United States of America,²⁶ and is well-regarded in its ability to capture what has been termed the continuum of sexual violence.²⁷ Importantly, the concept of a continuum here is not to connote a hierarchy of sexual violence, though it is often understood as such, but rather to act as a chart connecting the multiple manifestations of forms of sexual violence.

The London Borough of Newham defines sexual violence as:

Any sexual act that is perpetrated against someone's will. Sexual violence encompasses a range of offenses, including a completed non-consensual sex act (i.e. rape), an attempted non-consensual sex act, abusive sexual contact (i.e. unwanted touching), and non-contact sexual abuse (e.g. threatened sexual violence, exhibitionism, verbal sexual harassment).

Defining sexual violence in this way captures the range and complexities of the way sexual violence is experienced. Such a broad definition, however, also presents particular operational difficulties in terms of identifying and responding to sexual violence, specifically within considerations of victim-survivor needs, which may vary greatly between, for example, victim-survivors of stranger rape, and those who have experience of verbal sexual harassment. Deficiencies in the current definition were also identified

by those with expertise and experience in working with young people, who outlined how the definition omits the way digital and mobile technology is used in sexual abuse and violence. A particularly pertinent and timely observation given recent cases of sexual exploitation of young people, the increased visibility of cyber-bullying, and legislation introduced this year criminalising 'revenge pornography'.

2. Defining a support service

For the purposes of this report, the term 'support service' is used to capture a broad range of organisations providing diverse support options for women and/or men who have experienced sexual violence. These choices include access to support to: 'name violence, create safety, seek justice and undo some of the harms'.²⁸ As help-seeking and disclosure must be conceptualised as a process rather than a one-off

²⁶ Basile KC, Saltzman L.,E. *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements* Version 1.0. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002.

²⁷ Kelly, L., (1988) *Surviving Sexual Violence*, Polity Press.

²⁸ Coy, M., & Kelly, L. Foord., J.(2009) *Map of Gaps 2: The postcode lottery of violence against women support services in Britain*, End Violence Against Women, p. 15.

moment, this range of services is key in ensuring that multiple routes into support are offered, as well as targeted services being provided in response to specific needs that may relate, for example, to the criminal justice system.²⁹

A 2010 needs assessment for female survivors of sexual violence in London, identified the services most valued by victim-survivors of sexual violence, finding a broad range of services were considered beneficial including counselling, group therapy, spaces where women could talk freely to other women, self-defence and creative activities.³⁰ Additionally, research has shown that when asked what services were the most helpful and their levels of satisfaction, specialist sexual violence services and Rape Crisis Centres in particular score the highest.³¹

3. Sexual Violence: Prevalence

It is difficult to estimate the prevalence (life time experience) of sexual violence in a given population due to both the variation in definitions used and the extensive under-reporting of all forms of sexual violence.³² It is because of this under-reporting, however, that attempting to estimate prevalence is key to understanding the potential gap between services being provided, services being accessed, and the levels of potential service-users.

Given the broad definition of sexual violence in use for Newham it is important to consider how some forms of sexual violence, such as verbal sexual harassment, may be experienced as so ordinary by women in particular that the experience itself becomes 'unremarkable' and thus unreportable.³³ A recent Europe wide study by the European Agency for Fundamental Rights, found that for women prevalence rates for sexual harassment were four times those for domestic violence.³⁴ The difficulty in finding comparable studies on rates of sexual harassment for men demonstrates how the disproportionately gendered nature of sexual violence results in tensions when seeking evidence to inform a degendered DSV framework.

²⁹ Ibid.

³⁰ Greater London Authority (2010) *Levels of rape and sexual assault in London: An assessment of the need for services for women*, GLA, p. 23

³¹ Brown, J., Horvath, M., Kelly, L., & Westmarland, N. (2010). *Connections and disconnections: assessing evidence, knowledge and practice in responses to rape*, Government Equalities Office, available at: <https://www.dur.ac.uk/resources/sass/BrownHorvathKellyandWestmarland2010Connectionsanddisconnectionsassessingevidenceknowledgeandpracticeinresponsestorape.pdf>, [accessed 16th February, 2015].

³² Davies, H., Reardon, S., & Stuart, A. (2012) *Sexual Violence in London: A Needs Assessment to Inform the Review of the London Havens Sexual Assault Referral Centres*, MBARC for the Metropolitan Police Service and the London Sexual Health Programme.

³³ For more on women's habitualised responses to men's intrusion in public see Vera Gray, F. (2015) *The Great Problems are in the Streets: A phenomenology of men's stranger intrusions on women in public space*, PhD thesis.

³⁴ FRA (2014) *Violence Against Women: An EU-Wide Survey Main Results*, European Union Agency for Fundamental Rights, available at: http://fra.europa.eu/sites/default/files/fra-2014-vaw-surveymain-results_en.pdf, [accessed 2nd March, 2015].

Nationally, data clearly demonstrates that the levels of sexual violence perpetrated against women is much higher than for men; women, for example, are more likely to be sexually assaulted than to get breast cancer.³⁵ Some of the most readily available and rigorous evidence for England and Wales comes from dedicated modules within the Crime Survey for England and Wales (CSEW), what used to be the British Crime survey. The most recent version of this survey is from 2014 and the often cited figure of 85,000 women and 10,000 men raped annually in England and Wales is drawn from here.³⁶ The survey sample, however, comprises adults aged 16-59 who live in private households, thus missing large sections of the population who may be particularly targeted by perpetrators of sexual violence such as those in institutions including detention centres or refugee camps, homeless people or rough sleepers, as well as women and men aged either older than or younger than age limits. Sexual violence and exploitation is also a significant weapon used in gang violence,³⁷ another group that may be excluded from the CSEW due to living situations or age. The 2010 report from the Department of Health Taskforce on the Health Aspects of Violence Against Women and Children, also identifies other particular groups that may be particularly targeted by perpetrators of sexual violence, including people in prison and people with a limiting illness or disability.³⁸ These groups are excluded from the CSEW.

In the UK, the true prevalence of child sexual abuse is still not known.³⁹ Thirty years ago, a nationally representative sample of persons in the United Kingdom aged 15 years and over found 10% of the population reported that they had been sexually abused before the age of 16 (12% women/girls; 8% of men/boys).⁴⁰ In 2011, the NSPCC reviewed 28 prevalence studies and found rates ranging from 1.1% to 3.2% for lifetime experiences of childhood sexual abuse. The SAVI study,⁴¹ an Irish health survey commonly held to be one of the most rigorous we have available in terms of an evidence base for sexual violence, found substantially higher prevalence of sexual violence in childhood as it used a broad definition similar to that in use by Newham.⁴²

³⁵ Jarvinen, J, Kail, A. & Miller, I. (April 2008) *Hard Knock Life: Violence Against Women. A Guide for donors and funders.* New Philanthropy Capital

³⁶ Ministry of Justice, Home Office & Office for National Statistics (2013), *An Overview of Sexual Offending in England and Wales: Ministry of Justice, Home Office & the Office for National Statistics Statistics bulletin*, available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf [accessed 4th November, 2014]

³⁷ Firmin, C. (2010). *Female voice in violence project: A study into the impact of serious youth and gang violence on women and girls*, Race on the Agenda.

³⁸ Health taskforce

³⁹ Davies, H., Reardon, S., & Stuart, A. (2012) *Sexual Violence in London: A Needs Assessment to Inform the Review of the London Havens Sexual Assault Referral Centres*, MBARC for the Metropolitan Police Service and the London Sexual Health Programme.

⁴⁰ Baker, A. W., & Duncan, S. P. (1985). Child sexual abuse: A study of prevalence in Great Britain. *Child abuse & neglect*, 9(4), pp. 457-467.

⁴¹ McGee, H., Garavan, R., de Barra, M., Byrne, J. and Conroy, R. (2002). *The SAVI Report. Sexual Abuse and Violence in Ireland. A national study of Irish experiences, beliefs and attitudes concerning sexual violence.* Dublin: Liffey Press.

⁴² Findings from the SAVI study will be explored in detail when estimating the prevalence in Newham in the following section, 'Gap Analysis'.

Research suggests that whilst the violence is still gendered, boys experience much higher rates of this form of sexual violence than they do any other form, though there are some important gendered differences. A 2001 study found that girls were more likely than boys to experience penetrative assaults, on repeat occasions, by a known perpetrator.⁴³ For all types of sexual abuse, the mean age of victim-survivors when first abused was significantly lower for girls than it was for boys.⁴⁴ One of the most well-known studies on the extent of child sexual abuse within the UK, estimates that between 5 and 10% of girls and 5% of boys have experienced penetrative sexual abuse before the age of 18,⁴⁵ though it acknowledges that up to three times this number may have experienced other forms of sexual violence (an acknowledgement that aligns more closely to an NSPCC finding that nearly a quarter of young adults (24.1%) experienced sexual abuse (including contact and non-contact), by an adult or by a peer during childhood.⁴⁶ These are, however, still seen as underestimates when compared to the more detailed results of the SAVI study.

4. Sexual Violence: Impacts and responses

Sexual violence has a profound impact on physical and mental health. As well as causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences. Its impact on mental health can be as serious as its physical impact, and may be equally long lasting.⁴⁷ The World Health Organisation has estimated that 60 per cent of women using mental health provision in the UK have experienced some form of sexual abuse.⁴⁸ In addition, recent evidence from NatCen's (2013) study on violence, abuse and mental health in England highlights sexual violence alongside other forms of violence against women, as a significant factor impacting on long-term mental health.⁴⁹

Sexual violence can also deeply affect the social wellbeing of victim-survivors; individuals may be stigmatised and ostracised by their families and others as a consequence. In many cases victim-survivors of sexual violence are diagnosed with Post Traumatic Stress Disorder (PTSD) and services are working to respond to these needs. Victim-survivors may have nightmares and flashbacks going over and over

⁴³ Cawson et al, 2001, *Child Maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect*, London, NSPCC

⁴⁴ Baker, A. W., & Duncan, S. P. (1985). Child sexual abuse: A study of prevalence in Great Britain. *Child abuse & neglect*, 9(4), pp. 457-467.

⁴⁵ Gilbert et al (2009) 'Burden and consequences of child maltreatment in high-income countries', *The Lancet*, 373(9657), pp. 68-81.

⁴⁶ Radford et al (2011) *Child abuse and neglect in the UK today*, NSPCC

⁴⁷ Imkaan, Positively UK, Rape Crisis England & Wales (2014) *'I Am More Than One Thing': A guiding paper by Imkaan, Positively UK and Rape Crisis England and Wales on women and mental health*, available at: <http://www.whcc.org.uk/wordpress/wp-content/uploads/downloads/2014/05/I-am-more-than-one-thing-Full-Report.pdf> [accessed 16th December, 2014].

⁴⁸ World Report on Violence and Health: Summary. Geneva, World Health Organization, 2002.

⁴⁹ NatCen Social Research (2013) *Violence, Abuse and Mental Health in England*. Available at <http://www.natcen.ac.uk/media/205520/rev-a-strand-1-13th-may-briefing-report-2-.pdf> [accessed 1st March, 2015].

traumatic events overwhelming sensory experiences, often with very vivid tastes, smells, sounds and feelings. This can happen both as a flashback in the day, and as nightmares when they are trying to sleep.⁵⁰ These can be so realistic that it feels as though they are living through the experience all over again. These range from mildly disturbing memories to full blown flashbacks, unwanted, intrusive and distressing recollections of the traumatic event which they cannot control. In their mind they can see everything that happened, and can also feel the emotions and physical sensations of what happened such as fear, sweating, smells, sounds and physical pain.⁵¹

Victim-survivors of sexual violence may also start to avoid people or places in case of being triggered, which can lead to isolation and withdrawal.⁵² Given the distressing nature of re-experiencing a traumatic event, there is a logic to numbing and avoidance. Unfortunately, the numbing (sometimes called emotional anaesthesia)⁵³ often spreads to involve many important and previously enjoyable activities in addition to those associated with the trauma. Sufferers often describe having a more restricted range of emotions with fewer highs and lows and feelings of detachment from others, including those with whom they had been close before the trauma. As the nature of the violence inflicted is against someone's sexual self, there are also a range of psychosexual impacts ranging from physical responses including vaginismus to behavioural responses including celibacy or choosing many sexual partners.⁵⁴

In addition many victim-survivors experience something termed hypo/hyper arousal.⁵⁵ In response to trauma, the reptilian part of the brain, the brainstem, will put the body's nervous system into action in order to ensure the best possible chance of surviving the trauma (fight, flight, freeze, flop or submit). When the body has to do this repeatedly, especially as a child when the brain is not yet fully developed, certain responses become the 'default' option when the slightest trigger is detected. This default may be to go into hyper arousal, which is characterised by rapid heart rate, faster breathing, rapid eye movement, inability to sit still, shakiness, heightened skin colour and hypervigilance.⁵⁶ Or the default may be hypo arousal, which leads to a person being very still and shut down, an inability to make eye contact or to speak properly, difficulty moving and keeping balanced, slow heart rate and breathing, and pale skin colour.⁵⁷ Due to this increased arousal, individuals with PTSD often have difficulty concentrating and falling or staying asleep and may display irritability

⁵⁰ Rape and Sexual Abuse Support Centre (2011) *Managing Flashbacks: Survivors*, Information sheet, RASASC.

⁵¹ Ibid.

⁵² Rape and Sexual Abuse Support Centre (2011) *Impacts of Rape*, Information sheet, RASASC.

⁵³ Bloom, S. L. (1999). 'Emotional Anesthesia: The Double Bind for Doctors', *The Psychotherapy Review* 1(2): pp. 63-63.

⁵⁴ Rape and Sexual Abuse Support Centre (2014) *Psychosexual Impacts for Survivors of Sexual Violence*, Information sheet, RASASC.

⁵⁵ Kendall-Tackett, K. A. (2000). 'Physiological Correlates of Childhood Abuse: Chronic Hyperarousal in PTSD, Depression, and Irritable Bowel Syndrome', *Child Abuse & Neglect*, 24(6), pp. 799-810.

⁵⁶ Ibid.

⁵⁷ Ibid.

because they are always on edge but may not be able to sleep. They feel exhausted.

Both hypo and hyper arousal are extremely damaging to the body in the long term, because in evolutionary terms they are only designed as rapid responses to traumatic situations. Being in either of these states for any length of time is toxic for internal organs and also an enormous mental strain. It is understandable, therefore, that victim-survivors will often use drugs or alcohol to cope,⁵⁸ or use other coping strategies such as self-injury in order to either calm themselves down or to stimulate themselves into action. Additionally victim-survivors of sexual violence often experience patterns of eating that are often labelled as 'disordered', including patterns such as bingeing and purging; over-eating and under-eating. Such responses are connected to the impacts of sexual violence where the body has been controlled by the perpetrator/s, and as such reclaiming control over what goes into and comes out of the body, can be a way for victim-survivors to reclaim ownership of, or connection to, their embodied self.

These impacts of sexual violence often combine with the strategic manipulation of perpetrators and the social blaming of victim-survivors to form a weighty barrier to disclosure, and a barrier to accessing support services. The multifaceted and significant impacts of sexual violence as a unique and particular form of violence, is a key, though often overlooked, part of the context underpinning victim-survivor's decisions to access services.

5. Newham context

Combining with the impacts and social stigma attached to sexual violence, the unique profile of Newham as a London Borough also impacts on the configuration of barriers faced by victim-survivors to access services. The overall population of London grew from the 1990s, but Newham's grew at an even faster rate than average, rising from 216,300 in 1991 to 323,400 in 2013.⁵⁹ Newham has the seventh largest population of any London Borough, and one of the youngest populations in London.⁶⁰ The most recent census (2011) recorded the resident population of Newham as 307,984.⁶¹ Just under half of the population was recorded as female (147,648), with a higher than average male population recorded at 160,336. The projected 2014 population for Newham, however, is expected to grow to approximately 331,400. This growth partially helps explain why Newham has the highest average household size in

⁵⁸ Finkelhor, D. (1991) 'Child sexual abuse', *Violence in America: A public health approach*, pp. 79-94.

⁵⁹ Greater London Authority (2013), *Round Population Projections*, available at <http://data.london.gov.uk/dataset/2013-round-population-projections>, [accessed 16th November, 2014].

⁶⁰ Mean age for Newham residents is 31.3yrs. Newham also has the second highest number of under eighteen year olds in London (25.3%).

⁶¹ Office for National Statistics, *2011 Census: Aggregate data (England and Wales)* [computer file]. UK Data Service Census Support. Downloaded from: <http://infuse.mimas.ac.uk>. This information is licensed under the terms of the Open Government Licence [<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2>].

London (three in 2011, compared with just over two nationally, and two and a half in London).

In addition, the LBN has one of the highest population turnover rates in London.⁶² Figures from In 2007/08 showed that 19.5% of residents moved through the Borough (entering or exiting), a figure significantly higher than the London average of 13.6%.⁶³ Building on this, the Newham Household panel in 2012 estimated that a third of residents (32 per cent) have lived in the Borough less than five years. This high turnover of population is key in exploring the barriers to victim-survivors of sexual violence accessing services in Newham, as well as to service delivery, in that this movement creates a difficulty in delivering sustained, long term support, a difficulty identified by many service providers.

Newham's population is one of the most ethnically diverse in London,⁶⁴ with only 38% of residents having English as their first language. Within the population, Indian is the largest group (14%), followed by Bangladeshi (13%), Black African (12%) and Pakistani (10%).⁶⁵ From the 2011 Census 41.4% of residents (aged 3 years and over) did not speak English as their main language. In addition to this, Newham has been historically, and remains, one of the most disadvantaged Boroughs in London.⁶⁶ It is the poorest London Borough with two-fifths of its residents (41%) classified as poor; one-fifth of its residents earning less than the minimum wage; and the rate of child poverty at more than three times the national average (55% compared with 17%). Cultural and religious beliefs were identified by many professionals as a potential barrier for some victim-survivors in assessing support services, though for victim-survivors themselves this was more a fear that services wouldn't understand cultural difference. In terms of service delivery, victim-survivors without recourse to public funds were also identified by professionals in this study as facing multiple barriers to accessing services and/or reporting to the police. Such victim-survivors may indeed be a hidden population in Newham and more research is needed to both identify what, if any, services they are accessing, as well as their specific needs.

⁶² In 2007/08 19.5% of residents moved through the Borough (entering or exiting), a figure significantly higher than the London average of 13.6%. See Taverner, S., and Crisp, A., (2013) *Newham Key Statistics: A detailed profile of key statistics about Newham by Aston-Mansfield's Community Involvement Unit*, Aston-Mansfield, available at www.aston-mansfield.org.uk, [accessed 7th December, 2014].

⁶³ Newham Borough, *Local Economic Assessment 2010-2027*, available at <http://www.newham.info/lea> [accessed 5th November, 2014].

⁶⁴ Ethnic profile: Over half the resident population in Newham was born abroad (55%) Newham has the highest Black, Asian and Minority Ethnic (BAME) population (71% of residents), as well as hosting eight of the ten most diverse wards in east London, including Plaistow North, the most diverse ward in England and Wales.

⁶⁵ Greater London Authority (2013) *Round Ethnic Group Projections*, GLA

⁶⁶ London School of Economics, Housing and Communities (2013) *Facing Debt: Economic Resilience in Newham*, available at: <http://www.newham.gov.uk/Documents/Misc/Research-EconomicResilience.pdf> [accessed 5th November, 2014].

Gap analysis

This section outlines the possible gaps in service provision for victim-survivors of sexual violence in Newham. These were established across two interconnected stages. The first involved estimating the prevalence of victim-survivors of sexual violence in Newham using a number of national studies. The second involved mapping current service provision and assessing its sufficiency against this measure of need.

There are several ways to estimate the prevalence of sexual violence across a given population, all of which encounter difficulties. The most common method is to extrapolate national crime or health survey data, as well as drawing on data from local support services. However, estimating prevalence of sexual violence is beset by a number of challenges, including victim-survivor under-reporting and key variations in the methods used, and populations measured, across different evidence bases. Police data sets for example must be read with caveats which acknowledge missing populations, such as criminalised women and men who may not feel safe with authority or who may not trust the criminal justice system. Similarly, prevalence surveys may use language and research frameworks, which do not resonate with victim-survivors themselves and thus miss their experiences.

Prevalence surveys of sexual violence must also contend with what Mary Koss has defined as 'unacknowledged rape'.⁶⁷ This covers both those who report a sexual assault that legally constitutes rape, but do not define themselves as having experienced rape (rates in surveys range between 43% and 73%)⁶⁸ and experiences of sexual violence which are not even reported in surveys as the experiences are 'normalised'.⁶⁹ Reviewing the definition of sexual violence being used for this study, Koss' framing can be extended beyond rape to include other forms of unacknowledged sexual violence. Practices such as verbal sexual harassment or flashing, a common experience for many young women in England,⁷⁰ may be seen as so normal as to be unremarkable, meaning these forms are missed in any attempt to measure the extent of sexual violence in a given population. In addition it is important to note that estimating the projected prevalence of sexual violence within Newham's population is not the same as estimating the level of need for support

⁶⁷ Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). *The Scope of Rape: Incidence and Prevalence of Sexual Aggression and Victimization in a National Sample of Higher Education Students*. *Journal of Consulting and Clinical Psychology*, 55(2), 162.

⁶⁸ Myhill, A., & Allen, J. (2002). *Rape and sexual assault of women: the extent and nature of the problem*. London: Home Office; Peterson, Z. D., & Muehlenhard, C. L. (2004). 'Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences'. *Sex Roles*, 51(3-4), 129-144.

⁶⁹ Brown, Jennifer and Horvath, Miranda and Kelly, Liz and Westmarland, Nicole (2010) *Connections and disconnections: Assessing evidence, knowledge and practices in response to rape*. London: Government Equalities Office.

⁷⁰ See Bates, L. (2014) *Everyday Sexism*, Simon and Schuster.

services. Service need for victim-survivors of sexual violence is impacted on by the impacts of sexual violence itself. This means that help-seeking is a long-term process rather than simply an action taken in the immediate aftermath of sexual violence, and that different service responses may be required for different experiences. Victim-survivors of childhood sexual abuse, for example, may require long-term (one year minimum) specialist counselling but may not require an ISVA or access to the criminal justice system as the perpetrator has died. Similarly a recent victim-survivor of rape may require an immediate forensic examination and medical care, whereas someone reporting a rape that occurred a few months ago would not have the same immediate needs. Not all victim-survivors of sexual violence will want to access a service and it is important that resources are also directed towards preventative and public awareness campaigns in order to reach those who do not want to access services. It is well recognised that the need for services increases as soon as those services become visible. Rape Crisis Centres such as ours can report that the more outreach work we do in the community, raising the profile of our service, the greater the demand for our service becomes. Thus the need for specialist sexual violence services is not a static number and demand can be expected to grow exponentially as the Borough improves its response to sexual violence.

1. Current local available data

Given the specific demographic context of Newham, we sought initially to identify Borough specific rather than national data. We identified a gap in non-police data being collected by the services in Newham about the levels of victim-survivors of sexual violence receiving support provision. A number of services working across domestic and sexual violence did not have available reliable information on the numbers of sexual violence specific victim-survivors they were working with. This meant that for this report we have used police data from Newham and also national data drawn from major crime and health surveys. The police data compared to the national data, however, is broken down by different demographic information (in particular age and gender) and is based on offences per victim-survivor in the year the crime was reported, irrespective of when the offence took place.

Holding these limitations in mind, what we endeavoured to do was to identify estimates from across the data sources rather than collapse these into one, as without service data specific to the services in Newham the numbers provided here can not be taken as more than limited approximations.

The first data source, police data for Newham, shows that in the 12 months to February 2015, Newham police recorded 248 allegations of rape.⁷¹ Though this data period is one year, there is no time limit on reporting forms of sexual violence and as such the rate of 248 rapes recorded does not mean that this number of rapes happened during that specific time period. There are significant limits to police

⁷¹ Metropolitan Police (2015) '*Latest Crime Figures for Newham*' available at <http://www.met.police.uk/crimefigures/datatable.php?Borough=kf&period=year> [accessed 19th February 2015].

statistics,⁷² reflected in the fact that only 1 in 10 rapes are reported to the police in England and Wales.⁷³ In addition, there has been a stark increase in people coming forward to report sexual offences over the past few years. This is widely put down to the ‘Operation Yewtree’ effect, where victim-survivors of sexual offences that are not directly connected to Yewtree are now reporting these offences to the police.⁷⁴ With this in mind we could expect that with an increase in publicising the provision of specialist sexual violence services in the Borough, together with the continued increase in national reporting on the issues, Newham would see a substantial increase in these figures over the coming years.

Sexual Offence	Number of police allegations recorded (Newham Feb 2014 – Feb 2015)
Rape	248
Other Sexual Offences	371
Total Reported Sexual Offences:	619

[Table 3.1 Newham police statistics February 2014-February 2015](#)

This data, however, is limited and cannot be used to estimate prevalence. It does not include a breakdown by gender, and applies only to victim-survivors aged over 18 years.⁷⁵ It excludes non-criminal offences, included in the definition of sexual violence in use by LBN and also does not account for forms of sexual violence that are consistently under-reported to the police. Also, important to note, is that sexual offences can be reported at any time, thus though these are the figures for a one year period, this is not a measure of reported incidents that occurred only within that period. As with the increase in demand for support services that can be expected as a result from an increased visibility of specialist sexual violence services in the Borough, we would also expect to see an increase in sexual offences recorded by the police.

2. National prevalence measures

Establishing prevalence in a given population is not a simple equation and sometimes does not tell us what we want to know: for example establishing lifetime

⁷² See Horvath, M. A., Tong, S., & Williams, E. (2011). ‘Critical issues in rape investigation: An overview of reform in England and Wales’, *The Journal of Criminal Justice Research*, 1(2).

⁷³ Povey, D., Coleman, K, Kaiza, P & Roe, S. (January 2009) Homicides, Firearm Offences and Intimate Violence, Supplementary Volume to Crime in England and Wales, 2007/08, Home Office.

⁷⁴ Office of National Statistics (Feb, 2015) *Chapter One: Violent Crime and Sexual Offences Overview*, available at <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/rpt-chapter-1.html?format=print> [accessed 10th March, 2015].

⁷⁵ Especially since the same report highlights 16-19, as when at more risk

prevalence is not the same as establishing the need for services. The most recent lifetime prevalence rate, taken from the 2013/14 Crime Survey of England and Wales (CSEW), suggests that for adults aged 16-59, 19.9% of women (approximately 1 in 5) and 9.8% of men (approximately 1 in 10) will have experienced any form of sexual assault, including attempts, since the age of 16.

Comparing this to the most recent census information for Newham we are able to make a basic estimate of the lifetime prevalence of victim-survivors of sexual violence in the London Borough of Newham. This estimate, however, must be read with the understanding that the population figures available for Newham included persons aged 15,⁷⁶ where the CSEW figures start at 16, thus the estimate given below is most definitely an underestimate as the percentage of victim-survivors aged 15 is not included in the calculation. In addition, given the unique demographic of Newham as an extremely transient Borough, the most recent census of 2011 may no longer reflect the population currently in Newham at the time of writing.

	National average (age 16-59) from CSEW	Newham Population 2011 (age 15-59)	Estimated prevalence in Newham
Females	0.199	99,400	19,780
Males	0.098	113,700	11,140

[Table 3.2. Estimated lifetime prevalence for Newham: Any sexual offence \(including attempts\) since age of 16 from CSEW](#)

The data clearly demonstrates that the level of rape and sexual assault against women is much higher than for men, however given the demographics of Newham there are more men within the population.

There are several acknowledged limitations to the CSEW. The number of questions in the survey on sexual violence are limited and the framing as ‘crime’ may deter some from reporting events that they do not think of as crimes. Childhood sexual abuse is especially underreported in this framework as would be many of the forms of sexual violence included in Newham’s definition such as threatened sexual violence, exhibitionism, and verbal sexual harassment. The results are based on self completed questions from a representative sample of adults aged 16-59, focusing on the experiences of being a victim-survivor of sexual offence since the age of 16. Thus it does not include sexual offences experienced by children and young people or those aged 60 or over.

⁷⁶ Office for National Statistics, *2011 Census: Aggregate data (England and Wales)* [computer file]. UK Data Service Census Support. Downloaded from: <http://infuse.mimas.ac.uk>. This information is licensed under the terms of the Open Government Licence [<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2>].

Prevalence surveys framed in terms of health or women’s safety tend to produce higher estimates, especially for sexual violence. Even higher findings come from dedicated sexual violence studies. However, we lack data from all three alternatives in England and Wales. The most comprehensive and recent sexual violence prevalence survey was undertaken in Ireland.⁷⁷ The SAVI study, conducted in 2002, offers the most rigorous and robust findings, but we do not know whether these can be extrapolated accurately to England and Wales and a specific Borough in London, particularly given the unique profile of Newham as a London Borough. However, it is currently the best we have.

The SAVI report included questions on experiences of childhood sexual abuse (that is sexual violence aged 17 and under) as well as asking about all forms of sexual violence, including many (but not all) of the forms captured by Newham’s definition – such as exposure.⁷⁸ The lifetime prevalence of sexual violence, both experienced in childhood and adulthood, was shown by the SAVI report to be just over 40 per cent of women and 28 per cent of men, seen in table 3.3 below.

Prevalence rate sexual violence - child & adulthood		Newham Population 2011	Estimated prevalence in Newham population
Females	0.4	147,600	59,040
Males	0.28	160,300	44,884

[Table 3.3. Estimated lifetime prevalence for Newham: Sexual violence in child and adulthood from SAVI](#)

Here we see a much higher rate of male victim-survivors of sexual violence than seen in other studies. The majority of sexual violence forms reported by men in the SAVI study occurred in childhood, illuminating the ways in which applying a gendered framework to sexual violence, underpinned by an understanding of how hierarchies between men can operate to silence some men is particularly important. With the SAVI findings, 10 per cent of women and 3 per cent of men reported assaults that would constitute rape. In addition, SAVI findings show that:

⁷⁷ McGee, H., Garavan, R., de Barra, M., Byrne, J. and Conroy, R. (2002). *The SAVI Report. Sexual Abuse and Violence in Ireland: A national study of Irish experiences, beliefs and attitudes concerning sexual violence*. Dublin: Liffey Press.

⁷⁸ Particularly important as the study revealed that the most common experience of sexual violence in childhood was indecent exposure (12.5 per cent of men and 20.6 per cent of women), yet this is a form not captured by the CSEW (which asks for experiences since the age of 16), nor many crime statistics as flashing is known to be widely under-reported.

- More sexual abuse was reported in childhood than adulthood – all had lived their childhoods, but a proportion were in early adulthood, making childhood data necessarily more complete;
- Over half (51%) reported child sexual abuse only;
- Under a quarter (21%) reported adult abuse only;
- And over a quarter (27.7%) reported experiences of both.

These headline figures cover all forms of sexual violence addressed in the survey, and in childhood the majority reported by both women and men involved contact but not penetration. Importantly the SAVI study also addressed revictimisation, finding that both women and men who reported experiencing childhood sexual abuse were also more likely to report it as an adult.⁷⁹ In particular those who reported experiencing a penetrative sexual assault in childhood were considerably more likely to report experiencing a penetrative sexual assault in adulthood than any other form of sexual violence.⁸⁰ This suggests the need for a specialist sexual violence response which *includes* expertise in supporting victim-survivors of childhood sexual abuse, in any service providing support for sexual violence.

3. Mapping existing provision

Identifying existing support services for victim-survivors of sexual violence in Newham incorporated two strands of research. The first involved consolidating information provided by the council on point of commission with online research, and the second consisted of interviewing professionals working across services providing support for victim-survivors of sexual violence in Newham. In the former, Internet searches for sexual violence services in Newham were undertaken using five relevant search terms, the first page of search results was then sifted for relevant organisations and the results recorded.⁸¹

This method is salient to how victim-survivors may also seek information about support services, offering insights about any potential gaps or barriers between what services exist and 'routes in' to accessing them. We then used the information gathered to compare more broadly with the range of services available in the Borough.

Table 3.4 shows the results of the online search.

⁷⁹ McGee, H., Garavan, R., de Barra, M., Byrne, J. and Conroy, R. (2002). The SAVI Report. Sexual Abuse and Violence in Ireland. A national study of Irish experiences, beliefs and attitudes concerning sexual violence. Dublin: Liffey Press, page 72.

⁸⁰ Ibid., page 73

⁸¹ Google was used as the search engine as it is overwhelming the most used search engine in the UK with just under 90% of all internet searches in the UK made through Google (see The Statistics Portal (2014) *Market share held by the leading search engines in the United Kingdom (UK) as of October 2014*, available online <http://www.statista.com/statistics/280269/market-share-held-by-search-engines-in-the-united-kingdom> [accessed 16th January, 2014].

Search Term	First page search results
'Rape support Newham':	Rape Crisis East London: NIA Newham council web page: Domestic violence Newham Action Against Domestic Violence Newham Asian Women's Project National Domestic Violence Helpline Newham Victim Support
'Sexual Violence Help in Newham'	Newham Asian Women's Project Met Police webpage to sapphire website with information about the Havens Council website for DV as above
Help for sexual assault in Newham	Newham homepage DV Newham Asian Women's Project Rape Crisis England and Wales
Sexual Violence Support in Newham	Information about ISVA in Newham, via Survivor Trust website
'Newham help for child abuse'	Child protection page from Newham Council's website: no direct link or information about support services

[Table 3.4. Support services for victim-survivors of sexual violence in Newham \(internet search\)](#)

This can be compared with table 3.5, below, which shows what support services are on offer across Newham as provided by the council on point of commission.

Service Provision: OSS
<p>The One Stop Shop is the single point of contact for victims and professionals accessing DSV services in Newham. One Stop Shop is delivered by 3 specific DSV Services (see below). These services will all be based in one building. The premises will be open Monday – Friday 9am – 6pm and Thursdays until 8pm and will see clients on a drop in basis and by appointment. The building will be a women only space,⁸² with agencies supporting male clients in alternative locations.</p>
<ul style="list-style-type: none"> • Aanchal Women's Aid – DSV Casework Service – providing support, advocacy and empowerment to low and medium risk victims of domestic and sexual violence to access interventions through the criminal justice system and statutory services, build self esteem, emotional wellbeing and skills to take control of their lives. Also service provides out of hours cover for all reports of DSV including low, medium and high risk cases and will signpost clients to appropriate services. • Manor Gardens Welfare Trust – Female Genital Mutilation Service – providing casework, advocacy and support to women who have undergone FGM to help them to prevent FGM in their daughters and training to professionals in the Borough on FGM.

⁸² There was not consensus across professionals that the OSS was in fact woman only, including all staff, despite this being listed on the information provided by LBN at the point of commissioning this research.

- **Open Doors-** Exiting Sex Work Service – providing support to people who are engaged in sex work to be healthier, safer and exit the industry. This service will also provide a day programme to kerb crawlers.

In addition to these core services, the IDVA service from **Newham Action Against Domestic Violence (NAADV)** – commissioned IDVA service until 31/05/2015) is co-located at the One Stop Shop premises and a solicitor and a housing officer from **Newham’s Housing Options Centre** will also have a presence at the One Stop Shop premises and will provide services to clients.

Table 3.5. Support services for victim-survivors of sexual violence in Newham (Borough)

East London Rape Crisis is mentioned in the support services provided by the Borough on point of commission, however their role within or in relation to the OSS was unspecified. Through the focus groups and interviews with professionals we discovered that East London Rape Crisis did not currently have a presence at the OSS, and perhaps as a result of this, many of the professionals who participated in this research were unaware of their service or has limited knowledge of their provision. It is important to note that, using the definition of sexual violence provided by Newham Borough, none of the support services provided within the OSS are specialist sexual violence only services.

Comparing the online research using different search terms shown in table 3.4, to the services given in table 3.5, we find the online results roughly matching these services, reflecting that for victim-survivors with access to the internet and who can read English these support services are amenable. A search for support services for child sexual abuse did not yield any information about services in Newham: specialist or otherwise. Representing what would appear to be both a gap in provision and a broader issue in how child sexual abuse is potentially omitted as a form of sexual violence from Borough information. Interestingly this absence was also noted by a victim-survivor who responded to our questionnaire, suggesting it has impacted already on access to services in the Borough.

Services (need to be) accessible online with good promotion and awareness raising that it doesn't have to be a rape for you to seek help. (White British woman, aged 35-44)

A recurrent search result across all of the search terms was the council’s information webpage about domestic violence, which includes within its definition of domestic violence ‘sexual abuse’, and also offers a short definition of sexual violence. In the latter, again, child sexual abuse is omitted, which represents a gap in information for adult victim-survivors of child sexual abuse. Information on this site is also heavily focused on victim-survivors who have experienced forms of domestic violence, which may lead to those who have experienced sexual violence outside of an intimate partner relationship feeling as though the services on offer at the OSS are not for them. Though the definition of sexual violence is given on the site, further headings

are domestic violence specific – ‘How to judge if you are experiencing domestic violence’; ‘Confidential advice and support for domestic violence’; and ‘Referring clients who are experiencing domestic violence.’ That there is not a stand-alone web presence from the council with information about sexual violence outside of a domestic violence context represents a gap in information for victim-survivors who may seek support services online. Throughout the course of the research, we identified several services that may be providing support to victim-survivors of sexual violence in Newham but may not have been provided in the initial commissioning document given by LBN, shown in table 3.6 below.

Service Provision
<p>The following support services were identified through the course of the research as possibly providing services to victim-survivors of sexual violence in Newham. At the time of research, none of these services are located within the OSS. Not all services listed here are based in LBN, though they are all based in East London (some in neighbouring Boroughs of Hackney and Tower Hamlets). Not all services engaged in the research and as such the levels of sexual violence being worked with within these services cannot be established.</p>
<p>ASCENT Partnership –Ascent is a project led by the London Council’s funded Violence Against Women and Girls Consortium, that delivers a range of services for victim-survivors of domestic and sexual violence. Operating as part of the partnership, the following organisations were identified as providing services in Newham: Solace Women’s Aid; Ashiana; Nia; Rights of Women. None of these organisations are sexual violence specific, however similar to Aanchal Women’s Aid they provide services to victim-survivors of both domestic and sexual violence. All services are women only.</p> <p>Haven (Whitechapel) – Located in Tower Hamlets but provides services to residents of Newham. Specialist sexual violence service providing forensic examinations (for victim-survivors within the forensic window of 72 hours) as well as medical care and counselling for victim-survivors of recent rape/sexual assault. Works with all ages and both men and women.</p> <p>Newham Asian Women’s Project (NAWP) – Offering a range of services to support women who experience and are survivors of gender violence, including counselling, prevention work and a free legal advice and information service on domestic and sexual violence, welfare and housing rights and support to women with insecure immigration status.</p> <p>Nia – (Commissioned IDVA provider from 01/05/2015.) Located in Hackney but works across East London. Provides services for women, children and young people who have experienced male violence as well as working to end male violence against women and girls. East London Rape Crisis is part of Nia and as such victim-survivors of sexual violence within Nia are referred here.</p> <p>East London Rape Crisis – Offers free, confidential specialist help for women and girls who have been raped or experienced any other form of sexual violence. Services are for women of all ages including young women over the age of 14, whatever the assault and whenever it occurred.</p> <p>Survivors UK – Located in Tower Hamlets. provides services for residents of all London Boroughs. SurvivorsUK helps men who have experienced child sexual abuse, rape, and/or adult sexual assault and raises awareness of their needs.</p> <p>Survivors Together - A small, charitable organisation based in East London who provide regular social activities for women survivors of sexual abuse. Survivors Together operate as a social group, not a support agency, and provide a space for female victim-survivors of sexual violence to come together, learn new skills, and feel less isolated.</p>

[Table 3.6. Additional support services for victim-survivors of sexual violence in Newham](#)

We note that there may be other services on offer in Newham, however what is given here is the full list of service provision that we were able to garner. As given in the tables above, there is a range of provision operating within Newham that could be providing services to victim-survivors of sexual violence. Despite this, it is difficult to establish the levels of victim-survivors of sexual violence being worked with in services that are not sexual violence specific, as most services working with DSV did not specifically monitor sexual violence as separate from domestic violence.

Of the services participating in the research, eight professionals reported that their service worked with victim-survivors of sexual violence. The estimates of how many victim-survivors of sexual violence (SSV) they support in a year, together with what services they provide, are recorded in table 3.7 below.

Number of SSV from Newham per year	What services are provided to SSV
Not known	Refuge, 1-1 counselling (12 sessions on average then extend to 15-18 if wanted, most want extension); support groups, legal advice, key working, housing, advocacy.
90% of referrals and has approximately 30-35 referrals per year. Estimate of 30	ISVA service for either historical or current sexual violence. Community sexual health services and clinical and case management. Practical support, sexual health support, key working and access to counselling.
For Newham ISVA about 100, Young Women Advocate (specifically Newham and Tower Hamlets) about 40, Counselling / phone support about 100 per year. Estimate of 140	F/F Counselling up to a year (limited by funding); Young Women Advocate (referred in through professionals, social care and schools): girls, 11-18 with experience of or at high risk of sexual violence or ongoing violence concerns. Small Case load, intensive. 2 x ISVAs, in and out of CJS, Practical and emotional support, housing, benefits, link into immigration advisors, mostly CJS. Info and support line open 2 hours, 6 days a week. Gives emotional support for women and girls and confidential link into info about other services, and talking about f/f services. Can be accessed in an ongoing way without accessing the f/f services.
Maximum of 1 per fortnight who disclose. Have 18,500 patients per year. Majority have had non-consensual sexual experience but won't disclose. Estimate of 30	Sexual health clinic, can be a follow up after a SARC. Delivering screens. People do disclose through routine consultations too and would always follow appropriate pathways - if over a year ago would refer to Rape Crisis. If it were happening now would call the OSS helpline. All we offer is routine sexual health screening, basic initial screening counselling. Then get referred on. Bit of a triage for survivors, within a year onto SARCs (Whitechapel), if under 16s straight to Paddington. Less than 7 days forensic window so we don't do an examination then, even if within 2 weeks we still refer to the Haven.
Not recorded	Interview victims of DV in view of providing housing accommodation. Also based in OSS to assist and support victims worked with by Aanchal and NAADV. Also social services triage. Give advice/support

	for children experiencing DV. Purely women in DV. Have initial assessment done in private room if need accommodation, temporary B&B given but because so much need for housing this often isn't case. Have to have a priority need and single women don't have this as they have children.
Estimate of 60	Social group for CSA female survivors. Small grant from transform Newham. Registered charity, 3 year lottery grant ends in May. Looking for other funding. In contact with 63 survivors, 3 sessions a month in Welcome Centre. 1st Wed of each month we have a therapeutic speaker. 2nd Wed is wellbeing, ways of coping. 3rd Wed is physical evening (self defence and Tai Chi, massage). Social group with a therapeutic theme. Don't sit around talking about the abuse. Recently get through more vulnerable people who we have to deter from talking about the abuse. Opportunities for 121. Talk about issues that effect us now. Building self-awareness.
None so far but may change as service grows.	Support, defibulation (clinical element) and emotional aspect for FGM. Give them time to talk it through without being judged, a space to question what happened to them all the years back with someone not judging them. Support to prevent them to do to daughters. Equip and empower them to resist the pressure to circumcise their girls.
Estimate of under 10	Provide advice and support around managing public health issues including children and families with extra needs and vulnerabilities. Provide extra support for DV, mental health or learning disability. Do with collaboration social care or refer onto other support services, mental health, NAADV to provide additional support.

Table 3.7. Provision of support to victim-survivors of sexual violence: Professional Focus Groups/Interviews

From above we can see approximately 300 victim-survivors of sexual violence were supported in Newham over the past year, with most, but not all, of the services participating working only with women. It is important to remember here that not all services working in Newham are represented in the data given above, though all services listed in tables 3.5 and 3.6 were contacted for participation. Despite this, given estimates of prevalence, we suggest that there is an overwhelming proportion of the victim-survivor population in Newham who are currently not seeking or receiving support.

Barriers and Enablers

This section sets out some of the possible barriers and enablers for victim-survivors of sexual violence in Newham in choosing to access services. To begin we explored professionals' perception of barriers, as well as gaps in and challenges to services, in order to understand how services can best work to help enable victim-survivors of sexual violence to seek support if they want to. Then, drawing from the questionnaire findings, as well as the qualitative work with victim-survivors, we sought to uncover from the voices of survivors themselves, what helps and hinders access to services.

1. Challenges and perceptions: Service provision in Newham

The online research discussed in the previous section illuminated not only gaps in service provision but also how easy or difficult it is to source information about services online. Similarly, our work with professionals highlighted both perceived gaps in provision but also gaps in awareness of other services available across the Borough, creating a particular barrier for anyone in accessing or referring into a service. To better understand the knowledge of service provision from professionals, we used the definition of sexual violence being used by Newham to explore whether professionals felt there were services available to meet the needs of victim-survivors of any and all of these forms. In addition we asked professionals providing services for victim-survivors for information about the particular challenges and delivery contexts facing their own service.

Originally this strand of the research sought to excavate understandings of specialisms on offer across the Borough, and any gaps therein. In reality, this method collected limited new information regarding gaps in services. It did help to highlight a number of excellent specialist domestic violence agencies working across the Borough, particularly groups supporting Asian women and women of colour. Supporting the specialisms in such groups is crucial to creating a context conducive to disclosure from a diverse range of victim-survivors, and their long-standing existence in Newham is a credit to the organisations and of extensive benefit to the Borough. It also helped us better understand some of the challenges facing the providers of the Borough's existing services.

Across the interviews and focus groups with service providers and other professionals, current funding models came up as a significant challenge for services. Providers experienced a jarring between delivering victim-survivor focused interventions within a system focused on quick turnarounds and short term funding.

"This type of commissioning is not sustainable. It's too restrictive, not client led and just about numbers." (Professional focus group participant)

“Need commissioning for all round support. Services change so quickly because of short commission cycles of only 2-3 years.” (Professional focus group participant)

“Particularly difficult at the moment to identify sources for funding with anything with a significant management contribution. Tenders and Local Authorities inevitable include working with men... Monitoring meetings are resource heavy and funders don’t generally understand what we do or give realistic outputs. There’s a general lack of understanding around open ended, longer term support needs.” (Professional focus group participant)

“The number of reports coming up with the media is encouraging more people to come forward but lack of resources and funding means that services are overwhelmed by demand at the moment.” (Professional individual interview)

“Funding timelines are not sustainable. Publicity and advertising is a gap.” (Professional focus group participant)

The challenge of funding was thus seen as significant in impacting on whether services can provide for long-term support needs.

Alongside this was revelation of a substantial amount of confusion across the Borough as to what services provided what, to whom and even what services existed at all. This confusion, we believe, is creating a substantial barrier for victim-survivors of sexual violence in Newham who want to access support services. Echoing findings from the online research, which highlighted the way sexual violence is either omitted or conflated to domestic violence within online information, professionals also outlined what they saw as a lack of specialist services specifically for the needs of victim-survivors of sexual violence.

“I don’t have extensive knowledge of the services available to be honest. I mean normally in the environment we work in we have support agencies screaming out to us, but off the top of my head I can’t think of any services that fit [Newham’s] definition... [the gap is] a specialist sexual violence agency on the Borough.” (Professional individual interview)

“We are completely missing out huge numbers of women where domestic violence is not the context.” (Professional focus group participant)

Sometimes there was clear indication of a conflation between sexual violence and domestic violence, resulting in the possibility of inappropriate referrals.

“I know there’s an organisation that works with sex workers... but if they are not a sex worker and have been abused, if that came to me I would refer to [domestic violence agency] because there’s still a from of abuse, and once they’ve been referred hopefully they would cover those areas.” (Professional individual interview)

This finding from professionals was mirrored in the responses from victim-survivors, some of whom had first-hand experience of the deficit in knowledge from professionals about the services on offer through the Borough.

“I’ve been talking for years. Knocking at every door. Mental Health, CSS, ASS, GP, wanting to talk. GP told me I was fine, then sent referral to Mental Health, told there’s nothing you can do – forget it or confront it. All the referrals and assessments drove me nuts. All different services and no one talks to each other so you end up just repeating yourself over and over again.” (Survivor focus group participant)

“Services just don’t know what exists. There needs to be leaflets in all GPs.” (Survivor focus group participant)

“At least we’re together. Why don’t all the services know about these services? Why not posters in every place like drug and alcohol abuse?” (Survivor focus group participant)

It is not just professionals who are affected by this lack of knowledge about the offer of services in the Borough, several respondents to our questionnaire explicitly noted their lack of knowledge about what exists as a particular barrier, indeed for those who had not accessed a service, ‘not knowing what exists’ was rated as the biggest barrier to accessing a service (explored in more detail later in this section).

“Where are (the services)? I have no idea.” (White British woman, aged 55+)

“I’m just not aware what exists.” (Woman aged 25-34. Prefer not to give ethnicity)

Professionals also spoke about how negative social attitudes to gender, sexuality and sexual violence may represent barriers to victim-survivors accessing services, and/or reporting to the police. In particular concerns were raised about how gendered stereotypes can impact young people’s, but also women’s and men’s, understandings and expectations of intimate relations and normalise sexual violence. Also the role of rape myths and victim blame, as perpetuated across popular media in creating barriers for victim-survivors, and recreating social attitudes which stigmatise victim-survivors and invisibilise perpetrators was raised. Men as victim-survivors of sexual violence were also cited as facing particular barriers rooted in gendered stereotypes, where expectations about of what it means to be a successful man may prevent them from reporting to the police or accessing support services.

“Men have to be tough. I’ve never had a man disclose sexual violence, have had gang violence and straight domestic violence from men but I don’t think they would talk about (sexual violence). You have to be a big man in Newham.” (Professional individual interview)

“There is a stigma for young men. One young man told me when he was in prison. His mum didn’t want to have it written into his assessment because she didn’t want his co-defendants to hear what he’d been through in open

court. Was terrified about the information getting out. She was surprised he'd spoken about it at all. He refused any further service. He didn't want to, he just wanted to tell what he'd been through. Not sure young men understand they've been victims." (Professional individual interview)

As outlined in the introduction of this report, a violence against women and girls strategy frames sexual violence within broader contexts of gender inequality which reproduce these stereotypes. It is in this way that a VAWG strategy assists us in understanding the root causes of sexual violence against men and boys, as well as the particular barriers they face in disclosure as identified by professionals above. Such a strategic framework for understanding the particular gendered barriers faced around disclosure is currently missing in the DSV frame being used in Newham.

Support services for experiences of specific forms of sexual violence were described as missing from current provision. Here, professionals highlighted what they saw as a lack of provision for adult victim-survivors of child sexual abuse, and stranger rape. Male victim-survivors of all forms of sexual violence were the most identified group and experiences of sexual violence which fall outside of criminal justice frameworks, were also identified as being unmet by current service provision. Interestingly the former was most often identified by professionals outside of the third sector, whilst the latter was most commonly identified by those working within voluntary sector support organisations.

"There are no services available for victims of stranger rape. Adult victims of childhood sexual abuse could go to social services triage but there are definite gaps within the local authority, there's not enough professionals in that field." (Professional individual interview)

"No services for male stranger rape. Comparing the broad definition with services described as available doesn't match. Definition is much broader. There are no services for CSA survivors, the only thing would be to contact a national organisation. There is a need though, not qualified to quantify it but with a population of 300,000 it must therefore be a significant number." (Professional individual interview)

"There are no support services for non-criminal offences... Support for historic abuse resources are being used with current crisis clients so lots of individuals are not getting support because they're not at that critical point. Huge gaps exist for historical abuse and offences being labelled as minor offences." (Professional individual interview)

Comparing these perceived gaps to the service provision we mapped (see previous section), reveals that a level of specialist service does already exist within the Borough, some of which could meet the needs of victim-survivors identified above, however accurate knowledge (that is information which matches the information the services themselves provide about their remit) about these services is inconsistent. Whereas the knowledge about domestic violence services for women was consistent across different professional participants, knowledge on whether services are

appropriate for people who have experienced sexual violence outside of an intimate partner setting was minimal.

In particular, concern was raised as to how the OSS is advertised and understood across the Borough.

“The One Stop Shop shows itself to be a conveyer belt... the idea of all under one roof for disclosure works, with good strong links with partners organisations making it a very quick process for people coming in – you’ve got the high risk response right there. But the way it is publicised is not reflecting how it actually works. Is seen as statutory and promoted as a tick box. The concern is that survivors of sexual violence wouldn’t see they fit in the boxes. Missing anyone who may not identify their experience as rape.” (Professional focus group participant)

“[Knowledge of services] has been depersonalised in a way because of the helpline for the One Stop Shop. We’ve lost the identity of the individual services through this. Overall it’s a good thing, more efficient, avoids duplication of services, knows specific needs. It just hasn’t been there long enough. When I first came I knew about [two services not based in the OSS] but new people wouldn’t know them because they’re not based in the One Stop Shop and I’m sorry about that. If a woman came into the One Stop Shop they would refer out I think, it’s a triage for the Borough for the third sector.” (Professional individual interview)

Interviews and focus groups with professionals working within the One Stop Shop revealed that not all professionals working within the centre knew about all third sector agencies providing services on Borough. As such, the notion of the OSS acting as a triage, though a useful suggestion, is problematic given the current level of knowledge about the service offer across Newham. Many of the professionals we spoke with acknowledged this, recognising the limits to their knowledge of services available specifically for victim-survivors of sexual violence in Newham. Thus we uncovered a substantial gap not only in service provision, as found in the gap analysis, but in the knowledge of existing services support victim-survivors in Newham.

“Some services aren’t advertised. It’s a substantial barrier that services commissioned by the Borough are advertised in the Borough but there are other resources that are not advertised... need some way to bring services together.” (Professional focus group participant)

“There’s a lack of publicity around services for sexual violence and what they do.” (Professional individual interview)

“There has to be more joined up working, whether commissioned by the Borough or not. Need holistic support to know what’s out there and who to refer to... a communications piece to make sure everyone knows about each other.” (Professional focus group participant)

This suggests as a priority, the need for the Borough to support, invest in and publicise the existing specialist sexual violence services, as well as ensure that funding models meet the long term needs of victim-survivors of sexual violence.

This communications point in particular needs to be directed both at victim-survivors, through increasing the visibility of sexual violence as a stand alone form of violence outside of domestic violence (for example on the Council's website), as well as to busy professionals working across Newham Borough who are unsure of the specific remit of many services and as such are referring all clients to the OSS. This raises some concern as agencies within the OSS itself reported either unknown or no clients of sexual violence outside of a domestic violence context. This may be due to only recent funding provision for an ISVA at the OSS, however it may be related to the way in which the OSS is widely perceived as a referral route for victim-survivors of domestic violence. Given that across the three specific organisations named by the Borough as delivering services in the OSS there is no specific sexual violence only service, the concern is that some referrals may be being made incorrectly, leading to victim-survivors who have taken the step to access a service being let down. More broadly the lack of clarity from professionals around the differences between sexual violence and domestic violence victim-survivor needs and services may lead to any victim-survivors who have experienced sexual violence outside of a domestic context, for example, victim-survivors of stranger rape or childhood sexual abuse, being referred to inappropriate services – even if these are not located in the OSS. This need for accurate communications about service offer across the Borough was also identified by victim-survivors themselves, and will be explored further below.

2. The process of disclosure for victim-survivors of sexual violence

We sought in this needs assessment to not just establish the possible need for services for victim-survivors of sexual violence in Newham, and the gaps in or challenges to service provision, but also to better understand the help-seeking processes of victim-survivors, including the barriers and enablers for victim-survivors in accessing services. The numbers for both the survey and the focus groups and interviews with victim-survivors cannot be used to generalise out to the entire Newham population, particularly given the demographics of survey respondents. They can, however, be usefully employed to being to understand the complex and multifaceted nature of the barriers and enablers, and thus the specialist response required by services and, more broadly, the Borough.

In order to ensure questionnaire participants experienced autonomy and choice throughout their participation, all questions were optional. This allowed for victim-survivors to skip questions they felt uncomfortable answering and means, in analysis, that the total number responding to questions across the questionnaire may vary.

Just under half of the questionnaire respondents used for analysis had accessed a support service (n=15). Crucially only four respondents said the services they accessed were in Newham, with a further four having accessed services that were both in and outside of Newham, and seven victim-survivors of sexual violence who had accessed a service had that service located outside of Newham. Respondents were given multiple services to choose from and the numbers suggest victim-survivors have accessed more than one service, including the police.

Those who gave information about the services they had accessed, had mainly disclosed to generic health (including GP's, sexual and mental health) or Victim Support services (total n=16) . This raises some concern as the response of health to victim-survivors was reported by some victim-survivors to be an unsatisfactory response.

“Mental health services were very frustrating and made everything worse. It didn't help at all.” (White British woman, aged 25-34)

“NHS services are not helpful or of any use.” (Asian Bangla woman, aged 25-34)

“Felt CAMHS was not helpful and (now) seeking private help.” (Mixed Black African woman, aged 45-54)

Of those who accessed specialist support, four used Rape Crisis services, two used the Haven, and a further two accessed a domestic violence agency including a refuge service (total n=8). Four respondents had reported sexual violence to the police in Newham. Satisfaction levels were mostly high for those who had reported to the Sapphire team in Newham, though one respondent found reporting to be useless.

None of the survey respondents who named the service they had accessed, named a service that was based in the OSS, despite specific promotion of the survey within those services. This may suggest few victim-survivors of sexual violence are currently accessing the services within the OSS or that the survey did not resonate with the victim-survivors of sexual violence who were accessing the service.

For participants who contacted support services, under a quarter (n=4) contacted the service within 12 months of their experience. The vast majority waited over two years (n=10), with six of these waiting five years or more. This suggests the importance of services working with historic cases of sexual violence, something also suggested through the prevalence rates found particularly in the SAVI study. Respondents who had accessed services were also asked if they could say more about their particular motivations in seeking help. What was found across responses is an experience of crisis, a need to access services due to extreme breakdowns in their felt ability to cope.

“Had accident which I lost my job, home etc. Worked to bury past; when RTA happened I had more time to think as no longer had job. Moved back near family and thus brought everything back up and fully to surface.” (Mixed Black African woman, aged 45-54)

“I felt depressed, suicidal and wanted help.” (Black African woman, aged 18-24)

“Mental health problems. Breakdown.” (White British woman, aged 45-54)

“I was frightened. I felt like I had no other option I couldn’t do it alone anymore.” (White British woman, aged 25-34)

This must be seen alongside the finding that respondents were often contacting services with experiences of historic sexual violence, to build in an understanding that crisis responses are not only needed for victim-survivors with recent or current experiences of sexual violence. The impacts of sexual violence are long-lasting and can be debilitating years after the violence has ended. This results in a need for long-term, specialist support.

“A bit of counselling that will last a few months and then they don’t bother about you.” (Survivor Focus Group)

“Short term is rubbish. Long term counselling is need for PTS, DID, all the issues that affect us. It needs to be long term. There needs to be other options.” (Survivor Focus Group)

“It takes time, it takes years, to readjust yourself, to have some normality.” (Survivor Focus Group)

“I received counselling via [service], who serve Newham.... I found the counselling very helpful but I wish it could have been extended. I know that if I contact them again I can get only a very small number of sessions, so I’m saving this in case I am ever at crisis point. I really could have done with more counselling though.” (Survivor individual interview)

Participants were also asked if, outside of services, they had disclosed through informal networks (friends, family members, religious leaders). 25 participants had disclosed through informal networks (i.e. not services), with the majority of these (n=16) having sought support from friends. This suggests the importance of wider awareness raising work within the Borough to ensure that the broader population of Newham is aware of support services available, should a close friend or family member disclose sexual violence to them.

For those questionnaire respondents who had contacted a support service, we asked how important each of the following were to them feeling as though they could access a service (see figure 4.1 below), from not important, important and very important. We then collated the scores to deem a sliding scale of factor importance. We see these as enablers, both personal and practical considerations that help victim-survivors of sexual violence seek help.

The biggest enablers, as identified by questionnaire respondents, were practical measures that could be put in place by services. These were that services were

provided free, were located close by, with flexible opening hours and an offer of long term support with specially qualified workers and/or the service itself being specialist in sexual violence. That such factors were seen as significant enablers for victim-survivors to access a service suggests the great importance of services ensuring that their services both have these measures in place where possible, and that if they do they publicise them widely. It is also particularly interesting when we turn to perceived barriers, to remember how the provision of practical elements are experienced in retrospect to have greatly facilitated one's ability to access a service, whilst it is more the personal impact of sexual violence which is understood as a barrier prior to seeking support.

Enablers to Accessing Services: Questionnaire

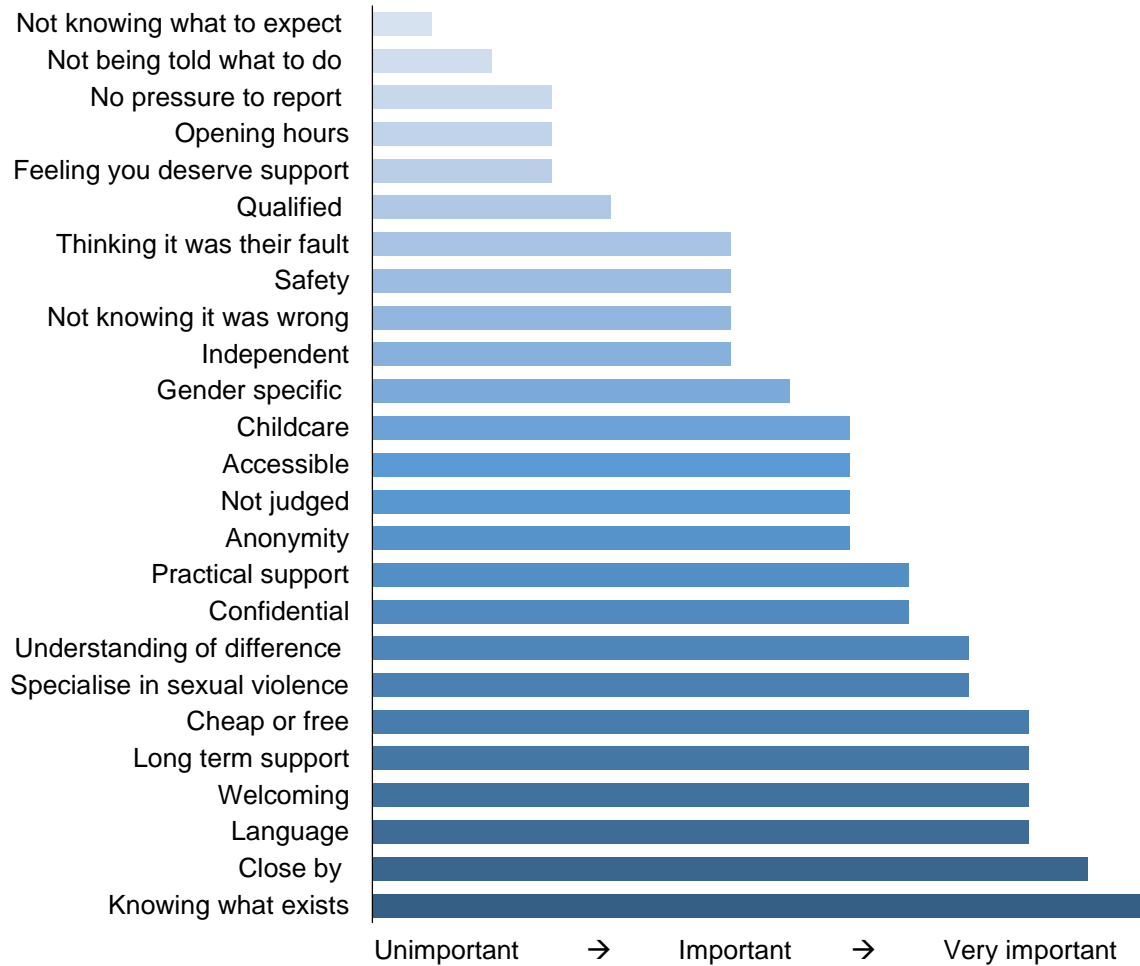


Figure 4.1 Enablers to accessing support: Victim-survivors who have accessed services

3. Barriers to accessing services

We wanted to explore whether these perceived enablers to accessing services, matched with the perceptions of barriers to accessing services put forward by professionals and questionnaire respondents. Professionals were asked about their perceptions of how much the factors identified above as enablers, acted as a barrier for victim-survivors of sexual violence accessing services in Newham (see figure 4.2).

Barriers to Accessing Services: Professionals Perceptions



[Figure 4.2 Barriers to accessing services: Professional perceptions](#)

Similarly, questionnaire respondents who had not accessed a support service were asked to rate how much they experienced these factors as a barrier to access (see figure 4.3). Several important differences arose from comparisons between the three sets of responses.

Barriers to Accessing Services: Questionnaire Respondents



Figure 2.3 Barriers to accessing services: Victim-survivors who have not accessed services

The factors victim-survivors perceived as the biggest enablers for their ability to access a support service, did not factor widely in the reports of the biggest barriers as experienced by victim-survivors. The biggest barrier for victim-survivors was simply not knowing what exists, a barrier that was accurately perceived by professionals. Services being close by, something viewed as an important enabler by victim-survivors who had accessed a service, and an important barrier by professionals, did not factor highly in the perceived barriers of those victim-survivors who had not accessed a service.

For those who had not accessed a service, alongside not knowing what existed, the biggest barriers were fears about confidentiality and safety, as well as not knowing what to expect, feeling as though it was their fault and being scared of being judged. That these latter two barriers, impacts themselves of sexual violence, were not seen as enablers for accessing a service (i.e. victim-survivors did not report that feeling as though it wasn't their fault or that they wouldn't be judged as a highly rated enabler for accessing a service), suggests that after accessing a service these personal

barriers may come to feel less powerful. That they rate so highly as a barrier from victim-survivors who have not accessed a service, suggests the importance of ongoing prevention and public awareness campaigns to challenge the myths of sexual violence that stigmatise and blame victim-survivors.

These personal barriers, created by the stigma attached to surviving sexual violence, were also seen by questionnaire respondents as forming the biggest barrier to reporting to the police. Twenty-one participants gave information about what they experienced as a barrier in reporting to the police (see figure 4.4).

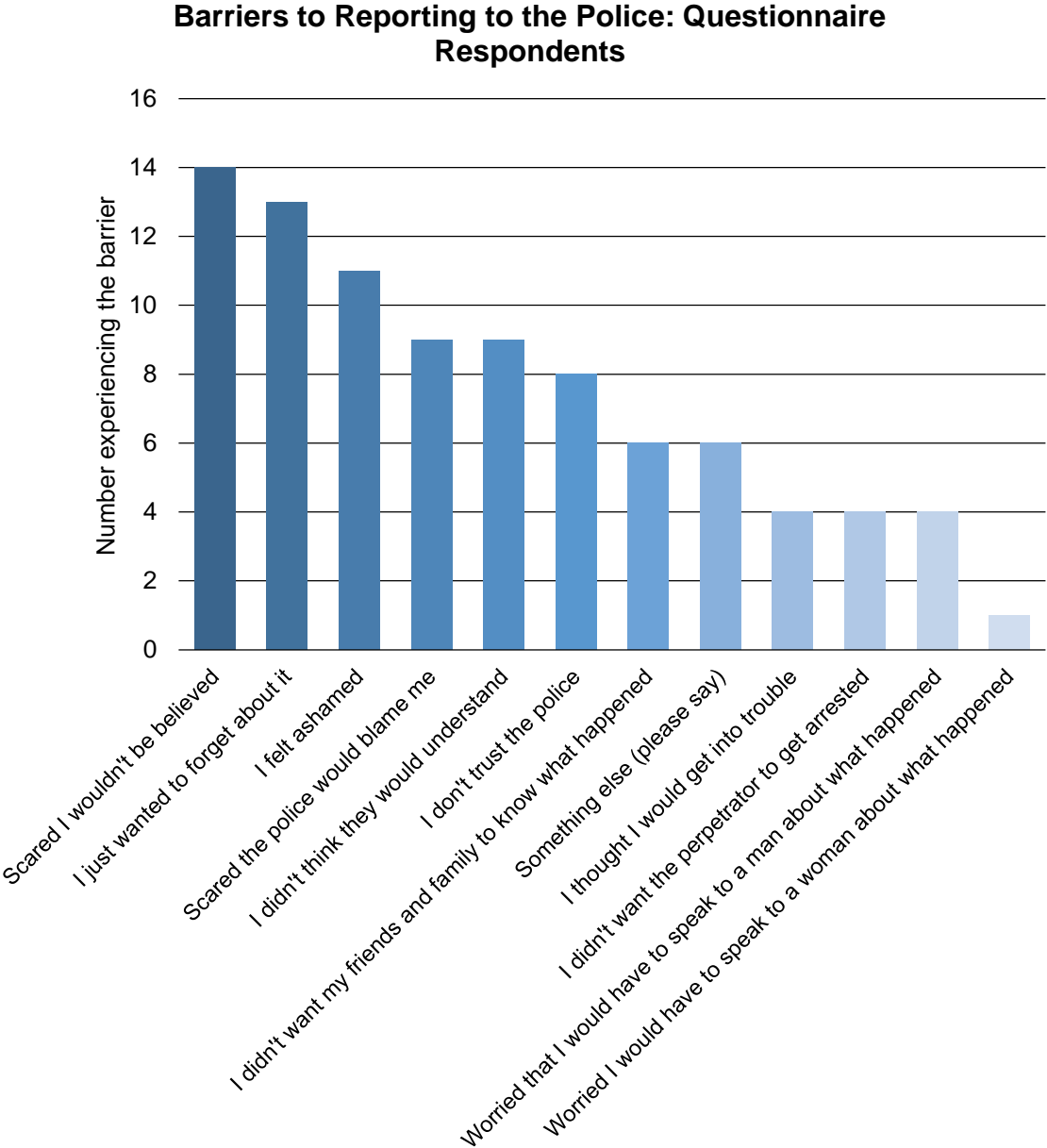


Figure 4.4 Barriers in reporting to the police: Victim-survivors who have not reported

No one experienced not knowing how to report or what would happen once they reported as the reason they did not want to contact the police. Rather, the key barriers were either based on perceptions of the police, personal fears borne out of the myths of sexual violence, or the desire to forget about what has been done to them. For those who listed something other than the above options as a barrier for them in reporting to the police, there was a large feeling of it not being worthwhile due to either being too long ago or the relationship to (or gender of) the perpetrator. Fear of having children removed on disclosing own experiences of sexual violence was also listed as a barrier to reporting.

When turning to the perceptions of barriers made by professionals, we find a focus on the practical rather than personal barriers. The highest rating barriers here were seen to be knowing what exists (a perception that matches that of victim-survivors who have not accessed services); and services being close by (a perception that closely matches the importance of this factor as an enabler to accessing services, by victim-survivors who have accessed services). Professionals also mostly perceived that all the factors listed were at least important (only two stating a particular barrier was unimportant). Victim-survivor respondents however, had a much clearer sense of what factors were very important and which did not feel important for them. This may be as professionals were estimating perceived barriers for victim-survivors as a group, whilst questionnaire respondents were asked to rate those factors they personally experienced as a barrier. Interestingly, the importance of services providing different languages scored highly as a barrier by professionals, but did not feature in the factors most acting as an enabler or a barrier by victim-survivors themselves. That all responses to the questionnaire were in English,⁸³ goes some of the way towards suggesting that the responses may not be representative of the language needs of Newham's population of victim-survivors as a whole.

From this we would suggest more specialist training needs to be offered to professionals working across Newham about the impacts of sexual violence and how these operate as barriers to accessing services. The expertise for this training exists in the sexual violence specific services offering support to Newham residents, and may help in raising awareness of the needs of survivors of sexual violence as a unique group, as well as helping to inform professionals across Newham of the services available that are specific to sexual violence.

⁸³ Translation of the questionnaire was offered to service providers and on all copies of the questionnaire. No requests for translation were received.

Conclusion and Recommendations

Newham is proactively and strategically seeking out evidence to improve their response to victim-survivors of sexual violence. This should be recognised as a challenging endeavour, which may require long-term, strategic and genuinely collaborative working to achieve. However the commitment to taking an evidence-based approach to addressing sexual violence is a vital, and important, first step, which could set a strong foundation for Newham to lead London Boroughs in best provision to meet the needs of victim-survivors of sexual violence.

1. Develop an integrated VAWG strategy

The London Borough of Newham would greatly benefit from extending the good practice it has developed in partnership working around domestic violence and sexual violence to develop an integrated violence against women and girls strategy. Newham works to a well-regarded definition of sexual violence, which captures the range of offenses and practices, which constitute sexual violence, as well as the complexities of how it can be experienced. However services in Newham, including those at the OSS, are focus heavy on sexual violence occurring within a domestic setting or those forms of sexual violence which feature on the criminal end of a 'continuum of sexual violence'.⁸⁴

There are eight strands to VAWG recognised by the United Nations: domestic violence, sexual violence, stalking, prostitution, trafficking for sexual exploitation, so-called 'honour'-based violence, forced marriage and female genital mutilation. Newham Borough has been working within untidy definitions which attempt to encapsulate these 8 strands within a domestic and sexual violence strategy. Indeed there are operational challenges connected to working to such a broad definition of sexual violence, where victim-survivor needs may vary greatly between, for example, victim-survivors of stranger rape, and those who have experiences of verbal sexual harassment. We have found that this messiness is creating substantial confusion on Borough, across service providers and service users, as to what services exist, what they offer, who they are appropriate for, and where their specialism lies.

A significant amount of this confusion will be relieved through the implementation of an integrated violence against women and girls strategy, which will clearly address the differences across, as well as overlaps between, the different strands of VAWG. A VAWG strategy will also help keep the specialisms on offer across Newham

⁸⁴ Kelly, L., (1988) *Surviving Sexual Violence*, Polity Press.

Borough, particularly for specialist BME woman-only services and specialist woman-only VAWG services. Services for victim-survivors do not need to be one size fits all, in fact findings from this small piece of research have shown that attempts to fit one size into may in fact act as a barrier to accessing services for those who do not see their experience reflected in that one size. A template for London Boroughs to move towards an integrated VAWG strategy is available,⁸⁵ which could be used to assist the London Borough of Newham in implementing this recommendation.

2. Collect specific data on sexual violence

A very clear gap was identified regarding the collection of accurate data recording the levels of sexual violence being worked with across services in Newham. Specific data on sexual violence, including where possible information on relationship to perpetrator and time since the violence, is crucial in supporting policy makers and service providers to target resources efficiently and ensure best support practice for victim-survivors of sexual violence. In Newham there is currently no non-police data available that captures sexual violence as a specific category. This may be due to the short length of time the OSS has been operating, and as such going forward more accurate data may begin to be collected. Data on the perpetrators of sexual violence is particularly important as it is here, not with the victim-survivors, that the risk of further perpetration lies, and the collection/reporting of data should not be used to add to the workload of services without providing additional funding. To ensure this data can be used for future analysis, the definition of sexual violence being used must be consistent across agencies and sexual violence itself should exist as a stand-alone category.

3. Create a sexual violence specific communication piece

There is an evident need in Newham for clear and accurate communications, available for both victim-survivors and professionals, that outlines all of the services available for victim-survivors of sexual violence in Newham. We would recommend at first point the Borough website, currently a hub for information about domestic violence, be developed to include a specific page on sexual violence. The agencies mapped in this research should be contacted to provide clear and accurate information about the specific services they provide to victim-survivors of sexual violence. The site should define sexual violence, as well as draw together services that are and that are not commissioned by LBN, but that are provided a service to Newham residents. The boundaries of these services need to be clearly outlined, and services may benefit from specifically addressing some of the factors seen as barriers by victim-survivors in relation to their service offer. The site needs to be widely advertised throughout Newham, to professionals and victim-survivors. In order to assist access for those who do not have access to the internet, information should

⁸⁵ Coy, M., Kelly, L., & Lovett, J. (2011) '*Violence Against Women and Girls: Step by step guidance on moving towards an integrated approach in London Boroughs*', GLA, available at [https://www.london.gov.uk/sites/default/files/violence against women step by step guide Boroughs .pdf](https://www.london.gov.uk/sites/default/files/violence%20against%20women%20step%20by%20step%20guide%20Boroughs.pdf) [accessed 9th January, 2015].

also be made available in paper and translated form, and promoted in community centres, libraries, NHS and other general access services across the Borough.

4. Define and publicise role of One Stop Shop

In the communications piece it would also be beneficial to address the particular remit of the OSS. There is conflicting information in the Borough as to the operations of the OSS and this may be resulting in limited numbers of victim-survivors of sexual violence being referred to or accessing the service. The service itself may benefit from developing a flexible approach to delivery in order to ensure the wide and varied needs of both service users and service providers are accounted for; including possibilities for more joined up working with other providers who may not be able to deliver services from that site due to service user needs around woman-only or out of Borough provision. In this sense we recommend the development of the OSS from a model where all services being delivered in one place, to being a central hub for information about all of the services being offered to Newham residents. In line with our first recommendation, we would also recommend the OSS being framed as a hub for VAWG services, rather than for DSV. This change in framing would closely match the services currently delivering in the OSS, however may also open up areas for a specialist sexual violence provider to work with the service, either through delivering provision from the premises or through detailed awareness raising training delivered to all staff of the OSS – and more broadly to professionals across Newham.

5. Launch a prevention and awareness raising campaign

Prevention work is vital in ending sexual violence, as well as in helping those victim-survivors for whom the negative impact of social and gendered stereotypes connected to experiencing sexual violence, have become a barrier to speaking out and accessing support. Prevention and awareness raising work is also currently the least visible area of service currently in Newham. We recommend that alongside work to address the need for a change in strategic framework to address all forms of VAWG, and a communications strategy to support access to existing services, the London Borough of Newham would greatly benefit from shifting towards a more preventative approach including a sexual violence prevention public awareness campaign; work with young people in out-of-school settings; and education and training for professionals and front-line staff. Such a campaign could sit alongside the development of a specific communications piece on the services available for sexual violence within the Borough, being used to communicate messages about both prevention of and support provision for sexual violence within the London Borough of Newham.

References

- Baker, A. W., & Duncan, S. P. (1985) Child sexual abuse: A study of prevalence in Great Britain, *Child abuse & neglect*, 9(4), pp. 457-467.
- Basile KC, Saltzman L.,E. *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements* Version 1.0. Atlanta: Center for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002.
- Bates, L. (2014) *Everyday Sexism*, Simon and Schuster.
- Bloom, S. L. (1999). 'Emotional Anesthesia: The Double Bind for Doctors', *The Psychotherapy Review* 1(2): pp. 63-63.
- Brown, J., Horvath, M., Kelly, L., & Westmarland, N. (2010). *Connections and disconnections: assessing evidence, knowledge and practice in responses to rape*, Government Equalities Office, available at: <https://www.dur.ac.uk/resources/sass/BrownHorvathKellyandWestmarland2010Connectionsanddisconnectionsassessingevidenceknowledgeandpracticeinresponsestorape.pdf>, [accessed 16th February, 2015].
- Cawson et al, 2001, *Child Maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect*, London, NSPCC
- Connell, R. (1987). *Gender and power*. Polity Press.
- Coy, M., & Garner, M. (2012). 'Definitions, discourses and dilemmas: policy and academic engagement with the sexualisation of popular culture.' *Gender and education*, 24(3), pp. 285-301.
- Coy, M., & Kelly, L. Foord., J.(2009) *Map of Gaps 2: The postcode lottery of violence against women support services in Britain*, End Violence Against Women.
- Coy, M., Kelly, L., & Lovett, J. (2011) '*Violence Against Women and Girls: Step by step guidance on moving towards an integrated approach in London Boroughs*', GLA, available at https://www.london.gov.uk/sites/default/files/violence_against_women_step_by_step_guide_Boroughs.pdf [accessed 9th January, 2015].
- Coy, M., Kelly, L., Elvines, F., Garner, M. & Kanyeredzi, A. (2013) *Sex without consent, I suppose that is rape: how young people in England understand sexual consent* London: Office of the Children's Commissioner.
- Crown Prosecution Service (2015) *What is Consent*, available at http://www.cps.gov.uk/publications/equality/vaw/what_is_consent_v2.pdf, [accessed 10th March, 2015].
- Davies, H., Reardon, S., & Stuart, A. (2012) *Sexual Violence in London: A Needs Assessment to Inform the Review of the London Havens Sexual Assault Referral Centres*, MBARC for the Metropolitan Police Service and the London Sexual Health Programme.
- Department of Health (2011) *Responses to Sexual Violence Needs Assessment (RSVNA) Toolkit*, available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215654/dh_126402.pdf, [accessed 6th November, 2014].

- DeVault, M. L. (1996). Talking Back to Sociology: Distinctive Contributions of Feminist methodology. *Annual review of sociology*, pp. 29-50.
- Divisional Director of Adult Social Care, London Borough of Newham (2014) *Request for Quote: Sexual Violence Needs Assessment in Newham Service Specification*, Newham London.
- Finkelhor, D. (1991) 'Child sexual abuse', *Violence in America: A public health approach*, pp. 79-94.
- Firmin, C. (2010). *Female voice in violence project: A study into the impact of serious youth and gang violence on women and girls*, Race on the Agenda.
- FRA (2014) *Violence Against Women: An EU-Wide Survey Main Results*, European Union Agency for Fundamental Rights, available at: <http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main->
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009) Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), pp. 68-81.
- Greater London Authority (2010) *Levels of rape and sexual assault in London: An assessment of the need for services for women*, GLA.
- Greater London Authority (2013), *Round Population Projections*, available at <http://data.london.gov.uk/dataset/2013-round-population-projections>, [accessed 16th November, 2014].
- Hagemann-White, C., Katenbrink, J., & Rabe, H. (2006) *Combating Violence Against Women: Stocktaking Study on the Measures and Actions taken in Council of Europe member states*, Council of Europe, available at: http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/CDEG%282006%293_en.pdf [accessed 4th November, 2014],
- HM Government (2013) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*, London. Department for Education
- Horvath, M. A., Tong, S., & Williams, E. (2011). 'Critical issues in rape investigation: An overview of reform in England and Wales', *The Journal of Criminal Justice Research*, 1(2).
- Imkaan, Positively UK, Rape Crisis England & Wales (2014) *'I Am More Than One Thing': A guiding paper by Imkaan, Positively UK and Rape Crisis England and Wales on women and mental health*, available at: <http://www.whec.org.uk/wordpress/wp-content/uploads/downloads/2014/05/I-am-more-than-one-thing-Full-Report.pdf> [accessed 16th December, 2014].
- Jarvinen, J, Kail, A. & Miller, I. (April 2008) *Hard Knock Life: Violence Against Women. A Guide for donors and funders*. New Philanthropy Capital.
- Jeffner, S. (2000) *'Different Space for Action: The Everyday Meaning of Young People's Perception of Rape'*. Paper at ESS Faculty Seminar, University of North London, May 2000.
- Kelly, L., (1988) *Surviving Sexual Violence*, Polity Press.
- Kendall-Tackett, K. A. (2000). 'Physiological Correlates of Childhood Abuse: Chronic Hyperarousal in PTSD, Depression, and Irritable Bowel Syndrome', *Child Abuse & Neglect*, 24(6), pp. 799-810.
- Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). *The Scope of Rape: Incidence and Prevalence of Sexual Aggression and Victimization in a National Sample of Higher Education Students*. *Journal of Consulting and Clinical Psychology*, 55(2), 162.
- London School of Economics, Housing and Communities (2013) *Facing Debt: Economic Resilience in Newham*, available at: <http://www.newham.gov.uk/Documents/Misc/Research-EconomicResilience.pdf> [accessed 5th November, 2014].

McGee, H., Garavan, R., de Barra, M., Byrne, J. and Conroy, R. (2002). *The SAVI Report. Sexual Abuse and Violence in Ireland. A national study of Irish experiences, beliefs and attitudes concerning sexual violence.* Dublin: Liffey Press.

Metropolitan Police (2015) '*Latest Crime Figures for Newham*' available at <http://www.met.police.uk/crimefigures/datatable.php?Borough=kf&period=year> [accessed 19th February 2015].

Ministry of Justice, Home Office & Office for National Statistics (2013), *An Overview of Sexual Offending in England and Wales: Ministry of Justice, Home Office & the Office for National Statistics Statistics bulletin*, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf [accessed 4th November, 2014]

Myhill, A., & Allen, J. (2002). *Rape and sexual assault of women: the extent and nature of the problem.* London: Home Office.

NatCen Social Research, 2013, *Violence, Abuse and Mental Health in England.* Office for National Statistics, *2011 Census: Aggregate data (England and Wales)* [computer file]. UK Data Service Census Support. Downloaded from: <http://infuse.mimas.ac.uk>. This information is licensed under the terms of the Open Government Licence [<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2/>].

Office of National Statistics (Feb, 2015) *Chapter One: Violent Crime and Sexual Offences Overview*, available at <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/rpt-chapter-1.html?format=print> [accessed 10th March, 2015].

Peterson, Z. D., & Muehlenhard, C. L. (2004). 'Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences'. *Sex Roles*, 51(3-4), 129-144.

Povey, D., Coleman, K, Kaiza, P & Roe, S. (January 2009) *Homicides, Firearm Offences and Intimate Violence, Supplementary Volume to Crime in England and Wales, 2007/08*, Home Office.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011) *Child abuse and neglect in the UK today*, NSPCC.

Rape and Sexual Abuse Support Centre (2011) *Impacts of Rape*, Information sheet, RASASC.

Rape and Sexual Abuse Support Centre (2011) *Managing Flashbacks: Survivors*, Information sheet, RASASC.

Rape and Sexual Abuse Support Centre (2014) *Psychosexual Impacts for Survivors of Sexual Violence*, Information sheet, RASASC.

Simmons, K. (2013) *Newham Domestic and Sexual Violence Delivery Plan 2013-16*, available at <http://www.newham.gov.uk/Documents/Community%20and%20living/NewhamDomesticandSexualViolenceDeliveryPlan20132016.pdf> [accessed 12th November, 2014].

Taverner, S., and Crisp, A., (2013) *Newham Key Statistics: A detailed profile of key statistics about Newham by Aston-Mansfield's Community Involvement Unit*, Aston-Mansfield, available at www.aston-mansfield.org.uk, [accessed 7th December, 2014].

UK Parliament (2003) *Sexual Offences Act 2003: Chapter 42*, London: HMSO. Available at: http://www.legislation.gov.uk/ukpga/2003/42/pdfs/ukpga_20030042_en.pdf [accessed 4th November, 2014].

Vera Gray, F. (2015) *The Great Problems are in the Streets: A phenomenology of men's stranger intrusions on women in public space*, PhD thesis.

World Health Organisation (1999) *Report of the consultation on child abuse prevention*, WHO, Geneva, 29-31 March 1999. *Social Change and Mental Health, Violence and Injury Prevention*, 1999. *World Report on Violence and Health: Summary*. Geneva, World Health Organization, 2002.



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