

Sexual Violence Needs Assessment - Gloucestershire

Report for Gloucestershire Office of the Police Crime Commissioner

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CONFIDENTIAL

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Section 1. Executive Summary

Perpetuity Research was commissioned by the Gloucestershire Office of the Police and Crime Commissioner to undertake a Sexual Violence Needs Assessment.

The aims and objectives of the research were to:

- Provide an understanding of the profile of sexual violence and abuse within Gloucestershire
- Provide an understanding of the impact on victims (both adult and child) and the support they require to recover from the trauma of sexual violence/abuse
- Conduct a review and evaluation of the current local service response to sexual violence
- Review how the general public perceive sexual violence.

To carry out this work several methods were employed. These included:

- A review of published literature regarding the prevalence of sexual violence, the impacts on survivors and their needs
- A review of local data and literature concerning prevalence of sexual violence, the county profile, and identified issues
- A public survey – looking at awareness of services and knowledge and attitudes towards sexual violence.
- A survivor survey looking at experiences of disclosure, reporting, and accessing support.
- Stakeholder consultation through semi-structured telephone interviews and written consultation, and
- Engagement with young people and adult service users through local practitioners.

Stakeholders were receptive to the research talked openly about their work, providing the impression that Gloucestershire and the newly developing Sexual Violence Partnership were aware of issues or gaps in service provision for sexual violence survivors, working towards addressing them, and keen to build on a good foundation of quality service provision, and develop relationships, partnership working, and strategy across the county.

There was recognition that the development of a separate sexual violence strategy for Gloucestershire was a necessary and positive move, that the profile of sexual violence needed to be raised across Gloucestershire, and that there was now a good opportunity to formalise partnership working, though this would require resource and attention.

A very brief overview of key issues and recommendations for Gloucestershire include:

- The development of partnership working based on stakeholders' suggestions provided for this research.
- Identification of future opportunities to collaborate with service users in development of strategy and service provision.
- Building relationships and shared knowledge of service provision amongst stakeholders.
- The Sexual Violence Partnership should look at how they can collaborate on work to address identified gaps in service provision.
- The Partnership should ensure they access and review the findings of ongoing local research projects (identified by stakeholders) looking at the needs of specific service user groups.
- The Partnership should work towards understanding demand for services (particularly emotional support services) more clearly.
- The Sexual Violence Partnership should prioritise the development of a strategy for raising awareness of services across the county. Avenues for promotion of services, and raising understanding of sexual offending are suggested.
- The Sexual Violence Partnership must maintain a focus on ensuring that young survivors of sexual violence who disclose beyond the forensic window have access to appropriate sexual health services.
- The appropriateness of short-term counselling provision in the case of young survivors of sexual abuse should be reviewed.
- Prevent work with young people should be prioritised by the Sexual Violence Partnership and consideration given in regards to how this can be delivered effectively and sustainably within schools.
- The Sexual Violence Partnership should consider the value of alternative approaches and therapies for young survivors of abuse.
- There needs to be an open discussion regarding future service provision in light of the equality duty.
- The Sexual Violence Partnership should consider how they would like to develop counselling provision in the future, but would benefit initially from an exercise to develop understanding of the different provisions currently available.
- The Partnership should collaborative approach and encouraging open conversations about key issues raised by the research

Section 2. Introduction

2.1 Perpetuity Research was commissioned by the Gloucestershire Office of the Police and Crime Commissioner (OPCC) to undertake a Sexual Violence Needs Assessment. Perpetuity Research is an independent research and consultancy company that specialises in the areas of community crime, policing and victimisation. The assessment was carried out between late May and early August 2019.

Aims and objectives

2.2 The main aims and objectives of the research were:

- Provide an understanding of the profile of sexual violence and abuse within Gloucestershire
- Provide an understanding of the impact on victims (both adult and child) and the support they require to recover from the trauma of sexual violence/abuse.
- Conduct a review and evaluation of the current local service response to sexual violence
- Review how the general public perceive sexual violence

The structure of the report

2.3 Section 3 outlines the methodology used during the research.

2.4 Section 4 provides the evidence review in three sections. The first section provides a review of national data and local research. The second section provides a literature review containing findings in relation to the impact of sexual violence, support required to recover,. The third section provides a focus on the specific impacts on, and needs of, young survivors of sexual violence.

2.5 Section 5 provides the results of the public survey.

2.6 Section 6 provides the results of survivor engagement. This primarily constitutes the information provided in the survivor survey, though also includes other qualitative feedback provided by survivors through forms of engagement led by the organisations the survivors were engaged with.

2.7 Section 7 provides the results of stakeholder consultation. This involves the results of stakeholder interviews, written consultation and stakeholder engagement with young people.

2.8 Section 8 builds upon the findings of sections 4 to 7 by providing a summary of the key findings and drawing together key issues for consideration by the OPCC and the Sexual Violence Partnership Board.

Section 3. Methodology

3.1 Quantitative and qualitative research methods were used to undertake the assessment. These are summarised below.

Stage 1: Evidence Review

- 3.2 The evidence review is divided into three sections.
- The first section provides an overview of national data, looking at the prevalence of sexual violence, reporting and outcomes, trends in victimisation, and perpetrators. Additionally the section provides an overview of local data and research, and a brief review of key issues for Gloucestershire.
 - Section two of the review contains an overview of the impact of sexual violence, trends in disclosure, and public attitudes towards sexual violence, before providing a brief look at the impacts on, and support requirements, of some under-engaged groups.
 - Section three of the review has a focus on the prevalence of childhood sexual abuse (CSA) and child sexual exploitation (CSE), the impact of sexual abuse on young people, and young people's service needs.
- 3.3 In addition to a review of published data, the OPCC, Gloucestershire Constabulary and various stakeholders provided local data used in section one of the review. The data included; service provider reports, local academic research and reviews. Additionally, literature searches regarding local service provision and victimisation trends were conducted.
- 3.4 Sections two and three of the evidence review were conducted using both broad and directed evidence searches using open-source research tools and academic library databases. The evidence uncovered during these searches was quality assessed prior to inclusion in the review.
- 3.5 In addition to providing evidence in regards to the project aims, the literature review was used to inform the development of the public and survivor surveys, and the interview and written consultation schedules.

Stage 2: Fieldwork

Public Survey

3.6 In order to gain an understanding of public knowledge and attitudes towards sexual violence and services available in the area an online survey was developed for dissemination by key local stakeholders, as coordinated by the OPCC. The survey was open for data collection between 17th June 2019 and 22nd of July. In total, 284 individuals responded to the survey. However, this survey was designed specifically for people who had not experienced sexual violence, and as such, those who indicated that they had were screened out and diverted to a page with information about support available for survivors of sexual violence and a link to the survivor survey. Additionally, the survey screened out people aged under 16. After screening questions, a total of 157 respondents remained.

Survivor Survey

3.7 A survivor survey was developed and published on social media channels of organisations engaged with survivors of sexual violence. The survey was open for people aged 16 or over and who were survivors of sexual violence (regardless of when this had occurred and whether they had ever told anyone about the offence/s) from the 17th of June 2019 to the 22nd of July 2019. 65 people responded to the survey. Two people were screened out because they did not identify as survivors of sexual violence and were directed to information about the public survey.

Stakeholder Consultation

3.8 Stakeholder consultation was carried out by telephone interview and written consultation with local stakeholders. 12 semi-structured interviews were carried out which lasted between half an hour and two hours. The interviews were not audio recorded, and participants were informed that the information they provided would be used anonymously. Written engagement forms were sent to a wider group of stakeholders identified by the OPCC. These provided organisations with an opportunity to provide feedback based on their expertise. Information representing the views of 5 stakeholders was received through this channel.

Engagement with young people

3.9 Perpetuity developed a short series of questions about sexual health and knowledge about sexual violence for use by youth workers engaged with young people attending a course run by a specialist youth organisation. Youth workers asked small groups of young people the research questions and wrote down the respondents' answers. This approach ensured that young people were in a safe and appropriate setting where they were able to ask any questions that arose as a result of their engagement.

Stage 3: Data Analysis

- 3.10 The data was analysed using a variety of tools including Excel, Nvivo and SPSS.
- 3.11 Interview summaries were created for each interview. The researcher made detailed notes of the participants' responses and key quotes were transcribed verbatim. The researcher also recorded their post-interview reflections regarding themes that emerged from the interview or comparisons with previous interviews. Through this process the data set was developed and data interpretation was initiated.
- 3.12 A framework analysis approach was used to analyse the data, this includes:
- Familiarisation with the data – achieved by reading the interview transcripts and survey responses.
 - Identifying a thematic framework – noting key phrases and ideas arising and developing these into categories of findings.
 - Indexing – sifting the data, highlighting and sorting illustrative responses and making comparisons within and between these.
 - Charting – lifting the responses from their original context and re-arranging them under the newly-developed thematic content.
 - Mapping and interpretation – building the relationships between the responses and the links between the data as a whole.

Stage 4: Report Writing

- 3.13 The findings of the analysis were organised and presented in a written report, and recommendations that were developed during the data analysis were organised and presented thematically.

Ethics, limitations and notes

- 3.14 The project was assessed using Perpetuity Research's enhanced ethics protocol due to the research being conducted with survivors of sexual violence, and due to the nature of information sought. The protocol was adapted from ethical guidelines from both the Social Research Association and the Economic and Social Research Council (ESRC).
- 3.15 All research tools designed for use with the general public, survivors of sexual violence, and young people, were reviewed by local specialist organisations working with survivors of sexual violence and young people respectively.
- 3.16 Limitations – It is important to recognise the limitations of this project and how this impacts on the evidence provided. These include,

particularly, the use of a survey to engage with victims, and the promotion of the victim survey using social media channels of various organisations related to the OPCC, Gloucestershire Constabulary and support services. It is highly likely that these methods limit the representativeness of both the public respondents and the survivors. Therefore the findings can only be understood to represent their views, rather than the wider demographic of local public and survivors of sexual violence.

- 3.17 For the purposes of the public and survivor survey an accessible definition of sexual violence was developed, and was presented in the surveys as follows:

'This survey defines sexual violence as: any kind of unwanted sexual act or activity, that's happened at any point in your life, including (but not limited to) rape, sexual assault, sexual harassment, female genital mutilation and sexual abuse experienced as a child'.

Section 4. Evidence Review

- 4.1 A review of key evidence is presented below in three parts.
- 4.2 The first section provides an overview of national data, looking at the prevalence of sexual violence, reporting and outcomes, trends in victimisation, and perpetrators. Additionally the section provides an overview of local data and research, and a brief review of key issues for Gloucestershire.
- 4.3 The second section focuses on literature concerning the survivors of sexual violence looking at:
- Impact of sexual violence on survivors
 - Influences on disclosure and reporting
 - Public attitudes towards sexual violence
 - The impacts on, and support requirements of some under-engaged groups.
- 4.4 The third section focuses on research into young people, looking at prevalence and trends in victimisation, key issues for young people, and the impact and needs of young survivors.

Section 1 - National context and overview

- 4.5 Averaged CSEW¹ data from the 2 years ending March 2018 provide estimates that 561,000 (3.4%) women and 143,000 (0.9%) men (2.1% of the total population) aged 16-59 experienced sexual assault in the 12 months prior to March 2018. Data from the year ending March 2016² provides an estimate that 7% of adults aged 16-59 had experienced some form of childhood sexual abuse.

Recording and outcomes

- 4.6 Police recorded 162,030 sexual offences in the year ending March 2019³, an increase of 7% on 2018. Deeper analysis of 2018 data⁴ (when police recorded 150,847 sexual offences) shows that in this year there were 69,901 rape incidents and crimes reported to the police in England and Wales⁵ and of these, 17% remained as incidents and were not recorded as crimes.

¹ ONS (2018a)

² ONS (2016)

³ ONS (2019)

⁴ ONS (2018b)

⁵ *ibid.*

- 4.7 Ministry of Justice recorded a 10% decrease in defendants proceeded against at magistrates' courts for sexual offences in 2017, and that 6,960 offenders were found guilty of sexual offences in the year.⁶ 1,026 offenders were found guilty of rape of a female and 102 were found guilty of rape of a male.
- 4.8 National outcomes data for the year ending March 2019⁷ show that 26.9% of sexual offence cases had not yet been assigned an outcome (this reflects the complexity of cases and the length of time it takes to investigate). 31.1% had been assigned the outcome 'evidential difficulties (victim does not support action)', 15.4% were assigned 'evidential difficulties (suspect identified and victim supports action)', 14.9% were assigned 'Investigation complete no suspect identified', and 3.5% 'charged or summonsed' (of which rape: 1.5%).
- 4.9 The average length of time to assign an outcome for sexual offences in the year ending March 2019 was 77 days, and for rape this was 126 days. Those that proceeded to charges or summons took an average of 195 days (up from 150 days in the previous year). For those cases that were closed due to evidential difficulties where the victim supported the action, it took an average of 158 days (up from 133 the previous year).
- 4.10 CPS⁸ data shows that three in five (58%) rape-flagged prosecutions result in a conviction, and four in five (80%) of prosecutions for other sexual offences resulted in a conviction. Average custodial sentence length for all sexual offences was nearly 5 years. Rape offenders' average custodial sentence length was nearly 10 years.
- 4.11 According to recent figures⁹ in 2017-2018 the number of prosecutions and convictions of sexual offences (excluding rape) fell (13,490 in 2016-2017, 12,005 in 2017-2018), though there was a rise in the conviction rate (80.4% in 2017-2018 vs. 79.5% in 2016-2017).

Population-level risk

- 4.12 Women, and especially young women, and children are at the highest risk of sexual violence. The CSEW¹⁰ estimates that 20% of women and 4% of men have experienced some kind of sexual assault since the age of 16.
- 4.13 Single women were more likely to have been victims of sexual assault than women with other marital statuses, particularly those who were married or civil partnered (6.4% vs. 1.2%).

⁶ MoJ (2018)

⁷ HO (2019)

⁸ ONS (2018b)

⁹ *ibid.*

¹⁰ ONS (2018c)

- 4.14 Single men were at an increased risk (1.6%) compared to those with other marital statuses of being a victim of sexual assault.¹¹
- 4.15 Students were at an increased risk (6.4%) of being a victim of sexual assault than adults of other occupations.¹² The National Union of Students¹³ report that 68% of female students had experienced some kind of verbal or non-verbal sexual harassment in or near their institution, 16% had experienced unwanted kissing, touching or molestation, and 7% had been subject to a serious sexual assault.
- 4.16 Women with long-term illnesses or disabilities were more likely to be a victim of sexual assault in the previous 12 months (5.3% vs. 2.7%) however there was no significant difference for men.¹⁴
- 4.17 There is very little data regarding risk and LGBTQ status, however, in an examination of women at risk from partner abuse¹⁵, bisexual women were almost five times as likely to have experienced sexual assault by a partner or ex partner in the previous year than heterosexual women (1.9% vs. 0.4%).
- 4.18 Additionally, an American review of existing research on intimate partner violence and sexual abuse among LGBT people¹⁶ reported that lifetime risk for intimate partner sexual violence for bisexual women was 40%, and that three studies had found lifetime incidence for sexual abuse for transgender people ranged from 25% to 47%. Another meta-analysis from the US¹⁷ reported increased risk of sexual violence to lesbian or bisexual women and gay or bisexual men.
- 4.19 There is very little data regarding the ethnicity and culture of people who are victimised by sexual violence. However, Rape Crisis statistics from 2018¹⁸ note that there is an overrepresentation of people from BME backgrounds in their service user demographics with 23% of service users identifying as Black or Minority Ethnic.
- 4.20 Almost half of those who had ever been victimised by rape or assault by penetration since 16, had been a victim more than once (48%), and 21% reported being a victim more than three times.¹⁹

¹¹ *ibid.*

¹² *ibid.*

¹³ NUS (2010)

¹⁴ *ibid.*

¹⁵ ONS (2018d)

¹⁶ Brown & Herman (2015)

¹⁷ Rothman et al. (2011)

¹⁸ Rape Crisis (2018)

¹⁹ ONS (2018c)

Perpetrator and characteristics of offences

- 4.21 The overwhelming majority of respondents who had experienced rape or assault since they were 16 reported that the offender was male (99%), and 65% reported that the perpetrator was a male between the ages of 20 and 39.²⁰
- 4.22 In the case of rape or assault by penetration, the most common location for the offence was the victim's home (39%), followed by the perpetrator's home (24%). In 9% of cases the assault took place in a public space.
- 4.23 58% of people victimised by rape or assault by penetration reported physical force had been used by the offender to try and make them have sex with them, and 12% reported being choked or strangled.
- 4.24 26% reported that the offender frightened or threatened to hurt them, 8% that the offender had threatened to kill them, and 7% reported threats to hurt someone or something close to the victim.
- 4.25 18% reported being asleep or unconscious during the most recent case of sexual violence carried out against them.

Local context and data

- 4.26 According to ONS 2018 mid-year population data²¹ there are 633,558 people living in Gloucestershire. In the year ending March 2019²² 1,065 sexual offences were recorded in Gloucestershire, a rate of 1.7 per 1000 of the population, which is significantly lower than the figure for England and Wales (at 2.8), and for other areas in the South West which ranged from 2.3 for Wiltshire, to 2.6 for Devon and Cornwall and Dorset).
- 4.27 According to the 2018-2019 Peel report²³, in the 12 months ending 30th September 2018, 3% of victim-based crimes in Gloucestershire were sexual offences, which is in line with trends for England and Wales.
- 4.28 As part of the Peel report²⁴, the constabulary provides an overview of county demographics. Their assessment finds that; the population is older than average, the greatest ethnic diversity in the county is found in Gloucester, eight neighbourhoods are amongst the most deprived nationally, a third of residents have limited access to transport, the student populations exceed 13,000, volume of recorded crime increased 2% in the year ending January 2019 (though this is below the national increase), and there are high demands around violent crime, theft, and sexual offences.

²⁰ ONS (2018c)

²¹ *ibid.*

²² ONS (2019b)

²³ HMICFRS (2019a)

²⁴ *ibid.*

Gloucestershire rape figures

4.29 According to Home Office figures published on the Rape Monitoring Group Dashboard²⁵, in Gloucestershire the total police-recorded rape offences increased in the five years to 2017:

- 2012/2013 – 160
- 2013/2014 - 219
- 2014/2015 - 273
- 2015/2016 - 312
- 2016/2017 – 350

4.30 Looking at the year 2016/2017, of these, 313 related to a rape of a female and 37 related to rape of a male. 78 related to a rape of a female under 16 (of these 30 were of a female under 13) and 29 related to a rape of a male under 16 (of these, 22 were of a male under the age of 13).

Outcomes

4.31 In 2016/2017 Gloucestershire outcomes for recorded offences show 38.89% (84) '*evidential difficulties (suspect identified victim supports action)*', 32.4% (70) '*not yet assigned an outcome*', 12.04% (26) '*evidential difficulties (victim does not support action)*', 10.65 (23) '*charge/summons*', 5.56% (12) '*investigation complete no suspect identified*', and 0.46% (1) '*prosecution prevented or not in the public interest*'.

Gloucestershire risk characteristics

4.32 A SARC Health Needs assessment²⁶ for the South West identified the risks and protective factors in regards to prevalence of sexual assault for Gloucestershire. The findings, in line with other comparative data, suggest that Gloucestershire is a relatively low-risk county in regards to sexual violence prevalence. Risk and protective factors include:

- Gloucester and Cheltenham are estimated to have above average levels of alcohol related sexual violence. However the rest of the area is estimated to be below average.
- The county has a relatively low proportion of 20-24 year olds.
- There is a relatively small population of students
- The NEET and unemployed population is below regional and national averages
- The rate of opiate and cocaine misuse is lower than regional and national averages.

Local focus - known gaps and issues

4.33 A rapid review of documentation provided by the OPCC and sexual violence service providers generated a list of some known issues for the county, these are described in the following paragraphs.

²⁵ Dashboard available at: <https://www.justiceinspectorates.gov.uk/hmicfrs/our-work/article/rape-monitoring-group-digests/>

²⁶ Tamlyn (2017)

- 4.34 Data from the 2017 SARC needs assessment²⁷ shows that the service was concerned that people who accessed the SARC were primarily from Gloucester and Cheltenham, and that it may not be accessed by those in more rural areas.
- 4.35 The report also found that 77% of referrals were from police and 8% were self-referral and stated that there should be more awareness raising among general police staff, especially regarding referral of non-acute cases.
- 4.36 ISVA Quarterly Contract meeting 2nd May 2019 GRASAC - identified that BME representation was very low in services, and that a university research project was looking at the service needs of BME communities in Gloucestershire and would be available in June 2019.
- 4.37 ISVA Quarterly Contract meeting 2nd May 2019 GRASAC - reported a small gap in provision for young people – and that a new ChISVA was being recruited to work with 13-18 year olds and carry out prevention work in schools.
- 4.38 SSW Rural 18-19 Q4 – noted, *‘we have a waiting list of 118 women waiting approximately 24 weeks for 1:1 Support’*. Additionally it was noted that changes to SARC counselling services had restricted those with additional mental health needs from accessing counselling and this had impacted upon GRASAC who were seeing an increase in clients with additional needs: *‘As the complexity of clients has increased there is a difficulty in allocating these clients to volunteers. As a result, additional pressure is created for our three specialist support workers. We have had to change our service delivery model to allow for the increase in demand. Each survivor now has up to 24 sessions with a SSW (previously it was open ended). Furthermore, we enhanced our referral forms in order to capture more information at the point of referral in order to risk assess clients at the point of contact.*
- 4.39 ISVA Quarterly Contract meeting 31.01.19 GRASAC – noted *‘high numbers of referrals for complex cases which cannot be handled by volunteers due to time commitment, and multi-agency working required’*.

- 4.41 Stakeholder provided information that a review of the needs of older people was being carried out in order to try and increase engagement rate with services.

²⁷ *ibid.*

- 4.42 A LGBTQ+ needs assessment carried out in Gloucestershire²⁸ recommended (amongst others) that sexual violence services should explore targeted LGBTQ+ service provision addressing fears around discrimination in services and reporting; strategic partnerships should be developed with LGBTQ+ organisations and LGBTQ+ supportive BAME organisations; and sexual violence training across the county should incorporate awareness of LGBTQ+ population needs.
- 4.43 According to HMICFRS (2019)²⁹ 83.3% of sex offences reported to Gloucestershire Constabulary were recorded, providing an estimation that over 210 sexual offence crimes were not recorded each year. Crimes that were not recorded in the audit included sexual assaults; inciting a child to commit a sexual act; sexual activity with a child; and exposure. The report states, *'failing to record such crimes, to give the victim appropriate support or to attend or investigate promptly will often cause the victim to lack confidence in the police'*.
- 4.44 The HMICFRS report³⁰ also states that 87 out of 117 audited rape reports were accurately recorded, that appropriate safeguarding was not provided to the victim in 7 of the unrecorded cases and there was no investigation at all for 14 of them, *'The recording of a report of rape is important. Victims will often need a great deal of support from the start. Any delay, or failure to record the crime correctly can have a negative impact on both the victim's recovery and any investigation'*. Gloucestershire constabulary responded to these findings³¹ providing details regarding the recording of crimes and stated that where safeguarding or lines of enquiry were not explored at the time these had been done retrospectively.

Section 2 – Survivors of sexual violence

Impact of sexual violence

- 4.45 A full review of the numerous and well-documented short and long-term impacts sexual violence can have is beyond the scope of this review. Rather, this section provides an overview of key findings, before focusing on the specific impacts and needs of groups who have historic low engagement with mainstream services for sexual violence survivors. Nevertheless, it is important to acknowledge the impact that sexual violence can have on physical health, thoughts, emotions and behaviours, and where the majority of this burden lies³²:

'Evidence suggests that male and female survivors of sexual violence may experience similar mental health, behavioural and

²⁸ Livesey and Bradbury (2017)

²⁹ HMICFRS (2019b)

³⁰ *ibid.*

³¹ Gloucestershire Constabulary response to HMICFRS Crime Data Integrity Report (2019)

³² WHO (2012)

social consequences. However, girls and women bear the overwhelming burden of injury and disease from sexual violence and coercion, not only because they comprise the vast majority of victims but also because they are vulnerable to sexual and reproductive health consequences such as unwanted pregnancy, unsafe abortion and a higher risk of sexually transmitted infections, including from HIV, during vaginal intercourse. However, it is important to note that men are also vulnerable to HIV in cases of rape' (p.6)

Overview – prevalence of impacts

- 4.46 CSEW data³³ shows that 63% of adult survivors reported mental or emotional consequences as a result of sexual assault by rape or penetration. 53% reported problems trusting people or having difficulty in relationships, and 1 in 10 reported attempting suicide as a result of the offence.
- 4.47 39% of these survivors reported physical injuries from the most recent offence; minor bruising or a black eye were the most commonly reported physical injuries. 3% reported that the offence had resulted in pregnancy, and 3% had contracted a disease as a result of the crime.

Disclosure, reporting and help-seeking

- 4.48 According to CSEW data, 31% of adults (victimised since they were 16) said they had not told anyone about their most recent experience of rape or sexual assault by penetration (including attempts). 58% reported they had told someone they knew personally, 30% had told someone in an official position, and 17% had told the police.
- 4.49 75% of those who had reported to the police found the police to be helpful on first contact, and 63% reported that they had been helpful during the investigation.
- 4.50 People who had not told the police, but had disclosed to someone else, said they had not reported to the police because they were embarrassed (47%), felt the police could not help (40%) or that it would be humiliating (35%). 28% felt that the police would not believe them.

Disclosure research

- 4.51 A review of research³⁴ has suggested that over half of all female rape survivors do not acknowledge that they have been raped. The prevalence was significantly higher among college students. Women used more benign descriptive of their experience, such as, 'bad sex'. It is suggested that as a consequence of this, screening tools should

³³ ONS (2018c)

³⁴ Wilson & Miller (2016).

avoid terms such as *'rape'*, instead using descriptive terms in order to identify needs.

- 4.52 Research³⁵ into women's decisions about whether to label their experience (which met the researcher's definition of rape) as rape found that decisions were based on whether the incident matched their rape script (what they thought rape was, e.g. violent, committed by a stranger) and the perceived consequences of using the label (e.g. feeling more traumatised). The research found that over time women were more likely to label their experience as rape, understanding of rape differed, and that for some it was adaptive to label their experience as rape, while for others it could be harmful.
- 4.53 Ahrens et al.³⁶ found that over a third of disclosures were not initiated by the survivor themselves, and when a formal support provider initiated disclosure, the survivor received exclusively positive reactions. Survivors who receive supportive responses to disclosure have more positive psychological health than those who have negative experiences.
- 4.54 Investigating poor reactions to disclosures of rape, Ahrens³⁷ identified three, *'routes to silence'* and their impacts: Firstly, negative reactions from professionals lead people to question the effectiveness of future disclosures. Secondly, poor reactions from friends and family result in reinforced feelings of self-blame, and thirdly, negative reaction from any source reinforces a victim's uncertainty about whether they experienced rape.
- 4.55 According to the WHO³⁸, men are less likely than women to report an assault to authorities, and reasons for this include shame, guilt, fear of not being believed or being denounced for what happened, additionally, myths and prejudice against male sexuality prevent men from coming forward.

Public attitudes towards sexual violence

- 4.56 As stated by the WHO³⁹, *'the reality of sexual violence is often very different to what most people believe occurs'* (p.10). Myths affect the way in which society responds to sexual violence, and if they go unchallenged, the importance of sexual violence can be minimised. Many of the most prevalent myths hold the victim responsible for the crime, and the real-world impacts of rape myths have been demonstrated; for example, research shows that rape myths impact on juror decision making⁴⁰ and that victims of rape may have to battle to gain credibility in the eyes of some police officers.⁴¹

³⁵ Peterson & Muehlenhard (2011)

³⁶ Ahrens, Campbell & Ternier-Thames, 2007

³⁷ Ahrens (2006)

³⁸ WHO (2002)

³⁹ Fisher, Nicola & Afroditi (2013)

⁴⁰ Dinos, Burrowes, Hammond & Cunliffe (2015)

⁴¹ Jordan (2004)

4.57 Rape myths create additional barriers to services, for example, Kassing et al.⁴² discuss how myths can create additional difficulties for male survivors of sexual violence by either diminishing the seriousness of the crime or creating the assumption that an offence hasn't occurred, and McMahon et al.⁴³ report how the general public are more likely to call something sexual violence when an offence has involved physical violence.

4.58 Waterhouse et al. (2016) reviewed 400 cases of rape reported to a police area to challenge the myth of 'real rape' – that of rape involving a stranger, using a weapon, attacking a woman violently, at night, outside, and causing serious injury. The researchers found that no rapes that fit the criteria. Further to this, they found that 280 cases were committed by someone the victim knew, inside a residence, with the victim sustaining no physical injury.

Impacts and needs of groups under-engaged by services

4.59 In 2012 the University of Bristol⁴⁴ published research into the specific impacts, fears and needs of some under-researched groups of sexual violence survivors. These groups included; male survivors of CSA, lesbian/queer/bisexual survivors, transgender male to female survivors and female BME survivors. Some of the key findings are summarised in **Table 1: Impacts and needs of survivors as identified by Hester et al. (2012)**

Table 1: Impacts and needs of survivors as identified by Hester et al. (2012)

	Heterosexual male survivors of CSA	Lesbian/queer/bi sexual survivors	Transgender male-to female survivors	BME women survivors
Fears	Being viewed as a child abuser	Fear of disclosure due to possible homophobic reactions	Fear of disclosing due to reaction of others	Fear of racism (including stereotypes about refugees, immigrants, and asylum seekers)
Health and wellbeing	Severe emotional impacts: self harm, suicidal thoughts, alcohol & drug use	Long-term impact: angry, suicidal, confused about sexuality		Undermining confidence and self-esteem. Some severe mental health problems: depression and suicidal feelings.

⁴² Kassing et al. (2005)

⁴³ McMahon et al. (2011)

⁴⁴ Hester et al. (2012)

Service use	<p>Sought counselling or sexual violence services at crisis point. Few services, long waiting lists.</p> <p>Some contact with police for historic CSA</p>	<p>Accessed medical services, crisis, and therapeutic counselling, advocacy services, helplines, SARCS and Rape Crisis</p>	<p>Used web specific chat rooms and email for support</p>	<p>Contacted DV services, police and social services. Those experiencing forced marriage or SV in war contacted legal advice centres, immigration services and GPs. Used 121 provision. Third sector group work and drop was used to develop friendships and 'family'.</p>
Service need	<p>Male only service made it easier to disclose</p>	<p>Services that dealt with DV, SV and LGBT issues together were beneficial</p> <p>Provider awareness that SV may impact on sexual identity and sexuality</p> <p>Choice of female or male practitioners</p>	<p>Linking in to existing local services considered essential to developing appropriate services for trans-community</p>	<p>Women only support wanted.</p> <p>Difficult to access counselling.</p> <p>Services need to understand ethnic, cultural, and religious contexts of users.</p> <p>Asian women at times preferred not to see Asian workers due to confidentiality fears</p>

Male survivors

4.60 According to WHO⁴⁵ male survivors experience similar responses to female survivors. Additionally, research suggests that for adolescent males there are associations between rape and substance abuse, violence, stealing and absenteeism from school. It is also posited that the dominating construction of masculinity may cause confusion for men regarding sexual orientation after being a victim of sexual violence perpetrated by a male.⁴⁶

⁴⁵ WHO (2012)

⁴⁶ Hester et al. (2012)

4.62 Looking at the help-seeking behaviour of male victims of domestic violence and abuse, Huntley et al. (2018)⁴⁷ conducted a systematic review of research and presented a number of themes relating to barriers to disclosure and help seeking in men:

- *Fear of disclosure*: shame, denial, embarrassment, internal confusion and struggle, 'is this really going on'. Some men described feeling, 'less of a man' if they report. Men reported receiving valuable support from friends, family and colleagues at work, and that informal support could lead to formal support.
- *Fear of practical implications of disclosure*: fear of future harm from partner by disclosing, fear of perpetrator.
- *Challenge to masculinity*: fears that physical size or strength would mean no one would believe them. Assumption that abuse is mostly physical deters male disclosure.
- *Commitment to relationship*: men wanted abuse to stop but not the relationship, commitment to the relationship and concern for the perpetrator were both barriers to help-seeking.
- *Diminished confidence*: influenced help-seeking behaviours. Complacency was related to the length of the abuse, a feeling that it was futile to attempt.
- *Invisibility/perception of services*: men feeling that there were no services available for them or that they weren't appropriate for them. Some suggestion that separate services were required to improve male perception of service availability.
- *Initial contact*: a crisis or urgency was often needed before a man seeks help.
- *Confidentiality*: was noted to be particularly important for men.
- *Appropriate professional approaches*: consistent preference for help from a female professional. Continuity of care. Pre-existing relationship facilitates disclosure. Primary healthcare setting regarded as suitable and safe, though some disagreement. Counselling viewed as acceptable.
- *Inappropriate professional approaches*: lack of empathy, lack of understanding of LGBT help-seekers, feeling that services offered 'gender stereotyped treatment' or were heterosexual orientated.

LGBTQ+ survivors

4.63 Research⁴⁸ looking at barriers to engagement with services for LGBT people has identified some key issues, including; the danger of outing oneself when seeking help and the associated risk of rejection and isolation from support network, lack of, or lack of awareness of LGBT

⁴⁷ Huntley, Potter & Williamson (2019)

⁴⁸ Brown & Herman (2015)

friendly support, concerns about homophobia of staff or services, or from other non-LGBT survivors they might interact with, and low levels of confidence in sensitivity and effectiveness of police and courts.

- 4.64 Trans interviewees in the Hester et al. study⁴⁹ felt that sexual violence was a hidden issue in the trans-community, was not talked about, and was unlikely to be reported. LGBT participants talked about the difficulty of finding services that were both expert in sexual violence, and sensitive to LGBT needs (LGBT services might not have expertise, sexual violence services might not have understanding of LGBT issues). There were concerns that service providers would not understand how homophobia and aspects of sexuality had been used by perpetrators, or might not understand their experiences.
- 4.65 Interviewees were positive about services that could deal with both domestic and sexual violence, and take account of issues related to their sexuality. Respondents wanted online message boards and chat rooms, and to be able to email someone from an organisation for on-going support. A review found that a number of studies suggested individual counselling to be particularly helpful for LGBT survivors, and the most needed service.
- 4.66 There was concern that transgender issues were overlooked in broader LGBT initiatives and that there were gaps in service provision for those who did not want surgery or were pre-op for example there was a perception that Women's Aid and Rape Crisis only worked with cisgender women.

BAME survivors

- 4.67 Hester et al.⁵⁰ reported that BME men found it difficult to find services, and that this was further compounded where issues around sexuality were involved. More generally, BME respondents felt that services needed to understand the ethnic, cultural and religious context they were from.
- 4.68 The research found that services should have staff with different ethnicities, and survivors valued being able to access (at times) someone with their lived-experience and awareness of racism. Additionally, some people felt it was important to be able to access workers from different ethnic background to their own in order to abate concerns about confidentiality.
- 4.69 BME women talked about the value of one-to-one advice and counselling, but also wanted contact with other women with similar experiences to develop social support networks through drop-in or group work. Women wanted access to female-only groups, and to be

⁴⁹ Hester et al. (2012)

⁵⁰ *ibid.*

able to talk to female support workers. One interviewee talked about an experience of being provided with a male interpreter and as such, feeling unable to disclose.

- 4.70 BME men spoke about wanting to be able to talk to a woman in some circumstances but did not emphasise the need for single sex services.

Support for people with disabilities

- 4.71 Research has identified that women with disabilities and learning difficulties face a number of barriers to recognising sexual violence, reporting it and accessing support.^{51 52} For example, young women with disabilities may have limited opportunities to learn about appropriate and inappropriate sexual behaviour⁵³ be viewed as asexual and be on the receiving end of different professional social and institutional practices, with differing notions of acceptable and abusive behaviour for disabled individuals creating additional barriers to recognition and disclosure by disabled young people, and therefore access to support.⁵⁴ Additionally, for people who are reliant on their abuser there may be particular reluctance to disclose due to fears about access to support to maintain independence, or they may be prevented from accessing support by their abuser.⁵⁵

Section 3 – Focus on young people

Overview - impact

- 4.72 An evidence assessment conducted for the independent inquiry into child sexual abuse⁵⁶ provides a summary of the many ways in which young people may be impacted (in both the short-term and long-term) by sexual violence:

- **Physical health** – Injuries, high BMI, problems relating to childbirth, unexplained medical issues
- **Emotional wellbeing, mental health and internalising behaviours** – Emotional distress, trauma or PTSD, anxiety, depression
- **Externalising behaviours** – Substance misuse, risky and inappropriate sexual behaviours, offending
- **Relationships** – Reduced relationship satisfaction and stability, issues with intimacy and parent-child relationships
- **Socio-economic** – Lower educational attainment, higher unemployment, financial instability, homelessness
- **Religious and spiritual belief** – loss of faith, faith as a coping mechanism

⁵¹ Shah et al. (2016)

⁵² Thiara, Hague & Mullender (2011)

⁵³ Shakespeare (2014) as cited in Shah et al. (2016)

⁵⁴ Shah et al. (2016)

⁵⁵ *ibid.*

⁵⁶ Fisher, Goldsmith, Hurcombe & Soares (2017)

- **Vulnerability to re-victimisation** – Sexual re-victimisation in both childhood and adulthood, other types of victimisation

4.73 Walker et al.⁵⁷ suggest that almost half of CSA survivors are sexually victimised in the future.

Prevalence

4.74 Assessing the prevalence of CSA and CSE is challenging. The methods, definitions (and as such, estimations) vary widely. Reviewing a number of estimations, Kelly & Karsna⁵⁸ report that estimates of CSA are between 15-20% for girls, and 7-8% for boys.

4.75 The EU Fundamental Rights Agency survey⁵⁹ (whose sample was limited to females aged under 15, and which excluded peer offences) reported a prevalence rate of 18% in the UK (the average prevalence rate was 12% for EU as whole).

4.76 The CSEW⁶⁰ collected retrospective data from adults regarding their experience of sexual violence as a child. Overall, 7% reported sexual assault. Women were 4 times as likely to report sexual assault during childhood than men (11% vs. 3%) and 3% of women (compared with 1% of men) reported sexual assault by rape or penetration (including attempts).

4.77 NSPCC⁶¹ estimate that 1 in 20 children have been sexually abused. According to their research (which includes peer offences) contact CSA risk for under 11s was 0.5% (0.8% girls and 0.2% boys), for 11-17 year olds this was 4.8% (7% girls, 2.6% boys), and for 18-24 year olds; 11.3% (17.8% girls, 5.1% boys).

4.78 The CSEW estimates that 567,000 women (aged 16 to 59) and 102,000 men (aged 16 to 59) have experienced sexual violence by rape or penetration (including attempts) in their childhood. Though it is not possible to determine the reasons (perhaps an increased willingness to disclose, or *possibly* a reduction in prevalence), older adults in their sample were more likely to report childhood abuse than younger adults.

Reported CSA and CSE

4.79 Work carried out by the Children's Commissioner for England⁶² estimates that 1 in 8 victims of CSA come to the attention of the authorities. Indeed, CSEW (2007) reported that 74% of adult survivors of CSA said they had not told anyone about the abuse at the time it

⁵⁷ Walker et al. (2019)

⁵⁸ Kelly & Karsna (2017)

⁵⁹ Fundamental Rights Agency (2014)

⁶⁰ ONS (2016)

⁶¹ Radford et al. (2011)

⁶² Children's Commissioner (2015)

happened. The reasons for a lack of disclosure were embarrassment or humiliation (48%), or feeling that they would not be believed (38%).

- 4.80 However, NSPCC⁶³ analysis shows that the number of police recorded child sexual offences has increased greatly between 2012/2013, when 17,585 offences against under 16s in England were recorded, and 2017/2018, when 52,965 offences against under 16s in England were recorded.
- 4.81 In 2017/2018 the police recorded over 15,000 CSE related crimes in England and Wales⁶⁴, and in 2017 559 children under the age of 18 are believed to have been trafficked for sexual exploitation, though this figure is highly likely to be an underestimation.
- 4.82 By its nature CSE is difficult to assess because a common feature of the offending is that the young person who is targeted by the crime is not aware of the coercive nature of the relationship and does not identify as a victim. As such, the onus to identify CSE is on third parties in contact with young people.

Population-level risk

- 4.83 Home Office Data Hub information for the year ending March 2017⁶⁵ shows females aged 10-14, 15-19 and 20-24 were disproportionately more likely to be victims of sexual offences (that are recorded by the police) than any other age group (particularly those aged 10 to 19 who made up 44% of female victims of sexual offences recorded by the police).
- 4.84 Similarly, males aged 5-9, 10-14 and 15-19 were disproportionately more likely to be victims of offences recorded by the police, with 30% of male victims of sexual offences (recorded by the police) being aged between 10 and 14.
- 4.85 Vulnerabilities that increase risk of CSE in young people, as identified by the Children's Commissioner⁶⁶ include; living in a chaotic household, a history of abuse, recent bereavement, gang association, peers already being victimised by CSE, being unable to discuss sexuality with families, being unsure about sexual orientation, homelessness, and poor social networks.

Perpetrator data

- 4.86 Data from the FRA⁶⁷ found that an overwhelming majority of perpetrators of sexual violence in childhood (before the age of 15 and excludes peer on peer) were male (97%), and in the UK, 60% of the

⁶³ NSPCC (2019)

⁶⁴ *ibid.*

⁶⁵ Home Office Data Hub includes only cases known by the police.

⁶⁶ Children's Commissioner (2013)

⁶⁷ FRA (2014) cited in Kelly & Karsna (2017)

perpetrators were unknown men, 7% were fathers or stepfathers, 12% were other male relatives, and 3% were with persons of trust.

- 4.87 CSEW data⁶⁸ from adult survivors of childhood sexual assault by rape or penetration (which also excluded peer abuse) reported that the perpetrator was most likely to be a friend or acquaintance (30%), or other family member (26% - excluding parent). For other types of sexual assault (including indecent exposure or unwanted touching) the perpetrator was most likely to be a stranger (42%).
- 4.88 NSPCC research⁶⁹, which *includes* data on peer-perpetrated abuse had substantially different findings from those studies including only adult abuse and assesses that around a third of sexual abuse is committed by another young person and that 90% of sexually abused children were abused by someone they knew.

Young people and disclosure

- 4.89 Much of the research into young people's disclosure suggest child survivors delay or never disclose to friends, family or professionals⁷⁰ and that this can hold true even when there is clear evidence that an offence has occurred, for example, a confession, or medical evidence – children may continue to deny or belittle their experience.⁷¹
- 4.90 However, an interview-based research project with young adults⁷² found that over 80% of the young people they spoke to *had tried* to disclose sexual violence, and that these disclosures had been missed, misunderstood or dismissed. Though the majority of the disclosures described in this work were described as '*direct purposeful and verbal*' a number of disclosures, particularly from young people under 12 (who most frequently disclosed to teachers and mothers) were described as '*indirect verbal disclosure*', for example '*I was like. Actually I'd rather go and stay with the other grandparents*'. Additionally, '*partial disclosures*', which were viewed as a consequence of considerable anxiety the young people experienced as a consequence of the abuse included minimisation, disclosure of abuse happening to someone else – but not that they were also experiencing it, and disclosing other abuse but not sexual abuse. Partial disclosure was associated with fear of family reprisals, and feelings of shame and guilt, '*I actually said... 'my sister is allowed to watch porn'... it was me as well, but I didn't wanna say me as well... I was ever so worried about splitting up the family*'. On average it took 7 years for the young person to disclose, and the younger they were when the sexual abuse started the longer it took for them to disclose.

⁶⁸ ONS (2016)

⁶⁹ Radford et al. (2011)

⁷⁰ e.g. Bottoms et al. (2007)

⁷¹ Sjöberg & Lindblad (2002)

⁷² Allnock & Miller (2013)

- 4.91 Reflecting these findings, other research has found that when young people do disclose, this may often be hidden or *'unheard'*, for example, studies show that young people who do disclose are likely to do so to a close friend⁷³ and that sometimes when children do try and tell they are not heard and no action is taken⁷⁴.
- 4.92 Peer on peer offences, assessed by the NSPCC as forming around a third of all sexual offences committed against young people, have been noted to reduce awareness of offending, or the perceived seriousness of an offence, in a US study⁷⁵ one in three teenagers who experienced an unwanted sexual incident perpetrated by another teen trivialised the incident as unimportant or *'normal kid stuff'*.

Encouraging disclosure

- 4.93 Factors identified⁷⁶ that can encourage young people to disclose include:
- Having a sense of control over the process, including choice of anonymity
 - Being listened to and believed
 - Having knowledge and language about abuse and appropriate behaviour
 - Having good social support
 - Young people being asked direct questions that prompt disclosure or elicit information about general physical and emotional health
 - Giving adolescents knowledge about how to ask and what to do if someone discloses to them
 - Prevention programmes that promote disclosure
- 4.94 Young people want someone to notice that something is wrong, to be asked direct questions, for professionals to investigate sensitively but thoroughly, and to be kept informed about what is happening.⁷⁷

Factors related to young-people's resilience and recovery⁷⁸

- 4.95 Key factors related to resilience and recovery include:
- **Individual factors** - e.g. attachment style, feelings and beliefs about the abuse, coping strategies, disclosure and talking about the experience
 - **Context and characteristics of the CSA** - nature of the offending, poly-victimisation
 - **Interpersonal and familial factors** - e.g. parental/caregiver support, response to disclosure, parental/caregiver distress and wellbeing

⁷³ Priebe & Svedin (2008)

⁷⁴ Cossar et al. (2013)

⁷⁵ Weiss (2013)

⁷⁶ Townsend (2016)

⁷⁷ Allnock & Miller (2013)

⁷⁸ Fisher, Goldsmith, Hurcombe & Soares (2017)

- **Wider social and environmental factors** - educational engagement and attainment, professional response to disclosure, professional support and therapy, reporting abuse and seeking redress.

Considerations for support and services for young people

4.96 Research with young people shows that⁷⁹:

- Young people often don't know what services there are for them or how they will be treated if they ask for help from them
- Children affected by sexual abuse often want to talk about mental health issues
- Young people are often concerned about the difficulty of accessing services or support
- Even when young people are referred to specialist services, they often feel like they aren't receiving clear explanations of how services will help them
- Young people are unsure where to report online sexual abuse and are worried about confidentiality
- Young people are scared before their first counselling session and would find it helpful if someone told them what to expect before they received it
- Some young people were worried about what their counsellor would think of them, or if they would believe them, and about how confidential counselling would be.

4.97 Additionally as young people are more likely to disclose to a peer and abuse can be, '*hidden from the adult society*', support offers should be directed not only at young people thought to be vulnerable, but more generally their peers.⁸⁰

⁷⁹ NSPCC (2016)

⁸⁰ Priebe & Svedin (2008)

Section 5. Public Survey

- 5.1 284 people responded to the public survey. After screening questions, a total of 157 respondents remained. Due to the nature of the research, all questions were optional, and as such the number of respondent for each question varies. Further, prior to a set of questions that included descriptions of sexual violence, an additional screening question checked if respondents wished to continue or skip this section. All respondents chose to answer these questions.

Screening

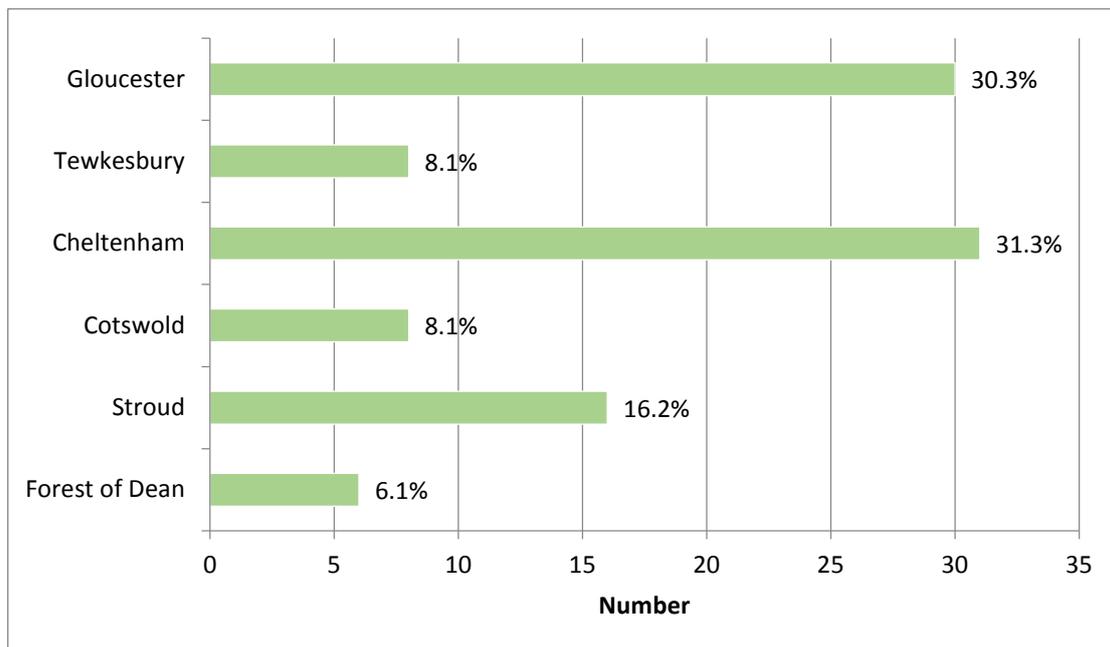
- 5.2 Respondents were screened by their age and whether they had experienced sexual violence. Two respondents were screened out because they were less than 16 years of age. Of the 276 who reached screening regarding sexual violence, 130 (47%) had not experienced sexual violence, 120 (43.5%) had experienced sexual violence (and were therefore screened out of the survey) and 27 (9.8%) were unsure if they had experienced sexual violence.
- 5.3 Those who identified as having experienced sexual violence were directed to a page containing information about support for sexual violence survivors and a link to the survivor survey. Additionally, an opportunity for this sample to provide feedback without filling in the survivor survey was provided. These answers are included in survivor survey findings.
- 5.4 Those 27 who were unsure whether they had experienced sexual violence were directed to a page containing a link where they could find out more about sexual violence, and were asked if they would like to end the survey, or continue. Of the 27 people directed to this page, 25 chose to continue. The remaining 2 did not provide an answer to the question and did not complete the survey.
- 5.5 It should be recognised that while the high proportion of people responding to the public survey who had experienced sexual violence is notable, the sample cannot be assumed to be representative of the local population, and as such, no inferences should be drawn from this finding. For example, the survey was publicised through police and voluntary support organisation social media channels and also detailed the topic of the survey, and therefore is likely to have attracted people with an interest in the subject, or who had experienced sexual violence.

5.6 That 9.4% of this motivated population were unsure whether they had experienced sexual violence was noteworthy in regards to knowledge and awareness of sexual violence.

Demographics

5.7 **Figure 1** shows (of those who provided demographic information) the geographical area in which the respondents lived. The distribution of respondents broadly followed that of Gloucestershire's districts.

Figure 1: Number of respondents to public survey living in each of the districts (n=99)



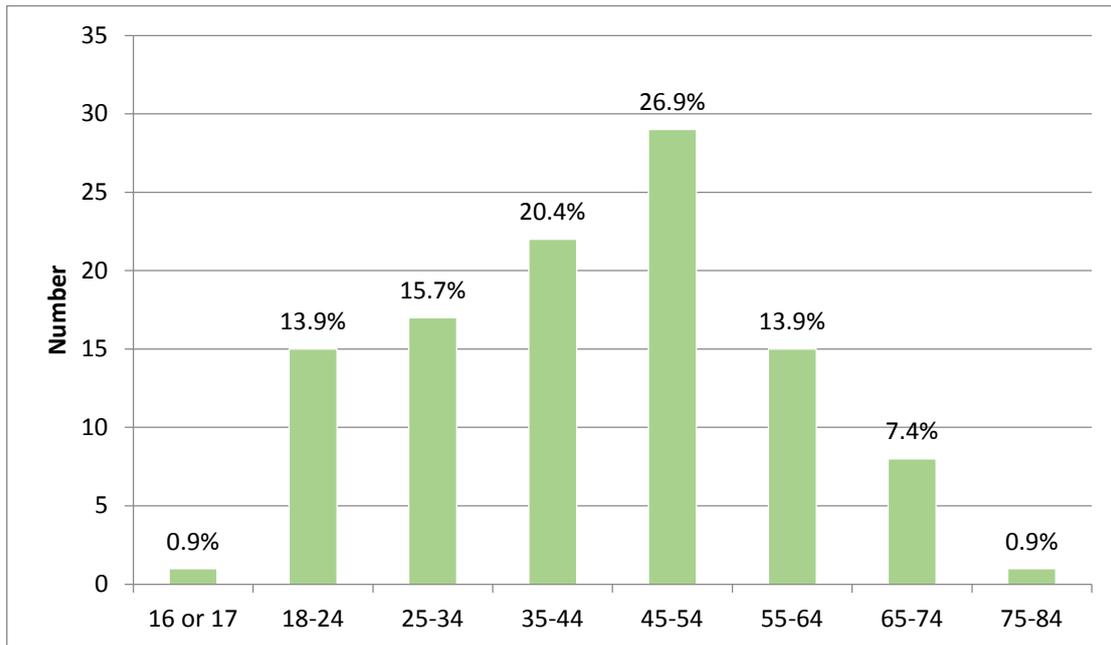
5.8 The respondents described their ethnicity as:

- White – English/Welsh/Scottish/Northern Irish/British (91.8%),
- White – other White backgrounds (3.7%)
- Black/African/Caribbean/Black British/African (1.8%)
- Mixed/Multiple ethnic groups (1.8%)

5.9 Most of the respondents identified their sex as female, 16% identified their sex as male. None of the survey respondents identified their sex in another way.

5.10 The highest proportion of respondents (26.9%) were between 45 and 54 years of age. **Figure 2** provides a detailed breakdown by age.

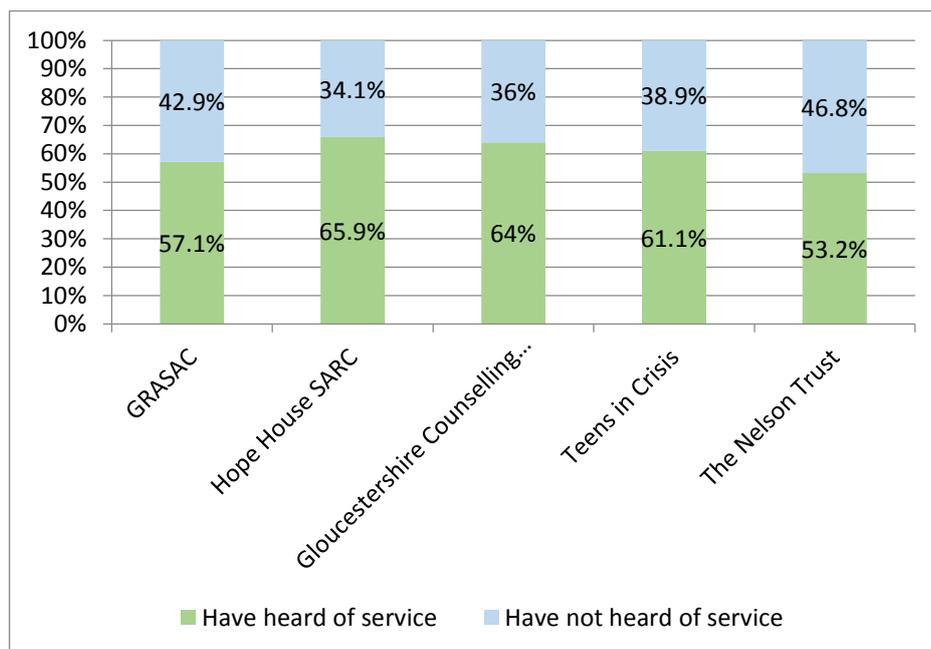
Figure 2: Breakdown of ages of respondents to the public survey (n=108)



Awareness of services

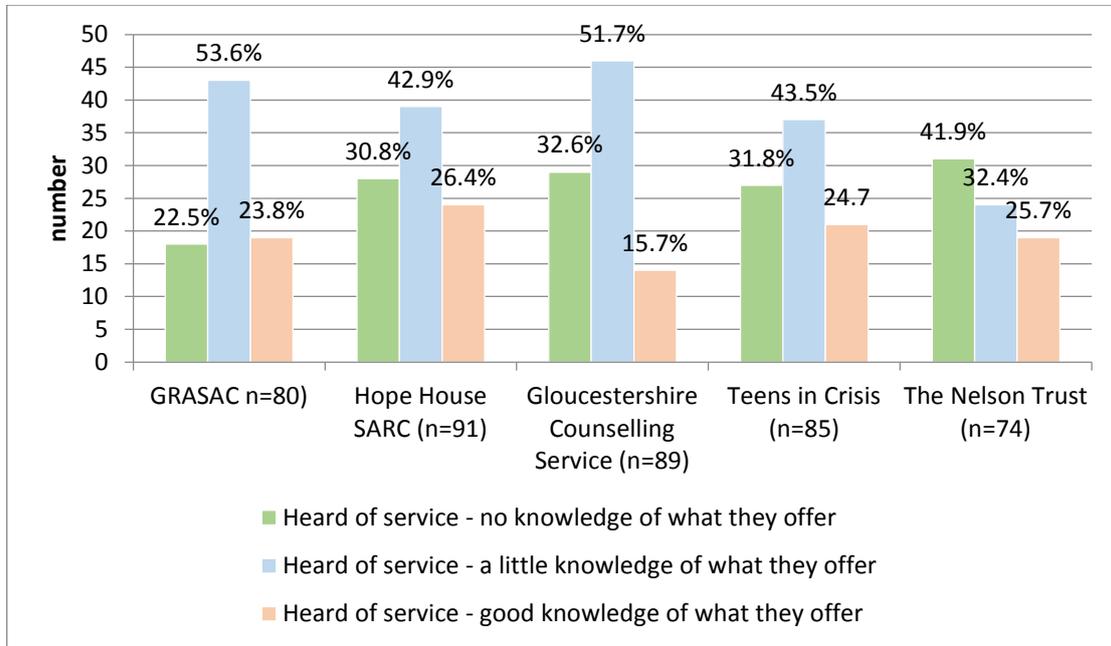
5.11 The respondents were asked about their awareness of local specialist organisations working with survivors of sexual violence across Gloucestershire. Figure 3 shows public awareness of each of the five services tested.

Figure 3: Public awareness of local specialist support services (n=138-140)



5.12 **Figure 4** shows (of those who knew about a service) how much people felt they knew about what the service could offer survivors of sexual violence.

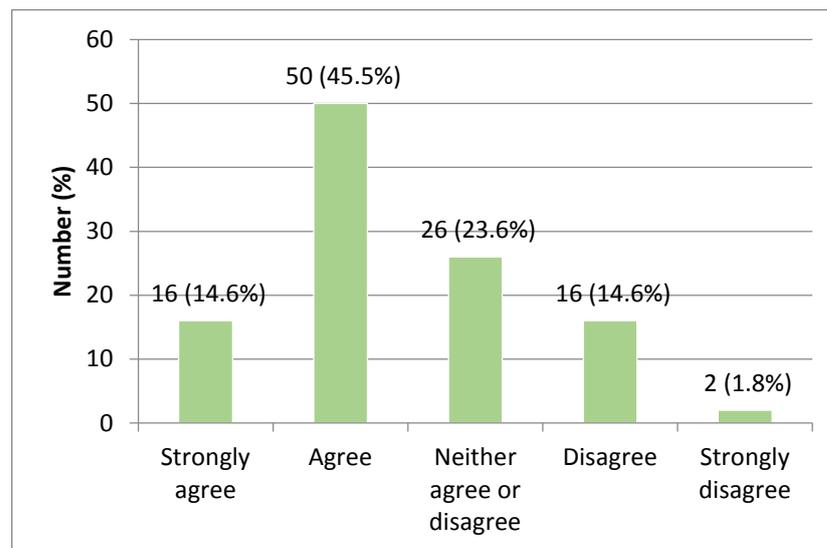
Figure 4: Public awareness of what a service offers (of those who were aware of the service).



Beliefs about police

5.13 The respondents were asked whether they agreed with the statement, '*the police can be trusted to investigate a sexual offence appropriately*'. The majority of the respondents agreed with this statement (60% of the sample agreed or strongly agreed with the statement) and 16.4% disagreed or strongly disagreed with the statement. The full findings are shown in **Figure 5** below.

Figure 5: Reported (public) trust in police to investigate sexual offences appropriately (n=110)



5.14 The respondents were asked to provide detail regarding their level of trust in police to investigate sexual offences appropriately. Close to three-fifths (n=64) provided this and a number of themes emerged in the responses.

5.15 Perhaps unsurprisingly, trust in the police to investigate appropriately was closely aligned with overall trust in the police force. The answers highlighted the importance of general perceptions of policing and the local constabulary:

‘I have not had personal experience, but I have a lot of trust generally in the police’.

‘I generally trust the police to investigate all things appropriately and have had nothing to prove otherwise’.

5.16 Similarly, beliefs regarding ability to investigate sexual violence appropriately were also influenced by their own unrelated experience of contact with the police:

‘Sadly every experience I have had over the last 2 years involving reporting of a crime has been handled appallingly, so I don’t have much faith that other crimes are investigated properly’.

5.17 Some reported how their friends’ or family’s experiences influenced their beliefs:

‘I know friends who haven’t received the justice they deserved and have been left feeling damaged and vulnerable having been questioned and questioned to no avail due to a lack of evidence. Having been questioned myself by the police regarding an

anonymous tip off suggesting things regarding my personal life, I know how cold and insensitive it can feel'.

'I have experience of someone who was arrested for sexual assault and I felt that he was not treated fairly or the incident investigated very thoroughly - it became his word against hers'.

- 5.18 More generally, people were influenced by what they read and heard about the police and local constabulary:

'I've not had to use the police in this way but from reading more recent news reports it looks like offences are taken seriously and people are being more willing to come forward about offences'.

'I am aware they can support, however have heard conflicting views on how thorough police are with reports'.

'I have heard a lot of stories of people going to the police to report a sexual assault which has resulted in the police doing nothing'.

'In the news we see lots of evidence of rapists/accused rapists getting an easy ride'.

- 5.19 A few of the respondents reported how they felt that news articles they read had decreased the likelihood they would engage with the police regarding a sexual offence, should they need to:

'I was worried about the newspaper reports that said a victim's phone could be taken to interrogate which I think would put me off going through with a full police investigation'.

'You hear a lot about sexual assault or associated cases not being taken seriously so I do not know if I would have full faith if this ever happened to me'.

- 5.20 Additionally, some of the respondents talked about how a perception of poor criminal justice outcomes in the case of sexual offences damaged their trust or willingness to engage with the police. One respondent felt that because the police were unlikely to get a conviction they did not investigate the crime properly:

'Unlikely to get a conviction so they don't bother'.

'Not always solved. People go through the trauma of telling the story to be questioned and not believed'.

'I am not always confident in the CPS and them prosecuting'.

- 5.21 However, some of the respondents pointed towards positive and on-going changes that had improved their trust in the police and CPS:

'I believe that there have been great advances in the training given to officers'.

'More and more perpetrators being brought to justice, [it is] beginning to get through [that] abuse will not be tolerated'.

- 5.22 Some of the respondents felt that the quality of investigations were likely to be varied and dependent on different factors such as the type of offence, and the skills and attitude of individual investigators.

'Like anything, the quality will depend on the experience, training and attitude of the investigator'.

'I agree that the majority of police officers and staff would investigate appropriately however I would worry that if the wrong person were dealing with it then it might not be'.

'I think they would put the time and resources into investigated rape but I'm not sure someone would get the same response if they reported being groped, particularly if it happened in a setting such as a bar or nightclub'.

- 5.23 Many pointed to stretched resources having an impact on police ability to investigate sexual offences appropriately:

'They have skilled and trained officers to deal with these situations. My only reservation is the limited amount of resources available at any one time'.

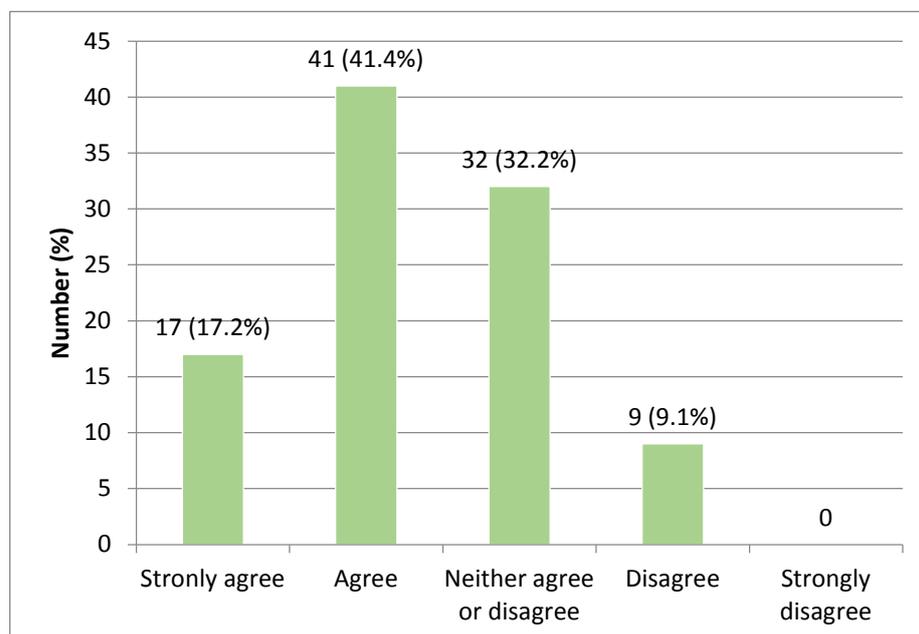
'I don't think they have the capacity to do the best job at anything in the current climate'.

- 5.24 A few of the respondents pointed to institutional or structural issues which they felt impacted on police ability to investigate sexual offences appropriately:

'I don't think the staff make-up of the police or their policies towards information gathering are robust enough to be trusted to investigate sexual assault'.

- 5.25 People were asked whether they agreed that the police could be trusted to treat survivors of sexual violence with sensitivity and respect. The majority of the respondents (58.6%) who provided an answer (20 respondents were *'unsure or preferred not to answer'*) agreed with the statement, though this was a slightly smaller majority than those who believed the police could be trusted to investigate appropriately. The full findings are shown in **Figure 6**.

Figure 6: Public level of agreement with the statement, ‘the police can be trusted to treat survivors of sexual violence with sensitivity and respect’ (n=99).⁸¹



5.26 On the whole, people found this statement much more difficult to respond to, and this is reflected in the 20 respondents who reported they were ‘*unsure or preferred not to answer*’. The respondents were asked to provide further detail on the reasons for their answer. A number of themes emerged from the 57 responses provided.

5.27 Some of the respondents had some experience of the way in which survivors of sexual violence or victims of other crime were treated by the police and based their decision on this. Other responses relied on what they had been told or impressions given by media stories:

‘My friend’s daughter suffered sexual violence and was treated with respect and considerately’.

‘I have never seen them respond to such a survivor. I have seen them deal with victims of assault and this is not always comfortable to watch. Their job involves a lot of confrontation and I find them often to be confrontational even when the person in front of them is the victim’.

‘Not all police no, as I think that this is a case-by-case basis. Whilst the majority of police do treat victims/survivors fantastically there are sadly some that do not treat victims with the sensitivity and respect they deserve and victim blame’.

⁸¹ Data from the 20 respondents who were ‘unsure or preferred not to answer’ are excluded from Figure 5. Percentages are calculated from only those who provided an answer on the rating scale from ‘strongly agree’ to ‘strongly disagree’

'From what I've been told they try their best to comfort the people who have been affected by this'.

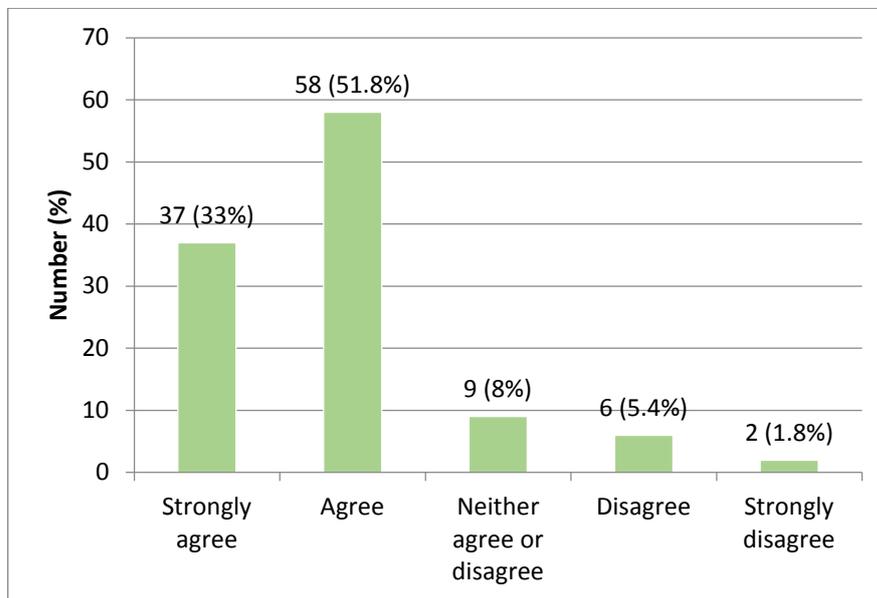
'I am hopeful sufficient training has been provided that this is true, but there will be those who haven't translated theory into practice'.

5.28 A couple of the respondents expressed their concerns about police treating survivors of sexual assault with appropriate respect:

'If I were a victim I would worry about being taken seriously. Also if not enough evidence i.e. one word against another, is it worth further physiological [sic] grief going through the process to no outcome'.

5.29 The respondents were asked if they agreed with the statement, *'If I needed to, I would feel comfortable accessing support from a service designed to provide support for survivors of sexual violence'*. The overwhelming majority (84.8%) of people strongly agreed or agreed with the statement (Strongly agree 33.6% (n=37), agree 51.8% (n=58)). Full results are shown in **Figure 7** below.

Figure 7: Public level of agreement with the statement, 'If I needed to, I would feel comfortable accessing support from a service designed to provide support for survivors of sexual violence' (n=112).



5.30 People were provided with an opportunity to feed back why they felt this way. A few themes emerged from these comments. Firstly, some comments concerned the specialist knowledge and skills organisations would be able to access:

'I am aware of these groups and understand they would have gone through necessary training to support me'.

- 5.31 Some of the comments regarded the respondents' lack of knowledge about where they would be able to access appropriate support, or what services would be able to offer. A few suggested they would want to be able to access clear information about what a service could offer before approaching them:

'I'm not sure where'd I'd go to find the support'.

'I would need more information about what they could offer'.

- 5.32 Finally, a few of the responses suggested that the respondents would face barriers to accessing services, primarily due to feelings of 'shame' and self blame.

'Not something I personally would be able to do'.

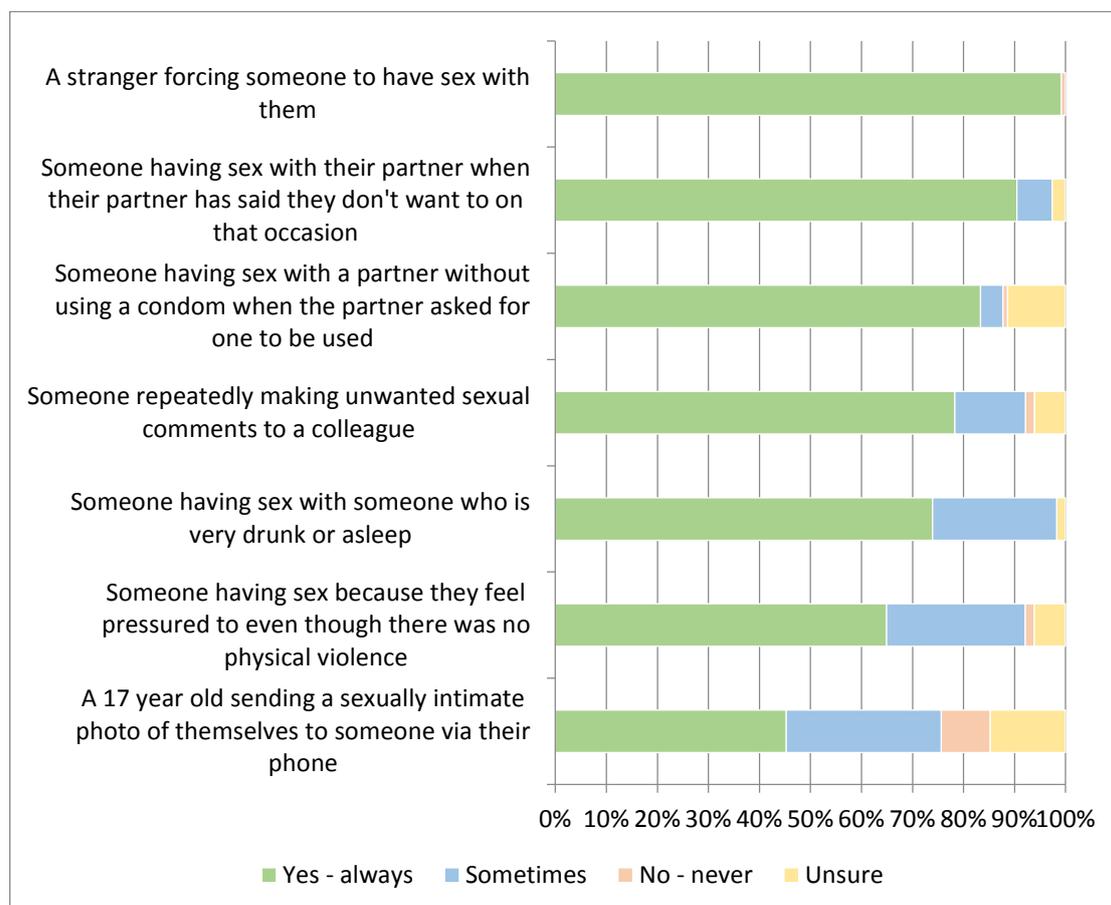
- 5.33 Of interest, one of the comments from a respondent who felt they would not be able to access support from a local organisation, framed sexual violence as something the victim was partially responsible for. This suggests how prior held beliefs and attitudes towards sexual violence could impact on people's ability to access support.

'I may be more ashamed that I let something like that happen to me'.

Beliefs about sexual violence

- 5.34 The respondents were presented with a number of descriptions of sexual violence and asked whether they believed the situations to involve offending. The answers are shown in **Figure 8**.

Figure 8: Respondents' beliefs about sexual offending in response to the question, 'do you consider the following situations to involve sexual offending'? (n=114-115)



5.35 **Table 2** includes the full findings for respondents' beliefs about sexual offending. Identification of an offence was highest for the description 'a stranger forcing someone to have sex with them' (99.1%) and lowest for, 'a 17 year old sending a sexually intimate photo of themselves to someone via their phone' where only 45.2% of the sample identified that this would always be an offence.

Table 2: Full findings of respondents' beliefs about situations involving sexual offending in response to the question, 'do you consider the following situations to involve sexual offending?'.

Description of offence	Yes - always	Sometimes	No - never	Unsure
Someone having sex with someone who is very drunk or asleep	73.9% (85)	24.4% (28)	0	1.7% (2)
Someone having sex with their partner when their partner has said they don't want to on that occasion	90.4% (104)	7% (8)	0	2.6% (3)

A stranger forcing someone to have sex with them	99.1% (114)	0	0.9% (1)	0
Someone having sex with a partner without using a condom when the partner asked for one to be used	83.3% (95)	4.4% (5)	0.9% (1)	11.4% (13)
Someone having sex because they feel pressured to even though there was no physical violence	64.4% (74)	27% (31)	1.7% (2)	6.1% (7)
A 17 year old sending a sexually intimate photo of themselves to someone via their phone	45.2% (52)	30.4% (35)	9.6% (11)	14.8% (17)
Someone repeatedly making unwanted sexual comments to a colleague	78.3% (90)	13.9% (16)	1.7% (2)	6.1% (7)

5.36 The respondents were asked to answer 'true' or 'false' to a series of statements designed to test a number of myths about sexual offending. The results are shown in **Table 3** below.

Table 3: Showing respondents' true or false responses to a series of statements designed to test myths about sexual offending (correct answers are shaded green).

Statement	Responses – proportion (%) and number of respondents answering in each way		
	True	False	Unsure
The impact of sexual violence is worse for male victims	6.3% 7	73% 81	20.7% 23
If someone doesn't want to have sex it's their responsibility to say no and stop the sexual contact	24.6% 27	60.9% 67	13.6% 15
If someone orgasms during a sexual assault it shows they enjoyed it and it's not really assault	0.9% 1	91% 101	7.2% 8
Men of certain races and backgrounds are more likely to commit sexual offences	9.0% 10	77.5% 86	13.5% 15
People with disabilities are at low risk of sexual assault	0.9% 1	89.2% 99	9% 10
It's very common for someone to make a false allegation of rape	11.6% 13	59.8% 67	28.6% 32
Victims of rape can sometimes be partly responsible for what happened	4.5% 5	86.6% 97	8.9% 10

Overconsumption of drugs or alcohol can cause rapes to happen	37.5% 42	48.2% 54	14.3% 16
Some sexual assaults on men are carried out by straight men	68.8% 77	2.7% 3	28.6% 32
The kind of people who commit sexual offences are easy to spot and you can avoid them	0.00% 0	99.1% 111	0.9% 1
Sexual assault is a result of uncontrollable impulsive sexual urges	7.1% 8	76.8% 86	16.1% 18

5.37 Some of the responses were of particular note, for example, 24.6% of the sample felt that if someone did not want to have sex it was their responsibility to say no and stop the sexual contact, 9% thought men from certain races and backgrounds were more likely to commit sexual offences (13.5% were unsure), 11.6% thought it was very common for someone to make a false rape allegation (a further 28.6% were unsure) and 37.5% of the sample felt that overconsumption of drugs or alcohol can cause rapes to happen.

Open feedback

5.38 Respondents were provided with an open feedback section. A few themes emerged from the information provided.

5.39 People felt that more information about services should be made available, so that people have better awareness of where they could go for support, should it be necessary. One drew particular attention to the need for the SARC and counselling services to be better promoted:

'While I have heard of some of the services available, not many people have. They need to be more well known in order for more people to get the help and support they need'.

'Information on where to go for help and support on the inside of toilet doors is always helpful. It's private and discreet'.

5.40 Some drew attention to perceived deficits in services, or areas that needed attention, for example, the need for better training for General Practitioners to respond to disclosures, the need for equitable services for men and boys, and concerns about cuts in sexual health services:

'...Self-testing kits are no longer available in chemists and supermarkets. (I am thinking of those sexual violence survivors who do not wish to report or attend a sexual health clinic)'.

- 5.41 Another felt that a significant barrier to reporting was the impact of media stories regarding CPS and a perceived reluctance to prosecute sexual violence cases.
- 5.42 Finally, one respondent felt that the questions used within the survey to test knowledge about sexual violence should be used to develop public awareness:

'These questions were addressed in a consent talk I received at university a few years back. This survey highlights the need/usefulness of them and I'd champion them at school level also'.

Section 6. Survivor Engagement

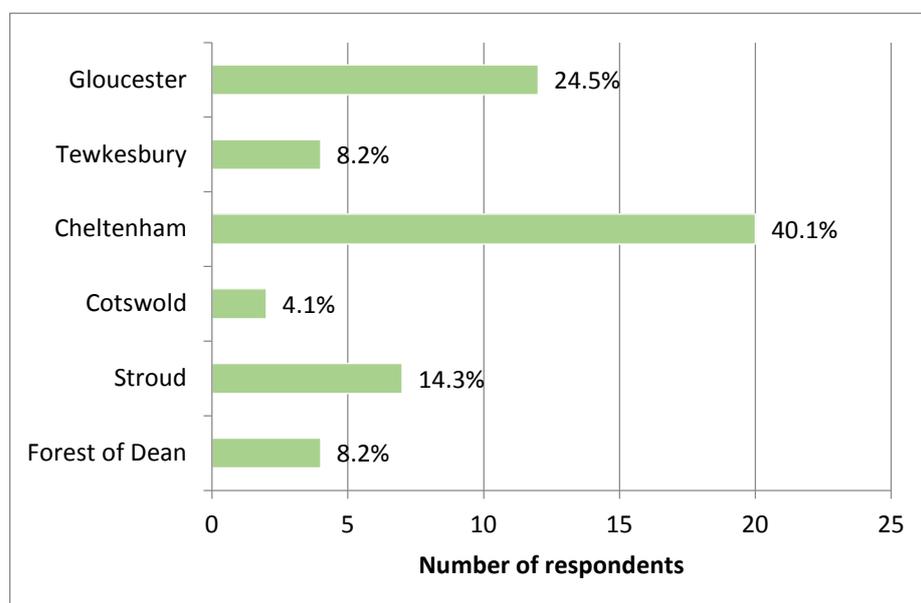
6.1 Survivor engagement was primarily conducted through the survivor survey, though additionally, some survivors provided feedback through public survey channels⁸², and local organisations engaged with some of their service users for specific feedback. This qualitative feedback is included where relevant in this section without specification of the channels through which it was received in order to mitigate any confidentiality issues.

6.2 In total, 65 sexual violence survivors responded to the survey, 2 further respondents began the survey but were screened out as they reported they had not experienced sexual violence, these respondents were directed towards the public survey. All respondents were aged 16 or older. However, the survey also provided the option for someone to fill in the survey on behalf of another, with their permission, providing the possibility that survivors under the age of 16 could take part.

Demographics

6.3 The area the respondents live in are shown in **Figure 9** below.

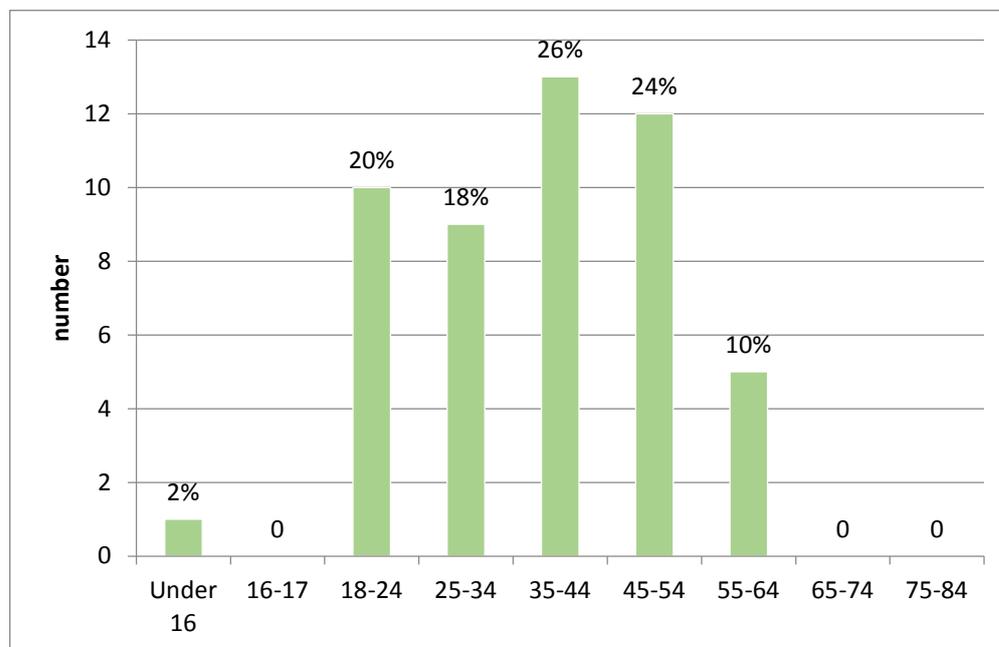
Figure 9: Percentage of respondents to survivor survey living in each of the districts (n=49)



⁸² See method section for details of feedback channels.

6.4 **Figure 10** shows the ages of respondents to the survivor survey.

Figure 10: Showing the ages of respondents to the survivor’s survey (n=50).⁸³



6.5 Of those that provided information about their sex (n=53), 49 identified as female,

[REDACTED]

6.6 Of those that provided information about their sexual orientation (n=49), 40 participants identified as heterosexual, [REDACTED].

Details of experience

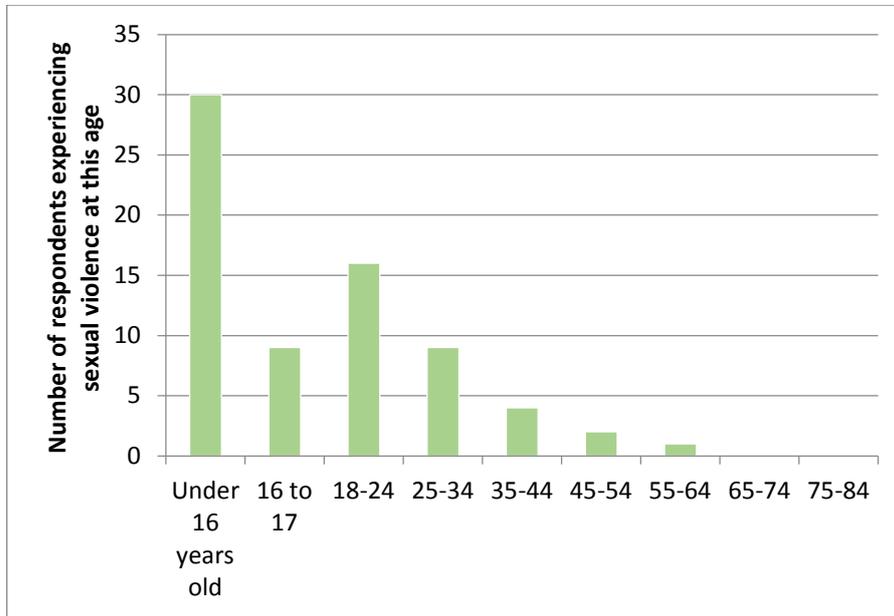
6.7 For 16 of the respondents, the sexual violence they had experienced was a once-off incident, and 43 had experienced more than one incident of sexual violence. Of note, of those who reported that they had experienced childhood sexual abuse, 73.7% reported that this happened more than once.

6.8 **Figure 11** shows the ages at which the respondents experienced sexual violence – 62 respondents provided information, 12

⁸³ Though participants were required to be over 16 in order to fill in the survey, with permission the survey could be filled in on behalf of a survivor, as such one survivor under 16 was recorded as having taken part.

respondents (19.4%) experienced sexual violence across more than one of the age ranges specified in the figure. The age category where sexual violence most frequently occurred was under the age of 16.

Figure 11: Showing the ages at which the respondents experienced sexual violence (n=62)

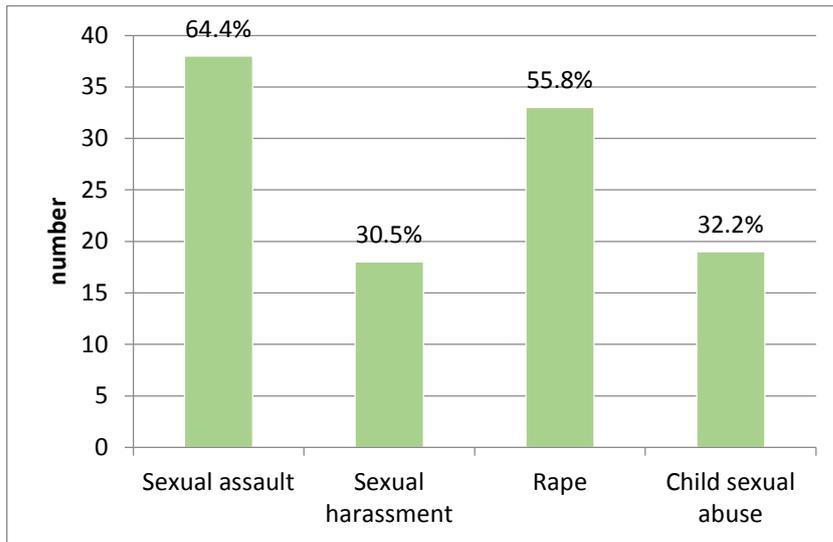


6.9 Respondents were asked to indicate which type of offence(s) they had experienced using the following categories:

- Sexual assault (this could include attempted rape, or being manipulated into taking part in a sexual act against your will, or any unwanted sexual touch)
- Sexual harassment (unwanted behaviour of a sexual nature, for example, someone staring at your body or making sexual comments to you)
- Rape (someone putting a penis in your mouth, vagina or anus when you didn't want them to. The offender may have used manipulation, physical force or both)
- Child sexual abuse (which could include any of the offences listed above, or other abuse, such as being shown pornography, for example)

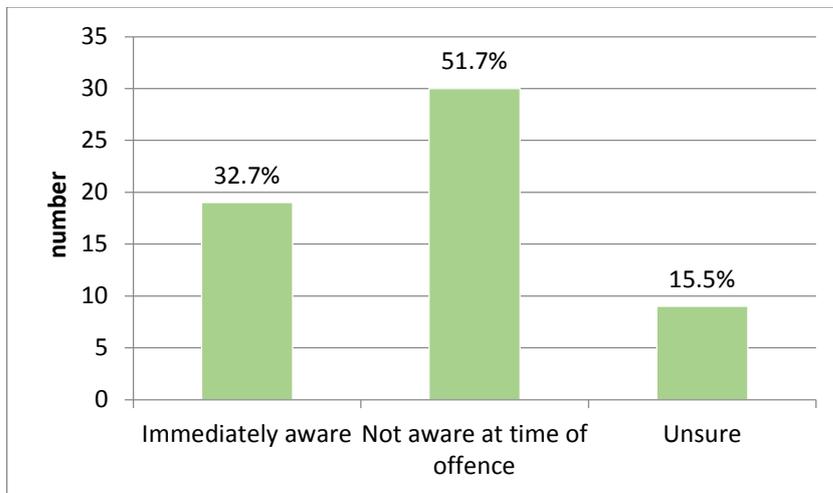
6.10 **Figure 12** shows the types of sexual offences the respondents had experienced.

Figure 12: The types of sexual offences committed against the respondents (n=59)



6.11 58 people provided information regarding when they became aware that an offence had been committed against them. **Figure 13** shows the results.

Figure 13: Survivor responses regarding when they became aware they had experienced sexual violence (n=58)



6.12 Comments (provided by 20 of the respondents) in relation to awareness of the offence committed against them highlight the complexity of sexual violence awareness and raised a number of important issues:

'I didn't want to think that it had happened to me so I didn't want to call it sexual violence so I tried to brush it off as a mistake'.

'I didn't understand that what I experienced could be seen as rape, I just thought it was something I had to put up with'.

'I was 4-7 when it first happened. I grew up and realised what it was aged 10'.

- 6.13 Some of the responses suggested that changes in their knowledge about sexual violence helped them recognise their own experience, this included both directly – learning from friends and family that they had been offended against, or more broadly through their own developing awareness of what constitutes sexual violence:

'I learned from my first boyfriend that what happened to me was wrong, lack of sex ed at school sadly left me confused about it'.

'Talking to friends and realising that they'd experienced the same situation as me, and they classified it as rape'.

'I initially accepted it as something which just happens to women and girls and we have to live with it. I now know it is always unacceptable'.

- 6.14 For some, this knowledge had come through exposure to increasingly open conversations in the media about sexual violence:

'When the media started talking about date rape'.

'Storylines from soaps helped me spot the signs too'.

'As part of the recent consent advertising as part of the #metoo movement. I didn't realise until around 10 years later'.

- 6.15 For others, their awareness had been prompted by interactions with professionals, or use of awareness raising tools:

'During a police interview for a statement for another crime he had committed I was made aware that what he had done to me was SV'.

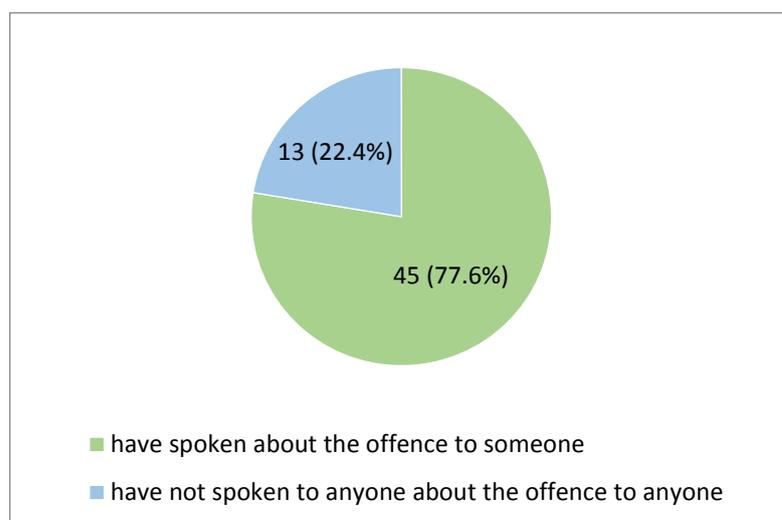
'I became aware after completing a survey that described some of the things I was going through'.

- 6.16 For one respondent, their awareness had come about through disclosure from the offender:

'My husband told me last year on one occasion that he had sex with me when I had blacked out'.

- 6.17 The respondents were asked if they had ever told someone, or an organisation, about the sexual violence they had experienced. As shown in **Figure 14**, 77.6% of the respondents had disclosed the violence committed against them, and 22.4% had not.

Figure 14: Response to the question, 'have you ever told someone or an organisation about the sexual violence you experienced?' (n=58).



6.18 Of the 13 people who had never told anyone about the offence, 12 provided further information about their reasons for not disclosing. A few key themes emerged regarding reasons for not telling anyone. The most prevalent reasons were feelings of shame, embarrassment and blame:

'I feel ashamed that I let things happen to me and didn't report them at the time. I felt worthless and that nothing would be done. I was never hurt or subject to physical violence more relentless pressure to have sex when I didn't want it'.

'Felt to blame, I'd put myself in a vulnerable state and situation'.

6.19 A few of the responses concerned a fear that they would not be believed:

'I don't think I'd be believed as it would be my word against his. Also, I'd had a drink (but he hadn't), so I feel like that would've been used against me. It happened too long ago to remember details'.

'It was on dates, I didn't think I would be believed. The other was my husband'.

6.20 One respondent indicated that by not talking to someone about the offence they were protecting themselves from the reality of the crime:

'Haven't fully come to terms with it, if I say it, it becomes real'.

6.21 Another respondent felt that by not disclosing they were protecting their family:

'Because it was someone I knew, I didn't want my family to know and I didn't want to ruin everyone's lives'.

6.22 One respondent reported that they had not spoken to anyone about the crime because they feared losing their job if they did so, and another that they were too scared to talk about their experience.

6.23 People who had not told anyone about the offence/s were asked if there was anything that could help them to disclose. The content of these responses covered three topics, broadly: changing attitudes, the need for cultural change, and types of support available:

'Attitudes have changed - I probably wouldn't feel such a sense of shame now'.

'A culture where people know and understand young women and girls are not there for the sexual pleasure of males but for their own self. I didn't even tell my friends what happened'.

'Public education that clearly teaches that all sexual violence is wrong'.

'Knowing and trusting it would be confidential. Having somewhere to turn to when I don't want to make charges or solve any problems, I just want someone to talk to about my history'.

'Non-judgemental non face to face'.

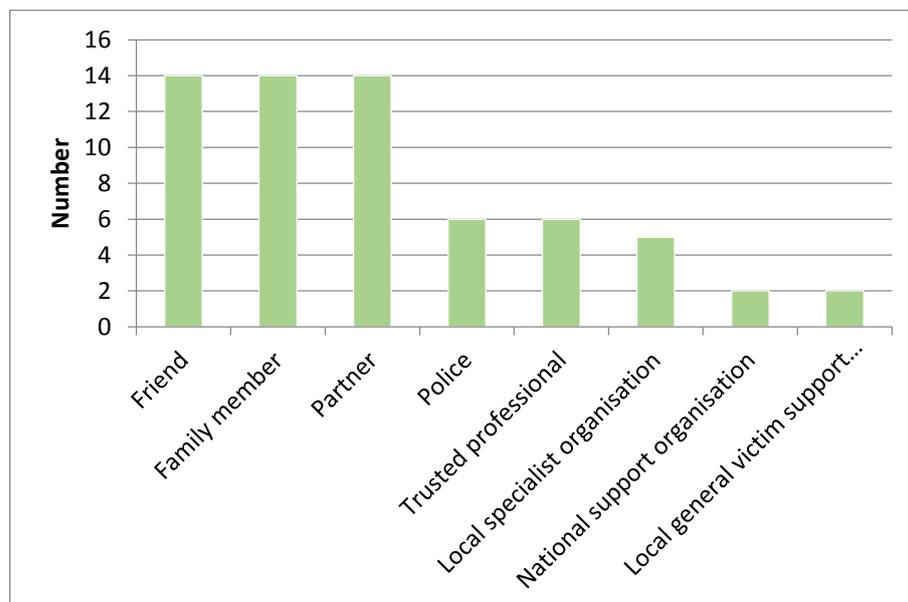
6.24 45 of the respondents answered in regards to how soon after the offence/s they told someone. The split of the results, shown in **Table 4** highlight how disclosure of sexual offences is a complex decision – while there were clusters around immediate disclosure (and many had disclosed at over ten years prior) decisions were spread fairly consistently across these two points.

Table 4: Time point of respondents' disclosure decisions (n=45)⁸⁴

Timing		n
Immediately after it occurred	Days	8
On the day of the offence		5
In the days following		9
Within a week	Weeks	3
Within a few weeks		3
Within a few months	Months	5
Within six months		2
Within a year		6
More than a year but less than 2	Years	6
More than 2 years but less than 5		5
More than 5 years but less than 10		6
More than 10 years after the offence occurring		14

6.25 Findings in regard to whom the respondents first told about the offence are shown in **Figure 15**. This shows that the respondents most frequently reported disclosing to a personal contact. Additionally, disclosure to police and trusted professionals was more frequently reported than to a specialist or generalist support organisation.

Figure 15: Who survivors first disclosed offences to (n=44)⁸⁵

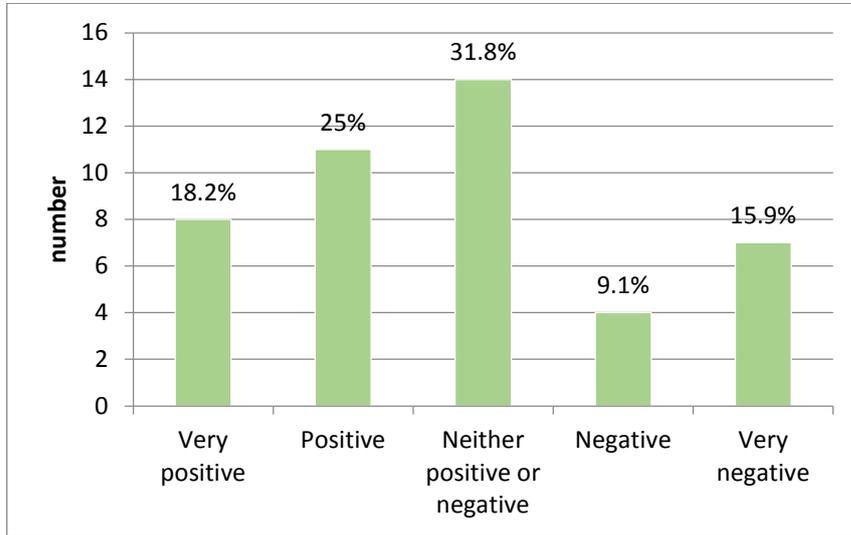


⁸⁴ Respondents may include disclosure decisions for more than one offence

⁸⁵ Respondents may include disclosure decisions for more than one offence

6.26 The respondents were asked for their views on their experience of disclosure. The findings are presented in **Figure 16**.

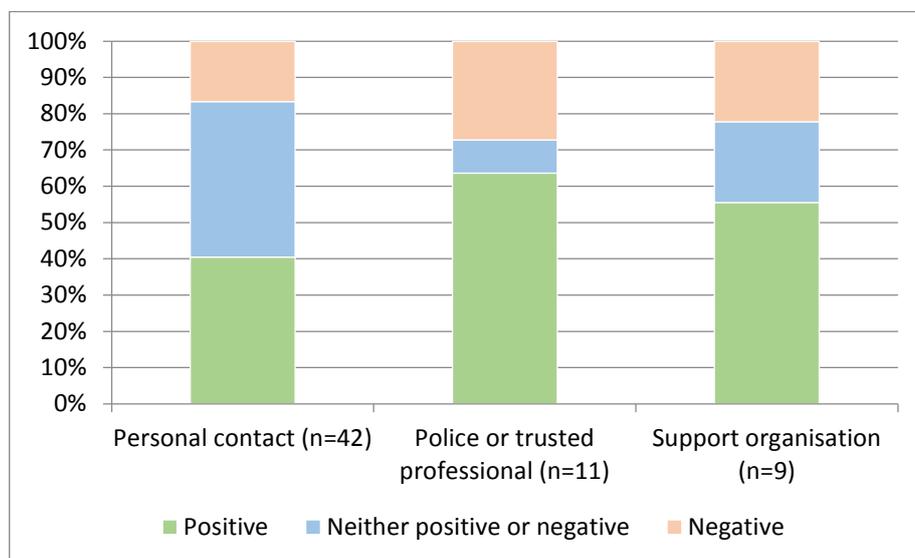
Figure 16: Responses to the question, 'was your experience of telling someone about the offence positive or negative?' (n=44)



6.27 A breakdown of the of respondents' rating of their disclosure experience by the group disclosed to is shown in **Figure 17**. Caution is required when making interpretations from this data, due to the small sample size, however, it can be observed that there was a broad spread of ratings for those disclosing to 'personal contacts'⁸⁶, with a large proportion reporting the experience was neither positive or negative, and relatively more positive experiences reported by those who disclosed to 'police and trusted professionals', and 'support organisations'.

⁸⁶ Personal contacts included friends, family members and partners

Figure 17: Respondents' ratings of their disclosure experiences by the group disclosed to.⁸⁷



6.28 Respondents were asked what had influenced their rating of disclosure. The answers are described within the following three paragraphs: 'positive', 'negative' and 'mixed'.

6.29 *Positive* – positive accounts were associated with feeling believed, listened to, supported, and respected. Though some of these accounts talked about disclosing to friends and family, they were more frequently associated with disclosing to professionals. The accounts of positive disclosures often talked about how through disclosure they had accessed support to help them recover:

'The police in both incidents reassured me that it was not my fault and a female officer was called to take the details to make me feel more comfortable.'

'They were very understanding and helped me to come to terms with what had happened and the pain/guilt I was feeling. They didn't make me feel like it was my fault or something that I should be ashamed of'. [disclosure to partner]

'My friend believed me and was very supportive'.

'I was heard. Pure & simple'. [disclosure to support organisation]

'The GP gave me the practical information I required and was very empathetic'.

⁸⁷ Note that respondents may have selected more than one disclosure source to represent disclosures of different offences.

- 6.30 *Negative* – negative experiences were associated with feeling pressurised to report the crime by the person who was disclosed to, feeling ashamed, feeling ignored, humiliated or judged by the person, disclosure making the experience feel more real and painful, feeling unsupported by the person they disclosed to, and inaction on disclosure:

'It left me feeling vulnerable, disgusted, shocked, confused, vile. I didn't know what to do.' [disclosure to partner]

'People I have told (friends) have all seen it as a joke as it was anal rape and they do not take my experience seriously.'

'They ignored what was said and I was told not to mention it to anyone.' [disclosure to family member]

'I felt I had to tell someone but didn't feel supported by my friend. I wish I had been pushed into reporting it because I regret now that I didn't.'

'My partner didn't know what to say and I think he would prefer not to have known at all.'

'I was judged, blamed and then sexually exploited by the person I told who was my teacher.'

- 6.31 *Mixed* – some of the accounts provided mixed reviews of their experiences, these most frequently related to different people reacting in different ways to disclosure:



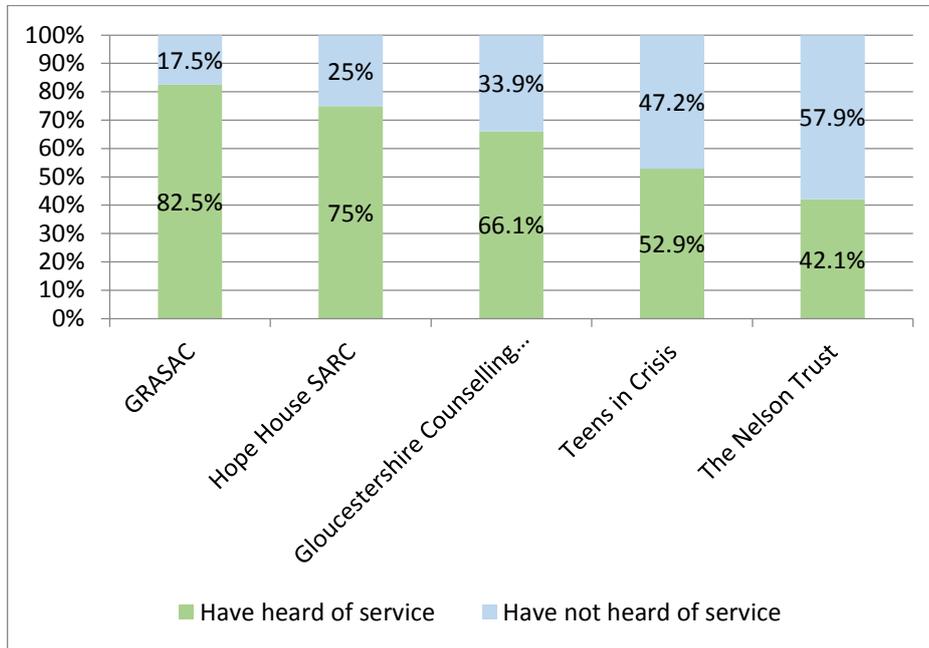
'It was very hit and miss. Friends and family seemed to react more negatively, whereas professionals seemed to be more supportive on the whole.'

'I've experienced sexual violence several times. When I have disclosed, no matter how the individual I am speaking to reacts I felt uncomfortable and ashamed.'

Awareness of services

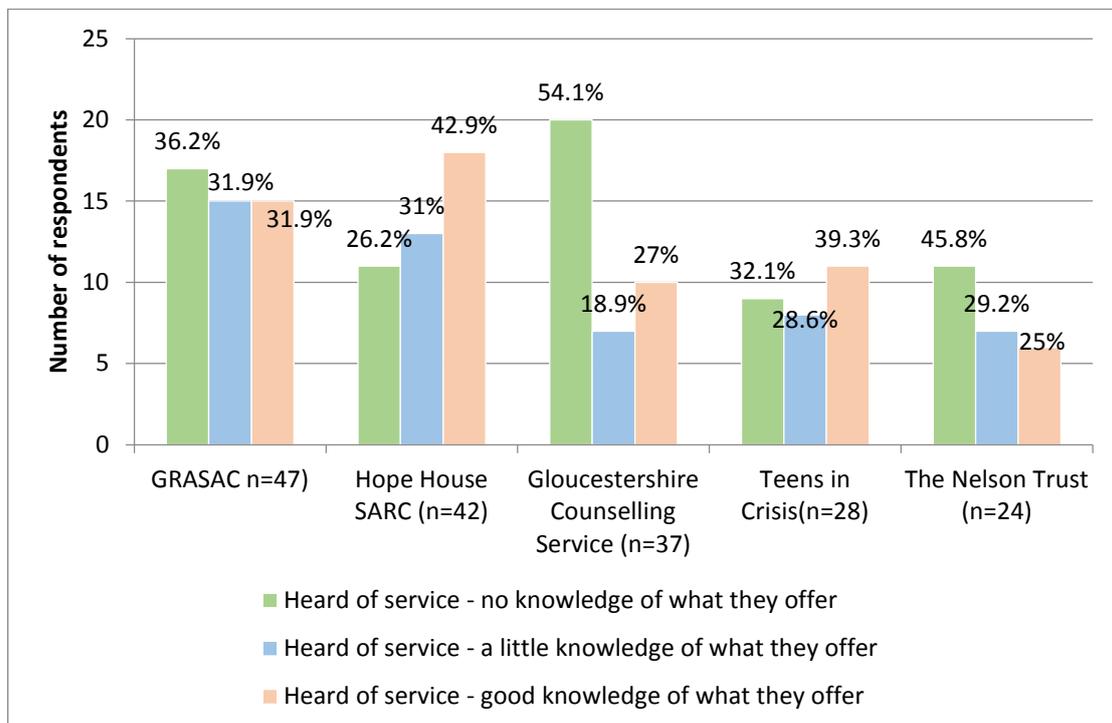
6.32 Survivor awareness of specialist support services was measured and the results are presented in **Figure 18** below.

Figure 18: Survivor awareness of local support services (n=56-57)



6.33 **Figure 19** shows survivor awareness of the offering of services. Of significant note, 43% of the respondents felt that they had a good knowledge of what the SARC could offer.

Figure 19: Survivor awareness of what a service offers (of those who were aware of the service).



Support needs

- 6.34 Of the 56 people who provided a response, 32 (57.1%) said that they had wanted support from a professional or organisation, 9 (16.1%) said they had not wanted support, 12 (21.4%) were unsure, and 3 (5.4%) provided other written responses suggesting that they had mixed views about reaching out for support to recover:

'At times it's felt like I've wanted to reach out but I don't always feel like this. It ebbs and flows'.



- 6.35 Of the 47 people who had reported some interest in receiving support (including those who responded yes, unsure and other), 24 (51.1%) reported they had received support, 22 (46.9%) reported they had not, and 1 (2.1%) was unsure.

- 6.36 16 People who wanted support but didn't receive it provided reasons why this was the case, overwhelmingly the responses suggested that while many wanted support they had felt unable to make contact with a service or professional to receive this. A few of the other responses suggested the respondents were not sure where they could access support. Two of the respondents suggested that the support they had been offered was impersonal and inappropriate, and therefore they had disengaged:

'I was once offered a webinar in dealing with depression but I felt it was impersonal/ didn't deal with any of my specifics, but I wasn't thought to be struggling enough for face-to-face counselling which has a long wait list'.

'They just told me to sign up for the counselling service'.

- 6.37 Other responses included details on specific barriers to accessing support that the respondents had experienced:

'...didn't recognise the impact of the assault for many years and was unable to afford private counselling or access support due to work/child/home commitments'.

'Told there were no services for men, only women'.

'I emailed an organisation [redacted] about a year afterwards asking what I could do and they replied kindly but I didn't feel like they wanted me to report the crime. I didn't need pastoral support as such, but did want practical help on reporting a past offence'.

'The books for psychological therapy were closed in the Forest of Dean in 2006. I was told by my GP, need was greater than services available'.

'I struggled to disclose, I don't trust the police and my abuser was in a position of authority'.

6.38 People were asked about who provided the support they received, 24 respondents provided this information:

- Support from a local organisation that provides specialised support for survivors of sexual violence – 12 respondents
- Support from an organisation that provides only counselling (or other similar therapy) – 9 respondents
- Support from a trusted professional (e.g. doctor, social worker, community leader) – 8 respondents
- Support from an organisation that provides general support to all victims of crime [REDACTED] – 4 respondents
- Support from a national organisation that provides specialised support for survivors of sexual violence – 1 respondent

6.39 Of those that provided responses regarding their overall satisfaction with the support they had received (n=24):

- 45.8% (11) very satisfied
- 33.3% (8) somewhat satisfied
- 0 neither satisfied or satisfied
- 20.8% (5) somewhat dissatisfied
- 0 very dissatisfied

6.40 Respondents were asked why they felt this way. 15 survey respondents provided answers and these included the quality of the service, the time it took to get help and the duration of the support available to them:

'My counsellor and I worked for many years together and that was how I survived'.

'I'm still at the beginning of my healing journey, but being part of the group has already helped me by feeling less alone with my experiences.'

'Because they listened to me without judging me and have supported me for over two years giving specialist support. I was refused PTSD counselling from the [REDACTED] as I did not admit to them that I felt any shame about what was done to me'.

'I was offered therapy by SARC to help me deal with what happened and was given amazing support through the court process. SARC also arranged for me to have a sexual health check following the incident in a discreet way where I felt comfortable'.

'The police officer did not tell me there was help... until 7 months into the case. ██████████ were very angry about this'.

'Not enough counselling sessions offered by NHS'.

████████ was disappointing. My counsellor dropped me. No follow up. No support. Police were also unsupportive'.

'It gives me courage when I see other survivors and know I'm not alone'.

'It was great, however it wasn't enough. Also I was referred to ██████████ over a year ago and am still on the waiting list as far as I am aware, although I haven't heard from them since the beginning of the year'.

'It took so long to get help I became ill with PTSD'.

'I wasn't sure if it was for me, but after the first session, I felt confident and knew if these women could do it, so can I... I know that I am not pretending that there isn't this big thing that has been haunting me for so many years'.

- 6.41 24 of the respondents were asked if they had ever wanted to receive counselling as part of support to recover (those who answered yes, they wanted support from a profession or organisation). Of those, 21 said yes, two said no, and one was unsure. Of those who wanted counselling support, 14 had received counselling, 5 had not, and 2 were unsure. Responses regarding the reasons for not accessing counselling showed that two people were on a waiting list, one reported not being able to afford counselling, and one related how there was no counselling provision at the time when they had wanted to access this support.
- 6.42 6 of the 14 respondents who provided an answer had accessed counselling had received free counselling from a specialist service, 3, from a non-specialist service, and 5 from a paid for counselling provider.
- 6.43 Respondents rated their satisfaction with the counselling they had received. 64.3% (9) said they were satisfied, 2 said they were neither satisfied or unsatisfied and 3 felt somewhat unsatisfied.

6.44 The respondents provided the reasons they had answered in this way:

'Because they listened and the support was geared to survivors... 'The psychological support I received from the NHS was not specialist and so not helpful'.

'She was fabulous'.

'Very limited time which I didn't feel was long enough to make any lasting difference. Counsellor was lovely, but 6 sessions just isn't enough when you have been through trauma'.

'Not enough counselling sessions offered'.

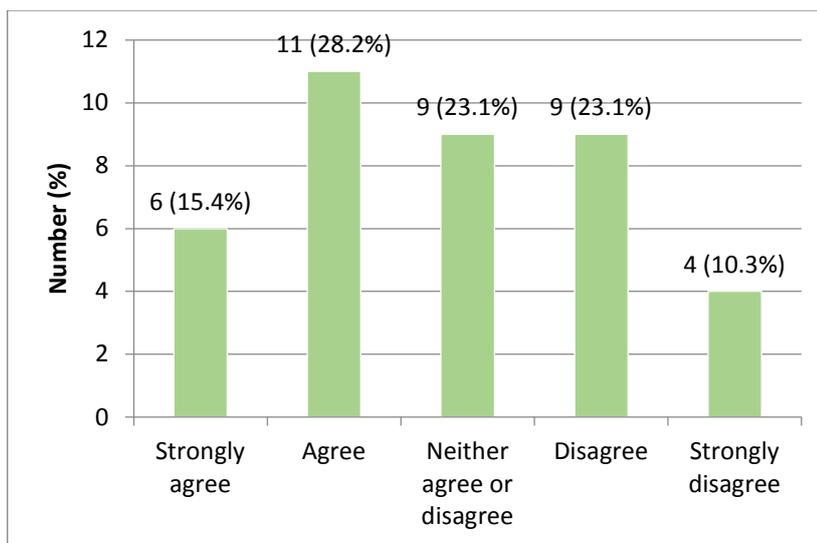
'I had to seek this out and its not easy to find a specialist or cheap. The first counsellor I tried made sexual advances - the private counselling field isn't always easy to navigate'.

'I need more counselling but I have a open court case been waiting a year already to go through the courts and can't have counselling till then'.

Beliefs regarding police attitudes

6.45 The respondents were asked for their opinion regarding the statement, *'the police treat survivors of sexual violence with sensitivity and respect'*. The results are shown in **Figure 20**⁸⁸.

Figure 20: Survivors agreement with the statement *'the police treat survivors of sexual violence with sensitivity and respect'* (n=39).



⁸⁸ It should be noted that a large proportion of the respondents (14 – 26.4%) responded that they were 'unsure or prefer not to answer' (combined response) and these are excluded from the findings in Figure 20.

6.46 The respondents provided information as to why they answered the question in this way.⁸⁹ Some of the survivors talked about their own experience with police, both recent and past.

'They are lovely, albeit can come across as quite desensitised at times, on the whole, very reassuring'.

DC [REDACTED] *was amazing'.*

'I was treated appallingly by the police especially when they medically examined me two women rough handling me, then leaving me in a room on my own for 4 hours without so much as a cup of tea. Blaming questions such as if you didn't like it why didn't you say no.' (non-recent experience)

'The two I dealt with were very respectful'.

'The police were not sensitive and did not support me'.

'When asking my case working does he know when it will be over he replies I'm working on 25 case atm...'

'They were very supportive to my friend'.

'Most of the time I felt just as victimised with the police as I did with the perpetrator'.

'I didn't want to press charges (this person was already serving a sentence for sexual abuse) but I'm not being treated like a victim and have no idea if he has now been released'.

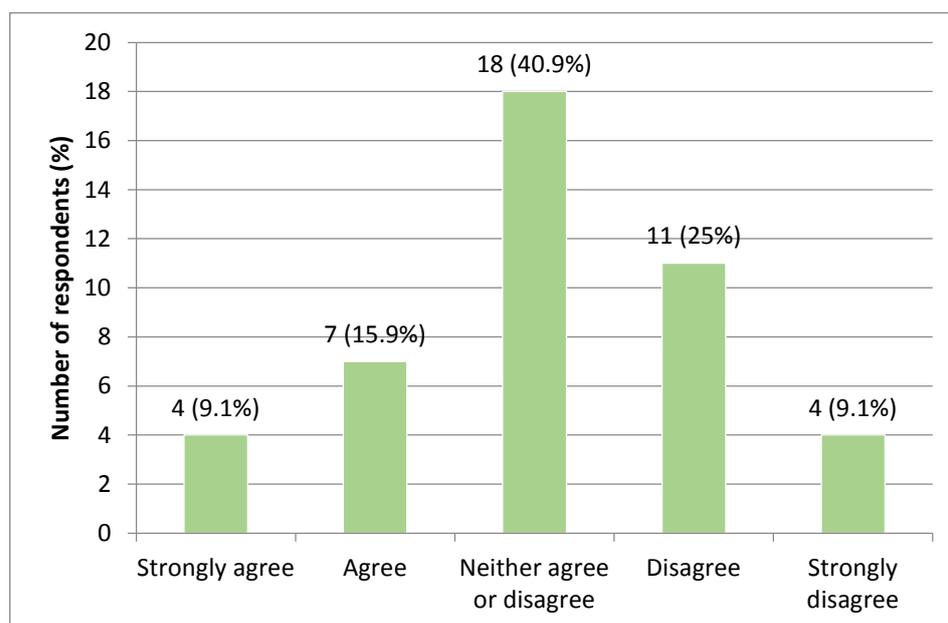
'It depends on the officer in question, some are still very old fashioned and blame victims'.

'I think there is more training and awareness now'.

6.47 The respondents were asked for their opinion regarding the statement, *'the police can be trusted to investigate sexual violence appropriately'*. The results are shown in **Figure 21**.

⁸⁹ Qualitative data regarding trust in police to investigate appropriately (n=16), and trust in police to treat survivors with sensitivity and respect (n=23) were combined and analysed together due to crossover in the responses.

Figure 21: Survivors agreement with the statement, 'the police can be trusted to investigate sexual violence appropriately'. (n=44)



6.48 The respondents were asked for the reasons for their rating. The majority of respondents talked about their own experience, both recent and past. Some of the answers related to aspects of the process out of control of the constabulary.

'I agree to some extent, I think the law just gets in the way as it seems to be focussed on protecting the attacker, I do think the police do their best, I just lost faith in the system'.

'Lack of resources within police and CPS commonly mean the length of time taken is too long'.

'I agree that they investigate well and have good intentions, but I also think they're a bit powerless at holding anyone accountable unless it was rape which was immediately reported (which is obviously very difficult for victims to do)'.

'Some officers have better personal qualities for dealing with sexual violence but generally police attitudes to investigating cases has improved. Pity the resources can't support the workload'.

6.49 In some cases the respondents talked about the poor quality of investigation they felt they received from the police.

'Officer did not interview possible witness until nearly a year later, just before case put to CPS'.

'I had a negative experience with Gloucestershire Constabulary who I feel didn't push enough for the evidence required. They lost my possessions too'.

'The initial complaint was not fully investigated. CPS reopened the case. It took a total of 7 years'.

'Because after I read the notes about when I reported to the Police there were negative comments about me regarding why I had waited so long to report. Also no-one respected me enough to keep me up to date with the proceedings'.

'I went to the police with DV (I did not mention the sexual aspect). No support officer, no female officer, no on-going support. Just some leaflets. Leaflets aren't support. I went back to my ex because I became convinced it was my fault. Things got worse and I did eventually leave. But I never went back to the police though - it's trauma enough without forcing a complaint through'.

- 6.50 Some highlighted a concern with police understanding of the nature of sexual violence or the impact of procedures associated with investigation.

'The police had no understanding of coercion or finding out about the history, didn't keep me informed at all'.

'I am deeply concerned about requests for victims to hand over their phones, counselling and medical records etc. I understand that these requests often come from defence legal teams but I understand that these requests often come at investigation stage too and suggest to me that the police do not believe complaints of sexual violence'.

Reporting

- 6.51 Regarding reporting sexual violence, of the 53 people who answered, 20 (37.8%) had reported to the police and 31 (58.5%) had not. Two (3.8%) were unsure.

- 6.52 30 of the 31 respondents who had not reported provided their reasons for this. These are described in the following paragraphs.

- 6.53 Some of the respondents described how they felt they were protecting themselves and other people by not reporting the crime to the police:

'...I also feel as though taking the case through the criminal justice system would traumatise me more than just trying to forget about it'.

'Involved other family members too and they didn't want it reported'.

'I didn't actually know how to. I wanted to protect my parents and I wanted to protect my reputation'.

- 6.54 Many of the accounts talked about negative emotions associated with reporting, primarily people talked about fear – of not being believed, or not knowing what would happen, or if it would help and of what other people they knew would think of them if they did report:

'I didn't think they would believe me, plus I was scared about what would happen, I didn't want to face him again, or ever see him ever again! I would be scared I would have to see him if it went to court'.

'Fear, uncertainty what difference it would make'.

'I knew the person and I didn't want to kick up a fuss about it. I was also scared about what people would think as school / parents / family / friends were bound to find out and I didn't want them to know'.

- 6.55 Others talked about how shame, self-blame and embarrassment made them feel unable to report:

'I thought it was my fault'.

'Embarrassment. Don't want my family to know what I went through. Was in major denial that it was rape and I tried to convince myself that I did probably want it... like he told me'.

'I felt ashamed dirty didn't feel I would be believed and I didn't want to talk about it to strangers I just pushed it all away'.

- 6.56 Some talked about how not realising they had experienced a sexual offence at the time of the offence made them feel less confident about reporting due to the time that had passed since:

'Because time had past and it has become more difficult- plus I don't feel I'll be believed'.

'At the time did not know it was an offence. Now poor memory of specific details of the individual concerned'.

- 6.57 Many of the respondents reported that at the time of the offence they did not feel that they would be taken seriously or believed by the police. A few of these survivors indicated that they felt this way

because of who they were or the situation in which the offence occurred:

'I felt as though the police, like others I have told would not take the offence seriously'.

'Being a trans person myself I believed that at that time I would not be taken seriously'.

'At the time I was first abused I was very young, involved with drug abuse and not a 'credible' victim'.

- 6.58 A few of the respondents described how they had a lack of knowledge about either how to report, or what would happen if they reported, which prevented them from engaging with the police:

'I didn't know how to when the crime was over a year prior'.

- 6.59 A few of the accounts described how poor conviction rates discouraged them from reporting the crime, especially due to the perceived trauma of being involved in a court case:

'Now I am older I hope I would feel more able to report, but I would still be reluctant to report rape by an acquaintance because I have little confidence that it would result in a conviction, and it would prolong the trauma'.

- 6.60 People who had not reported the offence/s were asked if anything would encourage them to do so. Most reported that there was not, with one person qualifying, 'not yet', highlighting the complex nature of decisions to report in the case of sexual offences. However, some of the respondents described things that could, or would have⁹⁰, encouraged them:

'Clear messages from the police that you will be believed'.

'Knowing that I'll be safe after'.

'If at the time there had been a support officer, a liaison, something...maybe'.

'If I found out he did it to anyone else since, or if I could be assured that I wouldn't be called a liar. It was many years ago and I've blocked out a lot, meaning I would struggle with specifics'.

⁹⁰ It is notable that some of the comments from respondents who had experienced serious offences and had not reported conveyed a sense that the opportunity to report was over.

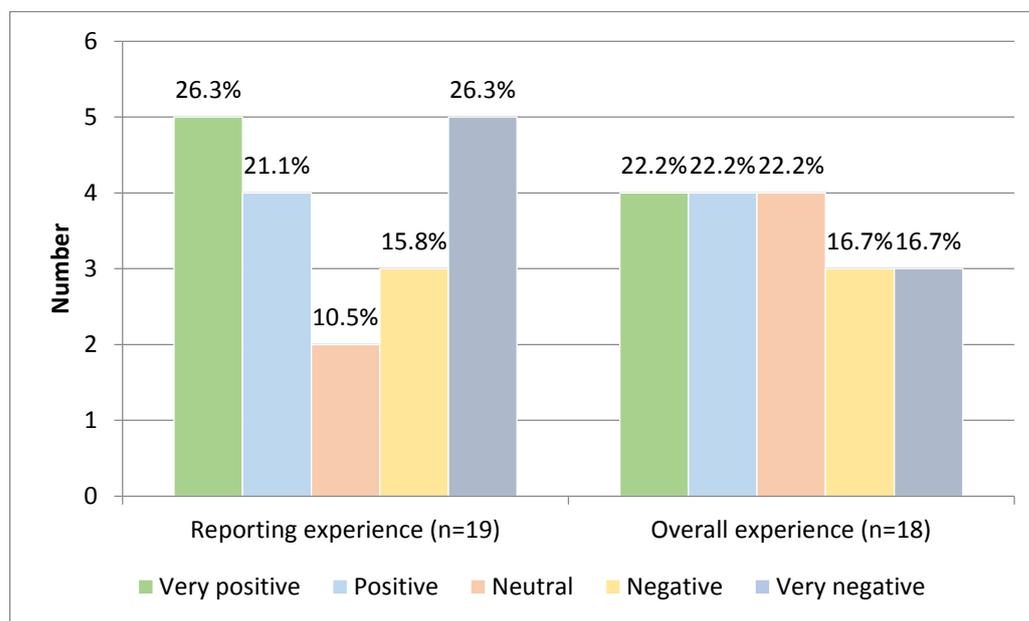
'Knowing how to and being encouraged that even if events are slightly blurry'.

'If a friend I had told had encouraged me to report the offence'.

'There is a cultural bias toward thinking women liars and the police in Gloucestershire do nothing to challenge this'.

6.61 Of the 20 respondents who reported an offence to the police, 19 rated their experience of reporting, and 18 rated their overall experience with the police. The results are shown in **Figure 22** below.

Figure 22: Survivors experience of reporting to police and overall experience with police.



6.62 Respondents were asked why they scored their experiences of reporting and overall experience in this way. Positive experiences were associated with efficiency, empathy, belief and support:

'They were incredible, quick, caring, efficient yet patient and understanding'.

'Sympathy and understanding'.

'DC [redacted] was amazing'.

6.63 Negative experiences were described as re-victimising, compounding their experience. Respondents talked about feeling misunderstood, not believed, and not treated humanely.

'I felt victimised and unsupported'.

'Initially they seemed very suspicious about the delay in reporting the abuse, I felt very judged'.

'I didn't present in the right way so they didn't get me!'

- 6.64 Some of the respondents talked about how a good response by the police, or at certain points during their engagement with the police was undermined by other aspects:

'The police officer that dealt with my case was amazing, it was the dealings with the CPS which were a problem'.

'Police immediately on the case, but unfortunately officer in charge didn't seem too concerned'.

- 6.65 In regards to people's overall experience of police engagement people provided both positive and negative accounts. Positive accounts most frequently related to the quality of the contact with the police, only one account mentioned the outcome of the case:

'The police really looked after me and tried to make me feel as safe as I could, and they kept me updated as much as they could too'.

'The officers were considerate and fantastic throughout, and following the case'.

'The detective dealing with my case was absolutely amazing, she treated me with the upmost respect and dignity'.

- 6.66 Negative accounts, similarly, were underpinned by the quality of the relationship between the police and respondent:

'Nothing was explained to me, I had no idea what was going on, they took all my clothes from my house, my children had no idea why the police were in my house'.

'I was dismissed, he wasn't investigated properly, derogatory comments about me and they didn't ask for any evidence from me. Useless'.

'Because the case was badly handled. Long time delays with updates. Cancelling appointments last minute. No concern until the last 18 months out of 6-7 years...of the case'.

Open feedback

- 6.67 Open feedback from survivors concerned the need for more preventative work, and engagement with organisations to ensure that they act appropriately to disclosures of sexual violence.

'Can it be taught as young as primary schools that even those in your family can hurt you, that your body shouldn't be touched by anyone, that there are people who can help?'

[REDACTED]

'Education education education - teaching everyone from school days that being pressured to do anything physical that one isn't comfortable with is not acceptable'.

- 6.68 Survivors emphasised the need for free, accessible, long-term emotional support when the person wanted it:

'Free support must be easily and quickly accessible regardless of when the assault happened or whether it was reported or not'.

'There needs to be more long-term support available for victims, with less waiting times'.

'It's still the emotional support, it doesn't seem to be there, and if it is, it isn't for long enough'.

- 6.69 A few survivors talked about an on-going need for support, but felt unsure where to get this.

'I have plenty of issues related to my experience and would be tempted to try to get support, unsure of where to go though'.

'I am a male, and I was raped by another male 2 years ago, reported to police, but it doesn't seem important to them. I still have to live with the damages, that were caused and it's hard, sometimes I feel like ending my own life, but I don't for the sake of my family and friends'.

- 6.70 A few expressed concerns about the way in which they felt services for survivors of sexual violence were being developed, and what this would mean for female survivors.

'I would like the OPCC to commit to supporting single sex services for women and girls in the county. It is essential that women and girls have such space to heal and recover'.

[the police] are happy to receive training from organisations like Stonewall, who campaign to remove single sex services, but not feminist organisations that champion women's rights...Women and girls, in particular BAME women and girls, are being sacrificed so that the police can look progressive'.

'Single sex spaces, where survivors can heal, must be protected in this era of trans ideology which states that a fully grown male, with a body that's anatomically identical to any other male, should be included in the same environment as a female survivor of male violence'.

- 6.71 Finally, a few of the accounts drew attention to the complex and deep impacts that sexual violence can have.

'Acknowledge that psychological and emotional abuse has long reaching effects. Survivors don't even always realise they are survivors because they've been systematically conditioned to doubt their perception and blame themselves'.

Section 7. Stakeholder Engagement

- 7.1 The following section contains the results of the stakeholder consultation, which was carried out through telephone interviews and written consultation. Full methodology details are included in Section 3. The stakeholder comments are included without attribution.

Overview

Provision from local services

- 7.2 The overwhelming majority of stakeholders provided positive feedback with regards to the quality of the existing service provision available for survivors of sexual violence in Gloucestershire.

'GRASAC is well liked and viewed by both clients and professionals, it's spoken about with respect'.

'Volunteer training is fantastic in GRASAC, there's nothing else that trains volunteers in the way it does'.

'I think the SARC is wonderful and working really hard'.

- 7.3 Many of the stakeholders talked about the on-going development of services in Gloucestershire, and how there had been a lot of positive changes to provision. Generally, stakeholders talked about how these developments were addressing issues across the county.

'There have been holes, but it's going in the right direction'.

'12 months ago police had access to the SARC, and police were in the room [with survivors] the idea was that they might say something that they didn't want to miss'.

'People were there for hours, that shouldn't be'.

- 7.4 Some of the stakeholders drew attention to the scale of sexual violence and their inability to meet demand.

'[services are] doing their level best, but we'll never have enough money... there's such a huge number not asking for help'.

'We will never be able to meet the need, our aim is to do everything we can and ultimately the aim is to make ourselves obsolete'.

Development of a separate sexual violence strategy

- 7.5 There was recognition amongst the stakeholders that the development of a separate sexual violence strategy for Gloucestershire was a necessary and positive move.

'The DV framework seems thorough and well-coordinated, SV needs to catch up.'

'DV is so big there's a good chance it [SV] gets lost.'

'That's one of the really nice things, we share our knowledge out, have discussions about different approaches, at an organisational level there's interesting stuff going on but the strategic level is not facilitating that.'

- 7.6 Some of the stakeholders drew attention to the need for the profile of sexual violence to be raised across Gloucestershire in order for survivors to be able access services to help them cope and recover in a timely fashion:

'It needs to be more public; you need to be so quick, [accessing some forms of physical health care] if they wait, the opportunity is lost...I think timescales being what they are there needs to be a really clear and public pathway.'

- 7.7 As part of strategy development, stakeholders felt there was a good opportunity to consider and formalise how partners, particularly those working with domestic violence, could work together and how partnership working could be improved more generally across the county.

'You can't ignore the huge crossover, the risk of separate strategies is that you miss this, strategies need to overlap and acknowledge the similarities.'

Relationships between local stakeholders

- 7.8 Stakeholders talked about some good established relationships between services, and developing relationships with others, for example, stakeholders mentioned developing contact with the SARC:

'We've come quite a way in the last few years, everyone communicates, partnerships have grown over the last year... we've been trying to see how we can join up the offer.'

'GRASAC, TIC+ and GCS work well together, and now the SARC is with me it's helping them working better together, we have quarterly meetings with everyone.'

'It feels like it's beginning to come together.'

'If they have been a victim and gone to the SARC we don't get told immediately, we may get that information but not immediately.'

- 7.9 Many of the stakeholders talked about positive relationships with the OPCC, who they felt were responsive, engaged and listening. A number of cases were mentioned where a flexible approach from the OPCC had helped ensure the delivery of appropriate levels of service to survivors of sexual violence during a challenging climate. Some of the stakeholders talked about how relationships with the OPCC were, 'open and honest' or made similar comments which reflect this.

'They mean it.'

'OPCC are a demonstration of good practice, they're making [the situation] as stable as it can be... they're solid in helping the organisation to deliver what it does well.'

'It's more joined up here, more conversation is happening between primary organisations and the OPCC.'

- 7.10 Some stakeholders identified where relationships were missing or in the early stages of development, or where agencies were less engaged with the SV agenda.

'Criminal justice organisations are not fully participating, like the CPS is not attending county meetings.'

'Slowly building... if someone has an ISVA we don't hear about it.'

'With GARAS, there's a similar feeling that there's more linking to be done, we could be available in their space.'

'IDVAs and ISVAs don't have those connections, they should be closely connected but they're not.'

Awareness of service provision and pathways across Gloucestershire

- 7.11 Stakeholder awareness of other local services and provision was mixed. During the fieldwork it was notable that on several occasions the interviews involved discussions that resulted in the stakeholder becoming more aware of local provision.

'I don't know what standards, I don't know if they have a waiting list, I know they're trained but that's all, that they're trained and they have DBS.'

[REDACTED]

[REDACTED]

[REDACTED]

- 7.12 Due to on-going development of provision in Gloucestershire⁹¹ it is understandable that there was sometimes confusion or lack of awareness about what current provision was, however, it should be noted that all of the stakeholders were in key positions where, provided they had appropriate knowledge, they could promote or refer people to services.

'It is fragmented, police, ISVA, trials, [the feeling of] 'oh, I didn't know about you before!'

- 7.13 Some of the stakeholders talked about how awareness and pathways into services were undeveloped and reliant on individuals' knowledge of other services, often gained through previous work in the area rather than organisational knowledge. GDASS talked about recent training with the SARC to increase referrals they receive from them.

'I've personally been promoting it [Glos SV therapeutic pathways guide] but other agencies haven't heard of it, it needs to be in community mental health teams or GPs'.

'Our main issue is that the pathways just aren't there... we should be getting more [referrals] than we do, there were none in the last quarter'.

'Police get lots and lots of reports that don't get to a charging standard, are they not getting referred to us? If so, are they getting referred to GUM or counselling or clinics, what happens for them'?

'SARC do a brilliant job, but what happens after'?

- 7.14 Stakeholders felt that there was willingness to develop partnership working, but that this would require resource and attention. A few of the stakeholders felt that, *'now is a good time, a good opportunity'*, this was because services across Gloucestershire had experienced a lot of recent change, including change in management and as such,

⁹¹ Over the course of the fieldwork, changes in provision were announced.

they felt that it was a good time for consolidation and relationship building.

'It's time now to see what the landscape is'.

'There's no joint working protocol, which would be really useful'.

'We make referrals to GRASAC and ISVA and we suggest they need this this and this, but what we would like to do is meet with the services, we're confident about referrals in Bristol but what we don't know is what happens, we'd like to know what they're getting'.

Relationships with constabulary

- 7.15 Some of the stakeholders talked about positive relationships with the constabulary and ways in which they were involved in partnership work with the police.

'We're always working with them to improve pathways [for survivors] – it's a very complicated crime to investigate'.

'They're not doing too badly, we have a close relationship with the police'.

'It's down to relationships, we have really strong relationships with them, they'll be here in 15 minutes'.

'Staff will say I've phoned them and no response'. [but she can phone an inspector directly and then they will attend]

- 7.16 Stakeholders identified how there had been a lot of changes to practice between services and the constabulary, and that while there had been minor issues, mostly relating to change management, these had been overcome.

'Bring them to the SARC first, just the same as if I'd broken my arm, you wouldn't be interviewing them, you'd be getting them healthcare [this way] their experience is likely to be better and the police will get the evidence that they want'.

'It helps to speak their language, [because] we both have different objectives'.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 7.17 Many of the stakeholders talked about poor criminal justice outcomes for people who reported sexual violence. More specifically, for those who do reach court the experience was described as very poor:

'Our court is really really bad, victims and families are in the same waiting room as perpetrators, and the witness box is so close to where the perpetrator is, it's not fit for purpose'.

'The police generally get it now, the [courts] don't, the judiciary still struggle with it'.

Nature of work with sexual violence survivors

- 7.18 Many of the stakeholders talked about the specialist nature of working with survivors of sexual violence.

'The impact on relationships around them, the impact on self and relationships around them, and the potential for on-going vulnerabilities...it can be deep seated complex stuff for someone who has experienced, for example, long-term CSA'.

- 7.19 Some of the stakeholders talked about how many of the people they worked with became aware of the offence/s committed against them as part of their engagement with the service in which they had built trust e.g. GDASS, GCS, Nelson Trust, Young Glos.

'A lot of people don't realise that what they're experiencing is sexual abuse...[upon realisation] they react in very different ways, the idea that they've been raped can be huge, they can feel very violated, very vulnerable, or there can be relief, knowing why it didn't feel right, that something was wrong'.

'We worked with someone for 12 months before [they] identified historical abuse'.

- 7.20 The stakeholders talked about how important reactions to disclosure were.

'The way someone reacts to disclosure has to be absolutely right, if they disclose once and they're not believed they wait seven years before they'll try again... and we don't get involved until they disclose... it's not just [an issue for] professionals'.

- 7.21 The importance of trauma informed practice was frequently mentioned, providing examples of the nature of this work:

'Understanding the impact and how important the first few words that someone says over the telephone, people say, 'I wasn't sure [about engaging] but now I am'.

'We had feedback that when they went in, the doors banged behind them and it felt cold and clinical. It could make someone disengage, you need to be managing that, we have a worker managing that now, there's nothing dramatic here'.

- 7.22 Some of the stakeholders talked about how development of services that work well for their users cannot be learned from a report but relies on experience and an organisation understanding and collaborating with its service users and developing in response.

'Doctors meet children in their own clothes before getting changed, you only learn this kind of thing through experience and what people say, you can't learn it from a book'.

- 7.23 Many of the stakeholders talked about both the increasingly complex needs of their service users, and the increasing number of service users with complex needs.

'There's increasing complexity coming through, complex mental health needs, bipolar or PTSD...'

Stakeholders also drew attention to the importance of assessing people's needs holistically and how people's basic needs needed to be met in as a precursor to addressing needs related to the sexual violence committed against them.

'We have some good services locally that provide excellent support to people affected by sexual violence but there are also barriers that some victims, often extremely traumatised, face'.

Emotional support and counselling

- 7.24 The stakeholders talked about the importance of getting emotional support and counselling provision right for the survivors of sexual violence.

'It can be the difference between living again and just existing'.

Development of provision in the county

- 7.25 Stakeholders talked openly about the unsuccessful tendering process for counselling services across the county. Commissioners and stakeholders felt that since this there had been open discussion and engagement in regards to the issues that arose.

'It was a bit of a mess, I think the problem is, I don't think the commissioners understood the needs or how they should be met'.

'We are where we are at the minute... some weren't very happy, the specification wasn't what they were expecting it to be'.

'They wanted six sessions [model] but we're led by the needs of the clients, we couldn't find a way it fitted with needs and ethos'.

'Commissioners wanted us to be talking to other services – we can't, I'm not wanting to be difficult... it's owned and led by the client, it's not advice and referral... GP is our only other point of contact, safeguarding or GP'.

'The ambition was to have offering of all different things in one place, public facing as one offer, all age, all gender'.

- 7.26 As a result of this failed tender, counselling and emotional support provision was viewed as 'piecemeal' there was a view that strategy for counselling provision was not very developed, while the availability of provision could be confusing for stakeholders and survivors alike.

'A young person could go to TiC+ and get 7 sessions or go to GCS and be able to access 12 weeks'.

'There's no long-term security, we can't plan on that, the strategic stuff'.

- 7.27 However, some benefits of having provision in different services was identified.

'Not all women want to identify or go to sexual violence services, we need GRASAC, and the support they provide is fantastic but for choice they need us'.

'They don't see GRASAC as for them, men, I don't think they would go there'.

- 7.28 Some of the stakeholders felt that emotional support and counselling provision was improving, indeed, during the course of fieldwork stakeholders reported that some additional funding would be received to enable female survivors of historic sexual violence to access unpaid counselling.

'I think we'll have people in our service who will [use the recent funding]. I know of at least 5 that are in the service, they're having to pay for their own therapy for being a victim of sexual violence'.

- 7.29 There were concerns that while this money would be beneficial in providing some free counselling for survivors of sexual violence, the provision would be limited, and it would not resolve issues regarding the sustainability of provision.

'They haven't resolved the problem'.

'We're not going to advertise it but initially look at demand, working closely with GRASAC, we would love to but we don't want to move waiting lists around and make another mess'.

- 7.30 There were varied levels of understanding in regards to the nature of the emotional support and counselling provided by different organisations, and the benefits of these different approaches, additionally, there was low awareness of standards, monitoring or training between the organisations.

'I don't think commissioners know what counselling is or what it does'.

'If it's therapy I'd be interested in the clinical outcomes... I don't know what models they're using'.

- 7.31 Possibly connected to more general understanding of what counselling is, (and not an issue specific to sexual violence) GCS reported that referrals from other agencies for counselling, *'didn't always come at the right time for survivors'*, with a percentage of those referred not engaging with the offer.

'Sometimes it's not the right time... it's [referrals are] not always about the clients being ready'.

- 7.32 Stakeholders, particularly from services engaging with young people, and counselling providers, talked about how their users would disclose sexual violence after a considerable period of engagement.

'A lot come to us, and then three months in they get to a point where they disclose'.

- 7.33 Many of the stakeholders, while acknowledging there would always be funding limitations, drew attention to inadequacies in free counselling provision and the intensive work required to cope and recover from sexual violence, particularly for those who had experienced sustained or childhood abuse.

'I understand that funding is limited but in an ideal world we'd have 24'.

'For some people it's almost unethical to have 12 sessions'.

'If you're chaotic and vulnerable you're vulnerable in all different ways... that sort of work is very different work... 12 weeks is not going to touch the sides'.

- 7.34 Stakeholders all spoke positively with regards to the pragmatic approach taken in the county in regards to flexibility in provision on a case-by-case basis.

Barriers to access and increasing accessibility

- 7.35 Common barriers to engagement that stakeholders identified included, not having basic needs met, waiting lists, language barriers (particularly in the case of off-street sex workers, and refugees), lack of childcare options, dual diagnoses, chaotic lifestyles, and unmet mental health needs.

- 7.36 Access to benefits was a particular concern for stakeholders working with very vulnerable women. They underlined the link between poverty and an increased risk of on-going exploitation, forced sex work and trafficking. In particular, EEA nationals without children lacked entitlement to benefits and were at increased risk.

- 7.37 The physical setting of services, and people's willingness to access them was a key issue.

'Historically counselling was in there [SARC] for survivors but it needed to separate out counselling [from] clinics so it could be a bit more anonymous'.

'Why would people have to identify...my key point is that people should not have to identify to get a service'.

Increasing service accessibility

- 7.38 There was recognition that though demand for services was high, a large proportion of people affected by sexual violence were not engaging with services, and that services were not reaching certain groups of people.

'We're reviewing where we're reaching'.

'We talk about gaps, BAME we feel, we have a cohort of white British women of around 18 to 25 or 30 and then a slightly older group of 45/50, we need to engage with BAME groups and

whole age groups, engage them and make them more aware of what's on offer'.

'Greater consultation is needed with groups who are underreporting'.

- 7.39 However, the stakeholders acknowledged that there was a tension between providing a good service to their existing users and reaching out to others. This was due to resource and capacity issues.

'If we're really honest, we're working hard to deliver to those who do come through the door, we're a finite resource... I know that if someone walks through our door, that's our priority'.

BAME

- 7.40 Some of the stakeholders identified that they were not reaching out effectively to BAME groups. This was understood to be due to the resource required to carry out effective engagement

'There's a lack of targeted marketing to BME groups, it would be interesting to see what SARC experience of that is'.

'...[a barrier is] different cultures understanding of abuse'.

'In an ideal world we would do specific things in the community'.

- 7.41 A few of the stakeholders cited the complexities of working to engage with BAME communities.

'The difficulty is identifying the barriers, before you can even look at getting rid of them'.

'There's massive barriers, pressures not to disclose, pride is key, in the community'.

- 7.42 The stakeholders talked about different efforts that had been made. One practitioner talked about on-going research into BAME engagement that was being carried out by a university research group at the time of interview. Others talked about engagement work they had carried out in the community. For example, GCS recognised that the demographic of their workforce and limited marketing resources available hindered engagement with the BAME community, but talked about how efforts had been made to address the issue, for example, by running a listening skills course in a community where BAME members were strongly represented and funding two BAME representatives to attend to develop their skills with the hope that this would encourage recruitment into further training and potentially in future, their workforce.

Men

- 7.43 Generally, stakeholders felt that though there had been significant gaps in provision for male survivors of sexual violence, there had been local development, driven by the national agenda, to ensure that services were available.

'More generally, in the county [we've seen] the start of work with men and boys, and looking at how better to represent men and boys in services'.

'Times are changing and men are entitled to a service, there needs to be a very clear same offer for men'.

'Nationally, men are woefully underrepresented...it takes an average of 26 years for a man to disclose'.

- 7.44 GCS reported a high proportion of male survivors engaging with its counselling service, and that their counsellors had been working with male survivors for a long time.

- 7.45 There was some concern that men could not access the types of specialist services that were available to women:

'What is available for women isn't available for a man, for a male victim the most they've got is 12 weeks of counselling'.

'Men do report, middle aged men, no forensics, no pre and post trial, often years later, they don't really have any place to go'.

- 7.46 There was awareness of the need for different approaches to engage male survivors, based on local work, and efforts had been made to achieve this. However, there was concern that due to limited resources, promotion had been limited and as a consequence male demand was not fully understood or tested.

'We don't have any spare money to do that, so what's the demand? We're not testing it'.

- 7.47 Stakeholders all identified that there needed to be appropriate services for men, and that male survivors faced specific issues. However, there were concerns that there was not enough knowledge about these.

'There's little evidence of what works for men'.

'We know that men's needs are specific, e.g. straight men don't want friendship groups, and they underreport...but...'.

'For men there's a huge stigma on reporting'.

LGBTQ+ engagement

7.48 Stakeholders felt that there was low engagement with their services from LGBTQ+ communities.

7.49 A few of the stakeholders talked about specific concerns regarding engagement with LGBTQ+ groups, who were described as having less awareness of services, or feeling that mainstream services were not appropriate for them and would not understand their concerns.

'There's specific issues, like chemsex, they feel like it's not understood by a mainstream service'.

7.50 One stakeholder talked about work they had done to make their service more inclusive.

'Like with gender specific toilets, if you walk in and see that initial signage then it might put somebody off and make them feel like the service might not understand'.

Older people

7.51 Some of the stakeholders identified how they were aware of increase prevalence of sexual violence in older groups.

'It's becoming more prevalent, after breakdown of a relationship, stuff has moved on while they've been in relationships, dating site rapes are becoming more prevalent'.

7.52 There was concern that older people were not accessing services, and that while they knew that services needed to be made more accessible, stakeholders felt unsure about how to go about this.

'Our reach with older people is not fantastic, but how do you make it feel it's an appropriate service for them'?

'They don't talk about that kind of thing, it's really complicated'.

7.53 One stakeholder drew attention to on-going local research⁹² into the needs of 55+ year olds that aimed to improve accessibility of services to this group.

Sex workers

7.54 Nelson Trust talked about the holistic and intense work they carried out to engage with female on-street sex workers, and support them to exit sex work.

'We work with her priorities, not ours, at their place, their needs might change on an hourly basis'.

⁹² Research being carried out between Bristol and A&S (leading)

'Most important is to listen, to see them as a human and show them a bit of love, a lot of them don't have that network around them'.

'A lot of agencies they make three attempts to contact and then they're gone... it takes a lot for them to come forward...we stay with them for however long they need... they stay on our books, they can come back to us'.

- 7.55 They reported that they have seen an increase of reporting to police from their clients, which they attributed to positive relationships and partnership working with police, including a designated women police officer, *'who works to keep them safe'*.

'I don't understand why the approach isn't the same [in other police forces], a lot have had really bad experiences in the past and we're working with healing those'.

- 7.56 For those women who disclosed sexual violence, the priority was the woman's health and safety, though the Trust also talked about supporting people through criminal proceedings.

'We offer the SARC, we offer police, we make sure it's safe for them to go home, primarily to stay safe, talk to them about safety while working...we attend SARC, interviews, court, we stay with them every step of the way'.

- 7.57 The Trust talked about one woman's journey to get justice and the huge value that this had not only for her, but for the women around her.

'She was in a world of chaos... [but] she gave up drugs, she fought so she could see her attacker in court, she gave them all a voice, a lot of our women don't think they're going to get listened to'.

- 7.58 The Trust talked about some of the barriers that they or the women they worked with continued to face and identified that work with off-street sex workers was underdeveloped.

'We're restricted with resources, so we work with what we know, there is a problem with off-street sex workers, they're hidden and transient'.

'With the language barrier for off-street workers, that requires a lot longer to build engagement'.

'If they're on drugs they can't access mental health... they're too chaotic for counselling'.

Focus on young people

- 7.59 The needs of young survivors of sexual violence were often discussed within the context of on-going changes for services for young people in the county.

'Part of the problem is that everything is up in the air for children'.

'The loss of youth services has had a significant impact on conversation outside of schools and developing young people's understanding of what is okay, they won't talk to teachers, those cuts are deeply felt'.

'Nobody wants to talk about what's right for the young person, they're arguing about who owns it, how it looks, the impact on them'.

- 7.60 One stakeholder talked about recent progress in Gloucestershire:

'[they're looking at] what makes for a good childhood in Gloucestershire, so this is progress rather than [individual services] thinking, 'how do we improve our inspection' which shifts everything to silo working with a lip service to sharing'.

- 7.61 There was concern about the level of engagement with services from young people, and particularly BAME young people. One stakeholder drew attention to current research⁹³ due to complete in Summer 2019 with a focus on the needs of students.

'Young people don't engage with the SARC or GRASAC, if they do it's because they're engaged with the police, only if they're taken'.

'[there is] incredibly low engagement from young BAME people...you can't assume they're not there, they're not reaching them'.

- 7.62 A few stakeholders identified the varied levels at which young people's voices were represented in services and service development across the county:

'We need to embed young people's voices into services, that would be a win... in Stroud there is a very active youth council, it's diverse and drawn from across the district'.

⁹³ research being carried out by a University of Gloucestershire student as part of the Sexual Violence Research Group.

Prevent

- 7.63 Many of the stakeholders talked about an urgent need to develop preventive work around sexual health. There was particular concern that young people were increasingly exposed to issues around sexual health and relationships at a younger age and were not equipped to manage these.

'...there's increasing coercion to send indecent images, access to porn without understanding it, denigrating gendered language, homophobia, it just feels like it's happening at a much younger age, 12, 13, 14'.

'Some of the girls don't know what a healthy relationship is'.

'We need to get courses in schools'.

- 7.64 The practicalities of the approach to prevent work were discussed. There was a feeling that teachers were not the right people to offer this work:

'Effectiveness of training the trainers is low, teachers don't have time... staff move on, there are timetables'.

'You need to bring in people, teachers are expected to deliver specialist stuff that they don't have the expertise for'.

'You're not going to disclose to your teacher'.

SARC and sexual health provision

- 7.65 Given the changes to SARC provision for young people, it is unsurprising that many of the stakeholders talked about this change and positive and negative aspects of the development.

- 7.66 Stakeholders talked about the national shortage of paediatricians, and the frustrations associated with this.

'Workforce is the biggest challenge, there are real shortages of paediatricians and forensic doctors, they lack confidence and the willingness to do this work'.

'This area of work can be pretty damn horrible and people don't want to do it, but if you're an orthopaedic surgeon you can't say you don't want to do legs'.

- 7.67 The decision to move SARC provision for young people was discussed:

'Locally there's not enough work of this nature to retain competency... it was decided that [sending young people to the

Bridge] would work as they would go once and the rest of their needs would be taken care of locally’.

7.68 Stakeholders talked about the implementation of the change.

‘We thought there would be problems, there was initial [police] reluctance to take young people up to Bristol, [because of the time it takes] but it was a war on hearts and now they enjoy being here, we’ve addressed the initial reluctance’.

7.69 The benefits of SARC provision where there were embedded staff were discussed:

‘It’s friendly and considered, there are toys and a sandpit for children... if workers are only coming in for forensics it doesn’t work that way...the minute they come in the police are taken away’.

7.70 Stakeholders talked about local provision for 16 and 17 year olds, which addressed both barriers to service and capacity issues:

‘16 and 17 year olds saw this as a barrier to services... that they would have to travel to Bristol... 16 year olds are not expected to travel to Bristol unless they have additional vulnerabilities’.

7.71 There was some concern that there was no consistency in understanding of *additional vulnerabilities* when considering where SARC provision for young people aged 16 and 17 should sit, and that this was sometimes ‘a sore point’. There had been times when practitioners felt incorrect decisions had been made and a young person could have been seen locally. There were also concerns that this would deskill local practitioners.

‘What’s been missed is that they have really highly skilled staff in Gloucestershire, but they might not be in 12 months time’.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Issues for young people

7.72 Some of the stakeholders talked about the specific impacts that sexual violence has on young people, particularly the isolation and disruption that disclosure can result in.

'In peer-on-peer: friendship breakdown. It's so much easier to side with rapists and think that, 'Oh she just got herself into a situation', you don't want to think your friend is a rapist'.

'You can't take a perpetrator out of school, it's 'innocent until proved otherwise', so the victim has to leave, and face isolation'.

'Friendship groups are disrupted, education is disrupted, appointments are in school time, and if you have counselling at 10 are you really going to be ready to go back into school at 11, it's not viable'.

7.73 One of the stakeholder's accounts demonstrated the global impact that *disclosing* sexual abuse can have on a young person:

'When a young person discloses confidentiality gets blown out of the water, friends change, family breakdown it goes on...if a father assaulted, crazy things can happen from that, on your ACE [adverse childhood experience] checklist, sexual violence can tick them off, all of them in one go, you go through them, just based on what you did [disclose], and they [the abuser] told you it would happen this way'.

7.74 A few of the stakeholders talked about the impact on family and the potential consequences this had for young people.

'For really young victims, how can the parents ever trust anything again? If they've been abused by someone in the family, how do parents trust schools? They overcompensate'.

- 7.75 Related to this, the importance of provision for family work for young victims of sexual offences was discussed.

'More often it's the parents that are the problem, the child needs a bit of understanding, and will need to come back later, and again later, but parents need the help to hold and contain the child'.

'While we do talk to friends and families of survivors we don't have much else particularly around non-offending parents, one of the things [young] survivors struggle with the most is the reactions of other people'.

- 7.76 Some of the stakeholders talked about the way in which young people disclosed sexual violence. For some, it was as a result of becoming aware through attending courses on consent or sexual health, other stakeholders talked about how disclosures came from young people when they had built a trusting relationship with someone.

'Consent sessions are hard hitting, and they always create disclosures'.

'Disclosures come usually after knowing them...it is relationships, it can take three to four weeks, normally to a youth worker who they trust'.

- 7.77 One stakeholder observed how while training a cohort of young adults to deliver consent work to young people, there had been a number of disclosures from the trainees themselves.

Services for young people

- 7.78 Stakeholders talked about what young people wanted from services or what services needed to do to engage with young people effectively.

'Young people need flexibility to access services when they want to'.

'What works best? Taking time to develop trust'.

'No waiting lists, what you want when you want it, consistency of individual, times and place'.

'Young people want teachers to spot the signs'.

- 7.79 Some of the stakeholders talked about specific issues with services' suitability for young people or barriers to access.

'Something I've picked up on recently, the sexual health centres are open during the day, so where can they get clinical support other than the family doctor or nurse [which they don't want]?'

'Sometimes parents are a barrier; not wanting their children to have help for various reasons. It's important for young people to be given the opportunity to say what they want away from parental influence'.

- 7.80 Stakeholders talked about young people's dissatisfaction when they were not kept informed about processes.

'The feedback I get from young people, 'nothing moves fast enough [with the police] and they don't tell me anything' .

'The police were useless at telling them what was going on – all electrical devices, gone, games, phones 'their world' they were traumatised by that we had to chase for a couple of months'.

'They want to be kept informed in the process, they want social workers to be friendly and speak to them separately'.

Counselling and emotional support

- 7.81 Counselling provision and the support required to recover by young people was discussed. The complexity of work with some young survivors of sexual violence was mentioned.

'You can't just address the sexual violence, if they have experienced sexual violence, they're complex'.

'That person wouldn't go and talk to anyone [a different/specialist organisation], it's taken years to engage them'.

- 7.82 There was particular concern about the number of counselling sessions young people could access in Gloucestershire. Counselling was viewed as a very important resource for young people.

'NICE guidance says a minimum of 20, SARC don't accept children, only 18+, there's a lot of work to be done'.

'Six sessions and you're better'?

- 7.83 However, it was noted by organisations working with young people that there was a pragmatic approach in the county and flexibility in provision where required:

'Staff know they can come and make a case [for more sessions], and young people can close and come back'.

- 7.84 TIC+'s flexible approach to working with young people and how this had developed was described.

'There's an online receptionist, it's available 5-9 Sunday to Thursday, funnily enough it's not wanted on Friday and Saturday!...we tried drop in but they didn't like it. Everything can be done on the phone...we have really good feedback from the young people'.

- 7.85 The acceptability of the service to young people was described in light of the service offering general counselling, rather than being a specialist sexual violence provider:

'It's not badged as a SV place, if it was a badged service, would they come?'

- 7.86 Some young people were observed to use the offering of online counselling as a bridge to face-to-face counselling, having used online counselling to build up their trust. Young people's ability to choose their method of contact was also viewed as very important.

'Young people find that it's friendly, that it's easier to talk and easier than having to meet'.

- 7.87 Choice for young people was also emphasised by another stakeholder, who highlighted how alternative therapies may be particularly needed by young people disclosing sexual abuse who need therapeutic interventions which reduce the emphasis on the need for young people to talk about their experience:

'I would really like to see more prevention and alternative therapies, play and equine therapy, young people tell us that when they disclose everyone knows, 'I'm sick and tired of talking about it now' and with play and equine therapy you don't have to talk about it with them'.

School and higher education institution engagement

- 7.88 The role of schools and higher education institutions was discussed by some of the stakeholders. School engagement regarding sexual violence prevention work was varied. Additionally, some schools were observed to be very reluctant to disclose incidents that came to their attention, this was viewed as being motivated by fears that if there were too many safeguarding issues the school might perform poorly in Ofsted inspections.

'Schools, colleges and higher education are all default 'let's deal with this in-house', there's not an understanding, this is serious sexual assault, at best they put the onus back on parents'.

'Schools are still protective, there are times when we have to say, 'look, this is a safeguarding issue, you have to do something'.

'It is concerning the level of complex needs in schools and incredible what they're having to manage without training...do state schools feel the same, that they can refer to voluntary services'?

- 7.89 Gloucestershire's increasing student population was noted. Stakeholders felt that the development of the population had not been matched by a consideration of the needs of these young people.

'There's three higher education institutions in the county, it's a significant issue, none of us have a good handle and there's no linking across the three'.

'We're putting more and more, loads of uni students in the centre of Gloucester... that's going to cause issues'.

- 7.90 One stakeholder talked about how in one case where there had been a serious sexual assault an institution had carried out *'mediation'* between the victim and survivor, and compounding this, the mediator had been untrained,

'There needs to be a discussion with education on where boundaries are'.

- 7.91 This stakeholder also talked about how within most institutions one function (e.g. student services) would be carrying out multiple functions, supporting victims and perpetrators, and investigating.

'There should be a support mechanism and an investigation mechanism and they should not be housed in the same place'.

Young people's thoughts on sexual violence and service provision

- 7.92 Youth workers engaged young people regarding their views on a few questions developed by Perpetuity Research regarding education and service provision. The feedback provided from the exercise is provided below. It is important to note that while this feedback is very valuable, it cannot substitute for the specialist work of developing collaborative approaches to service development with young people.

- 7.93 Young people from across the county were asked what Gloucestershire needed to know about young people and sexual violence.

'Gloucestershire needs to know that not all young people know what sexual violence is'.

'Gloucestershire needs to raise more awareness because I've never been taught and have only learned by picking things up'.

'We are scared of it'.

'It's not okay, but that it does happen and we have to deal with it'.

- 7.94 Unsurprisingly, given that the group was drawn from across the county, young people had different experiences of learning about sexual violence.

'We're bored of talking about it'.

'Nobody wants to talk to us about it'.

'We don't like learning about it so don't want to learn anymore'.

'I don't like it when teachers talk about it'.

'It makes me uncomfortable'.

- 7.95 However, most of the feedback suggested that young people felt that they had not learned enough about sexual violence.

'We haven't been taught about it'. [Year 8 group]

'Schools only briefly mention it and do not go into detail'.

'They don't get told how they know if it happened'.

- 7.96 Some of the young people talked about the things that they felt they needed to be taught and how they would like to learn them.

'We need to be taught things that will keep us safe and not as vulnerable by our school.'

'Places to get information'.

'Raise more awareness'.

'Teach more young children about the danger of sexual violence in schools'.

'I think you should ask the question instead of them telling you'.

'I would rather ask a women sex questions instead of men'.

- 7.97 Some of the young people talked about fears or concerns around disclosures of sexual violence:

'They'd have to tell my parents so I wouldn't tell anyone so would want them not to tell them'.

'I wouldn't tell my social worker'

'I'd be scared of the court room'.

'I was told I'd have to go to the police or a teacher'.

- 7.98 The young people talked about what they felt a support service for them should look like and what support should be on offer.

'I would like to sit down chat to one person but with a girl'.

'I would like to speak to someone but I would like to speak with a female because you might not want to speak about sexual things, not to men 'cause they can take it sexual'.

'It needs to be calm and welcoming and people need to not see people in suits because it would scare them'.

'Local or over the phone'.

'Confidentiality with whoever you want there'.

'I wouldn't talk to an old person'.

'Someone who will talk to you and explain how to help yourself or people around you'.

'A person who has dealt with this before'.

- 7.99 Finally, the young people talked about what they needed someone offering support to give them:

'I think it's important that I'm believed'.

'Knowing someone near you who will be there and understands you'

'Talk to someone who has been through the same thing'.

Challenges for all services

Sustainability

7.100 Short-term funding was an issue cited by many of the stakeholders interviewed.

'We rely on fundraised income... but we are really in need of some funding that is reliable'.

'There is insecurity of funding across sexual violence'.

'People want to apply for those [long-term contract] jobs'.

7.101 Even where funding could be secured for 3 to 5 years there was concern.

'It tends to be 3-5 years, but it's difficult because demand grows so you're still searching for funds within that'.

One stop shop vs. specialist services

7.102 An issue that many of the stakeholders discussed was the approach that Gloucestershire should take to ensure appropriate service provision for women, men and trans people.

'We should be working towards a service for all genders and all ages... absolutely one service for everybody, moving out of silos towards total inclusivity...we need to be saying, 'tell us how they can make service more accessible to you'.

'On the horizon there's the what I think is the bigger issue and that's services for trans people, what can they access'?

'Just commission one big place to do this work, no one commissions the police every five years'.

'Men and women respond differently to trauma, women need empowerment, men need empathy, they have totally different responses and impacts, and their coping mechanisms are different'.

'Women want women only spaces'.

7.103 There was concern from some stakeholders that funders needed to understand the different needs of sexual violence survivors, and how a perceived push towards 'generic' or 'one-stop shop' services could disadvantage all survivors, and particularly female survivors who would be disproportionately impacted upon by changes:

'Equal provision', if it said, 'proportionate' that would be fine, either it was a wording issue or it's about pushing away from gender specific work'.

'I think the push towards generic services achieves nothing but make it cheaper'.

'Journeys to and through are different and affected by those journeys they're on, there's no point in saying, 'Oh just do the same with men'.'

7.104 The stakeholders' accounts indicated that there was willingness to engage on the topic and suggested that now was a good opportunity to do so.

'We're not forcing it, it's understood that it's an ambition to grow towards inclusivity, it's aspirational rather than forcing it... Stepped back from saying you have to because there's a risk of it becoming tokenistic 'there, I've employed a man' even if you couldn't see them until next week that would tick the box'.

'There is a point where this becomes a tension... in other areas they have been pushing them to sign up, 'we're encouraging them to defund you', this is in other areas and I hope it doesn't come to that, this is a push to generic services by the back door – we need to have an open conversation about that'.

'I think we can make it fit'.

Understanding demand

7.105 The on-going changes to services made it difficult to understand demand. For example, the way in which people had been moved to GRASAC's waiting list from the SARC made it unclear whether the waiting list represented current demand or if this included a backlog from the change. Some of the stakeholders talked about *'untested demand'*, recognising that they had not effectively engaged with groups where there might be a high demand for services.

'We need more resources directed at who is not coming through the door'.

7.106 Additionally, with regards to emotional support and counselling, due to the distribution of provision across several providers, different data recording practices and systems compounded difficulties with understanding demand.

'Understanding demand and capacity was a bit of a nightmare... how old/how many...how can we plan for the future, have we got enough capacity'?

- The need to increase self-referrals and raise awareness of SARC services, *'Come make sure your health is okay'...although people talk about the forensic window it comes second to the health window...it's keeping an open door and promoting that'*.
- SARC counselling was commissioned as early intervention and pre and post trial, this moved many of the people accessing the SARC to GRASAC's waiting list, there was concern that SARC counselling resource was underused, *'there's no waiting list for under a year, at that point you're pretending everything is fine, so no one is going, we refer a handful a month'*. This is a known issue, *'I let it be known that I don't think they need to stick to the remit'*.
- Increasing self-referral, *'We don't have as many police referrals as I'd like, the aim is everyone that has been raped, everyone gets a referral'*
- Limitations caused by the physical building, *'the SARC is small, if I was raped I would not want to see other people'*.

GRASAC

- GRASAC has undergone a lot of development and change over a relatively short period, and its strategic plan ends in a year, *'It needs a period of consolidation to draw breath'*.
- Waiting lists have been compounded by restrictions on SARC counselling.
- Waiting list at time of interview [REDACTED] represented a recent reduction as a result of new employees coming into post, however stakeholders described the process of hearing disclosure and then having to put a woman on a waiting list as *'heart-breaking'*. Hope and Cope had been developed to mitigate this, and people on waiting list receive check in calls every month.
- Stakeholders identified that their service users were sometimes unable to access services they needed e.g. mental health support, and that the complexity of their needs prevented them from accessing support from other organisations.
- Two of the stakeholders felt that referral processes into services could be prohibitive for vulnerable people, *'they offer extremely good services but referral processes into GRASAC, they have to self refer and it's complicated'*.

Counselling services

- There were concerns about funding and sustainability of services.
- Concern that survivors of sexual violence should be entitled to longer-term therapy. GCS talked about subsidising on-going counselling services for survivors.
- In regard to money made available for female survivors of historic sexual violence, there were some concerns, *'What's demand going to be like, will it open the floodgates'?...64 clients for 12 sessions, it's not actually a lot of money... it remains to be seen what the impact will be'*. Stakeholders mentioned the need for, *'more money for women... if you're a woman there's nowhere'*

- There was concern regarding whether young people were finding the support they needed and an acknowledgement that young people were more likely to find TIC+ independently than GCS because it is marketed towards young people, and that GCS are much more likely to have young people access with families. Concern that though TIC+ referred to them, GCS might miss the more complex young people going to TIC+.
- GCS talked about how in an ideal world they would run free annual specific training, but they currently were reliant on providing discounted CPD courses to their counsellors. There had been some training delivered by GRASAC in the past but not all current counsellors had received this.

Good Practice

7.111 Finally, the stakeholders mentioned a number of instances of good practice or innovation both within and out of the county. These included:

- **Bristol Zero Tolerance initiative** – working towards Bristol becoming a city free from gender-based violence, abuse, harassment and exploitation
- **Hope and Cope** – GRASAC facilitated group work.
- **‘Give and Get’** – consent project and resources
- **Women’s centres offering childcare** during sessions - Edinburgh and Brighton’s approaches were cited.
- **Bystander Intervention** – developed by UWE, resources now hosted at University of Exeter website – initiative aimed at prevention of sexual coercion and domestic abuse, designed for HE students but could be adapted for younger students
- **Sexual Violence Research Group** – Gloucestershire University, collaboration between students and staff, *‘we are a resource that people can come to, we do as much as we can without cost’*
- **Ask for Angela** – Nationwide initiative being promoted in Gloucestershire, *‘it’s being used’*
- **Communications team Gloucestershire Constabulary** - innovative campaigns around consent and sexual violence, including Tinder consent messaging using dummy profiles.
- **OPCC Cheltenham races – gold cup week poster campaign**
- **Nelson Trust Sex Worker Outreach Project** – 2019 winner of Social Care, Advice & Support category at Charity Awards.
- **Plymouth university’s** work with student residences and security guards around union and residences training them to deal with disclosures appropriately because they were getting disclosures at night.

- **The CRUSH project** – group programme for young people 13-19 year olds at risk of domestic abuse
- **Northumbria sexual violence approach** – cited for good collaboration between services and police.

Section 8. Summary and future development

Key findings

- 8.1 The ambitious scope of this brief project has associated benefits and costs. This research is able to highlight broad issues for the county and provides an outline understanding of key literature relating to service provision, local knowledge and attitudes, survivor experience, and local stakeholder views of service provision. However, this is at the cost of a more in-depth and collaborative work, for example, working with survivors collaboratively to identify needs and develop services responsively.
- 8.2 The following sections provide key findings during different stages of the fieldwork. However, an important finding for Gloucestershire, was the consistency of the findings *across* the different strands of research.
- 8.3 Broadly, the issues, messages and experiences that emerged were reflected across different engagement, for example, the issues identified by different stakeholders were consistent, or reflected in the accounts of survivors. This suggested an open environment, where stakeholders were identifying and talking openly about issues.
- 8.4 Stakeholders were receptive to the research and talked freely and passionately about their work, again providing the impression that Gloucestershire was aware of its issues and working towards addressing them, keen to build on a good foundation of quality service provision, and develop relationships, partnership working, and strategy across the county.

Public survey and survivor engagement

- 8.5 In regards to awareness of services, 65.9% of the public survey respondents were aware of the SARC, 64% were aware of Gloucestershire Counselling Service, and 57.1% knew about GRASAC. Results for the survivor survey showed that 82.5% knew about GRASAC, 75% knew about the SARC and 66.1% knew about Gloucestershire Counselling Service.
- 8.6 It must be remembered, and not under-valued, that the biggest barrier to engagement is not knowing what support is available. It is likely, given that the respondents (to both surveys) were motivated samples (e.g. engaged with police or support organisations' social media

channels) that levels of awareness may be lower across general population.

- 8.7 In regards to levels of trust in the police, approximately 60% of respondents to the public survey trusted police to investigate sexual offences appropriately, and 16% did not. Feedback conveyed the importance of overall impression of the police on attitudes regarding how police investigate sexual offences: negative press regarding any aspect of the constabulary or an unrelated negative experience with the police, is likely to have an impact on people's trust and how likely they would be to report sexual violence to the police.
- 8.8 There was concern about the lack of outcomes in the case of sexual violence cases and the value of reporting to the police.
- 8.9 In contrast to public survey findings, 25% of survivors trusted the police to investigate sexual violence appropriately, and 34% did not. It should be noted that while this is concerning, the finding is based on a small sample and includes those who engaged with police recently and in the past.
- 8.10 44% of survivors felt that the police would treat survivors with sensitivity and respect, and 33% did not.
- 8.11 Throughout the qualitative feedback from both the public and survivor survey respondents there was evidence of commonly held, '*rape myths*'. For example, concern that the police would not take you seriously if you were not the, '*right kind of victim*'. Survivor and public survey respondents talked about concerns regarding victim legitimacy if they had consumed alcohol, if an offence happened in the wrong setting (a bar or nightclub), or after a date, or the perpetrator was a partner or spouse.
- 8.12 85% of the public survey respondents felt they would be able to contact a support service if they needed to. Comments from those who felt they would be unable to concerned; feeling unsure where they should go; wanting to know exactly what a service could offer them before engaging, and for a few; feeling that they would be unable to due to shame.
- 8.13 Public awareness of sexual offending and rape myths was tested, showing a range of understanding. Perhaps unsurprisingly the results reflected commonly held myths about rape, for example the overwhelming majority identified that, '*a stranger forcing someone to have sex with them*' would be an offence, while other offences, for example, that did not involve physical force were less frequently identified as an offence.
- 8.14 Survivors were asked about how they became aware of the offences committed against them. For many, they had been unaware at the

time of the offence because they were young when offences were committed but there were a range of other reasons for a lack of immediate awareness, including denial as a means of protecting themselves and lack of understanding about appropriate behaviour.

- 8.15 It is interesting to note that a significant proportion of the public survey respondents felt 'unsure' whether they had experienced sexual violence (9.8%), and literature reflects these findings – a significant proportion of those who experience sexual violence do not recognise it and this has implications for access to appropriate health services.
- 8.16 Awareness of sexual violence in the sample of survivors who were not immediately aware of the offence committed against them was noted to come through many sources, e.g., education, talking to friends, watching soaps or the news, increased knowledge gained through the current #MeToo movement, or professionals raising awareness through discussion or use of screening tools.
- 8.17 Despite the fact that the survey drew respondents from those who were engaging with support organisations' media channels, a significant proportion of survivors (22.5%) had never told *anyone* about the violence they had experienced. This proportion is likely to be higher in a more representative sample of survivors of sexual violence. Reasons for not telling included shame, self-blame, fears about not being believed, protecting themselves or others.
- 8.18 In regards to when survivors disclosed the offence committed against them, while there were clusters around both immediate disclosure, and disclosure after a number of years, a significant group of survivors talked about disclosing a few days, within a week, or within a few weeks of the offence.
- 8.19 Most of those who disclosed, first disclosed to a friend, family member or partner, and the results show that the experiences of those disclosing to a personal contact were the most varied.
- 8.20 A large proportion of survivors who said that they were interested in receiving support reported that they had not received this (46.9%). Overwhelmingly the reason for this was that they had felt unable to make contact with a service or professional to initiate this.
- 8.21 37% of the sample of survivors had reported an incidence of sexual violence to the police. Responses regarding reasons for not reporting revealed the complexity of a decision to report, including; protecting themselves or others; fear regarding being believed, not knowing what would happen or what others would think if they did; feelings of shame, self-blame or embarrassment; not realising they had experienced a sexual offence; concern that too much time had passed; not feeling that they were a credible victim; a lack of

knowledge about how to report, and; concern that reporting would be ineffective in regards to getting justice in their case.

- 8.22 Survivors talked about their experience of engagement with the police, the *quality* of the contact was most frequently mentioned in regards to their satisfaction: only one person discussed the outcome of their case.
- 8.23 Survivors provided open feedback regarding the development of services across Gloucestershire. Several themes emerged, these included; the need for more preventative work – especially in educational settings; engagement with community organisations to ensure they act appropriately in regards to disclosure; access to free long-term emotional support when survivors wanted it; the need to promote sources of support locally, and; concern about whether single-sex services would be supported in the future.

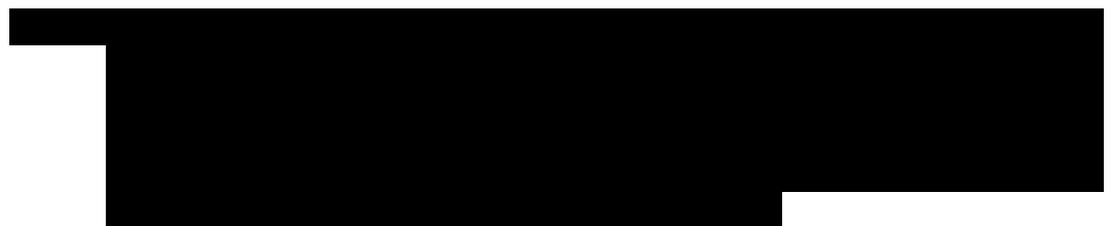
Stakeholder engagement

- 8.24 Stakeholders were positive regarding the quality of existing services in Gloucestershire, and discussed on-going development and positive changes to provision.
- 8.25 There was recognition that the development of a separate sexual violence strategy for Gloucestershire was a necessary and positive move, that the profile of sexual violence needed to be raised across Gloucestershire, and that there was now a good opportunity to formalise partnership working, though this would require resource and attention.
- 8.26 Stakeholders talked about some good established relationships between services, and developing relationships with others, many of the stakeholders talked about positive relationships with the OPCC, and close working with police. Stakeholders were clear where they felt relationships could be built and felt that there was a good current opportunity to develop these, through the developing Sexual Violence Partnership.
- 8.27 Stakeholder awareness of service provision and pathways across Gloucestershire was mixed, this was understandable within a context of on-going development. Some talked about how knowledge of pathways within an organisation was reliant on an individual stakeholder's knowledge gained through experience, though others talked about recent training to increase organisational knowledge and encourage referrals.
- 8.28 The specialist nature of work with survivors of sexual violence was discussed. Stakeholders talked about the global impact that sexual violence can have on an individual, the complex nature of support work, the need for survivors to access health services quickly, the

importance of trauma-informed practice, and how survivors needed to have access to long-term emotional support, when they wanted it.

- 8.29 Many of the stakeholders talked about how people they worked with had become aware that they had been victimised by sexual violence through (unrelated) engagement with a service.
- 8.30 Stakeholders noted an increase in the number of service users with complex needs, and that the level of complexity was also increasing. Complex needs prevented people from accessing some services, and resultantly, placed increase demand on other services to support these survivors.
- 8.31 Stakeholders talked about the importance of emotional support and counselling to help people cope and recover from the impacts of sexual violence. The stakeholders identified gaps in provision and how the county was working to address these. For example, during the fieldwork a small amount of funding was made available for counselling for non-recent female survivors. There were concerns that the current provision was not sustainable. Stakeholders were sometimes unclear about the provision that different services provided, including; who could access a service, for how long, what counselling was, what emotional support was, how volunteers or staff were trained and how organisations measured outcomes of people who engaged.
- 8.32 There was concern from stakeholders that survivors could not access emotional support when they needed to because of long waiting lists, and that access to free counselling was limited in duration, and this may not be sufficient to meet survivors' needs, particularly those who had complex needs.
- 8.33 Stakeholders talked about the setting of services and how this could create a barrier to service, for example, people not wanting to access a service badged as a place for survivors of sexual violence. This was felt to be a particularly relevant issue for young survivors.
- 8.34 People from BAME groups, older people, and LGBTQ+ people were identified as not being engaged well by services across Gloucestershire. Stakeholders talked about the tension between reaching out to these groups of under-engaged people and providing services to existing users. Nelson Trust identified that work with off-street sex workers was underdeveloped in the county.
- 8.35 Stakeholders felt that work to engage men had been developing, though men could not access the types of specialist service that were available to women, and that male demand and need was not fully understood or tested.

- 8.36 Stakeholders talked about some specific impacts that disclosing sexual violence can have on young people, particularly isolation, and disruption in friendship groups and disruption of education.
- 8.37 The complex nature of work with young survivors of sexual violence was mentioned, and the need to take a holistic view of young people's needs. In light of this, some stakeholders were concerned about the length of free counselling provision that young people could access locally.
- 8.38 The impact that a young person's disclosure has on family members, particularly parents/guardians was viewed as particularly significant, and the importance of family therapy or work with non-offending parents was emphasised.
- 8.39 Many of the stakeholders talked about the need to develop prevent work with young people, there was particular concern that young people were not being equipped to deal with issues regarding sexual health and relationships at an appropriate age.
- 8.40 Some of the stakeholders felt that the approach to working with students needed to be developed within and between local higher education institutions, and that this was of particular concern due to increasing numbers of students locally.
- 8.41 In regards to local SARC provision for 16 and 17 year olds there was some concern that there was no consistency in definition of *additional vulnerabilities* (used as a determinant of whether SARC services would be accessed locally or at The Bridge) and that some young people were not being seen locally as a result.



- 8.42 Stakeholders reported that young people who disclosed felt that police processes were slow, that they were not kept well informed by police.
- 8.43 Stakeholders emphasised the need for services for young people to offer flexibility, quick access to support, and consistency in provision to allow trust to develop with a service. One of the stakeholders identified that a significant barrier for young people's access to sexual health services was their opening times.
- 8.44 A few of the stakeholders drew attention to the value of using alternative therapies when working with young people, for example,

play or equine therapy. Therapies that reduced the emphasis on the need for young people to talk about their experience were viewed as important, as was family therapy, in order that they can better support the young person during their recovery.

- 8.45 Engagement with young people showed that whilst there were varied views, many of the comments young people provided concerned a lack of education in schools about healthy relationships and sexual violence.

Key issues and recommendations for Gloucestershire

General

- 8.46 Results presented in this report, both qualitative and quantitative, are a valuable resource. Their use by stakeholders in the Sexual Violence Partnership should be encouraged, and not limited to the way in which they are presented for the purposes of this report.
- 8.47 Stakeholders should be given an opportunity to feed back regarding the findings of the report in order they can challenge information and further develop shared understanding of issues raised by individuals who were consulted.

Development of partnership working

- 8.48 Results from stakeholder engagement identified that there had been a lot of recent changes to service provision across Gloucestershire and there was now a valuable opportunity to consolidate, review and develop how people work together. The Sexual Violence Partnership should review the feedback and suggestions stakeholders provided for this research in order to identify ways in which this work can be progressed.

'Pathway mapping, looking at gaps, where do people get lost'.

- 8.49 Gloucestershire is at a key stage in its strategy development and should look for opportunities to collaborate with service users in sustainable and meaningful ways as the Sexual Violence Partnership progresses. The partnership should engage with the resource offered by the Sexual Violence Research Group hosted at the University of Gloucestershire.

Relationship building and shared knowledge

- 8.50 As a consequence of the changing service provision landscape, among stakeholders there was sometimes confusion or a lack of knowledge about services available and who could access them. Gloucestershire should prioritise the development of shared knowledge regarding service provision.

'Conversations need to keep happening'.

Addressing gaps in service provision

- 8.51 Stakeholders were generally clear about groups who were under engaged by services. However, there was concern about how services could effectively reach these groups when they needed to prioritise existing service users and had very limited capacity to carry out this work, and a view that more resource would be required in order to make sure this work was carried out effectively and meaningfully.

'We need more funding for those we're not reaching'.

- 8.52 The Sexual Violence Partnership should look at ways to facilitate this work and collaborate to create a consistent approach. The partnership should consider if the resource provided by the Sexual Violence Research Group would be well placed to help develop this work.
- 8.53 Stakeholders talked about on-going local research concerning the service needs of older people, students, and BAME populations. The partnership should make sure they access and review the findings from these projects.

Understanding demand

- 8.54 The Sexual Violence Partnership should work towards gaining a clearer picture of demand for services. There was untested demand in regards to under-engaged groups (men and BAME groups were mentioned specifically) and where services had not been previously available, e.g. counselling provision for female survivors of non-recent sexual violence. There was also confusion about organic level of demand for emotional support services/counselling resulting from changes in service provision resulting in clients being moved between organisations.
- 8.55 The Partnership should prioritise understanding demand for emotional support in order that they can work towards creating a service provision environment where survivors who reach out for support can access it when they want it.

Increasing awareness of sexual violence and strengthening prevent work

- 8.56 The Sexual Violence Partnership should prioritise the development of a strategy for raising awareness of services across the county.

'There's an absolute correlation between going out and doing stuff and getting numbers up, public events, professional training'.

- 8.57 As shown by the literature, and reflected in the survey findings, people are more likely to disclose sexual violence to someone they know. Additionally, the experiences of those who disclose to a personal contact are likely to be more varied than those who disclose to a support agency or trusted professional. These findings highlight the importance of promoting services to the public and raising awareness of what constitutes sexual violence: building awareness can help individuals, *and* those who disclose to them.
- 8.58 Service promotion should include telling the public what services can offer, and given that a number of respondents to the survivor survey talked about disclosing in the days or weeks following an offence the partnership may want to consider promotion of timely access to health services a particular target – highlighting what health services are available and the timescale in which these need to be accessed.
- 8.59 The public survey provides good resources for use in awareness raising campaigns, for example, using findings as a base from which to challenge commonly held views, e.g. the finding that only 45.2% of local people identified that a 17 year old sending a sexually intimate photo of themselves to someone via their phone would always be considered an offence. Communications using results from the surveys should emphasise that they came from a local sample to increase the relevance to the viewer.

‘Consent work is huge, work identifying what rape is, there’s a huge lot of prevent work to do’.

- 8.60 The consequences of some commonly held rape myths could be seen across the feedback of public and survivor survey respondents, for example, members of the public reporting that they would be too ashamed to access support, and survivors saying they felt they were not the, *‘right kind of victim’* and did not report as a consequence. Using and challenging these views in publicity material could be a useful route for promoting awareness. For example, using the following quote provides the opportunity to challenge the belief that a victim is responsible for a crime, and beliefs about reporting.

‘I feel ashamed that I let things happen to me and didn’t report them at the time’.

Engagement with young people

- 8.61 The Sexual Violence Partnership must maintain a focus on ensuring that young survivors of sexual violence who disclose beyond the forensic window have timely access to appropriate sexual health services.

- 8.62 The appropriateness of short-term counselling provision in the case of young survivors of sexual abuse should be reviewed, preferably through engagement with these service users and a review of the pathways and outcomes of young people accessing these resources.

'Counselling support is imperative for these young people, as soon as possible and for as long as necessary'.

- 8.63 Prevent work with young people should be prioritised by the Sexual Violence Partnership and consideration given in regards to how this can be delivered effectively and sustainably within schools.

- 8.64 The Sexual Violence Partnership should consider the value of alternative approaches and therapies for young survivors of abuse that reduce the necessity for young people to talk about their experiences. The availability of support for non-offending parents of young survivors should also be considered.

Future direction

- 8.65 There needs to be an open discussion regarding future service provision in light of the equality duty, and recognition that equality does not require that everyone is treated the same, rather that the duty is to take steps to meet different needs and act to remove disadvantage. There was concern that the value and advantages of women-only services, especially for ethnic minority women, should be understood and recognised by funders. While services should work towards meeting the needs of different service user groups it must be ensured that developments to service provision do not disproportionately disadvantage women.

- 8.66 The approach to counselling provision in the county is underdeveloped and insecure. The Sexual Violence Partnership should consider how they would like to develop provision in the future, but initially would benefit from an exercise to develop understanding of the value of different provisions currently available, including the training, monitoring and standards organisations work to and different therapeutic approaches.

SV partnership board meetings

- 8.67 As a final note, as part of the project, the researcher attended a Sexual Violence Partnership meeting. The meeting was well attended with representation from a good range of organisations. Some of the key issues identified in the research were the focus of unprompted discussion, and the meeting felt like an open and productive forum. Materials produced for the partnership meeting provided a useful tool for to build a shared understanding of service provision (consideration could also be given as to how to develop their use further, e.g. should

contact details for service representatives be included, or short standardised descriptions of service provision).

- 8.68 The value of this research lies primarily in the conversations and actions that result from discussion of the findings, and the start (and usefulness) of these was demonstrated during the meeting. The partnership should encourage opportunities for this – while individual stakeholders and organisations may find aspects of the research valuable for their own organisations, the core value will only be realised by taking a collaborative approach and encouraging open conversations about key issues raised by the research.

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