



Services for victims and survivors of rape and sexual abuse in Somerset – unmet need.

Bristol Rape Crisis (submitted via Somerset LINK)

Introduction

Rape Crisis Centres provide professional support which makes a significant impact on the lives of survivors of rape, sexual violence and childhood sexual abuse. Core services are helpline and 1:1 support (including ongoing support, advocacy and counselling) which combined with partnership working provide a comprehensive care pathway

Need is evidenced in the large demand for Rape Crisis services and long waiting lists as a result. Rape Crisis Centre staff and volunteers are highly skilled, experienced and qualified women who provide high quality specialist support which enables women to address the impact abuse has on their lives and challenge the myths that blame women for sexual violence. The level of commitment made by staff and volunteers to keep services running is exceptional.

All Rape Crisis Centres are required to operate within the quality assurance framework outlined in the Rape Crisis National Service Standards as a condition of membership of Rape Crisis England and Wales, the national umbrella body.

Context

- 21% of girls and 11% of boys experience some form of child sexual abuse. 23% of women and 3% of men experience sexual assault as an adult. 5% of women and 0.4% of men experience rape¹.
- 40% of adults who are raped tell no one about it. 31% of children who are abused reach adulthood without having disclosed their abuse¹.
- Only 10 - 15% of serious sexual offences against people aged 16 and over are reported to the police¹ - The majority of survivors of sexual violence choose not to report to the police.
- The Cross Government Action Plan on Sexual Violence and Abuse (HM Government 2007) provides indisputable evidence why tackling sexual violence must be a priority. The statistics show that it is depressingly widespread and has devastating effects on its survivors and for society generally.

In Somerset

- It's estimated that almost **4,000 women are raped or sexually assaulted** in any 12 months.²
- In 2011.12 218 reports were made to police (men and women) i.e. less than 6% of victims/survivors of rape and sexual assault reported to the police.
- There are estimated to be over **47,000 female victims survivors** of rape and sexual abuse at any one point in time (including historic rape and sexual abuse and childhood sexual abuse).³

Impact

- The impacts of sexual violence are wide ranging and significant: "...physical injury, gynaecological disorders, long-term mental health issues, self-harm and suicide, disruption in intimate relationships, constrained socio-economic opportunities, routes into offending behaviour and social exclusion".⁴
- Data from the British Crime Survey confirms that women's fear of crime, compared to that of men, is directly connected to concerns about their personal safety and hinders women from participating at every level of society as well as impacting seriously, and fatally, on women's health and well being.
- Up to 60% of women in the UK mental health service population have been sexually abused in their lifetimes⁵ and recent research suggests 20% of victims of sexual violence will use health in the 1st year, but that 50% are 'heavily embedded' in the health system by the 2nd year⁶.
- Rape and sexual violence affects the direct victims, their families and communities. It undermines confidence, opportunity and ambition. It is implicated in ongoing gender inequality, meaning women and girls do not reach their potential and results in mistrust and isolation that undermines communities. It impacts on women's productivity, and means women and girls do not have safety in public or private. Whilst it is important to recognise that there are men and boys who experience rape and sexual violence, the vast majority of victims are women and girls and vast majority of perpetrators are male, meaning a gendered approach to responding to rape and sexual violence is essential. The impacts combined with this disproportionality means that it is recognised as a form of systematic discrimination. The Public Sector Equality Duty therefore means there is a legal onus and responsibility on statutory agencies to address it.

Implications for service provision

- There are absolute gaps for services in Somerset. There is currently:-
 - No helpline
 - No specialist one-to-one support (ongoing support and independent counselling provision)
- Current provision is limited to:-
 - Very limited counselling provision by the SARC available to victims / survivors of recent abuse
 - Access to ISVAs based in Bristol available predominantly to victims / survivors of recent abuse.
- There is a need to develop a holistic approach to dealing with survivors of sexual violence which encourages multi-agencies working in partnership across the statutory and non statutory sectors.
- In order to support all victims, services are needed that:-
 - Enable immediate disclosure following a rape / assault.
 - Enable support for victims of recent incidents.⁷
 - Enable support for victims of historic incidents.
 - Enable support for adult survivors of childhood sexual abuse.

Research has shown that a diversity of services is essential, from a range of statutory and VCS agencies, to provide a holistic and effective response in order to enable victims / survivors to 'cope' with the immediate aftermath of the incident and 'recover' to rebuild their lives;

- Rape Crisis core services – helpline and 1:1 support (including ongoing support, advocacy & counselling)
- Independent Sexual Violence Advisors (ISVAs)
- SARCs – forensic medical services and crisis workers
- Specialist police officers – e.g. Operation Bluestone.

It is critical for victims/ survivors to be able to access services anonymously and confidentially i.e. through a helpline. Due to barriers to reporting or disclosing, the first time someone discloses can be terrifying. The option of anonymity can make the difference to someone beginning their journey to recovery.

Feedback from women and girls show that gender specific services are essential:⁸

- Service users state that overwhelmingly they choose Rape Crisis because it is women-only⁹
- Women say they want to have the choice of a women-only support service if they are the victim of a sexual assault.¹⁰
- The Department of Health has acknowledged the relationship between mental ill health and violence against women; and the need for women-only mental health services.¹¹

Social value

Economic benefits of women-only services are likely to be significant including through improving women's job opportunities, many women will go onto work or volunteering, having greater skills and more confidence as a result of women-only services.¹² A recent study of specialist VAWG services in London showed that for every £1 invested, between £5 and £9 of social value is created.¹³ This includes enhanced economic independence; reductions in self-harm and suicide, increased safety, health improvements and increased likelihood of employment.

Recent research¹⁴ into the impact of Rape Crisis counselling found;

- **83%** women experienced '**flashbacks**' of their experience of sexual abuse when service commenced,
- **Over 50%** had **depression** and **panic attacks** when services commenced,
- **61%** also felt they **did not have 'control of their life'** when services commenced. This **reduced to 31% after accessing Rape Crisis** services.
- **20%** of women **self-harmed** to help them cope with their feelings when services commenced.
- **Over half** of the women who identified using **self-harm** to cope **no longer reported it as a symptom after counselling.**

Research shows that the positive affects of accessing Rape Crisis centres impact, not just on survivors, but also their families, friends and wider communities. Reported outcomes include;¹⁵

- better inter-personal relationships
- ability to return to work or study
- improved mental well being

CASE STUDY – Jane’s Story

Copyright Rape Crisis (England & Wales) 2012. All rights reserved. Charity No. 1119680

Jane lives in Mendip, Somerset and experienced childhood sexual abuse from her paternal grandfather and aunt from when she was a baby (13 months) to when she was 9 years old. She didn’t report it at the time and only felt able to seek help following the death of her grandfather.

“It wasn’t until my grandfather died in 2010 that I tried to seek help and support for the sexual abuse that happened when I was a child. I was so young when it happened, and because I was being abused by two of my family who were supposed to love and protect me, I shut it away in my mind. After my grandfather died it felt like all of the feelings I had suppressed rushed to the surface and I knew I had to find support to help me deal with my feelings and the consequences.”

Jane started looking for support immediately. Initially she tried to find services that were specialist in supporting women who were victims of historic rape, sexual violence and childhood sexual abuse; however this proved to be really difficult as there were no such services in Somerset. Eventually, Jane approached her GP, however they were only able to offer access to generic counselling services which could not provide the help and support that was needed – although the counsellor was friendly they had no specialist knowledge of rape and sexual violence. In addition they had a limit on the number of sessions available, and there wasn’t time to get the in-depth support she desperately needed. The services were very ‘outcome focussed’ which meant that every session Jane had to fill in forms and show progress.

“I was a complete mix of emotions – anger about what had happened, grief, self-blame – I just needed someone to talk to who would understand and help me deal with the trauma. Rushing through forms which tried to make me say I was feeling better when I clearly wasn’t didn’t help and added to the feelings of desperation I had at the time. I applied directly to the PCT to see if they could help me but they said they were unable to fund any other counselling and referred me back to the generic service.”

“I needed support quickly as my Post Traumatic Stress symptoms were getting worse: I was getting flashbacks, memory loss and huge anxiety. I was scared and vulnerable and didn’t feel able to trust or interact properly with people. I didn’t think anyone would properly understand, and felt like I was going to have a nervous breakdown. I was desperate so paid for private counselling, but as I became so unwell I couldn’t carry on working and therefore couldn’t continue to pay for the counselling I needed.”

Eventually Jane found services that were based in a different Local Authority, one of which was able to work with survivors outside of their immediate geographical areas and so was able to offer a service - although there was a further 6 months wait due to the capacity of the service. Jane accessed counselling for just over 12 months and this was critical in helping her begin her recovery.

“The counsellor I saw was a woman and for me this made an enormous difference, I just felt safer as most of my childhood abuse was perpetrated by a man. The service was a specialist service for survivors of sexual violence and childhood abuse, and they understood what I was going through. From my initial assessment, I knew that they could help me.”

“I felt so lucky to find this service when other services in neighbouring areas were not allowed to help me, as they had funding restrictions which meant that they couldn’t help people outside their area. I know someone who was so desperate to get help after being raped that she lied about where she lived just so she could get support from a specialist service, as there wasn’t a service in.”

Gaining access to a service that could help her took a lot of time and effort. Jane has a background in social work and she thinks this helped her with the skills, knowledge and stamina it took to be able to do this.

“Recovery took longer than I thought, and without the amazing support I did eventually receive I don’t know what I would have done. People who can’t access help often self-medicate, through drink or drugs, to try and make the pain go away. I dread to think what would have happened had I not found support.”

Yet it wasn't easy to get the help I needed, and I had to wait a long time and travel a significant distance to find it."

"Without my knowledge in social work I wouldn't have known where to go and who to approach. Even though I did, I still had a really long wait during a time when I was extremely traumatised. I worry about how many people who need help just give up as it's too difficult to find support."

"Services need to be easier to access with shorter waiting times – we are talking about vulnerable people who may be having suicidal feelings and be self-harming, who are experiencing real despair and feeling as if there is no way out. Specialist rape and sexual violence services can literally save lives and it is frightening that it so difficult to get support."

Rape Crisis services make a real and valuable impact on the lives of survivors of rape and sexual abuse.

**Names have been changed*

Response from NHS Somerset

NHS Somerset commissions services for men and women who have experienced sexual assault either acutely or within the past twelve months. The service is commissioned in partnership with Avon & Somerset police, the five local authorities and four other primary care trusts responsible for Bristol, Bath & North East Somerset and South Gloucestershire, as well as Somerset. In common with all people living in these areas, Somerset residents have access to a sexual assault Referral centre (SARC). This centre, known as 'The Bridge' is located in Bristol Milne Centre, and is integrated with Bristol's Sexual Health Services. Referral can be via the Police, Health service or a self-referral.

The SARC is a one stop service for victims of serious sexual assault age 14 years and above. Medical care, counselling, forensic examination and specialist independent advice for victims pursuing legal redress is provided. The counselling model provides an initial assessment and up to ten sessions with an option to extend where a case review identifies clinical needs.

For young people under the age of 14 care and support is provided through the local paediatric teams. These services are also closely aligned with local safeguarding arrangements so that appropriate referral and action can be undertaken as appropriate to the cases.

The centre provides crisis response via a helpline 24hours a day, 7 days a week for police referrals. For self-referral and follow up work the centre is open 9-5 week days only.

For Somerset residents whilst immediate help and forensic medical examinations are required to be carried out at the SARC due to their specialist nature, follow up care, either from an independent sexual violence advocate or from the counselling service can be provided nearer to the client's home if this is their wish.

For people experiencing the consequences of historic rape, support is available via mental health services to enable survivors to manage the feelings and symptoms that can arise at any point after the event(s). Primary mental health services (Right Steps), accessed through referral from the general practitioner, provides support to people who have experienced rape and sexual abuse, but their remit is to treat any resulting 'mild to moderate anxiety and depression' rather than provide specific counselling for individuals of rape and sexual abuse. For individual suffering from post traumatic stress disorders (PTSD) as a result of their experiences, again treatment is available from Right Steps.

Where individuals have been severely affected by their experiences and are displaying severe and enduring mental health illness as a result, secondary care mental health services delivered by Somerset Partnership NHS Foundation Trust provide assessment and treatment.

The issue of services for people experiencing sexual assault is mentioned within both the Mental Health & Wellbeing Strategy and the Violence Against women Strategy produced by

NHS Somerset in 2012/13. It is acknowledged that further work needs to be undertaken to clarify if there is a gap in the provision of specialist counselling services for historic assault. A strategic need assessment has identified that the current spend is proportionate given other competing priorities. The collaboration with other health commissioners, local authorities and the police in jointly sponsoring the SARC gives Somerset residents the best outcomes for the investment.

This topic could benefit from further discussion at the Somerset Domestic Assault Strategic Group or the Avon & Somerset Violence Against Women and Girls. A more in depth needs assessment produced in partnership with neighbouring authorities, may be useful to inform discussions.

August 2012

References from Bristol Rape Crisis Centre paper:

¹ HM Government (2007) Cross-government Action Plan on Sexual Violence and Abuse. Home Office. London

² see violence against women and girls ready reckoner

<http://webarchive.nationalarchives.gov.uk/20100104215220/http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm>

³ HM Government (2007) Cross-government Action Plan on Sexual Violence and Abuse. Home Office: London

⁴ Coy, M. et al. (2007). Map of Gaps: the postcode lottery of violence against women services. End Violence Against Women in partnership with the Equality and Human Rights Commission: London. (p.6)

⁵ Estimated, World Health Organisation

⁶ Dr Maureen Dalton (consultant in obstetrics and gynaecology, Royal Devon and Exeter Hospital

⁷ Defined as within the last year by Bristol Rape Crisis and Avon and Somerset SARC

⁸ Women-only services, Women's Resource Centre, 2011 & 'The Crisis In Rape Crisis Centres', WRC 2008

⁹ The Crisis In Rape Crisis Centres, Women's Resource Centre 2008, Surveys of service users (various)

¹⁰ Why women only? Women's Resource Centre 2007

¹¹ Department of Health (2002). Women's Mental Health: Into the Mainstream. London.

¹² Women-only services, Women's Resource Centre, 2011

¹³ Women's Resource Centre (2011) *Hidden Value: Demonstrating the Extraordinary Impact of Women's Voluntary and Community Organisations* London: WRC

¹⁴ Westmarland, N., Alderson, S. and Kirkham, L. (2012) *The health, mental health and well-being benefits of Rape Crisis Counselling*, Durham: Durham University and Northern Rock Foundation.

¹⁵ Corston, J. (2007) *The Corston report: a report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system* London: Home Office