



# Briefing: Sexual Violence Needs Assessment for Avon and Somerset

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The numbers of survivors being supported by local services is much lower than those believed to be affected by sexual violence in all areas of Avon and Somerset. There are psychological, societal and resource barriers for most survivors accessing sexual violence services at the time they need them. Those survivors with additional vulnerabilities or from minority groups can face even greater difficulty getting appropriate support.

### **Under-presentation in services**

The prevalence of sexual violence is far greater than the number of police-reported sexual offences or the number of survivors presenting at sexual violence services. The under-presentation of survivors being supported by local services is particularly pronounced in Somerset.

“Difficult not living in a big town or city where there seems to be more opportunities for support.”

- Sexual violence services need to raise awareness of available support and how to access it

### **Disclosing sexual violence**

Survivors described disclosing sexual violence and first accessing services, which for the majority was a negative experience.

“I have felt left behind by the system...and frightened for women in less privileged positions than my own.”

- Sexual violence services need to raise awareness of support amongst both public and professionals. Survivors most commonly first disclosed sexual violence to friends, family or their partner. The professionals to which survivors most commonly disclosed to were counsellors or GPs.
- The wider workforce should make the process of disclosing sexual violence and accessing services as easy as possible, recognising the strength that it has taken to verbalise their experience, and ensure that survivors are listened to and respected when they disclose sexual violence and seek support.
- Workforce should be informed by expertise developed in specialist sexual violence services, which is in line with recommendations in other areas (Berry et al, 2014).

## **Myths about consent, blame and being believed**

Survivors were worried about blame or being believed. These sentiments were echoed by previous findings on public attitudes or misconceptions about sexual violence (Payne Review, 2009) and in the underreporting of rape in the Her Majesty's Inspectorate of Constabulary report (2014).

*"It took me 11 years to tell anyone. I was afraid what people would think of me. She was wearing a short skirt and drunk, for example."*

- All providers, sexual violence services and others, must openly challenge myths and commonly held beliefs about rape and sexual assault, including consent, blame and making clear that a survivor would be believed. Some of this work should be targeted to BME communities where a lack of understanding and/or stigma can exist surrounding sexual violence.

## **Service provision**

The most common support service accessed by survivors was individual counselling or psychotherapy. It was also judged as "effective" or "very effective" by a high proportion of survivors.

*"It gave me a space to speak about the darkest times in my life...I understand myself more now and know that it wasn't my fault."*

However, survivors also spoke of a need for longer-term and holistic support that would help them with a range of issues that affect them.

*"It wasn't just counselling, it was support with, cos I lost my job as well... going to housing...I had a support worker who was able to support me when other things started to happen in my life."*

Survivors with multiple and/or complex needs need trauma treatment that works with complex lifestyles and recognises the competing needs of the individual. They may not engage with counselling and instead require long-term and practical support. Populations of women and men who are involved in sex work or homeless/at risk of homelessness often present with multiple and complex needs. These are also cohorts who may be exposed to a greater risk of rape and sexual assault; physical violence; trafficking; and sexual harassment.

*"I have only been given short-term support despite [being] sexually assaulted 4 times and raped twice by people I trusted ... Most services are unable to provide long-term support as they have a high demand, therefore, I feel like I have not received the help I need."*

Issues, such as waiting lists and awareness of available services, present survivors of sexual violence with additional barriers to accessing the support they need, once they have found the strength to begin to ask for it. The majority of survivors identified issues with the length of waiting times for services.

“Trouble is when you find the courage to speak to someone you want to do it there and then, not in 6 weeks’ time.”

- Sexual violence services should continue to provide counselling for those who are ready and willing to engage in stabilisation and recovery.
- Sexual violence services should also provide a broader therapeutic offer to provide for a range of needs, and a continuum of support, that can ‘hold’ survivors while they wait for counselling and/or offer step-down support after completing counselling, where necessary.
- Holistic support and flexible provision would benefit survivors with multiple and/or complex needs.
- This could include opportunities for peer support to meet with other survivors who understand or share their experience.

### **Inclusion and additional needs**

Survivors that were male, black or minority ethnic (BME), or lesbian, gay, bisexual or transsexual (LGBT+) have spoken about their particular needs from sexual violence services. It is important that the service response recognises how gender, ethnicity and sexuality can affect a survivor’s experience of sexual violence.

“It still seems to be assumed that males cannot be the victims.”

“The services need to realise that people of sexual assault of ethnic minority needs to be listened to in a different way.”

Survivors with learning difficulties and disabilities might also require a response that is tailored to their individual needs. This includes communication and support to understand sexual assault, and related issues, such as consent.

Sexual violence services should:

- Use accessible and inclusive language and communications
- Be explicit about their accessibility and service provision, for example, where they offer support for male survivors of sexual violence.



- Offer a choice over the gender and ethnicity of their practitioner, where survivors feel that this is relevant to their experience of sexual violence and have a preference.
- Develop staff specialisms in working with survivors with learning difficulties and disabilities and with survivors with multiple and/or complex needs.
- Provide LGBT-specific support to survivors, recognising the LGBT issues and their impact on an experience of sexual violence.
- Provide BME-specific support to survivors, recognising context and ethno-cultural backgrounds, through diverse and representative staff, interpreting services and/or work with BME and community organisations.

### **Learning from the Needs Assessment**

Voscur is sharing the key findings and recommendations of the needs assessment with relevant networks in Avon and Somerset. As such, we have produced this briefing with headline information that can support commissioners and policy makers to positively impact the experience of seeking support, and consequently, contribute to improved outcomes for survivors of sexual violence.

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