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Department of
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and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
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**A CONSULTATION PAPER ON A PROPOSED REGIONAL
STRATEGY FOR ADDRESSING SEXUAL VIOLENCE IN
NORTHERN IRELAND**

JANUARY 2007

CONSULTATION RESPONSE DOCUMENT

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Responses should be sent to:

e-mail: sexualviolenceunit@dhsspsni.gov.uk

Written: Sexual Violence Unit
Department of Health, Social Services and Public Safety
Room C4.8 Castle Buildings
Stormont
BELFAST BT4 3SQ

Fax: (028) 9052 0529

Further copies of the consultation paper are available by telephoning 028 9052 0271 or text phoning 028 90527668 or via the internet at: www.dhsspsni.gov.uk or www.nio.gov.uk

Responses must be received no later than **27 April 2007**

I am responding: as an individual on behalf of an organisation

(please tick a box)

Name:

Job Title: Chief Executive

Organisation: Eastern Health & Social Services Board

Address: Champion House
17-22 Linenhall Street
Belfast
BT2 8BS

Tel:

Fax:

e-mail:

PART 1 - INTRODUCTION:

The regional strategy will use the term sexual violence, which is defined as follows:

'Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent'.

Q.1 Is this definition of sexual violence acceptable?

Response: Sexual violence is difficult to define in a way that suits all individual circumstances; for legal processes, the inclusion of 'perception' could be a difficult concept and potentially could lead to the unnecessary criminalising of behaviours. This definition is likely to place significant demands on service providers.

Referencing the DHSSPS Guidance and Consent and Capacity in the document may be helpful in resolving some issues on consent.

PART 2 - PREVENTION:

Q.2 What will be the most effective ways to increase understanding of the realities of sexual violence among the general public, including children?

Response: This will require a communications strategy which approaches awareness raising at a number of levels. There are currently a number of initiatives which require mapping to identify gaps, one recent example is the Area Child Protection Committees' leaflets on the risks of the Internet.

It is important to maintain a balance between risk and opportunities for growth and development, particularly in relation to children.

Ways to increase understanding could include:

- age specific publicity campaigns;
- targetting of "at risk" groups and venues;
- personal testimonies.

Q.3 Which key target groups could contribute to supporting the process of increasing public understanding of the realities of sexual violence?

Response: This response was based on a public consultation process. The media was referenced on several levels during the public consultation, for example in regard to the preventative section of this strategy, there are lessons to be learnt from the recent domestic violence radio and television public service advertisements which have been considered highly successful.

Other groups include:

- community groups and associations;
- Licencees;
- Educationalists/teachers;
- GP practices;
- Health and Wellbeing groups;
- Investing for Health communities of interest;
- Professional groups working with women eg midwives, health visitors, Well women clinic staff.

Q.4 How best can children's attitudes to sexual violence be gathered?

Response: A number of schools, particularly at secondary level, provide the Women's Aid programme on healthy relationships which facilitates wide ranging discussions, through which attitudes are raised and discussed. Providing a school counselling service alongside discussion would help to define current attitudes and begin to address any issues in relation to attitudinal change. The Department of Education, through the Children and Young People's Package is funding extended schools activities, which can include counselling. Other possible mediums are through play, role playing and specialist observation.

Q.5 What will be the most effective ways to (a) develop, deliver and evaluate initiatives aimed at encouraging the development of social attitudes that will support the prevention of sexual violence and (b) which key influencers could contribute most effectively to the process of dispelling myths and changing social attitudes?

Response: The most effective development of initiatives would be those which include the statutory sectors working alongside community and voluntary groups. The Department of Education is a particularly necessary contributor given that children and young people spend the majority of their time at school.

General training and education in relation to self respect, self esteem, respect for others, healthy relationships.

It is important to develop resilience during childhood

Engaging local community leaders is particularly important, especially role models for boys and young men eg sports stars, teams etc.

The media, particularly "soaps" contribute to normalisation of violent behaviour - the "educative" element of the story line is often underplayed and less dramatically interesting. It would, therefore, be important to ensure that messages in relation to acceptable behaviour and attitudes are made with a higher level of dramatic impact.

Q.6 Should Government give a clear message ahead of public opinion, to stem the tide of normalising sexual violence in society?

Response: Government, through this strategy has an opportunity to give a clear message but there is a responsibility to ensure the message is accurate. The foreword to the document refers to groups which are sexually abused and states this includes "to a lesser extent men". This could be perceived in two ways, statistically, men are less likely to be victims or that the "lesser extent" refers to the impact of the sexual abuse on men which is not to a lesser extent.

There is also a need for the literature review on which elements of the strategy are based to be up to date and accurate. Some of the literature is questionable in terms of current validity, e.g. 1992 research is not current enough in regard to young people who sexually abuse and the statistic of 1/3 of young people reoffending does not reflect that this can often be offences which are not sexual in nature, and behaviours can mutate into for example, self harm.

Q.7 What steps could the media take to support the process of increasing public understanding and awareness of the realities of sexual violence?

Response: Given that the consultation document highlights fears from the public that the police and justice system are perceived as not taking sexual assault seriously enough, and that the legal process is viewed as traumatic, a PSNI and Legal Services communication strategy which includes the media would be appropriate. Reporting should also be less sensationalist in nature and include some general introduction, or context, to specific events or incidents.

The Scottish strategy for the media in relation to the reporting of deaths by suicide has been very successful in this regard, and may serve as a model for developments in Northern Ireland.

Q.8 What key messages should be promoted in relation to how healthy relationships and respect can help to prevent sexual violence?

Response: The launch of the strategy and emphasis on the key proposals would be a useful starting point alongside the research process outlined in this consultation. The importance and value of positive relationships, issues of personal safety and well being, addressing bullying behaviours and self belief and self esteem are all critical key messages.

Q.9 In addition to the education and training sector, what other sectoral groups and influencers have a role in delivering relevant messages?

Response: The PSNI and the justice system are key groups. In this regard the proposal to end the 50% automatic remission to prison sentences would also facilitate building confidence.

It is important to develop ways for parents and extended family networks to promote relevant messages.

Primary Care teams (Pharmacy, Dentistry, District Nursing, Practice/ treatment room nurses, Mental Health workers)

The retail sector, eg space on top up cards etc

Voluntary sector organisations

Q.10 What more could Government do to promote the importance of healthy relationships in society?

Response: The consultation proposal to build in education on sexual violence at key stages in the school curriculum is an excellent start as is the school curriculum on Personal and Social Development; these alongside a well publicised zero tolerance approach from the PSNI and judicial system, would provide added value. Intergrating this message into all aspects of social policy development is also vital.

Q.11 What mechanisms could be used for the ongoing collection of data?

Response: -Any organisation tasked with providing services to victims and perpetrators should, as part of contractual arrangements with commissioning bodies, have a duty to collect information on an ongoing basis, including data on unmet need.

Part of the establishment of a SARCs could be ongoing data collection.

- Clear direction regarding the role of a Single Assessment Process in including this area as part of a standard first assessment.

-Built into routine and specialist assessment and interviewing.

-use of PCIS/single patient record

Data is only collected where an incident of sexual violence is reported. Work needs to be done to ensure improved levels of reporting, particularly among certain sections of the community for example, gay men.

Q.12 In what ways can consistent messages and guidance be developed about specific risk factors and how best could the task of co-ordinating the multi-sectoral aspects of addressing known risk factors be taken forward?

Response: In regard to children there are multi-disciplinary Regional Area Child Protection Policy and Procedures and Departmental guidance, Co-operating to Safeguard Children (CtSC), which provide guidance on child protection to community, voluntary and statutory agencies and emphasise the shared responsibility to safeguard children. The Roles and Responsibilities section of the CtSC guidance references Probation, Social Services, the Voluntary and community sectors, prison service, local government and the wider community. The proposed Safeguarding Board will be a key mechanism to develop, co-ordinate and address risk factors to children.

It is important to ensure that all strategies and initiatives are co-ordinated and consistent, eg , how does this Draft Strategy complement the proposed Sexual Health Strategy and the current Teenage Pregnancy and Parenthood Strategy?

There should be a clear public health message that assist with joining these areas up.

Q.13 What practical measures could be developed to promote personal safety, generally, and to protect those most at risk, in particular?

Response: The consultation refers to integrating strategic messages about sexual violence with those about domestic violence; organisations, such as Women's Aid and Barnardos, have developed, alongside victims, practical measures. This is one area where survivors could contribute significantly.

The development of peer education and support programmes and the extension of "safety zones" in town and city centres are potentially other approaches.

Q14 (a)How can we stop sexual violence happening to children (b) what actions can be taken to better protect young people from sexual assault and (c)what role can the media play in bringing this about?

Response: The Eastern Health and Social Services Board's area public consultation, facilitated by the DHSSPS, raised the need to engage children, using mediums they enjoy. Suggestions included building on the Internet site "Think u Know" which provides children with information on grooming by adults involved in child sexual abuse. Other suggestions were to link increasing understanding to sexual health education, and to have continuous sex education programmes responding to changing needs, providing differing levels of information, which is age appropriate. The consensus was that the more children and young people understand the more protected they become.

There is a need to build on existing anti-bullying messages and programmes and work which promotes respectful relationships. There is also a need to promote the use of billboards and text messaging as effective means of communicating with children and young people.

Q.15 What type of protection under the law should children and young people have?

Response: There are a number of recent initiatives expected to provide additional protection under the law e.g. The Safeguarding Vulnerable Groups Act and the Voluntary Accreditation Scheme for unregulated providers, however, good communication and information sharing remains a key element of protection. This, however, is an area which all Child Protection Inspections and Case Management Reviews report ongoing difficulties in achieving.

The consultation document refers to growing concern regarding child sexual exploitation and refers specifically to the EHSSB's group "Tackling the Commercial Exploitation of Children. This group has benefited from good interdisciplinary working and has recently expanded to include a Criminal Investigation Department Vice representative and joint working initiatives between the PSNI and Social Services are being progressed to help identify vulnerable young people.

Q.16 How do we ensure that the legal system is better able to provide children with protection and justice when they have experienced sexual assault?

Response: There are continuing concerns regarding the role of the legal system in the prosecution of alleged offenders and how children are currently subjected to cross-examination, in association with the time lapses between violence occurring and the case coming to court for adjudication. The low rate of conviction, in comparison with allegations and investigations, shows that the present system requires scrutiny and improvement. Further work on video evidence, to allow for therapeutic work to be undertaken, rather than children and young people having to wait for the completion of court cases before benefiting from counselling, needs to be addressed.

Those who attended the consultation exercise, felt there was merit in an early guilty plea by an offender offering an incentive for a reduced sentence, as the guilty plea reduces the stress on the child or young person awaiting a formal trial.

Enhanced training and support for all aspects of the court system, including judge and jury. [See also additional comments Page]

Q.17 What additional actions are required to protect sexually active young people from abuse and exploitation?

Response: The Regional Area Child Protection Policy and Procedures apply to all young people under the age of 18 years, however, there are variations in application when trying to apply these procedures to sexually active young people aged 15 years plus. This becomes an issue when trying to apply these procedures to situations where the professional perceives exploitation but the young person does not. Often different agencies adopt different perspectives which can lead to the dilution of existing safeguards. For this reason, attention needs to be given, on a regular basis, to reissuing existing guidance and working towards common understandings across disciplines to ensure consistency of approach.

Q.18 How can awareness be raised among children and young people about sexual exploitation?

Response: As referenced throughout this response, schools and the curriculum can raise awareness on an ongoing basis. Please refer to the answers to questions 2, 7 and 14.

Q.19 What are the key messages to be developed in relation to early intervention with (a) adult perpetrators and potential perpetrators and (b) with young people who display sexually harmful behaviour?

Response:

Young Offenders require a MASRAM type intervention, to protect the public, alongside therapeutic intervention as research suggests that adolescent sexually harmful behaviour can be addressed to prevent the young person becoming an adult perpetrator. There are assessment models currently in existence which could meet this need and which address differing levels of sexually harmful behaviour.

While prosecuting more offenders is a necessary goal, prosecution alone will not necessarily address the most dangerous offenders and more attention needs to be given to managing non adjudicated offenders who remain a significant proportion of the population. The thresholds for meeting the eligibility for intervention with perpetrators remains high.

A balance of risk needs to be struck between learning from risky behaviour and developing mature decision making skills.

PART 3 - PROTECTION AND JUSTICE

Q.20 How can the policy and practices of the different criminal justice agencies be improved when addressing the needs of victims of sexual violence?

Response: Mapping current provision across all agencies would be a useful baseline to improve practice and inform policy development across all agencies involved.

The cost of improvements in practice will have to be addressed; this has not yet been done.

Policy and Practice of the different criminal justice agencies need to shape, as well as reflect, cultural and societal norms. It is important that they lead the development of understanding of the vulnerability of victims and issues of credibility and scrutiny of the victims' past behaviour need to be resolved.

Q.21 What areas should the criminal justice system prioritise when addressing cases of sexual violence ?

Response: In the first instance, addressing those within the system: the needs of young children who are expected to give evidence, and their therapeutic needs; a dedicated centre for children similar to the SARCs.

A second priority, where increases reporting becomes a reality, will be the need to provide the resources to process these cases in a timely manner and to provide support services immediately to facilitate recovery, as well as supporting the legal process to its conclusion.

There needs to be clarification of age related issues and support for victims, a re-evaluation of the balance between victim and defendant, for example how to ensure that victims feel able to report an incident of sexual violence and able to pursue it through the legal system.

Regular information to victims on progress of an investigation and the likely timescale for the trial, as well as potential release/parole dates also needs to be addressed.

Q.22 What types of improvements are required in the statistical information available within the criminal justice system?

Response: Information regarding the reasons for rate of attrition between referral of an alleged sexual offence and prosecution is required. The statistics available, in comparing reporting in comparison to convictions, are worrying. There is also a requirement for public agencies to conduct more qualitative research to identify the causes.

There is little information available in relation to offences against women with learning disabilities. More needs to be done to investigate under-reporting, examine decision making by the PPS, and the furtherance of complaints generally for example is this dealt with under the Vulnerable Adult procedures only, or subject to a formal prosecution process?

Q.23 *What might be included in the terms of reference for an Inspection by the Criminal Justice Inspectorate of the handling of cases involving sexual violence?*

Response: Possible areas included:

- . to inquire into the delays in progressing prosecutions;
- . the experience and knowledge base of Barristers operating in this field;
- . the management of situations and allegations involving people with learning disabilities in particular and, more generally, those considered to be vulnerable adults;
- . support for jurors;
- . support for victims throughou the court process.

PART 4 – SUPPORT

Q.24 *What will be the most effective way to identify necessary support services and models for resourcing and delivering them?*

Response: Mapping of current provision across the voluntary and statutory sector, an understanding of the long-term effects of sexual violence, which becomes inter-generational as children's well being is effected by a parent's unresolved abuse issues. Many children subject to Child Protection planning have parents who need to address issues from their pasts before they make the necessary parenting capacity to meet their children's needs. The difficulty is that the therapeutic intervention required can involve protracted timescales and services are not currently tailored for the more long-term interventions which are required. At present, substantial resources are being channelled into parenting programmes within the voluntary sector as part of the children and Young People's Funding Package, programmes which address barriers to parenting such as past child sexual abuse should be a priority within such programmes.

[See also Additional Comments page]

Q.25 *What key services would contribute most to victim/survivor care and support?*

Response: Key sources include:

- . early therapeutic intervention which is provided to meet individually assessed need and therapeutic interventions which in the long term allow for re-referral at key points in a victim's life;
- . support at GP level regarding emergency contraception and screening for STIs;
- . further development of counselling and support services, especially focusing on the needs of the gay population and those whose first language is not English.

Q.26 *Is there a need to develop different services for different cohorts of victim/survivors, for example, due to gender, age or sexual orientation?*

Response: Yes, same sex sexual violence is considered to be an area that is under reported, there needs to be means of obtaining support without "outing" the victim. There needs to be a range of people who are appropriately trained and who are accessible to a broad range of victims, rather than have exclusive lines of support which can result in some vulnerable people and groups not accessing support as they do not fall into existing service provision frameworks.

Services which are too fragmented can result in problems with accessibility, resources and measurements of effectiveness. It can also result in people who are not easily categorised being left unsupported.

Q.27 *How can services provided by HSS Trusts and the PSNI be better co-ordinated with those services provided by voluntary sector organisations to achieve the best outcomes for victims/survivors?*

Response: Better co-ordination and outcomes could be achieved by:

- . shared aims and objectives and joint funding of particular services;
- . increased engagement on the proposed regional Safeguarding Board, as well as with Trusts' Safeguarding Panels;
- . shared learning gained from experience in operating existing protocols, policies and procedures;
- . developing shared outcomes;

All services need to have a timely response to service users and SARC's need to include clear and appropriate linkages with other services.

Q.28 *Which organisations could benefit victims/survivors by having clear protocols for joint working?*

Response: Joint protocols between the HPSS, PSNI, the voluntary sector and PBNI would be of benefit.

Q.29 *What are the advantages of developing a uniform model of assessment (to complement the DHSSPS model) for assessing the risks of young people who present with sexually harmful behaviour?*

Response: A uniform model will ensure that all the involved agencies have a clear understanding of the different levels of risk and are applying the same criteria, this will also facilitate ongoing data collection on the extent of sexually harmful behaviours and details on the nature of the behaviour.

Q.30 *Taking account of existing help-line facilities already in place, is a 24 hr sexual violence regional help-line needed in Northern Ireland?*

Response: A regional help-line would ensure full coverage for the region and avoid any postcode lottery. It may also encourage self referral. There is a need, however, to consider if existing help-lines could be adapted to meet the need rather than establish another help-line service.

Q.31 *What will be the most effective ways of increasing awareness about services that are available?*

Response: Service directories can provide some help, but depend on the individual being able to access them appropriately. They are also difficult to maintain and keep up-to-date. A single contact point is probably more useful, as is a web-based advice service; although updating this is often challenging. Personal recommendation is always the most effective way of encouraging others to make use of support services.

Q.32 *To which services should regional standards apply and how should standards be monitored?*

Response: Regional standards should apply to all organisations offering a service in this area, and should be monitored through RQIA, or an equivalent quality assurance process.

Q.33 *What (a) skills and training and (b) support, do people working directly with victims/survivors of sexual violence need?*

Response: There is a need to provide support which takes account of the particular difficulties faced by those working with this population. The information they come into contact with can be overwhelming and can impact on all aspects of their lives. It is necessary to ensure that staff do not reach a stage where their tolerance levels increase and inappropriate or inadequate assessment of risk occurs as a consequence.

Access to accredited training and opportunities for continuous professional development are essential. Training should be competency based and include the impact of historical events, inter generational trauma and access to regular supervision and support and victims and perpetrators.

Q.34 *How best could a Training Strategy feed into existing multi-disciplinary training plans in statutory and voluntary sector agencies?*

Response: The Area Child Protection Committees, which it is proposed will be replaced by a regional Safeguarding Board, and supported by Trust-wide Safeguarding Panels are a mechanism for multi-disciplinary strategic direction. There are examples of joint training initiatives in regard to the PSNI and Social Work in the form of the Joint Protocol of Investigation and forthcoming training across agencies on the Understanding the Needs of Children in N.I. (UNOCINI) referral and initial assessment model across agencies should contribute to greater standardisation of practice and training.

Q.35 *Should training about the nature, incidence, impact and response to sexual violence be incorporated into pre-qualification training for relevant health professionals?*

Response: Yes, if this Strategy is aimed at increasing awareness and understanding within the general population, then staff who are likely to encounter sexual violence on an ongoing basis need to have a level of understanding which should also include knowledge of services to assist them provide signposting to relevant services to victims.

PART 5 - EQUALITY IMPLICATIONS

Q.36 *Are the proposals in this document likely to have an adverse impact on equality of opportunity or on good relations with regard to the Section 75 categories of people described above? Please give details of any qualitative or quantitative evidence. If yes, please state how these adverse impacts could be reduced or alleviated in the proposals.*

Response: The needs of same sex victims, as previously referenced, needs to be taken into account, as does the geographical positioning of a SARCs as this is likely to require consideration in terms of equity of access.

Q.37 *If you feel the adverse impacts cannot be alleviated within the current proposed actions, please suggest alternative actions that could be considered to reduce the adverse impact.*

Response: Learning from the English experience in regard to SARCs, as there are likely to be statistics on level of referral and uptake of services by geographical area.

Q.38 *Have the needs of the Section 75 categories of people been fully addressed in the proposals? If not, please provide details.*

Response: The Strategy does not address the challenges around young people under the age of eighteen, both their harmful behaviour and keeping track of them when they are discharged from the JJC. A small, but significant population, of such young people have learning difficulties, which result in difficulties in working with them consequently they become a particular risk. At present there is limited expertise within Northern Ireland to meet the needs of this group of young people.

The consultation document does not adequately address groups who have a sensory impairment, who are among the most vulnerable groups in society and will require information in a sign language/ Braille format.

The emerging issue of trafficking of foreign nationals is not addressed, nor are the partners of foreign nationals who are isolated due to language and cultural barriers.

Additional Comments (please refer to Questions if continuation from above)

The development of a SARC in Northern Ireland needs to take account of what has worked with the English model as well as the difficulties. In particular, the location of such a centre will be crucial to its operation. If sited at a hospital, there is a concern that a more medical model of intervention may apply.

The overall approach within the consultation paper is welcome, that is focusing on prevention, protection and support, however, the paper focuses largely on the needs of children and young people who are victims of sexual violence, and more emphasis should also be placed on the impact of such events on adults generally.

The paper should consider the needs of trafficked women, who may feel that they are unable to disclose incidents of sexual violence as this may have a detrimental impact on their immigration status.

People with special needs may find it difficult to disclose incidents of sexual violence, for example people with learning or sensory disabilities, people who have a history of mental illness, and people whose first language is not English. Such people may also find it difficult to navigate the system and access appropriate support.

The section on Protection and Justice should consider the benefit of scrutinising the level and nature of sexual offences against women with learning disabilities as a separate category of offence.

The section on Protection and Justice does not adequately reference, or address, the role of the Regional Medium Secure Unit and the role of Community Forensic Teams in managing and supervising those who pose serious risks to themselves and others.

Indeed a major weakness of this section is that it does not adequately address the issue of non-adjudicated individuals who do not fit into the current MASRAM arrangements and are not subject to formal supervision orders enforceable through the courts. Consideration should also be given to the role played by the Specialist Forensic Unit at Muckamore Abbey Hospital. Related issues of re-settlement and planning of life-long support and supervision of individuals.

It is vital that these services are included in any strategic planning in this area.

Q16 - Additional Comments: The courts also to be more aware about how sexual assaults affect children and take this into account when assessing children's statements and evidence to the courts.

Q24 - Additional Comments: There is also a need to identify and build on existing local examples of good practice and national and international best practice which are contextualised to meet the Northern Ireland situation.

THANK YOU FOR YOUR COMMENTS

Produced by:
Department of Health, Social Services and Public Safety,
Castle Buildings, Belfast BT4 3SQ

Telephone (028) 9052 0271

Text phone: (028) 9052 7668

www.dhsspsni.gov.uk

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