

Response to:

A CONSULTATION PAPER ON A PROPOSED REGIONAL
STRATEGY FOR ADDRESSING SEXUAL VIOLENCE IN
NORTHERN IRELAND

On behalf of :

The Health Promotion Agency

The Health Promotion Agency for Northern Ireland

The Health Promotion Agency for Northern Ireland (HPA) is the major regional provider of health promotion services and plays a leading role in policy development and the provision of advice on health promotion issues. The HPA is committed to working with many statutory, voluntary and private bodies and with national and international health promotion organizations. By working with others we aim to shift the emphasis of modern health services towards prevention, protection and education, to reduce the need for treatment or rehabilitation and improve overall quality of life.

Priority areas of work include nutrition, physical activity, drug and alcohol misuse, smoking, mental health and sexual health. We are committed to reducing the incidence of coronary heart disease and cancers, Northern Ireland's biggest killers.

The work of the HPA includes:

- Policy development and advice
- Research, information and analysis
- Public and professional information (campaigns and publications)
- Training and professional development

The HPA has played a significant role in tackling alcohol misuse in Northern Ireland through a range of measures, including mass media campaigns designed to raise awareness of and challenge attitudes to alcohol misuse, and research into drinking behaviours and perceptions to alcohol in Northern Ireland, as well as secondary analysis of data on underage drinkers. The HPA submitted a comprehensive response to *Liquor Licensing – The Way Forward: Government Proposals to Reform Liquor Licensing Law in Northern Ireland*, in January 2006

Investing for Health

The strategic aims and objectives of the HPA are set within the context of the Government's public health strategy *Investing for Health*. The strategy recognises the importance of partnership working and collaboration between members of statutory and non-statutory groups, community and voluntary groups as well as all Departments in order to address the wider determinants of health, particularly the social and economic inequalities that exist among people.

Questions

Q.1 Is this definition of sexual violence acceptable?

Yes

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

A structured process of education formal through various channels and programme sand informal through briefings and dissemination of evidence and research

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

Womens Groups
Police service and
Disability Fora
Parents Groups

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

School Surveys

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?

Implementation of a Communication Strategy which has been developed through models of best practice and resourced properly to carry out its objectives

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

Yes

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

Be aware of the issues and trained in how to communicate them

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

Healthy decision making around consensual sexual behaviour

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

Health
Security
Social Services
Private Sector
Community and Voluntary Sector

Link this and other strategies under the Investing for Health Implementation process and to cross-departmental approaches.

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

More resources for implementation of this and linked strategies
Link objectives of Strategy to Government programmes and Departmental objectives.

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

Specific surveys and research
More use of generic research add enquiries around this issue to more general surveys.

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?

Development of an integral Communication Strategy
Steering Group to oversee implementation

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

More visible security and safer physical environments (lighting etc. More involvement of vulnerable groups.

Q.14 (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?

Greater awareness of the issue
Implementation of existing guidance.

The media could develop a structured response and guidance to this issue and train staff in its implementation.

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

Inclusion of UN Charter of Children's Rights in Law.

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

More education and skills development in dealing with sexual behaviour

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

Formally through the curriculum
Parental involvement.

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?

Prevention of re-offending
Awareness of damage to others and self

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

Sensitive investigative procedures.
Standardised approach.
Health Service guidance
Justice system training

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?

Make this part of implementation process of this strategy implementation process and include coordination in performance management of health and other services.

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

All Health and justice organisations should be involved.

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?

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?

Needs to be piloted.

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

Effective Public Information approaches

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

Yes