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Office



Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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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:

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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 **27April 2007**

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

(please tick a box)

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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: We would suggest that definition is widened to enable the inclusion of those who are vulnerable and do not have the capacity to give informed 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: Key proposal 1 will assist with awareness - participants should receive individual copies of results. Results should form basis for awareness raising information. A health promotion approach for a general publicity campaign including work place and schools initiatives; peer education and use of the internet would probably be most effective. Would also propose "routine enquiry" approach via health visiting/social workers as used for domestic violence.

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

Response: Those who have experienced sexual violence in the past and those who have experience of dealing with the consequences for individuals, eg A&E staff, Mental Health practitioners, children's health and social care staff, police officers and voluntary sector agencies.

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

Response: Psychological study/testing and retrospective studies specifically designed for use by children and young people. Links made with specialist services ie the child care centre, Young peoples therapeutic services - Barnardos, childline etc for consultation purposes and feedback.

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: Recent work to tackle domestic violence would provide a good model to develop and deliver initiatives to address social attitudes. Agencies adopting a "zero tolerance attitude" and proactively supporting victims to report and through the legal process. The media will be a key influencer. Engage programme makers (particularly those making programmes for teenagers and young adults) in discussion and encourage them to present a more realistic view of the issue and the impact on victims.

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

Response: Yes, and a consistent and coordinated agency response is required. Also need to educate re importance of undertaking assessment of the non-abusing parents capacity to protect to reduce intergenerational and intra-generational transference of sexual abuse.

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: The media could more realistically portray the consequences of sexual violence for victims' their families and for perpetrators.

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

Response: The key message to be conveyed is that mutual respect and healthy relationships benefit the individual and society generally. However work in this area needs also to consider the number of children already experiencing abuse directly or witnessing it within their families. We need to be prepared for disclosure and have adequate investigation and therapeutic support to respond appropriately. We noted incest was not clearly referenced in the strategy and would suggest it needs to be clearly stated given it is such a taboo issue and victims need to be encouraged to speak out.

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

Response: Health and Social Care, professionals (particularly GPs) police, legal profession, criminal justice, the voluntary sector and the media. Experts such as Ray Wyre, Gerrilyn Smith, David Finkelhor and others should be approached to provide training to staff working in the field of child sexual abuse and to inform media coverage on different aspects of this hidden crime

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

Response: Provide more resources and supports for those delivering messages on healthy relationships and monitor the outcomes especially within school/health settings.

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

Response: Good quality benchmark data is required from the outset to enable a robust evaluation of the impact of the strategy (eg base line attitudinal information; clear identification of the desired outcomes and indicators that will be used to measure outcome).

If existing data collection systems within agencies are not able to provide the necessary data then the resource implications of additional information requirements needs to be addressed.

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: Given the complexities inherent in addressing sexual violence and the varying social/cultural attitudes and responses to this, a regional body similar to that established in relation to domestic violence is required. At a local level, sufficient resources need to be made available to agencies to enable joint working and a common/consistent response to sexual violence. Need to consider role of non abusing parent and assess their capacity to protect within context of case planning or child protection processes.

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

Response: Address environmental issues (better street lighting, CCTV, high visibility policing and priority response etc. Similar to the domestic abuse strategy develop personal safety plans for those at risk and target vulnerable groups such as care leavers and people with learning disability or mental health difficulties to ensure that personal safety is addressed in independence training and planning to leave care.

The legal system could reconsider evidential requirements and adapt them to enable evidence from vulnerable individuals to be presented in court and given equal validity.

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 promotion of the rights of children is vital in this respect. A consistent message of zero tolerance of sexual violence or exploitation of children and young people needs to be delivered.

Greater control of the internet and mobile technology is also desirable, as well as personal development programme for children and young people which promote healthy relationships and increase self esteem.

Education via media to raise public awareness and to promote zero tolerance.

Education via school programmes re healthy relationships,good/bad touch should be part and parcel of curriculum.Promoting self esteem and encouraging children to seek help/support if needed in confidence or via pre identified personnel.Need to educate/engage with parents to advise re purpose behind such initiatives is to safeguard children.

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

Response: Children and young people must have absolute protection under the law.

Cases of "child prostitution" should be considered as child abuse, and those exploiting vulnerable children and young people (both those employing them and those using them) should be treated as abusers.

The length of time taken for cases to get to court should be urgently addressed and support for children presenting evidence needs to be widely accepted as legitimate - ie defence barristers should not be allowed to use the fact that children or other vulnerable witnesses received support as part of their strategy to discredit prosecution evidence.

Children and young people also need to be protected from further victimization and abuse post disclosure with supports ongoing after the conclusion of the legal process.

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: Courts must be 'child friendly' and the investigation swift to ensure no delay. The rights of the child must be upheld via appropriate sentencing, with perpetrators/society receiving a clear message that sexual violence against children is illegal and will be stringently punished.

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

Response: Peer educators and a health promotion approach generally should be used to deliver key messages about the difference between consensual and non-consensual sexual activity, and allegations or disclosures of sexual violence should be taken seriously and investigated fully whether or not a young person is otherwise sexually active. Young people also need to hear messages about how drugs and alcohol can impair their capacity to make good, safe decisions.

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

Response: The strategy to raise awareness generally needs to include specific age appropriate information for children and young people to be delivered through new technologies and mediums most frequently used by young people, and available via the public services they are most likely to use (eg education, youth and leisure services).

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: The key message for adult perpetrators should be one of zero tolerance. Health, social care and education practitioners need to understand the potential for inappropriate behaviours to escalate if they are not addressed early on, and tools and resources made available to support practitioners to address potentially harmful behaviours with young people or others who are vulnerable because of impaired capacity. Requires a multi agency/disciplinary response with social services leading on same in respect of minors under 18yrs. Also need to assess non abusing parent(s) capacity to protect. Need more stringent guidance/legal remedies where serious concerns arise in respect of persons who have not been convicted of sexual offences but where allegations are deemed by the professional parties as being substantiated

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: There is a need for greater joined up working and consistency in terms of policy and practice and greater opportunities for joint training. Also, a mechanism at a strategic level to oversee policy and practice and to promote the development of regional consistency would be beneficial.

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

Response: Children and young people should be a priority to guard against undue delay, and a review to ensure that investigation and court processes enable the presentation of evidence from vulnerable witnesses.

Some attention also need to be given to identifying and tracking repeat or serial offenders who target and groom vulnerable people.

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

Response: A clear priority is required in terms of collecting this data with appropriate linkages to other systems. Data re victim and perpetrator profiles are required, reporting data, information re outcome of investigations and prosecutions, support services, is necessary to begin to clarify the extent of sexual violence and those at risk of abuse and those likely to offend.

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: Identify the time line from investigation to prosecution and identify points of delay in the process and reasons.

Where the victim was under 18 years or had an identified capacity issue - what support was offered to them throughout the process.

Review cases that were not brought to prosecution and identify the reasons why the case was not pursued.

Review cases that did not result in a conviction - would they have met "balance of probabilities" evidence criteria?

Review the consistency in sentencing between Courts / jurisdictions

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: Ask people who have been assaulted, their families and others currently working to support them what supports are necessary. Review current models of best practice and their relevance / applicability to the Northern Ireland context.

Joint training and working, clear protocols and ring fenced resources to deliver support services are likely to be most effective.

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

Response: This will be more clearly identified depending on the outcome of consultation with people who have been victims of sexual violence and those with some experience in working with them currently.

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: It is unlikely that separate service would be required as long as the service that is developed is flexible and sufficiently sensitive to people with different cultural backgrounds; gender; age; or sexual orientation.

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: Clear, agreed protocols for working together; joint training; better information and sharing of expertise.

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

Response: General Practitioners, HSC Trusts, Police and schools for reporting and investigation and intelligence sharing. Close working with PBNI, Prison Services mental health practitioners, church / faith groups and the voluntary sector will be important for supporting those who experience sexual violence and in addressing behaviour with perpetrators to preventing reoffending.

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: The main advantages are consistency and a holistic approach to assessing need. However we would suggest that in respect of young people this needs to be an intrinsic part of the assessment rather than a separate albeit complimentary) element to the DHSSPS model.

Some work is also required to refine the model to agree thresholds for intervention. Also may need to engage with a more specialist service to undertake an assessment but more specifically a treatment programme, given their expertise in this area.

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: More information on the services currently available and their effectiveness would be required before presenting an informed comment on this issue.

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

Response: This depends on the service being offered and the point in the process the potential service user is at.

While general poster / leaflet / media campaigns may serve to raise public awareness information about specific services are most likely to be useful at critical points in the process (eg - when they make a disclosure or report an offence; when a decision about prosecution is made, or at the conclusion of court proceedings.

While leaflets detailing services can be useful it is more critical that practitioners across the relevant agencies (including legal practitioners) are well informed about each other's role and remits, the availability and referral criteria of different services, and are prepared to proactively support individuals to access the services that are most appropriate for their individual needs and preferences.

The development of a SARC is needed as a one stop shop however it is imperative that FMO's are able to prescribe emergency contraception. Given the SARC is a new development in NI, this needs to be capitalised on through appropriate awareness raising of this new service and rationale for same allowing for information sharing on sexual violence and related issues.

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

Response: Regional standards should be consistent with (and if possible incorporated within) existing standards for statutory agencies. They should also apply to voluntary agencies and private sector bodies (including the legal profession) who are contracted to provide services or are in receipt of government funding.

Compliance with standards should be monitored on a cross service basis or through contractual arrangements and service level agreements with providers of services.

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

Response: Primarily basic or qualifying training for a broad range of professionals should include an element of awareness and understanding of sexual violence and its impact.

Specialist training will be dependent on the knowledge and skills requirements for specific services and is not easily answered generically.

Assessment of impact of abuse on victim and family needs to be considered and assessment of non abusing parent(s) capacity to protect a prerequisite.

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

Response: The issue of sexual violence and its impact should be addressed through existing multi disciplinary training programmes for child protection; domestic violence and vulnerable adult protection - all of which take a multi-disciplinary / agency and intersectorial approach.

However some specific training may required for agencies and professionals working outside of specialist areas who are likley to encounter victims of sexual violence in the course of their work. General Practitioners, staff in A&E Departments and mental health professionals for example. Officers engaged in routine policing and criminal investigation require some knowledge and skills to sensitively manage people reporting sexual violence, and in education, further education colleges and university may have students whose education and well being is negatively impacted by sexual violence. A training strategy to address sexual violence needs also to reach these groups.

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, not only health professionals - social care; education; youth and community workers; the legal profession; and police training for example should all include at least some awareness training with regard to the incidence and impact of sexual violence.

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: Not aware of any likely adverse impact at this point.

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:

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

Response:

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

THANK YOU FOR YOUR COMMENTS

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