



Northern
Ireland
Office



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

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

***“HIDDEN CRIMES
SECRET PAIN”***

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

January 2007

Contents

Page

Foreword

Executive Summary

Part 1:	Introduction	1
	<ul style="list-style-type: none">• Background• The proposed approach to tackling sexual violence• Key themes and objectives• Challenges• What is sexual violence?• What is the extent of sexual violence?• Impact on victims/survivors and on society• A regional study into the prevalence of sexual violence	
Part 2:	Prevention	21
	<ul style="list-style-type: none">• Raising awareness• Examining social attitudes• Encouraging the development of healthy relationships and respect• Identifying risk factors• Child sexual abuse• Protecting sexually active young people from abuse• Early intervention• Breaking the cycle of sexual violence• Proposals• Questions 2 to 19	

	Page
Part 3: Protection and Justice	53
<ul style="list-style-type: none">• Background• Sexual Offences Statistics• Strengthening protection for adults and children• Ensuring an effective response from the criminal justice process• Holding the offender accountable• Victim Information schemes• Managing the Offender• MASRAM• Professional development• Development of Criminal Justice System sexual violence statistical information• Proposals• Questions 20 – 23	
Part 4: Support	93
<ul style="list-style-type: none">• Background• Current services• Pathways to services• Towards better services• Sexual Assault Referral Centres (SARCs)• Multi-agency responses• Children’s services• Information about services• Developing good practice and consistent standards• Training• Proposals• Questions 24 - 35	

	Page
Part 5: Equality implications	117
• Questions 36 – 38	
Annex A: Members of the Inter-departmental Steering Group on Sexual Violence	119
Annex B: Issues on which views are sought	120
Annex C: How to respond	128
Annex D: Where to get help	131
Annex E: Glossary	133
Annex F: References	139

Foreword

Any act of inter-personal violence has a devastating effect on the victim. When that violence is rape or sexual assault, the effects can be even more traumatic.

Sexual violence is an abhorrent type of crime which affects women, children and, to a lesser extent, men, from all walks of life, from all cultural, social and ethnic backgrounds and across all age groups. It can be perpetrated against family members, intimate partners, acquaintances and strangers. Sexual violence can take place in any setting, including home, the workplace or in public places. It can occur throughout life, from infancy to old age, and involves women and men, both as victims and as perpetrators. However, it is universally the case that sexual violence is most frequently perpetrated against girls and women, and that young people are particularly vulnerable. The impact of sexual violence on the victim can be substantial, affecting their physical, mental and sexual health. There are also implications for the police, the criminal justice system and the health service, not to mention the fear that sexual crime engenders in our communities.

Government is committed to tackling sexual violence across the United Kingdom and this consultation document outlines our proposals for developing a regional strategy for Northern Ireland. The challenges fall into three key areas – Prevention; Protection and Justice; and Support.

The nature of sexual violence, the complex issues it involves and the degree to which it remains hidden, contribute to the development of powerful myths and stereotypes. These fail to reflect the reality of sexual violence and limit society's understanding of what it is, who it happens to, what impact it has and who it is perpetrated by. These same myths can also undermine someone's ability to acknowledge that they have been sexually victimised, to seek help or to report the incident. We must **raise awareness** about the realities of sexual violence, including the vulnerabilities of specific groups, and create opportunities to **examine social attitudes** towards it. We must also **develop effective preventative approaches** and ensure that we have **strong and proper safeguards** for children and vulnerable adults.

In terms of the criminal justice system, we must **build confidence that sexual violence is treated with the same degree of seriousness as other forms of inter-personal violence**. Government must **ensure that the law affords proper protection** and that it is **rigorous in bringing perpetrators to justice**.

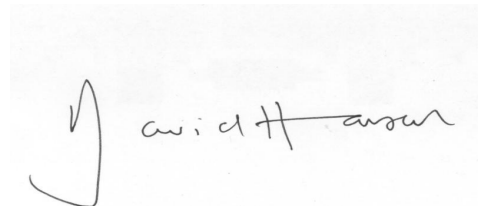
While valuable work has been done by both the voluntary and statutory sectors in addressing the needs of victims/survivors of sexual violence, many of the services that exist at present have evolved on an incidental basis, or in response to a specific need. There has been no development of holistic healthcare or support services in a planned, strategic way across the region. The **provision of integrated services** where victims/survivors can have their

needs met quickly and sympathetically by properly trained staff will be crucial to minimising the risk of subsequent physical and mental health difficulties and promoting recovery. We must **encourage victims/survivors to seek help** and **tackle the barriers that currently stop them from doing so**. We must **ensure that help is available** for them and that the response of professionals, including doctors, teachers, social workers and the police, is supportive, sensitive and effective.

There is much to be done to prevent sexual violence happening, to support victims/survivors, and to deal with perpetrators. To achieve these ends we need to develop a broadly based multi-agency approach both to improving justice and health outcomes for those affected and to ensuring that the public is protected from risks posed by sex offenders. The scale of the work involved requires a strategic regional framework. We would welcome your views on the proposals in this document to help us develop and implement an effective and cohesive strategy to tackle sexual violence in Northern Ireland.



PAUL GOGGINS MP
Parliamentary Under Secretary of
State for Northern Ireland



DAVID HANSON MP
Minister of State for
Northern Ireland

Executive Summary

Purpose

1. Government is committed to tackling sexual violence and this consultation document outlines proposals for developing a regional strategy for Northern Ireland. It is the beginning of a process to address the issues faced by victims/survivors of sexual violence and its impact on their families and society as a whole. The challenges presented by this strategy fall into three key areas – **Prevention, Protection and Justice and Support** and it is on this basis that the document is structured.
2. Much valuable work is already being done in Northern Ireland by the voluntary and statutory sector in providing health and support services and by criminal justice agencies, but more can be done in a structured and co-ordinated way to prevent sexual violence occurring in the first place and to ensure that victims/survivors are provided with the level of help and support they need at the appropriate time.
3. An inter-departmental Steering Group on Sexual Violence was set up in February 2005 to oversee the development of a comprehensive regional framework for addressing sexual violence. This framework will guide policy and service responses from our healthcare, education, criminal justice and support systems to ensure that they:
 - Meet the needs of victims/survivors;
 - Encourage the reporting of offence;
 - Focus strongly on prevention;
 - Tackle issues affecting the successful prosecution of cases;
 - Maximise the accountability of perpetrators;
 - Promote awareness and
 - Challenge social attitudes.

4. In developing the draft strategy, the Inter-departmental Steering Group met with and took on board the views and issues put forward by interested parties in the voluntary and community sector and most importantly, from victims/survivors themselves.

Key Proposals

5. There are number of key proposals throughout the document which attempt to begin to address the issues raised. The main proposal in the strategy, which is being taken forward alongside the consultation, is **to set up of a Sexual Assault Referral Centre** for victims of rape and sexual assault in Northern Ireland. The other proposals in the draft strategy are:

Key proposal 1

The Department of Health, Social Services and Public Safety and the Northern Ireland Office will support and sponsor a comprehensive study with the aim of providing reliable estimates of the prevalence of sexual violence among women and men in Northern Ireland, from childhood to adulthood.

In addition, the study will also develop insights into who had been victimised, who the perpetrators were, the context in which the abuse occurred, the impact of the abuse on the lives of those who had been victimised, and the patterns of disclosure of the abuse to others.

Key Proposal 2

To write to the Criminal Justice Inspectorate to undertake a thematic inspection of how sexual violence cases are handled by the Criminal Justice System and to put forward recommendations for improvements.

Key Proposal 3

It is proposed that the Criminal Justice System will identify and promote best policy and practice in the treatment of victims and witnesses of sexual violence, including in relation to arrangements for the provision of information to victims about their cases.

Key Proposal 4

It is proposed to report progress on the strengthening of the agencies' processes and procedures in response to the Criminal Justice Inspection NI's report on the management of sex offenders; and to bring forward the legislation required to place MASRAM arrangements on a statutory footing and extend them to violent offenders in 2007.

Key Proposal 5

It is proposed that the Criminal Justice System will identify and introduce professional development and skills programmes to support the implementation and delivery of policies and services with regard to victims and witnesses of sexual violence.

Key Proposal 6

It is proposed that the Research and Statistics Sub-Group of the Criminal Justice Board are tasked with scoping what interim improvements in statistical information about sexual violence can be achieved using currently held data sources.

Key Proposal 7

While much is known about what needs to be done, it is proposed to carry out an assessment of existing medical, counselling and social support services in order to identify gaps in current services.

Key Proposal 8

It is proposed to develop guidance for health professionals on therapeutic support for children pending criminal investigations

Key Proposal 9

It is proposed to examine the need for a 24-hour sexual violence regional help-line.

Key Proposal 10

It is proposed that a directory of available services across Northern Ireland is produced providing information and contact details for victims and their families. In conjunction with this, a “pathway” document for victims/survivors will be developed, setting out the links between agencies and organisations.

Key Proposal 11

It is proposed to develop regional standards for services involved in responding to victims/survivors of sexual violence.

Key Proposal 12

It is proposed that a multi-agency training strategy is developed to link with and across existing training programmes for those delivering services to victims/survivors of sexual violence in the statutory and non-statutory sectors.

6. The proposals include the implementation of tangible measures in order to secure immediate improvements for victims/survivors and also recommend taking forward other actions to increase information and statistics about sexual violence, to help inform future planning to meet the needs of victims/ survivors.

Public Consultation

7. The consultation period will run from 29 January 2007 to 27 April 2007. The document includes a number of questions in relation to the proposals which the public are invited to comment on.

Next Steps

8. At the end of the consultation period, comments and feedback will be used to produce a regional strategy to tackle sexual violence in Northern Ireland and accompanying Action Plan. It is intended that this will be produced by the end of October 2007.
9. The Action Plan will detail the specific steps being taken forward to implement the agreed proposals in the short, immediate and longer term. It will include who is responsible for taking forward specific actions and the timeframes for implementing them.
10. Voluntary and Community Sector organisations that have played a large part and been instrumental in shaping this consultation paper will be key in taking forward the Action Plan in partnership with statutory sector colleagues.

Part 1:

INTRODUCTION

Background

1.1 The Government is committed to tackling sexual violence throughout the United Kingdom. Valuable work has been done in Northern Ireland by the statutory and voluntary sector providers of health and support services, and by the criminal justice agencies, but much more needs to be done to prevent sexual violence occurring in the first place, to provide victims/survivors with help and support, and to ensure that the investigation and prosecution of cases is effective.

1.2 Until now there has not been -

- an agreed framework which sets the direction for prevention, protection and justice, and support in the area of sexual violence;
- a comprehensive service within a healthcare setting for victims/survivors of sexual violence, whether recent or historic;
- a multi-disciplinary resource where victims/survivors can access a range of services and support; or
- a context within which to assess whether those services and interfaces which do exist at present meet the needs of victims/survivors and have the intended outcomes.

1.3 To address these gaps, the Northern Ireland Inter-departmental Steering Group on Sexual Violence was established in February 2005 with the following remit:

“To oversee the development of a comprehensive regional framework for addressing sexual violence which will guide policy and service responses from our healthcare, education, criminal justice and support systems to ensure that they:

- **meet the needs of victims/survivors,**
- **encourage the reporting of offences,**
- **focus strongly on prevention,**
- **tackle issues affecting the successful prosecution of cases,**
- **maximise the accountability of perpetrators,**
- **promote awareness, and**
- **challenge social attitudes.”**

- 1.4 The organisations represented on the Steering Group, which is chaired jointly by the Department of Health, Social Services and Public Safety and the Northern Ireland Office, are detailed at **Annex A**.
- 1.5 The publication of this consultation document is the beginning of the process of addressing sexual violence. The next phase of developing the regional strategy will involve engagement with organisations outside the public sector which provide services to victims/survivors or perpetrators, or to the families of either group, or which have a role in protecting those who are most at risk. It will entail agreeing the most effective arrangement for co-ordinating and over-seeing the multi-sectoral aspects of the strategy on a regional basis.
- 1.6 A number of inter-related strategies, initiatives and reports are already in place or are being developed which are relevant to this strategy. These include the Teenage Pregnancy and Parenthood Strategy and Action Plan, the new Strategic Direction for Alcohol and Drugs, the Promoting Mental Health Strategy, local sexual health strategies, Relationships and Sexuality Education (RSE) guidelines in schools, Safeguarding Vulnerable Adults, NI Suicide Prevention Strategy, Our Children and Young People – Our Pledge, Tackling Violence at Home, Hate Crime – Project RIOH (Recording Incidents of Hate), Delivering a better Service to victims and witnesses of crime, Community Safety Strategy, Public Protection Measures, Co-operating to Safeguard Children, Risky Children or Children at Risk Project, The Heather Report and the Strategic Framework for Adult Mental Health Services. Following consultation on this draft strategy, where recommendations and proposals are being translated into specific actions, account will be taken of complimentary actions and outcomes in related strategies.

The proposed approach to tackling sexual violence

- 1.7 This consultation paper outlines the broad approach the regional strategy will take and seeks your views and input on that approach and on the specific measures being proposed.
- 1.8 The development of the strategy will be based on the following general principles:
- The adoption of an approach which regards the prevention of sexual violence as possible.
 - The development of mechanisms through which the needs of victims/survivors, including those from marginalised groups, can be assessed and taken into account in the implementation of policy and practice.
 - The establishment of arrangements to ensure that the statutory and voluntary sectors work together in structured co-operation to maximise the effective use of resources and expertise.
- 1.9 The strategy will have a role to play in the delivery of a number of priorities for Government, including:
- Sexual health;
 - Mental health;
 - Domestic Violence and Abuse;
 - Public health;
 - Reducing crime and the fear of crime;
 - Increasing victim and witness satisfaction; and
 - Bringing offenders to justice.

Key themes and objectives

1.10 The regional strategy will be framed around the key themes of **prevention, protection and justice**, and **support**. Within the context of these key themes the strategy will have at its centre the following objectives:

- (i) To raise awareness about, and create opportunities to examine social attitudes towards, sexual violence; to identify key risk factors; and to promote preventative interventions.
- (ii) To increase public confidence in the criminal justice process, ensure that the law affords proper protection, and deliver effective responses to sexual violence.
- (iii) To provide and deliver services for victims/survivors of sexual violence, including support for family members.

Challenges

1.11 During pre-consultation engagement with key organisations and victims/survivors themselves, the following issues were identified as specific challenges to be addressed in the context of the regional strategy.

1.12 **Social issues**

- Public awareness and perceptions about the realities of sexual violence.
- Public attitudes to sexual victimisation.
- Media treatment of, and responses to, sexual violence.
- The importance of healthy relationships and respect.

- Barriers to acknowledging, disclosing or reporting incidences of sexual victimisation.
- Supporting people to act on concerns about abusive or potentially abusive behaviour – particularly where children may be at risk.

1.13 **Policy issues**

- Building a regional information base on the extent and nature of sexual violence.
- Developing shared action and responses at local and regional levels.
- Developing a regional response to victims/survivors in a healthcare context.
- Ensuring that strong and proper safeguards are in place to protect children and vulnerable adults.
- Building confidence that the criminal justice system treats sexual violence with the same seriousness as other types of inter-personal violence, particularly in the context of the number and proportion of cases which reach court and result in a guilty verdict.
- Developing greater co-ordination of service provision across the public and voluntary sectors.
- Accounting for the needs of specific groups e.g. children and vulnerable adults; homeless people; gay, lesbian, bisexual and transgender people; people living in rural areas; Travellers; ethnic minorities; people seeking asylum; and those working in the sex industry.
- Developing information about services and the roles of service providers.
- Expanding knowledge about prevalence and impact through assisting health and social care professionals and the police to identify and deal with sexual victimisation.
- Increasing the provision of intervention programmes with perpetrators, potential perpetrators, and their families.

- Ensuring commitment to the provision and resourcing of professional development, skills training, support and supervision for staff who work either with victims/survivors or perpetrators.
- Development of multi-disciplinary training programmes within and across organisations.

What is sexual violence?

1.14 To date there has been no widely accepted definition of sexual violence. Multiple definitions and terms co-exist in a number of contexts, for example, within the criminal and civil law, in the area of child protection, and in applied and academic research. In recent years the term ‘sexual abuse’ has become part of general speech, particularly in relation to the assault of children. The more general term ‘sexual violence’ tends to be applied to behaviour affecting both adults and children.

1.15 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?

What it includes

1.16 Sexual violence can take many forms and may involve physical contact, including penetrative sexual activities or non-penetrative sexual activities, such as intentional touching. It may include non-contact sexual activities, such as indecent exposure, being made to

look at or be involved in the production of sexually abusive material, or being made to watch sexual activities.

1.17 In the case of children, it includes forcing or enticing a child to take part in sexual activities. These activities may involve physical contact, including penetrative or non-penetrative sexual activities. They may include non-contact activities, such as any involvement of children in looking at or being involved in the production of sexually abusive material, or encouraging children to behave in sexually inappropriate ways.

1.18 Intimidation, humiliation or fear can be caused by sexual innuendo, harassment of a sexual nature or continuous unwanted attention perceived to have a sexual motivation. In some cases, for example, where it happens in the workplace, victims have the protection of the law in relation to unwanted behaviour of this nature. However, regardless of whether or not recourse to law would be available, where such behaviour causes distress to a victim it is considered for the purposes of the strategy to constitute a form of sexual violence. It is the intention that this will provide a focus for opportunities to explore social attitudes to behaviour of this nature, whether in the work or public spheres, and to examine influences on the development of more serious abusive behaviour.

What consent involves

1.19 Consent is given where a person who has the competence and the capacity to give their informed approval indicates, by words or overt actions, a freely given agreement to sexual activity. Consent **cannot** be given in circumstances where, because of vulnerability due to age, illness, learning or physical disability, being asleep, unconscious, or incapacitated due to the influence of alcohol or drugs, a freely given agreement to engage in sexual activity could not occur.

- 1.20 Sexual violence is also associated with circumstances in which victims are unable to indicate their disagreement to sexual activity. This can include situations involving the use of weapons, physical violence, threats of physical violence either to the victim or to another person, real or perceived coercion, intimidation or pressure, or the misuse of authority.
- 1.21 Sexual activity with a child who is capable of giving ‘informed consent’ on the matter, **while illegal**, may not necessarily constitute sexual violence for the purposes of the strategy. An example of this might be a sexual relationship between a 16-year old girl and her 18-year old boyfriend. The initiation of child protection action or criminal proceedings will, of course, be matters for the responsible authorities. However, the importance of determining the need for action on a case-by-case basis must be emphasised very strongly to ensure that protection is available for vulnerable young people who are at risk of being manipulated or victimised.

Who sexual violence affects

- 1.22 Sexual violence can occur against family members, intimate partners, acquaintances and strangers. It can take place in any setting, including home, the workplace or in public places. It can occur throughout life, from infancy to old age, and involves women and men, both as victims and as perpetrators. However, reporting patterns indicate that sexual violence is most frequently perpetrated by boys and men against girls and women.
- 1.23 A broad spectrum of groups can experience specific problems in relation to issues associated with sexual violence e.g. children; people with disabilities; people with sensory impairments; people with learning difficulties; people with mental health problems; homeless people; the elderly; gay, lesbian, bisexual and transgender people; people living in

rural areas; Travellers; ethnic minorities; people seeking asylum; and those working in the sex industry.

What is meant by a perpetrator

- 1.24 A perpetrator is a person who displays behaviour falling within the definition of sexual violence set out above. He/she may be someone who has been convicted of, or cautioned in respect of, a sexual offence and be subject to the notification requirements (often referred to as a registered sex offender). A perpetrator may be someone with a known victim, but who has not been convicted. However, a perpetrator may also be someone whose behaviour and identity is known only to those they have victimised, or whose identity is unknown, for example in the case of assault by a stranger, or a child pornographer and their internet victim. Where it is more accurate to use the term sex offender in referring specifically to people who have been convicted of, or cautioned in respect of, a sexual offence, this consultation document and the regional strategy will do so.

What is the extent of sexual violence?

- 1.25 Despite having a growing public profile, particularly in terms of media coverage of cases, neither the level of incidence nor the degree of prevalence of sexual violence in Northern Ireland is known.
- 1.26 Although the crime statistics relating to sexual offences are available (see **Table 6** in Part 3), the picture they paint in relation to incidence is incomplete because they can only quantify those offences that are actually reported. In addition, not every crime reported is recorded as a crime, or as the same crime that the victim perceives to have taken place. In terms of prevalence, there has been no dedicated study of the proportion of the population which has experienced sexual violence during their lifetime. Service uptake figures, for example from the

healthcare sector or from voluntary organisations offering support or counselling, are also insufficient to understand the nature and real extent of sexual violence.

- 1.27 It is usually the case that those who report and/or seek help are a minority of those who are sexually victimised and there is no reason to suppose that the position in Northern Ireland should be any different. In that context, there are no reliable baseline figures for either the incidence or prevalence of sexual violence in Northern Ireland.

NI Omnibus Survey

- 1.28 As a first step to addressing this information deficit, the Department of Health, Social Services and Public Safety (DHSSPS) and the Northern Ireland Office (NIO) commissioned a number of questions in the October 2005 Northern Ireland Omnibus Survey. This was to seek the views and experiences of victims/survivors and the public at large in relation to sexual violence and unwanted sexual encounters. Omnibus surveys are conducted several times each year by the Central Survey Unit of the Northern Ireland Statistics and Research Agency and are designed to provide a snapshot of the behaviour, lifestyle and views of a representative sample of people in Northern Ireland.
- 1.29 The sample to be surveyed was drawn from the Valuation and Lands Agency list, the most up-to-date listing of private households in Northern Ireland. At each address one person aged 16 or over was selected to participate. Selecting only one individual for interview at each address means individuals living in large households have a lower chance of being included in the sample than individuals living in smaller households. The data has therefore been weighted to prevent a bias towards smaller households and to reflect a truer representation of the population of Northern Ireland.

1.30 A total of 781 respondents agreed to take part in the survey section on sexual violence and unwanted sexual encounters. Of this sample, 87 respondents (11%) had at least one unwanted sexual encounter.

As the sample size is small (N=87), the results which follow should be viewed with caution to avoid drawing unwarranted conclusions from the data.

1.31 The following section highlights the main findings of the survey:

Survey Findings

- The main cited type of encounter was unwanted touching or other sexual contact (64%). This was followed by verbal harassment (23%) and sexual harassment (22%). 6% of respondents had been raped; the same proportion of respondents said someone had attempted to rape them (**Table 1**).

Table 1: Type of Unwanted Sexual Encounter

Type of Unwanted Sexual Encounter	Percent ¹
Sexual harassment	22
Unwanted touching/other sexual contact	64
Verbal harassment	23
Sexual assault	12
Attempted rape	6
Rape	6
Other	12
Base (Persons)	87

¹ Percentages may add to more than 100% due to multiple responses.
Source: Northern Ireland Omnibus Survey – October 2005

- In 4% of cases, the unwanted sexual encounter happened at the same time as another criminal incident.
- In the majority of cases (77%), the unwanted sexual encounter had happened over 5 years ago.

- A third of all cases (34%) happened when the victim was under 16 years old, while in over one fifth (22%) of cases, the sexual encounter happened when the victim was aged between 21 and 30 years.
- Almost one quarter (23%) of incidents were carried out by male friends/neighbours/work colleagues (**Table 2**).
- An eighth (13%) of unwanted sexual encounters were carried out by males in positions of trust and authority (**Table 2**).

Table 2: The perpetrator of unwanted sexual encounters

	Percent ¹
Husband/male partner/boyfriend	5
Former husband/male partner/boyfriend	8
Father/step-father	4
Other male relative	4
Male friend/neighbour/work colleague	23
Male person in a position of trust or authority	13
Male friend from school	4
Other male	36
All females	10
Base (Persons)	87

¹ Percentages may add to more than 100% due to multiple responses.
Source: Northern Ireland Omnibus Survey – October 2005

- An eighth of respondents (13%) reported the incident to the police.
- The main reason that respondents gave for not reporting the incident to the police was because the victims/survivors were of the opinion that the incident was either too trivial or not worth reporting (34%) (**Table 3**).

- Almost one quarter (23%) of respondents cited shame/embarrassment and over one fifth of respondents blamed themselves (21%) for the unwanted sexual encounter (**Table 3**).
- Almost one fifth of respondents (19%) were too young to do anything about the unwanted sexual encounter (**Table 3**).

Table 3: Reasons for not reporting incident to the Police

	Percent¹
Too trivial/not worth reporting	34
Shame/embarrassment	23
Blamed self	21
Minimised or excused behaviour at the time	14
Did not want to/could handle it/ended relationship	4
Too young to do anything about it	19
Concern for children or other family members/private family matter	6
Private/family matter/not police business	4
Did not think police could help	12
Did not think police would believe me	8
Did not think that police would be sympathetic	10
Police did not come when called	-
Dislike/fear of police	-
Feared situation would get worse	12
Did not want any more humiliation	-
Did not want to go to court	-
Don't know/can't remember	-
Don't want to answer	-
Other reason	-
Base (Persons)	87

¹ Percentages may add to more than 100% due to multiple responses.
Source: Northern Ireland Omnibus Survey – October 2005

The position elsewhere

1.32 The following paragraphs summarise estimates of prevalence emerging from research undertaken in England and Wales and the Republic of Ireland.

1.33 The British Crime Survey (BSC) is a large national victim-focussed survey, which is used by the Home Office to provide estimates of the prevalence and incidence of crime in England and Wales. A report on *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey* (Walby S and Allen J (2004) Home Office Research Study 276) found that:

- 24% of women and 5% of men had been subject to some form of sexual assault at least once in their lifetimes;
- 5% of women had been raped and 3% had suffered another type of serious sexual assault involving penetration of the body at least once in their lives;
- 0.9% of men had been raped and altogether 1.5% had suffered a serious sexual assault at some point in their lives;
- 17% of women and 2% of men had been sexually assaulted at least once since the age of sixteen;
- 4% of women had been raped and 2% had experienced another type of serious sexual assault since the age of sixteen;
- 47% of serious sexual assaults and 54% of rapes (excluding attempts) were carried out by intimate partners or former intimate partners.

1.34 The same study reported that:

- 40% of women told no-one about their worst experience of rape suffered since the age of sixteen;
- 25% of those women who were raped in their worst incident since age sixteen, and classified it as such, told no-one about this incident;
- the police came to know in less than one in seven of the worst cases of sexual violence (15% completed rape; 12% serious sexual assault; 13% less serious sexual assault).

1.35 The *Sexual Abuse and Violence in Ireland (SAVI) Report* (Dublin Rape Crisis Centre and the Royal College of Surgeons in Ireland, 2002) documented the results of a major study to estimate the prevalence of

the various forms of sexual violence among women and men in Ireland from childhood through adulthood. It found that:

- 42% of women and 28% of men had been subject to some form of sexual violence in their lifetimes;
- 20% of women experienced contact sexual assault since the age of seventeen, with a further 5% reporting unwanted non-contact sexual experiences;
- over a quarter of cases of contact sexual violence in adulthood (6% of all women) involved penetration of the body;
- almost 10% of men experienced contact sexual assault since the age of seventeen, with a further 2.7% reporting unwanted non-contact sexual experiences;
- one in ten cases of contact sexual violence in adulthood (0.9% of all men) involved penetration of the body;
- almost a quarter (23.6%) of perpetrators of sexual violence against women as adults were intimate partners or former intimate partners;
- this was the case for very few men (only 1.4%), with 42% of perpetrators being friends or acquaintances;
- 30% of the assaults on women, and 38% on men, had been perpetrated by a stranger.

1.36 It also reported that:

- 47% of those adults who disclosed experiences of sexual violence as part of the research had never previously disclosed that abuse to others; and
- only 1% of all men and 7.8% of all women who experienced sexual violence as adults had reported that abuse to the Gardaí.

Impact on victims/survivors and society

Personal impact

- 1.37 Sexual violence can cause lasting physical and mental injuries, and has many damaging impacts on the lives of victims/survivors.
- 1.38 In the Republic of Ireland's SAVI report, 30% of women and 18% of men reported that their experience of sexual violence, whether as a child, adult or both, had a moderate or extreme effect on their lives overall. A quarter of women and one in six men experienced symptoms consistent with Post-Traumatic Stress Disorder (PTSD) at some time in their lives following, and as a consequence of, the sexual violence. Those who had experienced sexual violence were significantly more likely to have used medication for anxiety or depression, and those who had experienced attempted or actual penetrative sexual violence were eight times more likely to have been in-patients in a psychiatric hospital than those who had not suffered such experiences.
- 1.39 The figures from the 2004 Home Office research study on the British Crime Survey referred to above are very similar (Walby and Allen 2004). Of women who had been the subject of serious sexual assault, 52% were prone to depression and other emotional problems, and 5% showed discernible evidence of attempted suicide. Other consequences included difficulty sleeping (21%) and having to deal with an unwanted pregnancy (4%). Assaults of this seriousness also had negative impacts on social interaction, leading over one-third (38%) to stop trusting people, while 15% stopped going out so much, with further ramifications for their quality of life.
- 1.40 Organisations providing counselling and support in Northern Ireland indicate that clients present with similar problems.

Economic and social impact

- 1.41 Sexual violence clearly has a cost to the victim and those closest to them in personal and emotional terms. However, it also has wider economic and social costs. It can damage a person's capacity to work, with detrimental impacts not only on themselves and their family but also on employers, and on the social security benefits and other social support systems. Immediate medical treatment for physical injuries, longer-term clinical and mental health needs, 'talking therapies' and advocacy have direct costs for the health service and voluntary sector providers. Added to these are the costs associated with preventative services, protection and justice processes and the management of offenders that fall to the police, court, prison and probation systems, to housing and other social support services, and to the voluntary sector.
- 1.42 A recent Home Office study attempted to estimate the economic and social costs of crime against individuals and households for England and Wales in 2003/04 (*The economic and social costs of crime against individuals and households 2003/04* (Dubourg R, Hamed J, Thorns, J (2005) Home Office Online Report 30/05)). The total estimated cost of sexual offences was almost £8,465 million for that year (see **Table 4**). This accounted for 23% of the total cost of crime against individuals and households. Based on these figures, the cost for Northern Ireland is calculated at around £250 - £300 million.

Table 4: - Estimated total cost of sexual offences in England and Wales in 2003/04

Consequence	(£ million)
Physical and emotional impact	6,126
Lost output	1,193
Health Services	247
Criminal Justice System	888
Other	11
Total	8,465

1.43 While the total costs of sexual offences to Health Services and the Criminal Justice System are considerable (over £1 billion), the estimated costs to victims/survivors in terms of physical and emotional impact and lost output from time spent at less than full health are enormous (over £7 billion). The study estimates that the average cost of the most serious offences i.e. rape and sexual assault, is £76,000 per victim. This figure takes into account the physical and long term emotional impact of injuries and illnesses, estimates of the associated costs to health services and lost output. It is also the result of weighting rape and sexual assault by relative prevalence. This is significant in that it demonstrates the seriousness of the offence of rape, the importance of allocating a high priority to its prevention and the need to ensure that appropriate and well-equipped services and networks are in place for victims/survivors.

1.44 As an illustration only, using the Northern Ireland recorded crime figure of 391 cases of female rape and attempted rape for 2005/06 and applying the England and Wales estimated average costs (£76,000 as explained above), results in a total figure of almost £30 million. The assumptions made for England and Wales about health treatment costs alone for rape and other serious sexual assaults when applied to Northern Ireland's equivalent recorded offences in 2005/06, would result in costs to the health service here of over £1 million. It should be remembered that the recorded sexual offence statistics represent only the tip of the sexual violence iceberg.

A regional study into the prevalence of sexual violence

1.45 In order to understand the nature and extent of sexual violence, and to plan and evaluate preventative interventions and develop support services, it will be essential to establish a more complete picture of incidence/prevalence, and to understand more about victims, their abusers, the context in which abuse takes place, the impacts it has, and the patterns of disclosure. Government believes that a study aimed at estimating the prevalence of the various forms of sexual violence across the lifespan of people in Northern Ireland, combined with other mechanisms and arrangements for collecting and sharing data related to incidence will make a major contribution in prevention and tackling of sexual violence.

Key proposal 1

The Department of Health, Social Services and Public Safety and the Northern Ireland Office will support and sponsor a comprehensive study with the aim of providing reliable estimates of the prevalence of sexual violence among women and men in Northern Ireland, from childhood to adulthood.

In addition, the study will also develop insights into who had been victimised, who the perpetrators were, the context in which the abuse occurred, the impact of the abuse on the lives of those who had been victimised, and the patterns of disclosure of the abuse to others.

Part 2:

PREVENTION

Preventing sexual violence occurring in the first place will be a key priority for the regional strategy. The Government proposes that:

- **raising awareness about the realities of sexual violence,**
- **creating opportunities to examine social attitudes towards sexual violence,**
- **identifying risk factors, and**
- **promoting preventative interventions,**

should form the basis of this strand of the strategy.

2.1 The Government proposes to adopt a public health approach to preventing sexual violence. Although this will involve action on a number of fronts, the key objective over time will be to promote a change in behaviour and social attitude, similar to that which has made drinking and driving socially and morally unacceptable. In the same way, the responsibility of the public will be emphasised in recognising, rendering unacceptable and reporting sexual violence.

Raising awareness

2.2 The British Crime Survey 2001, which included a self-completion module on sexual assault, indicated that women fear rape more than any other crime, with 23% of women being 'very worried' about being raped, as opposed to 5% of men. Corresponding figures from the Northern Ireland 2003/04 Crime Survey are 27% of women and 5% of men. There is no broadly based data from which to gauge the level of awareness of the general population in Northern Ireland about the realities of sexual violence here. It is acknowledged that sexual violence is not uniformly experienced in our society but is biased by gender and age. Female children are most at risk and adult males are least at risk.

2.3 In order to establish current levels of public understanding about the nature and scale of sexual violence, **it is proposed** that benchmarking research will be commissioned jointly by DHSSPS and the Northern Ireland Office. The outcomes of the research will allow targeted initiatives to be put in place to develop public awareness about issues such as the level of incidence, specific risk factors, the characteristics of victims and perpetrators, impact on the lives of people who have been victimised, and sources of support. In tandem, it will be important to encourage people to talk about sexual violence and to develop public confidence in recognising and challenging sexually abusive behaviours, whether directed against children or adults. There will also be a particular need to raise awareness about sources of help and support.

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

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

Examining social attitudes

2.4 In addition to benchmarking current levels of public understanding about the realities of sexual violence in Northern Ireland, **Government also proposes** to establish the extent to which unhelpful social attitudes and perceptions exist about the continuum of issues surrounding sexual violence.

2.5 Because of the complex issues involved and the extent to which it is hidden, powerful stereotypes exist which contribute to a cultural

perception of sexual violence, in general, and about rape, in particular. These are often referred to in the sexual violence literature as 'myths', as they fail to reflect the reality of sexual assault and rape. Their principal effect is to limit society's understanding of what is considered to be rape, in terms of the contexts and circumstances within which non-consensual sexual activity takes place. 'Real rapes' continue to be understood, including by many victims themselves, as those that are committed by strangers, involve force and actual injury, and happen either in a public place or in the context of a break-in. These tend to be the incidents that make the headlines in the media. However, although stranger assaults are the type most likely to be reported, it is typically the case that sexual violence will be perpetrated more frequently by someone known to the victim.

2.6 Myths and stereotypes can also contribute to undermining a victim's ability to acknowledge, disclose or report incidences of sexual victimisation. For example, the most recent British Crime Survey found that less than half (43%) of those women who had experienced an assault that met the legal definition of rape defined it as such themselves, and this was even lower (31%) where the perpetrator was a current or ex-partner. However, where the assault also involved physical injury, the proportion defining it as rape increased to 62% (Walby and Allen, 2004). Reasons for not reporting sexual victimisation, which could be considered to reflect cultural myths and misconceptions, include:

- Not thinking the police/others will define the event as rape/sexual assault;
- Fear of disbelief;
- Fear of blame/judgement;
- Fear of breaking up a family;
- The legal process is viewed as a trauma itself.

2.7 Whilst the majority of sexual assaults are committed by males on both females and other males, approximately 5% of all sexual offences are

committed by females, and it is believed that these offences are less likely to be reported.

- 2.8 In parallel with the benchmarking study proposed above, **Government is proposing** that research should be undertaken to establish current attitudes and beliefs about victims, perpetrators, causes, impact, consent, reporting/disclosure of victimisation, and about the degree to which perpetrators are held accountable by the criminal justice system and society. The findings from this element of the research will help to set the focus for awareness-raising and public education initiatives aimed at dispelling myths and building social attitudes which regard the prevention of sexual violence as everyone's business.
- 2.9 **It is proposed that** systematic evaluations will take place to monitor changes over time in relation to public understanding and awareness of the realities of sexual violence and changes in social attitudes.
- Q.4 *How best can children's attitudes to sexual violence be gathered?***
- 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?***
- Q.6 *Should Government give a clear message ahead of public opinion, to stem the tide of normalising sexual violence in society?***
- Q.7 *What steps could the media take to support the process of increasing public understanding and awareness of the realities of sexual violence.***

Encouraging the development of healthy relationships and respect

- 2.10 If the level of inter-personal violence of all kinds that characterises the beginning of the twenty-first century is to be tackled, the development of healthy relationships and respect for one's self and others must be key objectives for society, communities and individuals. This is particularly relevant to the prevention of sexual violence.
- 2.11 Government recognises the importance of education and awareness raising in helping to form the attitudes of young people and adults. It is important that clear messages are provided for both adults and children and channelled appropriately through schools and the media.
- 2.12 Part of the aim of the revised curriculum is to help young people make informed and responsible choices and decisions throughout their lives. The school curriculum, and the opportunities it provides for teachers to engage with young people on sensitive issues, can make an important contribution to highlighting issues related to sexual violence.
- 2.13 The curriculum covers both:
- aspects of personal safety in situations which may involve violence, sexual or otherwise; and
 - acceptable norms of behaviour, distinguishing right from wrong, and the need to show respect and care for self and others.
- 2.14 Under the revised curriculum, the area of Personal Development will be a statutory entitlement for all young people aged 4 -16, so that issues such as sexual violence will be addressed more explicitly within the curriculum.

- 2.15 Children in primary schools will be taught to:
- know what to do, or from whom to seek help, when feeling unsafe;
 - know about potential dangers and threats in the home and the wider environment;
 - identify ways in which conflict may arise at home and explore ways in which it could be lessened, avoided or resolved;
 - become aware of the potential danger of relationships with strangers or acquaintances, including good and bad touches; and
 - recognise the benefits of friends and families and find out about sources of help and support for individuals, families and groups.
- 2.16 The revised curriculum at Key Stages 3 and 4 encompasses Citizenship as well as Personal Development. These areas include elements to help young people to develop coping strategies to deal with challenging scenarios.
- 2.17 Students in post-primary schools will be taught to:
- develop strategies to deal with threats to personal safety, for example, abuse, physical violence, etc;
 - develop coping strategies to deal with challenging family scenarios, for example, domestic violence, child abuse, change in family circumstances, etc;
 - develop strategies to avoid and resolve conflict, for example, active listening, negotiation, etc; and
 - explore the emotional, social and moral implications of early sexual activity, for example, personal values, attitudes and perceptions.
- 2.18 In addition, the curriculum includes teaching about drug and alcohol abuse and the dangers which these can pose in impairing judgement about personal safety and personal behaviour.
- 2.19 Schools also have an important role to play in promoting well-being and in identifying pupils who may be at risk of abuse through family

violence. Where school staff suspect that a pupil is a victim of abuse, or at risk of abuse, they are required to follow the child protection procedures.

2.20 It is also relevant to emphasise here the importance of the pastoral care role of schools, particularly in terms of ensuring that children know there will be someone to talk to if anything is worrying them.

2.21 For students beyond the school curriculum, it will be important that the promotion of awareness-raising initiatives linked to the regional strategy on sexual violence should be supported by higher education institutions, further education colleges and other organisations delivering training or employment programmes. Outside the education and training spheres, other youth sector groups will have a contribution to make in raising awareness and delivering key messages.

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

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

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

Identifying risk factors

2.22 International research has identified a number of key factors in relation to the vulnerability of certain groups to sexual violence. For only some of these known risk factors are comparative statistics available for

Northern Ireland. Key proposal 1 in Part 1 proposes a comprehensive study into the prevalence of sexual violence in Northern Ireland. It will include an analysis of victims and perpetrators, and the context in which the victimisation took place. This data will be crucial in **developing a regional picture about risk and vulnerability**, and in **addressing the gaps in information** highlighted in the previous section i.e. victim/perpetrator relationship, location/context of assault, involvement of alcohol/drugs, prior/multiple victimisation, and the victimisation of specific groups. It will also **form the basis for developing targeted messages about vulnerability** and **for guiding key front-line professionals** in the protection of those most at risk.

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

2.23 The following paragraphs outline the known risk factors regarding the vulnerability of certain groups to sexual violence as identified in other studies in Great Britain and Ireland. The findings of the proposed comprehensive study on prevalence may highlight additional factors which would further help to identify risk and vulnerability.

Gender

2.24 Gender is the most significant risk factor for sexual victimisation. **Table 8** which appears in Part 3 reveals that 80% of victims of recorded sexual offences in Northern Ireland in 2005/06 were female where gender was recorded.

2.25 In the Republic of Ireland, the Sexual Abuse and Violence in Ireland (SAVI) report 2002 found that one in five women (20.4%) reported experiencing contact sexual assault as adults (i.e. over the age of 17), with a further one in twenty (5.1%) reporting unwanted non-contact sexual experiences. One in ten men (9.7%) reported experiencing

contact sexual assault as adults, with a further 2.7% reporting unwanted non-contact sexual experiences. More than four in ten women (42%) and over a quarter of men (28%) reported experiencing some form of sexual abuse or assault in their lifetime.

2.26 A report on *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey* (Walby S and Allen J (2004) Home Office Research Study 276) found that 24% of women and 5% of men in England and Wales had been subject to some form of sexual victimisation at least once in their lifetimes. Seventeen per cent of women and 2% of men had been sexually victimised in some way since they were 16. Seven per cent of women had suffered a serious sexual assault at least once in their lifetime (5% had been raped and 3% had suffered another type of serious sexual assault involving penetration of the body). Overall 1.5% of men had suffered a serious sexual assault at some point in their lives, with 0.9% reporting rape.

2.27 While reporting patterns contribute to highlighting the risk faced by females, the prevalence of male rape and sexual abuse is more difficult to establish. Support organisations indicate that male victims face specific cultural barriers to reporting, as a result of the expectations society places on males to be able to 'take care of themselves'. It seems to be the case that men who have been victimised rarely go to the police or seek immediate help, on the basis that they may be as desperate as their attacker is to keep the assault secret.

Age

2.28 Statistics and research universally indicate that young people are at greater risk of sexual violence. (Note: the prevention of child sexual abuse is dealt with in greater detail later in this section of the consultation document.)

- 2.29 Analysis of the British Crime Survey 2000 figures *Rape and Sexual Assault of Women: the extent and nature of the problem* (Myhill A and Allen J (2002)) found that young women aged 16 -19 were at greatest risk of experiencing some form of sexual victimisation. With regard to rape, 16 -19 year old women were four times as likely to have reported being raped in the last year as women from any other age group. The study contended that the significantly higher risks for younger women were likely to be real and reflect the lifestyles and circumstances of younger women. It also considered it possible that, if young people are becoming sexually active earlier and having more sexual partners, this could have an effect on levels of victimisation. A related point is that the key characteristics could be those of men, rather than women, given that young women are more likely to socialise and be around young men aged under 25, who are more likely to be the perpetrators of crime than any other group, and to have a greater propensity to use violence than older men.
- 2.30 The analysis of the PSNI sexual offence figures for 2005/06 in **Table 8** in Part 3 illustrates whether victims were over or under the age of 18. Of the total number of recorded sexual offences, 51% were under 18, and 40% were both female and under 18. Although this reflects the vulnerability of young people here to some extent, it should be remembered that recorded crime figures reflect only a small proportion of those offences that take place. For example, young children have less opportunity and lack the necessary verbal skills to disclose sexual assaults, particularly where these take place within the family. In terms of recorded offences for 2005/06, **Table 5** below indicates the age breakdown of victims aged under 18 years of age.

Table 5: - Number of recorded sexual offences in NI 2005/06 where victim was aged under 18 years

Age of victim	Male	Female	Total
0-4	16	56	72
5-8	62	116	178
9-12	58	124	182
13	12	56	68
14	9	101	110
15	7	101	108
16	8	71	79
17	7	64	71
Total	179	689	868

2.31 In the Republic of Ireland, the SAVI report indicated that 20% of women and 16% of men sustained contact sexual abuse when they were under the age of 17. Figures from the National Rape Crisis Statistics 2004 indicate that, of survivors in contact with Rape Crisis Centres in Ireland in 2004, 44% were aged between 18 and 29.

Victim/perpetrator relationship

2.32 Contrary to the stereotypical fear of attack by a stranger, sexual violence is more likely to be perpetrated by someone known to the victim.

2.33 In England and Wales, the Walby and Allen (2004) analysis of the British Crime Survey 2001 figures reported that the more serious the sexual assault, the more likely it was for the perpetrator to be well known to the victim. In cases of rape and other serious sexual assaults, more of the perpetrators were intimates than in the case of the less serious sexual assaults. In cases of female rape, 54% of perpetrators were either current, or former, husbands or partners. In only 17% of rapes and 18% of serious sexual assaults was the perpetrator a stranger. Date rape accounted for only 4% of rapes and 6% of serious sexual assaults.

2.34 In the Republic of Ireland, the SAVI report found that almost one-quarter of perpetrators of sexual violence against adult women were

intimate partners or ex-partners. This was the case for very few abused men (1.4%), with most perpetrators being friends or acquaintances (42%). The risk of sexual victimisation by a stranger was 30% for women and 38% for men.

2.35 There are only limited Northern Ireland statistics on the relationship of the perpetrator to the victim from the October 2005 Omnibus Survey (see page 10). There is also very little data, generally, in relation to same-sex sexual violence, regardless of whether the perpetrator is a partner, someone known to the victim, or a stranger. The specific barriers to reporting that gay, lesbian, bisexual and trans-gendered people experience, for example, the realities of intolerant attitudes to sexual orientation, are likely to be a major factor in this regard.

2.36 The relationship of the perpetrator to the victim is a factor that the proposed regional prevalence study will aim to establish. This will also help to define the overlap between sexual violence and domestic violence in Northern Ireland, particularly with regard to repeat victimisation and the protection issues victims may need to have addressed before they embark on a prosecution. *'Tackling Violence at Home, A Strategy for Addressing Domestic Violence and Abuse in Northern Ireland'*, was published in October 2005. It is important that both the Domestic Violence Strategy and the Sexual Violence Strategy work together to assist victims who experience sexual violence in relationships.

Location

2.37 The Myhill and Allen analysis of the British Crime Survey 2000 figures confirmed that women are far more likely to be sexually victimised in their own home than in any other location. Almost three-quarters (74%) of incidents involving partners took place in the victim's home and a further 16% occurred in the offender's home. This pattern was almost exactly mirrored in attacks by ex-partners. Attacks by 'dates' occur in a

variety of locations, but are most likely to take place in the offender's home. Over half (55%) of female rape victims were raped in their own homes. Sexual assaults are almost three times as likely to occur in a public place than are rapes. Public places cited in the study included the workplace, educational establishments, pubs, clubs and discos, streets, parks, public transport and car parks.

- 2.38 There are no Northern Ireland statistics on the location or context in which the victimisation took place.

Alcohol use

- 2.39 In the Republic of Ireland, the SAVI report found that alcohol was involved in almost half of the cases of sexual assault that occurred as an adult. Of those who reported that alcohol was involved, both parties were drinking in 57% of cases involving sexual assault of women and in 63% of cases involving men. Where only one party was drinking, the perpetrator was the one drinking in the majority of cases (84% of female and 70% of male assaults).
- 2.40 The Walby and Allen (2004) study of the British Crime Survey figures suggest that 15% of female respondents reporting having been raped since the age of 16, were incapable of consent due to excessive consumption of alcohol. In an analysis of over 5,000 rapes of females recorded by police in the London Metropolitan Police District over 2001/02 and 2002/03, 27% of victims said they had been drinking around the time of the offence (Home Office Findings 247, 2004). However, the amount of alcohol consumed had not been recorded, so some of the women would not necessarily have been classified as drunk. The findings also suggest that women who had consumed alcohol are more at risk of stranger and acquaintance rape than are rape victims generally. Of all rapes where the victim had consumed alcohol, 49% were perpetrated by strangers, compared with 36% of all rapes. Victims who had consumed alcohol were more likely to be raped

on a Friday, Saturday or Sunday than were victims generally, but this is because there are more people drinking at these times. They were also more likely to be attacked between 9.00pm and 5.00am.

2.41 There are no Northern Ireland statistics for alcohol (or drug) involvement in reported sexual offences. However, there is no reason to believe that the links established elsewhere would not also be evident here.

2.42 With binge drinking a growing practice, there is anecdotal evidence to suggest that predators no longer lurk in dark alleyways, but that for many young women non-consensual sexual activity takes place when they are too dazed by drink to give informed consent to it. Very often they may be only hazily aware of what has happened and are reluctant to add to their trauma by reporting the incident. For young men, the culture of binge drinking, the part played in 'a good night out' by drugs with disinhibiting effects, such as ecstasy or cocaine, and the extent to which casual sex is part of life nowadays, informed consent may have become a blurred issue. It will be important to raise awareness about the associations between alcohol and sexual violence. Messages directed towards potential victims need to encourage sensible drinking and emphasise personal safety precautions. Messages directed towards potential perpetrators need to emphasise that the consumption of alcohol, either on their own or their victim's part, does not validate non-consensual activity. In addition to the major education issues that this raises, the association between rape, or other serious sexual assault, and alcohol is an area that must be investigated in taking forward a public health approach to preventing sexual violence. The *New Strategic Direction for Drugs and Alcohol in Northern Ireland* has as a key priority the targeting of those deemed vulnerable and at risk. This includes victims of sexual violence where alcohol and/or drugs is a contributing factor.

Prior sexual victimisation

- 2.43 A substantial body of international research studying different populations has consistently found that people who report adult sexual victimisation are more likely to report a history of childhood sexual abuse. However, it is important to emphasise that these are simply associations between child and adult experiences of sexual victimisation. While it is not possible to say that childhood abuse results in adult re-victimisation, it appears to be an important marker of increased vulnerability to adult sexual violence.
- 2.44 In the Republic of Ireland, the SAVI report found that both men and women who reported sexual abuse of any type as children were considerably more likely to report re-victimisation as adults. There was also a marked difference between those who reported penetrative sexual abuse as children and those who reported other forms of abuse. For women, experiencing penetrative sexual abuse in childhood was associated with a sixteen-fold increase in the risk of adult penetrative sexual violence and with a five-fold increase in the risk of adult contact sexual violence. For men, experiencing penetrative sexual abuse in childhood was associated with a sixteen-fold increase in the risk of adult penetrative sexual violence and an approximately twelve-fold increase in the risk of adult contact sexual violence. These statistics highlight the need to ensure that the provision of high quality therapeutic interventions for victims of sexual assault at as early an age as possible has benefits both for the victim and society more generally.
- 2.45 The Myhill and Allen analysis of the British Crime Survey 2000 figures, found that 41% of women who reported sexual victimisation experienced multiple (two or more) incidents. Relationship to the perpetrator has an impact on the number of times women are sexually victimised. Repeat victimisation was higher for women who said that their last incident involved a partner (62%), ex-partner (52%) or other intimate (48%). The authors of the study point out that there is no way

of knowing whether women last victimised by a partner or ex-partner were previously victimised by the same person. Women who were last victimised by a stranger were the least likely to report multiple victimisation (20%), although this is still a relatively high proportion.

- 2.46 There are no Northern Ireland statistics on prior or multiple sexual victimisation. The research findings from elsewhere reported under this heading are particularly significant in terms of raising awareness about the realities of sexual violence, as the conventional understanding tends to be that victimisation is a single event.

Vulnerable groups

- 2.47 Certain groups are more vulnerable to sexual violence in a number of specific ways. Vulnerable adults, who include older people, people who are mentally ill, have a learning disability or a physical or sensory disability, can be targets for sexual violence. They may also be doubly vulnerable in terms of the extent to which they are able to disclose abuse and to have it verified.

- 2.48 Health and Personal Social Service bodies already have their own rigorous guidelines in place for the protection of vulnerable adults, underpinned by a single regional Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults. The Regional Adult Protection Forum published *Safeguarding Vulnerable Adults* in September 2006, which draws on all of the best practice in Northern Ireland and elsewhere to provide regional operational guidelines to be applied consistently across the Health and Personal Social Services.

- 2.49 Children with disabilities are often more dependent on adults for their care needs, especially intimate care needs, and may have a number of carers. They may be unable to recognise abusive behaviour because of learning difficulties or because of lack of awareness or education. They may also have reduced exposure to what is 'normal' in child/adult

interactions. Children who have communication difficulties may be particularly vulnerable. Opportunities for disclosing abuse that would be available to other children e.g. telephone help-lines, will often be inaccessible to children with disabilities.

- 2.50 The Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA) aims to improve safeguards for children and vulnerable adults by preventing people who have been deemed unsuitable from working with them in paid or voluntary positions. POCVA requires that DHSSPS maintain a list of individuals who are considered unsuitable to work (in a paid or unpaid capacity) with children in a “regulated position”. It also requires DHSSPS to maintain a list of individuals who are considered unsuitable to work (in a paid or unpaid capacity) with vulnerable adults.
- 2.51 With effect from 1 April 2005, organisations are required to refer individuals to DHSSPS for consideration of inclusion on the disqualification lists, providing the criteria for referrals are met. If a decision is taken to list the individual, that individual will be disqualified from working with children or vulnerable adults or both. If an individual is disqualified from working with children and applies for, offers to do, accepts or does any work, either paid or unpaid, in a child-care position they will be committing an offence. Anyone who knowingly offers, employs, or procures work for a disqualified person in a child-care position or fails to remove a disqualified person from a child-care position will also be committing an offence.
- 2.52 Article 46 in the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA), which requires providers of care to carry out checks against the Disqualification from Working with Vulnerable Adults List and related offences which are similar to those mentioned above in relation to children, is yet to be commenced in Northern Ireland. In the interim, as good practice, DHSSPS strongly recommends that care providers carry out checks on prospective

employees and where the individual is included on the Disqualification from Working with Vulnerable Adults List they should not be offered employment as a carer.

Other contexts of risk

2.53 Certain groups may be vulnerable because of the links they have with risky settings, such as homeless people or sex workers. The situation concerning on-street sex workers is different in Northern Ireland compared to other parts of the United Kingdom, especially in respect of the numbers involved, the degree of chaos in their lives and their use of Class A drugs such as heroin and cocaine (although anecdotal evidence suggests increasing use of alcohol and cannabis, with some reports of occasional use of speed and cocaine). The uniqueness of the situation and the vulnerability involved are addressed in the forthcoming *Sexual Health Promotion Strategy and Action Plan* and the *New Strategic Direction for Alcohol and Drugs* with which this Strategy will have shared outcomes. The North and West Belfast Trust runs a weekly evening service in the centre of Belfast for sex workers, with a strong focus on sexual health. Others groups of people may be marginalised as a result of cultural issues, for example, Travellers, ethnic groupings, migrant workers, and asylum seekers.

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?*

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

Child sexual abuse

- 2.54 Prevention of child sexual abuse will continue to be centred on three main themes. Firstly, children will be provided with information through school and other youth settings, to raise their awareness about how they can keep safe. For example, a number of organisations have developed written and interactive materials to help children better understand how they can keep safe whilst using the internet. In addition, schools will provide education to children and young people about healthy relationships and how to tell an appropriate adult about any issue of concern.
- 2.55 The second theme will be concerned with helping adults with a duty of care towards a child, for example, youth leaders and sports coaches, to develop good practice in relation to the care afforded to children. For example, the Volunteer Development Agency has been funded by the DHSSPSNI to develop standards of good practice for child protection for organisations working in the voluntary and community sector with children, young people and families. These standards and associated training will be rolled out to all relevant organisations within Northern Ireland as a requirement of their registration with their umbrella body.
- 2.56 The third theme relates to the sharing of information between statutory agencies with a core child protection responsibility. Within Northern Ireland there is a strong tradition of inter-agency working between the PSNI, HSS Trusts and the PBNI in relation to adults convicted of sexual offences. The formal arrangements for facilitating this were subject to review in 2005¹ and the Government is committed to developing enhanced arrangements for inter-agency working in relation to adults and young people who display sexually harmful behaviour.

¹ CJINI(2005) The management of sex offenders in Northern Ireland. Belfast, CJINI

Children vulnerable to commercial sexual exploitation

2.57 In recent years there has been growing professional concern about sexual exploitation of children and young people that is organised for commercial gain, including:

- the creation, uploading and/or downloading of images of the sexual abuse of children
- the belief that young people, both male and female, are being lured, or forced, into the commercial sex industry and
- a concern that young people may be trafficked into Northern Ireland and forced to work in the sex trade.

2.58 It has been difficult to quantify the exact size and scope of this problem, but attempts have been made, for example, within the Eastern Health and Social Services Board area, to raise professional awareness of these issues through training and the development of specific approaches to working with children and young people who are believed to be most at risk, in conjunction with Barnardos. The Government is committed to preventing young people becoming engaged in commercial sexual exploitation through increased inter-agency training and working, and improved targeting of support for particularly vulnerable groups, such as those who are homeless or are in care.

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?

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

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?

Protecting sexually active young people from abuse

2.59 Although sexual activity in itself is not an offence in Northern Ireland over the age of 17 (or 16 if the person is married), sexually active young people up to the age of 18 may still be in need of protection from abuse or from exploitation through prostitution. In so far as they relate to sexual abuse of, and by, children and young people, the Area Child Protection Committees' Regional Policy and Procedures were developed on the basis that most young people under the age of 18 have a healthy interest in sex and sexual relationships. However, they set out the action required to identify whether particular behaviour or relationships may be abusive, whether the young people may be in need of protection and, in particular, whether referral to the police and child protection agencies is necessary. For example, while sexual activity with a young person who is competent to understand and consent to the sexual activity he/she is involved in (i.e. he/she is capable of giving 'informed consent') is illegal, child protection or police action may not be in the young person's best interests in the majority of cases. An example of this might be a sexual relationship between a 16-year old girl and her 18-year old boyfriend. A sexual relationship between a 15-year old girl and a 25-year old man may be an entirely different matter. The regional strategy will strongly support the approach of determining the need for action on a case-by-case basis to ensure that protection is available for vulnerable young people who are at risk of being manipulated or victimised.

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

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

Early intervention

2.60 Early intervention in the abusive cycle could mean focusing on young people or it may also mean ensuring that help is available to anyone, young or adult, who is conscious of the fact that they are engaging in sexually violent behaviour. Early intervention with perpetrators and potential perpetrators will be a key component of the strategy's proposed public health approach to preventing sexual violence. To support early intervention, particularly in relation to the sexual abuse of children, requires the development of public awareness about the nature and scale of victimisation, the behaviour of perpetrators, and what the warning signs are of abusive, or potentially abusive, behaviours. It also requires the development of public attitudes that regard the prevention of sexual violence as possible and, in the case of child sexual abuse, the responsibility of adults rather than children. Closely linked to this is the development of public confidence in recognising and challenging potentially abusive behaviours.

2.61 Developing public understanding about perpetrators will also be crucial. With appropriate intervention, perpetrators and potential perpetrators can be supported to take responsibility for and control their behaviour. However, if their behaviour, particularly grooming behaviour and the contexts within which this takes place, is not recognised or if it is unreported, vulnerable victims will continue to be targeted.

2.62 Interventions with adult sex offenders e.g. treatment programmes based in prison or in a community setting are discussed further in Part

3 of the document. However, it will be particularly important to improve outcomes for young people who display sexually harmful behaviour. Research indicates that around one-third of sexual offences are committed by young people and, in many of these cases, the abuser is under 16. Although this is a significant and stark statistic in its own right, studies of adult sex offenders indicate that around half of them committed their first offence as juveniles, and that both frequency and severity increased from that point. Despite this, there is no compelling evidence that young people who display such behaviours in childhood or adolescence will necessarily continue them in adulthood. However, there is a growing body of evidence to indicate that effective assessments and tailored interventions have an impact on recidivism rates for re-offending by young people who display sexually harmful behaviour. These children and young people present an additional challenge, as in many cases they have been the victim of various kinds of abuse themselves. Therefore it is important that a range of therapeutic services are made available to these young people and that they are supported to remain in full time education with safeguards for the other children in their school.

- 2.63 Guidelines for the protection of children at risk, including intervention with young people who display sexually harmful behaviour, were published in “Co-operating to Safeguard Children” and will be included in the forthcoming revision (due Summer 2007) of the ‘Pastoral Care Guidance for Schools’ by the Department of Education. The Area Child Protection Committees’ Protection Policy and Procedures set out the action required and the principles that must underpin interventions with these children. The regional strategy on sexual violence will require that best practice continue to be examined, promoted and implemented in relation to policy, practice, services and interventions with this group.
- 2.64 The research project *Risky Children or Children at Risk*, carried out by an Inter-agency group and managed by Include Youth, was undertaken in response to perceived information gaps concerning

children and young people who display sexually harmful behaviours and their progress through the child protection systems. The key findings from this research (due to be published early 2007) will help inform future actions from this strategy in relation to sexual abuse of children.

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?

Breaking the cycle of sexual violence

2.65 The extent to which sexual violence remains hidden by those affected poses a significant challenge in the context of prevention. Disclosure can not only open the way to support and other services, but can contribute to the development of a culture of disclosure which in turn may inhibit perpetrators or potential perpetrators. However, a public health approach to encouraging and supporting disclosure will require people to believe that they will be listened to and treated fairly. Key professionals, such as family doctors and teachers, can make a significant contribution in this area. On a broader social level, the development of public awareness and attitude change will be important, particularly in view of the personal distress involved in acknowledging and revealing victimisation to family and friends, and fears about the consequences this may have.

2.66 Because of the extent to which the abuser is known to the victim, particularly in the case of the sexual abuse of children, intervention with the families of perpetrators, or potential perpetrators, will be critical in breaking the cycle of sexual violence. It is known that the families of sexual offenders are often stigmatised by the behaviour of their

relative, and some family members may also have been direct victims. In addition research indicates that known sexual offenders are less likely to re-offend if they are monitored and supported by appropriate family members. The strategy will, therefore, support the development across Northern Ireland of programmes for families of perpetrators, or potential perpetrators.

- 2.67 Perpetrators of sexual violence have families and many may have children of their own. A perpetrator who has been accused of a sexual offence or has been convicted of a sexual offence may wish to try to maintain contact with his children under Article 8 of the Children (Northern Ireland) Order 1995. The Office of Law Reform is conducting research into the operation of private law aspects of this legislation with a particular focus on issues around contact. It is anticipated that sexual violence will emerge as an issue which courts may have to face when considering whether contact is in the best interests of a child who is the subject of a contact application. Perpetrators who abuse their own children may attempt to apply for contact with them (usually when they are in prison). The Office of Law Reform hopes to evaluate whether the current legislation is operating well in Northern Ireland.

Proposals

The approach proposed by the Government to **preventing sexual violence** around which this strand of the regional strategy will be framed is:

1. To raise awareness about sexual violence and examine social attitudes towards it.

Through:

- Commissioning benchmarking research to establish the prevalence of sexual violence, current levels of public understanding, attitudes and perceptions about (a) the realities of sexual violence; (b) the characteristics of victims and perpetrators; (c) key risk factors; (d) levels of confidence in recognising and challenging abusive behaviours; (e) sources of support for victims/survivors (f) interventions with perpetrators/potential perpetrators; (g) the degree to which perpetrators are seen to be held accountable by the criminal justice system.
- Developing a long-term communications plan to increase public understanding about sexual violence and encourage the development of social attitudes that will be supportive to preventing sexual violence.
- Adopting and promoting a public health approach to preventing sexual violence.

2. To encourage the development of healthy relationships and respect.

Through:

- Ensuring that emphasis continues to be given by schools in the curriculum to the importance of healthy relationships and respect for others.

- Promoting awareness-raising initiatives about sexual violence in association with higher education institutions, further education colleges and other organisations delivering employment or training programmes sponsored by Government.
- Delivering clear messages about sexual violence to adults through a public media campaign,

3. To identify and support the establishment of practical measures to promote personal safety.

Through:

- Establishing practical initiatives to promote personal safety, particularly for groups most at risk of rape and other serious sexual assault.
- Formulating and promoting a framework of practical steps people can take to increase their personal safety.
- Integrating strategic messages about sexual violence with those about domestic violence, the reduction of alcohol and drug harm, sexual health, mental health, and the protection of children and vulnerable adults.

4. To identify and promote best practice to protect those who may be most at risk.

Through:

- Developing guidance and consistent messages about specific risk factors.

- Promoting and developing close working practices and protocols between and among statutory and voluntary sector agencies to protect those most at risk, including children and vulnerable adults.
- Encouraging commitment by all the agencies involved in the protection of those most at risk to foster interagency, multi-disciplinary co-operation and exchange of best practice.
- Encouraging commitment by all the agencies involved in the protection of those most at risk to professional development and skills training for staff, through the design and delivery of regional training programmes, including shared training experiences, such as inter-agency and multi-disciplinary programmes.

5. To develop measures to prevent inappropriate sexual behaviour at an early stage.

Through:

- Identifying, promoting and resourcing multi-agency interventions to improve outcomes for young people who display sexually harmful behaviours.
- Developing definitions about what constitutes inappropriate sexual behaviour, including what is meant by consent in relation to sexual activities.

6. **To develop best practice to target those who are at risk of assaulting or who have a history of sexually inappropriate behaviour.**

Through:

- Identifying and promoting best practice models in relation to intervention with people who display sexually inappropriate or abusive behaviours.

- Supporting the development across the region of programmes for the families of perpetrators, or potential perpetrators, to prevent inappropriate or abusive behaviours and to break cycles of abuse.

QUESTIONS

- Q.2** *What will be the most effective ways to increase understanding of the realities of sexual violence among the general public, including children?*
- Q.3** *Which key target groups could contribute to supporting the process of increasing public understanding of the realities of sexual violence?*
- Q.4** *How best can children's attitudes to sexual violence be gathered?*
- 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?*
- Q.6** *Should Government give a clear message ahead of public opinion, to stem the tide of normalising sexual violence in society?*
- Q.7** *What steps could the media take to support the process of increasing public understanding and awareness of the realities of sexual violence?*
- Q.8** *What key messages should be promoted in relation to how healthy relationships and respect can help to prevent sexual violence?*
- Q.9** *In addition to the education and training sector, what other sectoral groups and influencers have a role in delivering relevant messages?*

- Q.10** *What more could Government do to promote the importance of healthy relationships in society?*
- Q.11** *What mechanisms could be used for the ongoing collection of data?*
- 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?*
- Q.13** *What practical measures could be developed to promote personal safety, generally, and to protect those most at risk, in particular?*
- 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?*
- Q.15** *What type of protection under the law should children and young people have?*
- 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?*
- Q.17** *What additional actions are required to protect sexually active young people from abuse and exploitation?*
- Q.18** *How can awareness be raised among children and young people about sexual exploitation?*

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?

Part 3:

PROTECTION AND JUSTICE

Government is committed to increasing confidence in the criminal justice process, to ensuring that the law affords proper protection, and to delivering effective responses to sexual violence. The proposals in this section focus on:

- building confidence that sexual violence is treated with the same degree of rigour as other crimes of interpersonal violence,**
- strengthening protection for adults and children through reform of the law,**
- examining ways in which the response to victims and witnesses during each stage of the criminal justice process can contribute to encouraging the reporting of offences,**
- addressing issues affecting the successful prosecution of cases,**
- ensuring that the criminal justice system is rigorous in bringing perpetrators to justice and that the sentences available reflect the seriousness of the crime, and**
- delivering public protection through the mechanisms and procedures for assessing and managing the risk posed by sex offenders.**

Background

3.1 The Criminal Justice System comprises seven main statutory organisations:

- The Northern Ireland Office (Criminal Justice Directorate);
- The Police Service of Northern Ireland;
- The Northern Ireland Prison Service;
- The Public Prosecution Service;
- The Northern Ireland Court Service;
- The Probation Board for Northern Ireland; and
- The Youth Justice Agency.

3.2 Each of these organisations works directly or indirectly with victims and/or perpetrators of sexual violence.

3.3 The experience of being a victim, or a witness, in relation to a crime of any nature is an inherently negative experience for people. A key aim of the strategy will be to build confidence in the criminal justice process through a professional, appropriate and sensitive approach to reported sexual crime. Effective criminal justice work is crucial in encouraging reporting, raising the conviction rate, and restoring faith in the criminal justice process, not only among victims, but among the wider public. Part 2 discussed the degree to which cultural perceptions and social attitudes can impact on the extent to which sexual violence remains hidden. Very often the criminal justice processes involved in responding to complaints of sexual violence, and rape in particular, can reinforce these narrow understandings of what constitutes non-consensual sexual activity, who it happens to, and who perpetrates it. In no other crime is the credibility of the victim subject to such a degree of judgement at every stage of the criminal justice process.

Sexual offences statistics

Recorded sexual offences

3.4 The number of recorded sexual offences has fluctuated during the last decade, with a low of 1,176 in 2000/01 and a high of 1,780 in 2003/04. Between 2000/01 and 2003/04, the number of offences recorded increased by over 50%, before decreasing 5% to 1,686 in 2004/05 and increasing 1% to 1,711 in 2005/06 (see **Table 6**). These figures should be viewed with caution as it is estimated that only 5% to 25% of sexual offences are ever reported.

Table 6: – Recorded¹ sexual offences 1994-2005/06

Year	Total sexual offences	Rape	Attempted rape	Indecent assault	Other sexual offences
1994	1333	168	40	698	427
1995	1679	229	30	932	488
1996	1745	264	28	991	462
1997	1444	268	26	793	357
1998/99	1605	284	40	878	403
1999/00	1333	279	32	714	308
2000/01	1176	209	23	663	281
2001/02	1431	252	40	677	462
2002/03	1469	317	40	633	479
2003/04	1780	354	41	834	551
2004/05	1686	347	33	746	560
2005/06	1711	356	35	808	512

¹ Recorded crime figures detail the number of crimes and offences recorded by the Police and not the number of persons having committed a rape offence.

Source: PSNI Central Statistics Unit

- 3.5 The recorded number of rape offences (including attempted rape) has been at its highest levels in the past three years, peaking at 395 offences in 2003/04, before falling slightly to 380 in 2004/05 and rising to 391 in 2005/06. Incidents of indecent assault account for the majority of sexual offences recorded.
- 3.6 The information presented in **Table 6** can be broken down into further sub-categories. **Table 7** breaks down the number of sexual offences by offence type for 2005/06 and **Table 8** breaks down all sexual offences by age and sex of victim.

Table 7 : – Recorded Sexual Offences by offence type 2005/06

Sexual Offences	Offences recorded
Rape	356
Attempted rape	35
Unlawful carnal knowledge of a girl under 14	16
Unlawful carnal knowledge of a girl 14 years and under 17 years	51
Indecent assault on a female	295
Indecent assault on a female child	351
Indecent assault on a male	47
Indecent assault on a male child	115
Indecency between males	27
Indecent exposure	317
Indecent conduct towards a child	34
Other sexual offences	67
Total	1711

Source: PSNI Central Statistics Unit

Table 8: - Age profile and sex of victims of sexual offences in 2005/06

Age of victim	Female	Male	Gender unknown	Total
Under 18	689	179	0	868
18 and over	683	91	0	774
Age unknown	3	1	65	69
Total	1375	271	65	1711

Source: PSNI Central Statistics Unit

3.7 In relation to those cases where gender and age can be identified (**Table 8**), 84% of victims of sexual offences in 2005/06 were female, 53% of all victims were under 18, and 42% were female and under 18.

Clearance rates

3.8 Crime clearance rates are the number of offences cleared in a year as a percentage of the number of offences recorded for that particular crime. As some offences cleared will have been recorded during previous years, clearance rates may occasionally be above 100%.

3.9 Broadly speaking, an offence is cleared if:

- a person has been charged, summonsed or cautioned for the offence;
- the offence has been 'taken into consideration' by the court; or
- there is sufficient evidence to charge a person, but the case is not proceeded with (for example, because the complainant has withdrawn, the suspect is under the age of criminal responsibility, or has died).

3.10 As it is often the case that the offender is known to the victim, those crimes which constitute sexual offences, tend to have high clearance rates. **Table 9** presents information on clearance rates for sexual offences.

Table 9: – Sexual offences cleared by the police as a percentage of those recorded 1994-2005/06

Year	Total sexual offences	Rape	Attempted rape	Indecent assault	Other sexual offences
1994	89	69	73	82	110
1995	82	83	70	81	83
1996	85	81	79	80	98
1997	86	79	88	82	97
1998/99	76	76	65	78	73
1999/00	75	74	97	77	70
2000/01	68	67	78	71	61
2001/02	47	52	45	53	35
2002/03	47	45	63	55	35
2003/04	51	51	68	54	44
2004/05	46	45	48	55	34
2005/06	43	44	69	41	44

Source: PSNI Central Statistics Unit

3.11 With only minor exceptions, the clearance rate for rape for each respective year is similar to that which corresponds to all sexual offences, whereas the clearance rate for indecent assaults has tended to be higher than the percentage for all sexual offences. Despite the slight upturn in 2003/04, there has been a downward trend in clearance rates for sexual offences since the mid-1990s. Under half (43%) of all reported sexual offences were cleared in 2005/06, which represents the lowest clearance rate in the last decade and a decrease of 46 percentage points since 1994.

Court proceedings and convictions

3.12 It is not appropriate to measure recorded crime and clearance rates against persons proceeded against and convictions. This is for a number of reasons:

- Sexual crimes that occur in previous years may not result in prosecutions or conviction for the year in which the crime is recorded;
- Counting rules for recorded crime and prosecution statistics differ in that, except in special circumstances, only the most serious offence (one crime) is recorded per victim;
- If a number of offenders are subsequently charged for the same incident, each offender will be included in the prosecution and convictions figures;
- The recorded crime statistics document each offence as initially recorded. These may differ from the offence for which a suspect or suspects are subsequently proceeded against;
- In cases where an offender has been charged or a summons has been issued, not all of these may be tried at court, for example, the Public Prosecution Service may issue a decision not to prosecute a case where the available evidence, which can be adduced at court, is insufficient to afford a reasonable prospect of conviction.

3.13 **Tables 10 to 12** present the number of prosecutions and convictions for rape, attempted rape and all sexual offences.

Table 10: – Prosecutions and Convictions for Rape 1994 – 2004¹

Year	Persons proceeded against	Persons Convicted	% of persons proceeded against which ended in a conviction
1994	39	11	28.2
1995	65	19	29.2
1996	59	13	22.0
1997	54	17	31.5
1998	45	17	37.8
1999	30	5	16.7
2000	20	7	35.0
2001	28	12	42.9
2002	25	8	32.0
2003	26	8	30.8
2004	29	15	51.7

¹ Data are collated on the principal offence rule; thus only the most serious offence with which an offender is charged is included.

Source: NIO Statistics and Research Branch

Table 11: – Prosecutions and convictions for attempted rape¹ 1994 – 2004²

Year	Persons proceeded Against	Persons convicted	% of persons proceeded against which ended in a conviction
1994	6	4	66.7
1995	13	5	38.5
1996	10	2	20.0
1997	7	4	57.1
1998	3	1	33.3
1999	6	3	50.0
2000	6	3	50.0
2001	6	5	83.3
2002	5	2	40.0
2003	5	2	40.0
2004	8	3	37.5

¹ Includes attempted rape, aiding and abetting rape and assault with intent to rape.

² Data are collated on the principal offence rule; thus only the most serious offence with which an offender is charged is included.

Source: NIO Statistics and Research Branch

Table 12: – Persons proceeded against for sexual offences and convictions resulting 1994 - 2004¹

Year	Persons proceeded against (% of total)	Persons convicted	% of persons proceeded against which ended in a conviction
1994	255	148	58.0
1995	342	182	53.2
1996	343	184	53.6
1997	250	130	52.0
1998	220	128	58.2
1999	154	90	58.4
2000	175	130	74.3
2001	167	112	67.1
2002	146	84	57.5
2003	184	108	58.7
2004	211	137	64.9

¹ Data are collated on the principal offence rule; thus only the most serious offence with which an offender is charged is included.

Source: NIO Statistics and Research Branch

Strengthening protection for adults and children

Clarifying the law on sexual offences

3.14 The law governing sexual offences in Northern Ireland is complex, and made more difficult by piecemeal changes and amendments. Much of the law dates from a hundred years ago and more, when society and the roles of men and women were perceived very differently. The result is a somewhat disparate framework of offences, often designed to meet specific problems that caused concern in their day, but consequently with little coherence or structure.

3.15 Significant changes have occurred, however, notably the decriminalisation of homosexuality in private in 1982, changes to the law of rape and increased protection for children in the Protection of

Children (NI) Order 1978 and the Criminal Justice Order (NI) 2003. The Sexual Offences Act 2003 brought with it many changes, mostly to keep sex offender notification requirements here on a par with England and Wales, but also to extend to Northern Ireland, where possible, new offences such as the sexual grooming of children.

3.16 However, not all the changes introduced in England and Wales by the Sexual Offences Act 2003 apply to Northern Ireland. For example, the Act made significant changes to the law on rape by extending the definition and by defining consent as not present where the perpetrator does not reasonably believe that the person consents. The Act also provided statutory rebuttable and conclusive presumptions about consent. These changes make it easier for juries to make decisions on the question of consent and send a signal to perpetrators that they cannot make assumptions. However, none of these changes applied to the law on rape in Northern Ireland. Neither did the Act change the law on indecent assault here. In England and Wales, however, it abolished indecent assault and created offences of assault by penetration, sexual assault, and causing a person to engage in sexual activity without consent.

3.17 The Sexual Offences Act 2003 also radically altered the law on offences against children in England and Wales. It created new child sex offences, strengthened existing offences involving an abuse of a position of trust towards a child, and provided for new familial child sex offences. Only some of these changes applied to Northern Ireland. For example, in England and Wales, there is a new body of offences designed to protect children under the age of 13, who can now never legally consent to sexual activity. Also in England and Wales, there are new offences involving sex with children under the age of 16 to replace existing offences of unlawful sexual intercourse, buggery and indecency. The Act also makes it an offence in England and Wales for a person aged under 18 to engage in any sexual activity with anyone under the age of 16. The offences are precisely the same as those

which apply to adults, but with a lower penalty where the offender is aged under 18.

- 3.18 The Sexual Offences Act 2003 makes no amendment to the Northern Ireland statutes on the protection of vulnerable adults, but radically alters the position in England and Wales with three new sets of offences. It also provides new offences in England and Wales for familial child sex offences and for sex with an adult relative. In addition, all discriminatory sexual offences in England and Wales were repealed by the 2003 Act with the effect that offences in the Act are all gender neutral and can be applied whatever the sex of the offender or victim.
- 3.19 A review of the law in Northern Ireland on sexual offences took place between July and October 2006. It is planned to publish proposals for new legislation during 2007 with a view to achieving for Northern Ireland a robust, comprehensive and effective body of law to ensure maximum protection, particularly for children and other vulnerable people, from sexual violence.

Prostitution

- 3.20 Although the law on soliciting for prostitution does not strictly fall within the boundaries of sexual offences law, public concern about this practice, and kerb crawling in particular, resulted in the inclusion in the Sexual Offences consultation of a section looking at the law in these areas. The consultation covered a recommendation for legislative change relating to off-street prostitution which was included in the Prostitution Strategy published by the Home Office in January 2006. In the Home Office consultation which preceded the Strategy a majority of respondents had opposed the widespread legalisation of brothels. However there was considerable support for an amendment to the law to allow more than one person to work together in prostitution. At present only one person may work as a prostitute; more than that and the premises are classed as a brothel and are therefore illegal. This

runs counter to the advice that women should not work alone in the interests of their safety. The Sexual Offences consultation indicated that the Government proposed to change the definition of a brothel to allow two or three individuals to work together.

3.21 The results of the consultation which closed in October 2006 are currently being considered by ministers.

3.22 The civil law can hold remedies for victims of sexual violence in Northern Ireland. For example, the Family Homes and Domestic Violence (Northern Ireland) Order 1998 can offer protections to victims who experience sexual offences perpetrated by someone closely associated with them (for example, family members). In addition, the Children (Northern Ireland) Order 1995 may offer public law protections to children who experience sexual offences within a family unit.

Ensuring an effective response from the criminal justice process

Encouraging reporting and addressing the justice gap

3.23 The decision to report sexual victimisation is often very difficult and always very personal. The majority of incidents are never reported. Not only does this mean that the perpetrator will not be called to account, but that the victim may not be able to access help and support at the time they need it most. Understandably, reporting may just seem too much to cope with after the ordeal. However, research has highlighted a number of specific factors which stop survivors from reporting, particularly in rape offences. These include:

- Not considering what happened to be a crime;
- Not thinking the police/others will define it as a crime;
- Fear of disbelief, blame and/or judgement;

- Fear/distrust of the criminal justice process;
- Fear of family/public disclosure;
- Divided loyalty, where the perpetrator is known to the victim; and
- Language/communication difficulties.

3.24 Some of these issues can be tackled through the proposals outlined in Part 2 relating to awareness raising and influencing public attitudes. Others will require confidence-building responses from each of the organisations within the criminal justice system.

3.25 In addition to the decision to report, it is known that certain critical points exist within the criminal justice process for someone who has been sexually victimised:

- the decision to pursue the complaint after the initial report;
- the need for information as the decision-making process proceeds;
- understanding the outcome of the decision-making process;
- coping as a 'witness', understanding the court process and being supported in court;
- being informed about release plans for offenders in serious cases.

3.26 A thematic inspection of the Crown Prosecution Service and police forces in England and Wales into the handling of allegations of rape was carried out by HM Crown Prosecution Service Inspectorate and HM Inspectorate of Constabulary² in 2002. The report concluded that the criminal justice system there has not always served the interests of victims, and of justice, well. As a result, police forces in England and Wales, and the Crown Prosecution Service, have been implementing a range of measures to improve the investigation and prosecution of sexual offences. The report also identified four key attrition points

² *A Report on the Joint Inspection into the Investigation and Prosecution of Cases involving Allegations of Rape (2002)*

within the criminal justice process in cases involving rape, which are also likely to apply to other sexual offences:

- The decision by the victim to make an official report;
- Initial police response and investigation;
- Decision-making by prosecutors; and
- No conviction at trial.

3.27 It will be important for the agencies within the criminal justice system to work together to establish the extent of attrition at each stage of the criminal justice process and to identify the causes of the fall-out of cases.

Supporting victims

3.28 A Thematic Report³ conducted by the Criminal Justice Inspection Northern Ireland and published in July 2005 made a series of recommendations on improvements to services for victims and witnesses within the criminal justice system in Northern Ireland. A key recommendation of the Report was the development of an overarching strategy - by criminal justice agencies and their delivery partners in the voluntary sector - which would promote accountability of each organisation for the services they provide and facilitate a joined-up approach to service provision to victims and witnesses of crime.

3.29 That recommendation has been accepted and an overarching strategy has been developed with the aim of delivering services to victims and witnesses in an even more co-ordinated manner which will improve their experience of engaging with the criminal justice system and thus deliver better outcomes for both the individual and the justice process. The strategy will encompass improvements to generic services intended to meet the needs of all victims and witnesses of crime.

³ Improving the Provision of Care for Victims and Witnesses within the Criminal Justice System in Northern Ireland published by Criminal Justice Inspection Northern Ireland – published July 2005 [ISBN 1-905283-04-0]

- 3.30 One strand of the strategy – regarding information provision - is the creation of an interactive website which provides a virtual tour of the criminal justice process. It will also allow easy access to information for victims and witnesses about all the key stages of the justice process, address frequently asked questions and signpost sources of additional advice and support in the statutory and voluntary sectors. The victims' section of the website is currently operational and the official launch of the full site is scheduled for spring 2007.
- 3.31 Underpinning the strategy will be the development of an overarching Code of Practice detailing the level of service which victims and witnesses can expect to receive from all of the criminal justice agencies and key voluntary sector organisations and establishing minimum delivery standards. It is proposed that the draft strategy will go out to public consultation by the end of January 2007 and that the public consultation of the overarching Code of Practice will begin by summer 2007.
- 3.32 The following paragraphs look at the role of key organisations within the criminal justice system in responding to victims of (or witnesses to) sexual crime.

The Investigation process

- 3.33 The role of the Police Service of Northern Ireland (PSNI) is to **investigate allegations** of sexual crime. It will invariably be a uniformed officer who receives the first report of the crime. The PSNI operate eleven Child Abuse and Rape Enquiry (CARE) Units across Northern Ireland. The CARE Units are staffed by specially trained male and female detectives who investigate alleged and suspected cases of serious adult sexual assault and child abuse. The victim of a serious sexual assault will be dealt with by a member of CARE but they may not actually investigate them e.g. 'stranger rapes' – CARE would do the

initial interview but hand the investigation to a Major Investigation Team (MIT). Relatively minor sexual crimes such as 'Exposure' can be often dealt with by local uniform officers, as can lesser cases of indecent assault e.g. an unwanted touch.

3.34 The CARE officer will give the victim their contact details and a copy of the PSNI leaflet 'Sexual Crime'. This outlines what Police can do to help and outlines briefly the investigation process – including the medical examination. In addition, the officer may give information on various voluntary and statutory agencies that may offer help, counselling and support e.g. NEXUS, Victim Support etc. The investigating officer is responsible for updating the victim as to the progress of the investigation.

3.35 The investigating officer will speak to the victim and explain to them what the investigation will entail. It is at this stage that many victims decide not to pursue their complaint. Sometimes it is when the victim becomes aware of the intrusive nature of the medical examination, the interview by police and the possibility of being cross-examined in court that s/he decides not to proceed. There are other factors too, such as family pressure and the desire to prevent others becoming aware of the crime. Police encourage victims who do not wish to proceed at the time to reconsider the matter and to make contact if they change their mind. In some cases of children who have been sexually assaulted and who refuse to complain, it may be necessary to take responsibility away from the child particularly in cases where there are clear child protection concerns. If a victim does not wish to pursue the complaint, police must be careful not to actively pursue them to make one, as this can draw adverse criticism in court, and therefore affect the trial.

3.36 If the victim decides to proceed to the investigation stage, a forensic medical examination may be carried out, which is discussed in more detail in Part 4 (Support). Not all cases require a medical examination e.g. some historical cases of sexual assault. Where the victim is a

child, 'Joint Protocol' procedures involving both PSNI and Social Workers will be implemented, and a separate leaflet by PSNI called 'Child Abuse' is given to parents/carers and children in such cases.

- 3.37 There are 3 overriding principles guiding the investigation of allegations of sexual assault. Principle 1 – It is the policy of the PSNI to accept allegations made by any victim as genuine. An allegation will only be considered as falling short of a substantiated allegation after a full and thorough investigation. Principle 2 – A CARE detective should be contacted as soon as is practicable and should make contact with the victim of rape or serious sexual assault within one hour of being contacted. Principle 3 – The victim's wishes on whether a case should proceed may only be overridden in exceptional circumstances (e.g. where it is in the public interest to proceed with a case regardless of the wishes of the victim, as is sometimes the case with linked or series rape). An aide memoir for Uniformed Officers dealing with the initial report of Rape/Sexual Assault is being developed. The principles of investigation have recently been revised by the Association of Chief Police Officers and all CARE detectives have received specialist training.
- 3.38 A new course for CARE officers entitled Specialist Child Abuse Investigation Development Programme (SCAID) commenced during 2007 – this is a national standard course. A further national course in sexual offences investigation is also in preparation. In addition, the key contents of Home Office research study paper 196 entitled "A Question of Evidence? Investigating and Prosecuting Rape in the 1990's" are explained to all Detective Sergeants. This ensures that key factors are considered in the case decision making process. Detective Sergeants attending the Initial Management of Serious Crime (IMSC) course also receive specialist advice on Sexual Offences investigative strategies. In particular they are made aware of the contents of the HM/CPSI – Report on the Joint Inspection into the Investigation & Prosecution of Cases Involving Allegations of Rape (2002). Early evidence kits are

available in all District Command Units and all Forensic Medical Examiners who are on the CARE call-out list have opportunities to meet and discuss difficulties they encounter and issues which may impact their work. Forensic Science Northern Ireland is under contract for all examinations of forensic exhibits.

- 3.39 The Forensic Medical Examiner may give confidential advice on STIs, pregnancy and where to get help. Not all FMEs are able to prescribe the 'morning after' pill and may have to refer victims to their GPs.

The decision-making and prosecution process

- 3.40 The Public Prosecution Service (PPS) is responsible for **taking decisions about whether or not to prosecute** in all criminal cases. It also provides a number of services, including providing prosecutorial advice to the police prior to charging a suspect, for example, about the quality and admissibility of evidence, or about the charges which should be preferred. The PPS lies at the heart of the criminal justice system and the extent to which it makes proper provision to meet the needs of victims and witnesses is extremely important to building confidence in the process of justice.

- 3.41 The Public Prosecution Service takes over responsibility for a case once a suspect has been charged or a police report has been submitted. Its prosecution decisions are taken on the basis of the available evidence, which may be adduced at court, being sufficient to provide a reasonable prospect of conviction (the Evidential Test), and that prosecution is required in the public interest (the Public Interest Test). As a result of recent legal reforms relating to the admissibility of evidence, it is now possible to seek to admit previous convictions or other bad character of the accused, where it is relevant to the offence under consideration, in a wider range of circumstances than was previously the case. It is important to make clear that the PPS does

not represent the police, and that it is neither the legal representative of victims of crime, nor does it act as their legal adviser. It is essential that PPS maintains its independence. However, it does have a responsibility to victims and witnesses from the point at which it assumes responsibility for a case until it is disposed of by the provision of certain services. The range of services it provides includes information provision at key milestones in the progress of a case, and making referrals to specialist support organisations, such as Victim Support NI (VSNI), at a victim's request. It is also responsible for applying to the court for 'special measures' under the Criminal Evidence (NI) Order 1999 which aim to assist vulnerable or intimidated witnesses to give their best possible evidence at court. These measures can include screening the victim/witness from the accused when they are giving evidence or enabling the victim/witness to give evidence from a remote room via live television link to the courtroom (see Special Measures section below). It is important to note that victims of sexual violence are automatically deemed eligible for some of these measures.

- 3.42 The PPS's Code for Prosecutors, published in June 2005, contains a section relating to victims and witnesses, and the PPS's corporate training plan covers the delivery of training on the handling of sexual offence cases. As an integral part of the development and roll-out of the PPS, Community Liaison Teams are being created to enhance the communication between prosecutors and victims and witnesses. Key elements of the Teams' work include helping to ensure that plans for trials are made with due regard to the need to avoid unnecessary stress for those victims who will appear as witnesses; establishing the apprehensions of the victim and any particular requirements the victim may have to allay concerns; and explaining, wherever possible, reasons why a case is not prosecuted.

Victim Support NI, Witness Service and NSPCC Young Witness Service

3.43 Victim Support NI (VSNI) is a voluntary organisation, which acts independently from the police, and helps people to come to terms with the experience of being a victim of crime. VSNI has two primary objectives:

- I. to provide support and assistance to individual victims, witnesses, their families and friends;
- II. to raise public awareness and recognition of the effects of crime and promote the rights of the victim.

3.44 The Witness Service is run by VSNI. Its role is to provide services to victims, witnesses and their families before, during and after hearings. In addition, it has an essential role in the co-ordination of arrangements at the court building in liaison with court officials. Some of the services provided include general information on court proceedings, provision of separate and appropriate waiting facilities, accompanying the witness in the courtroom, and communicating additional witness requirements on the day of the trial.

3.45 The National Society for the Prevention of Cruelty to Children (NSPCC) provide the Young Witness Service to children and young people under 18 who might be a witness in a criminal trial. The Young Witness Service provides a similar range of services to the Witness Service programme run by VSNI.

The Court Process

3.46 The Northern Ireland Court Service (NICtS) provides administrative **support for the conduct of business in the courts**. Victims of sexual crime first come in contact with the NICtS when their case is going to court. For most people, this can be a daunting experience but there are

a number of ways in which the NICtS can help. For example, on request, the NICtS can arrange pre-trial familiarisation visits to allow vulnerable victims, in particular, to see for themselves the layout of the court building and courtroom. It also provides the opportunity for them to receive an explanation of court procedures with the aim of making the process less daunting. However, this is dependent on the individual knowing that such visits are available.

- 3.47 In some cases victims may be able to use court-house parking facilities, or enter the building by an alternative entrance, and thereby avoid meeting other parties to the case. This service is provided on request but does need to be brought to the attention of the court office in advance by either the victim or agencies involved.
- 3.48 Separate waiting areas are also available in most court buildings, so that vulnerable or intimidated victims or witnesses do not have to encounter the accused or their supporters while waiting to give their evidence. All Crown Court venues and the majority of magistrates' court venues offer this facility. If a venue poses a particular difficulty there may be an opportunity to transfer the case to another venue.
- 3.49 The NICtS works closely with Victim Support (NI), NSPCC and Women's Aid to identify and assist vulnerable victims, including those who have been victims of sexual violence.
- 3.50 The NICtS has developed and published customer service standards for key court user groups. Specific customer service standards for vulnerable and intimidated witnesses are displayed in Court buildings, particularly in victim waiting areas, and are available on the website at www.courtsni.gov.uk. The NICtS has a customer services officer at each court venue. They are the point of contact regarding customer service issues.

Special Measures

3.51 'Special measures' presently available under the Criminal Evidence (NI) Order 1999, were introduced to assist vulnerable or intimidated witnesses and allow them to give their best evidence at court. These measures include -

- Video recorded evidence in chief – this measure allows a victim/witness to give their main oral evidence by video-recording. The taped evidence will then be played in court on the day of the trial which means that the victim/witness does not have to give their initial evidence in person;
- Live television link – a room is provided outside the courtroom from which a victim/witness can give evidence via a live television link;
- Screens – a physical screen can be placed around the witness box which shields the victim/witness from seeing the defendant when giving evidence;
- Evidence in private – the Judge can order the clearing of the court of members of the public so that the victim/witness can give their evidence in private;
- Removal of wigs and gowns – The Judge and barristers in the case can be ordered to remove their wigs and gowns so that the courtroom appears less formal;
- Aids to communication – a victim/witness can be provided with the help of a communicator or interpreter or with a communication aid or technique when giving their evidence.

3.52 Special measures, which are subject to an order of the court, can be facilitated in all main courthouses.

3.53 Other measures designed to protect victims/witnesses in proceedings for sexual offences under the Criminal Evidence (NI) Order 1999 include:

- Protection of complainant from cross-examination by the accused in person – which prevents those defendants charged with rape or

other sexual offences and who have chosen to conduct their own defence, from personally cross-examining the victim;

- Restrictions on evidence and questions about a complainant's sexual behaviour – this restricts the circumstances in which evidence or questions about a victim's sexual behaviour outside the circumstances of the alleged offence can be introduced in rape or certain sexual offence cases and includes sexual behaviour or experiences with the defendant.

3.54 This section of the consultation paper has attempted to give an overview of the roles and responsibilities of the organisations within the Criminal Justice System in the context of responding to reported sexual crime. Those organisations are committed to improving the experience victims and witnesses have when they engage with the criminal justice process and to delivering better outcomes both for the individual and for justice. The proposed strategy for victims and witnesses referred to at the beginning of this section will make a major contribution in this regard. However, specific focus will also be given to identifying how best policy and best practice in relation to the investigation and prosecution of reported sexual crime can encourage increased reporting and lead to better outcomes.

Key Proposal 2

To write to the Criminal Justice Inspectorate to undertake a thematic inspection of how sexual violence cases are handled by the Criminal Justice System and to put forward recommendations for improvements.

Key Proposal 3

It is proposed that the Criminal Justice System will identify and promote best policy and practice in the treatment of victims of sexual violence, encompassing arrangements for the provision of information relating to their cases.

Holding the offender accountable

Sentencing Framework

3.55 The Review of the Sentencing Framework in Northern Ireland, concluded in 2005, examined the potential for the introduction of a range of disposals aimed at providing greater protection for the public while taking steps to reduce re-offending. Following a period of consultation the Government announced on 5 December 2006 its proposals for a new and more rigorous approach to sentencing policy. Draft legislation will be brought forward in 2007 to introduce Indeterminate and Extended public protection sentences to allow for the continued detention of dangerous offenders who pose a risk of serious harm to the public along with extended supervision periods. These sentences would mean that those committing the most serious violent and sexual offences could if necessary be detained indefinitely while those committing other specified offences could be detained without remission to the end of their prison sentence. All those released would be subject to supervision under licence for an extended period. The new Framework would also build on the successful foundations of existing statutory provisions to create a new sentence providing for compulsory post-release supervision. The court would set a clearly defined custodial part of the sentence which the offender must serve in full before being released on licence to serve the remainder of the sentence under supervision in the community.

The Probation Board for Northern Ireland (PBNI)

3.56 The PBNI is responsible for **carrying out risk assessments** and **providing reports on offenders** to the courts. It is also responsible for **supervising and working with offenders** to re-integrate them into the community by reducing their re-offending. PBNI staff also work in prisons providing a range of services in the supervision and assistance of offenders with the objective of preventing crime. Cases of sexual

violence first come to the notice of PBNI following the conviction of an offender, or where the court requests a pre-sentence report to be prepared by the PBNI. These reports include an assessment of the likelihood of the offender re-offending, the risk of harm to the public, and proposals on the risk posed.

- 3.57 The PBNI engages again with the offender after having either been sentenced to a non-custodial Community Sentence e.g. Probation Order, Combination Order, or Community Service Order, or to a prison term with the requirement to be supervised on release as part of a Custody Probation Order or an Article 26 supervised Sex Offender Licence under the Sex Offender (NI) Order 1996. The supervision of sex offenders in the community, whether by Custody Probation Orders or Sex Offender Licences, requires very regular planned engagement between the Probation Officer and the sex offender with regard to their risk management plan. This includes ongoing reassessment of risk and supervision of the offender's lifestyle, employment, activities and relationships to monitor for potential or actual victim-access behaviour. The level of supervision is adjusted to the level of assessed risk posed by the offender. Any breach of requirements or re-engagement in high-risk behaviours will result in PBNI returning the offender to court for breach of their Order and, potentially, for re-sentencing.
- 3.58 The PBNI also operates an accredited community-based treatment programme aimed at getting sex offenders to take responsibility for their offending and their risk, and to facilitate steps to reduce that risk. The programme currently runs in Belfast, Londonderry/Derry and Omagh, with delivery outside Belfast being through a partnership with the Sperrin Lakeland Trust.
- 3.59 Working with family members, particularly partners and parents, is another significant element in preventing re-offending. PBNI makes a contribution in this area through group work programmes designed for partners and relatives. These aim to increase awareness about how

offenders operate and to equip family members with the skills and knowledge to identify risk situations and challenge risky behaviours. However, this area of work is under-developed in Northern Ireland and would clearly benefit from a multi-agency response. A partner's group programme has been run in the Belfast area through Probation Board for NI's Alderwood Centre. In the West, individual partner work has been offered and carried out through the Programme for the Prevention of Sexual Abuse in the Sperrin Lakeland Trust.

The Northern Ireland Prison Service (NIPS)

3.60 The NIPS is responsible for the **detention and holding of offenders, both convicted and on remand**, as directed by the Courts. The NIPS is committed to protecting society by reducing re-offending rates and to that end produced a Resettlement Strategy. This strategy focuses on the issues that feature in many prisoners' lives and how these contribute to re-offending. These issues include housing, employment and offending behaviour. Risk Assessments are also undertaken and reviewed. Those convicted of sexual offences and found suitable, depending on factors such as length of sentence, personality, and motivation, are offered a Sex Offender Treatment Programme (SOTP) appropriate to their needs. However, offenders must be motivated to engage in the offered programme and want to change their behaviour. SOTPs are offered at both Maghaberry and Magilligan. These are based on Home Office accredited treatment programmes for offenders whilst in custody, and aim to reduce offending behaviour. The programmes are delivered by multi-disciplinary teams, including Prison Psychologists, Probation Officers and discipline staff, who have been selected for this work and have received specialised training.

3.61 There is no statutory obligation placed on a convicted offender, while in prison, to undertake an SOTP. However, voluntary participation is encouraged and, indeed, may be recommended by the Judge in his comments when sentencing and as part of the sentencing planning,

with a view to the offender's successful future resettlement in the community.

- 3.62 Detailed reports on the risk assessments of individual sex offenders are prepared before, during, and on completion of each programme. Their contents are discussed with the offender, and shared with the respective local MASRAM Committee (see MASRAM section on page 85) some 6 - 8 weeks prior to the offender's release in order that appropriate management supervision and monitoring plans can be put in place and actioned following release.
- 3.63 The new Sentencing Framework, referred to above, marks a significant shift in sentencing policy, aimed at providing greater protection for the public while taking steps to reduce re-offending. The approach, which provides for extended and indeterminate public protection sentences for those who have committed specified violent or sexual offences, would put an end to automatic 50% remission for dangerous violent and sexual offenders. Those receiving indeterminate sentences could, if necessary, be detained indefinitely; those receiving extended sentences could be detained to the end of their sentence. Release would be determined by an independent body similar to the Parole Board in England and Wales, which would have to be satisfied that offenders no longer posed a risk of serious harm to the public. As part of this process, the Independent Body would consider to what extent such prisoners had addressed their offending behaviour by engaging with prison programmes and staff.
- 3.64 Accreditation of offending behaviour programmes is an important issue and there has been a significant development in this area recently. In co-operation with the NIPS, the PBNI, the Irish Prison Service, and the Irish Probation & Welfare Service, an External Accreditation Panel has been established to ensure that quality, integrity and standards equivalent to other jurisdictions are maintained for programmes delivered in prisons. This External Accreditation Panel includes

experts from outside Northern Ireland. The Sex Offender Treatment Programme is one of the programmes to be considered by this panel.

- 3.65 An inter-agency working party taking forward recommendations from the Serious Case Review into the Trevor Hamilton case suggested that a Sex Offender Treatment Programme should be provided at Hydebank Wood. Arrangements should be in place soon to offer a range of modules for young offenders and women, aimed at aspects to offending e.g. attitudes to women, psycho-sexual education, relationships, dealing with having been abused etc. The low numbers of female and male young offenders acts as a barrier against sustaining a Sex Offender Treatment Programme.

Victim Information Schemes

Northern Ireland Prison Service (NIPS)

- 3.66 After the offender is convicted, victims of crime, including sexual crime, are invited to register for the Prison Service's **Prisoner Release Victim Information Scheme**. The scheme applies to adult prisoners who have been sentenced to a period of 6 months or more. It allows victims to receive specific information about the offender and, in particular, about their impending release details: whether permanent or temporary. These details may include conditions of release which are to apply to the offender, such as a Custody Probation Order.
- 3.67 The victim can comment on and make representation to the prison authorities about any restrictions that they would wish to have applied when the prisoner is released. For example, this may be in relation to the level of contact, if any, with the victim or their family, or the offender's physical presence in a given area. It may be in relation to whether the temporary release of the prisoner will have the potential of putting the victim at risk and/or if particular conditions should apply.

Agreed service standards are in place about what the victim can expect from the scheme.

Probation Board for Northern Ireland (PBNI)

3.68 In October 2005, PBNI introduced its Victim Information Scheme through which it keeps victims informed about particular details and arrangements concerning the offender in their case where a probation supervised sentence applies. The information the scheme provides includes:

- The type of supervision the offender is subject to;
- The length of the period of suspension;
- Any additional requirement or conditions of sentence e.g. a specific programme;
- Any further court sentence following revocation or breach of the order.

Managing the Offender

3.69 The offending population is disparate and complex. Stereotypes of predatory sex offenders in dirty raincoats only serve to allow the vast majority of offenders to be invisible. Offenders come from all walks of life and can be any age. Most offend against victims they know. Predatory offenders may seem the most dangerous, and tend to be the image conjured up very readily. But often it is the person who is known to the victim and in a position of trust who poses the most risk.

3.70 Everyone who is convicted of a serious sexual offence is required by law to notify the police of their home address, whereabouts and other details for a specified period following conviction. This is commonly known as signing the sex offenders' register. There is much myth and confusion about what this means, and people have sought to gain access to 'the register'. Yet there is no register as such. Offenders

give the required details to the police who use this information to maintain a 'watching brief' on the individual in order to lessen the chance of re-offending. It is not a mechanism to 'name and shame'.

- 3.71 The reason behind the notification provisions in the Sexual Offences Act 2003, and previously in the Sex Offenders Act 1997, is to give the police information to assist in protecting the public from the risk of harm from serious sexual offenders. The police then put that information to best use by knowing the whereabouts of sex offenders in their areas and being able to monitor their behaviour and seek court orders, where necessary, to prevent offenders from indulging in behaviour likely to lead to further re-offending. The information they hold is not for general dissemination, but can be shared with other agencies and individuals if it is considered necessary to protect the public or any individual from harm.

Table 13: Sex Offenders - Facts and Figures

The number of registered sex offenders in Northern Ireland on 31 March 2006.	620
The number of registered sex offenders for every 100,000 people in Northern Ireland.	37
The number of registered sex offenders for every 100,000 people in Great Britain.	58
The number of sex offenders being managed by MASRAM on 31 March 2006	690
The number of sex offenders currently assessed as category 3 (high risk) on 31 March 2006.	37
The number of sex offenders currently assessed as category 2 (medium risk) on 31 March 2006.	253
The number of sex offenders currently assessed as category 1 (low risk) on 31 March 2006.	400
The number of Sexual Offences Prevention Orders (SOPOs) applied for between 1 April 2005 and 31 March 2006.	12
The number of Sexual Offences Prevention Orders (SOPOs) interim granted between 1 April 2005 and 31 March 2006.	4
The number of Risk of Sexual Harm Orders (RSHOs) applied for between 1 April 2005 and 31 March 2006.	3
The number of Risk of Sexual Harm Orders (RSHOs) interim granted between 1 April 2005 and 31 March 2006.	2
The number of Notification Orders applied for between 1 April 2005 and 31 March 2006.	4
The number of Foreign Travel Orders applied for between 1 April 2005 and 31 March 2006.	0

Source: Northern Ireland Sex Offender Strategic Management Committee Annual Report – *Managing the Risk 05/06*

Sex offenders are classed as follows:

Category 3 – someone whose sexual offending has been assessed as currently likely to lead them to serious harm other people.

Category 2 – someone whose behaviour gives cause for clear concern in terms of their capacity to carry out a sexual offence.

Category 1 – someone whose behaviour gives no current cause for concern in terms of their capability to seriously harm other people or carry out a sexual offence.

In May 2004 the provisions of Part 2 of the Sexual Offences Act 2003 were implemented in Northern Ireland. This legislation provides for four new civil

orders: Sexual Offence Prevention Orders, Risk of Sexual Harm Orders, Notification Orders and Foreign Travel Orders.

SOPOs are aimed at protecting the public from serious sexual harm and can be applied for by the Chief Constable or imposed by a court at conviction in respect of a convicted sex offender. These legislative measures prevent sex offenders from doing anything which is specified in the order. SOPOs last for a minimum of five years but can be amended or reviewed if necessary. An offender who breaches the order can face up to five years imprisonment. An interim order can be made where an application has been made for a full order in respect of an offender living in the community. This places restrictions on the offender's behaviour to ensure that they are subject to the notification requirements pending the application for the full order. The interim order is for a fixed period of time and ceases to have effect at the end of that period or if a decision is made on the full order.

RSHOs are similar to SOPOs by aiming to restrict the activities of those involved in grooming children for sexual activity. RSHOs give police and probation an additional power to protect children even if the subject of the order has no previous convictions.

Notification Orders ensure that sex offenders are required to register with police even when they have been convicted in a jurisdiction outside Northern Ireland.

Foreign Travel Orders are orders which permit the Chief Constable to stop those convicted of sexual offences against children aged under 17 years to travel overseas, where there is a reason to believe that they are going to cause serious sexual harm to children in a foreign country.

Multi-agency Sex-offender Risk Assessment and Management (MASRAM)

- 3.72 In addition to the statutory provisions which require sex offenders to notify their details to the police, the main criminal justice agencies involved in public protection, along with other interested organisations, work together to increase public protection against the risk of sexual harm by assessing the risk posed by convicted sex offenders and drawing up risk management plans to lessen the chance of further offending.
- 3.73 The agencies in Northern Ireland began to work together on this in 1998 and have now developed clear procedures for assessing and managing sex offenders who pose a risk to the public. The police, probation, prison service and social services, along with the Northern Ireland Housing Executive and various organisations within the voluntary sector, work together in a co-ordinated, partnership approach to assess and manage the risk posed by offenders. The aim is to achieve the prevention of harm to the public by doing a full risk assessment on all those whose behaviour gives cause for concern that they may offend, or those who have been cautioned or convicted of sexual offences, together with effectively managing the risk associated with each offender. A structured approach is used and all the agencies co-operate with each other.

Developments

- 3.74 In early 2005, Criminal Justice Inspection Northern Ireland (CJINI) completed an inspection of the MASRAM procedures. The inspection was a positive but challenging experience for all the agencies involved and highlighted good practice, commitment and a joined-up approach that is generally thought to work well. In addition to identifying areas for improvement in the current procedures, the report also recommended

that there should be a **statutory requirement** on the agencies involved to co-operate to protect the public, not just from the risks of serious sexual harm, but also from the risks posed by serious violent offenders. The new arrangements should be based on the Multi-Agency Public Protection Arrangements (MAPPA) in England and Wales. The statutory provision for MAPPA is set out in sections 325-327 of the Criminal Justice Act 2003. This requires that the Responsible Authority (police, probation and prisons) establish arrangements for the purpose of assessing and managing the risks posed by certain sexual and violent offenders. The legislation also places a duty to co-operate on the Responsible Authority and certain other agencies such as local education, housing and health authorities.

- 3.75 The Criminal Justice Act 2003 also defines relevant sexual and violent offenders for the purposes of the MAPP arrangements. These are, broadly speaking, offenders subject to the notification requirements of the Sexual Offences Act 2003 and those convicted of a violent offence (there is a list of relevant violent offences contained in Schedule 5 of the Act) and sentenced to imprisonment for a term of 12 months or more.
- 3.76 The CJINI inspection report recognised that including violent offenders would require clear criteria for entry into and exit out of any new management arrangements. The Criminal Justice Act 2003 introduced in England and Wales a life sentence or imprisonment for public protection for serious offences (section 225) and an extended sentence for certain violent or sexual offences (section 227), where the court considers that there is a significant risk to members of the public of serious harm occasioned by the commission by the offender of further specified sexual or violent offences. The NIO sentencing framework consultation document referred to in earlier paragraphs invited views on the provision of similar sentences for public protection in Northern Ireland. Such disposals will be needed to ensure that dangerous offenders are subject to mandatory supervision by the probation

services on their release from prison. Only in this way can management arrangements be successfully and practically applied to violent offenders.

3.77 The NIO has considered, in consultation with the relevant agencies, how best to place the provisions on a statutory footing and the best way to extend the management arrangements to violent offenders. Legislative proposals will be published for consultation in the draft Criminal Justice (NI) Order 2007.

3.78 In August 2006, following the sentencing of Trevor Hamilton for the murder of Attracta Harron, the Criminal Justice Inspectorate was asked to review the implementation by the agencies involved (the PSNI, the Probation Board and the Prison Service) of the recommendations of their own internal reviews pertaining to the case, and of the independent Serious Case Review which had also been commissioned. The Inspectorate published an interim report in December 2006 dealing with both the Hamilton case and including a progress report on the implementation of its earlier MASRAM inspection. In his Foreword the Chief Inspector said:

3.79 “There is more to do, but there is already evidence that protecting the public from dangerous offenders like Hamilton is being made a higher priority by the agencies. Northern Ireland already has arrangements for inter-agency management of sex offenders which are as good as any in these islands. The challenge now is to go on and demonstrate excellence in this function, which is of such concern to the public. That would be the best memorial we could offer to Attracta Harron.

3.80 I am bound to conclude, however, on a note of caution. Even if all the agencies do the best they can there can be no guarantee that such offences will not happen in the future. We can hopefully make them very rare, but supervision in the community is never going to be as secure as custody, and it would be wrong to pretend otherwise.”

3.81 The Inspectorate will present its final report and recommendations in summer 2007.

Key Proposal 4

It is proposed to report progress on the strengthening of the agencies' processes and procedures in response to the CJINI's report on the management of sex offenders; and to bring forward the legislation required to place MASRAM arrangements on a statutory footing and extend them to violent offenders in 2007

Professional development

3.82 The criminal justice organisations should therefore consider and review what training is appropriate for staff dealing with cases involving sexual violence, and ensure that staff receive relevant training. Best practice should be identified and applied wherever possible. Opportunities should also be taken to engage with other professionals within the legal system to raise awareness of the particular issues surrounding sexual violence cases.

Key Proposal 5

It is proposed that the Criminal Justice System will identify and introduce professional development and skills programmes to support the implementation and delivery of policies and services with regard to victims and witnesses of sexual violence.

Development of Criminal Justice System sexual violence statistical information

3.83 At present there is no integrated database and there is a lack of linkage across systems currently in place such as the Offences and Prosecution databases. Pending the development of a genuinely integrated database covering offences and disposals, significant limitations will necessarily remain both through the lack of joined-up datasets and as a result of deficits in current data collection systems themselves. Given these limitations, interim gains in certain forms of statistical information may be attained through specific linkages across specific agencies/bodies within the Criminal Justice Service. Accordingly it is proposed that the Research and Statistics Sub-Group of the Criminal Justice Board are tasked with scoping what interim improvements in statistical information about sexual violence can be achieved using currently held data sources. As a result of the Criminal Justice Inspection thematic review of victims and witnesses, the Court Service have undertaken to record applications for special measures. The PPS is also developing system changes to capture special measures data.

Key Proposal 6

It is proposed that the Research and Statistics Sub-Group of the Criminal Justice Board are tasked with scoping what interim improvements in statistical information about sexual violence can be achieved using currently held data sources.

Proposals

The approach proposed by the Government to **increasing confidence in the criminal justice process, delivering effective responses to sexual violence, and ensuring that the law affords proper protection** around which this strand of the regional strategy will be framed is:

- 1. To modernise the law on sexual offences in Northern Ireland following the consultation which concluded in October 2006.**
- 2. To write to the Criminal Justice Inspectorate to undertake a thematic inspection of how sexual violence cases are handled by the Criminal Justice System and to put forward recommendations for improvements.**
- 3. To identify and promote best policy and practice in the treatment of victims of sexual violence within the criminal justice system, encompassing arrangements for the provision of information relating to their cases.**
- 4. To identify and support the introduction of appropriate professional development and skills programmes relevant to the treatment of victims and witnesses in sexual offence cases within the criminal justice system.**
- 5. To report progress on the strengthening of the agencies' processes and procedures in response to the CJINI's report on the management of sex offenders; and to bring forward the legislation required to place MASRAM arrangements on a statutory footing and extend them to violent offenders in 2007.**

6. **To scope what interim improvements in statistical information about sexual violence can be achieved using currently held data sources.**

Questions

- 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?***
- Q.21 What areas should the criminal justice system prioritise when addressing cases of sexual violence ?***
- Q.22 What types of improvements are required in the statistical information available within the criminal justice system?***
- 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?***

Part 4: SUPPORT

Government recognises the important contribution that the provision and delivery of the right services at the right time can make to better outcomes for victims/survivors of sexual violence. This strand of the strategy will focus on the development of easily accessible, co-ordinated, quality services, including services for family members of victims and perpetrators.

Background

- 4.1 Rape and sexual assault are devastating experiences for any victim. Alongside the physical injuries and damage caused by a sexual assault, there are profound feelings of violation, a sense of continuing danger, shock and numbness that can affect a person's ability to function for a long time after the attack.
- 4.2 Victims of recent rape or serious sexual assault may have physical injuries and/or be concerned about unwanted pregnancy or sexually transmitted infections (STIs) or HIV. In the immediate aftermath, they may experience bewilderment, confusion, numbness, acute anxiety, fear, hysteria or anger. They may also have social support needs or specific care needs in relation to a disability.
- 4.3 The longer-term mental health impacts are referred to in Part 1 and can include symptoms of post-traumatic stress disorder (PTSD), depression, anxiety and panic attacks, social phobia, alcohol and drug abuse, eating disorders and suicidal tendencies⁴. Adult survivors of childhood sexual abuse may suffer the same impairments to their lives, with research studies indicating that 50% of female psychiatric inpatients report a history of childhood sexual abuse.

⁴ Ulman, S.E. and Brecklin, L.R., (2002) Sexual Assault History, PTSD and Mental Health Service Seeking in a National Sample of Women *Journal of Community Psychology* 30 3 261-279.

- 4.4 Failure to address the victim's immediate and ongoing needs can have a considerable and long-term impact on their emotional well-being and health, and increase long-term pressure on GPs, substance abuse treatment services, services for mental health, GUM and family planning clinics. Research indicates that experience of childhood sexual abuse can manifest itself decades later in chronic physical health problems.⁵ It can also cause the victim to disengage from the criminal justice process, reducing the opportunity for offenders to be brought to justice.

Current services

- 4.5 In the aftermath of a serious sexual assault, victims in Northern Ireland do not have access to health care that is geared to the specific harm they have suffered. Where other supports exist they tend to have evolved on an incidental basis, or in response to a specific need. There has been no service development in a planned, strategic way across the region. While interactions may take place between the victim and a variety of professionals, as described below, each of these has a distinct sphere of action and is dealing with this work alongside other responsibilities. There is no single resource whose focus is solely on co-ordinating these interactions in order to support the needs of the victim.

Forensic services

- 4.6 As referred to in Part 3, the PSNI operate eleven Child Abuse and Rape Enquiry (CARE) Units across Northern Ireland. The CARE Units are staffed by specially trained male and female detectives who investigate alleged and suspected cases of serious sexual assault and

⁵ Dube, S., Felitti, V., Dong, M., Giles, W. and Anda, R. (2003) The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900 *Preventive Medicine* Vol37(3) pp268-277

child abuse. In some cases, a medical examination may be undertaken by a Forensic Medical Examiner (FME) on behalf of the police. However, the current arrangements only provide for forensic samples to be gathered and for any injuries to be assessed for the purposes of any criminal justice proceedings. Although the doctor will provide confidential advice and information about sources of help and support, immediate or preventative treatments are not available at the time of the forensic examination. In addition, privacy, comfort and forensic security may not always be guaranteed. Where child sexual abuse is suspected or alleged, a joint medical assessment should be carried out by an FME along with a senior paediatrician, but practice has been variable across Northern Ireland.

Medical services

4.7 Sometimes treatment for injuries may be sought in busy A&E departments, where generalist staff are dealing with many other emergencies. A victim of rape and serious sexual assault may also report to their GP, who may not be equipped to respond to the immediate trauma of rape, nor to the forensic requirements involved for potential prosecution. There is also no way of assessing how many victims of sexual violence seek help from these sources. Medical services for child victims are provided by community paediatric medical staff or by paediatricians in a hospital setting and are subject to formal protocols.

NOTE: A team of experts from King's College Hospital and the police have devised (Dec 2005) a DVD-based training package, Care and Evidence, with an associated website www.careandevidence.org. The package is primarily aimed at A&E departments to optimise the care provided to, and forensic evidence gathered from, victims of serious sexual assault. It will also be useful to general practitioners, those working in GUM clinics and other sexual health services, and to voluntary and community sector groups working with victims.

Counselling and psychotherapy services

4.8 People who report sexual victimisation may be referred for counselling/psychotherapy services, which are delivered -

- by the HSS Trusts, mainly through primary care mental health services, mainstream psychiatric services, and specialist children's services;
- by voluntary organisations; or
- by independent providers.

4.9 In addition to the resources allocated for the delivery of these services by HSS Trusts, Government supports voluntary organisations working with victims/survivors of sexual violence through the provision of grant funding.

4.10 Counselling services are regarded as impacting positively on the longer-term health and mental well-being of victims/survivors. However, the Review of Mental Health and Learning Disability (NI)⁶ highlighted the relatively poor development of psychological therapies in Northern Ireland, resulting in limited access and unacceptably long waiting lists for assessment and therapy. Government's response to the Review will need to address how access to and quality of psychological therapies can be improved. As part of the regional strategy, consideration will be given to addressing the demand for and the means of delivery of such services to people who have been sexually victimised. However, it is critical that these services deliver improved outcomes for people and to this end DHSSPS is currently consulting on the development of standards of good practice for counselling services generally. In addition, research and practice experience indicate that child victims/survivors have better longer term outcomes when their parents are also supported and receive counselling.

⁶ A Strategic Framework for Adult Mental Health Services June 2005

Practical support services

4.11 Although there are committed individuals and groups working with victims/survivors of sexual violence, there is no over-arching arrangement within which co-ordinated practical help or advocacy for victims/survivors can take place e.g. making contact with organisations and agencies on issues such as the criminal justice process, social support and housing.

Pathways to services

4.12 Access to those services that do exist can hinge on the point at which someone who has been sexually victimised enters 'the system'. For some, this may be in the immediate aftermath of a rape or sexual assault when they make a report to the police. For others, it may be when they speak to a counsellor many years after the assault. The absence of an integrated service with access to continuity of care means that victims/survivors are very much left to address a range of different care and support needs on their own at a time when they are at their most vulnerable.

4.13 However, it is recognised that victims/survivors of sexual violence do not all have the same needs and that a range of support services should be available. Some may have specific needs, for example, children, or people who have a disability or sensory impairment. It is important that services can accommodate these individual needs and that they are accessible at the time they are needed.

4.14 While the development of an integrated approach to services will be a key objective for the strategy, it will also be important to ensure that a victim/survivor can self-refer and choose a personal path within those services.

Towards better services

- 4.15 A number of factors influence the provision of services for survivors of sexual violence, whether recent or historic. Firstly, lack of awareness about its prevalence and impact, social attitudes about the characteristics of victims and/or perpetrators, as well as cultural values, impact on how society responds to the disclosure of sexual abuse. The degree to which legislation, policy and professional training highlight the issue also influences the priority accorded to the provision of services and the quality of care. Finally, the availability of resources determines the extent to which the development of specialist services can occur.
- 4.16 Through preliminary consultation with voluntary and community sector organisations, and with survivors themselves, a number of areas in which service provision could be improved have emerged. Key among these is the need for clearly mapped, easily accessible, integrated services to meet short and long-term needs, and the availability of support at the point of crisis.
- 4.17 These and other issues were also highlighted in The Heather Report⁷, which emerged from research undertaken by the Interagency Group in the Western Health & Social Services Board area. It identified -
- Adult survivors' difficulties in accessing appropriate services;
 - Lack of clarity about the referral process;
 - Inadequacy of services to meet demand;
 - Lack of co-ordination of services between health and criminal justice professionals in the statutory sector, and between statutory and voluntary sector staff;
 - Insufficient numbers of specialist staff;
 - Inadequacy of information for survivors and staff; and

⁷ A report on the Service Needs of Adult Survivors of Sexual Abuse June 1999

- Lack of structured training, support and professional supervision for staff.

4.18 To date, no regional assessment has been undertaken, particularly from a victim's perspective, of the quality, accessibility, adequacy, effectiveness and degree of co-ordination/integration of services currently being delivered by statutory and voluntary agencies. Nevertheless, there is clear evidence that major gaps exist. The regional strategy will provide the basis on which work to identify and address these gaps is undertaken.

Key Proposal 7

While much is known about what needs to be done, it is proposed to carry out an assessment of existing medical, counselling and social support services in order to identify gaps in current services.

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

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

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

Sexual Assault Referral Centres (SARCs)

4.19 In England and Wales, a Home Office led programme for the expansion of the existing network of fourteen SARCs is underway. A SARC is a one-stop location where female and male victims of rape and serious sexual assault can receive medical care and counselling, and have the opportunity, if they choose, to assist the police investigation, including undergoing a forensic examination. Most SARCs are joint ventures between the police and primary care trusts, with close involvement of the voluntary sector. A SARC can contribute to enhanced investigation and enables health providers and support workers to access victims in an appropriate environment, within a supportive framework and rapid response timeframe. Such a service does not exist at present in Northern Ireland.

4.20 The SARC ethos is firmly victim-focussed. Victims must feel that a SARC is a place where they will be believed, where their needs will be put first, and where they will be treated with dignity and respect. A good SARC will not only provide services, but will help a service user to understand the options available to them, and facilitate their choices. For example, not all victims will want to be forensically examined, and such wishes have precedence over the criminal justice issue of gathering evidence.

Who can access a SARC?

4.21 SARCs are accessible to victims of recent rape or serious sexual assault regardless of gender, ethnicity, disability or sexual orientation. Some SARCs are limited to victims over the age of 14, whilst others see paediatric cases and younger teenagers, depending on the availability of resources, and the local arrangements in place for children's services.

SARC models

4.22 There are two main principles of service provision by a SARC:

- Medical and psychosocial care of the victim, to minimise the risk of subsequent physical and mental health difficulties and promote recovery; and
- Forensic examination, so that evidence can be collected for use in the investigation of crime.

4.23 The first SARC was developed at St Mary's Hospital in Manchester in 1986. While many are located in or near hospitals, because the SARC is a service concept rather than a building, non-hospital models also exist. Their origin and continued expansion stems from a number of recognised problems, including:

- Low reporting of rape;
- Delays in locating a forensic examiner;
- Lack of female forensic examiners;
- The environment for/manner of conducting forensic examinations;
- Inconsistency of data gathering;
- Absence of medical follow-up and support services; and
- Lack of co-ordination among agencies.

4.24 Most SARCs provide comprehensive forensic, medical and support services to victims of rape and serious sexual assault. Clearly those associated with hospitals or other healthcare facilities have the benefit of easy access to experienced medical professionals, equipment and drugs, as well as links to specialist services such as GU clinics. Other centre-based models currently operating in England and Wales include the Rhona Cross Centre in Newcastle, which is located in a house in a residential area; and Millfield House in Derbyshire, which is located in two converted former police houses, again in a residential area. Both of these models provide the same type of services that are available at

St Mary's or other SARCs linked to hospitals, such as 'The Havens' in London. A further model exists in the West Yorkshire area - STAR (Surviving Trauma After Rape). This differs in that it is not a centre and does not conduct forensic medical examinations, which are provided by police surgeons in rape examination suites. The primary aim of STAR is to provide support for victims over the age of 14 through co-ordinating and commissioning local support and counselling, and offering immediate support and advice via a telephone helpline.

4.25 It is important to emphasise that each of the models described serves a large population and/or geographical area. For example, St Mary's provides a service for all of the Greater Manchester area, serving a population of 2.5 million people; the 3 Havens cover all the London Boroughs serving a total population of 7.5 million people (each Haven covering approximately 2.5 million people); the Rhona Cross Centre serves Tyne and Wear; and STAR covers the whole West Yorkshire area with a population of 2.1 million people, which includes large cities like Leeds and Bradford, as well as smaller towns and villages and extensive rural areas.

4.26 The success of SARCs to date as one-stop-shops for victims in England and Wales has been largely dependent on the strength of partnerships between the police and health services, together with local voluntary organisations. An evaluation of SARCs was carried out by the Home Office and published in July 2004 <http://www.homeoffice.gov.uk/rds/pdfs04/hors285>.

Benefits of a SARC service

4.27 SARCs offer specific benefits for the **victim**, the **health service** and the **criminal justice process** including:

- a high standard of victim care and high levels of victim satisfaction;
- specialist staff, trained in caring for victims of sexual violence;

- the opportunity for victims to access services as self-referrals, without any involvement from the police;
- the provision of mental and sexual health services in the SARC increases the likelihood that the client will access the treatment they need and reduces the immediate and future burden on the health service;
- the development of a centre of excellence and expertise, providing advice, training and support to local health practitioners, police and other criminal justice system personnel involved in this work;
- an improved standard of forensic evidence;
- relieving pressure on the police;
- the potential to bring more offenders to justice on the basis of better evidence, fewer withdrawals because of better victim care, increased reporting and access to intelligence from self-referrals;
- strong links with the voluntary sector, enabling a seamless provision of care for victims and the sharing of information and good practice.

4.28 SARCs clearly provide a single co-ordinated and holistic response to the immediate needs of victims of rape and serious sexual assault. Although they are an important and effective tool in delivering enhanced care, and have the potential to reduce immediate and future burdens on the health service and contribute to the delivery of justice, they are not the complete answer. They are not designed to offer long-term support and do not normally provide services for survivors of historic sexual violence. A SARC in Northern Ireland will be developed as part of a broader goal of improving outcomes for all victims of sexual violence, through strengthening voluntary and community sector service provision, and continuing to improve the way rape cases are investigated and prosecuted.

A Sexual Assault Referral Centre (SARC) will be established in Northern Ireland.

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?

Multi-agency responses

4.29 The needs of victims/survivors of sexual violence are complex and often require a multi-agency response. The potential exists for each agency, in pursuit of its own set of responsibilities, to work across the role and remit of other agencies. As such, there is a need for staff within different agencies to have a clear understanding of their own role and responsibilities and those of other professionals who are, or will be, involved with the victim.

4.30 One example of good practice is the 'Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland'. This sets out the respective responsibilities and roles of police officers and social workers for the support of children and young people within the context of the criminal investigation of alleged or suspected abuse. The protocol is underpinned by a programme of training, support and supervision of staff, with refresher training a requirement every two years. Similarly, *Safeguarding Vulnerable Adults*, September 2006 is a framework within which major improvements can be achieved through inter-agency working, to strengthen adult protection arrangements on a regional basis.

4.31 It is proposed that joint protocols are developed for inter-agency working with victims/survivors of sexual violence.

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

Children's services

4.32 Children who have been sexually abused or who display sexually harmful behaviour are protected and supported in line with the Departmental Guidance *Co-Operating to Safeguard Children*. The adoption of the principles of the Children (NI) Order 1995 by all agencies ensures that children's needs are accorded high priority. Area Child Protection Committees (ACPCs) have been set up in each Health and Social Services Board area and have regional procedures in place to deal with reports of child abuse. However, it will be important for the purposes of the strategy that these should be subject to continuing review and development.

4.33 An overarching Government Strategy for children, *Our Children and Young People – Our Pledge*, has been developed, the aim of which is to achieve improved outcomes for all children and young people living in Northern Ireland and to narrow the gap between those who do best and worst. The strategy identifies six outcome areas: Healthy children; Economic and Environmental well-being; Enjoying, Learning and Achieving; Contributing Positively to Community and Society; and Living in Safety and with Stability. Clearly the specific needs of children and young people, who are subject to sexual violence or abuse will have to be addressed in future action plans, developed to deliver on the aims of the over-arching strategy for children and young people. Where improvements to services can be made on a generic basis for both adult and child victims/survivors, these will be progressed through the Sexual Violence Strategy.

4.34 The Review of Mental Health and Learning Disability (NI) June 2005⁸ recognises the relationship between childhood sexual abuse, trauma and subsequent mental ill-health problems as a risk factor for a wide range of mental health disorders in adult life.

⁸ A Strategic Framework for Adult Mental Health Services June 2005

- 4.35 Whilst some of the aforementioned issues and proposed responses are equally applicable to adults and children, it is also important to recognise that children are not just smaller versions of adults. As such the systems and processes for responding to and supporting children who have been the victims of sexual assault must be tailored to their physical and emotional developmental stage, and place children in the context of their family or carers.
- 4.36 The initial identification and management of the discovery of the sexual abuse of a child should be done in accordance with the ACPC Regional Policy & Procedures and the 'Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland'.
- 4.37 Children and young people under the age of eighteen years should be interviewed and medically examined in facilities that are child friendly and that are separate from those used by adult victims. Special provision should be made to offer facilities for a supportive relative to accompany the child throughout any interview or medical examination, in so far as this would not compromise any evidence gathering. Best practice and local procedures dictate that children should not be subjected to repeated interviews or medical examinations, and as such an audit will be conducted of agency compliance with policy in this regard.
- 4.38 It is recognised that children may not be aware that the behaviour of an adult towards them has been abusive. In other cases children will be acutely aware that the behaviour of another has crossed the boundary between appropriate and inappropriate behaviour. Regardless of the perceived impact on the child, all children and young people who have been sexually abused will be deemed to be in need of individual therapeutic counselling. This should be provided by a specialist service given the very specific nature of child sexual abuse, rather than by general counselling services provided to children and young people.

Alongside this support to the child, support will also be made available to the child's main carer(s), usually their parents, to assist them to protect the child from further victimisation and to assist them to adjust to and recover from the abuse they have suffered. This will require HSS Trusts to develop clear care pathways for child victims and to ensure that these services are offered to, and taken up by, all identified children.

4.39 Some pupils in schools have had access to independent school based counselling support in recent years through services provided by the NSPCC's Schools' Counselling Service or by the Education and Library Boards. From January 2007 pupils in all grant-aided post primary schools will have access to counselling support, independent of the school, yet provided on school premises. This new service is being funded through the Children and Young People Funding Package will assist in the early identification of young people who are victims of sexual violence and their referral for appropriate support.

4.40 In addition, recognising the significant number of young people who present with sexually harmful behaviour, each HSS Trust must ensure that any such child identified is considered as a child in need, and that both they and their carer(s) are offered therapeutic counselling. To date there are three different organisations operating in Northern Ireland (NSPCC, Barnardos and Include Youth) known to provide some aspects of this type of support. The DHSSPSNI will work with these organisations to ensure that there is a uniform method of assessment across all services and to ensure that the interventions offered are evidence based, particularly in relation to sub-groups of children, such as those with learning difficulties.

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?

4.41 There has been concern expressed by professionals about the interface between the processes in relation to providing therapy as described above, and the potential compromising of future criminal proceedings. As a result of this strategy the Government will publish guidance for professionals to assist in ensuring that young people are not denied assistance in advance of a court case.

Key Proposal 8

It is proposed to develop guidance for health professionals on therapeutic support for children pending criminal investigations.

4.42 As identified in Part 2 of the strategy, there is increasing professional concern that some vulnerable young people are being lured or forced into sexual exploitation where there is a commercial element. As such it can be particularly hard for these young people to seek support or to exit this life. The Government is therefore committed to ensuring that services are developed to provide this specialist support to these young people and to make information available about the services on offer. In addition professionals will need to be assisted through awareness raising of the particular needs of this sub-group of sexually abused children.

Information about services

4.43 Victims/survivors need clear and accurate information about where they can get help and support. They are likely to need this information at any time and on any day. A regional sexual violence 24-hour telephone help-line would be an option for meeting this need. A directory of services and an associated “pathway” document, identifying multi-agency links on a regional basis, are also being proposed as resources for victims/survivors and their families, as well as for health and other professionals. Information on services and links

should be made available in a variety of settings and accessible formats to raise awareness and guide those who need to access services. It will also be important to raise awareness among a wide range of professionals about the services and links that exist.

Key Proposal 9

It is proposed to examine the need for a 24-hour sexual violence regional help-line.

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?

Key Proposal 10

It is proposed that a directory of available services across Northern Ireland is produced providing information and contact details for victims and their families. In conjunction with this, a “pathway” document for victims/survivors will be developed, setting out the links between agencies and organisations.

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

Developing good practice and consistent standards

4.44 At present, evidence based standards do not exist which cover all services delivered by the different professionals dealing with victim/survivors' needs in either voluntary organisations or statutory agencies. The development of standards would ensure the consistency and quality of services and care provided. Issues concerning training and support for those working in the area of sexual violence are closely

linked to standards of care. It is important that all professionals dealing with victims/survivors of sexual violence are appropriately trained and supported to ensure that high quality services are provided.

Key Proposal 11

It is proposed to develop regional standards for services involved in responding to victims/survivors of sexual violence.

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

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

Training

4.45 The manner in which someone who has been sexually victimised is received at the initial point of disclosure is critical to their future health and well-being. It is imperative that all those directly involved in providing support to victims/survivors are highly skilled and appropriately trained. It is equally important that the professionals involved in meeting the needs of victims/survivors receive the required level of support and supervision to help them provide the best possible service.

4.46 The Interagency Group, involving statutory and voluntary organisations working with adult survivors of sexual abuse in the Western Health and Social Services Board area, has established a successful training programme for people working with adult survivors of sexual abuse.

Key Proposal 12

It is proposed that a multi-agency training strategy is developed to link with and across existing training programmes for those delivering services to victims/survivors of sexual violence in the statutory and non-statutory sectors.

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

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

Proposals

The approach proposed by the Government to **support victims/survivors of sexual violence and their families** around which this strand of the regional strategy will be framed is:

- 1. To set regional standards for support of adult and child victims/survivors of rape and sexual violence. (e.g. immediate medical treatment, forensic examination and other support via specially trained doctors and/or registered professionals; police processes).**

Through:

- Scoping existing medical and counselling services including social support and identifying gaps.
- Developing regional standards for services involved in responding to victims/survivors of rape and sexual violence including:
 - Standards for Acute Care;
 - Standards for Primary Care;
 - Standards for Out of Hours Services;
 - Standards for Forensic Medical Services;
 - Standards for Counselling and Support services;
 - Standards for Community Services and
 - Standards for support offered to victims during the Criminal Investigation process.

2. To require Health and Social Service Trusts and their partners to identify in their service plans specific measures for ongoing support for victims/survivors of sexual violence and their families.

Through:

- Specifying how on-going support services will be delivered in conjunction with Statutory, Voluntary and Community Sector partners and where appropriate-
 - To include in Priorities for Action
 - To include in Service & Budget Agreements with Trusts
 - To include in Service Level Agreements with Voluntary Sector
- Developing guidance for health professionals on therapeutic support for children pending criminal proceedings being taken.
- Establishing a SARC service in Northern Ireland.

3. To provide advice and information on how to access support, advocacy and other services.

Through:

- The production of a directory of regional services in Northern Ireland.
- Assessing the need for a 24 hour regional help-line facility.
- Mapping a “Pathway for Victims/survivors” identifying multi-agency links.

4. To contribute to public information campaigns about available services.

Through:

- Developing a communications plan, including a range of materials suitable for multi-media promotion of services to specific target audiences.
- Addressing the barriers to disclosure of sexual violence through public awareness campaigns in the Public Health arena.

5. To require appropriate management and professional support measures to be put in place for staff dealing directly with sexual violence cases.

Through:

- Developing appropriate support measures for staff dealing with victims/survivors of sexual violence and ensuring access to staff care services.

6. To ensure that appropriate training is available for all those providing services, to enable services to be delivered to required standards.

Through:

- Developing an over-arching training strategy to promote the cohesion of training plans and the delivery of inter-agency approaches.
- Liaising with professional bodies, further education colleges and higher education institutions.

QUESTIONS

- Q.24 What will be the most effective way to identify necessary support services and models for resourcing and delivering them?***
- Q.25 What key services would contribute most to victim/survivor care and support?***
- Q. 26 Is there a need to develop different services for different cohorts of victims/survivors, for example, due to 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?***
- Q.28 Which organisations could benefit victims/survivors by having clear protocols for joint working?***
- 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?***
- Q.31 What will be the most effective ways of increasing awareness about services that are available?***
- Q.32 To which services should regional standards apply and how should standards be monitored?***

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

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

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

Part 5:

EQUALITY IMPLICATIONS AND QUESTIONS

Section 75, Northern Ireland Act 1998

5.1 Section 75 of the Northern Ireland Act 1998 requires Departments and other public authorities in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity:

- Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Between men and women generally;
- Between persons with a disability and persons without; and
- Between persons with dependants and persons without.

5.2 In addition, without prejudice to the above obligation, public authorities must also in carrying out their functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

5.3 Where there is evidence or an indication that an existing policy is having an adverse impact on equality of opportunity, or that a proposed policy may cause an adverse impact, an **Equality Impact Assessment** (EQIA) may need to be carried out on the policy. The process used by a public authority to determine whether an existing policy or a new policy needs an EQIA is called **screening**.

5.4 The Department is now screening the proposals set out in this consultation document, and as part of this screening process, the Department invites you to consider the following questions:

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.

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.

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

5.5 The Department will consider all responses to these questions before deciding whether an EQIA is necessary.

ANNEX A

Members of the Inter-departmental Steering Group on Sexual Violence

Adrian Arbuthnot*	NIO Criminal Justice Division
Alan Johnson#	NIO Prison Service
Alan Smyth	NIO Prison Service
Catherine Cavanagh#	formerly DHSSPS Secondary Care Branch
Cheryl Lamont	Probation Board for Northern Ireland
Clare Irvine	DFP Office of Law reform
Dorothy Angus	Department of Education
Dr. Brian Gaffney	Director of Health Promotion Agency NI
Dr John Devaney#	formerly EHSSB
Dr Olive Buckley	GP and Forensic Medical Examiner
Dr Paddy Woods	DHSSPS Senior Medical Officer
Dr Paul Quinn	Consultant Clinical Psychologist WHSSB
Eilis McGrath#	Public Prosecution Service
Elaine Farrell	DHSSPS Sexual Violence Unit
Inspector Anne Marks	Police Service of Northern Ireland
Inspector Alistair Wallace#	Police Service of Northern Ireland
Irene McAllister	Department of Enterprise, Trade and Investment
Isobel Riddell	DHSSPS Childcare Directorate
Jan Harvey	Department for Employment and Learning
Ken Wilson#	formerly DHSSPS Social Services Inspectorate
Joy Peden#	formerly DHSSPS Disability & Mental Health Unit
Leslie Frew*	DHSSPS Mental Health and Disability Directorate
Liz Shaw	Principal Social Worker SHSSB
Loretta Gordon	DHSSPS Sexual Violence Unit
Mairead Lavery	Public Prosecution Service
Mandy Kilpatrick#	NI Court Service
Marian McIlhone	DHSSPS Sexual Violence Unit
Martin Bradley	DHSSPS Chief Nursing Officer
Martin Quinn	Principal Social Worker WHSSB
Mary Quinn	Principal Social Worker EHSSB
Maureen McCartney	DHSSPS Mental Health Unit
Dorina Edgar#	formerly OFMDFM Gender Age & Sexual Orientation
Nuala Dunwoody#	NI Court Service
Pat Neue	DHSSPS Social Services Inspectorate
Peter Philip	NIO Criminal Justice Division
Phil Tooze	Youth Justice Agency
Prof. Jackie Bates-Gaston	NIO Prison Service Chief Psychologist
Seamus Logan	Principal Social Worker NHSSB
Sharon Harley	NIO Community Safety Unit
Sheena Ferguson#	Public Prosecution Service
Victor Douglas	Department of Culture Arts and Leisure
Ward Erwin#	formerly NIO

*Joint Chairs of Inter-departmental Steering Group

Former members of the Steering Group

ANNEX B

Issues on which the government would welcome views

DEFINITION OF SEXUAL VIOLENCE

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?

Proposals Part 2 - PREVENTION

The approach proposed by the Government to **preventing sexual violence** is:

- 1. To raise awareness about sexual violence and examine social attitudes towards it.**
- 2. To encourage the development of healthy relationships and respect.**
- 3. To identify and support the establishment of practical measures to promote personal safety.**
- 4. To identify and promote best practice to protect those who may be most at risk.**

5. To develop measures to prevent inappropriate sexual behaviour at an early stage.
6. To develop best practice to target those who are at risk of assaulting or who have a history of sexually inappropriate behaviour.

Questions

- Q.2 What will be the most effective ways to increase understanding of the realities of sexual violence among the general public, including children?*
- Q.3 Which key target groups could contribute to supporting the process of increasing public understanding of the realities of sexual violence?*
- Q.4 How best can children's attitudes to sexual violence be gathered?*
- 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?*
- Q.6 Should Government give a clear message ahead of public opinion, to stem the tide of normalising sexual violence in society?*
- Q.7 What steps could the media take to support the process of increasing public understanding and awareness of the realities of sexual violence?*

- Q.8** *What key messages should be promoted in relation to how healthy relationships and respect can help to prevent sexual violence?*
- Q.9** *In addition to the education and training sector, what other sectoral groups and influencers have a role in delivering relevant messages?*
- Q.10** *What more could Government do to promote the importance of healthy relationships in society?*
- Q.11** *What mechanisms could be used for the ongoing collection of data?*
- 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?*
- Q.13** *What practical measures could be developed to promote personal safety, generally, and to protect those most at risk, in particular?*
- 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?*
- Q.15** *What type of protection under the law should children and young people have?*
- 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?*

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

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

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?

Proposals Part 3 - PROTECTION AND JUSTICE

The approach proposed by the Government to **increasing confidence in the criminal justice process, delivering effective responses to sexual violence, and ensuring that the law affords proper protection** is:

- 1. To modernise the law on sexual offences in Northern Ireland following the consultation which concluded in October 2006.**
- 2. To write to the Criminal Justice Inspectorate to undertake a thematic inspection of how sexual violence cases are handled by the Criminal Justice System and to put forward recommendations for improvements.**
- 3. To identify and promote best policy and practice in the treatment of victims of sexual violence within the criminal justice system, encompassing arrangements for the provision of information relating to their cases.**
- 4. To identify and support the introduction of appropriate professional development and skills programmes relevant to the**

treatment of victims and witnesses in sexual offence cases within the criminal justice system.

5. To report progress on the strengthening of the agencies' processes and procedures in response to the CJINI's report on the management of sex offenders; and to bring forward the legislation required to place MASRAM arrangements on a statutory footing and extend them to violent offenders in 2007.

6. To scope what interim improvements in statistical information about sexual violence can be achieved using currently held data sources.

Questions

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?

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

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

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?

Proposals Part 4 - SUPPORT

The approach proposed by the Government to **support victims/survivors of sexual violence and their families** is:

- 1. To set regional standards for support of adult and child victims/survivors of rape and sexual violence. (e.g. immediate medical treatment, forensic examination and other support via specially trained doctors and/or registered professionals; police processes).**
- 2. To require Health and Social Service Trusts and their partners to identify in their service plans specific measures for ongoing support for victims/survivors of sexual violence and their families.**
- 3. To provide advice and information on how to access support, advocacy and other services.**
- 4. To contribute to public information campaigns about available services.**
- 5. To require appropriate management and professional support measures to be put in place for staff dealing directly with sexual violence cases.**
- 6. To ensure that appropriate training is available for all those providing services, to enable services to be delivered to required standards.**

Questions

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

- Q.25** *What key services would contribute most to victim/survivor care and support?*
- Q. 26** *Is there a need to develop different services for different cohorts of victims/survivors, for example, due to 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?*
- Q.28** *Which organisations could benefit victims/survivors by having clear protocols for joint working?*
- 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?*
- Q.31** *What will be the most effective ways of increasing awareness about services that are available?*
- Q.32** *To which services should regional standards apply and how should standards be monitored?*
- Q.33** *What (a) skills and training and (b) support, do people working directly with victims/survivors of sexual violence need?*

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

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

Part 5 - EQUALITY IMPLICATIONS

Questions

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.

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.

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

ANNEX C

How to respond

This consultation paper seeks your views on the proposals set out in the main text of the document, as well as your responses to the specific questions it contains. These are summarised in Annex B.

The closing date for responses to this consultation is 27 April 2007.

You can respond to the questions in the consultation paper using the Response document provided, in the following ways:

By e-mail to sexualviolenceunit@dhsspsni.gov.uk

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

By fax: 028 9052 0529

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

Consideration will be given to translations into alternative formats, including minority ethnic languages, upon request.

Individual responses will not be acknowledged unless explicitly requested. Respondents should indicate clearly where they are responding on behalf of a group or organisation, and should include a brief summary of its aims.

Freedom of Information Act 2000 – Confidentiality of Consultations

The Department will publish a summary of responses following completion of the consultation process. We will assume that your response may be made available unless you indicate clearly in the body of your response that you wish part or all of it to be excluded from this arrangement. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the following paragraphs on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties 'in confidence' which is not of a confidential nature;
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses, please contact the Information Commissioner's Office:

Tel: (028) 9051 1270

e-mail: ni@ico.gsi.gov.uk

Website: www.informationcommissioner.gov.uk

The Data Protection Act 1998

Any personal data provided by respondents to this consultation exercise will be handled appropriately in accordance with the Act.

ANNEX D

Where to get help

If sexual violence has affected you or someone you know, either directly or indirectly, there are a number of sources of help and support. You could contact the Police Service of Northern Ireland (02890 650222) or Social Services (see Health and Social Services Boards below), or you could talk to your GP.

The following organisations can also help:

Children, young people and families

Childline 0800 1111 (24 hours)

Telephone counselling and advice service for children and young people in trouble or danger

Children's Law Centre 02890 245704

Advice about law and policy affecting children and young people in NI

Kidscape 0207 730 3300 (10am – 4pm) www.kidscape.org.uk

Free child protection leaflets (with a SAE) and a telephone helpline for parents of bullied children

NSPCC National Child Protection Helpline 0808 800 5000 (Free phone 24 hours)

Child protection and welfare of children

Parents Advice Centre 02890 238800

Belfast@pachelp.org www.pachelp.org

Support, guidance and counselling to parents and young people with family difficulties

Stop It Now (NI) 0808 1000 900 (24 hour helpline)

help@stopitnow.org.uk

Preventing child sexual abuse by increasing public awareness and providing information to enable adults to recognise abusive behaviour and take action

Young Witness Support Scheme (NSPCC(NI)) 02894 487533 (Antrim Courthouse); 02890 240847 (Belfast); 02871 266789 (Foyle)

Information and support for young people and children who may have to give evidence in criminal courts

Adults

Men To Men 02890 237779 (24 hours) 02890 247027

Counselling services and 24 hour helpline

**NEXUS Institute 02890 326803 (Belfast); 02871 260566 (Londonderry);
02838 350588 (Portadown); 02866 320046 (Enniskillen)**

info@nexusinstitute.org www.nexusinstitute.org

Counselling and support for adult survivors of sexual abuse

**Women's Aid Federation NI 0800 917 1414 (24 hour Domestic
Violence Helpline)**

Support and information for anyone affected by domestic violence

**Rape Crisis and Sexual Abuse Centre 02890 329002 (10am – 6pm
Mon to Fri)**

Counselling and support for male and female survivors of sexual violence

Samaritans 02890 664422

jo@samaritans.org

Emotional support to people who are distressed or in despair (24 hour
helpline)

**Victim Support NI 02890 244039 (9am – 5pm Mon to Fri) 0845 3030900
(National Support Line 9am – 9pm Mon to Fri)**

Criminal Injuries Compensation service and witness support at court

Victims Unit 02890 321972

Probation Board for NI, Office 40, Imperial Buildings, 72 High Street,
Belfast BT1 2BE

The Rainbow Project 02890 319030 (9am – 5pm Mon to Fri)

www.rainbow-project.org

Support for gay and bi-sexual men

Health and Social Services Boards

Western Health and Social Services Board 02871 860086 (Londonderry)

Eastern Health and Social Services Board 02890 321313 (Belfast)

Northern Health and Social Services Board 02825 653333 (Ballymena)

Southern Health and Social Services Board 02837 410041 (Armagh)

ANNEX E

Glossary

A&E – Accident and Emergency department

Area Child Protection Committee (ACPC) – is a multi-agency, inter-disciplinary committee which has responsibility for the protection of children who may be at risk of abuse, and for the promotion and safeguarding of children’s welfare. In Northern Ireland, an ACPC exists in each health and social services board area. (See also ‘Regional Child Protection Policies and Procedures’).

Attrition – is the process by which offences drop out of the legal system and thus do not result in a conviction.

British Crime Survey (BSC) – is a continuous personal interview survey of the experience of crime and attitudes to crime of around 40,000 adults living in private households in England and Wales. Separate surveys are conducted in Scotland and Northern Ireland, but on a less regular basis and using much smaller samples.

CARE (Child Abuse and Rape Enquiry) Unit – PSNI team of detective officers with specific responsibility for the investigation of cases involving child abuse or sexual offences.

Community Safety Partnerships – were established through the Justice (Northern Ireland) Act 2002 and have functions relating to the enhancement of community safety within their designated areas. Partnerships are generally drawn up on district council areas (apart from Belfast) and are co-terminus with policing boundaries. The partnerships bring together statutory and voluntary organisations in tackling crime, the fear of crime and anti-social behaviour.

Consent - where a person who has the competence and the capacity to give their informed approval indicates, by words or overt actions, a freely given agreement to sexual activity.

CJ – Criminal Justice

CJINI – Criminal Justice Inspection Northern Ireland

DE – the Department of Education

DHSSPS – the Department of Health, Social Services and Public Safety

DEL – the Department for Employment and Learning

DSD – the Department for Social Development

Education and Library Boards (ELBs) – the five local education and library authorities.

Equality Commission – the Equality Commission for Northern Ireland is an independent public body established under the Northern Ireland Act 1998. It took over the functions previously exercised by the Commission for Racial Equality for Northern Ireland, the Equal Opportunities Commission for Northern Ireland, the Fair Employment Commission and the Northern Ireland Disability Council. The Commission's general duties include:

- working toward the elimination of discrimination;
- promoting equality of opportunity and encouraging good practice;
- promoting affirmative/positive action;
- promoting good relations between people of different racial groups;
- overseeing the implementation and effectiveness of the statutory duty on public authorities;
- keeping the relevant legislation under review.

EQIA – Equality Impact Assessment

FME – Forensic Medical Examiner

GUM – Genito-Urinary Medicine

Home Office – The Home Office is a Whitehall Department responsible for internal affairs in England and Wales.

HSS Trust – Health and Social Services Trust. There are currently 19 Trusts (subject to change with the Review of Public Administration) and they are the providers of health and social services.

HSSB – Health and Social Services Board. There are currently four area boards (subject to change with the Review of Public Administration), which are agents of DHSSPS in planning and commissioning and purchasing services for the residents of their areas.

Incidence – refers to the number of incidents of sexual violence that have occurred during a specific time period.

IMSC – Initial Management of Serious Crime

Inter-departmental Steering Group on Sexual Violence – a working group comprising representatives of relevant government departments and public sector organisations in Northern Ireland established to develop this consultation paper.

MAPPA – Multi-Agency Public Protection Arrangements

MIT – Major Investigation Team. This is a team of Police Officers who investigate serious incidents including murder, manslaughter and rape.

MASRAM – Multi-Agency Sex Offender Risk Assessment and Management

NEXUS – The Nexus Institute is an organisation which provides counselling to adult survivors of sexual violence.

NIO – the Northern Ireland Office

NICtS – the Northern Ireland Court Service

NIHE – the Northern Ireland Housing Executive

NIPS – the Northern Ireland Prison Service

Northern Ireland Crime Survey – is a personal interview survey of the experiences and perceptions of crime of adults living in private households throughout Northern Ireland.

NSPCC – National Society for the Prevention of Cruelty to Children

OFMDFM – the Office of the First Minister and Deputy First Minister

OLR – the Office of Law Reform

PBNI – Probation Board for Northern Ireland

Perpetrator – a person who displays behaviour which falls within the definition of sexual violence.

POCVA – the Protection of Vulnerable Adults (NI) Order 2003

Prevalence – is the proportion of people who meet a criterion. In the context of this document and the proposed regional strategy, prevalence refers to the percentage of people who have had lifetime experiences of sexual violence.

PPS – the Public Prosecution Service

PSNI – Police Service of Northern Ireland

PTSD – Post-traumatic Stress Disorder

Regional Child Protection Policy and Procedures – wide-ranging guidance and processes to be followed in respect of children in need of protection developed by the Area Child Protection Committees.

Regional Steering Group on Domestic Violence – was set up in December 2004 and comprises representatives of all the relevant statutory and voluntary agencies. It is the main driver for the implementation of ‘Tackling Violence at Home’ the regional strategy for addressing domestic violence and abuse.

Sex offender - someone who has been convicted of, or cautioned in respect of, a sexual offence and who may be subject to the notification requirements (often referred to as a registered sex offender).

Sexual abuse – sexual violence perpetrated against those aged under 17 years old.

Sexual victimisation – is the experience of being subjected to sexual violence

Sexual violence – any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent. It is an inclusive term which includes the sexual victimisation of adults and children.

SOTP – Sex Offender Treatment Programme

STIs – Sexually transmitted infections

Victim (also victim/survivor) – someone who has experienced sexual violence.

Victim Support NI – is an organisation which helps people cope with crime. Its primary objectives are: to provide support and assistance to individual victims/survivors, their families and friends, to raise public awareness and recognition of the effects of crime, and promote victims' rights.

ANNEX F

References

Domestic violence, sexual assault and stalking: Findings from the British Crime Survey (Walby S and Allen J (2004) Home Office Research Study 276)

Sexual Abuse and Violence in Ireland (SAVI) Report (Dublin Rape Crisis Centre and the Royal College of Surgeons in Ireland, 2002)

The Heather Report A report on the Service Needs of Adult Survivors of Sexual Abuse June 1999 (Interagency Group in Western Health and Social Services Board)

The economic and social costs of crime against individuals and households 2003/04 (Dubourg R, Hamed J, Thorns, J (2005) Home Office Online Report 30/05)

Rape and Sexual Assault of Women: the extent and nature of the problem (Myhill A and Allen J (2002) Home Office Research Study 237)

National Rape Crisis Statistics 2004 (Rape Crisis Network Ireland)

Tackling Violence at Home, A Strategy for Addressing Domestic Violence and Abuse in Northern Ireland (Department of Health, Social Services and Public Safety and the Northern Ireland Office, 2005)

The nature of rape of females in the Metropolitan Police District (Chandni Ruparel (2004) Home Office Findings 247)

Co-operating to Safeguard Children (Department of Health, Social Services and Public Safety, 2003)

A Strategic Framework for Adult Mental Health Services (Review of Mental Health and Learning Disability (NI) June 2005)

Safeguarding Vulnerable Adults Regional Adult Protection and Procedural Guidance September 2006

Our Children and Young People – Our Pledge (Office of the First Minister and Deputy First Minister, 2006-2016)

Hate Crime – Project RIOH (Recording Incidents of Hate) (Northern Ireland Office, 2006)

Delivering Better Service to victims and witnesses of crime – draft strategy to be issued in 2007 (Northern Ireland Office)

Community Safety Strategy – draft strategy to be issued 2007 (Northern Ireland Office)

Public Protection Measures – Public protection legislation to be in place autumn 2007 (Northern Ireland Office in partnership with other relevant agencies)

New Strategic Direction for Alcohol and Drugs 2006 - 2011(Department of Health, Social Services and Public Safety, May 2006)

Sexual Health Promotion Strategy to be issued early 2007 (Department of Health, Social Services and Public Safety)

Area Child Protection Committees' Regional Policies and Procedures, April 2005

Protect Life A SHARED VISION The Northern Ireland Suicide Prevention Strategy and Action Plan 2006 – 2011 (Department of Health, Social Services and Public Safety, October 2006)

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

January 2007

Ref: 222/2006