Sexual violence – what can be done?

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Violence, Social Exclusion and Cross-Government Working

Brook sexual health conference

4th March 2010

The facts and stats

Department of Health

28% of women aged 16-59 have experienced domestic violence

An estimated 66,000 women in the UK are affected by Female Genital Mutilation (FGM), with 24,000 young girls at high risk

The UK Forced Marriage Unit receives 1,600+ reports of forced marriage a year and actively deal with over 400 cases

Nine out of ten people with learning disabilities experienced harassment or violence within a year

34% of all rapes recorded by the police are committed against children under 16

2.6% of people aged 66+ living in private households reported mistreatment involving a family member/close friend/care worker during the past year (approx. 227,000 people across the UK)

More facts and stats

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- 21% of girls and 11% of boys experience some form of childhood sexual abuse
- A third of 13-17 year old girls suffer unwanted sexual acts in a relationship (including rape)
- 72% of sexually abused children do not tell anyone about the abuse at the time.

Contexts and causes

- Disproportionately affects women and girls and is overwhelmingly committed by men
- Sexual violence linked to gender inequality and male power over women and girls
- Mainstreaming of sexualised imagery of women
- Sexualisation of Young People Review – Linda Papadopolous (Feb 2010)

Consequences

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- Expectations about what it means to be a boy/man or a girl/woman leave some ill prepared to enjoy their sexuality or protect their health
- Gender stereotypes of submissive females/powerful males may restrict access to health information, hinder communication and encourage risky behaviour
- Girls fear they will be seen as sexually active (even if they are not) so are less able/willing to access information and services
- Girls feel they need to acquiesce to men and so are unable to negotiate safer sex
- Prejudice against gay men and lesbians makes it hard for them to ask for help and information

Impact of violence on a victim's sexual health

- Victims present at young people's services, community contraceptive services, GUM or CASH clinics - whether or not they disclose violence or perceive themselves as victims

- High prevalence of STIs has been found amongst women examined following sexual assaults

- The following can be consequences of sexual violence and therefore indicators for sexual violence

- Sexually transmitted infections
- Pregnancy
- Termination of pregnancy
- Poor contraceptive use
- Sexually risk-taking behaviour
- Revictimisation due to
  - use of alcohol and drugs as coping strategy
  - poor mental health, depression
  - poor self-esteem

Policy and legislative context for sexual violence

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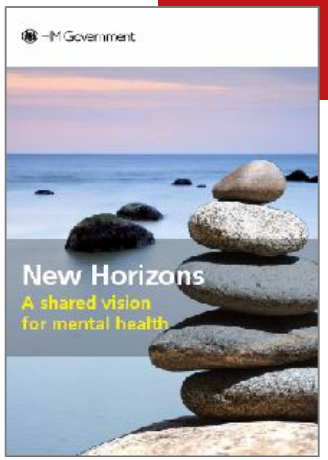
- Saving Lives. Reducing Harm. Protecting the Public (2008)
- Sexual Violence and Abuse Action Plan (2007)
- Staying Safe Action Plan/Laming Review
- National Domestic Violence Delivery Plan
- Together we can end violence against women and girls strategy (November 2009)
- New Horizons – mental health
- Marmot Strategic Review of Health Inequalities in England
- Taskforce into health aspects of VAW and children
- Stern Review into rape (to be published)
- Sexual Health Strategy (2001), Independent review (2008) Government response (2009)
- Teenage Pregnancy Strategy (2000) and refresh (February 2010)



NHS context

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QIPP (quality, innovation, productivity, prevention)

New regulatory framework (CQC)

World Class Commissioning

NHS

Partnership

Joint Strategic Needs Assessment

4 change principles (clinical leadership, co-production, subsidiarity, system alignment)

Financial pressures

How do people respond to rape?

- Attitudes mediated by gender and age
- Under report due to feelings of guilt, shame, self-blame
- Normalisation of sexual violence especially in some communities and certain age groups
- Reluctance to engage with police, go to Court
- Multiple myths (eg being drunk, provocatively dressed etc)
- Who’s responsible?

What the Government is doing on sexual violence

- Response/implementation of CEDAW
- DH Single Equality Scheme – June 2009
- Equality Bill
- Contributing to cross-Government work on violence
- Framework on Preventing Violence
- Funding Strategic Women's Network through Strategic Partner Programme (YWCA, Women's Aid, Refuge, Rape Crisis): focus on capacity and capability, identifying barriers to sustainability
- Innovation, Excellence and Service Development Fund for third sector
- Taskforce on violence against women and children

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- National Support Team on Response to Sexual Violence (support SARC development)
- Funding Society of Apothecaries to set up Diploma on Forensic and Clinical Aspects of Sexual Assault
- Addressing Lord Bradley's recommendation on Forensic Physicians (possible transfer of commissioning to NHS)
- Emergency funding for voluntary sector (Rape Crisis and Survivors Trust)
- Working with GEO on strategy for third sector
- Guidance on SARCs
- Contributing to teen violence campaign
- Responding to Stern Review

Why a health taskforce on VAW and children?

- Linkages with PSAs including teenage pregnancy, sexual health
- Major impact on health and wellbeing
- Cause and consequence of inequality especially gender
- VAWG consultation criticised health care professionals
- Under-reporting of sexual violence
- Signatory to Convention on the Elimination of All Forms of Discrimination against Women
- UK examination 2008 - recommended national strategy
- Map of Gaps, Making the Grade, NSPCC show lack of services
- Variation in the response women and children receive
- Some evidence of effectiveness of interventions

Taskforce

Department of Health

How do we improve the NHS response?

Sub-groups:

- Sexual violence against women
- Sexual abuse against children
- Harmful traditional practices and trafficking
- Domestic violence

- Wide consultation – women and children, NHS
- Sexual violence sub-group looking at role of SARCs
- Took a gendered/human/children's rights approach
- Asked to consider prevention, access to services, workforce issues, systems regulation, commissioning

What did women and children tell us?

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They weren't believed

They weren't listened to

They felt blamed

Women with no recourse to public funds particularly disadvantaged

Staff weren't equipped to help

Services aren't accessible enough

They had no-one to turn to

Even when asked (routine enquiry), poor response

Lack of support following rape

Long term vision for SARCs

- 1 in every Police Force by 2011
- One stop shop for victims
- Partnership – police, NHS, third sector
- Sexual health to identify and refer
- Sexual health clinics provide support for victims where SARC not available
- Local partners assessing need through JSNA
- Commissioning high quality services together
- Informed by service users including young people
- Equitable service throughout the country
- Safe environment where victims feel supported
- All meet the minimum standards
- ISVAs to provide ongoing care and support
- Support criminal justice outcomes

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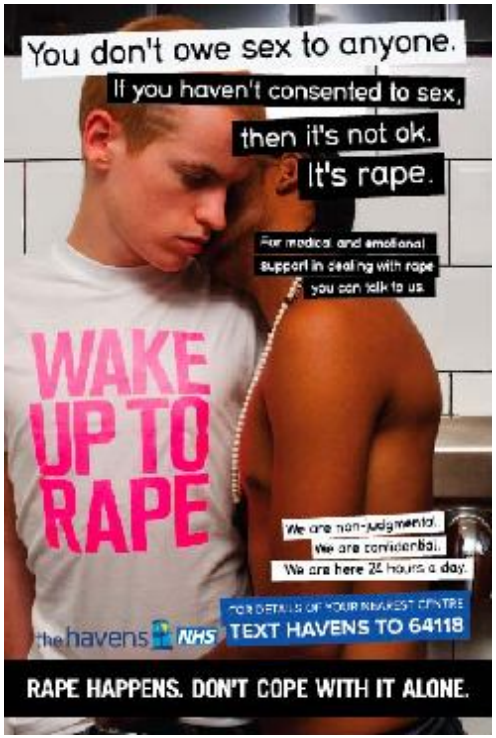
- High quality services provided by well-trained, dedicated and specialised staff
- World class commissioning of SARC services
- Clear clinical governance arrangements
- Good training pathway for staff
- Clearer victims pathways
- Clear accountability
- Partnership with paediatric services for children and young people
- Early intervention which prevents long term impact of sexual assault on health and wellbeing



Taskforce report

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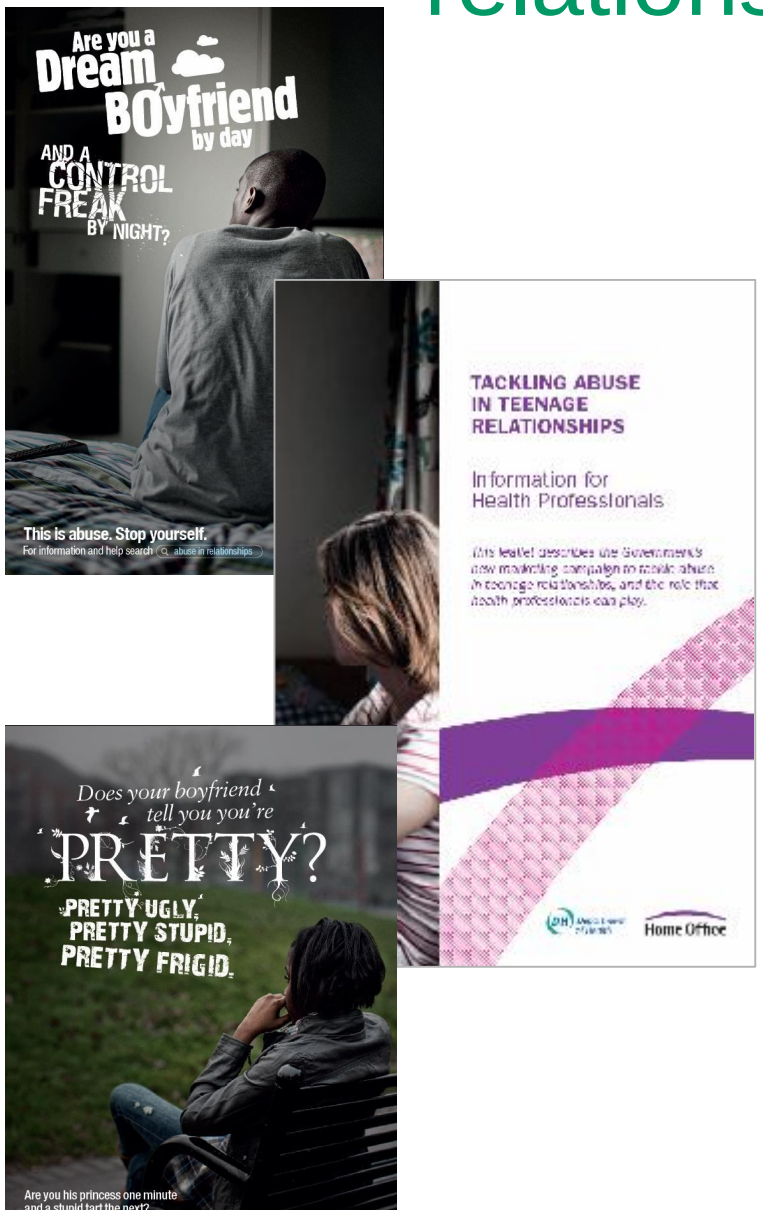
- Publish next week
- Key recommendations on training, help for NHS staff, forensic physicians, commissioning, need for co-ordination
- Young person's version
- To be followed by commissioning guidelines

Campaign: Violence in teen relationships



- Aim: To tackle attitudes to violence in teen relationships
- Audience: teens and parents
- TV, poster and radio advertising
- Editorial in magazines
- Action for you:
  1. Promote by downloading campaign posters and leaflets and displaying in waiting rooms and where relevant.
  2. Familiarise yourself with issues

- Campaign materials and further information available via: www.dh.gov.uk/vawg

Department of Health

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- Further information on our work: www.dh.gov.uk/vawg
- Information for commissioners: www.pcc.nhs.uk/violence

Thank you.