North Somerset Safeguarding Boards

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Sexual Abuse and Violence Strategy June 2019

Task and Finish Group

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The NHS England Strategic direction for sexual assault and abuse services, lifelong care for victims and survivors:2018 – 2023, has been used as a basis for this North Somerset strategy. Where appropriate, several sections have been transferred directly from the national guidance.

This document has been put together by a multi-agency Task and Finish Group, at the request of North Somerset Safeguarding Children Board.

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1. Introduction

Sexual assault and abuse are two of the most serious and damaging crimes in our society. To live a life free from sexual violence and abuse is a human right that applies to everyone, children and adults. We have a collective responsibility across all agencies to promote and enable society to be a safe place for everyone.

This strategy sets out what we know about sexual abuse and violence, including what it means and who is affected by it, as well as our strategic priorities about this issue.

This strategy links closely and should be read in conjunction with:

- Domestic Abuse Strategy
- Sexual Exploitation Strategy
- Female, Genital Mutilation Strategy
- Sexual Abuse and Violence Needs Assessment

There has been increasing awareness of child sexual abuse and its impact on victims in recent years, but there is still too much that remains unknown about the sexual abuse of children and young people nationally. There are still many gaps in our knowledge and understanding which limit how effectively we are tackling the issue.

This strategy requires all agencies to examine their practice into how we prevent sexual abuse and how we support victims and survivors.

2. Vision

To radically improve access to services for victims and survivors of sexual assault and abuse, both recent and historical and support them to recover, heal and rebuild their lives.

Underpinning this is the need for all commissioners and providers of services that support victims and survivors of sexual assault and abuse to work together to create a seamless approach that recognises individual needs and reduces fragmentation and gaps between services.

3, National Context

Sexual assault and abuse are serious crimes which continue to have a significant impact on our society. Their devastating consequences can often be misunderstood and neglected.

In April 2018, NHS England published a '***Strategic Direction' for sexual assault and abuse services Lifelong care for victims and survivors: 2018 - 2023.*** It focuses on six core priorities for delivery across England:

- Strengthening the approach to prevention
- Promoting safeguarding and the safety, protection and welfare of victims and survivors
- Involving victims and survivors in the development and improvement of services
- Introducing consistent quality standards
- Driving collaboration and reducing fragmentation
- Ensuring an appropriately trained workforce

There have been a significant number of high-profile child sexual assault cases and its impact on victims in recent years.

The Centre of Expertise on Child Sexual Abuse' suggest that:

"*We are currently making decisions in a fog, using poor quality and old data. In order to make better decisions, target responses effectively and best protect children, we need better data about both the prevalence and contexts of child sexual abuse nationally and what agencies know about at a local level*."

They state that to tackle child sexual abuse, we must understand its causes, scope scale and impact. Their aim is to reduce the impact of child sexual abuse through improved prevention and better response.

Joint Targeted Area Inspections

New Joint Targeted Area Inspections (JTAI) of services for vulnerable children and young people were launched in 2016 by inspectorates Ofsted, Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP).

All 4 inspectorates now jointly assess how local authorities, the police, health, probation and youth offending services are working together in an area to identify, support and protect vulnerable children and young people. Each inspection will include a 'deep dive' element, to date two of these deep dive elements have focused on sexual abuse: child sexual exploitation and sexual abuse in the family environment

Ofsted's National Director for Social Care, Eleanor Schooling said:

'*The responsibility of safeguarding cannot rest with one agency alone. These new inspections will provide a comprehensive picture of how several agencies work together in an area to ensure children are safe. This is an important step forward for inspection'*.

Working Together to Safeguard Children 2018 defines child sexual abuse as:

"…Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."

The Children's Commissioner for England enquiry defines child sexual abuse in the family environment as:

"… sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim-survivor (eg uncle, father, stepfather) or less familial (e.g. family friend, babysitter)' Perpetrators can also be female, such as mother, auntie and step mother."

4. What is sexual assault and abuse and who is affected?[1]

In the context of this document, references to sexual assault and sexual abuse include rape and sexual violence. Examples of offences or circumstances where offences may occur include (but are not restricted to):

- sexual acts involving a child, sexual harassment, forced marriage, honour-based violence, female genital mutilation, human trafficking, sexual exploitation and ritual abuse; or
- any unwanted sexual activity with someone without their consent or agreement.

Sexual assault and abuse can happen to anyone; men, women and children; at any age, and may be a one-off event or happen repeatedly. In some cases it can involve the use of technology such as the internet or social media which may be associated with grooming, online sexual harassment and trolling.

Some factors can make particular groups of people more at risk of sexual assault and abuse. These include people who:

- have a history of previous sexual abuse or who have experienced other forms of abuse
- have a disability
- are in care or who have a disrupted home life
- live without adequate supervision or who are isolated.

Risk factors can also vary depending on gender. Women are more likely to experience intimate partner violence if they have low education or exposure to their mother being abused by a partner.

Men are more likely than women to be subjected to institutional and clergy abuse as children, and prison-based sexual violence as adults

The impact of any sexual assault or abuse is largely hidden and often not fully understood, with no identified effects that are unique to these crimes. It is well known, however, that the damage and devastation caused are enormous, extremely varied and often lifelong. They present in different ways for different individuals from different genders and demographics; the commonality being serious trauma and often compound trauma. Feelings of profound fear, terror and anxiety have been described by victims and survivors, with safety and trust being significant factors in the recovery process.

It can take many years for an individual to disclose sexual assault or abuse, particularly those people who have been abused or assaulted as a child, or those with a disability.

5. Some Facts about Rape and Sexual Violence

- Only 9% of rapes are committed by ‘strangers’. Women are most likely to be raped by someone they know, over 80% of rapes are committed by known men. More than one in five women are raped by their partners or their husbands.
- Women and girls of all ages, classes, culture, ability, sexuality, race and faith are raped. Attractiveness has no significance. Rape is an act of violence not sex.
- Rapists use a variety of excuses to attempt to discredit the women they rape and to justify their crime. No matter what a woman is wearing, how she is behaving, where she is,

[1] NHS England – Strategic Direction for Sexual Assault and Abuse Services

whether she is drinking or taking drugs she is never 'asking to be raped'. No woman asks or deserves to be raped or sexually assaulted.

- Rape is a horrendous and traumatising crime. It is the use of violence, power, domination and aggression, no women enjoy rape. Victim-survivors of murder, robbery and other crimes are never portrayed as enjoying the experience.
- Men who rape or sexually assault women and girls will often use weapons or threats of violence to intimidate women. The fact that there is no visible evidence of violence does not mean that a woman has not been raped. The fear of further violence and murder often limits resistance.
- There is no typical rapist. Studies show that men who commit sexual violence come from every economic, ethnic, racial, age and social group.
- Studies have indicated that as few as 5% of men are psychotic at the time of their crimes. Few convicted rapists are referred for psychiatric treatment.
- Men use a variety of excuses to justify the act of rape. There is never an excuse.
- Studies show that most rapes are premeditated i.e. they are either wholly or partially planned in advance. All rapes committed by more than one assailant are always planned. Men can quite easily control their urges to have sex – they do not need to rape a woman to satisfy them. Rape is an act of violence – not sexual gratification. Men who rape or sexually assault do so to dominate, violate and control.
- Men who rape are as likely as any other man to be cohabiting or having a significant relationship with a woman.
- Most of sexual assaults are committed by men against women. But anyone can be sexually assaulted and emotional, physical and sexual abuse does happen in same sex relationships. It is important that anyone who has experienced sexual violence can access support and be believed.
- While there are many media reports about false rape accusation, studies show that the allegations of rape that are false are exactly the same as that of any other crime i.e. 6 – 8%.

6. Some myths about rape and sexual violence

- Men who are 'good with children' do not sexually abuse them
- Women don't abuse
- If children say they want to see their abusive parent, they cannot be abusing them
- The perceived 'better parent' cannot be abusing the child
- If children don't appear distressed when making a disclosure, then it must be untrue

7. Different Types of Sexual Abuse and Violence

Rape and sexual violence

One of the major myths about sexual violence and rape is that it is about sex. Rapists are motivated by power and control, they use a forced sexual act to achieve this. Rape is just a way of gaining power – not a way of gaining sexual relief.

Everyone has ideas about what rape is – who does it to whom and why. Women who have been raped will be affected by whatever preconceptions they themselves have held about rape, as well as by the attitudes held by others they come into contact with.

It is common to fear rape in terms of strangers in the street, whereas data evidence shows victim-survivors of sexual assault by rape, reported that the perpetrator was most likely to be a friend, partner acquaintance or other family member.

It is also common for victim-survivors to blame themselves for causing the violence. Myths about rape reinforce this negative self-blaming, often by placing emphasis on what the victim-survivor was doing and their behaviour or by finding an excuse for the perpetrators actions.

The victim-survivor of rape and sexual violence are never responsible for the violent acts that have been perpetrated against them. The perpetrator is solely responsible for the violence. There are no excuses or exceptions.

Rape and sexual assault happen far more often than statistics indicate and, in all communities, and cultures and across the age range from baby to elderly.

Sexual Violence against older people

Elder sexual abuse is defined as an action against an elder that is unwanted and sexual in origin. It usually involves those older than 60 years of age'.[2]

There is little research available on the subject of elder sexual abuse and those who perpetrate the abuse. The studies are complicated by the mere fact that many victims of elder sexual abuse sometimes cannot communicate well enough to identify what happened or who their perpetrator was.

There have been research studies (conducted by the National Institute of Justice (NIJ)) where it was found that the oldest victims are less likely to aid in the conviction of an adult sexual offender who perpetrated the crime against them. The same research indicated that victims of elder sexual abuse are less likely to have someone believe them, especially if there have been no signs of trauma to the body. Those elderly sexual abuse victims who reside in a care home were the least able to get a conviction out of the acts perpetrated against them. Common perpetrators of elder sexual abuse include friends, live-in nursing aids, nursing home assistants, family members and other types of care providers that are left alone to care for the elderly individual.

A study carried out by **Hannah Bows from Durham University** (please can you add date of study?) found that there are similarities with other ages of sexual violence:

- Sexual Violence spans life course – must raise awareness, including examples of older people in training/case studies and include older people in decision making

but also, some differences which include:

- Perpetrators of elder abuse are younger than their victims-survivors
- The Second most common location is care home, (with the victim- survivors home being the most common). Other residents are the most likely perpetrators. This has implications for those working in care services
- Variation in relationship – acquaintance and stranger more common than in younger groups. Acquaintance is different to spouse and it is important to be mindful of relationship dynamics

Sexual Exploitation (See separate strategy)

[2] National Institute of Justice (NIJ

Sexual exploitation involves situations and relationships where people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Below is a list of some of the features of sexual exploitation:[3]

- Feeling that you must give sex for money, food, drugs, or a place to sleep.
- Having uninvited or unwanted requests to engage in sexual activities in person, on the phone, or over the internet.
- Feeling that someone will hurt you unless you have sex or do sexual things with them.
- Being made to feel guilty for not engaging in sex or a sexual relationship.
- Being made to move away from your home and community for sexual purposes.
- Being made to watch someone else touch themselves sexually in front of you.
- Have you been asked to have sex or do sexual things with your partner's friends?

Children and young people are at a particular risk.

Intra – familial abuse

The Children's Commissioner for England's enquiry estimated that perhaps one in eight children abused in the family environment came to be identified by professionals, with the remainder unknown to protective services. Those who come to the attention of statutory services are typically first identified from the age of 12, but the abuse for many will have started when they were much younger (Smith et al, 2015).

Findings from the 2014 Childrens Commissioner's enquiry into sexual abuse in the family environment found:

- The estimated proportion of children that suffer sexual abuse is about 11%.
- Two thirds of child sexual abuse take place within the family environment or the close circle around it.
- Only one in eight children in England who are sexually abused come to the attention of statutory authorities.
- Children often do not recognise that they have been abused until they are older.
- Professionals working with children need additional support to help them identify victims of sexual abuse.
- Child sexual abuse in the family environment often comes to the attention of statutory and non-statutory agencies as a result of a secondary presenting factor, for example self-harm, which becomes the focus of intervention. Child sexual abuse, the underlying issue, may not be identified
- Child Sexual Abuse (CSA) is complex and often occurs alongside other forms of abuse, and adversity. Child Sexual Exploitation (CSE) has been the focus of public concern in recent years. It has been argued this has been at the expense of attention on sexual abuse in the family environment (Allnocket al, 2005)

Sexual abuse by siblings[4]

Sibling sexual abuse is more common (possibly) three to five times more than sexual abuse perpetrated by other family members. Adolescents who sexually offend, usually do so first within their family.

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[3] SARSAS

[4] SARSAS

The most common, but not the only form of sibling sexual abuse is evidenced to be brother/sister. Adolescents who sexually abuse younger children may select females, males or both as victim-survivors. Early onset of harmful sexual behaviours within the family environment may present risks to children in the wider family or community known as victim-survivor crossover

Disabilities[5]
Disabled children and adults are a particularly vulnerable group, with a higher incidence of abuse than among their non-disabled peers. People with disabilities may face issues such as:

- Dependency on multiple carers
- Impaired capacity to resist or avoid abuse
- Communication barriers
- In some cases, an inability to understand what is happening to them or where to go to seek help

Technology assisted abuse (online sexual abuse)[6]

We cannot afford to view offline and online abuse as distinct spheres of people's lives. Research finds that online abuse is at least as harmful as contact child sexual abuse. There are particular dynamics that compound this, for instance the relative permanence of images and the ability to use images to coerce and threaten, children and vulnerable adults.

Online abuse is abuse that happens through the internet via phones, computers, and tablets. It can include grooming, bullying, harassment, and sharing pictures or videos of someone without their consent or of someone who is under 16.

Perpetrators in the family environment may use technology as part of their abuse and professional curiosity about a child and family's online activity may reveal helpful information about abuse that is occurring across these spheres.

Poly-victim-survivor's[7]

This can apply to both children and adults and is defined as the experience of multiple victims of different kinds such as sexual abuse, physical abuse, bullying in school/workplace, witnessing community violence or being exposed to family violence. Research suggests that the greater number of victim experienced, the greater the impact on children's mental health and wellbeing. When a child experiences any type of familial maltreatment, the risk off experiencing any other type of abuse rises.

Cumulative and interacting risks of Harm[8]

This can apply to both children and adults. The risk raised by exposure to multiple vulnerabilities is cumulative – a greater number of vulnerabilities is associated with increased risk to child's wellbeing, mental health and safety. Evidence from the analysis of serious case reviews suggests that parental issues to be alert to in safeguarding include:

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5 SARSAS
6 SARSAS
7 SARSAS
8 SARSAS

- Domestic abuse, mental health, drug and alcohol misuse
- Parents own adverse childhood experiences
- Involvement or history of crime (especially violence)
- Patterns of multiple consecutive partners
- Acrimonious separations

8, Barriers and Challenges to seeking help[9]

Societal/cultural

- Impact of previous inquiries
- Media myths and stereotypes about victims and perpetrators
- Assumptions
- Seeing people, especially young people, as responsible for their abuse/risky behaviour
- Victim-blaming
- Shh… It is too hard to believe or talk about

Organisational

- Inconsistent training and criminal justice led practice
- Reliance on verbal disclosure
- No further action
- Offender-led system
- Multi-agency communication
- Poor misunderstanding of roles & protocols
- Not working together
- Inadequate supervision

Individual

- Difficult to think about
- Difficult to talk about
- Fear of contaminating evidence, getting it wrong, incorrect accusations, opening a can of worms, splitting up families
- Implications for workload
- Personal experiences, values and assumptions
- Unresolved personal issues
- Lack of knowledge

Child / Family

- Fear of telling
- Shame and embarrassment
- Not having the words
- Not understanding it as abuse
- Feeling responsibility
- Disability

[9] CSA – Centre of expertise for child sexual abuse

- Cultural
- Gender
- Family circumstances
- Abusers efforts/control/secrecy
- For children, non-abusers carer, lack of knowledge

Reasons why not to tell…

- not having the language or the capacity to communicate verbally, or not knowing how to tell
- not recognising the experience as abusive
- feeling shame or embarrassment
- being threatened or manipulated by the abuser
- feeling that the implications of telling are worse than the implications of keeping it secret
- fearing the consequences of speaking out, such as:
- the impact on their non-abusing parent or wider family
- being removed from the family, having to move home or school
- the abuser getting into trouble, harming themselves or leaving the family
- feeling responsible for the abuse

9. Key Principles for child sexual abuse[10]

1. The earlier the better
"I'm swayed by the overwhelming evidence and logic behind the idea that it is better to intervene early than it is to intervene late, whatever the problem or target might be. Better in terms of more effective, more cost-efficient and morally superior (enhancing human potential instead of making the best of a bad situation)." (Seto, 2013)

2. A whole family approach to assessment and intervention
   - Abuser: Likelihood of offending
   - Parent/carer – ability to protect
   - Victim, potential victim – ability to protect and assert

3. Evidence is broader than verbal 'disclosure'
   - Children often show us rather than tell us that something is upsetting them (Allnock, 2010)
   - Over 80% tried to tell someone (Allnock and Miller, 2013)
   - Many disclosures were either not recognised or understood, or they were dismissed, played down or ignored (as above)
   - On average it took 7 years for the young people to disclose (as above)
   - The younger the child was when the sexual abuse started, the longer it took for them to disclose (as above)
   - Disclosure is an ongoing process

4. Sexual abuse is rarely clear-cut
   - Lowest level of disclosure and highest level of recantations
   - How can we 'absolutely know' abuse has taken place?
   - Clear disclosure…repeated at least twice

[10] CSA – Centre of expertise on child sexual abuse

- Medical evidence of sexual harm
- Admission of guilt from perpetrator
- Witnessed by someone else
- Images/computer records of the abuse exist

RARELY WILL WE REACH A POSITION OF 'ABSOLUTE KNOWING'

10. Signs and indicators in Children and young people[11]

- Nightmares or sleeping difficulties without explanation
- Mood swings including fear, insecurity or withdrawal
- Developing new or unusual fears of certain people or places
- Distracted and distant at odd times
- Fear of intimacy or closeness
- Eating disorders
- Substance or alcohol misuse
- Self harm
- Suicidal thoughts or actions
- Depression and anxiety
- Regression to younger behaviour (e.g. bedwetting or thumb sucking)
- Other mental health difficulties
- Post traumatic stress disorder (PTSD)
- Thinks of self or body as repulsive or bad
- Psychosomatic symptoms e.g. tummy ache

Behavioural

- Asks another child to behave sexually or play sexualised games
- Sexually uninhibited/inappropriate behaviour towards adults
- Mimics sexualised behaviour with animals or toys
- Inserting objects into vagina or anus
- Excessive masturbation or self-soothing behaviour
- Fear of dentistry
- Writes, draws, plays or dreams of sexual or frightening images
- Unusual personal hygiene (none or overly)
- Resists removing clothes at appropriate times (e.g. bath, bed or toileting)
- Running away from home
- Change in eating habits, e.g. refuses to eat or overeats
- Sexual promiscuity
- Leaving clues that seem likely to provoke discussion about sexual issues
- Talks about a new older friend
- Suddenly has money, toys, or gifts without reason
- Uses new words for sex or genitals
- Aggression or violence to others
- Wetting and soiling accidents unrelated to toilet

Physical

[11] CSA – Centre of expertise on child sexual abuse

- Bruising or marks in unusual places
- Persistent or reoccurring pain during urination and bowel movements
- Urinary tract infections
- Discolouration, bleeding or discharge in genitals, anus or mouth
- Tears to anus or vagina
- STDs including genital warts
- Pregnancy
- Evidence of self harming behaviour
- Significant weight gain or loss
- Difficulty swallowing when eating

11. Signs and indicators of abusive behaviour[12]

- Buying a child gifts
- Favouring a child
- Wanting to spend more time with the child than the parent
- Offering to babysit
- Play fighting
- Encouraging a child to engage in 'grown up' activities
- Encouraging a child to dress provocatively
- Leaves bedroom and bathroom door open
- Undermining the other parent
- Running the other parent down
- Interrupting the relationship between parent and child
- Gets involved in personal care of the child
- Encouraging nudity in the home
- Behaving secretively
- Wears inappropriate clothing around the house
- Talks about sex, makes sexual jokes
- Changes in sexual behaviour
- Seems to be behaving more like a child
- Mood swings and erratic behaviour
- Complains of not being trusted
- Wants to be left alone with children

12. Family Vulnerabilities[13]

- Poor attachment
- Poor mental health
- Substance and alcohol misuse
- Parental absence through work commitments
- History of maternal sexual abuse
- Children or adults with disabilities
- Poor communication
- Home schooling
- Lack of sex education
- Domestic abuse – current and previous

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[12] CSA – Centre of expertise on child sexual abuse
[13] CSA – Centre of expertise on child sexual abuse

- History of abuse
- Social isolation

13. Strategic Focus and Core Priorities

To deliver change this local strategy is aligned to the strategic focus and six core priorities (CP) under the NHS England Strategic direction for sexual assault and abuse services which are;

Supporting victims and survivors to recover, heal and rebuild their lives, by

- Strengthening the approach to prevention
- Promoting safeguarding and the safety, protection and welfare of victim and survivors
- Involving victim and survivor in the development and improvement of services
- Introducing consistent quality standards
- Driving collaboration and reducing fragmentation
- Ensuring an appropriately trained workforce

1. Strengthening the approach to prevention

Preventing sexual assault and abuse from happening at all should be paramount and, for victims and survivors of previous incidents, reducing the risk of future re-victimisation is central to their recovery, healing, ability to rebuild their lives and ongoing safety.

Prevention is becoming more and more challenging. Behaviours amongst adolescents are changing, particularly their understanding of healthy relationships, and it is also becoming more difficult to teach younger children how to keep themselves safe on social media and speak out if they need to.

The internet in particular has transformed the nature of sexual assault and abuse and the risks around sexual exploitation and harmful sexual behaviour. 'Sexting' and other age-inappropriate sexual behaviour, such as watching extreme pornography or making inappropriate remarks, have also become more commonplace.

There are other groups which may find it difficult to report sexual assault and abuse. This suggests that we need to focus our prevention efforts. This includes the lesbian, gay, bisexual and transgender (LGBT) communities, the black and minority ethnic communities, those with learning disabilities and sex workers, as well as all age groups within the prison population.

Every organisation involved in the delivery of sexual assault and abuse services has a responsibility to help stop these crimes from happening. Services across the whole pathway need to work in partnership to assess proactively, the risk amongst vulnerable groups, as well as previous victims and survivors, and to take action to minimise their exposure to harm.

2. Promoting safeguarding and the safety, protection and welfare of victim and survivors

The responsibility to prevent sexual assault and abuse also includes a responsibility to safeguard those who we know to be particularly vulnerable and those who are placed in the care of others.

Supporting this responsibility is the Health and Social Care Act 2012, Working Together to Safeguard Children, the Children Act (2004) and supporting vulnerable adults, the Care Act (2014).

Safeguarding is by far the most effective way to protect children, young people and vulnerable adults against any form of harm, abuse and neglect, and safeguarding the individuals that engage with them should be a priority for all providers of services.

Across all organisations that have a caring responsibility for vulnerable adults, children and young people, measures should be in place to ensure that any suspicion of sexual assault or abuse is investigated and acted upon.

If safeguarding measures are not assured, and vulnerable adults, children and young people are not safeguarded, the risks of sexual assault and abuse become higher. For victims and survivors of sexual assault and abuse, in particular, the risk of re-victimisation and re-traumatisation become significantly greater, to the detriment of their health and wellbeing. This is particularly relevant for individuals in their teenage years. Early identification of any form of sexual assault and abuse is therefore fundamental

3. Involving victim and survivor in the development and improvement of services

Victims, survivors and advocacy organisations are the most important voices in service re-design and development in terms of their ability and power to help others to recognise and to understand the scale, complexity and impact of sexual violation.

Involving survivors and advocacy organisations in the improvement and development of services, offers an opportunity for them to be heard without judgement or stigmatisation. It is vital that we use their expertise to influence service improvement through direct experience.

When involving victims and survivors in the development and improvement of services, it is important to consider a range of options to involve people. For example, engaging with men may need a different approach to that used to engage with women and likewise for children and younger people.

4. Introducing consistent quality standards

Victims and survivors of sexual assault and abuse describe significant variation in the quality of service they experience when trying to access support. This is made considerably harder at times when individuals are experiencing significant trauma and are in severe crisis.

The delivery of good quality, consistent care to victims and survivors of sexual assault and abuse is paramount to their ability to recover, heal and rebuild their lives.

Regardless of their gender, ethnicity, sexual orientation, age and relationship with the criminal justice system, the standard and quality of care should be the same.

Any standards should particularly support those people with disabilities, as they will often face additional difficulties in attempting to access support. They may already be socially isolated because of their disability and may find it difficult to disclose as they may have no opportunity to seek help without their abuser being present.

Victims and survivors with a specific language barrier and, in particular, those who rely on sign language, may also face additional difficulties in accessing support.

5. Driving collaboration and reducing fragmentation

Victims and survivors of sexual assault and abuse tell us that their experience of moving between the health, social care and criminal justice systems is fragmented and that services can be difficult to navigate.

It is vital if we are to provide people with the right support at the right time. Victims and survivors, along with their information, should flow seamlessly between the different services, including those provided by specialist third sector organisations, without complication and over their lifetime. Without this collaboration, we run the risk that limited access to support services and therapeutic provision; high thresholds and long waiting lists will harm the recovery of victims and survivors.

6. Ensuring an appropriately trained workforce

The trauma that victims and survivors of sexual assault and abuse experience manifests in many ways: disrupting health and development, adversely affecting relationships and contributing to significant mental health issues.

A trauma-informed approach to care links trauma and mental health by recognising its effects and human response. It emphasises the need for physical, psychological and emotional safety and helps survivors to recover, heal and rebuild a sense of control and empowerment.

In order to help and support victims and survivors of sexual assault and abuse who may be experiencing complex trauma and re-traumatisation and achieve the best outcome, it is important that those with whom they come into contact at any given point in their journey to recovery are appropriately trained and are aware of the effects and manifestations of sexual assault and abuse.

At the point of disclosure and identification of sexual assault and abuse, for example, victims and survivors will often be in severe crisis. It is important that first responders understand how to act and can provide a consistent level of service to the individual making the disclosure.

Initial disclosure may happen within a criminal justice setting where there may be support and expertise available. However, disclosure and consequent care will unavoidably take place in mainstream services where, we are told, the same level of awareness, knowledge and expertise may not be present.

14. The role of the NSSCB

Key Points

- Safeguarding is everybody's business and all agencies need to work effectively with one another and other relevant organisations to address sexual abuse and violence in North Somerset.

- The NSSCB shall actively highlight with its partner agencies the role of professionals in preventing and tackling sexual abuse and violence, and the key impact they can have in the longer term prevention and support services.

- All agencies shall work towards the key priorities when tackling sexual abuse and violence.

15. Important Documents and Websites

North Somerset Survivor Pathway Sexual Violence support services
The Survivor Pathway is an online resource for anyone wanting to know more about specialist sexual violence support services in the South West.

https://www.survivorpathway.org.uk/north-somerset/

Male Survivor Standards
The Male Service Standards, developed through the Male Survivors Partnership, is a quality assurance framework that enables organisations working with boys and men affected by sexual abuse, rape and sexual exploitation to benchmark their work against an independent evidence base and improve and evidence the quality of service provision to male survivors, in particular recognising their gender-based needs.

https://www.malesurvivor.co.uk/male-service-standards/

Centre of expertise on child sexual abuse (CSA Centre)
'We want children to be able to live free from the threat and harm of sexual abuse'

http://www.csacentre.org.uk/

England NHS, England Strategic Direction for Sexual Assault and Abuse services

https://www.england.nhs.uk/wp-content/uploads/2018/04/strategic-direction-sexual-assault-and-abuse-services.pdf

The Bristol Ideal
Bristol are taking a radical step in the way they tackle domestic and sexual violence. Their focus is firmly on prevention, looking at the crucial role schools could play. As such, they have created a set of standards for schools to aspire to called The Bristol Ideal. The standards are based on what is known will make a lasting impact on preventing domestic and sexual abuse while supporting pupils and staff who might be victims.

https://www.bava.org.uk/professionals/projects/the-bristol-ideal/

SARSAS Somerset and Avon Rape and Sexual assault support

https://www.sarsas.org.uk/