

Herefordshire Sexual Violence Strategy

2023-2028

Herefordshire Community Safety

Partnership

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Executive Summary

Sexual Violence is a breach of human rights with devastating consequences for individuals, their families and their communities. This strategy sets out an account of what is known about sexual violence in Herefordshire and explains priority actions for change across the system.

- Reported sexual violence offences have increased post COVID-19 compared with pre-pandemic levels (West Mercia Police, 2022).
- Sexual violence is a hidden crime that is grossly under-reported. Estimates from the Crime Survey for England and Wales 2022 showed that 2.7% of adults aged 16 to 59 years experienced sexual assault in the last year in England and Wales. This would equate to an estimate of **5,049 sexual violence offences** against adults aged 16 to 59 years in Herefordshire **during a one year period**. However, **only 1105 offences** were actually reported for all ages **over a three year period** (April 2019-March 2022).
- Sexual violence disproportionately affects women and girls. Approximately 1 in 20 men (5.7%) have experienced sexual assault (including attempts) since age 16, compared to more than 1 in 4 women (27%) (ONS, 2021a).
- Nationally, perpetrators are overwhelmingly male - 98% of people who report sexual violence say that the perpetrator was male (ONS, 2021a).
- Perpetrators of reported offences are frequently not brought to justice. In 2019, 55,259 rapes were recorded nationally, but only 702 convictions were made (ONS, 2021a).
- Advocacy and therapeutic interventions can have positive effects on victims' and survivors' well-being and engagement with the criminal justice system. However, awareness of available services is variable amongst victims and survivors and the wider system. Commissioned services themselves have capacity restrictions due to budgetary constraint.

Our vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence. Our strategy focuses on three priority areas: **prioritising prevention, supporting victims and survivors** and **pursuing perpetrators**.

An action plan will now be overseen by the Sexual Violence Sub-group of the Community Safety Partnership, involving all system partners. There will be a relentless focus on implementation.

Prioritising Prevention

- Increase understanding of sexual violence and its drivers
- Challenge attitudes and structures that lead to sexual violence and stop people speaking out
- Strengthen the capacity of educational settings, workplaces, leisure and entertainment venues to prevent sexual violence
- Ensure that families and children are educated about consent, healthy relationships and sexual violence
- Address harmful sexual behaviour in schools

Supporting Victims and Survivors

- Ensure that all services are working from trauma informed perspectives
- Ensure that all victims/survivors of sexual violence are believed and supported to recover
- Ensure that survivors have choice in their support options and that these are timely, integrated and client focused
- Increase the capacity of both specialist SV and mainstream services to be more responsive to the needs of victims/survivors
- Ensure that where sexual harm has happened between children, the victim and others within the setting are protected and supported
- Ensure that children displaying problematic sexual behaviours receive assessments and intervention

Pursuing Perpetrators

- Ensure a multi-agency approach to address barriers preventing victim reporting and engagement with the criminal justice system
- Ensure that changes in all laws pertaining to sexual violence are circulated within multi-agency settings
- Strengthen interventions that help perpetrators take responsibility for their actions and change their attitudes to prevent re-offending

Introduction

This strategy sets out Herefordshire's approach to preventing and responding to sexual violence. It sets out our **vision** for a County where everyone lives free of the fear, threat, or experience of sexual violence.

Sexual violence is any sexual activity undertaken against a person without their consent, in any setting, by any person, regardless of their relationship to the victim. This includes, but is not limited to: any sexual act in verbal, behavioural or representational form; attempt to obtain such a sexual act; or the act of sex trafficking (definition adapted from Herefordshire Women's Equality Group).

Sexual violence can take numerous forms, including, but not limited to:

- Rape
- Sexual harassment
- Pressure or coercion into sexual activity
- Adult sexual exploitation
- Trafficking for the purpose of sexual exploitation
- Drug assisted rape (including spiking)
- Intimate partner sexual violence
- Institutional or Organisational sexual abuse
- Technology facilitated sexual abuse (including sexting, sexual abuse via social media and online technology and image based sexual abuse)
- Up skirting
- Stealthing
- Child sexual abuse
- Child sexual exploitation
- Grooming
- Child on child sexual abuse (peer abuse)
- Harmful and problematic sexualised behaviours

- Intra-familial sexual abuse
- Child & forced marriage
- Female Genital Mutilation

Definitions of these terms can be found in appendix 1.

It is important to recognise that sexual violence crimes predominantly affect women and girls. However, sexual violence can happen to anybody, regardless of age, sex, gender, race, culture, socioeconomic status, ability, sexual orientation, other protected characteristics or location. Sexual violence crimes are underpinned by societal attitudes rooted in gender inequality, male dominance and the abuse of power. This also contributes to a victim blaming culture, presenting reporting barriers for victims and survivors, keeping many of these crimes hidden from sight. Evidence shows us that some of the most common reasons why women and girls in particular do not report sexual abuse is the fear of being blamed/shamed or of not being believed (ONS, 2021a) Sexual violence should sit within a Violence Against Women and Girls (VAWG) agenda to ensure its focus directly addresses this.

Evidence suggests some specific groups may find it difficult to report sexual violence due to fear of stigma including; men, Lesbian, Gay, Bi, Transgender plus (LGBT+), Black and Minority Ethnic (BAME) communities, sex workers and those within the prison population. Sexual violence against children, is even further hidden from view, often perpetrated in the child's own home by a family member. Access to support services can be particularly problematic for some people, including those with learning disabilities, those living in care settings and those who are rurally isolated.

Sexual violence crimes have devastating effects that are often lifelong and present in different ways, at different times, for different individuals. The Home Office has identified the following prominent impacts (HO, 2022):

- **Detrimental effects on mental health** – Anger, frustration, decreased self-esteem, depression, anxiety, post-traumatic stress disorder and a loss of identity.

- **Physical harm** - Evidence suggests that women and girls who have been victims of these crimes engage in poorer health behaviours, including smoking, substance misuse and poor diet. FGM can result in long-term physical health complications.
- **Negative impacts on education, employment and finances** – There may be impacts on victim and survivors’ educational attainment, employment and income prospects due to being absent from school or work or being unable to find and keep employment.
- **Making women feel less safe** - The most recent statistics show that only 24% of women felt very safe walking alone after dark, in comparison to 46% of men (ONS, 2020a).

Sexual violence crimes are deeply harmful, not only because of the profound effect they can have on victims, survivors and their loved ones, but also because of the impact they can have on wider society, impacting on everyone’s freedom and equality.

Herefordshire is committed to combating sexual violence and meeting the needs of victims and survivors via a comprehensive and coordinated partnership response. Implementation of this strategy will ensure that victims and survivors can be confident they will get the support they deserve, that perpetrators face justice, and that there is a relentless focus on preventing these crimes from happening in the first place.

Our Current Context

The National Picture

Adults

Sexual violence is frequently not reported to the police and therefore, data held by the police can only provide a partial picture of the actual level of sexual violence experienced. The Crime Survey of England and Wales (CSEW) is the preferred measure to identify trends in the prevalence of sexual violence as it is unaffected by changes in police activity, recording practice, or inclination of victims to report such crimes. Experiences of sexual violence (described as any sexual assault, including attempts) are sought from adults aged 16 to 74 years.

Estimates from the CSEW for year ending March 2022 showed that 2.7% of adults aged 16 to 59 years had experienced sexual assault (including attempted offences) in the last year. There was no significant change compared with the year ending March 2020 (2.2%), the last time the data were published.

It is important to note that CSEW does not survey people over 74, or those who live in institutions, including care homes, so it cannot offer insight into these groups. It should be noted that numbers in the older age groups have been growing at a disproportionately high rate in Herefordshire and people aged 65 and over currently account for around a quarter of the county's total population. It is estimated that around 1500 residents over 65 and around 500 residents under 65, currently live in care settings (Herefordshire Council, 2022).

Sexual violence offences recorded by the police do not provide a reliable measure of trends in these types of crime. Improvements in police recording practices and increased reporting by victims have contributed to increases in recent years. The figures do, however, provide a good measure of the crime-related demand on the police. In England and Wales, sexual offences recorded by the police were at the highest level recorded within a 12-month period (194,683 offences) in the year ending March 2022, a 32% increase from the same period in 2021. Within these annual figures, the number of recorded sexual offences were lower during periods of lockdown but there have been substantial increases since April 2021.

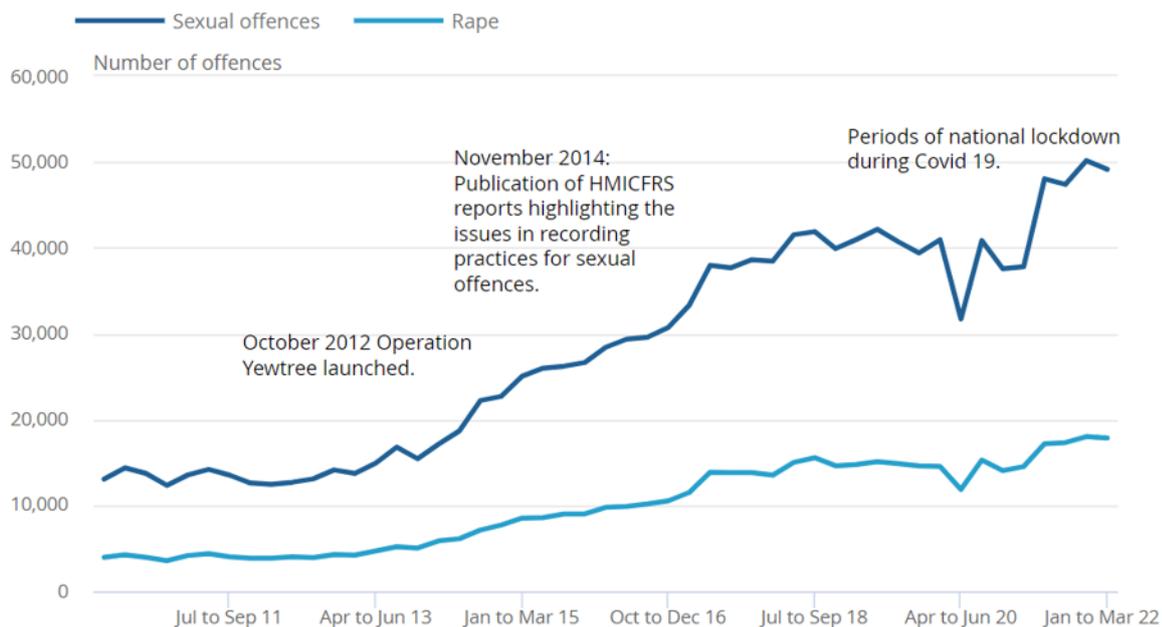


Figure 1: Police recorded rape and sexual offences in England and Wales – quarterly data from January 2010 to March 2022 (source: ONS, 2022).

Of all sexual offences recorded by the police in the year ending March 2022, 36% (70,330) were rape offences. This was a 26% increase from 55,678 rape offences in the year ending March 2021. In that same time period, charges were brought in just 2,223 rape cases (Crown Prosecution Service, 2022)

Other sexual offences increased by 35% to 124,353 compared with 92,212 the previous year. Prior to the coronavirus pandemic, the number of police recorded sexual offences was well below the number of victims estimated by the crime survey, with **fewer than one in six victims** of rape or assault by penetration reporting the crime to the police.

The latest figures may reflect a number of factors, including the impact of high-profile incidents, media coverage, and campaigns on people’s willingness to report incidents to the police, as well as a potential increase in the number of victims.

Gender

Nationally sexual violence disproportionately affects women and girls. Approximately 1 in 20 men (5.7%) have experienced sexual assault (including attempts) since age 16, compared to more than 1 in 4 women (27%). 0.3% of men have experienced sexual assault by rape or penetration, since age 16, compared to 7.2% of women (CSEW, 2022). **5 million women** in England and Wales have been raped or sexually assaulted since the age of 16. **98% of victims and survivors report that the perpetrator was male.**

Children

Measuring the scale and nature of child sexual abuse is difficult because it is usually hidden from view. Administrative data sources do not represent the full scale of the issue. There are no current surveys measuring children's experiences of sexual abuse because of the challenges in asking this age group about such a sensitive topic. However, the ONS collate a number of different sources of information that can help build up a picture of the scale and nature of child sexual abuse, including the following statistics (ONS, 2020b):

- The Crime Survey for England and Wales (CSEW) measures the prevalence of adults who experienced sexual abuse before the age of 16 years. This includes sexual abuse perpetrated by adults or children. In the year ending March 2019, the CSEW estimated that approximately **3.1 million adults aged 18 to 74 years experienced sexual abuse before the age of 16 years**. This is equivalent to 7.5% of the population aged 18 to 74 years.
- The sexual abuse was most likely to have been perpetrated by a friend or acquaintance (37%); around a third (30%) were sexually abused by a stranger.
- The majority of victims and survivors did not tell anyone about their sexual abuse at the time, with "embarrassment" being the most common reason.
- In the year ending March 2019, the police in England and Wales recorded 73,260 sexual offences where there are data to identify the victim was a child.

- Sexual abuse has become the most common type of abuse counselled by Childline in recent years. It was also the most commonly reported type of abuse by adults calling the National Association for People Abused in Childhood's (NAPAC's) helpline in the year ending March 2019.

In addition, Ofsted stated in its Review of Sexual Abuse in Schools and Colleges that 90% of girls, and 50% of boys, said being sent explicit pictures or videos of things they did not want to see happens to them or their peers. 92% of girls, and 74% of boys said sexist name-calling happens to them or their peers. 'The frequency of these harmful sexual behaviours means that some children and young people consider them normal' (Ofsted, 2021).

The recently published Independent Inquiry into Child Sexual Abuse examined the responses of a broad range of institutions and organisations to allegations of child sexual abuse. Over 7,300 victims and survivors engaged with the work of the Inquiry, repeatedly reporting how institutions lacked appropriate policies and procedures and prioritised their own reputations, and those of individuals within them, above the protection of children. Amongst the many recommendations made, the inquiry emphasised the need for the UK government and the Welsh Government to improve data collected by children's social care and criminal justice agencies about child sexual abuse and exploitation. They stated that there should be a single core data set so that the scale and extent of child sexual abuse is more visible (Jay et al. 2022).

The Herefordshire Picture

Within Herefordshire, there is currently no multi-agency data set to give an overview of sexual offending. However, viewed together, different sources of information can help to provide an overview of the issue's scale. The data presented here come from the following sources:

- The Office for National Statistics
- Violence Against Women and Girls: Problem Profile Herefordshire
- West Mercia Rape and Sexual Abuse Support Centre

In the year ending March 2022, the violence and sexual offences crime rate in Herefordshire was higher than the average violence and sexual offences crime rate across similar geographical areas, at 32.7 police recorded crimes per 1000 population. It should be noted, however, that the Office for National Statistics group all violence and sexual offences together as a single category that includes all genders. Therefore, it is not possible to obtain an accurate comparison of specifically sexual violence offences across similar areas. This grouping of data essentially masks an accurate account of sexual violence and is in itself cause for concern.

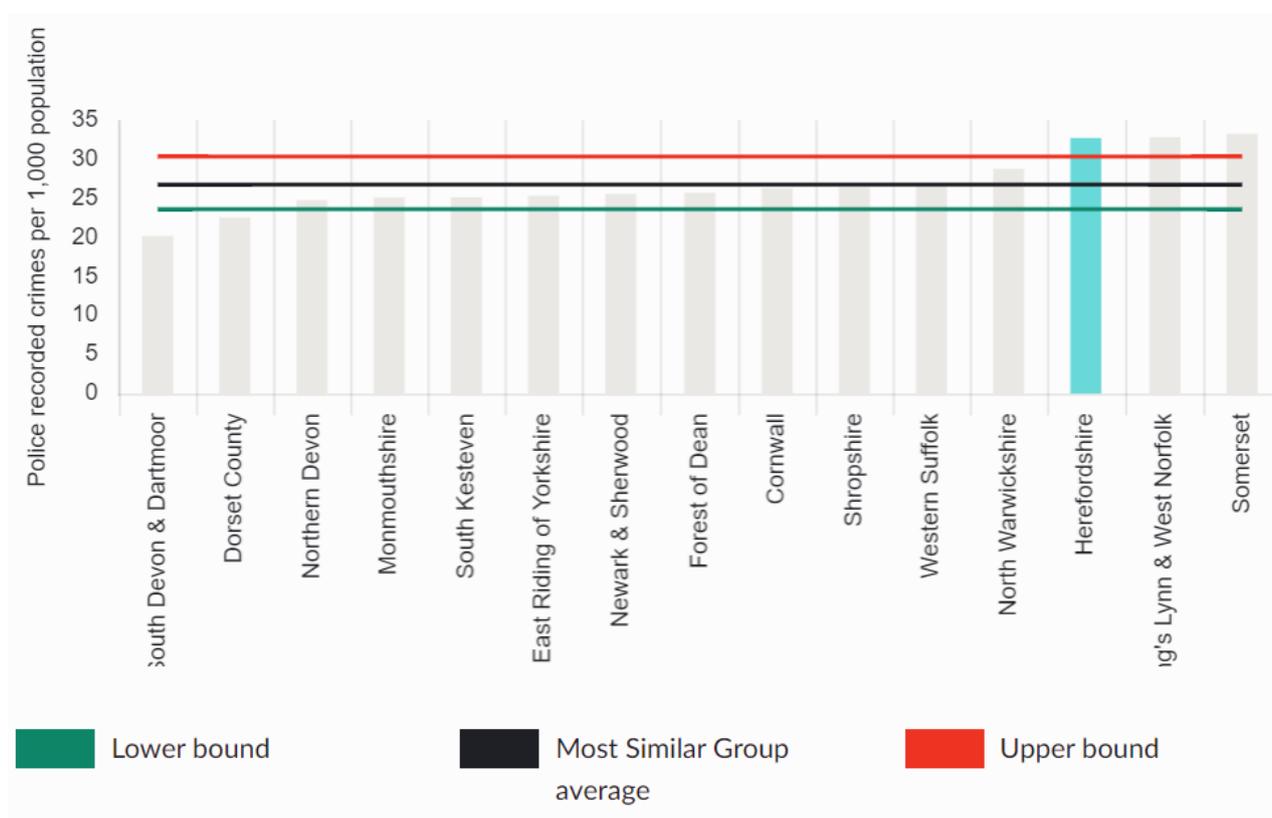


Figure 2: Violence and sexual offences in Herefordshire compared with similar areas (source: Police.uk)

The **Violence Against Women and Girls: Problem Profile Herefordshire** (West Mercia Police, 2022) presents the picture of VAWG across the four spaces of: **private, public, online and education** between 01 April 2019 and 31 March 2022. It reports that:

- 1 in 5 of all offences were VAWG

- Within all spaces, there has been a **substantial overall increase in offences post COVID-19 in comparison to pre-pandemic levels.**
- 69% of VAWG offences were recorded as occurring in a private space. This was followed by public locations at 21%.
- **1105** (17%) of VAWG offences between 01 April 2019 and 31 March 2022 were of a **sexual nature.**

These figures refer to reported offences only and therefore vastly under-estimate the true scale of the problem.

Private spaces are not accessible to the general public and include homes, gardens and offices. In such offences, parties are known to each other. **748** of the 1105 reported sexual violence offences took place in **private spaces**, such as homes, gardens and offices (17% of all VAWG offences in private spaces)

Public spaces are open or publically managed and include, for example, walkways, public transport, hospitals and venues for shopping, sports and entertainment. 20% of public space VAWG offences (273) were sexual violence between 01 April 2019 and 31 March 2022. Sexual violence offences rose in 2021/2022. The peak in offences between 20:00hrs on Saturday and 03:59hrs on Sunday mornings supports a correlation with the weekend and night time economy.

4% (22) of all **online** VAWG offences were recorded under the crime type category of sexual offences between 01 April 2019 and 31 March 2022. More than half of these involved a child under 16. Online offences are grossly under-reported, perhaps in part because they do not present an immediate physical risk.

Almost a third (47) of VAWG offences in **educational settings** (including schools, pupil referral units, colleges and universities) were of a sexual nature. Over half of these were sexual assaults of females aged 13 and over. Herefordshire recorded a 36% increase in sexual offences in places of education between 2019/2020 and 2021/2022, possibly due to increased reporting with better understanding of consensual relationships.

Less than a quarter of sexual offences recorded by police result in arrest, and outcome sexual offences result in fewer charges and subsequent convictions. In the three years between April 2019 and March 2022, an average of 22% sexual offences recorded by the police led to arrest. In 2021/2022, 8% of sexual offences that were not disposed of (regardless of when recorded), resulted in a charge. In 2021/22 36.5% of charged/summonsed sexual offences resulted in conviction. This was a decline from 2019/2020 and 2020/21 when the conviction rates were 65.5% and 64.1% respectively (West Mercia Police, 2022). There have been delays in cases being heard in court, possibly due to the impact of COVID-19 and recent barrister strikes, and this may have contributed the decline in conviction rates to a lower level than previous years. It should also be noted that conviction rates reported here refer to the current status. Due to ongoing cases, the number of convictions for the 2021/22 period are likely to increase.

Year	Arrest rate (No. of recorded offences resulting in arrest/ No. of sexual offences recorded)	Charging rate (No. of outcome offences resulting in charge/ No. of sexual offences with outcomes)	Conviction rate – current status (No. of convicted offences/ total no. of charged or summonsed offences)
2019/20	(95/476) 20%	(58/528) 11%	(38/58) 65.5%
2020/21	120/473) 25%	(39/449) 8.7%	(25/39) 64.1%
2021/22	(141/646) 22%	(52/651) 8%	(19/52) 36.5%

Table 1: Sexual violence arrests, charges and convictions in Herefordshire, 2019-2022. Note that the charge and conviction rates given are independent of the arrest rates as the denominator for the charging rate is the number of sexual offences that received an outcome (i.e. those not disposed of) (source: West Mercia Police, data request)

As already noted, data from the criminal justice system presents only the tip of the iceberg with respect to sexual violence. Estimates from the CSEW for year ending March 2022 showed that 2.7% of adults aged 16 to 59 years had experienced sexual assault (including attempted offences) in the last year in England and Wales. Using the ONS 2021 mid-year population estimate (187,000) this would equate to an estimate of **5,049 sexual violence offences** against adults aged 16 to 59 years in Herefordshire **during a one year period** (April 2021-March 2022). Whereas **only 1105 offences** in Herefordshire were actually reported for all ages **over a three year period** (April 2019-March 2022).

West Mercia Rape and Sexual Abuse Support Centre offers free specialist support to the victims and survivors of sexual violence in Herefordshire and Worcestershire. In the year 2020-21 they supported 576 victims and survivors of sexual violence in Herefordshire. The main sources of referral were police 31%, self-referral 21%, NHS 8.5%, other voluntary services 10%, local authority 11% and Sexual Abuse Referral Centre (SARC) 7.5%. For adults accessing the service, rape was the most common primary presentation. For children, the most common primary presentation was rape and assault by penetration. Of those supported by WMRSASC in 2020-21, the most common age group of clients in Herefordshire was 18-25 followed by 11-17.

In 2020-21 89% of clients were female. WMRSASC have seen very slight increases in the number of non-binary and transgender individuals accessing their service since 2018-19. A vast majority of WMRSASC’s clients in 2020-21 (86%) had not engaged with a Sexual Abuse Referral Centre (SARC), and only 33% had engaged with the police – this figure has decreased each year since 2018-19.

These data show that sexual violence is widespread in Herefordshire and yet national survey data indicate that there are many more victims and survivors who have not disclosed the crimes against them or do not know how to access suitable support services.

Our Priority Areas

This strategy is underpinned by the following national, regional and local strategies:



Our priority areas are aligned with those set out in the National strategy, 'Tackling Violence Against Women and Girls'. However, it is important to note that this strategy relates to **all** those who have experienced sexual violence and those who perpetrate it. Our **three priority areas** are:

1. Prioritising Prevention
2. Supporting Victims and Survivors
3. Pursuing Perpetrators

Priority area 1: Prioritising Prevention

What do we know?

To prevent sexual violence decision-makers, professionals and communities need to understand and address the complex root causes and ensure that action is taken at every level: individuals, families and relationships, settings, communities and the wider society. Perpetrators of sexual violence are predominantly male and victims and survivors are predominantly female. However, there is no clearly defined cause of sexual violence and outside the fact that 98% of people who report sexual abuse say the perpetrator was male, there is no such thing as a 'typical' perpetrator. Research has identified risk factors for sexual violence perpetration at the level of the individual, their relationships, their community and society at large. These include, but are not limited to: exposure to parental violence; excessive alcohol and drug use; early sexual initiation and sexual risk-taking behaviour; association with sexually-aggressive peer groups; a history of child physical and/or sexual abuse; poverty or low socioeconomic status; male sexual entitlement and hyper-masculinity; exposure to community crime and violence; social norms that are supportive of sexual violence; and, weak laws and policies related to sexual violence (Centres for Disease Control and Prevention. 2016).

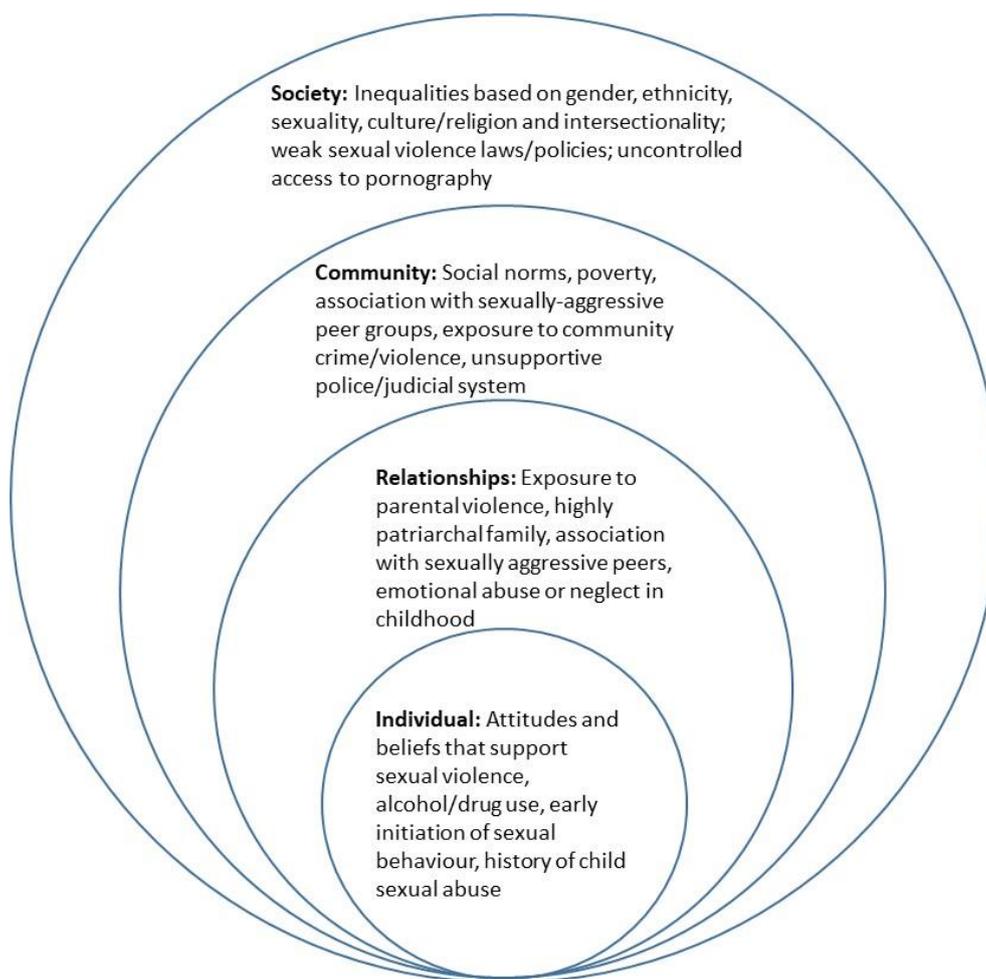


Figure 3: An ecological perspective on the factors that influence sexual violence perpetration

The following issues are critical to understanding what drives sexual violence:

1. **Power** - Perpetrators place value on claiming and maintaining power over others. An understanding of the dynamics of the abuse of power is essential for understanding the environments that can give rise to sexual violence. This is particularly important in understanding sexual violence perpetrated against children or people with impaired capacity (such as a person with intellectual disability or dementia), or where there is another type of power imbalance.
2. **Privacy** - Perpetrators encourage notions of individual and family privacy that foster secrecy and silence. Privacy and secrecy creates environments where sexual violence can

occur, increases stigma for victims and inhibits other people from intervening. This is particularly important in understanding sexual violence perpetrated against children and within families.

3. **Normalisation of violence** - The presence of physical violence in personal or family relationships and communities may increase vulnerability to experiencing or perpetrating sexual violence. This is particularly important in understanding sexual violence in the context of domestic and family violence, or within communities where violence of all kinds is common.

4. **Gender inequality** - This is considered one of the most significant underlying causes of male violence against women and girls, including sexual violence (HMG, 2021a). This manifests in the following ways:

- **Condoning of male violence against women** - including attitudes that justify violence against women, excuse violent behaviour, trivialise and downplay the impact and experience of violence, and shifts blame from perpetrators to victims and survivors.

- **Men's control of decision making and limits to women's independence** - including unequal power in relationships, understandings of masculinity that encourage male dominance and control, lack of autonomy or access to resources, and social norms and attitudes that women have lower social value than men

- **Rigid gender and stereotyped constructions of masculinity and femininity** - including sexist and stereotypical views of men's and women's roles and identities, rigid ideas about acceptable female and male behaviour, and a sense of entitlement associated with masculinity and men's treatment of women.

- **Male peer relations that emphasise aggression and disrespect towards women** - including attitudes among men that emphasise sexual conquest, encourage aggression and disrespect

towards women, and make it less likely men will stand up to their peers when faced with sexist or violent behaviour or comments.

What works?

There are a number of gaps and limitations in the evidence base around sexual violence prevention. For example, the majority of evaluations do not measure violence as an outcome and, for multi-component interventions, it is difficult to attribute outcomes to intervention components. However, a review underpinning the national VAWG strategy concluded that there is fair evidence to recommend: relationship-level interventions; alcohol reduction programmes; parenting programmes and community mobilisation interventions to change social norms and public discourse (Fulu et al. 2014).

Community mobilisation approaches are typically complex interventions that engage many stakeholders at different levels (e.g., community men and women, youth, religious leaders, police, teachers, and political leaders). They use many strategies, including group training, public events and social marketing campaigns in order to address stigma, encourage victims and survivors to seek support, encourage bystanders to take action, and to counter the normalisation of these crimes within society (Ellsberg et al. 2015).

Schools play a vital role in fostering a positive culture in which healthy behaviours are understood and harmful attitudes challenged before they escalate. The literature shows that educational interventions and bystander training (at schools, colleges and universities) can be effective at changing attitudes towards sexual violence, but there is less evidence of whether and how this results in changes in behaviour or levels of violence. In order for educational interventions to be effective, it is essential for those teaching about these issues to have appropriate training and guidance (Kettrey et al. 2019; De La Rue et al. 2014). To this end, specialist services can play an important role by complimenting the curriculum directly, via educational interventions provided to young people, and indirectly, by training teaching staff.

Priority area 2: Supporting Victims and Survivors

What do we know?

Experiencing sexual violence can have devastating and long-lasting impacts on the health, well-being and life outcomes of victims and survivors, their families and their communities. Ongoing shame and stigma within the community, driven by people claiming sexual violence is not a problem, or actively victim-blaming or condoning violence, may limit the victim's/survivor's capacity to disclose experiences of sexual violence. This is particularly true for those who are experiencing sexual violence in their family or home. These factors may also impact negatively on the victim's/survivor's ability to recover and heal from their experience. Indeed, research has shown that many women in the custodial system have experienced sexual violence repeatedly.

WMRSASC collect details of the impact sexual assault and sexual abuse has had on their clients. In Herefordshire, anxiety or panic attacks, low self-esteem, relationship problems, depression and anger or aggression appear to be the most common. The impact of sexual violence may be more complex or severe for some people due to intersecting discrimination and disadvantages that arise across social identifiers such as gender, class, ethnicity, ability, sexuality, gender identity, religion and age. These characteristics may also introduce obstacles to accessing support.

In October 2021, the social research organisation TONIC was commissioned to conduct a mental health and healthcare needs assessment for victims and survivors of sexual violence, covering Herefordshire, Shropshire, Telford & Wrekin, and Worcestershire. They reported that once victims and survivors have taken the difficult decision to access support, they can face lengthy waiting lists before their trauma is addressed. The location of services, particularly sexual assault referral centres (SARCs), makes access difficult for those in rural areas, and costly for those relying on public transport.

TONIC also reported that awareness of available services is limited amongst victims and survivors and wider support agencies, as is the understanding of who is eligible for help and how this can be accessed. Stakeholders are unaware of the many pathways that exist, making collaboration

between agencies more difficult. Although for many victims and survivors, statutory support such as GPs, IAPT (Improving Access to Psychological Therapies) services, and community mental health teams are their first port of call, they often feel their mental health and wider health needs are still not being met. Stakeholders (including service users and specialist services) report that staff lack the skills or experience needed to identify or address sexual assault and sexual abuse (TONIC, 2022).

What works?

The need for more support and support that is tailored to specific groups (e.g. based on sex, ethnicity, age, sexuality or disability) has been echoed in the findings of the call for evidence that underpinned the national VAWG strategy. Just under a fifth (18%) of their victim and survivor survey respondents reported that they did not receive professional support. Reasons they gave for this included there not being enough support in their area, having difficulties finding the appropriate support, long waiting times, concerns about 'victim blaming', and a lack of support services directed at men. A third of victim and survivor survey respondents felt that their identity or personal characteristics acted as a barrier to accessing support.

For those who received support, respondents to the victim and survivor survey were least satisfied with the service received from the police and social services. They were most satisfied with:

- Trained counsellors/psychologists;
- Independent Sexual Violence Advisers (ISVAs);
- Independent Domestic Violence Advisers (IDVAs);
- Support services (e.g. rape crisis centre or refuge); and
- Specialist service helplines.

The available research has shown that advocacy and therapeutic interventions can have positive effects on victims' and survivors' well-being. In a recent systematic review of qualitative studies participants talked about positive outcomes from therapies and interventions, such as improved physical and mental health, mood, interpersonal relationships, understanding of trauma, and

their abilities to re-engage in a wide range of areas of their lives (Brown et al. 2022). Those interventions that are most effective at supporting victims and survivors are those that are personalised to individuals, and where the goals of the advocacy are tailored to their needs (Ellsberg et al. 2015; Rivas et al, 2019; Brown et al. 2022).

In the year ending March 2020, of the victims and survivors who had experienced rape (including attempted rape) since the age of 16, only 16% nationally reported it to the police. Where a victim or survivor does come forward to report a crime, too many cases still do not progress through the criminal justice system, and many victims and survivors withdraw from the process. The Government’s End to End Review of the Criminal Justice System Response to Rape (“The Rape Review”) commenced in March 2019 and looked at evidence across the system – from reporting to the police to outcomes in court – in order to understand what is happening in cases of adult rape and serious sexual offences being charged, prosecuted and convicted in England and Wales (HMG, 2021). The Rape Review highlighted the importance of **victim support** in helping victims and survivors report crimes and remain engaged with the criminal justice system, citing a study that found those receiving specialist support were 49% less likely to withdraw from the process (HMG, 2021).

Priority area 3: Pursuing Perpetrators

What do we know?

The national VAWG victim and survivor survey respondents provided details about changes that could be made to increase the likelihood of victims and survivors reporting such crimes. These included: increasing awareness of the law and victims’ rights, making changes to the reporting process and what protection is available after a report is made, improving public understanding and education about violence against women and girls, making sure there is greater access to support, improving the Crown Prosecution Service’s response, and putting measures in place to give victims and survivors greater confidence that they would be believed and not blamed.

Once reported, the volume of sexual violence cases being referred by police, charged by the Crown Prosecution Service and subsequently going to court has declined significantly since 2016. The Government's Rape Review found that the most common reasons why rape victims withdraw from the process are: an increase in requests for personal digital information from mobile phones and social media, delays in investigative processes, strained relationships between different parts of the criminal justice system, a lack of specialist resources, inconsistent support for victims and survivors, the length of investigations and a fear of further violence (HMG, 2021b).

Victims and survivors who have reported sexual violence are frequently informed that their case will not be taken any further, often without being given any detail or explanation of the reasons why, and many are left feeling unable to deal with the stress and psychological toll of this. Many victims and survivors feel that their recovery is at odds with continuing to pursue their case (HMG, 2021c).

What works?

In line with the needs expressed by victims and survivors and evidence across the system in relation to reporting and court outcomes (HMG, 2021b), the Government has published a detailed national plan of action to improve how sexual violence is handled throughout the criminal justice system (HMG, 2021a). This includes:

- Putting in place a framework that holds each part of the system accountable for its part in driving improvements
- Ensuring every victim has access to the right therapeutic and clinical support, and the right emotional and practical support, such as an ISVA, where appropriate
- Ensuring victims and survivors of sexual violence are easily able to access and understand information about their rights. Criminal justice agencies must ensure that victims and survivors are provided with these rights and must be held to account when they do not.

The government's national action plan does not state that it is based on evidence of what works in terms of pursuing perpetrators, as this is minimal. It is based on what victims and survivors report that they need and a review of what is actually happening in the criminal justice system.

There is a strong need for evidence-based perpetrator programmes to prevent re-offending. In a context specific to domestic abuse, 'Drive' is a national project, challenging and supporting perpetrators to change. Service providers deliver the intervention in local areas, in partnership with local specialist domestic abuse organisations. A three-year independent evaluation concluded that Drive decreased the proportion of domestic abuse perpetrators using sexual violence from 17% to 2% in a group of 506 service users (Hester et al. 2020).

However, in other contexts, there is little evidence regarding what works with perpetrators of sexual violence, and further research is required to understand and respond to perpetrators effectively. Local interventions should therefore be introduced in a small-scale experimental manner with robust evaluation of their effectiveness embedded.

Action Plan

Our vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence

We are committed to:

- Working together to prevent sexual violence
- Increasing community awareness of sexual violence, challenging victim blaming language and behaviours and believing victims and survivors
- Challenging attitudes that lead to sexual violence (e.g. gender inequality) by working with community settings such as schools and businesses
- Listening to victim and survivor voices to inform development and delivery of services
- Ensuring that all victims and survivors can, and know how to, access specialist support when and where they need it. Lifelong support should be available and responsive to triggering life events.

- Coordinating efforts so that different parts of the service system work together
- Creating care pathways for all victims and survivors regardless of whether or not they report the crimes against them
- Reducing barriers to reporting sexual violence
- Improving support and choice for victims and survivors as they navigate the criminal justice system
- Holding perpetrators to account and providing perpetrator programmes to reduce re-offending

Our action plan is focussed on our three priority areas: **Prioritising prevention, supporting victims and survivors** and **pursuing perpetrators**.

Action Plan: this is a dynamic document and will be taken forward and further scoped from April 2023. Reporting will be at each meeting of the Sexual Violence Sub-Group

PRIORITY AREA 1: PRIORITISING PREVENTION				
Aim	How?	Who?	When?	Measure of success
1. Increase awareness and understanding of sexual violence and its drivers amongst professionals and the community	Develop a communications plan to: <ul style="list-style-type: none"> • Increase public and professional awareness of sexual violence perpetrated by males, in order to challenge rape culture, victim stigma and encourage societal change • Communicate how victims/survivors can access support • Promote bystander training in workplaces Develop a repository of messages and videos to be shared via social media channels Ensure that all communications are inclusive and that the repository includes messages tailored to audiences with characteristics that may inhibit access to services (e.g. LGBTQIA+, language and cultural diversity, disabilities, men)	Action Owner: Herefordshire Council Public Health Team and Comms Team Action Partners: WMRSASC Women’s Aid Herefordshire Women’s Equality Group	Year 1 (April 2023 - March 2024)	Engagement with messages via social media (e.g. watches, likes, shares, re-tweets)
2. Challenge the myths, stereotypes and attitudes, that lead to sexual violence and stop people speaking out				Increased uptake of support services
				Increased representation of those with protected characteristics amongst those who access support
				Increased reporting to police
3. Strengthen the capacity of educational settings, workplaces, leisure and entertainment venues	Compile a menu of recommended bystander training for employees and ascertain capacity available to increase training provision	Action Owner: Herefordshire Public Health Team Action Partners:	Year 1 (April 2023 - March 2024)	Increased uptake of bystander training by employees in educational settings, workplaces, leisure and entertainment venues

to prevent sexual violence	Distribution of training menu using communications plan to promote increased uptake of training Ensure that all training delivered is evaluated	Public Sector organisations Chamber of Commerce Federation of Small Businesses Night time economy partners using existing networks Herefordshire Council Education, Skills and Learning Team Commissioned providers		
	Increase the number of Herefordshire employers signed up for White Ribbon accreditation each year	As above	Year 1 (April 2023 - March 2024)	
4. Ensure that families, children and young people have access to educational resources on consent, healthy, respectful relationships and sexual violence	Conduct an audit of activities and related spend already being undertaken with children and young people and identify where further resource and capacity is required, for discussion across the system	Action Owner: Public Health Team Action Partners:	Year 1 (April 2023 - March 2024)	Increase in the number of educational settings receiving activities in relation to sexual violence prevention

	<p>Understand and address the development needs of those who teach Personal, Social, Health and Economic Education (PSHE) and increase uptake of specialised training courses, ensuring these are evaluated.</p> <p>Utilise experts in sexual violence to deliver education to children, complimenting increased teacher knowledge and skills</p>	<p>PHSE delivery workforce</p> <p>WMRSASC</p>		<p>Increased skills and confidence of staff teaching PSHE in educational settings</p>
<p>5. Address harmful sexual behaviour in schools</p>	<p>Provide guidance and training to schools regarding risk assessment and safeguarding procedures. Enable school staff to recognise and address sexual violence that is often dismissed as ‘banter’ or ‘experimentation</p> <p>Ensure that perpetrators identified receive risk assessments and interventions</p>	<p>Action Owner: Herefordshire Council Education Skills and Learning Team</p> <p>Action Partners: Herefordshire Council Public Health Team Purple Leaf</p>	<p>Year 1 (April 2023 - March 2024)</p>	<p>Increase in uptake of guidance and training by schools, and positive evaluation of training.</p>

PRIORITY AREA 2: SUPPORTING VICTIMS AND SURVIVORS				
Aim	How?	Who?	When?	Measure of success
1. Ensure that all services are working from trauma informed perspectives, are equipped to meet diverse and complex needs and are able to provide women only options	Ensure that all commissioned services are trauma informed	<p>Action Owner: Herefordshire Council Public Health Team</p> <p>Action Partners: Service commissioners and providers across the system including the ICB</p>	Year 2 (April 2024-March 2025)	Incorporation of requirement for trauma informed practice to all commissioned service specifications
2. Ensure that all victims/survivors of sexual violence are believed and supported to recover	Build on the TONIC review to complete a commissioning review to understand: <ul style="list-style-type: none"> - Current commissioning arrangements for sexual violence support services - Commissioning priorities - Budget available in the 23 – 28 planning period of this strategy; potential for budget pooling and joint commissioning to meet rising demand for services 	<p>Action Owners: NHS England</p> <p>West Mercia Police and Crime Commissioner</p> <p>Action Partners: NHS England</p>	Year 2 (April 2024-March 2025)	Waiting lists for support minimised
3. Ensure that survivors have choice in their support options and that these are timely, integrated and client focused	Working with commissioners and providers, ensure that all NHS services can articulate the offer for survivors and play a part in delivery	ICB Herefordshire and Worcestershire		Directory of service provision agreed, produced and circulated amongst partners
	Produce a directory of referral pathways to support services in Herefordshire and increase awareness of the range of support options	Herefordshire Council Public Health Team		Clearer understanding amongst stakeholders, commissioners and providers about the nature of service provision (mental health

	available to meet the needs survivors and their families via the communications plan			and specialist support services) and eligibility for these services
4. Increase the capacity of both specialist SV and mainstream services to be more responsive to the needs of victims/survivors	<p>Specialist support services to work collaboratively with GPs, IAPT and community mental health teams, sharing best practice between services</p> <p>Feedback should be regularly sought from service users in order to be responsive to their needs and drive improvement</p> <p>Explore development of peer support networks which can be used as a 'step down' from formal support</p>	<p>Action Owner: WMRSASC</p> <p>Action Partners: Service providers, including:</p> <p>Primary Care</p> <p>IAPT</p> <p>Community Mental Health Teams</p> <p>Service commissioners, including Herefordshire and Worcestershire ICB</p>	Year 1 (April 2023 - March 2024)	Service-user suggestions for improvement regularly considered and adopted
5. Ensure that where sexual harm has happened between children, that steps are taken to support and protect the victim/survivor, the person accused of harmful sexual	Conduct an audit of processes currently in place in schools to understand what is being implemented to protect and support victims and to provide assessment and intervention to young people exhibiting harmful sexual behaviour.	<p>Action Owner: Herefordshire Council Education Skills and Learning Team</p> <p>Action Partners: Herefordshire</p>	Year 1 (April 2023 - March 2024)	Guidance and training is delivered and implemented in Herefordshire educational settings

behaviour and others within the group/setting	Provide guidance and training to schools regarding risk assessment and safeguarding procedures in the event of an allegation to ensure that human rights are not breached by allowing victims to come into contact with a person who has exhibited harmful sexual behaviour towards them	Council Public Health Team Herefordshire Council Children's Social care Purple Leaf		
6. Ensure that all children/young people who are displaying problematic/harmful sexual behaviour receive assessments and intervention programs				

PRIORITY AREA 3: PURSUING PERPETRATORS

Aim	How?	Who?	When?	Measure of success
<p>1. Ensure a multi-agency approach to assess and address barriers to victims and survivors reporting sexual violence and accessing justice responses</p>	<p>As part of communications plan:</p> <ul style="list-style-type: none"> - Improve public understanding and education about sexual violence - Increase public awareness of the law and victims’ rights - Increase victim/survivor confidence that they would be believed and not blamed 	<p>Action Owner: Herefordshire Council Public Health Team and Communications Team</p> <p>Action Partners:</p> <p>WMRSASC</p> <p>Women’s Aid</p> <p>Herefordshire Women’s Equality Group</p> <p>West Mercia Police</p>	<p>Year 1 (April 2023 - March 2024)</p>	<p>Increase in the proportion of sexual violence victims/survivors reporting crimes (this may be indicated by a greater reporting rates amongst those accessing specialist support services)</p>
	<p>Implement recommendations of the national Rape Review to make changes to the reporting process and what protection is available after a report is made</p> <p>Emphasise the need for cases involving sexual violence to be fast-tracked through the CPS & Court system</p>	<p>Action Owner: West Mercia Police Strategic Vulnerabilities Team (HQ)</p>		<p>Increase in proportion of reports resulting in justice responses</p> <p>All those engaging with the criminal justice system offered support from ISVAs and Specially Trained Officers (STOs)</p>

<p>2. Ensure that changes in all laws that pertain to sexual violence are circulated widely within multi-agency settings</p>	<p>Regular review of legislation and update to be given at multi-agency meetings and circulated amongst wider partners</p>	<p>Action Owner: Community Safety Partnership Officer</p> <p>Action Partners: Herefordshire Council Public Health Team and Communications Team</p> <p>Service commissioners and providers</p> <p>West Mercia Police</p>	<p>Continuous (April 2023-March 2028)</p>	<p>Timely circulation of changes in relation to sexual violence legislation</p>
<p>3. Provide and strengthen interventions that help perpetrators of sexual violence to take responsibility for their actions and change their attitudes to prevent re-offending</p>	<p>Ensure behaviour change interventions are in place for adults and children and young people who have perpetrated sexual violence or displayed harmful sexual behaviours and referral pathways are clear</p> <p>Interventions should meet the needs of those with dual experience of harming and having been harmed</p> <p>Interventions should be subject to careful evaluation</p>	<p>Action Owner: West Mercia Police</p> <p>Action Partners: WMRSASC/Purple Leaf (for children and young people)</p> <p>Probation Service</p> <p>Youth Justice Service</p>	<p>Year 1/2 (April 2024-March 2025)</p>	<p>Evidence-based interventions provided to all perpetrators</p> <p>Decrease in re-offending</p>

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Appendices

Appendix 1. Definitions

Rape

The legal definition of rape is when a person intentionally penetrates another's vagina, anus or mouth with a penis, without the other person's consent. Assault by penetration is when a person penetrates another person's vagina or anus with any part of the body other than a penis, or by using an object, without the person's consent.

Sexual harassment

Sexual harassment is any unwelcome conduct of a sexual nature that is carried out either to offend, humiliate or intimidate another person, or where it is reasonable to expect the person might feel that way. It includes uninvited physical intimacy such as touching in a sexual way, uninvited sexual propositions, and remarks with sexual connotations.

Pressure or coercion into sexual activity

Sexual coercion is unwanted sexual activity that happens when someone is pressurised, tricked, threatened, or forced in a nonphysical way. For example:

- Being worn down by someone who repeatedly asks for sex
- Being lied to or being promised things that were not true to trick someone into having sex
- Being threatened with a relationship ending or spreading rumours about you if you do not have sex with them
- Having an authority figure use their influence or authority to pressure you into having sex

Adult sexual exploitation

Adult Sexual Exploitation is a form of sexual abuse that involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence. Perpetrators usually hold power over their victims, due to age, gender, sexual identity, physical strength or status.

Adult sexual exploitation can describe a one-off situation between two adults, or it may include instances of organised crime where a number of adults are trafficked and sexually exploited.

Adults can be sexually exploited in many ways. Examples include:

- rape
- sexual assault
- being tricked or manipulated into having sex or performing a sexual act
- being into, out of, or around the UK for the purpose of sexual exploitation (i.e. prostitution)
- being forced to take part in or watch pornography
- being victim to revenge porn (when a previously taken video or photograph, which was taken with or without consent, is shared online)

Trafficking for the purpose of sexual exploitation

Trafficking for sexual exploitation also referred to as sex trafficking, is the illegal trafficking of humans for the purposes of sexual exploitation. 94% of victims of sexual exploitation are women and girls. Women who lack access to resources, such as housing, land, property, and inheritance, are at increased risk. Homeless people, LGBTQ+ people, migrants, and marginalized racial, ethnic, and socially excluded communities, are more likely to lack access to such resources and be at greater risk, due to the additional levels of discrimination they face in their intersectional identities.

Drug assisted rape (including spiking)

Drug assisted rape is when drugs or alcohol are used to compromise an individual's ability to consent to sexual activity. In addition, drugs and alcohol are often used in order to minimise the resistance and memory of the victim of a sexual assault. Many different drugs are used to incapacitate a person or make them vulnerable to a sexual attack, however the most common is alcohol.

Intimate partner sexual violence

Intimate partner sexual violence refers to the perpetration of sexual acts without consent in intimate relationships (including by cohabiting and non-cohabiting partners, spouses or dates). It may involve physical force or psychological/emotional coercion, unwanted sexual acts, or tactics used to control decisions around reproduction.

Institutional or Organisational sexual abuse

This term is used to describe child sexual abuse that takes place in any non-family setting where people are in positions of trust and power over children or vulnerable adults, for example:

- Places of education or childcare, such as nurseries, playgroups, schools and colleges
- Places of worship and places where religious texts are studied or taught
- Sports clubs and training programmes
- Other activity/social clubs, groups and organisations, such as music groups and youth clubs
- Youth justice centres, including young offender institutions, secure training centres and secure children's homes. These are places where people under the age of 18 are sent if they've committed a crime and are sentenced to custody.
- Residential care, such as children's homes, residential schools and hostels. These are places where children or young people can be sent after being removed from their own homes.
- Residential Care homes.

Technology facilitated sexual abuse (including sexting, sexual abuse via social media and online technology and image based sexual abuse)

Technology-facilitated sexual violence is a range of behaviours where digital technologies are used to facilitate both virtual and face-to-face sexually based harms. This can include unwanted sexting, cyberstalking using mobile phones and social media technology, harassing and repetitive text messages or phone calls of a sexual nature, using technology to record sexual activity without consent, creating fake sexual images or videos, and sharing sexual images or video without consent of those involved (often called image-based abuse).

Up skirting

Up skirting is a highly intrusive practice that typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear). Up skirting can result in the most serious offenders being placed on the sex offenders register. The Voyeurism (Offences) Act, which was commonly known as the Up skirting Bill, came into force on 12 April 2019.

Stealthing

"Stealthing" is the practice of a man removing a condom during sexual intercourse without consent.

Child sexual abuse

Child sexual abuse is sexual activity that happens to a person under the age of 18 and is unwanted or involves pressure, manipulation, bullying, intimidation, threats, deception or force.

Child sexual abuse can:

- Include sexual activity where there is no physical contact. For example, taking sexual photos/videos of children, or involving them in looking at sexual images or watching sexual activity.
- Happen in person, online or over the phone
- Be carried out by an adult or another child

In England and Wales, there are legal definitions for many forms of sexual violence, including rape, sexual assault and indecent exposure, but there is not one for 'child sexual abuse' as a whole. Instead, the Sexual Offences Act 2003 gives legal definitions for a number of different offences involving children and young people.

These include:

- Rape and other offences against children under 13.
- So-called Child sex offences.

- Offences involving an abuse of position of trust
- So-called familial child sex offences
- Offences involving indecent photographs of children.
- Offences involving the Sexual exploitation of children.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (HMG 2016).

Grooming

Grooming is a form of sexual abuse whereby an abuser builds a false relationship or connection with a child, young person or adult to gain power or control over them. They do this so that they can carry out another form of sexual abuse, for example, sexual assault or rape. Grooming can take place in person or online, and be carried out by a stranger or someone that the victim or survivor knows. The abuser may:

- Pretend to be in a romantic or loving relationship with the victim or survivor
- Act like an authority figure – someone who the victim or survivor should respect, listen to and do as they say
- Pretend to be a mentor – someone who is looking out for them, advising them or giving them help
- Be controlling, demanding and/or constantly in contact with the victim or survivor or not leaving them alone

Grooming happens in stages and it is not always easy to identify. Examples of grooming tactics include an abuser:

- Asking the victim or survivor to keep secrets from other people.
- Buying the victim or survivor gifts or taking them on trips or days out.
- Giving the victim or survivor lots of attention or being really 'nice' to them.
- Cutting the victim or survivor off from their family or friends.
- Once an abuser has sexually abused a child or young person once, they might use this fact in order to threaten the child or young person and make it easier for them to carry out more abuse.

Child on child sexual abuse (peer abuse)

Peer on peer sexual abuse describes any type of sexual abuse that is perpetrated by a child or young person (under 18) towards another child or young person (under 18). This can take place in any context and within any type of relationship between the children and young people affected, for example, families, friends, acquaintances or strangers.

Harmful & Problematic sexualised behaviours

Harmful and problematic sexual behaviour is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour. It can be displayed towards younger children, peers, older children or adults, and is harmful to the children and young people who display it, as well as the people it is directed towards. (NSPCC, 2022).

Inter-familial sexual abuse

This is child sexual abuse that happens within a family home or family setting. The person carrying out the sexual abuse could be:

- A family member of the child

- Someone else who the child regards as their family or who is close to the child, for example, a step-parent, a close family friend, a babysitter, a child-minder etc.

When people think about child sexual abuse happening in families, they often think about it being carried out by adults. It is also very common for familial child sexual abuse to be carried out by children or young people under the age of 18 (RCEW 2022).

Child & forced marriage

The definition of a Forced Marriage is "when one or more parties do not consent to the marriage or consent is obtained using duress". Child marriage refers to any formal or informal marriage of a child under 18 years of age. Child marriage has long-term consequences for girls, including social isolation, domestic violence and complications in childbirth, as a result of a child's under-developed body. Child marriage is widely recognised as a violation of a child's human rights and is prohibited by international law. It continues to deprive girls of their basic and equal rights to health, education and development (Forward 2022)

Female Genital Mutilation

According to the World Health Organisation, female genital mutilation (FGM) comprises "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons." FGM can cause long-lasting physical, emotional and psychological trauma, and in some cases, death. FGM is a form of child abuse and an abuse of female adults (usually categorised under honour based violence) and causes long lasting physical and psychological damage. It can also be known as Female Circumcision and Female Genital Cutting. FGM has been illegal in the UK since 1985 (Prohibition of Female Circumcision Act 1985). The Female Genital Mutilation Act 2003 set the maximum penalty for FGM to 14 years imprisonment and made it a criminal offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where FGM is legal.