University of BRISTOL

An Integrated Approach to Supporting Survivors of Violence

Professor Marianne Hester OBE

Centre for Gender & Violence Research

NICE guidelines – but just DVA

- **National Institute for Health and Care Excellence (NICE) guidelines on 'domestic violence and abuse: multiagency working'**
- comprehensive list of evidence-based recommendations for health and social care professionals
- Includes: 'asking about DVA', training, recognising needs of different groups (e.g. adults, children, BME, LGBT)

CMO report

- The areas not covered elsewhere:
- **Sexual violence**
- ‘Honour’ based violence
- Modern slavery
- Lesbian and bisexual women
- Women in prison
- Sex work
- Irregular migrants and asylum seekers

NICE DVA guidelines – relevance for sexual violence

- creating a **safe environment in healthcare settings that encourages disclosure** of violence (NICE DVA recommendation 5),
- **asking about** violence (NICE DVA recommendation 6),
- providing **referral pathways to specialist GBV services**,
- including GBV in **undergraduate and postgraduate training and continuing professional development** (NICE DVA recommendation 17).

Sexual violence impacts

- About 2.7% of women had experienced some form of sexual assault in the past year (2014/2015 - CSEW).
- Individuals with severe mental health problems 2.9 times more likely to have experienced sexual violence in past year
- Potentially devastating impact on physical and psychological health, work, relationships etc
- Increased drug misuse, and self-harm

What women want – the evidence suggests:

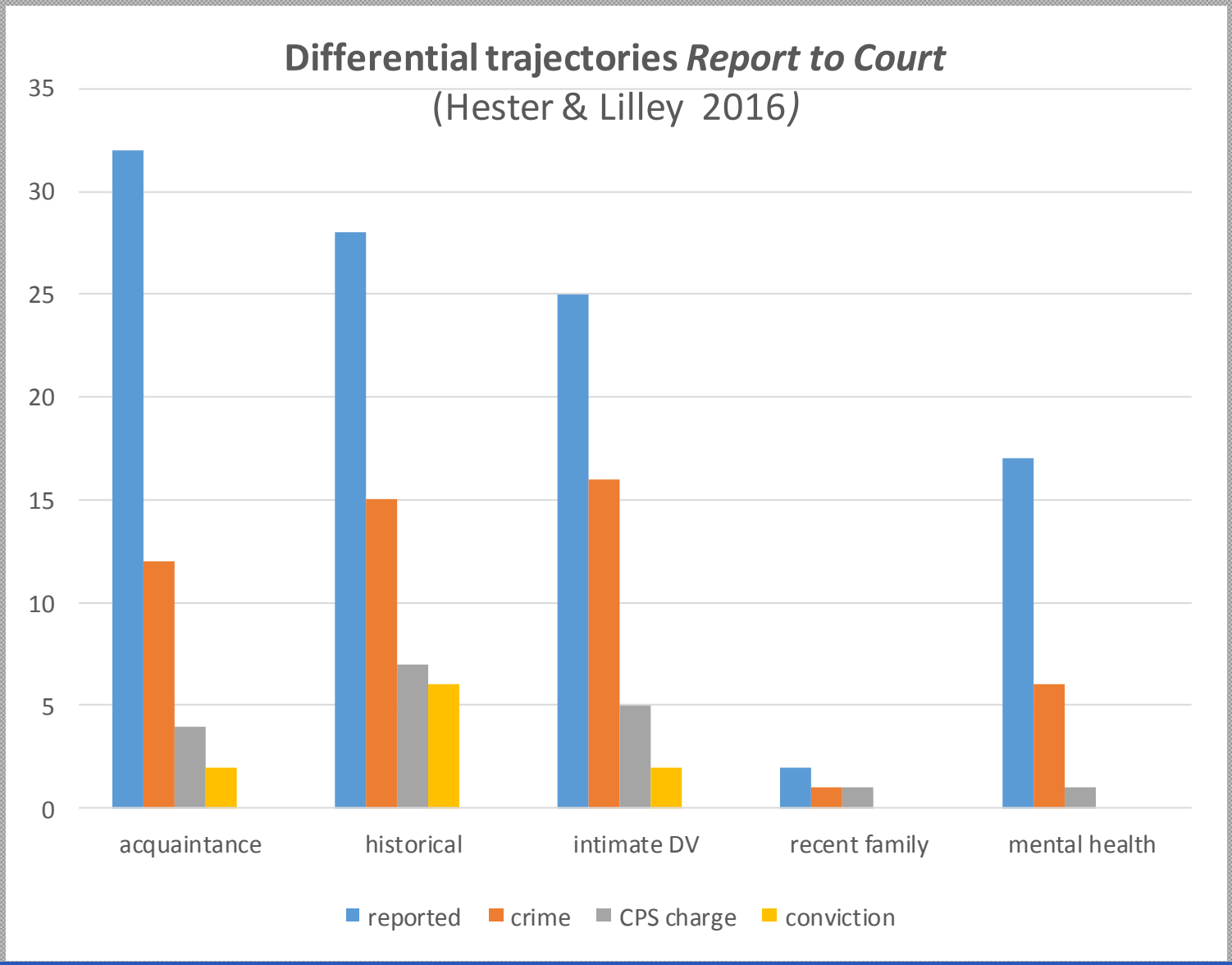
- women want health professionals to take more time to identify the root cause of their symptoms rather than respond by prescribing drugs
- women prefer to seek help from and speak more highly of specialist violence against women services that ‘plug the gap’ in mainstream healthcare provision.
- This highlights that there are two aspects of provision that the statutory sector must provide – those that relate to **improved generic statutory services** such as health care, **and those that are specific to VAW.**

(VAW Briefing Nov 2016)

Sexual violence services

- Specialist (empowerment/ whole person):
  - RCC - 50,000 ongoing service users
  - SARC – 41 across UK (statutory – ‘hub’)
  - ISVA – 251 across England & Wales

- Generic (medical/symptomatic approaches)
  - Mental health services – counselling, psychological & psychiatric support


Differential trajectories *Report to Court*
(Hester & Lilley 2016)
35
30
25
20
15
10
5
0
acquaintance
historical
intimate DV
recent family
mental health
reported
crime
CPS charge
conviction

Victim/ survivor needs

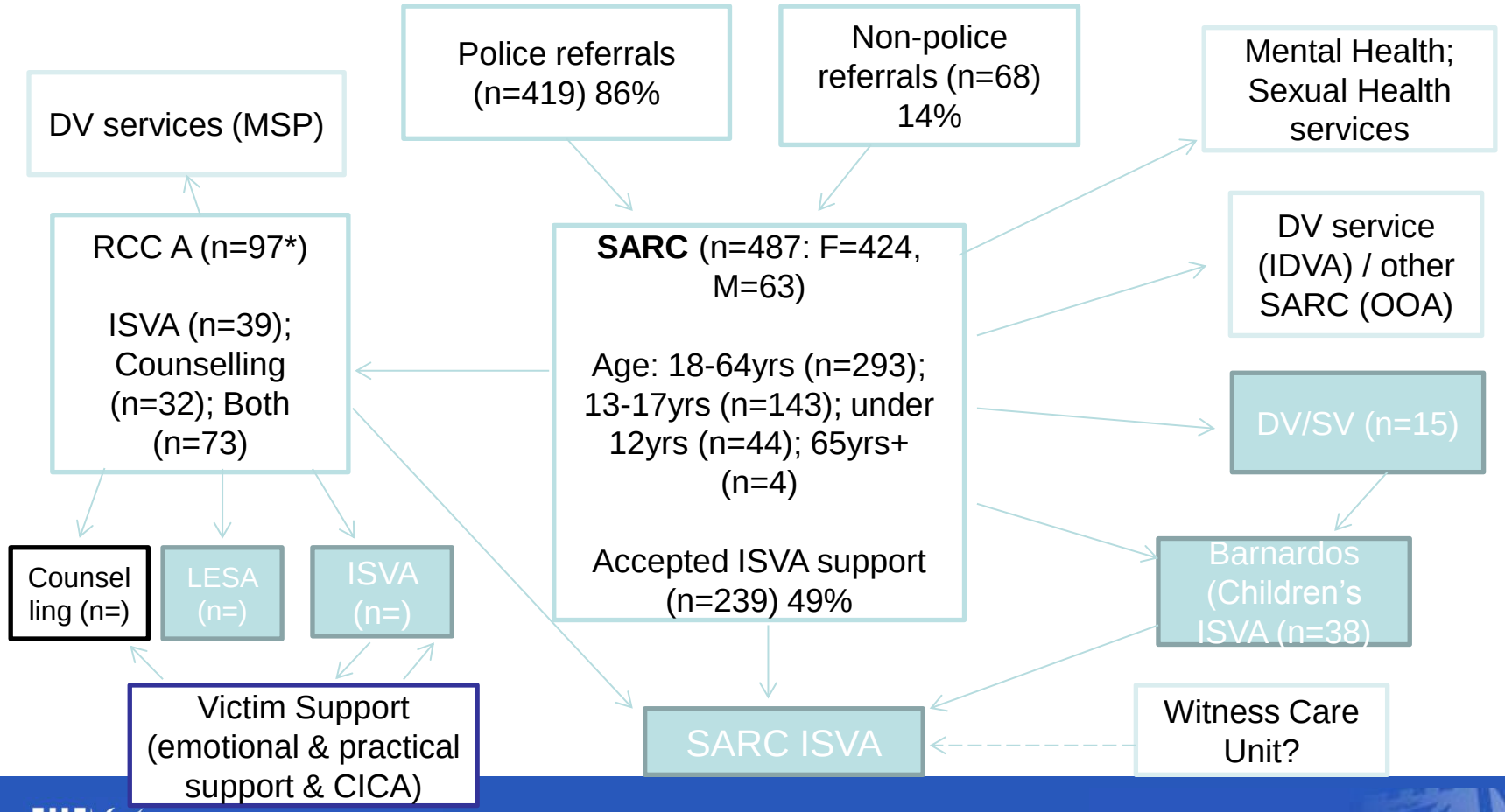
Varies greatly at different stages of (often protracted) journey from victim to survivor:

- **Disclosure** to family/ friends/ GP etc
- **Report** to police or via GP etc
- **CJS** process and **post-court**

Needs also linked to different ‘types’ of sexual violence:

- Historical CSA
- In DVA context
- Acquaintance/ stranger

SV referral pathways (Hester 2015)



FINDINGS – *specialist services*

- Specialist sexual violence services were **crucial to all of the victims/survivors** in providing the mix of counselling (as adult or child), support in court and practical help they (and quite often their families) needed.
- Also, specialist services were **able to provide a changing mixture of targeted support** as and when the victim/survivors' needs changed, for instance to increase counselling support when they were feeling more depressed/suicidal, and ISVAs to support them through the often drawn out criminal justice process.

(Hester & Lilley 2015)

FINDINGS – *specialist services*

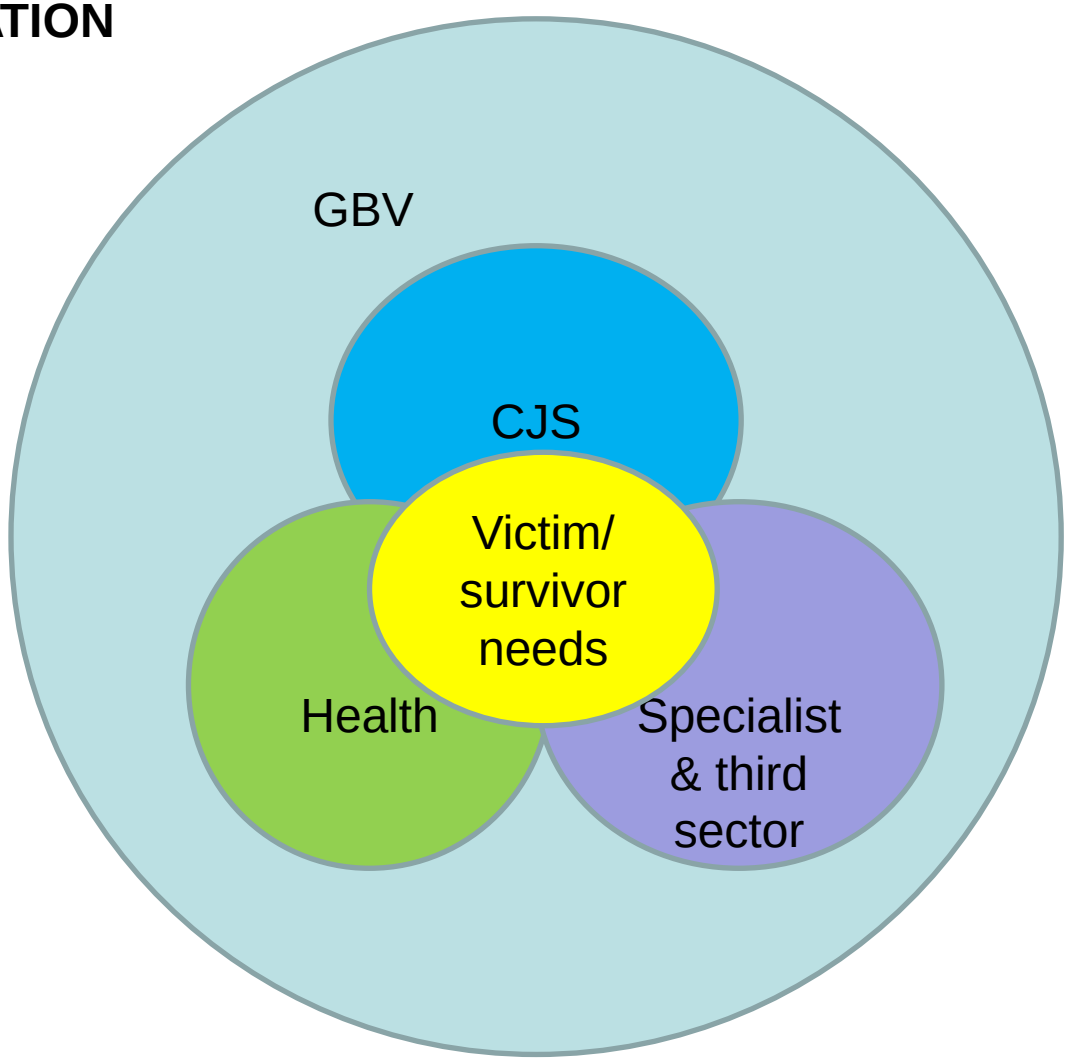
- While police responses were inconsistent and at times negative, the **specialist sexual violence services provided the only 'safe space'** where disclosure and support tended to be **consistently positive**.
- specialist sexual violence services used the skills of **'enabler', 'holder', and 'mender'** - underpinned by detailed knowledge and understanding of the specific impacts of sexual violence and how sexual violence impacts individuals and families, combined with a range of skills and roles within and across services, and the possibility of quick referral between them.

Conclusion

- ISVA and other specialist sexual violence services provide **crucial** and **sophisticated** support, and possibly a greater number of convictions
- **Multi-agency and integrated approach** makes victims/survivors feel better / enable them to recover.

- **Commissioners** should focus on victim/ survivor needs
- **Commissioners** need to include RCCs and ISVAs as well as SARCs in the mix of sexual violence services.
- **Generic services** need to ask about sexual violence and work directly with the issue.

INTEGRATION



- Hester, M (2013) *From Report to Court: Rape cases and the Criminal Justice System*. Bristol: University of Bristol and Northern Rock Foundation
- Hester, M & Lilley, S-J (2015) *More than Support to Court*. Bristol: University of Bristol and Northern Rock Foundation
- Hester, M. & Lilley, S-J (2016) Rape investigation and attrition in acquaintance, domestic violence and historical rape cases. *Journal of Investigative Psychology and Offender Profiling*, 1–14. doi: 10.1002/jip.1469
- Hester & Feder (2015) Gender-based violence against women. In Davies, SC, *Annual Report of the Chief Medical Officer, 2014, the health of the 51% women*. London: Department of Health.