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Rape and indecent assault: incidence and service provision in Southwark

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Rape and indecent assault: Incidence and service provision in Southwark

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Report commissioned by the Serious and Violent Crime Sub-Group of the Safer Southwark Partnership, London Borough of Southwark.

August 2003

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The views expressed in the study are solely those of the authors and do not represent the views of the Safer Southwark Partnership or any other agency in Southwark.

This report was commissioned by the Serious and Violent sub group of the Safer Southwark Partnership so as to fill a gap in their existing analysis on crimes related to sexual offending in the borough of Southwark. The research project ran for three months, from April to July 2003. Research was carried out by Dr. Kathryn Curran and Dr Andrew Millie, research fellows at the Criminal Policy Research Unit, South Bank University, London.

This research will also contribute to a Best Value Review that is currently being undertaken in the London Borough of Southwark on community safety, due to be completed in September 2003.

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There is a tremendous amount of enthusiasm among Southwark professionals for raising public awareness about the devastating consequences of sexual offences and ameliorating service provision for victims and perpetrators of sexual offences. We hope that this report will help consolidate views among those working in this field and provide some helpful suggestions as to how we might move forward.

Dr. Kathryn Curran

Dr. Andrew Millie

August 2003

1. Introduction

This study took place over a three month period, from April-July 2003 and had two broad aims:

1. To examine **the extent and nature of sexual assault** in Southwark, with a particular focus on sexual offences and young people, rape and indecent assault
2. To identify the **availability and effectiveness of current service provision** for victims and perpetrators in Southwark.

Linked issues were the provision of sexual assault prevention work and the availability of domestic violence services. Reported sexual offending in Southwark was compared to national trends for context. The study also sought to understand more fully the circumstances surrounding sexual offending in the borough, including the relationship between victim and perpetrator. Additionally, the relationship between sexual offending and offending in other crime categories was examined.

Although relatively rare, sexual offending can have an impact on a community's sense of well being. The Southwark Crime and Disorder Audit (2001) identified a strong link between the fear of crime and the fear of sexual assault. At that time, sexual assault accounted for about 1% of all crime, approximately 400 offences each year.

Methodology

This study was based on quantitative analysis of available data and of qualitative one-to-one interviews with key informants. Additionally, a focus group was held for seven police personnel involved in work relating to sexual offending in Southwark.

Qualitative methods

The first stage of the research involved locating key individuals who may have a working knowledge of the issues surrounding this research. We then arranged interviews with those individuals. In three cases, when interviewees were unable to meet for an

individual interview, their responses to set questions were gathered from e-mail correspondence and telephone interviews.

In the initial stages of the research, we conducted a focus group with police in an attempt to identify the key issues as quickly as possible. Thereafter, our methodology principally involved one-to-one interviews with key individuals working within the areas defined by the aims of the research.

In addition to conducting interviews, our research was supplemented by a local literature search, attendance at a conference on LGBT issues and an informal survey that we circulated among children in local care homes.

Who was consulted?

Forty individuals from key agencies across Southwark who worked in areas connected with the area of sexual offending were consulted for this study. These included members of Metropolitan Police in Southwark (child protection team, Sapphire team, partnership team, analysts), probation, Southwark Youth Offending Team, Southwark (Children's) Social Services, residential care home staff, LGBT (Lesbian, Gay, Bisexual, Transgender) community members, Bede House Project, counselling and clinical staff working in agencies dealing with victims (King's Hospital, The Haven, Maudsley Hospital, Streetwise Youth, Barnardos, STOP project, KeepSafe Project). We have consulted two forensic psychiatrists and one forensic psychologist working in the borough. In total, we conducted thirty one-to-one interviews, three telephone interviews and one focus group of police personnel (seven).

Due to time limitations and focus of the research, we did not have the opportunity to interview either actual *victims* or *perpetrators* of sexual offending. Our main approach was to gather data on the circumstances surrounding sexual offending in Southwark and carrying out interviews with professionals involved in the provision of services for these respective groups.

Quantitative methods

Quantitative analysis centered on police data made available by the Borough Intelligence Unit (BIU) at Southwark Police Station. This provided an overview of the

situation in Southwark. Metropolitan Police area figures and national statistics from the Home Office were also analysed for comparison. Interpretation of these figures comes with the caveat that police data are only a reflection of reported incidence. Additional statistics were provided by 'The Haven' and by Southwark Victim Support that include some referrals that have not been reported to the police; however, these too will only tell part of the story.

The nature of sexual offences

This section describes some key, general characteristics of the offences of indecent assault and rape.

Indecent Assault

It is an offence for a person to make an indecent assault on a woman. S14 (1) Sexual Offences Act 1956). Indecent assault against a woman can sometimes simply involve 'groping' or 'fumbling', but it can also involve for example, serious sexual violence against women that will come into the category of indecent assault rather than rape.

Indecent assault on a man is a separate offence (S15 (1) Sexual Offences Act 1967) but is broadly analogous in scope.

Rape

In England and Wales, rape refers to the non-consensual vaginal or anal penetration of a penis, of a woman or a man. The term 'rape' also includes all serious sexual offences defined as rape, buggery, indecent assault involving oral sex, the use of instruments, or the exercise of violence (including attempts) and other circumstances deemed to be especially serious by an investigating officer (Project Sapphire Strategy, 2003).

It is well established that rape is a common but largely unreported phenomenon. It is estimated that one in four women have been raped at some point in their lives (Bowyer and Dalton, 1997 cited in Kerr *et al*, 2003) and British Crime Survey data indicates that it is the crime that young women fear the most (Hough, 1995). The highly traumatic nature of serious sexual offences such as rape is equally well documented. It is estimated that post-traumatic stress disorder occurs in up to 80% of rape victims (American Academy of Pediatrics, 2001:1478).

Perpetrators

Sexual victimisation occurs most often in intimate relationships. Women are most often victimised by men that they know; according to the BCS, 8% of rapes were 'stranger' rapes and that attacks by men who were the victim's current partner at the time of the incident accounted for 45% of all cases.

The close emotional relationships that exist between victim and perpetrator often mean that victims are less likely to report the offences to the police or want to pursue a prosecution. According to the BCS, police are twice as likely to find out about incidents involving strangers than incidents involving almost any other perpetrator (Myhill, 2002). This occurs even though although assaults by an intimate partner are more likely to result in injury and may led to repeat victimisation (Mirlees-Black, 2002). Under-reporting within the area of sexual offences is a large scale problem - it is estimated that the police never come to know about four fifths of adult sexual victimisation (ibid: 2002).

Explanations for under-reporting sexual offences to the police are known to include:

- Not naming the event as rape oneself
- Not thinking that the police/others will define it as rape
- Fear of disbelief
- Fear of blame
- Distrust of the police and the courts
- Fear of the court process and public disclosure
- Fear of family and friends knowing
- Fear of further attack and intimidation
- Threats by offender/his family
- Divided loyalty in cases involving one's ex partner/intimates and family members
- Language communication issues for disabled women and migrant women (Kelly, 2002:9)

There are also particular issues surrounding under-reporting that are more accentuated in the Lesbian, Bisexual, Gay, Transgender (LGBT) community, notably, the fear of being 'outed' by a partner and/or threat of having one' s HIV status disclosed (See,

Broken Windows 2002).

Victims

Although both men and women can be victims of sexual offences, women are the most common victims. Among females, there exist some identifiable victim characteristics that are worthy of consideration. Women from the lowest income homes are more likely than those from affluent homes to report sexual victimisation (Mirless-Black, 2002). Moreover, single women, students and women living in privately rented households also expected higher than average risks of sexual victimisation (*ibid*: 2002).

Domestic Violence

Much sexual violence is also domestic violence. The Home Office defines domestic violence as: "Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, **sexual**, emotional and financial abuse".¹ Domestic violence occurs across society, regardless of age, gender, race, sexuality, wealth or geography. However, it is predominantly women who suffer from it.

The domestic sphere is very important to this area of offending. In a study of convicted perpetrators of child sexual abuse in London, 57% of the female victims were abused by relatives within the home (Craissati and Mc Clurg, 1996). Moreover, sexual assault and domestic violence are not mutually exclusive and it is for this reason that domestic violence (DV) comes within the remit of the current study.

The London Borough of Southwark²

Southwark forms part of inner London and is bordered by the River Thames to the north and by the boroughs of Lewisham and Lambeth. The borough's resident population is ethnically diverse with over 90 languages spoken in its schools. While there are areas of relative affluence, as a whole, Southwark is one of the most deprived boroughs in

¹ Home Office consultation paper 'Safety and Justice – The Government's Proposals on Domestic Violence' (2003)

² Information taken from the Crime and Disorder Audit 2001, Safer Southwark Partnership.

Britain. The total population is 244,866.

Children and Young People

The Southwark Children in Need Census (2001) estimated that 3,000 of the borough's children are in need. This stark figure is only the tip of the iceberg as many more children are growing up in high levels of deprivation. Two thirds of Southwark's population are living in wards with high levels of deprivation; additionally:

- 40% of dependant children live in lone parent families;
- 34% of income support claimants are lone parents (the largest single category);
- 37% of 16 year olds leave school without qualifications;
- 39% of primary pupils and 53% of secondary school children are eligible for school meals;
- 50% looked after children from ethnic groups other than white, of which 34.4% are from black communities;
- Roughly 2,300 children require help with a moderate or severe mental health problem throughout their childhood. Local needs analysis indicates a high risk of family breakdown in relation to parents with mental health problems, substance abuse and learning difficulties.

The borough has a very transient population and changing and fluctuating refugee communities, including increasing numbers of unaccompanied children. The area also has high rates of mental health problems and suicide.

Southwark has 85 pregnancies per 1,000 among girls under 18 (BBC News, Dec, 2000).

2. The extent and nature of sexual assault in Southwark

In order to establish the extent and nature of sexual offending in Southwark, both quantitative and qualitative data were analysed. For national comparisons, Home Office figures were used. All other data analysed in the chapter are, unless otherwise stated, from police sources. Although police figures only record incidents that have been reported – in an offence group that is notorious for under-reporting – they identify some key problems. These were further discussed in the interviews and focus group, some findings of which are also included here. This chapter examines the following themes:

- National and London comparisons
- Sexual offence allegations
- Victim and perpetrator characteristics
- The location of the offence

National and London comparisons

From the financial year 1998-1999 to 2001-2002 there was a 15% national increase in recorded sexual offences.³ Over the same period Southwark experienced an increase of 7%. There was a further 8% rise in Southwark for 2002-2003. Sexual assault is one of the few crime categories where an increase in reported cases or allegations, in the short-term at least, may not be a negative. While it could reflect a real increase in offending, it could also be the result of greater confidence in the criminal justice system and support services, leading to more victims being willing to come forward. However, it is dangerous simply to assume that this is the case.

While nationally the largest reported increase was in cases of rape, in Southwark there were greater increases in offences of indecent assault. In the year April 1998 to March 1999 44% of sexual offences reported in Southwark were indecent assaults. By April 2002 to March 2003 these represented 51% (See Table 1.).

³ National figures from <http://www.homeoffice.gov.uk/rds/sexoffend1.html>

Table 1. Southwark and national figures: Apr98-Mar99 to Apr02-Mar03^{(1) (2)}

	Indecent assault (%)	Rape (%)	Other sexual offence (%)	Total (n)
Southwark Figures				
Apr98-Mar99	44	30	26	356
Apr99-Mar00	55	29	16	429
Apr00-Mar01	54	25	21	424
Apr01-Mar02	53	28	19	381
Apr02-Mar03	51	30	19	410
National Figures				
Apr98-Mar99	64	21	15	36,174
Apr99-Mar00	64	22	14	37,792
Apr00-Mar01	64	23	13	37,311
Apr01-Mar02	61	24	15	41,425
Apr02-Mar03	N/A	N/A	N/A	N/A

Notes

(1) All figures are compliant with the new police counting rules that come into force in Apr98-Mar99.

(2) National figures for Apr02-Mar03 were not available.

Across the whole of the Metropolitan Police area – for the financial year 2002-2003 - there were 10,427 reported sexual offences, of which 26% were rapes and 57% were indecent assaults. Over the same period 410 allegations were made in Southwark, of which 30% were rapes and 51% were indecent assaults.

During 2002 there were 48 rape offences recorded per 100,000 population in Southwark. This placed Southwark sixth in London – and fourth highest in inner London. With rape and other sexual offences combined, this represents 180 offences per 100,000 population. It placed Southwark with the tenth highest figures in London, and ninth in inner London.⁴

Sexual offence allegations

The 410 allegations of sexual assault in Southwark between April 2002 and March 2003 can be further divided – the key figures being:

⁴ Source: Metropolitan Police (PIB)

- 122 allegations of rape in the borough;
- 210 allegations of indecent assault - including 23 indecent assaults on males;
- 78 other offence allegations - including 20 cases of indecency with children and 44 of indecent exposure.

Over this period there were 34.2 sexual assault allegations made in Southwark per month. Table 2. shows this figure divided by offence categories.

Table 2. Sexual offence allegations in Southwark – Average per month Apr02-Mar03

All allegations	Offence group	<i>Offence sub-group</i>
All sexual offences 34.2	Rape 10.2	-
	Indecent assault 17.5	Indecent assault female 15.6
		Indecent assault male 1.9
	Other sexual offence 6.5	Indecent exposure 3.7
		Indecency with children 1.7
		Unlawful sexual intercourse 0.7
		Gross indecency 0.4
		Buggery 0.1

For April 2002 to March 2003 there were 10 allegations of rape made in the borough per month and 17.5 of indecent assault. While most indecent assaults were on females, there were around two allegations of indecent assault made on males per month. In terms of other sexual offending, there were between three and four indecent exposures per month, plus just under two indecency with children allegations per month.

Victim and perpetrator characteristics

In order to determine who were involved in reported sexual assaults both victim and perpetrator characteristics were analysed. For this purpose police data were augmented by information from the Youth Offending Team and from the SkyVoc Young Victim's Project.

Age

For the year April 2002 to March 2003, 32% of suspects and 45% of victims recorded by the police in Southwark were aged below 20. In fact, 21% of all sexual allegations were for offences by young people below 20, committed on victims aged below 20 (See Table 3.). This pattern of behaviour is possibly even younger, with 13% of allegations being of offences by those under 17, on victims under 17. According to ONS figures⁵, in 1999 25% of Southwark's population was aged below 17 – including 17% aged between 5 and 16. That 35% of victims and 21% of suspects were under 17 will be of particular concern.

**Table 3. Sexual offence allegations in Southwark:
Victim age by suspect age (average per case) – percent Apr02-Mar03⁽¹⁾**

Suspect age	Victim age				Total
	<20	20-29	30-39	40 plus	
<20	21	5	4	2	32
20-29	10	11	3	2	24
30-39	8	11	7	3	28
40 plus	7	2	3	3	15
Total	45	30	16	9	100%

Notes

(1) n=388

A US study has shown that adolescents continue to have the highest rate of rape and other sexual assaults of any other age group. (American Academy of Pediatrics, 2001). In Britain, the picture is much the same. Findings from the BCS revealed that young

women aged 16-24 were more likely to say that they had been sexually victimised in the last year than older women (Myhill, 2002). Age is therefore the biggest risk factor for experiencing sexual victimisation.

In Southwark, interviews with practitioners also confirmed a youth bias in sexual victimisation and offending within the borough, although a general problem of under-reporting among victims was acknowledged.

Data from Southwark Youth Offending Team revealed only a small number of convictions for sexual offences.⁶ In 2002 there were six convictions under this heading; all of these bar one saw the sexual element of the offences committed having the highest gravity. Ages ranged from 14 to 17.

Since being established in April 2002 the SkyVoc Young Victim's Project has only come into contact with a small percentage of young people that have suffered sexual assaults. In total they have received 10 referrals of young people who have been the victim of sexual assault and have worked with 5 of them to varying degrees of intervention (See Table 4.). The SkyVoc staff hold the view that sexual victimisation among young people is relatively common but feel they are unable to access a majority of those victims. The police constitute the main source of their referrals.⁷

The low numbers of young victims of sexual offences that are referred to SkyVoc is thought by practitioners and project staff, to be indicative of general under-reporting, the relative youth of the project and blockages in the referral system between agencies. Several respondents working in the area of victim provision held the view that the police were entirely focused on prosecution and therefore often failed to make appropriate referrals for young victims. Some police respondents expressed an interest in learning more about victim provision in Southwark.

⁵ See www.southwark.gov.uk

⁶ This includes female rape, indecent assault of a female under 16, incest with female under 13, IA of female over 16, IA of a male under 16, gross indecency with a child, USI with female under 16, USI with female under 13 and other.

⁷ Other referrals came from Social Services (n=2), Youth Offending Team (n=1) and school (n=1). Six referrals were from the police as 'Form 78's'. These are all young people who have come to the attention of the police and these are sent to the Youth Offending Team who works in partnership with SkyVoc.

Table 4. Referrals to SkyVoc Young Victim's Project from its inception in April 2002

Gender	Age	Incident type	Incident date	Referral date
Female	10	Indecent assault	21 st Aug 02	26 th Sep 02
Female	15	Rape (alleged)	N/k	15 th Nov 02
Female	13	Indecent assault	N/k 2000	18 th Nov 02
Male	13	Indecent assault	27 th Jun 02	28 th Nov 02
Male	13	Indecent assault	27 th Jun 02	28 th Nov 02
Male	13	Indecent assault	27 th Jun 02	28 th Nov 02
Female	13	Rape	N/k 2001	5 th Dec 02
Female	15	Unlawful sexual intercourse	N/k	9 th Dec 02
Female	15	Attempted sexual assault	N/k	13 th Dec 02
Female	14	Gross indecency and sexual assault	N/k	9 th Jun 03

Ethnicity

In terms of ethnicity, according to the 2001 Census⁸, 26% of Southwark's population is black.⁹ However, for April 2002 to March 2003, over half of the sexual assault suspects and a quarter of the victims in the borough were black (See Table 5.). This pattern will need further investigation. At the same time, while 63% of the borough's population is white (2001 Census) just over half of the victims and a third of suspects were white. Other ethnic groups were not highly represented in sexual assault allegations.

**Table 5. Sexual offence allegations in Southwark:
Ethnicity of victims and suspects – percent Apr02-Mar03⁽¹⁾**

Suspects	Victims				Total
	White	Black	Other	Mixed	
White	22	4	1	4	31
Black	26	21	3	9	59
Other	5	1	1	0	7
Mixed	2	0	<1	0	3
Total	55	26	5	14	100

Notes

(1) n=401

⁸ See www.national-statistics.gov.uk

⁹ Black included black British; black African; black Caribbean; and other black.

When asked about ethnic biases among sexual offenders, in general, practitioners felt that victims and perpetrators largely represented and reflected the diverse ethnic population in Southwark.

However, in the area of adolescent sexual offending, there was a general consensus, from criminal justice agencies as well as those working with young people in the community, that there was a bias towards young males from the black community. Several respondents argued that particular issues such as sexual male dominance in sexual relations and the belief in the husband or partner's absolute right to sex within marriage without one's partner or wife's consent were cultural norms that had been imported into Southwark from other cultures and often remained unchallenged. Cultural expectations of gender roles, practitioners argued, have fuelled the views of many female victims that their proper role within the domestic sphere is one of subservience and compliance.

Recognising that sexual offences have actually been committed in the context of marriage is a problematic area for some victims in the borough.

Gender

As would be expected, police figures for April 2002 to March 2003 revealed that the vast majority of sexual assault suspects in Southwark were male (97%), while most victims were female (87%). However, a more fine-grained analysis showed that 12% of cases were of sexual assault between males (See Table 6.).

**Table 6. Sexual offence allegations in Southwark:
Gender of victims and suspects – percent Apr02-Mar03⁽¹⁾**

Suspects	Victims		Total
	Female	Male	
Female	1	1	2
Male	85	12	97
Mixed group	1	<1	1
Total	87	13	100%

Notes

(1) n=424

It is widely believed that the figures on male on male sexual assaults and rapes do not accurately reflect the extent of the problem in Southwark.

Relationship between victim and perpetrator

Nationally, women are most likely to be sexually attacked by men that they know in some way, most often partners (32%) or acquaintances (22%). Women who are sexually assaulted by a current partner or a 'date' are least likely to say that they had been the victims of a crime (Myhill, 2002).

Group offending

Why are we in a situation where ten young men think that it is okay to rape a young girl? (Clinical Director, The Haven)

Anecdotal evidence, gathered from members of the police Sapphire team, Victim Support, Social Services and the Haven, points to a particular problem of gang initiation rapes in Southwark, a phenomenon associated with teenage gangs:

- Data collected by the Haven, the borough's sexual assault referral centre, points to high rates of teenage girl referrals.
- Southwark Victim Support have been contacted by young teenagers (12 yrs +) who had been victimised in this manner.
- Staff on the STOP project - who have experience of working with young men who may have been involved in this type of behaviour - pointed to the reported practice that these offenders will often use protection during the course of these rapes, as a calculated attempt to avoid later detection.¹⁰

A recent newspaper report examined an apparent high incidence of gang rapes in the Parisian inner city (The Guardian, 2003). It was observed that cultural attitudes can play a part in the proliferation of gang rape: "...there is a gap between home where boys are treated like kings, as is commonplace in North African and African cultures, and outside where they are delinquents and scum." Lees (2002) argues that gang rape arises from an "extreme need for normative masculinity", particularly in adolescence.

¹⁰ This may also explain the low incidence of STDs that these staff members noted among the young men that they came into contact with.

In attempting to understand the dynamics of gang sexual offending, it would be too simplistic to argue that it is merely a symptom of high levels of urban deprivation, as some respondents argued, although such a circumstance might provide a fertile ground for many forms of crime and violence.

The 'gang rape thesis' is only partially supported by police statistics. In Southwark for the period April 2002 to March 2003 81% of sexual offence allegations involved just one suspect. That said, the remaining 19% did involve more than one suspect – a fifth of which had at least four suspects. In terms of ethnicity, the 19% of cases with more than one suspect was made up of 10% black, 6% white, 1% other and 2% mixed groups (See Table 7.). It is possible that the dominance of black suspects in cases with more than one suspect is indicative of a particular 'gang' problem, especially if – as was assumed by some of those interviewed – this is a problem that is unlikely to get reported. However, more research is required to confirm this.

**Table 7. Sexual offence allegations in Southwark:
Number of suspects per case by suspect ethnicity – percent Apr02-Mar03⁽¹⁾**

Suspect ethnicity	Number of suspects				Total
	One	Two	Three	Four plus	
Black	48	7	1	2	59
White	26	4	<1	<1	31
Other	7	<1	-	-	7
Mixed group	-	1	<1	1	3
Total	81	13	2	4	100%

Notes

(1) n=402

Some police interviewed were aware of gang rapes occurring but were unsure how to tackle the problem directly. To see if evidence of group offending by youths could be found in the police figures, the number and age of suspects was compared (See Table 8.).

**Table 8. Sexual offence allegations in Southwark:
Number of suspects by suspect age (average per case) – percent Apr02-Mar03⁽¹⁾**

Ave. suspect age	Number of suspects				Total
	One	Two	Three	Four plus	
<17	16	3	1	1	21
17-19	8	2	<1	1	11
<20	24	5	1	2	33
20-29	20	4	1	<1	25
30-39	25	3	-	1	28
40-49	7	1	-	<1	8
50-59	4	1	-	-	5
60 plus	2	<1	-	-	2
Total	82	13	2	3	100%

Notes

(1) n=389

What is again apparent from Table 8. is that most sexual offences have just one suspect. However, the occurrence of more than one suspect was in fact more likely among younger suspects – although cases with more than two suspects remained low in all age categories.

Although the figures do not *prove* the existence of youth gang rape, they do point to the possibility. This, and the insistence of some of those interviewed that it is a real problem, makes it an issue that requires further investigation.

Other offending by the suspect

The Southwark BIU provided more detailed records for a sample of 41 suspects for the period April 2002 to March 2003. This was in order to analyse their offending histories in terms of number and type of previous convictions. While these 41 were not representative of the total picture, their details do give an indication of other offending. In terms of offending histories, 30 out of the 41 had previous convictions, of which 17 had been guilty of three or more previous offences (See Table 9.).

**Table 9. Southwark suspect sample:
Previous convictions – rape and indecent assault Apr02-Mar03**

	Suspects: Number of previous convictions						Total
	none	1	2	3	4	5+	
Rape	7	4	3	4	7	3	28
Indecent Assault on Female	3	3	1	1	2	2	12
Indecent Assault on Male	1	-	-	-	-	-	1
Total	11	7	4	5	9	3	41

Previous convictions tended to be for violent crimes or for theft and burglary. For the 30 offenders with previous, a total of 93 previous convictions were mentioned; of these, 28 were for violence offences and 24 for theft or burglary.¹¹ There were only 10 mentions for other sexual offences, possibly reflecting a lack of convictions rather than a lack of other offending.

Some respondents interviewed suggested a possible link between youth gangs, rape and street crime. However, from the sample of 41 offenders evidence to support this is sketchy. There were only eight mentions of robbery among their previous convictions.

In general, research studies have shown that sex offenders can be both specialists and generalists in their offending behaviour. There is a danger in believing that sexual offenders are a homogenous group (Soothill *et al*, 2000). The latter study found a higher proportion of previous convictions for violent offences, criminal damage and property offences among those individuals who had been convicted of heterosexual offences. By contrast, those committing homosexual offences (indecent assault on a male or indecency between males) when compared with all other sex offenders, were less likely to be convicted of violence or property offences. Those committing indecent assaults on a male were much more likely to have been convicted of sexual offences on other occasions. To sum up, it is problematic to assume that sex offenders fall into simple dichotomies.

Victim-perpetrator relationship

¹¹ See appendices for a more detailed account of previous convictions.

One of the myths that has built up around rape is that it is committed by strangers.¹² However, analysis carried out by the Metropolitan Police Sapphire Team revealed that between April 2002 and March 2003 70% of rapes in London were committed by known perpetrators. The figure for indecent assault was lower at 47% - with 53% committed by strangers.

Location of sexual assault

The relationship between the victim and the perpetrator will have a bearing on the location of the offence. Analysis of figures made available by the Haven show that, between May 2000 and December 2002, 54% of cases occurred in a residence known to the victim – including 26% in their own home. Only 14% occurred outdoors (See Table 10.).

Table 10. Southwark referrals to The Haven May00 to Dec02 – location of incident⁽¹⁾

Known residence	%	Outdoors	%
Home	26	Street / subway ⁽²⁾	6
Assailant's house	25	Park	3
Friend's house	2	Alleyway	2
Relative's house	1	Stairwell	2
		Waste land	1
Total	54	Total	14
Other indoors	%	Other	%
Hotel / other residence	3	Car / van	3
Hospital / GP surgery	1	Minicab	2
Public house	1	Other	4
School	1	Abroad	3
Night club	1	Not recorded	14
Total	7	Total	26

Notes

(1) n=374

(2) Only 1 incident occurred in a subway

The spatial distribution of reported offences across Southwark is shown in Figure 1.

¹² Kelly (2002:4) argues that many of the 'myths' around rape are in fact false – with most offences committed by known men and often indoors. And rather than being rare and 'worse than being killed', rape – defined as sex without consent – is commonplace with most victims 'choosing to survive'.

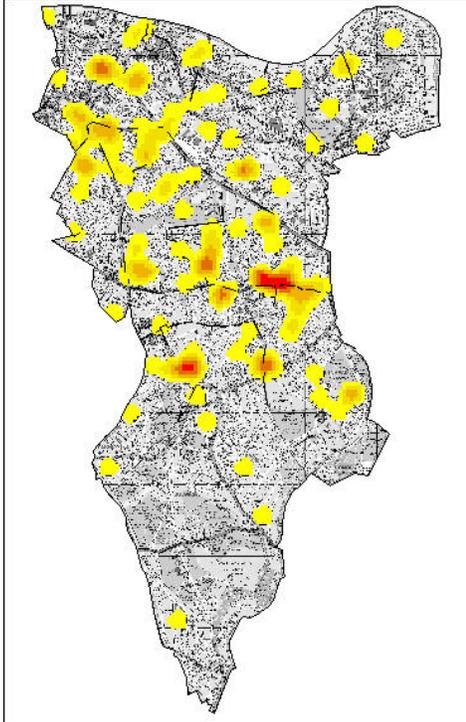
What is apparent from these 'hot spot' maps is a concentration of offending in the Elephant and Castle and Peckham areas of the borough, although it is possible that this is simply due to these areas having higher population densities. That said, these findings on the location of sexual offences in Southwark broadly replicate the impressions that professionals had from their contact with victims.

In relation to the data from the Haven, findings from the British Crime Survey indicate that police are twice as likely to find out about incidents involving strangers than incidents involving almost any other perpetrator (Myhill, 2002). With regard to sexual offences in situations of domestic violence situations, police analysis of January to March 2001 sexual assaults - reported between partners and ex-partners - suggested that women reporting such incidents have experienced some form of domestic abuse from their assailant. In addition, many of these attacks resulted in injury (Southwark Police, Domestic Violence Factsheet, 2002).

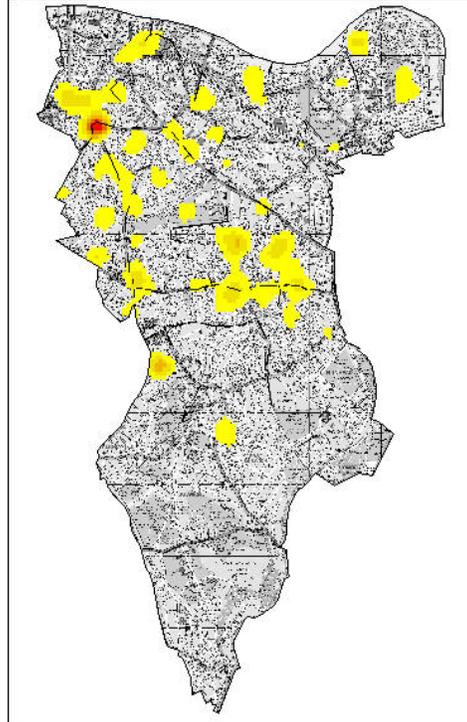
Given that the majority of referrals to the Haven come from the police, it is important to be aware of the potential pool of victims of sexual offences - particularly in the domestic sphere - who may be much more reluctant to seek support or may have no knowledge of services available to them.

Figure 1. Reported sex offence hotspots in Southwark, April 2002-March 2003

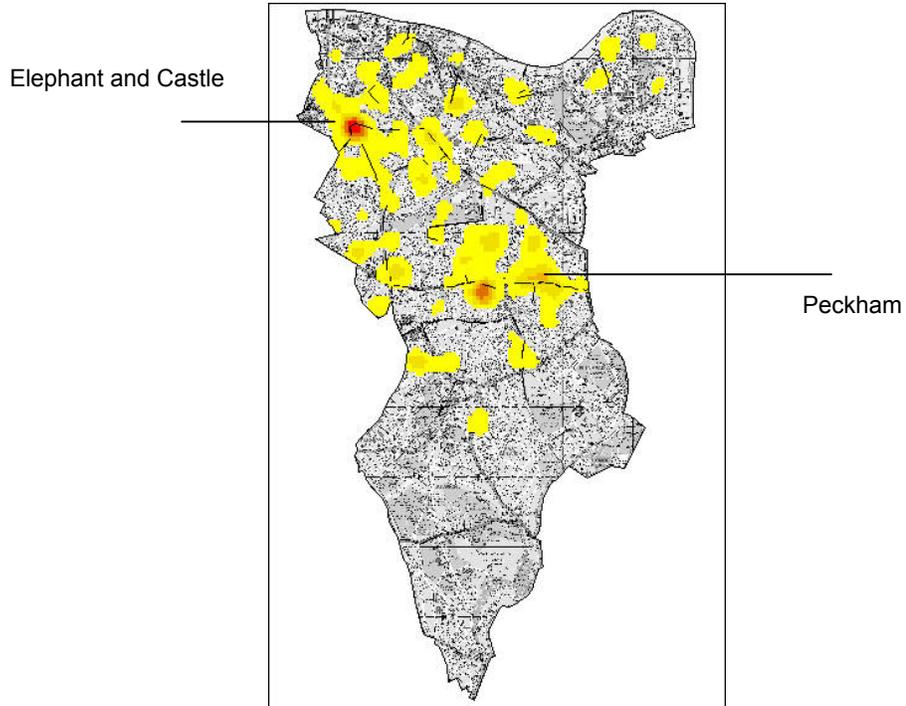
Rape cases



Indecent assault cases



All sex offences



3. Current service provision for victims

This chapter details existing service provision for those individuals who have been victims of a sexual assault or rape in Southwark. There are a number of London-wide agencies available, detailed below, that are also available to individuals who live in Southwark.

Services available for sexual assault victims are diverse in terms of function and ease of access. In the first instance a victim's contact with service providers is often via the victim's desk at their local police station. As gatekeepers they have a particularly important role and it is vital that their staff are fully aware of available services. Details of the main service providers are given here.

General victim service provision

Victim Support, Southwark

Victim Support is a voluntary service provided borough-wide which aims to minimise the distress caused to crime in Southwark.¹³

Victim Support keeps data on clients that self refer or are referred to them, which is reported monthly to the national office. Similar to other agencies that deal with victim care, the police constitute the main source of referrals (nearly three-quarters of referrals to Victim Support in Southwark come via the police). Only 9% are self-referrals (See Table 11.).

¹³ **Victim Support** - Contact address: St Margaret's Court, 62 Borough High Street, SE1 1XF.
Tel: 0207 378 8886

Table 11. Sexual assaults referred to Southwark Victim Support 2001-2002.

	Source of referral				Gender
	Police	Self referral	Other agency	Other Victim Support ⁽¹⁾	
Rape 136	93	23	4	16	132 female 4 male
Indecent assault 267	203	18	11	35	249 female 18 male
Other Sexual offences 47	39	0	2	6	36 female 11 male
Total 450	335 (74%)	41 (9%)	17 (4%)	57 (13%)	417 female 33 male

(1) This refers to incidents that occurred outside Southwark but the victim lived in Southwark. Information about the incident is passed by the police to the local Victim Support office where the incident happened and they in turn pass the incident to Southwark Victim Support.

Rapes and sexual assaults are not referred to Victim Support automatically by the police; they are called 'consent referrals', i.e. the victim must expressly give consent for their details to be passed on to Victim Support. Many do not give this consent.

The service provided by Victim Support is primarily focused on adults over 18. However, staff in Southwark indicated that they would not turn people away because of their age. During 2001 and 2002 19% of rape victims seen were under 17. Similarly, 15% of indecent assault victims were under 17.

In terms of protocol for child victims, two points have to be made. Firstly, until recently, the Victim Support national policy was to support victims under 16 by helping their parents to support their children, however current changes to the system will ensure an increase in supporting young people directly. In the case of current (young) rape victims in Southwark who self refer to Victim Support, the appropriate counsellor will have an initial meeting with the parent and young victim and conduct one to one support work, if a parent gives his/her permission.

The second point to make is that, if a child contacts Victim Support by him/herself and

has been subjected to a sexual offence, staff have a duty to report to a competent authority. The welfare of the young person is considered paramount and would therefore override normal confidentiality rules.

The Haven, Camberwell

Gone is the agonising wait, often for hours, for a forensic doctor in a cold, and frequently ill-maintained, rape suite in a police station, where victims are unable to wash, drink and where forensic evidence is preserved. Gone, too is the added ordeal of reporting the details to an officer with no expertise in investigating sexual offences and no special training” (The Guardian, 9th October 2002).

The Haven is the first centre in the UK to offer a comprehensive forensic and follow up service to complainants of sexual assault in a sexual health setting. It was set up in partnership with the NHS and the Metropolitan Police in 1999 to provide forensic examination, medical care, and psychological support for victims of sexual assault within a genito-urinary setting. The Haven caters for clients from South East London.

The counselling provided is short term and aims at establishing trust and empowering clients; if long term input is required, further referrals are made for psychotherapy. Two more Haven sexual assault referral centres are opening in North London (The JOB, April 12th 2002). These centres are central to the new way in which rape is investigated by the Metropolitan police.

The Metropolitan Police ‘Sapphire Team’

Linked to the Haven, is Project Sapphire (the innovative Met wide strategy for the investigation of sexual assault and rape cases), which started in January 2001, following extensive consultation both within and outside the service. The Metropolitan police was concerned at the low level of convictions in rape cases. It overhauled its approach with the introduction of the Sapphire Team. It is claimed to be the most comprehensive reform of rape investigation ever undertaken by the police.

*Women and Girls Network*¹⁴

Set up in 1987, this is a community-based organisation providing a London-wide counselling and information service for any woman or girl who has experienced any form of violence. Counselling is provided by a multi-cultural team of trained counsellors.

*SASA, Survivors of Sexual Abuse, Peckham*¹⁵

SASA is dedicated to the prevention and recovery from childhood abuse for both sexes. This voluntary agency runs self-help groups and workshops for survivors and professionals, information service, training and awareness courses. It also helps survivors with parenting issues. A special interest activity is USAY (Understanding Sexual Abuse for Youth) which is a project that tours schools and colleges, giving talks and video presentations. SASA has an open access referral policy and flexible opening hours.

Bede House Association, Bermondsey and Rotherhithe

In situations of domestic violence, a client may need immediate alternative accommodation (Wilkes and Welch, 2003:458). In Southwark, the Bede House caseworkers will provide support to women in domestic violence situations and help finding alternative housing. The Bede House project is a multi-purpose charity that has been working for over 60 years within the local communities of Bermondsey and Rotherhithe to improve the quality of life for residents. The association runs a Women's Support Project (as one of its five core projects), for victims of Hate Crimes whose priority is working with those who suffer racial and domestic violence (See www.bedeeducation.co.uk).

Other agencies that can support women who are fleeing DV in Southwark are Victim Support, Southwark Women's Aid, Refuge, Asylum Aid, Refuge Crisis Line, Broken Window, Social Services and Homelessness Service. Many of these agencies can be described as places that provide or that are working towards 'good practice'. Southwark's new Hate Crimes Directory lists the agencies involved.

¹⁴ **Women and Girls Network** - PO Box 13095, London W14 0FE. Help-line: 020 761 04345. Office: 0207 761 046678.

¹⁵ **SASA** - info@sasa.org.uk General enquiries: 020 7639 1823 Contact details: Shereen.SASA@care4free.net/ Shereen.lincoln@sas.org.uk

SW5 Streetwise Youth

This project assists young men who have become involved in prostitution. Although, it is not based in Southwark, 3% of its clients are from Southwark. This is an organisation that helps men and members of the transgender community who sell sex. It is a unique project that provides support with the complex problems that young men involved in prostitution face, an issue about which, “most people know little and care less”. The project comes into contact with up to 45 individuals a month aged 16 to 25.

Barnardos Young Men's Project (BYMP)

This is a free and confidential service aimed at preventing and reducing the sexual exploitation of boys and young men under eighteen years old. They offer one-to-one advice and support, counselling, information on sexual health, safety, drugs, rights, advocacy with parents, social services and housing. They also conduct group work on issues related to sexual health and safety, drop in services for young men selling sex and young people at risk. They do weekly street work in the West End wherever there is a perceived need. They offer protocol support and development, training and awareness raising.¹⁶

Survivors UK¹⁷

This is a national help-line and support network for men who have been sexually assaulted and/or raped – it operates Tuesday and Thursday evenings, 7-10pm.

Sure Start Plus

This is a counselling advice service for young people, based at Brook. Brook provides sexual health information, tests for pregnancy and sexually transmitted infections as well as providing free condoms. They also provide a walk-in service for young parents at Peckham Pulse (also offering a counselling service).

SkyVoc¹⁸

This service (Southwark Young Victims of Crime project) is provided by the Coram Family, in partnership with Southwark Youth Offending Team. It provides referral to

¹⁶ **BYMP** – Main contact: Tel: 0207 378 8797

¹⁷ **Survivors UK** - Contact Address: PO Box 2470, London, SW9 6WQ. E-mail: info@survivorsuk.org.uk, Tel: 0845 1221 201, Website: <http://www.survivorsuk.co.uk>

¹⁸ **SkyVoc** - 102, Harper Road, SE1, Tel: 020 7403 2444

“Faces in Focus” counselling - advice, information and counselling for young adults between the ages of 13 and 25.

*Traumatic Stress Service*¹⁹

This service is provided by South London and Maudsley NHS Trust Clinical Treatment Centre at Maudsley Hospital. In the area of child victims, one of the lead clinicians in this area is Teresa Joyce.

Key findings on provision for victims

This next section describes the key findings on current service provision for victims and perpetrators of sexual offences in Southwark. It highlights areas of improvement in this area as well as aspects of **good practice** that were identified. The discussion centres on four main areas: (a) funding (b) availability, (c) visibility and (d) partnership.

Funding

One of the issues that emerged from discussions with respondents involved with some of the programmes described above was the issue of long term sustainability. Projects such as SkyVoc are relatively young and therefore may not have received the referrals that they require to justify and attract further funding.

Voluntary agencies such as Victim Support receive a high volume of referrals (400 per month for domestic violence cases and 30 cases per month of rape and sexual assault cases). A lack of funding for caseworkers means that not every victim, referred to VS by the police, can be contacted.²⁰

A lack of resources was also highlighted by respondents as contributing to the lack of specialist services that are available to victims of domestic violence in particular. Key workers in this field underlined the urgent need for further refuge space for women,

¹⁹ **Traumatic Stress Service** – Maudsley Hospital, Clinical Treatment Centre, Denmark Hill, London SE5 8AZ Denmark Hill, London SE5 8AZ – Tel: 020 7919 2969

²⁰ This is particularly a matter of some frustration for domestic violence counsellors at Victim Support. It is important to note that in cases of domestic violence, it is difficult for caseworkers to access victims as easily as they might in other cases. Victims are often isolated, afraid and /or unwilling to follow through with counselling.

arguing that Southwark has currently 71/2 caseworkers all based in the voluntary sector.²¹ They claim that most agencies working in the area of domestic violence are overworked and understaffed and their funding streams unreliable. This makes the future of some caseworkers uncertain (e.g. those working for Victim Support). This also leads to a problem with referrals, as staff do not have the time to filter work down to other agencies, therefore services may be 'diluted' in quality. This also leads to little or no time for preventative work to be carried out by staff. The problem of refuge provision is exacerbated for those from the LGBT community, for whom there is little if any, specialist provision locally or nationally. According to Broken Windows (2002), there are only twenty beds for homosexual male victims of domestic violence in the whole of England and provision at all for victims from the transgender community. This is in spite of the significant response that the LGBT-DV help-line has had since its establishment.²²

Availability

Geographic considerations

Clearly, funding issues and a lack of resources will impact upon the extent to which provision is available for victims. A further issue is the extent to which the existing provisions are available *evenly* to victims who live in Southwark. According to key workers, this is plainly not the case. Several respondents referred to the 'postcode lottery' in Southwark that determines the level of care victims receive. North Southwark was generally thought to have much better victim provision than South of the borough.

However, on a positive note, Southwark has access to health resources since some of the key teaching hospitals in London (King's, Maudsley and Guy's Hospitals) are located there.

²¹ The Supporting People initiative in Southwark is currently looking to extend the number of emergency places for those women who need a little time to consider their options away from abuse.

²² The LGBT-DV website, 'Hold Tight, Tight, Hold' has attracted high numbers of visitors since its establishment. It has been visited 51,000 times in 2002. *Sigma* conducted a survey about the prevalence of domestic violence among lesbians and gay men.²² It found that 22% of LGBT women had suffered physical, mental or sexual abuse or violence from a regular female partner. 18.3% had been sexually abused or forced to have sex. Of male respondents, 29% of the men had experienced physical, mental or sexual abuse or violence from a regular male partner. 22% reported having been sexually abused or forced to have sex by their partner. 86.9% of women who had experienced abuse did not report it to the police and only 13.1% had reported it to the police and of those, only 3.8% had reported it to the police more than once.

Physical access

Even when provision is available in Southwark, barriers still exist for certain members of the community who have a need to attend. We know already that young people from refugee communities have difficulty accessing health services in Southwark (Health Action Zone report, 2002). There may be language difficulties for victims who may not have confidence in staff to understand their situation.

If an individual has been the victim of a sexual offence, invariably, victims can feel extremely anxious about informing another person about it. Even if a service 'looks' comfortable and welcoming, and the staff approachable, some victims may just never feel confident enough to enter.

Although agencies such as the police have made great progress in the area of client care in recent years, there is still room for improvement. Trauma Counsellors who took part in the current study reported that the police were viewed positively by most of their clients. However, there were isolated stories of victims having to queue up at the front desks of a police station in the borough to report a rape and having to endure a lack of discretion on the part of officers. However, this was generally seen to be exceptional rather than the norm.

Visibility

A further barrier to accessing services is their lack of visibility. One of the main findings of this report is that key workers were often unaware of the services that existed across the borough. Arguably, if professionals (including police) are themselves unaware of service provision, the community (potential victims) may possess even less awareness of available services.

When services lack visibility, this can affect the numbers of referrals that they receive which can in turn impact upon future funding of a project. Although service providers argued for greater visibility, they were aware of one consequence of this, which was that they did not have the numbers of caseworkers to deal with a potential influx of clients.

Partnership

Most interviewees that took part in the current study were enthusiastic about learning about other service providers in Southwark and linking up them. They saw value in partnership as a means of strengthening existing resources and avoiding duplication.

It was generally felt that the police in Southwark played an important lead in partnership work across Southwark and might be encouraged to do so within the area of sexual offending as well. There was a general consensus among respondents that the police were making every effort to develop existing partnerships in the community.

In general it was felt by respondents that increased partnership activity across service providers and agencies involved with the victims of sexual offences, would make for a more coherent system across the borough.

Best Practice within services for victims

- ✓ SkyVoc's strong linkages with other agencies such as ConneXions²³, Fairbridge²⁴ and other counselling services for young people
- ✓ The lock-fitting service provided by Victim Support for victims of domestic violence who require immediate assistance.
- ✓ Use of third-party reporting for hate crime in Southwark
- ✓ The availability of a Victim Support 'calling card' for victims which details relevant contact details of key support agencies.
- ✓ The apparent highly positive relationship between police and other agencies
- ✓ Data collection by The Haven. Such data collection allows eventual analysis of victim

²³ **Connexions Service:** Project Aims: Youth support service to provide young people with appropriate advice, guidance and access to relevant training, further education and employment opportunities in order to maximise their potential.

Services Provided: Personal advisors working through schools and the youth offending team.

Area Served: Borough wide

Client Group: 13 to 19 year olds

Contact Details: 15 Spa Road, Se16, 3QR. Telephone: 0207 525 1530.

²⁴ This is a voluntary sector project which works with young people (14-25 yr olds) who are outside education, training and employment, or have been identified as being at risk of dropping out. The project aims to: develop young people's personal and social skills such as interpersonal skills; and build up their life skills.

Services Provided: Cognitive behavioural interventions, employment and training, challenging outdoor activities.

Area Served: Borough wide

characteristics and further intelligence on the nature and extent of sexual assault and rape in Southwark.

- ✓ The Sapphire team in Southwark's attempt to keep records on why victims withdraw from pursuing a rape or sexual assault allegation.
- ✓ Southwark probation has provision in the form of a support group for domestic violence victims, in addition to a programme for offenders. They also have a specialist victim unit that provides information about serious sexual or violent crimes to victims.

Gaps and problems in services

- Availability of housing/refuge space for individuals fleeing for DV situations and caseworkers to support them.
- Lack of specialised trauma care for individuals with learning disabilities.
- There is a general over reliance on the voluntary sector agencies such as Victim Support.
- There is a need for a greater number of qualified counsellors to work with victims of sexual offences in Southwark across agencies.
- Many National and London voluntary agencies are under-resourced and therefore have limited help available to victims in the form of emergency help-lines.
- Many of the 'crisis' help-lines that exist for rape and sexual assault victims are answering machines and there are some numbers advertised on the internet for crisis services that simply don't work.
- Due to a heavy workload, staff in voluntary agencies do not necessarily have the time to collect data on clients, information which might potentially inform further research or aid the case for a continuation of project funding.

Recommendations for improvements to victim services

- A range of services could share a 24 hour telephone information number for victims or offenders of sexual assaults and/or rapes in Southwark.
- Services require greater information on client need, one idea is to carry out a survey on victims needs in Southwark
- The borough needs a vulnerable victim's suite in the borough, located outside of the

Contact details: Unit 15, Canterbury Court, Kennington Park, SW9. Telephone number: 020 7582 9695

police station, staffed by female police officers only.

- The borough needs more DV caseworkers that are accessible in all areas of the borough, especially specialised for the LGBT and ethnic communities, women with mental or physical disabilities and substance abuse issues.
- More emergency housing needs to be made available to victims fleeing DV and more trained housing officers in DV issues and how to 'deal' with victims.
- Ways of creating a more cohesive link between agencies need to be explored.²⁵
- Temporary childcare is in short supply in the borough, required when a victim is sorting out housing issues or attending courts. It seems that often a victim may have to rely on the family of the perpetrator, which can contribute to emotionally confusing and manipulative issues.
- The Haven needs a designated child friendly waiting room
- Many service providers felt that their services were being considerably under-used by young victims. Encouraging reporting among children young victims is key and consideration must be given to key messages that might be used to promote their confidence in disclosure.
- Make services more physically and psychologically accessible to people, improve the physical conditions of waiting rooms and ensure that staff understand the importance of being approachable to clients.

²⁵ Police want cohesive links with other agencies that bring victims right through the criminal justice process. Detective Sergeant Cathy Chenery of the Central Sapphire Team in the Metropolitan Police has suggested that London adopts STAR referral centres, as currently operate in other parts of the country. The overall purpose of the STAR Project is to identify the needs of victims of rape and sexual assault and to co-ordinate the provision of specialist services to meet those needs. STAR provides a holistic approach to dealing with victims of sexual offences. It operates as an administration office for sexual offences. Staff would include case trackers and immediate support workers who would have direct access to support agencies underneath them. For more information on this project, see <http://www.starproject.co.uk/> This potential service could act then as an administrative referral point for services that cater for the victims of sexual offences.

4. Current service provision for perpetrators

This chapter details the therapeutic and preventative programmes that are ongoing in the borough to deal with sexual offenders or young people who are at risk of offending in this area.

Youth provision

*The KeepSafe Project - Southwark CAMHS Young Sexual Abusers Project*²⁶

The KeepSafe project is funded by the Health Action Zone (HAZ) which aims to improve health and to work with services to help make them more responsive.²⁷ The lead agency is South London and Maudsley NHS Trust. The project is part of a borough wide, multi-agency service providing assessment and treatment for children and young people (0-12yrs) who behave in sexually inappropriate or abusive ways to others. Other agencies involved in the project are: Area Child Protection Committee, Social Services, Education, Youth Offending Team, Probation, Child mental health. Unconvicted, younger children are dealt with in this service, which is very focused on prevention.

The service has had problems with resourcing and is based round a small team. According to staff, referrals have not been coming to the programme in the numbers expected (a) because problematic sexualised behaviour was not being properly identified in children by relevant practitioners and (b) because those who *were* identified were not being referred on.

*The STOP Project (with Southwark YOT)*²⁸

This project started two and a half years ago and is funded by the Health Action Zone. In

²⁶ **KeepSafe** - Southwark Child and Family Service, Lister Primary Care Centre, 101 Peckham Road, London, SE15, 5LJ. Contact details: 0207 7701 7371/0207 771 3719
Lead person in agency: Dr. Tara Weeramanthri, Linda Ryan

²⁷ There are 26 health action zones across the country. HAZs organise local organisations to work together to find new ways of tackling health problems and improving local services. They are based in areas of poverty and poor health and play an important part in the government's strategy for improving health and increasing opportunities. Southwark became a HAZ in 1998.

²⁸ **Location:** Child and Adolescent Services dept, Maudsley Hospital, Denmark Hill, SE5 8AZ.
Lead contacts: Dr. Peter Mish, Barry O'Hagan. Contact details: 0207 919 2538 (ext: 2635)

association with the Southwark, Lambeth and Lewisham YOT teams and it provides a specialist consultation, assessment and treatment service for young sexual offenders. This is for people up to 18 years from the local area (although referrals from elsewhere are accepted). A fast track service is available for certain cases that warrant rapid response. The team is sensitive to the needs of young people from ethnic minorities, those who have mild learning difficulties and those who present “particularly high levels of vulnerability”. The service also includes assessments for children in care placements. At the time of writing, this project had 49 young people that it was actively treating.²⁹

Referrals are accepted from mental health professionals, youth justice and social services, education, solicitors, the courts and general practitioners. Since this service is based in the Maudsley Hospital, staff have noted that it mostly attracts referrals from health professionals. The Maudsley covers North Southwark and Lewisham (for sex offenders) - so it is felt there is a gap in provision in South Southwark.

The project has a broad remit, works with inappropriate sexual behaviour generally as well as those that constitute criminal offences. They take a systemic approach, viewing inappropriate sexualised behaviours as inevitably linked with cultural, family, social issues and mental health.

It is a sister project of the KeepSafe project above which is also part of CAMHS services in Southwark. Differences between the projects are that the STOP project generally deals with the more serious teenage end of sexualised behaviour, with teenage clients often going through court system, whereas the KeepSafe project deals with young children. Both projects also have strong links with social services and Southwark Youth Offending Team.

Provision for adult perpetrators

*York Clinic at Guy's Hospital*³⁰

Lead contact: Forensic Psychologist, Jackie Craissati at the Bracton Clinic³¹ (North Southwark), this project works out of the York Clinic. She heads a key forensic

²⁹ From Feb 2002 to 2003, this service received, assessed and treated 49 children (ranging from 10-18) and their families.

³⁰ Contact details 0207 955 5000 (Guy's Hospital)

psychology service for sex offenders called the 'Challenge Project'. The 'youth in need' Challenge programme duplicates the National Sex Offender Treatment Programme. It is exceptional because, unlike probation programmes in the borough, it is not limited to offenders' licence times. This service receives both voluntary and probation referrals.

Southwark Probation Duluth Programme

This is a twenty-nine week referral programme dealing with offences around domestic violence and anger management.³² Probation also provides support services for partners.

Key findings on provision for perpetrators

Funding

Some key projects such as STOP project and the KeepSafe project for example, which look at the complete spectrum of problematic sexual behaviour in young people have only short term (1-2 year) funding available to them. These projects are also relatively young and therefore may not have received the referrals that they require to justify and attract further funding.

Priorities

Overall the priority given to programmes that challenge sexual offending in Southwark is low. This would appear to be the case nationally as well. Practitioners working in this area attribute this to a reluctance by the medical profession to provide services for sex offenders.

Several respondents pointed out that there is no sex offender strategy paper for the borough of Southwark and underlined the fact that the strategic health authority ought to deliver it as a matter of urgency.

Geographic disparities in treatment

³¹ Tel: 01322 294300

³²The Duluth model (or the Domestic Abuse Intervention Project) was developed in Duluth, Minnesota and is based on a coordinated response by a number of agencies, including Probation and Police and requires co-operation between all the Criminal Justice agencies. Duluth assesses victim need and the risk of re-offending. It provides a group programme for convicted offenders, based on the concepts of misuse of power and control, for a period of 24 weeks. There is regular feedback from victims where there is still contact with the offender.

As is the case for victims, provision for perpetrators is patchy and piecemeal. In general, North Southwark has better provision than South Southwark, with adult offenders generally receiving good actuarial assessment.

Matching offenders with programmes

Problems with existing services reflect concerns that have long been associated with therapeutic intervention for sex offenders. Some men are not suited for that sort of group therapy, and in order to improve the chances of an offender doing well on the programme, they need to be on a long licence. There appears to be nothing available for sex offenders who are on a short licence in Southwark.

Some clinicians that were interviewed mentioned a perceived rise in individuals who have learning disabilities and substance abuse disorders, who have begun to exhibit problematic sexualised behaviour. These individuals may be unresponsive to group programmes. People with personality disorders may also not be responsive in group settings.

As clinicians pointed out, currently in Southwark, “one size fits all” in terms of programme provision for sex offenders. There is an identifiable need for more tailored programmes to suit the particular characteristics of some offenders.

For those working in preventative programmes with young people who are exhibiting problematic sexualised behaviour, there was frustration at the lack of training within social services about sexual offending generally. Some respondents believed that such a lack of awareness and training contributed to (potentially treatable) problematic sexualised behaviour being “missed” in children at an early age. Respondents complained particularly that there was poor adherence to guidelines on the part of social services to protocols and procedures relating to risk identification.

Prevention

All respondents underlined the need for early intervention in the lives of young people in the form of psychosexual education. It was felt that experts such as forensic psychologists and psychiatrists, local police and social services ought to contribute to sex education programmes that form part of the school curriculum. Teacher awareness

of issues surrounding problematic sexualised behaviour and early identification is key to prevention and therefore schools should assess the quality and availability of training programmes for staff in this regard.

5. Key issues and recommendations

This research was commissioned to aid the development of a picture of what was going on in Southwark in relation to the offences of indecent assault and rape. This section describes the key issues that have emerged from the research.

The research was only able to draw a partial picture of the nature and extent of sexual offending in the borough. Although incidents of rape and sexual assault among youths are numerically small, existing recorded crime data and referral data from voluntary sector agencies tentatively indicate that peer sexual abuse among young people is a factor that requires some attention in Southwark. Although the rates of increase among sexual offences, is broadly in line with the national average, there are worrying aspects to the sexual offences that have been reported in Southwark.

Gang rapes in Southwark have become something of an urban myth. This report found that such rapes *do* occur in Southwark but without further in-depth research, we cannot fully understand the circumstances that surround these offences. Interviews with local practitioners who work with victims and offenders of sexual offences contributed to a sense that some youth are exhibiting alarming disregard for the opposite sex and growing up with little sense of appropriate moral values. They defined the problem as gangs of young males forcing young adolescent girls to conduct sexual acts on them so as to secure membership of youth gangs. These have become known as ‘gang initiation rapes’. The police are aware that they occur but often encounter difficulty accessing young people who would be being victimised in this way. According to practitioners in the field, it is predominantly young school age females who are at risk of becoming victims of unwanted, coercive sex. Data from The Haven supports this.

There is some tentative evidence that **young black men** are predominantly involved in serious sexual assaults. Those who treat sex offenders in the borough, pointed to the fact that gang rape is almost certainly a function of group anti-social activity in the inner city, rather than sharing similar causal explanations with particular sexual offences such as paedophilia or stranger rape.

The circumstances surrounding coercive sexual behaviour are complicated by issues linked to youth, vulnerability and compliance through confusion and/or fear. High levels of socio-economic deprivation in Southwark provide fertile ground for anti-social activities to take place and high numbers of single parent families increase the risk that young people receive poor parental supervision. This range of factors needs to be considered when thinking about peer youth sexual offending in Southwark. In examining the root causes of such behaviour, one can target resources more responsibly.

The most significant points to draw from the report are that **youth on youth offending** is a problem in Southwark. Preventative programmes of an innovative nature *do* exist in the borough to target current offenders and those who are at risk of offending. These resources need to be advertised, accessed and funded appropriately. These are essential services that offer the best means of tackling sexual offending from the earliest stage, as well as other types of offending.

There is a large amount of goodwill in Southwark, on the part of **practitioners**, to engage in partnership with other agencies and expand knowledge of sexual offending. However, many practitioners felt that they lacked a good knowledge of current service provision and/or fellow key workers. Clearly, one agency, such as the council, needs to take the lead in fostering communication between service providers.

Practitioners offered many **suggestions** as to how communication links in Southwark could be improved across the borough. One suggestion was that a conference be held in the borough that focused on 'adolescence' as its main theme. Representatives would be from a wide range of agencies that work closely with adolescents in different capacities (such as health, education, psychology, criminal justice etc). The emphasis would be on encouraging dialogue on the particular challenges of adolescence, promoting partnership between agencies who work with young people and disseminating up-to-date training and educational material for attendees.

When asked about prevention, respondents principally focused on the area of **sex education**. A majority of interviewees felt that it was either non-existent or inappropriate in Southwark schools. In reality, work is being done in the borough to improve the quality of sex education available locally. Sergeant Mary Wale from Southwark's Sapphire

Team has compiled an excellent prevention programme for school age children in the borough (for further information see appendix).

A common problem reported was that the young people who needed to hear the message the most, were those who played truant. Moreover, concerns were raised by some police the choice of individual or individuals who deliver the message to schoolchildren. Practitioners emphasised that the message need to be caged in a language that youth can identify with, and crucially, needed to be conveyed by individuals other than “white middle aged police officers” who may, on the face of it, share little common ground with inner city, school-age children.

Moreover, message given to young people requires careful consideration. The police, youth and social services for example, can all play a role in developing sexual education programmes in Southwark schools but it is essential that there is input into such programmes by local child psychiatrists and psychologists. Individuals in different agencies have developed educational material for school age children in Southwark but now the borough needs a combined approach. Without partnership in the area of education, too much emphasis will be placed on one aspect.

In Southwark, there is a tendency for current sex education to focus on sexual health, without the additional focus on relationships, relatedness and acceptable parameters of behaviour within individuals in a sexual relationship.

Some of the most vulnerable young people in the borough are **children in care**. They are at risk of being targeted and sexually exploited by other young people and older adults. This situation is not helped by the fact that care homes are not single gendered and are located in deprived areas of the borough.

Although strategy meetings have taken place between social services and the police on this issue, some care home staff were not aware of the outcome of these meetings. Those who we spoke to felt demoralised by their inability to prevent exploitation. Other staff were simply ill-trained to identify problematic behaviour in young people or those at risk from them.

The situation for children in care homes may be improved through care home staff engaging to a greater degree with specialist risk identification services in Southwark, who are willing and able to assist. On a practical level, staff in care homes need to ensure that they monitor the coming and goings of visitors to the homes. Some staff have suggested that the installation of a panic button to the police and a CCTV camera might improve the situation. However Southwark police has considered the cost of installing these devices and appear to have resisted doing so.

Many of these findings have focused on *youth* crime and prevention. Other areas of concern that emerged from interviews with practitioners were the high rates of domestic violence in Southwark (5000 cases of DV were reported in Southwark in 2002). Domestic violence falls into the remit of the current study because of the sexual violence that it often encompasses.

Practitioners argued that there is a lack of any coherent strategy for domestic violence across Southwark and some requested provision for a domestic violence co-ordinator post. Provision for victims of domestic violence is generally considered poor, with practitioners highlighting problems with refuge space and a lack of caseworkers to deal with a high volume of referrals.

Providing any sort of service to victims of domestic violence can be complicated because of the sensitive nature of the offences. Service providers spoke of having difficulty contacting clients in their homes and encountering ambivalence on the part of clients to follow through with allegations of violence to the police. The situation is often exacerbated for victims who are in arranged marriages or who are living illegally in the borough. For these women, the risks of disclosure often outweigh the need to seek help.

Similar to youth crime, we need to focus on provision and prevention for domestic violence. Again, education was highlighted as crucial to tackling the root causes of domestic violence. There was consensus among respondents that more effort was required to convince local women that sexual victimisation is 'criminal and unacceptable in any setting' (Myhill, 2002:62). Key messages such as '*everyone has the right to say no*' need to be disseminated through leaflets and poster campaigns to women who reside in the areas of the borough with high rates of DV.

According to DV workers in Southwark, a key message to get across covers a number of forms of abuses i.e. physical, emotional, sexual and financial. Alongside that, there must be messages of the support that is available to DV victims and clear contact details for those services provided. It must be made clear in any publicity campaign that DV will not be tolerated and that it is always unacceptable. The impact on children should also be emphasised especially how it affects them from an early age. The role the police play is also key, for victims to know that their claims will be taken seriously and that they will be dealt with sensitively and efficiently. Victims should be as empowered as possible by any professional that they come across.

Practitioners argued that preventative work must begin in schools, with creative programmes that deliver messages about what is acceptable behaviour in relationships with the opposite sex. There is also scope for teaching young people how to recognise abusive or controlling behaviour at early stages in relationships.

Partnership is clearly crucial to strengthening resources that can tackle crimes such as domestic violence, sexual violence or anti-social activity generally. In Southwark, this partnership is patchy, some voluntary and statutory agencies have strong links with each other, whilst others are not aware of each other at all. Facilitating inter-agency co-operation is an important step towards improving the standards of care in existing services.

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Appendices

Appendix A: Tables

**Table b.1. Southwark suspect sample (n=41):
Previous convictions– rape and indecent assault Apr02-Mar03 (Number of mentions)**

		Indecent assault on female	Indecent assault on male	Rape	Total
No previous convictions		3	1	7	11
Sexual offences	Gross Indecency with Children	-	-	1	1
	Indecent assault	-	-	8	8
	Rape	1	-	-	1
Violence	Common assault	1	-	7	8
	Threatening behaviour	1	-	1	2
	Actual bodily harm	4	-	2	6
	Assault on police	-	-	1	1
	False imprisonment	1	-	1	2
	Kidnapping	-	-	1	1
	Possession of offensive weapon	3	-	4	7
	Possession of firearm	1	-	-	1
Robbery	Robbery	1	-	7	8
Burglary/theft	Burglary	1	-	6	7
	Deception	-	-	1	1
	Going equipped	-	-	2	2
	Handling stolen goods	1	-	2	3
	Theft	4	-	6	10
	Theft by employee	-	-	1	1
Drugs offences	Possession of Class A	1	-	-	1
	Possession of Class B	2	-	7	9
Other	Criminal damage	1	-	3	4
	Motor vehicle offence	2	-	7	9
Total		28	1	75	104

Table b.2. Referrals to The Haven May00 to Dec02

	Ethnicity	Age						Total	
		<17	17-19	20s	30s	40s	50+ missing		
Female	White	20	16	76	38	22	5	16	193
	Black	33	17	41	16	2	1	11	121
	Asian	-	-	5	2	-	-	-	7
	Other	4	3	8	3	1	-	2	21
	Not known	1	-	1	2	-	-	-	4
Total		58	36	131	61	25	6	29	346
Male	White	3	2	9	1	2	2	3	22
	Black	1	-	-	1	1	1	-	4
	Asian	-	-	-	-	-	-	-	-
	Other	-	-	-	1	-	-	1	2
	Not known	-	-	-	-	-	-	-	-
Total		4	2	9	3	3	3	4	28
		62	38	140	64	28	9	33	374

Appendix B: Further Reading

Safeguarding young people

Palmer, T. *No Son of Mine! Children abused through prostitution*. Barnardos.
Safeguarding Children involved in Prostitution, Department of Health, Home Office.
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offender registration in England and Wales. Police Research Series, Paper 126. Home Office.

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Rape and Sexual Assault

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Legal Issues

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Temkin, J. (2002) *Rape and the Legal Process*. Oxford, Clarendon. Oxford Monographs on Criminal Law and Justice.

Winick, BJ and Le Fond, JQ. (2003) *Protecting Society from sexually dangerous offenders: law, justice and therapy*. Washington, DC: American Psychological Association.

Victims

Koss, M. (1991) *The Rape Victim: clinical and community interventions*. Newbury Park, California; London, Sage.

Mezey, G. and King, M. (2000) *Male Victims of Sexual Assault*. Oxford, Oxford University Press.

Domestic Violence

Crisp, D. and Stanko, E. *Domestic Violence and Social Housing*, London Borough of Southwark.

VRPs report (violent research programme) *'Taking Stock, what do we know about interpersonal violence?'*

Education

Ageton, S. (1985) *A Research Report for Adults who work with teenagers: facts about sexual assault*. Rockville, Maryland: United States Department of Health and Human Services.

MacIntyre, D. and Carr, A. (2000) *Prevention of Child Sexual Abuse in Ireland and the development of the Stay Safe programme*. Lampeter, Wales: Edwin Mellen Press.³³

³³ This book came recommended from an interviewee who works for Southwark Child and Family Services. It details information about a preventative programme undertaken in Ireland entitled 'Stay Safe'. By learning from previous preventative programmes (of which all were from the USA and none from the UK or Europe), a package of training materials has been developed that is broad, taught by trained instructors and uses a variety of techniques such as group training, active behavioural skills training and video. This package is conducted in primary schools incorporating child, teacher and parent training sessions. Although targeted at sexual abuse, it also deals with issues about bullying. The evaluative study took place in Dublin schools with nearly 800 children, half that number of parents and 28 teachers. A remarkable 99% of parents consented to their children being involved in the study. Outcome measures included childrens' safety knowledge and skills, programme evaluation and child's self esteem. There was significant improvement in various outcomes post-intervention as well as at 3 months later. An additional archival study of disclosure in abused children who had previously undergone the Stay Safe programme and showed essentially positive with few negative implications.

Useful Websites

www.fpa.org (Putting Sexual Health on the Agenda) Sex education website. Advice for parents and carers of young children.

www.southwarkmind.org.uk (They have produced a useful handbook detailing services relating to mental health in and around Southwark).

www.ocosa.org (American website run by the Ohio coalition on sexual assault, contains excellent bibliography on literature pertaining to rape and sexual assault).

www.met.police.uk/sapphire/sapphire_sexual_assault.htm

www.southwarkchc.org.uk

This website describes the work of the community health council in Southwark which represents the interests of local people in the community to the NHS. Community health councils are independent statutory bodies. They sit as speaking observers on Trust, Health Authority and the Primary Care Group boards. The CHC offers information, support, help and advice on every aspect of the health service. This includes GPs, Dentists, Pharmacists, local hospitals and community health services. Their service includes the monitoring of local services, the investigation of complaints and the provision of professional support in negotiations with doctors and health service administrators when problems are found with NHS services. The CHC knows a great deal about local health services, how they are provided and are organised. They comment on the range and quality of the services provided from the community's point of view.

www.lgbt-dv.org (for the conference report by Broken Windows).

List of further reference information for key workers in Southwark

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Metropolitan Police Service, *Witness Support Manual, managers guide*. Department of Territorial Policing, Justice for London Project.

Barnardos, *Young Man Project, advice, support, information*. Annual Report, 2002-3.

Sexual Health and Relationships – Preventing Sexual Offences (compiled by Detective Sergeant Mary Wale, Sapphire Team, Southwark Police).³⁴

The Metropolitan Police, Information Pack. **Project Sapphire**, A Policy for the Investigation of Rape and Serious Sexual Assault.

Broken Window conference Report, 12th May 2002.

Coram Family Charity, information about the SkyVoc Project (contains leaflets on the project and an information sheet and referral form).

Information on **KeepSafe project**, Southwark Child and Family Service, Peckham Road, Southwark. Contains detailed information on risk factors associated with sexual offending, further references, resources and suggested reading for practitioners and detailed information on protocols to deal with peer sexual abuse when it occurs.

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