

# Responding to Sexual Violence in Highland

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## Responding to Sexual Violence in Highland

### Introduction

This policy aims to support staff to respond to sexual violence in Highland. This includes adult survivors of child sexual abuse, adults who have been raped or sexually assaulted and those who have been affected by commercial sexual exploitation (i.e. prostitution, pornography, lap dancing, etc).

These are forms of gender based violence that disproportionately affect women and girls. However, this policy recognises the significant numbers of men in Highland who have been affected by the issues, particularly men who are adult survivors of child sexual abuse. The policy also recognises that lesbian, gay, bisexual and transgender individuals may experience sexual violence. Statutory agencies in Highland will provide support to all individuals who have been affected.

### What is Sexual Violence?

There is no specific definition of sexual violence. It is a term which covers a wide range of experiences and can include rape, sexual assault, ritualised sexual abuse, voyeurism, sexual harassment, groping, sexual bullying, sexual insults, sexual exploitation and sexual coercion. It is important to recognise that survivors are given the chance to identify what has happened to them as being sexual violence if that is what they feel they are.

### Principles of Responding to Sexual Violence:

This policy has been developed based on a number of principles, namely:

- Those affected by sexual violence have different needs, wants and experiences
- Staff should always ensure that the survivor is comfortable talking to them and provide a choice of a male or female member of staff whenever possible
- It's important to provide for diversity within the population of survivors and the range of their experiences of sexual violence
- Services should take account of those with specific needs, e.g. black minority ethnic people and those with disabilities
- Services should be flexible in responding to the broad range of sexual violence
- Agencies should work together to provide the best response to survivors
- Services should be accessible to survivors wherever they live
- Training and raising awareness of sexual violence goes hand in hand with service delivery

### Staff Responsibilities to Respond to Sexual Violence

Staff across the agencies will have varying responsibilities in terms of their duty to responses to sexual violence. However, all staff should:

- Be aware that sexual violence is an issue for a large proportion of the population
- Be aware of the short and long term impacts of experiencing sexual violence

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- Be aware of relevant support services that survivors can be referred to
- Be prepared to deal with a disclosure of sexual violence from a client/service user/patient
- Be aware of the child protection and adult support and protection processes and implement them when necessary
- Be aware of the responsibilities on your particular service to respond to survivors
- Access training – Violence Against Women training is available for all staff working with those affected by the issues (the training calendar is available on the statutory agency intranets and on <http://forhighlandschildren.org/>)

### **Responding to a Disclosure of Sexual Violence**

Staff may have disclosures of the following:

- Recent rape
- Past rape (as an adult)
- Experience of sexual abuse in childhood
- Experiences of commercial sexual exploitation, e.g. involvement in prostitution, lap dancing, pornography

Bear in mind that there will be differences in experiences and some people may experience multiple forms of sexual violence from the same or different perpetrators over time.

### **Immediate Actions after a disclosure of sexual violence**

The minimum expected of all staff when responding to a disclosure of sexual violence is:

- Understand and acknowledge that it may have been difficult for the person to disclose
- Reassure person you believe them
- Reassure person that what happened to them was not their fault
- If possible, offer the person a choice of speaking to a female or a male member of staff
- Tell them that you will try and help them – yourself or by supporting them to engage with other services/organisations
- Explain the limits to what you can do

### **Recent Rape/Sexual Assault**

Most people who experience sexual violence do not immediately go to sexual health services or the police.

*Immediate advice when there are forensic opportunities (within 7 days)*

In order to preserve evidence it is helpful if victims:

- Don't wash, eat or drink
- Try not to go to the toilet (a urine sample can provide evidence)
- If you have changed your clothes, put them in a bag and don't wash them

This will be more difficult for people who have not come to a service immediately after the attack.

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### *Forensic Examination & Addressing Health Needs*

Forensics will be gathered with reporting to the police in line with the national minimum standards for the provision of forensic examinations following a sexual offence. This will include addressing a variety of health needs in the aftermath of a sexual assault.

### **Past Rape (as an adult)**

Research tells us that the majority of people who experience sexual violence as an adult are unlikely to approach services in order to disclose in the recent aftermath of the assault. It may be that people will tell friends or family, or may not tell anyone. It is likely, however, that they will approach services at some point as a direct or indirect result of the assault. These reasons could include:

- Sexual health concerns, e.g. pregnancy, STIs, sexual problems
- Mental health concerns, e.g. anxiety, depression, self harm, suicidal thoughts
- Need someone to talk to about what happened/feels ready to seek services for the assault
- Concerns about substance misuse (as a way of coping with their experiences)

### **Child Sexual Abuse**

Don't assume that adults who were sexually abused as children need to talk about the abuse or be referred for counselling. Find out from each individual what the abuse means to them and what response they have had from others and what they require from you, for example not being touched, extra time for a smear test or working out a birth plan which they feel comfortable with.

Some survivors may experience trauma symptoms as a consequence of the abuse, such as flashbacks, nightmares, dissociation and/or have developed phobias over time. They may have difficulties with intimacy. Trauma symptoms can also be experienced by adults who have experienced sexual violence and by others who have been subject to distressing events, such as a car accident or a natural disaster.

If you have current child protection concerns contact Child Protection on:  
08000 938 100 (Office hours)  
0845 601 4813 (Emergency out of office hours)

### **Involvement in Commercial Sexual Exploitation**

Involvement in prostitution and other forms of commercial sexual exploitation (including the making of pornography, stripping and pole dancing) brings with it risks of repeat victimisation. There are some things that you can discuss with those involved in commercial sexual exploitation that may help reduce these risks and make them safer:

- Stabilising drug or alcohol use - can help to cease involvement in prostitution (therefore discuss options for substitute prescribing, alcohol detox, etc)

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- Coercion – who is coercing the woman to be involved? E.g., if it is a partner, is this in the context of domestic abuse?
- Personal safety – identify risks and discuss solutions to reduce them
- Safer sex – advise using condoms
- Mental Health - how this affects their mood, feelings and thoughts
- Impact of trauma and their trauma symptoms, e.g. dissociation
- Exit – staff can help to support the woman to stop being involved when and if she is ready, even though there are no dedicated organisations and services for this in Highland, it could be helpful for her to consider her options. Staff have a role in supporting her to explore what these are

### **Addressing Trauma**

Trauma services in Highland can only be delivered by staff qualified in therapeutic interventions addressing issues such as dissociation and phobias. However, it is recognised that in dealing with trauma, the individuals affected should also be provided with support and advocacy from appropriate services that recognise their needs.<sup>1</sup> In fact, individuals may require this in advance of accessing any form of therapy. Trauma Informed Care Services:

- Promote trauma awareness and understanding.
- Recognise the trauma related symptoms and behaviours originate from adapting to traumatic experiences.
- View trauma in the context of individuals' environments.
- Minimise the risk of re-traumatisation or replicating prior trauma dynamics.
- Create a safe environment
- Identify recovery from trauma as a primary goal.
- Support control, choice and autonomy.
- Create collaborative relationships and participation opportunities.
- Familiarise with the client with trauma informed services.
- Incorporate universal routine screenings for trauma.
- View trauma through a socio-cultural lens.
- Using a strengths-focused perspective: promote resilience.
- Foster trauma-resistant skills.
- Demonstrate organisational and administrative commitment to trauma informed care.
- Develop strategies to address secondary care and promote self care.
- Provide hope - recovery as possible.

Staff in all sectors are expected to deliver a 'trauma informed' service and should consider how local practice and procedure contributes to the elements of such as service as outlined above.

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<sup>1</sup> NICE Guidelines for PTSD

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### **Ongoing support/contact with person**

- Conduct a MARAC Risk Assessment<sup>2</sup> if the person is/has experienced sexual violence within the context of domestic abuse, stalking or 'honour' based violence
- Address immediate safety concerns and develop a safety plan, if necessary
- Emphasise the aspects of support that you can provide and how often you can see the person and for what purposes
- Ensure that the person has information on support agencies, if wanted
- Ensure that anything you have promised to do, e.g. referral to other service/find out information about housing, etc, is done
- Record relevant information in the person's notes/file

### **One-off Meeting**

- Address immediate safety concerns and develop a safety plan if necessary
- Ensure that the person has information on support agencies, if wanted
- Ensure that anything you have promised to do, e.g. referral to other service/find out information about housing, etc, is done
- Record relevant information in the person's notes/file

### **Service Responses to Sexual Violence**

#### *Police Scotland*

The Police take reports of sexual violence very seriously. Survivors will be allocated a SOLO (Sexual Offences Liaison Officer) who has been specially trained in issues relating to sexual violence. The SOLO will note the survivor's statement and be present during any examinations.

Staff in other agencies can explain this process to survivors who may want to report to the police.

#### *NHS Highland Services*

A number of NHS services are available to survivors of sexual violence. Sexual Health services can provide treatment and advice and may be able to sign post to specialist NHS services. It may be that as a result of previous experiences of sexual abuse, survivors may be accessing mental health and/or substance misuse services. In some services, both women and men will be asked routinely if they have experienced child sexual abuse. This is because it can help the NHS to provide people with a better service if they are aware of the reasons behind some of the problems that they might have.

Staff supporting survivors of sexual violence may themselves be affected by the disclosures and discussions they have, either due to personal experiences of their own being triggered or due to vicarious trauma. NHS Highland

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<sup>2</sup> MARACs (Multi Agency Risk Assessment Conference) are regular local meetings where information about high risk domestic and sexual abuse is shared between agencies. By bringing all agencies together a co-ordinated safety plan can be drawn up to support the victim. The MARAC can also make links with other multi-agency meetings and processes to safeguard children, vulnerable adults and manage the behaviour of the perpetrator.

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Occupational Health Service is concerned with the health and well-being of people of working age in Inverness and the Highlands and there are services available for staff in this situation.

### *Voluntary Sector Services*

A number of voluntary sector services can provide support to survivors of sexual violence. These are detailed in the section below on “More information and support”. Key services include Rape and Sexual Abuse Service Highland and Victim Support, both of whom operate local face to face services for survivors. It may also be appropriate to signpost survivors to Women’s Aid groups, if their experiences of sexual violence were part of an abusive relationship.

## **More Information and Support**

Brook Highland  
Sexual Health Clinic  
77 Church Street, Inverness  
Tel: 01463 242434  
<https://www.brook.org.uk/>

Caithness and Sutherland Women’s Aid  
Voluntary Groups East Sutherland, ‘Alba’ Main Street, Golspie, KW10 6TG  
CASWA: 0845 408 0151  
Golspie Office: 01408 633966  
<http://www.caswa.org.uk/>

Information pack for women and men (over 16) who have been raped or sexually assaulted  
Scottish Government 2008  
<http://www.gov.scot/Publications/2008/04/16112631/0>

Inverness Women’s Aid  
2 Anderson Street, Inverness IV3 8DF  
Tel: 01463 220719  
[www.invernesswa.co.uk/](http://www.invernesswa.co.uk/)

Lochaber Women’s Aid  
3 Belford Road, Fort William PH33 6BT  
Tel: 01397 705734  
[www.lochaberwomensaid.org/](http://www.lochaberwomensaid.org/)

MARAC Co-ordinator Highland  
Email: [highland.marac@scotland.pnn.police.uk](mailto:highland.marac@scotland.pnn.police.uk)  
Tel: 01463 720261

NHS Highland Occupational Health  
Osprey House, Raigmore Avenue, Inverness, IV2 3DZ  
Tel: 01463 704499  
<http://www.nhshighland.scot.nhs.uk/Services/Pages/OccupationalHealth.aspx>

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NHS Highland Sexual Health

Highland Sexual Health clinics run throughout Highland and provide: a free, confidential, one-stop service for men and women.

<http://www.nhshighland.scot.nhs.uk/Services/Pages/SexualHealth.aspx>

Rape and Sexual Abuse Service Highland (RASASH)

New service based in Inverness but covering Highland which provides emotional and practical support, information and advocacy for survivors, their non-abusing partners, family and friends.

Tel: 0333 0066909 (support for survivors), 01463 257657 (business line)

<http://www.rasash.org.uk/>

Rape Crisis Scotland

<http://www.rapecrisisscotland.org.uk/>

Ross-shire Women's Aid

The Square, George Street, Dingwall IV15 9SA.

Tel: 01349 863568

Skye & Lochalsh Area - Tel: 01478 613365

<http://www.rosswa.co.uk/>

Survivor Scotland

<http://www.survivorscotland.org.uk/>

Victim Support Scotland

Fairways House, Fairways Business Park, Inverness, IV2 6AA

Tel: 01463 258834

<http://www.victimsupportsco.org.uk/page/index.cfm>

Waverley Care

34 Waterloo Place, Inverness, IV1 1NB

Tel: 01463 711 585

<http://www.waverleycare.org/contact-us/office-contacts/inverness/>

Women's Support project

<http://www.womenssupportproject.co.uk/>

Yes you Can! Working with Survivors of Childhood Sexual Abuse: 2<sup>nd</sup> edition – Scottish Government 2008

<http://www.gov.scot/Publications/2008/04/07143029/9>

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