

HEALTH AND WELLBEING BOARD 15 September 2016

ITEM 10

Police & Crime Commissioner for Derbyshire

Sexual Violence Needs Assessment Brief

SUMMARY

- 1.1 The purpose of this brief is to inform the Health and Wellbeing Board of the work that been completed so far by the Sexual Violence and Abuse Pathway Strategy Group. The group was established and chaired by the Police and Crime Commissioner for Derbyshire on behalf of Derbyshire and Derby City Councils, Derbyshire Constabulary, Clinical Commissioning Groups, NHSE and Derbyshire HealthCare Foundation NHS Trust to:
 - Address the fragmentation of current services and funding
 - Define a single partnership strategy for funding and delivery of services for victims of Sexual Violence and Abuse
 - Identify gaps and options to address them
 - Manage the interfaces and pathways between those services
 - Ensure best value and outcomes with the available funding between those partners

The paper will summarise both the Derby City & Derbyshire County Sexual Health Needs Assessment 2013 and the Domestic Abuse (DA) and Sexual Violence (SV) in Derby and Derbyshire: health needs assessment 2014 in regards to the current understanding surrounding sexual violence.

Recommendations from the group would be made with a view to a further paper being submitted to the Health and Wellbeing Board on funding and pathway options.

- 1.2 Both argue that the failure to address the victim's immediate and on-going needs could have long term consequences on wellbeing and health, as well as a possible negative impact on the CJS (from lack of support leading to CJS disengagement).
- 1.3 Possible risk factors for SV include: poverty, history of child sexual abuse, being young, married or cohabitating, involvement in sex work, learning or physical disabilities, mental illness or social environments that have a general tolerance of SV.
- 1.4 The 2013 needs assessment estimated that each adult rape can cost over £76,000 when dealing with all of the impacts to the victim, early treatment costs and CJS costs. The provision of SARCs was highlighted as a way to reduce costs but the assessment did not specify as to how much could potentially be saved.
- 1.5 Age is a key risk for sexual violence. Derby City has a younger than average population with a high proportion of 20 to 29 year olds, suggesting a higher risk of SV

in Derby City than the rest of the county. Males and Females aged 20 to 29 make up 15.39% of Derby City's population in comparison to 10.65% of Derbyshire County's population. Derby City has a population of around 250,000 compared to 750,000 in Derbyshire County, which is said to have a higher proportion of 40 to 79 year olds.

1.6 When looking at crimes per 1000 of the population (using Force figures 2014-15), it is clear that those aged between 10 and 19 are at a higher risk than those ages 20 to 29 or those aged 30 to 39.

			Population	Crimes per 1000 of the population
Derby City	Males	10 to 19	16266	1.3
		20 to 29	19117	0.6
		30 to 39	16651	0.8
	Females	10 to 19	15319	10.1
		20 to 29	19163	4.9
		30 to 39	16635	2.6
Derbyshire County	Males	10 to 19	47215	0.6
		20 to 29	41194	0.3
		30 to 39	44343	0.2
	Females	10 to 19	44907	7.3
		20 to 29	40771	3.3
		30 to 39	46182	1.4

- 1.7 The following key objectives were provided from the Government in regards to dealing with sexual violence: Maximising prevention, Increasing support and health service access and Improving the CJS response.
- 1.8 Derby City was shown to be worse than the English average for female recorded rape whilst the districts in Derbyshire County were all either in line with the average of below.
- 1.9 It is important to consider BME groups and potentially tailoring services to their individual needs to ensure maximum engagement with 19.7% of people in Derby City identifying as belonging to a BME group.
- 1.10 The issues surrounding those in rural areas was also highlighted, with significant health challenges and the feelings of social and geographical isolation, as well as poorer access to services.
- 1.11 It is accepted that the increase in crime figures in recent years could be due in part to increased prevalence, better access and trust in police as well as crime recording

changes.

1.12 The adult psychiatric morbidity survey highlighted that 16% of those surveyed had screened positive for Post-Traumatic Stress Disorder (PTSD) following an experience of extensive DA and SV.

RECOMMENDATION

- 2.1 To conduct further work on the following groups that were previously excluded from the 2014 needs assessment: under 16's, migrant groups with no recourse to public funding, victims of historic abuse, victims of stalking or on the long term health needs of those victims that differ from domestic abuse victims.
- 2.2 To increase work in rural areas to address the inequity in accessing services and positive outcomes for those more vulnerable groups.
- 2.3 To have specialist BME services in place to allow victims to disclose sexual violence in an environment where they feel the most comfortable and to make sure that these services are no longer intermittent.
- 2.4 To investigate if support services could potentially engage with victims earlier, possibly before the police in order to prevent any barriers to victims seeking support that the police may create.
- 2.5 To address the awareness of the importance of DA and SV as a cause of ill health, alongside a direct pathway for referrals into health services.
- 2.6 To look at areas outside of Derbyshire to investigate approaches to population wide prevention work such as with large employers and schools.
- 2.7 To look at a regional approach for SARC provision.

REASONS FOR RECOMMENDATION

- 3.1 Issue that some data sources do not include certain age groups. For example, the Crime Survey for England and Wales does not survey those under the age of 16 and those over the age of 59, potentially skewing perceptions of crime rates.
- 3.2 Research tends to focus on heterosexual women as victims, so there is a potential value in increasing research into smaller population groups e.g. BME and LGBT groups.
- 3.3 The 2014 health needs assessment compiled a number of important health needs for the people of Derby and Derbyshire as follows:
 - A need for a victim to have someone in a position of trust and to feel like they won't be stigmatised

- Help with acute problems as well as practical support and long term support
- Support for affected family members and children
- Services to be gender specific and patient centred
- A need for services to have tailored provision for population groups
- A need for the strategic leadership of services, active communication and for services to be integrated with health care
- A need for growth in preventative work

SUPPORTING INFORMATION

4.1 According to SV2 figures, the number of new service user's year on year is increasing, with a percentage increase between 2014/15 and 2015/16 of 17.5%. This has been highlighted by a percentage increase of 114.4% for male victims, 21.3% for historic cases and 150% for victims of multiple assaults.

SV2	2013/14	%	2014/15	%	2015/16	%
New	661		702		825	
service						
users						
Male	81	12.3%	90	12.8%	193	23.4%
victims						
Historic	197	38%	249	35.5%	302	36.6%
cases						
Victims of	8	1.5%	12	1.7%	30	3.6%
multiple						
assaults						

4.2 In the table below, is the police recorded figures for Derbyshire for 2015-16 and for the year to date April 1st 2016 to June 19th 2016. This also includes a comparison to the same time frame (April to June) for the previous year with a percentage change between 2015 and 2016.

	April 2015- March 2016	Year to Date April 1 st 2016 – June 19 th 2016	April 1 st 2015 – June 19 th 2015	Percentage Change
Sexual Offences	1582	365	349	4.58%
Rape	517	133	105	26.67%
Other Sexual Offences	1065	232	244	-4.92%

OTHER OPTIONS CONSIDERED

5.1 None

This report has been approved by the following officers:

Legal officer	
Financial officer	
Human Resources officer	
Estates/Property officer	
Service Director(s)	
Other(s)	

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Background papers: List of appendices: Appendix 1 - Implications

Appendix 2 – Key points from SV Crimes 2014/15, first 2 quarters

IMPLICATIONS

Financial and Value for Money

1.1

Legal

2.1 n/a

Personnel

3.1 n/a

IT

4.1 n/a

Equalities Impact

5.1 n/a

Health and Safety

6.1 n/a

Environmental Sustainability

7.1 n/a

Property and Asset Management

8.1 n/a

Risk Management

9.1 n/a

Corporate objectives and priorities for change

10.1 n/a