Briefing One
Profile of Rape Crisis service users
and their experiences of sexual violence

Hidden Depths:
a detailed study of Rape Crisis data

Jo Lovett and Liz Kelly
Child and Woman Abuse Studies Unit
London Metropolitan University

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Key findings
- Rape Crisis service users are predominantly female across all age groups, but a notable and increasing proportion are children and young people.
- A high proportion are unemployed, at least one third have a disability and at least one in ten are BME.
- Users of Rape Crisis services have experienced a wide range of forms of sexual and other violence and abuse.
- One in two had experienced two or more forms of violence.
- Around three quarters of survivors experienced sexual violence in childhood, one third in adulthood.
- Perpetrators were most commonly family members, followed by acquaintances and intimate partners.
- Rape Crisis Centres are seeing a growing number of survivors who have reported to the police whether in the past or more recently.

Introduction

There is currently a network of 45 Rape Crisis Centres (RCCs) providing specialist services primarily to women and girls, but also to men and boys, who have experienced rape, childhood sexual abuse (CSA) and/or other forms of sexual violence. RCCs offer a wide range of practical and emotional support for survivors, supporters and professionals through telephone helplines, face-to-face counselling and support, group work, advocacy, outreach, prevention work and training for external agencies.

Since the late 1970s, RCCs have provided services to women and girls in a woman-centred environment, working from a feminist perspective and within a framework of empowerment (Women's Resource Centre & Rape Crisis England and Wales, 2008). A core aim of the national Rape Crisis network, Rape Crisis England and Wales (RCEW), is to raise awareness of the realities and impacts of sexual violence (RCEW & RCS, 2012), including the often overlooked needs of adult survivors of CSA.

The *Hidden Depths* project created an unprecedented opportunity to explore what data held by 18 RCCs in England revealed about sexual violence. The aims of the project were to provide RCEW and the public with a better understanding of who accesses their services in terms of: demographic and socio-economic profile; violence profile; nature and extent of service contact and referral patterns. Another aim was to understand the limitations and opportunities of the RCC's routinely collated data and make recommendations for further analyses and data collation. The research team, from London Metropolitan University, in collaboration with a Working Group made up of RCC members, met periodically to review the findings and discuss the implications for future data collection.

Methods

Half of RCCs in England and Wales currently use a bespoke cloud-based database, the Data Performance Management System (DPMS). Designed within the network for monitoring and case management rather than research purposes, DPMS enables recording of a wide range of service user data, including socio-demographic profile, experiences of sexual violence, referral routes, engagement with different forms of RC support, and contact with the criminal justice system. Pre-set coding categories and reporting tools are shared across all centres, although there is some scope for additions to encompass individual centres' data needs. All centres using DPMS were approached to take part in the project because their shared data systems meant cross-centre collation and analysis would be more feasible. Those who declined to take part were primarily small RCCs or new users of DPMS.

17 of the 18 RCCs participating in the *Hidden Depths* project supplied DPMS data. The other centre uses a different database system so provided data in another format, although there were clear overlaps with the DPMS due to the common nature of the work they undertake. One of the 17 RCCs supplying DPMS data also contributed a historic dataset pre-dating the DPMS, which was analysed alongside their DPMS data. The DPMS datasets were extracted centrally by RCEW and supplied to the research team once all personal identifiers (including name, address and contact details) had been removed. Open text fields were not included, as they contained large amounts of additional potentially identifying detail. Variations in the types of services offered and additional categories employed by the RCCs involved in the project meant there were some significant variations across the 17 DPMS datasets. Further differences were apparent between the DPMS and two non-DPMS datasets. A substantial amount of work was required to align the variables and coding categories across all datasets within a common format, and to check and clean the data.

There are a number of limitations, primarily linked to their original status as administrative, rather than research, data. Various factors also contribute to a degree of missing data. Firstly, some survivors may only have a brief one-off contact with the service, making opportunities for information gathering limited. Secondly, Rape Crisis' survivor-centred ethos includes a non-intrusive approach to data collection. This means that, particularly at the point of initial contact, service users are not asked to provide information on all variables in the DPMS; only what they choose to disclose is recorded (Westmarland *et al.*, 2010). Finally, not all RCCs have sufficient resources to employ a member of staff dedicated to data management. Where capacity for data entry is scarce, this may mean that completing some sections of the database is prioritised over others, and that work to update or recover missing data is not possible. Where levels of missing data are particularly high for specific variables or for individual centres, they have been excluded from the analysis. Equally, where centre-level analysis has shown more robust data from particular RCCs, results are presented based on these sub-samples rather than the whole sample. The samples on which estimates are based are always indicated. The centres with the most complete data did not differ largely from all the centres in the project in terms of key variables such as their age, gender and role profile, except for

ethnicity, as some centres with higher levels of missing data were more ethnically diverse. Missing data is a key issue that can have a bearing on how the results are presented and interpreted, so where the levels of missing data are above 15% they are presented and/or discussed in the text.

Collectively, the datasets constitute a unique and invaluable resource on sexual violence. The volume of cases analysed here (just under 35,000) is unparalleled compared to existing data sources on sexual violence and comprises data from almost half the whole Rape Crisis network. In addition, the types of cases included are not well represented in other datasets.

During the analysis, several additional variables were derived from existing data to codify whether experiences of sexual violence occurred in childhood, adulthood or both. This model drew on a series of typologies developed following analysis of data on physical and sexual violence and abuse in the Adult Psychiatric Morbidity Survey (see Scott *et al.*, 2015; McManus, Bebbington *et al.*, 2016). For service users who had experienced sexual violence perpetrated by intimate partners it was also possible to examine the occurrence of physical abuse in childhood, adulthood or both. New sexual violence and physical abuse variables brought together data from the primary form of violence, further details and age at the time of incident fields. These were then used to build a further variable providing an overall breakdown of violence and abuse typologies for the whole sample.

Three main units of analysis have been applied to the dataset. The total number of records (totalling over 40,000 rows) includes multiple entries for certain individuals due either to their contact with the service at different points in time or their experience of multiple separate forms of violence. Hence the dataset can be analysed in relation to unique individuals, unique cases within a given period and unique experiences of sexual violence, depending on what is under scrutiny. In addition, the breakdown of service users by the categories of survivor, supporter and professional (see below) means that analysis can exclude supporters and professionals, if appropriate.

The DPMS was introduced at different times in the 17 centres, so the individual centre data covers different time periods, but the dataset as a whole spans 2004-mid-2015. In order not to distort trend patterns, where the analysis focuses on trends over time, only those centres whose data spanned the same complete time period are included. This amounts to 18,613 unique individual service users, and spans a five-year period of 2010-2015. As the cut-off for inclusion of data was 31st May 2015, the time series data is presented by year running from 1st June to 31st May.

Sample

The table below provides an overview from all RCCs participating in the project, broken down according to the three main units used in the analysis: individual service users, individual cases (separate periods of contact with the service), and their experiences of violence.

**Table 1: Breakdown of sample by individuals, cases and experiences**

Unique individuals	Unique cases	Unique experiences of sexual violence
33,343	34,489	38,967

Results

Who seeks support from Rape Crisis?

The vast majority of service users are survivors (95%). However, RCCs also offer a range of support to their supporters (mainly family, friends and partners), as well as providing advice and information to a small number of professionals (see Figure 1). Supporters constitute 4% of service users overall, but at two centres in this study the proportion is over 10%.

Figure 1: Type of service users contacting Rape Crisis
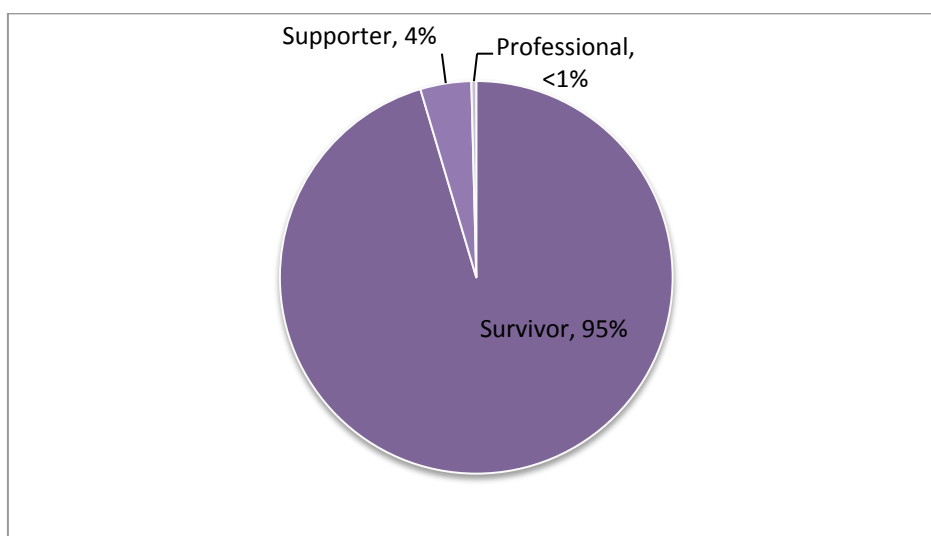
n=34,251 unique cases, where service user type known

The majority (94%) of those contacting RCCs do so as new referrals. This means there is no indication they have contacted the service before. The remainder (6%) are returning service users. A service user is normally defined as a returner if they have made renewed contact after a clear time interval has passed (usually three months). It should be noted that this is different to the (often multiple) interactions they may have with the RCC within each period of contact, which are reported on elsewhere (see Briefing 2).

Socio-demographic profile of service users

The DPMS contains multiple variables relating to the socio-demographic characteristics of service users, enabling us to build up a detailed picture of who contacts Rape Crisis for support.

Gender

Reflecting the gendered patterns of sexual violence victimisation, the vast majority (96%) of Rape Crisis service users overall are women and girls (see Figure 2). Although this gender distribution reveals a slightly lower proportion of men and boys than national victimisation data (see Crime Survey England and Wales (CSEW) data reported on in Ministry of Justice, Home Office & ONS, 2013), this reflects the fact that some of the centres are women-only. A small number of service users (<1%) identify as transgender or non-binary. The categories of both male and female may contain further survivors who have transitioned and self-define as one of these groups rather than as transgender.

Figure 2: Gender of service users
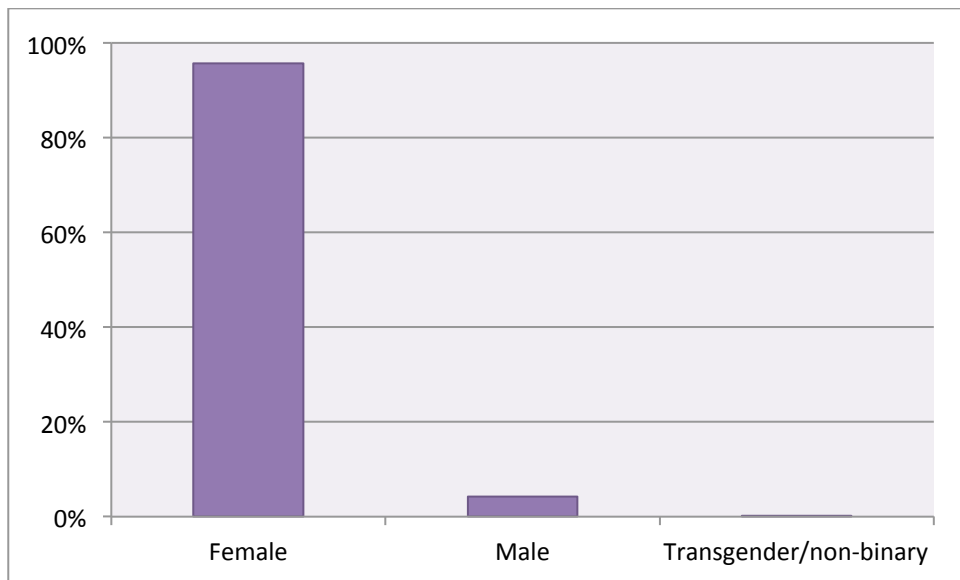
n=32,803 unique cases where gender known, based on 16 centres with higher reporting of gender status

Age

Rape Crisis collect data on age both at the time of victimisation and when the service was initially contacted. The latter is presented below using data from the 14 centres where it is near complete. Although the largest group of service users overall is aged 25-34 years, there is a fairly broad concentration across the ages of 13-54 years. The proportion who are very young children is small (2%), but there are notable percentages of young people (14%) and older women (4%) seeking support. One in five male (19%) and one in ten female (12%) service users are aged under 18. At one centre, one in ten (12%) of all service users are under 12. Not all centres have the relevant staff, resources and funding agreements to offer services to children, with few able to support under-12s, so need among this age group is potentially higher than the data suggests.

**Figure 3: Age at time of contact with centre**
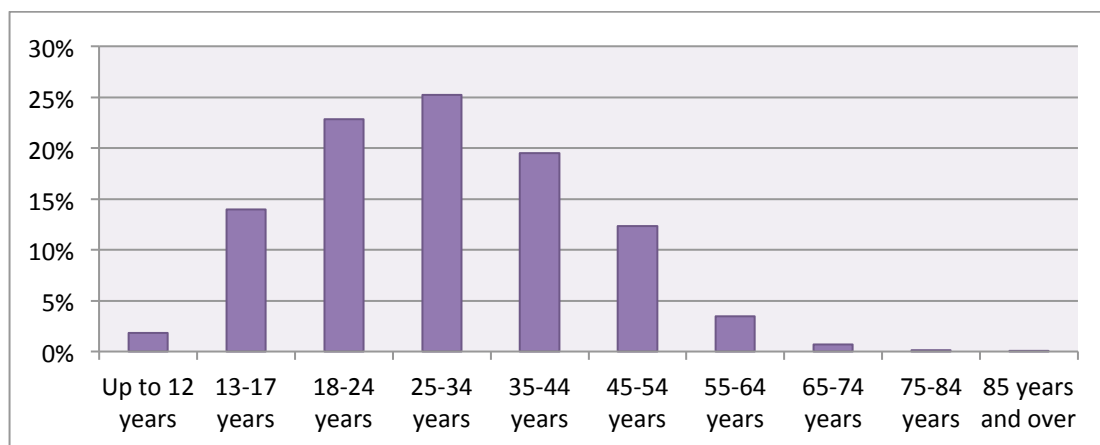
n=21,313 unique cases where age known, based on 14 centres with higher reporting of age status

The age profile of supporters is somewhat older, with the largest group (34%) aged 35-44 years, and 80% overall aged 25 years and over (compared with 60% among survivors). This reflects their predominant roles in relation to survivors as trusted adults, such as parents and other family members.

Ethnicity
Ethnic origin is a variable that is subject to substantial missing data. This may reflect the nature of the initial interaction with service users (typically contact over the phone) and how comfortable service providers felt about asking this question. However, given the very low proportion who responded 'prefer not to say' when asked (0.2%) (see Figure 4), this concern may be misplaced. Across all centres, the majority of service users were White, broadly in line with the profile of the wider population. Roughly equal proportions of service users were coded as Black/Black British, Asian/Asian British, or as Mixed/Any other ethnic group, comprising 11% overall, although the proportion where ethnicity was not recorded may hide additional black and minority ethnic (BME) cases. Within this overall picture, there are wide variations between individual centres reflecting local populations, with the proportion of service users who are BME ranging up to 31%.

**Figure 4: Ethnicity of service users**
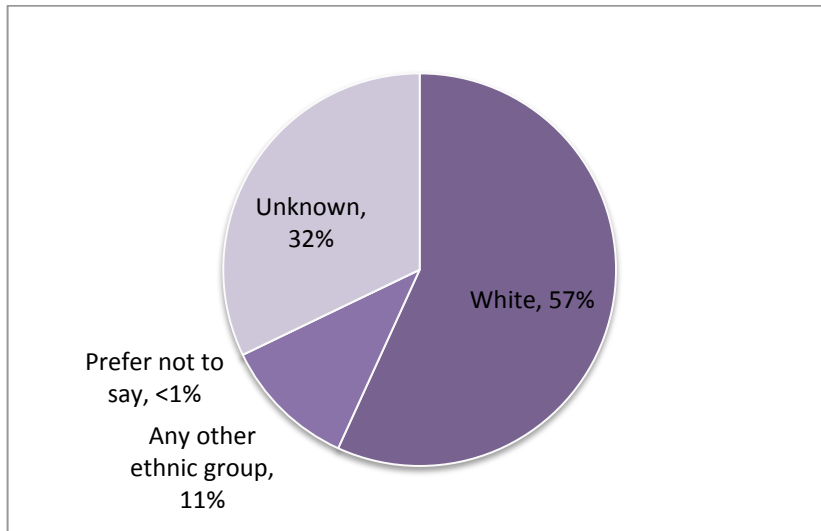
n=34,489 unique cases, all centres

Disability

In the three centres for which near complete disability data was available, 30% of female and 27% of male service users reported being disabled, equivalent to 30% overall (see Figure 4). The most common disabilities were: a mental health issue (19%); a long-term physical health condition affecting daily activities (6%); or a learning disability (6%). Looking only at survivors at these three centres, those with a disability rose to 30%, while 14% of supporters reported having a disability. The levels of mental ill health are similar to the general population (McManus, Bebbington *et al.*, 2016), but there may be some under-reporting as these conditions are self-reported, which depends on service users both acknowledging and disclosing them. There are implications for how the question is asked of service users, as some may not think of themselves as having a 'disability'.

Figure 5: Disability among service users
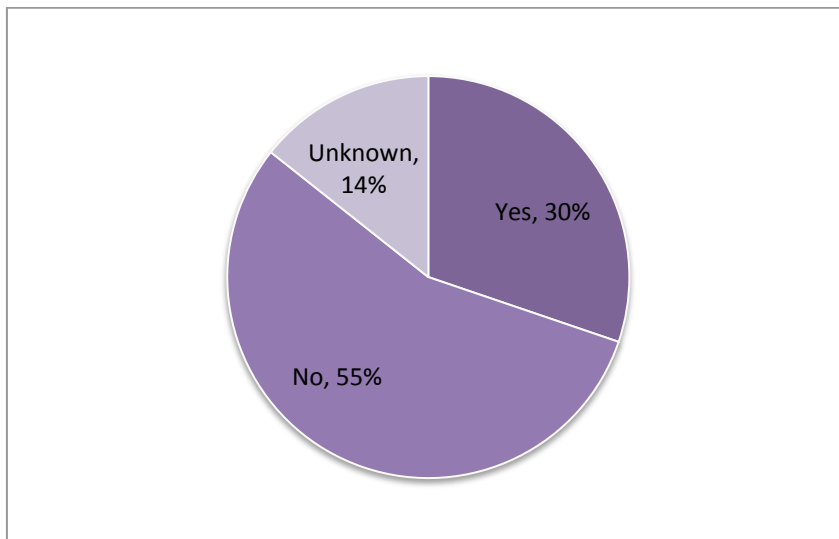
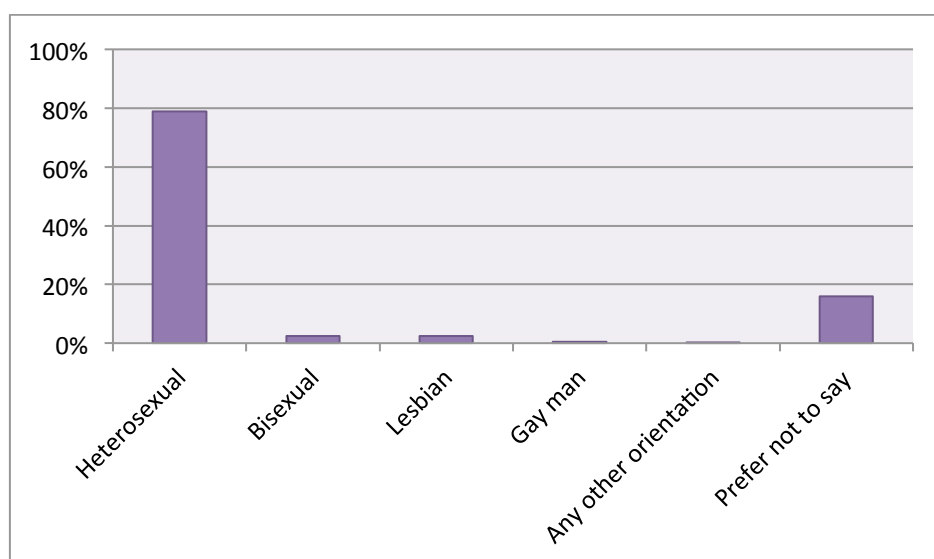n=3,881 unique cases, based on 3 centres with higher reporting of disability status

7

Sexual orientation

Particularly high levels of missing data were noted in relation to sexual orientation. This can be a difficult question for Rape Crisis staff to ask in the context of working with someone who has experienced sexual violence, because of the potential for survivors to think presumptions are being made about impacts on their sexual relationships and sense of self. This is particularly the case during short-term/crisis work such as helpline calls, whereas it may be more possible to ask when providing longer-term services. This is borne out by data showing that one in six (16%) preferred not to state their sexual orientation. Many centres also do not ask this question of under-16s, so it would not be recorded unless they volunteered this information.

Based on the three centres with the most complete data, Rape Crisis service users were mainly heterosexual (79%), with 4% identifying as lesbian or bisexual (see Figure 6). The proportion of Rape Crisis service users who do not identify as heterosexual is twice that within the general population, as estimated by the Integrated Household Survey (ONS, 2015).

Figure 6: Sexual orientation of survivors

n=2,926 unique cases involving survivors where sexual orientation known or the individual stated 'Prefer not to say', in 3 centres with higher reporting of sexual orientation

Relationship status

Being single or separated has been identified as a factor in sexual violence reported to the CSEW (MoJ, HO & ONS, 2013), although it is unclear whether this is at the time of experiencing sexual violence or at the point of reporting this information. Rape Crisis only collects this data in relation to status at the point of contacting the service. Drawing on near complete data from three centres, and looking at survivors only, well over half of the sample (55%) was single, with 10% separated or divorced, while 20% were married, in a civil partnership, cohabiting or in a relationship.

Figure 7: Marital status of survivors
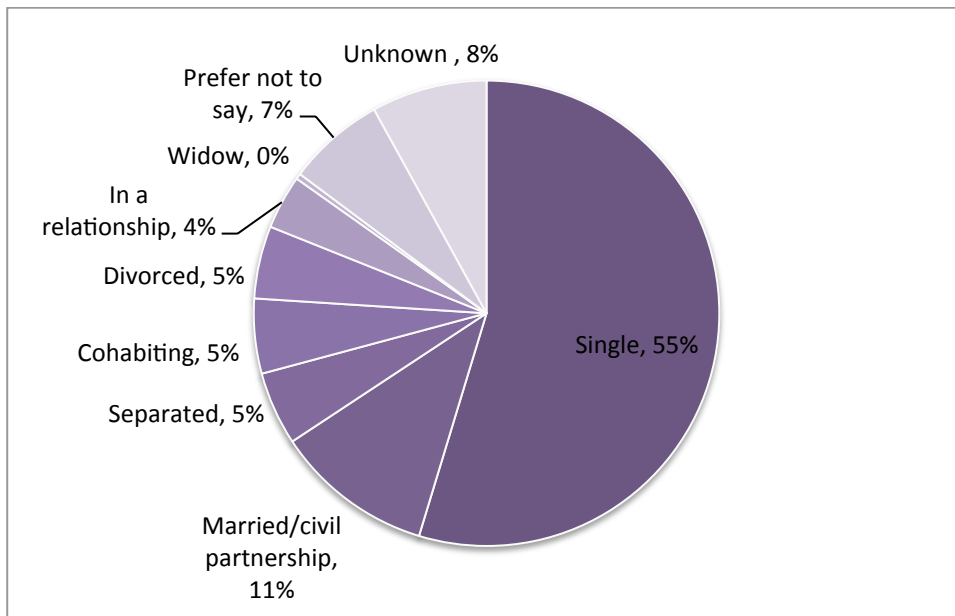
n=3,122 unique cases involving survivors, based on 3 centres with higher reporting of marital status

Employment status

Based on the four centres where the employment data is most complete, looking at survivors only, the largest group of service users were unemployed (34%), followed by those who were employed (22%) and students (5%). There was an additional group (5%) whose employment status was insecure, including those who were long-term sick, registered disabled, involved in voluntary work and with no recourse to public funds (see Figure 8).

Figure 8: Employment status of survivors (aged 18 and over)
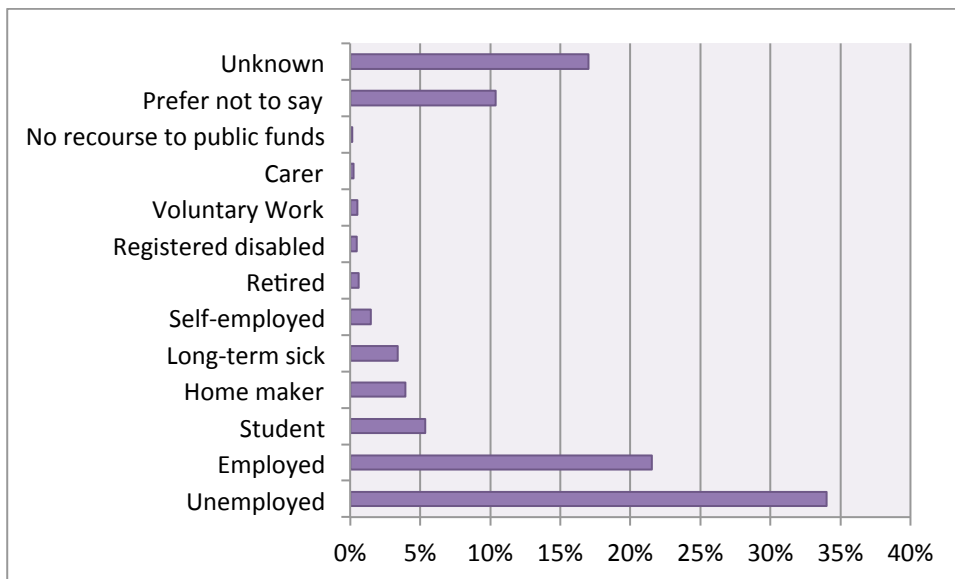
n=3,079 unique cases involving adult survivors where age known, based on 4 centres with higher reporting of employment status

Immigration status

Despite gaps in the data on immigration status, at least 2% (n=705) of cases contacting Rape Crisis are non-UK nationals, with a variety of statuses. The largest group was refugees and asylum seekers, followed by European Economic Area nationals and those with Indefinite Leave to Remain.

Summary

From the above profile, it is clear that RCCs are working with a variety of groups facing a range of adversities (see McManus, Scott & Sosenko, 2016). The vast majority are women, with younger and older age groups present in the data. A high proportion are unemployed, at least one third have a disability and at least one in ten are BME.

Referrals to Rape Crisis

Based on the six centres with five-year data, there has been an overall increase in the rate of referrals (the number of cases contacting centres) during the period 2010/11 to 2014/15 (see Figure 8), although there is a dip between 2011/12 and 2012/13. This downward trend may be linked to the ending of funding cycles or lack of confirmed funding. The subsequent recovery and increase may be connected to the aftermath of recent high profile allegations, leading to what has been termed the 'Savile' and 'Yewtree' effects (ONS, 2014), and to anticipated investment, such as the Rape Support Fund uplift, which took effect in 2014/15 (see Ministry of Justice, 2015).

Figure 8: Referrals to Rape Crisis 2010/11-2014/15
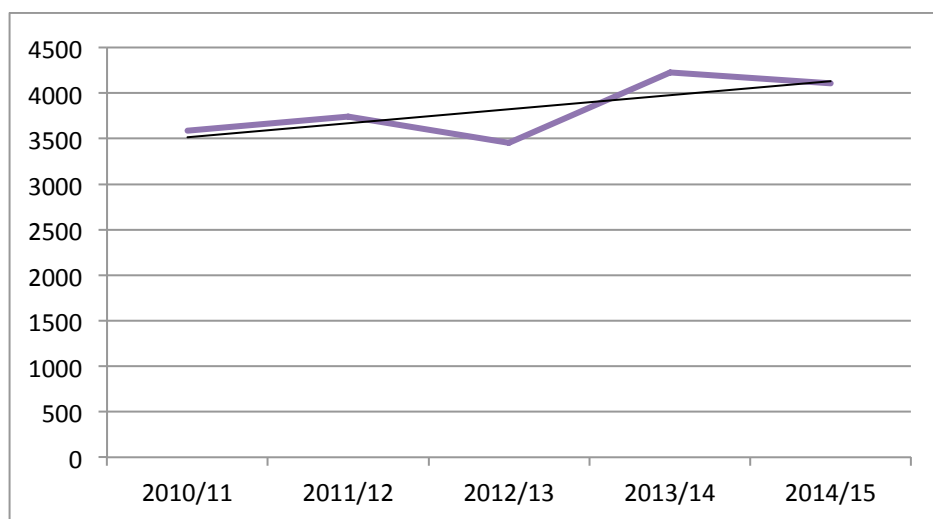
n=19,115 unique cases, based on 6 centres with 5-year data

When looking at the trajectory for individual centres, however, there is a more varied picture. While some show a straight year-on-year increase, others have maintained a fairly flat pattern of referrals, and others still have seen a decrease over the period.

The number of referrals to an RCC can be affected by a number of factors, which may be linked to issues at the local and/or national level. At the local level, short-

term, or lack of sustained funding, means services can become precarious if no further funding is committed as the financial year progresses (Coy *et al.*, 2008). This can lead to temporary or permanent closures and staff with a wealth of experience and expertise leaving for more secure jobs elsewhere. Lack of sustained funding also stops services expanding to meet additional demand. Helplines are a key mechanism for facilitating self-referrals to Rape Crisis. However, if these are constantly busy due to excessive demand or become less consistent in their opening hours due to staffing problems caused by uncertain funding, callers may be deterred. Agencies may also stop referring when they have experienced not being able to contact an RCC, when waiting lists for support are long and when services are temporarily closed due to precarious, or lack of sustainable, funding. Thus, if services are unable to meet demand, so the demand lessens as both survivors and agencies stop trying to refer (see also Rape Crisis & Women's Resource Centre, 2008).

The number of referrals is not fully illustrative of intensity of the work. Although there may be periods where there are fewer referrals, staff may be providing in depth support to those they are in contact with.

The age profile of service users has shifted over the period, with referrals of young people aged 13-17 years seeing the biggest increase (46% since 2010/11). Referrals by those who have experienced sexual violence in childhood have also increased markedly (see Figure 10). This can include both children experiencing sexual violence currently or recently, as well as adults who have experienced it as a child (see also discussion at Figure 12 below). This increase is partly linked to an overall rise in younger service users, and coincides with the introduction of Children and Young People's Independent Sexual Violence Advisors (ISVAs). Funding for new provision reveals the extent of unmet need. A more significant explanation for the increase is the rise in reporting of childhood experiences of sexual violence that has occurred more widely, including to the police (see ONS, 2014).

Figure 10: Referrals to Rape Crisis 2010/11 to 2014/15 by when sexual violence occurred
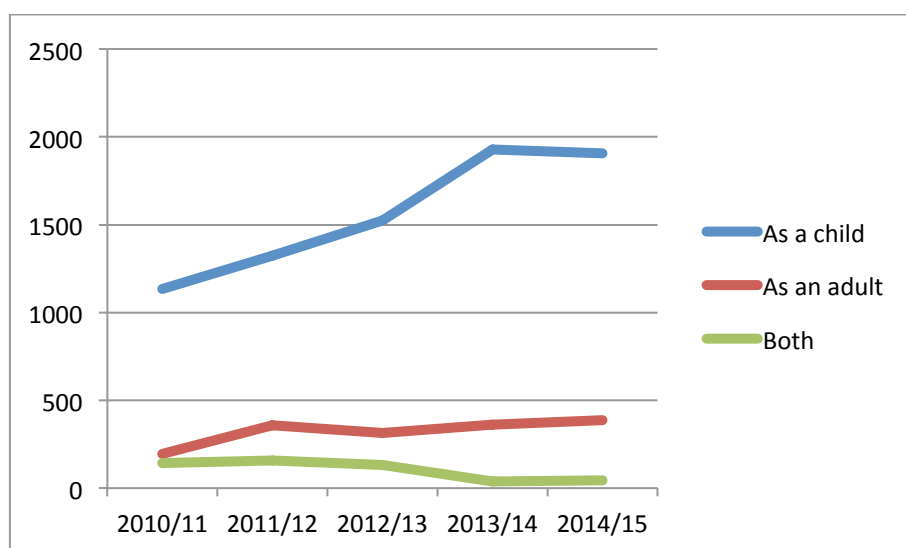
n=21,198 unique experiences, where time when experienced sexual violence is known

Experiences of sexual violence

The DPMS enables collection of data on experiences of violence in two principal ways. Firstly, information is gathered on what is termed the 'presenting incident', the main experience of violence the survivor is seeking support for at that time. In a second area of the database, it is also possible to enter details of each separate 'incident' or experience of violence, if known. While the first categorisation is driven primarily by the requirements of funders, the second is influenced by a criminal justice framing which isolates particular crime types. Both categorisations are problematic because they reduce to singular incidents what, for survivors, are commonly complex, cumulative experiences of violence across the life course (Kelly & Westmarland; 2016 Walby *et al.*, 2016). Jeff Hearn (1998) has coined the concept of incidentalism to capture this reduction of patterns of violence to discrete events. High levels of missing data, particularly for some centres, suggests that there may be difficulties in recording the data in this way because it does not chime with the nature of the experiences survivors are disclosing.

To address this, for the *Hidden Depths* project a series of composite variables were developed to capture the potentially multiple experiences of violence of individual survivors. Firstly, data was derived from a number of variables on all types of violence survivors had experienced. This revealed that survivors had experienced a variety of forms of violence, far broader than the sexual violence remit of Rape Crisis. Analysis of these composite variables is based on unique individuals. While, unsurprisingly, the most common types experienced were rape (46%), CSA (38%) and other kinds of sexual violence (25%), a significant proportion (15%) had experienced domestic violence, most often in addition to, or in conjunction with, other forms of violence, with a smaller number reporting sexual exploitation and prostitution/trafficking.

Table 2: Forms of violence experienced

Form of violence	N	%
Rape	15,247	46%
Child sexual abuse	11,991	38%
Sexual violence[1]	7,899	25%
Domestic violence	4,784	15%
Sexual exploitation	659	2%
Prostitution/trafficking	218	1%
Stalking/harassment	148	0%
Forced marriage	30	0%

n=31,578 unique individual survivors, multiple responses possible

[1] Includes sexual assault, assault by penetration, sexual touching and other forms of sexual violence falling outside the other main categories

Based on cases where information is available, it is possible to identify the extent of experiences of violence service users have disclosed. While over half (57%) reported experiencing one form of violence, 43% reported two or more forms.

Table 3: Number of forms of violence experienced

Number of forms of violence	N	%
1	14,200	57%
2	7,260	29%
3	2,681	11%
4	782	3%
5	118	0%
6	34	0%
7	1	0%
Total	**25,076**	**100%**

n=25,076 unique individual survivors, where type of experience known

It is important to point out that experiencing one form of violence is not necessarily equivalent to a single incident. Although there is a high degree of missing data for most centres in relation to this variable, the three centres with most complete data on frequency suggest that one third (33%) of 'incidents' had occurred more than once, and often repeatedly within a given time period. This rises to 51% looking solely at 'incidents' if all missing data is removed. Multiple occurrences were particularly relevant in cases of CSA and domestic violence (for both, 73% of 'incidents' occurred more than once), while rape was far more likely to have been a singular experience (62% of cases).

Figure 11: How frequently 'incidents' occurred
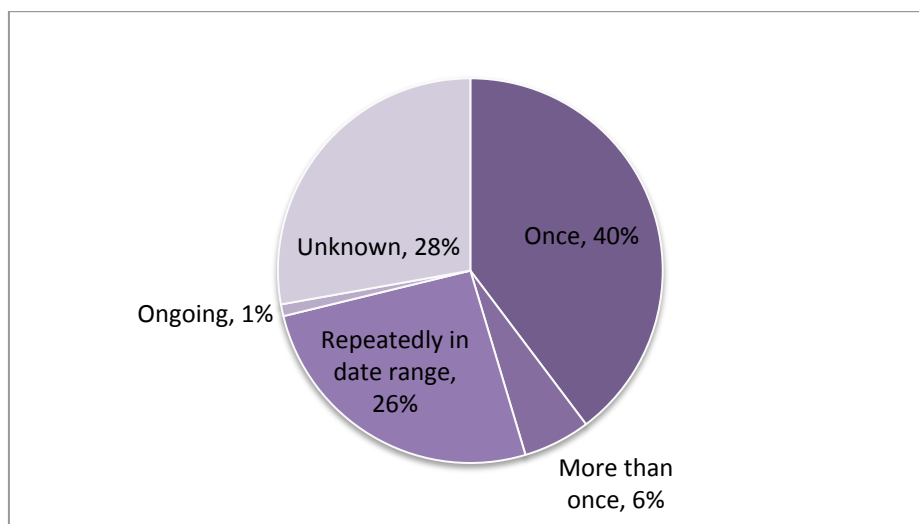
n=9,622 unique experiences involving survivors, based on 3 centres where higher reporting of incident frequency

Across all centres, survivors were most likely to present with childhood experiences of sexual violence. As noted above, this includes both those who were children/young people and those who were adults at the time of contact with the RCC. In most centres, they were generally around twice as likely to cite abuse in

childhood as they were abuse in adulthood. A relatively small minority are recorded as experiencing re-victimisation across the life course, in terms of both child and adulthood experiences. Feedback from RCCs in the project Working Group suggests that this may be an underestimate, and raises issues about how to capture this more accurately in the DPMS, in both directions – those who initially talk about CSA but have also experienced recent rape and those with recent experiences but who have previous experiences in childhood.

Looking at the seven centres where near complete data were available (n=5,436) suggests that up to three quarters (74%) of Rape Crisis service users experienced sexual violence in childhood, 6% of whom are also recorded as experiencing it in adulthood (see Figure 12).

Figure 12: Sexual violence in childhood and adulthood
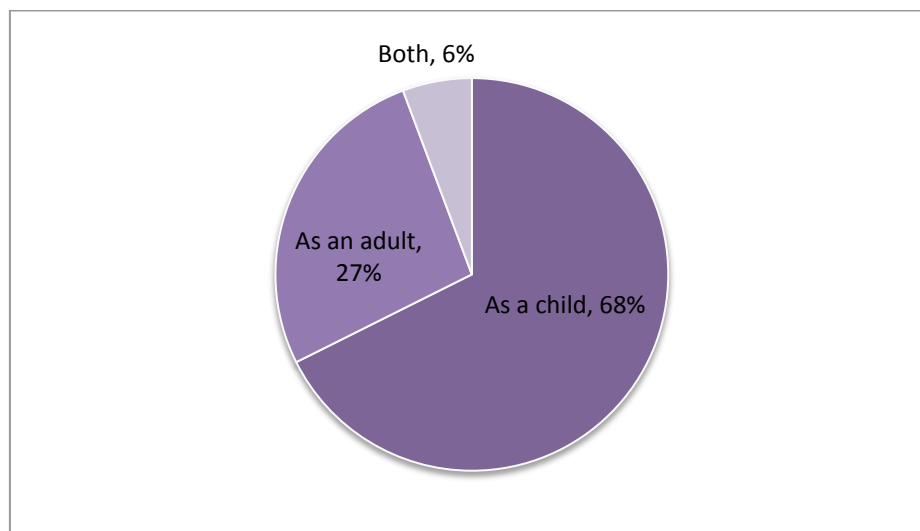
n=5,417 unique sexual violence experiences involving survivors, based on 7 centres where higher reporting of age and type of sexual violence
Percentages may not sum to 100 due to rounding

The picture for physical abuse is the reverse, with twice as many service users experiencing physical abuse in adulthood, than in childhood.

Analysis of the age at which survivors experienced sexual violence supports this overall picture. The three centres where this data is most complete show a much higher concentration of sexual abuse experienced in the younger age groups – almost half below the age of 18 (see Figure 13).

**Figure 13: Age at time of experiencing sexual violence**
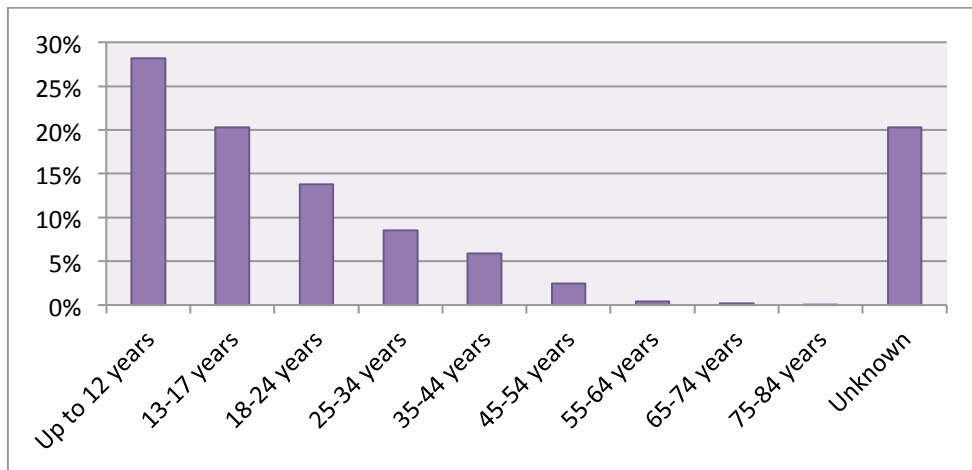
n=5,198 unique experiences involving survivors, based on 3 centres where higher reporting of age at time of sexual violence

When do survivors seek support?

The most complete data from four centres in relation to the timing of support indicates that the majority of service users are seeking support in relation to non-recent experiences of sexual violence.[1] This is different to the profile of those using other services, such as Sexual Assault Referral Centres (SARCs), where forensic examination services are a key component of provision, who tend to be survivors of recent sexual violence (Lovett *et al.*, 2004).

Figure 14: How long after sexual violence do survivors seek support?
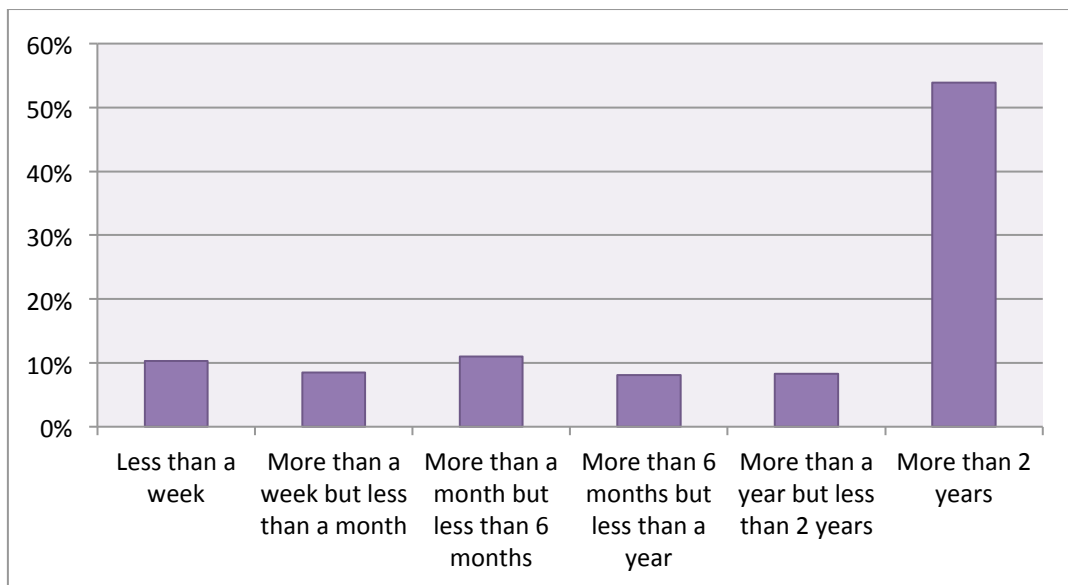
n=6,107 unique experiences involving survivors, based on 4 centres where higher reporting of time elapsed

Percentages may not sum to 100 due to rounding

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[1] We have tended to avoid using the term 'historical' because it is open to a variety of definitional interpretations. Its meaning is also time-specific, as an experience defined at a given time as recent will become historical with the passing of time.
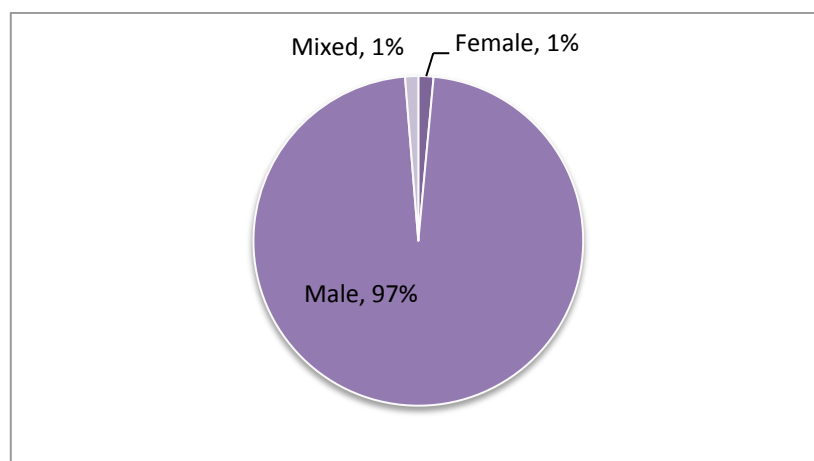
Perpetrators

The availability of perpetrator data in the dataset is mixed, with some centres not collecting this information at all, and others having significant gaps. Findings should therefore be treated with caution. In one sense, this is understandable: Rape Crisis is a service that supports survivors, and the majority of information they collect is about their primary service user group and their interactions with them. However, there is an argument that Rape Crisis is in a unique position to gather basic data on the circumstances in which the sexual violence that affects their service users occurs. This includes not only the nature and extent of sexual violence, but also who perpetrates it and in what contexts. Where part of RCCs, Independent Sexual Violence Advisors (ISVAs), whose role includes supporting survivors through the criminal justice system, are working in a context where perpetrators are also central to the process, making information on them more readily available.

Perpetrator gender

Across all centres, in the majority of cases perpetrators were male. Based on the four centres with most complete data, this was 97%, with 1% female and 1% mixed (where a group). This reflects the gendered pattern of sexual violence highlighted elsewhere (Westmarland, 2015).

Figure 15: Gender of perpetrators

n=5,665 unique experiences involving survivors where perpetrator gender known, based on 4 centres
Percentages may not sum to 100 due to rounding

Where perpetrators were female or groups including both women and men, survivors were also almost exclusively female (95% and 96% respectively). Where survivors were male, perpetrators were most likely to be male (95%), with 3% female and 2% groups including both men and women.

Perpetrator age

As the data on perpetrator age is very limited, it is only possible to comment on their age at the time of service users' initial contact with Rape Crisis. Although these age profiles are subject to a time lag from when the sexual violence occurred, they reflect an age differential between perpetrator and survivor. For perpetrators, a

broadly similar arc as for survivors is evident in age distribution across the life span, but with higher concentrations in the upper age groups.
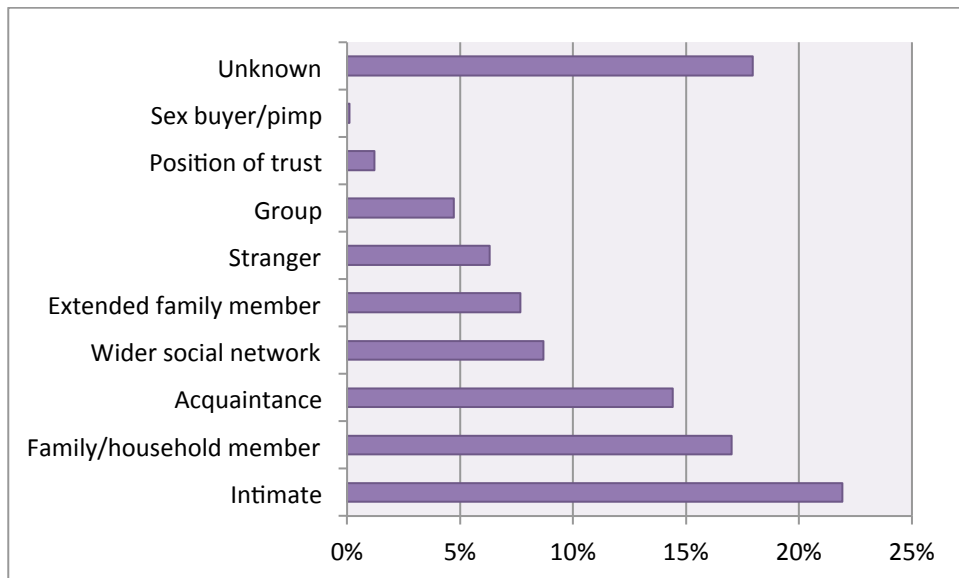
Perpetrator relationship to survivor

The DPMS allows for detailed information to be captured about the relationship type between perpetrators and survivors, although this is subject to a high level of missing data, as explained above. To summarise this, overarching categories have been developed here, drawing on the level of acquaintance and access, both of which can be seen as pivotal in facilitating opportunities for perpetration. A distinction has been made between immediate family members and others living together in a household, on the one hand, and 'extended family members', on the other, because of the differing degrees of relationship and proximity. However, these two categories can also be collapsed into a broader category of 'family'. Similarly, a distinction has been made between 'acquaintances' and members of 'wider social networks'; the latter defined as those having a greater degree of familiarity and/or contact with survivors through participation in shared networks such as friendship groups, schools and workplaces. As with 'family', these two groups could also be collapsed into a broader 'acquaintance' category. Results for both categorisations are presented below.

With the broader classification, analysis revealed that the largest group of perpetrators overall was intimate partners (22%), both current and former, and this was followed by family/household members (17%). A small but notable group involved perpetrators in a position of trust (1%) was also evident, which included professionals, such as doctors or therapists, as well as those in a position of authority or responsibility, like caretakers, sports coaches and clergy. Those with no prior degree of acquaintance, strangers, were a minority in the sample as a whole, constituting just 6%. Also evident was a small group where perpetrators were sex buyers/pimps (<1%).

Around 5% of experiences in the sample involved groups of more than one perpetrator. The majority (79%) of these comprised known perpetrators, with the largest proportions comprising some/all who were known (37%), followed by at least some/all who were related (30%).
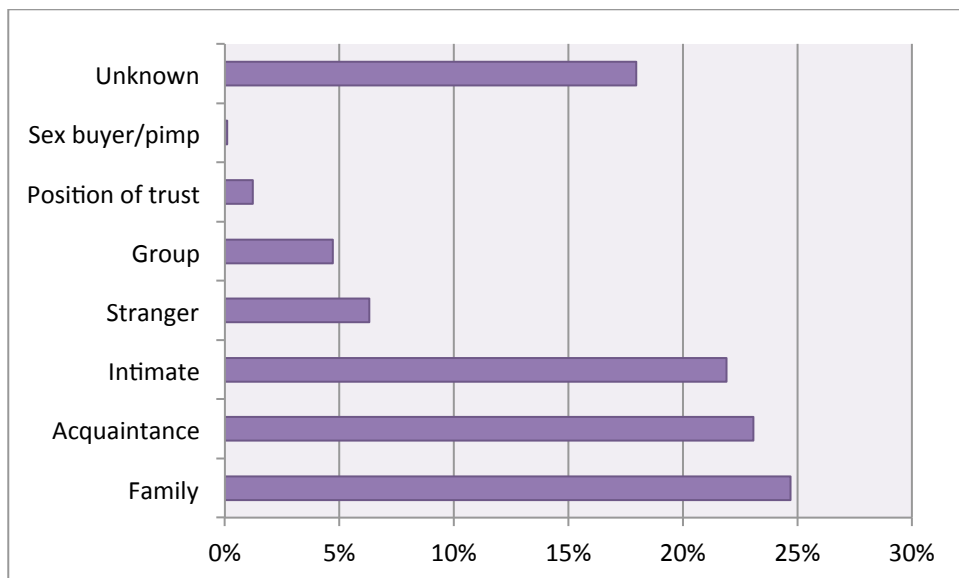
Figure 17: Relationship of perpetrator to survivor

Bar chart showing percentages:
- Unknown: ~18%
- Sex buyer/pimp: ~0.3%
- Position of trust: ~1.5%
- Group: ~5%
- Stranger: ~6%
- Extended family member: ~8%
- Wider social network: ~9%
- Acquaintance: ~14.5%
- Family/household member: ~17%
- Intimate: ~22%

n=7,365 unique experiences involving survivors, based on 5 centres where relationship reporting higher

Percentages may not sum to 100 due to rounding

Where the relationship groups are collapsed further, family is the largest group (25)%), followed by acquaintances (23%) and intimates (22%).

Figure 18: Relationship of perpetrator to survivor (collapsed)

Bar chart showing percentages:
- Unknown: ~18%
- Sex buyer/pimp: ~0.3%
- Position of trust: ~1.5%
- Group: ~5%
- Stranger: ~6.5%
- Intimate: ~22%
- Acquaintance: ~23%
- Family: ~25%

n=7,365 unique experiences involving survivors, based on 4 centres

Percentages may not sum to 100 due to rounding

This profile of perpetrator-survivor relationship is notable as it differs from other existing datasets on sexual violence. While most samples identify a high proportion of perpetrators who are known to the survivor, the biggest groups in other large datasets such as the CSEW are often intimate partners and acquaintances (see, for example, MoJ, HO and ONS, 2012). In Rape Crisis data, if the family/household

member and extended family groups are combined, the biggest group are family members. The CSEW focuses on experiences of violence since the age of 16, thus excluding these early experiences, which are more likely to involve familial perpetrators. Hence the profile in Rape Crisis data is connected to the high proportion of sexual violence experienced by survivors as a child (including those who are currently children and adults); a group that is often overlooked in other services and datasets.

Nevertheless, the substantial group involving current/former partners, and the experience of domestic violence among the sample, indicates that Rape Crisis is also working with a sizable group who have experienced intimate partner violence. Indeed, the range of relationships and their associated contexts illustrates the diversity of sexual violence experiences RCCs are working with.

Criminal Justice System

Reporting to the police
Just over a quarter (28%, n=10,355 of 37,170) of experiences of sexual violence involving service users who were survivors had been reported to the police. The majority of these (86%) were reported prior to contact with the RCC (see Figure 19). These are not all currently active legal cases, and may have been reported in the past, often several years ago. However, the level of reporting reflects the role of advocacy services in this sample, particularly ISVAs, who provide practical and emotional support and information to survivors who have reported or are considering reporting to the police.

Cases involving strangers were the most likely to be reported (51%), followed by those in a position of trust (45%) and acquaintances (44%). Those involving sex buyers/pimps (34%), groups (34%) and family members (35%) were least likely to be reported.

Figure 19: When sexual violence was reported to the police

2% 3%
9%
86%

- Before support
- At referral point
- During support
- After support
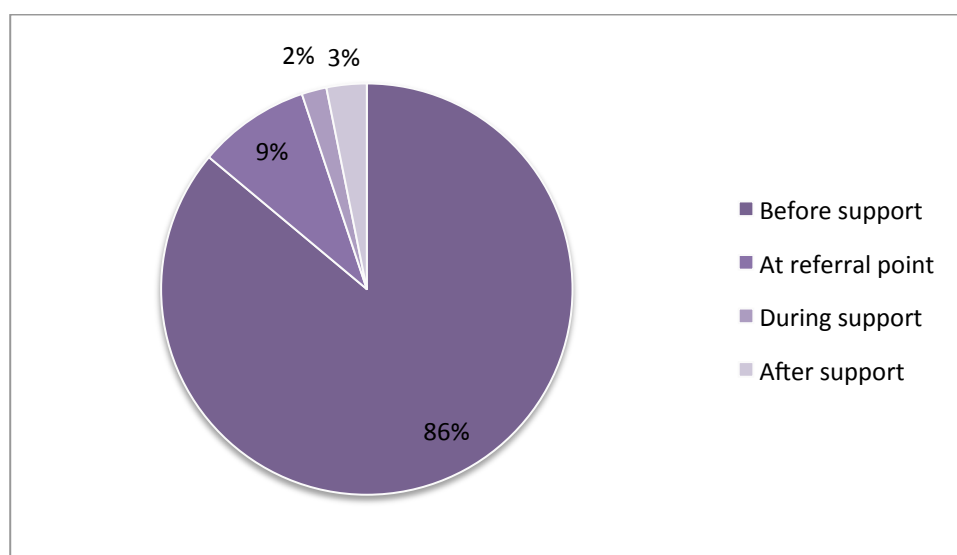
n=38,967 unique experiences reported to police

Looking at the five-year period where trend data are available, the number of cases Rape Crisis are dealing with where sexual violence was reported has increased sharply (see Figure 20). Again, this does not necessarily mean that all police reports were made recently, although it may be partly influenced by increased reporting in the wider population. It is also possible that the RCCs where the recording of reported status is greater have ISVAs, who are in a better position to gather this information.

Figure 20: Trends in reporting to police 201/11 to 2014/15
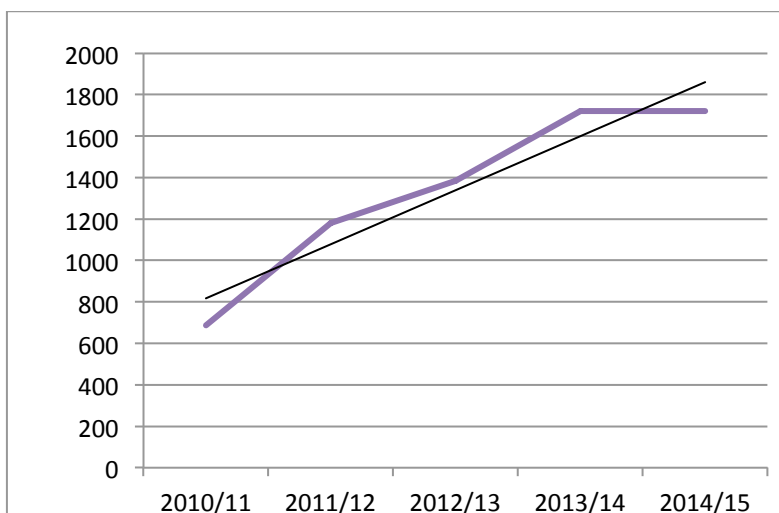
n=6,694 unique experiences, based on 5 centres with higher recording of reported status

Summary

This project has identified key characteristics of Rape Crisis service users and their experiences of sexual violence based on a large dataset comprising over 33,000 unique individuals. This has also highlighted issues in data collection and recording for RCCs. These lessons will feed into future recording and reporting processes within RCEW and are being disseminated within the network. The findings also underline the need for adequate training and greater resourcing in relation to data gathering and management. Additional briefings focus on the Rape Crisis model of service provision. See **Briefing 2: Rape Crisis: A holistic model of specialist provision**.

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