

“I am not a victim”

A Preliminary Evaluation of the First
Independent Sexual Violence Advisor (ISVA)
Service for Men and Women Selling Sex in East
London

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This evaluation would not have been possible without the assistance and support of Kelly Agudelo, who conducted the Sapphire and CPS interviews, and who worked to collate and analyse the Metropolitan Police System data set out at the start of this report.

Sincere thanks also to all the participants who gave up their time to contribute to the evaluation – and most especially to the service users, who were so generous in sharing their insights and expertise.

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Executive Summary

In autumn 2010, the Haven Whitechapel, a Sexual Assault Referral Centre (SARC) based in East London, received funding from the Home Office to run a pilot specialist Independent Sexual Violence Advisor (ISVA) post in conjunction with Open Doors, an NHS-based service providing outreach and support services to people selling sex on-street in Hackney and from flats and saunas in Hackney, Tower Hamlets and Newham. The post is dedicated to supporting people involved in the commercial sex industry who have experienced sexual violence, and is the first of its kind in East London. This report details a preliminary evaluation of the first six months of the service's operation, and reviews both the nature of the work undertaken by the specialist ISVA and the impact of the new role on service users and partner agencies. A mixture of qualitative and quantitative data was gathered, including an examination of case file and police data, coupled with a series of semi-structured interviews conducted with service users (n=2) and frontline and strategic professionals (n=17).

Key Findings:

- Data from the Metropolitan Police System indicates a need for specialist ISVA services within Tower Hamlets, Newham and Hackney, and this was confirmed by both the volume and highly vulnerable profile of referrals into the service over the first six months of operation. The introduction of a specialist role with a dual speciality in sexual violence and prostitution was perceived by all groups of participants as adding clear value to existing provision locally.
- ISVA clients were supported around a broad range of issues, with the average client receiving five different interventions. This is indicative of the holistic, intensive support being provided by the specialist ISVA. The most frequent interventions were around substance misuse and housing, and 90% of closed cases recorded some form of support around the criminal justice system. However, few clients accessed Haven services.
- The emotional and practical support provided by the ISVA was seen as pivotal by both service users and other professionals, in terms of empowering clients and re-building self esteem, improving stability and safety, and facilitating access into key services. Service users described contact with the ISVA as a 'life changing' experience.
- Amongst professionals interviewed, there was consensus around the potential of the ISVA to serve as a trusted, neutral interface between the criminal justice system and the victim, encouraging reporting, facilitating contact and engagement, and taking on more complex case management to allow Sexual Offences Investigation Trained (SOIT) officers to focus on the investigation. Service user interview data

confirmed that the court support provided by the ISVA was fundamentally important to securing engagement in the criminal justice process.

- In terms of helping to develop a coordinated response to sexual violence, agencies perceived the specialist role as a key resource when working with clients who sell sex, and suggested that the new role could serve as a catalyst for improving practice, through improving the responses offered within each agency, promoting a consistent approach across services, collecting data, and providing an ‘end-to-end’ perspective on provision with the ability to highlight missing links and ‘map gaps’.
- While there was universal support for the specialist role, some concerns were noted around the integration of the new service into local provision. For SOIT officers and the CPS, these concerns focused on the possible duplication of work or potential misinformation around complex court proceedings. Additionally, gaps in existing service provision, problems with information sharing and partnership working (especially across Newham and Tower Hamlets), the local strategic context, and the ISVA’s heavy caseload were all mentioned by professionals as points of concern.

Key Recommendations:

- Both ISVA referral data and interview data suggest a need for work around widening access to specialist sexual violence services for women who sell sex indoors.
- There is a clear need for closer partnership working between the ISVA service and specialist providers in Newham and Tower Hamlets.
- Interview findings suggest an ongoing training need for SOIT officers around the ISVA role, service eligibility, and the referral process. All referring agencies should receive instruction on how to use the standardised referral form.
- While the low levels of Haven access amongst ISVA clients is of significant concern, work around improving access is ongoing. Coordinated data collection between agencies could help to monitor progress in this area.
- Agencies should work together to review the crucial gaps in service provision highlighted by the introduction of the specialist ISVA role; for example, the lack of counselling services locally for clients with substance misuse issues.
- Given the wide geographical area covered by the ISVA and the complexity of the client group served, a heavy caseload could become problematic as the service develops. Monitoring data should be observed closely to assess whether additional workers are needed to meet the demand for specialist ISVA services across the three boroughs.

Introduction

In autumn 2010, the Haven Whitechapel, a Sexual Assault Referral Centre (SARC) based in East London, received funding from the Home Office to run a pilot specialist Independent Sexual Violence Advisor (ISVA) post in conjunction with Open Doors, an NHS-based service providing outreach and support services to people selling sex on-street in Hackney and from flats and saunas in Hackney, Tower Hamlets and Newham. The specialist post has been match funded by Newham PCT and is situated within the Open Doors team. The specialist ISVA supports people selling sex who have experienced sexual violence and is available to adult men and women who reside and/or sell sex on- or off-street in Newham, Tower Hamlets or Hackney, and who have been raped or sexually assaulted either by a client, acquaintance, partner or stranger. The ISVA is able to work with historic cases as well as recent incidents and will support clients without recourse to public funds. The new post was filled by Jacqueline Vennard in September 2010 and is the only one of its kind in London.

Aims and Goals

This evaluation has a dual purpose. Firstly, it sets out to review *what work* has been done so far, and *with whom*. To this end, case file data from the ISVA service has been collected and analysed. Given that the specialist ISVA has been in post for less than a year, this evaluation also focuses on the processes and systems that have supported the *bedding-in process* locally, and looks at the work conducted with local partners as well as with service users. Secondly, this evaluation seeks to assess *the impact* of the new specialist ISVA role across three key areas:

- Providing emotional and practical support to clients around rape and sexual assault;
- Supporting and informing clients through the criminal justice system, where clients choose to pursue this option; and,
- Working in partnership to develop a coordinated community response to sexual violence against people selling sex in East London.

To investigate the impact of the new service in the areas outlined above, a series of 19 semi-structured interviews were conducted with professionals at an operational and strategic level, service providers, and service users.

Context

Prostitution and Sexual Violence

The true extent of sexual violence experienced by people selling sex is difficult to measure – stigma surrounding prostitution, underreporting of abuse and the dynamic between the two phenomena (Penfold et al 2004, Sanders 2005) means that police data is of limited use when attempting to estimate the prevalence of sexual violence amongst this particular group (Barnard and Hart 2000). Academic studies and the local ‘Ugly Mug’ informal reporting schemes run by many outreach projects may also struggle to capture the full range and frequency of violence experienced, since interviewees may minimize and omit incidents (Kinnell 2008, Penfold et al 2004, Sanders 2005). Nevertheless, consensus exists in international and UK research around the frequent and extreme sexual victimization of women involved in prostitution (Jeffreys 2008, Farley 2004, Kinnell 2008, Penfold et al 2004, Benson 1998, Matthews 2008, Monto 2001, Barnard and Hart 2000, Vanwesenbeeck 2002, Church et al 2001). UK-based research into serious sexual violence within the commercial sex industry consistently indicates that women selling sex are far more likely to experience rape than their non-sex-selling counterparts (see table below).

| UK Study | Study Group | % Experienced Rape |
|-----------------------------|--------------------------------------|--------------------|
| BCS 2001 | British women aged 16-59 | 5% (lifetime) |
| Barnard and Hart 2001 | Women selling sex on-street | 22% |
| Selby and Canter 2009 | Women selling sex on-street | 33% |
| Hester and Westmarland 2004 | Women selling sex on-street | 53% |
| Benson 1998 | Women selling sex on- and off-street | 64% |

Research also points to a range of perpetrators – clients, men posing as clients, partners, acquaintances and (where women sell sex outdoors) members of the street community (Kinnell 2008).

Low Rates of Reporting

Numerous studies have highlighted the way in which the criminalization of prostitution complicates women's relationships with the police to an extent where many may feel that they have little or no recourse to the justice system (Canter et al 2009, Benson 1998, Sanders 2005, McKeaney and Barnard 1996, Kinnell 2008). Widespread awareness of the way in which the stigma of prostitution will affect their chances in court (Benson 1998, Kinnell 2008), coupled with anxiety around the demands of a protracted court case (Penfold et al 2004) acts as another deterrent to reporting, as does the minimization of sexual assaults by women who may have come to believe that sexual violence is little more than an 'occupational hazard' (Williamson & Foleron 2001, Phoenix 2000, Pyett & Warr 1999). All of these factors point towards a need for specialist support around sexual violence, grounded within an understanding of the particular vulnerabilities of this specific client group.

The ISVA Role

The Independent Sexual Violence Advisor (ISVA) role was developed in response to a growing public anxiety around the low conviction rate for rape (Home Office 2008) and an increased awareness at government levels of the need to develop coordinated service provision for survivors of serious sexual violence, whether or not they chose to go through the criminal justice system (HMCPSP 2007). Following on from the Independent Domestic Violence Advocate (IDVA) model, the ISVA role was introduced in 2006 and continues to represent a core plank of governmental response to rape and sexual violence (Robinson 2009).

The ISVA role is a flexible and comprehensive one. While the specific remit of each ISVA varies slightly across different locations, all ISVAs can offer non-therapeutic support from the time of referral, as well as specialist practical advice around a wide-ranging spectrum of issues (for example, housing, benefits, substance misuse, children, and immigration). Working independently, but from a multi-agency standpoint, the ISVA is also able to coordinate different interventions, creating a holistic, 'wrap around' response for clients. Where clients choose to pursue recourse via the criminal justice system, the ISVA can inform and guide them through the process, accompanying them to court if necessary.

Across the UK, ISVAs operate out of a range of different settings, primarily Sexual Assault Referral Centres (SARCs) and voluntary sector organisations such as Rape Crisis. The development of

specialist ISVA services for women in prostitution, however, remains a recent phenomenon, and has been driven in part by the success of the 'Liverpool Model', outlined below.

The Liverpool Model

In October 2006, the Home Office funded the first specialist ISVA dedicated to working with women involved in the commercial sex industry, based within the Armistead Street project, an NHS-based service that provides outreach and support to both women involved in street based prostitution and those wishing to move on from selling sex. The specialist ISVA began work on the 1st November 2006, working with women to address their safety and support needs, and supporting them through the criminal justice system where this is an option they have chosen to pursue. As with the generic ISVA model, the specialist ISVA works in conjunction with a wide range of statutory and voluntary agencies to ensure that client needs are met in full – for example, drug and alcohol services, housing, counselling, social care, and health. As well as making onward referrals to supporting agencies, she is able to accompany clients to appointments and can provide crisis support in the immediate aftermath of an assault, working alongside police to support women through the reporting process. The specialist ISVA has also been trained by Liverpool Police to participate in vulnerable witness interviews and the location of recording equipment on-site at the Armistead Street project means that victims can make statements in this setting should they wish. Alongside this, Armistead Street also runs a Visual Evidence for Victims (VEV) scheme, where all staff are trained to take appropriate photographs of clients' injuries. The ISVA also coordinates Armistead Street's 'enhanced Ugly Mugs' scheme and personal safety work, and provides training to partner agencies, police and CPS.

The Armistead Street project has, until very recently, been the only service in the UK to offer ISVA services to women in the sex industry, and the context in which their specialist ISVA sits is no less unique. As the only force in the UK to classify crimes against people selling sex as hate crimes, Liverpool Police have pursued a pioneering approach that recognises the vulnerability of this particular population and prioritises addressing violent and sexual crimes committed against them. This commitment is supported at an operational level by a proactive police liaison with the Armistead Street project and its clients and though sustained, close partnership work and reciprocal training.

By working in partnership and with the support of a dedicated ISVA, a 'culture of reporting' has developed in Liverpool, with increased trust between women selling sex and the police. In the period 1999 – 2004, prior to the founding of the Armistead Street project, just three cases of sexual

assault against women selling sex were brought to court over the five year period (Stoops and Campbell 2008). With the ISVA now in place, situated in the supportive environment of the Armistead Street project and working in partnership with a committed police force, improved confidence in the criminal justice system has led to some excellent outcomes across all stages of the criminal justice system:

- Data from the period 2006 – 2010 shows a significant increase in the number of women disclosing rape and sexual assault to the Armistead Street project, with a 400% increase in the proportion of people disclosing giving consent to share full details with the police.
- Since the opening of the Liverpool SARC and the instatement of the Unity Team (where police and CPS workers are co-located) in 2008, 98% of all women reporting sexual offences have visited the SARC for full forensic medical examination.
- Zero clients have retracted or withdrawn from the criminal justice process
- Merseyside also boasts high conviction rates for rapes against sex workers – 64% (2007 – 2010)
- An increase in the quality and quantity of intelligence around crimes against sex workers has also benefited other areas, with Armistead Ugly Mugs data being used to solve serious sexual offences in Cheshire and the West Midlands.

(Stoops and Jones 2010)

Methodology

This evaluation employed a mixed-method approach to measure the impact of the specialist ISVA, and to review the bedding-in process locally. Quantitative ISVA case file data was combined with qualitative data gathered through a series of semi-structured interviews with service users, local specialist service providers, staff at a strategic level locally, and Sapphire police officers. To get an accurate impression of the local context within which the specialist ISVA sits, crime data from the Metropolitan Police System was also analysed. A literature review focusing on the role of the ISVA and the impact of the post in other areas provided a comprehensive contextual backdrop for the evaluation and informed the interview schedules.

Case File Data

ISVA case management data was analysed to produce a demographic profile of ISVA service users, and to generate an overview of the nature of the work being conducted with clients. Data relating to referral source and date, client demographics, interventions and actions, and outcomes for closed cases were collected in Excel for analysis. These data include all clients and referrals made to the specialist ISVA over a six month period between 1st September 2010 and 28th February 2011. Case file notes were also reviewed to obtain case study information.

Interviews with Professionals

A total of 17 semi-structured interviews were conducted with professionals. Thirteen of these were with frontline staff – Sexual Offences Investigation Trained (SOIT) officers from Tower Hamlets/Hackney and City and Newham (5), Specialist Service Providers working with people selling sex across East London (2), Open Doors staff (4) and workers at the Haven (2) - and four were with staff at a strategic level – DCI Mark Yexley, Service Managers at the Open Doors and Haven Whitechapel and the Head of the Specialist Prosecutions Unit at the CPS, Louise Smith (4)¹. Heads of the Hackney and Tower Hamlets and the Newham Sapphire teams were provided with a project briefing and asked to identify willing participants amongst the SOITs. Both SOITs with and without working

¹ A full breakdown of participating agencies is included in the Annexes.

experience of the ISVA were sought for interview. All other participants – Haven and Open Doors staff, Specialist Service Providers and the CPS – were contacted directly to arrange interviews.

These interviews focused closely on the nature of the specialist ISVA post and its potential impact on the lives and wellbeing of service users, criminal justice outcomes, and work around creating a coordinated response locally. Participants were also asked to comment on how the specialist ISVA post links in with existing service provision around sex work and sexual violence. All interviews lasted between 45 minutes and an hour and were conducted at participants' place of work for convenience.

Service User Interviews

Finally, semi-structured interviews were conducted with Service Users (2). These interviews focused on the impact of the practical, emotional and criminal justice support provided by the specialist ISVA. Service Users were also asked to comment on ways in which the service could be expanded or developed. In order to ensure minimal disruption to the advocacy being provided to service users, only clients from closed cases were considered (n=6). The specialist ISVA acted as a gatekeeper, liaising with potential participants to arrange interview times. Three women agreed to participate – contact was lost with one woman and two were eventually interviewed. Interviews lasted between 30 minutes and an hour and took place in a private space at Open Doors and other safe spaces arranged by the ISVA. Service Users were provided with a £15 supermarket voucher as remuneration for their participation in the evaluation process.

Ethical Considerations

Informed consent was obtained from all participants, who were provided with a research briefing and a verbal overview of the evaluation process ahead of time, and a written consent form to sign and keep on the day of the interview, specifying their right to remain anonymous, to refuse direct quotation in the report, to review the transcript of their interview and to withdraw from the process at any time. Recordings and transcripts were securely stored electronically. All data on service users – transcripts, recordings and case file data – was anonymised. Names and identifying details were removed from case studies.

In light of the sensitive nature of the issue being discussed, particular care was taken around informing and supporting Service User participants. Both participants were comprehensively briefed on their right to refuse questions and to withdraw from the evaluation process at any time, and their link to the ISVA service ensured that they had access to support post-research.

Analysis

Quantitative case management data was collected and interrogated to develop an overview of what work was being done, with whom, and with what results. Qualitative case studies were compiled from ISVA case notes. All interviews were recorded, transcribed and analysed thematically according to themes provided by the interview schedule headings.

Limitations

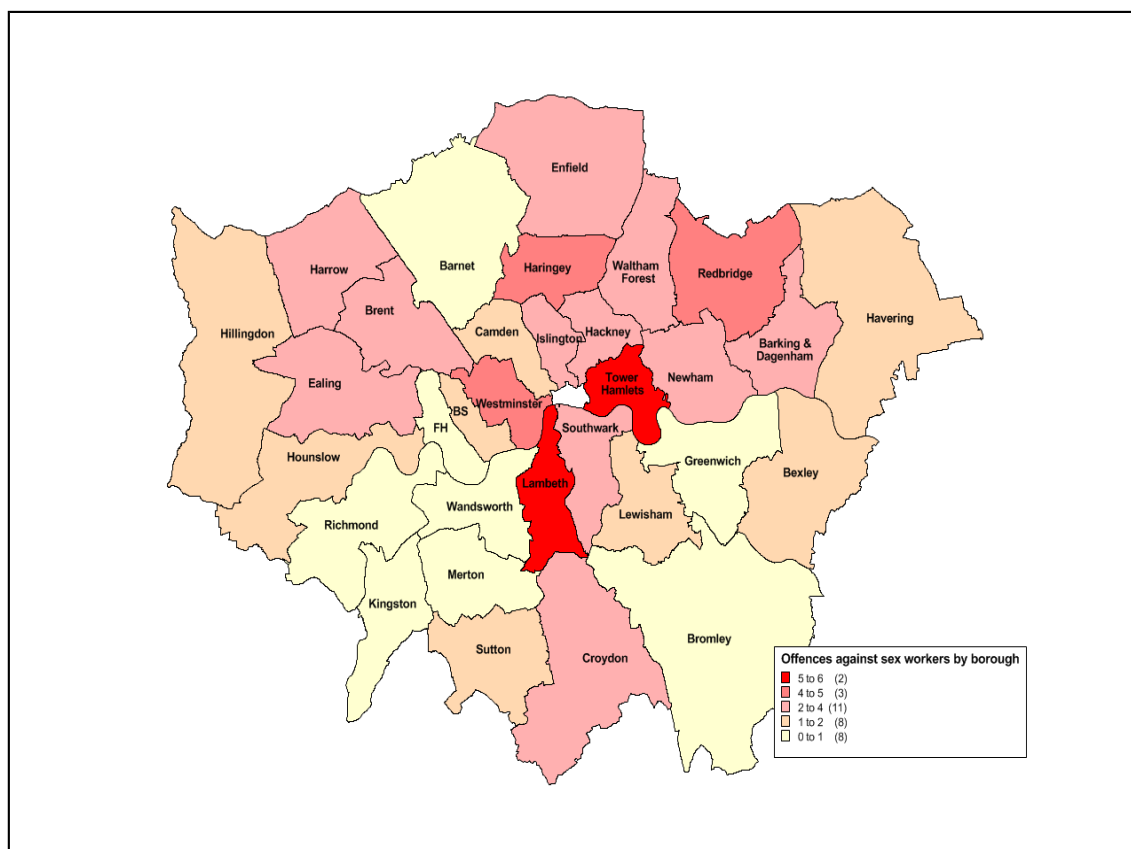
Given that the ISVA service has only been in operation for a short time, a limited amount of quantitative case file data, and qualitative data from service users, was available for review. While rich in detail and indicative of the nature of intensive support being provided by the specialist ISVA, **a longer-term perspective is necessary to firmly establish key trends and patterns with regards to client outcomes**, especially with regards to increases in reporting and changes to the rate of attrition with cases being supported through the criminal justice system.

Mapping the need for ISVA services – Metropolitan Police Data

In this section, data from the Metropolitan Police System (MPS) has been analysed to profile the nature and prevalence of sexual violence against people selling sex in Tower Hamlets, Newham and Hackney. While the number of incidents reported to police is small, this section reviews existing data to draw a comparison between sexual violence reported within the area of interest and across London more widely.

Incidents

Sexual violence against sex workers accounted for just 0.5% (n=59) of all Metropolitan Police sexual offences reported in 2010². Twelve of these reported offences, or 20%, occurred in Hackney, Tower Hamlets and Newham.



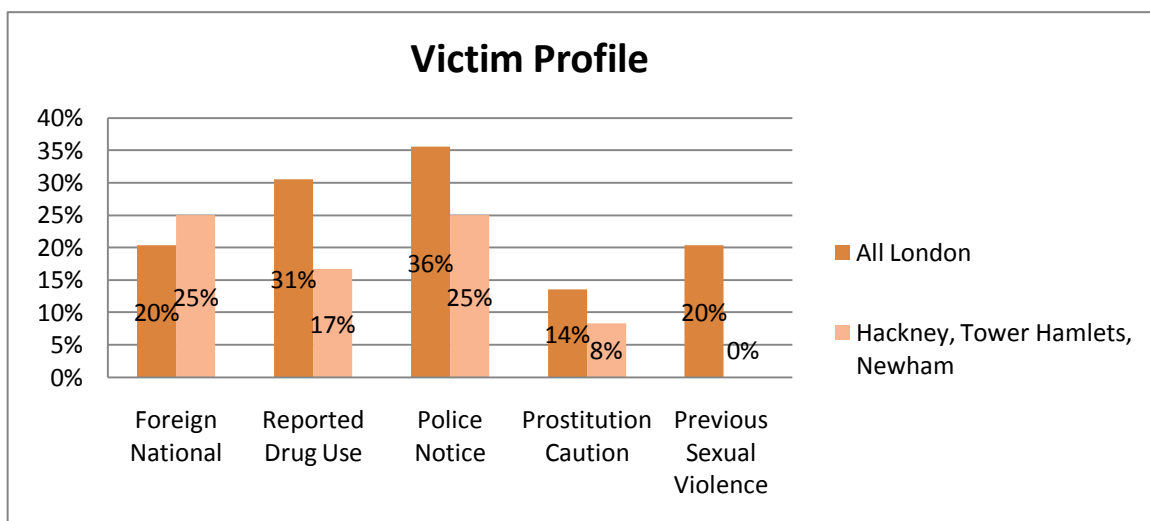
1.1 Sexual Offences Against Sex Workers – All London Boroughs

² This includes sexual assault and all penetrative offences which are currently classified as crimes. Reported as of 27/01/2011.

The small number of incidents formally reported means that the data below cannot be assumed to be representative of all sexual violence perpetrated against people selling sex in East London. **It should also be emphasised that the Metropolitan Police System (MPS) only codes victims as ‘sex workers’ when the offence occurred while they were selling sex, meaning that sexual assaults by acquaintances and partners may have been excluded from this dataset.** For these reasons, it is very likely that the incidents formally reported, and discussed in this section, represent only a small proportion of incidents experienced by people selling sex both within the three boroughs of interest and across London more widely.

Nevertheless, MPS data does reveal some interesting differences and similarities between sexual offences against people selling sex in Hackney, Tower Hamlets and Newham, and against people selling sex across of London. While broadly similar to offences across London in terms of average victim age, perpetrator profile, nature of offence, and time of reporting, offences against people selling sex in Hackney, Tower Hamlets and Newham were *more likely* to involve a foreign victim and to take place in public or in the victim’s home. They were also *less likely* to include aggravating violence and/ or the use of weapons -although aggravating violence occurred in a quarter of cases and weapons (guns and knives) were used in a third. Most significantly, a higher rate of withdrawals and lower uptake of the Haven forensic services was observed across the three boroughs when compared with the rest of London, indicating a real need for targeted, specialist support within this client group around sexual violence.

Victim Profile



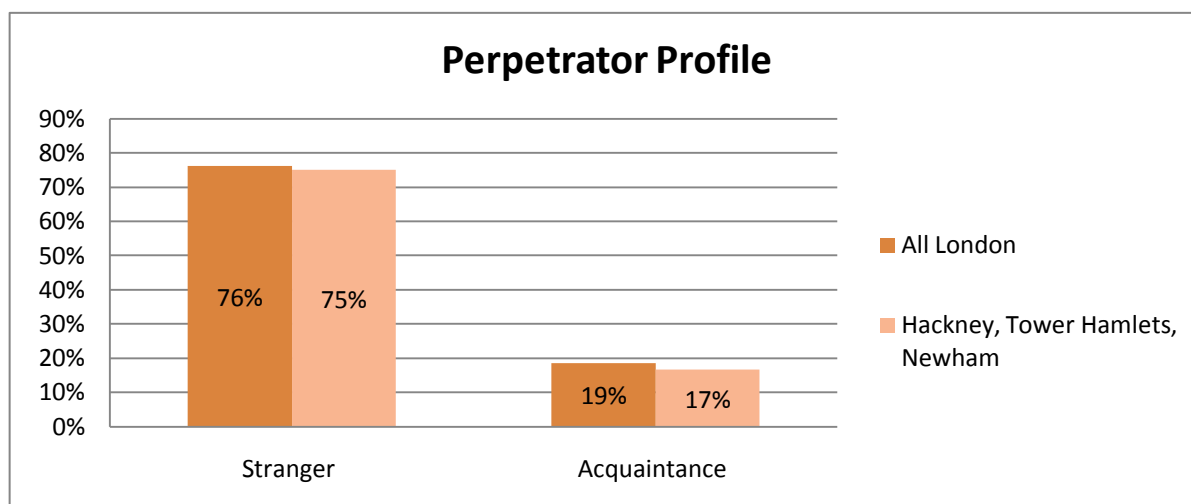
All recorded victims across London were female. Victims within Tower Hamlets, Hackney and Newham had a slightly higher average age of 30 years (range 19 – 46 years); compared with the London average of 28 years (range 15 – 53 years). In twelve offences across London (20%), it was explicitly stated that the victim was a foreign national, with less than half requiring the assistance of an interpreter (n=5, 42%). Half of all foreign victims were Eastern European. Tower Hamlets, Hackney and Newham experienced a slightly higher proportion of foreign nationals (25%, n=3) and a more diverse range of nationalities such as Korean, Eastern European and Brazilian. All of these victims had difficulties speaking English and required an interpreter when speaking to police.

Across London, 30% (n=18) of victims disclosed substance misuse issues. Of these, 67% reported using crack cocaine (n=12) and 28% using multiple substances (n=5). By comparison, drug use in Tower Hamlets, Hackney and Newham appeared lower at a rate of 17% (n=2). Drug misuse was only recorded where victims chose to disclose this to the police – given that estimations of drug use amongst people selling sex on-street in London have been as high as 73% (May, Harocopos and Turnbull, 2001), these figures may represent a reluctance on the part of victims to disclose illegal behaviour to police officers. Alternatively it could be that victims with substance abuse issues are less likely to formally report sexual violence. (Certainly, data from ISVA case files indicates a far greater prevalence of drug and alcohol misuse amongst people selling sex and who have experienced sexual violence - see next section).

Across London, 36% (n=21) of victims had previously come to police notice. Of these, 8 had been cautioned for prostitution. A slightly higher proportion of victims in Tower Hamlets, Hackney and Newham had come to police notice (25%, n=3) with only one of these having been cautioned for prostitution.

A fifth of victims selling sex across London (n=12) had previously experienced sexual violence; however, none of the victims in Tower Hamlets, Hackney or Newham reported previous sexual violence. Again, it cannot be known whether this reflects low levels of repeat victimisation across the three boroughs, whether victims chose not to disclose previous incidents, or whether they were not asked about them.

Perpetrator Profile



The majority of offences recorded were committed by offenders unknown to the victim across the London area as well as within Hackney, Tower Hamlets and Newham (76%, n=45 and 75%, n=9 respectively). Across the three boroughs, all of the stranger offences involved first time clients of victims. Just two of the offenders were known to the victim, either as an acquaintance or an existing client (16%). Proportionally, this was similar to the number of sexual offences committed against people selling sex across London where the perpetrator was known to the victim (19%, n=11). This high percentage of 'stranger rapes' stands in contrast to statistics around sexual violence experienced by non-sex-selling women, where only 17% of offences were committed by a stranger (Walby and Allen 2004). It seems likely that this dramatic difference is at least in part related to the way in which Metropolitan Police data is coded – as outlined above, victims are only classified as sex workers if they were selling sex at the time the offence occurred.

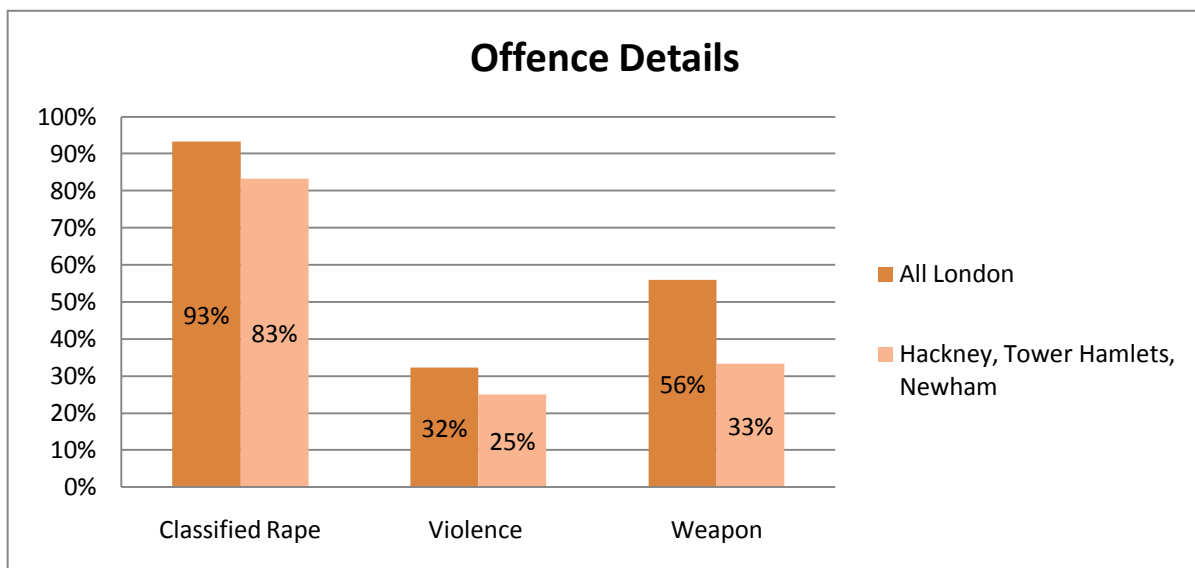
All perpetrators across London and within the three boroughs were male. The majority of offenders across London committed offences alone (75%, n=44), but a larger number of lone offenders were present in offences in Tower Hamlets, Hackney and Newham (92%, n=11). The ethnicity of offenders was consistent with the demographic profile of this area in London.

Nature of Offences

The majority of offences were classified as rape both across London (93%, n= 55) and within the three boroughs (83%, n=10). The types of sexual assault varied widely for offences across London.

However, vaginal rape was the most common type of sexual assault (41%, n=24), this was slightly higher in the sample from Tower Hamlets, Hackney and Newham (50%, n=6). Other penetrative offences across the three boroughs included oral rape (17%, n=2) and anal rape (8%, n= 1).

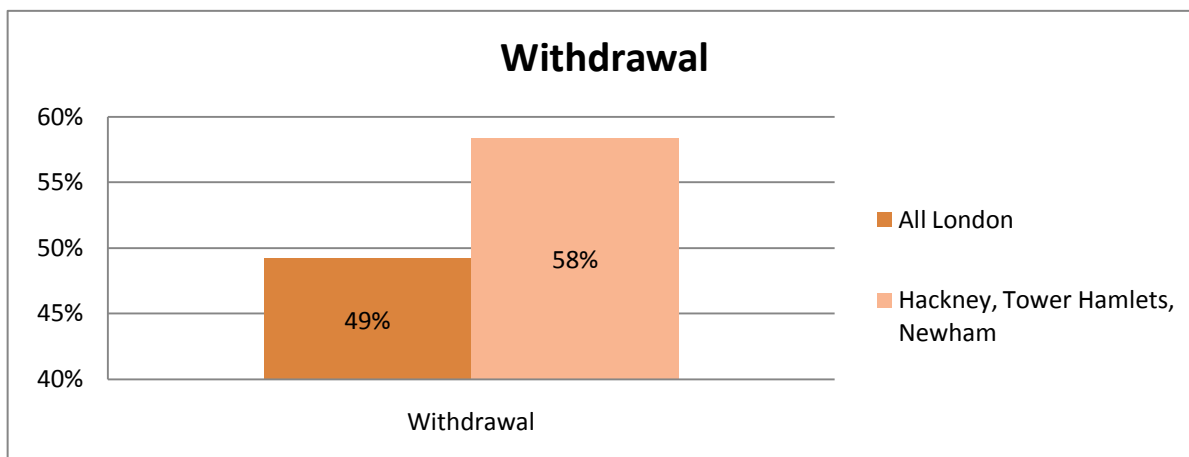
The homes of perpetrators were the most common venues for offences across London, accounting for 29% of locations. This was followed by public places such as parks and alleys (22%). A higher proportion of offences in Tower Hamlets, Hackney and Newham took place in public places (33%, n=4) with another third taking place in the victim's home.



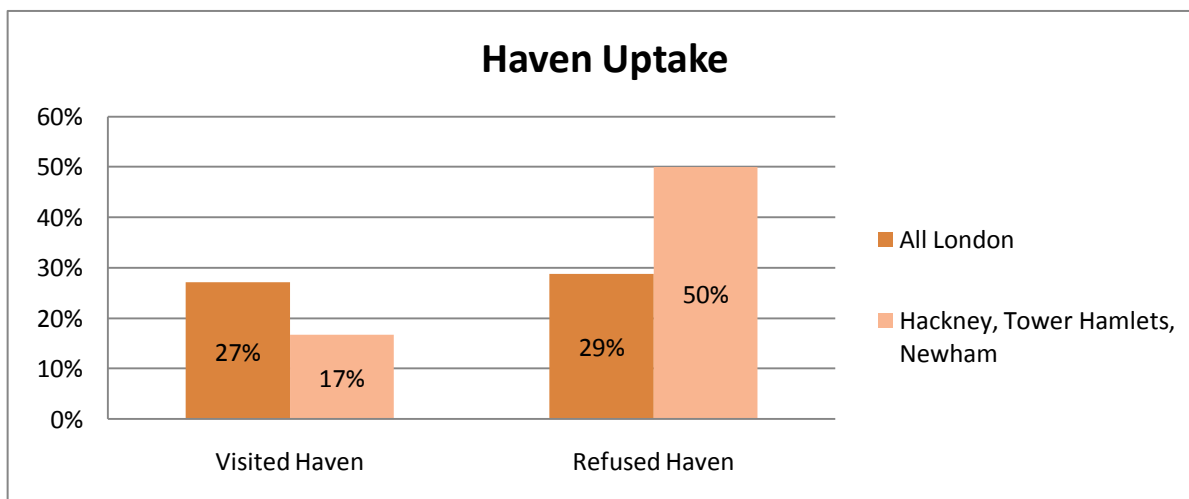
Offences across London featured more violence than those in Tower Hamlets, Hackney and Newham and were more likely to feature the use of weapons to threaten or injure the victim (32% (n=19) and 56% (n=33) of cases respectively). Nevertheless, sexual offences across the three boroughs still featured violence in a quarter of cases (n=3) and use of weapons in a third (n=4).

Across London, 52% (n=31) reported the offence on the same day whilst 17% reported the offence the following day (n=10). Within the three boroughs this was a similar figure at 50% (n=6) for same day reporting and slightly higher for next day reporting (25%, n=3).

Withdrawal and Uptake of Haven Services



The number of victims withdrawing was high both across London and in the three boroughs of interest. In 49% of offences across London, the victim withdrew her allegation. However, this proportion was even higher in Hackney, Tower Hamlets and Newham, where 58% (n=7) of victims withdrew their allegation. Four offences in these boroughs are currently on-going and another had resulted in the conviction of the offender who had pleaded guilty at court.



Just 16% (n=2) of victims in the three boroughs attended the Haven after an assault compared with 27% (n=16) of victims selling sex across London.

Other factors contributed to low uptake of Haven services across the three boroughs -two reports were historical, meaning that the timeframe for Haven services had elapsed, and two were third party reports. In some cases the offence was not recorded as penetrative, meaning that it fell outside the remit of the Haven. However, a greater proportion of victims within the three boroughs

refused Haven services, as shown in the chart above - 50% (n=6) compared with 29% (n=17) across London.

Only 25% of victims (n=3) from Hackney, Tower Hamlets, and Newham were being supported by a keyworker or caseworker at the time of reporting. This is consistent with victims across London (24%, n=14).

Conclusions

Metropolitan Police data indicates that people selling sex in Hackney, Tower Hamlets and Newham are experiencing serious sexual violence, and that a full three quarters of these victims are without dedicated support in the form of a keyworker. Additionally, and importantly, MPS data on sexual offences reported by people selling sex across the three boroughs of interest also show *lower levels* of Haven access post-assault, and *higher levels* of withdrawal post-report compared with victims who sell sex across London. While it is acknowledged that incidents reported to the police represent only a fragment of the full spectrum of sexual violence experienced by this client group, this combined picture of serious violence, high rates of withdrawal and low rates of specialist service uptake illustrates a real need for dedicated, independent, sexual violence advocacy services for people selling sex in Hackney, Tower Hamlets and Newham.

Review of ISVA Case File Data

Introduction

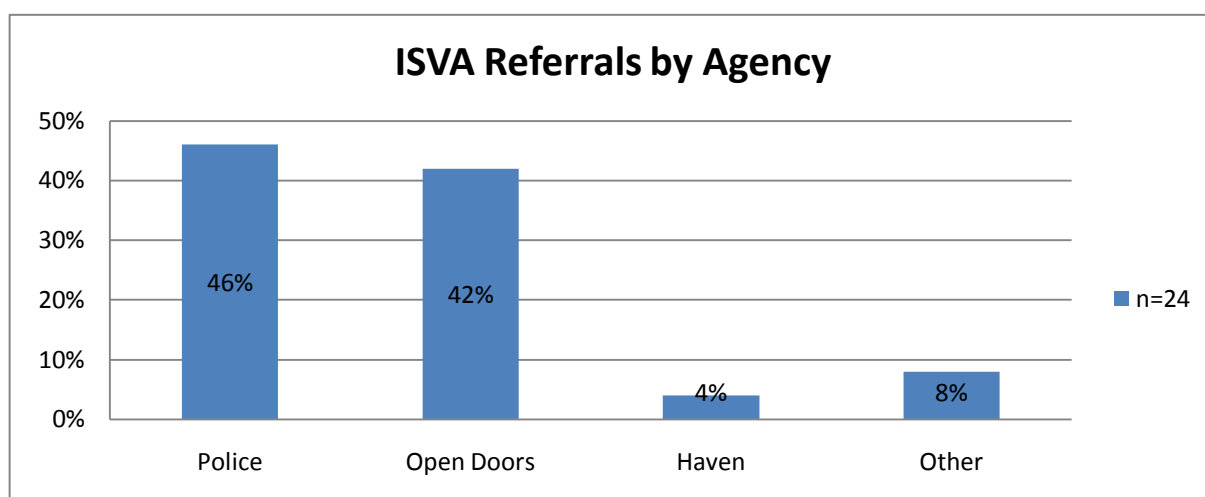
Case management data on ISVA referrals and clients was collected over the first 6 months of the ISVA service (1st September 2010 to 28th February 2011). Although this period represents the initial or 'start up' phase of the new service, the ISVA has already received a significant number of referrals (n=24) via the Sapphire teams at City and Hackney/ Tower Hamlets and Newham, and from Open Doors staff via the clinics, drop in service and outreach. Data was collected on referrals into the service, ISVA interventions, and outcomes at case closure. This data was then analysed to create a profile of service users, the offences that they had experienced, the interventions put in place by the specialist ISVA and the ISVA outcomes for clients so far – providing a review of *what* has been done and *with whom* since the ISVA service began last year. While the data gleaned from case files and the case management system was very rich, the service is still in an initial start-up phase, meaning that it remains too early on in the data collection process to identify definite trends.

Summary

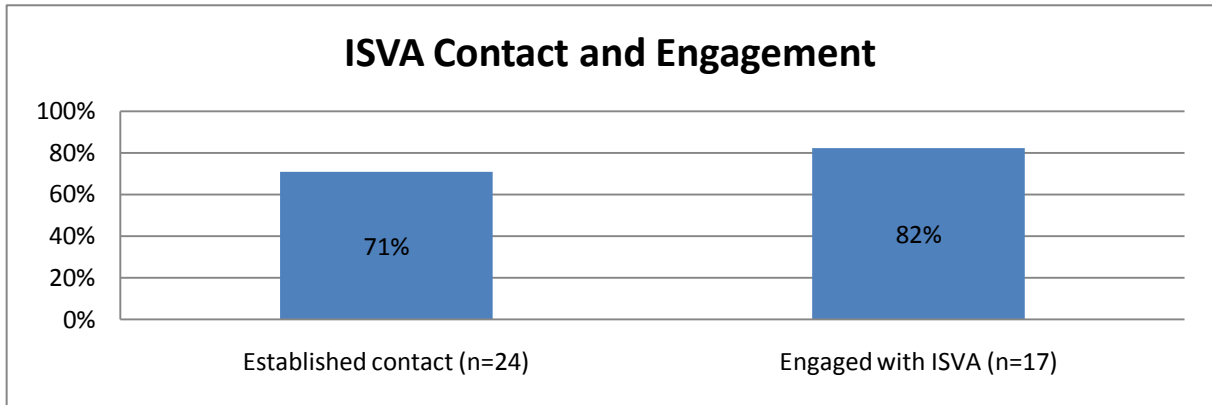
Engagement and contact rates were high, at 82% and 71% respectively. The majority of ISVA referrals had been sexually assaulted by men posing as clients, with the majority of incidents occurring in Hackney, and within the 12 months prior to referral. Just over 70% of ISVA referrals had reported the incident to the police, although this most probably reflects the high proportion of police referrals into the service. Where women were known to be eligible for Haven services (n=15), very few had visited a Haven (n=3). Clients presented with a range of complex needs, including substance misuse(81%), homelessness (29%)and chronic mental and/or physical health complaints (59%). The ISVA worked with a wide range of other agencies to meet a broad spectrum of client needs, with the average client receiving 5 different interventions. Client outcomes at case closure (n=10) were diverse, reflecting the specific needs of clients, and included improvements to mental health (30%) and physical health (40%), criminal justice support (for example, around police reporting, accessing Haven services or attending court) (90%), access to emergency or temporary accommodation (30%), contact with drug treatment (50%) and domestic violence services (20%), and improved access to benefits (10%).

Referrals into the ISVA Service

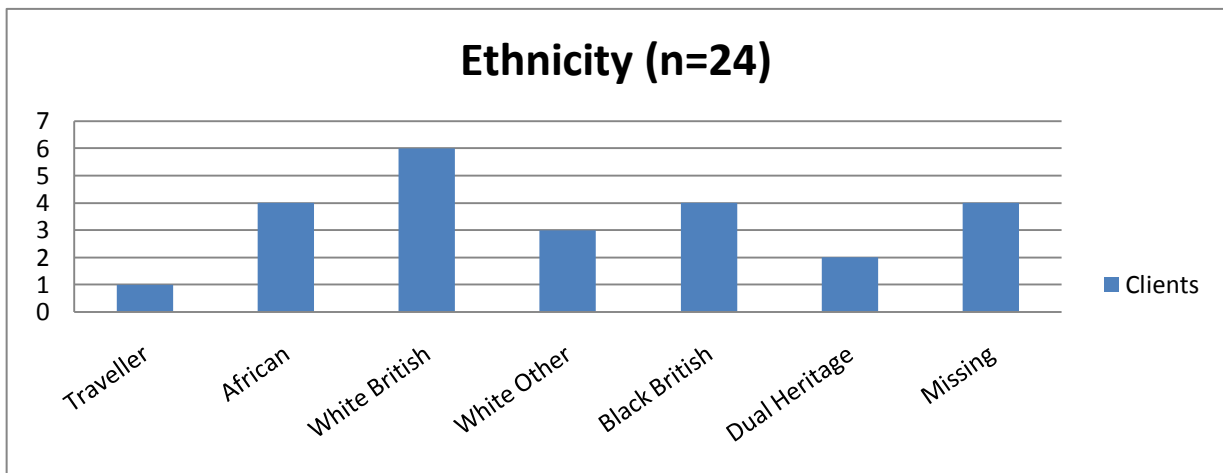
A total of 24 referrals were made into the specialist ISVA service between 1st September 2010 and 28th February 2011, with an average of three new referrals per month. The greatest source of referrals was the Sapphire teams, who made 11 referrals – 4 via Newham, 6 via City and Hackney/ Tower Hamlets, and 1 via Edmonton. The majority of remaining referrals came from Open Doors staff who received 10 disclosures of sexual violence in clinical, outreach and drop-in settings. One referral was received from the Haven Whitechapel and two from a local community organisation working with women without recourse to public funds. All clients referred to the service were female.



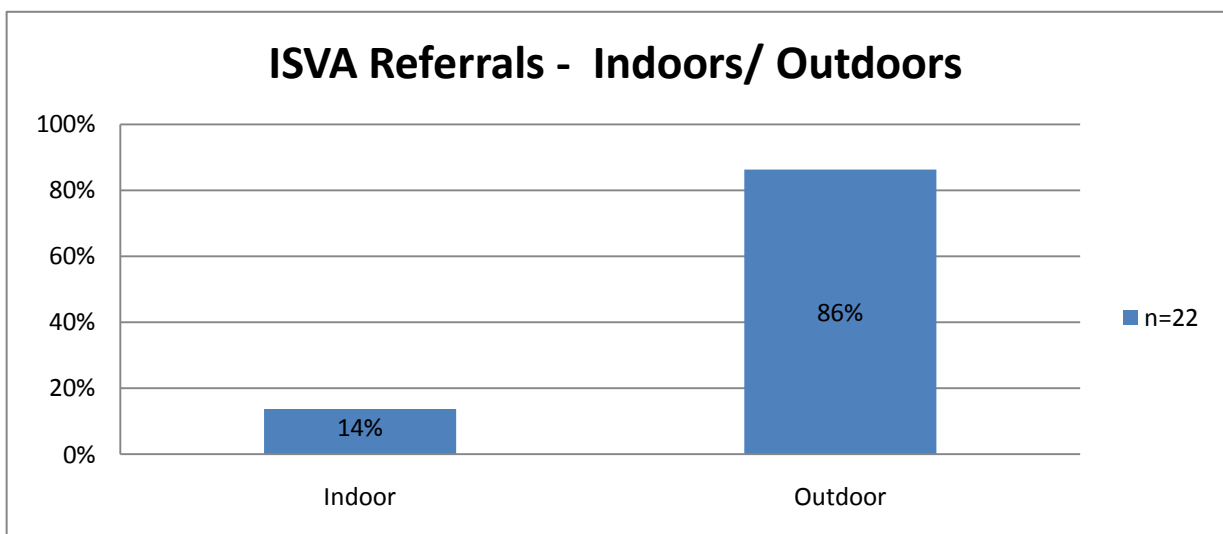
Engagement and contact rates were high for the ISVA service. Out of the 24 new referrals received, 17 were successfully contacted (71%). Since many women were without a fixed address or telephone number, establishing contact was often a laborious process, with multiple phone calls over several weeks following the referral. Of the 17 referrals where contact was established, 14 women chose to receive ISVA services (82%).



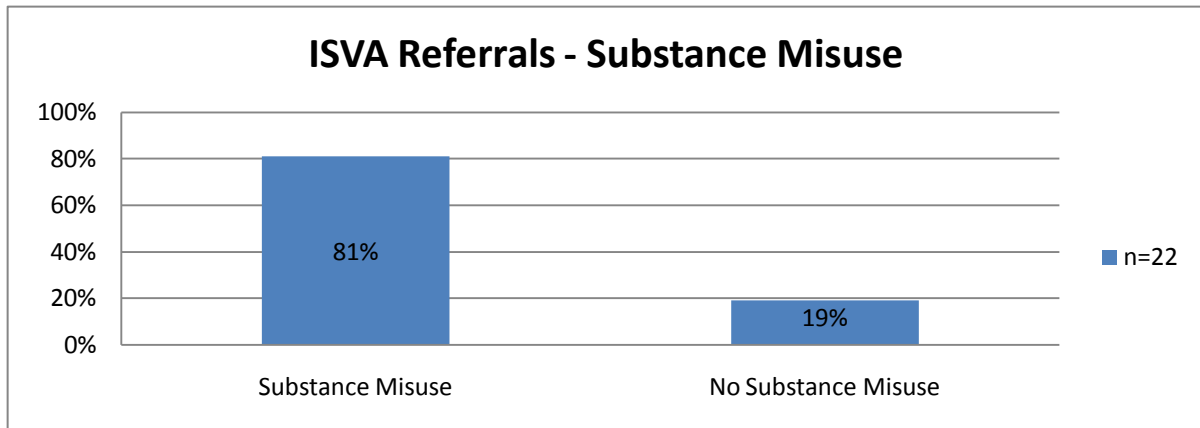
All referrals to the ISVA service were women, with an average age of 34 (ranging from 22-64). Clients referred to the ISVA had a wide range of ethnic backgrounds, reflecting both the local population and the Open Doors client group.



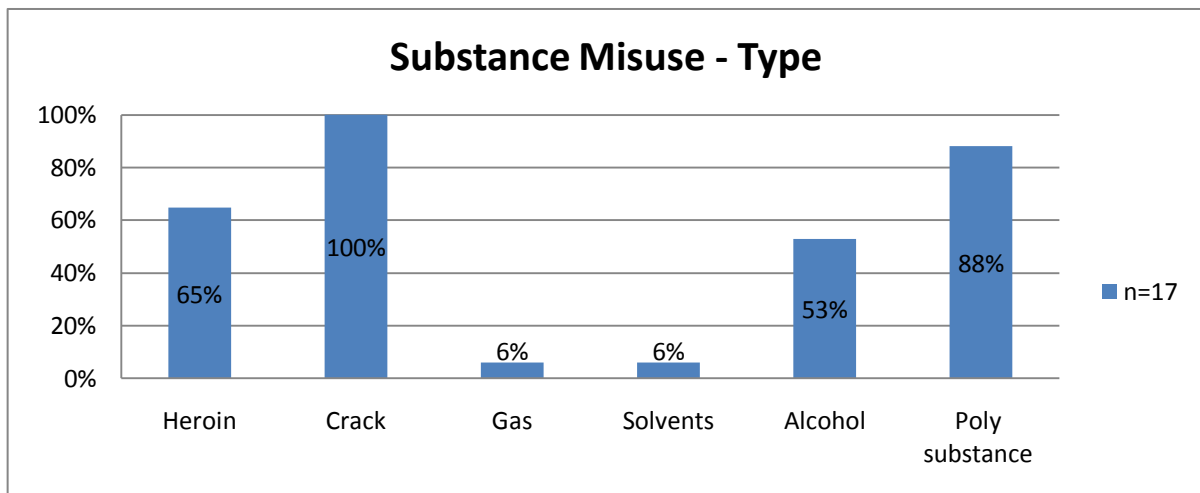
The majority of women referred to the service sold sex on-street (n=19) with only three referrals selling sex indoors. Location was unknown for two clients.



Substance misuse was a major issue amongst the women referred to the ISVA service, with 81% of referrals using alcohol and/or at least one type of drug (see chart below). Substance misuse was far less prevalent amongst women working in flats and saunas- only one woman selling sex indoors presented with substance misuse issues, whereas this was an issue with all ISVA clients selling sex on-street.



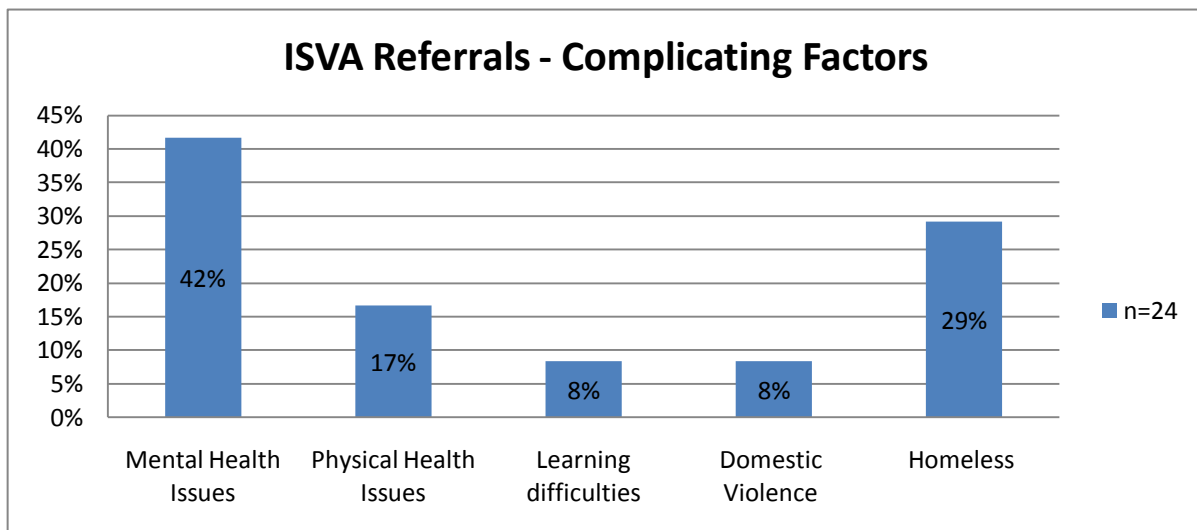
All women presenting with substance misuse (n=17) used crack cocaine. In 88% of cases this was coupled with at least one other substance, most frequently heroin (65%) and alcohol (53%). Again, these findings are consistent with research on the prevalence of class A drug use amongst women selling sex on the streets (Hester and Westmarland 2004, McKeganey and Barnard 1996).



A high proportion of ISVA referrals also suffered from a range of chronic mental and physical health issues, although these vulnerabilities were more prevalent amongst the women selling sex on-street. Mental health concerns were recorded in 42% of referrals to the ISVA service. Most common were self harm (50%) and depression (60%), although women also suffered from Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, psychotic illness and Personality Disorder. In 60% of cases where mental health was an issue, women had been diagnosed with more than one type of mental illness.

Physical health concerns reflected women’s complex lifestyles of injecting drug use, homelessness and prostitution, and included abscesses at injecting sites, respiratory problems, blood clots, HIV, TB, low weight and contusions.

Running alongside physical and mental health concerns, a significant proportion of ISVA referrals presented with other complicating factors at the point of referral. Just under a third of all referrals were homeless (29%), 8% were in an abusive relationship, and 8% had been diagnosed with learning difficulties.



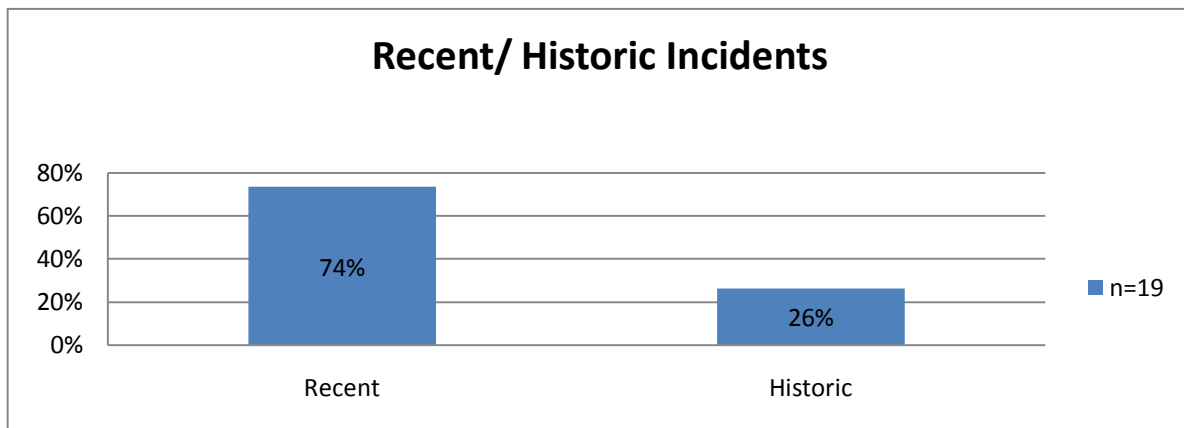
Overall, the picture is one of an extremely vulnerable client group, with complex needs linked to chaotic lifestyles driven and exacerbated by substance misuse, selling sex and homelessness. These ongoing issues run alongside the sexual violence experienced by all ISVA referrals, demonstrating a need for holistic case management grounded in a specialist understanding of the complex lives of people selling sex.

Sexual Offences

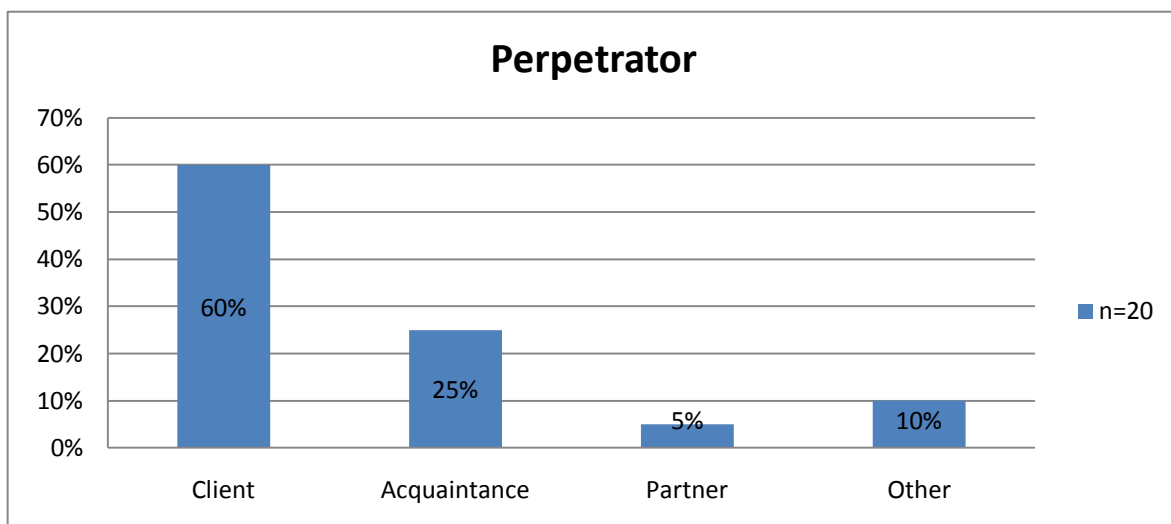
Offence location was known for all referrals to the ISVA service. Although Metropolitan Police data for 2010 shows an even spread of incidents across the three boroughs, with slightly more offences occurring in Tower Hamlets, data on ISVA referrals shows a clustering of offences in Hackney (see chart below). Women referred to the ISVA service who sold sex on-street were over four times as likely to report being assaulted in Hackney compared to Tower Hamlets and Newham (n=13, compared to n=3 for Tower Hamlets and Newham). They were also more likely to be referred via the Open Doors team- 56% of on-street referrals to the ISVA came from Open Doors, whereas all off-street referrals were made by the police. At this stage in data collection it is hard to say whether this clustering represents an increased risk to women selling sex outdoors in Hackney, or whether the more frequent contact between this particular group and Open Doors, facilitated by the street outreach team within the borough, has increased ease of access to the ISVA service.



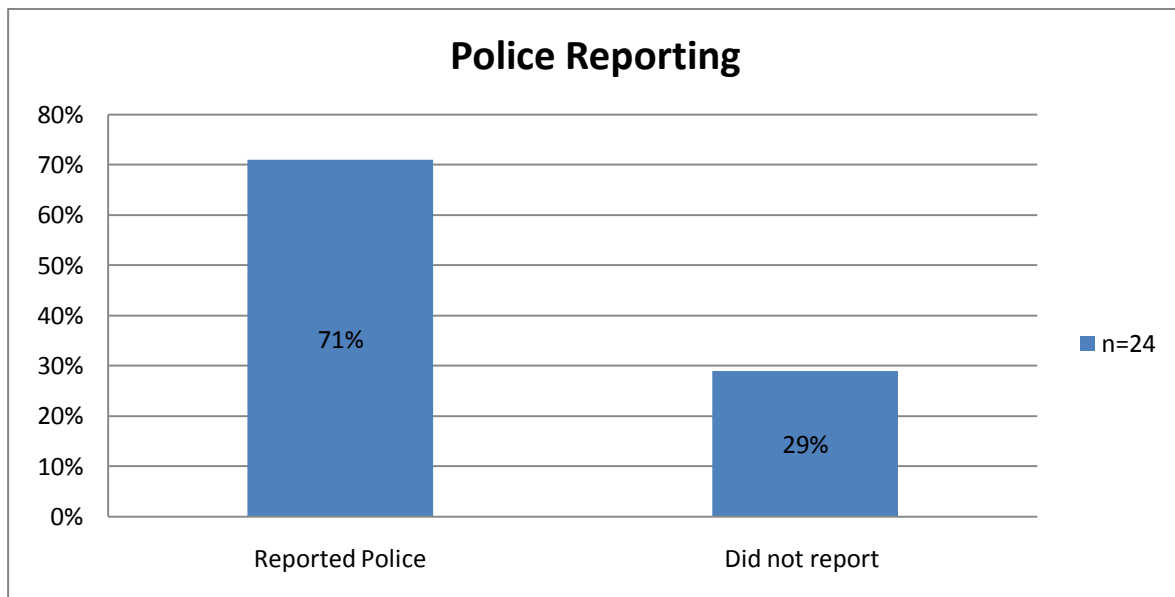
Date of incident was known for 19 referrals. The majority of ISVA referrals (74%, n=15) were around recent incidents – taken here to mean offences occurring in the 12 months prior to referral. The remaining 26% (n=4) included two cases where the women involved were raped in their country of origin as an act of war.



Data from ISVA referrals shows a wider distribution of offenders when compared with data from the Metropolitan Police System, with a greater number of acquaintance and partner rapes. This may be because MPS data only codes victims as 'sex workers' if the offence occurred while they were selling sex. Nevertheless, the majority of offenders were committed by men posing as clients (60%). 'Other' here refers to soldiers and relates to the two historic ISVA cases where women were raped in their country of origin.



A relatively high proportion of ISVA referrals reported the offence to the police, although 29% of referrals had not made a police report. This high level of police reporting is no doubt linked to the large proportion of police referrals currently made to the service.



Conversely, ISVA case file data indicates low uptake of Haven services in the aftermath of rape or sexual assault. No clients (0%) had accessed Haven services prior to referral. Just 13%, or three clients referred to the service accessed Haven services, and all received forensic medical examination (FME). While the number of clients accessing Haven services is small, closer examination of case file data reveals that not all clients referred to the ISVA service would have been eligible for FME or longer term support at the Haven forensic medical examination.

The Haven provides FME with a specialist doctor in the days following a sexual assault and can also offer longer-term support around survivors' health and emotional needs up to one year after the incident. Of the 16 referrals where both date of referral and date of incident were known:

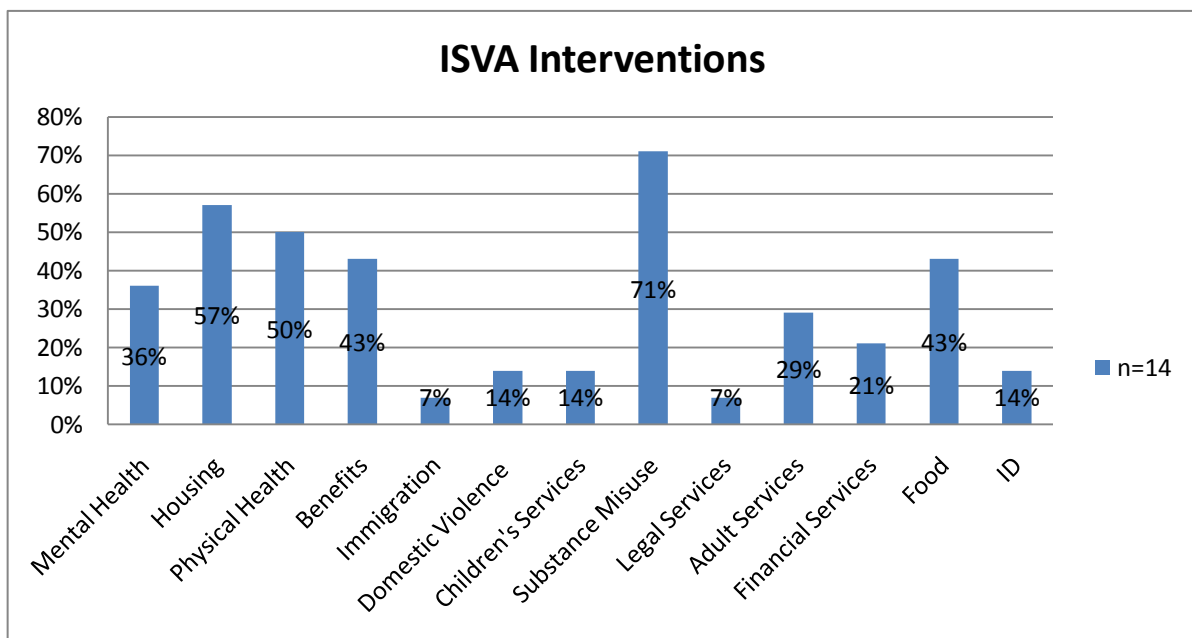
- Two cases (13%) were historic, occurring outside of the timeframe for Haven services (over one year prior)
- Nine cases (56%) were referred outside of a timeframe that would have easily allowed for ISVA support around accessing FME, with the time elapsed between incident and referral ranging from two weeks to 11 months.
- The remaining five cases (31%) were referred within a timeframe that could have allowed for ISVA support around accessing FME or support services at the Haven. Of these five, one woman

elected to access Haven services with the support of the ISVA (date of incident was not known for the other two ISVA clients accessing Haven services).

At the time of writing, the Haven is unable to provide counselling around sexual violence to women with substance misuse issues. Given the high prevalence of alcohol and drug misuse amongst ISVA clients (81%), this represents an additional barrier to accessing ongoing support via the Haven. This issue of Haven uptake and timely referral to the ISVA service is discussed in greater length in the ‘Conclusions and Recommendations’ section of this report.

ISVA Interventions

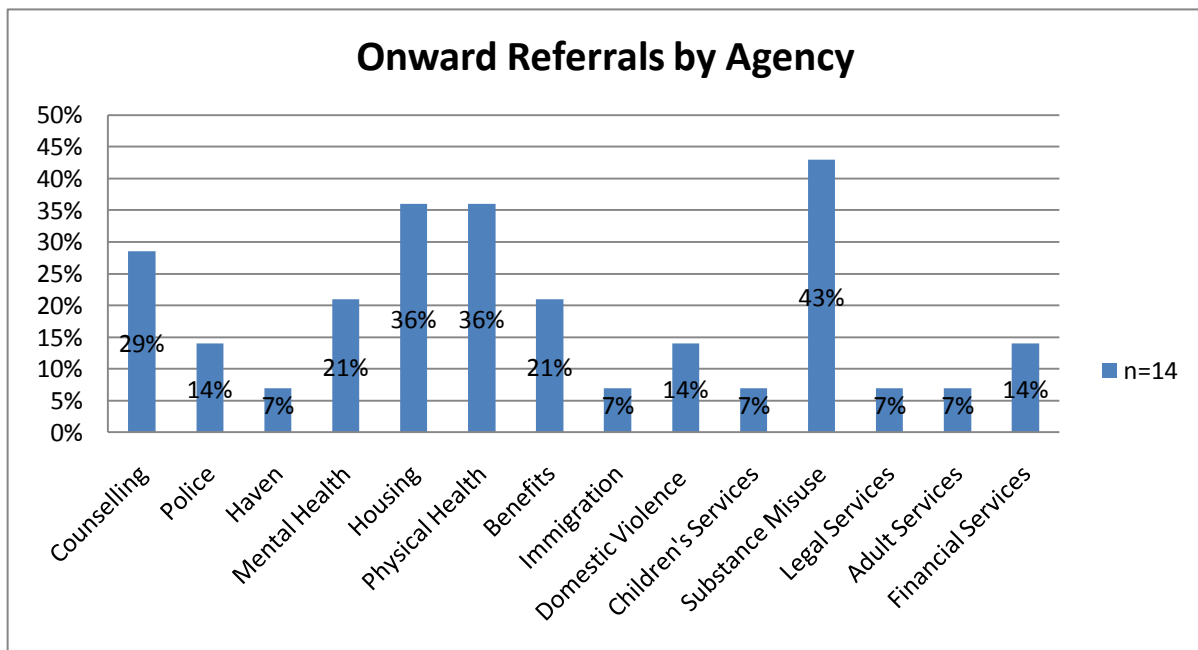
Data on ISVA interventions³ was collected for all engaged clients (n=14). Closed ISVA cases (n=10) received on average 5 interventions in different areas – for example; support around claiming benefits (financial), going with the ISVA to register with a GP (health), advice on child contact (children), onward referral to a fast-track methadone programme (substance misuse), obtaining official documents such as birth certificates (ID) and liaising with a voluntary organisation to obtain food parcels (food). The high number of interventions per client, and the variation in the nature of support offered, is indicative of the holistic, wrap-around nature of specialist ISVA support tailored to meet the needs of each client. A full breakdown of interventions offered is included below.



³ 'Interventions' include – onward referrals to other agencies, liaising with other agencies on the client's behalf, accompanying clients to appointments and advising clients on various criminal justice and non-criminal justice support options.

Significantly, the two interventions most frequently received by ISVA clients were around substance misuse (71%) and housing (57%). This is significant given that research into successful interventions with clients selling sex on-street indicates that addressing substance misuse and housing difficulties is crucial in terms of stabilisation for service users (Hester and Westmarland 2004, Home Office 2004). The next most frequent intervention was around physical health (50%). (ISVA clients already known to Open Doors (79%) may have received additional clinical support around sexual health from other members of the team; however, these interventions are not reflected in the ISVA data.)

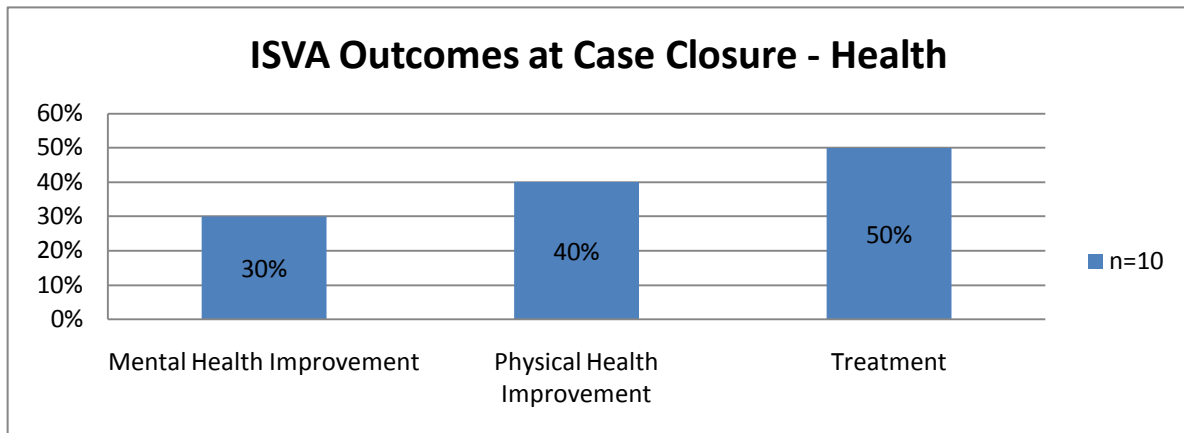
In addition to advising clients on different support services and accompanying them to appointments, the ISVA also made a large number of referrals to other relevant agencies, linking clients into a wider support network and helping them to access services. Again, the wide range of agencies that clients were referred on to reflects both the holistic nature of support offered and the ISVA's location as a 'hub' between the different local statutory and voluntary agencies.



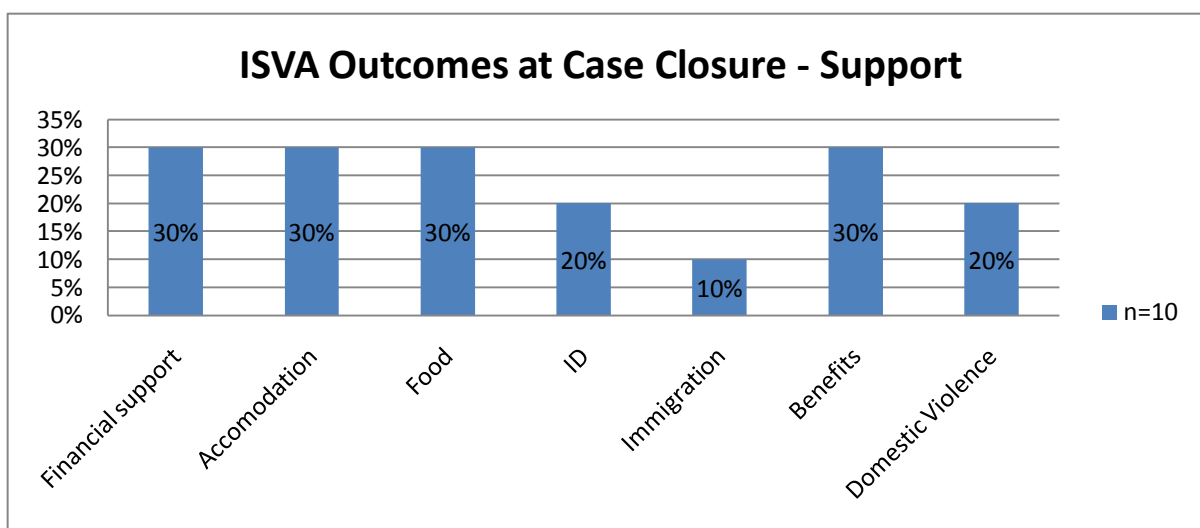
ISVA Outcomes

Outcome data for ISVA clients was collected at case closure (n=10). As outlined above, each closed case had received a number of different interventions, with the average client being supported in 5 different areas. The most common successful outcome at case closure was around substance misuse, with 50% of clients linked in to a substance misuse programme at exit. 40% of clients left

the service with improved⁴ physical health and an improvement in mental health was recorded in 30% of cases.



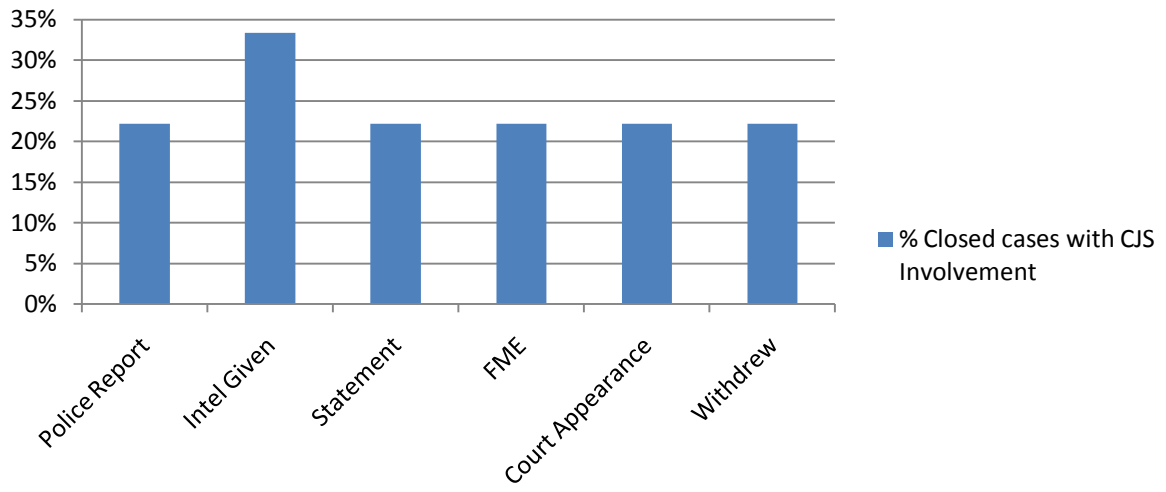
Clients also left the ISVA service having had some of their most basic needs met, either in terms of housing, food, identification papers, access to benefits and support and advice around immigration and domestic violence.



All but one of the closed cases involved some degree of support from the ISVA around the criminal justice system, from helping clients provide informal intelligence to the police to supporting them in attending court. Of these nine cases – at the time of writing, two cases had been closed by the police, and two women had withdrawn, one case was being taken forward by the CPS and two other investigations were ongoing. Two women had been supported through the court process. In both cases where women were supported at court by the ISVA, a successful conviction was obtained.

⁴ 'Improved' here is measured according to the ISVA's perception and includes received or ongoing treatment via a primary or secondary health care provider. Sexual health is included in 'physical health' but substance misuse treatment is recorded separately.

Criminal Justice Support (n=9)



Case Studies

Case Study 1

Ms A is an African national working as an independent escort in East London, and was referred to Open Doors by the Sapphire Unit after she was raped by a client in a private flat. At the point of referral, Ms A was in financial difficulties, in serious rent arrears and unable to provide food for herself and her small daughter. These difficulties were compounded by her immigration status, which prohibited her from working and from accessing state support. Feeling too ashamed to confide in friends, and unaware of any specialist organisations supporting women in prostitution, Ms A was also very isolated.

Working intensively with a range of statutory and voluntary agencies, the specialist ISVA was able to coordinate a wrap around package of support to meet Ms A's needs. Having located a third sector organisation that supplied food parcels, the ISVA was able to arrange for a weekly delivery of food for Ms A and her child, as well as a one-off financial award to assist with bills and rent. When two applications for support from social services proved unsuccessful, and Ms A was threatened with eviction, the ISVA worked with children's services to challenge the decision, and persuaded Ms A's landlord to freeze her rent pending a decision. While prior to working with the ISVA, Ms A had spent hundreds of pounds on legal advice, by explaining Ms A's entitlement to legal aid and putting her in touch with immigration services, the ISVA was able to help Ms A move her case forward considerably. As a result of this coordinated package of support, Ms A was provided with a UK passport, was able to avoid eviction, and can now access benefits.

Although Ms A initially felt too fearful to go ahead with the criminal case against her attacker, the support and reassurance of the ISVA helped her to understand the process and to feel more confident about facing her rapist in court. Working hand-in-hand with Ms A's designated SOIT, the ISVA accompanied Ms A on court dates and provided

Case Study 2

Ms B is a longstanding client of Open Doors who was referred to the specialist ISVA by an Open Doors worker after disclosing that she had been raped by a client. At the time of referral Ms B was homeless and selling sex on-street, with chronic physical and mental health problems exacerbated by her use of crack cocaine and heroin.

Ms B decided not to pursue recourse via the criminal justice system, electing instead to work with the ISVA around her immediate health, housing and safety needs. By working closely with Ms B and understanding her particular vulnerabilities, and by acting as a hub between relevant agencies, the ISVA was able to coordinate a series of interventions to stabilise and improve her safety. Liaising with housing, the ISVA obtained emergency and then temporary accommodation. Working with health, the ISVA referred Ms B to the Serious Addictions Unit and assisted her in registering with a local GP to address her ongoing physical and mental health needs. Drawing on her expertise around the benefits system, the specialist ISVA was able to advise Ms B on her benefit entitlement, and provided the paperwork necessary to obtain a crisis loan. The ISVA also accompanied Ms B to the Post Office to open an account to help manage her money more effectively.

Ms B is now based in supported housing, is on a methadone script, and receiving benefits. Her physical and mental health has improved through engagement with her GP. She has also been able to greatly reduce her involvement in street-based prostitution.

What is the impact of the specialist ISVA?

This section contains an analysis of qualitative data gathered from interviews with professionals and service users, with a focus on the following research queries:

- What is the impact of the emotional and practical support provided by the specialist ISVA?
- What is the impact of the support provided by the specialist ISVA around the criminal justice process?
- How does the introduction of a specialist ISVA impact on the development of a coordinated community response?
- How well is the new specialist ISVA service being integrated into existing provision locally?

A total of 19 interviews were conducted as part of the evaluation. Two were with service users. Seventeen were with professionals - thirteen of these were with frontline staff (SOIT officers from Tower Hamlets/ Hackney and City and Newham (5), Specialist Service Providers working with people selling sex across East London (2), Open Doors staff (4) and workers at the Haven (2)) and four were with staff at a strategic level (DCI Mark Yexley, Service Managers at the Open Doors and Haven Whitechapel and the Head of the Specialist Prosecutions Unit at the CPS, Louise Smith).

What is the impact of the emotional and practical support provided by the specialist ISVA?

Summary

The unique ability of the specialist ISVA to provide a holistic, wrap-around service was highlighted as crucial across all interviews. Service users valued deeply the transformative impact that practical assistance from an ISVA had on their everyday lives, reporting improved wellbeing and self-esteem. Other agencies welcomed the introduction of a dedicated ISVA role, which was perceived as adding value to existing provision by incorporating a broad, flexible remit with a specialist understanding of sexual violence and prostitution. Frontline staff perceived the ISVA's position as an interface between complex clients and inflexible services as being particularly important - by encouraging engagement, facilitating attendance, liaising with services to smooth access, and helping clients to navigate complex paperwork and meetings, the ISVA has had an impact on both the quality and

quantity of interactions between clients and supporting agencies. In addition to this practical work, the emotional support provided by the ISVA was especially prized by Service users, who reported feelings of self-worth and empowerment as a result of the reliable, accessible and non-judgemental support they received. Overall, the two strands of the ISVA's supporting role – emotional and practical – combine to form a powerful package, helping clients to rebuild their lives and self-image in the aftermath of sexual assault and rape.

Providing a Wrap-Around Service

It was clear from service user interviews that the case management aspect of the specialist ISVA role – where the advocate coordinates a range of different support interventions around each client – was invaluable to clients, and essential to providing an effective, wrap-around service that could meet their needs:

(Service User 1) Nothing is too difficult for Jacqui. She will work through everything.

(Service User 2) Everything, she's done everything. She's sorted out my ulcer, she's got me on a methadone script, she's got me help with this place [supported housing], she's got me with the doctor's, helped my benefits, she's... they even know that I need pots and pans, like, to cook with. That's how they go out of their way.

It was also clear that the impact of this support was not limited to positive practical outcomes such as stabilisation and safety. Service users reported improved quality of life, wellbeing and self-esteem as a result of the practical support they received via the ISVA:

(Service User 1) It was really, really helpful, because I was just dying of the debts. Just worrying, we're going to lose our house, no one is going to listen to me.

(Service User 2) Thanks to their services, I feel stronger. I don't feel like this skinny plastic dolly, if you like. I've got a GP, I've got a script going, I've got this place, I'm back in contact with my Mum... it's all thanks to them, do you know what I mean?

The ability of the ISVA to provide a holistic service for clients was a strong theme in interviews with workers at the Haven and other specialist service providers, as well as with SOITs. Agencies providing direct services to victims of sexual assault were aware of the importance of being able to provide practical support to victims, and frustrated by their limited ability to do so within their set

roles or area of expertise. Within this context, the flexibility and expertise of the ISVA were highlighted as key aspects of the role that allowed client's needs to be met in full, adding clear value to previous models of service provision:

(Haven Manager) you have to look at the whole picture of someone's life if they've been raped and they're a sex worker. You can't just say we'll do this bit but not the rest. And then that is where a service like the Haven is always going to struggle.

(SOIT 5) I think an ISVA, that's solely their job and I think they would be able to provide a fair amount of support and direct them in the right direction for the right types of support. Because all I ever do is "oh there's social services, they might be able to help you, there's a charity, they might be able to help you" and that's as far as my net goes.

Even within the Open Doors team, there was consensus that the new ISVA role was offering a more holistic and tightly focused service for victims of sexual assault:

(Open Doors 2) Jacqui's linked into a service where we've got access to accommodation, so we can refer them in, Jacqui can go and pick them up the next day, if we'd met her – we've got a car, so she's mobile(...) her role is so much bigger and so much more creative and so much more responsive to the needs of the clients.

This scope within the specialist ISVA role to offer clients support on their own terms, rather than according to a fixed appointment system, was also deeply appreciated by clients, where it was seen as making the service more flexible, accessible and supportive:

(Service User 2) I know that if I need her, she will be there for me. I mean, I've been to the Samaritans, and they're like "times up, see you later." And you go in there coming out worse than when you went in there. She's [Jacqui] not like that. She will stay on the phone.

(Service User 1) She came to my house and she talked to me, where I can feel a bit freer, and I told her everything about my problems.

Consistent Support

Haven and Open Doors staff both welcomed the ability of the ISVA to provide end-to-end, consistent support, especially given the complexity of cases and the sensitivity of the subject at hand:

(Haven 1) I think whatever the outcome is someone has been believed, supported and heard by the same person all the way through and not been

pushed from pillar to post, and given every Tom, Dick and Harry who comes along, they don't feel supported. I think it just, I think it makes a world of difference, having that continuity. And I think that keeps them in the system.

(Open Doors 2) like when you go to your GP, I always want to see the same person or at least the person I saw last time, because I hate starting it all again. I think it's really important that Jacqui is there and she'll be a consistent face. So it's a lot easier because you start where you left off. So it's not such a huge mountain to climb.

This consistency was also appreciated by service users, who were spared recounting their stories to a range of different agencies:

(Service User 1) I don't want to tell everyone what happened to me.

Accessing Agencies

All service providers highlighted the role of the ISVA in facilitating access to, and encouraging engagement with key services such as health and the Haven. The ISVA's specialist understanding of the complexity and vulnerability of her clients, coupled with her knowledge of available services, meant that she could serve as an interface between the two groups, preparing both parties before meetings:

(Haven 1) if Jacqui is working with a client and saying, you know, let's not go in drunk because they're not going to provide you with what you need, I understand that you have a need to drink and that's part of your issue and I'm not here to judge you and tell you you shouldn't do it but let's look at what service we're going to use and how they're going to meet the need that you have going in like that.

(Open Doors Manager) there's your client, there's your ISVA and there's all the things out there that your client needs. And it's like that could have been 5,000 miles [between the three]. And what our ISVA does is she opens up all the pathways, so the client can just go in straight away, irrespective of how chaotic she is, irrespective of whether she has access to public funds.

The support provided by the specialist ISVA was also seen as crucial to facilitating attendance and engagement, and in assisting clients to navigate inflexible appointment systems:

(Open Doors 1) the Haven services are appointments, they're not that flexible actually. I'm not criticising, it's just not possible to be that flexible. And for the street women, that sort of total lack of flexibility can be almost impossible to work with unless you have someone advocating for you.

(Service Provider 2) you know, they're quite chaotic, they're not necessarily very good at turning up for appointments... so she would understand that and be more flexible, not like someone who was more generic who would say 'come here this day, at this time' and then be shocked when they don't turn up. Whereas she would understand that they would need a bit more support, and say, 'I'll come and meet you here by your home, and then we can go and get you a coffee, and then we can go to this meeting' you know. And that would be a better way of doing it, and she would understand that."

The importance of this 'linking' role between clients and services, where the ISVA brokers access to agencies, was clearly illustrated in the service user interviews:

(Service User 2) Like, they got me registered with that doctor's? I can't get registered there because I have this thing where I lose my temper very quickly, I've got my dad's quick temper. But Jacqui helps me to... you know, where I don't understand things... she got me registered with a doctor. She'll say, like, I really do need to keep this appointment, so 'go, it's within your interest, you need your pills.' And you know, they give you the encouragement to want to go and do it, and so afterwards they praise you for going, so you feel like you've done something right. You know what I mean? You feel like, yeah, OK. So it was worth me getting up.

Service users also highlighted the importance of having someone on hand to assist them with completing complex, essential paperwork around social services and immigration:

(Service User 2) If I've got a letter, and I don't understand it, from the social, she'll, I'll phone her up and say, 'Jacqui, I don't understand this letter' and she'll say, 'give me the address. Give me the telephone number. Give me half an hour. I'll ring you back.' And she did.

(Service User 1) if I want to fill a form, I always call Jacqui to help me. And she says just bring the form. And we just fill it up.

Crucially, having an advocate also assisted women in communicating their needs to services, improving the flow of information between agencies and service users:

(Service User 1) It's like at the social services, the first person, when Jacqui went through there, there was this lady and I was complaining to Jacqui all the time, 'I'm not happy with this lady'. So Jacqui tried her best and she emailed to the boss of this, the social services I was seeing, and at long last they changed the social services to me.

(Service User 2) I have trouble putting a point across, so then when Jacqui's there, I'll say to Jacqui 'can you explain' because I can't, and then she'll explain it. Or if they ask me questions and I don't compute, up here, I'll look

at Jacqui and I'll say, 'what are they saying?' And she'll go, 'they're doing it like this'.

Access to the Open Doors Team

Staff at Open Doors also stressed the importance of the specialist, multi-disciplinary team surrounding the ISVA, which was seen as providing benefit to both the ISVA clients and the advocate herself:

(Open Doors 2) So when a woman is referred through to Jacqui, or if Jacqui is referring to Sue, the whole team really are there waiting to catch her in some way or another. It could be that I'm there to provide the clothes from the drop-in or that Jacqui takes her down to the haven, or that Sue gets her a drink from the cupboard, that Reg drives her down there, and it's a team effort. Jacqui's not on her own either. And she's got her support network as well.

The service users, equally, noted the support of the team as a whole, both in terms of providing services around the ISVA worker and in providing a seamless service when the ISVA was unavailable:

(Service User 2) All of them, it's not just Jacqui, it's all of them, you know.

(Service User 1) even when, for example, when I remembered I had a meeting with social services, and she was going on holiday for two weeks, she made a point of leaving my file with someone else.

Emotional Support

Isolation in the aftermath of a rape was a key theme of the service user interviews, either through the lack of a support network, or the taboo surrounding sexual violence:

(Service User 1) there was no one else, because I didn't tell my friends what happened. I didn't tell no one, no one knows. Apart from Jacqui.

(Service User 2) because like I said, I don't have access to my Mum so I have no one else to talk to, alright I've got my husband, but how much stress can he take? You know what I mean, so it's not easy.

Within this context, access to emotional support, encouragement and comfort via the ISVA was fundamental to rebuilding strength and self-esteem:

(Service User 2) Sometimes you need someone to tell you that, when you're sitting there crying your eyes out, to go 'good on you girl, I know it's stressful, but you're dealing with it mate. Continue doing what you're doing, you know we're here for you.' Sometimes you just need to hear that. That's it. You know, it means a lot. It's better to know they're there, than to know that there's nobody there.

(Service User 1) I was thinking I was a victim, but she really tells me that I am not a victim, and I should not put myself down.

The emotional support aspect of the ISVA role was also seen as fundamentally important by other service providers, underpinning and surpassing other work around the criminal justice system or practical assistance:

(Haven 1) even if someone got a not guilty verdict, but Jacqui has supported them all the way through, been there when it's been horrendous, sat in there in the AV with them or outside the door, or you know taken them for coffee when something's been horrendous, help them get their benefits, help get them into a hostel. None of that is taken away.

(Open Doors 2) I think it's great, I think it's been really important, I think it's made a big difference to women being able to talk about experiences and access services and speak out. You know, do things that – it's about respect and valuing and those things that being sexually assaulted and raped can take away from you.

The importance of having a dedicated role focusing on sexual violence was seen as a positive development by service providers and the Open Doors team, who emphasised that the specific focus of the role provided a safe space in which sensitive and distressing information could be more easily disclosed. Several participants in these groups felt that even where long-term work had gone on with service users and personal rapport had been established over time, having a separate, dedicated role around sexual violence would allow their clients to feel freer in disclosing rape and sexual assault:

(Service Provider 2) we have a long relationship with women. Sometimes when something like that happens they prefer to speak to someone else before they can speak to you. It's not necessarily the case with all women, but I can think of a few women, who might prefer the support of an outsider, they might feel better able to speak more openly or to express themselves better with somebody outside.

(Open Doors 2) Jacqui's role is very defined. Although it's quite broad, she's the independent sexual violence advisor. So in a way, they come from the

understanding that she knows what they're talking about. She reflects everything they've experienced.

The ISVA's specialist understanding of sex work was also viewed as important by these groups, since women could expect an empathic and non-judgemental service:

(Service Provider 1) women knowing that there is a specialist role for women who have experienced sexual violence can suggest that, you know, 'I'll go to Jacqui and Jacqui is a woman who only deals with women who've been through the same thing as me.' So there isn't that sort of fear about, 'oh, will they understand what I'm talking about, where I'm coming from, will they know what to do, will they judge me, because, well, they know that all that Jacqui deals with is women that have gone through the same thing.

(Open Doors 2) when there's been women that I've referred to Jacqui it's made a difference, the fact that they know that this (outreach) is the sort of work that Jacqui's done before the ISVA role. They expect that it's like having a shorthand for the stuff that she might understand, for all the things they can say to her.

This theme was confirmed in the service user interviews, where women linked the non-judgemental approach of the specialist ISVA to feelings of value and self-esteem:

(Service User 2) Jacqui and Open Doors have never looked down on me and gone, 'oh, you're just a fucking junkie.'

(Service Provider 1) she understands, when you're talking to her, you don't even feel like –oh. You know there's somebody, people you can talk to and you think, that person is really putting me very low – she wouldn't even mention something like that. Everything she tells you is like – remember you're important, and we can get you out of this place.

A Life-Changing Experience

Overall, it was clear through the service user interviews that the intensive contact with the ISVA, and the combination of practical and emotional support offered had had a life-changing impact, whether or not criminal justice options were pursued. Having been through the ISVA service, clients felt stronger, safer, and less isolated:

(Service Provider 1) It did make a lot of difference, and it changed my life. Yeah. Because I knew that I've got people who are looking after me, yeah.

(Service User 2) She's turned me into a better person, into the person I want to be. Every time I tell her I haven't worked, she praises me. And it makes me feel like I've done something really good, and it makes me feel I can take... alright, I need help with a few things, but she's made me feel like I can do it, I can do it on my own. Whereas before, it was like – problem here, problem there, I had so much on my shoulders I didn't know how to deal with it.

What is the impact of the support provided by the specialist ISVA around the criminal justice process?

Summary

Data collected across all interviews indicates that the specialist ISVA has a crucial role to play at each stage of the criminal justice process. As an independent, dedicated advocate with a specialist understanding of her client's needs, the ISVA can serve as an interface between victims and the criminal justice system - encouraging reporting and information gathering, smoothing evidence collection processes, facilitating contact and engagement, promoting trust between victims and agencies and supporting women through the court process to attend and give best evidence. SOIT officers highlighted the way in which the presence of a specialist ISVA saved them valuable time and freed them to focus on the investigation. Data from the advocate and service user interviews also show that the emotional and practical support offered by the ISVA can reduce the stress and distress felt by clients throughout what can be a long, frightening and demanding process.

Independence and Information Gathering

SOITs, service providers, the CPS, Haven and Open Doors staff all perceived the specialist ISVA's independent role as beneficial to encouraging reporting of rapes and sexual assaults:

(SOIT 5) I can explain to a street worker until I'm blue in the face what we do and how we're going to help them and so on. At the end of the day, even though I'm not in uniform she's still going to see me as a police officer. She's still going to see me as the police officer that maybe sends her to court, gets her fined, maybe puts her in prison because she's done it far too many times. Whereas I think an ISVA is a completely independent person, isn't part of the police, has dealings with street workers all the time, is seen out actively supporting and helping them.

(Service Provider 2) at the end of the day regardless of what their role is, they're still a police officer. So again, it comes down to the ISVA worker's independence. The woman knows that worker is there just for her. And that's quite important.

The ISVA's location within Open Doors was also seen as a positive factor in terms of building trust and rapport with women:

(Haven 1) she's gone out, she's got her warm jacket on, she's gone out of an evening and she's given them a bacon sandwich and some condoms and it makes it much more acceptable to talk to her and I think she's safer. I think she bridges that fear that people have of professionals

Crucially, the ISVA was seen as an accessible resource for women who were either unaware of or intimidated by services like the police or the Havens:

(Open Doors 2) if you're based just in a referral centre like the Haven, you see the people that come to you. You're not going to see all the people that don't want to come to you

Haven staff and service providers expressed hope that the new specialist role would increase reporting levels, and interviews with the Open Doors team confirmed an improvement in the quantity and quality of reports to outreach workers:

(Open Doors 2) I think, it feels to me, just sort of going out with the indoor workers that there is a high level of reporting and that it's a more focused level of reporting that we get when we go into flats because of having an ISVA worker, who can then do the next steps with someone

(Open Doors ISVA) We've got more people reporting. We have, we've got more people reporting rape and sexual assaults and rapes to us. I'm not saying that they're all being taken forward and going to the police, but the intelligence is being shared. And that helps towards the safety of others

The ISVA's independence and client-focused remit was also seen as a positive factor by frontline workers and SOITs in terms of increasing women's confidence in the police and Haven services, and thereby helping them to gain access to specialist support and the criminal justice system:

(SOIT 4) The ISVA worker is someone to trust, to confide and then the ISVA worker would bridge the gap of trust between the client and the police officer. So it's a good system.

(Open Doors 2) If Jacqui goes to the Haven with a client and says 'oh hello, Shirley!' to the girl on reception, then that client automatically feels – this is familiar, this is a cool place. Because Jacqui says it is.

(Haven 2) having an advocate, who's there with them, at least they'll be building up the trust with Haven services, you know, have the trust and support of Jacqui to help facilitate that for all of us.

This issue of increased trust was also touched upon in the service user interviews:

(Service User 1) when I was on my own before I met Jacqui and Lucy, the police officer, I was just on my own and I trusted no one, especially when I have a problem. I used to say, 'even if I tell them my problems they will just laugh at me, there's no point in telling anyone.' But I've learned a lot through Jacqui, and Lucy the police officer. That there are people who care for you.

Engagement with the Initial Stages of the Investigation

Having a specialist ISVA on hand to support victims through the initial stages of an investigation was seen by SOITs as beneficial both to the standard of evidence collected, and to the victim's experience of the process. The ISVA's specialist understanding her client groups' lifestyles and particular needs was perceived as a valuable resource by police, and her ability to accompany clients and advocate on their behalf was viewed as crucial to maintaining engagement and keeping the victim's needs central to proceedings. Just as frontline workers felt that the ISVA served as a useful interface between clients and supporting agencies, SOIT officers suggested that the specialist ISVA acted as a useful intermediary between vulnerable victims and the criminal justice system:

(SOIT 1) I think it's a case of having somebody there just to support people who aren't maybe used to being in police stations or been in police stations for different reasons then Jacqui would be happy to come along to support there as well, just to be there is they need to stop during the interview, go out, have a chat, have a cigarette, it just makes things easier.

(Police 1) certainly cases have been reported to me where people have been you know, abusing substances, abusing butane that they're not actually fit to conduct a full interview and I think those are ways where we actually, that's where Jacqui can come in to actually help and support and actually get the timing right to conduct the interviews.

The emotional and practical support offered by the ISVA, and the stabilisation this provided for clients, was also viewed by service providers as being intimately linked to increasing engagement in the criminal justice system:

(Open Doors ISVA) I think it's the difference between pursuing, taking something forward with the police and not...the individuals that I work with see their priorities in a very different way. One person's priority may be getting benefits, they may feel they need money that day before they can go to the police station, they may feel they need money that day to go and get a hit before they can go and sit in the police station for two or three hours.

They may feel that they need a roof over their heads before they can take this forward.

(Haven 1) If she's got them into the SAU in the hospitals and got them scripted they may not need to be out sex working as much because they're on a script and she can get them to their [police video interview] because they're not going to be withdrawing. You know those sorts of things, I think, are invaluable in keeping these service users in the criminal justice system and getting them to go through with it.

At a strategic level, several participants expressed the hope that the ISVA role would impact on attrition rates amongst victims who sell sex:

(Haven Manager) I think what you can do with an ISVA post like Jacqui's, is that you can take out some of the things that you know cause attrition. You can't necessarily do anything that you know will get a conviction, because actually we don't necessarily know what will get a conviction. But we do know that lack of support means that women are more likely to pull out. We do know that fear around stereotyping and not being believed will make women pull out. We do know that the attitude of police will make women pull out. So I think if you can start by tackling some of those things and putting things in place to improve those, then it is taking some small steps towards making things better

ISVA Benefits the Investigation

All SOITs interviewed commented on the difficulty involved in maintaining contact around the investigation with victims who sold sex, especially when contact phone numbers and addresses change rapidly amongst the more itinerant and chaotic street population. An inability to establish contact with victims was cited as a key barrier to progressing with the investigation when incidents were reported to the police, and this was compounded by heavy case loads and time constraints. Within this context, the specialist ISVA was seen as a valuable resource to professionals as well as to clients, especially in terms of tracking victims and facilitating contact, allowing the investigation to progress:

(SOIT 1) if I'm having trouble contacting somebody, I'll have a word with Jacqui, then Jacqui will let them know that I'm trying to contact them and very often, that sort of two pronged approach means that I can maintain contact with that person

(SOIT 5) it was a relief for me because there was somebody else out there who could find her for me because it just hangs over your head when someone's not replying and you're going around in circles. To be honest with you, where I should be dealing with other things, they're getting left because I'm looking for her. So it was a relief.

Officers also highlighted the way in which the ISVA's 'keyworking' role, where the advocate coordinates the efforts of each agency, made accessing complete information on the victim easier and faster:

(SOIT 4) it makes it easier for me, because I can make one phone call to the ISVA rather than make a number of phone calls to the contacts within those organisations and they can feed back information to me.

With the ISVA providing crucial support around maintaining contact with victims and serving as a resource around client information, SOITs could dedicate more time to developing the investigation:

(Police 1) So looking purely from a Metropolitan Police point of view, it's allowing our staff to be more efficient and to focus on the investigation, and the more time they focus on the investigation and the intelligence, the more chance they've got of bringing people to justice.

Police responses around time-saving were echoed in interviews with the Open Doors outreach staff, who felt that the case management provided by the specialist ISVA allowed them to dedicate more time to accessing women and informing them of the support available around sexual violence:

(Open Doors 1) in some ways, you could say that it provides the outreach team with more time to get out and meet more women. The more time we do individual support, the less women we meet. When actually, we want to meet as many women as possible to tell them about our services. So if we've got one specific person who's holding on to people and providing support, then the rest of the team can continue to outreach.

Court Support

Attending court with victims was also seen as a fundamental aspect of the ISVA's role, by service providers, police, Open Doors staff and the ISVA herself. Practically, the assistance offered by the ISVA was seen as increasing the chances of a court appearance amongst more chaotic women:

(Open Doors 1) from the start point of going to court, getting there, turning up on time, on your own, is a very difficult thing to do. Although I know that,

I'm not sure what the Sapphire role is in terms of that. But it's quite different, isn't it, being picked up and supported by a police officer, for some women. Particularly women who are using drugs, there's other issues that one might be worried about. Or wherever you're being picked up from, you know. So it's just another person that has an understanding of the situation that, your current situation.

The emotional support provided through the ISVA role, both throughout the process and on the day, was also viewed by service users as crucial. The ISVA's ability to inform women of the processes, and to attend court, was pivotally important to keeping women in the system who otherwise would have withdrawn:

(Service User 1) My case went through to court, and the first court we went, I was not expecting her to come because it was very far (laughter). She came to court with me and I was very surprised to see her, but she was communicating with the police officer, so she came to court in the morning and I said, 'you're here Jacqui!' And I felt so good.

Touching on a separate case where she had provided court support, the ISVA highlighted the importance of having an advocate with the client at court:

(Open Doors ISVA) she said to me, if you can't stay, I won't be going. So I did juggle around the appointments and I stayed with her. She went into the witness box, and there was a point when she faltered, and then there was a point where she just came back so powerful, and told the defence how it was and that she was the victim here. And the person was found guilty at the end of the day, it was a good result. So yeah, I think it was the difference about whether it would be a court case or not, whether there'd be a prosecution or not. That's what the difference was that day, me being around or not

In the case where a successful conviction was obtained, the emotional support provided by simply attending court with the victim was highlighted as an all-important factor:

(Interviewer) And do you think you would have been able to go through the court case without Jacqui?

(Service User 1) I couldn't. No.

How does the introduction of a specialist ISVA impact on the development of a coordinated community response?

Summary

The specialist ISVA's role in promoting a coordinated response to sexual violence amongst men and women involved in commercial sex was a strong theme across all interviews with SOITs, Haven and Open Doors staff, and specialist service providers. The importance of the ISVA's role as an interface between agencies and her client base was highlighted again, with participants viewing the ISVAs frequent interactions with other services as an opportunity to promote best practice. It was also suggested that the introduction of the specialist ISVA role could serve as a catalyst for wider practice review amongst agencies and an investigation locally into the gaps in current service provision around sexual violence. Whether sharing her specialist knowledge via structured training or simply through close partnership working to obtain the best outcomes for her clients, *all* participants saw scope within the ISVA role for raising awareness of the needs and vulnerabilities of people selling sex, keeping sexual violence against this client group on the local agenda, and contributing overall to greater operational and strategic coherence.

A Resource for Other Agencies

Specially trained officers welcomed the addition of a specialist worker who would be able to promote the needs of this particular client group and improve institutional responses to sexual violence, both within the police force and in other agencies:

(SOIT 4) Other than the Panorama documentaries on television nobody knows what sex workers need. If the ISVA has the knowledge and can pass it on to other people, it will only improve or provide a better quality of service for sex workers.

Crucially, those agencies already providing specialist support around sexual violence or prostitution also recognised the added value and importance of the new ISVA role, with its combined specialism across both fields. With low levels of disclosure of either sexual violence or selling sex, the specialist ISVA was welcomed by these agencies as a valuable resource in terms of developing best practice around encouraging reporting and delivering tailored services:

(Service Provider 1) we want to embed this [a specialist understanding of sexual violence] into our practice, but realistically, how do you do that when you deal with one case a year?

(Haven Manager) A lot of it is we don't see very many sex workers, so we don't have that level of expertise, so we don't see very many sex workers, so we never build up the expertise, and we just go round and round in a circle.

Colleagues working alongside the ISVA also viewed the new role as a valuable resource for developing their own practice, and were pleased with the way the ISVA's specialist knowledge of sexual violence was being cascaded throughout the team:

(Open Doors 2) We're learning so much from her because of what she's learning, and she'll come in and say, 'guess what?! There's this!' and we'll suddenly find another heap of paper on our desk, won't we? Or more emails to read, and it's great because it's all good.

As well as helping to develop in-house expertise across all agencies, the ISVA was also seen by Open Doors staff as a direct link between agencies and service user's needs and wishes:

(Open Doors 2) I think it enables the voice of the client to be heard more clearly, to act as an amplifier for the client, and that's really important.

Facilitating a Coordinated Approach

In addition to helping to develop expertise within each agency around the needs and vulnerabilities of people selling sex, the location of the ISVA as a 'hub' between different service providers was also seen as an asset by service providers and police in terms of developing consistent practice between agencies, helping to build a coordinated community response:

(SOIT 1) The agencies know that Jacqui's there as an ISVA and they employ her as a resource as well and I'm guessing if everybody sings from the same hymn sheet then that's beneficial.

(Haven 1) I think we have the capabilities with her post in the coming years of really seeing more of a united front with women experiencing sexual violence when they're sex working.

Making the Case

At a strategic level, the ISVA role was viewed by Haven and Open Doors staff as providing a focal point for the issue of sexual violence against people selling sex, which assisted with keeping the issue on the agenda locally:

(Haven 1) people are led to believe that services won't support people who are sex workers, the police, mental health, you know, nobody cares about them whereas the reality is that Jacqui is advocating that we do, and that you're not allowed not to care for them, they're human beings. And I think that's really important.

(Open Doors 2) It says, this is violence, it is absolutely unacceptable, and I think that by having a named worker we're saying that to the clients as well, that it's unacceptable and it's not part of the job and it's not part of what's OK in your life, and here's a worker that can support you.

Several SOITs and service providers felt that the professional status attached to the specialist role was pivotal to the ISVA's ability to influence local practice and agenda setting:

(SOIT 2) If you've got somebody that's taking it seriously and dealing with things in such a professional manner because it matters to them, then of course you're going to take some of the issues on board.

(Service Provider 1) I sometimes think that people look at us and they think, oh, yeah, women's sector, third sector organisation, of course they're going to talk about women's rights and women's issues and things like that and I think the more support we have from a role like the ISVA, who can actually provide the evidence for it, and can put it into context, then our argument will be much stronger.

Strategic level participants delivering specialist services were also alive to the importance of the evidence base generated through ISVA case documentation, which was seen as an important resource in terms of making a case for specialist, sustainable provision:

(Haven Manager) if you look at the police figures on how many sex workers reported rape in the last year, and you look at how many clients Jacqui has had since August and it's showing what we knew, but what you know anecdotally and what you know evidentially are totally different things and I think it's really important for us to be able to say, this is how many women have disclosed sexual violence as part of their life in the last year and this is what they have said has happened to them and being able to quantify it a bit.

(Service Provider 1) We're not just sitting there saying 'well, women involved in prostitution experience high levels of sexual violence'. We have somebody who could come and say, 'in the last three months, this amount of women came forward and reported violence'...[] so I do think that that role will help strategically as well.

Filling the Gaps

By drawing together issues of sexual violence and prostitution, the ISVA role was also viewed by strategic-level participants as a catalyst for a wider review of the services available locally to men and women in the sex industry who have experienced rape or sexual assault, examining where services can be improved or expanded:

(Police 1) I think, Jacqui's role there around counselling support for victims of serious sexual violence is interesting, I think it also is gonna lead us to actually evaluate how we work with them (...) So I think it's going to open up new doors and new ways of thinking about things really.

(Haven 1) she can do that multi-disciplinary work across the board and hopefully give people that thought when they go, well actually, that's a really good role, how can we look at being able to provide that sort of service for our clients

How well is the new specialist ISVA service being integrated into existing provision locally?

Summary

Given the relative newness of the specialist ISVA role, this evaluation also focuses on the way in which the ISVA service has been linked in to existing service provision. The introduction of the specialist ISVA was universally well-received across all participants interviewed, who recognised the value of a specialist service for people in the sex industry that had experienced sexual violence, and welcomed the benefits that advocacy in this area could bring for the ISVA's clients, their own agencies, and the development of a coordinated community response to this issue. Both at an operational and strategic level, there was strong support for the specialist ISVA post.

Within this wider supportive context, however, some participants were keen to highlight areas of concern. Amongst SOIT officers and the CPS, these concerns focused on the possible duplication of work and potential misinformation around complex court proceedings. Across other participants, concerns centred on the local context that the ISVA service was operating within - for example, gaps in existing service provision, a need for closer partnership working between service providers across the three boroughs, and the importance of establishing a strategic approach that prioritises sexual violence amongst this particular client group. Capacity, in terms of the ISVA's ability to manage a large caseload and a very broad geographical area, was also a key concern across all professionals interviewed.

While considerable effort has been put into promoting the specialist ISVA amongst partner agencies, both in terms of training days, on-site visits, and literature explaining the role, some confusion remained around eligibility criteria and the services that the ISVA was able to provide – notably amongst some of the SOIT officers interviewed and specialist providers in Newham. Although those participants who had made referrals reported that the referral process was trouble-free, there was low awareness of the standardised referral form developed by Open Doors to capture key information on new ISVA referrals. While these findings are in keeping with the developmental stages of the specialist ISVA role, they highlight a need for ongoing training around eligibility and referral. Open Doors has training planned to meet these outstanding needs.

'Doubling Up' ?

(SOIT 3) Is it just one more person adding to the list of people who are already involved?

Amongst the SOIT officers, there was concern that the specialist ISVA might duplicate the support that they already offered, and a feeling that contact from two workers rather than one could have a negative impact on the victim's wellbeing and engagement:

(SOIT 2) if you've got two people, it might be the case that she's just getting over what we discussed yesterday and then the ISVA's on her case and then life's all about a rape.

This theme was more dominant amongst SOIT officers without experience of working with the ISVA. Where officers had shared clients with the specialist ISVA, they were more inclined to stress the complementary nature of the new role and the importance of maintaining clear channels of communication:

(SOIT 1) our role obviously is to support this person through the investigation but Jacqui's role is to support them through the investigation and also through any other areas of support they need as well. So, I think that's where we're both doing a similar role but from different angles.

(SOIT 5) I would think Jacqui could give better support than I could but on the flip side of that it could be that I'm supporting her, Jacqui's supporting her, the street worker's then going to be like "will everyone just stop phoning me and leave me alone." So I think we would have to agree an understanding of who's going to do what when or you know it could be the role, would be nice in my world if I could say "ok we've dealt with this investigation, I'll do the policey bits, the interviews and the IDs and I'll hand over the support to you

This theme of effective communication was echoed in interviews with service providers, none of whom perceived duplication of work as an issue:

(Service Provider 2)there is always that potential, but, I mean, if I refer a client to her, we should both be aware of what each of us are doing with that client, so again it comes down to information sharing. If everybody working with that client knows what everybody else is doing with that client, then it shouldn't be any duplication of service.

Misinformation?

Running parallel to SOIT concerns about duplication of work, some officers also expressed anxiety around the accuracy of information provided through the ISVA around the criminal justice system:

(SOIT 2) I'm slightly concerned that there might be some misinformation being given over regarding what people can and can't request

(SOIT 3) I think there could be crossed wires as in 'the ISVA told me this and you're telling me that' and kind of being quite manipulative, not just sex workers but anybody. Kind of giving one set of information and then it kind of getting relayed by Jacqui and she's giving something else.

This theme reoccurred in the CPS interview, where concern was expressed around the potential inaccuracy of information provided to clients around obtaining special measures. Again, SOIT officers with experience of working with the specialist ISVA did not express these concerns.

Information Sharing and Case Ownership

The issue of information sharing on clients and partnership working between specialist agencies was identified as a problematic issue by all specialist service providers working across the three boroughs. Amongst these participants, the feeling was that more coordinated working would improve the service that they offered and would be beneficial to their clients:

(Service Provider 2) particularly with some of the more chaotic women that all of the services are aware of, but because they don't engage in any kind of long term... there are a few women who slip through the net, and maybe if we worked better in partnership we would be able to offer those women a better support. So there's definitely a need for it, I think.

(Service Provider 1) I think people are quite protective of service users. I mean, in other fields as well people are quite sensitive about sharing information on their service users, but sometimes I feel in this field that people are even more sort of reluctant to share information (...) obviously, the more information that is shared between agencies, the more effective we can be in terms of keeping women safe.

Open Doors have provided outreach to flats and saunas across Hackney, Newham and Tower Hamlets since the mid 1990's, and their street outreach programme in Hackney dates back to 2005. While the service has worked to build strong links with local statutory and voluntary service providers within Hackney, with the introduction of the specialist ISVA role, (covering people selling

sex on- and off-street across all three boroughs) the service has come into contact for the first time with agencies providing street outreach in Newham and Tower Hamlets. Across both of these boroughs, there is currently less clarity around information sharing and joint working between agencies supporting clients who sell sex. The interview with the specialist ISVA echoed wider concerns around coordinating work and sharing information, and highlighted the need to establish closer working relationships with specialist providers outside of Hackney:

(Open Doors ISVA)The referrals that I've had from Newham and Tower Hamlets have been quite chaotic women, and they are homeless and they are substance misusers, and they're sex working on the streets. And it's those particular women that I've had difficulty contacting and engaging with. However, I do know that there are services within those boroughs working with those women, and I do know that there are services doing outreach at night. And, you know, if the partnerships were much stronger, then I think that we'd be able to work together to work more positively and to engage with those individuals.

Where partnership working had broken down, this had a negative impact on the standard of service that the ISVA was able to provide:

(Open Doors ISVA)I needed to be able to prove the individual's connections to the borough, because she was homeless. She had no ID and no proof that she was from that area. And I wanted to be able to confirm with the organisation (name) how long had they known her for? Could they confirm that she was from that borough? Were they able to tell me how long she'd been using the drop-in centre for, that would prove a connection to the borough. Unfortunately because of confidentiality they said that they were unable to share information with me.

Work linking the ISVA more closely with statutory partners in Newham and Tower Hamlets, and establishing care pathways in these boroughs, was also seen as a priority by the ISVA and the Open Doors service manager.

Gaps in Provision

By providing end-to-end support for clients, the specialist ISVA is uniquely placed to analyse the effectiveness and coherence of existing provision, and to identify important gaps. To some extent this process appears to be underway already. Two notable omissions affecting the ISVA client group were the lack of a safe house for victims fearful of their safety, and the provision of specialist sexual violence counselling services for clients with substance misuse issues. Both of these issues were

highlighted by the ISVA as barriers to both engagement and to accessing vital therapeutic support in the aftermath of a rape or sexual assault:

(Open Doors ISVA) The times when I have accommodated women in the middle of the night, it's basically been dropping them off at a hostel, which doesn't even have warm bedclothes, doesn't even have a radio or a television, nothing there that can distract the women from the horrendous experience that they've just suffered. If there was just somewhere where these individuals could be placed into for a few days or a week – somewhere warm, somewhere where there'd be someone there for them

Other Open Doors team members expressed concerns around barriers preventing workers from flats and saunas from accessing services around sexual violence. The language barrier was seen as a pivotal issue for some women:

(Open Doors 1) because if someone wants to self-refer [to the Haven], and they don't want police involvement they ring the Haven themselves and they get through to a crisis worker who explains what the service is about and what they can expect from the service, so it's quite simple. But if you can't speak English, you can't ring.

Increased police activity around indoor premises in the wake of the Policing and Crime Act, and during the run-up to the Olympic games, was also highlighted as a complicating factor:

(Open Doors Manager) we used to have really successful outreach where we would go into flats and saunas and we would meet three women in a flat, four women in a flat. Now women have stopped working like that and they are reducing working like that, it's one woman in a flat, women doing out calls.

(Open Doors 1) actually, the flats and saunas are going more and more underground and the women are working as independent escorts because the police keep visiting properties and closing them. So we're really finding it difficult to access off-street women. And if we can't access them, we can't tell them about the service. So that's really poor.

These concerns are particularly significant given that low numbers of women selling sex indoors were referred to the ISVA service (n=3, or 14%).

Strategic Approach

Participants working at a strategic level within the Sapphire team, Open Doors and the Haven all expressed concern around the strategic context in East London that provides the backdrop to the

new ISVA service. A focus on enforcement and anti-social behaviour was seen as unhelpful in the context of promoting new initiatives around sexual violence:

(Police 1) There also needs to be an appreciation within sort of local crime disorder and community safety partnerships, although it's maybe not popular, to look at sex workers as serious sexual violence when they're actually seen as, reported as nuisances in a way, street nuisance and anti-social behaviour when we should actually be focusing on serious sexual violence, so that's, I think if there was a bigger focus on that locally then it could be supported more.

(Open Doors Manager) [Liverpool] have been able to quite clearly come to an agreement that crimes against prostitutes are hate crimes and they've been able to police sympathetically and with a view to protection and catching offenders who perpetrate terrible and horrible crimes, not women who stand on street corners with drug addictions or who are selling sex in flats and saunas. They've kind of got their priorities straight. And I'm not sure we'll ever get there in this city. I'm not sure London works like that.

Capacity

Participants across all groups expressed concern around capacity issues, in terms of the large geographical area covered by the specialist ISVA, and her growing caseload:

(SOIT 2) if there is work for two, then there should be two. If there's work for ten, there should be ten.

(SOIT 4) We have a team here of eight SOITs working sixteen hour cover each day and there is somebody working nights and we cover two boroughs. How can you have one ISVA covering three boroughs? It doesn't make sense.

Given the a high number of referrals to the specialist ISVA in what is, effectively, its pilot stages, and taking into account the relative complexity of the client group, it would appear that capacity issues present a very real problem for the future.

Conclusions and Recommendations

Processes

Between September 2010 and March 2011, the specialist ISVA at Open Doors has received a total of 24 referrals, with an average of three new cases being referred into the service per month. This means that in the first six months of operation, the number of referrals to the Open Doors ISVA service is already double the number of incidents reported to the police by people selling sex across the three boroughs in 2010⁵. While police reporting was relatively high amongst ISVA referrals, around a third of those referred (29%, n=7) chose to disclose to an Open Doors worker rather than the police. Given the relative newness of the ISVA service, these figures confirm the ongoing need for specialist ISVA services across Hackney, Tower Hamlets and Newham.

Further examination of the 24 ISVA referrals revealed a difficult caseload. Most women referred to the ISVA had complex support needs - 81% of all referrals had substance misuse issues, 29% were homeless, and 42% suffered from mental health problems. Additionally, rapidly changing phone numbers and addresses made making and sustaining contact difficult. Within this context, contact and engagement rates for the ISVA service should be seen as very good and the outcomes achieved thus far appear promising across a range of different indicators – for example, health, criminal justice, and substance misuse.

The largest source of referrals to the service was via the police (46%, n=11). However, the large number of internal referrals made by Open Doors outreach and clinical staff (42%, n=10) indicates that street outreach and the weekly drop-in are extremely effective locations for promoting the specialist ISVA and for making informal, accessible contact with potential service users. It seems likely that the integration of the specialist ISVA within the wider Open Doors team has contributed to high numbers of women disclosing and engaging with the ISVA – the ISVA's independence from the police and accessibility via the Open Doors service was seen as strongly positive across a wide range of participants. The importance of locating the ISVA within Open Doors team was a theme occurring across all areas of the evaluation – variously, co-location was perceived as providing added benefit to clients through in-house clinical services, providing benefit to the team through the

⁵ This includes sexual assault and all penetrative offences currently classified as crimes. Reported as of 27/01/2011

cascading of specialist knowledge via the ISVA, and providing benefit to the ISVA herself through peer support.

While a large number of cases have already been referred to the specialist ISVA, case management data indicates that the majority of referrals were women selling sex on-street (86%, n=19). Just three women selling sex indoors were referred to the service (14%). This discrepancy appears particularly important in the context of anxieties expressed by Open Doors staff around the increased difficulty of delivering outreach to flats and saunas against the backdrop of increased police activity and the run-up to the Olympic Games.

Interview data from specialist providers and Haven staff revealed an solid general understanding of the ISVA service and of referral routes, and a willingness to refer clients, coupled with a general feeling that sexual violence affecting sex workers was going under- or un-reported. Nevertheless, over the period reviewed, no referrals had been received from other organisations providing specialist services to people selling sex in Tower Hamlets or Newham, and one referral was made via the Haven Whitechapel.

Interview data from the ISVA highlighted difficulties encountered when incidents were picked up by out of area Sapphire teams who are as yet unaware of the new specialist ISVA service. There was also some confusion amongst SOIT officers interviewed around the ISVA role, indicating a need for ongoing training in this area.

Low awareness of the standardised ISVA referral form was noted across all groups, with many professionals making referrals informally via phone.

Recommendations:

ISVA referral data and Open Doors interview data indicate a need for work around widening access for women who sell sex indoors. Open Doors is currently working on a handheld device for use in flats and saunas with information on the availability of specialist sexual violence services in their area. Progress in this area can be monitored via data collection.

There is scope for the specialist ISVA to work closely with specialist service providers across Tower Hamlets and Newham and with the Haven Whitechapel to share best practice around managing and encouraging disclosures of sexual violence amongst clients who sell sex. Again, referral data should be monitored to check for an increase in the number of referrals being made to the ISVA from these agencies. Open Doors has already engaged in work with Haven staff around this issue – capacity

allowing, this could be expanded to include other specialist agencies providing frontline services across the three boroughs.

Interview data from SOIT interviews highlights the need for ongoing training around the ISVA role within local Sapphire units. Where appropriate, some level of information on the ISVA role could be offered to Sapphire units outside of the ISVA catchment area, since there have been complications when incidents have been picked up by other units out of hours.

All referring agencies should receive instruction on how to use the standardised referral form.

ISVA Interventions

A review of ISVA case notes, service user interviews and case file data all indicate that the specialist ISVA is working with a broad range of agencies, and providing a high average number of interventions per client (5, n=10). These data show that a wrap-around service is being provided, tailored to meet each client's needs and delivered in partnership with a number of appropriate statutory and voluntary services. In service user interviews, clients stressed the huge impact that this type of intensive, holistic support can have on their self-esteem, quality of life and wellbeing.

Emotional and Practical Support

This aspect of the ISVA's work was highly valued by service users, who felt well supported both in practical and emotional terms, and reported that the standard of care offered by the ISVA helped them to build their self-esteem and confidence. The combination of practical *and* emotional support proved to be a powerful 'package' for those service users interviewed, who were keen to describe their interaction with the ISVA as a life-changing event.

The introduction of a dedicated, flexible role was also perceived by other agencies as adding value to pre-existing models of support for this client group. Importantly, services already providing specialist support either around on-street prostitution (SETH, U-Turn, Open Doors) or around sexual violence (Haven Whitechapel) all saw the value of a new role combining these two areas of specialist knowledge.

The flexibility of the ISVA role in particular was singled out for praise, and was seen as offering a service that could go beyond the limitations of each individual agency. The ISVA's ability to attend

appointments and be available to clients on their own terms was also seen as crucial when working with this particular client group.

Service users also valued the 'non-judgemental' approach of the service and identified this as a key element of the specialist ISVA role.

Both service users and other agencies stressed the importance of the ISVA's role in brokering access for clients into much-needed services. Whether accompanying clients to appointments to act as an advocate for them, arranging meetings on their behalf to facilitate access, or assisting with forms, the specialist ISVA was seen as pivotal to improving the flow of information between service users and providers, resulting in better outcomes for clients and easier interactions for agencies.

Interview data from the ISVA and Open Doors service manager indicated that intensive case management of clients was currently easier in Hackney than in Tower Hamlets and Newham. This is due to the long-established relationships between the service and other providers in Hackney when compared with the other two boroughs, coupled with confusion around appropriate information sharing.

Recommendations :

Interview data suggests a need to establish stronger partnerships between Open Doors and specialist providers in Newham and Tower Hamlets, both to guarantee access to the ISVA for all who need her services, and to ensure that the best quality work is being done with clients who have engaged. The ISVA post is the first role open to the entire population of people selling sex off- and on-street across all three boroughs, and the need for partnership work to establish new referral pathways is an expected, but entirely essential, part of the bedding-in process.

Criminal Justice Support

All agencies felt that the ISVA role added value by offering much-needed support for vulnerable victims going through the criminal justice process.

The ISVA's independence from the police was seen as a crucial element to her approachability and perceived trustworthiness. Additionally, the ISVA's 'immersion' amongst her client group – via outreach and the drop-in service – was seen as an effective way of making contact with women who would otherwise not have reported the violence against them. ISVA referral data already supports this anecdotal evidence (for a full breakdown of referrals into the service, see 'Processes' above.)

SOITs and Haven staff also emphasised the potential of the ISVA to facilitate engagement at the crucial evidence-collection stages, by keeping the client at the centre of proceedings and helping officers and forensic examiners to understand their needs.

A strong theme emerging from SOIT interviews was the ability of the ISVA to take on complex case management work, freeing them to focus more intensively on the investigation at hand.

The independence of the specialist ISVA role, and its close links to the community it serves, were also perceived as key to improving confidence in the criminal justice system, and many participants predicted an increase in formal reporting and informal intelligence collection, along with reduced attrition. The package of practical and emotional support provided by the ISVA, in particular, was highlighted as important in terms of increasing victim engagement with the court process. While these are encouraging initial findings, it is as yet too early in the data collection process to be able to confirm any definite trends. Nevertheless, it was obvious from interview data that where women had gone through the court process, ISVA support was absolutely fundamental to their engagement and court attendance.

While referral data showed relatively high levels of police reporting (71%) amongst ISVA clients, this figure is most likely artificially high due to the large proportion of police referrals made to the service. However, only a small number of clients were recorded as having used services at the Haven or another Sexual Assault Referral Centre (SARC). Just 3 referrals (13%) used the Haven services. This low uptake reflects Metropolitan Police data from 2010, which also showed a higher-than-average proportion of victims refusing Haven services within the three boroughs of interest, and a number of explanations for this low level of uptake were suggested in interviews with Haven and Open Doors staff. These included the poor fit between the appointment system of the Haven and the chaotic lifestyles of many people selling sex, as well as low awareness of the Haven services amongst this particular client group (this last point is supported by recent findings from an internal audit conducted by Open Doors via the weekly drop in service, which reported low awareness amongst service users of specialist service provision around sexual violence). Participants also noted that it is currently extremely difficult for people without English as a first language to self-refer to the Haven, although there are plans to train Haven staff in three-way translation tools such as Language Line. Given anecdotal reports from specialist service providers that many people who sell sex indoors across East London are non-British nationals, this represents a serious barrier to access, and one that was recognised by Open Doors and Haven staff in interviews.

It is also important to note that at this preliminary stage, data on Haven access may be further skewed by the inclusion of a number of older, ongoing cases referred to the ISVA by police when the service opened in September 2010, none of whom would have been eligible for FME. Additionally, of the 16 referrals where both date of referral and date of incident were known, less than a third (n=5, or 31%) were referred within timeframe that would have easily allowed for ISVA support around accessing forensic medical examination at the Haven. Even in the few cases where referrals were made within this timeframe, the chaotic and itinerant nature of the client group meant that it was often several days before the ISVA could establish contact. To increase access to forensic services, therefore, it is possible that several issues need to be addressed simultaneously, including: timely referral from the police and other agencies, the provision of three-way translation for those referrals who do not speak English, and increased awareness amongst the target population.

In terms of longer-term support, also, there were concerns that ISVA clients with substance misuse problems would be unable to access Haven counselling around sexual violence.

Recommendations :

While it is still too early to establish the overall impact of the specialist ISVA on reporting and criminal justice outcomes, there is widespread anticipation that this will be a core feature of the new role. Data collection and monitoring over the next 12-18 months will be necessary to measure changes in this area associated with the introduction of the ISVA.

The low uptake of Haven services within this client group is an issue of major concern, although this report acknowledges that work between the ISVA and Haven Whitechapel around widening access is ongoing. At the time of writing, the Haven Whitechapel did not have a data collection system in place for flagging up 'sex work' in the same way that police and Open Doors data does. Joined-up data collection between the ISVA service and the Haven could help to inform work being undertaken to widen access to people selling sex. Another key issue is the length of time between incidents reported to the police and referrals to the ISVA service. Further consideration is necessary to establish whether a system of routine referral to the specialist ISVA could facilitate wider access to forensic services. Additionally, police re/training around making referrals to the ISVA service could help streamline processes.

Developing a Coordinated Response

The potential for the specialist ISVA role to promote best practice amongst relevant agencies and to act as a catalyst for developing a coordinated response locally was a strong theme in interviews with service providers, Haven and Open Doors staff, and SOITs.

All agencies, including those already conducting specialist work around either sexual violence or prostitution, felt that the introduction of a focused, professional advocacy role would provide a valuable resource in terms of building awareness of the needs of this particular client group, and of keeping professionals up-to-date with the range of relevant services available. Even within the Open Doors team, other staff members appreciated the way in which the ISVA's specialist understanding of sexual violence had been proactively cascaded throughout the team.

At the strategic level, another perceived benefit to establishing a dedicated ISVA role was the advocate's ability to collect data on cases and to build a body of evidence around her client's needs and the prevalence of sexual violence amongst this group. This hard data was seen as crucial to keeping the issue on the strategic agenda.

It was also anticipated that the new, 'end-to-end' element of the ISVA role would help to map gaps in existing service provision, and that the specialist worker could provide a standard of service to sex workers that other agencies could use as a reference point against which they could examine their own practice.

Indeed, as a result of the intensive case working put into place via the ISVA, some of these gaps have already been made obvious. These were highlighted by the ISVA in the interview process and included a lack of safe houses for women who have reported a rape, and a need for counselling services for women with substance misuse issues who have experienced sexual violence.

Recommendation:

Other local agencies could work alongside the ISVA to maximise her 'end-to-end' perspective of local service delivery, and to review any identified gaps in service provision and investigate different options for seamless provision. The lack of specialist counselling services for substance misusers across the three boroughs is an important gap in terms of developing universal service provision for survivors of rape and sexual assault, and one that needs to be addressed to guarantee therapeutic support for *all* specialist ISVA clients, especially those selling sex on-street.

Integrating the new Service Locally

Data from interviews with professionals indicated widespread support for the ISVA role, which was seen as adding value locally and providing a much-needed service that would benefit both clients and partner agencies. However, within this generally supportive context, some concerns were raised around the bedding in of the new role and contextual issues that could hamper the development of the new ISVA service.

Some SOIT officers expressed anxiety around a perceived potential for ‘doubling up’ on support in where victims were supported by both a SOIT and ISVA. There were also concerns about the ISVA potentially providing either inaccurate or conflicting information around complex court procedures – these concerns were echoed in the CPS interview. SOIT officers who had experience of working with the ISVA did not report such duplication or misinformation; however, a lack of clarity around the specialist ISVA role and competencies indicates a need for ongoing training.

Difficulties around sharing client information between specialist providers was a key concern highlighted by all services providing dedicated support to people selling sex in the three boroughs. Partnership work in this area was portrayed as generally poor and piecemeal, with providers feeling that for the ISVA to work most effectively, greater cooperation was needed between services to promote a freer flow of information on clients. While Open Doors has strong established links with other providers in Hackney, similar working partnerships are necessary across Newham and Tower Hamlets if the ISVA service is to reach its full potential and widest client base.

Finally capacity, in terms of the ISVA’s heavy caseload, was also a concern across all professional groups interviewed (see ‘Processes’ above.)

Recommendations:

Further training for SOIT officers around the ISVA role, with a particular focus on court support and informing clients around the criminal justice process, could help to alleviate concerns amongst those officers who have not yet worked alongside the specialist ISVA.

The introduction of the specialist ISVA role, as the first post locally to cover all people selling sex on- and off-street across Hackney, Tower Hamlets and Newham, could present a good opportunity for partnership work between all specialist service providers operating within the three boroughs, focusing on establishing common, effective procedures for sharing client information appropriately.

References

- Barnard, M and Hart, G (2000) *Client violence against prostitutes working from street and off-street locations - a 3-city comparison* Swindon: ERSC
- Benson, C (1998) *Violence against female prostitutes: experiences of violence and the role of agencies* Loughborough: Loughborough University
- Church, N et al (2001) 'Violence towards female prostitutes in different work settings - a questionnaire survey' *BMJ* 322: 524-525
- Farley, M (2004) "'Bad for the body, bad for the heart" Prostitution harms women even if legalised or decriminalised' *Violence Against Women* 10, 10: 1087-1125
- Hester, M and Westmarland, N (2004) *Tackling street prostitution: towards an holistic approach* London: Home Office Research, Development and Statistics Directorate
- HMCPSP (2007) *Without consent – a report on the joint review of the investigation and prosecution of rape offences* London: HMCPSP
- Home Office (2004) *Paying the Price - a consultation paper on prostitution* London: Home Office Communications Directorate
- Home Office (2008) *Saving lives, reducing harm, protecting the public. An action plan for tackling violence 2008-2011* London: Home Office
- Jeffreys, S (2009) *The industrial vagina: the political economy of the global sex trade* Oxon: Routledge
- Kinnell, H (2008) *Violence and sex work in Britain* Devon: Willan Publishing
- Lowman, J (2000) Violence and the 'outlaw' status of (street) prostitution in Canada *Violence Against Women* 6: 987- 1002
- Matthews, R (2004) 'Policing prostitution - 10 years on' *British Journal of Criminology* 45: 877-895
- May, T., Harocopos, A., and Turnbull, P.J. (2001) *Selling sex in the city: An evaluation of a targeted arrest referral scheme for sex workers in Kings Cross* London: Home Office DPAS

- McKeganey, N and Barnard, M (1996) *Sex work on the streets - prostitutes and their clients*
Buckingham: OUP
- Monto, M (2004) 'Female prostitution, customers and violence' *Violence Against Women* 10, 10: 160
- Payne, S (2009) *Rape: The Victim Experience Review* London: Home Office
- Penfold et al (2004) 'Tackling client violence in female street prostitution- interagency working between outreach agencies and the police' *Policing and Society* 14, 10: 365-379
- Phoenix, J (2007) 'Regulating prostitution - different problems, different solutions, same old story' *Community Safety Journal* 6, 1: 7-11
- Robinson, A (2009) *Independent Sexual Violence Advisors: A multisite process evaluation funded by the Home Office*. Cardiff University Press/ Home Office
- Sanders, T (2005) *Sex work - a risky business* Devon: Willan Publishing
- Selby H and Canter D (2009) 'The relationship between control strategies employed by street prostitutes and levels and varieties of client violence' in Canter, D, Ioannou, M and Youngs, D (Eds) *Safer sex in the city: the experience and management of street prostitution* Surrey: Ashgate Publishing
- Stern, V (2010) *A report by Baroness Stern CBE of an independent review into how rape complaints are handled by public authorities in England and Wales* London: GOE
- Stoops, S and Campbell, R (2008) *Responding to violence against sex workers in Liverpool: an analysis of the Armistead Street ugly mugs data and an overview of the Independent Sexual Violence Advisor Role* Unpublished: Armistead Street Project, Liverpool
- Stoops, S and Jones, S (2010) *Partnership in action – addressing violence against sex workers in Merseyside* Armistead Street Project, Liverpool
- Vanwesenbeeck, I (1994) *Prostitutes' wellbeing and risk* Amsterdam: VU University Press
- Walby, S et al (2004) *Domestic violence, sexual assault and stalking – findings from the British Crime Survey* London: Home Office
- Williamson, C and Folaron, G (2003) 'Understanding the experiences of street level prostitutes' *Qualitative Social Work* 2: 271-287

Annexes

i. Participants

| Strategic Staff | Key |
|---|--------------------------------|
| Mark Yexley, DCI | Police 1 |
| Louise Smith, CPS | CPS 1 |
| Georgina Perry, Open Doors Manager | Open Doors Manager |
| Elizabeth Harrison, Haven Whitechapel Manager | Haven Manager |
| Specialist Sex Work Service Providers | |
| U-Turn | Service Provider 2 |
| Safe Exit Tower Hamlets | Service Provider 1 |
| SOITs | |
| Sapphire Hackney and City/ Tower Hamlets (x3) | SOIT1,3,4 |
| Sapphire Newham (x2) | SOIT2,5 |
| Frontline Staff | |
| Haven Whitechapel, Health Advisor/ Counsellor | Haven 2 |
| Haven Whitechapel, Clinical Nurse Specialist | Haven 1 |
| Open Doors, Outreach Nurse | Open Doors 1 |
| Open Doors, Outreach Development Worker | Open Doors 2 |
| Open Doors, Outreach Nurse/ Counsellor | Open Doors 2 (Joint interview) |
| Open Doors, ISVA | Open Doors ISVA |
| Service Users | |
| Service User 1 | Service User 1 |
| Service User 2 | Service User 2 |
