

# Clients attending the St Mary's Sexual Assault Referral Centre as a result of sexual assault by a partner or ex-partner:

**an exploratory study of sexual assault in the context of domestic abuse.** Rachel Belk<sup>1</sup>, Steve Roberts<sup>2</sup>, Jessica Roth<sup>1</sup>, Michelle Carroll<sup>1</sup>, Jo Livingstone<sup>1</sup>, Bernie Ryan<sup>1</sup>, Catherine White<sup>1</sup> <sup>1</sup>St Mary's SARC, St Mary's Hospital, <sup>2</sup>Health Sciences Methodology, University of Manchester.

## Background

- The Crime Survey for England and Wales (CSEW aggregated data 2009/10, 2010/11 and 2011/12)1 reported 1 in 200 women and 1 in 1000 men (equivalent to almost 100,000 victims per year) had experienced a 'most serious sexual assault' (rape or sexual assault by penetration) in the previous year. Over half of these had been carried out by a partner. Only 15% of women who were victims of a serious sexual assault said they had reported to the police. Other research shows that women are most likely to view an attack as a crime if perpetrated by a stranger and least likely if the perpetrator was a partner<sup>2</sup>, suggesting that a serious sexual assault by a partner is less likely to be reported than assaults by other people.
- There is evidence that sexual assaults by a partner or ex-partner may be more physically violent and repeated<sup>2</sup>. Domestic violence (implying physical assault) by a partner is known to often happen within a recurring pattern and violence escalation is common. Research has usually studied the two areas separately<sup>3</sup>, but many service providers and researchers recognise their close relationship. For clarity, the term 'domestic abuse' is used throughout this document to collectively mean physical, sexual, emotional and other types of abuse perpetrated by a family member.

#### Aim

To better understand the relationship between sexual assault and other types of domestic abuse perpetrated by a partner or ex-partner

### Objectives

- To assess the proportion of the Centre's clients where the perpetrator is the partner/ex-partner ('cases') and compare with population figures available through the Crime Survey of England and Wales
- 2 To determine concurrent violence during the sexual assault and injuries caused and compare the cases with a control group
- 3 To determine the incidence and type of previous domestic abuse by the same perpetrator
- To assess the proportion of cases at 'visible high risk' based on use of the 4 CAADA DASH risk indicator checklist
- To investigate the number of children that were at risk of witnessing the 5. sexual assault for the case and control groups
- 6 To investigate the reasons why clients have attended on this occasion and the barriers to them reporting sooner.

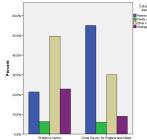
#### Methods

- Mixed methods approach: quantitative retrospective analysis of notes and qualitative interviews with St Mary's Centre staff members.
- Quantitative sample: 132 Cases: all clients attending St Mary's Centre 01.01.12-31.12.12 aged 16 years or older where the alleged assault was carried out by a partner/ex-partner.

132 Controls: alternate next/previous presenting client to each of the above clients (to remove time of day as a potential variable).

- 264 notes reviewed and data anonymously coded.
- Qualitative semi-structured interviews to address Objective 6.
- Ethics permission granted by NHS REC Ref: 13/NW/0048.

# Results



# **Objective 1**

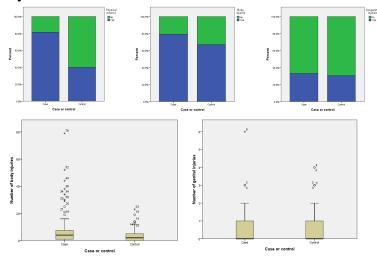
• 21% of St Mary's Centre female clients 2010-2012 reported the alleged assailant as their partner/ex-partner (see left). • 56% of female respondents to the CSEW 2010-2012 who reported they had undergone a serious sexual assault said the assailant was their partner/ex-partner. There was no significant difference in these proportions between clients who had self- referred or reported to police.

# **Objective 3**

• 85% of the cases had been abused by their partner/ex-partner previously.

• Within this group, 87% had been physically abused, 66% sexually abused and 59% psychologically abused (see right).

# **Objective 2**



In a significantly higher proportion of cases, physical violence accompanied the sexual assault. There was also a significantly greater proportion with body injuries recorded during forensic examination and a higher number of injuries. There was no significant difference in anogenital injuries.

#### **Objective 4**

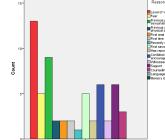
Two-thirds of the clients seen at the St Mary's Centre who had been assaulted by their partner or ex-partner were at high risk of further abuse or injury, based on the CAADA DASH risk indicator tool.

#### **Objective 5**

- Many more cases than controls had children (64% versus 38%).
- Of those where the children's location at the time of the assault was known, 65% of children in the case group were in the same room or the same house compared to 26% of children in the control group.

#### **Objective 6**

• Qualitative results support the quantitative data: the assault is usually part of a long-standing pattern of abuse.



 Results suggest that clients tolerate ongoing abuse for many reasons: financial dependency, shared household and childcare, but also love and a hope

for change. They may tolerate unwanted sexual relations with their partner (or sometimes ex-partner) in order to prevent physical violence.

• The reason for reporting this assault is not a question asked directly of the client, but could be discerned from the notes in 58 of the 132 cases (see left).

# Conclusions

- People who are sexually assaulted by a partner/ex-partner appear less likely to attend the St Mary's Centre compared to other victims.
- Sexual assaults by a partner/ex-partner are much more likely to be violent and result in a greater number of injuries to the body.
- Children of these clients were significantly more likely to be in the same house or room during the assault. This group are also more likely to have children than the controls, meaning that there are many more children at risk of being exposed to abuse in a domestic setting and traumatised.
- Clients' triggers for attending vary, but it is often due to a change: level of violence, type of assault or threat to the client, children or other family.

References 1. Office for National Statistics 2013. An Overview of Sexual Offending in England and Wales. Ministry of Justice, Home Office & the Office for National Statistics. London: Home Office. 2. Myhill, A. Allen, J. 2002. Rape and sexual assault of women: the extent and nature of the problem. Home Office Research Study London: Home Office. 3. Macy, R. J., Giattina, M., Sangster, T. H., Crosby, C. & Montijo, N. J. 2009. Domestic violence and sexual assault services: Inside the black box. Aggression and Violent Behavior, 14, 359-373.