(SPI0027)

**Written evidence submitted by Nottinghamshire Sexual Violence Support Services (SPI0027)**

Nottinghamshire Sexual Violence Support Services (Notts SVSS) has been supporting survivors of sexual abuse, sexual violence and rape for nearly 40 years. Our services are available to anyone living in Nottingham/shire aged 18 and above and include helpline support, counselling, ISVA (Independent Sexual Violence Adviser) Service and a Survivors' Support Service for those who experienced institutional child sexual abuse. We are responding to this call for evidence as incidents of sexual assault and rape can occur as part of a spiking incident.

**Who commits spiking offences and why do they do it?**

1. We believe the lack of conversation and awareness of spiking and existing victim-blaming narratives enable spiking to continue.

2. Generally spiking effects women more than any other gender and most reports point to perpetrators being male. We believe that societal attitudes around women going out, violence against women and girls and the poor highlighting of spiking generally means that there has been a lack of focus on this as an issue which enables it to continue unchallenged.

3. Spiking has been an issue affecting the night-time economy (and in particular pubs and clubs) for many years. However, it only really gets sustained mention in the media, social or political arena when there has been a prolific perpetrator or a 'new way of spiking' has evolved. This can be seen in the fact that it is now in the media, social, political arena following spiking via a needle when before it rarely got a mention. Incidents involving a needle make up a small amount of the total spikings but because they are new or people are seen to be defenceless against it (eg – no-one has left a drink unattended, or got drunk etc) they are suddenly newsworthy.

4. Victim-blaming narratives against women often focus on 'how many drinks the woman had,' 'they left their drink unattended – so left themselves open to attack,' 'women *should* look out for their friends' and that actually, the threat of being spiked is part of a night out. These narratives are all used to deflect from the fact that:
    a. A person went out with the drugs in their possession intending to spike the drink of another
    b. The perpetrator will have deliberately targeted somebody to spike/poison
    c. The perpetrator may also be planning to use the fact that they have spiked someone to carry out an additional (sexual) assault.

    All of the above show planning and intent.

5. Perpetrators of spiking are also protected by the fact that the presentation of a person who has been spiked can also mirror the presentation of a person who has become very drunk. Again, society are very quick to judge people like this for having put themselves at risk. This can happen in a live situation where people are ejected from pubs/clubs for being apparently drunk, leaving that person vulnerable to any other planned or unplanned assault.

6. We know that males can also be victims of spiking, as can members of the LGBTQ+ community. This is rarely acknowledged and this can also make it more difficult for those survivors to come forward and seek justice and support.

**HOW SPIKING SHOULD BE PREVENTED AND ADDRESSED**

**How effective is partnership working between the police and others (such as local authorities, the health service, night-time industries, universities and third sector organisations) in safeguarding potential and actual victims of spiking?**

7. Partnership working between the police and other organisations such as universities, venues, health and support organisations can be really beneficial, as it can help survivors and their representative bodies feel heard and understood. It can help address assumptions that groups/organisations might have of each other and remove barriers that might stop a person seeking support.

8. Partnership working can help groups work together to share knowledge and information, for example around gaps in service or situations and areas where incidents are more likely to happen. Partners can then put in place measures that might then prevent spiking incidents from occurring and help a person to access early support. These might be CCTV in quiet or dark areas in venues, welfare teams and welfare spaces, direct and coordinated access to the police, health or support services.

9. It is important that services work together in a way that is proactive and not reactive. Where spiking can also lead to additional assaults (including rape) it must be considered within its wider context. In Nottingham we have the Nottingham Sexual Violence Action Network (SVAN) known outwardly as the Consent Coalition. This is made up of many different organisations all working together to raise awareness on consent, prevent sexual violence and ensure that the experience for survivors following an incident is the best it can be. Additionally, the SVAN/Consent Coalition create messaging and resources around consent and where to get support, which is safe, responsible and free for all to use. The work of the SVAN/Consent Coalition helps to keep consent on the local social agenda, enables organisations to work together on related work and helps us to respond to issues more quickly when they occur.

**How effective are the measures used to prevent spiking, including the advice and guidance that is used to train, educate and support those involved in handling this type of crime (such as police officers, nightclub security staff and A&E staff)?**

10. Our experience is that this can be different depending on the person handling the crime within their own area, and probably between different areas of the country.

11. In Nottingham venues who are signed up to Nottingham BID are being invited to take part in Safer Women at Night training to help them better respond to women who have been affected by spiking, and look at measures they can undertake to help prevent such incidents occurring. We would like to see training undertaken by all venues across the country to help

ensure that staff are aware of issues that could affect the safety of their patrons and know how to respond. Venues should seek Best Bar None accreditation.

12. As an organisation we often see posts on social media advertising 'Ask for Angela,' which enables a person to ask for help if they feel threatened or in a difficult situation on a night out. However coverage under these schemes is patchy. We would like to see schemes such as 'Ask for Angela' available across the UK. This would help to deliver the message that people should expect to be safe in the night-time economy and that there are measures in place to ensure this, making spiking less socially acceptable as a result.

13. Venues should look to have clearly identifiable welfare spaces and trained welfare staff on site. It is important that staff are trained in basic first aid and know where to refer people should there be an incident/suspected incident, including local Accident and Emergency (A&E), Sexual Assault Referral Centres (SARCS) and/or the police.

14. It is not acceptable that venues are able to routinely eject people who appear very drunk as this leave them vulnerable to assault. Venues should have a duty of care to their patrons. Some university students' unions offer 'safer taxi schemes' to help get students home safe where they have lost their taxi fares. The students then pay back funds to the student's union at a later date.

15. All security staff should be trained and registered and wear body cameras that are switched on. This should be a minimum requirement.

16. We know that generally, where incidents of sexual violence have occurred, Specially Trained Officers will attend in the first instance. People who have experienced spiking are often very vulnerable and can have also been subjected to additional assaults. We believe that all police officers working in the night time economy should have received extra training around spiking to ensure that they respond in a way that is aware of the effects that such drugs can have on a person, will focus on their safety and can undertake early evidence collection if this is appropriate and the victim-survivor consents.

17. From a first aid/medical aid point of view there can be some difficulty in deciding where it is best for a person to attend. Where a person has been spiked, they might not realise that they have been subjected to an additional assault. Where a person presents at A&E and it is thought that they may have been spiked, having a specially trained, trauma-informed member of staff in attendance (who is aware of SARCs and support services) would be helpful. The patient should also be fast-tracked for a urine drugs test to help ascertain what has happened and allow for quick access to relevant medication.

**What barriers do victims face in reporting spiking incidents and obtaining treatment and support?**

18. There are many barriers facing people who have been spiked to report and get support. There are victim-blaming attitudes across all levels of society and media, particularly around women who have been out in the evening, worn certain clothes or had a drink. Males will also be affected by myths and may be worried about how it impacts on their masculinity particularly if an additional assault occurred. Members of the LGBTQ+ community might be worried that a spiking incident could be mis-recorded/misunderstood (by others) as

chemsex. These narratives all make victims-survivors feel like they will be judged by those close to them, services and by wider society.

19. People already find it very hard to report to the police, due to a lack of trust and reports of bias, judgemental attitudes and questioning and a lack of sympathy or understanding. Very few incidents of sexual violence are reported to the police, so if this occurred after a spiking incident this could be another barrier. Similarly a person who has been spiked after taking recreational drugs may be less likely to report to the police.

20. We are told that spiking drugs only remain in a person's system for a short amount of time, in which case evidence can be lost very quickly. Similarly where the spiking has happened in a busy venue, there might be a lack of clear CCTV. Knowledge of these things could prevent a person reporting, while at the same time stop them from wanting to go out to similar venues in future.

21. There could also be confusion around where a person can go to for support/treatment following a spiking incident. There needs to be more clarity about what to do with a live/very recent incident of spiking. We would assume a survivor still under the influence of spiking should attend A&E but consideration needs to be made around whether or not a sexual assault has occurred. If they present at A&E what work would be done there to ensure that early evidence is taken and support is given, should this be required by the survivor? There needs to be greater clarity around this and probably a sharing/co-ordination of services in these instances.

22. Where a person is no longer under the effect of a spiking substance, but is in the 7 day window, SARCs should be open to receiving victims-survivors of spiking who are not sure whether or not a sexual assault has also happened. This will ensure that they are adequately supported, evidence is taken (with permission) and they are referred into the relevant support services.

23. Spiking is listed specifically under the Sexual Offences Act 2003 and support services that work with survivors of sexual offences would be available to provide support where there has then been an additional sexual assault. However, there is less clarity about what support is available where people have been spiked but no other offence has taken place, or they just do not know.

24. In Nottinghamshire support is in place for those who have been spiked but not suffered any further assault. We do not know about provision in other areas. It is really important that, wherever a person presents after an incident of spiking, they are given the right treatment and care and referred into the right service for ongoing support. Victim-survivors also need to know that this would be their expectation and that they can be assured of support following an incident.

25. As it is often in or close to venues that people experience the effects of spiking, it is vital that venues have welfare staff, welfare spaces and welfare information, so that people can find out quickly what needs to be done in an emergency and where they can get support. Referral pathways between other services also need to be clear.

**What role should Government play in tackling this crime?**

26. The Government and law makers need to look again at how spiking is classified, as the current system appears to only have it listed under the Sexual Offences Act. This means that where a spiking has occurred but no sexual offence has taken place it is more open to how the offence is categorised. By making it an actual offence in its own right, it will send through a very clear message about the severity of this. Any other related offences should also be added to any charging/investigation.

27. The Government should raise awareness of this issue, in consultation with survivor groups and support services to ensure this messaging is responsible and avoids victim blaming. It is vital that any public awareness raising is done in a way that firmly blames the perpetrators of spiking and, in addition, directs survivors/friends of survivors to support services that can help.

28. There should be a large scale information campaign and ongoing mention in training/resources particularly for young adults, stating things such as:
    a. Spiking is a crime with a jail term of up to 10 years
    b. Spiking/poisoning is as serious as knife crime
    c. Spiking is a premeditated crime
    d. It is not a joke and there are no excuses

29. There should be a large scale, sustained information campaign to potential victims of spiking to include:
    a. Where and how to ask for support – in a pub/club/outside away from a venue
    b. Where and how to ask for support from your friends - in a pub/club/outside away from a venue
    c. Keeping a person safe who you think has been targeted by spiking materials
    d. That they are not to blame and that support is available

30. The Government should bring in legislation around pubs and clubs that ensure they are signed up and active participants with schemes such as Best Bar None and that their staff have an ongoing awareness of spiking and other safety issues. The Government should look at making provision of Welfare Staff, Welfare Spaces, Welfare Information mandatory in venues. Information should be additionally available in places such as toilets where a person who is being intimidated or feels unwell may also seek refuge.

31. The Government should contact groups such as the Nottingham SVAN/Consent Coalition to look at different models of collaborative working to see what can be rolled out across the country.

32. ‘Ask for Angela’ provision should be made UK wide.

33. Accreditation for security staff should be mandated to include awareness training on spiking, sexual harassment and sexual violence. Door staff should also be made to wear body cameras which must be turned on.

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