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Care Services Improvement Partnership CSIP

National Institute for Mental Health in England

DH Department of Health

National Service Guidelines for Developing Sexual Assault Referral Centres (SARCs)

October 2005

Victims of Violence and Abuse Prevention Programme

The joint Department of Health and National Institute for Mental Health in England Victims of Violence and Abuse Prevention Programme (VVAPP) is working in partnership with the Home Office to develop evidence-based interventions that address the health, mental health and other related needs of individuals affected by domestic violence, child sexual abuse, rape and sexual assault, and sexual exploitation in prostitution, pornography and trafficking. It covers victims, survivors and abusers, including children, adolescents and adults both male and female.

READER INFORMATION

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
Document Purpose	Best Practice Guidance
ROCR Ref:	**Gateway Ref:** 5446
Title	Developing Sexual Assault Referral Centres (SARCs) – National Service Guidelines
Author	Department of Health Children and Mental Health Division and Home Office Violent Crime Unit
Publication date	October 2005
Target Audience	PCT CEs. NHS Trust CEs. Medical Directors. Directors of Public Health. Directors of Nursing. NHS Trust Mental Health Leads. Regional Public Health Group Sexual Health Leads. Police Forces/Authorities. Crime & Disorder Reduction Partnerships. Voluntary & Community Sector (VCS).
Circulation list	
Description	These guidelines are being published jointly by the Department of Health and Home Office to highlight the Sexual Assault Referral Centre (SARC) model of good practice in the local provision by police, health service and rape crisis voluntary sector in equal measure of immediate aftercare to victims of serious sexual violence. Partnership working between these agencies is essential. These guidelines provide different approaches that can be tailored to fit all needs.
Cross Ref	National Strategy for Sexual Health and HIV (DH 2002), Public Health Delivery Plan *Delivering Choosing Health* (DH 2005), Victims and Witnesses Delivery Plan (HO 2004), *Guidance for Local Partnerships on Tackling Sexual Violence* (HO 2005).
Superseded Doc	N/A
Action required	N/A
Timing	N/A
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For recipient use	

National Service Guidelines for Developing Sexual Assault Referral Centres (SARCs)

October 2005

Joint Department of Health and National Institute for Mental Health in England (NIMHE)

Victims of Violence and Abuse Prevention Programme (VVAPP)

In Partnership with the Home Office

Contents

Ministerial Foreword

Rape and sexual assault are devastating experiences for any victim. Profound feelings of violation, a sense of continuing danger, shock and numbness can affect the person's ability to function for a long time after the attack. Failure to address the victim's immediate and ongoing needs can have a considerable and long-term impact on their emotional well-being and health. It can also cause the victim to disengage from the criminal justice process, reducing the opportunity for offenders to be brought to justice.

Sexual Assault Referral Centres are an important example of how agencies working in partnership have the potential to improve both mental and physical health as well as criminal justice outcomes for victims of rape and sexual assault. Crucially, they provide a holistic service to victims of sexual violence, tailored to their needs and under-pinned by principles of dignity and respect.

Of course, SARCs are not the whole answer, but taken together with improvements to the investigation and prosecution of sexual violence cases, and greater investment in the voluntary sector, their development offers a real opportunity to deliver justice to victims.

Local multi-agency commitment is vital to the development and operational success of a SARC, and we strongly encourage those who commission health and police services to work together with the rape crisis voluntary sector to develop and support SARC services in their area.

Paul Goggins
Home Office

Rosie Winterton
Minister of State for Health

1. Introduction

1.1. Purpose of guidelines

The intention of these guidelines is to highlight the Sexual Assault Referral Centre (SARC) as a model of good practice in the provision of immediate aftercare to victims of serious sexual violence.

They have been produced jointly by the Home Office and Department of Health because they are relevant to the police and health services in equal measure. Partnership working between these agencies, and with the voluntary sector, is crucial in the provision of services to victims of sexual violence, and in particular, to the success of SARCs.

The development of SARCs is supported by the Inter-Departmental Ministerial Group on Sexual Offending, which is keen to see the network of SARCs extend across the whole of England and Wales, and by the Association of Chief Police Officers' Working Group on Rape and Sexual Assault.

1.2 Who are the guidelines aimed at?

These guidelines are aimed at those in the health service with responsibility for commissioning mental and sexual health services, and at those in the police service with responsibility for the successful delivery of sexual offence investigations.

They are also relevant to Strategic Health Authorities and Police Authorities to whom Primary Care Trusts and Police Forces are accountable.

These guidelines will also be of interest to operational police and practitioners working with victims of sexual violence in a policing, mental health or sexual health context; and to Crime and Disorder Reduction Partnerships who have overall responsibility for reducing crime in their areas.

Practical information about setting up a SARC can be found in the *Sexual Assault Referral Centres "Getting Started" Guide*[1], produced by the National SARCs Steering Group to assist practitioners in setting up a SARC.

1.3 What are SARCs?

A SARC is a one stop location where female and male victims of rape and serious sexual assault can receive medical care and counselling, and have the opportunity to assist the police investigation, including undergoing a forensic examination.

Most SARCs are joint ventures between the police and PCTs, with close involvement of the voluntary sector. A SARC can contribute to enhanced investigation and enables health providers and support workers to access victims in an appropriate environment within a supportive framework and rapid response timeframe. Specific benefits exist for the victim, the health service, specialist women's community based organisations, the voluntary sector and the criminal justice process.

SARCs are an important and effective tool in delivering enhanced victim care to victims of recent rape and serious sexual assault, but they are, of course, not the whole answer – they are not designed to offer long term support and do not normally provide services for victims of historic sexual violence. They must be seen as part of a broader remit to improve outcomes for all victims of sexual violence, including through strengthening voluntary and community sector service provision, and continuing to improve the way rape cases are investigated and prosecuted.

1 ACPO (2005) Sexual Assault Referral Centres: Getting Started (http://www.homeoffice.gov.uk/crime/sexualoffences/expansion_sarc.html)

1.4 Government Policy Context

The Government is committed to taking a partnership approach to improving both justice and health outcomes for victims of sexual violence. SARCs have a role to play in the delivery of several government agendas:

- Sexual health
- Mental health
- Public health
- Reducing crime and the fear of crime
- Increasing victim and witness satisfaction
- Bringing offenders to justice

2. The SARC Concept

2.1 History of SARCs

The first SARC in England and Wales was established in 1986 at the St. Mary's Hospital, Manchester, by the local Health Authority in collaboration with the Greater Manchester Police (GMP). It was set up in response to long term problems with the criminal justice and medical response to victims of sexual violence.

The St. Mary's Centre continues to flourish providing a high standard of holistic care for victims from the GMP area. Following the success of the St Mary's Centre, the SARC concept has been adopted, in the form of differing models, in 12 other police force areas. Home Office funding from the Crime Reduction Fund (03/04) and the Victims' Funds (04/05) has contributed to the establishment of 7 of these centres and to the extension of services in 4 more.

SARC services in London have taken the form of three 'Havens' in Camberwell, Paddington and Whitechapel, established within existing NHS sexual health services, but located in a non-stigmatising environment. The Havens are an important model because they are health based but funded 50-50 by the Metropolitan Police and a consortium of the London area PCTs. In this arrangement, each PCT contribution is in the region of £35k per annum, pooled to provide a high quality affordable London-wide service.

SARCs have been highlighted as good practice in several reports, including the *Report on the Joint Inspection into the Investigation and Prosecution of Cases involving Allegations of Rape* (HMCPSI/HMIC, 2002); and *Home Office Research Study 285, Sexual Assault Referral Centres: developing good practice and maximising potentials* (Lovett et al., 2004).

2.2 Services provided by SARCs

The Home Office and Department of Health are working closely with SARC practitioners, through the National SARC Steering Group and

Government's SARC Advisory Group to extend and strengthen the SARC network. This collaboration has led to the production of recommended minimum elements of service for SARCs. These are as follows:

- A dedicated, forensically secure facility integrated with hospital services
- Availability of forensic examination 24 hours a day, within 4 hours in cases of immediate need
- Facilities for self-referrals, including the opportunity to have a forensic examination and for the results to be stored or to be used anonymously
- Choice of gender of doctor/forensic medical examiner/appropriately trained Sexual Assault Nurse Examiner. All SANEs should be supervised by doctors trained and experienced in sexual assault forensic examination, who can provide interpretation of injuries for criminal justice purposes and ensure the highest standard of forensic examination
- Crisis workers to support the victim, the examiner and the police prior to, during and immediately after the forensic examination
- Immediate on-site access to emergency contraception and drugs to prevent sexually transmitted infections including HIV
- Integral follow-up services including psycho-social support/ counselling, sexual health, and support throughout the criminal justice process
- Infrastructure to ensure ongoing client care, DNA decontamination, staffing, training and maintenance including stocking of medication

- A quality assured service, including the use of data collection and monitoring systems.

All SARCs should aspire to provide these elements of service, although the way in which they are delivered will vary according to specific local needs and capacity. In addition to the minimum elements of service, it is recommended that SARCs, where possible, also offer proactive follow-up, advocacy and case tracking and have an agreed protocol for dealing with referrals from all agencies. These elements of service have been evaluated as good practice (Lovett et al., 2004)

2.3 Values of a SARC

The SARC ethos is firmly victim-focused. Victims must feel that a SARC is a place where they will be believed, where their needs will be put first, and where they will be treated with dignity and respect. A good SARC will not simply provide services, but help a service user understand the options available to them and facilitate their choices. For example, not all victims will want to be forensically examined, and this must be prioritised over the criminal justice imperative of gathering evidence.

2.4 Benefits of a SARC service

SARCs offer benefits for the victim, the health service and the criminal justice process:

- a high standard of victim care, and high levels of victim satisfaction;

- an improved standard of forensic evidence;

- the provision of mental and sexual health services in the SARC increases the likelihood that the client will access the treatment they need and reduces the immediate and future burden on the health service;
- specialist staff, trained in caring for victims of sexual violence;
- the opportunity for victims, if they wish, to access these services as self-referrals, without any involvement from the police;
- the potential to bring more offenders to justice on the basis of better evidence, fewer withdrawals because of better victim care, increased reporting and access to intelligence from self-referrals;
- the development of a centre of excellence and expertise, providing advice, training, and support to local health practitioners, police and CPS involved in this work and relieving pressure on police;
- Strong links with the voluntary sector, enabling a seamless provision of care for victims and the sharing of information and good practice.

Evidence for these benefits and further information about good practice in SARCs can be found in the recent evaluation of SARCs[2] commissioned by the Home Office.

2.5 Who can access a SARC?

SARCs are accessible to victims of recent rape or serious sexual assault regardless of gender, ethnicity, disability or sexual orientation. Some SARCs are limited to victims over the age of 14 or 16, whilst others also see paediatric cases and younger teenagers, depending on availability of resources, and the local arrangements in place for children's services.

2 Lovett, J. , Regan, L. , and Kelly, L (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials *Home Office Research Study 285*

There are three main referral routes into SARCs:

Police referral

In an area covered by a SARC, police officers would normally take anyone reporting rape or sexual assault to the centre for initial assessment and examination. In some SARCs statement taking is also done at the SARC and in others the police choose to take the statement in a separate location. In some police force areas, this may involve the victim travelling up to 1½ hours to the SARC. SARC police liaison officers have reported that this is acceptable to victims because of the enhanced and prompt service they will receive on their arrival.

Self-referral

The British Crime Survey suggests that only 15% of all rapes are reported to the police. Given this gap, it is important to provide a service that victims feel they can access in confidence, and without pressure to report to the police. SARCs are normally managed by health professionals or the voluntary sector and located in health premises or residential buildings with no visible links to the police, so as not to deter self-referrals. Self-referrals may choose whether or not to undergo forensic medical examination. Where an examination does take place, the victim can choose whether evidence should be passed anonymously to the police for intelligence purposes, or stored to enable them to make a report in the future, should they wish to do so.

Health and voluntary sector referrals

Self-referrals may come to the centre of their own accord, or be referred on by another agency. Staff from services such as A&E, Genito-Urinary Medicine (GUM), family planning, GPs, Social Services and voluntary organisations such as Rape Crisis groups will often be the first people to be told about a rape or sexual assault. Where a SARC exists, these agencies can refer victims to the centre and assure them that they

will receive a fully comprehensive and sensitive set of holistic services. For further information about referral links with other organisations please see pages 18-19.

3. SARCs in Context

3.1 The profile of sexual violence in England and Wales

The 2001 British Crime Survey (BCS) Interpersonal Violence Module (IPV) found that 7% of the female sample had suffered rape or serious sexual assault involving penetration of the body at least once in their lifetime. From the results of the survey, it was estimated that there were 190,000 incidents of serious sexual assault against women aged between 16 and 59 in England and Wales in the year leading up to the research, and among these an estimated 80,000 incidents of rape or attempted rape. 54% of rapists were current or former partners or boyfriends of the victim and only 17% were strangers.

Whilst the majority of victims of serious sexual violence are women assaulted by adolescent and adult males, the survey also estimated that a small proportion of men – 0.2% – had been subject to sexual assault in the previous year. Other research suggests that almost 3% of men experience non-consensual sexual experiences as adults and over 5% as children (Coxell et al., 1999)[3]

Sexual violence is massively under-reported by both female and male victims. In the year 2003/04, 52,070 sexual offences were recorded by the police. Of this number, 13,247 were offences of rape, of which 93% were rape of a female and 7% were rape of a male. The total number of recorded sexual offences rose by 7% in 2003/04, to account for 5% of total recorded violence. Importantly, the 2001 BCS IPV found that only about 15% of rapes came to the attention of the police. 40% of those who had suffered rape in the 2001 BCS IPV had told no-one about it.

3.2 Physical, mental and sexual health implications

In July 2005, the Home Office published *The Economic and social costs of crime against individuals and households 2003-04*[4]. This estimated

3 Coxell, A., King, M., Mezey, G., Gordon, D. (1999). Lifetime prevalence, characteristics, and associated problems of non-consensual sex in men: cross sectional survey. *British Medical Journal*, 318, 846-850

4 Dubourg, R; Hamed, J and Thorns, J (2005) The Economic and social costs of crime against individuals and households 2003-04 *Home Office On-line Report* 30/05

the health-related costs of rape at £73,487 per case. This figure includes the emotional and physical impacts of injuries and illnesses and estimates of the associated costs to health services and of lost output from time spent at less than full health. This demonstrates the seriousness of the impact of this offence on health services and the importance of ensuring appropriate and well-equipped services and networks are in place.

The effects of rape on the physical, sexual and mental health of victims can be detrimental and long-lasting with many symptoms reported over extended periods of time.

Research, and the experience of practitioners, has indicated that the following effects may result from sexual violence:

- Physical injury (including internal injuries, cuts and bruising)[5];
- Sexually transmitted infections and unwanted pregnancies[6]; and
- Mental health symptoms including post-traumatic stress disorder, anxiety and panic attacks, depression, somatic symptoms, social phobia, alcohol and drug abuse, eating disorders and suicide[7].

In the immediate aftermath of an assault, people do not always have access to medical care that is geared to the specific harm they have suffered. Traditionally, treatment for injuries has been provided in busy A & E departments in hospitals by generalist doctors dealing with many other emergencies. Victims of rape may also report to their GP not all of whom will be well-equipped to respond to the immediate trauma of rape, nor to the forensic requirements involved for potential prosecution. If the victim decides to report the rape to the police,

5 Nurse, J., Garcia-Moreno, C., Phinney, A., Butchart, A. Clarke, N. (2005) *A Global Perspective on Adolescent Sexual Relationship Violence: A New Understanding for Health Outcomes and Opportunities for Prevention* Departments of Gender and Women's Health/Violence and Injury Prevention Geneva: World Health Organization

6 *Ibid*

7 Ullman, S.E. and Brecklin, L.R., (2002) Sexual Assault History, PTSD and Mental Health Service Seeking in a National Sample of Women *Journal of Community Psychology* 30 3 261-279.

forensic examinations have generally been conducted in police stations or doctors' surgeries, without a guarantee of privacy and comfort for the victim, or forensic security.

Failure to provide immediate treatment for injuries, sexual health services and immediate and ongoing counselling and support may increase long-term pressure on GPs, substance abuse treatment services, services for mental health, GUM and family planning services.

SARCs provide a single co-ordinated response to the immediate needs of rape victims which includes a holistic and specialist medical and forensic response for victims with the potential to reduce immediate and future burdens on the health service.

- Staffed by a specialist team of doctors and nurses, often including female doctors, they provide emotional support and medical care, including emergency contraception and treatment to prevent sexually transmitted infections.

- If the person decides that they want to report the rape to the police, this can also be done as part of the service offered by a SARC and forensic evidence can be gathered. Most of all, people are treated with respect by staff who understand the nature of the trauma caused by rape and who respond with a high degree of sensitivity and professionalism.

Government Health Policy Context

Sexual Health and HIV Strategy

The Government's sexual health strategy includes the key aims of reducing the prevalence of undiagnosed HIV and STIs and reducing unintended pregnancy rates. It identifies 'local coordination and back up for sexual assault' as one of the specialist services to be provided across more than one PCT.

Associated with the strategy, the Government funded and endorsed as good practice the development of recommended standards for sexual health services by the Medical Foundation for AIDS and Sexual Health. Recommended Standard 5 states that "People with sexual health needs should be able to have prompt access to comprehensive services needed following sexual assault". It further notes that, "Dedicated sexual assault referral centres (SARCs) provide supportive environments….for optimal care", and that "Sexual health services should be involved in multi-agency collaboration to plan for and meet the needs of those who have been, or are being, sexually abused." The designated sexual health leads in each PCT may be well placed to work with the police and voluntary sector on developing SARC services.

Public Health Delivery Plan

The Public Health Delivery Plan, *Delivering Choosing Health: Making Healthier Choices Easier*, published March 2005, includes SARCs as one of the 45 'big wins', key interventions which the evidence and expert advice suggest will make the greatest impact on health in the shortest period of time. The 'Improving Sexual Health' section of the Delivery Plan includes the 'Joint DH and HO initiative to develop SARCS nationally, including services for children and adolescents'.

Government Health Policy Context (continued)

Department of Health and National Institute for Mental Health in England Victims of Violence and Abuse Prevention Programme

This is a new two year initiative started in April 2005 established in partnership with the Home Office. It is conducting research to produce evidence based policy development and practice improvement by equipping professionals and services to identify and respond to the needs of victims of domestic and sexual violence and abuse, including rape and sexual assault. The programme is mapping more than one hundred services in the voluntary sector which provide counselling and support to rape victims. It will produce national service guidelines to include service models, practice guidance and training materials. This guideline on developing SARCs nationally is the first of a number of guidelines that will be published over the duration of the programme. Victims, survivors and service users are making a substantial contribution to identifying effective interventions.

Department of Health (2002) *Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV*

MEDFASH (2005) *Recommended standards for sexual health services* (http://www.medfash.org.uk/)

Department of Health (2005) *Delivering choosing health: making healthier choices easier*

3.3 Implications for the delivery of justice

Of those rapes which are reported, under 6% result in a conviction. A Home Office research study on attrition in rape cases published in 2005[8] found that 80% of cases did not get beyond the investigative stage, largely due to evidential issues and victim withdrawals. Notwithstanding the inherent difficulties in proving that an offence took place where the case hinges on whether or not one party consented, the current rate of attrition in rape cases is unacceptable. As well as delivering justice for victims, reducing attrition is important

8 Kelly, L., Lovett, J. and Regan, L. , (2004) A Gap or a Chasm? Attrition in reported rape cases *Home Office Research Study 293*

in terms of crime reduction, both in preventing rapists from committing further offences, and sending a deterrent message to potential offenders.

The study referred to in the previous paragraph found that victims seen at a SARC were less likely than those dealing only with the police to withdraw from the investigation. Coupled with the enhanced facilities for evidence gathering, intelligence from anonymous reports and police time freed-up for investigative duties where there is a SARC, this offers real benefits to the police investigation. Most SARCs also offer practical and emotional support to the victim throughout the criminal investigation and court case, which can help to alleviate the feelings of re-victimisation and fear of the court process experienced by many victims and reduce the likelihood of disengagement.

Victims and Justice Policy context

Bringing Offences to Justice

Office for Criminal Justice Reform Public Service Agreement 3 requires the Government to improve the delivery of justice by increasing the number of offences brought to justice to 1.25 million by 2007/08. Local partnership working to deliver more effective support for victims and witnesses and improve police capacity and effectiveness in investigating crime will be the key to meeting this target.

The Rape Action Plan

The Rape Action Plan 2002, published by the Home Office in conjunction with the police and Crown Prosecution Service (CPS), sets out a range of measures to improve the investigation and prosecution of rape cases, including improving victim care, victim examination facilities and the skills of the police dealing with rape cases. The Rape Action Plan was developed in response to the 2002 inspection into the investigation and prosecution of cases involving allegations of rape, which identified SARCs as good practice. A follow-up inspection will take place early in 2006.

Victims and Justice Policy context (continued)

Crime Reduction

Home Office Public Service Agreement 1 requires the Government to reduce crime by 15% and more in high crime areas. Crime and Disorder Reduction Partnerships (CDRPs), overseen by Government Offices for the Regions, are responsible for delivering this target. Since April 2004, PCTs have been subject to a statutory duty as a responsible authority within CDRPs to consider crime reduction in formulating their policies. Guidance to CDRPs on tackling sexual violence, issued in February 2005, highlighted SARCs as an important tool in providing enhanced victim care and improving evidence gathering.

Victims and Witnesses

The Victim and Witness Delivery Plan was published in 2004 and outlines key priorities for increasing victim and witness satisfaction including providing information about services and the case, delivering a high quality service from CJS staff, offering emotional and practical help and meeting the needs of victims of domestic violence. SARCs can make an important contribution to the delivery of these priorities.

3.4 Implications for the community

Sexual violence impacts on family, friends and employers as well as the victim. By offering emotional and practical support to the victim, a SARC or SARC referral agency can remove some of the initial pressure on family and friends to provide this. The immediate provision of counselling can help to prevent some of the ongoing emotional and practical burden on friends and family caused by mental ill-health. Some SARCs also offer counselling to family members. Initial support and medical care can also help a victim to resume normal responsibilities and return to work more quickly. SARCs should have good referral relationships with other agencies, linking into rape crisis and other voluntary organisations, social services, safe housing,

specialist domestic violence counselling etc, where this is required to provide a more joined-up response for the victim and their family.

Rape inspires fear in our communities. The British Crime Survey 2003/04 found that adult women were more worried about rape than any other crime. The provision of an enhanced response to sexual violence, such as that provided by a SARC, demonstrates that the authorities take this crime extremely seriously.

SARCs can have an important role in raising awareness about sexual violence, as well as supporting victims. Some SARCs carry out work with schools and universities and the Havens in North London have employed outreach workers to raise awareness and provide support to ethnic minority groups and young people. This work should be carried out in partnership with Rape Crisis groups and other voluntary organisations who continue to play an important role in raising awareness about sexual violence. The education of the community, and in particular, young people, about the realities of sexual violence is vital if we are to change perceptions and reduce the incidence of sexual offending.

Fear of crime

Home Office Public Service Agreement 2 is to reassure the public, reducing the fear of crime and anti-social behaviour and building confidence in the criminal justice system without compromising fairness. Within that is a target to ensure that by 2007/08 high levels of fear of becoming a victim of violent crime, burglary or car crime are lower than those in 2002/03.

4. SARCs in Practice

4.1. Different SARC Models

Although all SARCs aim to provide the minimum elements of service outlined on pages 9-10, models of service vary according to the demographics and level of sexual violence in an area, and the resources available within the partner agencies. Some SARCs are hospital based, whilst others are based in primary health care centres or premises in residential areas; and whilst some SARCs are managed by health staff, others are managed by the voluntary sector, including Rape Crisis. Some of the more established SARCs have now developed their services beyond those set out in the minimum elements of service and are staffed to provide services such as advocacy, proactive follow-up and case-tracking.

The following case studies demonstrate two different approaches to the SARC concept:

The Havens, London

The Haven Camberwell opened in May 2000 as part of the Department of Sexual Health at King's College Hospital. It was set up because of a lack of appropriately trained female doctors, unacceptable delays in the provision of examinations and difficulties faced by victims accessing emergency contraception, prevention of infections and psychosocial support. Following a successful evaluation of the Haven Camberwell, two further hospital-based Havens were opened in Whitechapel and Paddington in 2004, providing a pan-London service. Running costs of about £1.2 million for each centre are funded jointly by the Metropolitan Police and the Health Service, achieved through top-slicing the budgets of all London PCTs. In the past year, each Haven has seen over 800 men, women and children. The Havens work closely with Project Sapphire, the Met's initiative on sexual violence, which aims to combine optimal initial case management by police officers trained in sexual offences investigative techniques with the best available medical care. The Havens offer forensic examinations, first aid, and emergency contraception, prevention of sexually transmitted infections and

The Havens, London (continued)

follow-up services including psychosocial support and sexual health services. The Haven Whitechapel now runs an ethnic minority outreach programme, and in partnership with the Haven Paddington, a youth outreach programme. They also provide training and guidance for a range of other agencies. For further information about the Havens see the website http://www.thehavens.co.uk/

A matrix of information about the different models adopted by existing SARCs, and the services they provide is attached at Annex A.

St Mary's, Manchester

St Mary's was established in 1986 – the first centre of its kind – to provide a comprehensive and co-ordinated forensic, counselling and medical aftercare service to anyone in Greater Manchester who has experienced rape or sexual assault (whether recently or in the past). The hospital based Centre provides 24 hour immediate one-stop services to both female and male victims and to date has provided services to over 9,500 clients. It is committed to an interagency approach and works closely with the police and other criminal justice agencies, health and social care services and voluntary sector organisations. In addition to the forensic examination, counselling and provision of post-coital contraception and sexual health screening common to most SARCs, St Mary's offers a 24 hour telephone support and information line, crisis support, support through criminal proceedings and a pro-active re-contacting and advocacy service. It also provides rape awareness training for police personnel and other agencies as well as carrying out research. St Mary's has annual running costs of about £500,000 and is resourced predominantly by Greater Manchester Police, with the hospital providing and maintaining the premises. St Mary's was one of the SARCs subject to the evaluation in Home Office Research Study 285 referred to above. For further information about the centre see the website: http://www.cmht.nwest.nhs.uk/directorates/smc/default.asp

4.2. Costs of a SARC

The running costs of SARCs vary depending on the services provided and the number of service users. The matrix at Annex A provides costing information for different SARC models. Comparisons of the figures should be treated with caution, as the figures do not necessarily compare like with like.

Inevitably, SARCs are more expensive to run than a basic rape examination suite. However, the services they offer can contribute to long-term savings if the ongoing problems associated with sexual violence, referred to in this guidance, are reduced.

4.3. Sources of funding

Because health and policing budgets are devolved, SARCs are resourced primarily at a local level. Sources of funding for SARCs include police forces and PCTs themselves, Police Authorities, hospitals, local authorities, local CDRPs/Community Safety Partnerships, Local Criminal Justice Boards and donations from businesses and private benefactors.

Following 'Shifting the Balance of Power' in July 2001 PCTs have responsibility for commissioning an appropriate range of services in the context of national guidance to meet the needs of their local population. They are required to take account of strengths and gaps in local services, to plan and commission services within available resources. As SARCs normally serve relatively large areas – often a whole police force – it is possible to spread the health funding contribution across a number of PCTs, limiting the financial burden on each one.

4.4. Interagency co-ordination

Inter-agency co-ordination is crucial in ensuring a comprehensive response to victims of sexual violence. A SARC will operate most effectively with involvement from and partnership with the voluntary sector, local authority, Crown Prosecution Service (CPS) and Crime and Disorder Reduction Partnerships as well as the police and health services. On a strategic level, involvement may be through the participation of these organisations in SARC steering groups or management committees. A SARC can also be represented at local domestic violence forums or provide advice to CDRPs on strategy development. SARCs have also developed mutually beneficial training exchanges with various agencies.

The development and management of a SARC can also be assisted by the Government Office for the region (GOR) or the Welsh Assembly Government, which has both strategic and operational links with local CDRPs and voluntary agencies in its role as delivery arm of central Government.

On a day to day level, staff from services such as A&E, GUM, family planning, GPs, Social Services and voluntary organisations such as Rape Crisis groups will often be the first people to be told about a rape or sexual assault. Where a SARC exists, there should be mutually agreed protocols for referral to the centre. SARCs have a valuable role to play in the training of local agencies, which can help to ensure that the staff have a clear understanding of the role of the SARC, as well as the needs of victims who disclose sexual violence. Referral routes work both ways, and SARCs must also be able to refer patients on to other services, e.g.:

- hospital services for treatment of injuries
- GUM services for ongoing sexual health needs

- Victim Support, for information on police and court procedures, advice on claiming compensation and advocacy services where these are not available through the SARC

- specialist rape crisis and other sexual violence organisations where clients:

  – have a preference for counselling/advocacy away from the centre;

  – have a preference for counselling in a women-only environment;

  – need long-term counselling; or

  – are victims of historical rather than recent sexual violence, including adult survivors of childhood sexual abuse

- Where victims have been abused in a domestic context:

  – specialist domestic violence counselling services;

  – refuges or housing services;

  – social services where there are child protection issues.

4.5. Voluntary and Community Sector (VCS) Involvement

VCS organisations have developed specialists in working with sexual violence issues over the last twenty-five years and form a crucial element of service provision to victims of sexual violence.

The role of the VCS in the provision of SARC services varies but is always important. In some areas VCS organisations have two-way referral arrangements with SARCs (e.g. Manchester, Northumbria, London); and in some areas a VCS organisation provides the support

service for a SARC (e.g. Victim Support in Swindon) There are a number of SARCs where a VCS organisation is responsible for both the management and counselling provision at the centre including New Pathways in South Wales, Millfield House in Derbyshire and the Rowan Centre in Walsall, West Midlands.

Guidelines for PCTs on commissioning services for HIV and sexual health[9] state that "VCOs (Voluntary and Community Organisations) have an important contribution to make to the modernisation of HIV and sexual health services" because of

- "their in depth expertise and knowledge of HIV and sexual health
- their reputation with patients and consumers, and the confidence which they are held in by these groups
- their efficiency, as many voluntary organisations do not have the same level of overheads and infrastructure costs as larger NHS organisations, many make use of volunteers, and some raise money from charitable sources to support local services."

The guidelines recommend that PCTs should consider the involvement of VCOs in commissioning and planning and in service delivery, giving VCOs the same opportunities to tender for and deliver appropriate services as PCTs and NHS Trusts. This is particularly relevant to SARCs, where the voluntary sector can play an important role in the delivery of both sexual and mental health services.

The case study below of the Rowan Centre, Walsall provides a good example of how the expertise and counselling resource of a VCO can be utilised in the provision of SARC services:

9 Department of Health (2003) *Effective Commissioning of Sexual Health and HIV Services – A sexual health and HIV commissioning toolkit for PCTs and Local Authorities.*

The Rowan Centre, Walsall, West Midlands

The Rowan centre, which opened in June 2004, offers forensic medical examinations, on and off-site counselling for adults, children, families of victims and Sexual Assault Investigators, and a 24 hour emergency phone line for any victim of rape or sexual assault in the Walsall borough. The centre also operates a 24 hour fast track system into clinic for STI / pregnancy screening, pro-active re-contacting and practical and emotional support through the criminal justice process. In addition, staff at the Rowan Centre provide training in rape awareness for police and other agencies, and go into schools and colleges to raise awareness about sexual crimes. Clients can access the centre by referrals from other agencies, via West Midlands Police and by self-referral. The Walsall Rowan Centre is a combined initiative between Health, Police and CRISIS POINT, a local specialist sexual violence counselling organisation. CRISIS POINT manage the day to day running of the SARC. The centre has an annual running cost of £98,391.84 excluding forensic costs. They have received funding from the Police, Walsall Teaching PCT and the Safer Walsall Borough Partnership Board. Forensic examinations are funded by the police, and counselling services are provided by CRISIS POINT volunteers. The Home Office provided the centre with a grant to help with start-up costs.

It is important to note that SARCs should not be seen as a replacement for Rape Crisis and other VCS organisations. These groups are in touch with the communities they serve and provide support, advocacy and counselling to a wide range of individuals where SARC services may not be appropriate, e.g. adult survivors of childhood sexual abuse, survivors of historic rape and sexual assault; families of sexually abused children and individuals suffering the long-term mental health effects of sexual violence.

5. The Future for SARCs

Ultimately, the Government would like to have in place access to a SARC for all recent victims of rape in England and Wales. The development of a SARC in every Police Force Area would be a significant step towards achieving this. The Home Office and Department of Health are supported in their work to extend and develop the network of SARCs by a Practitioner Advisory Group.

The Government is also working closely with the SARC Managers' Forum to look at how we can ensure consistent standards in service provision, undertake ongoing assessment of the impact of SARCs on victim care and the criminal justice process, and develop new services to meet the needs of victims. A range of services is currently being piloted or under development by existing SARCs including designated services for child victims of sexual violence, a youth outreach project and an ethnic minority outreach project.

It is important to remember that SARCs alone do not offer the whole solution to improving outcomes for victims of sexual violence. They must form part of broader improvements to victim care pathways, from greater investment in specialist voluntary sector services to address the ongoing psychological needs of victims, to improvements in the treatment of victims in the criminal justice process. If we are to see improvements in the conviction rate for sexual offences, we need to ensure that the police are equipped to provide a high standard of investigation; that they work closely with prosecutors focused on building a strong case; that victims are kept informed about case progress and fully prepared for and supported in court; and that only experienced barristers present the prosecution case in court.

Over the summer of 2005, the Home Office, together with ACPO and the CPS carried out a stocktake of progress on implementation of the Rape Action Plan 2002. This will inform a follow-up inspection to the 2002 inspection into the investigation and prosecution of cases involving allegations of rape, which will tell us what is now working well and what remains to be done, in order to inform future policy. This work will run in parallel with the joint DH and NIMHE Victims of Violence and Abuse Programme, which will provide an evidence base

for policy development and help professionals and services to identify and respond to the broader needs of victims of domestic and sexual violence and abuse.

Reference Materials

Guidance on establishing and operating a SARC

There are a number of guidelines, reference materials and toolkits available:

ACPO (2005) *Sexual Assault Referral Centres: Getting Started* (http://www.homeoffice.gov.uk/crime/sexualoffences/expansion_sarc.html)

Welch, J (2005) *Medical care following sexual assault : Guidelines for Sexual Assault Referral Centres* http://www.homeoffice.gov.uk/crime/sexualoffences/expansion_sarc.html)

The Home Office holds detailed information on different models of SARCs, including services offered, staff lists, facilities and costs. These can be obtained by contacting the Sexual Crime Reduction Team on 020 7035 3123, sexual.offences@homeoffice.gsi.gov.uk or at the Home Office, 2 Marsham Street, London SW1P 4DF.

Research publications

Lovett, J., Regan, L. and Kelly, L. (2004) *Sexual Assault Referral Centres: developing good practice and maximising potentials*. Home Office Research Study 285

Regan, L., Lovett, J. and Kelly, L. (2004) *Forensic nursing: an option for improving responses to reported rape and sexual assault* Home Office Development and Practice Report 31

Kelly, L., Lovett, J. and Regan, L. (2005) *A Gap or a Chasm? Attrition in reported rape cases*. Home Office Research Study 293

Wilken, J. and Welch, J. (2003) Management of people who have been raped. *BMJ* 326: 458-9

Welch, J. and Gee, D. (2004) Care following rape: sexual health and Havens. *Int J STD & AIDS* 15: 499-500

Clinical Effectiveness Group, AGUM and MSSVD (now the British Association for Sexual Health and HIV) (2001) *National Guidelines on the Management of Adult Victims of Sexual Assault.* (www.bashh.org).

Annex A – SARC Models

SARC name and location	Catchment area	Type of premises	Partner agencies	Services provided	Staffing	Annual running cost	Funding sources	Cases p/a
St Mary's – Manchester	Greater Manchester police force area Pop: 2.5m	Hospital	Greater Manchester Police St Mary's Teaching Hospital	- Forensic examination - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Post-coital contraception and pregnancy testing - STI screening - 24hr tel. support - Nat. and Intl. training - Research and Education - Rape awareness training for police personnel and other agencies	- Clinical Director - Centre Manager - Administrator - Counsellors 2.6 WTE - Centre Support Worker - Research and Development Officer - Forensic Nurse Examiners 1.5 WTE - Crisis Workers - Forensic Physicians - External Counselling Supervisors	£509,963	Greater Manchester Police; St Mary's Teaching Hospital	900
Ellis Fraser Centre – Sunderland Rhona Cross – Newcastle	Northumbria police force area Pop: 1.5m	Ellis Fraser – hospital based Rhona Cross non-hospital	Northumbria Police Local Authority PCTs	- Police and self referrals - Forensic examination - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Post-coital contraception - STI screening (referral) - Support through trial - Research and Education - Rape awareness training for police personnel and other agencies - Working with other agencies	- Centre Manager - Support Clerk 1.45 - Counsellors 2 - Case Tracker - Forensic Physicians x14 - External Counselling Supervisors - Cleaner	£230,000	Northumbria Police - Local Authority - PCTs	400
Meadowfield Suite – Durham	Durham police force area Pop: 591,308	Local Authority Building	Durham Police Durham Social Care Darlington Social Care All County PCTs Darlington CDRP	- Police and self referrals - Forensic examination - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Research and Education - Rape awareness training for police personnel and other agencies	- On site Manager - Full time Rape counselling worker - 2 job share Victim support workers - 3 FMEs on call	£387,325	- Durham Social Care - Darlington Social Care - All County PCTs - Darlington CDRP - Home Office VFF - Home Office SARC fund	180

SARC name and location	Catchment area	Type of premises	Partner agencies	Services provided	Staffing	Annual running cost	Funding sources	Cases p/a
Millfield House – Derbyshire	Derbyshire Constabulary Pop: 976,200	Police House	Derbyshire Rape Crisis Derbyshire Police	- Police and self referrals - Forensic examination - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Post-coital contraception - STI screening (referral) - Support through trial - Research and Education - Rape awareness training for police personnel and other agencies - Consultations with SOIT officer	- Project Manager - Administrator - Counsellors - Supervisors - Trainers - 7 Crisis Workers - Forensic Physicians (on call) - Phoneline Supervisors	Excluding Police costs: £77,510	Derbyshire Rape Crisis Derbyshire Constabulary	
The Walsall Rowan Centre, Walsall	Walsall Pop: 253.500 (Future intentions to expand the catchment area of this SARC and to introduce a second SARC for the remaining areas covered by West Midlands Police).	Examination suite in hospital premises Counselling suite (separate to SARC, off site location)	West Midland Police Walsall Teaching Primary Care Trust	- Police and self referrals - Forensic examination - Evidence collection for the CJS - Consultations with SAI (Sexual Assault Investigators) - Counselling (including children and SAI) - Support for victims and their supporters - Proactive re-contacting - Post-coital contraception and pregnancy testing - STI screening (fast track referral) - On going telephone support - Support through the video statement taking process and trial - 24 hour telephone support and information line - Working with other agencies - Research and education - Emotional and practical support - Rape awareness training for police and others - Sexual Crimes awareness teachings in schools and colleges	- FMEs (on a call) - Centre Manager/ Clinical Director for CRISIS POINT - Office Manager for CRISIS POINT - Psychotherapist 's and support workers (Day) - Support workers for attendance out of hours (on call) - Telephone support workers out of hours (on call)	£98, 391.84 (excluding Forensic costs)	West Midland Police Teaching Primary Care Trust	June 04 – June 05 = 129

SARC name and location	Catchment area	Type of premises	Partner agencies	Services provided	Staffing	Annual running cost	Funding sources	Cases p/a
The Swindon Sanctuary Swindon	700,000 approx County of Wiltshire and the Borough of Shrivenham (part of Swindon PCT but in Oxfordshire) parts of Oxfordshire and Gloucs.	2 medical examination suites 1 staff office 1 counselling room waiting area 1 interview/ meeting room	Wiltshire Police Swindon Primary Care Trust Taw Hill Practice	- Police and self referrals - Forensic examination - Evidence collection for the CJS - Counselling - Crisis Worker providing practical and emotional support - 24 hour appointment booking system - Networking and signposting to/from other organisations - Post coital contraception and pregnancy testing - Research and Education	- 2 Clinical Medical Directors - 1 Manager/Crisis worker - 1 P/T Counsellor - 6 out-of hours support workers - 5 Forensic Medical Examiners	£155,600	Wiltshire Police; Swindon PCT; Tawhill Medical Practice; Home Office	38 over 1st 4 months Expect 120+ for the first year
SAFE Centre Lancashire	1.5m Lancashire Constabulary Police Area	Hospital	Lancashire Constabulary Lancashire Teaching Hospitals Trust	- Police and self referrals - Forensic examination - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Case Tracking - Video interviews - STI screening (referral) - Support through trial - Research and Education - Rape awareness training for police personnel and other agencies	- Clinical Director x2 sessions per week - Centre Manager - Administrator - Counsellors 1 WTE - On call Crisis Workers x14 - Sexual Offence Examiners (SOEs) x10 - External Counselling Supervisors	£178,500 excluding SOE call out claims	Lancashire Constabulary; Lancashire Teaching Hospitals Trust	540

SARC name and location	Catchment area	Type of premises	Partner agencies	Services provided	Staffing	Annual running cost	Funding sources	Cases p/a
Haven – Whitechapel London	10 NE London boroughs Pop: 2.5m	Hospital (off site facility)	Metropolitan Police 32 PCTs	- Police and self referrals - Forensic examination (On & off site) - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Post-coital contraception - STI screening (referral) - Support through trial. - Research and Education - Rape awareness training for police personnel and other agencies - working with other agencies - Weekly clinic for young people; fortnightly for men - Police officer clinic	- Consultant - Associate Specialist WTE - Junior Clinical Fellow/SHO WTE - Manager FTE - Administrator WTE - Receptionist/ Data entry WTE - Nurse G Grade - Nurse F Grade - Nurse E Grade - All WTE - Crisis workers (10 posts) - SOE Doctors (10 posts) - Psychologist B Grade 0.8 WTE - Sexual Health Practitioner/ Counsellor WTE - Paediatricians (12 posts)	£1,233,000	Metropolitan Police 32 PCTs	800 esti-mate
Haven – Camberwell London	South London boroughs Pop: 2,766,045	Hospital based	Metropolitan Police South London PCTs	- Police and self referrals - Forensic examination - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Post-coital contraception - STI screening (referral) - Support through trial - Research and Education - Rape awareness training for police personnel and other agencies - Consultations with SOIT officer	- Clinical Director - Associate Specialist - Jr. Clinical Research Fellow x 1.5 - Hospital Practitioner - Part-time GMP - SOE on-call x 12 - Centre Manager - Administrator - Receptionist/ Data entry clerk - Health Advisors x 1.5 - Crisis workers x 17	£1,205,192	Metropolitan Police South London PCTs	867 in 2004/ 05

SARC name and location	Catchment area	Type of premises	Partner agencies	Services provided	Staffing	Annual running cost	Funding sources	Cases p/a
The Haven Paddington	12 NW London Boroughs	Hospital	Metropolitan Police 32 PCTs	- Police and self referrals - Forensic examination (On & off site) - Evidence collection for CJS - Counselling - Support for victims and their supporters - Proactive recontacting - Post-coital contraception - STI screening (referral) - Support through trial - Research and Education - Rape awareness training for police personnel and other agencies - Networking - Victim support clinic - Police officer clinic - Open days for police & voluntary agencies	- Locum Lead Clinican - Staff Grade Physician - Junior doctor - Manager - Administrator - Receptionist - Nurses x3 - Crisis Workers x3 - SOE Doctors x14 - Psychologist 0.8 WTE - Health Practitioner - Lead Paediatrician 0.5 WTE - Paediatricians x12	£1,257,000	Metropolitan Police 32 London PCTs	800 esti-mate
Juniper Lodge, Leicester General Hospital	644,141 Leicestershire and Rutland	Store room Forensic store Support workers interview room Forensic changing area Medical suite Interview room Viewing room Shower and toilet facilities	Leicestershire Police East Area Primary Care Trust West Area Primary Care Trust	- Referrals from the police, statutory agencies and self referrals - Forensic evidence collection - Video interviews for the CJS - Practical and emotional support - Referral to other service providers for Counselling - Telephone support - Support through the trial - Post-coital contraception - Support with sexual health issues and assistance with making appointments at the GU clinic - Working with other agencies key relationship with Leicester Rape Crisis - Assist with Research and development projects - Training on Rape awareness - Training delivery to Sexual Offences Liaison Officers - Crime prevention initiatives working with young people through schools and colleges	- SARC Manager - Volunteer Support Workers - 2 Crisis Workers to cover peak demand Friday, Saturday and Sunday nights - On-call Cleaning service for Medical suite	unknown	Leicestershire Police East Area Primary Care Trust West Area Primary Care Trust	Aver-age 399

SARC name and location	Catchment area	Type of premises	Partner agencies	Services provided	Staffing	Annual running cost	Funding sources	Cases p/a
New Pathways South Wales	All of Wales, with focus on South Wales Pop: 1,198,986	2 Suites Police entrance 5 counselling rooms Disabled access toilet Family and waiting room Young person's therapy room Admin and Managing Director's Office	South Wales Police Welsh Assembly Local Health Board	- Police and self referrals - Forensic examination - Evidence collection for CJS - Counselling - short and long term - Support for victims and their families/friends - Partnership with sexual health clinic under development	- Managing Director - Supervisor - Trainer - 22 Volunteer Counsellors - SARC Support Workers, 1 full-time & 2 Part time - Finance Officer - Admin - Child & Young Person's Therapist - Forensic Physicians	unknown	South Wales Police Welsh Assembly Local Health Board	un-known

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270788 1p 1k Oct 05 (CWP)
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First published: October 2005

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