# Title: Women's Experiences of Attending an English Sexual Assault Referral Centre: An Exploratory Study

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**Abstract**

The UK has one of the lowest conviction rates for sexual assaults in Europe, with only 7% resulting in conviction. In response to this a Sexual Assault Referral Centre (SARC) model of integrated care was introduced in 2001. To date, there is limited research examining SARC services and support accessed. To address this gap, seven female sexual assault clients were interviewed. Findings suggest the SARC is a safe haven that provides independent support. However, accounts about the role of support workers varied. The study, while exploratory, highlights the need for further discussion and research on SARC care and practice.

## Introduction

Sexual assault is a widespread social problem and in the United Kingdom (UK) for the year ending March 2016, the Office for National Statistics (ONS) reported that 106,098 sexual offences were recorded by the police; the highest figure since the introduction of the National Crime Recording Standard in 2002 (Office for National Statistics, 2017). The most recent estimates from the Crime Survey for England and Wales (CSEW) self-completion module on intimate violence showed that 645,000 (2%) adults had been victims of sexual assault during the last year, up from 1.7% the previous year. Although this figure has remained generally stable at around 2% since the survey year ending March 2009, attrition rates have risen dramatically and stagnated since 2000. 24% of reported sexual assaults resulted in conviction in 1985; 12% in 1995 and this figure has remained at 7% since 2000 (Hohl & Stanko, 2015). Thus, it appears that as more sexual assaults are reported to police, just as many more are withdrawn from the criminal justice process.

This attrition problem is discussed amongst the literature as being attributable in part to the stereotypical view of "real rape". If the sexual assault victim does not conform to the stereotypical view of a rape victim i.e. being raped by a stranger and subjected to physical

injury, they are more likely to withdraw from proceedings (Hohl & Stanko, 2015). Temkin & Krahé (2008) argue the factors involved that make a sexual assault look less like a 'real rape' include the complainant previously knowing the attacker, drinking with the defendant prior to the sexual assault, delaying reporting the assault or having a lack of visible bodily injuries. This stereotypical "rape myth" was described by Munro and Kelly (2009) as leading to a perpetuating cycle of attrition. They argued that the police and prosecution service are more likely to prioritise cases that match a stereotypical rape victim as they attempt to anticipate jury decision-making believing that such cases are most likely to secure convictions (Hohl & Stanko, 2015).

How clients are treated by professionals and the social support they receive in the aftermath of a sexual assault has been identified in the international literature as a causal factor in their psychological recovery (Ullman & Peter-Hagene, 2014). The American literature has highlighted how psychological recovery is facilitated by positive social support; such as being treated in a supportive and empathic manner, feeling believed and being able to discuss the assault (Ullman, Townsend, Filipas & Starzynski, 2007; Campbell, 2008). In contrast, negative social reactions such as feeling disbelieved, blamed or patronised were associated with higher rates of post-traumatic stress disorder, depression and physical health problems (Payne, 2007) and delayed psychological recovery (Ullman, Townsend et. al., 2007; Ullman, Filipas, et. al., 2007). Such experiences of insensitive treatment from professionals when seeking help after a sexual assault often lead to feelings of powerlessness, shame and guilt (Campbell, 2008) and have been likened across the literature to "secondary victimisation" to the initial trauma (Payne, 2007; Campbell, 2008; Peter-Hagene & Ullman, 2012). There is ample evidence in the UK and international literature indicating that sexual assault victims are re-victimised at the hands of the medical, criminal justice and legal systems (Parsons & Bergin, 2010; Patterson and Campbell, 2010; Dinisman & Moroz, 2017).

In response to such criticisms, the UK government set up a number of Sexual Assault Referral Centre (SARCs). After referral by the police or through self-referral in the aftermath of a sexual assault, SARCs offer victims a forensic medical examination (FME) conducted by a team of specially trained female examiner, independent support and advocacy, counselling and screening for sexually transmitted infections (Lovett, et al, 2004). In the UK, the first SARC was established in Manchester, England in 1986 (Adler & Gray, 2010), today there are 39 SARC services across England (NHS England, 2016). The first SARC's specialised support worker, the Independent Sexual Violence Advisor (ISVA), was introduced in 2001 to provide routine proactive follow-up support and advocacy for clients of sexual assault. This role was introduced in response to the national attrition rates through the criminal justice system and the Manchester SARC was a pilot site. The key feature of the ongoing ISVA role within the SARC model involves the use of proactive follow up contact and support through the criminal justice process (Robinson, 2009). Proactive contact was introduced to ensure clients felt adequately supported to proceed with a case, had the opportunity to discuss withdrawal independently from the legal case workers and had information and access to other available resources and services.

In 2004 Lovett et al conducted a large-scale multi-method study commissioned by the Home Office to evaluate the overall SARC model and its' contributions to the reporting of rape, dealing with the aftermath of rape and improving the Criminal Justice System (CJS) outcomes. Although there were still difficulties reported, such as delays in seeing a doctor, the study found significantly more clients had an FME, female medical examiners were the norm and victims were afforded more control over the proceedings. The study concluded by suggesting a model for an 'ideal' SARC that all centres should aspire to.

The Lovett et al (2004) study did provide an understanding about adult sexual assault clients experiences of SARCs however it is over 14 years old. Since this time there has been

very limited research exploring clients' experiences and views of the SARC services they have accessed.

### *Study aim*

The purpose of this exploratory qualitative study was to understand adult client's experiences of the specific support services accessed in the aftermath of a sexual assault. Specifically, the study aimed to provide further understanding into the professional care, support and recovery needs of adult sexual assault clients.

## Methodology

### *Design*

A qualitative interview design was chosen to capture the experiences of adult sexual assault clients attending a SARC service. The study was grounded in a realist epistemological framework in which participant responses were assumed to represent reality: realism recognises that there is a real world independent of our experience whilst acknowledging that we are suspended in webs of meaning that we ourselves put forward and that therefore there can be many layers to our reality (Moses & Knutsen, 2007).

### *Participants*

Participants were a convenience sample of all clients aged 18 years and older who were referred to the ISVA staff at Saint Mary's SARC, Manchester, England between May to September 2017. A presentation was given about the study to the ISVA's in the service which was followed by a discussion about the planned future research.

The recruitment process involved the ISVA staff at the SARC giving potential participants a brief overview of the study and asking whether they were interested in receiving

a follow-up phone call from the research team for more information. If they agreed the ISVAs passed over contact details to the research team who made telephone contact to provide further information about the study and arrange interviews for those who agreed to participate.

Over the five month recruitment period 7 female participants volunteered and they were over 18 and had accessed Saint Mary's SARC for an FME and ISVA service within the last year. No further client's information is provided in order to protect their anonymity.

***Ethical considerations***

This study was approved by the Health Research Authority (REC Reference: 15/NW/0748) and the Central Manchester University Hospitals NHS Foundation Trust (CMFT) (CMFT Study Ref: R04062). All participants were given an information sheet and given the opportunity to ask any further questions, and informed consent was collected before participation. All personal and place names were changed to pseudonyms to ensure no client could be identified through the research and all documentation remained securely stored.

Crown Prosecution Service (CPS) approval was also obtained as participants were interviewed pre-trial. This was agreed in line with advice from the senior Saint Mary's SARC counselling staff, that the interview schedule would focus solely on experiences of the SARC and the researcher was prepared in response to participants potential disclosure related to the criminal case. As such, a scripted policy for closing down a disclosure was agreed by all parties involved to ensure no information was discussed in the interviews that would compromise criminal proceedings.

Preparations were also made for the possible eventuality of participants being at risk from harm, during and after the interview, from themselves or others. A process map was constructed for the researcher to follow in case of an emergency in line with the University

research distress policy. Furthermore, supervision was accessed before the initial interview to ensure the interviewer was comfortable with the procedure and after all interviews to reflect on their content and report any concerns.

### *Procedure*

The semi-structured interviews were conducted via telephone or in person, at a location of the participants choosing by the third author. Interviews lasted up to 30 minutes and were digitally recorded. An interview schedule was designed by the first three authors for the purpose of this study. The questions were developed based on previous research and in consultation with the managers of St Mary's before use. This was to ensure that any potential problems were identified before data collection began. Following this consultation, the interview questions for the semi-structured interviews explored participants experiences of the SARC model in 5 sections. See Table 1 for the topic areas of the interviews.

Table 1 here

### *Data analysis*

The interviews recordings were transcribed verbatim, anonymised and a thematic analysis was undertaken (Braun & Clarke 2006). Thematic analysis was chosen as appropriate because it is a well-established and flexible research tool for describing, analysing, and reporting themes and patterns in data (Braun & Clarke 2006).

Data was analysed inductively and recursively in accordance with Braun and Clarke's (2006) recommended stages for good quality thematic analysis. Firstly, the third author familiarised herself with the data studying the interview transcripts and noting down initial thoughts and ideas. These interesting features of the data were then coded systematically

across the data set. Codes were then collated into potential themes by gathering data from each code relevant to the potential theme. These emerging themes were then reviewed by the first author, to check they were reflective of both the individual coded extracts and the overall data set. Specifics of individual themes and the overall narrative of the analysis were then refined and clear definitions and names for each theme were generated by the first and third authors. Finally, in several research meetings between all the authors specific excerpts of data were chosen as examples of themes and the overall analysis was considered in relation to the research question and literature base.

***Rigour***

Several strategies were used in this study to enhance rigor and to ensure a high-quality research process and trustworthy findings (Given, 2008). For example, the research process has been described with transparency and the methodology is therefore replicable. The importance of reliability and replicability was further considered and attended to by using the first author as a second coder to check similar themes that had resulted from the analyses. Furthermore, discussions of coding and theme formulation were held regularly with the research team thus improving dependability. Comparability was ensured whereby the individual cases were considered and compared with one another, to ensure the themes were representative of all clients involved. Finally, reflexivity was adopted throughout the research process. A reflexive journal was kept by the third author, so she could consider her presence and the influence this may have had on the research findings (Given, 2008).

## Results

The three themes that emerged were: 1. SARC as a safe haven, 2. The independent role of the ISVA's and 3. Feeling emotionally supported and understood. Pseudonyms are used and quotes are included to illuminate the context and meaning of the themes.

### *SARC as a safe haven*

This theme encapsulates participants first impressions of the SARC; its atmosphere, environment and locality. Many participants discussed their initial impression of the SARC to be a safe and calming experience. Several participants attributed this to the welcoming nature of the staff, the relaxed atmosphere and environmental provisions at the SARC:

> I felt relaxed when I got there. Relaxed enough to be able to speak to them. Yeah it felt safe, safe to be there as well. Yeah, I felt at ease once I got there. (Emilia)

> She [Crisis worker] put me at ease straight away, you know. She made me a cup of tea, she asked me if I wanted some toast. (Imogen)

> It was nice surroundings, there was a fish tank there and for some reason, I don't know why that seems to make a difference, but for me, it just relaxes me. (Alice)

Participants seem to focus particularly on the non-clinical features of comfort and normality, for example, having cups of tea, eating toast and relaxing effect of fish tanks, all of which are not typically associated with a medical or forensic environment. Participants highlighted the importance of this non-clinical atmosphere directly:

> It didn't feel like I was somewhere like a clinical place, it felt like people who I knew who were just nice. (Alice)

> You're sat in a comfortable area, not waiting on hard seats waiting to be called out. (Violet)

This appears to reinforce the importance of providing a warm and comfortable atmosphere for clients of sexual assault to ensure they feel safe and supported.

Security was also identified as a key concept by clients for their experiences of the SARC as a safe and supportive place. Participants described feeling safe at the SARC because of the secure buzzer entry system:

> Because all the doors are locked and you can't get in without speaking to somebody first. And I didn't think there could be anyone in here who shouldn't be here. (Alice)

> You know why they've got buzzers on and that, so it's obviously security reasons and that's very sensible. Nothing wrong with that for me. (Violet)

Participants appear to take refuge in the SARC as a secure and safe place where they possibly felt that they could not be re-victimised and were protected from a further sexual assault.

The accessibility of the SARC was important to the participants, although their views on this were split. Several discussed valuing the discretion and privacy of the location whilst others reported struggling to find and access the services in the current location:

> It's nice that it's so discrete... It's quite a secluded area isn't it, so you're not sort of, on view. Nobody really knows why you're there. (Lola)

> It was so difficult getting here it wasn't really an option to keep coming back. But if it had been more accessible I think I would have come in more. (Freya)

This highlights the importance of SARC services having an appropriate balance between discretion and accessibility, whereby clients can feel confident in accessing the services whilst their privacy is respected and upheld. One participant voiced her experiences of the need for this balance:

> If you'd not been before I don't know if you'd remember where to go. You don't really know which part you want and it could just be signposted a little better… I don't think I would have found it on my own… But then on the other hand, I don't think it should be like big letters with SARC on it, so people can see who's going in and what you're going in for. (Alice)

***The independent role of the ISVA's***

This theme focused on participants perceptions and experiences of the independent nature of the ISVA role. Participants explored the impact of support from an impartial professional with specialist knowledge and experience in comparison to more conventional sources of support, such as family and friends who may be familiar with the defendant. Participants voiced the difficulties they have faced in communicating with family and friends after being sexually assaulted particularly in relation to feeling uncomfortable themselves and worried about making loved ones feel uncomfortable:

> Because I didn't feel like I had anyone. Even though I'm close to my sister, I didn't feel comfortable talking to people who I knew about that kind of thing. Whereas Lara [ISVA] had obviously dealt with that before and knew how to handle it and deal with that kind of thing. (Alice)

> I've lost a lot of friends and family. People can't be bothered, or it's too much for the family, or they don't believe me because I've always been put down as the black sheep. (Violet)

Many participants seemed to attribute feeling comfortable discussing their feelings and experiences with the ISVA because they felt reassured that they dealt with similar issues regularly and were accustomed to the nature of their experiences:

> It's [SARC] more specialised in sexual abuse and rape, where other people haven't wanted to discuss it. They don't want to talk about it because they don't think they are professional enough to deal with it and are scared to. So, I think the SARC is the place to get that help. (Emilia)

Another advantage to the independent support provided by the SARC model that many participants discussed was its' impartial nature whereby the ISVA does not know the defendant, in comparison to family and friends who may be involved with both parties:

> Because my friends, family, whatever, knew him [defendant] and obviously Lara [ISVA] didn't. So, she had nothing to say about him, either way. So, she was just like impartial. (Alice)

One participant discussed the benefit of impartial support in relation to gaining a broader perspective on the situation through a more depersonalised, outsider's view:

> They [ISVA] can see from the outside what's going on, so it makes you see what's going on inside your own head… I think you're more like away from all your issues, you're out of it. So, you're with just you and her [ISVA] and you can talk about it a bit better. (Ruby)

This theme highlights a strength of independent support is its impartial nature, which can provide a balanced view of the situation. Whereas, family and friends may be emotionally involved in the situation and as such may be unable to offer such balanced, impartial support. Participants clearly favoured being able to access independent support from SARC.

***Feeling emotionally supported and understood***

This final theme explores participants experiences of the support they received from the ISVA service and their perceptions of these experiences. Most of the participants discussed feeling emotionally supported and their experiences of the support centred on feeling understood, believed and respected, as well as being given practical support and advice:

> I felt that she [ISVA] understood. Exactly what I'd been through, and she kind of, not agreed with me, but she was kind of helping me along. I was telling her things and then she was suggesting things for me to make it feel better. (Alice)

> They [ISVA] made me feel like I wasn't alone, and I could talk to them… and she was talking and she was on my side and she was listening to what I was saying and she was understanding what I was saying and that… it was help with like the way I felt, the way everything was muddled in my life and I had to re-sort it all out and stuff like that. She was really good. (Ruby)

Another key role of the support worker that participants expressed great importance of and appreciation for, was the advocacy and liaison with the criminal justice system. For many participants, this involved being accompanied to court:

> I probably wouldn't have got to court without Molly's [ISVA] help. (Emilia)

Participants discussed this in terms of the emotional support provided during the court process and the information the ISVA shared and explained:

> She [ISVA] explained the procedures at court and what would happen… she just, told me straight about what to expect rather than just going around the houses and sugar coating it. And also, just made sure that I knew she was there for me and that I could do it and made me keep thinking that I was strong enough to do it. (Emilia)

Other participants discussed the support they accessed for advocacy when dealing with the police:

> I've had quite a few issues with the police in regards to communication with me… But Vicky [ISVA] emailed him yesterday for me to try and get them to do something... I mean she has done everything. (Imogen)

Thus, it appears that the needs of clients can often extend beyond support and the role takes on a liaison service often to bridge gaps in communication between the police and the client.

However, participants highlighted issues with the ISVA, too. Several participants discussed being unsure what the role entailed, often until they had already started accessing the service:

> I wasn't really expecting anything. I'd never heard of it [SARC] before, it was just recommended that I went along... I think it was better than my expectations. As I say, I didn't know what the [ISVA] role was, really, and then she [ISVA] explained it and they've always been there for me. (Freya)

For this participant, the service seems to have been a positive surprise. However, another participant reported feeling disappointed with the support on offer:

> I thought literally it was just for counselling which they [ISVA] didn't put me through for. Something got mixed up there… So, I had to wait for the counselling, because they thought I was just coming for the support workers. (Violet)

Thus, it appears from Violet's experience she was frustrated by being unsure of what services were accessible at the SARC and perhaps required further clarification of the ISVA role as she seems to have perceived her support needs were not being met. However, apart from Violet's experience the majority of the participants experienced the support they received from the ISVA service as very positive.

**Discussion**

SARCs in the UK provide around the clock support to those reporting sexual assault and rape, including health care and onward referral to other health and social care services. They have the unique opportunity to prevent and/or alleviate the secondary victimisation that sexual assault clients may potentially endure in other formal systems. Little research has been conducted asking adult sexual assault clients about how they have experienced a SARC and how such a service may promote emotional well-being and recovery.

This exploratory qualitative study used adult sexual assault clients interviews to examine the specific support services accessed in the aftermath of a sexual assault. From these interviews, participants provided recommendations for decreasing the feelings of secondary victimisation and shame and the importance of the specialist knowledge and experience of the ISVA's role to responding to sexual assault clients in a positive way. This study contributes to past research that utilises the 'survivor-informed' approach as it uses data from adult sexual assault clients to examine ways to support such individuals attending a SARC service.

The participants in this study affirmed the importance of the requirement for the SARC to be perceived as a "safe place" the first time it is visited. They recommended the need for the SARC to have a calming atmosphere, a relaxed environment and to have non-clinical features of comfort and normality. Geographical location was very important too so that they felt secure and they felt there was no possibly that they could be re-victimised and were protected from a further sexual assault. Participants recommended seeking out and using the independent ISVA service as talking to individuals with experienced sexual violence knowledge was an indication the person would not be uncomfortable, not blame them and would understand. These data suggest adult sexual assault clients attending a SARC service are cognisant of, and prefer, to access support services with specialised knowledge like the ISVA's.

***Implications***

Participants perceived the SARC to be a safe place that must be easily accessible, these findings are supported across the research literature. For example, Payne (2007) reported geographical isolation as a major concern for clients in accessing specialist forensic-medical services. However, Campbell (2008) reported concerns with clients having to wait in general hospital emergency departments and police stations, experiences of which were linked to increased feelings of secondary victimisation and shame. These experiences were discussed in relation to staff who were not trained in the specialist area of sexual assault, and clients being subjected to long waiting times in public areas, such as general waiting rooms (Campbell, 2008). The current study's findings similarly suggest that a specialised centre in a private yet accessible location designated to the care of sexual assault clients may help towards alleviating these issues.

When participants were discussing their perceptions and experiences of the independent nature of the ISVA role in the SARC they voiced feeling listened to, understood, believed, supported and liked the impartial nature of this process. However, literature in this area is mixed, with some conflicting findings. Previous research by Ullman (1999) reported that family and friends often provide the strongest support for clients of sexual assault, engaging in the least negative social reactions and higher levels of positive social support and thus an associated improved psychological recovery. However, further research (Campbell, 2000) reported a mixture of supportive experiences from family and friends with negative experiences involving loved ones feeling ineffective and emotionally distressed and causing negative behavioural changes in their relationships with the client. This highlights the importance of the specialist knowledge and experience of the ISVA's role. Lovett et al (2004) reported very similar findings whereby clients strongly valued the independent nature of

specialist support that they could access in addition to their personal relationships. Overall, this study was able to provide an understanding of ISVA practice from the perspective of adult sexual assault clients.

### *Strengths and limitations*

This exploratory qualitative study involved interviews with female participants who attended one SARC. This study attempts to go some way to understand their experiences and needs as there is a deficit of previous research that explores the experiences of victims of sexual violence attending a SARC service. This gap in the literature is, in part, filled by this unique study. Using thematic analysis, the intention of this study was to explore this experience using detailed interviews and undertaking an in-depth analysis. Data is therefore provided that is rich and detailed about attending such a service.

The analysis in this study is exploratory and while it identifies a number of themes from one SARC service, it is important to note that our sample was small (*N=7),* from one SARC service and consisted of English-speaking, white female adult sexual assault clients. Further research is required to capture the full diversity of client's experiences and possible differences in other SARC services

Research recruitment relied on the ISVAs to discuss participation with clients during their professional contact, the way in which this was communicated or the priority it was given could not be controlled by the researcher. Although every effort was made to ensure the staff were well informed and engaged with the research study it is possible that competing professional agendas impacted on recruitment. A possible issue is the identification of potential clients being deemed too vulnerable to consider for research. Jordan (2001) reported that non-research staff are more likely to rule out those they consider as vulnerable, although they are often still eligible to participate. For this study, ISVAs could have decided to not

mention the study to the clients they felt were particularly vulnerable, due to a possible perceived conflict of interest. For example, as the ISVA often has a strong alliance with the client, they could have felt responsible for protecting the client from any further harm of distress which they could perceive the research interview to cause.

The study may also be limited by its retrospective design. Time elapsed since the assault could have influenced what participants recall needing directly after the assault. However, the retrospective design allowed participants the time to gain perspective on their needs throughout their recovery time. What survivors need may be different months and years after the assault compared with immediately after.

***Future directions***

In conclusion, this study was able to add to the very limited body of knowledge regarding SARC practice. Future research attempting to capture and explore the experiences of clients of sexual assault who choose to disengage from SARC services would be useful, as no such research findings currently exist. In relation to SARC policy and practice, the findings from this study highlight potential areas for development. For example, the importance of environmental and atmospheric factors should be considered in relation to meeting support needs, as should the location, discretion and accessibility of services.

Furthermore, potential problems associated the multi-agency nature of a practicing SARC, such as competing agendas and overstepping boundaries should be closely monitored for and identified at the earliest possible stage. Thus, remedial action could be taken at the first instance such as educating staff on their partner agencies priorities and responsibilities to ensure client support is not compromised. Finally, the findings from this study recommend the continued use and development of the ISVA role in supporting adult clients of sexual assault.

**Disclosure statement**

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**Table 1: Topic areas of participant interviews**

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| 1. Participants initial impressions of the centre and its staff. |
| 2. The specific ISVA service. |
| 3. Participants support needs, perceptions and experiences of the service provided and recommendations were explored, |
| 4. Participants perceptions and experiences of fair treatment, giving feedback and making complaints. |
| 5. Participants views on the important considerations for setting up a new SARC and any other final comments. |