



Different yet complementary: Two approaches to supporting victims of sexual violence in the UK

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Abstract

This article explores the strengths and limitations of two different types of settings that provide specialist support to victims of sexual violence in the UK: Sexual Assault Referral Centres (SARCs) and voluntary sector organizations such as Rape Crisis. Qualitative data from six case study sites and quantitative data from 35 sexual violence projects in England and Wales revealed that the type of setting affected the types of referrals received and this, in turn, shaped the services required by victims and thus the nature of the work performed. Consequently, each type of project had different emphases in their workload with which they were particularly well equipped to handle. Each type also had its own unique challenges; for example, while there were notable benefits from delivering support in partnership models, such as SARCs, their affiliation with statutory partners was perceived by some as a disadvantage, especially for those seeking support in relation to historical sexual abuse. On the other hand, those delivering support in voluntary sector projects had to work harder to establish and maintain relationships with other agencies, but their independence was seen to be greater and this was perceived as a strength for gaining access to victims and maintaining their confidence. Both approaches had notable benefits and, given the diverse array of sexual violence victims in any given area, providing these two different, yet complementary, approaches to supporting them is recommended.

Keywords

advocacy, multi-agency work, Rape Crisis, SARC, sexual violence, victims

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Introduction

Over the last few years, the UK Government has recognized the need to 'increase access to support and health services for victims of sexual violence and abuse' (Home Office, 2007) and very recently re-stated the need to 'improve our response to sexual violence overall and how we support the provision of services to victims of sexual violence to ensure they have access to adequate support' (HM Government, 2011a: 15). Consequently, the contemporary landscape of service provision for victims of sexual violence is quite different from that of even a few years ago. It is no longer the case that the *only* support services for victims are found in community-based voluntary sector organizations, such as Rape Crisis. Sexual Assault Referral Centres (SARCs) are now available in many areas to facilitate additional support to victims of sexual violence. A SARC aims to provide an accessible, multi-agency, forensically secure, one-stop-shop provision for victims.¹ Similar programmes, known as SARTs (Sexual Assault Response Teams), have been set up in the USA (Cole, 2011). The first SARC was established in Manchester in 1986, and they have since become 'the largest expansion of statutory services for victims of rape in contemporary history' (Lovett et al., 2004: vii).

Consequently, attention to sexual violence at local, regional and national levels of government has increased, as has the level and range of services available, although, as will be seen in this article, perhaps not to the extent wished for by those providing direct services to the women, men and children affected by sexual violence. The study presented in this article examines the strengths and limitations of two different types of settings: Sexual Assault Referral Centres (SARCs) and other projects located in the voluntary sector² that provide specialist support to victims of sexual violence. Ultimately, our evidence suggests that these two approaches provide different, yet complementary, responses to the many types of victims requiring support, and thus both are needed if the British approach is to be considered both adequate and comprehensive.

Literature Review

Responding to need

Recent changes in service provision for victims of sexual violence are a direct response to the unremitting negative attention given to the performance of criminal justice agencies in dealing with offences of rape and sexual violence in recent years (HM Government, 2010). For example, it was noted in the Government's *Action Plan for Tackling Violence, 2008–11*:

While the number of rapes reported to the police and recorded has increased substantially over recent years, there has been barely any increase in the number of convictions. The conviction rate is less than 6% for recorded offences of rape, significantly lower than for other serious violence offences, which is approximately 14%. (HM Government, 2008: 14)

There are a number of factors that make rape cases difficult to progress successfully through the criminal justice system (for a summary see, for example, Feist et al., 2007; Kelly et al., 2005). A common factor identified in research is the high rate of attrition, with most cases being lost at the reporting or investigation stages because victims do not

want to proceed. This may be due to a lack of trust in agencies, shame and embarrassment, fear of not being believed or feeling a conviction is unlikely and/or fear of and intimidation from the perpetrator (Belknap, 2011; Feist et al., 2007; Kelly et al., 2005; Robinson et al., 2011). Evidently, such considerations are still clearly warranted today given the recent failings of the London Metropolitan Police in two separate serial rape cases (John Worboys and Kirk Reid). In both cases, the victims were routinely disbelieved and their evidence discredited, indicating that even a large police force that has pioneered much good practice in the investigation of sexual offences can still fail to give victims proper information or support (HM Government, 2010).

Such poor treatment by the police (and other statutory agencies, for example, health) clearly fails to provide a victim-centred approach (Martin, 2005). Indeed, there is ample research supporting the notion that their handling of such cases often ‘re-victimizes’ victims and has thus been referred to as ‘the second assault’ (Campbell, 1998; Campbell, 2005; Campbell and Raja, 1999; Konradi, 1996; Maier, 2008; Martin, 2005; Williams and Holmes, 1981). Certainly our understanding of the consequences of sexual violence shows us that victims ‘live and relive the event’ (Martin, 2005: 3) to the extent that their lives can be defined as a traumatic on-going survival process (Jordan, 2008). It therefore becomes imperative that victims receive *responsive* treatment, where *their* needs are prioritized (HM Government, 2010) in order to help make the transition from victim to survivor (Campbell et al., 2001; Konradi and Burger, 2000).

Models of service provision

Concern over existing practice has changed the range and type of support available to victims of sexual violence. Most notably, there has been the introduction and expansion of Sexual Assault Referral Centres (SARCs) to provide a range of immediate, short- and longer-term support and assistance to victims of sexual violence. Over the same period, however, there has not been a similar development and support of specialist rape and sexual violence services located in the voluntary/third sector, prompting concern over the long-term organizational and financial stability of these projects. Both of these models are discussed in more detail below.

The SARC model of providing assistance to victims of sexual violence promotes partnership working, across relevant agencies, in responding to victims. This ‘one-stop-shop’ model of service provision attempts to counteract criticism highlighted by criminal justice inspectorates and the media (HM Government, 2010; HMIC and HMCPSI, 2007) by acknowledging the importance of multi-agency partnerships and collaborative efforts with respect to improving criminal justice performance.³ For example, SARCs involve a partnership approach between the police and health services, and good liaison with other statutory and voluntary agencies in order to provide better support and care to victims (Lovett et al., 2004; Robinson et al., 2008). This in turn is expected to improve their confidence and subsequently their participation with the Criminal Justice System (CJS). There are currently 29 SARCs in operation throughout England and Wales, and the Government has committed to having one in every police force area by 2011, which would bring the number to 43 (HM Government, 2008).

While the SARC model has been adopted by the Home Office to provide assistance to victims of sexual violence, there are of course other projects that provide services to

victims. These are community-based, voluntary sector organizations that have historically offered women-only services, such as Rape Crisis Centres (Jones and Cook, 2008). These projects tend to support women who have been raped or suffered sexual abuse from men known to them, perhaps some time ago, and which may not have been reported to the authorities. In contrast to SARCs they are not formally affiliated with police or other statutory services (although they may work in partnership with such agencies). Like SARCs, however, they are premised on the idea of believing women and respecting their confidentiality and autonomy (Jones and Cook, 2008; Robinson et al., 2008). The important role played by voluntary projects such as Rape Crisis in helping victims overcome the trauma of sexual violence, and in getting sexual violence recognized as a significant social problem, cannot be overstated. Indeed, they can be seen to have laid a foundation of professional and impactful service provision that has informed the ideological and operational principles of SARCs. In recent years the number of Rape Crisis Centres in England and Wales has declined (from a high of 68 in 1984, to 50 in 1997 and 38 in 2008; see Jones and Cook, 2008; Women's Resource Centre (WRC), 2008). Perhaps even more worrisome has been the lack of long-term funding to maintain stability in this sector, a problem exacerbated by the introduction of SARCs, which can increase the number of referrals received by voluntary projects in a particular area (Survivors Trust, 2010).

Promoting advocacy: The role of ISVAs

Along with the expansion of SARCs, there also has been an increasing recognition of the importance of providing advocacy and support to victims of sexual violence (HM Government, 2010, 2011a, 2011b). This stemmed from mounting evidence showing the effectiveness of providing victim advocates within other settings (Cook et al., 2004; Howarth et al., 2009; Parmar et al., 2005; Robinson, 2003, 2006; Sullivan, 1991; Sullivan and Bybee, 1999; Vallely et al., 2005), for example Independent Domestic Violence Advisors (IDVAs), and resulted in the Home Office's decision to provide funding and assistance to test the utility of a new type of specialist support worker to assist victims of sexual violence: the Independent Sexual Violence Advisor (ISVA). Drawing on the IDVA model of service provision, ISVAs provide individual victims with information, advice, support and guidance that is specifically tailored to their needs as *victims* of crime. For example, ISVAs are expected to provide crisis intervention and non-therapeutic support from time of referral, information and assistance through the CJS if requested; provide other types of practical help and advice; and, work with partner agencies to ensure co-ordinated service planning on behalf of individual victims. Their remit is to help victims make the transition to survivor, independent of any other organizational mandates (Robinson, 2009). However, while their priority is to attend to the needs of the victim, there is the expectation that the support they offer will reduce their fear and uncertainty over the criminal justice process and encourage their participation. Since 2006, ISVAs have been viewed as key workers in both SARCs and voluntary sector projects.

Methods

This article draws upon data from a larger study looking at how ISVA services were implemented in SARCs and voluntary projects (see Robinson, 2009).⁴ Information from

interviews and visits in six case study sites between October 2007 and March 2008 was analysed to compare the advantages and limitations of delivering support to victims of sexual violence in different workplace settings. The six sites were chosen to provide a range of different locations and contexts with which to study the delivery of support to victims of sexual violence. This included three SARCs and three voluntary projects:

- Sites 1 and 2: SARCs with specialist support workers (ISVAs);
- Sites 3 and 4: Voluntary projects with specialist support workers (ISVAs);
- Site 5: A SARC without ISVAs; and,
- Site 6: A voluntary project without ISVAs.

A total of 93 interviews were conducted with workers in sexual violence projects (SVPs); referral/partner agencies (RPAs); and victims/survivors of sexual violence (VS). Direct quotations from the interviews are denoted as 'SVP', 'RPA' or 'VS', followed by the site number (e.g. RPA2).

While the qualitative aspect of this research attempted to provide several important contrasts (e.g. SARC versus voluntary project), these were made across a very small sample of projects. Given that the total number of sexual violence projects in England and Wales exceeds 100, it is acknowledged that this is a small number of case studies, and one that does not encompass all of the different services and models of advocacy that are operational in the UK, or indeed that may be possible.

The qualitative data were therefore complemented by quantitative monitoring data from 35 sexual violence projects in England and Wales (including the six case study sites). This was used to give an indication of the types of clients being referred to SARCs and voluntary sector projects, and from where; the nature of the offences committed against them; the services provided in SARCs, the services provided by ISVAs in voluntary projects; and criminal justice outcome information. Unfortunately, the data were not equally distributed between SARCs and voluntary projects as eight of the 35 projects were SARCs yet these accounted for 51 per cent ($n = 2800$) of the 5525 cases available for analysis. This was predominantly due to the recording practices in both settings as well a higher annual caseload within the SARCs studied (see Robinson, 2009).

A further limitation of the data was that they only reflected the most recent incident suffered by a victim, and not all of the incidents in a victim's history which were being addressed by the SARC/voluntary project. No information about the outcomes from accessing these services was included, other than criminal justice outcomes. The data collection forms could not therefore give a sense of the level of emotional support or the broader range of 'practical assistance' provided to individual victims receiving support from the projects.

National Overview

Despite the limitations outlined above, the quantitative monitoring data are helpful in providing a national picture of how the two settings differ. The differences between the two settings are quite pronounced in terms of the characteristics of victims seeking support, types of offences and the source of referrals (see Table 1).

The demographic profile of victims receiving support can be summarized as white females, generally young, capable of speaking English, with few disabilities. This profile

Table 1. Clients and sources of referrals, by type of setting

Total cases	Vol. projects N=2725	SARCs N=2800	All projects N=5525
<i>Client demographics</i>			
Female	95% (n=2558)	94% (n=2602)	94% (n=5160)
21 or younger	28% (n=682)	56% (n=1553)	43% (n=2235)
Black or minority ethnic	11% (n=250)	12% (n=306)	10% (n=556)
English language difficulties	3% (n=80)	2% (n=52)	2% (n=132)
Disability (any type)	13% (n=253)	13% (n=338)	12% (n=591)
<i>Characteristics of offences</i>			
Location of offence			
Domestic	72% (n=1502)	53% (n=1292)	53% (n=2794)
Public places	20% (n=417)	47% (n=818)	24% (n=1235)
Multiple perpetrators	15% (n=350)	12% (n=295)	12% (n=645)
Type of perpetrator			
Stranger	16% (n=368)	33% (n=820)	23% (n=1188)
Acquaintance	31% (n=705)	40% (n=974)	32% (n=1679)
Ex-partner or partner	24% (n=550)	16% (n=403)	18% (n=953)
Family member	24% (n=540)	9% (n=215)	15% (n=755)
<i>Source of client referrals</i>			
Police/criminal justice	19% (n=504)	80% (n=2204)	50% (n=2708)
Health	15% (n=391)	2% (n=61)	8% (n=452)
Voluntary/charity	24% (n=631)	2% (n=48)	13% (n=679)
Self-referrals	25% (n=655)	11% (n=293)	17% (n=948)

is similar across voluntary projects and SARCs, with the exception of age. SARCs generally had a younger client base than the voluntary projects (56 per cent and 28 per cent younger than 21, respectively). Furthermore, the majority of cases reported to SARCs were committed by strangers and acquaintances (73 per cent combined, compared to 47 per cent in voluntary projects), whereas more incidents committed by relatives, partners and ex-partners were reported to voluntary projects (48 per cent combined, compared to 25 per cent in SARCs). Voluntary projects also had a more even spread of referrals across the four main referral sources (police/CJS, health, voluntary/charity, self), whereas SARCs had the highest proportion coming from police/CJS (80 per cent). This is likely to be due to SARCs' affiliation with, and funding from police. Another notable difference is that voluntary projects had twice the level of self-referrals compared to SARCs (25 per cent compared to 11 per cent).

Although comparisons are difficult due to missing data, we know from the case studies that Sites 3 and 4 (both voluntary sector projects) saw a much higher figure of 'historical' incidents (offences that occurred during childhood accounted for 38 per cent and 42 per cent of their client bases, respectively) than did Site 2, a SARC (16 per cent). This was not able to be assessed in the national monitoring data but is likely to be different across settings nationwide. The implications in relation to the services offered to victims of sexual violence will be discussed later.

Table 2 provides the criminal justice information from the national monitoring data, revealing that a much higher proportion of cases in SARCs were reported to the police (77 per cent, or 92 per cent excluding missing data). This is perhaps the consequence of the police being the main source of referrals to SARCs. Although conviction rates are remarkably similar across both types of settings when viewed as a proportion of cases charged (27 per cent versus 28 per cent), voluntary projects have a higher conviction rate as a proportion of cases reported to police (10 per cent versus 2 per cent). Looking at the data in terms of case progression within the two types of setting reveals that, *on average*, 39 cases were reported to each voluntary project, 14 of these resulted in charges and four convictions were obtained. In comparison, the average SARC reported 269 cases to police which resulted in 15 charges and four convictions. SARCs therefore facilitate more offences coming to police attention, although many of these do not result in successful outcomes (from a criminal justice perspective). Conversely, it would seem that voluntary projects are more selective in their reporting, but the ones that do get reported are more likely to result in convictions. This type of analysis masks substantial variation within both types of settings so we hesitate to draw firm conclusions about how the type of setting may or may not impact on criminal justice case progression.⁵ Furthermore, it is unwise to equate criminal justice performance measures as indicative of success from a victim's point of view (e.g. maybe having the courage to report the case was 'enough' for one victim, whereas another might be disappointed the case did not go to trial, etc.).

In the next section, information from the case studies is used to describe the support delivered to victims of sexual violence that accessed the different sites, highlighting first the main differences in the two approaches, followed by benefits and challenges that they share as specialist service providers to victims of sexual violence.

Table 2. Criminal justice information, by type of setting

Total cases	Vol. projects N=2725	SARCs N=2800	All projects N=5525
<i>Criminal justice information</i>			
Reported to police	39% (n=1063)	77% (n=2149)	58% (n=3212)
Police classification			
Detected/charged	37% of 1063 (n=390)	6% of 2149 (n=119)	16% of 3212 (n=509)
Unknown	12% of 1063 (n=126)	79% of 2149 (n=1701)	57% of 3212 (n=1827)
Court outcome			
Convictions (% of charged)	27% of 390 (n=104)	28% of 119 (n=33)	27% of 509 (n=137)
Convictions (% of reported)	10% of 1063 (n=104)	2% of 2149 (n=33)	4% of 3212 (n=137)
Unknown	13% of 390 (n=50)	20% of 119 (n=24)	15% of 509 (n=74)

The SARC Model of Service Provision

As stated previously, SARCs are a partnership model of service provision which aim to co-ordinate medical, legal and advocacy arrangements for victims under one roof. Since their introduction in 2006, ISVAs are the central point of contact for victims accessing services within SARCs, as they co-ordinate the different services required on their behalf. SARCs can be based within different settings (e.g. police, hospital or other locations that are not part of statutory services), but they are closely aligned with police and health and tend to be based in these types of locations. This is reflected in the staffing contingent at SARCs, which typically includes staff seconded from health (e.g. doctors to conduct forensic medical exams (FMEs)), specially trained police (e.g. Sexual Offences Liaison Officers (SOLOs)) as well as other specialist workers (e.g. ISVAs or counsellors).

In contrast to the national picture, the three SARCs in this study are based in discreet residential locations (although Site 5 has two sites, one in a residential area and the other in a hospital). Two are managed by charitable voluntary sector organizations (Sites 1 and 2) while the other is managed by the police (Site 5). Sites 1 and 2 employ ISVAs. Site 5 does not employ any ISVAs, but instead has counsellors and a Case Tracking Co-ordinator (CTC).⁶

Previous research has documented a number of advantages to delivering services for victims of sexual violence within SARCs leading to the Government's current plan to implement them nationally. For example, in the study of three SARCs (and three comparison areas without SARCs) conducted by Lovett et al. (2004) it was shown that

SARCs increase access to services and support in a significant number of cases and importantly among those who do not report rape to the police (due to the possibility of self-referral). While our data clearly show that a number of victims accessed support from SARCS by self-referral, the voluntary projects had twice this level. This could be attributed to the higher number of historical abuse cases dealt with by the voluntary projects. Given the predominance of police/criminal justice referrals to SARCs, the key advantage of this approach is to provide a location for delivering advocacy and support to victims that might not otherwise receive it. Furthermore, SARCs provide victims who have self-referred, and who might be considering reporting a rape, the option to talk to specialist police officers anonymously before deciding what to do.

Further advantages of SARCS discussed by Lovett et al. (2004) included a higher proportion of cases resulting in examinations and the provision of a range of immediate, short- and longer-term support options to victims. Research has indicated that victims accessing SARCs particularly value the automatic provision of female examiners and support staff; proactive follow-up support; case tracking; advocacy; and easy access through the telephone to advice and information (Lovett et al., 2004; Robinson et al., 2009). The comments made by respondents in our research reinforce many of these findings, particularly on the ability of SARCs to produce a model of service delivery that enables a wide range of services to be successfully co-ordinated under one roof. Importantly, they provide an interface between two large, bureaucratic systems: health and criminal justice.

Notably, respondents working in the SARC, as well as those from partner agencies, felt that SARCs were not simply putting 'old services into a new building', but actually delivering a different, improved experience for victims. In addition, SARCs, like multi-agency risk assessment conferences (MARACs) for domestic violence,⁷ were seen by respondents to be effective mechanisms for getting partnership work started, or enhanced, around sexual violence (Robinson et al., 2008). The sustained and pronounced participation from members of the health service in SARCs is evidence of SARCs facilitating a more 'joined up' approach across relevant systems. This affiliation or indeed integration with statutory partners means that referral routes were clearer in sites operating a SARC, as the quotation below from staff working in the SARC in Site 5 illustrates:

P62 (SVP5): But what works well is if somebody's being referred in through a police process by a SOLO [Sexual Offences Liaison Officer], if that SOLO officer can actually bring them here for that very first appointment, it makes it so much easier for the client as ... making that first step is the hardest. And that does work very well. And I suppose from the victim's point of view it demonstrates the police commitment and the police support to the whole process as well.

The participation of statutory services is essential for the delivery of the SARC model, given what SARCs aim to achieve, and indeed many SARCs receive funding and/or are managed by statutory services (usually police or health). However, staff (including ISVAs) working in the three SARCs studied here commented on the usefulness of *not* being physically based within statutory settings:

P18 (SVP2): I think the fact that ISVAs are independent from those agencies is really important ... because the clients don't associate them with those agencies ... so if you were to have an ISVA based in hospital or police station it is likely that their duties would get pulled into other directions, whereas being based in agencies like ours it is easier to resist.

P63 (SVP5): ... personally I would suggest the best place for an ISVA to be set would be not within police, health or any other big organization [but in a] charitable organization certainly within a setting where that person would have the power to help challenge the local authority and police and all of those big, big organizations.

In summary, the key advantage of SARCs is that services are delivered in a setting that has an inherent multi-agency approach combining the different and complementary strengths of voluntary and statutory agencies into one model of service delivery. Respondents in the SARCs studied here commended the fact that, although they may have close working relationships with statutory agencies, they were *not* housed within statutory settings, as this was felt to have negative implications for their ability to be perceived as independent and to challenge the practice of their statutory partners.

The Voluntary Sector Model of Service Provision

Voluntary charitable organizations tend not to be formally affiliated with police or other statutory services, and therefore are not as aligned with criminal justice services compared to SARCs. This is apparent in their referral sources (nationally, less than one in five referrals to a voluntary project come from police or criminal justice agencies; see Table 1). The staffing contingent of voluntary projects tends to be smaller compared to SARCs, and some operate with the use of volunteers.⁸ As discussed previously, their historical legacy is different in that they emerged from a grassroots movement to provide specialist services to victims of sexual violence, whereas SARCs are a government-led initiative that came later. Of the three voluntary projects studied here, two employed ISVAs (Sites 3 and 4) and one (Site 6) did not. These sites provide a comparison in terms of how a less statutory-affiliated organizational context affects the support provided to victims of sexual violence.

The key difference to emerge from the qualitative data was the variation in the level to which voluntary sector projects were engaged with other local agencies. Crucially, the voluntary sector projects who employed ISVAs (Sites 3 and 4) felt that having an ISVA in post had raised their ability to engage with, and influence, partner agencies. This was accomplished with a lot of time and effort invested into activities such as attending meetings, making presentations and generally making themselves known to partner agencies:

P28 (SVP3): So I think the ISVA project has been fantastic for us and it has been a lever in gaining credibility and to actually be commissioned [on] what we provide ... I think before we launched this ISVA project we were very inward thinking as an agency ourselves ... now I think there is much more of a framework for sharing information so we are up front and honest about who our clients are, what we're doing with them and we liaise more with external agencies.

Maintaining effective referral processes and working relationships is essential for the delivery of support to victims. Despite the 'boost' given to the local standing of voluntary projects employing ISVAs, they were still clearly working in multi-agency partnerships on sexual violence that seemed less established than those study areas with SARCs. Operationally, this can cause difficulties, for example with referrals. Unlike those working in SARCs, some respondents from the voluntary sector projects felt that their referral routes with police could be improved, as there was concern that not all potential victims were being referred to their projects:

P27 (SVP3): There are still huge gaps where police officers do not tell people about us ... And people get referred to us quite late. So they might, if the doctor doesn't know about us, they'd refer them to the mental health services, they might wait months and then finally get an appointment and then get sent to us. I think it's people's lack of awareness of what's available for their client group really. So the right people aren't being made aware of our service.

These concerns were echoed by partner agencies working with voluntary sector projects, some of whom voiced a need for more formalized referrals structures. Compared to SARCs, where police are actually embedded into the model of service delivery, the voluntary projects seemed to struggle to get consistent referrals:

P32 (RPA3): I'd like to see in the police force [for] any type of offence like that ... having a standard tick box or a standard assessment of referring to the ISVA. That needs to be done so that they do get all the type of offences rather than a mismatch of people who know about them referring.

The separateness of voluntary projects, while perhaps causing problems such as those discussed above with referrals, at the same time enabled them to have a degree of independence that was highly valued by respondents. Their independence from statutory partners was viewed as *the* key benefit of providing victim support within the voluntary sector, which was, on the whole, seen to be more aligned with victims' needs than the statutory sector. Voluntary projects were seen to provide a space where victims could tell their story without fear of judgement: 'I don't think people feel judged by coming here, I think people feel accepted, and they might not feel that in a mainstream service [like SARCs]' (P27 (SVP3)). For this very reason, some respondents from partner agencies also perceived a greater willingness from victims to access services from a voluntary rather than statutory agency:

P37 (RPA3): Because they are a voluntary agency, it gives them a different standing in the community. The statutory agencies are always seen as part of the machine if you like, whereas a voluntary agency will always be seen as much more of a service I think. I think people are much more likely to approach a voluntary agency in a time of need rather than an establishment organization.

Respondents from the voluntary sector projects felt strongly that it was necessary to have independence from statutory partners (e.g. police and health) if there was to be effective delivery of services to victims of sexual violence. Primarily because it was felt

that victims were more likely to self-refer to voluntary sector organizations (and indeed, the national monitoring data indicate a higher proportion of self-referrals to voluntary projects, as shown in Table 1), these settings were often perceived by respondents as more independent than SARCs. Furthermore, those working in SARCs recognized that they had to work harder to gain victims' confidence given their alliance with statutory services:

P1 (SVP1): I think as well because we work with two strong statutory bodies, being health and police, I think that they were very wary of us first of all. Because we hear a lot of complaints [from] people that don't think that they've been treated the way that they should have been either by a doctor or by the police. And we can only learn by sharing that information and then growing from it, so taking it as constructive criticism.

It is important to note that these assertions about the lesser independence of SARCs should be substantiated with further research, especially research accessing the opinions of victims on this matter. Even if true, as SARCs become more established in some communities, and continue to employ workers whose key function is to provide independent support and advice to victims of sexual violence (ISVAs), this distinction between the settings is likely to fade over time.

Shared Benefits: Multi-Agency Partnership Working

One commonality across all of the sites, both SARCs and voluntary projects and regardless of whether they employed ISVAs, was the great value placed on taking a multi-agency approach to helping victims of sexual violence:

P72 (RPA5): I guess partnership working would be key ... because we have such a cohesive communication strategy with paediatricians, social workers, children and adults services, probation, Crown Prosecution Service, the voluntary agencies. If any agency saw that there was some kind of problem or had an issue or needed to discuss an issue, they would know exactly who to phone up to, and we would resolve things together.

P87 (SVP6): I think that probably one of the things that I've discovered is [how] important networking with other organizations [is] ... more networking and more contact between the organizations is very helpful.

There were many examples of working arrangements that improved multi-agency practice around sexual violence. One example of particularly good practice from a SARC was the implementation of formal arrangements whereby performance was regularly reviewed, enabling partners across agencies (e.g. the Crown Prosecution Service (CPS), police, staff at SARC) to discuss and learn from the cases with which they had been involved. The meetings provided a chance for on-going learning, where partners also could reinforce good working relationships and spot problematic issues early on. As a result of these efforts, sites were beginning to experience the benefits of engaging in multi-agency dialogue in ensuring that the victims' perspectives were kept at the centre of operational practices.

The sites that employed ISVAs benefitted from their ability to deliver institutional advocacy to their multi-agency partners. Institutional advocacy refers to providing support and advice to institutions rather than to individuals and is viewed as a key aspect of the ISVA role. It is the process by which partners in multi-agency initiatives learn and improve their practice. Theoretically, ISVAs are uniquely placed to deliver this service because they have experience working within and across different agencies as they co-ordinate services on behalf of victims. For example, the following quotation, from a police officer, clearly demonstrates the unique service that the ISVA can provide in facilitating multi-agency partnership work:

P21 (RPA2): To me it's wonderful, because I can refer people to [ISVA] and she's then got links through agencies that she partners in, where she can help clients out with all sorts of things, from housing matters, all sorts of complicated things that previously we were trying to do ... And by having [ISVA] now it's made things so much better both for us and for the clients, without any shadow of a doubt.

In summary, although partnership work was valued across all settings, it was more firmly in place in those areas with SARC. Furthermore, regardless of the type of setting, ISVAs helped facilitate better partnership work by virtue of the co-ordinating and liaising function of their role.

Shared Concerns: Raising the Sexual Violence Agenda

A challenge raised by many respondents working within the different projects and in referral agencies was the perceived 'newness' of local multi-agency work on sexual violence. While they recognized that there had been progress making sexual violence more apparent at a national level (e.g. the Sexual Offences Act 2003, the Government's *Action Plan on Sexual Violence and Abuse* (Home Office, 2007) and *Action Plan for Tackling Violence 2008–11* (HM Government, 2008), more funding for SARC and ISVAs, etc.), they also believed that there was still much work to be done at integrating sexual violence into local efforts to address crime and disorder.

Staff in both SARC and voluntary projects were willing to undertake this work to try and raise the 'sexual violence agenda' in their local areas. Despite these efforts, a widespread belief remained among those working in the six areas studied here that there was a relative lack of attention to sexual violence – from partner agencies, government, the public – and this impacted on the ability to secure funding, negotiate with partner agencies and also maintain adequate staff (and their morale). In addition, respondents felt that it was difficult to make headway on the 'sexual violence agenda' when staff in partner agencies moved out of post quickly. The need for *all* sexual violence projects (both SARC and voluntary) to become more visible in the multi-agency arena was also commented upon by partner agencies:

P54 (SVP4): Because we're in the voluntary sector, and we're seen as like a charity, I think their understanding of what we do is minimal. We do open days, and stuff like that to get agencies in to get a better understanding, but then like [ISVA] said they move on so rapidly, it's

not helpful, so you're continually getting someone there and they've got that understanding and then they move on and then you have to start again.

An important contributing factor was the lack of strategic direction across the sites on sexual violence, meaning that the local infrastructures were often not in place to enable the recognition of ISVAs' expertise around sexual violence. For example, of the six case study sites, only one (Site 1, a SARC) had the work of ISVAs included in local strategic plans. The other SARC with ISVAs (Site 2) was making progress on this, as the quotation below indicates. In the two voluntary sector projects (Sites 3 and 4) that employed ISVAs these were not included. Although there is much national guidance, local Crime and Disorder Reduction Partnership (CDRPs) set their own locally driven priorities and it is apparent that, to date, they may not be prioritizing sexual violence in the way that many respondents (working in both SARC and voluntary settings) hoped for:

P17 (SVP2): We are on a meeting called the Serious Sexual Violence meeting locally, which came about as a result of the cross-government action plan. And as a result of that we're trying to get the ISVA onto the agenda of the CDRP and Local Criminal Justice Board. And so far the LCJB have been quite receptive to that, and we're working with them to try and fit the ISVA into what they need to achieve, and it does fit quite well. The CDRP is a different matter, because they have different Performance Indicators which don't reflect as much the ISVA work, so they have their indicators that they are meant to work towards, and that's where all their money goes. And because there's nothing specific around sexual violence, then that's why we're struggling to get the ISVA onto their agenda.

There was an often-expressed concern from respondents (especially in the projects but also from partner agencies) that sexual violence, unlike domestic violence, was not on 'the agenda' to the same extent, resulting in the view that much of their work was 'below the radar' of other involved agencies. Lovett et al. (2004) also found that, in comparison to domestic violence, inter-agency links on sexual violence were minimal.

P59 (RPA4): ... domestic violence services tend to be ahead of sexual violence service on the agenda, because it's something that's more familiar to the public, people understand what you're talking about when you talk about domestic violence. I think issues relating to sexual violence just are not so comfortable, and therefore not talked about so much, and therefore have a lower profile generally.

All six study sites had links with local domestic violence agencies. Through activities such as being members of local domestic violence fora and participating in multi-agency interventions for domestic violence (e.g. MARACs), respondents were very aware of what was 'going on' in the domestic violence sector, which was considered to be a higher level of engagement with the issue and more established multi-agency working than in the sexual violence sector. For example, in the absence of a SARC, good working relationships with police were noted by agency staff who participated in MARACs. Therefore the key lesson felt to be learned from the domestic violence sector was the ability of genuine, regular multi-agency partnership working to 'raise the profile' of sexual violence across agencies, thereby improving performance:

P31 (SVP3): I've heard some other stories where the police aren't interested, but in [city] I feel that we're lucky. I have quite a good relationship with the police there. I think that possibly because I sit on the MARAC. The barriers should be broken down and I think the way to do that is for us all liaising with each other for the good of the survivor.

Finally, despite the noticeable improvements in service delivery in many areas, there were still parts of the population felt to be neglected by the current arrangements. When asked about remaining gaps in service provision, the vast majority of respondents immediately mentioned services for children and young people experiencing sexual violence. Of the six sites, only one (a SARC) could be said to provide its services to nearly all children (three years and over). As a result, even in areas with very 'joined up' working on behalf of adult victims, there was a sense that the worst, most inconsistent services were being reserved for the most vulnerable – children and young people.

Conclusion

The aim of this study was to describe the advantages and limitations of delivering support to victims of sexual violence in two different settings: Sexual Assault Referral Centres (SARCs) and projects located in the voluntary sector such as Rape Crisis. Yet in our analytical focus on the differences across sites we must not lose sight of their shared values and concerns as projects with an exclusive focus on supporting victims of sexual violence. Respondents in every site were passionately committed to the work they were undertaking and strongly believed that the services they provided were of great benefit both to individual victims and the agencies with which they worked on a regular basis. Those working in both SARCs and voluntary projects shared a belief that multi-agency partnership work is the way forward in terms of overcoming past failures and providing a better, more comprehensive response to the needs of victims and survivors of sexual violence. However, despite these inroads, the level of multi-agency engagement differentiated the two settings, with each having varying degrees of experience and engagement in multi-agency working. Because productive working relationships with partner agencies are required to enable effective and appropriate service provision to victims, it is imperative that, regardless of the approach taken, this type of work is prioritized and maintained.

Respondents across the sites were also similarly concerned over the relative lack of attention paid to sexual violence by local and national government, and felt that specialist services were in a continual state of jeopardy in terms of funding. The newness of multi-agency work in this area was felt by many, and it seemed to be exacerbated by turnover from staff in key partner agencies. While successful multi-agency working on domestic violence provided a useful example for the continuation of these efforts, it was felt that more needs to be done to ensure that *all* victims of sexual violence receive adequate levels of support.

Our research suggests these two approaches complement each other, as each has different strengths and limitations. First, it was identified that the two settings have very different referral sources. For example, although SARCs may be based in different types of locations, as this research has highlighted they are more closely aligned to statutory

services as a result of their funding and nationally eight out of every 10 referrals to SARCs come from police or criminal justice agencies. In contrast, voluntary projects had a more even spread of referrals from the various sources and, importantly, they had twice the level of self-referrals compared to SARCs. Because of their close affiliation with police in particular, SARCs were often perceived by some respondents as less independent than voluntary projects.

As we stated previously, the veracity of this assertion needs to be empirically tested as there is no evidence to suggest that, for example, the work of ISVAs is less victim-focused when it takes place in a SARC rather than a voluntary project. Given that the majority of respondents felt strongly that it was necessary to have independence from statutory partners if there was to be effective delivery of services to victims of sexual violence, yet were also very positive about SARCs, this issue requires further investigation. More research is required to confirm whether concern over the independence of SARCs is warranted and, if so, how their independence can be maintained. The perspectives of those working in different agencies need to be understood alongside longer-term trends of referrals to voluntary versus statutory services (including SARCs located in different types of settings), and especially the perceptions of victims themselves (e.g. what are their reasons for accessing a particular service and how does the 'independence issue' feature into this?).

Differences in referral sources are a likely explanation for the differences in the client bases for each of the two settings. Victims that accessed SARCs were more likely to be victims of recent, rather than historical, cases of sexual violence, and more likely to be assaulted by strangers and acquaintances. They were twice as likely to be assaulted in public places. In comparison, those accessing support from voluntary projects tended to be victimized in domestic locations by family members, partners or ex-partners. As a direct consequence of these differences, the services that victims require and receive in the projects are likely to be similarly affected. Such differences raise questions about the appropriate location of the different support roles, namely ISVAs and counsellors. To reiterate one of the main responsibilities and valued aspects of the ISVA role is to provide crisis intervention to victims following the abuse (Robinson, 2009). Consequently, while the work of an ISVA may be undertaken either in SARCs or in voluntary projects, it could be argued that ISVAs are best placed to work in SARCs to deal specifically with this client base. Likewise, it could be argued that counsellors are better suited to working in voluntary projects where they are able to respond to victims reporting historical sexual abuse. While these might be valid arguments, especially in times of economic frugality, the evidence from our research points to the utility for both settings to have available both of these key workers to provide support to victims.

Our research has described the different, yet complementary, nature of the two main approaches used to support victims of sexual violence in the UK. This is not to say that these are all the approaches that are possible, or even desirable. We would argue that – together – they represent the *minimum* that should be available to victims living in every area of the UK. The service needs of sexual violence victims in any local area will be diverse, and indeed could change over time for the same victim. A comprehensive strategy that is truly victim-focused will include many types of support (e.g. advocacy, counselling, criminal justice advice, practical assistance, medical attention, etc.), offered

in varied locations (e.g. residential, police, medical), by different personnel (e.g. ISVAs, counsellors, specialist police, forensic medical examiners, etc.). The Government's recently published Action Plan indicates a commitment to funding and expanding *both* of the approaches discussed here, as well as considering additional methods of providing support to victims of sexual violence (e.g. implementing MARACs for high-risk victims of rape and sexual assault) (HM Government, 2011c). It was pleasing to hear the Government's recent announcement in March 2011 for the funding of four new Rape Crisis Centres, in addition to the £10.5 million funding announced in January 2011 for existing Rape Crisis Centres. This will complement monies committed to fund the work of ISVAs working in either SARC or voluntary sector projects. We can only hope that these positive developments will translate into improved outcomes for individual victims and their families, and lead to reductions in the prevalence of sexual violence over time.

Notes

1. Please refer to the publication by the ACPO Rape Working Group *Sexual Assault Referral Centres (SARCs) Getting Started Guide* for an overview of the development and explanation of the service provision in SARCs. Available at: <http://police.homeoffice.gov.uk/publications/operational-policing/sarcs-getting-started>.
2. We use the term 'voluntary projects' to denote projects located in the voluntary/third sector. Although the three case study sites located in the voluntary sector were Rape Crisis Centres (RCCs), not all of the voluntary projects included in the monitoring data (27 out of 35) were RCCs. To avoid confusion we refer to 'voluntary sector projects' rather than RCCs throughout.
3. Lack of partnership working was cited as a key contributor to the criminal justice system's poor performance in the Government's *Without Consent* report (HMIC and HMCPSI, 2007), as this was deemed responsible for a lack of co-ordinated service provision to victims and high levels of attrition in these cases.
4. This study was funded by the Home Office (SRG/07/019). The views expressed here do not necessarily reflect Home Office policy.
5. For example, see Table C.9b, Appendix C from the original report (Robinson, 2009).
6. The distinction between these roles has been discussed in more detail in Robinson et al. (2011).
7. MARACs are multi-agency risk assessment conferences for very high-risk victims of domestic violence (see Robinson, 2006; Robinson and Tregidga, 2007).
8. Readers can refer to Table B.2 in Appendix B of the original report (Robinson, 2009). Furthermore, this is consistent with a recent report on RCCs published by the Women's Resource Centre (2008: 26).

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