



UK Guidance on Sexual Assault Interventions

**Recommendations to improve the standards
of policy and practice in the UK**



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Introduction

The Comparing Sexual Assault Interventions (COSAI) project was established with the aim of improving the effectiveness, appropriateness, and humanity of sexual assault services across Europe. The project has examined different models of intervention for female victims of sexual assault (aged 16 and over) and developed resources to build capacity and promote excellence, including a training programme for stakeholders that engage with victims of sexual assault and a service benchmarking and evaluation tool.

Based on information and experience gained throughout the project, this document provides a set of recommendations for the UK to better meet the immediate and long-term needs of victims and reduce re-victimisation. Compared with many European countries, the UK has made good progress in supporting victims of sexual assault through a focus on coordinated models of care. These recommendations aim to strengthen this work and have been developed through discussions at a stakeholder dialogue event at which project findings were shared. The event included representatives from the Department of Health, Sexual Assault Referral Centres (SARCs), forensic and medical services, psychosocial and practical services, criminal justice services, voluntary organisations and academia.

For further information on the COSAI project, including access to all resources, please visit the project website: www.cosai.eu.

Recommendations for sexual assault service provision in the UK

Recommendations are grouped into five key themes:

1. Education and awareness-raising

- Education and awareness-raising activities should be implemented to address the current lack of knowledge on specialist sexual assault services among key stakeholders, including healthcare professionals. Healthcare professionals should be trained by those with specialist knowledge and skills (e.g. Sexual Assault Referral Centre [SARC] workers) on how and where to refer victims of sexual assault and, where relevant, learning should be supported by visits to a SARC.
- An understanding of the types of injuries resulting from sexual assault and the possibility of victims presenting with none, some or all of these injuries should be emphasised in the training of those working within the criminal justice system.
- Marketing material raising awareness of specialist sexual assault services should be provided in a wide range of settings where women may disclose sexual violence (e.g. genitourinary medicine clinics, pharmacies, GP surgeries and workplaces) as well as locations such as student services, community centres and licensed premises.
- Awareness raising campaigns for women should focus on the choices available to victims within the SARC pathway (e.g. police involvement or no police involvement, criminal or civil prosecution).
- Education and awareness-raising activities should also focus on potential perpetrators of sexual violence, reinforcing the message that sexual violence is wrong and will be prosecuted by incorporating strong statements from the criminal justice system.

- Consideration should be given to the development of a national database of agencies and services that can assist victims of sexual assault, which would be managed, updated and shared by a central government agency.
- Education in schools should explore gender and relationship issues, address taboos around reporting or disclosing sexual assault, and introduce concepts such as consent and coercion. Programmes should focus on both the perpetrator and the victim, allowing young people to recognise when they are being sexually abused, but also when they may be committing a sexual offence. Positive bystander behaviours should also be encouraged.

2. *Standardisation and consistency of service provision*

- The wide geographical variation in sexual assault service provision needs to be addressed to ensure that all victims receive consistent high quality care and support. Service provision should therefore be routinely monitored to ensure any gaps in provision are identified.
- Appropriate national guidelines and standards should be developed that: apply to all aspects of service provision; are based on evidence; and are monitored and evaluated by one regulating body. These should detail a clear care pathway in which SARCs operate as the principle resource centre for all forms of sexual violence (regardless of when the assault took place) and are able to signpost victims and source additional care and support where necessary.
- To extend the consistent delivery of services, consideration could be given to the sub-regional management of specialist sexual assault services in non-SARC settings. Through such a system, established SARCs could co-ordinate provision of specialist sexual assault services via existing services in areas without a SARC.
- Consideration could also be given to establishing regional-level service coordination or leadership that draws on the human resources, skills and expertise of multiple SARCs within a given area. Joint rotas for forensic medical examiners, for example, could limit the deskilling of professionals who may otherwise conduct only a small number of examinations within their direct locality.
- Consideration should be given to the establishment of a Patient's Charter to inform victims of the services and support they can expect following sexual assault.
- Every victim of sexual assault should be assigned an Independent Sexual Violence Advisor (ISVA) to provide support and advice. This requires action to ensure reliable and on-going funding of ISVA services.
- A national helpline should be provided offering 24/7 crisis support and information by trained crisis workers.

3. *Improving police and legal services for victims of sexual assault*

- Strong partnership working between police and the Crown Prosecution Service (CPS) should be promoted to support the progress of sexual assault cases through the criminal justice system and ensure that victims' needs are balanced against the prosecution process. This may take the form of the co-location of specialist police and CPS staff to provide a joint sexual assault investigation team (e.g. as occurs in Merseyside).
- Consideration should be given to providing all victims of sexual assault with legal advocacy to assist them in progressing through the criminal justice system. Such a system using dedicated legal advocates should be piloted in collaboration with a SARC.
- All police officers and CJS personnel that come into contact with victims of sexual assault should be fully conversant with guidance for the treatment of victims of sexual assault and what support services can be provided. The wellbeing of the victim should remain the primary concern at all times.



4. *Research and information sharing*

- Anonymous intelligence on sexual assault cases should be shared between partners to enable the identification of trends in assaults and ‘hot spots’ for sexual violence and facilitate preventive work. For example, the repeat involvement of specific licensed premises in sexual assault cases would enable local partners to engage with premises to improve practice, protect customers and provide information about sexual assault and available services.
- Robust longitudinal research should be implemented as a priority to assess the efficacy of the SARC pathway and identify the cost effectiveness of sexual assault services.
- Research is also required to understand how and when to engage service users in research and service evaluations.
- Over-protective attitudes towards victims of sexual assault can act as barriers to research and evaluation and need to be addressed. Engaging victims in service evaluations will ultimately aid in the improvement and development of sexual assault services in the UK. If victims are not given the opportunity to take part in these evaluations, this could be to the detriment of the care and support that they and other victims receive in future. Victims should therefore be free to make their own choices about participating in research and services that receive public funding to provide sexual assault services should be encouraged to engage in research and evaluation.

5. *Special populations*

- Special attention should focus on engaging with certain population groups, including sex workers, the lesbian, gay, bisexual and transgender community, foreign students, ethnic minorities, people with disabilities, learning difficulties and mental health issues, and young people. These groups should receive specialist aftercare services, such as specialist ISVAs.
- Important consideration should be given to the needs of 16-18 year olds who can require different care pathways to adult victims.

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