




Centre of concern

The Government pledged £4 million last month to help improve services for victims of sexual assault. A high proportion of the funding will go towards supporting and increasing the work of Sexual Assault Referral Centres (SARCs). Helen Gilbert reports on a centre in Lancashire already working closely with the police.

 Home Office research shows that out of 11,766 allegations of rape made in 2002, there were just 655 convictions.

The gap between the number of reported rapes and the low number of conviction rates has increased and police forces are trying to encourage victims to come forward by providing better care for those who may have undergone horrific attacks.

Carolyn Barrett, is the manager of the Preston-based Lancashire SAFE (Sexual Assault Forensic Examination) Centre and has just discovered she will be able to appoint a full time forensic nurse due to a £20,000 grant from the Home Office.

The investment forms part of

a wider Government agenda to set up and develop more Sexual Assault Referral Centres, commonly known as SARCs, across England and Wales (see box). The aim is to provide better acute services to the victims of rape and sexual assault.

Anonymity for victims

This is where the design and concept of the centres come into their own. Not only do they boast modern, sterile, high-tech facilities that prevent the contamination of forensic evidence, but they also give victims an opportunity to anonymously self-refer if they feel they are not ready to report an incident to the police.

The Lancashire SAFE Centre is

a prime example of this. Opened in July 2002, the £300,000 building, which is funded by local charity, the TJH Foundation, the Lancashire Teaching Hospitals NHS Trust and Lancashire Constabulary, has its fair share of self-referrals.

According to Det Chf Insp Cath Thundercloud, a senior investigating officer with Lancashire Constabulary and liaison officer between the police and the Lancashire SAFE Centre, this is a great step forward.

Victims can turn up at the Lancashire SAFE Centre and receive an examination by a highly trained GP, known as a sexual offence examiner (SOE). Injuries are documented and

samples are taken and kept in a freezer. The police can access the samples if they are working on a case, but the victim's personal details will not be released. The victim has the right to remain unidentified until they are ready to talk to the police. 'It's anonymous intelligence,' Det Chf Insp Thundercloud explains. 'It would help [in cases] where we had a serial rapist or a pattern in a certain area.'

Currently both the centre and the police are working on developing a form for self-referrals where basic information, such as the rapist's gender and the location of an attack can be recorded.

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'We can feed that information back to the police to see if there's a general modus operandi, [with regards to a serial rapist or a sexual offender] going on,' says Mrs Barrett. Again, the victim's details would not be released unless they state otherwise.

Last year 440 examinations were carried out at the centre. Encouragingly, five per cent of the examinations were on self-referring individuals. 'It has been recognised that victims of sexual assault do not always complain to the police or other agencies,' says Dr Christine Bassindale, sexual offence examiner and clinical director of the centre. 'We hope that by providing a safe environment we can give these individuals the confidence they need to come forward and access the healthcare and forensic medical services they need.'

Extra pair of hands

It certainly seems to be working. As well as examinations and counselling as well as advice services on topics such as pregnancy and sexually transmitted infections are available. The centre also has a good directory of local support agencies.

Currently 12 crisis workers, one full time counsellor and nine SOEs work at the centre. Next month a full time forensic nurse examiner will be appointed who will document injuries and collect evidence. As many of the SOEs have other day jobs, the nurse will be a useful pair of hands, increasing the flexibility of the service.

Meanwhile, Det Chf Insp Thundercloud provides the police link. She ensures officers understand the role of the centre and vice versa to avoid potential problems. 'The centre may say a police officer has turned up with a client and not booked an appointment. They ask me to look into this and make sure they [officers] know the protocol,' she says. 'It's the same with the police. If they can't get an appointment, they call me. None of them are major issues.'

In fact, the centre has been very beneficial to the force, freeing up police time and providing

first class facilities for the collection of forensic evidence. Prior to the centre opening in 2002, every division of the constabulary used a specific medical examination room contained in a building such as a council-owned property. But doctors were concerned about contamination issues. Additionally, police had to be present during examinations and the victims were being constantly moved about.

That has all changed. Now an officer takes a victim to the centre and a crisis worker greets them. The worker will stay with the victim during the examination and organise advice or counselling services afterwards. 'We had a lot of aftercare to do before,' says Det Chf Insp Thundercloud. 'Now a police officer can sit in the centre and prepare and plan for the interview and concentrate on the job they are doing.'

The layout of the rooms has also been designed to make the victim feel safe. It takes the form of a one-way system so victims do not have to go back through a room where procedures have been carried out on them. The first room they encounter is sterile, with special seating, flooring and walls that can be wiped clean. The victim is then taken to an examination room, followed by a shower room, which contains any toiletries they need and clean tracksuits. The last room is victim friendly where refreshments can be consumed.

Partnership

'The Safe Centre shows what you can do when organisations work in partnership to benefit vulnerable members of the public,' says Det Chf Insp Thundercloud. 'It's a better service for the person; it gives us a victim centred approach that makes individuals feel safe. It improves our forensic evidence. Counselling and after-care [facilities] improve the witness [making them stronger if a case goes to court].'

In order to reduce the stress placed on already traumatised victims, an interview room is available for officers to take statements, rather than moving

victims to a police station. There is also the option to film child examinations as Mrs Barrett explains: 'If the defence wants to get an expert to contest a finding you wouldn't have to do another examination. This saves the trauma to the child. However, these services are client-led, if the client doesn't consent, it doesn't happen.'

Unfortunately, both the police and the centre are unable to say whether the numbers of perpetrators appearing in court, as well as being convicted, have increased through the work of the centre. It is a recommenda-

tion Mrs Barrett has put forward in her annual report. 'It would be beneficial for the centre to see whether cases go to court or not. The only time we know about anything going to court is because a victim has come in and told one of the counsellors,' she says. 'It would be good to have a system in place to collect that information.'

According to Mrs Barrett, the only other negative aspect is the restriction on how many SAFE Centres or SARCs can be built. At present only one is allowed per constabulary due to start-up costs.



Sexual Assault Referral Centres (SARC) - The Facts

- SARCs were identified by the joint Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Crown Prosecution Service Inspectorate thematic (HMCPIS) review of rape investigation and prosecution and the Government's resultant Rape Action Plan, published in July 2002, as a key point of good practice. The Interdepartmental Ministerial Group on Sexual Offending has also identified the development of SARCs as a priority.
- The first SARC was established in 1986 at St Mary's Hospital in Manchester.
- There are 13 SARCs across England and Wales.
- Applications for one-off grants to help with set up costs of new SARCs and to expand existing SARCs were invited in October 2004.
- The first round of grants, awarded in February from the Victims Fund, were £70,000 each for new SARCs in Merthyr Tydfil, South Wales, Durham, Darlington, Swindon and Wiltshire. Existing SARCs including St Mary's in Manchester, the Lancashire Safe Centre, The Haven in Paddington, The Haven in Whitehall and Millfield House, Derbyshire, each received £20,000.
- Throughout March, the Home Office is inviting applications for the next round of SARC funding.
- SARCS have been developed locally as partnerships between the police, health services and the voluntary sector in response to local need. They bring together services that would otherwise be provided separately by the local police and health services. An ideal SARC should offer:
 - Initial reassurance and care by trained staff
 - Early securing of a high standard of forensic evidence in a non-threatening environment
 - Immediate and follow-up counselling
 - Support throughout criminal justice procedures
 - Choice of gender of chaperones, counsellors and forensic medical examiners.

Source: Home Office