THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

17th March, 2021

Proposition No. P.2021/21

Policy & Resources Committee

Government Work Plan – stage 1

AMENDMENT

Proposed by: Deputy Y Burford
Seconded by: Deputy S Kazantseva-Miller

In Proposition 3, immediately after the words "of this policy letter," insert the following:

> "subject to agreeing that for the final row of the table on page 147 with the Action Title 'Update the Domestic Abuse Strategy' there shall be substituted in the respective columns the text set out in the table below and"

Action Title	Action Description	Workstream	Outcome Alignment	UN Goals	Stage
Update the Domestic Abuse Strategy including developing and commissioning a Sexual Assault Referral Centre	This action will look to focus government, public services and voluntary agencies on the coordinated and effective delivery of services geared towards tackling domestic abuse to also include and better meet the differing needs of victims of sexual offences in accessing support services for physical health, mental health and justice.	Prevention and Early Intervention Access to Healthcare Partnerships Justice	• Needs are met, and people are safe and secure • A more cohesive and equal society • Physical health is protected • Mental health and wellbeing are protected • A resilient essential workforce • Effective community partnerships and increased civic participation	**Goal 3:** Good Health and Well-Being **Goal 5:** Gender Equality **Goal 16:** Peace, Justice and Strong Institutions **Goal 17:** Partnerships	Execution

Rule 4(3) Information

There are no financial implications to the States for the purposes of Stage 1 of the GWP because, as set out in proposition 3, all emerging recovery actions are subject to resourcing decisions not yet made and identifying the resourcing requirements will be considered by the States at stage 2.

[Explanatory note]

This Amendment specifies that a Sexual Assault Referral Centre will form part of the updated Domestic Abuse Strategy.

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REPORT on AMENDMENT

The case for establishing a Sexual Assault Referral Centre

This report sets out the need for specialist sexual violence services in the Bailiwick by providing an overview of services that are already provided and highlighting the gaps in provision locally.

It examines why these services are important both for victims of sexual violence, and also for the wider benefits to the community, as well as reducing the cost to society of dealing with the long-term effects of sexual assault.

The proposition contained in this paper is that a Sexual Assault Referral Centre (SARC) would be of significant benefit to the Bailiwick. It is envisaged it would be operated by a third sector organisation through a Service Level Agreement or similar arrangement.

Certain limited facilities needed for a SARC exist already, specifically premises operated by the Police for forensic services relating to reported sexual assaults. Informal discussions have indicated that the Police would be willing to transfer of the existing premises to a provider of a full SARC and to continue to provide forensic services as required. It is estimated that £200,000 per annum, mostly for staffing by qualified Independent Sexual Violence Advisors and others, would need to be found to provide the service.

In the context of this document, references to sexual assault and sexual abuse include rape and sexual violence. Examples of offences or circumstances where offences may occur include (but are not restricted to) are unwanted sexual activity with someone without their consent, sexual acts involving a child, sexual harassment and sexual exploitation.

Impact of Sexual Assault

Sexual assault and abuse are significant invasive crimes which have a huge impact on both the victims involved and on wider society. Many victims remain hidden for numerous reasons including due to the fear of reporting these crimes, a fear of not being believed, or a lack of faith in organisations involved or in the possibility of justice.

It is now understood that the damage caused by sexual assault can be enormous, extremely varied and sometimes lifelong. Many victims experience serious or compound trauma resulting

in feelings of profound fear, terror and anxiety, with safety and trust being hugely important in the recovery process.

The physical health needs of victims include the physical health consequences of sexual violence and rape, the risk of pregnancy, the risk of sexually transmitted infections and HIV and longer-term health issues such as increased rates of chronic illnesses, poor perceived health and increased use of medical services.

Psychological consequences are linked to profound long-term health issues with one third of rape survivors going on to develop post-traumatic stress disorder, relationship problems and longer-term psychological needs, self-harm, mental illness and an increased risk of suicide. In the UK, around 40% of SARC patients are previously known to mental health services, and at least 65% will go on to develop a mental illness[1].

Child sexual abuse is associated with a wide range of adverse outcomes. Abused children are more prone to sexually transmitted infections, and are at risk of on-going health problems such as chronic pelvic pain and gynaecological problems; in addition, they are at increased risk of homelessness and consequent risk taking, double the risk of suicide in their mid-20's, and at much greater risk of mental ill health including self-harm and depression, which may continue into adulthood[2]. There is also strong evidence of links between childhood sexual abuse and schizophrenia, post-traumatic stress disorder (PTSD) and substance misuse[3]. Children who have been sexually abused by a family member have an increased vulnerability to child sexual exploitation, as well as other forms of abuse including physical and sexual violence[4].

Sexual assault has a financial cost to the community which includes criminal justice expenses, physical and mental health services, and the lost contribution to society. In the UK in 2011, each adult rape was estimated to cost over £96,000[5] in its emotional and physical impact on the victim, lost economic output due to convalescence, early treatment costs to the health service and costs incurred in the criminal justice system. On top of this, victims may experience life-long economic disadvantage from the trauma brought on by the assault.

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[1] Brooker, C. and E. Durmaz, Mental health, sexual violence and the work of Sexual Assault Referral centres (SARCs) in England. J Forensic Leg Med, 2015. **31**: p. 47-51

[2] Lazenbatt, A., NSPCC Briefing Paper: What we know about the health and mental health effects of child abuse on children. 2010

[3] Long-term outcomes of childhood sexual abuse: an umbrella review

[4] Berelowitz et al (2012), "I thought I was the only one. The only one in the world": The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups: Interim Report, London: Office of the Children's Commissioner.

[5] Home Office (2005) *The economic and social costs of crime against individuals and households 2003/04.* Figures from this report were up-rated to 2009 prices in the government response to the Stern Review (2011) See:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97907/government-stern-review.pdf

Prevalence of Sexual Assault Nationally

In England and Wales, the Crime Survey for England and Wales (CSEW) provides reliable estimates of the prevalence of sexual assaults using a consistent methodology. The 2018 CSEW estimated that 700,000 people aged 16-59 were victims of sexual assault in the previous 12 months. Less than one in five victims of rape or assault by penetration reported their experience to the police and of that one in five, only 1.4% reached court and received a conviction.

80% of sexual assaults and 92% of rapes are committed by men against women and children. 20% of women and 4% of men have experienced some sort of sexual assault since the age of 16. An estimated 3.1% of women experienced sexual assault in the previous year.

Nationally over 150,000 sexual offences were recorded by police in 2018. In cases of serious sexual assault, the abuser is likely to be a current or ex-partner and be known to the victim with only a minority of rapes being committed by strangers (Walby & Allen, 2004, Coleman et al, 2007)

Sexual Assault in the Bailiwick

Locally, the increased profile of sexual assault in the media has also meant that Bailiwick Law Enforcement has experienced a rise in the number of sexual crimes reported. The figures increased considerably in 2018 and 2019, however some of this can be attributed to changes in police recording methods, mirroring those in the UK. Nevertheless, reported local sexual assault figures have been increasing gradually over the last 10 years which has had an impact on services such as the Police, Safer, Victim Support and Children's Services.

Other than the official crime data, there is little data to assess the prevalence of sexual assault in the Bailiwick, however there is no reason to imagine that the level of reporting is any different in the Islands. Very few sexual offences are successfully prosecuted.

As the majority of abusers are known to their victim, a high proportion of assaults are within a domestic abuse context. Safer, the local Domestic Abuse charity, reports that during the 24 months between 1/11/2017 and 31/10/2019, 80 clients reported experiencing sexual abuse. Very few of these had reported the abuse to the police. In 2019, Victim Support and Witness Service supported 38 victims of sexual offences.

Additionally, there are patients who access the Guernsey Emergency Department and Genito-Urinary medical clinic who are known to be victims but refuse to share this information with wider services.

In the absence of a methodologically reliable Crime Survey in the Bailiwick, it is difficult to calculate the total number of sexual assault figures but the following calculations provide a rough estimate:

- As the local population is roughly 1,000th of the UK population and there were 700,000 victims of sexual assault in the UK last year aged 16-59, there are likely to be around 700 local sexual assault victims in the same age bracket locally.

- Using the Home Office Ready Reckoner for sexual assault and domestic violence, local population data was used along with sexual assault data from areas of the UK most comparable with Guernsey (rather than using the UK average). Using sexual assault data from the south east region (which is most similar to Guernsey in terms of domestic abuse figures per capita) and putting in area characteristics that was more reflective of Guernsey – rural rather than urban populations, the ready reckoner estimated that there are likely to be around 400 women and girls annually who experience sexual assault.

Based on the above it is estimated that there are currently likely to be between 400-700 victims of sexual assault annually with around 200 of those experiencing rape.

Why Do We Need to Change the Way We Support Sexual Assault Victims?

Sexual assault is such a hidden issue, with the majority of victims feeling unable to come forward. When they do there is no clear pathway of support, and often agency staff are not trained in trauma-informed working practices, so their response can sometimes make clients disengage with support. For those who are unable to obtain treatment, the damage caused can have a long-term impact on lives if support is not provided.

What are SARCs?

It is possible to recover from being raped or sexually assaulted, but most victims need or want to have support to do this. SARCs have the dual aim of meeting both the medical and support needs of victims and the evidential needs of the criminal justice system. They can provide both the service user and the police with the best possible opportunity to recover evidence for use within an investigation. The presence of a SARC can also raise public awareness of sexual violence and abuse and how such abuse can be dealt with, which in turn helps boost public confidence in both the health and criminal justice systems.

A SARC provides a holistic package of support to victims of rape or sexual assault regardless of whether they chose to report the offence to the police or not. It is used by women, men and children who have experienced recent assault or those who need support in relation to historic sexual assault. Onward referrals are made to other health and social care services when a need is identified by staff members working within the service.

Utilising a multi-disciplinary team of Doctors, Nurses, Crisis Workers, Police Officers and support

staff, the SARC will provide crisis support, appropriate facilities and trained staff for completion of forensic medical examination, provision and advice regarding aftercare, as well as facilitating counselling and ongoing support via third sector agencies and Independent Sexual Violence Advisors.

SARC services offer victims the opportunity to assist in a police investigation of the sexual offence against them, including a forensic medical examination, but this is very much a choice made by each individual. Healthcare within a SARC includes the provision of emergency contraception, post exposure prophylaxis, and service users who have positive results for sexually transmitted infection are treated and assisted with partner notification, and referred to the Genitourinary Medicine clinic.

SARCs offer crisis care, referral for psychological therapies, usually specialist mental health services, Child & Adolescent Mental Health Services (CAMHS), and access to Independent Sexual Violence Advisors (ISVAs) for specialist sexual violence support, including advocacy.

SARCs have been in operation since the late 1980s, with the first being set up in Manchester in 1986. In 2011, the Government committed to provide a SARC in each police force area. There are currently 50 SARC services across the UK and many of these services are located in urban areas with high population densities and good access to public transport.

Some are based in separate police-owned customised facilities whilst others are located in NHS premises, such as in hospitals, primary health care centres or premises in residential areas. A SARC may also be linked to other services such as sexual health clinics, genito-urinary medicine centres, paediatrics, social care and victim support services.

The importance of independent specialist services in running SARC

SARC Partnership Boards commission specialist third sector organisations to run SARCs. This has been proven to be more effective in reaching vulnerable people who may avoid statutory services, and more flexible in providing individualised, longer-term support to victims and community outreach.

A report[6] written by UK charity 'End Violence Against Women (EVAW) highlights the value of specialist services being run by charitable sector organisations.

> *"Women are most commonly abused by someone they know, often on multiple occasions and with sexualised elements. Each of these aspects of violence against women serves as a deterrent to telling others, let alone making an official report. Specialised voluntary sector services have provided safe spaces in which women have been able to:*
>
> - *overcome shame and stigma;*
> - *talk about their experiences without fear; be believed and respected;*
> - *have the possibility to explore their options;*

[6] Map of Gaps: The postcode lottery of Violence Against Women support services in Britain

- *seek justice;*
- *repair some of the harm the violence has caused and move on with their lives."*

The report concludes that that there is a need for such services because of the nature of such abuse; its impact; and because specialised services allow women to 'name, address and move on from the violence. The report also highlights the added value such organisations provide.

Council of Europe minimum standards state that *'the international knowledge and practice base suggests that services provided by specialist NGOs are consistently the most responsive to women who have suffered violence…They should be core service providers and key partners in the development of more effective interventions by state agencies, especially law enforcement and the legal system*[7]*.'*

Gaps in Provision

The Police and Domestic Abuse Strategy Advisory Group along with Safer, Victim Support and the Youth Commission have highlighted the need for more joined up provision for sexual abuse. A small working group was set up in 2018 and the Police put together a paper setting out the need for these services, in conjunction with the Domestic Abuse Strategy Coordinator and Safer. This gap in provision was also highlighted within the Justice Review consultation which stated in its report:

> *"There is potential for the stigmatising effect of involvement in the justice system, including exposure to the media, to have a dampening effect on the reporting of domestic abuse and sexual violence. As we noted [earlier in the report], there is significant attrition once offences are reported which it is important to address. There is some evidence to suggest that these offences are more prevalent in the Bailiwick than shown by police-recorded crime figures. Prosecution does not provide a solution for everyone. In addition to implementing existing plans to broaden the definition of domestic abuse, strengthen legislation to protect victims of domestic abuse and sexual violence through a wider range of civil and criminal measures, and introduce a sexual abuse referral centre, there is the potential to broaden the range of informal avenues of support available to victims who have not reported offences against them, including counselling."*

The Case for Local Services

There are services that a victim of sexual may need to support recovery and facilitate a criminal justice outcome such as a Sexual Assault Referral Centre (SARC), Rape Crisis Line and Independent Sexual Violence Advisors (ISVAs). Initially when the domestic abuse Strategy was

[7] Kelly, L. and Dubois, L. (2008) Combating violence against women: minimum standards for support services. Council of Europe

set up in 2009, SARCs only existed in large urban centres in the UK and it was considered that the low volume of sexual assaults locally would not provide sufficient need to invest in a SARC.

Since 2010, the UK has created a Violence Against Women and Girls Strategy in response to the United Nations, which made repeated calls for the UK and other States to take integrated measures to prevent and eliminate violence against women. This arose due to strong evidence that crimes such as domestic abuse, rape and child sexual exploitation were disproportionately gendered. UK governments have recommended every local area develops a coordinated approach to responding to and preventing violence against women. SARC Services are now available across all Police regions in the UK.

In other Island communities, Jersey set up a SARC in May 2017. In its initial 2 years, it supported 221 islanders. The Isle of Man constabulary is working with health officials on plans for a dedicated Sexual Assault Referral Centre (SARC) on the island. The Director of Public Health recently visited the Jersey SARC and is keen to develop an on-island service.

In Scotland in 2017, a taskforce for the improvement of services for adults and children who have experienced rape and sexual assault. Prior to this, adult victims of rape or sexual assault in Orkney (population 22,000) and Shetland (population 23,000) were often required to travel to the mainland for a forensic medical examination. An early priority for the Taskforce was to support NHS Shetland and NHS Orkney to develop sustainable on-island services so that adult victims of sexual crime no longer need to travel for this purpose.

While Guernsey is not signed up to the international human rights conventions such as CEDAW and the Istanbul Convention that underpin the UK VAWG Strategy, the Guernsey Government is required to provide local information and data for the United Nations Universal Periodic Reviews to show that it is providing services to tackle Violence Against Women and Girls (VAWG).

As noted in the recent Guernsey Justice Review Report:

> "*the absence of a sexual abuse referral centre (SARC) and crisis helpline for victims of sexual violence was identified as a critical gap by several different stakeholders. Preliminary discussions have taken place between the Offices of the CfHA and CfHSC in respect of the merits of creating a SARC."*

Local Children

There is a formal pathway for the referral of children and young people (CYP) to receive forensic medical service in conjunction with the Police and Social Care, however this is reliant on local children travelling to Jersey for the forensic and medical examinations while being interviewed in the current sexual abuse suite at Le Marais Centre. The main reason for this is that Guernsey paediatricians are unwilling to provide sexual assault examinations to children as the volume of work historically has been low, therefore they do not feel that they would have enough cases annually that would be necessary to maintain their professional standards in this area.

There is little early emotional support for children and young people who have experienced sexual abuse. High thresholds for support services mean children may develop long term mental health conditions before they are able to receive support. For some others, going through, the criminal justice system can also re-traumatise them.

Providing components of the service at different times in different islands places an unjustified burden on child victims in the Bailiwick. Having to make a public flight in the aftermath of a sexual assault, accompanied by professionals, undergo examination and possible treatment off-Island is potentially re-traumatising to children and young people and is likely to increase their feelings of stress and powerlessness.

According to NHS guidance "Sexual abuse of children and young people cannot be dealt with in isolation and will need a multi-disciplinary and multi-agency coordinated approach to identify abuse, assess risk, and devise and implement child protection and aftercare plans effectively. SARC services particularly have a key role to play and need to ensure:

- *There is clear information for children and young people about who to speak to, and how to access SARC services, and where to find local centres in the community, so that they do not need a family member or someone else to take them.*
- *SARC services should be designed to make children and young people feel at ease. There should be good security, and they should be decorated in child and young person friendly ways, which makes the users feel safe, comfortable and welcome.*
- *SARC services need to have ready access to skilled paediatric services that are available when required. This includes appropriate access to clinicians trained in both forensic examination and safeguarding, and ongoing psychological and other relevant support.*
- *Specific consideration of capacity and consent must be taken into consideration for children and young people. Confidentiality and autonomy can require careful negotiation between the child or young person, family and safeguarding requirements."*[8]

Key requirements for children include: suitably trained examiners, quarterly peer review, video colposcopy equipment, digital storage of images, a child friendly environment, a chain of evidence processes and sufficient throughput of cases to maintain competency. It is important that any model for sexual assault services for children includes early help, advocacy and case management, services organised around the child and family and one safe place to tell.

If a SARC was set up in Guernsey, a formal pathway in identifying suspected cases of child sexual assault would ensure paediatric services meet the needs of the victim and their families in the most sensitive and child friendly way.

A specifically trained paediatrician would need to be identified and appropriately trained to undertake paediatric examinations in conjunction with Forensic Medical Examiners (FMEs).

[8] Public Health Functions to be Exercised by NHS England – Service Specification No 30 Sexual Assault Referral Centres, (2018)

Alternatively other models of working that are used in some rural areas could be used such as the use of a Forensic Nurse Examiner (FNE) or Sexual Assault Nurse Examiner (SANE) who liaise with SARCs in more densely populated areas for advice and supervision.

The data from individual UK SARC services suggested that between 22% and 50% of service users seen are young people under 18 years old, so it is highly likely that if an independently run SARC were to be introduced locally, the numbers of young people coming forward to report sexual assault and needing forensic examinations would increase, and therefore paediatricians involved would be able to maintain their professional standards.

Storage of Forensic Evidence

SARCs provide storage of forensic samples whilst a victim decides whether they wish to pursue a criminal justice outcome or not at the time they have the initial medical examination.

SARC services can help the police and safeguarding boards to build a picture of sexual offences at a local level allowing forensic samples collected from victims to be stored enabling links to be identified. This is particularly helpful when a perpetrator has assaulted more than one victim as evidence can be collected and cross referenced, providing a stronger evidence base for prosecution.

At present there is no facility locally to allow forensic samples to be stored.

ISVAs

In the UK**,** ISVAs provide impartial information to the victim about all of their options, such as reporting to the police, accessing Sexual Assault Referral Centre (SARC) services, and specialist support such as pre-trial therapy and sexual violence counselling. ISVAs also provide information on other services that victims may require, for example in relation to health and social care, housing, or benefits. The ISVA role is distinct from that of an Independent Domestic Violence Adviser (IDVA), crisis worker, counsellor and support worker. The service is non-therapeutic but can refer to counselling support.

It is vital that the running of these services is independent from the police or statutory health and social care services in order to encourage more victims to come forward and seek help. Safer already has two staff members who are ISVA qualified. These workers are at capacity already in terms of their domestic abuse clients, so to deal with a SARC caseload locally on top of high-risk domestic abuse victims, there would be a need for additional trained advisors.

Resources Needed

Based on an estimate of 70 clients per year[9], the following resources would be necessary for the SARC to function effectively:

- A part-time Co-ordinator/Manager and a pool of on call crisis workers.

[9] These estimated figures are based on the Jersey SARC which sees around 120 clients per year. Jersey has a population of 107,000 compared to Guernsey's 63,000 therefore ratio is 1.7:1

- A hotline where any victims can call 24 hours a day, seven days a week.
- Hotline staff would need to arrange a medical examination via a Force Medical Examiner at times outside of the working week, or where the victim did not want the police to be involved.
- The Co-ordinator and crisis workers would need to be appropriately trained in assisting the FME in forensic handling of exhibits, similar to the role performed by the Police SOIT Officers.
- Sexual Violence Advisors (ISVAs) would provide ongoing support and advocacy to victims through their journey post assault and through the criminal justice system where required.
- Victim Support have indicated a willingness to help with victim counselling, however there may be a need for some specialist sexual violence counselling as well.

Estimated Funding Requirements

The Police have suggested that a SARC could be based in existing States of Guernsey premises – Les Marais, based in the Grand Bouet, St Peter Port. All the necessary equipment has already been provided by Guernsey Law Enforcement. In addition, the Police provide specially trained police officers and Force Medical Examiners and both departments contribute to forensic paediatric medical examinations for children. Estimated Running Costs for a SARC include:

	Wage Cost	**Related SI & Pension Costs (6.5% & 3.5%)**	**Total costs**
Initial Training			£10,000
SARC Co-ordinator / Manager - 25 hours	£31,250	£3,125	£34,375
Crisis workers – 0.5FTE	£25,500	£2,550	£28,050
ISVA – 1 FTE	£38,000	£3,800	£41,800
Counselling (6 sessions per client @£60ph x 70 clients)	£25,000	£2,500	£27,500
Forensic examination (non-police cases)	£25,000	£2500	£27,500
Forensic Cleaning	£3,250	£325	£3,575
ISVA Expenses	£4,000		
Utilities, sundries & building upkeep	£15,000		£15,000
Clinical supervision and ongoing training of staff	£8,000		£8,000
Staffing of Phoneline costs	£6,000	£600	£6,600
First Year Costs			**£201,400**
Ongoing Annual Costs			**£191,400**

What difference will a SARC make?

The Bailiwick is likely to have a significant number of victims of sexual assault who do not report the abuse to criminal justice agencies and are unable to access joined up multi-agency support.

There is good evidence to show that multi-agency sexual assault provisions can cut long term mental health conditions, provide less duplication of work and improved communication.

Outcomes for service users include:

1. reducing the mental illness, self-harm, physical injury and suicide associated with sexual victimisation
2. increased safety and reducing re-victimisation
3. improved quality of life of victims and survivors
4. Insofar as possible, can help prevent continued and new offending, through early and effective interventions with abusers.

Providing a SARC locally would meet the following outcomes of the Government Workplan:

- Needs are met, and people are safe and secure
- Mental health and wellbeing are protected
- Physical health is protected
- A more cohesive and equal society
- Young people can achieve their potential
- A resilient essential workforce
- Effective community partnerships and increased civic participation.

It would provide a one stop shop for health and social care needs as well as the opportunity to collect forensic evidence that will support any future court proceedings. This should be run by the third sector in order to provide independence, flexibility and the specialist knowledge required.

By utilising the skills within existing agencies but working in a collaborative multi-disciplinary way, financial savings could be made and victims better supported. In the longer term, it could reduce costs in Health, Social Care, Education, Social Security benefits and the Criminal Justice System.