



More than Support to Court: ISVAs in Teesside

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Introduction

The research for this report was commissioned by the Northern Rock Foundation to fill a gap in knowledge about the involvement of Independent Sexual Violence Advisors (ISVAs) in supporting victims/survivors of rape and sexual abuse progressing through the criminal justice system in Teesside. Sexual violence services on Teesside had identified that little was known about the impact of ISVAs although there was an assumption that they increased the progression of cases through the criminal justice system.

There have been only few previous studies of ISVA services. A process evaluation and an evaluation of an ISVA service aimed at sex workers were carried out before our study commenced.¹ An audit of ISVA provision across England and Wales, and a review of the London Metropolitan police response to rape that included ISVA responses were carried out at the same time as our study.² There has been no other recent research looking at detailed victims/survivor experiences of ISVAs and sexual violence services, nor focusing on the North East of England. The research for this report fills some of this gap through a focus on victim/survivor and agency perspectives about ISVAs across Teesside. We initially intended to look at the effectiveness of ISVAs by using criminal justice data to compare the outcomes of rape cases reported to the police with and without ISVA involvement. However, this did not prove possible because (as will be explained more fully below) the cases with and without ISVAs are quite distinct.

ISVAs are situated within a wider context of specialist and targeted support for victims/survivors and the research incorporates this wider context, providing a detailed picture of the complex needs of victims/survivors of sexual violence, their interaction with sexual violence services and the criminal justice system, and the perspectives and responses of services. The research was carried out between March 2014 and March 2015. During this period there was a range of support for victims/survivors of sexual violence across Teesside, including a SARC (Helen Britton House), a number of voluntary sector services: Arch North East (a Rape Crisis Centre), EVA Women's Aid, Foundation, Barnardos, Harbour, Victim Support, My Sister's Place, A Way Out, and the statutory sector Improving Access to

¹ Robinson, A (2009) *Independent Sexual Violence Advisors: A process evaluation*, Cardiff: University of Cardiff; Blair, E (2011) "I am not a victim". *A Preliminary Evaluation of the First Independent Sexual Violence Advisor (ISVA) Service for Men and Women Selling Sex in East London*.

² Lea, S., Falcone, M.A., Doyle, K and Reardon, S (2015) *An Audit of Independent Sexual Violence Advisors (ISVAs) in England and Wales*. February 2015. Kings College London and LimeCulture; Angiolino, A (2015) *Report of the Independent Review into the Investigation and Prosecution of Rape in London*, London: Metropolitan Police.

Psychological Therapies (IAPT) services. The specialist sexual violence services across Teesside were commissioned by Cleveland Police, the Local Authority, NHS England and the Police and Crime Commissioner (PCC) and overseen by the Teesside Sexual Violence Strategy Group (TSVSG).

During the research period there were eight ISVAs employed in Teesside (four full-time and four part-time, including a male ISVA and a specialist children and young person's ISVA) and one Life Enhancement Skills Advisor (LESA) working as part of the ISVA team to specifically support victims with practical issues. The ISVAs undertook their work in two main settings, the SARC and as part of the four voluntary sector projects: Arch North East, EVA Women's Aid, Foundation and the Barnardo's SECOS project (Sexual Exploitation of Children On the Streets). Funding had also recently been secured for a three- year specialist sex worker ISVA post to be based within Arch North East.

Towards the end of the research new commissioning processes were being considered for sexual violence services in Teesside, alongside questions regarding the nature and range of services that should be provided, and about structures and governance. The findings from the research have fed into that process.³

Background

During the last few years there has been increased public attention on sexual violence, as sexual offences committed by high profile individuals such as the DJ Jimmy Saville have come to light. There has also been a longer process of review regarding criminal justice approaches to sexual offences, involving a series of critical government reports and inspections that have highlighted the large attrition ('drop-out') in rape cases, and the need for a more 'victim-focused' approach.⁴ There have been ongoing attempts by the police, the Crown Prosecution Service (CPS) and the courts to improve their responses to the investigation, prosecution and conviction of rape offences through training, better recording and provision of information, support and anonymity for victims, and monitoring of files. The establishment of ISVA services has been part of this attempt to improve victim/survivor treatment and outcomes.

The changes to the criminal justice approach combined with high profile cases has resulted in increased reporting of sexual violence to the police, also apparent in the Tees area, with the Cleveland police force seeing a steady

³ Strange, G (2015) Tees Sexual Violence Needs Analysis 31st March 2015

⁴ HMIC/HMCPSI (2012) *Forging the links: Rape investigation and prosecution. A joint review by HMIC and HMCPSI*. London: HMIC & HMCPSI.

rise of reporting, from 73 rapes reported in the year up to March 2009 to 114 rapes reported in the year to March 2013.

While there is no agreed definition of what an ISVA is, the Home Office have described the ISVA role as follows:

ISVAs are victim-focused advocates, funded to work with victims of recent and historic serious sexual crimes to enable them to access the services they need in the aftermath of the abuse they have experienced. The support provided by an ISVA will vary from case to case, depending upon the requirements of the victim and their particular circumstances. However, the core role of an ISVA includes making sure that victims of sexual abuse have the best possible practical advice on what counselling and other services are available to them, on the process involved in reporting a crime to the police, and on taking their case through the criminal justice process, should they choose to do so.⁵

ISVAs are part of a range of specialist sexual violence services that include statutory Sexual Assault Referral Centres (SARCs) and voluntary sector Rape Crisis Centres (RCCs), and ISVAs are often situated within such services.⁶ Guidance on SARCs indicates that they should have ISVAs as part of their provision.⁷ Since their introduction in the mid 2000's, ISVAs have been viewed as key workers providing specialist sexual violence support.⁸

Based on the widely recognised and valued model of specialist and independent victim-focussed service provision for victims/survivors of domestic abuse (IDVAs),⁹ ISVAs are also expected to provide victims/survivors of sexual violence with information, advice, support and guidance specifically tailored to their needs. Being both flexible and comprehensive, the ISVA role aims to provide crisis intervention and non-therapeutic support from the time of referral, information and assistance through the criminal justice system if requested plus specialist practical help and advice around a wide ranging spectrum of issues from housing, benefits, children and immigration as well as working with partner agencies to ensure

⁵ Home Office (2010) Grant funding for Independent Sexual Violence Advisers (ISVAs) 2011/2012 – 2014/2015. Based in Voluntary and Community Sector And Sexual Assault Referral centres. Guidance and Eligibility Criteria.

⁶ Lea et al (2015) op cit.

⁷ ACPO, Department of Health and Home Office revised national service guide: A Resource for Developing SARCs (2009).

⁸ Robinson 2009 op cit; Home Office (2014) *Government National Strategy on VAW&G*.

⁹ Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009) *Safety In Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*. London: The Hestia Fund and The Henry Smith Charity.

Coy, M. & Kelly, L. (2011) *Islands in the Stream: An evaluation of four London independent domestic violence advocacy schemes*. London: London Metropolitan University.

a co-ordinated service for individual victim/survivors.¹⁰ The remit of the ISVA is to ‘help victims make the transition to survivor’¹¹ which they do by working independently - out of a range of different settings such as SARCs and voluntary sector organisations such as RCCs - but from a multi-agency standpoint, to create a holistic, ‘wrap around’ response to clients.¹² Skills for Justice¹³ have recently developed National Occupational Standards to provide a benchmark for ISVAs and others who provide support to victims of sexual violence. Some of the sexual violence services on Teesside work to these standards (in particular the RCC Arch North East and SARC).

The Stern review¹⁴ into rape cases in England and Wales suggested that ISVAs are the most effective, cost-effective and affordable example of a reform to a system, making an enormous difference to how victims feel about what is happening to them as they process through the criminal justice system, and recommended that ISVAs are:

*an intrinsic part of the way rape complainants are dealt with, as the service that enables the rest to operate effectively and a crucial part of the way the State fulfils its obligations to victims of violence.*¹⁵

The earlier process evaluation carried out by Robinson,¹⁶ looking at ISVAs based in SARC and Rape Crisis Centres in six English and Welsh locations, found that ISVAs deliver varied and important services, that go beyond criminal justice outcomes, both to individual victims (who saw ISVAs as essential for their own recovery) and to their multi-agency partners (e.g. by providing institutional advocacy) and can therefore add value to the local response provided to victims/survivors of sexual violence. There were some differences in the ISVA client base, with SARCs accessed by younger victims/survivors and with a greater proportion of referrals from the police, while RCCs had a wider spread of referrals including self-referrals. Robinson looked at the ISVA role in terms of what she calls ‘emotional’ and ‘practical’ support. However, she was not able to explore in detail the meaning of emotional support and identified a gap in the UK research regarding the role of ISVAs in providing a broader range of practical assistance to individual

¹⁰ Robinson (2009) op cit; Blair, E (2011) *‘I am not a victim’*. *A Preliminary Evaluation of the First Independent Sexual Violence Advisor (ISVA) Service for Men and Women Selling Sex in East London*. <http://www.londonsexualhealth.org/uploads/1%20Am%20Not%20A%20Victim%20Full%20Report.pdf>

¹¹ Robinson (2009) op cit.

¹² Blair (2011) op cit.

¹³ <http://skillsforjustice-cp.com/viewrole.php?id=96>

¹⁴ Stern, V. (2010) *The Stern Review: A report by Baroness Stern CBE of an independent review into how rape complaints are handled by public authorities in England and Wales*. London: Home Office

¹⁵ Ibid page 106

¹⁶ Robinson (2009) op cit

victims receiving support from the projects' and the benefits thereof for victims/survivors.¹⁷

Since 2010 there has been increase in the number of ISVAs, partly through increased funding from the Home Office, and the ISVA role has been highlighted in Government Action Plans on Violence Against Women and Girls.¹⁸ An audit of provision across England and Wales, carried out in 2014 by LimeCulture, identified at least 251 ISVAs.¹⁹ The LimeCulture audit provided a detailed overview of 146 ISVAs and of their clients, how the role is being undertaken, the nature of caseloads and working practices, ISVA training and supervision, and ISVAs' perspectives on the role and its future. It found that ISVAs are a mainly female and well qualified workforce, working in a variety of roles including ISVA, Children's ISVA, Specialist ISVA, IDSVAs (i.e dealing with both domestic and sexual violence) and Young People's Advocates, with a small percentage (8%) also working in a range of other roles (e.g. as DV Strategic Co-ordinator, Young People's Violence Advocate Coordinator, Independent Stalking Advocacy Caseworker). Services 'always accessed' by ISVA clients were found to include emotional support, raising awareness of the criminal justice system (CJS) and process, raising awareness of legal rights and (arranging) court visits. ISVAs also signposted clients to external services, mostly to housing, counselling services, sexual health services, substance misuse services, mental health services, police, welfare and benefit services, other voluntary sector services, GPs, social care and witness care.

The LimeCulture audit highlighted the range of settings from which ISVAs work. The majority of ISVAs in England and Wales work from and are employed by a charity or not-for-profit organisation (66%) followed by a SARC (funded via NHS), police, and with a small percentage employed by local authorities. The audit found that, while they receive most of their referrals from the police, SARCs and self-referrals, ISVA clients are also referred by a number of other organisations, namely specialist DV services, social services, sexual health clinics, GPs, substance misuse services, hospitals, housing and others such as probation or schools. They deal with very complex cases where other factors are present, including mental health issues, suicide risk, drug and alcohol misuse, learning disabilities, domestic violence and repeated victimisation and homelessness. The audit recommends an increase in the number of ISVAs and their geographical spread (as there are gaps in provision); a need to increase awareness of the existence of ISVAs and the support they provide; for professional guidance

¹⁷ Robinson, A & Hudson, K (2011) Different yet complementary: two approaches to supporting victims of sexual violence in the UK. *Criminology & Criminal Justice* 11(5): 519.

¹⁸ e.g. Home Office (2014) op cit.

¹⁹ Lea et al (2015) op cit.

to support them to do their role; and a need for ISVAs to be trained to a minimum standards and receive Continuing Professional Development training. While the audit provides a useful profile of the current ISVA workforce in England and Wales and their current practice, the authors suggest that more work is needed to fully understand the role of the ISVA and the benefits thereof for victims/survivors of sexual violence.

The current study helps to fill some of the gap in knowledge highlighted by the Robinson evaluation (2009) and LimeCulture audit (2015) by providing a specific look at the ISVA role(s) in Teesside, including emotional support, the link with other sexual violence services, and the ways in which the often complex needs of victims/survivors are met and experienced by victim/survivors themselves.

Methods

The research reported here consisted of: analysis of criminal justice and agency data to assess the pattern of cases with ISVA and referrals to other sexual violence services; interviews with victim/survivors and interviews with practitioners from across the Teesside sexual violence agencies to ascertain needs and responses.

Analysis of criminal justice data

Criminal justice data on progression and outcomes compiled for a previous NRF study²⁰ included information on 87 rape cases reported to and progressing through the criminal justice system across the North East between May 2010 and summer 2012. Where possible these cases were reanalysed to identify the referral pathways to sexual violence or other services recorded by the police. Twenty-eight of the 87 cases were reported to Cleveland (i.e. Teesside) police and checked for referrals to local ISVAs and other agencies. Teesside specialist sexual violence services checked their records for the same time period to ascertain the type of involvement they had had with these cases.

Agency data and referral pathways

In order to explore up-to-date referral pathways and practices, analysis of referral data from the largest providers of specialist sexual violence support in Teesside, i.e. the Tees SARC and Arch North East, was carried out for the period March 2013 to April 2014.

Interviews with victims/survivors

In-depth, face to face interviews were conducted with 15 victims/survivors of sexual violence or abuse, some of whom had family members present. All

²⁰ Hester (2013) *From Report to Court - rape cases and the criminal justice system in the North East*. Bristol: University of Bristol and Northern Rock Foundation

were clients of specialist sexual violence services in Teesside, and most had accessed the criminal justice system. The aim was to explore victims/survivor experiences and the level and type of any support they had received, both from criminal justice agencies and/or specialist sexual violence services in Teesside. Victims/survivors were identified and contacted via a letter from the agencies concerned to ask if they would be willing to be contacted by the research team and participate in the study via an interview. Where consent was given the agencies provided the research team with contact details and a researcher contacted the ex-/clients directly by telephone to explain the research and arrange an interview. Interviews lasted between one to two hours. All interviews were digitally recorded (with consent), and transcribed verbatim prior to analysis. Analysis involved reading and re-reading transcripts to identify themes, using grids to record summaries from the thematic analysis and linked quotes from participants. The main themes identified were: type of case (historical child sexual abuse, domestic violence, acquaintance); disclosure; police involvement; CPS and court involvement; support from ISVA, IDVA and /or other services/agencies; impacts; any other important features (e.g. compensation claim).

Interviews with practitioners

Interviews were conducted with 14 practitioners, including ISVAs, service managers and other key support workers, from the five specialist sexual violence services that provide ISVA support in Teesside plus Victim Support which is classed as a non-specialist agency but also provides advocacy support to victims/survivors of sexual violence. The purpose of the agency interviews was to explore the work of the ISVAs within the different agency settings and to better understand the model of specialist support service provision across the Teesside area, capturing the strengths and weaknesses of current service provision. The interviews were digitally recorded with consent and transcribed verbatim. As with the victim/survivor interviews, agency interview transcripts were read and re-read to identify initial re-occurring themes or concepts emerging from the data. The 'ISVA role' was a key theme alongside different types and levels of support described by ISVAs and other participants, as well as inter-agency links.

FINDINGS

Police referral to specialist sexual violence and other services

Crucial to understanding victim/survivor needs are the different 'types' of sexual violence they experience. Our previous study of 87 rape cases

reported to the police across the North East of England²¹ identified three main ‘types’ of cases (acquaintance, historical and domestic violence). The different ‘types’ had different victim/survivor and incident features, different victim/survivor needs and different patterns of referrals to agencies and progression through the criminal justice system. Reanalysis of the CJS data found that the police referred victims/survivors to a number of different agencies and services (see Table 1). The largest proportion of referrals by the police was to specialist sexual violence services, including the SARCs and ISVAs, perhaps not surprising given the emphasis on these services in Home Office and other guidance regarding sexual violence support. Moreover, referral to ISVAs appeared to be focused on those cases the police thought most likely to progress to charges and trial.

In addition to specialist sexual violence services, the police also referred victims/survivors to a wider range of services which the police recorded as ‘counselling’ or ‘mental health’ support, social services, Multi-Agency Risk Assessment Conferences (MARACs) and adult social care. In this sense the police could be seen as playing an important part in establishing care pathways and ensuring that victims/survivors got at least some support.

With regard to the three ‘types’ the pattern of police referral was as follows (see Table 1):

Acquaintance rape cases, where the perpetrator was known to the victim longer than 24 hours, or less than 24 hours, but was not a partner or family member, resulted in only a small proportion of charges and convictions. These were usually very recent cases, and half (50%) were recorded as attending a SARC for forensic and other investigation. Reflecting the lack of progression through the CJS of these cases, nearly a third of victim/survivors (31%) were referred by the police to counselling or mental health services.

Historical rape cases, where the rape took place in the past, usually more than one year ago, mostly involved child sexual abuse although there were also a few historical domestic violence cases. Historical cases were the most likely to result in charge and conviction. A quarter of the victim/survivors were recorded as attending SARCs reflecting the lack of recent forensic evidence available and just over one in ten were referred to ISVAs outside SARCs (11%). In addition, a quarter of victims/ survivors in these cases were referred by the police to counselling or mental health services, and some to adult services (14%), or social services (11%).

²¹ Hester (2013) *From Report to Court* op cit.

Rapes that took place within the context of domestic abuse, by current partners or ex-partners, were deemed some of the most serious cases by the police, and resulted in the greatest proportion of arrests. However, the domestic violence cases were also most likely to be withdrawn in the early stages of the criminal justice process due to fear and threats faced by the victims from the perpetrators. Just over a quarter (28%) were referred to SARCs, and, reflecting that these were high risk domestic abuse cases, one in five were referred to MARAC and a couple to refuges. There were also police referrals to social services (16%) and counselling or mental health services (12%).

Table 1 – *referrals from police to sexual violence and other services across three force areas* N=85*

Type	SARC	Just ISVA	Mental health	Adult services	Social services	MARAC	Refuge
Acquaintance n=32	50%**		31%				
Historical n=28	25%	11%	25%	14%	11%		
Domestic violence n=25	28%		12%		16%	20%	8%

Note - *The original study had a further category with two ‘recent family’ cases.
**Percentages do not add to 100% because not all cases had a referral recorded

Twenty-eight of the 87 rape cases in the earlier study were reported to Cleveland police, and thus related to Teesside specifically. Victims/survivors in half of these Cleveland cases (14 of 28) were found to have had some sort of specialist sexual violence service involvement (see Table 2). Agency involvement was checked by combining the police and specialist sexual violence services data for the cases concerned. ISVA support was again focused on cases deemed most likely to proceed through the criminal justice system.

Table 2 – *support provided by ISVA services to 14 (of 28) rape victims/survivors reported to Cleveland police May & November 2010*

	ISVA	Counselling	Didn't engage	Referred to DV service
Support provided	6	3	3	1
CJS/ court	4 (3 found guilty)			

The needs of victims/survivors – perspectives of those interviewed

Of the 15 victims/survivors we interviewed for the current study, nine had experienced childhood sexual abuse (n=9), three had experienced rape in a domestically abusive relationship violence, and another three experienced acquaintance rape/indecent assault.

The victims/survivors described how they had quite different support needs at different times: when they disclosed the abuse, if/when the abuse was reported to the police, if the case proceeded to court, and after any involvement with the CJS. Their support needs were also in some ways linked to the different ‘types’ of sexual violence experiences, with experience of childhood sexual abuse or rape in a domestic abusive relationship requiring quite different types of support. As will be detailed further in this and the following sections, specialist sexual violence services were crucial to all of the victims/survivors in providing the mix of counselling (as adult or child), support in court and practical help they (and sometimes their families) needed. Also, specialist services were able to provide the changing mixture of targeted support as and when the victim/survivors’ needs changed, for instance to increase counselling support when they were feeling more depressed/suicidal, and ISVAs to support them through the often drawn out criminal justice process.

Disclosing experience of rape

For some of the victims/survivors we interviewed, especially those who experienced CSA, the abuse had taken place years ago. They might have disclosed as children to parents, to other family members, to police, or to social services but without being believed or without abusers being prosecuted. The victims/survivors of CSA suffered especially severe mental health problems as a consequence of the abuse, and a number of them had mental breakdowns following disclosure or had decided to disclose following a breakdown. They needed specialist sexual violence counselling before being able to engage with the criminal justice process, and often in the longer term. Some victims/survivors were referred by GPs to generic health sector counselling/ psychiatric support but preferred specialist sexual violence services where they could focus on the sexual abuse. For instance, two of the male victims/survivors men we interviewed had experienced CSA in their early teens, one abused by his adoptive father and the other by a neighbour. Both had tried to report to the police, but did not get a positive response first time round. Eric eventually saw his abuser again in a cafe, 30 years after the abuse, which triggered a severe depression and made him suicidal: “*nearly took me own life*”. He reported to the police again, this time with positive response. The police referred him immediately to the specialist sexual violence service, which provided counselling that he thought “*was*

brilliant’. David also suffered a breakdown after coming across his abuser again. He disclosed the abuse to his GP, and was referred to a counsellor who unfortunately did not deal with CSA. However, as with Eric, when David reported to the police the second time, they referred him to the sexual violence service, who provided counselling for him over two years. Both were eventually helped through the court process by the ISVA based in the service.

Others were reluctant to disclose because of the influence and/or threats of the abuser, perhaps because they were (ex)partners. For instance, Imelda was scared to tell the police about the domestic abuse and anal rape she suffered from her husband. When he smashed up the house she rang her parents, who reported it to the police. The police referred Imelda to the SARC and they put her in contact with a specialist sexual violence service. The support from a counsellor at the sexual violence service enabled her to eventually engage with the police:

Cos, they gave me like a a few days to think about what I wanted to do and I went and met with that lady from [the sexual violence service] who talked through like all the different options and supporting me in making the decision to go and do like the video interview...

Martine experienced CSA by a foster father over a number of years. He threatened her so that she did not disclose. However she eventually disclosed to her GP as an adult because she was getting medication to alleviate the impact of the abuse on her mental health. She was referred to counselling within a specialist sexual violence service and the counsellor helped her report to the police.

For Joanna, who experienced CSA, “*the world spiralled out of control*” when she told her mother, who then reported to the police. Two police officers turned up to interview Joanna, both male, which she found very difficult. She subsequently “*closed down*”, would not speak to anyone and had terrible nightmares. Eventually both she and her mother got counselling from a specialist sexual violence service, which was “*fantastic*” and made Joanna strong enough to continue with the criminal justice process.

Criminal justice process

All but two of the 15 cases ended up in court, and most of the 13 cases that went to court resulted in conviction. All of the victims/survivors in these 13 cases were supported by ISVAs, whom they deemed crucial to their progression through the criminal justice system. The victims/survivors described how ISVAs helped them understand the process, were there at moments of doubt with going ahead, and ISVAs and other sexual violence

services staff helped them with the emotional turmoil and practical problems arising from engagement with the criminal justice process.

The whole process, from reporting, to decisions by crown prosecutors whether to charge, and eventual court outcome took a long time, usually a few years. In one instance the process took seven years as the victim/survivor, who experienced CSA, was initially reluctant to go through with the case, and it was eventually re-opened when the abuser raped another young woman. Some cases were also drawn out by the abusers, who tended to deny what they had done so that cases were contested, and sometimes had juries overturned. In three instances the abusers claimed they had dementia which led to further delays as psychological reports had to be made (and none were indeed found to have dementia). Adjournments were described by one interviewee as “*mental torture*”.

Victims/survivors who experienced rape as part of domestic abuse found that a mixture of support from both ISVAs and IDVAs as well as other sexual or domestic violence support was important, with specialist sexual violence support particularly important during the criminal justice process if the abuser was being tried for sexual offences, and then domestic violence support in the longer term.

In interviews the victims/survivors talked about the variety of mostly positive support they received, and the way this varied and would be tailored to their needs as their circumstances changed:

Clare and Kay were both raped as teenagers by acquaintances - men who lived in the vicinity. When the police became involved, Clare was threatened by her abuser’s mates and had to move house, and Kay was threatened by the family of her abuser. Clare was supported through the criminal justice process by the police, whom she found very supportive, and a women’s support service provided ‘target hardening’. She had also been offered general counselling, but did not find it useful. Kay was referred by the police to a specialist sexual violence service, which she found very useful in providing practical advice with housing and other support. An ISVA also helped her through the court process, which she found essential:

Oh they've been amazin'. They've been brilliant. I don't think it'd've ended up goin' to Court without them. Or I'd a' gone to Court bu' I'd a' probably ended up being an absolute wreck. And I'd a' been lost without them to be honest.

Laura, who experienced CSA from a family member, found the police involvement quite negative, as, following initial interview, they did not keep her informed about what was happening during the two years the case was

in the criminal justice process. The Crown Prosecution Service eventually decided to take no further action, but the police did not tell Laura why that was the case. The length of the process “*ripped her family apart*” and led to Laura being bullied at school. She was offered child counselling with a specialist sexual violence service, which she found was “*brilliant*” and the counsellor also helped to keep her informed about the criminal justice process which “*was a godsend*” given the lack of information otherwise.

Martine was well supported through the trial of her abuser by a female police officer and ISVA. They all thought the abuser would be found guilty, but the case resulted with the jury being unable to agree on the outcome. This had a very detrimental impact on Martine, who had to stop working.

Nancy experienced CSA from her uncle. The police became involved because her sister also disclosed abuse. The police referred her to a specialist sexual violence service which provided support before the court case and showed her the court, although she felt it was different in reality. The sexual violence service was unable to provide ISVA support during the court process as they were short staffed due to illness, although she was able to contact the counsellor.

After the court process

Some of the victims/survivors continued to need emotional support following the conclusion of their cases, for a variety of reasons including ongoing emotional problems from the abuse. Such support was provided mainly by the specialist sexual violence services that victims/survivors were already in contact with. For instance Laura had specialist child counselling, Joanna was offered more counselling if needed, and David accessed CAHMS for psychiatric support.

Fran ‘unravelling’ after the court process was over and her abuser convicted, becoming violent against her partner. The service that had supported her through the court process did not think they had the skills to help her through this, and she was instead referred to support with one of the other specialist sexual violence services. She found all the support very positive:

All the support I've 'ad was spot on. Just yeah. I could not have thought of anything, I didn't even think I would get that much support as what I did. And I did. And they were just all perfect.

A number of victims/survivors were told they could pursue criminal injuries compensation. However, none of the cases were successful, because they were deemed out of time, or because the evidence available was deemed inadequate. For the victims/survivors this created renewed stress and

mental health impacts. Beth, whose case had failed to proceed to court, felt that failure to receive compensation was “*another slap in the face*”, and resulted in her being referred back to the sexual violence service for specialist counselling. The family member who abused Georgia was convicted and sent to prison, and Georgia decided to claim compensation. However the police appeared to provide the wrong information to the compensation board and the claim failed leading to Georgia having to access therapy for the mental stress that resulted.

Specialist sexual violence services in Teesside

In this and the following sections we outline the findings from the agency interviews and agency data, combined at times with the victim/survivor interviews. The victims/survivors we interviewed accessed the services described below, but we did not identify the individual services in order to protect victims/survivors’ anonymity.

The emotional and practical support offered by ISVAs in Teesside forms part of the overall package of victim-centred and targeted support provided by the specialist sexual violence services. ISVAs operate from five of the specialist sexual violence services in Teesside: Arch North East, EVA, Foundation UK, SECOS and from within the SARC. The type and level of emotional and practical support provided by ISVAs (to both the victim and their family members) can manifest in different ways within each organisation, with ISVAs working in slightly different ways, providing different routes or access to support for different demographics / types of victims/survivors, and have different working relationships with partner agencies largely due to historical development of different services.

The main service provider in Teesside is Arch North East, an approved Rape Crisis Centre offering support to females and males (aged 14 years and over) who have suffered rape or sexual abuse at any time in their lives. Historically rooted in the voluntary sector, it was set up in 2002 as a community-based, women-only service (called Women’s Support Network) but joined forces with Jigsaw -a volunteer run therapeutic support service for men – in 2007. In 2013/14 Arch North East was re-launched as a holistic support service for women and men (but still operates women-only days) offering three types of service: ISVA; LESA (Life Enhancement Skills Advisor – specifically to deal with practical needs of victims/survivors); and specialist, needs-based sexual violence counselling. The ISVA, LESA and specialist counselling can be accessed simultaneously if needed. The role of the ISVA within Arch is clearly defined, offering non-therapeutic emotional support throughout the victim’s ‘journey’ i.e. before report to court. Referrals to Arch North East include mostly recent cases from the SARC, and self-referrals. Many of the self-referrals involve historical rape cases

where the victims/survivors want to attend Arch North East's specialist counselling but have not previously reported to the police, although, as highlighted by the victim/survivor interviews, some do report following counselling. Having the ISVAs and counselling service under one roof can make it easier for some victims to access the different services offered and a large part of the ISVA role is encouraging victims to report to the police, helping them to work through and understand their own fears, offering advice and information (e.g. myth-busting re judicial processes) enabling them to make a more informed choice as to whether to report, and then 'holding' or supporting them to stay engaged with the criminal justice system (for up to 18-24 months in some cases). Arch North East has well established links with the CPS, police, Witness Care and local domestic violence services.

Since 2007, the Tees SARC has provided a dedicated 24/7 crisis intervention service for female and male victims/survivors of rape and sexual assault. As well as crisis intervention the SARC acts as a facility for forensic examinations and police interviews with victims (to Achieve Best Evidence - ABE)²², and then refers victims/survivors on to external specialist services. It is staffed by a team of crisis support workers, an 'out of hours' on call team and also has an ISVA (a recently established post). Referrals to the SARC come mainly from the police, and tend to be recent cases (clients mostly female and aged 18-64yrs). A large part of the newly established ISVA post involves exploring the victims' various needs, making them aware of all the support options available to them and signposting them to other relevant services, to offer emotional and practical support for CJS cases and non-CJS cases. The role of the ISVA has developed somewhat organically, and has in particular filled a crucial gap in services in terms of providing ISVA support to victim/survivors who cannot or do not engage with other specialist services, or taking on cases involving children/young people on the waiting list for SECOS (i.e. doing a certain amount of 'mopping up') or to co-work on domestic /sexual violence cases within the Redcar area if needed. The ISVA has good links with SECOS and is currently developing new pathways with Witness Care to ensure victims attending court without ISVA support can be offered ISVA support again at that stage.

EVA Women's Aid (an approved Rape Crisis centre) and Foundation UK are based in Redcar, and both provide holistic services for women and children (aged 12 years and over) affected by domestic abuse and sexual violence. In addition to its supported housing (two mini refuges) and the Freedom/Phoenix Programmes for victims/survivors of domestic abuse

²² Strange, G (2015) *Teesside Sexual Violence Joint Strategic Needs Assessment*

EVA provides an IDVA and an ISVA, specialist sexual violence counselling and a children and young person's counselling service. Foundation UK also has an IDVA and an ISVA, as well as refuge, Sanctuary scheme, outreach service for children and young people, and the Freedom/Phoenix Programmes for victims/survivors of domestic violence. They are mostly focused on domestic violence cases some of which involve sexual violence. Referrals to the ISVAs now come mainly from the SARC and self-referrals (often 'internal' referrals to ISVA via the IDVA, refuge or Freedom Programme i.e. often for cases of sexual violence within domestic violence setting). The ISVAs tend to offer a 'wrap-around' service and in that way the role tends to be similar to that of the IDVA in terms of the types and level of support provided to victims/survivors and their families (in CJS and non-CJS cases). The ISVAs also work with / refer to SECOS.

The Barnardos SECOS and Bridgeway projects offer a Tees-wide service for young people (aged 18 and under) who have experienced sexual abuse (mainly peer-on-peer or interfamilial). SECOS offers a child and young person's ISVA, and ISVA support worker and an ISVA manager. Post-court therapy is also provided via a specialist 'therapeutic play practitioner' (funded by Barnardos and SARC, based in Bridgeway). Referrals come directly from the SARC. The ISVA uses child-focused techniques to provide emotional and practical support to young victims (and also close family members) to prepare for court (e.g. teaching non-direct coping strategies) and act as an intermediary between the CJS and the family. The ISVA and support worker also tend to do a lot of mediating work within affected families e.g. to repair communication breakdown and emotional fall-out from what has happened. There are established pathways from and links with the SARC and other ISVA services across Teesside, for example SECOS will take referrals from Arch North East for victims (aged 14-18 years) who require a more child-specific approach or an element of child sexual exploitation and grooming or they may refer parents of young victims to Arch North East if they need adult ISVA support.

With regard to the different stages of the victim/survivor 'journey', the types and levels of support provided by sexual violence services in Teesside can be summarised as follows:

1. Pre-report
 - a. Helping non-police referrals / counselling clients to explore their needs and options; going 'back to basics' to inform and therefore empower victims to make an informed decision as to whether to report or not (depending on their own needs – i.e. not the needs of police or family members etc)
2. Pre-court / 'holding' phase (i.e. once victim is engaged)

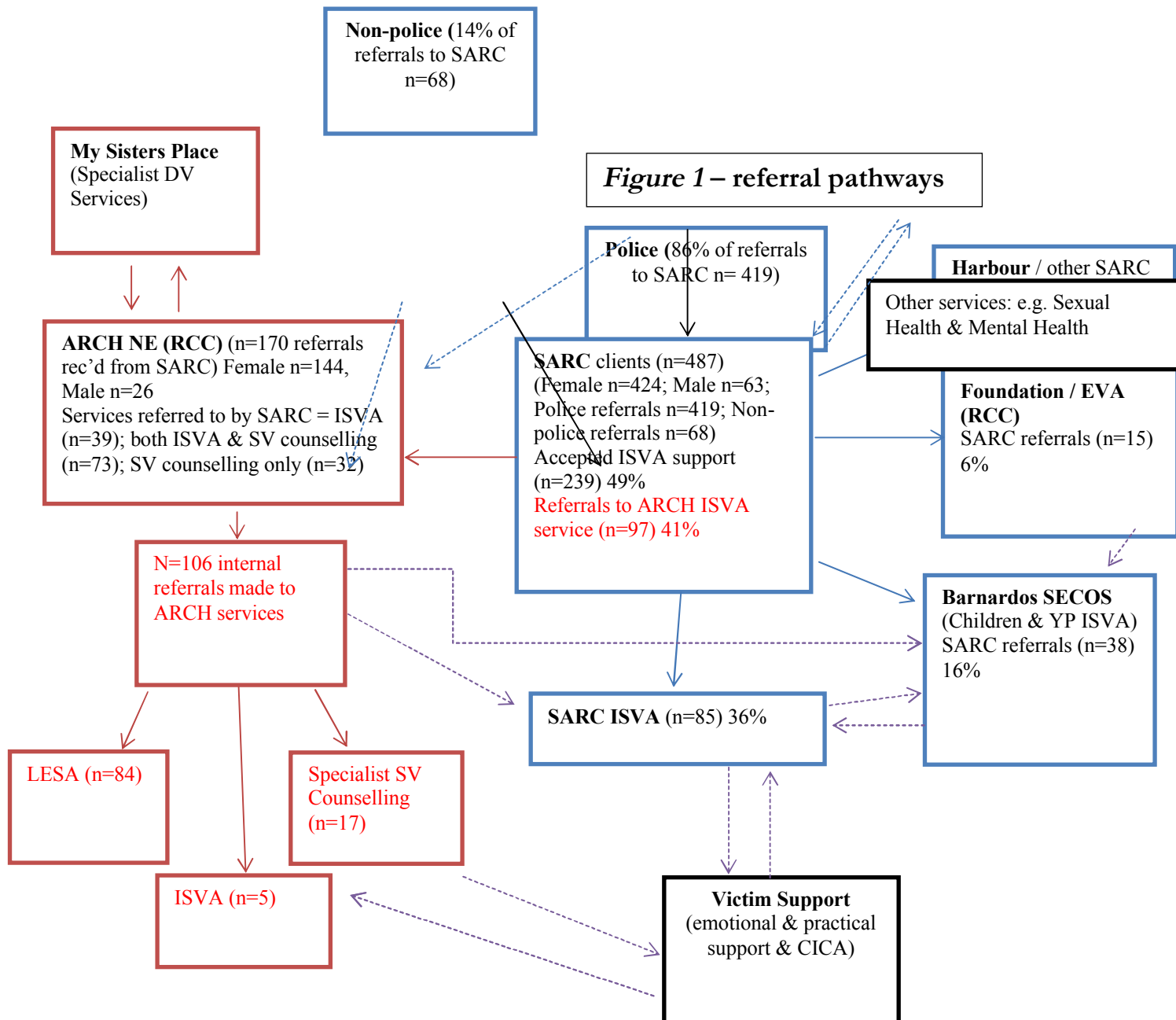
- a. Practical support such as challenging myths and stereotypes, explaining / de-mystifying the judicial process, liaising with police / CPS re case updates, arranging pre-court familiarisation visits,
 - b. Non-therapeutic /emotional support for victim and any family members
 - c. Non-therapeutic /emotional support for family members to lessen or remove potential external pressures and influences that may lead to victim dropping out of process
 - d. Level of support generally tapers off at this stage, during police investigation
 - e. Supporting clients in cases of no further action (NFA) - ensuring victim/clients understand that if a case is NFA'd (by police or CPS) it's not due to them not being believed but it's the level of evidence required (explaining decisions of CJS agencies)
3. Court
- a. Emotional support during court case for victim and family members (often more intensive /frequent support needed during this stage of the process)
4. Post-court
- a. Signposting and /or facilitating engagement / re-engagement of victim with appropriate services
 - b. Signposting to Victim Support for Criminal Injuries Compensation applications where appropriate / wanted
 - c. Emotional support for the victim and family members to alleviate any tensions / problems caused by the emotional fall-out of the abuse and the court case (i.e. once the 'focus' of the court case disappears, often find issues in the aftermath that need dealing with e.g. helping the victim's family to understand any possible changes in the victim and why they may not necessarily go back to 'normal' even though the court case is over
 - d. Finite support provided with the aim of empowering /enabling the victim to move on or continue with their recovery process

Referrals and Specialist sexual violence services

The 2013/14 referral data from Tees SARC and the other sexual violence services shows the complexity of providing specialist sexual violence support targeted at victim/survivor needs (see figure 1 – for referrals between April 2013 and April 2014). As expected,²³ the SARC had the largest client group and was also responsible for referring more clients to other services. Arch North East received the largest proportion of referrals from the SARC, and also had considerable 'internal' referrals to its ISVA, LESA and specialist counselling services. The cross-referrals between sexual

²³ see Robinson (2009) op cit; Lea et al (2015) op cit.

violence and other services, such as those offering domestic violence IDVA support are also important to note.



The ISVA role

Analysis of the agency interviews (and reflected by the victim/survivors interviewed) revealed various positive interventions delivered by ISVAs as part of the overall package of specialist support for victims/survivors of sexual violence on Teesside.

Many aspects of the ISVA role were similar across the different agencies/settings, with ISVAs providing a 'core' service of both emotional and practical support at the different stages of the victim/survivor's journey, whether or not they chose to take the criminal justice route. Victim-focussed and flexible ISVA support was offered before a victim/survivor reported to the police; once they had reported to police; pre-court; during court; and for a finite period post-court. ISVAs empowered, supported and advocated for victims, offering different types and levels of support and playing out key roles that may be characterised as 'enabler', 'holder', 'mediator' or 'mender'.

At the same time, the ISVA's worked in slightly different ways depending on the agency within which they were based. Some provided emotional and practical support with a focus on the CJS process, working with clients who were already engaged with the CJS, while others provided emotional and wider practical life issues support either for those in the CJS process or those who were not, while others provided emotional and practical support to those victims/clients not eligible for specialist services elsewhere on Teesside (e.g. SARC ISVA supporting male victims of historic abuse who have also since been accused of certain offenses or working with children who would normally go to specialist Child ISVA service).

Importance of a 'boundaried' ISVA role

A particular challenge faced by ISVAs is ensuring they provide victims/survivors with essential emotional support prior to and during a court case, but are not perceived as 'coaching' a vulnerable victim or witness, which could be detrimental to the outcome of that case. The ISVA role is clearly defined and 'boundaried' which enables them to support victims/ survivors (who are vulnerable by the very fact that they have suffered such violence or abuse). The emotional support described by practitioners was of a non-direct nature, that is, client-led but not directly related to the specific violence /abuse suffered. Instead the ISVAs described the way they support victims by focussing on what they are thinking and feeling and how they may be behaving as a consequence:

We don't know a lot, and also I don't really wanna know. I'm working with a young person who I know has been harmed and they shouldn't have been and that's all I know.. Like my young person, 'I had a nightmare, went to the house' and (so) we talk about dreams, we don't talk about that dream, we talk about dreams and 'I worry that he might get off, he might do it again'. We don't talk about that, we talk about worries, we all worry, we understand about worries... We always accept their feelings' (ISVA)

In response to this issue, ISVAs on Teesside are guided by the Teesside Sexual Violence Strategy Group Pre-Trial Therapy Protocol, used by all agencies working in Teesside that are responsible for the provision of therapeutic services, the investigation of crime (Police) and the prosecution of offenders (CPS). The protocol provides guidance on issues regarding therapy prior to criminal proceedings for victims / clients (aged 14 years and over) to ensure that before a therapist is allocated the police and CPS are informed and can therefore advise on whether there are any issues that might mitigate against starting therapy. Where there are no reasons why therapy should not commence therapy can start as long as the sessions are client-led and on a one-to-one basis (with the same therapist), that the client is not involved in any group session prior to giving evidence, that sessions are recorded accurately and involve no direct questioning of the client about their experiences.

Importance of flexibility by ISVAs and focus on victim/survivor need

The agency interviews (and also highlighted by victims/survivors) indicated that the level and intensity of support required changes throughout the victims/survivors' journey, making it essential that the ISVA role remains flexible in order to meet the changing levels of need. Analysis revealed a clear pattern, with practitioners describing being able to track the change in intensity and frequency of support required by a victim/survivor, depending on where they were at in their 'journey'. Usually more intensive support is needed at the beginning i.e. immediately following referral, but once the victim/client is in 'hold', the level of support (especially emotional support) tends to stabilise (often less frequent contact needed during police investigation). Then as the court case draws near the need for support often picks up again at this point, to help victim/client cope with all the feelings and emotions and questions that arise directly prior to and during the trial.

The flexibility of the ISVA role enables victims to access even the most informal types of support in a safe environment. ISVAs and other front-line support workers in specialist support services provide a safe space in which victims can 'off-load' in times of crisis as and when needed, as they cannot always wait until an allocated appointment to do this. Something may trigger a stressful reaction / episode anytime and anywhere and so having unrestricted access to an ISVA, face to face or on the end of the telephone/ in a building nearby to 'off-load' at crisis point might be particular need for victims who do not necessarily want to have a structured course of counselling or anything other than a 'safe' outlet at points of crisis. This is where the location and 24 hour access of the SARC is an advantage. The SARC was described as being like a 'comfort zone' for some victims because of the trust built up through the support offered by ISVAs and other support workers.

The type and level of emotional support provided by ISVAs also differs depending on the specific concerns of the individual victim/survivor which in turn depends on whether or not it has been reported, how it was reported and whose choice it was to report i.e. whether it was the victim's choice to report it, whether they were strongly 'encouraged' or persuaded to report it by someone else, or whether it was reported by a third party (e.g. a family member or professional /practitioner). For example, there can be particular emotional fallout if a family member has 'taken charge' of the situation to report the sexual abuse:

..maybe if we look maybe at historical cases they're just exploring the avenues of reporting and what their concerns may be, .. it's so long ago or they just don't want to go down that avenue because they're just not interested in justice per se they just want to get their life back really so .. their concerns about the criminal justice service are slightly different to the ones who have reported and they're coming in as a referral.. And sometimes it hasn't been their decision to ring the police, someone else has made that decision for them..and it has snowballed , the police become involved without it really it being their real choice, and that's when you get people who, 'oh my god I don't want to do this, I don't know whether I'm doing this, I'm really frightened, what is going to happen to me, they're not going to believe, I'm going to be cross examined', ... So the immediate thing is to unpick that and put the realities into that because it's not like you see on TV , things don't happen overnight, .. and if you've got support, the right support at the beginning that support lasts the whole lifetime of that process.. (Service manager)

ISVAs also provide essential support to help victim/survivors deal with any emotional aftermath of a No Further Action decision (NFA – decided by police or CPS), and would encourage and /or facilitate access to counselling and on-going support. Post court ISVAs offer a finite period of support to victims/survivors (and/or their family members). This manifests itself in a variety of ways, again depending on the specific needs of the individual. Examples ranged from facilitating a prison visit post trial to enable a victim to meet with the perpetrator (who was a family member); to referring to Victim Support for Criminal Injuries Compensation applications (where appropriate / requested); to facilitating engagement or re-engagement with therapeutic / specialist counselling services.

Importance of wider ISVA support

Where necessary, ISVAs will provide essential support to family members of victims/survivors, as well as the individual. The impact of this is often to enhance the support for the victim/survivor, by keeping them as the main focus of support and ensuring their full emotional needs are met:

it can be the partner of a victim, can be the father of a victim, the brother, sibling whoever male members or female members. The mother and daughter combination we have got lots of because it doesn't just impact on the direct victim it ripples across the whole family... So you have the mum who is terrified about what is going to happen to her daughter in court, the daughter can pick up on that .. so if the whole family is supported then the victim is supported” (Service manager)

Practitioners emphasised, that while ISVAs support family members as part of their role they work specifically to ensure that this is done in a way that keeps the victim at the centre and that their needs are not overtaken by the specific needs of the family members, which could compromise the support to the victim.

The ISVA roles of enabler, holder, and mediator/ mender

The ‘enabler’

ISVAs play a key role in enabling a victim to start and continue on their journey through the often protracted process of transition to survivor, whether or not this involves going through the criminal justice system. ISVAs do this firstly by helping victims to understand and articulate their own feelings, worries and fears. The listening and communication skills of ISVAs are essential in helping victims work through and understand their own worries and fears as often victims will not overtly say what they are afraid of or concerned about because they may not yet have necessarily worked that out for themselves at this early stage, and so are still unaware of what they are scared of. So the ISVAs have to invest that time and effort in the early stages to help the victim understand and articulate their feelings and concerns as only then can they start to identify their individual needs and signpost or facilitate access to relevant support services available within the community. The impact of this is to empower the victim by allaying their fears, for example through dispelling myths about the criminal justice system or re-assuring victims of the positive role that can be played by agencies such as the police, and therefore they assist victims to make clear and informed decisions about the best route to take for them, for example, whether or not to report to police.

The ‘holder’

If a victim does decide to report to police and take the case to court the ISVAs key role is to enable that victim to remain engaged within the criminal justice system, describing this role as ‘keeping’ or ‘holding’ victims in a safe way up to and throughout the court case. They do this in a number of important ways as the role can be very complex depending on the needs of the individual. For example, by keeping the routes of communication between the victim/ their family and the police open and active, or by

providing a wide range of practical assistance with issues such as housing, education, benefits, employment, health, safety and in fact with any on-going issue that could potentially add external pressure and influence a victim's decision to disengage from support services and/or withdraw from the criminal justice process. Examples of ISVA support, for instance within domestic violence services, include supporting a victim/client's abusive ex-partner with his housing needs in order to alleviate pressure from him on the victim herself, or accompanying a victim to a child protection meeting with social services. Such examples illustrated the 'wrap-around' service provided by ISVAs within this particular setting.

Another important way that ISVAs work to 'hold' victims/clients is through offering a 'safe' space in which victims/survivors can 'freely' express the feelings and emotions that present as a result of their victimisation. ISVAs effectively offer victims/survivors a 'neutral' ear, an independent non-family member which helps to remove any potential pressure from victim/survivors who often need or want to protect their parent(s), partner or other family member. This wish to protect may make it difficult for them to open up and therefore difficult for the family to support them adequately.

The consistency element of ISVA support is also vital. The agency interviews suggested this was particularly important for younger victims, for example, a young person who might disclose at the age of 12 years old might be closer to 14 years old by the time their case is going to court which means that that young person is likely to have gone through many changes within that time, changes in appearance, personality development, and their feelings towards what happened to them. This is a long period of time in a child's life to have a court case hanging over them.

The length of time an ISVA can spend working with a victim/client can range from a few weeks to up to two years. The length of time spent supporting or 'holding' a victim/client is directly linked to capacity levels within criminal justice agencies and interviews suggested that this is taking increasingly longer as police and or CPS investigations are taking longer. As a result voluntary sector support organisations are having to 'hold' victims/clients for much longer, which can get very frustrating for the victims/clients, and also has resource implications for specialist services

The 'mediator' or 'mender'

Analysis of the interviews highlighted that another important role played by ISVAs, is that of a 'mediator'. Respondents described the emotional fall-out of sexual violence that can ripple throughout the wider family. Following disclosure of sexual violence or abuse communication may break down because family members do not know how to talk about what happened.

The dynamics of familial relationships may change or situations of conflict can often occur within the family, particularly where the victim/survivor was a young person (but not exclusively) or where the perpetrator was also a family member. In cases like these ISVAs will often do some sort of mediation work with the family.

We did have a case once where it was NFA and mam was really wanting to start it again. And there was a lot of conflict with, cos neither were prepared to sort of meet in the middle with that. We did some mediation around that because they weren't getting anywhere, it was just regurgitating this erm court case all the time and the daughter wanted to get on with her exams, wanted to get on with her life, the mam just wanted to see him punished for what he's done and they were just at loggerheads. (ISVA)

Through mediation work / facilitating communication between family members ISVAs can become a 'mender' of damaged relationships that have become fractured or difficult as a direct consequence of the sexual violence suffered by the individual. .

Strengths and gaps in sexual violence service provision

In the following table we summarise the particular strengths and the weaknesses regarding sexual violence service provision in Teesside that were identified by the end of the study.

Strengths	Issues / weaknesses
<p>Support for victim/survivors:</p> <ul style="list-style-type: none"> • All the specialist support services currently deliver varied and important services to victims, their family and multi-agency partners across Teesside, working with very complex cases and vulnerable victims to ensure that the victim/survivor and their needs remain the central focus of support • All the specialist services offer a range of victim-led support at different stages of the victim/survivors journey i.e. support before they've even reported to police (specialist sexual violence counselling), emotional (non-therapeutic) and practical support once they have reported to police and during the time the case is with police / CPS; more intensive support prior to and during the court case; and then a finite period of support post-court. 	<p>Support for victim/survivors:</p> <ul style="list-style-type: none"> • More work needs to be done to raise the profile of specialist sexual violence services and raise awareness of the remit of ISVAs in Teesside amongst the general public and with all partner agencies (e.g. sexual health/ primary care services, the wider police force i.e. outside of major crime or child protection teams, court staff (Magistrates in particular) and social services in terms of the types and levels of support ISVAs and other specialist services can and do provide. This needs to be done consistently and on a regular basis to ensure all new practitioners are reached • Despite the range of services available within the Teesside area, access is not equal, for example., there is no ISVA support based within the Redcar area

<p>Specialist services respond flexibly to the changes in frequency and intensity of support needed during these key stages in the victim/survivor's journey</p> <ul style="list-style-type: none"> • The specialist sexual abuse counselling and ISVA support currently provided for adults, children and young people in Teesside is essential to the recovery of victim/survivors, whether or not they enter the criminal justice system • As well as services for adult victim/survivors, Teesside benefits from specialist ISVA support for children and young people experiencing sexual violence (Barnardos SECOS) which aims to offer consistent quality of service to victim/survivors aged up to 18yrs 	<p>for male victim/survivors of sexual violence</p> <ul style="list-style-type: none"> • Certain restrictions on who can access specialist sexual violence services (e.g. Arch NE's exclusion policy for people accused of sexual offenses or Redcar DV/ISVA services for females only) contribute to the lack of choice for all victim/survivors • There is a need for much more clarity around the types of counselling /therapy offered to victim / survivors of sexual violence. A mix of counselling is currently being accessed, both specialist and generic, depending on service availability which in a sense creates a postcode lottery effect (e.g. all schools in Stockton use non-specialist counselling service for post court therapy and although they offer a child specialist service they are not specialist sexual abuse counsellors; also male victim/survivors of sexual or domestic abuse in Redcar do not have access to specialist counselling). • The non-directed person-centred approach to therapy currently being offered may not always be appropriate for all victim/survivors.
<p>Referrals / links / pathways:</p> <ul style="list-style-type: none"> • The SARC seems to be working as the main referral route for Barnardos SECOS (children & young people) and for EVA and Foundation (DV/ISVA services in Redcar for females 12yrs+). The strong link with the referral route was reported to be working well, particularly for Barnardos SECOS • New pathways between services and agencies are starting to be developed between specific agencies e.g. the SARC and the Witness Care Unit and Victim Support • There are some well-established pathways between specialist services e.g.: <ul style="list-style-type: none"> ○ The agreement between Arch NE and Barnardos SECOS to provide support to 14-18yr 	<p>Referrals / links / pathways:</p> <ul style="list-style-type: none"> • Pathways enabling statutory referrals to go through one central 'hub' has had a negative impact on some agencies leading to the loss of previously close working relationships e.g. between ISVA and investigating police officer (important for consistent victim/survivor support) • There is a lack of clarity around how SARC refer to support services in Redcar (where there is a split in services between EVA and Foundation) • There is still a need to develop and refine some existing referral pathways, both into and between specialist support services to make specialist care referrals less complicated /more efficient for statutory agencies such as the police. A more co-ordinated approach to developing new or

<p>olds who require child-specific approach to support (e.g. if learning or development needs or element of grooming)</p>	<p>improved pathways would be beneficial</p> <ul style="list-style-type: none"> • There is still a need to more clearly define the roles and responsibilities between some agencies, in particular between the SARC and Arch NE • There is a need to develop a unified monitoring system in order to more accurately record referral pathways and track all sexual violence cases reporting/ seeking support in order to ensure victim/survivors don't 'fall off the radar' of services once they have been referred out to other services
<p>Partnership working:</p> <ul style="list-style-type: none"> • Established partnership working between specialist services and statutory agencies (such as Arch NE and Barnardos SECOS relationships with CPS, individual police officers, witness care services) have developed /grown organically and successfully maintained over years of working in close partnership • Important 'agency or institutional' advocacy is being delivered alongside individual victim advocacy by specialist sexual violence services e.g. Arch NE's involvement with RSSO (rape and serious sexual offences) training within the CPS or work by SARC to raise awareness within sexual health services, trainee midwives & safeguarding boards or work by Barnardos SECOS to raise awareness amongst court ushers and barristers etc re working with child victims of sexual violence and exploitation • There is a consensus and a willingness to work in partnership and improve services for victim/survivors in Teesside across all specialist service providers plus an established forum for future strategic direction (TSVSG) 	<p>Partnership working:</p> <ul style="list-style-type: none"> • There is a need for clarification in terms of how specialist and non-specialist services, such as Victim Support (who do support victim/survivors of sexual violence) may work together / alongside each other e.g. developing tighter referral pathways and improving understanding of specialist ISVA role and support offered to victims by non-specialist victim support workers
<p>Capacity:</p> <ul style="list-style-type: none"> • There are currently (as of Feb 2015) 4 x full-time ISVAs*, 1 x full-time LESA (Life Enhancement Skills Advisor) and 4 part-time ISVAs (incl 1 male ISVA) with funding secured for a 3 year 	<p>Capacity:</p> <ul style="list-style-type: none"> • Having to travel some distance to attend specialist ISVA training outside of the Teesside area means the SARC ISVA spends more time away from supporting victim/survivors which is

<p>specialist sex worker ISVA post (based within Arch NE).</p> <ul style="list-style-type: none"> • The ISVA role is multi-faceted and diverse due to the number of ISVAs operating in Teesside and being situated in both the SARC and voluntary agencies with differing specialisms (sexual violence or domestic violence). The fact that they work in slightly different ways should not necessarily be seen as a weakness as they are providing a range of services to victim/survivors with differing needs. • The SARC ISVA currently has capacity to fill a crucial gap in services in terms of providing ISVA support to victim/survivors who either ‘bounce back’ i.e. who cannot or do not engage with other specialist services or cases involving children & young people from the waiting list at Barnardos SECOS (i.e. doing a certain amount of ‘mopping up’) or to co-work on DV & SV cases within the Redcar area if needed 	<p>not ideal, especially when ISVA works part-time. This should be temporary however.</p> <ul style="list-style-type: none"> • • • • • • The SARC ISVA was still a fairly new and developing role and some of the ‘bounce backs’/ cases they had been able to ‘mop up’ were not referred in any systematic way and therefore this type of gap filling may only be a temporary solution.
<p><i>ISVA support and supervision:</i></p> <ul style="list-style-type: none"> • Support and supervision of ISVAs in Teesside through regular practitioner meetings (informal, peer-to-peer), ISVA manager meetings and the more formal TSVSG forum is appreciated and reduces the feeling of being powerless amongst some workers 	
<p><i>CJS response to sexual violence:</i></p> <ul style="list-style-type: none"> • There is a consensus that working relationships with and the response to victim/survivors from police is improving (in terms of making victim/survivors feel believed when explaining NFA decisions and in pro-actively communicating with the victim and/or the ISVA re case progression) • Specialist /voluntary sector services are working alongside police to help improve the CJS response to sexual violence on Teesside e.g. rape scrutiny 	<p><i>CJS response to sexual violence:</i></p> <ul style="list-style-type: none"> • There are still concerns amongst specialist services about ‘patchy’ CJS response to sexual violence, in particular: <ul style="list-style-type: none"> ○ the length of time it is taking to conduct police /CPS investigations (which now seems to be taking longer meaning ISVAs are having to ‘hold’ victim/survivors for longer); ○ the impact of NFA decisions (mainly CPS but also police) on victim/survivors;

<p>panels (Arch NE are a key part of this process) and review of police ‘no-crime’ decisions</p>	<ul style="list-style-type: none"> ○ some lack of awareness about the impact and therefore lack of appropriate police response to younger (early teens) victim/survivors; ○ some problems with communication between police and ISVAs arising when investigating officers change or move on during an active case; ○ still lack of awareness amongst some individual police officers of the role of the ISVA and the types of support they are able to provide ○ concern that different types of sexual violence are treated differently by police in terms of level of seriousness e.g. some cases judged based on the circumstance rather than the effect on the victim/survivor (e.g. stranger rape still treated more seriously than domestic rape) or cases of ‘inappropriate sexual touching’ seems to be a ‘grey area’ for police, support services not sure how this particular type of offence is dealt with currently or how seriously it is taken
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Conclusions and recommendations

The research found that:

- For the needs of victims/survivors to be at the centre of service provision, it is crucial to understand the impacts and consequences of sexual violence alongside routes to help-seeking and engagement with the criminal justice process.
- Victims/survivors have quite different needs at different stages of their ‘journey’, for instance as they move through disclosure, when the abuse is reported to the police and the eventual hearing of the offender in court.
- Victims/survivors also had varying needs that were in some ways linked to the different ‘types’ of sexual violence experiences, especially experience of childhood sexual abuse or rape in domestically abusive relationships.

- Specialist sexual violence services were crucial to all of the victims/survivors in providing the mix of counselling (as adult or child), support in court and practical help they (and quite often their families) needed. Also, specialist services were able to provide a changing mixture of targeted support as and when the victim/survivors' needs changed, for instance to increase counselling support when they were feeling more depressed/suicidal, and ISVAs to support them through the often drawn out criminal justice process.
- The agency interviews highlighted a multi-faceted picture of service provision across Teesside and uncovered a number of strengths and issues / weaknesses in current service provision in terms of meeting the complex needs of victim/survivors of rape and sexual abuse.

Recommendations

- Commissioning of effective sexual violence services requires consideration of the complex and changing needs of victims/survivors.
- ISVAs are working in different ways across the existing support services providing a range of different but essential services for victims/survivors who have differing and complex needs. It is important to highlight that this current model of response for victims/survivors of sexual violence is a strength and focused on victim/survivor need, and should not necessarily be seen as a 'weakness' or gap within current service provision in Teesside.
- More work is needed to raise the profile of specialist sexual violence services and raise awareness of the remit and benefits of ISVA support in Teesside, amongst the general public and with all partner agencies (e.g. sexual health/ primary care services; the wider police force (i.e. outside of major crime or child protection teams); court staff (Magistrates in particular) and social services in terms of the types and levels of support ISVAs and other specialist services can and do provide. This work should be done consistently and on a regular basis to ensure all new practitioners are reached.
- While there are some strong, well-established referral routes between specialist services and partner agencies, there is a need to more clearly define the roles and responsibilities between some of the key specialist services (e.g. the SARC and Arch North East) and a need to develop and/or refine some referral pathways, both into and between specialist support services, in order to make the referral process less complicated and thus more efficient for statutory agencies such as the police.
- The 'patchiness' of appropriate criminal justice agency response to different forms of sexual violence needs to be addressed.
- There is a need for clarification in terms of how specialist and non-specialist services, such as Victim Support (who do support

victim/survivors of sexual violence) might work better alongside each other e.g. through developing tighter referral pathways and improving understanding of specialist ISVA role and support offered to victims by non-specialist victim support workers.

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