

Section 5

VICTIM AND WITNESS CARE

This section is relevant to police officers and rape specialist prosecutors involved in rape cases, staff providing services from witness care units, and specialist sexual violence service providers such as ISVAs and their local equivalents. It covers all the different types of support available for the victim between the charging and court stages of the criminal justice process.

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5.1 IMPARTIAL INFORMATION AND SUPPORT FOR VICTIMS AND WITNESSES

Victims and their supporters and family members should have access to information about local counselling and support services as well as any specialist facilities such as SARCs, see **5.1.1 Sexual Assault Referral Centres**.

Officers should ensure that all victims of rape are able to access a copy of *Rights of Women (2008) From Report to Court: A handbook for adult survivors of sexual violence, Third Edition*. This publication provides victims with a wide range of information about the criminal justice processes involved in rape cases and the sources of support available to victims and their families. For further information see <http://www.rightsofwomen.org.uk/publications.html>

The criminal justice system website provides useful information for victims of crime, including an interactive tour to guide victims through the criminal justice system. The tour explains each stage of the process that a victim of any crime will encounter, beginning from the time a crime is reported and the police investigation through to prosecution, the court process and sentencing. There is also information on the help and support available to victims of crime, including how to apply for compensation. For further information see <http://www.cjsonline.gov.uk/victim/>

5.1.1 SEXUAL ASSAULT REFERRAL CENTRES

A Sexual Assault Referral Centre (SARC) is a single site with facilities for a high standard of forensic examination. Here, victims can receive medical care and counselling while, at the same time, having the opportunity to assist the police investigation. SARCs are not currently available in every area, but similar facilities should be accessible locally even if they are not collocated as part of a SARC initiative. They are usually provided by a partnership including the local police force(s) and health services, with close involvement of the specialist sexual violence services. There is a wide range of models of SARCs; most have been established in premises away from police stations, usually in residential areas or on hospital sites.

SARCs usually provide all or some of the following:

- Crisis workers to support the victim, facilities for forensic medical examinations, access to forensic physicians and reporting mechanisms to the police;
- Immediate on-site access to emergency contraception and drugs to prevent sexually transmitted infections including HIV;
- Integral follow-up services including psycho-social support and counselling, sexual health, and support throughout the criminal justice process;
- Infrastructure to ensure ongoing client care, DNA decontamination, staffing, training and maintenance, including stocking medication;
- A managed and quality-assured service.

SARCs usually provide a confidential self-referral service whereby victims can attend the centre directly. In these circumstances staff at SARCs discuss the following four options with the victim:

- Report the matter to the police for investigation.
- Report the facts anonymously to the police for intelligence purposes.

- Secure and retain all necessary physical evidence samples for subsequent referral to the police. If this course of action is decided upon, each force will have a protocol with their local SARC for the storage of evidence and the recording of information in cases where the victim does not wish to report the offence immediately to the police may wish to do so later.
- Provide the victim with appropriate medical, psychological and counselling support without retaining evidence or reporting the offence to the police.

Evidence of the benefits of SARCs and information about good practice can be found in *Home Office (2004) Sexual Assault Referral Centres: developing good practice and maximising potentials. Research Study 285*. ACPO has also produced *ACPO (n.d.) Sexual Assault Referral Centres (SARCs) 'Getting Started' Guide*. This is a practical guide for setting up a SARC, and includes information about the different SARC models currently in operation. For access to these documents and for further information on SARCs, see <http://www.homeoffice.gov.uk/>

5.1.2 SPECIALIST ADVOCATE SERVICES AND INDEPENDENT SEXUAL VIOLENCE ADVISORS

Advocates, support workers and independent sexual violence advisers (ISVAs) work to provide specialist support, independently of the criminal justice system, to the victims of sexual violence. Various models of advocacy and support services exist locally. Details of their contact information and the services they provide locally should be widely known and accessible to all police officers and any prosecutors involved in rape cases, along with information about how they make referrals to these services.

Rape Crisis Centres provide a range of specialist services for women and girls who have been raped or have been subject to other forms of sexual violence – whether as adults or as children. Most centres offer advocacy, counselling and a telephone support line, but they may also provide services such as training, educational work in schools, court support or work with male survivors. Rape Crisis Centres are not just for women currently in 'crisis'; many women first make contact with these centres years, or even decades, after they have been raped or sexually abused. For further information on the coordination of national networks of Rape Crisis Centres and support services, see <http://www.rapecrisis.org.uk/>

The Survivors Trust is a UK-wide umbrella agency for specialist rape crisis, sexual violence and childhood sexual abuse voluntary sector services. Member agencies provide a comprehensive and holistic range of services including crisis support and counselling, helplines, supervision, training, advocacy, information and ISVA services. Importantly, the services are provided on a needs-led basis, without time limits. Some services ask for a donation towards running costs. It is well recognised within The Survivors Trust membership that counselling provision for victims of sexual violence and childhood sexual abuse is likely to be in-depth and protracted, sometimes lasting years.

In England there are sixty-two services working with women and men, thirty-seven women-only services and six male victim-only services. For youth clients there are eighty-two services for young women, fifty-one for young men and forty-six working with all youth clients. In Wales there are five services working with women and men, one women-only service and three services working with all youth clients. Contact details for all services can be accessed through <http://www.thesurvivorstrust.org> which lists geographical location, telephone contacts, services provided and opening hours.

ISVAs were introduced alongside their domestic abuse counterparts, IDVAs, to build on existing specialist advocacy services, which are provided by the third or voluntary sector. ISVAs may be based in SARCs (or an equivalent facility), rape crisis organisations or in local police stations. They accept referrals from a variety of agencies, including the police, and usually support victims who are engaged with a statutory service. Although ISVAs provide support to victims throughout the criminal justice process, they also continue to provide support when cases will not progress to court. In addition, they may provide support services to people who report offences which happened some time ago.

Although roles vary locally, the role of an ISVA is to work within a multi-agency setting to provide a proactive service to adult victims of sexual violence within and outside of the criminal justice system to:

- Risk assess and help clients to keep safe;
- Help clients access their rights;
- Help clients access health and other services they require;
- Monitor and keep clients informed of the progress of their case;
- Provide support and information through the criminal justice system.

For further information on the role of ISVAs, see *Co-ordinated Action Against Domestic Abuse (CAADA) (n.d.) An Implementation Guide for Newly Appointed Independent Sexual Violence Advisors* at <http://www.caada.org.uk/>

5.1.3 THE WITNESS SERVICE

The Witness Service (WS) is part of Victim Support and gives free and confidential support to victims of crime, witnesses and their families. It provides the following services:

- Pre-court visits to see the inside of a court and to learn about court procedures;
- Separate waiting areas (if available);
- Support in court throughout the process of the trial and giving evidence;
- Practical help (for example, with expense forms);
- Easier access to those professionals who can answer specific questions about the case (the WS cannot discuss evidence or offer legal advice);
- Post-trial support or information.

For further information see

http://www.victimsupport.org.uk/vs_england_wales/services/witness_services.php

5.2 POLICE AND CROWN PROSECUTION SERVICE WITNESS CARE

The police and CPS should take all practicable steps possible to help victims through the often difficult experience of becoming involved in the criminal justice system. Efforts should be made to increase the victim's confidence in the criminal justice system and to provide them with as much information as possible.

5.2.1 WITNESS CARE UNITS

As part of the government's ongoing programme to transform the experiences of victims and witnesses of crime, the *Cabinet Office (2004) No Witness, No Justice: The National Victim and Witness Care Programme* project introduced Witness Care Units across England and Wales. Implementation of this initiative has significantly improved the standards of service provided to victims and witnesses of crime.

The units provide a SPOC for victims and witnesses and will provide support and information, from the point of charge to the conclusion of the case, tailored to the needs of the individual victim or witness. By being provided with better information and support, witnesses are more likely to feel confident and be willing to support the prosecution process. Witness Care Units aim to lead to more positive outcomes for the criminal justice system, with fewer failed cases and more offences being brought to justice in addition to a more positive experience for victims and witnesses.

The Witness Care Unit should carry out a detailed needs assessment for those witnesses required to attend court, to identify the support needed to enable witnesses to attend court and to give their best evidence. Support may include help to address childcare or transport problems, language difficulties, disabilities or particular concerns such as intimidation.

Witness Care Units will not always be the SPOC for the victim (and possibly some witnesses), particularly in serious and sensitive cases involving offences such as rape. Each CPS Area should have in place a local protocol, which clearly sets out the roles and responsibilities of the Witness Care Unit and the specialist police units in these types of cases. Arrangements for managing the SPOC should be agreed by the Witness Care Officer and the IO on a case-by-case basis. The Witness Care Officer should work with the STO or ISVA (where attached to the case) as agreed. Witness Care Units do not affect the obligations placed upon police and prosecutors to inform victims of decisions as set out by the *Office for Criminal Justice Reform (2005) The Code of Practice for Victims of Crime*.

5.2.2 COURT FAMILIARISATION VISITS

If other agencies or individuals are involved in supporting the victim, they should be made aware of the date of the court hearing. The victim should also be referred (with consent) to the WS at the relevant court. The WS should arrange a court familiarisation visit to see the courtroom and organise a meeting about how the proceedings take place. This support and contact should be coordinated by the Witness Care Unit, STO or ISVA (if appointed to the victim) and offered to the victim from the outset. The STO should also take the opportunity to assess whether the victim needs any additional support in the lead-up to the trial. For example, it may be that their fears of intimidation have increased and some additional short-term measures are needed.

It may also be necessary to introduce a second STO (one not involved in the case) to the victim; this might be particularly useful in cases where the victim has not had support from an ISVA or other specialist support service that might be present during the court case. This will ensure that if the original officer is prevented from entering the courtroom when the victim is giving evidence, there is an alternative officer, already known to the victim, available to support them. The IO should deploy STOs as necessary and ensure that they are provided with full briefings and debriefings.

MANAGEMENT ISSUES

- Working in partnership with specialist sexual violence services to provide appropriate support for all victims of rape.
- Developing facilities (SARCs or similar) that provide single site access to a range of services for victims, including forensic medical examinations and medical aftercare.
- Monitoring the performance of Witness Care Units and their provision of service to victims of rape.
- Ensuring that victims are always offered court familiarisation visits prior to their court case.