



The Effectiveness of Sexual Assault Referral Centres with regard to Mental Health and Substance Use: A National Mixed Method Study

Liz Hughes

Professor of Substance Use Research
Glasgow Caledonian University
Visiting Professor, University of Leeds
On behalf of the MIMOS team

FUNDED BY

NIHR | National Institute for
Health and Care Research

Acknowledgments

The SARCs in England that took part in the MIMOS study- especially challenging during the pandemic so much appreciated

The survivors who completed the questionnaires and allowed us to hear their experiences

The research team who undertook the study during the whole of the pandemic

The people with lived experience who influenced this work at every step

Fay Maxted at Survivors Trust and Concetta Perot at Survivors Voices



Disclaimer

- **This study/project is funded by the NIHR Health Services and Delivery Research NIHR 16/117/03. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.**

Background

- Sexual Assault Centres are integrated services that provide a bespoke place to address the needs of those who have experienced a sexual assault usually by combining the forensic examination (recent assault) with addressing other healthcare and support needs including:
 - STI tests, pregnancy tests, post exposure prophylaxis, referrals to further health care and counselling
- In England these are known as Sexual Assault Referral Centres (SARCs) and are commissioned centrally by NHS England at the Department of Health and Social Care and delivered by a range of providers such as NHS, private health, and private security services, and police
- Their offer is driven by the NHS England SARC Service Specifications
- Research has shown that sexual violence impacts significantly on physical and psychological well-being
- In addition, many people who present to SARCs have had recent prior treatment in mental health services
- However, despite these facts, there is limited specific guidance on what role of the SARC plays in assessment of mental health and substance use as well how care pathways should best operate so that people get the right support at the right time.
- In part due to the lack of guidance there is a range of ways in which SARCs assess and respond to mental health and a recent review showed limited use of standardized tools



A three year NIHR funded study. NHS Ethics approval reference 19/NW/0663
(6.12.19)

Aims:

- To identify programme theories about what works for whom under what circumstances for people with mental health and/or drug/alcohol needs who attend SARC
- Review of literature and work with stakeholders to establish initial programme theories
- Audit of SARC to identify how they address MH/SU in terms of assessment methods, skill mix, in house support offer and relationships with external agencies
- Undertake a screening study to establish the level of MH/SU needs
- Case studies of 6 SARC- documentary analysis, interviews and focus groups with staff, attendees and partner agencies
- Secondary data analysis CRIS data at SLAM and Kent SARC data from inhouse therapies service

WP1 Literature Review Main Themes¹

Identification	<ul style="list-style-type: none"> • Unstructured/Unspecified assessment • Structured standardized assessment • Use of validated measures
In-house support	<ul style="list-style-type: none"> • Immediate emotional support • Counselling • Psychological interventions • Unspecified support
Referral	<ul style="list-style-type: none"> • Signpost & refer • Refer with active follow-up

	Main Recommendations
Stakeholders' views	<ul style="list-style-type: none"> • Systematic assessment of MH/SM • In-house counselling/psychological support • Clear referral pathways • Refer with active follow-up • SARC staff trained in MH/SM; LGBT and learning difficulties training
Policy documents	<ul style="list-style-type: none"> • Some assessment of MH/SM • Refer when needs are greater than IAPT level 3 support • Absence of guidance about substance misuse • CBT for clients with PTSD • Specialist support for LGBT people • Counselling to friends and family

1. Stefanidou T, Hughes E, Kester K, et al. (2020) The identification and treatment of mental health and substance misuse problems in sexual assault services: A systematic review. PLoS One. ;15(4): e0231260

WP2 National Survey Audit

- Response rate 77% overall (36/47) conducted in 2019 (pre-pandemic) completed by SARC manager
- Less than 22% of a range of roles in SARC were reported to have a mental health background and/or MH qualifications
- Assessment- most reported using unstructured interview; standardized screening tools rarely used
- Only 2 SARCs reported there was a co-located IAPT service providing therapy
- 6 SARCs reported they had access to clinical psychologist
- In terms of follow-on care, best relationships were with rape counselling and domestic violence, least satisfied with pathways to mental health

Prevalence study

- Recruited survivors via SARC staff in 5 of the 6 SARCs in the study
- Telephone contact made via preferred contact details, and discussed taking part. Those who gave informed consent were emailed the link to the online survey which contained several tools (commonly used in MH and primary care)
- Safety – we worked with LEAG to design the safety protocol. All participants were told that the researcher would review the responses of the survey and would make contact to check how the person was, if there was a safety concern in the responses the safety protocol was initiated but this was participant-led with researcher as a listener and advocate.
 - CORE 10 (tool used to monitor change and outcomes in counselling and therapy covers symptoms of depression, anxiety, trauma, physical issues, functioning and risk to self)
 - AUDIT-C (alcohol screening tool)
 - PTSD-5 (screening tool for post- traumatic stress symptoms)
 - REQOL-10 (quality of life tool designed for mental health populations)
 - DAST –10 (drug use screening tool)
 - SAPAS (screening for personality disorder)

Prevalence study Results: Recruitment

- 236 "consent to contact" received; 67% we made contact with; of these 50% consented to take part (n=78), mainly from London
- 80% under 35; 91% identified as female; 6% as male; 3% as trans or non-binary
- 73% identified as straight; 8% as gay/lesbian; 19% as bisexual
- 65% white; 13% as Asian/Asian British; 13% Black Caribbean/ Black British/Black African
- Compared with national SARC data –broadly representative, slightly more BAME, slightly younger than national data (may reflect many were from London)

Results of Screening

- showed an overall prevalence (95% CI) of:
 - 76% (65% - 85%) with moderate-severe psychological distress (CORE-10)
 - 12% (6% - 21%) scored between 8-15 indicating “increasing risk of alcohol problems” (AUDIT-C)
 - 94% (86% - 98%) PTSD (PTSD-5)
 - 87% (77% - 94%) were in the clinical range for low quality of life (Re-QoL-10)
 - 45% (33% - 57%) moderate to severe health problems (Re-QoL)
 - 26% (17% - 39%) moderate to severe drug problems (DAST)
 - 63% (50% - 74%) personality disorder (SAPAS)
- In 2018-19, 14,357 adults (aged 18 or over) attended SARC across England. By applying the unadjusted prevalence of mental health or alcohol/drug conditions to this total – Estimated national figures:
 - 10,911 had moderate-severe psychological distress
 - 1,700 had increasing alcohol risk
 - 13,548 had likely PTSD
 - 12,511 had clinically low quality of life
 - 6,423 had moderate-severe health problems
 - 3,800 had moderate-severe drug problems
 - 8,973 had likely personality disorder

WP4: Case Studies

- Setting: 6 SARC were selected based on 3 types identified from the national survey data (cluster analysis)
 - 2 with psychologist attached to the SARC (with some specific therapies provided)
- Sample: staff who worked in SARC, partner agencies and those who used the SARC (survivors)
- NHS Ethics obtained 6th December 2019 (REC ref 19/NW/0663)
- Following informed consent, staff focus groups were undertaken online using Microsoft Teams. These were recorded, downloaded and transcribed verbatim
- In line with the realist approach to interviews (Manzano, 2016), transcripts were analysed in Nvivo (coded against the initial programme theories identified in literature review) while data collection was ongoing so that the content of interviews could be informed by previous findings.
- The coding framework was designed to map the journey through the SARC and on to external agencies to capture the context and mechanisms that provides desired outcomes or where there were blockages in the system.
- The research team met regularly (weekly) during the analysis process to discuss emerging theories and consider additional questions which may help to test and refine these theories.

Recruitment

- Staff: 26 interviews and focus groups with SARC staff (n=31) and 17 interviews and focus groups were conducted with staff from partner agencies (n=20)
- 12 Service user interviews Of those approached from the prevalence study participation, 22% consented to be interviewed. (10 F; 1 M; 1 trans M)

Interviews (Case Study)

- 3 types of respondents: SARC staff; attendees; partner agencies
- Increasing awareness and Access- widening diversity- most of the survivors has no prior knowledge of SARCs; staff talked about need to do outreach into specific under served groups
- Limited formal MH background within SARC skill mix- sometimes lead to a lack of confidence in dealing with a MH crisis, often limited care pathway in a crisis, last resort A&E which is not the right place for someone who is distressed and traumatised
- Varied practice of how psychological wellbeing and drugs/alcohol assessed
- Evidence of trauma informed interactions at all steps of the SARC process staff were "kind, empathetic, placed them in control and informed of each step"
- The forensic examination: Importance of being prepped for the forensic exam. Highly valued the emotional support offered by SARC staff who accompanied the person through the forensic exam
- Varied practice of follow-up after initial contact- some SARCs had policy of follow-up, some just signposted/referred to other agencies, role of ISVA if in criminal proceedings, survivors really valued the follow-up calls from SARCs

PRE SARC

Increasing awareness and Access- widening diversity- most of the survivors has no prior knowledge of SARCs; staff talked about need to do outreach into specific under served groups

MENTAL HEALTH EXPERTISE

Limited formal MH background within SARC skill mix- sometimes lead to a lack of confidence in dealing with a MH crisis, often limited care pathway in a crisis, last resort A&E which is not the right place for someone who is distressed and traumatized

“I was with this patient nearly eight hours because I didn’t feel that it was safe to let her go, but we didn’t have a safety plan in place because nobody would see the patient. It was just like hot potato with the patient – until eventually we could get...because we couldn’t even get her in a car so that the police take her to A&E for her safety. So, in the end we still didn’t have a correct safety plan in place but at least we could get her into a car to get her to A&E..”

Varied practice of how psychological wellbeing and drugs/alcohol assessed

Having a psychologist located in the SARC was identified as very useful to the wider team



TRAUMA INFORMED

Evidence of trauma informed interactions at all steps of the SARC process staff were "kind, empathetic, placed them in control and informed of each step"

"It gives you like a sense of you've still control even though you have been through what you going through and you didn't have the control when the assault took place, you still have control after the aftermath" (survivor)

THE FORENSIC EXAM

Importance of being prepped for the forensic exam. Highly valued the emotional support offered by SARC staff who accompanied the person through the forensic exam

It was just too white ... the centre was too long; the hallway went on forever. Yeah and like what they were wearing. I don't know if it was because of COVID, I don't know, everything seemed really scary ... they were lovely though. If it weren't for the way they spoke, like, I don't think I could have managed it. (survivor)

After care

IN HOUSE THERAPIES AND EMOTIONAL SUPPORT

Survivors who had experience of the in-house psychology or counselling found this really helpful - "they know how to word things" and the importance of being seen as an individual, listened to, "get it" and most importantly, being believed

it definitely does help going to counselling that is for sexual assault and rape ... because they know how to word things so that you are not going to get offended ... they're brilliant they know what they are doing. (Survivor)

FOLLOW-UP BY SARCS

Varied practice of follow-up after initial contact- some SARCs had policy of follow-up, some just signposted/referred to other agencies, role of ISVA if in criminal proceedings, survivors really valued the follow-up calls from SARCs

yes they are quite good at just you know every now and then they'd give you a ring just to see how I was and that I am doing ok. Which you know at least makes it seem like they care.

ACCESS TO EXTERNAL AGENCIES

Many survivors had prior experience of accessing help from mental health and drug/alcohol services – mixed views; waiting lists, short term "generic" offers of support some used language such as "feeling judged" and lack of understanding of MH

"I've had talking therapy.... that was on the NHS, and I thought I am never going to go again.... I just didn't like her. I felt she was judging me, so I said I didn't need it and walked out" (Survivor)

"I don't think to be honest I would be here today. I wouldn't be how I am today. I can go out now on my own and feel comfortable but before [the services helped her] I couldn't go out at all"

Staff talked about challenges of knowing what services to refer to and how, lack of communication and relationships with external agencies, lack of MH expertise in SARC could compound this.

Key messages

- We did not find a consistent approach to identification and assessment of underlying or emerging mental health and/or drugs and alcohol issues in people who attend SARCs
- However we identified significant and severe mental health and some drug and alcohol issues in most SARC attendees. Many of whom had prior mental health and substance use service contacts. This is also supported by other studies
- Few SARCs had staff with specific mental health expertise and this was only by chance rather than design
- Where SARCs had clinical psychologists, this had impact on processes re referral assessments and decisions, in house provision, team working and vicarious trauma
- Significant gaps in partner agency pathways provision for therapy and follow-on mental health and substance use support
- Many survivors and partner agency staff were not familiar with the local SARC or what they do/don't provide
- SARC staff want to do more awareness raising with external agencies and local population but don't have the time. Risk that many people (e.g. those who use mental health services) may not report to SARC due to ignorance

More information

Full [report](#):

Hughes E, Domoney J, Knights N, Price H, Rutsito S, Stefanidou T, *et al*. The effectiveness of sexual assault referral centres with regard to mental health and substance use: a national mixed-methods study - the MiMoS Study. *Health Soc Care Deliv Res* 2023;11(21)

Papers:

Hughes, E., Lucock, M., & Brooker, C. (2019). Sexual violence and mental health services: a call to action. *Epidemiology and Psychiatric Sciences*,

Brooker C, Hughes E, Lloyd-Evans B, Stefanidou T. Mental health pathways from a sexual assault centre: A review of the literature. *J Forensic Leg Med*. 2019 Nov;68:101862. doi: 10.1016/j.jflm.2019.101862. Epub 2019 Aug 27. PMID: 31479796.,

Price, H., Domoney, J., Ariss, S., Hughes, E., & Trevillion, K. (2021). Documentary Analysis Within a Realist Evaluation: Recommendations From a Study of Sexual Assault Referral Centres. *International Journal of Qualitative Methods*, 20. <https://doi.org/10.1177/16094069211047818>

Stefanidou T, Hughes E, Kester K, et al. (2020)The identification and treatment of mental health and substance misuse problems in sexual assault services: A systematic review. *PLoS One*. ;15(4): e0231260

Thank you for Listening
Any questions?