1. Introduction

Following a successful bid by Police Scotland and Rape Crisis Scotland (RCS) to the Scottish Government to fund the piloting of a new model of 24-hour advocacy support to assist male and female victims/survivors at the initial stage of reporting rape to the police, the Support to Report (S2R) service was launched in December 2013. The service was piloted in the Greater Glasgow (G Division) area with three broad objectives:

i. an improvement in the support available to victims of rape and serious sexual crime;

ii. an improvement in the experience of the criminal justice process for victims of rape and serious sexual crime; and

iii. a reduction in the level of abstraction from the criminal justice process of victims of rape and serious sexual crime.

The pilot service is located in Glasgow Rape Crisis Centre (GRCC) and the day-to-day operation of the service is managed and staffed by the Support to Report Advocacy Coordinator. Advocacy workers, drawn from a pool of existing Rape Crisis workers, provide an on-call service at evenings and weekends. Unlike some rape advocacy services, where advocacy workers are based within a referral centre, the S2R service was initially designed to be offered by the police to those reporting rape with an advocacy worker from GRCC being called out to attend (within an hour). However, to enhance accessibility and take-up of the service, referral routes were subsequently broadened to include self-referral or referral from another agency. Management of the service is overseen by an Operational and a Strategic group comprising representatives from relevant partner organisations at local and national levels, including Police Scotland, Archway Sexual Assault Referral Centre (SARC) and Rape Crisis.
2. Evaluation methods

This evaluation took place over a 12-month period (February 2014 - January 2015) and entailed:

- interviews with members of the S2R Strategic Group (Police Scotland, RCS, GRCC, S2R and Archway SARC) (n=6);
- two sets of practitioner interviews, held six months apart, with six advocacy workers and five police officers (n=19);
- interviews with victims/survivors who had used the S2R service (n=9);
- analysis of project monitoring data (including evaluation forms, anonymised S2R case notes, and G Division police referral data);
- attendance at two post-implementation joint police and S2R workshops focusing on partnership working, operational processes and project development; and
- attendance at Strategic Group meetings to inform and understand the ongoing strategic direction of the pilot project.

3. Project planning and development

The S2R Advocacy Coordinator was appointed at the end of November 2013, and the pilot was incepted three weeks later, on December 16 2013. The tight timeframe meant there was limited opportunity for advocacy workers and the police with whom they would be working to discuss mutual working arrangements, or for raising awareness of the new service amongst partner organisations, other agencies with a role in responding to rape, and victims/survivors of rape. Whilst there were good, and longstanding, professional relationships between Police Scotland and GRCC providing a solid foundation on which to base a new service, there was limited time before inception of the service to develop and embed a shared understanding of its aims and objectives, of the respective roles and remit of the partners involved in its delivery, or the planning and development of effective mechanisms for communication and information-sharing between police and advocacy workers. This posed challenges for the smooth running of the service in its early stages, and may have contributed to lower than anticipated take up of the service. Joint training and information-sharing subsequently undertaken during service implementation was therefore of immense value.

4. Project planning and development

At the outset of the pilot it was envisaged that advocacy support would be delivered primarily at the point of reporting to the police. However, in response to the needs of victims/survivors, the service quickly evolved well beyond this to encompass advocacy support delivered before, during and after reporting to the police. Much lower than expected referral numbers for the project meant that the service had the capacity to develop in this way; it is unlikely this would have been possible if take-up had been higher. Between the launch of the S2R service in December 2013 to the end of November 2014, advocacy support was delivered to 55 victims/survivors of rape. Across these 55 cases, a
A total of 115 advocacy appointments\(^1\) and 887 advocacy telephone calls to victims/survivors and other agencies have been made by advocacy workers. The majority of service users (36) accessed support during and after the police statement, while 14 received support at the statement only and five accessed support after the statement only. The referral routes for the 55 cases where the S2R service was taken up are outlined below.

### Referral routes for S2R service users

<table>
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<tr>
<th>Referrals from police</th>
<th>Referrals from RCC</th>
<th>Self-referrals</th>
<th>Referral from other agency</th>
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</thead>
<tbody>
<tr>
<td>35</td>
<td>15</td>
<td>3</td>
<td>2</td>
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Police referrals account for the majority of referrals (35), yet most victims/survivors reporting to the police declined the service at the police statement-taking stage. The most common reason cited for declining was that the victim/survivor did not perceive a need for the service due to an adequate level of support being provided by the Sexual Offence Liaison Officer (SOLO) (35%), or by a friend, family member or another agency (39%). Already having adequate support or not needing support therefore accounted for the majority (77%) of refusals. Other, less commonly cited reasons for service refusal included not wanting to have third party involved (3%), the victim being under arrest or not engaging with the police, and the incident being ‘no crimed’, not reported or reported previously (20%).

While there may be understandable reasons for the service being declined by victims/survivors at the point of reporting, interviews with stakeholders and practitioners highlighted concerns about referral processes; in particular, reliance on a call-out system, the way that the service is offered, and the point at which the service is offered in the reporting process.

Four months after the inception of the service, efforts were made to optimise take-up by refining the police referral mechanisms used. This included a shift from an ‘opt-in’ referral mechanism to an automatic call-out process whereby an advocacy worker is on stand-by while SOLO officers offer the S2R service prior to, during and at the conclusion of initial engagement with the police. In December 2014 further refinements to the referral process were made, requiring SOLO officers to offer the service on or around 14 days following the initial report, or earlier if appropriate (e.g. where there are concerns that a victim/survivor may disengage). It remains to be seen what impact, if any, this most recent change to the referral process will have on the level of service take-up.

Several experienced practitioners – both police and advocacy workers – questioned whether the offer of an advocacy service at the point of initial reporting was the optimum time to do so. There was a strong view that the offer and provision of advocacy support may be most

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\(^1\) This includes the provision of support at the police statement.
valuable at a later stage – when the victim/survivor has had some time to think through what has occurred and be in a better position to seek and process information. To some extent this view was validated by the victim/survivor interviews. Some practitioners also expressed the view that advocacy workers, rather than police officers, are best placed to offer the service after the initial report to the police.

5. Delivery of the advocacy support service: practitioner perspective

Practitioners described the main aspects of advocacy support during the statement-giving process as including reassurance, clarification of the reporting process, advocating for the needs of the victim/survivor, practical and emotional support, and the provision of relevant information. Reassurance during the process typically related to victim/survivor’s anxieties about being unable to remember aspects of the incident, understanding why the police may need to ask particular questions, concerns about whether they would be believed by the police, and understanding emotional reactions associated with the process of reporting rape. The provision of information was seen as important due to the victim/survivor’s lack of familiarity with the reporting process and the impact that trauma may have on the ability to process and retain information given by the police.

The independence of the advocacy worker was considered particularly important. It was acknowledged that the police have a particular role in relation to the investigative process and that support provided by advocacy workers is additional, and different, to this.

In some cases, support was also provided to friends and family members. This support was described as beneficial in its own right, and for enabling friends and family to be better able to understand the needs of those experiencing rape.

Some practitioners queried the value of having an advocacy worker present during the police statement; some police officers considered the contribution of the advocacy worker to be limited at this stage while some advocacy workers questioned whether they were an ‘unnecessary presence’ during disclosure of sensitive details of an assault. Follow-up support after the initial statement was considered particularly important in view of how distressing the process can be, irrespective of how well the police may have handled a case. Police officers described the days immediately following a report as the point where victims/survivors may be overwhelmed by the ensuing investigative process and when doubts or questions arise, and hence the provision of advocacy at that time is important. Advocacy support was perceived to be particularly beneficial after reporting in view of the length of time that the investigative process may take and the need for continuity of contact during this time.

Practitioners highlighted the need for support in the lead-up to a trial, due to anxieties about what this may entail. The provision of a service independent of the criminal justice process was identified as a central feature of the advocacy support model due to the perceived formality of criminal justice agencies and the need for a consistent point of contact. It was also suggested that for some victims/survivors, the prospect of a court case may trigger a
desire to withdraw from the process. Support and reassurance at this stage in the process was, therefore, described as particularly important.

6. The views and experiences of service users

The value of advocacy support to those reporting rape was clearly articulated throughout the interviews with victims/survivors. All those interviewed, irrespective of the particular circumstances of their case, provided very positive feedback about the support they had received. It was also apparent that advocacy support had impacted on their ability to engage in, and continue with, the criminal justice process. The key benefits of the service were described as: the provision of support and advice about how to cope with the criminal justice process (rather than just information about the process); reassurance provided by someone who understands the process; assistance in understanding their own reactions to the process (and the incident itself); building confidence in ability to cope; having someone to talk to when it is difficult or impossible to tell family or friends; having someone to liaise with the police and procurator fiscal following the police report; and the provision of a comfortable environment for giving a statement to the police (i.e. RCC premises).

While there was broad consensus about the value of the service, there were divergent views concerning the level and timing of advocacy support. For most, support at an early stage was welcomed although some found early contact too intensive. Variation in the level and timing of advocacy support required reflects the diverse circumstances and experiences of those accessing the service. This suggests that a victim/survivor-led approach is most beneficial in meeting the needs of those reporting rape. In addition to information and support around the criminal justice process, victim/survivors emphasised the value of support that addressed the feelings that accompanied the rape itself and the emotions associated with reporting to the police and the journey through the criminal justice system. The provision of advocacy support, particularly in liaising with the police, was highly valued. Although victims/survivors are invited to contact the police if they have any queries following their initial report, some interviewees described feeling nervous, stressed or intimidated at the prospect of doing so.

The period following an initial report was described by victims/survivors as being characterised by stress, doubt and uncertainty about what may or may not be happening with their case. Advocacy support at this stage provided reassurance about the process and a sense of having someone ‘by their side’ who ‘knows what to do’. This was particularly valued given that most victims/survivors had little or no prior experience of the criminal justice system. This in turn influenced victims/survivors ability to continue with the criminal justice process. Finally, although the service was established with the aim of improving experiences of the criminal justice system and reducing the level of abstraction from the process, it was also apparent that there is an acute need for support in cases which do not progress (e.g. due to a lack of evidence). Cases that do not progress were particularly distressing for victims/survivors. All victims/survivors strongly supported the continuation and enhanced promotion of the service.
7. Future developments

Reiterating the views of victims/survivors, practitioners expressed strong support for the continuation of the service despite the lower than anticipated take-up. A view was also expressed by practitioners suggesting that more time and continued partnership working was needed for the pilot service to develop fully and, crucially, become an integrated part of the service offered to those reporting rape to the police rather than an ‘add-on’ within the process. Support for continuation of the service was grounded in a shared understanding of the need for victims/survivors to be supported in reporting rape to the police and the later stages of the criminal justice process.

There was also a clear consensus that the 24-7 service model, with support primarily being concentrated at the police reporting stage, may not be the best use of resources or the best way to meet the needs of victims/survivors. The extension of the service remit, to incorporate more support following the report to the police, was welcomed by partners and considered to be a positive development in terms of meeting the aims of the service. However, the shift towards providing more follow-up support, which typically occurs during office hours, has meant that the workload of the S2R Advocacy Coordinator incorporates the provision of more direct advocacy support than had initially been anticipated while the pool of advocacy workers is underutilised. This raises questions about whether the current staffing structure is sustainable or appropriate to the needs of the service moving forward. It was suggested that staffing could be reconfigured or enhanced to resource the increased level of follow-up work delivered by the service.

Going forward, it is also important to recognise and address some of the more difficult issues that can arise in partnership working in this area. Perhaps one of the thorniest issues relates to the procedures for registering concerns about police approach to victim/survivors. A small number of victim/survivors reported dissatisfaction with their treatment by police, saying that they felt ‘invalidated’, and relayed this to the advocacy workers who were then, in turn, unsure of the most appropriate ways of raising this (either with Police Scotland or the officers concerned) and apprehensive about the consequences of doing so for fear of jeopardising working relations. It is important that there are clear mechanisms in place for such concerns to be properly aired, and without compromising professional working relations between partners. This also points to the need for ongoing training and regular opportunities for review of practice, partnership working and the conveying of feedback between partner agencies.

8. Recommendations

- The development of any new advocacy support service should include an adequate planning and implementation phase prior to the launch of the service.
- During the planning and development phase of a new service, clear terms of reference, partnership working, referral processes and project publicity material should be established.
- The financial resources for the development of a new service should be carefully considered; budgets should include start-up costs (e.g. equipment, telephones, etc.)
and management costs, as well as direct staffing and operational costs associated with the delivery of the service.

- The development of partnership working – particularly at an operational level – should be viewed as an ongoing process, subject to review and refinement, and should be prioritised as such.
- Joint training should be a priority (delivered both pre-implementation and on an ongoing basis) in order to ensure a shared understanding of ‘advocacy’ and to provide opportunities for mutual learning and feedback on operation of the service.
- Project publicity, including online information about the service, should also be prioritised with a view to increasing self-referrals, referrals made by agencies, and access to support prior to reporting to the police.
- The model of advocacy support adopted should be victim/survivor-led, reflecting variation in the timing and nature of support required by those reporting to the police.
- Referral processes, including the automatic requirement for advocacy workers to be on stand-by during police statements, should be reviewed. Current practice in this regard may not be the most effective use of resources.
- Victims/survivors should be re-offered advocacy support in the period after they have reported to the police in addition to being offered the service at the point of, or prior to, reporting.
- Consideration should be given to which agency is best placed to offer the S2R service following the initial police statement. With the victim/survivor’s permission, their contact details could be passed on to the S2R service by the police. An advocacy worker could then make direct contact with them to explain the service available within an agreed timeframe.
- The (extended) project remit, incorporating support beyond the early stages of reporting to the police, should be communicated with relevant organisations to ensure clarity about their respective roles and remit. This is particularly relevant where there may be some overlap with partner organisations (e.g. Archway).
- The staffing and resourcing of the service should be carefully reviewed to reflect the service offered, with a greater concentration of resources on the follow-up work that occurs after the police statement.
- The value of continuity of support as victims/survivors progress through different stages of the criminal justice process should be recognised.
- There is a need to provide support for victims/survivors where their case does not progress as anticipated, in addition to those cases that do progress to court.
- If the ongoing remit of the project includes advocacy and support up to and including attendance at court, this should be reflected in the composition of the Strategic Group overseeing the project (e.g. with the inclusion of representation from the Procurator Fiscal’s office).
- If the pilot project is discontinued, a contingency plan for supporting existing service users should be adopted.