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# Providing counselling, support and information to survivors of rape: an evaluation of the 'STAR' Young Persons' Project

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Home Office Online Report 51/04

The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).

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## Foreword

In 1998 the Home Office announced the Crime Reduction Programme (CRP), which aimed to develop and implement an integrated approach to reducing crime and making communities safer. As part of this programme the Violence Against Women Initiative (VAWI) was launched in July 2000, and specifically aimed to find out which approaches and practices were effective in supporting victims and tackling domestic violence, rape and sexual assault. Thirty-four multi-agency victim focused pilot projects were funded and aimed to develop and implement a range of interventions for various population groups in a number of different settings and contexts. The projects were originally funded until the end of March 2002; however, 24 of these projects had their funding, and in some cases their evaluations extended until the end of March 2003. A further 24 'round 2' projects were funded in March 2001; however these were provided with money purely for services and were not evaluated by the Home Office.

For evaluation purposes the projects were divided into nine packages, and projects with similar solutions or tactics, or those, which were operating in the same contexts, were grouped together. Seven different independent evaluation teams were commissioned to assess the projects in terms of their development, impact, cost and cost effectiveness. The findings from all of the evaluations have been collated and a series of research reports and concise practitioner guides have been published for both the domestic violence and rape and sexual assault projects.

This report presents findings from the STAR (Surviving Trauma After Rape) Young Persons' Project in West Yorkshire. This small-scale evaluation aimed to assess services which sought to support victims of rape and sexual assault aged 14-16. The report places the findings from the project in the context of the literature, and provides recommendations for good practice which will be of interest to a range of professionals who have a role or an interest in providing services to survivors of rape and sexual assault.

## Crime Reduction Programme: Violence Against Women Initiative

### Other reports in the series

#### **Domestic violence**

**Douglas, N., Lilley, S.J., Kooper, L. and Diamond A.** (2004) *Safety and justice: sharing personal information in the context of domestic violence- an overview*. Home Office Development and Practice Report No. 30. London: Home Office.

**Hester, M. and Westmarland, N.** (2005) *Tackling Domestic Violence: effective interventions and approaches*. Home Office Research Study No. 290. London: Home Office.

**Mullender, A.** (2004) *Tackling Domestic Violence: providing support for children who have witnessed domestic violence*. Home Office Development and Practice Report No. 33. London: Home Office.

**Parmar, A., Sampson, A. and Diamond, A.** (2005) *Tackling Domestic Violence: providing advocacy and support to survivors of domestic violence*. Home Office Development and Practice Report. No. 34. London: Home Office.

**Parmar, A., Sampson, A. and Diamond, A.** (2005) *Tackling Domestic Violence: providing advocacy and support to survivors of domestic violence from Black and other minority ethnic communities*. Home Office Development and Practice Report. No. 35. London: Home Office.

**Taket, A., Beringer, A., Irvine, A. and Garfield, S.** (2004) *Tackling Domestic Violence: exploring the health service contribution*. Home Office Online report 52/04. London: Home Office.

**Taket, A.** (2004) *Tackling Domestic Violence: the role of health professionals*. Home Office Development and Practice Report No. 32. London: Home Office.

#### **Rape and sexual assault**

**Kelly, L., Lovett J. and Regan L.** (2005) *A Gap or a Chasm? Attrition in reported rape cases*. Home Office Research Study No. 293. London: Home Office.

**Lovett, J., Regan, L. and Kelly, L.** (2004) *Sexual Assault Referral Centres: developing good practice and maximising potentials*. Home Office Research Study No 285. London: Home Office.

**Regan, L., Lovett, J. and Kelly, L.** (2004) *Forensic nursing: an option for improving responses to reported rape and sexual assault*. Home Office Online Report 28/04. London: Home Office.

**Regan, L., Lovett, J. and Kelly, L.** (2004) *Forensic nursing: an option for improving responses to reported rape and sexual assault*. Home Office Development and Practice Report No. 31. London: Home Office.

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At times this research was both painful and demoralising for the authors, as well as the respondents, as we listened to or read accounts of the pain caused by sexual violence and the young people's frustration because of difficulties in gaining support or justice. It was our partners, friends, and family who helped us through this, including Ian Smith, Steven Kirkby, Rosemary Barberet and Berit Abell.

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# Executive summary

The STAR (Surviving Trauma After Rape) Young Persons' Project was initiated in West Yorkshire in 2000 as part of the Home Office Crime Reduction Programme (CRP) Violence Against Women Initiative (VAWI). This report focuses on the findings of a two-year evaluation of this service.

## Project aims and objectives

The overall aim of the project was to provide a specialist counselling and support service to young people who were recent survivors of rape and sexual assault aged from 14 to 16 years. The objectives were to recruit and train Initial Support Workers (ISWs) and counsellors, and offer a case tracking service to keep clients informed of their case. STAR also undertook to compile a database detailing cases referred to the service and the resultant outcomes.

## Evaluation methodology

The evaluation had a number of objectives.

- Explore what young survivors want from a support service.
- Establish the extent to which STAR met their needs.
- Analyse case attrition.
- Assess whether case attrition can be linked to service use.
- Monitor the implementation of the project.
- Monitor up-take of services.
- Review the development of service contracts, policies and procedures.
- Evaluate the young person service training.
- Assess the actual costs of the services.

The research drew on a multi-method approach to enable triangulation of data. This included a detailed database of the 185 cases referred to STAR during the evaluation; questionnaires from 43 survivors; interviews with nine survivors, six parents and 46 service providers; observation of and questionnaires from those participating in the training of ISWs and counsellors; and analysis of written material such as project protocols.

## Key findings

### Process evaluation

- The process evaluation focused on project implementation.
- This initial phase ran approximately to timetable, including the employment of staff, training and development of service procedures.
- With the exception of the confidentiality policy, all contracts, policies and procedures for the new service came from STAR's existing adult service.
- For the duration of the evaluation, ten ISWs and 16 counsellors went through STAR's basic two-day training to work with young people.
- The overall response to the training was very positive. However, a number of gaps in knowledge were still identified.
- Recruitment and retention of counsellors and staff was highly successful, but was poor for ISWs.

- As a result of poor levels of recruitment, most young survivors did not have access to ISWs.

## Outcome evaluation

### Case outcome and service use

- Case attrition is highest during the Crown Prosecution Service's (CPS) decision-making stage (28%).
- The majority of cases resulted in CPS's No Further Action (NFA) or discontinuation (46%). A guilty verdict was reached in 17 per cent of cases.
- There is a strong relationship between case outcome and use of the case tracker. It is not possible to determine the direction of this relationship.

### Impacts and needs

- There is no single list of impacts or needs.
- The impact of rape and sexual assault included: disbelief, isolation, anxiety, bad dreams, flashbacks, stress, low self-esteem, self-blame, fear of men, self-harm and problems at school.
- Primary needs included being listened to and given information about their case. The survivor remaining in control was also very important.

### Awareness of STAR services

- Most referrals came directly from the police (73%), indicating a high level of police awareness of STAR.
- Referrals from elsewhere were very low.
- The majority of survivors questioned knew of one or more of STAR's services (86%), but many were not aware of the whole range.

### Case tracker: providing information about criminal justice system processes and decisions

- The overwhelming majority of respondents were positive (89%) about case tracker.
- Just under half of respondents wanted more information (outside of school hours).
- There appeared to be a lack of clarity about responsibility for providing information between the police and STAR.

### The Initial Support Worker (ISW) service

- There were only three ISWs at the time of the evaluation (two male), which was why only 15 survivors used this service.
- The feedback about the service was very positive. However, such small numbers limit any conclusions.

### The counselling service

- Just under one-third of survivors had contact with a counsellor.
- Most rated their counsellor very positively and said the service had helped them.
- Developing a positive counsellor/survivor relationship tended to be linked to a flexible approach where the survivor had control.

### Choosing to opt out

- Reasons for not using the services included not being aware, having support from elsewhere, and thinking they could not be helped.
- Young people who used the ISWs or counselling service, but not the full six to ten sessions, dropped out mainly because 'it did not feel right' or it had not been their choice to access the service.

#### Additional areas for service development

- Parents needed support for their own wellbeing, to maintain their ability to support their child, guidance and for peace of mind for the survivor.
- The overwhelming majority of survivors wanted to see a female worker.
- Asians were under-represented in referrals and workers.
- A substantial proportion of young people thought peer support would help reduce their isolation and ability to share information.

## Recommendations

### Training

- Training courses could include the use of more specialists with particular skills in working with young women (such as self-harm).
- 'Refresher' training on internal policies and protocols may be beneficial.

### Awareness of services

- A targeted advertisement and awareness campaign appears necessary, particularly in relation to Asian and ethnic minorities, and organisations other than the police.
- Translation of all leaflets, posters and the website would also be appropriate.
- 'User-friendly' mail-outs may also increase the awareness of survivors already referred to STAR of all services on offer.
- Improved inter-agency working could be made a priority.

## Developing the STAR Young Persons' service

### General recommendations

- A female ISW and/or counsellor should be the default contact for a female survivor.
- If all the allotted ISW or counsellor sessions are not used, survivors could be re-contacted after one and six months and reassured that they can resume support if they wish.
- A peer support system could be developed through outings, facilitating a network, and/or an internet site.

### The ISW service

- A paid female ISW may alleviate recruitment problems.
- It may be appropriate to extend the number of sessions offered (currently six).
- Ensuring that the survivor is offered the option of meeting in a location other than the young person's home may increase uptake.

### The counselling service

- Extending the standard number of sessions (currently six-ten) may be beneficial.
- There is a need to recheck all counselling rooms for privacy and comfort.

### The case tracker service

- Information could be offered outside of school hours.
- The service could become more proactive in providing information.
- When a case is 'static' or taking a long time to be investigated, the case tracker could check that a police representative has met the survivor to explain why this has happened.
- Whose responsibility it is – police or STAR case tracker – to impart information to the survivor should be formally clarified.

## Recommendations for those wishing to initiate a service for young survivors

- Set realistic aims and objectives.
- Do not under-cost funding applications.
- Be aware that the actual cost of a volunteer service can be more than a service with paid staff.
- Undertake detailed research into 'client' needs and existing service provision.
- Avoid simply replicating adult services.
- Consider how the geographical area might limit the model of service.
- Explore the possibility of counselling, advocacy, peer and internet support within existing generic services such as schools, youth clubs and youth counselling services.
- If the plan is to recruit from existing counsellors/volunteers, check their availability.
- Discuss protocols and procedures with relevant external organisations and internal workers.
- Consider the lead-in time necessary to recruit and train counsellors and volunteers.
- Provide detailed training drawing on a range of individuals who have worked with young women.
- Provide independent monthly counselling supervision for all those working with survivors.
- Ensure that workers have the opportunity to meet and share their fears and expertise.
- Try to foster an ethos that is flexible to the needs of the survivor (for example, short- and long-term support, catering for differing preferred methods of communication).
- Consider developing peer support through trips, group work, internet discussion groups, and/or a 'buddy' system, but ensure guidelines, training and supervision are in place.

## Recommendations for future research

- National research to analyse the level of young survivors' cases discontinued by the CPS.
- Differing patterns of attrition between young people and adults need further exploration.
- The specific contexts and circumstances of rape and sexual assault in this group require analysis.
- A review of current internet support services could provide guidelines for good practice.
- Peer support systems could be piloted and evaluated.
- Research is needed into the experiences and needs of young male survivors.
- The dominant discourses of service provision need to be deconstructed to consider the basis of their dominance.
- More creative methodological approaches to research with young survivors should also be explored.

# 1. Introduction

The STAR Project (Surviving Trauma After Rape), launched in November 1994, is a West Yorkshire initiative developed to provide counselling and support for adult survivors of recent rape and sexual assault.<sup>1</sup> This report is concerned with an evaluation of a recent development by STAR, namely the STAR Young Persons' Project, which was sponsored by the Home Office in July 2000, under the remit of the Crime Reduction Programme (CRP) Violence Against Women Initiative (VAWI). The new project was a response to a recommendation by Professor Jalna Hamner after undertaking an independent evaluation of the STAR project in 1997. It was also a response to the lack of existing specialist services to support the 214 survivors of rape and sexual assault aged from 13 to 16 reporting to West Yorkshire Police in the two years prior to the writing of the bid.

## Project aims and objectives

The overall aim of the project was to provide a specialist counselling and support service to young people who were recent survivors of rape and sexual assault aged from 14 to 16 years. This was broken down into four objectives:

- (i) recruiting and training volunteer Initial Support Workers (ISWs) to provide practical help and support for young people throughout West Yorkshire;
- (ii) recruiting and training qualified counsellors throughout West Yorkshire to provide counselling for young people; and
- (iii) offering a case tracking service, to keep clients informed of developments in the criminal case (if this is being pursued).

Through the case tracking service, STAR also undertook to:

- (iv) compile a database detailing the cases of the young people referred to the service and the resultant outcomes, in order to develop a more informed understanding of the needs and problems faced by this group within and outside of the criminal justice system.<sup>2</sup>

Crime prevention, therefore, was not the primary aim underpinning this initiative. The primary concern was to cater for the needs of adolescent survivors of rape and sexual assault. Under the Human Rights Act 1998 and the Victim's Charter (1996), institutions such as the police and health authorities have a duty of care to victims of crime. This emanates from a growing body of thought that asserts that victims/survivors of violent crimes are not simply witnesses in a court case but individuals whose needs should be central at each stage of the criminal justice process. Indeed, their needs should be catered for even where the survivor chooses not to involve the criminal justice system (see, for example, Victim Support, 1995 and 1996). The needs and vulnerabilities of victims and witnesses have also come increasingly into focus in policy documentation and legislation in recent years (see, for example, the Criminal Evidence Act 1999; *Justice for All* White Paper, 2002; *A New Deal for Victims and Witnesses*, 2003; the Youth Justice and the Criminal Justice Act 2003). The hope was that STAR's new

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<sup>1</sup> The project was originally commissioned by West Yorkshire Police and the four Health Authorities in the area (Bradford, Kirklees and Calderdale, Leeds and Wakefield). The Health Authorities have now been divided into 15 different Primary Care Trusts

<sup>2</sup> These aims and objectives differ significantly from those stated in the original proposal that was accepted by the CRP, which were focused not only on developing a specialist counselling and support service for young people, but also improving attrition rates, targeting prevention, and reducing reoffending (STAR CRP Project Proposal, 2000; see Appendix A for a full copy of the original aims). These were more in line with the aims of the CRP initiative. However, in the initial meetings between STAR and the evaluation team it became clear that the primary focus of the project was on service provision (outputs) and that these possible outcomes (reducing attrition and reducing offending) were seen by STAR as a by-product rather than the primary aims of the project. STAR also did not believe they could achieve most of these aims. As such, STAR strongly resisted being evaluated against such aims and worked with Home Office project developers to come up with the less ambitious aims stated in Chapter 1.

initiative, if successful, could act as a model of good practice in working with one of the most vulnerable groups – young victims of sexual violence.

## Outline of the report

The report is divided into seven further chapters. In Chapter 2, a detailed outline of the project is given. Chapter 3 sets out the evaluation methodology and its limitations. Chapter 4 is concerned with the process evaluation including the implementation of the project, the development of service protocols, the training programme and the recruitment and retention of counsellors and volunteers to work on the project. The largest chapter, Chapter 5, is dedicated to the outcome evaluation. It is here that the impact rape and sexual assault has on young people is discussed as well as their service needs, case outcomes and whether these can be linked to STAR's services, survivors' experiences of using these services, and why some young people 'opted out'. This is followed in Chapter 6 by a discussion of possible areas for future service development by STAR to cater further to the needs of young people. Chapter 7 outlines the costs of the service. Recommendations for the future are then put forward in the final chapter.

## 2. STAR Young Persons' Project

STAR's new service sought to provide initial support, case tracking and counselling to survivors of rape and sexual assault aged from 14 to 16. Originally the service was also to be offered to 13-year-olds, but STAR and the police were concerned that people of this age would not be able to access services without their parents' presence and consent. The age was therefore raised to 14 with the agreement of the Home Office.

STAR is not a centre based service (unlike Sexual Assault Referral Centres (SARCs) in, for example, Manchester, Leicester, Tyne and Wear and London), although it does have administrative offices in Wakefield at West Yorkshire Police Headquarters. Instead, mobile volunteers, ISWs are trained by the project to offer support in the survivor's home or preferred location, and counselling (limited to crisis counselling of six to ten sessions) is commissioned from self-employed counsellors based in the same area as the survivor.

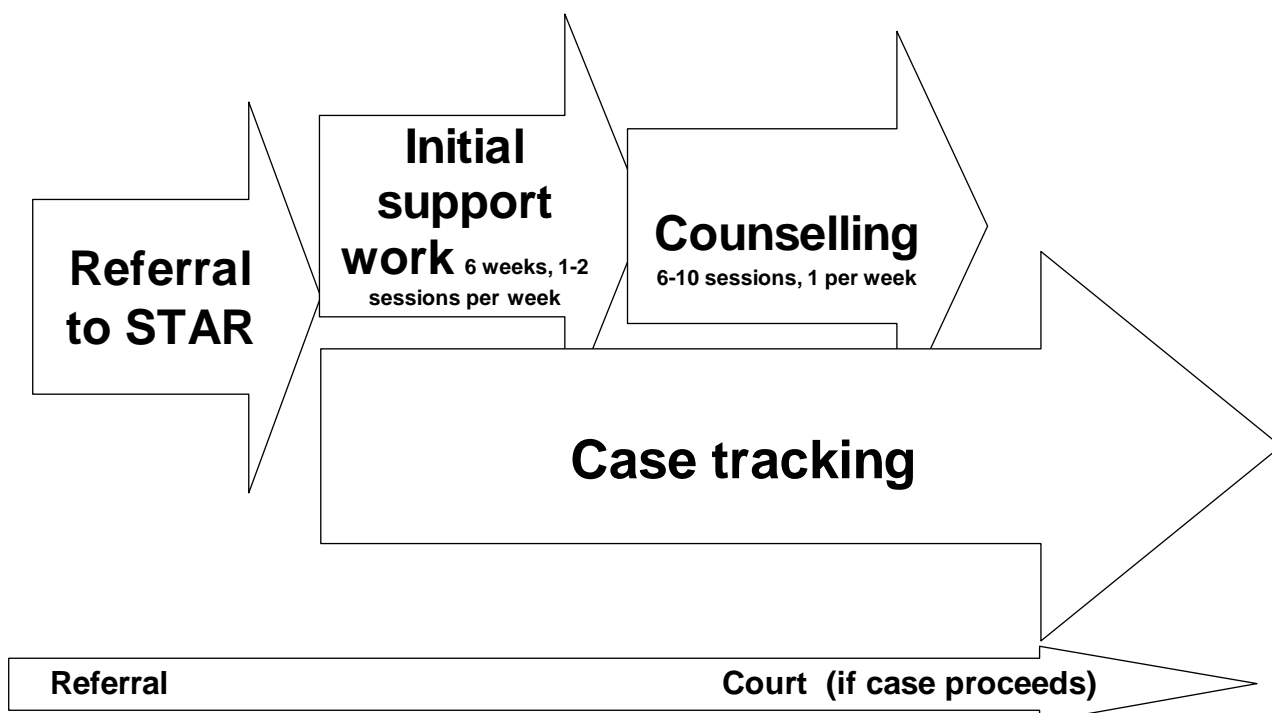
### *Referrals*

Referrals of young people to STAR come primarily from the police officer responsible for the case or from STAR checking the police Crime Information System (CIS) (82%). Officers fill out a form with survivors that states whether they give permission for STAR to contact them. Only a minority of cases are self referrals (3%), referrals by the mother or father (primarily mothers 5%, fathers 1%), or from practitioners other than the police (such as doctors, probation officers and social workers, in total 2%).

After a referral is made, STAR sends a letter to the survivor outlining their services and giving their telephone number and address to enable the young person to contact them. If the young person does not contact them then the letter, in most cases, is followed up with a phone call. Case tracking, from initial contact through to conviction, was to be offered to all young people who reported a case to the police. The case tracker would attempt to contact the survivor first by phone, so that STAR could answer or seek answers to any additional questions the survivor might have, and then by letter to confirm what was discussed in the phone call. If, as with many cases, they could not get an answer on the phone, a letter would be sent.

The planned timing of each of these services is indicated in Figure 2.1.

**Figure 2.1: Overview and timing of STAR's services**



The ISW service is offered for six weeks prior to counselling (normally one or sometimes two session(s) per week for one hour). They provide confidential support and information in the survivor's home or other preferred location. If the survivor chooses to use this service, and there is an ISW available in their area, STAR will ring the ISW to give him/her the survivor's background details and contact telephone number. The ISW then contacts the young person to explain who he/she is and his/her role. During the sessions the survivor is encouraged to talk freely about the assault and other linked concerns. The ISWs also offer practical help with arranging visits to clinics and filling out relevant forms; information on police, forensic and court procedures; as well as helping access information on the case through the case tracker. ISWs further assist in identifying future options in terms of counselling with STAR and help from other agencies.<sup>3</sup>

#### *The counselling service*

The counselling service focuses on the emotional and psychological needs of the survivor. The system for contact between the counsellor and the survivor is the same as for the ISW. The counselling is offered in the young woman's area. Counsellors work in their own premises at a counselling practice, in separate counselling rooms in their home, or at locations arranged by STAR (for example paying to use Victim Support premises). The duration is six to ten sessions (on one occasion this has been extended to 15), normally once a week for one hour.<sup>4</sup> The short-term nature of the counselling means that, like the ISW, the service does not continue throughout the legal case. However, some survivors in consultation with their counsellor and STAR choose to 'save' some of their sessions for the time of the court case. The counsellors receive the same training from STAR as ISWs in addition to their external British Association of Counsellors and Therapists qualifications.

#### *The case tracking service*

STAR's case tracking service aims to keep survivors, who opt into using this service, informed of the progress of their case through the criminal justice system. The STAR case tracker does this by actively seeking information from the police and updating the client through telephone and/or postal contact. Case tracking is provided by a full-time paid worker based at STAR offices.

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<sup>3</sup> STAR state that the theory behind this service is based on Maslows' (1968) hierarchy of needs linked to good mental health. STAR argue that they need to ensure that basic needs, like having adequate money for food and accommodation and/or access to information, are addressed before higher needs such as being able to have affectionate relationships, having self-respect and dignity, and being free and self-fulfilled can begin to be tackled through counselling.

<sup>4</sup> The basic theory behind the timing and length of the counselling is that addressing the abuse early should enable the survivor to develop their own tools to cope with and address the abuse sooner. It was also seen as a means to circumvent the long waiting lists that exist in West Yorkshire for longer term counselling, therapy and support. It was not seen as a replacement for these services as many young people are referred onto longer-term services by STAR.

### 3. Evaluation methodology

The evaluation was undertaken over a two-year period from the launch of the new project in February 2001. The research drew on a range of quantitative and qualitative data collection techniques including a detailed database of the 185 cases referred to STAR during the evaluation. Questionnaires were completed by 43 survivors; and interviews were undertaken with 9 survivors, 6 parents and 46 service providers (including STAR staff, volunteers, counsellors, the management committee and commissioning group, Rape Trained Police Officers, CID officers, Child Protection Officers, Crown Prosecution Service representatives and forensic doctors). Observation of training and questionnaires from those participating in the training was also undertaken as well as analysis of written material such as project protocols. These different sources enabled the authors to triangulate the data to ensure greater reliability and validity.

#### Aims and objectives of the research

The primary aim was to explore the needs of young survivors, expressed in their own words, and the extent to which STAR catered for those needs. The secondary aim was to analyse the impact of this service on attrition rates for cases of rape and sexual assault in West Yorkshire. For reasons explored in greater depth in Chapter 5, it was not possible to address in full the second aim of the research.

The evaluation comprises an outcome evaluation, a process evaluation and a cost evaluation. The outcome evaluation had six objectives.

- Explore with young survivors what they want from a support service.
- Establish the extent to which the ISW service met the needs of 14- to 16-year-old victims, and the quality of service delivered to them.
- Establish the extent to which the counselling service met the needs of 14- to 16-year-old victims, and the quality of service delivered to them.
- Establish the extent to which the case tracking service met the needs of 14- to 16-year-old victims, and the quality of service delivered to them.
- Analyse case attrition.
- Assess whether case attrition can be linked to service use.

The process evaluation also had five objectives.

- Monitor the implementation of the project (such as keeping to the timetable, putting the stated mechanisms in place, employing staff at the appropriate time, recruiting volunteers).
- Monitor uptake of services.
- Assess the internal integrity of the project (what was planned and the extent to which it was realised).
- Review the development of service contracts, policies and procedures.
- Evaluate the young person service training.

In relation to cost, the objective was simply to assess the cost of the service not just to STAR and the Home Office, but to all agencies and individuals that volunteered their time and resources to support the project (see Dhiri and Brand, 1999).

## The database

The STAR database contains all cases of sexual violence reported to West Yorkshire Police since the adult service started in November 1994, as well as all cases that have contacted STAR through other means. Most information is passed on directly from the police with the victims' permission. However, STAR also monitors the Crime Information System (CIS) case printouts from the police to check for any reported cases that have not been referred on to them.<sup>5</sup>

Using the Statistical Package for the Social Sciences (SPSS), information on the database was analysed for those who were aged from 14 to 16 when referred to STAR between February 2001 and January 2003. These data comprised 185 cases. The information accessed included numbers using each service, their demographic profile, and the outcome of the case (see Appendix B for all the fields on the database). In order to maintain confidentiality, STAR sorted and anonymised the database prior to sending it to the evaluation team.

## The service user/non-user questionnaires

At the start of the research a highly detailed and very long questionnaire was designed.<sup>6</sup> This quickly proved to be very inappropriate for the target group of young people (only one responded), so a one-page questionnaire was designed for each service (counselling, ISW and case tracker).<sup>7</sup> Using both quantitative and qualitative questions, the focus was on the survivors' service needs and their experience of each of STAR's services. Those who had contacted STAR but did not report to the police or had not used any of STAR's services were also sent a questionnaire (see Appendix C for all questionnaires). The researchers would not have previously considered using such short questionnaires, however they resulted in a positive response rate (see below), which gave very focused rich qualitative answers (including pages of additional information given by some respondents). These could be cross-referenced with interviews and database information greatly enhancing their validity.<sup>8</sup>

STAR's figures indicate that 139 out of the 185 survivors referred to the project were sent the questionnaires (all female). The remaining 46 were eliminated by STAR because: there was no permission to contact; the young people were thought by STAR to be too vulnerable to participate; they had not completed their use of STAR's services; or the survivor had not been given a court date. Forty-three filled out and returned one or more of the questionnaires. This might have been further enhanced by sending a second and if needed third duplicate questionnaire to non-respondents. However, a condition of access was that the young people

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<sup>5</sup> When such a case is found, the basic case details are input onto the database and the officer concerned is contacted to check whether the referral has not occurred because the survivor does not wish to be contacted or as a result of an oversight by the police.

<sup>6</sup> This questionnaire was developed with the CRP VAWI adult rape research projects, which were undertaken by Liz Kelly, Linda Regan and Jo Lovett at the London Metropolitan University (Kelly *et al.*, 2005; Lovett *et al.*, 2004 and Regan *et al.*, 2004). It included sections on the survivor's decision to report or not, their experiences and assessment of the initial phases of the police investigation (including the forensic examination), their assessment of the counselling and support service, and their current/future needs. This questionnaire was then to be followed by two further questionnaires that would make it possible to follow survivors' experiences of the criminal justice system and the service through time. The original means by which survivors could opt into the study was also somewhat complex. A letter was sent to them by STAR from both the project and the research team detailing the research and requesting them to tick a box indicating the extent to which they would like to participate from not at all through to all three questionnaires and an interview. This, along with their address would then be sent in a prepaid envelope directly to the research team. Although this system worked with adult rape survivors, very few young people in West Yorkshire volunteered to take part and only one returned her questionnaire. STAR and the research team then went back to the drawing board and reformulated both the method of contacting young people and the questionnaire.

<sup>7</sup> One advantage of this was that survivors were only sent questionnaires linked to their service use so were not required to trawl through irrelevant questions on other services. This may have helped facilitate the positive response rate.

<sup>8</sup> To maintain confidentiality STAR sent out the questionnaires directly, with a short covering letter. The letter provided information on the evaluators, and enclosed a stamped envelope addressed to the evaluation team. It also asked them if they would like to be interviewed for the research. If they wanted to be interviewed, they were asked to complete a 'tear off' slip at the bottom of the letter giving their name, address and phone number.

would only be contacted once in relation to the research, unless they agreed to be interviewed.

### How representative were the questionnaire respondents?

The number of respondents was relatively small (43), and because of the sensitivity of the research, a fairly low response rate was expected. For this reason it was decided not to sample according to relevant variables such as age, ethnicity, source of referral, service use, offence type or case outcome. However, the information from the entire database (n=185) makes it possible to gauge how representative the respondents were across a number of variables.

The division between the three eligible ages was fairly even for both STAR and the research. As can be seen in Table 3.1, there was an under-representation of Black and ethnic minorities both in the research and STAR. Where referral source was known, just over 80 per cent were referred by the police, for both the research and STAR referrals. In terms of the offence type, the research almost mirrors that of the STAR young persons' service on rape and sexual assault. The respondents were also fairly representative in terms of case outcome. There is, however, an over representation of cases discontinued by the CPS, and an under representation of cases that went to court. This means that the research has a slight bias towards negative case outcomes for the victim, and an under representation of cases that went right through the system to court. Service use was over represented in all service categories in the research (see Appendix D for a detailed discussion of all the above and further tables). This could have limited significantly what could be said about why young women were choosing not to use STAR's services. However, each survivor who had used one or more of STAR's service also answered questions on why she had not chosen to use the other service or services. Together with the "no service used" questionnaires and interviews, it was possible to paint a detailed picture of why some young women were 'opting out' (see Chapter 6).

**Table 3.1: Profile of STAR referrals and research participants**

	STAR Referrals		Research Participants	
	N	%	N	%
Black and ethnic minorities	13	8	2	5
Police referrals	143	82	36	84
Incident was rape	125	68	28	65
Incident was indecent assault	40	22	9	21
Case outcome where known:				
CDTP*	20	16	4	15
Undetected	22	17	5	19
NFA** by police	23	18	6	22
Discontinued by CPS	36	28	9	33
Verdict given at court	28	22	3	11
Used ISW service	15	8	4	11
Used counselling service	61	33	17	46
Used case tracker service	95	51	25	68
No service used	62	34	7	19

Please note only a selection of key variables is shown here (see Appendix D for detailed breakdown of variables and figures). In each category the numbers where the information is known may vary, and one 'client' may use more than one service. This is why all figures do not add up to 185 for STAR or 43 for the research.

\* Client Declined to Prosecute

\*\* No Further Action

## The interviews

Interviews were undertaken with young people, parents, STAR staff and volunteers, and relevant practitioners (n=61 see Table 3.2). In order to encourage young people to participate in the interviews a letter was sent with the questionnaires outlining the research, including a consent slip for them to fill out (including their address) if they chose to be interviewed. This was then sent directly by the young person back to the research team. Again, because of the small numbers involved and the likelihood of a low response rate, all those sent a questionnaire were invited to be interviewed. Eighteen young women volunteered to be interviewed. However, because it was agreed with STAR not to meet with them prior to the finalisation of their case and/or they had finished using STAR's services, the researchers were only able to talk to nine young women.

These interviews were face-to-face, semi-structured and lasted between 30 minutes and one hour. They focused on gaining a more in-depth understanding of the interviewees' perceptions and experiences of STAR and the criminal justice process as a whole, their additional service needs, how they were coping, as well as their suggestions for future improvements to services (all interview guides are provided in Appendix E).<sup>9</sup>

To ensure that each young person could make an informed voluntary decision to be interviewed, a statement in clear language was written and verbally explained by a member of the research team.<sup>10</sup> The young person was allowed to choose where the interview took place; all respondents chose to be interviewed at home. All were offered the opportunity to have a trusted adult/friend to sit outside the 'interview room' or with them during the interview as additional support. Five chose to be interviewed with their mother in the room. In these cases the mother also contributed to the interview. In no case did the mother 'take over' by responding for her daughter, but rather contributed her thoughts and feelings, helped when the young person was attempting to recall an example to illustrate her answer, and debated points when she disagreed with the young person's version of events. In the latter, far from bowing to her mother's opinion the survivor often reasserted her own views. Four of the young women chose to be interviewed without a friend or adult present, but only one - a 16-year-old who was living with her boyfriend - chose not to have anyone else present in the house.<sup>11</sup>

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<sup>9</sup> All qualitative data were analysed by hand. The volume of the data was such that detailed coding and analysis took eight months (including information on the database, questionnaires and interviews).

<sup>10</sup> In the first instance this was done during the initial telephone contact after the research team had received the 'opt in' slip. This was then repeated before the face-to-face interview commenced. The statement gently informed the participant: the interviewer was not a counsellor; the aims of the interview (which did not require discussing the assault); that what they said would not affect their access to STAR; that their data would remain anonymous; that they had the right to refuse to answer any question that they felt uncomfortable with; and could terminate the interview (with no explanation necessary) or take a break (by turning off the tape recorder) at any time. Before the interview commenced, each young person was also asked if she had any questions or doubts about the interview process. Participants were also told that their interview was to be recorded, transcribed and that they may be quoted (without using their name) within publications. Participants were assured that the research team would be the only people who would have access to their tapes and transcripts. Interviewees were informed that confidentiality would be guaranteed. However, in accordance with child protection procedures, where the safety of the young woman herself, or other children was at risk, confidentiality could not be guaranteed. All STAR staff must be aware of the importance of ensuring that child protection is paramount. In such cases, the interviewer would have to explain that such information would be referred to the STAR project (to ensure support was made available) and the STAR project would make a decision as to whether to refer to the police and/or social services. However, if during the interview process criminal acts committed by the young people themselves were disclosed, these data were NOT to be referred to any law enforcement agency (unless it was a child protection issue, and then the above procedure was to be implemented).

<sup>11</sup> During the interview the researcher monitored the emotional state of the interviewee and if necessary reminded her of her right to terminate the interview or take a break. None of the interviewees wished to do this. The interviewer also carried with them the necessary materials to refer interviewees back to the STAR project for support, or, if the interviewee preferred, to other relevant support agencies. After the interview was completed, the interviewer would turn off the tape and ask if the young person had any questions for her or any issues that she wished to discuss further.

Table 3.2: Interview numbers

	First Interview	Follow-up Interviews
Young survivor	9	-
Parent	6	-
STAR staff	3	2
Counsellors	11	2
ISWs	3	2
STAR management committee and commissioning Group	5	-
Officers trained in dealing with rape	5	-
CID officers	5	-
Child protection officers	3	-
Police surgeons	3	-
Crown Prosecution Service	2	-
Total Number of interviews	55	6

Six semi-structured interviews with parents not involved in the abuse were undertaken (five face-to-face with mothers and one telephone interview with a father). The aim of these interviews was to explore their experiences and their perspectives on the experiences of their children in relation to the criminal justice system and STAR, as well as to explore their own service needs.

A total of 46 interviews were also undertaken with STAR staff/volunteers/counsellors and other related practitioners (see Table 3.2). Interviewees were selected from lists provided by STAR, West Yorkshire Police and the company contracted to provide forensic medical examinations. Key informants were purposely selected (for example there was only one case tracker); the remainder were selected at random. These interviews took between one and three hours, and explored the role of the STAR Project, how effectively the service 'fits in' with and works with existing services, their experience of working with the young persons' project, their perceptions of young survivors' needs, their training needs, whether any improvements could be made, and the current criminal justice responses to young women. Follow-up interviews were also carried out with STAR staff, counsellors, and ISWs towards the end of the evaluation.<sup>12</sup>

### The training questionnaires and observation

Two almost identical two-day training sessions were developed and run for this project. Staff, ISWs and counsellors attended (n=28). A member of the research team observed one of these two-day sessions in its entirety. Training evaluation questionnaires completed anonymously by those who attended (n=28) were also monitored. These questionnaires were designed by STAR. The information obtained from this was basic; for example, there are no pre or post training attitudinal or knowledge checks. However, they did ask valuable qualitative questions about each session, as well as general questions about how useful they found the training, how it could be improved, whether any issues were missed, future training/other needs and any further comments. Participants were generous with the time they spent on their responses. Such issues were then discussed further in the interviews.

### Monitoring implementation

Implementation of the project, such as whether STAR kept to their proposed timetable and the quality of what was put in place, was monitored through observation, documentation, interviews and tracking key 'events' (such as the employment of staff, delivery of new training

<sup>12</sup> All interviewees signed a consent form to state that they were aware of the aims of the research, its dissemination and how their views would be anonymised and used.

packages, recruitment of volunteers and purchasing of equipment). Internal and external dissemination of information about the initiative was also monitored; and it was established through interviews whether relevant internal and external groups knew the aims, objectives and details of the initiative. This was then fed into the process evaluation, which included an assessment of the internal integrity of the initiative. It also established the extent to which any successes, problems or failures could be assigned to the theoretical underpinnings of the project, the project design, the project implementation or unforeseen external factors.

## Cost monitoring

As part of the process evaluation, the cost of the project was also monitored throughout its duration. The data were provided by STAR on a pro forma formulated by the research team to Home Office specifications (see Dhiri and Brand, 1999). This included the *actual* costs of all of the following: one-off purchase items; staff time; counsellor time; transportation; offices; heating; photocopying; printing; advertisement, training staff, counsellors and volunteers; as well as the costs absorbed by other institutions (e.g. cost per head of non-STAR staff attending multi-agency meetings or management meetings). Only a few variables were estimated including the cost of the premises (which were free to STAR, so this was based on local prices). Each cost was allocated by STAR either fully or partially to the ISW service, counsellor or the case tracker in order to assess the true cost of the service.<sup>13</sup>

## Limitations of the study

There are two main limitations of this study, which, whilst not invalidating the research should be taken into account when considering the results, conclusions and recommendations. Firstly, there is no external comparison group for quantitative data in relation to the attrition of cases or the impact of having a specialist service to support young survivors. The original research proposal had included six further comparable police areas tied into an adult study to be undertaken at the London Metropolitan University (Kelly *et al.*, 2005; Lovett *et al.*, 2004). However, early in the negotiations it became clear that these six police forces and one of the Sexual Assault Referral Centres involved would not agree to 14- to 16-year-olds being included in the research because they were thought to be too vulnerable. Another Sexual Assault Referral Centre agreed to 14- to 16-year-olds being included in the database for the larger study, but they did not want direct comparisons to be made on case attrition rates or service provision between STAR and themselves, so these data cannot be used (STAR also did not want comparisons made).<sup>14</sup> An alternative to control or comparison groups would have been to access data regarding case attrition in the West Yorkshire area for the two years prior to the intervention. This method is favoured by Pawson and Tilley (1997) because it takes into account the particular context of the area to be evaluated, meaning one is more likely to be comparing like with like. Again, this was planned, but the STAR project was unable to provide such data because of time and cost.<sup>15</sup> Secondly, in terms of the data collected a key limitation is the number of young women that participated in the research. A response rate of 31 per cent (n=43) for the questionnaire was very positive for research on an extremely sensitive topic. It is possible that this response rate could have been improved if another questionnaire to non-respondents had been sent, but as stated above this was not possible.

In related research in this area it is very common to base conclusions on very small numbers, primarily because of the sensitivity of the research, the difficulties in gaining access, and in getting survivors, particularly young survivors, to participate. For example, Furniss, Bingley-Miller and Van Elburg's (1988) research focused on ten survivors; Verleur, Hughes and De

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<sup>13</sup> STAR required considerable support to compile the data both in terms of advice from the research team and additional finance from the Home Office to employ a part-time administrator (this cost is not included in the final cost assessment).

<sup>14</sup> The exact reason why STAR did not want comparisons made is not known, but perhaps they wanted to avoid any sense of 'competition' between their service and others. At the time, these difficulties were discussed with the Home Office and they agreed that the research should be continued without a comparison group, to avoid any further hold-up in negotiations for access for both this research and the adult study.

<sup>15</sup> It is also not known whether the survivors received support from other organisations outside of STAR; this is a further reason why definitive statements about the effect of STAR on case attrition are not possible.

Rios's (1986) had 15; and Ageton's (1983) research contained 16 survivors. The advantage of this research over these previous studies is that a much wider range of data are drawn upon, including interviews with survivors, parents and service providers; questionnaires involving both quantitative and qualitative data; and a database encompassing detailed information of 185 cases. This has allowed the researchers to triangulate their findings and explore where bias might occur (see *How representative were the questionnaire respondents?* earlier in this chapter as well as Appendix D).

In a field of research where little is known both nationally and internationally, such data – though with limitations – can make a positive and significant contribution to understanding the needs of young female survivors, and in turn service development. Such information can also assist in the honing of future research tools and highlight areas where additional research is needed. On the former, it is recommended that in an area of sensitive research where there is little prior work, it is imperative that the project and the evaluators are given an appropriate amount of time to pilot the research tools and shape them such that they can be as effective as possible. Time is also needed to ensure that they can be fully implemented. This might also enable the piloting of more creative approaches to research than were used here.<sup>16</sup>

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<sup>16</sup> For example, the researchers discussed with STAR the possibility of focus groups and internet questionnaires/interviews/discussion groups as a more accessible and appropriate means of communication for some young women; at the time STAR did not want us to explore these further because of fears of security and confidentiality. If there had been more time and resources at the start of the research, the authors could have ironed out some of these possible problems and piloted the tools with young women who were not survivors in order to present a more convincing argument to STAR.

## 4. Process evaluation

The process evaluation focused on the implementation of the project and whether any disappointing outcomes were due to the theoretical underpinnings of the project, the project implementation, or other external factors (see Rossi *et al.*, 1999).

### Project implementation

All staff working on the young persons' project began their allotted task in line (approximately) with the timetable given in STAR's CRP bid and the project started working with young women in February 2001, only one month behind schedule. New ISWs and counsellors were not recruited for this project because it was felt that working with young women around issues of rape and sexual assault would require a higher level of training and experience than working on the adult service. All existing STAR counsellors and volunteers were therefore asked if they would like to work with young women. Those that were interested were then asked to attend a two-day training workshop developed by STAR and relevant agencies for working with 14- to 16-year-olds.

In this chapter each of the stages of project implementation are explored in detail, including the development and implementation of service protocols on confidentiality; the content, implementation and assessment of the training; and recruitment and retention of staff, counsellors and volunteers.

### Development and implementation of service contracts, policies and procedures

Most of the protocols, procedures and service contracts for the young persons' project were duplicated from the documentation already in existence for the adult service. These included what is offered to workers and volunteers in terms of supervision, their contracts, the procedure for referral of clients, and the type of offences STAR will normally work with (namely recent rape and sexual assault). Issues that were revisited because of the age of the victims using the new service were primarily orientated around the confidentiality policy. In this chapter the standard procedures and contracts for working with survivors at STAR are briefly outlined, and then the complex debate the project had over confidentiality is discussed in more detail.

In terms of standard contractual obligations and procedures, counsellors must sign a code of ethics, and their contracts oblige them to, for example, abide by written procedures for working with survivors,<sup>17</sup> keep their indemnity insurance up to date, and not take STAR clients on privately after their STAR counselling is complete. ISWs are also not allowed to continue seeing clients after their sessions are completed. Counsellors must arrange and pay for monthly professional external counselling supervision. STAR do, however, provide and pay for monthly professional external counselling supervision for STAR staff in contact with survivors and for ISWs. They also arrange optional group supervision for ISWs each month. They do not provide group supervision for counsellors.

All of the above is standard practice for both the adult and young persons' service. The only major point of discussion was around confidentiality, child protection and consent. STAR did already have a policy for working with adults, but in consultation with Area Child Protection Committees and other agencies working with young women, STAR attempted to develop a

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<sup>17</sup> For example, STAR sends a reference card to the counsellor with contact details of the client. The counsellor is then responsible for arranging the appointment and must report back to STAR when it is made. Counsellors and ISWs are also obliged to write a report after each meeting with the client.

separate confidentiality policy for working with 14- to 16-year-olds. This new policy built in the contexts in which confidentiality could be breached:

- (i) if the young person or another minor was thought to be at risk;
- (ii) if a young person had not reported to the police; and
- (iii) if the young person had not told their parent or guardian.

They also considered if (ii) or (iii) are relevant whether the young person would still be permitted to use STAR's services.

Initially STAR wanted to develop a policy that was "quite clearly written down" that would cover all the above scenarios, and were surprised to find that other agencies they consulted did not have a rigid policy on these matters. After long deliberation STAR found that a more flexible approach was appropriate. The policy now states that STAR will not disclose details unless any of the following apply:

- "there are concerns about a client's safety, or the safety of others. These concerns must be discussed with the project manager. In exceptional circumstances, disclosure may be necessary where there is a risk of death or serious harm to a client, or to protect others who may be at risk. If it is at all possible, disclosure will always be made with the knowledge of the client;
- in accordance with child protection procedures, all workers, counsellors and volunteers must be aware of the overriding interest to share child protection concerns; and
- in cases where there is a criminal prosecution, police and solicitors may request counsellors' notes. The STAR project will not disclose any notes, even with the written consent of the client, without a court order."

(STAR Confidentiality Policy)

Thus, for those aged under 16 years child protection overrides confidentiality. As STAR staff members state, STAR "will try and maintain confidentiality [...] but if we feel that they are in danger of being abused or in an ongoing abusive situation, or if somebody else- another young person is – then we need to pass that information on". Such decisions are made "on an individual basis" emphasising that the policy is not "set in stone"

Initially staff volunteers and counsellors were uncertain about whether this approach would work. Most of the young women in contact with STAR have reported to the police (95%), and 87 per cent of parents are already aware of the offence at the time of referral, therefore there have been only a small number of cases where this has been a concern.<sup>18</sup> When the data collection phase ended there had been no reported cases where a young person had continued to use the service without the consent of a relevant adult.

All counsellors and ISWs interviewed appreciated the difficulty of developing a clear confidentiality policy and some described it as a "grey area". They felt that – though this was an ongoing issue of debate – STAR does "give a good framework" for ethical working, and some stated that if they needed to seek further clarity they could easily approach STAR's staff.

As a reflection of this ongoing debate, there were differences in counsellors' interpretation of the confidentiality policy and in attitudes to disclosure. Whilst two of the counsellors interviewed would automatically disclose information to STAR, or a doctor (in cases of self-harm) without the consent of the young person others were less clear-cut. Indeed, one

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<sup>18</sup> For example, one STAR staff member could recall only one incident where a 14-year-old had requested counselling but did not want to inform her parents, another adult or report to the police. In this instance the client saw a counsellor for an initial session where one of the issues they explored was why she could not disclose to another adult, and afterwards she resolved to tell an adult she trusted.

counsellor “strongly disagree[d]” with such a position, and cited a case where a young person had “stopped coming because they felt betrayed” by a counsellor who had disclosed information to a third party without consent because of concerns for the victim’s wellbeing. Another counsellor felt “disquieted” by what he/she saw as an overly “police focused” position taken by STAR on this issue where “child protection issues [...] sometimes can be in conflict with the needs of an individual”. STAR staff and the management committee acknowledged the ongoing debate over this issue, particularly with counsellors, which was one of the major prompts for their move to a more flexible position.

## Implementation and assessment of the training

As previously explained, prior to the official launch of the young persons service, STAR’s staff, counsellors and ISWs who were interested in working with young women, and had already attended STAR’s core training for working with adults, attended a training weekend on working with young women. The programme was designed and run by STAR. These training weekends were repeated twice during the two years of the evaluation, with a total of ten ISWs and 16 counsellors participating (as well as two STAR staff; two other members of STAR were involved as trainers). The programme included sessions on child protection, the Children’s Act, multi-agency approaches, investigating child protection issues, STAR protocols in working with young women, young women and sexuality, and working with parents. The immediate and long-term success of these training weekends will be discussed within the following section drawing upon interview data, first-hand observation and training evaluation questionnaires.

Interviews conducted following the training found that many described the training positively, as one ISW explained, “I think the package they put together was very very good”. Other attendees found the training to be “useful”, “constructive”, “interesting”, “well presented”, “refreshing”, “excellent”, “informative” and “enjoyable”. In particular people found that the session on child protection provided them with “excellent factual information”, especially with regard to the legal system. Attendees also felt they benefited from, and enjoyed working on, group tasks. In addition, several commented they appreciated STAR’s responsiveness and interest in their “thoughts, anxieties and worries” with regard to the new challenge of working with young women and parents.

Although one of the counsellors felt that the training was “really, really good”, she also commented that it was “only two days” and that it merely “touched the surface on so many different things” and that it “wasn’t enough”. In a similar way, other participants commented that they would have liked the training to be “more challenging” as some felt that the training skimmed issues, describing it as “superficial”, “lightweight” and as covering “old ground”. One trainee even went as far as to describe himself/herself as being “bored”. However, one member of staff and two counsellors expressed concerns that they did not feel suitably prepared to work with young women, for example; “I don’t think I’m sufficiently well trained, or trained at all really”. Some counsellors were also concerned about the use of ISWs with young women, fearing that minimally trained individuals might be “detrimental” to young women because they can not “unload” in a “safe place”, which might “create dependency that might be unhelpful”. Another said he/she would “rather not comment” on this issue. These criticisms, however, can be seen in a less negative light when the background of STAR’s staff and the aims of the training itself are taken into consideration.

Although STAR sees training as being important, it cannot train people extensively due to time and monetary constraints. STAR only employs qualified counsellors with experience who “bring their own skills with them”. As one counsellor explains, to be a STAR counsellor “you have to be a trained counsellor, you don’t come in to do the training, you have to already be trained”. Several of STAR’s ISW’s also have a wealth of experience in related fields such as nursing or fostering. Therefore the training was designed to be a “basic introductory weekend”, according to STAR staff members, to raise awareness of issues that may be of concern when working with young people, rather than offering comprehensive instruction on how to work with young women. Many of the participants were aware that the training was

designed to be at a “basic level”. Several felt that it was their own responsibility to obtain additional training beyond that which the STAR project could provide.

*I think that over two days you can't really go into great depth in any of the issues, you could only give a taster and allow the counsellors to pick up what they need and what they feel they would like. And then it's up to the counsellors to go and do some more work in their own time.*

(STAR, counsellor)

The training weekends also allowed STAR's staff to stress their support and ongoing involvement to the trainees in what was, and still is, an evolving venture. Many people commented on this, for example:

*the staff are very supportive, they seem to have endless patience...nothing seems to be too much trouble*

(STAR, counsellor)

According to several counsellors, this support links closely with STAR's ability and willingness to provide information, allowing people to “get answers for that particular time” and fill in gaps in their knowledge where necessary.

However, despite STAR's informational support, it became clear during interviews conducted soon after their initial training that some of the counsellors and ISWs had very limited basic procedural knowledge. These gaps were noticeable especially in regard to knowledge of STAR's case tracking service (with some counsellors and ISWs not knowing what it was) and to recent local changes in the policing structure. As one counsellor commented to the interviewer:

*you've just told me things tonight where things have obviously changed and moved on and I didn't know that.*

(STAR, counsellor)

An ISW explained:

*[they were] never quite sure or quite clear on what other agencies apart from ourselves are out there for adolescents.*

(STAR, ISW)

and two of the counsellors were unable to give examples of STAR's protocols developed to work with young women, as can be seen in the extract of the transcript below:

Interviewer: *Do you feel that there are appropriate protocols and policies for you to actually work with survivors within the STAR project?*

Counsellor: *Yes, I think there are. I have a feeling that they have very much thought about their policies and their protocols.*

Interviewer: *Can you give me examples?*

Counsellor: *No, I can't, I can't remember them.*

## Improving training in the future

A number of constructive comments emerged with regard to how the training could be improved in the future. One counsellor felt it would be beneficial to have counsellors who specifically work with young women appear as speakers at the training day – an approach which STAR hopes to be able to use in the future – so that trainees could “tap into” their existing “experience and understanding”. Another counsellor felt the training could benefit from a more “hands-on” approach using real situations and case studies. Another counsellor felt that more emphasis placed on how work with young women might differ in comparison to adults would be beneficial. Other trainees suggested particular areas that they would have liked to have either covered or covered in more detail. These included lesbian, gay and bisexual issues, drugs and self-harm, Post Traumatic Stress Disorder, referral to other agencies, work with families, teenagers’ psychological development, and different types of therapeutic approaches for young women.

Following the initial training days, STAR has held several “away days”, which include additional training, one of which looked at the needs of asylum seekers. Follow-up interviews with ISWs and counsellors revealed that trainees found these away days to be “very helpful”, not just from a training perspective, but also as a way to facilitate contact and peer support between workers. As one counsellor explained it was good to see “how they’re doing it” and how “other people are dealing with this”. In the future STAR hopes to be able to offer training in therapeutic work to meet the identified needs of some of their counsellors. However, presently, this, along with ongoing training has not been finalised because of time and financial resources.

## Further areas for development

The current training that STAR offers, coupled with their ongoing support and counsellors/ISWs past experience and training, appears to sufficiently ensure adequate preparation for most trainees working with this new client group. That several trainees still felt unprepared to work with young women reflects the inherent problems of attempting to provide group training for people who have a diverse range of knowledge and experience. It seems particularly important for STAR to ensure that ISWs’ training needs are met as they have often previously had less training than counsellors. Where knowledge is lacking or has been forgotten, particularly with regard to STAR’s internal protocols, a ‘refresher’ may be beneficial which could be accomplished through written correspondence if not through face-to-face training. This is done already to a certain extent through mail outs, a newsletter and at away days, but additional time does appear to be needed to reinforce learning.

Since the responsibility of gaining further training appears to lie with the counsellors/ISWs themselves, until such training becomes available STAR could become more proactive in encouraging and recommending suitable external training. Whether STAR can realistically offer more in-depth training is clearly dependent on funding and time.

## Recruitment and retention of counsellors and volunteers

The initial recruitment of staff, volunteers and counsellors was successful as it relied on people already working in the adult service. A total of 16 counsellors were willing to work with young women, covering all the main areas of West Yorkshire. This meant that most survivors could be seen at a location close to home. After the initial flourish of ISWs wishing to take part in the new project, STAR experienced some difficulties in retention, and found it very difficult to recruit additional volunteers. Out of the ten trained, only three went on to work with young women. Reasons given by ISWs for not working with this ‘client’ group were time constraints, concerns about the additional difficulties of working with young women (for example, fear that this age group would use words that they were not familiar with or concerns about obtaining informed consent), and/or personal reasons.<sup>19</sup>

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<sup>19</sup> Counsellors that did not go on to work with young people had similar reasons. For example, one counsellor said “I think working with young women is a very demanding task, requiring a sensitivity to them that I’m not sure that I have

Even ISWs who were prepared to work with young women found the work “very testing” at first and that it required substantial patience. Another highlighted the difficulties of having the time available to undertake the stressful work required by the project.

*I had decided that I would only see one client at a time, because I had been seeing two and with the work that I want to continue for [another voluntary project] as well, I found it was too much for me. I was getting very stressed and basically I didn't have enough hours in the day. But rather than stop working for either of them I have, if you like, rationed how much I do.*

(STAR, Initial Support Worker)

Faced with only three ISWs wishing to work with young women, STAR attempted to increase their recruitment and training for the adult service so that they could be trained to work with young women in the future. Despite a number of different attempts to encourage new volunteers to come forward, including leafleting campaigns, adverts in local newspapers and talks in schools, responses were mixed. More recent success in recruiting ISWs to work with adults has been promising, and by November 2003, 14 ISWs were working with young women (13 female and one male). However, the lead-in time for training was such that no ISWs recruited since the start of the CRP project actually started working with young women within the time frame of the evaluation. This emphasises the need to have a longer lead-in time for projects to train volunteers to work with sensitive issues prior to the launch of the service.

Out of the 185 young women who were referred to STAR between February 2001 and January 2003, only 18 had made an appointment to see an ISW, 15 (8% of the 185) of whom actually used the appointment. The primary reason for this was the poor recruitment and retention of volunteers, which meant that STAR simply could not offer the service to most survivors.

### Problems caused by STAR's catchment area

Retention and recruitment problems were compounded by the geographical area that the STAR project has to cover. West Yorkshire is made up of substantial rural and urban areas that have limited public transportation links, and even in a private car, it can take considerable time to get from one area to the other. This is one of the reasons that STAR was originally designed as a non-centre based service. One advantage of this is that survivors can see a counsellor or ISW in their own area, and so, they do not have to spend much time and money travelling. One of the disadvantages is that STAR have to attempt to recruit, train and retain one or more ISW in each area. Though this has proven to be less of a problem with ISWs willing to work with adults, in the more specialised field of working with young women this has been very difficult. Thus for the duration of the evaluation, only Bradford, Wakefield and Calderdale had ISWs; survivors in the rest of West Yorkshire were not offered the service.

### Options for improved recruitment of ISWs

This presents STAR with a number of basic options. Firstly, STAR could continue working with the current model, focusing on a more high profile advertisement campaign to recruit ISWs. This could be targeted at women already experienced in working with young women (for example, youth workers) who could be trained specifically to work with young survivors. Secondly, STAR could develop a centre-based model for young women where volunteers and survivors meet at a room within STAR premises. In this case the transport of both the

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[...] It's to do with my confidence, or lack of confidence in knowing how best to respond. I feel as if I'm working in a very sensitive area, and I'm not sure that I have allowed myself to be prepared sufficiently to work in that area." This respondent goes on to say that if he/she had more intensive and detailed training on working with young women, including the opportunity to talk to people with more extensive experience of working in this field, he/she might have developed the confidence to undertake such work.

volunteer and the survivor would ideally be organised and paid for by STAR, and a targeted recruitment campaign would still be required. Thirdly, some volunteer ISWs could become more mobile, travelling to survivors' homes across West Yorkshire. Here again recruitment and transport would need to be funded. Finally STAR could employ one specific mobile female ISW who meets young survivors across West Yorkshire; this would require a highly committed worker, experienced in working with young women and willing to travel, who could work alongside volunteer ISWs.

## 5. Outcome evaluation

In this chapter the outputs and outcomes of the service are analysed in detail. Whether any links can be made between case outcomes and use of STAR's services are explored first. The possible impacts of abuse on young women and their resultant service needs are then outlined. This is followed by a detailed analysis of young women's awareness of and views on the service offered by STAR, including the extent to which those services meet their needs.

### Case attrition, legal outcomes and service use

This section discusses the outcomes of cases referred to STAR, and whether it is possible to establish a relationship between case outcome and service use. The STAR database indicates 129 cases that were reported to the police and for which the final outcome is known. Table 5.1 gives a breakdown of the case outcomes. It is important to note that the figures are based on a relatively small number of cases and from only one area (West Yorkshire), therefore these data cannot be said to reflect case attrition for this age group nationally. Nevertheless, this is the first data available specifically on this age group thus the data merit analysis.

Table 5.1 indicates that in 15 per cent of cases the client declined to prosecute, and 17 per cent were finalised as undetected. Most cases resulted in no further action (NFA) or discontinuation (46%); the CPS discontinued 28 per cent and 18 per cent were NFA'd by the police (of the 23 cases NFA'd by the police 9 were also described as a 'no crime').<sup>20</sup> In total, 22 per cent of cases went to court, of which the majority resulted in a guilty verdict. Case attrition is therefore at its highest in this age group in West Yorkshire during the CPS decision making stage. It may be that the CPS are not proceeding with these cases because they do not believe that there is a realistic prospect of a conviction, and/or it is not seen as being in the public interest to proceed. However, that the percentage of cases not proceeding at this stage is high is of concern and merits further investigation.

**Table 5.1: Case attrition for 129 cases reported to the police and recorded on the STAR database**

	N	%
Case outcome where known:		
CDTP*	20	15
Undetected	22	17
NFA** by police	23	18
Discontinued by CPS	36	28
Not guilty	6	5
Guilty	22	17
<b>Total</b>	<b>129</b>	<b>100</b>

\* CDTP Client declined to proceed

\*\* NFA No Further Action

Just under 66 per cent (n=85) of cases with a known outcome had used one or more of STAR's services (including the case tracker, ISW and/or counsellor). Table 5.2 indicates a significant relationship between service use and case outcome ( $p < .001$ ), particularly in relation to whether the case went to court.

<sup>20</sup> Home Office guidance advises that the police may no-crime a case where following the report of an incident which has subsequently been recorded as a crime, additional verifiable information is available which determines that no notifiable offence has been committed.

It is not possible to determine with certainty the direction of the relationship. For example, it cannot be said that if a young person uses STAR's services it is more likely that his/her case will go to court. This is because it is just as likely, if not more so, that a young person uses STAR's services (particularly the case tracker) *because* their case is going to court. The latter appears to be born out in the percentage of service users who have had their case NFA'd by the police or discontinued by the CPS. If the police have taken no further action the young person is less likely to have used STAR's services (9% service use compared with 34%). If the case goes forward to the CPS but is discontinued the relationship is almost reversed (35% service use compared with 14%). Cases that are also highly likely to have used one of STAR's services are those that proceed through court to a final verdict (31% of STAR service users as opposed to 4% of non-service users).

**Table 5.2: Case attrition in cases with a known outcome and use of STAR's service\***

Percentages	Did survivor use one or more of STAR's services?	
	Yes	No
Case outcome where known:	%	%
CDTP*	11	25
Undetected	14	23
NFA** by police	9	34
Discontinued by CPS	35	14
Verdict given at court	31	4
<i>Base n</i>	85	44

Note:  $\chi^2 = 28.98$ , 4 df,  $p < 0.001$  (.000)

\* CDTP Client declined to proceed

\*\* NFA No Further Action

**Table 5.3: Case attrition in cases with a known outcome and use of case tracker\***

Percentages	Did survivor use the casetracker service?	
	Yes	No
Case outcome where known:	%	%
CDTP*	9	24
Undetected	9	28
NFA** by police	9	30
Discontinued by CPS	40	11
Verdict given court	32	6
<i>Base n</i>	75	53

Note:  $\chi^2 = 37.9$ , 4 df,  $p < 0.001$  (.000)

\* CDTP Client declined to proceed

\*\* NFA No Further Action

Further evidence to suggest that service use is affected by the case rather than the case being affected by service use can be found in Table 5.3. The case tracker service figures suggest that this service is more likely to be used if the case goes through to reach a verdict at court (32% compared with 6%) or was discontinued by the CPS (40% compared with 11%). This was found to be significant at  $p < 0.001$ . In contrast, when separated out, the relationship between having counselling and the outcome of the case becomes non-significant at  $p > 0.05$  (see Table 5.4), with an almost even split between those cases which went to court and the young person's choice whether to have counselling. It is however, interesting to note that survivors were less likely to have undertaken counselling if the case had been NFA'd by the police. One reason for this may be that nine out of the 23 cases

NFA'd at this stage were also classified as 'false' allegations<sup>21</sup> and were 'no crimed'. These cases were not contacted by STAR mainly on the recommendation of the police.<sup>22</sup>

**Table 5.4: Case attrition in cases with a known outcome and use of counsellor**

Percentages	Did they use the counselling service?	
	Yes	No
Case outcome where known:	%	%
CDTP*	13	17
Undetected	21	16
NFA** by police	5	23
Discontinued by CPS	39	23
Verdict given at court	23	21
<i>Base n</i>	39	90

\* CDTP Client declined to proceed  
 \*\* NFA No Further Action

In conclusion, although there is a strong relationship between case outcome and use of the case tracker service, it is not possible to determine the direction of the relationship. A more pertinent question, therefore, is whether STAR's services made a difference in terms of the young person's emotional well-being. This is discussed in more detail in subsequent sections.

What is clear, however, is that only 22 per cent of cases proceeded to court to receive either a guilty or not guilty verdict. Although the level of conviction (17%) is much higher than research indicated for adults (7.5 per cent in 1999 Her Majesty's Crown Prosecution Service Inspectorate and Her Majesty's Inspectorate of Constabulary, 2002), and is higher than the 10% for adults who have reported to the police and are referred to STAR (Kelly *et al.*, 2005), the rate of attrition is still high, particularly when cases are sent to the CPS (28%). Recent research indicates that only 4.1 per cent of cases involving adults are discontinued by the CPS (HMCPSI and HMCI, 2002). This suggests the need for a review of both case building for the younger age group and CPS procedures for discontinuing a case where the victim is a young person.

Again, a note of caution must be sounded in interpreting these figures. As stated above, it is not possible to ascertain whether use of the case tracker service increases the likelihood that a case will go to court or whether a survivor is more likely to use the case tracker service if his/her case proceeds to court. It is also possible that the STAR database is more likely to have a record of the case outcome if the survivor used the case tracker service. Therefore the findings could inflate the actual percentage where a verdict was given at court. Also, it must be noted that this was a small-scale study with a restriction of geographical location.

## Impact and needs

The findings on the impact that the assault had on the young women are similar to those found in previous research on adult and child survivors of both sexual and domestic violence (see for example Campbell and Lewandowski, 1997; Department of Health, 2000; Hague and Malos, 1993; Hamberger, Saunders and Hovey, 1993; Hester *et al.*, 2000; Kelly, 1988; Stark and Flitcraft, 1996), and the limited research on adolescent survivors (see Ageton, 1983; Bagley, 1992; Bagley, Bolitho and Bertrand, 1996; Badley and Mallick, 1995; Williamson, Borduim and Howe, 1991). The experience impacts differently on all survivors. The effects spoken about in this research tended to be – in the words of one participant – “more mental than physical”. These included feelings of disbelief, isolation, disgust, and embarrassment, as well as panic attacks and anxiety, bad dreams, flashbacks, depression, stress, lack of

<sup>21</sup> Defined as where the complainant makes a clear retraction or where there is strong evidence that the report was false.

<sup>22</sup> It was not possible to undertake such an analysis of the ISW service because of the small numbers.

concentration, low self-esteem, self-blame and fear of men. Some also had physical manifestations such as crying, chest pain, feeling sick and self-harm including very heavy drinking, drug problems, eating disorders, scratching the skin until it bleeds and attempted suicide.

Many of the survivors found themselves repeatedly thinking about what had happened:

*I-I remember everything and everything he said to me, so come night-time I have to cry myself to sleep because it all comes back.*

*(STAR, respondent)*

Some expressed feelings of helplessness, that they are alone, and/or attempt to block out the attack and the pain:

*...sometimes I just want to give up*

*...[it all] gets too much,*

*...feel no one can help*

*...keep it inside.*

*(STAR, respondents)*

Three of the nine interviewees were scared to leave their homes for fear of bumping into the offender or the offender's friends. They also worried about being talked about and laughed at by the offender and people more generally. In addition, the fact that only a minority of cases resulted in a guilty verdict made the young women feel they did not get justice. This resulted in anger and upset; as one interviewee stated "it does my head in".

Some of the young women talked of mood swings and aggression, found themselves easily annoyed, were prone to get into fights and taking it out on others. One respondent was expelled from her school/college, despite a letter from her counsellor explaining the circumstances, and found herself getting into trouble with the police because of her aggressive and drunken behaviour. For two respondents, even their own fears about the possibility of such behaviour (though unrealised) added to problems with concentration and made them concerned about their own potential behaviour at school. This emphasises the need for schools to be aware of and sensitive to the traumatic experiences of students who have recently been raped or sexually assaulted. They need to consider the potential impact it may have on their behaviour and schoolwork in order to avoid them being labelled 'troublemakers' and being pushed or indeed 'choosing' to drop out of school.

The emotional and behavioural effects of the attack also impacted on relationships. Although some had very close relationships with parents, family and friends which continued after the offence, others found their relationships deteriorating. This ranged from shutting parents out to being blamed by parents for the attack. Even when there was a positive supportive relationship between the young person and their parents, the survivor might be burdened with the thought of the upset their parents were suffering.

### What survivors wanted

As with impacts, the expression of wants and needs differed for each survivor. This goes some way to explaining the sometimes apparently contradictory perceptions of young women's needs found in practitioner responses. There were, however, some marked commonalities. Many wanted and/or had benefited from the opportunity to talk and be listened to by someone (fourteen respondents mentioned this) and in the experience of family and STAR staff, it was important for them to be able to do this without the "fear of upsetting" family and friends. They also talked of their need to have people "there for you" and not feel alone,

to be supported, comforted, respected and not “quizzed”. Practitioners added to this the importance of being believed and not judged, reassured that what has happened was not their fault, and to feel safe both from the offender and with the person they are talking to. Survivors and service providers also talked of the need for parents to be helped to “understand” what the young women might be experiencing and be supported. One survivor asked that STAR:

*send a support worker out to talk to my parents and tell them I need support not lectures.*

*(STAR, respondent)*

Information was very important to all the young women spoken to. This included informing them of and explaining criminal justice procedures, and being kept ‘in touch’ with their case. Other types of information were also important such as understanding how their body worked, and knowing about sexually transmitted diseases and where they could be tested. Some wanted practical help, for example with transport to counselling. One young person interviewed also talked about her need for advice. This was also an issue for STAR staff and counsellors. Some STAR staff commented that STAR generally “try where possible not to give advice, we’d try to give options”, but that it depended on the individual as “there are also clearly young women that very much want guidance”. Outlining options and providing guidance where necessary was seen as an attempt to help the young women take control of their lives. Control was very important for the survivors interviewed. They wanted control over, for example, what other people knew about the attack, but because they were legally minors or lived with their parents they had very little control over such information. It was therefore very important that the service they received from STAR should be confidential. However, STAR can only offer confidentiality with a caveat that they may pass on information to the police if they or another minor is at risk (see Chapter 4 under *Development and implementation of service contracts, policies and procedures*).

Counsellors, ISWs and STAR staff also felt that they needed to be more flexible with young women compared to their adult clients. They talked of stretching their normal client support worker boundaries trying to provide “access as and when they want” and needing to be more flexible about the length of counselling sessions - “they may need 20 minutes, [they] may need 50 minutes”.

## Awareness of STAR’s services

### Sources of referral

The data indicate that the relevant police officers have a high level of awareness of STAR’s existence. In total, 73 per cent (n=128) of referrals come directly from police officers. Only 9 per cent of cases had to be located by STAR on the police CIS print-out, indicating that the officers concerned had not passed on information about these cases directly to STAR. However, on occasion this was because the young person did not want contact with STAR. As previously discussed, very few referrals come from other sources such as self or parents, Victim Support, social workers, GPs, or probation officers.

Kelly *et al.*’s (1991) found that only five per cent of 16- to 21-year-old college students reported the sexual abuse they had experienced to any agency. Since then reporting of rape and sexual assault to the police has grown significantly (HMCPSI and HMCI, 2002). However, in 1998 the Rape Crisis Federation Wales and England found that only 12 per cent of the women who contacted them reported the offence to the police (cited in HMCPSI and HMCI, 2002). There is, therefore, a clear need for broader awareness of STAR’s services outside of the police. In particular, research from the US indicates that between 73 and 78 per cent of female and between 22 and 38 per cent of male runaways in homeless shelters have been

physically and/or sexually abused (McCormack *et al.*, 1986; Stiffman, 1989). Equivalent research has not been conducted in the UK, and such figures may contain a substantial percentage of historic child abuse, which is outside the remit of the STAR project. However, that only two referrals came from social services, a few were self-referrals and none from shelters, suggests that highly vulnerable survivors are not accessing STAR's services.

### Young peoples' awareness of STAR's services

The STAR database indicates that 52 per cent (n=95) used the case tracker, 33 per cent (n=61) used the counselling service,<sup>23</sup> and 8 per cent (n=15) used the ISW service. Despite 68 per cent (n=25) of the 43 respondents having been sent a letter or had a phone call from the case tracker, 61 per cent (n=26) said they were not aware of the case tracking service. For example, a small number may have used the service but thought it was a police officer contacting them. As one respondent put it,

*after reading the questionnaire I have realised that there was a lot of info that I missed out on.*

*(STAR, respondent)*

Of those not aware of the case tracker service prior to seeing it outlined in the questionnaire, 64 per cent said that they would like to use it now or in the future, implying that they would have used it before if they had been aware of it.<sup>24</sup> Awareness of the ISW service was low, at 40 per cent (n=17). Of those asked the question, 56 per cent of survivors not aware of this service would like to use it now or in the future. Fewer (23% n=10) were not aware of the counselling service, and again 56 per cent of those who were not aware of the service would like to use it now or in the future. Of the 13 who had not used any of STAR's services, 83 per cent had not heard of the case tracker service, 42 per cent were not aware of the ISW, and 50 per cent were not aware that STAR offered counselling.

Overall, the level of survivors' awareness of at least one of STAR's services was good at 86 per cent. Indeed, several who had not yet chosen to use any of STAR's services were still very aware of what was on offer, thought that it "sounded good" and "professional", and were pleased to know that STAR's help was there if they needed it. One respondent also appreciated STAR ringing back a month after their first telephone discussion "just to see if I were alright, if I needed any help".

However, only 11 (26%) knew about all three services offered by STAR. Indeed, one respondent, though aware of all three services, felt that STAR "didn't actually explain the different services properly". This was also evident in the interview with another respondent, who despite receiving a letter and discussing the options over the phone was unclear about STAR's services and was concerned about what to expect from a counsellor, a case tracker or an ISW so initially chose not to use any. One respondent had been contacted by STAR, and used STAR's counselling service, but she said the service could be improved "by letting me in on more info", particularly in relation to the existence of a case tracker as she desperately wanted to know more about her case. Others felt that STAR "could have made more of an effort to let me know things", and would have liked STAR to have "rung me after writing so I could have known more about [the] services". This indicates the need for STAR to maintain contact and attempt alternative means of communicating information about services when the survivor does not initially take up the offer of assistance. For example, it is clear from the data that several young women found out about the full range of STAR's services

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<sup>23</sup> This includes simply turning up for the first 'assessment' session.

<sup>24</sup> No matter what the status of their case was, all the interviewees had wanted to know more about what had happened in their case and many were not aware that it had been discontinued, as one stated "I have no idea what is going on with my case".

from the evaluation questionnaire. Greater use of the website may also help (this is discussed at greater length in Chapter 7).

## What young women thought about STAR's services

The section *Impact and needs*, earlier in this chapter, indicates that there is a clear need for the type of service offered by STAR, including, at its most basic, providing the young person with "someone to talk to" and information about his/her case. In this section, the extent to which these and other needs were fulfilled by STAR are analysed. First, referral sources, whether young women were aware that STAR offered particular services and the response they received if they attempted to contact the project are discussed. Then their experiences of each individual service are examined. At this point it is important to note that overall, survivors comments are encouraging, with 79 per cent of questionnaire respondents who had used one or more of STAR's services being positive or very positive about the response they received.

### Initial contact with STAR

For most survivors, their initial contact with STAR was receiving a letter that outlined the services followed sometimes by a phone call. Five respondents commented that on this initial contact generally found STAR staff "really nice" and helpful, enabling these young women to decide for themselves what service they wanted to use, if any. Very few negative issues were raised about this contact. Three of the respondents had difficulty getting in contact with STAR, "when I've tried ringing there was no answer and the same when they rung me, I was not in". The notes on STAR's database also indicate that STAR found it very difficult to contact some of the young women and had to try repeatedly before they were able to talk to them.

### Case tracker service

STAR's case tracking service aims to keep clients informed of the progress of their case through the criminal justice system, by actively seeking information from the police and updating the client through telephone and postal contact. Of the young women referred to STAR who had reported to the police, 51 per cent (n=95) had some level of contact with this service.<sup>25</sup>

Many people stressed the potential benefits of the case tracking service with regard to its ability to meet victims' need for information that, due to constraints upon time and resources, the police are frequently unable to offer. It also aimed to remove the need for victims to be chasing the officers which can place additional stress on victims. As one explained she felt "nervous enough as it was, worried enough as it was, so like phone me and tell me what was going off". In particular, it was hoped that the case tracking service would prevent incidents where victims believe their assailants to be remanded in custody only to "bump into him".

The collective opinion of STAR's staff is that the case tracking service is a "great comfort" to victims and is working "very well indeed" in providing information, reassurance and facilitating the chance for victims to access further support from STAR. Analysis of the young women's questionnaires found that they were generally happy with the service, with 89 per cent stating that the case tracker had kept them well informed of their case. All found the case tracker to be "respectful" or "very respectful" and "knowledgeable" or "very knowledgeable". In addition, 71 per cent found the case tracker very believing or believing, 88 per cent "very supportive" or "supportive", 75 per cent "very helpful" or "helpful", 75 per cent "very sympathetic" or "sympathetic", and 71 per cent "non-judgemental". Within their questionnaires the young women commented that in particular, they liked the way that the case tracker "kept in touch", as respondents said "she told me things I needed to know" and that they could access information "without talking to the police".

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<sup>25</sup> The minimum contact they received was one phone call or a letter informing them of the status of their case; this level of contact was usually used if the case had been dropped. The maximum was ongoing contact by letter/phone throughout the duration of the case through to the court hearing.

*Any time the lads went in, they would call back and they wrote a letter saying that they had been released on bail and their case was still pending and that they would have to go back to the police station on such and such a date. And they were really spot on, spot on!*

*(STAR, respondent's mother)*

Similarly, one respondent explained that the case tracker had sent her letters and contacted her "every time something had gone on", and had explained "what'd happened in the courtroom" which made her feel "a bit better knowing that somebody was actually trying to keep in contact".

### Improving the service

Of those who used the service and commented on how they felt it could be improved, three respondents said no changes were needed. One respondent felt that it needed to be "more straightforward about bad news". But most comments centred upon survivors' need for further information conveyed at the right time. One respondent was unhappy that STAR had phoned her during the day while she was "in school, 8:45 until 3:00"; and this respondent wrote that the "last case tracking letter I received was late because I had already been informed by the police". Only just over half (56%) were happy with the *amount* of contact they had with the case tracker. For instance, one respondent stated "they could have told me a bit more"; another respondent said "she didn't tell me what was going to happen with the court case". Survivors who are not provided with sufficient information to allow them to understand the legal process and the progress of their case can feel extremely distressed and frustrated.

*I feel like, I give them all information an that, an they don't need me no more...so I don't get to find out nothing... Its like I've been shut out in t' dark, if I want t' know something, I got to phone the police up, they don't phone me and let me know*

*(STAR, respondent, undetected)*

She went on to explain that she still did not understand what the police were doing with her case and felt that it would have been a lot better, "just to know what's going on and that with my case". Similarly, another case did not go to court because there was not enough evidence, however she felt that the police could have explained this to her better and both she and her mother were annoyed that they were not kept informed. They were also confused as to why clothes that were handed over for forensic examination were never returned even after the case had been closed. Of particular concern was that this respondent and her family "actually heard, not from the police, but from someone else.

*I heard from a friend that actually knew him and he'd been telling people that he had actually got away with it*

*(STAR, respondent)*

The survivor and her mother were in contact with the STAR case tracker, and said that the information that they did gain about the case did come from STAR, however they were expecting the police to be more involved in communication. Two main issues are being raised. The first is that sometimes survivors are not informed by the police or STAR that the alleged offender(s) had been released. The second is that there appears to be confusion as to whether it is the role of the police or STAR to keep survivors informed. In the above instance, the survivor's mother clearly feels that the police were in some way failing to get information to them before STAR did. In some cases the police may hand over to the STAR case tracker the responsibility for passing on such information; in such circumstances this needs to be explained more clearly to the service users.

### Possible benefits and disadvantages for the police

The case tracking service, in addition to benefiting the clients themselves, also appears to be useful for the police. It can take the “pressure off police officers” (as quoted by police officers in interview) to “keep continually phoning or visiting”, and helped to keep the police officers themselves “updated as well as their victims”. There are possible disadvantages though in such a diffusion of responsibility. These include:

- survivors may think they are talking to a police officer, when they are talking to the case tracker. As one counsellor explains, she has often asked her young clients who telephoned them and they have said, “I think it was the police, but I can’t tell the difference”. A counsellor at STAR feels that even when the case tracker explains she is from STAR “the client in their own mind sees that as part of the police anyway”;
- some cases may ‘fall between the cracks’, between the two organisations (though checking the CIS printouts appears to combat this problem); and
- there is a lack of clarity in terms of who has ultimate responsibility to keep survivors informed. (STAR maintains that this is still the ultimate responsibility of the police.)

### Difficulties experienced by the service

There are further inherent difficulties involved in trying to offer a case tracking service to young women. Firstly, the case tracker cannot always provide clients with all the details they require. This problem, STAR has overcome by asking the officer in charge of the case to contact clients to provide in-depth information about any change in their cases. Secondly, the information that the case tracker is trying to offer the young women, no matter how simply it is conveyed, is often extremely bewildering, confusing and frightening. For this reason, a STAR staff member feels that “the case tracking service has not worked as well with young women” as it has with adults as it “isn’t stuff that young women would normally deal with”. As the STAR staff member explained, for some young women it may be easier to reject the case tracking service and not think “about that side of it”. Their wariness also makes it difficult for STAR to explain things to young women and check their understanding. Indeed, STAR has found that at times young women will say they understand when they do not “out of embarrassment”, or “because it’s easier not to – not to continue the conversation”.

For this reason STAR feels that although young women like to be kept informed, they often prefer their parents to receive information on their behalf. However, one STAR worker raised concerns in regard to whether it truly is the young person who is making that decision, or whether parents are “taking over” which may wrongly result in information and discussion being directed “to the parents rather than them”.<sup>26</sup>

### Initial Support Worker service

The database indicates that only 18 (10%) young women referred to the STAR project had an ISW session arranged, and only 15 (8%) attended, for between one and six sessions. The time it took between referral and first meeting with the ISW was between seven and 37 days. From the notes on the database, the reason for a short delay tended to be because of logistics (the time it took to arrange a day that both the survivor and the ISW could meet). The reason for an extended delay of more than two weeks tended to be because the young person had waited before they requested to use the service.

Though feedback was obtained from over a quarter of those who used the ISW service, this only equates to four respondents. The following findings, therefore, must be treated with the utmost caution. All those who used the service participated in the research and found it easy to set up appointments with the ISW (n=4). Overall they rated the service positively, stating that the service was “good”, and that the ISW was “really nice”. STAR staff and many

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<sup>26</sup> For those who state they do not want their parents to be informed STAR’s case tracker finds alternative routes to contact them (usually mobile phones).

counsellors also tended to be pleased with the service, feeling that ISWs gave “very good support”. When asked what they liked most about the service the survivors stated “someone to talk to about everything” and someone “willing to listen to my views and story without judging me”. All respondents said the ISW service helped them. The ISWs echoed this by saying that they thought the young women they worked with benefited from being listened to, believed, “reassured [...] that it’s not their fault” and “suggesting things and ways they can help themselves” to develop “coping strategies”.

From their experience with working with young women after they have seen an ISW, several counsellors and STAR staff said that even if the client had just used the service once, they seemed to find it “quite helpful just to have somebody there” or to be a “friend when [they] needed one”. STAR staff and counsellors also said that the young women found that it was useful in “helping them through the initial phase [...] of shock and disbelief”, to help “normalise”, “order their thoughts”, develop “plans”, help with “practical tasks” like making “appointments” to attend a clinic, doing applications for compensation and being with them if they are “afraid to go out”. Therefore the ISW was thought to help survivors sort out their more immediate practical needs before they started to address their emotional needs through counselling. STAR staff felt that it was “a great pre-counselling service”, that could also help them to think about “what it is that they might want out of counselling if they choose to go ahead”. In addition, two members of staff thought that young women may perceive the ISW to be “less formal and less frightening [...] than a counsellor”, partly because of the stigma attached to the term ‘counselling’. The small numbers of young people who had used this service and participated in this research means that it is not possible to confirm the above.

When the young women who had seen an ISW were asked what they did not like about the service most said there was “nothing”, and although one respondent said her ISW “talked too much” and could have been “more supportive, helpful and sympathetic”, she was still generally happy with the service. This is reflected in all respondents wanting more sessions with their ISW. This may have been where they had only seen the ISW once and for various reasons further meetings did not occur, or where they had the allocated six sessions but felt they needed more. As one stated “just a couple more times, not-not a lot just a couple more times”. Yet one ISW appeared less keen to expand the service in this manner: “by the sixth week I have helped them with all the practicalities, they are ready then to move on from me”.

Further ISW impressions of what was appropriate or helpful for young women included avoiding advice overload: “police were advising her, her parents are advising [...] I think social services were involved”. However, the attitudes of the parents were also thought to help the ISW’s relationship with the young person and provide substantial support for the survivor. Although parents may try to overdo it help-wise, “not allowing her to have her own space” and on occasion may have made their daughter “seek this help” when she did not want it. On the other hand, one parent who was not supportive tried to intervene negatively in the relationship between the survivor and the ISW by telling the ISW that “she’s making this up”.

Although this service was very positively received by those who had the opportunity to use it, and clearly has three very committed volunteers involved, the very small numbers of young women accessing this service over the two-year period means that it is difficult to evaluate the impact of this service. It is therefore necessary for STAR to take action in getting young women who are referred to the service engaged in using the services. As discussed in the process evaluation, the primary reason for the shortfall in this service is recruitment and retention of staff, thus STAR need to focus on increasing the number of staff.

### Counselling service

STAR provides short-term counselling (six to ten one-hour sessions) for recent abuse, the philosophy being that early brief intervention can be beneficial to recovery. Out of the young women referred to STAR, 33 per cent (n=61) attended the ‘assessment session’ for counselling (70 were arranged but 9 did not attend), and 24 per cent (n=44) went on to counselling. The number of counselling sessions attended ranged from one to 15, with the most frequent being equally split between one and two sessions (each n=12), with a mean of

4, and 89 per cent staying within the standard six sessions. The time it took between referral to the first date for an assessment session ranged between two and 212 days (mean=34 days, median=15 days, most frequent seven days (n=70)). The lag between reporting to the police and the assessment session ranged from four to 497 days (mean=71 days, median=35 days, (n=54)). As with the ISWs, the longer delays between referral and assessment session were primarily the choice of the young person.

STAR's counselling service allows clients to make their own appointments with their counsellor, a process that all respondents found easy. All but one of the respondents found the counselling session easy to get to, reflecting the success of the non-centre based model in this context. Most also rated the counselling environment as "private", "comfortable", "relaxing" and "safe". However, eight (19%) of young women rated the counselling environment as being "un-relaxing", one (2%) "not private", three (7%) "not comfortable", and two (5%) "unsafe". The main reasons given for these responses were that it was not homely but rather "like a boardroom", not private because of a window that people could see into, or had thin walls that conversations could be heard through.

The overwhelming majority rated their counsellors extremely positively. What many of the respondents liked most about the counselling was to be able to "talk to someone", and for some it was important that this was "outside of the family". All said the counsellor was "very respectful" or "respectful", "very believing" or "believing", and "non-judgemental"; 94 per cent "very supportive" or "supportive", 94 per cent "very knowledgeable" or "knowledgeable", 83 per cent "very sympathetic" or "sympathetic", with 70 per cent saying that seeing a counsellor had helped them. The young women also commented that their counsellor assisted them to understand themselves and what had happened, and to get on with their lives.

### Developing a helpful working relationship

There were a number of things that helped facilitate a positive counsellor/survivor relationship. Some of the young women were nervous and/or unenthusiastic about seeing a counsellor, so in the first session it was important that they "felt relaxed and felt comfortable which made it easier to talk openly", and were in a confidential and private environment. The most effective counselling relationships appeared to be those that worked at the young person's own pace and focused not solely on the rape or sexual assault but on the young person as a whole, giving them the opportunity to "talk about anything I wanted to there, not just what happened", "just to be able to change the topic" and be listened to. Two of the counsellors also commented that working at a slow pace could help this. Such an approach recognises the interlinked nature of people's lives. In the case of many of the young women that participated in this research, problems with parents, school, friends, going out, the attack, the police investigation, the court case (if there was one), drinking, boyfriends and previous experiences of violence were interwoven in a manner that was not simple or necessarily appropriate to separate.

The data from young women do not indicate that any one counselling technique works better than another. Some young women found drawing to be helpful or making lists of feelings, events, concerns and working through them. Others found making plans for the future and symbolic moves, such as changing the décor of their room, to indicate the development of a new chapter in their lives. Others stated that simply the respect, politeness, support or even the smiling face of their counsellor helped them. In concurrence with the above, more than half of the counsellors interviewed advocated a flexible integrated approach to working with survivors of all ages "to build a therapy to fit the client", in a respectful, supportive and caring environment. They emphasised the importance of developing a programme of work that enabled them to "look at themselves in a logical, positive, respectful" manner, develop longer-term plans that could help them cope with their emotions and move forward at a pace and in a direction that the young person was happy with.

All of these issues indicate that what worked for these young women was gaining, regaining or maintaining a sense of control not only in their lives but in the counselling relationship. This centred on being treated respectfully; being involved in setting the pace and agenda of the

sessions; using techniques they felt comfortable with; being listened to; and helping develop their own plans for the future on their terms.

### Areas for improvement

Although the young women primarily had a positive counselling experience, a minority indicated some level of dissatisfaction. Of these, two were “upset” that STAR rules meant they could not continue working with their counsellors. This may indicate a more fundamental need for longer-term counselling and support also advocated by a counsellor and a mother. Two respondents disliked “getting straight into the information” or having “questions thrown at you”. One respondent “couldn’t deal with it [...] going through it all the time”. Another respondent said “I found STAR doesn’t help me that much because I have other problems too as well as the rape”. One respondent found her counsellor gave her “unhelpful” advice that she “couldn’t follow”, like telling her “you need to move on”. She also said the counsellor “never let me talk about it properly”. Another respondent felt that the counsellor disapproved of her because she was late for a session and was asked whether she really needed her friend in the counselling room; she also found the sessions difficult because she “couldn’t say ‘I don’t want to answer that question’ [...] we would have been sat there all day until I answered it”. Finally, three respondents felt that their counsellor did not understand the issues they were raising and would have preferred to talk to another survivor or a more knowledgeable counsellor.

Some of these themes – only having access to a restricted number of sessions, the pace at which information is disclosed to the counsellor, not working with other issues pertinent to the young person, being told that they are ‘late’ – indicate that an over-controlling approach can be counter-productive. The more flexible approach outlined earlier, and advocated by many of the counsellors interviewed, may have been more appropriate for these young women.

### Choosing to ‘opt out’

The project database indicates that of the 185 referrals, 123 (67%) used one or more of STAR’s services. This is a good level of service uptake, but there is room for improvement. The research participants gave a number of reasons why they did not use one or more of STAR’s services, and more than one of these reasons may have affected the decision. Before they can ‘opt out’ of a service, they have to know what is on offer, and a significant number were not aware of the range of STAR’s services (discussed in detail earlier in this chapter). Of those who were offered the ISW service, some did take the decision not to use it. One consciously chose not to use it because she “preferred to go see a counsellor” at STAR instead. One stated she was “informed about this option, but was told there were no spare support workers in my area, so I didn’t see one”. Others said “I don’t like my parents being involved”, “I didn’t want any more strangers in my house and I find it easier to talk about it out of my house”, “I live in a very busy household [that is] easily interrupted”. As one respondent stated in her interview:

*At the time the only really good place I felt safe were at home, and I didn’t really talk about it much at home, and I didn’t want to bring it all up so that if I were at home I would think about it more.*

*(STAR, respondent)*

One of the counsellors was also concerned that the ISWs were talking about the offence within the young person’s home, and that this might not be the best location. She was concerned as to whether this would be a “safe place”. She was also concerned that after talking to the ISW the survivor would not be able to leave the feelings behind, because she could not leave the environment in which she had discussed them.

In relation to the case tracker, some knew the reason they had not been told about this service was “because the charges were dropped *not enough evidence*” (respondent’s emphasis), also, see *Awareness of STAR’s services* earlier in this chapter for further discussion. Two said they were not using the case tracker because the police were keeping them informed. However, one of these respondents was still concerned that she had only been called once by the police near the time of the offence and had not heard from them since, despite STAR records indicating that the case had been NFA’d by the police.

In terms of counselling, some young women chose not to use it for positive reasons. Either they “have a good family which I can talk to and feel comforted with their advice”, or they were already using alternative services: “I have mentoring session at school with a support worker which is enabling me to talk freely with confidentiality”. Other respondents said that “I have already spoken to a helpline”, or that they were getting support from another agency (though she still wanted counselling).

The timing of the service was relevant for some of the young women. They felt that they were either contacted by STAR too soon after the attack for them to contemplate talking to someone or too late. For example, some respondents would have liked to have “known about STAR earlier, near the time I was raped”. One respondent was contacted in her estimation three to four weeks after the offence and despite thinking it “sounded good” and that “they could help a lot of people”, the respondent “didn’t want to talk about it at the time, I just wanted to forget about it” and said “it would have been better earlier on”. On the other hand, this respondent said she would have liked more regular contact at various points, she wanted to wait and see how things went with the case and had written to STAR asking for counselling a bit later but they had not got back to her. Both in her questionnaire and when interviewed she appeared very upset and confused, and was not sure what counselling was and no longer thought counselling could help.

The finding that some of the young women have complicated and sometimes apparently contradictory reasons for not wanting and then wanting to use STAR’s services is not unexpected. This is a very difficult time, and their needs may change from day to day or even hour to hour. For example, the phrase “no one can help me” was most common in those who were not being supported by family or friends and found it difficult to talk about what had happened. They may occasionally hope that someone can help, and for a short time have enough trust to believe that someone might be able to help (which is when they may contact STAR). Some of these sentiments are illustrated in the following quote where the survivor talks of STAR helping at the time, and later that “STAR doesn’t help” and “sometimes I am” willing to be helped and “sometimes I just want to give up”:

*I’ve seen a counsellor before [...] about my parents divorce and how upset I was. I stopped going because I found it wasn’t helping. Still carrying on doing my ‘self-harm’ getting more depressed. I got raped in [...] I got advice to come to STAR, even though myself I wasn’t willing and just said I’d give it a try. I did and it helped at the time. The problem is when you go back home and back to school your problems build up again. I get into fights and get angry and depressed quite easily. I’ve been told I need help and I know I do, I believe no one can help unless you’re willing to let them. Sometimes I am but sometimes I just want to give up. I find STAR doesn’t help me that much because I have other problems to as well as the rape. [...] I feel no one can help me.*

(STAR, respondent)

The survivor quoted above also did not want to use any of STAR’s services “because I don’t want to upset my sister about things that are happening and I don’t want my mum’s [boyfriend] to know what’s going on with me and my personal life”, demonstrating again the complex reasoning behind the decision to use or not to use the service.

Further reasons for not taking up STAR’s support services included: “Cos I ain’t needed to”, “I don’t have any fears I’d like to talk about”, “I managed on my own”, and “because I had

survived without seeing one so I didn't see the point in seeing one now". Some respondents wanted to draw closure on the whole incident and felt they had to "deal with it myself", to forget about it and "put it behind me" because that was what they thought would be "best". Others simply "didn't want to speak to anyone" or were "under too much pressure to start seeing other people".

Where relevant, they were also asked why they stopped seeing a STAR ISW or counsellor before their allotted six sessions/weeks. As with those who had not used one or all of STAR's services, this tended to be for a combination of reasons. In relation to counselling they stated they stopped because it "didn't feel right"; that going to counselling was itself causing further stress. Some "didn't like going through it all the time" and/or because it "didn't help at all". For two of these young women it appears to be significant that it had not been their choice to see a counsellor but their parents'

## 6. Additional areas of service development

In this chapter additional areas of possible development for the STAR young persons' service are discussed. This includes developing support for parents, ensuring the choice of a female worker, access in terms of ethnicity and language, and peer support.

### Supporting parents

Once the young persons' service was launched, STAR found that the parents of the young women they were working with also wanted help and support, as a result they began offering ISWs and up to five sessions of counselling to parents, immediate relatives and close friends (11 had used one of these services by the end of the evaluation). This is not a service that is part of the evaluation, so the information is limited. However, because parents are an important consideration for any organisation wishing to support young survivors, this topic is considered (for an extended discussion see Appendix F).

The rape and/or sexual assault of their child had a considerable impact on the parent(s). Both mothers and fathers found it hard to cope with. They felt “devastated”, “shocked”, “angry” and “guilty” that they had “failed” to protect their children from harm. They did not know who to contact or where to turn for help; did not wish to burden friends and family with their pain; and were often bewildered by the criminal justice system, and the impact of the assault and the aftermath on their child and family.

Parents need to be supported for four main reasons. Firstly, they need and should have a right to support for their own emotional wellbeing. Secondly, because young women worry a great deal about their parents. Thirdly, for guidance on how to respond to and help their child. Fourthly, they also need support so that they remain in a better position emotionally to be able to help their child. In this way supporting parents has a knock-on effect on young women's support networks, allowing them to gain support from ‘Mum’ and ‘Dad’ whose presence is irreplaceable.

Several mothers explicitly expressed their need for an information pack, so they could understand their child's reactions and respond appropriately. They also felt that support groups would be beneficial, and/or a system of parent-to-parent telephone support. In the future, further service promotion and development (particularly in regard to peer support through support groups and phone networks) would clearly be beneficial to ensure that service take-up is optimised and parents receive the support they need not just for themselves, but also for their children.

### The sex of the worker

Just over 95 per cent of referrals of young people to STAR were female.<sup>27</sup> Seeing a female worker was very important to most of the young women. In 94 per cent of cases the first assessment session was arranged with a female counsellor, however the sex of the remainder is not indicated on the database nor is the sex of the ISW. At the time of the research there were two male counsellors and two male ISWs working with young women. All female survivors saw a female counsellor, but with two out of three ISWs being male, this was not possible with this service. Three of the survivors participating in the research had seen a male worker, in all cases an ISW. All but four (19%) of the 21 respondents who answered the question “did the sex of the [...] worker make a difference” said that it did. The reasons given for this related to feeling “uneasy”, “uncomfortable” or “unsafe” in the presence of men. As one respondent explained, it would be “hard to talk to a male when I was abused by one”.

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<sup>27</sup> Eight young male survivors were referred to the project in two years.

Another who had seen a male ISW said that although she thought that “the sex wouldn’t matter...when it came to talking to him it was harder”.

Many of the counsellors interviewed for this research also thought that the sex of the counsellor does make a difference to the survivor, and that STAR should continue to ensure that female clients were able to see female counsellors. In contrast, one ISW felt that the idea that “no woman who had been a victim of rape or sexual assault would want a man there” was “completely rubbish”. Thus, although all three ISWs emphasise the importance that the survivor was offered a choice, two ISWs – who were male – thought that the gender of the support worker made little difference, and indeed a male worker may be more effective or preferred by some women.

## Ethnicity and language

In terms of service users, of the 171 for which ethnicity is known, 92 per cent were white (n=157), 4 per cent (n=6) African/Caribbean (one of whom describes herself as “mixed race”), and 4 per cent (n=7) were Asian. All of the ISWs and counsellors who volunteered to go on to train to work with young women were white.<sup>28</sup> In addition, although ten adults used a translator in counselling sessions from 2001-2002 (including three in Albanian, two in French and one in each Portuguese, Czechoslovakian, Polish, Zimbabwean and Punjabi), no young person requested or used this service.

Research by Kelly, Regan and Burton (1991) involving 16- to 21-year-old college students found no difference in the prevalence of sexual abuse between ethnic groups (see Kelly, 1999 for cross national comparisons). The 2001 Census indicated that 13.5 per cent of the population in West Yorkshire is from an ‘ethnic minority’. This includes Black African, Caribbean or Black Other at 1.6 per cent of the population; and Asian<sup>29</sup> people at 9 per cent of the population. STAR is therefore to be congratulated for relatively good representation of Black survivors in their referrals. However, there is an under representation of Asian survivors. This is particularly problematic when one considers that in parts of Bradford, Asians are in the majority (67.3% in Bradford More, 69% in the University and 70.6% in Toller).

The under representation of Asian people is not a problem experienced only by STAR. Voluntary groups in the area also have low representation amongst the survivors accessing their services, and have experienced problems in recruiting staff, counsellors and volunteers from these communities. This might in part be a reflection of a limited numbers of Asian women training to become counsellors. It may also be a reflection of the alienation that some minority groups may feel from what are perceived to be ‘White’ services, particularly when they are linked to the police (see Maung, 1995).

All ISW staff, counsellors and volunteers saw minority ethnic groups as particularly “hard to reach”, stating, for example that “there are cultural barriers there that we are going to have to learn how to get around or get through”. Although STAR has attempted to increase the use of their services by Asian people by running two ads in the *Asian Eye*, they received no referrals from this. Indeed, STAR were reluctant to attempt to increase referrals without having relevant skills in terms of language and cultural sensitivity, and more diversity of ethnicity amongst ISWs and counsellors.

It is not necessary to match young women with a counsellor or ISW of the same ethnicity or religion. Indeed, some research has indicated that the opposite may be true for some individuals. What is important is that workers and volunteers need to be aware of, sensitive to and skilled in working with diverse ethnic, cultural and religious needs, or be confident to ask questions of the survivor or a relevant practitioner when they are unsure. This may require further training and support for some ISWs and counsellors who feel less confident.

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<sup>28</sup> STAR has found it difficult to recruit counsellors or ISWs from Black, Asian and other ethnic minority groups. Since STAR opened its adult service to the public they have had, at most, three counsellors of Asian descent and one of African/Caribbean descent out of an overall total of 31. This recently dropped to one Asian counsellor (who described herself as “Pakistani British or Pakistani Asian”). STAR has 22 ISWs to work with adult survivors of which, at most, three have been Asian; none currently work for the project.

<sup>29</sup> Including mixed White and Asian, Asian, or Asian British Indian/Pakistani/Bangladeshi/Other.

STAR has started to address this through a training afternoon on refugees and asylum seekers, which could be developed into standard training, but this needs further development. Developing a targeted publicity strategy would also be valuable to increase recruitment, particularly in Bradford.

Where the survivor does not speak English it is also necessary to make provisions for this. The preferred option would be a counsellor who can speak the survivor's language. However, where there are no trained counsellors locally with these skills, counselling can be offered through a translator. This is a difficult option because it brings a third person into the counselling room, and doubles the time needed to complete a session. Even if the survivor does speak English, they may prefer counsellors who they can talk to in their first language. This may be because they feel most comfortable and confident in this language, and that they are able to express themselves more fully. If this is the case then this option should be offered to the survivor where possible.

## Peer support

Most of the parents and young women interviewed suggested that the addition of a support group or some other means of meeting peers with "similar experiences" might be beneficial. One member of STAR's staff and one counsellor were not sure whether such a scheme – particularly group support – would be successful. However, only one young person thought that meeting peers would not be appropriate for her, because she "wouldn't be able to talk" and "it would actually put more pressure" on her. The others gave a range of reasons why they thought they would benefit from meeting each other. For example, one respondent felt it "could be good because you could talk to them about your problems and they could talk to you". One mother also felt it would make it easier for her daughter and other young women to "say how they actually feel" and not feel "patronised". Several respondents and their mothers thought it would provide an opportunity to share coping strategies. One mother added that "another person of the same age who has gone through it [and is now] coming out of it" might be able to "explain to them the problems that might occur [...] and who to go to if they start". One respondent simply felt that meeting other survivors would break down her isolation and stop survivors "thinking that you are the only person that has been through it", who had experience of support groups at another organisation, also put this forward as potential benefits.

In addition, it is striking that when asked why they chose to participate in the research, all but one of the respondents said they wanted to help other young people. Such a sense of altruism could and should be utilised further, not only as a means of offering practical help and support, but also to improve the sense of self-worth and reduce the isolation of those involved.

The young women and their parents suggested five different means of contact between survivors. These were face-to-face peer support groups, internet peer support, the exchanging of phone numbers/addresses in a group or 'buddy' system and/or group outings. In relation to meeting face-to-face, this is not something that they wanted to do immediately after the offence: "I weren't really up to much then", but rather "a month or two" after when they were "feeling a bit better". Some respondents suggested a small group outing of no more than ten, with the option of taking a friend along. For small groups who go on outings, a range of experiences and the length of time since the offence could be beneficial such that all the young women participating could get a sense of helping others as well as being helped. A 'buddy' system would be more suited to 'matching' those that had been recently raped with young women whose cases had, for example, already passed through the criminal justice system, or as one counsellor suggested where one of the survivors had already completed counselling and is now "getting on with her life".

Previous research, particularly in the United States, has highlighted the benefits of group work. Furniss, Bingley-Miller and Van Eldurg (1988) saw it as a means of reducing isolation, improving self-esteem, and gave an opportunity to impart, discuss and share information (such as sex education) which helped to empower young survivors. In addition, Rust and Troupe (1991) found group work reduced self-blame, improved survivors' view of themselves

and enhanced their achievement at school (see also Verleur, Hughes and De Rios, 1986). Such work does not have to be continually focused on the abuse, nor does its medium of communication always have to be talking; art work and outings can be fun and act as alternative means of expression, as well as helping to break down barriers, build friendships and relieve stress.

The group work that Verleur, Hughes and De Rios (1986) evaluated was based on weekly meetings. This might be difficult to sustain, especially over a large area such as West Yorkshire, therefore a scaled down version might be preferable. If, as suggested by one parent and survivor, this were done informally through a one day outing or a weekend away accompanied by experienced youth workers (Verleur, *et al.*'s research indicates that such work should be undertaken by female workers), and including time for active 'ice breakers', then the participants could choose the extent of their continued involvement with other survivors. A more formal 'buddy' system would require the volunteers to be trained, supported and supervised in their work. A concern here, as with any peer support, could be that such a system might overburden some young women.

Some young women who were worried about meeting others face-to-face and/or talking to them directly seemed particularly keen on STAR developing a means of internet contact between survivors, because "it's better to talking on the phone". Even survivors who were less concerned about face-to-face contact said they would use an internet site "a lot" because "it's like writing a letter, you can put more emotion into it" and "it's not as hard to talk over the internet than it is in person". The type of internet contact that they wanted varied, from one respondent suggesting a message board for survivors (rather than a chat room format), to a mother preferring a more formal arrangement with a trained adult survivor in her "mid-thirties" responding to young women individually. STAR workers were particularly interested in internet support, but like one mother, the focus of discussion was non-peer online counselling and support. The young women themselves saw the internet as both an opportunity to talk to other survivors and to access online counselling and information, therefore consideration of both options is recommended. Only one interviewee thought that internet support would probably not be a good for her because "I don't really use the internet much".

An alternative means of peer support suggested by some STAR staff and was an ISW system that involved recruiting and training people in their late teens and early 20s who were not necessarily survivors. Although the data indicate that such a scheme would be positively received, the particular emphasis of the interviewees was on meeting and learning from other survivors' experiences, so the options previously discussed might be preferable.

Starting a 'drop-in' service that young women could "access as and when they want" where both an opportunity to talk to a counsellor and meet other young survivors was also discussed as a possibility by STAR staff. However, concerns about the accessibility of such a service for those on the outskirts of West Yorkshire, as well as about the anonymity of young women entering a building associated with the STAR project means that there is some reluctance to pursue this option.

All of the above means of contact would need to be done with adequate funding, to ensure that staff are available to facilitate and monitor the system and the system was safe and secure. In the case of internet counselling/support/information, consideration will also have to be made about the extent of time that should be allocated to this. Online security would need to be given high priority. This could be addressed through monitoring by staff and volunteers on a rota system. Access will also need to be carefully considered for all options, including transportation to group sessions or outings, computer access and other online costs, and, where necessary, spending money to try to ensure a sense of equality on any group outing.

## 7. Service cost

The overall cost of the STAR Young Persons' Project to set-up and then run for two years was £114,703. This includes staffing, counsellors, the estimated cost of ISWs and the actual cost to other agencies (such as the police) of those that gave their time freely to the project. It also includes the actual cost of the counselling rooms (the cost of offices was estimated based on local rents), and other overheads, such as electricity, advertising, equipment, transportation and training.

The largest single cost was the counselling service, which was £41,139.34; this was followed by the ISW service at £29,776.73 and the case tracking service at £24, 983.27. Within these figures is the cost of the specialist training for the young persons' service and the STAR training to work on the adult service, which needed to be completed prior to the specialist training (£18,803.91), as well as external training for staff at, for example, conferences (£4,083.04).<sup>30</sup>

The cost per person for the 61 survivors who had contact with a counsellor was therefore £674. 42; for the 15 who used the ISW service £1,985.12 per person; and for the case tracker service the cost for each of the 95 that had contact with the service was £262.98. If the ISW service had been used by young people to the same extent as the counselling service (n=61) it would have only been cheaper than the counselling service by just under £200 (£488.14). Even in this light, the ISW is not a 'cheap' option. Much of the expense for this service was for staff time in managing volunteers, and arranging appointments, advertising and training. Such a finding brings into question the use of ISWs with young people on purely economic grounds. This is not to suggest that counselling is a better option for survivors, or that the use of volunteers should be avoided, it just highlights the myth that volunteers are a 'cheap' option.

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<sup>30</sup> Unfortunately, the method of data capture and imputing means that a further breakdown of costs into, for example, fixed, capital, and ongoing costs, is not possible. It is also not possible to do a cost-effectiveness analysis in relation to case attrition because the direct of the relationship between service use and case attrition cannot be ascertained, nor can it be stated categorically that any impact on attrition was solely the result of STAR's intervention.

## 8. Conclusions and recommendations

Young women's perceptions of STAR's services were in the main extremely positive which reflects the high standard of service provision that STAR strives to provide. The project clearly has a dedicated team of counsellors, volunteers, staff and management that are committed to catering for the needs of young women. For most survivors who used the ISW, counselling and case tracking services, the expressed needs, for example, to have 'someone to talk to', to think through strategies of coping and to be provided with information, were catered for. However, not all young women in the research who expressed a need for support and information had accessed the service, or had found the service they accessed suited them. Interviews and questionnaires indicated that these young women are sometimes the most vulnerable, who may not have parental support, who may be in care, and/or are self-harming and feel no one can help them. Other hard to reach groups are also not accessing the service, including Black and Asian and all other ethnic minority groups. In these cases, they are simply not being referred to STAR because survivors from these groups tend not to report to the police.

In reference to case outcomes and the impact of STAR's service, the majority of cases resulted in NFA by the police or discontinuation by the CPS (46%). Case attrition is highest during the CPS's decision-making stage (28%). Just under a quarter (22%) of cases went as far as to receive a final court verdict, with 17 per cent of all reported cases resulting in a guilty verdict. This is significantly higher than for adult survivors. The data also indicate that there is a positive relationship between the use of the case tracker service and case attrition. It was not, however, possible to establish the direction of this relationship.

Recommendations that have emerged from the data are outlined in the next part of this chapter. Many of these require substantial staff time and sponsorship, therefore would need careful consideration and development over the longer-term. It should be noted that some of the recommendations have come from the staff, counsellors, ISWs and management team and are already being discussed and/or implemented. More generic recommendations for those wishing to develop a service for young survivors are also discussed. It must be stressed that because of the small numbers involved in the research these recommendations are tentative. The report ends with suggestions for future research.

### Recommendations for STAR

#### Developing alternative/additional services

The STAR young persons' service may benefit from rethinking their current focus on counselling, placing more emphasis instead on proactive and informal/flexible support. STAR does this to an extent through the ISW service, but only if there is an ISW in the area and only for a very limited period. It is not suggested that the counselling should end, but rather a number of additional complementary means of supporting young people and their parents should be explored. For example:

- providing an informal space, facilitating a network, and/or outings that would allow young women to meet other survivors of their own age;
- providing an informal space or facilitating a network and/or outings that would allow parents to meet;
- providing a 'safe' space on the STAR internet site for a young survivors' 'chat room' or 'message board'; and
- providing 'online' support and information.

## Training

- ISWs often have less prior training than counsellors do. To cater for this the training package could be developed to bring in more specialists with experience of working with young women (STAR started to implement this after the evaluation ended). In particular, this should target female youth workers.
- Although most of the counsellors were highly qualified, some felt that the training offered by STAR could have been more detailed and geared to the needs of counsellors, such as specialist training for counselling skills with young women. If this cannot be provided by STAR then it could be brought in by external trainers, or outside courses could be recommended.
- The different needs of ISWs and counsellors means that they require separate specialist training. However, initial training and some relevant ongoing training should be available to both types of worker to enable the sharing of experience and continued networking.
- Specialist training could also be used to explore some of the myths and realities of working with Black, Asian and other minority ethnic groups.
- As STAR counsellors and ISWs gain greater experience in working with young women, they could become involved in delivering training in their particular areas of specialism.
- 'Refresher' training on internal policies and protocols may be beneficial.

## Recruitment of Initial Support Workers

- One of the disadvantages presented by the large geographical area that STAR has to cover is that under the current model, STAR have to attempt to recruit, train and retain one or more ISW in each area. Recruiting a full-time paid female ISW to work with young women, who is able to provide a more constant, long-term mobile service, could alleviate this problem.
- This would not negate the need for experienced volunteers, but could reduce the problems currently being experienced with recruitment.
- Recruitment could be focused on ensuring that young women can see a female support worker.

## Awareness of services

- The database indicated that 73 per cent of referrals to STAR are from the police. Figures from the Rape Crisis Federation suggest that only 12 per cent of cases are reported. There is therefore a need to raise awareness of STAR outside of the police service.
- An improved advertisement and awareness campaign appears necessary, particularly in relation to Asian and minority ethnic survivors who often do not report to the police, and giving details of relevant organisations other than the police.
- Such a campaign needs to be ongoing and could include translation of all leaflets, website development, poster and sticker campaigns, and talks by counsellors, ISWs and STAR staff at relevant venues (with translators, where necessary).
- Improved inter-agency working could be made a priority to develop a sense of partnership in working with young survivors. Services to target include schools and colleges, social services, youth groups, women's groups, youth hostels, 'children's' homes, hostels for homeless people, GPs, pubs and clubs, services for young women in prostitution, probation services and young offenders institutions.
- The research indicates a need for schools and colleges to be aware of, and sensitive to, the traumatic experiences of their students who have been sexually assaulted or raped, and the potential impact it may have on their behaviour and schoolwork, to avoid these students being labelled 'troublemakers' and being pushed or indeed 'choosing' to drop

out of school. Developing a closer working relationship with schools through training, discussions and liaison could help to address this.

- Negotiating the use and incorporation of STAR leaflets and information on rape and sexual assault into school sex education programmes could also assist in raising the students' awareness of both these issues and of STAR.
- It is important to find a means of increasing the awareness of all services on offer to survivors already referred to STAR. This could include more 'user friendly' mail-outs, such as a short questionnaire to those who do not respond to the first letter, and/or a more interactive website.

## Developing the current services

### General recommendations

- The findings indicate that it is important that young women can access a *female* ISW and/or counsellor. For example, if STAR had had more female ISWs then the additional concern of sharing intimate information with a male ISW could have been alleviated. It is recommended that services for survivors should ensure that they recruit, train and retain enough counsellors and volunteers so that they can offer a female worker.
- The researchers suggest that a female ISW and/or counsellor should be the default position for a female survivor. A male ISW and/or counsellor should only be offered if the female survivor requests this.
- If a young person stops seeing the ISW or counsellor after only seeing them for a small number of sessions, the survivor could be contacted by STAR between one and six months, and reassured that they can resume seeing the same or a different ISW/counsellor if they wish. This may help maintain contact with the young person and assist them in accessing the service again if they wish to.

### The ISW service

- It may be appropriate to extend the number of sessions/weeks offered by the ISW service.
- Ensuring that the survivor is offered the option of seeing the ISW in a location other than the young person's home may increase uptake of the service and the comfort of the survivor.

### The counselling service

- It could be beneficial to extend the standard number of counselling sessions to enable greater time for the young person to 'get to know' and 'trust' the counsellor. This could also reduce the danger of some young women feeling they had to get 'straight into the information' about the rape or assault.
- Some of the responses from young people suggested that there is a need to recheck all counselling rooms for privacy and comfort.

### The case tracker service

- STAR's case tracking service could be developed to offer information outside of school hours, so that they can talk directly to the young person.
- Of the survivors who responded to the questionnaire, 61 per cent (n=26) were not aware of the case tracking service, and 64 per cent of those not aware said that they would like to use it now or in the future. The young persons' service may be substantially improved by proactively providing case tracking information to all young women who have reported to the police and have given permission to be contacted by STAR.

- When a young person has reported his/her case to the police, but that case is static or is no longer being investigated, the case tracker could check that a police representative has arranged to meet the young person to explain in detail why this has happened and be available to answer their questions. This would help to prevent experiences like one respondent who was waiting for a court case that was never going to happen, or another who felt that when the police explained things to her she “didn’t really take it in”.
- Whose responsibility it is – police or STAR case tracker – to impart information to the survivor should be formally clarified.

## Recommendations for those wishing to initiate a service for young survivors

From the good practice exhibited at STAR, and the steep learning curve they experienced in working with young women, it is possible to put forward generic recommendations for other projects wishing to work with young women.

- Set realistic aims and objectives that are achievable within the time frame of the project.
- Ensure that funding applications are not under-costed.
- Be aware that the actual cost of a volunteer service may only be slightly cheaper than a service with paid staff. Indeed, if there are problems with the recruitment and retention of volunteers, such an option could even be more expensive in real terms.
- Undertake detailed research prior to implementation into both the needs of young survivors and the existing service provision in the area where the service is to be developed.
- Avoid simply replicating an existing adult service. Instead develop the service to cater for the needs of young women in that specific area.
- Consider how the geographical area might limit the model of service that can be offered. A single centre-based model, or ‘drop in’ centre might be appropriate to cover a city but a more mobile service may be more appropriate for a larger geographical area that covers both rural and urban locations.
- Explore the possibility of service provision such as counselling, initial support, advocacy, peer support and internet support in accessible locations, such as schools, youth clubs and youth counselling services.
- Consider the lead-in time necessary to recruit and train counsellors and volunteers to a standard necessary to work with young survivors.
- If the plan is to recruit from existing counsellors/volunteers, check their availability to work the additional time on the new project.
- Employing a paid support worker to work alongside volunteers could be considered.
- Discuss appropriate protocols and procedures on confidentiality with relevant external organisations as well as internal staff, counsellors, volunteers and management. Emphasis should be placed on balancing the needs of young survivors to establish trust with workers and control of information about themselves, with consideration of their safety and project responsibility/liability.
- Provide detailed training using on a range of linked organisations that have extensive experience of working with young women and young survivors.
- At a minimum, provide independent monthly counselling supervision for all those working directly with survivors, including office staff, volunteers and counsellors.
- Ensure that workers have the opportunity to meet (at least quarterly) and share their growing expertise, as well as their fears about working in this field.
- Try to foster an ethos of counselling and support that is flexible to the needs of the survivor.

- Consider the possibility of providing both short-term and long-term counselling and support.
- Provide a range of services that cater for differing needs and preferred methods of communication, including letter writing, telephone, email, internet and face to face.
- Consider different ways to enable survivors to meet if they wish to; these might include informal trips, group support, internet discussion groups, and/or a 'buddy' system.
- Develop clear guidelines for peer support, as well as training and supervision where necessary.

## Recommendations for future research

- This study indicated that 28 per cent of cases concerning young women were discontinued on the recommendation of the CPS; this compares to an estimated national figure of 4.1 per cent in adult cases. Further research is needed to explore whether this is either an anomaly linked to cases referred to and tracked by STAR, a result of local CPS culture or a more general issue relating to cases concerning young women in England and Wales.
- Different patterns of attrition need further exploration, for example, how much of the higher conviction rate for assaulting young women is actual guilty verdicts following trial for rape, or guilty pleas/verdicts for unlawful sexual intercourse (USI)?
- It would also contribute significantly to academic and practitioner knowledge, if a new research project analysed the contexts and circumstances of rape and sexual assault in this group, for example, is there a particular pattern, where is it similar /different to adult rape and sexual assault, where are the overlaps with child sexual abuse?
- Peer support systems could be piloted and evaluated.
- More detailed research into what young women require from internet support is necessary, including a review of current internet support services in order to provide guidelines for good practice.
- Research is needed to investigate the experiences and needs of young male survivors of recent rape and sexual assault.
- The dominant discourses of service provision to survivors of rape and sexual assault need to be deconstructed to consider its basis of their dominance and to re-evaluate alternatives. For example, why is it that counselling dominates discussions on what survivors, indeed what victims more generally, require in terms of support; almost drowning out and downgrading alternative options that were suggested by many of the young women involved in this research, such as peer support, group work, internet support, and even the support of a parent or parents.
- As with services, more creative approaches to research with young survivors should be explored further. For example, focus groups and internet questionnaires/interviews/discussion groups might be a more accessible and appropriate means of communication for some young women.

Some of the above can and will be undertaken to an extent with further analysis of the data collected for this research, but more in-depth follow-up research is also needed.

## Appendix A: STAR Young Persons' Project's original aims and objectives

The following is a direct quote from STAR's initial CRP application accepted by the Home Office in 2000.

*This project will develop its existing service to provide a specialist counselling and support service for young people from the ages of 13 to 16 years who have been raped or sexually assaulted. The service will be available to young people who live in any area of West Yorkshire. The project will aim to:*

- *improve attrition rates by providing improved support and evidence gathering;*
- *target prevention by undertaking a detailed crime analysis (including non-police referrals) which, in turn, will inform education programmes for young people;*
- *reduce re-offending by tackling the issue of repeat victimisation; and*
- *undertake a client evaluation in respect of the needs of young people and service provision.*

(STAR CRP project proposal, 2000)

## Appendix B: Fields on the database

Code	Meaning of code
key	Our reference number
ref	Star's reference number
referral	Referral date
introses	Intro session date2
victimdo	Victim date of birth
age_when	Age when referred
iswfirst	ISW first session date
offenced	Date offence took place
reported	Date reported to the police
sex	Sex of victim
race	Ethnicity of victim
ha	Health authority area
needs	Requested service needs
offence	Type of offence
details	Details of offence (where it happened, what happened etc.)
location	Location of offence
relation	Relationship to offender
kinaware	Are family aware of the offence?
prevcomp	Has the victim reported any similar offence before (repeat victim)?
prevdeta	Details of previous offence
ok2conta	Is it okay for STAR to contact them?
suspectd	Suspect's date of birth
reviewda	Case review date
conditio	Conditions and location of bail
magdate	Magistrates date
courtat	Data of final court verdict
courtsen	Court sentence
comments	Comments on sentence (e.g. conditions, reasons)
referee	Source of referral (e.g. police, GP)
counsell	Has counselling been arranged?
vsletter	Has a letter been sent by STAR (re: support that can be offered)?
vsletres	Has there been a response to the letter?
counsex	Counsellor's sex
assessme	Has a counselling assessment session been booked?
courses2	Did they attend counselling (yes or no)
counsess	Counselling sessions attended (including assessment)
session1	Counselling sessions attended
session2	
session3	
session4	
session5	
session6	
session7	
session8	
session9	
sess10	
sess11	
sess12	
sess13	
sess14	
sess15	
sess16	
sess17	
sess18	

sess19	
sess20	
interimr	Interim counselling report written (yes or no)
endrepor	End counselling report written (yes or no)
complete	Was counselling completed (yes or no)
intrep2	2 <sup>nd</sup> interim report completed (yes or no)
courtloc	Court location
courtname	Court name
outcomer	Outcome reason
iswarran	ISW arranged (yes or no)
rptweek1	ISW sessions attended
rptweek2	
rptweek3	
rptweek4	
rptweek5	
rptweek6	
iswsuppc	ISW support complete?
prevconv	Previous convictions of offender/alleged offender
plea	Pleas at court
suspecta	Suspect's age group
suspects	Suspect's sex
suspectr	Suspect's ethnicity
preconv	Previous conviction details
suspecti	Suspect identified (yes or no)
offencea	Offence area
daysdiff	Time lag between reporting to police and referral to STAR
refisw	Time lag between referral and introductory session
ct	Did they use the case tracker service?
repor	Did they report to the police?
precoun	Are they about to start counselling?
preserv	Is it too early to tell?
polresp2	Police response
evaluat	Did they participate in the evaluation?
usedstar	Did they use STAR?
oftocou	Time lag between offence and counselling
outknown	Is the outcome of their case known?

# Appendix C: Questionnaires

Please note: this is not the font size of the actual questionnaires

Reference No:

## WHAT DID YOU THINK OF YOUR STAR CASE TRACKER?

1. If you are completing the questionnaire on behalf of the young person could you please state your relationship: Parent                      Guardian                      Friend                      Other, please tell us \_\_\_\_\_
2. Has the STAR Case Tracker kept you well informed of your case? (the Case Tracker at STAR, she informs you of the progress of your case if you have reported to the police) Yes    No    (please tick one)
3. How many times has the Case Tracker contacted you? \_\_\_\_\_
4. Are you satisfied with the contact you have had with the Case Tracker?    Yes    No
5. Please rate your STAR Case Tracking service by circling the number which best describes it (for example circling 1 means the Case Tracker was very respectful, and 4 is very disrespectful).

Respectful	1	2	3	4	Disrespectful
Believing	1	2	3	4	Disbelieving
Supportive	1	2	3	4	Unsupportive
Helpful	1	2	3	4	Unhelpful
Sympathetic	1	2	3	4	Unsympathetic
Non-judgemental	1	2	3	4	Judgemental
Knowledgeable	1	2	3	4	Not knowledgeable
6. Please tell us what you particularly liked/disliked about the STAR Case Tracking service.  
**Liked:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Disliked:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (please continue on the other side if needed)
7. How could the STAR Case Tracking service be improved to help you more? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (please continue on the other side if needed)

**PLEASE NOTE THE FOLLOWING QUESTIONS REFER ONLY TO THE YOUNG PERSON NOT THE PARENT/GUARDIAN/FRIEND.**

8. Did you choose to see an Initial Support Worker (the person from STAR who comes to see you at home to give you help, advice and support)?                      Yes    No
9. If **NO**, please tell us why you chose not to see an Initial Support Worker.                      \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (please continue on the other side if needed)
10. Did you choose to use the Counselling service?                      Yes    No
11. If **NO**, please tell us why you chose not to use the Counselling service. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (please continue on the other side if needed)
12. Are **you**:                      Female                      Male    (please tick one)
13. How old are **you**?    14                      15                      16
14. How would **you** describe yourself (please tick one)    White    Black Caribbean    Black African  
Black Other    Indian    Pakistani    Bangladeshi    Chinese    Other, please tell us \_\_\_\_\_

**IF YOU WOULD LIKE TO USE ANY OF STAR'S SERVICE PLEASE RING \*\*\*\*\*.  
PLEASE PUT THE QUESTIONNAIRE IN THE PREPAID ENVELOPE, SEAL IT AND POST IT.  
THANK YOU FOR YOUR HELP!**

Reference No:

**WHAT DO YOU THINK OF YOUR INITIAL SUPPORT WORKER?**

- 1. How long did you have to wait before you saw your Initial Support Worker? \_\_\_\_\_
- 2. Was it easy to set up appointments with the Initial Support Worker? Yes No (please tick one)
- 3. How many times did you see your Initial Support Worker? \_\_\_\_\_
- 4. Did you find the Initial Support Worker easy to talk to? Yes No
- 5. Was your Initial Support Worker male or female
- 6. Did the sex of the Initial Support Worker make a difference? Yes No
- 7. If you answered **YES** to question 6, why did it make a difference?

\_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

- 8. Did the Initial Support Worker help you? Yes No
- 9. Please rate your Initial Support Worker by circling the number which best describes them (for example circling 1 means they were very respectful, and 4 is very disrespectful).

Respectful	1	2	3	4	Disrespectful
Believing	1	2	3	4	Disbelieving
Supportive	1	2	3	4	Unsupportive
Helpful	1	2	3	4	Unhelpful
Sympathetic	1	2	3	4	Unsympathetic
Non-judgemental	1	2	3	4	Judgemental
Knowledgeable	1	2	3	4	Not knowledgeable

- 10. Please tell us what you particularly liked/disliked about the Initial Support Worker service.  
**Liked:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Disliked:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

- 11. Would you have liked to have seen the Initial Support Worker more? Yes No
- 12. How could the Initial Support Worker Service be improved to help you more?  
\_\_\_\_\_  
\_\_\_\_\_  
(Please continue on the other side if needed)

- 13. Did you choose to see a STAR Counsellor? Yes No
- 14. If **NO**, please tell us why you chose not to see a Counsellor. \_\_\_\_\_  
\_\_\_\_\_  
(Please continue on the other side if needed)

- 15. Did you choose to use the Case Tracking service (the Case Tracker is called X, she phones people to keep them informed about their case)? Yes No
- 16. If **NO**, please tell us why you chose not to use the Case Tracking service. \_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

17. Are **you**:            Female            Male    (please tick one)
18. How old are **you**?    14            15            16
19. How would **you** describe yourself (please tick one)    White            Black Caribbean  
Black African            Black Other            Indian            Pakistani            Bangladeshi            Chinese  
Other, please tell us \_\_\_\_\_

**IF YOU WOULD LIKE TO USE ANY OF STAR'S SERVICE PLEASE RING \*\*\*\*\*.  
PLEASE PUT THE QUESTIONNAIRE IN THE PREPAID ENVELOPE, SEAL IT AND POST IT.  
THANK YOU FOR YOUR HELP!**

Reference No: \_\_\_\_\_

**WHAT DID YOU THINK OF YOUR COUNSELLOR?**

1. How long did you have to wait before you saw your STAR Counsellor? \_\_\_\_\_
2. Was it easy to set up appointments with the Counsellor? Yes No (please tick one)
3. Was the place you saw your Counsellor easy for you to get to? Yes No
4. How would you describe the place where you saw your Counsellor? Please rate this by circling the number which best describes this (for example circling 1 means it was very private and 4 not private at all).

Private	1	2	3	4	Not private
Comfortable	1	2	3	4	Not comfortable
Relaxing	1	2	3	4	Not relaxing
Safe	1	2	3	4	Not safe
5. How many times did you see your Counsellor? \_\_\_\_\_
6. Would you have liked to have seen your Counsellor more? Yes No
7. Did you find your Counsellor easy to talk to? Yes No
8. Was your Counsellor male or female
9. Did the sex of the Counsellor make a difference? Yes No
10. If you answered **YES** to question 8, why did it make a difference? \_\_\_\_\_

\_\_\_\_\_  
*(please continue on the other side if needed)*

11. Did Counselling help you? Yes No
12. Please rate your Counsellor by circling the number which best describes them (for example circling 1 means they were very respectful, and 4 is very disrespectful).

Respectful	1	2	3	4	Disrespectful
Believing	1	2	3	4	Disbelieving
Supportive	1	2	3	4	Unsupportive
Helpful	1	2	3	4	Unhelpful
Sympathetic	1	2	3	4	Unsympathetic
Non-judgemental	1	2	3	4	Judgemental
Knowledgeable	1	2	3	4	Not knowledgeable

13. Please tell us what you particularly liked/disliked about the Counselling service.  
**Liked:** \_\_\_\_\_

\_\_\_\_\_  
**Disliked:** \_\_\_\_\_  
*(please continue on the other side if needed)*

14. How could the Counselling service be improved to help you more? \_\_\_\_\_

\_\_\_\_\_  
*(please continue on the other side if needed)*

15. Did you choose to see an Initial Support Worker (the person from STAR who comes to see you at home to give you help, advice and support)? Yes No

16. If **NO**, please tell us why you chose not to see an Initial Support Worker. \_\_\_\_\_

\_\_\_\_\_  
*(please continue on the other side if needed)*

17. Did you choose to use the Case Tracking service (the Case Tracker is called Heather, she phones people to keep them informed about their case)? Yes No

18. If **NO**, please tell us why you chose not to use the Case Tracking service. \_\_\_\_\_

\_\_\_\_\_  
*(please continue on the other side if needed)*

19. Are **you**: Female Male (please tick one)

20. How old are **you**? 14 15 16

21. How would **you** describe yourself (please tick one)      White      Black      Caribbean  
Black African      Black Other      Indian      Pakistani      Bangladeshi      Chinese  
Other, please tell us \_\_\_\_\_

**IF YOU WOULD LIKE TO USE ANY OF STAR'S SERVICE PLEASE RING \*\*\*\*\*.  
PLEASE PUT THE QUESTIONNAIRE IN THE PREPAID ENVELOPE, SEAL IT AND POST IT.  
THANK YOU FOR YOUR HELP!**

Reference No:

**STAR QUESTIONNAIRE (NO SERVICE USED)**

1. Did you know that STAR offers counselling, support and information to young people who had been raped and sexually assaulted? Yes No

2. Did you know that STAR has Initial Support Workers that will come and visit you at home to answer any questions you have and give you practical help and support? Yes No

3. If **YES**, please tell us why you chose not to see an Initial Support Worker. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

4. Would you like to see an Initial Support Worker now or in the future? Yes No

5. Did you know that STAR has Counsellors who will listen to you and help you with your fears, concerns and other problems? Yes No

6. If **YES**, please tell us why you chose not to see a Counsellor. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

7. Would you like to see a Counsellor now or in the future? Yes No

8. Did you know that STAR has a Case Tracking service where STAR will phone you to keep you informed of your case if you have reported to the police? Yes No

9. If **YES**, please tell us why you chose not to use the Case Tracking service. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

10. Would you like to use the case tracking service now or in the future? Yes No

11. Please tell us how we could help you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

12. Would your parent/guardian/friend like to have help or support from STAR? Yes No

13. If **YES**, what kind of help or support do you think your parent/guardian/friend would like? \_\_\_\_\_  
\_\_\_\_\_  
(please continue on the other side if needed)

14. Are you: Female Male (please tick one)

15. How old are you? 14 15 16

14. How would you describe yourself (please tick one) White Black Caribbean Black African  
Black Other Indian Pakistani Bangladeshi Chinese Other, please  
tell us \_\_\_\_\_

**IF YOU WOULD LIKE TO USE ANY OF STAR'S SERVICE PLEASE RING \*\*\*\*\*.  
PLEASE PUT THE QUESTIONNAIRE IN THE PREPAID ENVELOPE, SEAL IT AND POST IT.  
THANK YOU FOR YOUR HELP!**

## Appendix D: How representative were the questionnaire respondents?

The information from the STAR database indicates that the questionnaire respondents were fairly representative of the 185 cases referred to the project.

**Table D.1: Age of referrals to STAR and of research respondents**

Age	STAR Referrals		Research Participants	
	N	%	N	%
14 years old	56	30	10	27
15 years old	68	37	16	43
16 years old	61	33	11	28
<i>Base n</i>	185		37*	

\*This information was missing for five cases.

In terms of demographics, the division between the three eligible ages was fairly even, though the respondents had a slight overrepresentation of 15-year-olds (see Table D.1). The research had two African/Caribbean participants (5%), but where ethnicity was known the remainder were White. The high proportion of White respondents is to an extent a reflection of those referred to STAR, which includes only six African/Caribbean young women and seven Asian young women (85 % were White n=157, 7% (n=13) for Black and ethnic minorities, the rest were unknown).

**Table D.2: Source of referral for STAR and research respondents**

Source of referral	STAR Referrals		Research Participants	
	N	%	N	%
Police	143	88	36	84
Mother	8	5	1	2
Self	5	3	1	2
Victim Support	2	1	-	-
Social worker	2	1	-	-
General practitioner	1	0.6	-	-
Father	1	0.6	-	-
Probation officer	1	0.6	-	-
Unknown non-police referral	11	6	5	11
<i>Base n</i>	175		43	

As indicated in Table D.2, for those that the referral source is known (n=175), 82 per cent (n=143) were referred by the police (of these 15 were not direct referrals but located on the CIS printouts by STAR and chased up). The respondents had a similar percentage of police referrals at 84 per cent (n=36). Self-referrals and referrals from parents made up 8 per cent of STAR's referrals compared with 5 per cent for the research. Other non-police referrals comprised 10 per cent of the overall total for STAR compared with 12 per cent for the research.

**Table D.3: Offence types for STAR referrals and for research respondents**

Offence Type	STAR Referrals		Research Participants	
	N	%	N	%
Rape	125	68	28	65
Indecent assault	40	22	9	21
Unlawful sexual intercourse	9	5	-	-
Witnessed a rape	1	1	-	-
Unknown	10	6	6	14
<i>Base n</i>	185		43	

**Table D.4: Case attrition for STAR referrals and research participants**

Case Outcome (where known)	STAR Referrals		Research Participants	
	N	%	N	%
CDTP*	20	15	4	15
Undetected	22	17	5	19
NFA** by police	23	18	6	22
Discontinued by the CPS	36	28	9	33
Not guilty	6	5	-	-
Guilty	22	17	3	11
<i>Base n</i>	129		27	

\*Client declined to prosecute.

\*\* No further action.

In terms of the offence type, this research almost mirrors that of the STAR young persons' service on rape and sexual assault (see Table D.3). However the very few cases of either unlawful sexual intercourse or witnessing of rape, which were referred to STAR (n=9), were not reflected in this research primarily because of their small numbers.

The respondents were also fairly representative in terms of case outcome (see Table D.4). There is, however, an over representation of cases discontinued by the CPS (33% n=9 for the research compared with 28% n=36), and an underrepresentation of cases that went to court and received a guilty or not guilty verdict (11% n=3 for the research compared with 22% n=28 for STAR generally). This means that there is a slight bias towards negative case outcomes for the victim, and an under representation of cases that went right through the system to court amongst the questionnaire respondents.

**Table D.5: Breakdown of service use**

Service Used*	STAR Referrals		Research Participants	
	N	%	N	%
ISW	15	8	4	11
Counselling	61	33	17	46
Case tracking	95	51	25	68
No service used	62	34	7	19
<i>Base n</i>	185*		37*	

\*More than one service can be used so percentages do not add up to 100 and numbers do not add up to N.

Table D.5 indicates that of all those referred to STAR, 51 per cent (n=95) used the case tracker (66% in the research n=25), 33 per cent (n=61) used the counselling service (46% n=17 in the research), and 8 per cent (n=15) used the ISW service (11% n=4 in the research). Those that did not use any of STAR's services made up 34 per cent of referrals to STAR

(n=62). The research is not representative of this at 19 per cent (n=7). This could have limited significantly what can be said about why young women were choosing not to use STAR's services. However, each survivor who had used one or more of STAR's service also answered questions on why they had not chose to use the other service or services.

## Appendix E: Interview guides

Please note: (i) these are guides so not all of the questions were asked; (ii) each interview guide was changed depending on the exact job and expertise of the interviewee (these are simply the standard guides that were subsequently adapted); (iii) the follow-up interview guides were also changed; (iv) some of the questions relate to the linked national attrition study undertaken at the same time by Kelly *et al* (2005).

### 1. Interview guide for STAR staff/counsellors/ISWs

Interview to be semi-structured face-to-face or over the phone. Not all questions will be relevant to the particular interviewee. The interviewee is to be informed that all interviews are to be recorded, and they are to sign a consent form that they are happy to be quoted in the Home Office report and in subsequent publications, as also specified in the letter. The interviewer should also have a copy of the timetable for project implementation, and a copy of STAR's aims and objectives with them to discuss with the interviewee.

#### Section 1: Demographic information

Name:

Age:

Sex:

Education (in relation to issue):

Current occupation:

Ethnicity:

#### Section 2: Opening questions

1. How long have you been involved in STAR?
2. What is your role?
3. What do you think adult survivors of sexual assault need? How do these needs change over time?
4. What do you think adolescent survivors need, how does this differ from adults? How does this change over time?
5. Have your perceptions of the needs of Young People (YP) changed from when the project was originally proposed to now when you have started working with YP? How?
6. Does STAR cater for these needs? How?
7. How does STAR work from when a victim comes forward?
8. What do you think STAR provides that if there weren't such a service, survivors would be missing?
9. Have you noticed any changes in the kinds of adult cases that you've dealt with over the years?

#### Section 3: CRP Project implementation

10. What is your role in relation to the YP project?
11. What do you see as the goals/aims of the project?
12. Are they achievable? How? (e.g. STAR: reduce attrition)
13. Is there anything that has or might in the future hinder STAR from achieving the project aims?
14. What did or do you see as the major challenges of implementing this project?
15. What has been achieved so far in the project?
16. Has anything slipped behind or been problematic in terms of implementation?
17. Was there anything unforeseen that affected implementation or threaten the effectiveness of the new project?
18. Is there anything you would do differently with hindsight?
19. Is the project reaching out to minority groups (ethnicity/sexuality/learning difficulties/ other disabilities)?
20. How do you think the project will develop in the future? Any new initiatives?

21. Any advice for organisations thinking of setting up a similar service?

#### Section 4: Reporting to the police/STAR

22. What do you think STAR offers to those who've chosen to report rape to the police?
23. What are the main reasons you've come across about why women who self-refer do not want to report? Does this differ for young people?
24. What do you think STAR offers to those who have chosen *not* to report rape to the police?
25. Have any steps been taken locally to increase reporting of rape to the police/STAR since STAR opened?
26. Do you have any concerns about police responses to adult and/or adolescent survivors when they first report?
27. What is particularly good about the police response to adults and/ or adolescents in your area?

#### Section 5: Forensic examination

28. Tell me about STAR's role in relation to the forensic examination?
29. Is this the same for adults and YP?
30. Does this work? How might it be improved?
31. What is your relationship with the doctors Health Call like?
32. What is your sense of the clients' response to the medical (adults/YP)?
33. Are the forensic doctors sensitive to victims needs (YP/adults)?
34. Do you think it makes a difference if the doctor is a man or a woman?
35. Do you have any concerns about forensic examinations or the examination suites?
36. How could they be improved?

#### Section 6: Case tracking

37. Tell me about the case tracking system at STAR? How does it work? Is it the same for YP and adults?
38. Are YP using the system? Are adults using the system?
39. What do you think of this service? Is it effective in keeping victims informed?
40. One of the things the national evaluation is trying to make sense of is why some women drop out (attrition). What is your sense of some of the things that go on?
41. What do you think of the CPS response to rape and sexual assault in this area? Can you give an example of what you mean?
42. What do you think of the court response? Can you give an example of what you mean?

#### Section 7: Counselling and support

43. Tell me about the rationale for having an initial support worker.
44. What is the role of the ISW?
45. How does the work of an ISW differ for YP?
46. What do YP want from the ISW?
47. Turning now to the counselling service, what is STAR's particular approach to counselling?
48. What philosophies of counselling do you/STAR draw on, please outline the implications of this?
49. Does your approach need to differ when working with YP?
50. What do YP want from the counselling sessions?
51. What needs improving in terms of the counselling and support services offered at STAR?
52. Are there any new services you see as needed or any client groups that you think STAR could develop a new service for?
53. What is really proving effective with adults and/or YP?

#### Section 8: Training

54. What input does STAR have on training other professionals involved in service delivery (police, doctors, etc.)
55. How do you see this developing in the future?

56. Tell me about the training you've received (adults and YP).
57. Did the YP training help you when you started working with the YP? How?
58. What other training would you like in the future?

### Section 9: Inter- and intra-agency linkages

59. How well does STAR 'fit in' with existing services?
60. What steps have been taken to improve links with other agencies dealing with adult survivors:
  - Police
  - Health (e.g. doctors)
  - CPS
  - Courts
  - Rape crisis groups
  - Victim Support
  - Other?

### *And for 14- to 16-year-olds:*

- Child protection committees
- Youth service
- Hostels
- Teachers
- Parents' groups
- Police
- Health (e.g. doctors)
- CPS
- Courts
- Rape crisis groups
- Victim Support
- Other?

Are there any ways these relationships could be improved?

### Section 10. Management, protocols, policies and guidelines (if not covered in above)

61. How do you think STAR has been managed while you've been working here?
62. How do hiring policies work?
63. Is there an effort to match staff to clients on such factors as sex and ethnicity?
64. Do you feel you have appropriate protocols and policies for working with survivors?
65. Can you give me examples?
66. Are these harmonised with other agencies (e.g. police, health voluntary sector)? Please give examples.
67. Are there any areas of policy/protocol development that you think could be positively moved forward?

### Section 11. Final issues

68. Overall, how well do you feel STAR responds to the needs of survivors of sexual assault?
69. Is there anything else you would like to say?
70. Are there any questions I have missed?
71. Do you have any questions for me?

## 2. Interview guide for STAR-related practitioners (e.g. management group members)

Interview to be semi-structured, face-to-face or over the phone. Not all questions will be relevant to the particular interviewee. The interviewee is to be informed that all interviews are going to be recorded, and will need to sign a consent form stating that they are happy to be quoted in the Home Office report and in subsequent publications, as also specified in the letter. The interviewer should also have a copy of the timetable for project implementation and a copy of STAR's aims and objectives with them to discuss with the interviewee.

### Section 1: Demographic information

Name:

Age:

Sex:

Education (in relation to issue):

Current occupation:

Race/ethnicity:

### Section 2: Opening questions

1. What is your role in relation to victims/survivors of sexual assault?
2. What do you think adult survivors need in terms of help and support? How do these needs change through time?
3. What do you think YP need in terms of help and support? How do these needs change through time?
4. What does STAR do?
5. How long have you been involved in/known about STAR?
6. What is your role in relation to the STAR (adult/YP) service?
7. Has your relationship with STAR changed over time? If so, how?
8. What gaps does STAR fill (adults/YP)?
9. What do you think of STAR as a whole? What about the YP project?
10. How might it be improved (evidence/attrition/victim needs/referral)?
11. How effective do you think STAR is in accessing minority groups (e.g. ethnicity, sexuality, disability)?

### Section 3: CRP Project and implementation

12. What do you know of the STAR CRP-funded project? Were you consulted? What was your input?
13. Do you know what the project's goals/aims were? Are they achievable?
14. Is/was there anything that might have hindered them from implementing the project? Why?
15. What do you think about the initiative as a whole? (advantages/disadvantages)

### Section 4: Reporting to the police

16. What is your role in relation to the reporting of sexual assault to the police?
17. What do you think of the service offered by the police in this area to adult/young victims?
18. What changes have you noticed about how police respond to rape and sexual assault over your career in relation to adult victims/in relation to victims aged from 14 to 16?
19. How can the current response to adults/YP be improved (evidence/attrition/victim needs/referral)?
20. Can STAR play a role in this improvement?
21. From your experience what are the main factors that prompt withdrawal of statements by adults/by YP?
22. What are your thoughts about specialisation in police responses and for investigation or prosecution?

### Section 5: Forensic examination

23. Tell me about the system for forensic medical examinations in this area?
24. Is this the same for adults and YP?

- 25 Does the system work? How might it be improved?
- 26 What is your relationship with the doctors or Health Call like?
- 27 Do you have any concerns about forensic examinations undertaken in this area in relation to YP or adults?
- 28 Are the forensic doctors sensitive to victims' needs?
- 29 How about the quality of the forensic reports?
- 30 How could they be improved (evidence/attrition/victim needs/referral)?

### Section 6: Case tracking, courts and CPS

- 31 Have you heard of the 'case tracker'?
- 32 What do you think of this service? Is it effective in keeping victims informed?
- 33 One of the things the national evaluation is trying to make sense of is why some women drop out (attrition). What is your sense of some of the things that go on?
- 34 What do you think of the CPS response to rape and sexual assault in this area? Can you give an example of what you mean?
- 35 What do you think of the court response? Can you give an example of what you mean?
- 36 What do you think are the major blocks for court processing of these cases?

### Section 7: Counselling and support

- 37 What is your experience of the ISW service at STAR?
- 38 What needs improving?
- 39 What is good?
- 40 What is your experience of the counselling service at STAR?
- 41 What needs improving?
- 42 What is good?

### Section 8: Training

- 43 Have you been involved in any STAR training (as trainer or trained)? Please tell us about it.
- 44 Do you do cross-agency training? How does it work?

### Section 9: Inter- and intra-agency linkages

- 45 What's your working relationship with STAR like?
- 46 How well does STAR 'fit in' with existing services?
- 47 What steps have been taken to develop links with other agencies dealing with adult survivors:

Police

Health (e.g. doctors)

CPS

Courts

Rape crisis groups

Victim Support/Witness Support

Other?

What about in relation to the YP project?

### Section 10: Management, protocols, policies and guidelines (if not covered in above)

- 48 How do you think STAR has been managed?
- 49 How do hiring policies work and is there an effort to match staff to clients on such factors as sex and ethnicity?
- 50 Do you feel STAR has appropriate protocols and policies for working with survivors?
- 51 Can you give me examples?
- 52 Do you have protocols/policies/guidelines in relation to rape/sexual assault?
- 53 Are your protocols harmonised with other agencies including STAR (e.g. police, health voluntary sector)? Please give examples.
- 54 Are there any areas of policy/protocol development that you think could be positively moved forward?

### Section 11: Final issues

56. How well do you feel STAR responds to the needs of survivors of sexual assault? How well do you feel your own agency and related agencies in this area respond to these needs?
57. Is there anything else you would like to say?
58. Are there any questions I have missed?
59. Do you have any questions for me?

### 3. Interview guide for Crown Prosecution Service

Interview to be semi-structured, face-to-face or over the phone. Not all questions will be relevant to the particular interviewee. The interviewee is to be informed that all interviews are going to be recorded, and will have to sign a consent form stating that they are happy to be quoted in the Home Office report and in subsequent publications, as also specified in the letter. The interviewer should also have a copy of the timetable for project implementation and a copy of STAR's aims and objectives with them to discuss with the interviewee.

#### Section 0: Demographic information

Name:

Age:

Sex:

Education (in relation to issue):

Current occupation:

Race/ethnicity:

#### Section 1: Contact with rape and sexual assault cases and attrition

1. What has your role been in relation to victims/survivors of sexual assault through your career? How about in regard to your role working on cases involving young people aged between 14 and 16 years old?

2. Have you undertaken any specialist training with respect to dealing with rape and sexual assault cases?

If YES, could you describe the training you received, how long was it, what topics did it cover? What were the most important things that you learnt from the training you received?

Are there any areas that you would like to know more about?

Have you received any training around working with young people? If so what did this involve and how beneficial do you think this was for you?

3. Over your career, what changes have you noticed about how the police respond to rape and sexual assault?

Have you noticed any changes in the kinds of cases that are reported?

4. One of the things that this evaluation is looking at is attrition. What do you think are the main reasons why cases are lost or dropped at the investigative stage? Do you think these reasons are the same for cases brought by young people or are the reasons different?

What do you think are the main reasons that prompt people to withdraw statements? (Young People in particular?)

Can you explain what counts as a 'no crime'?

#### Section 2: Police responses to reported rapes/ Sexual Assault Referral Centres (SARCs)

5. Could you explain to me the system here of responding to rape both for adults and for 14- to 16-year-olds, including referral to the STAR project?

6. What do you think of the service offered by the police in this area to survivors?

7. What do you think are the strengths of the system?

8. What do you think are the weaknesses?

9. Do you think any improvements could be made in regard to the links between the police and the STAR project?

10. Can you think of any other ways that the current police response could be improved?

11. What are your thoughts about specialisation in police responses and for prosecution?

12. Do you think that the recent changes of rape going out to divisions has had any beneficial or detrimental effect on the service which adult victims receive from the police? If so could you explain to me why you feel that? How about for young people?

13. Do you think that this change has had any effect on case attrition for cases brought by young people or adults? If so, how and why?

#### Section 3: Statement taking and investigation process (may not be able to answer)

14. How and where are statements usually taken? Who is usually present? Is this process any different when the victim is aged between 14 and 16?

15. How is the truth of the allegations assessed? At which stage are these decisions made?
16. How are victims told about the legal process ahead of them and the difficulties in the process? How do you think victims interpret this information? Are young people treated any differently to adults at this stage? IF NOT do you think that they should be?

#### Section 4: Forensic medicals (may not be able to answer)

17. Could you explain to me what happens during a forensic medical?
18. At what stage of reporting is the forensic medical conducted?
19. Where do these take place? Could you describe to me the surroundings?
20. Are young victims treated any differently during the forensic medical?
21. Can you think of any ways in which the process could be improved for victims of any age?
22. Do you have any concerns with regard to how forensic medicals are conducted presently?

#### Section 5: CPS ask all of these in relation to adults and YP

23. What is the role of the CPS? (Can you explain to me the process from when a case is first referred to the CPS?)
24. What does the CPS aim to provide to victims of rape and sexual assault?
25. What do you think of the service that the CPS currently provides to rape victims?
26. At what stage of the investigation is the CPS contacted for advise on sexual assault cases?
27. How are cases assessed in regard to whether they should be taken forward for prosecution?
28. Evidential test to see if there is sufficient evidence to provide a realistic prospect of conviction, and in the public interest to prosecute
29. How do you decide if there is enough evidence? How much evidence is needed?
30. Are cases of sexual assault always taken to be in the 'public interest'? Are there any cases when they are not?
31. How are these decisions reached? Is it an independent decision or is it discussed with other CPS professionals?
32. What do you think of the CPS decision-making process?
33. Are different things taken into consideration when the victim is aged between 14 and 16 in comparison to adults? Would the age of the victim make any difference as to whether the case would be accepted by the CPS?
34. Do you have any concerns currently about the way that the CPS deal with rape cases?
35. Are CPS staff who deal with rape cases generally given any specialist training? If so, in what areas and if not do you think that they should? What difference does this training make, do you think?
36. What responsibility does the CPS have in regard to keeping victims informed of their case (Including bail decisions)? Do you think this works effectively? What else needs to be put in place to make it work more effectively?
37. Do you think that the cases that reach court are well prepared?
38. How frequently do victims withdraw their cases after they have been accepted by the CPS for prosecution? Can anything be done to minimise this happening?
39. Is it ever the case that, after a victim withdraws, the case still has enough strong evidence to go ahead? Do you think this should happen?
40. Can you explain to me what special measures are available to rape and sexual assault victims in the courtroom? How about for young people?
41. What do you think accounts for the acquittals at trials? Do you think that the reasons for acquittal are any different when the victim is aged between 14 and 16?
42. I read on the Internet CPS site that 'the CPS intends to publish a public policy statement on its approach to rape cases'. Has this been published yet? If so what does it state and what difference do you think it will make to victims?
43. What do you think of the courts response to sexual assault overall? Can you give me an example of what you mean? Do you think that courts respond any differently to the sexual assault of young people than of adults?

44. How do you feel about the current sentencing practices for sexual assault cases (Is too lenient or too harsh)? What's the minimum sentence that can be given for rape, sexual assault and the maximum?

### Questions on Section 41

45. How do you understand the new provisions of Section 41 of the YJCEA (Youth Justice and Criminal Evidence Act) on sexual history evidence?
46. When can sexual history evidence be used in a court room?
47. What difference, if any, has it made to the advice/information you give to complainants?
48. What difference has it made, in your view, to court cases?
49. Does this issue come up with clients/complainants at the initial stages of a case?  
Probe: if YES, how? Probe: is it a factor in early withdrawal?
50. Do you offer information and advice about this issue?  
Probe: If YES, probe if always or if raised by victim?  
Probe: What advice/information do you give?
51. Does the issue come up when cases are open and about to go to court?  
Probe: If YES, how?  
Probe: What advice/information do you give?
52. Does the issue come up after trial?  
Probe: If YES, how?  
Probe: What advice/information do you give?
53. What is your overall position about the relevance of sexual history evidence to sexual offences cases?

### Section 6: Needs of victims

54. What do you think are the needs of victims of rape and sexual assault when they first make contact with the police and when they make their initial statement?
55. What do you think they continue to need during the investigative process?
56. Do you think that young people need anything different from adults when they first make their statement or as the investigative process continues?
57. What do you think victims need from a police surgeon? Do young people need anything different to adults?
58. What do adult and young victims need from the CPS?
59. What do you know about the STAR project and the services that it offers?
60. What do you think about these services?
61. Do you think that these services effectively meet the needs of victims?
62. Do you think that the services that the STAR project offers could be improved in any way?
63. How about in regard to young people in particular, do you think that the offer of support workers, counsellors and a case tracking service is what young people need? What else do you think would help young people?
64. How well known do you think the STAR project is within West Yorkshire?
65. How well do you think the project is advertised? Can you think of any ways which would help to raise awareness of the project and the services that it offers?

### Section 7: Training

66. Have you been involved in any STAR training (as trainer or trained)? Please tell us about it.
67. Do you do cross-agency training? How does it work?

### Section 8: Inter and intra-agency linkages

68. What's your working relationship with STAR like?
69. How well do you think STAR 'fits in' with existing services in the area (i.e. like Victim Support, Rape Crisis)?

70. How would you describe interagency working around adult rape in West Yorkshire?  
How about 14- to 16-year-olds?
71. Are there any other services like STAR for 14- to 16-year-olds that you know about?
72. Are there any agencies that you think STAR should have closer links with?

### Section 9: Protocols, policies and guidelines (if not covered above)

73. Do you know anything about the protocols that STAR uses in its work with adult or young survivors? (If so, do you think that they are adequate? Do you think that any alterations need to be made to them? If so what?)

Is there anything else you would like to say?

Are there any questions I have missed?

Do you have any questions for me?

## 4. Interview guide for Rape Trained Officers, Child Protection Officers, and CID officers

Interview to be semi-structured, face-to-face or over the phone. Not all questions will be relevant to the particular interviewee. The interviewee is to be informed that all interviews are going to be recorded, and they will have to sign a consent form stating that they are happy to be quoted in the Home Office report and in subsequent publications, as also specified in the letter. The interviewer should also have a copy of the timetable for project implementation and a copy of STAR's aims and objectives with them to discuss with the interviewee.

### Demographic information

Name:

Age:

Sex:

Education (in relation to issue):

Current occupation:

Race/ethnicity:

### Section 1: Contact with rape and sexual assault cases and attrition

1. What has your role been in relation to victims/survivors of sexual assault through your career? How about in regard to your role working with young people aged between 14 and 16 years old?
2. Have you undertaken any specialist training with respect to dealing with rape and sexual assault cases?  
If YES, could you describe the training you received, how long was it, what topics did it cover?  
What were the most important things that you learnt from the training you received?  
Are there any areas that you would like to know more about?  
Have you received any training around working with young people? If so, what did this involve and how beneficial do you think this was for you?
3. Over your career, what changes have you noticed about how the police respond to rape and sexual assault? Have you noticed any changes in the kinds of cases that are reported?
4. Are there any cases that you find particularly difficult to deal with? If so, why?
5. One of the things that this evaluation is looking at is attrition. What do you think are the main reasons why cases are lost or dropped at the investigative stage? Do you think these reasons are the same for cases brought by young people or are the reasons different?
6. What do you think are the main reasons that prompt people to withdraw statements? (Young People in particular?)
7. Can you explain what counts as a 'no crime'?

### Section 2: Police responses to reported rapes/SARCs

8. Could you explain to me the system here of responding to rape here, both for adults and for 14-to 16-year-olds, including referral to the STAR project?
9. What is your role specifically with regard to the reporting of sexual assault?
10. What do you think of the service offered by the police in this area to survivors?
11. What do you think are the strengths of the system?
12. What do you think are the weaknesses?
13. Do you think any improvements could be made with regard to the links between the police and the STAR project?
14. If you could redesign police responses, what would you change?
15. Can you think of any other ways that the current police response could be improved?
16. What are your thoughts about specialisation in police responses and for prosecution?
17. Do you think that the recent changes of rape going out to divisions has had any beneficial or detrimental effect on the service which adult victims receive from the police? If so, could you explain to me why you feel that? How about for young people?

18. Do you think that this change has had any effect on case attrition for cases brought by young people or adults? If so, how and why?

### Section 3: Statement taking and investigation process

19. How and where are statements usually taken? Who is usually present? Is this process any different when the victim is aged between 14 and 16?
20. How is the truth of the allegations assessed? At which stage are these decisions made?
21. How are victims told about the legal process ahead of them and the difficulties in the process? How do you think victims interpret this information? Are young people treated any differently to adults at this stage? IF NOT do you think that they should be?

### Section 4: Forensic medical

22. Could you explain to me what happens during a forensic medical?
23. At what stage of reporting is the forensic medical conducted?
24. Where do these take place? Could you describe to me the surroundings?
25. Are young victims treated any differently during the forensic medical?
26. Can you think of any ways in which the process could be improved for victims of any age?
27. Do you have any concerns in regard to how forensic medicals are conducted presently?

### Section 5: CPS (ask all of these in relation to adults and YP)

28. At what stage is the CPS contacted for advice on sexual assault cases for adults and young people, and for what types of cases?
29. What do you think of the CPS decision-making process?
30. Do you think that the cases that reach court are well prepared?
31. What do you think accounts for the acquittals at trials? Do you think that the reasons for acquittal are any different when the victim is aged between 14 and 16?
32. What do you think of the court's response to sexual assault overall? Can you give me an example of what you mean? Do you think that courts respond any differently to the sexual assault of young people than to adults?

### Questions on Section 41

33. How do you understand the new provisions of Section 41 of the YJCEA (Youth Justice and Criminal Evidence Act) on sexual history evidence?
34. What difference, if any, has it made to the advice/information you give to complainants?
35. What difference has it made, in your view, to court cases?
36. Does this issue come up with clients/complainants at the initial stages of a case?  
Probe: if YES, how? Probe: is it a factor in early withdrawal?
37. Do you offer information and advice about this issue? Probe: if YES, probe if always or if raised by victim? Probe: what advice/information do you give?
38. Does the issue come up when cases are open and about to go to court? Probe: if YES, how? Probe: what advice/information do you give?
39. Does the issue come up after trial? Probe: if YES, how? Probe: what advice/information do you give?
40. What is your overall position about the relevance of sexual history evidence to sexual offences cases?

### Section 6: Needs of victims

41. What do you think are the needs of victims of rape and sexual assault when they first make contact with the police and when they make their initial statement?
42. What do you think they continue to need during the investigative process?
43. Do you think that young people need anything different than adults when they first make their statement or as the investigative process continues?
44. What do you think victims need from a police surgeon? Do young people need anything different to adults?
45. What do adult and young victims need from the CPS?
46. What do you know about the STAR project and the services that it offers?
47. What do you think about these services?

48. Do you think that these services effectively meet the needs of victims?
49. Do you think that the services that the STAR project offers could be improved in any way?
50. How about in regard to young people in particular, do you think that the offer of support workers, counsellors and a case tracking service is what young people need? What else do you think would help young people?
51. How well known do you think the STAR project is within West Yorkshire?
52. How well do you think the project is advertised? Can you think of any ways which would help to raise awareness of the project and the services that it offers?

### Section 7: Training

53. Have you been involved in any STAR training (as trainer or trained)? Please tell us about it.
54. Do you do cross-agency training? How does it work?

### Section 8: Inter- and intra-agency linkages

55. What's your working relationship with STAR like?
56. How well do you think STAR 'fits in' with existing services in the area (i.e. like victim support, rape crisis)?
57. How would you describe inter-agency working around adult rape in West Yorkshire, how about 14- to 16-year-olds?
58. Are there any other services like STAR for 14- to 16-year-olds that you know about?
59. Are there any agencies that you think STAR should have closer links with?

### Section 9: Protocols, policies and guidelines (if not covered in above)

60. Do you know anything about the protocols that STAR uses in its work with adult or young survivors? (If so, do you think that they are adequate? Do you think that any alterations need to be made to them? If so what?)

Is there anything else you would like to say?  
Are there any questions I have missed?  
Do you have any questions for me?

## 5. Interview guide for young survivors

The interviews will last about an hour and will be semi-structured, since all interviewees will have already completed a questionnaire. The aim of the interview is to add depth to the questionnaire data and to explore areas that are not conducive to quantitative measurement or not included in the questionnaire.

The structure of the interview will be briefly explained to the participant before the interview commences and all interviews will be taped and fully transcribed. At the outset it will be made clear that the interviewer will not discuss details of the assault, and that the participant can take a break, or stop at any time they wish to. Participants will also be asked to sign an interview consent form that will outline how their data will be used and how their anonymity will be protected (if they have not done so already).

### Decision to report incident or not (statements, forensic examinations, court case)

1. Did you report what happened to you to the police?
2. What did you consider when making this decision (i.e. why report/not report)?
3. How were you feeling when you made this decision?

### Early contact with the police

4. How did you first contact the police?
5. What was it like the first time you contacted the police?
6. How many people did you speak to at the police station?
7. How long did you have to wait before you met the rape victim liaison officer (the police officer specifically assigned to take your statement and support you afterwards)? Was this person male or female? Did this make a difference?
8. How could the police have made things easier for you?

### Giving a statement to the police

9. Did you make a formal statement to the police (when you tell them about what happened to you formally)?
10. Tell me about your experience of giving a statement to the police.
11. How long did you have to wait after you first contacted the police till you gave your statement?
12. Where were you when you made your statement? What was the location like?
13. Who was there?
14. Who did you give your statement to? What were they like? How did they treat you?
15. How did you feel as you were giving your statement?
16. Did the rape victim liaison officer arrange to keep in touch with you? Have they contacted you? If so, for what reason?
17. What do you think could be changed to make it easier for young people to give their police statements? What would have made things easier for you?

### Forensic medical examination

18. Did you choose to have a forensic medical examination?
19. What did you consider when making this decision?
20. Can you tell me about your experience of having a medical examination?
21. How long did it take from when you reported the incident to the examination taking place?
22. What was the room like where you were examined? Were you comfortable there?
23. Who was there when you were examined?
24. Who examined you? What was he/she like? How did he/she treat you?
25. Was the person who examined you male or female? Did this make a difference? If so, why?

26. Did he/she explain to you what he/she was doing when they did the examination?
27. Did you feel in control of what was happening during the examination?
28. Were you able to tell the medical examiner how you were feeling?
29. What would have made things easier for you? What do you think could be changed to make it easier for young people who have forensic examinations?

### Court case

30. Did you want to take your case to court? (If so why, If no, why?)
31. What is currently happening with your case (i.e. withdrawn/case dropped)?
32. Or Do you know why your case was dropped? Who explained this to you? How do you feel about it? Could they have explained it better?
33. Can you tell me what it was like when you went to court (How did you feel/what happened)?
34. Were you given the choice of using a screen/video link in court?
35. What do you think could be changed to make it easier for young people who take, or try to take, their cases to court?

## B) Experiences with the STAR project

### Knowledge of STAR project

36. Tell me about how you found out about the STAR project?
  - a. If STAR contacted you (i.e. due to a police referral) were you happy for them to do so?
  - b. How long after the incident did you contact STAR?

### First contact with STAR

37. What was your first contact with STAR like?
38. Who did you speak to?
39. What was this person like? How did he/she treat you?
40. Did the first person you talked to at STAR explain all the services that STAR offers (i.e. help line, initial support workers, counsellors, case tracking)?
41. Did you understand what these services were?
42. Did you use any of STAR's services? If so which ones? OR Why did you choose not to use STAR's services? Check that we don't already know this

### Helpline

43. Have you used STAR's help line?
44. What was the person like that you spoke to?
45. Did you find talking to them helpful?
46. Were they male or female? Did this make a difference?
47. What do you think could be changed to make this service better

### Initial Support Worker

48. Before you saw your ISW what kinds of things did you think you would do together? (How did you think that they would help you?)
49. Did they do all the things that you thought they would? (Examples)
50. Was there anything that they didn't do, that you would have liked them to have done? (Examples)
51. Can you think back and tell me what it was like for you when you saw your ISW for the first time? How did you feel?
52. What was it like when you carried on seeing them?
53. Can you tell me what you did with your ISW?
54. What might it have been like if you had not seen an ISW?
55. Refer to questionnaire:
  - a. E.g. you gave a high score for sympathy but a lower score for comfort, could you say why you thought that?
  - b. In your questionnaire you said that... Can you explain that a little more to me? Can you think of anything else now?

### Counsellor

56. Before you saw your counsellor what kinds of things did you think that you would do together? (How did you think that they would help you?)
57. Was counselling how you thought it would be? Did they do all the things that you thought they would? (Examples)
58. Was there anything that they didn't do, that you would have liked them to have done? (Examples)
59. Can you think back and tell me what it was like for you when you saw your counsellor for the first time? How did you feel?
60. What was it like when you carried on seeing them?
61. Can you tell me what you did with your Counsellor?
62. Did you ever feel that you talked about things that you didn't want to talk about (was that a bad thing)?
63. What might it have been like if you had not seen a Counsellor?
64. Refer to questionnaire:
  - a. E.g. you gave a high score for sympathy but a lower score for comfort, could you say why you thought that?
  - b. In your questionnaire you said that... Can you explain that a little more to me? Can you think of anything else now?

### Case tracker

65. Can you tell me what it was like having contact with the case tracker?
66. Did they do everything that you thought they would do? (Examples)
67. Refer to questionnaire:
  - a. E.g. you gave a high score for sympathy but a lower score for comfort, could you say why you thought that?
  - b. In your questionnaire you said that... Can you explain that a little more to me? Can you think of anything else now?
68. What do you think of the STAR project overall?
69. Did STAR help you? If so how?
70. What did you particularly like about the STAR project and the services it offers?
71. What did you particularly dislike about the STAR project and the services it offers?
72. Can you think of anything that STAR does not offer now that would be good to offer in the future?

### C) Experience with other services

73. Did you receive any support from any other agencies or people (for example, from the police, GU clinic, doctors, youth services, teachers, Witness Support, Victim Support, Rape Crisis, Women's Aid, Childline)?
74. How did you find out about these services?
75. Did you find that these services helped you? How/why?
76. Did you receive any support from your family or friends? How did they help you?
77. Did you ever feel that you wanted to have more information about things? For example about pregnancy or sexually transmitted diseases or how you body reacted to what happened to you? (If you had this info, who provided this information?)

### D) Present state of coping

78. How are you coping at the moment?
79. What is it that you find most difficult?

## E) Overall process

80. Do you think that everybody (i.e. police, STAR etc.) treated you respectfully? (If no who and how?)
81. Did you get enough support (i.e. timing frequency and length)? What else would have helped you? Were you given enough information? Were you referred to the right services?
82. Who do you think provided you with the most support?
83. Who were the least supportive/helpful to you?
84. What do you think young rape victims need? Do they need anything different to adults?
85. What do you think needs to change in the future to make it easier for young victims?
86. Is there anything else that you would like to tell me about?
87. Do you have any questions for me?
88. Would you mind telling me why you decided that you would like to be interviewed?

Give support numbers

## 6. Interview guide for parents/guardians

The interviews will last about an hour and will be semi-structured. The aim of the interview is to gauge parents'/guardians' perceptions of the criminal justice process and STAR's services as well as understanding what they need in regard to support and their perceptions of the needs of young survivors and their parents/guardians.

The structure of the interview will be briefly explained to the participant before the interview commences and all interviews will be taped and fully transcribed. At the outset it will be made clear that the interviewer will not discuss details of the assault, and that the participant can take a break, or stop at any time they wish to. Participants will also be asked to sign an interview consent form that will outline how their data will be used and how their anonymity will be protected (if consent form has not been signed before).

### Section 1: Decision to report incident or not

1. How did you feel when x decided to/not to report what had happened to the police?
2. What were you thinking at this time?
3. Why do you think he/she made this decision?

### Section 2: Early contact with the police

4. When did you first come into contact with the police?
5. What was this initial contact like?
6. How do you feel x was treated, and how were you treated?

### Section 3: Giving a statement to the police

7. Can you tell me what it was like for x to give a statement to the police?
8. What was it like for you?
9. What do you think that x found particularly difficult about giving a statement to the police?
10. How difficult do you think it was for x to do this?
11. Can you think of any way that things could be changed, so that it would be easier for young people like x to give police statements?

### Section 4: Forensic medical examination

12. How do you think the forensic medical examination was for x?
13. What were you thinking at the time?
14. Do you think that the procedure could be altered in any way to make it easier for young people?

### Section 5: Court case

15. Did the case get taken to court?
16. Can you tell me what happened?
17. What do you think that x found particularly difficult about going to court?
18. Where you present in the courtroom? If so how did you feel?
19. How did you feel about the way in which x was treated?
20. Do you think anything could be changed in regard to the court process to make things easier for young people like x?

### Section 6: Experiences with the STAR project

#### Knowledge of STAR project

21. Tell me about how you found out about the STAR project?
22. What did you think about the services which were offered to x by the STAR project?
23. What did you particularly like about the STAR project and the services it offers?

24. What did you particularly dislike about the STAR project and the services it offers?
25. Can you think of anything that STAR doesn't offer now that would be good to offer to young people in the future?

#### Section 7: Personal experiences of support

26. Did you, personally receive any support from anyone, or any agency?
27. If so, what did they offer you?
28. Was it helpful? If so/no how/why?
29. Have you felt as though you needed additional support?
30. If so what kind of support would you have found helpful?
31. What else would have helped you?
32. Have you received any additional support from family and friends?
33. What kind of support do you think other parents and guardians of young survivors need?
34. Do you think these needs are currently being catered for?

#### Section 8: Present state of coping

35. How are you coping at the moment?
36. What is it that you find most difficult?

#### Section 9: Overall process

37. Overall, Do you think that x received adequate support?
38. Where do you think that improvements can be made?
39. Who do you think were the most supportive and least supportive to x?

#### Section 10: Needs

40. What do you think that young survivors need?
41. Do you think the support available is adequate?
42. What do you think needs to be improved?
  
43. Is there anything else that you would like to add?
44. Do you have any questions for me?
45. Would you mind being contacted again if need be?

Give support numbers to parent

## Appendix F: Parents' need for support

As stated in Chapter 7, the rape and/or sexual assault of their child had a considerable impact on the parent(s). One respondent's mother explained that when her daughter disclosed to her she felt "devastated", "shocked" and like "it were a dream", "a time warp", a reality that she simply could not take in. Through tears one survivor's mother explained that she would have done "anything" to have "it" happen to her, rather than her child. Parents also often felt a great deal of anger towards the perpetrator, claiming they wanted to "knock him out", "break their legs" or "kill him". Several parents also felt immense feelings of guilt that they had failed to protect their children from harm.

Parents find themselves in what one survivor's mother described as an "absolute minefield", not knowing who to contact or where to turn for help. Aside from the initial shock of disclosure, parents like the young women have to face lengthy legal processes, and cope with the short-and long-term effects of rape and sexual assault on their children (see Chapter 5), as well as the impact it has on the rest of their family. One survivor's mother explained that she now takes antidepressants because she got "so low with it" and describes how her husband finds it even harder to cope, as the survivor was "his baby". Another survivor's mother describes how as time passes the impact of the offence as "sort of there lurking constantly" and that "there's always something that's gonna trigger it off".

Parents need to be supported for four main reasons. Firstly, they need, and should have a right to support for their own emotional wellbeing, especially, as for some parent's the events may open up a "can of worms" in regard to their own abusive experiences. Secondly, because young women worry a great deal about their parents (for example, one survivor moved out of home after she was raped to avoid "dumping" more pressure on her mother), so parents must be cared for so young women have the reassurance that 'Mum' and 'Dad' are being supported and will be 'OK'. Thirdly, parents and family members may not know how 'best' to react to victims, or understand their feelings. One survivor talked about how her family did not really know "what to say" to her and how her grandmother "pretends nothings happened". Likewise another explained that her mum "needs to understand how I feel more and what she can do to make me able to talk to her again like she's my mum". Fourthly, parents also need support so that they remain in a better position emotionally to be able to help their children, as one parent explains "if the parent has got good support, then the child is also going to have good support".

In addition, parents often rely on their friends and other close family members for support, and like the young victims they often isolate themselves further by trying "to keep it to a minimum" and "play it down" to avoid upsetting other people. One survivor's mother explains that she felt that there was nowhere she could go for support:

*...We-we'd coped with it just within us family really. So for me to have somewhere to turn really there weren't anywhere... but what about, like myself you know what I mean, what if I wanted something, what is there- there set up... I said at end of day I think I'd of needed counselling in my self, I still think I need some now...*

Since January 2001, STAR has provided counselling for eight parents and one friend. A further seven arranged to have a counselling session but either cancelled or did not attend. They have also provided separate ISW support to three parents, and it is possible that ISWs supported more parents informally when they visited the survivors.

Not all parents have wanted support from STAR. A mother explained that she needed to “deal with it in her own way”, and only two of the 18 young women who answered the question “would your parent or guardian like to have help or support through STAR?” said “yes”. However STAR’s counsellors and ISWs who have worked with parents have felt parents and immediate relatives have benefited “enormously” from being listened to, reassured and from exploring how best to support to their children.

Unfortunately, as one parent explained, STAR’s parents’ service is “really pretty quiet”, and is currently not advertised apart from a single line within the young persons’ service leaflet. Currently parents are not automatically offered support along with their children, which leaves many parents unsupported, as one parent stated: “me, I think I’m still trying to get my head around everything, I think yeah if-if STAR had offered me, myself counselling I’d have definitely took it up, definitely would” .

This research also highlighted additional needs of parents. One of the most important things for the parents appears to be information. Many parents do not know how their children will react to their experiences, and therefore are ill-equipped to deal with these reactions. One parent explained that it was only due to her own experience as a psychiatric nurse that she spotted that her daughter was self-harming, and another parent (whose daughter also self-harmed) explained that “had we known that this could possibly happen, we could have looked out for it”. She felt that for “each problem that arose, we had to try a solution for it” and that for the whole process it was “like we were learning, we didn’t know if we were doing it right or wrong”. Several mothers explicitly expressed their need for an information pack so they could understand their child’s reactions and respond appropriately.

The parents interviewed felt that support groups would be beneficial as well as the one-to-one support which STAR offered her would be of no benefit. They expressed a clear need to be able to “talk to somebody else who was in the same boat and to see how other people were coping. Similarly another parent explained that she would “definitely” attend a support group if one were set up because:

*At the end of day you are all there for one reason aren't you, you've all been, and gone through all on that emotional roller coaster... I think its-sometimes if-if you've not actually been through it and know what it actually feels like, it can be a bit patronising 'I know how you feel' and all that, people don't know. You've got to have experienced it to know what it feels like.*

One parent suggested that a system of parent-to-parent telephone support would be beneficial for people who did not want face-to-face support. In this way parents whose children who had recently disclosed an assault could be placed in contact with other parents in the later stages of the process. She also explained that she would have benefited greatly from this service and would have been happy to support other parents “without a doubt... because you’re not only helping yourself you’re helping somebody else at the same time”.

In conclusion, parents clearly have support needs, and they “victims as well” in their own right because “they have to deal with it”. STAR has already begun to meet their needs and has already considered developing a leaflet to detail the possible “reactions and responses” of victims, to provide parents with much needed information. In the future further service promotion and development (particularly in regard to peer support through support groups and phone networks) would clearly be beneficial to ensure that service take-up is optimised and parents receive the support they need not just for themselves, but also for their children.

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