



Metropolitan Police Authority

Scrutiny Report

Rape Investigation and Victim Care

April 2002

Chair's Foreword

One of the responsibilities of the Metropolitan Police Authority (MPA) is to monitor the performance of the Metropolitan Police Service (MPS). The MPA receives regular performance reports and analysis of specific crime types. However, the committee of the MPA which is responsible for performance monitoring (PSPM) felt that it wanted to understand certain aspects of MPS performance in greater depth by undertaking performance scrutinies.

Rape investigation and victim care was a topic proposed by the MPS for the MPA's first scrutiny. We welcomed being asked to look into this area, particularly given recent falls in performance. The scrutiny has been an interesting and valuable exercise and the panel has gained a high level of understanding in this area. The recommendations made aim to be practical and to provide the MPS with an external viewpoint on improvements to be made regarding the service provided to rape victims.

On behalf of the panel I would like to thank all of the people who provided verbal and written evidence, particularly those who attended the scrutiny hearing sessions.

We are grateful to Heather Gay for organising the visits for the panel to the Haven and the Victim Examination Suite, to Liz Kelly and her team for advice on the victim questionnaire and to Carolyn Dhanraj and Richard Walton for the level of assistance given to us in support of the project.

Officers of the MPA are also thanked for their work in taking notes and providing analysis for the scrutiny and in particular Johanna Gillians who has prepared the questionnaires, arranged the scrutiny hearings and drafted the report and Natasha Porter for taking and writing up notes for the hearings.

We look forward to working with the MPS in implementing the recommendations and seeing an improvement in both rape conviction rates and victim care.

Richard Sumray

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Executive Summary

This is the report of the first performance scrutiny carried out by the Authority and is on the subject of rape investigation and victim care. The MPA decided in July 2001 that in order to help carry out its responsibilities for monitoring the performance of the MPS and for securing continuous improvement, that it would undertake in-depth projects, or scrutinies, into specific aspects of MPS performance.

A panel of five members of the Authority heard evidence from key people who had views on rape investigation and victim care. In addition, written evidence was gathered from organisations across London and from a victim questionnaire. The panel also visited victim referral centres and attended two conferences on the subject of rape.

From all of the evidence heard, the panel has made 38 recommendations aimed at improving rape investigation and victim care. These recommendations are made in the areas of: direct service provision; structures and systems in place for investigating rape; and specific crime categories and victim groups. The recommendations are summarised in chapter 5.

The panel's most important findings are:

Direct service provision

- Officers first responding to victims need to be trained in victim care
- Specialist sexual offence investigation officers need the correct level of training, management and support as part of dedicated teams and codes of conduct should be developed
- The contracts for Sexual Offence Examiners, and their availability and the quality of service provided should be improved
- There should be pan-London coverage of Sexual Assault Referral Centres providing holistic victim care and the use of Victim Examination Suites should be phased out
- Victims should be provided with appropriate and validated counselling
- Links should be improved with the Crown Prosecution Service and victims should be better appraised of court systems

Structures and systems

- Rape investigation and victim care should have clear chief officer leadership and be a part of core MPS business
- All boroughs should be covered by dedicated sexual offence teams

- The MPS should increase timely consultation with the Independent Advisory Group for sexual offences on matters relating to rape
- Performance monitoring for rape cases should be enhanced through better measures and victim surveys
- Measures to address MPS cultures and myths surrounding rape cases should be taken

Specific crime types and victim groups

- The investigation of child cases of stranger sex offences should move to the Child Protection Team
- Children should generally not be taken to Sexual Assault Referral Centres and a pilot victim centre for abused children should be developed
- Further research is required into cases of gang rape
- Child traffickers should receive stronger sentences and the victims should receive more support
- The MPS should continue preventative campaigns for drug and mini-cab rape

The MPA is committed to these recommendations and will request an implementation plan with timescales for measures to be put in place. A committee of the MPA will monitor progress against this plan.

1. The scrutiny process

1.1 Background

The MPA was established in July 2000 to maintain an efficient and effective police service for the Metropolitan Police District. Amongst its key functions are securing continuous improvement in policing services and regularly monitoring performance. One of the main ways of carrying out these functions is through the MPA's Professional Standards and Performance Monitoring Committee (PSPM). The functions of PSPM include monitoring the performance of the MPS against Annual Policing Plan targets.

In June 2001 the PSPM committee agreed that it should extend its performance monitoring capacity by setting up a scrutiny process. The committee agreed that it would carry out scrutinies into two or three areas of MPS performance in detail each year. The scrutinies would be conducted by a sub-group of members, drawn from each of the MPA's main committees.

The topic of the MPA's first scrutiny was proposed by the MPS to be rape investigation and victim care. This was agreed by PSPM, as rape is a current policing plan priority against which the MPS is failing in its target. It was also recognised that the scrutiny would not cut across any current major MPS or external review.

1.2 The scrutiny panel

A panel of five Authority members conducted the scrutiny, supported by the MPA's analytical team. The members of the panel were:

Cindy Butts
Elizabeth Howlett
Cecile Lothian
Angela Slaven
Richard Sumray (Chair)

1.3 Terms of Reference

The terms of reference for the scrutiny were agreed to be:

- To hear evidence from victim groups and representative organisations regarding the service provided to victims of rape in London by the police
- To consider current practice in the MPS, the best practice from London boroughs, other national forces and worldwide in respect of investigation

- To provide recommendations for improving victim care and subsequent investigation

1.4 Methodology

The methodology for carrying out the scrutiny into rape investigation and victim care was based on gathering evidence from MPS and external sources. A key difference from internal MPS reviews was the input from external organisations involved in rape investigation and victim care and their views of the performance of the MPS.

The evidence gathered centred on hearing from key people within and outside the MPS in the field of rape investigation and victim care. However, written evidence was also collected from relevant organisations in London, victims of crime and police officers. A summary of the evidence gathered is shown below:

- Written evidence from relevant organisations – 120 organisations with an interest in the scrutiny topic were contacted for their views, with 36 replies being received.
- Sexual Offences Investigative Officers were asked for their views – 3 replies were received
- Victims of rape were consulted through a questionnaire circulated by the MPS and some victim support organisations – 8 replies were received
- Hearings were conducted where 11 individuals gave evidence to the scrutiny panel
- The panel and support officers carried out site visits of London's only Sexual Assault Referral Centre (The Haven) and two victim examination suites
- Interviews were conducted with 5 individuals where particular points of clarification were required
- Panel members and support officers attended two conferences on rape, one national and one covering North East London

As this was the first MPA scrutiny, the GLA scrutiny team assisted the panel by providing advice on carrying out a scrutiny project. In addition, the MPS Project Sapphire Team and members of the Independent Advisory Group for sexual offences assisted in identifying evidence givers, arranging visits and commenting on the findings.

1.5 Timetable

The timetable for conducting the scrutiny was as follows:

- September 2001 – pre scrutiny preparation and gathering of materials

- September 2001 – panel meeting to agree terms of reference and methodology
- October to December 2001 – written evidence gathering
- November 2001 to February 2002 – hearings, interviews and visits
- February 2002 – panel discussions of draft recommendations
- March 2002 – report writing
- April 2002 – report published to PSPM

1.6 The report

The body of this report details the findings and recommendations made in the light of the evidence gathered during hearings and written evidence, as well as visits, interviews and conferences. The findings and recommendations fell into 3 main categories:

- Direct service provision
- Structures and systems in place for investigating rape
- Specific crime categories and victim groups

Details of the main findings in each of these areas are given in chapters 2 to 4. The recommendations made are summarised at chapter 5 and chapter 6 goes on to describe how the implementation of the recommendations will be monitored.

The evidence heard during the evidence hearing sessions, written evidence, and results from the victim questionnaires are shown in the Appendices.

1.7 Terminology

There are differences in views as to the terminology that should be used for victims of rape offences – including victims, complainants, survivors and clients. In the body of this report the word victim is used to cover these terms and is taken to cover both female and male victims. Other terms are used in the summaries of evidence received.

Common policing abbreviations are used in the report. A list of abbreviations for terms used is provided at Appendix E.

2. Service provision for victims of rape

2.1 Introduction

This chapter deals with all of the evidence heard and views gained on the service provided to a victim of rape, from first report to the court case and further counselling. Service provision cannot be considered distinct from structures and systems, considered in the next chapter, but are separated here for clarity.

2.2 First response

The first person a victim comes into contact with from the MPS is unlikely to be an officer trained in dealing with victims of sexual offences, but more usually an officer or member of staff at a police station counter, answering a phone or responding to a call for assistance. The panel heard the importance of this first officer providing an appropriate response to victims of rape, as this will affect the victim's willingness to pursue the case.

Many officers and staff taking calls from the public will rarely receive a report of a rape hence it is difficult to train every such person in the MPS in detail regarding care for rape victims. Training in dealing with sexual offences is provided for officers during their probation, and this is currently being reviewed by the MPS. However, officers who joined before this aspect of training was introduced and civilian staff dealing with victims may not have received training in dealing with sexual offences. These officers and staff should be provided with basic training and guidance on dealing with victims of sexual offences.

The timely gathering of certain evidence such as samples for drug testing is vital. It is important that first response officers are aware of this type of evidence and the procedures to be carried out.

Recommendation 1:

*The MPS should ensure that **all** officers and staff who may take a call, take a front counter report or respond to a call for assistance from a victim of rape have received basic training and guidance on dealing with victims appropriately and on early evidence procedures.*

In addition, information leaflets detailing the service victims can expect and what will happen next should be available to all victims when reporting a crime. These leaflets were found available at the Haven centre in South London but not generally in all victim suites and police stations.

Recommendation 2:

Information leaflets detailing the services provided to victims of rape and explaining what will happen next should be available at all victim examination suites and police station front counters.

2.3 The sexual offence investigation officers

The first specialist officer trained in victim care that the rape victim will encounter is the sexual offence investigation (SOIT) officer. This officer will carry out initial victim care by arranging a medical and forensic examination, arranging other medical care as required and taking the victim's initial statement. The officer will then provide a contact for the victim throughout the case.

In written evidence and victim questionnaires, SOIT officers were praised for the good job they do and the level of victim care provided. The scrutiny panel also recognises their good work.

Evidence was heard regarding the role of SOIT officers and in particular whether SOIT officers should take on more of an investigative role. This change in role was not considered to be appropriate by the panel as it was felt there should be a person for the victim's needs as distinct from the investigator who has to take a wider view of the whole case. However, training in basic investigation skills for SOIT officers will help in gathering evidence, taking statements and in enhancing career opportunities for the officers.

Recommendation 3:

SOIT officers should receive basic training in investigation skills but the SOIT officer role should remain distinct from the investigator role.

The role of the SOIT officer in terms of how much support they give to victims was found to be unclear. It was felt that it would help SOIT officers to be given more guidance on the support they should provide to victims and when it is appropriate to refer victims to counselling services.

Recommendation 4:

Guidance on victim support services should be developed for SOIT officers, including when to refer victims to a counselling service and the support services that are available in London for victims of sexual assaults.

A lack of occupational health (OH) support and counselling was identified for SOIT officers. These officers often have high workloads and difficult cases to

deal with; hence the MPS needs to ensure they receive appropriate support. Generally, the Occupational Health department should provide this support, although other counselling services should be offered to SOIT officers if required. The Occupational Health department of the MPS also needs to be aware of the requirement to provide this service to officers. Managers of SOIT officers also need to ensure that their staff take up these services.

Recommendation 5:

SOIT officers should all be offered regular OH support as a matter of course and the Occupational Health department should ensure that all of their staff are aware of their responsibilities to support SOIT officers. If appropriate OH support cannot be provided within the MPS, alternative counselling should be delivered by a recognised and accredited outside counselling agency.

The MPS is developing seminars for SOIT officers on dealing with work related stress. This is supported by the panel as good practice but should be provided in addition to regular OH support.

The panel also heard evidence that many more officers were trained in SOIT duties than are actively performing these duties. Many issues were involved in this problem, including victim examination facilities and dedicated teams, discussed later. However, a review of the coverage of active SOIT officers is required with a general recommendation that well-trained dedicated teams are required, providing 24-hour coverage in London. The panel also heard examples of SOIT teams having lack of telephone equipment and appropriate offices at which to be based in order to be contactable by victims. It is recommended that these problems are resolved.

Recommendation 6:

The MPS should review the coverage of SOIT officers with a recommendation that there should be well-trained dedicated teams, providing 24-hour coverage across London and that the number of trained SOIT officers should reflect this need. Dedicated teams should be provided with appropriate offices and equipment to ensure victims can contact a member of the team at all times.

SOIT officers can be placed in vulnerable positions due to the nature of their role and the victims they support. Because of this we believe that SOIT officers should have a code of conduct. This was felt by the panel to be a useful development for such an important role and a good tool for managers in the supervision of SOIT officer duties.

Recommendation 7:

The MPS should develop a code of conduct for SOIT officers, which should be used by managers in the supervision of SOIT officers.

SOIT officers also need line management for their role and to be appraised in the role. This will assist in ensuring credit is given for the skills gained. SOIT officers need also to have strong supervision to ensure that they comply with codes of conduct and provide the appropriate quality of care to victims of crime.

Recommendation 8:

All SOIT officers should receive line management control and supervision for their role including a system of appraisal. SOIT officer skills and experience should be recognised when they are trying to further their careers.

2.4 Sexual Offence Examiners

Another key person in providing a response to victims of rape is the person who carries out the forensic medical examination. These are known as Sexual Offence Examiners (SOEs). All SOEs are specifically trained in sexual offence examination but some also carry out other police forensic medical examination duties.

The panel heard from evidence givers and in the written evidence, as well as at the conferences attended, that there were often problems in getting an available SOE and problems in the quality of care provided by the SOE to the victim, although complaints regarding SOEs and monitored by the Linguistic & Forensic Medical Services Branch (LFMSB) in the MPS. There were also issues raised of SOE expertise in taking evidence from victims and sensitivity towards victims.

Regarding availability, it was felt that an up to date database of available SOEs, would be useful, along with their working hours, locations covered, ethnicity gender, training and costs.

Recommendation 9:

The MPS should develop and keep updated a database of SOEs including their availability, geographical areas covered, ethnicity, gender, costs and level of skills.

In particular, it would be beneficial to victims if there were more SOEs available, particularly female and ethnic minority SOEs.

Recommendation 10:

The MPS should work with the NHS to review how more female and visible ethnic minority SOEs can be recruited.

To assist with availability and also with quality of victim care SOE contracts, including value for money and performance assessments, was felt by the panel to be required.

Recommendation 11:

Contracts for SOEs should be developed, to include how their performance should be assessed and how the quality of care provided is to be monitored.

In order to improve victim care, SOEs who attend sexual assaults need to be trained in victim care and taking evidence. Some basic training is currently provided by the MPS but, following the number of comments received regarding victim care by SOEs, this could benefit from a review.

Recommendation 12:

A review should be conducted of the training that is currently provided to SOEs attending sexual assault offences. All SOEs should be provided with appropriate training in communication with victims, victim care and evidence taking for sexual offences.

The panel also heard that if the MPS ensured that SOEs were provided with follow-up information on rape cases this would improve links with the investigation team working with SOEs and promote interest in cases.

Recommendation 13:

The MPS should develop a system of updating SOEs on the progress of a case and the outcome of investigations.

Finally, a pilot scheme is currently taking place in Manchester for forensic nurses to be used instead of SOEs. This could be a useful way of improving victim care and ensuring availability of examiners in London.

Recommendation 14:

The evaluation of the pilot forensic nurse scheme in Manchester should be considered to see if it is appropriate for use in London.

The panel is aware that Accenture consultants have recently conducted a review of FMEs in general as part of their Efficiency and Effectiveness Review. Draft

recommendations from the Accenture review are not in conflict with the recommendations made here. However, the above recommendations will hence need to be managed in co-ordination with the recommendations made from the Accenture review.

2.5 Victim examination facilities

Following the report of a crime, SOIT officers will take victims of rape to a location for a forensic medical examination. At the moment victims in 8 South London boroughs, soon to be expanded to 12 boroughs, will be taken to a Sexual Assault Referral Centre (SARC) known as the Haven. Elsewhere in London victims will be taken to a police Victim Examination Suite (VES).

The Haven is a facility for examining victims of rape and other sexual assault offences based in a South London hospital. It differs from VESs in that it provides a full time staffed facility and is always open with doctors on site ready to deal with victims of crime. VESs are usually converted flats next to or near to a police station. They are not staffed and police and victims wait there for a medical examiner to attend.

The scrutiny heard evidence regarding both of these types of facilities and visited the Haven and two VESs. The Haven was found to provide a superior service of all round victim care, 24-hour coverage, access to other medical services and better facilities for the collection of DNA evidence. VESs appear to vary depending on the borough concerned and the commitment of individual officers.

There was also considerable representation from SOIT officers, key users of the facilities, during evidence gathering and conferences attended that SARC coverage was required across London to assist them in providing a consistent and high level of victim care. This was also felt key in motivating SOIT officers who often feel that they are letting the victim down if they don't take them to a suitable location for forensic examinations.

The panel is in support of pan-London coverage of SARCs, similar to the Haven model. The MPA will need to work with the MPS to ensure funding of these centres but feel that they demonstrate value for money and best practice for victim care. As many of the facilities provided are NHS services, it was felt that partnership funding with the NHS should be explored, as the panel believes that the NHS will benefit from services provided in partnership. To assist in this aim, the panel has already facilitated a meeting between the MPS and the London NHS Regional Director where the proposal for partnership funding in this area was considered favourably in principle. This is now being followed up by the MPS.

In addition, the MPS would benefit from taking a more innovative approach towards sponsorship and joint funding with other partners.

Recommendation 15:

Two further SARC's should be developed in London to provide pan-London coverage. These should be partly funded by the NHS. The MPS should also seek other partnership and sponsorship funding. The new SARC's should be contained within the MPA budget for 2003/4.

As the Haven centre was a pilot project, the panel felt there were lessons to be learnt in developing further such SARC's in London. In particular, wide consultation with organisations in London should be carried out when developing the new centres.

Recommendation 16:

The new SARC's should learn from the evaluation of other SARC models, including the Haven, particularly in consideration of counselling facilities and victim referral to counselling organisations. Wide consultation with interested agencies, such as the IAG, victim support organisations, paediatricians and voluntary organisations should be carried out when developing the new centres.

Although not an ideal model, VESs are likely to be used in London for the next few years. An example of good practice was seen at Ealing VES and the officer looking after this VES is commended for her efforts. Until all of London has a SARC facility, VESs should be maintained to a high corporate standard. The sexual offence Independent Advisory Group (IAG), should assist in developing standards and ensure that these are maintained through site visits.

Recommendation 17:

As new SARC's are developed VESs should be phased out in London, however, until London has comprehensive coverage of SARC's, VESs should be managed and maintained to higher standards. The IAG should assist in developing these standards and providing a monitoring role.

2.6 Counselling

The panel heard from those working with victims that counselling and support to the victim is a key service, which needs to be provided by trained sexual offence counsellors. It is not always considered appropriate for victim counselling to be based on assessments of needs by medical staff straight after the offence is reported. Instead, counselling needs to be provided when and where it is most appropriate for the victim's needs.

Recommendation 18:

The MPS should work with victim support organisations and voluntary agencies to ensure that victims are provided with appropriate and validated counselling.

2.7 The Crown Prosecution System

Rape investigation and victim care is not just the responsibility of the police but also the Crown Prosecution System (CPS). Evidence was heard from the CPS and officers and organisations having dealings with the CPS.

There was evidence of cultural problems with the treatment of victims by the CPS, but this is outside the remit of the scrutiny. It was however felt that working relationships between the CPS and MPS could be enhanced. In addition, a key area of victim care is ensuring that they know what is expected of them in court. A review of the support victims going to court are given, including information provision and pre-trial visits, is recommended to improve victim care.

Recommendation 19:

Working relationships with CPS should be improved and the system of file exchange for rape cases should be examined. Relationships could be improved if dedicated sexual offence case clerks were in place in MPS Criminal Justice Units and if the CPS were to consider specialist sexual offence staff.

Recommendation 20:

A joint MPS/ CPS review of support provided to victims attending court should be carried out, including the information given to victims and pre-trial visits organised, in co-ordination with victim support and the witness protection service.

3. System and structures for rape investigation and victim care

3.1 Introduction

To ensure that victims of rape are provided with the best care from the police, and that these crimes are fully investigated, the appropriate structures and systems need to be in place. This includes leadership, the strategies for improving investigation and victim care, performance monitoring, external consultation and the culture of the MPS. The scrutiny panel has a number of recommendations to make in these areas.

3.2 Leadership and strategies

The current leadership for rape investigation and victim care is within the Territorial Policing command structure. Improving rape investigation and victim care in London is led by a project team under the title of Project Sapphire. Project Sapphire is a three-year strategy for reforming and improving rape investigation and victim care in the MPS and aims to develop a corporate approach to tackling rape, which is communicated to all staff.

The panel heard positive evidence of leadership for rape investigation and victim care but was concerned that this was often down to individual commitment. Similarly, Project Sapphire is making positive improvements in this area but this needs to be a sustainable long-term strategy, rather than a short-term project. To ensure that rape investigation and victim care remains high on the agenda of the MPS the following recommendations are made:

Recommendation 21:

The MPS should ensure that rape investigation and victim care always has a clear chief officer responsibility.

Recommendation 22:

The improvement of rape investigation and victim care should be part of core business, rather than a project, with a permanent central coordinating unit.

Recommendation 23:

Minimum standards should be developed for the investigation of rape and victim care.

3.3 Structure of investigating units

The structures in London boroughs for investigating rape and other sexual offences vary. Some boroughs have dedicated teams with SOIT officers attached; other boroughs investigate rape as part of general investigative duties. Dedicated teams were felt to provide best practice, helping gain expertise in rape investigation, ensuring continuity of investigative officers, providing a management structure for SOIT officers, providing a central place for victims to contact, improving relations with investigative and SOIT officers and ensuring a corporate approach to the investigation of rape.

Not every borough in London has enough rape cases reported to warrant a dedicated team. It was felt, however, that a dedicated service was still required for these boroughs and that in these cases brigading with other boroughs is recommended.

Recommendation 24:

Dedicated sexual offence investigation teams should be developed for all boroughs including dedicated investigative officers wherever possible. Where boroughs do not have enough rape crimes reported to warrant a dedicated team, there should be brigading with other boroughs.

3.4 Performance monitoring

A key to improving rape investigation and victim care is being able to monitor current levels of performance and, after recommended actions have been implemented, whether improvements have been made.

Performance monitoring systems, particularly regarding quality of service, were considered for the MPS and better measures of attrition rates were felt to be required as were methods of determining the quality of care provided to victims of rape.

Recommendation 25:

Measures of attrition should be developed for rape cases, to put the judicial disposal (JD) rate measurement into context, including conviction rate measurement.

Recommendation 26:

Qualitative monitoring of the service provided to victims should be developed, e.g. through victim surveys. This should include breakdowns by gender, ethnic group, age and crime types, where possible, to target the diverse needs of victims. Surveys should be carried out sensitively, taking into account victims' needs.

Some specific improvements were felt necessary to improve performance in conviction rates. MPS plans to introduce case trackers to monitor cases, to track attrition rates and provide feedback to victims. In addition, evidence was heard that the MPS does not keep the national database for rape cases (SCAS) updated and this should be addressed as a matter of priority. Finally, forensic submissions for rape cases were felt to require review to ensure targeted submission and co-ordination with forensic services.

Recommendation 27:

The MPA supports the introduction of case trackers in MPS to monitor attrition rates and ensure feedback to victims and other agencies.

Recommendation 28:

The MPS should ensure that the national database on rape cases is regularly updated with cases reported in London and ensure compliance with quality standards.

Recommendation 29:

The MPS should review its forensic submission procedure for rape cases.

3.5 Consultative Groups

The panel was encouraged that a sexual offence Independent Advisory Group (IAG) with representatives of both male and female victim organisations has been set up. This group is still evolving but seems to have a good but challenging relationship with the MPS. As mentioned above, IAG involvement in both VESs and the development of new SARC in London is recommended. There are also some areas where the MPS could benefit from further consultation with the IAG, together with ensuring that consultation is carried out with the IAG early enough to influence the outcomes.

Recommendation 30:

The MPS should continue the current good work with the sexual offences IAG by increasing timely consultation on strategies, victim surveys and on crime prevention campaigns. The IAG should also be provided with progress against Project Sapphire aims and performance monitoring data.

In addition to the IAG, the MPS also provides information on rape to crime and disorder partnerships, community safety partnerships and other local forums. In their capacity as borough link members, the panel has observed that the amount and detail of information provided on rape offences varies between boroughs. To raise the profile of rape as an issue in local forums and to ensure consistency across London, standard reporting to all crime and disorder partnerships and other forums as considered appropriate by the Borough Commander is to be encouraged.

Recommendation 31:

Information on reported rape offences and other performance indicators should be provided to local forums in a consistent manner by each borough in the MPS.

3.6 MPS culture regarding rape

Evidence was heard from a variety of sources regarding MPS culture in relation to rape offences and the treatment of victims of rape. Although the general view seemed to be of an improvement in officers' understanding of victims needs, there were still many examples cited of poor understanding, incorrect assumptions about rape cases and lack of sensitivity towards and belief in victims.

It is felt by the panel that recommendations made in this report with regard to first response officers, dedicated teams and victim surveys will assist in changing some of this culture. Project Sapphire also includes a number of aims to address cultural views. However, the panel felt that there were some specific areas where facts and information would help improve officers' understanding. This included rates of false reporting for rape, which are often thought to be high by officers but are actually estimated at between 2% and 10%. In addition, the data on prevalence of stranger and acquaintance attacks is required, as well as information on how victims of rape react to the trauma of rape and their needs.

Recommendation 32:

Training and guidance should be produced for SOIT officers and first response staff including information regarding rates of false reporting, levels of stranger and known rapists and details about victims' needs and reactions when reporting.

4. Specific crimes and victim groups

4.1 Introduction

The two sections above considered the service provided to victims in general and the structures and systems in place for investigating rape and caring for victims. However, the panel also heard evidence about specific types of sexual assault and makes some specific recommendations. One area of recommendations relates to child victims of rape and the appropriate structures for care of these victims. The panel also wish to make comments regarding gang rapes, child trafficking, mini-cab and drug rape.

4.2 Child victims of stranger sex offences

Under the current systems of investigation in the MPS, child victims of sex offences committed by a stranger to the victim are dealt with by SOIT officers and sexual offence investigators, whereas victims of offenders known to the victim, e.g. carers and relatives, are dealt with by the Child Protection Teams (CPTs). Evidence was heard regarding this structure and further interviews were held with officers in this field and a paediatrician.

It is generally felt that child victims need to be dealt with by specialists in child victim care. At the time of starting the scrutiny, there were no plans to change this structure. During the scrutiny the MPS decided that investigation of stranger sex offences against children would be moved to CPTs and the panel supports this move. Although in some circumstances it may suitable for older children (over 15) to be treated as adult victims, on balance, the panel felt that the change in responsibility was appropriate. This move will be phased in with pilots due to take place later this year. The evaluation of the pilots should be provided to the MPA.

Recommendation 33:

The MPA supports the change in responsibility for child stranger rape cases from Territorial Policing to Child Protection Teams.

Generally, SARCs are also not felt to be suitable places for child victims, with the important aspects of victim care for children being child specialists (i.e. paediatricians) and child friendly surroundings rather than facilities for taking DNA evidence. There may be cases where it is more appropriate to take a victim under 18 to a SARC, particularly where the victim is over 15 and DNA evidence is of key importance, e.g. in gang rape cases. Guidance is hence needed for officers for these cases.

Recommendation 34:

The Haven and any new SARCs should not be considered best practice as locations for taking child victims of stranger sexual abuse. The MPS should review the locations for child victims and provide guidance to officers.

The panel heard that more appropriate locations for child victims of all types of abuse, including rape, should be developed. A pilot project to look at a 'one-stop shop' approach, similar to the SARC centres but specifically for children, involving police, medical staff and social services was felt by the panel to be a suitable way forward.

Recommendation 35:

The MPS Child Protection Team should develop a pilot site for providing multi-agency victim care for victims of child abuse, including stranger rape offences.

4.3 Other specific crime types

The panel was concerned over anecdotal evidence of a growing problem of gang rape offences. Little information was forthcoming over the extent of this problem or of measures being taken in partnership to tackle this crime. Hence a specific recommendation is made in this area:

Recommendation 36:

Gang rape appears to be a growing problem in London and a joint agency approach to look at this problem is required, to include the MPS, schools, crime and disorder partnerships and other relevant agencies.

Similarly, child trafficking appears to be a hidden but growing crime, with rape offences often involved. A report has been produced by the MPS, which outlines the current issues with child trafficking. The report is welcomed by the panel, which supports the progress being made.

Recommendation 37:

The MPA supports the progress being made in tackling child trafficking. In particular support is given for increased sentencing for this crime and for the development of witness protection and victim support services for victims.

The panel also heard about current preventative work being developed for mini-cab rape and drug rape crimes, and supports this work.

Recommendation 38:

The MPA supports the development of preventative campaigns against mini-cab rape and drug rape crimes and recommends that these should cover all boroughs in the MPS.

The MPA would like to remain involved in developments in any of these areas, and is also interested in reports on growing trends in acquaintance rapes, the links between domestic violence and rape and in making a contribution to how reporting can be increased for sections of the community that don't report rape offences.

5. Summary of recommendations

1. The MPS should ensure that **all** officers and staff who may take a call, take a front counter report or respond to a call for assistance from a victim of rape have received basic training and guidance on dealing with victims appropriately and on early evidence procedures.
2. Information leaflets detailing the services provided to victims of rape and explaining what will happen next should be available at all victim examination suites and police station front counters.
3. SOIT officers should receive basic training in investigation skills but the SOIT officer role should remain distinct from the investigator role.
4. Guidance on victim support services should be developed for SOIT officers, including when to refer victims to a counselling service and the support services that are available in London for victims of sexual assaults.
5. SOIT officers should all be offered regular OH support as a matter of course and the Occupational Health department should ensure that all of their staff are aware of their responsibilities to support SOIT officers. If appropriate OH support cannot be provided within the MPS, alternative counselling should be delivered by a recognised and accredited outside counselling agency.
6. The MPS should review the coverage of SOIT officers with a recommendation that there should be well-trained dedicated teams, providing 24-hour coverage across London and that the number of trained SOIT officers should reflect this need.
7. The MPS should develop a code of conduct for SOIT officers, which should be used by managers in the supervision of SOIT officers.
8. All SOIT officers should receive line management control and supervision for their role including a system of appraisal. SOIT officer skills and experience should be recognised when they are trying to further their careers.
9. The MPS should develop and keep updated a database of FMEs and SOEs including their availability, geographical areas covered, ethnicity, gender, costs and level of skills.
10. The MPS should work with the NHS to review how more female and visible ethnic minority SOEs can be recruited.

11. Contracts for SOEs should be developed, to include how their performance should be assessed and how the quality of care provided is to be monitored.
12. A review should be conducted of the training that is currently provided to SOEs attending sexual assault offences. All SOEs should be provided with appropriate training in communication with victims, victim care and evidence taking for sexual offences.
13. The MPS should develop a system of updating SOEs on the progress of a case and the outcome of investigations.
14. The evaluation of the pilot forensic nurse scheme in Manchester should be considered to see if it is appropriate for use in London.
15. Two further SARCs should be developed in London to provide pan-London coverage. These should be partly funded by the NHS and the MPS should also give consideration to other partnership and sponsorship funding.
16. The new SARCs should learn from the evaluation of other SARC models, including the Haven, particularly in consideration of counselling facilities and victim referral to counselling organisations. Wide consultation with interested agencies, such as the IAG, victim support organisations, paediatricians and voluntary organisations should be carried out when developing the new centres.
17. As new SARCs are developed VESs should be phased out in London, however, until London has comprehensive coverage of SARCs, VESs should be managed and maintained to a corporate standard. The IAG should assist in developing these standards and providing a monitoring role.
18. The MPS should work with victim support organisations and voluntary agencies to ensure that victims are provided with appropriate and validated counselling.
19. Working relationships with CPS should be improved and the system of file exchange for rape cases should be examined. Relationships could be improved if dedicated sexual offence case clerks were in place in MPS Criminal Justice Units and if the CPS were to consider specialist sexual offence staff.
20. A joint MPS/ CPS review of support provided to victims attending court should be carried out, including the information given to victims and pre-

trial visits organised, in co-ordination with victim support and the witness protection service.

21. The MPS should ensure that rape investigation and victim care always has a clear chief officer responsibility.
22. The improvement of rape investigation and victim care should be part of core business, rather than a project, with a permanent central coordinating unit.
23. Minimum standards are developed for the investigation of rape and victim care.
24. Dedicated sexual offence investigation teams should be developed for all boroughs including dedicated investigative officers wherever possible. Where boroughs do not have enough rape crimes reported to warrant a dedicated team, there should be brigading with other boroughs.
25. Measures of attrition should be developed for rape cases, to put the judicial disposal (JD) rate measurement into context, including conviction rate measurement.
26. Qualitative monitoring of the service provided to victims should be developed, e.g. through victim surveys. This should include breakdowns by gender, ethnic group, age and crime types, where possible, to target the diverse needs of victims. Surveys should be carried out sensitively, taking into account victims' needs.
27. The MPA supports the introduction of case trackers in MPS to monitor attrition rates and ensure feedback to victims and other agencies.
28. The MPS should ensure that the national database on rape cases is regularly updated with cases reported in London and ensure compliance with quality standards.
29. The MPS should review its forensic submission procedure for rape cases.
30. The MPS should continue the current good work with the IAG by increasing timely consultation on strategies, victim surveys and on crime prevention campaigns. The IAG should also be provided with progress against Project Sapphire aims and performance monitoring data.
31. Information on reported rape offences and other performance indicators should be provided to local forums in a consistent manner by each borough in the MPS.

32. Training and guidance should be produced for SOIT officers and first response staff including information regarding rates of false reporting, levels of stranger and known rapist attacks and details about victims' needs and reactions when reporting
33. The MPA supports the change in responsibility for child stranger rape cases from Territorial Policing to Child Protection Teams.
34. The Haven and any new SARCs should not be considered best practice as locations for taking child victims of stranger sexual abuse. The MPS should review the locations for child victims and provide guidance to officers.
35. The MPS Child Protection Team should develop a pilot site for providing multi-agency victim care for victims of child abuse, including stranger rape offences.
36. Gang rape appears to be a growing problem in London and a joint agency approach to look at this problem is required, to include the MPS, schools, crime and disorder partnerships and other relevant agencies.
37. The MPA supports the progress being made in tackling child trafficking. In particular support is given for increased sentencing for this crime and for the development of witness protection and victim support services for victims.
38. The MPA supports the development of preventative campaigns against mini-cab rape and drug rape crimes and recommends that these should cover all boroughs in the MPS.

6. Implementation of recommendations

In order to ensure that the recommendations made in this report are actioned, the MPA is committed to monitoring progress against these recommendations. The panel will request an implementation plan with timescales for measures to be put in place and will require regular updates as MPA committees.

The next step in this process is to discuss how the recommendations will be implemented with the MPS with those persons responsible and the timescales for implementation. Following this an implementation plan will come to the PSPM committee and will be monitored at six monthly intervals.

Appendix A - Results from evidence hearings

1. Background

A key aspect to the scrutiny was hearing from experts in the field of rape investigation and victim care in London. In total eleven people were interviewed for about an hour each by the scrutiny panel over a period of 3 months. This allowed the panel to use the information from the written evidence gathered to ask more searching and in-depth questions to experts in this area.

The evidence sessions were recorded for accuracy of report writing and open to the public by invitation.

Individuals providing evidence were as follows:

- Rene Barclay, CPS, senior crown prosecutor including rape cases
- Merlyn Bignell, victim of crime, victim campaigner and member of the Sexual Offences IAG
- Carrie Cameron, Women's Counselling, involved in counselling services for rape victims
- Carolyn Dhanraj, chair of the Sexual Offences IAG
- Sergeant Heather Gay, MPS, member of the Project Sapphire Team and the lead SOIT officer for the MPS
- Superintendent Dave Gee, HMIC, lead staff officer for the HMIC on the joint HMIC and HMCPSI thematic into rape investigation and prosecution
- Detective Sergeant Keith Giles, MPS, involved in Project Sapphire and has visited Canada to look at their systems for rape investigation and victim care
- Deputy Assistant Commissioner Tim Godwin, MPS, in charge of Territorial Policing, including Rape Investigation and Victim Care
- Deputy Assistant Commissioner Carole Howlett, MPS, in charge of child protection issues
- Professor Liz Kelly, University of North London, researcher in the area of rape investigation and victim care and member of the Sexual Offences IAG
- Detective Chief Inspector Richard Walton, in charge of the Project Sapphire Team

Prior to the interviews the panel considered the questions they wished to ask the evidence givers and gave notice of these questions to aid preparation.

Notes of the evidence provided were given to panel members and full transcripts were available to the panel. The full evidence provided is not detailed in this report but a summary is given below, by subject headings.

2. The first line response to a report of rape

A key area in evidence giving related to the service provided to victims by the first officer or member of staff who receives a report of a rape. These are necessarily front line officers on station counters, telephone reporting systems or officer response duties, rather than specialist officers. The evidence heard was as follows:

- *First response officers can be shocked and unable to respond appropriately to victims or their families*
- *More victim training is needed for all officers – which will be transferable to other types of crime*
- *The Project Sapphire Team is revamping the training offered at Hendon to include aspects on dealing with rape victims and also the provision of training on boroughs for existing officers*
- *The first priority should be to ensure that the victim is appropriately received at the front desk.*
- *Since Project Sapphire started monitoring they have been able to provide boroughs of accurate data on the number of rapes reported at front counters. This has been extremely useful, because prior to this evidence borough commanders failed to see any need for front counter staff to receive training in this area.*

3. Sexual offence investigation (SOIT) Officers

SOIT officers have a key role in the investigation of rape and victim care. A SOIT officer is the officer called to look after a victim once a rape is reported. They organise medical care, medical examinations, take the victim's initial statement and act as a contact for the victim throughout the case.

To become a SOIT officer requires specialised training and approximately 2500 officers are trained in SOIT duties in the MPS. Most SOIT officers in the MPS carry out these duties on a case basis as well as an abstraction from their normal police duties. Some SOIT officers are based in dedicated teams.

Due to this key role the scrutiny panel asked most evidence givers about their views of SOIT officers, specifically in terms of training, what their role is and should be, support for the officers and the numbers trained that are active in the role.

The SOIT role

Most evidence givers felt that the role of the SOIT officer should be defined and enhanced.

There were differing views as to whether the SOIT officer should become more involved in the investigation of offences. Those in support of officers being involved felt that:

- *SOIT officers should be trained in investigation and be part of the investigation team to help provide consistency in the case, make sure information is not lost between officers and improve detection rates*
- *If SOIT officers are part of the investigating team they can provide victims with a better follow-up on how their case is progressing and provide consistency of victim contact*
- *SOIT officers' career prospects would be enhanced by being trained in investigating skills*
- *Training in investigative skills would assist SOIT officers in taking victim statements*
- *In other countries, e.g. Canada and Ireland, the roles of investigator and SOIT officer are combined*
- *In countries where roles are separated gender divides can occur – with female support officers and male investigators*

However, other evidence givers felt that the SOIT role should not be extended to investigation and it should be specifically a victim care role. The reasons given for this were:

- *SOIT officers can focus more on the victim without the distraction of handling the full investigation*
- *The MPS is better at dealing with victims than the Canadian forces where the investigation and victim care roles are dual roles*
- *The SOIT role is a specialist sexual offence victim care role, whereas investigators can retain an overview and more objectivity in the case*
- *Combining the roles could cause confusions between victim care and investigation required in order to secure a prosecution*
- *If the role of SOIT and investigator were merged this could potentially raise questions of evidence contamination*

Some evidence givers suggested enhancing the SOIT victim care role by providing more aftercare and information and case review support, similar to current family liaison officers who support child protection teams, including increased work with other agencies such as social services.

Another evidence giver felt that the system used in Australia of having civilian victim liaison advocates to maintain victim contact and liaise with the police on behalf of the victim could be appropriate to the MPS.

Other evidence givers particularly mentioned that there needed to be a distinction between police victim care and victim counselling:

- *It would not be appropriate for SOIT officers to receive formal counsellor training, because this is not their role*
- *SOIT officers should not need full counsellor training, but they should be able to give advice and information on available local services and should be generally supportive of the victim.*
- *Victim care after trial should be the responsibility of other agencies*
- *SOIT officers need to support the victim but also maintain a level of professionalism and get required information from victims*
- *SOIT officers need the skills to meet the initial support needs of the victim then put the victim in touch with appropriate agencies*

Support for SOIT officers

It became clear through initial discussions with the Project Sapphire team that occupational support and managerial support for SOIT officers was an issue in the MPS hence, where appropriate to their experience, evidence givers were asked their views on SOIT officer support. The views expressed were that:

- *SOIT officers and other officers involved in the investigation of rape cases should be formally debriefed after each case (this could be partly addressed through informal channels if SOIT officers were organised into dedicated teams)*
- *There should be a counselling system for SOIT officers*
- *Dedicated teams would have managers to ensure there are Occupational Health (OH) arrangements in place for SOIT officers*
- *SOIT officers should have similar support systems to that of professional counsellors*
- *The MPS ought to provide SOIT officers with appropriate support or run the risk of being sued at some time in the future for lack of support*
- *The MPS needs to acknowledge the emotional pressures to which SOIT officers are exposed and provide similar levels of support as that afforded firearms officers.*
- *SOIT officers often carry heavy workloads depending on the prevalence of rape in their area and there is a lack of appropriate support within the organisation*
- *When asked by HMIC, OH were unaware of this responsibility to provide welfare services and therefore did not make their services available.*

OH is one mechanism for providing support for SOIT officers, however, it was also felt by some that counselling outside normal policing systems by specialists in the area of sexual offences would benefit SOIT officers:

- *The Haven has now offered to provide counselling for any MPS SOIT officer and this is welcomed.*

- *The women's counselling service could provide counselling for SOIT officers (given the facilities and support to do so)*

Status and value of SOIT officers

Linked to the area of support for SOIT officers is the issue of the value the organisation places on SOIT officers and hence their status in their post. In particular only a fraction (about a quarter) of trained SOIT officers are active in their duties. Evidence heard on this topic was as follows:

- *SOIT officers are unsupported and demotivated*
- *Skills gained in SOIT training and experience should be recognised in appraisals and in the promotion of officers*
- *SOIT officers not in a dedicated team have a lack of managerial support*
- *Lack of value of SOIT officers leads to officers being trained but not putting themselves on the register to be used as SOIT officers.*
- *Other forces have networks for SOIT officers and this would be helpful in the MPS*

Training of SOIT officers

There were varying issues regarding the training of SOIT officers:

- *There is work on developing nationally accredited SOIT training*
- *SOIT officers received short courses unlike Canada, where continual training and learning is received which helps career paths and in attracting officers to the job*
- *Although SOIT officers are trained they don't always use their skills regularly hence they may lose them*
- *SOIT officers are not put on a formal selection process before being trained*
- *SOIT officers could receive specific sexual offence investigation training, similar to that received by CPT officers*

In addition, there is sometimes a need for the first response officer to take evidence quickly from victims. The MPS development of early evidence kits was praised by evidence givers (not MPS officers):

- *The early evidence kits and improved training for all officers (especially frontline officers) would be a big improvement*
- *The MPS has taken some positive steps in ensuring that officers respond appropriately to rape victims. A pilot project, equipping first response*

vehicles with urinary sample kits is underway. This is a very positive step and HMIC will be recommending this nationally.

4. Forensic medical examiners for victims of rape

In early consultation on the scrutiny with the MPS and the Sexual Offences IAG the issue of medical examiners to take forensic evidence was raised. Hence most evidence givers were asked their views of these examiners for rape cases. Views tended to focus on the expertise of Sexual Offences Examiners (SOEs) in dealing with rape victims, including comments on:

- *Doctors performing examinations being unskilled in taking medical and DNA evidence*
- *Occasions where SOEs are too busy to attend examinations*
- *Commitment can seem to be money motivated, SOE contracts often being of large sums*
- *Some SOEs are not really committed to the work and refuse to come out even when they are on-call. Others are not culturally aware and use inappropriate language. This is suspected to impact on JD rates.*
- *The language and cultural sensitivity of some SOEs is an issue*
- *SOEs can be thoughtless over victims' needs*

Many evidence givers felt that an area of improvement would be to have better managed contracts with SOEs (sometimes referred to by evidence givers as FMEs), including standards of care being built in.

- *FMEs contracts are poorly managed – who checks that FMEs have fulfilled their contractual obligations?*
- *The Home Office and/ or the national body for FMEs should develop guidelines and standards of victim care*
- *A senior officer should have responsibility for FMEs to provide appropriate direction and control*
- *FMEs need better training and better contract management to ensure a quality service*
- *Specialised Sexual Offences Examiners provide a better service but these are not widely available*
- *The present lack of contractual agreement means that officers can't make a meaningful complaint, because the doctors have not signed up to any agreed minimum standard of provision*
- *Improvements in service could be achieved through vetting and better recruitment practices (i.e. personnel specifications) and contractual agreements*

There is a pilot of using a nurse to collect evidence in Manchester and they are also used in the US. Some evidence givers felt that this could be appropriate in London:

- *One answer could be to change the system so that nurses are used to provide general medical assistance and FMEs are only called to do specialised examinations and more complicated medical treatments.*
- *The forensic nursing model seems to be a good improvement in terms of the speed of response, quality and cost*

The issue of legal challenges to nurse evidence was raised but felt not to be a major problem:

- *In the UK, the question is whether the evidence of forensic nurses would be accepted in court. At the moment, even if the evidence has been gathered by a forensic nurse (a project is being carried out at St. Mary's hospital) a case still has to be interpreted and presented by a clinical director in court. However, it is encouraging to see that so far none of the evidence gathered by forensic nurses has been called into question*
- *The forensic nurses in GMP have been trained in evidence giving and jurisprudence etc., and are closely supervised in the early stages of their employment and initially have all their case assessments quality assured by an FME until they have gained more experience. This ensures that the nurses have enough training and experience to be considered expert witnesses.*

Others felt that SOEs/ FMEs should receive more specific training on dealing with sexual offences and should receive more information about the case to feel a more integral part of the investigative team:

- *It would be more appropriate for FMEs to be attached to the Forensic Science division and for them to become a more integral part of the investigative team to provide a more active FME interest in case, monitor FME performance and keep FMEs updated with investigative and legislative advances*
- *FMEs could benefit and provide a better service with more tailored training, such as in diversity issue*
- *FMEs should have some training in jurisprudence (as recommended by the Home Office) but this is not compulsory so very few take this on*
- *It would also be beneficial if FMEs received joint training with [sexual offence] paediatricians*
- *FMEs also need to be appropriately trained, committed professionals*

Another helpful suggestion was that it would be useful for the MPS to map the provision of FMEs, SOEs and their genders across the MPD to assist with knowing availability and skills.

5. Victim examination facilities

Unsurprisingly, the facilities where victims are first taken to in order to receive a medical examination, and often initial police support, following a report of a rape were felt by many to be an integral issue not only for victim care but also for providing the right evidence for the investigation of offences. Hence a great deal of evidence was heard on this subject.

Victims reporting in Central and North London are generally taken to a Victim Examination Suite (VES). These are generally a flat or house, sometimes next to a police station, which have an examination room, a lounge and washing facilities. They are only used when required by officers and have no permanent staff.

In South London there is a Sexual Assault Referral Centre (SARC). This is known as The Haven and it based within hospital facilities. This covers 8 boroughs in South London, soon to be expanded to 12 boroughs. This is a medically centred provision of care with full time staff including medical examiners and currently deals with over 50 clients a month.

Firstly evidence regarding VESs was numerous. Many evidence givers made similar comments summarised as follows:

- *VESs are of a variable standard, some very poor and not well maintained*
- *It takes time to gain access to a VES*
- *SOIT officers feel demotivated by lack of decent VES facilities*
- *There are examples of poor levels of cleanliness which potentially affects the quality of forensic evidence*
- *There is a lack of appropriate medical supplies*
- *There is a lack of ownership hence maintenance of VESs on boroughs, with standards depending on individual officer commitment*
- *A corporate standard for VESs is needed*
- *Victims often have to wait for a long time for a medical examiner*

Generally VESs were not felt to be best practice but need to be improved whilst they are still in use. The IAG offered facilitation of lay VES inspections through local forums to ensure standards are maintained.

SARCs were felt by researchers and the HMIC to provide best practice in the area of victim care.

- *Sexual assault referral centres (SARCs) are best practice in this field, because they can provide an improved, more consistent and integrated response*

The Haven facility was felt by all evidence givers with a view in this area to provide a far better level of care in London than the VESs. Particular positive comments regarding the Haven were as follows:

- *The Haven provides a safe environment and the system of self-referral is particularly important because it enables those who do not wish to pursue a criminal case to receive medical and sexual health screening and advice. The facilities provided are comfortable and offer a good balance between creating a welcoming environment and providing sanitary conditions for medical treatment and the collection of forensic evidence.*
- *The Haven does address many of the issues – doctors are well-trained specialists and always on-site, facilities are warm and regularly cleaned*
- *The Haven is good because it provides a self-referral facility without police involvement. In other areas victims have to present at the front counter, where staff do not know how to react to the victim and can miss early evidence. The Haven facility captures this evidence as well as screening for STDs. This gives the victim and the MPS some breathing space.*
- *The level of victim care provided through the Haven is far superior to that available to those who are seen through the VES system*
- *If SOIT officers have access to the Haven, their job is much easier and they have more time to fulfil their core duties – building a rapport with the victim, gathering evidence and the statement and liaising with investigators.*
- *The Haven provides the opportunity for victims to self-refer and have the DNA evidence collected even if they choose not to proceed with the case, which is a good thing.*

Given that the MPS is currently failing its target for judicial disposal (JD) rates, the scrutiny panel was particularly interested in whether facilities like the Haven can improve the JD rate through better evidence gathering. The views of evidence givers were:

- *There is as yet insufficient data to make a positive link between the Haven and judicial disposal rates. However, the improved forensic facilities and the support available to victims throughout the process should have a positive effect.*
- *The provision of specialist trained doctors is a great improvement being aware of what kind of evidence to collect and appropriately trained in court procedure and providing evidence and written statements. In view of the fact that anything the victim might say to the FME could be taken down and used against them, it is particularly important that the doctors are*

adequately trained to ensure that their statements do not unnecessarily contain information that might prejudice the victim's case

Many comments were made in support of further SARCs similar to the Haven being developed to cover the rest of London, including:

- *This service (Haven) should be available across London in order to provide equality of care to all Londoners*
- *The ideal situation would be to have 3 Havens in London (attached to hospitals) to provide London-wide coverage. Failing that, 2 Havens – one north and one south – could provide adequate cover*
- *Although a major investment, the Authority need to consider the opportunity costs of all the officers' time wasted travelling to inadequate VESs and the possible of evidence etc. This would be a positive investment in the long run and if partnerships were established the costs/benefits could also be shared. Broadening the use of Haven facilities could encourage input from other local partners e.g. health authorities*
- *Project Sapphire would hope to have Havens across the MPD (if not nationally) to ensure the same standards of care for all victims. Until such a time as havens are more widely available, it will not be possible to ensure consistent service with regard to the examination facilities and FME*

All evidence givers were in support of London wide provision of SARCs. Comments were made on the location, funding and model for any new SARCs, as follows:

Location

- *They should be linked to hospital facilities and this would influence their location*

Future models

- *The St. Mary's and other SARCs are set up as inter-agency project, whereas the Haven is very health service-centred. This means less dialogue/accountability about the type of services offered and about service improvement. I am also concerned that the Haven does not guarantee to provide female examiners, which is provided at St. Mary's*
- *The Haven is a huge improvement, but it should learn from other SARCs, The Manchester facility uses victim support volunteers combined with qualified counsellors. The fear is that further Havens will be developed along the same lines as Haven Camberwell, offering counselling services*

that are under-utilised and that this will be seen to negate the need to fund counselling services. Counselling services for victims after contacting the Haven need to be considered – the current counselling is offered in a health environment, which may be off-putting to the victim. Health professionals are trained to cut off emotionally in order to cope with the difficult emotional situations they have to deal with and maybe this affects the victim.

- *Easier (i.e. currently located on 1st floor), clearer access to the Haven would be an improvement, as would larger facilities.*
- *The current Haven specification is good, but it could be improved through the provision of better contractual arrangements. E.g. with the FMEs.*
- *The IAG should also be involved in the development of any further Havens so that the debate can be widened and other ideas considered.*
- *The MPS needs to have greater engagement with the Haven (SARCs) because other than providing a service, the Haven has no responsibility to the MPS, which means that they cannot really affect change/improvements in the service provided.*

Funding

- *Savings can be made through the sharing of facilities as appropriate (i.e. between small neighbouring forces, or between BOCU clusters in MPS) and through sponsorship/partnership with other organisations. In Lancashire there is a state of the art SARC, which has been funded in partnership with other organisations (e.g. NHS) and sponsorship from Next directory, and provides a one-stop shop for victims*
- *The MPS is investigating joint funding with the NHS. Any time-limited funding (such as community project funding) would present problems of securing long term funding. NHS funding could be difficult as it would be seen as growth, although there would be benefits as victims need to use NHS services (GPs for health screening following the forensic examination etc whereas the Haven provides this as part of their service*
- *It would also be good to develop partnerships with other agencies. E.g. those working with victims of domestic violence. This would facilitate the sharing of resources.*

In particular, the head of child protection in the MPS did not view the Haven as a place that is suitable in general for child victims of sexual assault:

- *The Haven is an improvement, but I'm not entirely sure it is appropriate for children. Ideally there should be a one-stop shop for child victims, similar to the Haven where they could be medically examined, interviewed and given appropriate aftercare and support, as well as be kept under police protection if necessary. This would facilitate the multi-agency response needed in such cases, whereby the different agencies could hold a*

strategy meeting/discussion to provide a holistic approach to the child's care.

6. Counselling services for victims of rape

A key area of partnership working is ensuring that victims of rape receive the counselling services that they require.

The counselling service offered at the Haven was particularly discussed:

- *Victims presenting at the Haven don't always take up the counselling services offered as the Haven is very far away for many victims and perhaps because the counselling on offer was not appropriate for their needs.*
- *It could be appropriate for counselling services to be based in SARCs, as long as they are in separate rooms. The association between the place where the forensic examination takes place and the counselling services may also deter some women. The Haven and any future services like it should be rape crisis services rather than a health service.*
- *Victim support should be incorporated into the Haven context because it better meets the needs of victims than the health-counselling model. It is more person-centred, which is important when you consider that some rape victims may have suffered sexual/emotional abuse as children.*
- *The improvement of links between counselling and health services would also be of benefit and will make women feel more valued and improve attrition rates.*

Other comments made regarding counselling services included comments on the funding and voluntary status of services:

- *It is unfortunate that the services that deal with victim support are all voluntary, because they are vastly under-funded and cannot provide the best service. E.g. there may be times when no one is available to take calls to the service and the line will be answered by a machine. The voluntary status of victim support agencies also contributes to a situation whereby their membership is not fully representative of the wider community.*
- *Despite limited advertising Women's Counselling currently has a waiting list of 60 survivors. The service has community funding of £185K over 3 years. Many of the service's clients report bad experiences of previous counsellors, so the women's counselling service takes great care to appoint the most suitable counsellors*
- *When victims realise there is a lack of such services they are often very angry and feel under-valued. Agencies have tried asking them to write to their MPs about this issue, but they are usually in no frame of mind to start writing protest letters at that time.*

- *Many of the service's clients are referrals from hospitals or CPNs and some are self-referrals. However, there are no formal protocols in place and there is some resistance to discussing such arrangements. One of the service managers is looking at this issue and seeking way in.*
- *The MPS should look at the Australian model, which provides a 24-hour response like the Haven as well as counselling, which is victim-led i.e. they do not have to tap into it until they are ready for it. Ensuring that women/victims feel valued is the most important thing. The lack of appropriate services sends the message that they are not valued. Services are very outcome-focused and should be more victim-focused.*
- *In Canada, Victim support services are provided by the voluntary sector, but are located within police stations where they are provided with office space and resources. Victims are directed to the victim support offices as soon as they report to a police station*
- *Members of the Rape Crisis Federation should adhere to the minimum standards laid out by the Home Office. However, this needs more monitoring.*

7. The CPS involvement in rape cases in London

The MPS cannot provide a service to victims of rape in isolation. The CPS and court systems are also an integral part of the service provided. Although the panel has limited influence over CPS practices it was felt important to consider the links with the CPS and the MPS and its involvement in rape cases in London.

Comments regarding relationships and links between the CPS in London and the MPS were as follows:

- *HMIC produced a joint report with the CPS focusing on the working relationship between the CPS and the MPS. They found relationships were well developed at the senior level, but were very poor at the lower levels. The CPS has such a high turnover of staff that it hampers attempts to develop good working relationships with officers.*
- *The CPS has heard from SOIT officers that the MPS is developing a charging standard for rape cases, which is an excellent idea and would be particularly useful for less experienced officers. Such a standard could be agreed with the CPS and adopted London-wide, if not nationally. For the CPS, what is really required is for all the appropriate information and the officer's professional opinion of the victim to be forwarded at the earliest opportunity and without the need for the CPS to keep referring to the officers for further details.*
- *The CPS would welcome earlier liaison with MPS officers, particularly with regard to securing all the necessary information/evidence at the earliest opportunity, including that from third parties, and officers' views of the victim's ability to stand up to cross-examination.*

- *The CPS and MPS have a joint management procedure, whereby cases that fail at court are the subject of a written report as to the reasons it might have failed. These reports are then reviewed at joint performance management meetings, with a view to ascertaining how the MPS/CPS might have contributed to that outcome/could have guarded against it. The disadvantage is that this process is very paper-based and has not been universally applied. Jury assessments to ascertain why they might have acquitted a defendant are of little real value, so this process concentrates on those cases that falter at the committal stage, where the judge will indicate his reasons for stopping the case.*
- *Some of the material provided by the police with the case papers is not used because it is unsuitable/incomplete. This is particularly important with regard to third party information, which can seriously impact on the success of a case and may not be known to the prosecutor until a very late stage. Prosecutors try to make contact with all the officers named in the case files, not just the investigating officers. However, one way to ensure all the appropriate information is passed to the prosecutor could be through the use of a checklist to indicate what information has been obtained and what is inapplicable.*

A key area where evidence givers felt victim care could be improved and attrition reduced was through pre-court visits and other familiarisation with the court processes:

- *In Canada, victims who do pursue a criminal case have access to a court preparation service, where they are offered advice on the process and can visit the courts – this could be useful in UK.*
- *Victims should be advised of the court procedures by an officer of the court, rather than a police officer, who would be able to explain the process in more depth. It would help some victims if they were able to meet the prosecutor prior to the trial, because it could help make the situation less threatening and unfamiliar*
- *Victims should also receive trial preparation sessions. This would have to be done very carefully to avoid the risk of evidence contamination, but what victim's really need is constant reassurance that they are taking the right course of action.*
- *There is no direct contact between the CPS and victims at present as that would involve discussing the evidence, which would be considered bad practice. Prosecutors do meet with victims to explain the proceedings, but if they require further information relating to the case this is usually procured by the police through further witness statements (prosecutors will give the police a list of appropriate questions/issues to guide the statement and ensure they receive the appropriate information). The CPS also receives background information on the victim from the investigating officers, either written on the case file or through confidential discussions, and would encourage officers to do this on all cases. However, the CPS is putting a new policy in place, which*

will mean that victims will be informed directly by letter of decisions not to proceed with cases or to reduce the charges and will be given the opportunity to meet a CPS representative to discuss the reasons.

- *The prosecution advocate should now ensure that they are introduced to the complainant and provide advice to the victim about the court proceedings.*
- *The process can be daunting, so the authorities need to ensure the victim has early contact with appropriate support at the most vulnerable times, particularly between the time of arrest and court case. Maintaining contact with familiar individuals (e.g. the SOIT) is also helpful for ensuring that all their needs are met i.e. keeping them away from the defendant during court proceedings.*

External views of the CPS were as follows:

- *The CPS's view of victims needs work. There have been some horrific cases where because a victim has a few drinks the CPS have not wanted to proceed with the prosecution. In another case, the wife of a reporter was in a residential home where two male visitors to the facility raped her. The CPS said there was insufficient evidence to proceed, but the man persisted and the men were eventually convicted. However, a less well educated would not have had the same conclusion. The CPS also needs to do more to ensure that victims are informed of perpetrators' release dates. The accused will be allocated a dedicated barrister throughout the process, and yet the victim will go to court sometimes without ever having met the prosecutor. This is a huge imbalance, which needs addressing.*
- *There are also issues related to the fact that not all groups receive the same access to justice because of the views of the CPS/justice system. E.g. disabled or mentally ill victims.*
- *The poor attitudes towards women are constantly reinforced through the judiciary and in the media. E.g. the rape case where the judge suggested that the woman had provoked the attack by answering the door in her dressing gown. In Canada judges are given gender training in an attempt to remove prejudices from the system. It would also be useful if jurors were given more information/coaching on points of law, so that they could better judge the evidence presented to them.*

The CPS, however, explained that their decision to prosecute follows certain criteria:

- *Essentially the decision to prosecute is determined by the Code, which is applied to rape in the same way as it is to any other type of offence. This takes into account the balance of relevant evidence and the public interest.*
- *In rape cases, particularly where there is no corroborative evidence, the witness' credibility is very important and the prosecutor will have to very carefully consider the case to ensure that it will 'stand up' in court. One way of*

doing this is to verify that the victim's accounts of the incident to the various parties they have dealt with are consistent and will give a good chance of conviction.

- *The victim has no right of appeal against the CPS' decision on a case. The victim's only recourse would be to have a judicial review of the decision (which would be very unlikely to happen) to take civil action or a private prosecution. The CPS therefore tries to fully explain the reasons behind decisions and will now also be advising the victim of those reasons directly. The issue of victim credibility will be difficult to deal with in these explanations.*

Improvements have been made for victims giving evidence:

- *The extensions of the provisions under the Youth Justice Criminal Evidence Act 1999 for victims to give video evidence will hopefully remove the pressures on complainants to give evidence in person.*
- *Attitudes in the CPS have changed a great deal over the years. Change has principally been precipitated through media scrutiny and academic research.*

8. Independent Advisory Group

Prior to 2001, there were two consultative groups for sexual offences – one concerned with female victims and one with male victims. These groups were merged in February 2001 and became the Sexual Offences IAG with an independent chair. At first, merging the two groups caused tensions but these have generally been resolved.

Most people, from police and the IAG, felt that the IAG worked well and that the relationship with MPS was challenging and constructive:

- *The sexual offences IAG is very good and offers a great deal of expertise providing constructive dialogue and challenge.*
- *The IAG has made great efforts to build a relationship with the Sapphire Team and now has a place on the Project Board. Each strand of Project Sapphire is presented to the IAG for comment/discussion. Although some issues do slip through the net, the IAG always challenge.*
- *Many different agencies sit on the IAG, so their views are represented and they are consulted through that mechanism. E.g. victim support, Survivors*
- *The IAG gets involved in producing leaflets and preventative material*

One area that was highlighted for possible improvement was better and timelier consultation between the IAG and the MPS:

- *The IAG has indicated that the MPS needs to be more consultative and the majority of the Board are committed to this, so things will improve.*

- *There are sometimes issues of the Project Sapphire team using the IAG as a debriefing forum for decisions that have already been agreed, rather than using it as a consultation forum prior to the decision*
- *The MPS still needs to learn to be more consultative in order to secure the IAG's full support*

In addition, an increased monitoring role was also mentioned in relation to the IAG.

- *So far only one strand of the Project has come to fruition and the IAG has asked for the intelligence strand to be discussed at a meeting. The important thing is for performance indicators and timescales to be added so that the IAG can challenge the MPS against those standards.*

Members of the IAG also sought more administrative support.

9. Performance Monitoring

A key to improving rape investigation and victim care is benchmarking current service provision and, after recommended actions have been implemented, checking whether improvements have been made against that standard.

The JD rate is currently the main overall measure of police performance in rape investigation and victim care. The JD rate in the MPS for rape is currently at 21% and has shown a falling trend in recent years. Comments made on investigation and the JD rate were as follows:

- *The MPS' approach to the collection and analysis of rape crime data needs to be methodical and meticulous.*
- *The theory is that if we can increase the level of reporting there should be a correspondent increase in the judicial disposal rate. Westminster will be a good case to review in a year/2 years time to see if the dedicated team results in increased reporting and JD rates.*
- *The MPS takes a blanket approach to forensic examination, submitting every last piece of evidence for testing in each case. However, the system would be better served if the MPS adopted some sort of quality control to ensure that only necessary items were submitted, thus saving time and money. Several forces maintain a central submission service and provide an advice line to advise officers of the most appropriate items to submit for forensic testing, and this provides a more focused approach to evidence gathering. In addition, it is not uncommon in the MPS, for officers to omit to inform the Forensic team when cases are withdrawn and that the evidence is therefore no longer required*
- *Rape investigations are supposed to be lead by a detective inspector. However, in practice this role may be delegated to a more junior officer, or even a trainee detective. This is an issue, particularly if the officer is not*

adequately supervised throughout the process and could affect judicial disposal rates

- *Better case monitoring is needed. E.g. target setting around judicial disposal rates, which would mean sending more cases to the CPS. The MPS also needs to collect appropriate data to enable it to see at what stage in the process cases are failing, and to then be able to make improvements in that area. The MPS currently has such inadequate data collection systems in place that it is impossible for them to really monitor effectiveness. The IAG would welcome better data systems, which would enable proper monitoring of performance*

MPS officers, however, did cite recent improvements in data analysis systems:

- *All boroughs are required to provide various details for the intelligence unit at New Scotland Yard. Six analysts are employed to analyse rape offence data and track patterns and possible serial attackers etc. This team has produced a report and strategic analysis of all the data.*
- *A performance-monitoring framework is now in place. This involves the review of a sample of cases to see how they were managed and investigated and also the data analysis of JD and attrition rates. The new policing model provides a similar framework for all aspects of police work and this supports Project Sapphire, ensuring that the appropriate data will be fed into the centre from the boroughs.*

Evidence givers also felt that a case tracking system would improve victim confidence and willingness to see cases through, hence JD rates:

- *The CPS would be happy to contribute to a tracking system and would like victim tracking to be more widely implemented*
- *One SARC in West Yorkshire has employed a case tracker who looks for patterns in the frequency and location of rapes etc. The inter-agency liaison and management between the police and the project manager provides the opportunity to address good and bad practice. This produces continual improvement, which is missing at the moment in the MPS system.*
- *Manchester City Police already have a system for tracking victims/cases from beginning to end and the MPS needs this too.*

The MPS stated that case trackers are being introduced:

- *Monitoring attrition rates is a more complex task and requires sophisticated policing and training for it to be done properly. However, case trackers are being introduced to enable sufficient monitoring.*

There was also representation from several evidence givers that capturing levels of victim care through surveys was a required development in performance monitoring:

- *The MPS should be doing more to canvass the views of their clients, i.e. victims, to see how the service should be improved.*
- *The Project Sapphire team hopes to develop victim questionnaires. The MPS already does this for hate crimes and this could be extended to rape with very little expenditure or resources, perhaps one officer*
- *The best way to establish what is needed is to get feedback from victims and to improve the way in which complaints (against FMEs) are resolved.*
- *Victim surveys, which will be managed through the Corporate Consultancy Group, will be used to monitor the performance of SOIT officers and front counter staff. This aspect of the monitoring needs further development.*

HMIC highlighted a concern over a MPS backlog in updating the national rape database:

- *Another issue highlighted by the report is the concern that the MPS has an 18-month backlog (at time of the inspection) in notifications to the Serious Crime Analysis Section. This situation is untenable because this system is supposed to provide timely information for the national database. Given the size of the MPS and the prevalence of rape (and all other crimes) in the MPS, the database is obviously incomplete, which is extremely serious.*

The issue of no-criming was also discussed:

- *Sapphire aims to deliver high quality training for SOIT officers and will monitor attrition rates. E.g. Westminster has a high 'no crime' rate. Analysis of the data showed that a large proportion of these incidents involved prostitutes.*
- *The Project Sapphire team have spoken with crime managers with regard to how they identify false allegations and the criteria seemed to be whether or not the officer believed the victim's story. These issues need to be addressed and dedicated teams seem to be the way forward.*
- *In the 70/80s the practice of 'no-criming' rapes was so common that the HO issued very strict guidelines on recording. This is still a problem in some police services and in parts of the MPS. Although there is some scope for mitigating this situation in cases where it is clear from the outset that the victim does not want to proceed, if this does not arise until after the complaint has been formally recorded, the MPS has no choice but to record it as a complaint withdrawal although it will remain on record as a crime.*

10. Child victims of stranger sex offences

An area that emerged from the evidence given was the issue of the service provided to child victims of stranger sex offences. Under the current system, the Child Protection Teams deal with victims of child abuse (where the child knows the offender), whereas SOIT officers and sexual offence investigators deal with victims where the offender is unknown. The scrutiny panel heard evidence of the appropriateness of this divide:

- *At present child rape (up to age 18 for this purpose) is investigated by SOIT officers if it involves a stranger. However, this seems incongruous, because CPTs, who investigate child rape involving known assailants, have particular skills and expertise in dealing with children and their families. For SOIT officers, particularly those not working within a dedicated team structure, dealing with a child in these circumstances is difficult enough, but they also have to deal with a distraught family requiring a lot of support, but they don't have the time to do it.*
- *Children and young adults, SOIT officers/CID are less well equipped to deal with such victims and this results in a lesser service for children who suffer stranger rape. For this reason the HMIC report recommends the restructuring of provision to ensure all child rape cases are investigated through the CPT.*
- *Ideally the quality of response to child victims should be the same regardless of whether it is a case of stranger rape or the attacker is a relative/family friend. CPTs have a better developed multi-agency approach because of the nature of the work – e.g. will involve social services, health service etc.*

At the beginning of the scrutiny no changes to this structure were proposed, but during the scrutiny the MPS decided to move the responsibility for child victims of stranger rape to the CPT:

- *Senior MPS officers would like to widen the remit of CPT to include stranger rape of minors. This would require some restructuring between TP and CPT provision. However, the outcome of the Climbie case will present difficult challenges for CPT, which they will need to deal with first.*
- *The view is that the two kinds of offence should receive the same treatment and the MPS is planning to transfer stranger rape cases to CPTs by 2003/04.*

The panel also heard evidence that there may need to be a different approach for children, depending on their age:

- *There should generally be a different approach for children under 13 years old compared to young adults above that age. This presents a training issue*

for SOE/FMEs and paediatricians, as well as in terms of interviewing practices.

Although not part of the scrutiny's core terms of reference the panel also heard evidence of how child protection could be improved, including:

- *Strong liaison being required between CPTs and boroughs, particularly the Community Safety Units (CSUs).*
- *Difficulties between access and reference to the child protection register need to be solved at a strategic level*
- *Statutory changes being required to ensure local authorities publish child protection plans and formalise child protection committees*
- *Improved partnerships with health and social services for dealing with child prostitutes*
- *A review of CPS officer loads has shown variations in cases being dealt with and more officers are required to address this imbalance.*

11. MPS Culture and Rape Cases

A number of comments were made regarding officers' views of rape victims. In particular the issue of victims being considered credible and being believed was commented upon by victim representatives:

- *I am concerned that some victims may not receive equal treatment – e.g. would a sex worker, or a young woman dressed up for an evening out have been considered equally credible? Victims are often put off reporting rapes to the police for fear that they will not be believed, so this kind of attitude needs to be challenged. (This is an issue for members of the judicial system as well as the police).*
- *The police need to be more supportive in offering women appropriate advice. E.g. informing them that they can take out injunctions (and how to go about it) against men harassing them. This will help to reinforce the idea that the police take the victim seriously and could positively affect attrition rates. The police have no business making judgements about the veracity of allegations and should investigate all cases rigorously. However, incidents of false allegations should be dealt with seriously and those making such allegations should be referred for counselling. Most women have internalised the idea that women provoke sexual attacks somehow, so the police and other services need to build up their confidence in the system and how their allegation will be dealt with.*
- *Victims fear that they may be disbelieved if they report the crime (by the police and the judiciary) and this prevents some from going to the police.*
- *There can be problems related to witness credibility in drug rape cases because most victims are younger women (who are generally viewed as less*

credible than older victims) who will have been drinking, which can impact on their perceived credibility. This is a real issue in rape cases, because the whole notion of credibility is based on old-fashioned views/ideas of femininity. I.e. that single women should not be out at night, drinking in bars. However, the reality is that a rapist will target the most vulnerable individual – i.e. the one who has been drinking copiously. Given that strong corroborative evidence is usually only available in 20-30% of such cases, there is a need for better evidence gathering and case-building.

- Many simply do not report cases of rape, because they do not think they will be believed. Those that do, still anticipate some sort of adverse reaction, so it is the police's job to ensure that their response is always appropriate and consistent across the MPD. I am particularly concerned to hear of the CPS' reliance on the police officers' views of a victim. This could be a route for prejudice/stereotypes to affect the process and the fact that the victim may never see this information is a further concern.
- The issue of what constitutes a 'real' rape (i.e. was the victim in any way complicit) is central to the matter of improving rape investigation. The police's (and judiciary's) lack of understanding of the modern day realities of rape and the victim's resultant unease in reporting is also key. A PhD thesis (New Zealand) has shown that many victims do not tell the whole truth when reporting rape, for fear of not being believed, e.g. the victim might play down the amount of alcohol they had consumed. The irony is that if this fact is revealed at a later stage it damages the victim's credibility to the point that their account is often totally disbelieved. The police need to develop strategies to convince the victim to tell the truth at the outset, but also to ensure that if things are revealed at a later stage that there is some understanding.
- It's difficult to generalise about how MPS officers treat victims, because the experiences vary. E.g. some victims have been repeatedly informed by the police that the perpetrator "is innocent – it's not yet proven". In another case, the victim said that she did not want her family to know anything about the matter and that she never be contacted at home and the police were excellent in this instance..

Comments were also made about a misperception amongst officers that most rape is committed by strangers to the victim:

- The MPS needs to conduct a full review of rape investigations and to ensure cross-learning. I.e. there has been lots of developmental work in the area of domestic violence and appropriate evidence gathering, which could be applicable to the investigation of rape. The investigation of rape is still largely premised on the notion that rape is carried out by unknown assailants. However, most rapes are committed by men known to the victims. This causes a problem with regard to the way evidence is gathered/the type of evidence gathered and issues of credibility. The police need to look at the investigation of rape in this new context and look for different evidence. The

current practice is for the police and the CPS to look for the weaknesses in rape cases, rather than performing a thorough investigation to find appropriate evidence to support the allegation.

- *The police service needs to be aware that most rape is committed by known men and that there are strong links with domestic violence, particularly with respect to issues of protection where the [known] assailant probably knows the victim's address. Also a lot of rape is opportunist or arises out of disputes/tensions between men and women. However, some rapists target vulnerable women and will purposefully act in such a way as to make the victim's role complicit. The police need to understand this and the victim's possible responses to rape. This is a particular issue because there is a view that if the victim was in any complicit (e.g. going home with the rapist) then it is not really rape. Everything in the whole process directly affects the victim.*
- *On considering a rape investigation manual that is being developed, it transpired that it was entirely based on the unknown assailant model. The MPS now realises that it is not as simple as that, because most rapes are committed by known men. The rape investigation manual will now exemplify two different approaches for either circumstance to ensure that the appropriate evidence is gathered to support the case.*

Victim representatives also felt that some officers did not understand levels of false reporting:

- *There are false allegations, but the numbers are actually very low, despite some people's perceptions. I.e. only 1 in 10 rapes are ever reported. Of those, approximately 1 in 10 is a false allegation – that is just 1% of the total number of rapes committed.*
- *There is a huge issue of false reporting. One officer thought the rate of false reporting was as high as 70%. Very little research has been carried out, but what has been done shows a rate of only 2%, which is the same as for any other crime. This does not inspire confidence. Many officers seem to link withdrawn allegations with the notion of falsity, but there's no link between the two*
- *Officer attitudes also need addressing, many still believe that 30-50% of rape allegations are false*

The officer's view of the victim is also important when taking the case to court:

- *CPS can rely quite heavily on the officer's judgement because they have had a lot of personal contact with the victim. In addition to obtaining the police's assessment of the victim's ability to provide a credible account in court, I will also ask what the CPS can do to help the victim in those circumstances. The prosecutor does not go into the detail of the case, but will take the broader view. I.e. taking steps to allay the victim's nervousness, or take account of any stammer or hesitation on their part, which might affect how they give evidence. This would only, however, affect the CPS proceeding with the*

case if the officer had a very strong view that the victim could not provide a credible account. If the case appears to be reasonable and credible the CPS would still go ahead, unless the police advised it could seriously affect the victim's psyche or something as serious as that. If the police thought the victim would not attend, the CPS would be reluctant to use this as a reason not to proceed to court and would obtain a written statement.

12. Structures for investigating rape cases

Project Sapphire has brought about changes to the units that investigate rape, with some boroughs introducing dedicated units. A number of comments were made in support of MPS-wide coverage of these dedicated units:

- *Where there are dedicated teams, SOIT officers feel more valued and supported in their work. The branding and dedicated facilities that come with the project Sapphire tag make a great difference to the people doing the job and to victims, who have better access to services as a result. Those working outside of the structure of a dedicated team have a more difficult time. It can be almost impossible for victims to make contact with SOIT officers. Where this system does work well, it's often due to the efforts of particular officers. E.g. the Inspector at Southall who has made a particular effort to get businesses to support the VES and improve the surroundings. The fact that this area of work is very often seen as a lesser priority than other crimes on boroughs makes this a poor career choice for ambitious officers.*
- *Some boroughs have dedicated teams, others are operating with a number of SOIT officers. The Project Sapphire Team will be visiting each borough commander in the coming months to discuss the local context and to advise on the best ways to manage rape investigation in their boroughs. E.g. for those boroughs that do not have dedicated teams, the Project team are suggesting that boroughs consider brigading to provide adequate service levels.*
- *Where there are dedicated teams, the SOIT officers have increased status because their work is considered sufficiently important by the SMT to warrant a dedicated team. For those working outside this structure there is a lot of frustration and resentment at the different levels of support across the MPS. Dedicated teams seem to fit in well with the Haven provision and most of the Southeast boroughs have adopted this model in one form or another. The Project Team is visiting all boroughs to audit provision. E.g. Greenwich where they have developed a system of 2-year attachments to the dedicated team.*
- *With BOCU-based policing there are a number of different models that might be appropriate. E.g. The MPS could have a system of brigading across boroughs and also maintain a residual central team to develop/promote best*

practice, disseminate new legislation and to analyse data to assist in the investigation and detection of such offences.

- *What about supervision? CPT officers are supervised and have case reviews. Shouldn't this be the case for SOIT officers? Dedicated sexual offence investigation teams would provide a facility for supervision and support for SOIT officers. For SOIT officers working outside a dedicated team structure there is no opportunity/time between usual shift duties and SOIT work to do this, and no one with whom to review the case. The Duty Officer doesn't have anything to do with your SOIT work and is more concerned about who will cover your usual shift duties and because you are not a member of the CID team they don't offer any support either. There is no recording system for the SOIT officers' work that can be used to exemplify skills progression for promotion purposes. Some detective inspectors will write something for your personnel file, but it is at their discretion to do this.*
- *Things are progressing in the right direction and the IAG is convinced that the MPS needs to develop dedicated teams across the district.*
- *Teams should be borough based except in areas where the incidence is too low to warrant a dedicated team. In these cases, brigading would be a good alternative, although there are some issues that need to be worked out. E.g. what about the chain of command.*
- *SOIT officers are split between normal and SOIT duties and this tension is felt nationally. Ideally, SOIT officers should be assigned to this work full time, and at least in areas of high prevalence.*
- *Many officers have been through the SOIT course, but there is a shortage of officers who actually want to do the job and a high turnover. The lack of support for the role is well known and this has had a detrimental effect on staffing levels. For those who have been trained, but are not attached to a dedicated team it can be months before they see their first case (and long periods of time between cases) and this can be very daunting and does nothing to build the officer's confidence in their abilities.*
- *The postcode lottery is also a concern, because SOIT officers are not always available in every borough so the victim may see an untrained officer.*
- *Some officers are excellent, but there is a real problem with keeping the investigating officer focussed for the duration of the process. It is very difficult if the original investigating officer moves on to another case and is then replaced by an officer who is unfamiliar with the case in hand. This break in continuity probably results in the loss of some information, which can be very damaging to a case.*

The panel also asked questions on whether structures other than dedicated sexual offence investigation teams would be appropriate, i.e. mergers with other units:

- *If this area of work were moved into the CSU it would become part of the core business, it would be possible to have dedicated officers on all boroughs. If*

this work became part of the CPT structure, then it could be retained within SO serious crime group.

- *The MPS needs to look at which types of sexual crime are investigated by Project Sapphire teams – it is worth considering adding domestic rape to their portfolio (currently investigated by the Community Safety Unit), because there may be some overlap between these crimes and other sexual offences. Alternatively, the MPS could adopt the system used in Canada, where the team investigating domestic violence performs a risk assessment on all cases and refers those most at risk to the sexual assault team.*
- *There are strong links between rape, race hate and homophobic crime, so rape investigation would easily fit into the Community Safety Unit framework. It has been suggested that rape investigation could link with DCC4, but there is a worry that this would dilute the diversity strategy, or indeed the Project Sapphire rape strategy. However, there are a lot of issues related to rape and diversity that need to be addressed. e.g. under-reporting within the Somali community.*
- *There is greater reporting of domestic violence than rape and this is partly because it is supported by CSU which does a lot of work on minimising risk rather than only acting reactively. There is some discussion about merging the CPT, CSU and rape crime functions into same structure. However, there are differences. CPT work for example is very specialist and hence it would be a mistake to devolve that responsibility to the 32 boroughs as it could dilute the expertise. Rape crime on the other hand is treated as a serious crime and receives a different response to CPT cases, which can involve anything from incidents of a child being smacked to full sexual abuse.*
- *The idea of SOIT officers being located within the CSU team sounds like a good option, because given the commonalities there is an unnecessary duplication with domestic violence within the remit of CSU and rape within a different structure.*

13. Project Sapphire

Project Sapphire is the MPS strategy for improving rape investigation and victim care. Some of the aims of the project were stated as:

- *Project Sapphire aims to provide minimum standards of service across the MPD. This is a common problem across all areas of the MPS, which is due to the previous lack of a police model. The emphasis has previously been on investigative issues, but things are shifting towards intelligence-lead policing. A number of working groups are looking at the different aspects of dealing with rape crime – investigation, diverting offenders and assessing risk factors. This will enable the MPS to target resources and disrupt the incidence of rape. One aspect of the Project Sapphire strategy involves the review of undetected rapes and specialised training and support for SOIT officers. In*

the long term Project Sapphire will develop standardised data provision to facilitate data analysis.

- *Ideally the Sapphire team should provide a set of minimum standards, rather than a strict model to be adopted by boroughs. Each borough is different, with different levels of incidence and reporting, so the local Commander has to have room to adapt the level of service provision to the local circumstances. The Service should first concentrate on providing appropriate training for all officers, then look at the provision and standards of examination facilities and finally developing monitoring systems to check the quality and standard of services provided.*
- *It is too early to report details of any improvements in the services provided to victims that can be backed up with hard evidence. In any case, the project has only really been going for 3 months and it will be 18 months to 2 years before you could expect to see a real difference. However, the intention is that there will be an improvement in victim care, which should knock-on to judicial disposal and conviction rates.*
- *Project Sapphire has helped to raise general awareness within the MPS and elsewhere and it provides a greatly improved working context for SOIT officers. The direct benefits to victims are not so clear as yet.*
- *The project has done a great deal to raise the profile of rape investigation and victim care issues. However, domestic violence seems to be the more prominent issue, although there are obvious links between rape and domestic violence that could be exploited.*

Comments were made on Project Sapphire and leadership for rape issues in the MPS:

- *Immense progress has been made since this time last year. The new leadership in the MPS is very impressive and has been instrumental in developing this improved relationship – they now need to deliver.*
- *DAC Godwin has shown excellent leadership in this area most other forces were lacking such good leadership.*

Following leadership in prioritising the rape issue, comments on dissemination of Project Sapphire strategies to boroughs were made:

- *The intention is to disseminate more widely. However, the project team does provide limited advisory services across the MPS, as opposed to attaching officers to boroughs. The Project Team has also drafted a new rape policy and is developing improved training modules.*
- *Development of Project Sapphire to move from being a project-based initiative to a service-wide strategy is happening with the development of Sapphire teams in various boroughs and would hope to exploit the drug rape campaign to promote Project Sapphire and get the name into the public conscience.*

- *One of the concerns of HMIC is that the MPS produces policies, but they are less successful at ensuring adequate dissemination and compliance. Despite special notices, frontline officers are sometimes unaware of new policies. Other forces have similar problems, but it is even more difficult in the larger Metropolitan forces. Even though the MPS had various policies in place intended to tackle crime reduction and reduce the incidence of rape, the inspectors were surprised to see there was little evidence of it at BOCU level.*
- *Although the MPS is good on leadership, dissemination is an issue. Project Sapphire is a step in the right direction, but not too sure that this work will be fully disseminated throughout all the ranks.*

Some evidence givers felt that Project Sapphire should become part of a core business, rather than remaining as a project, and put the case for increased resources to be given to rape investigation and victim care:

- *Project Sapphire should not remain a 'project' indefinitely, because the aim should be for its work to become embedded within every day practice. The HMIC believes that project Sapphire should be tailored to local need and should not therefore be retained as a centralised operation. He does however, believe that this area needs an ACPO lead officer to ensure the issues are kept on the agenda and that change is driven through as appropriate.*
- *At present a small project team has been established, but a business case is being developed to expand the team. A corporate strategy containing a raft of measures has been developed, but it will take time to realise all the objectives. However, Project Sapphire has raised the profile of this area of investigation and the 3-year strategy provides the basis upon which its work can be tested and held accountable – this should justify the project's existence.*
- *I welcome the new prioritisation of this issue in the MPS. The IAG is good and I welcome the initial exploration of specialist teams. Project Sapphire is a beginning, but the issue is ensuring sustainability.*
- *The MPS needs to fully realise the value of the IAG and to keep an open mind. The relationship between the IAG and Project Sapphire is very good, but they definitely need more staff. It would be useful if they had a staff member who could take responsibility for sourcing government grants to fund the expansion of the Haven strategy.*
- *It is hoped that a national ACPO strategy will make the case for top-sliced funding from the state for rape investigation.*
- *There is an issue in the MPS of limited resources and although you would expect the amount of resources put into a case to be directly proportionate to the seriousness of the case, i.e. rape should receive a higher-level response than burglary, the MPS does not always apply what the HMIC would consider an appropriate level of resources to the more serious cases.*

- *The MPS has made no continuing investment in the investigation of rape over the last 10 years. This tells us something very profound about attitudes considering that rape is second in seriousness to murder/homicide, which has always been given high priority. Despite the MPS commitment to improving rape investigation there is still a lack of priority at station level, and although there are some good individual officers they do not receive appropriate support. These issues could all be addressed to some degree through adequate training. The MPS need to audit their current training package to see where there are gaps. A number of academics could provide appropriate training, as could some members of the IAG, who have already offered their services.*

14. Specific aspects of rape crimes

The panel heard evidence regarding specific aspects of rape crimes, including mini-cab rapes, male victims, gang rape and drug rape as well as about child trafficking when considering policies for child victims:

Mini-cab rapes:

- *The issue of minicab rape is being addressed through work with the GLA and the traffic OCU. The traffic OCU's work is largely focused on stopping and checking minicabs at random, but Project Sapphire is now linking in with this work. This involves identifying and targeting high-risk groups/environments and developing initiatives to address the need.*

Child trafficking

- *Child trafficking is an emerging issue for the MPS, who are working strategically with other partners to develop an appropriate response. E.g. Discussions are taking place to enable children suspected of being at risk to be made a ward of court at the point of entry so that further enquiries can be made. The difficulty is that there are no laws specifically addressing this issue and the police are forced to apply very old legislation, which is inadequate for the crimes being committed (e.g. sentences could be longer). Although the EU is looking at this issue any legislation agreed would not need to be ratified for 2 years, so the timescales are too long.*

Drug rape

- *The MPS is running a large campaign this year against drug rape, particularly over the Christmas period, which involves warnings on posters and beer mats. The issue of rapes perpetrated by minicab drivers (or those purporting*

to be) is also being raised. The MPS has been discussing this issue with the Evening Standard.

- This drug rape campaign is a London-wide campaign. One suggestion has been the development of a chemically sensitive swizzle stick that will change colour to indicate the presence of drugs in a drink. A number of clubs have been asked informally of their impressions of such an idea and they said they would be willing to sponsor the initiative, providing the swizzle sticks with each drink.
- In drug rape cases the victim may initially be exploring the possibilities and the need for justice may not arise until later on in the process. In some cases the victim may simply wish to put something on the record about the perpetrator without taking the matter any further, but there is currently no London-wide mechanism for them to do this without it appearing on the record as a withdrawal of the complaint.

Gang rape

- It is difficult to tell how prevalent gang rape is because of the likely under-reporting, particularly in cases where it forms part of a gang initiation ceremony (data from the Haven progress report October 2001, shows that 106 gang rapes were reported to the Haven between May 2000 and October 2001 – 17 involving more than 5 assailants). However, some work has been initiated in the education arena to try and tap into teachers' intelligence about such issues and to develop intervention programmes, such as mentoring schemes.

Male victims

- The MPS tries to meet the needs of male victims. They often prefer a female FME and that need is easily accommodated. However, a new database will allow the MPS to cater more closely to all victims' requests. E.g. there are gay SOIT officers that can be brought in if the victim prefers. There is however, a communication and co-operation issue involved in sharing these skills across the MPD.

15. Other comments made

The sex offenders register

- The MPS is responsible for offenders from arrest to the end result, when they may be put on the sex offenders' register. At this point, the Child Protection Team takes over the monitoring role. Carole Howlett has suggested setting up a coordination team to manage sex offenders. Tim Godwin agrees this is a good idea, but there is a cost implication. There is a question as to whether

this area of work should fit into the CSU remit and this is being considered in terms of the losses and benefits.

- *In addition, (in Canada) officers make proactive use of the sexual offenders' register, which was set up in April 2001, mapping incidences and profiling offences. It has been recognised that this is an area that needs developing in the UK. PITO are developing a similar system for mapping sex offences and serious crimes.*

Keeping victims informed of release dates

- *The MPS should do more to ensure that legal matters are followed up. E.g. ensure that victims' details are kept up to date, so that they can be informed of their attacker's parole hearings and periods of home leave.*
- *Under the Police and Criminal Justice Act, for offenders who serve sentences of 12 months or more, the Probation Service is responsible for notifying victims of their release dates. The effectiveness of this system is however reliant on the police knowing the victim's current address.*

Other improvements for the MPS:

- *The MPS should do more work on crime prevention/awareness and should try to work in a more sophisticated manner. E.g. awareness campaigns need to be more sophisticated than they currently are and not simply concentrate on changing women's behaviour. The MPS also needs better data collection so that groups who under-report can be more effectively targeted. I hope that the MPS is really committed to long-term investment in this area of investigation. We know from other countries that sustained engagement can produce real changes*
- *The MPS need to have greater emphasis on developing investigation and evidence gathering practices and also on dealing with male rape. The organisation also needs to ensure it learns from instances where it is clear that the system has failed, and should also look more to other countries to see what other models are being developed in relation to their own work, rather than being so inward-looking all the time.*
- *Lots of new initiatives have been introduced very quickly and many are form-based. The MPS could try to be more experimental in their methods and to re-evaluate their decisions to ensure they arrive at the best model.*
- *A reporting hotline might help to increase reporting rates, although it might be preferable for victims to see someone face to face. It would be useful if both options were available. The progress currently being made by the MPS in the way rape is investigated and in victim care is extremely important and encouraging. However, it is not widely known by the public and this gap in the system needs to be addressed if reporting rates are to be improved.*

- *In Canada, for those victims who do not wish to pursue a criminal case, the sexual assault team has a hotline where information can be left anonymously and is used for intelligence purposes.*
- *The taking of statements, which is done immediately following the incident at a time of great distress, can take a very long time. It would be helpful if wherever possible this happened in one session. Also the victim is required to sign every page of the statement, which is tedious and adds to the distress. It would be better if this could be changed, although this is currently a legal requirement.*

Appendix B – Results from written evidence

1. Evidence gathering

In order to inform the scrutiny hearings and to provide a wider consultation than the hearings provided written evidence was also gathered. The main part of this evidence gathering was by writing out to organisations and individuals across London. Internal MPA consultation lists and the Internet were used to develop a draft list of interested parties. This was circulated to the MPS Project Sapphire team (the team responsible for developing the MPS rape strategy) and to the sexual offences IAG for comment and additions.

The final list of organisations consulted is attached at Appendix C. Some individual people were also contacted but are not shown on the attached list for reasons of confidentiality. A total of 36 responses were received. The organisations and individuals responding are not listed, as some wished to remain anonymous.

The letter sent out explained the aim of the scrutiny and asked respondents to provide information on their views regarding the performance of the MPS in rape investigation and victim care. Topic headings were given as part of the letter to inform respondents on general areas to be covered, although comments on all aspects of rape investigation and victim care were encouraged. Results are given below by topic heading.

A similar letter with the same headings were sent to the police officers in the MPS who have most contact with victims of rape – sexual offences investigative team (SOIT) officers. These are the officers who are called to provide look after victims following a report of rape, arrange medical and forensic examinations and take the victim's initial statement. The letters were sent out via the Project Sapphire Team. Only four responses were received, hence these are included as part of the evidence from organisations and individuals.

Finally, although we were gathering evidence from victim support organisations and hearing from a victim, the views of victims themselves were felt to be under-represented hence a victim questionnaire was designed. This was designed quickly due to the time scales of the project, with help from the University of North London (UNL). The questionnaires were sent out via the MPS Project Sapphire Team and some victim support organisations that had indicated their willingness to help. Due to time scales and a lack of our own database of victims only 8 responses were received. These are summarised below.

2. Evidence from organisations and individuals

How well do the police initially respond to victims of rape?

Generally well	12
Sensitively	8
Improving	2
Varies	3
Poor	3

Of the 28 comments received to this question, 12 (including two officers) replied that the police responded well or very well initially to victims of rape. Most did not expand on this further but some comments included a high level of commitment from officers, officers being helpful, a quick response and no complaints being received from victims.

A further 7 organisations and one officer felt that the police in London are particularly sensitive to the needs of victims. Comments made in these replies referred to officers' sensitivity, care and support. The comment below is typical of the comments made regarding officer sensitivity:

“The view is that SOIT officers are generally very well trained and sympathetic in their attitude towards victims of rape”

Two replies felt that, in the past, police responses had not always been good but had been improving in recent years.

Three comments were made regarding the variability of initial police response. These comments centred on a generally good service but occasions of problems, including male officers taking statements from female victims and a lack of appropriate officer behaviour.

Three comments were made that the initial service from police was not good. Two replies focused on officers not always believing victims of rape, particularly in relation to front desk and first reporting officers. The other comment from a SOIT officer related to lack of SOIT officers to deal with the amount of work, leading to a poor service.

How well do victim examination suites (VES), havens and other centres meet the needs of victims?

VESs meet victims' needs	9
The Haven better meets victims' needs	6
VESs are not ideal places	2
VESs vary according to location	2

Many victim organisations and individuals replying to this question felt that victim examination suites met the needs of victims well. Examples of good care were reported, the suites being suitable (as long as they are away from police premises), and being a good environment for victims of rape.

In contrast, two evidence givers felt VESs did not provide the ideal service. One felt that the VESs did not meet the needs of police, doctors or victims and were not comfortable. The Haven centre also gave evidence that VESs were outdated, too often near stations, lack administrative support and support for medical staff, lack medical facilities and have a poor level of DNA decontamination.

A further two evidence givers felt that it depended on the VES – some being good and some needing improvement.

Five replies, independent of the Haven centre, felt that the Haven provides a more appropriate and superior service. Three cited the Haven as excellent and “an ideal model”, one commented upon the good standard of statement taking respondent and another felt that the Haven model should be replicated across London.

Staff at the Haven centre provided a large amount of evidence as to the better facilities provided at the centre than at a VES, including:

- Being able to respond to victims’ wishes by offering self referral and options of care
- Providing a 24 hour quick response facility for the boroughs it covers
- Provision of medical facilities, including emergency resuscitation preventative treatment for sexually transmitted infections, emergency contraception, hospital psychiatrists etc
- Full time trained staff, including sexual offences examiners with experience in sexual assault and care, crisis workers (who can support doctors during examinations and ensure DNA standards of examination)
- Work on ensuring access and care for diverse cultures
- DNA decontamination standards
- On call paediatrician for child cases with forensic needs (although the centre is not suitable for most child cases)
- Predominantly female staff
- Follow up information for victims
- On-site security for victims and staff
- Counselling services and referral on to more on-going focussed counselling facilities as required
- Data analysis, intelligence and information gathering for trends in sexual assaults – including preventative work where growing trends are found

- Commitment to improve, evaluate services provided and share best practice
- Lobbying for victim requirements, such as a case tracker
- Court statement development and court training for examiners

There was only one comment made regarding a negative aspect of the Haven where a victim told an organisation that “her experience at the Haven felt like another violation”, although most other feedback to the organisation regarding the Haven had been positive.

Availability of VES/ Haven facilities:

Eleven respondents felt that there were not enough VES/ Haven facilities, 6 felt facilities were widely available and a further 4 felt that there were available facilities but too far away.

The most common comment made was a lack of enough VES or other Haven type facilities. Many comments simply said there were not enough. Others expanded on this by commenting on the lack of facilities leading to long travelling times for victims (mentioned by two organisations and one officer), complete lack of availability in some boroughs and one comment was made that the Haven was difficult to find.

In addition to these 11, 4 respondents particularly mentioned that facilities were too far away and involved long journeys, particularly when trying to find a facility near an available medical examiner.

In contrast, 6 respondents felt that examination facilities were widely available (including two police officers).

Are the police trained in dealing with victims of rape?

Police are well trained	10
Police training not sufficient	5
Variable	5
Training is improving	4
Not enough trained officers	2

Ten respondents (including two officers) felt that police were well trained for dealing with victims of rape, seven simply stated “yes” to the question. Others expanded, mentioning specialist training and SOIT officers.

A further four respondents felt that officer training was improving. Two specifically mentioned improvements following SOIT officers being introduced and two that they were coming into contact with better trained officers.

Five respondents felt that police training is not sufficient. Two replies expanded on their answer citing lack of ability to deal sensitively with victims and one officer who felt that first response officers were not well enough trained in knowing about preserving evidence.

Two further respondents felt that, whilst training was sufficient, there were not enough officers trained.

Five respondents felt that the training was variable. Two respondents felt that, although SOIT officers were well trained, all first on scene officers needed training in victim care and taking first evidence. One respondent felt that although detectives were trained that chaperoning officers were not sufficiently trained. Conversely another respondent felt that the SOIT officers were trained but other investigating officers were not trained in victim care. One felt that it depended on the officer and that there was a lack of training regarding victim support services and other agency referral.

Do the police handle victims sensitively and with compassion?

Seventeen respondents felt police do handle victims sensitively and with compassion, ten said this varied and one respondent said police didn't handle victims sensitively.

The majority of comments made in response to this question related to officers being sensitive and compassionate. Most respondents gave a "yes" reply. Two specific comments related to good dealings with vulnerable victims and one comment each on SOIT officers being good, specialist police training being good and Community Safety Unit officers being good.

Ten respondents felt that the sensitivity and compassion shown varied depending on the officer involved. Several comments mentioned a general good level of sensitivity but specific examples of a poor service. In some cases there was a lack of belief, inappropriate comments being made and a focus on the investigation rather than the victim.

One respondent particularly felt that officers were not always sensitive to victims needs. This related in particular to lengthy statements being taken:

"We were horrified to learn that SOIT officers are questioning women for many days, to "recall" the rape over and over before even beginning a statement. Of course a clear account is needed but such a rigid

application of this interviewing technique will instead inevitably put women off pursuing their case. It is outrageously traumatic.”

How well do the police work with other agencies involved, such as victim support organisations, medical services etc?

Police work well with other agencies	16
Police don't work well with other agencies	11
Variable	5
Improving	1

The summary table above shows that there was a very mixed response to this question.

Sixteen respondents felt that links were good (including one officer). A number of victim support organisations (8) felt their links with police were good and examples of officers explaining victim support services well and referring victims were given. A typical comment was that:

“The experience is that police work very well with other agencies and are very proactive in pursuing both the investigation and supporting the needs of the victim.”

One respondent mentioned that, while contacts with victim support agencies were good, they were not so good with pressure groups, although police “endeavoured to deal with the concerns expressed by the pressure groups in an objective manner”.

Another felt co-operation was improving.

Five respondents felt that, although generally the police worked well with other agencies, there were areas of improvement needed or examples of poor working. Specific comments included:

- A lack of consistent advice on pre-trial appointments
- Some officers not keeping victim support service informed
- Most officers referring but some officers supporting victims themselves rather than referring to support organisations
- SOIT officers being good but CID officers not co-ordinating with support agencies
- Lack of contact with witness services.

A further eleven respondents felt that the police didn't work well with other agencies and that improvements were required. Again, specific comments related to:

- Not referring victims to support agencies (two comments)
- Poor links with medical examiners
- Lack of referral for pre-trial visits
- Lack of liaison with witness services
- SOIT officers "competing" with support services in offering victim support
- Lack of knowledge of victim and witness support services
- Not always informing the Haven of cancelled appointments
- Lack of updating medical staff on developments in cases
- Difficulty in contacting SOIT officers when they are part time or working shifts (from an officer)

Do the police tailor the service provided to the victim's needs?

Responses were mixed to this question, 9 respondents saying yes, 8 no and 8 saying this varies.

Nine respondents felt that generally police do tailor the service provided to the needs of the victim. Respondents mentioned good police service for victims with learning difficulties, mental health problems, drug or alcohol addiction and language or cultural difficulties. One typical comment received was that:

"It is believed that considerable effort and resource have been channelled into servicing the needs of the victim I feel the police do try and tailor their service to the victims' needs and background and general circumstances."

In contrast, eight respondents felt that the police do not tailor the service to the needs of victims, or do not go far enough. Many respondents just gave a no answer to this question. Comments made related to a lack of flexibility in meeting victims needs, particularly the time that victims can wait for an examination. One respondent felt that where SOIT teams were in place the service was better tailored than where they are not in place.

Similarly, 8 respondents felt that this was variable, depending on individual officers and available facilities.

Do the police gather the right evidence from the victim to be able to proceed with a case?

Twelve respondents answered yes to this question, 7 said it varied and 5 said no.

Some respondents felt unable to answer this question, but of those that could, twelve replied positively, including 3 officers. Most felt that the police gathered all the right and possible evidence to proceed with a case, including two respondents from the CPS. There were, however, concerns over the length of time to gather DNA evidence. Two respondents mentioned the importance of not only gathering the right evidence but also explaining to victims what they are gathering and why. Having specialist officers was felt by one respondent to have improved evidence gathering. Another respondent felt that the police were better prepared in rape cases than other cases. The Haven was mentioned as assisting positively with evidence gathering.

Seven respondents felt that, whilst generally the right evidence was gathered, this was variable. A further 5 respondents felt that police did not gather the right evidence. Comments in these responses related to the following:

- Not enough information on statements from victims
- Police not listening to clients hence not gathering the right evidence
- Missing key evidence, such as GPs evidence regarding injuries
- Length of time to wait for DNA results
- The police gathering evidence but not seeing the case as a whole
- The quality of video interviews for child victims varying considerably and being unnecessarily long.
- Standards being required for early evidence gathering, e.g. evidence kits
- Not enough evidence for court procedures and files – e.g. medical evidence, corroborative evidence.
- Police need to gain more supporting evidence to help cases
- Not gathering evidence from key witnesses
- Statements not being taken in the complainants own words causing inaccuracies at court.
- Victims needing copies of the statement.
- Statement taking being unnecessarily long
- Questioning should not focus on the victims personal life but focus on the case

Do the police keep victims adequately informed about the progress of their investigations?

Thirteen respondents felt victims were not adequately informed, 6 that this was variable and eleven felt victims were adequately informed.

Responses to this question were very mixed, with thirteen respondents stating that the police do not keep victims adequately informed. Many support organisations felt that this was a key failing and an area where victims often complained about the police. This is summarised by one victim support organisation:

“Very few victims are kept informed about the progress of their investigations, and this is an ongoing complaint from victims”

In particular, two respondents felt that victims were not informed about court proceedings and two victim organisations felt they spent a lot of time chasing the police for information on behalf of victims. Two respondents, including an officer, felt that the availability of SOIT officers to inform victims was an issue. Dedicated SOIT teams were felt to be helpful in this regard and one respondent felt that professional case trackers were needed.

A further six respondents felt that whether victims were informed varies, particularly depending on the officer involved. Difficulties in getting hold of officers were again mentioned by two respondents and two mentioned that the police should keep victims updated even when there is no new information.

Eleven respondents felt that generally the police in London keep victims adequately informed about the progress of their case.

How well do the police advise victims about what will happen at court?

Fourteen respondents felt the police did this well with 7 feeling that this was not done well and 8 that it depended on the officer.

Fourteen respondents thought the police advised victims well or quite well about what would happen in court. Two organisations also mentioned that they provided assistance for victims attending court. Two respondents felt the police were especially good with vulnerable victims and that pre-trial visits for these victims were helpful. Two officers also felt that victims were well informed about court proceedings. One respondent felt the police inform victims well about the reality of a likely conviction.

Seven respondents felt that police did not advise victims well about court proceedings. Another respondent felt that lack of information can lead to victims being shocked by what happens in court. Three organisations said that this was something they do rather than the police. Two organisations felt that informing victims of court procedures was a service that should be provided by other organisations – such as the Witness Service, as long as victims are referred. One respondent felt that the police give little information about what will happen at court as they think victims may then not want to give evidence. One

respondent reflects many of the views expressed up by stressing the importance of other agencies being involved:

“Victims are made aware of the court procedure and as this information could be very off-putting for some victims, more care should be given to stressing the support available from Victim Support and the Witness Service through this process”

Eight respondents again felt whether victims were advised about court depended on the officer dealing with the victim. Two respondents felt that, although in most cases victims were well informed, in some cases officers are reluctant to talk about more difficult aspects of giving evidence. One respondent felt that officers were frightened of jeopardising the trial by giving too much information. Pre-court visits were felt to help this but some officers don't arrange these. Another respondent felt that police do not do enough to explain the length of time the process will take. The two officers who felt there was a variable service provided to victims in this area felt that this was depending on the SOIT involved and their experience.

Does the police service given to victims of rape differ across London?

Many organisations work locally so could not comment on this aspect, similarly for two officers. But of those that did comment the majority (15) said yes and three said the service was standard across London.

Areas of differences in service were stated as:

- The service given depends on whether there are dedicated teams, with a better service being provided by SOIT teams (mentioned by three respondents)
- The service varies as there is only one Haven in London, which provides a better service than VESs (two respondents). The service given is variable within a borough (Lambeth)
- The service depends on the workload of individual SOIT officers (comment from an officer)

One respondent felt that there should be set procedures across London for all agencies involved in rape investigation and victim care.

Are there any examples of good practice by the police you would like to bring to our attention?

Most respondents provided examples of good practice by the police. These included the following:

- Good chaperone/ SOIT officers – sympathetic and keep victims informed (10 examples given)
- Borough dedicated sexual offence teams (4 examples)
- The way the MPS deals with child victims (2)
- Routine referral to victim support (2)
- Good liaison with victim support services (2)
- Good service for a mental health victim
- Project Sapphire
- Escorting victims to court and back home
- Provision of statement rooms
- The setting up of the Haven
- Multi-agency events on rape/sexual assault/domestic violence set up by the police.
- The police working closely with its Independent Advisory Group, which represents experts from partnership organisations, victims and the voluntary sector.
- The police making rape cases a priority.
- Being responsive to complaints when the process starts failing the victim.
- Video taping of victim evidence

Are there any examples of police policies and procedures for dealing with victims of rape that need changing?

Again, all but 6 respondents felt there were areas where change was needed. These areas were as follows:

- More SOIT officers required (3 respondents)
- Review of FMEs required (2 respondents)
- More dedicated sexual offence teams (2)
- Updating victim often and quickly (2)
- Change in officer attitudes needed re believing victims (2)
- Victim referral to appropriate agencies needs improving (2)
- Quicker contact needed with victim support
- Fast-tracking of cases to court
- Quicker DNA testing
- Lawyers being able to contact SOIT officers directly when required
- Victim questionnaires – especially regarding attrition
- Feedback to doctors

- The implementation of a standardised colposcope/video use protocol
- A victim case tracking service
- Stop no-criming of rape and domestic violence
- SOIT officers being less familiar and more professional
- Less travel to medical examination locations for victims

Do police actions adequately ensure that offenders are brought to justice?

Several organisations did not know or did not feel able to comment on this. Of those that did, 9 said yes, 8 said no and 3 said this varied.

Of those that said yes, two felt that although police did enough the CPS and courts then let the victim down. Two respondents felt that the police did well in seeking advice from and being in close contact with the CPS.

Of those that said no, two cited lack of convictions or cases going to trial being evidence of the police not doing enough to bring offenders to justice. One felt that delays in investigations lead to offenders not being tried. Again, two respondents felt that this was also a CPS problem. One respondent felt that arrest rates were low, particularly in domestic cases and this requires improvement.

Three respondents felt this varied according to the officer and the case. Again, the speed and thoroughness of evidence gathering was cited by two respondents.

Are there any other comments you wish to make about the police service provided to victims of rape?

The following additional comments were made by respondents:

- Police have made great efforts to improve and are better informed and more sensitive to the needs of victims (4 respondents)
- There is a need for consistency and good practice across the Met (3)
- Better status and support for SOIT officers (2)
- Need experienced and suitable FMEs and doctors who can take correct evidence and be sensitive to victims (2)
- Service provided needs reviewing
- Victim support organisations and chaperones should work more closely
- More work needed on the prevention of rape
- Police service is caring and sympathetic in its approach and deals well with difficult victims
- Dedicated teams needed
- Service is generally good and meets victims' needs

- Partnership working is improving
- Victims need to be kept informed of whereabouts and circumstances of their assailant
- Police need to build on weak cases
- Need to keep on educating and reviewing
- More Havens in London
- Police attitudes need changing – particularly for culture against being sexist, racist and dealing with prostitutes, including discipline actions and dealing with black victims
- Police need to look at where police officers are rapists and ensure they are punished
- Need more locally based SOIT officers (officer)
- Judicial system prohibits victims from reporting or following up their case (officer)

Appendix C – List of organisations approached for written evidence

1 in 4 Project
Basingstoke Rape and Sexual Abuse Crisis Centre
Beaumont Society
Bexley Women's Aid
Camden Women's Aid
Campaign Against Domestic Violence (CADV)
Chelsea Women's Aid
Childline
Chinese Information and Advice Centre
Crown Prosecution Service
Domestic Violence Intervention Project
Ealing Women's Aid
East London Black Women's Organisation
Greenwich MIND
Greenwich Multi Agency
Greenwich Women's Aid
Greenwich Women's Centre
Harrow Partnership Unit
Jewish Women's Helpline
Jill Dando Institute
Kensington and Chelsea Domestic Violence Forum
Lifeline
London Borough of Croydon
London Indo-Chinese Association
London Rape Crisis Centre
Mothers of Sexually Abused Children
NCSM Programme at Change Panaghar
Rape and Sexual Abuse Support Centre
Rights for Women
Royal Holloway, University of London
Royal London Hospital
Samaritans
Sanctuary
Solace
Southwark's Muslims' and Women's Association
Survivors
Survivors UK
Sutton Women's Centre
The GLA
The Haven
The Police Foundation
The Suzy Lamplugh Trust
University of North London
Victim Support – Acton and Ealing
Victim Support – Barking and Dagenham
Victim Support - Barnet
Victim support - Bexley
Victim Support - Brent
Victim Support – Brentford and Chiswick
Victim Support - Bromley
Victim Support - Camden
Victim Support - Croydon

Victim Support - Enfield
 Victim Support – Greenford, Northolt + Perivale
 Victim Support - Greenwich
 Victim Support – Hackney and City of London
 Victim Support – Hammersmith and Fulham
 Victim Support - Haringey
 Victim Support - Harrow
 Victim Support - Havering
 Victim Support - Hillingdon
 Victim Support – Hounslow and Feltham
 Victim Support - Islington
 Victim Support – Kensington and Chelsea
 Victim Support – Kingston on Thames
 Victim Support - Lambeth
 Victim Support - Lewisham
 Victim Support - Merton
 Victim Support - Newham
 Victim Support - Redbridge
 Victim Support - Richmond
 Victim Support - Southall
 Victim Support - Southwark
 Victim Support - Sutton
 Victim Support – Tower Hamlets
 Victim Support – Waltham Forest
 Victim Support - Wandsworth
 Victim Support - Westminster
 Victim Support Witness – Bexley Magistrates' Court
 Victim Support Witness – Blackfriars Crown Court
 Victim Support Witness – Central Criminal Court
 Victim Support Witness - Croydon
 Victim Support Witness - Harrow
 Victim Support Witness – Inner London
 Victim Support Witness - Isleworth
 Victim Support Witness - Islington
 Victim Support Witness – Kingston upon Thames
 Victim Support Witness - Redbridge
 Victim Support Witness - Richmond
 Victim Support Witness - Snaresbrook
 Victim Support Witness - Southwark
 Victim Support Witness – Westminster
 Victim Support Witness – Wood Green
 Victim Support Witness - Woolwich
 Westminster Women's Aid
 Woman's Trust
 Womankind
 Women Against Rape

 Women and Girl's Network
 Women Connect
 Women of Nigeria International
 Women's Aid Foundation of England
 Women's Counselling
 Women's Therapy Centre

Appendix D – Results from victim questionnaires

1. Evidence from victim questionnaires

Although the panel gathered evidence from victim support organisations and hearing from a victim, victims' views themselves were felt to be under-represented hence a victim questionnaire was designed. This was designed quickly due to the time scales of the project, with help from the University of North London (UNL). The questionnaires were sent out via the MPS Project Sapphire Team and some victim support organisations that had indicated their willingness to help.

Eight replies were received to the questionnaire for rape victims. It is not known how many were sent out.

Reporting the offence

All of the victims reported the offence to the police. In 7 cases (87.5%), the police was the first agency/person to whom the offence was reported.

In 4 cases (50%) the police was contacted within 24 hours after the offence took place. In 3 cases (37.5%) the offence was reported from one week up to 6 months after the offence.

5 victims (62.5%) declared that they contacted the police themselves. In 3 cases a partner contacted the police.

2 victims (25%) reported that they went to the police station to report the offence. For the 6 other victims (75%) the police came to see them, and it took less than an hour for the police to arrive.

In 3 cases (37.5%) a chaperone or investigative officer was available within an hour to see the victim. For 4 victims (50%) it took more than 8 hours before they could see a chaperone. However, 5 (62.5%) out of the 8 victims declared themselves 'very satisfied' with these waiting times. Going to a forensic location to be medically examined took between 30 minutes and one hour in 2 cases, between 1 and 3 hours in 2 cases, and more than 3 hours in 2 cases. Finally, for 3 victims a doctor arrived within an hour, whereas for two victims it took between 1 and 3 hours for a doctor to arrive.

Asking whether the first officer they talked to was sensitive, kind and compassionate, 6 respondents (75%) reported that they were 'very satisfied' with this first contact, and only one (12.5%) reported that she was 'unsatisfied'. 6 victims also declared themselves 'satisfied' or 'very satisfied' with the fact that the

first officer they talked to was knowledgeable. All victims considered that this first officer explained the police procedures to them either 'very well' (37.5%) or 'quite well' (62.5%).

Regarding the contact between victims and chaperones, all the 8 victims are either 'very satisfied' or 'satisfied' with their chaperone's sensitivity, kindness and compassion, as well as with their chaperone's knowledge and explanations.

Medical examination

6 of the 8 victims had a medical examination (75%). For one of them the medical examination took place before the police was contacted.

Only 5 respondents, who all had a medical examination, provided the following information:

3 of these examinations took place in the Haven in Camberwell, and two in a medical room at a police station.

4 out of these 5 respondents (80%) declared that the medical procedures were explained 'very well' or 'quite well' to them, whereas one respondent (20%) declared that they were explained 'not very well'.

3 respondents (60%) were explained that they could choose between a female and a male doctor; two (40%) were not.

4 respondents (80%) were explained that the medical staff would be looking for forensic evidence.

4 out of the 5 respondents (80%) were told that they were asked whether they would like someone to be with them during the examination.

In 2 (40%) out of the 5 cases fresh clothes were made available to the victims.

4 respondents (80%) were provided with washing facilities and toiletries.

All of the respondents were made aware of the risk of pregnancy and STDs, but only 3 respondents (60%) were offered help to make an appointment with a medical clinic.

For three of the respondents (60%) a female doctor was available 'within a reasonable time', while one victim 'had to wait a long time', and for the last one no female doctor was made available.

4 respondents (80%) were either 'very satisfied' or 'satisfied' with the examination process, and one of them was 'very dissatisfied'.

All of the 5 respondents were either 'very satisfied' or 'satisfied' with the comfort of the facilities and the environment.

Ongoing investigation and court case

The police offered to contact a victim support group to 7 (87.5%) out of the 8 respondents. To three victims (37.5%) they explained that they could talk to their employer. However only one out of the 8 respondents declared to be in paid employment at the time of the survey. In 6 cases (75%) the police offered further protection.

In 6 cases (75%), the CPS proceeded with the case. For the two remaining cases this question was not relevant.

5 victims (62.5%) considered that they were 'very well informed' about the ongoing investigation into their case, while two respondents consider that they were 'not very well informed'.

In 5 cases (62.5%) a suspect was charged, and for the three remaining victims cases (37.5%) the case was 'still ongoing' at the time of the survey.

For the 5 cases where a suspect was charged, 1 respondent (20%) said she was 'very well informed' about the court procedure, 3 respondents (60%) declared to have been 'quite well informed', and the last respondent (20%) said she was 'not very well informed'.

Finally, 3 respondents (37.5%) were given the opportunity to make a statement at court about the impact the crime had had on them, one was not given this opportunity, and three (37.5%) were 'not at this stage yet' at the time of the survey.

Overall opinion

Asking victims about how well they felt the police treated them, 7 replied 'very well' and one replied 'quite well'.

Personal details

7 (87.5%) out of the 8 respondents are female. The gender of the last one is missing. One (12.5%) of the eight respondents has a disability.

At the time of the survey, 2 respondents (25%) were aged between 16 and 24, two were aged between 25 and 39, and 3 (37.5%) were aged between 40 and 59. The age of the last respondent is missing. Three respondents (37.5%) had a partner at the time of the interview, and one respondent (12.5%) was in paid employment.

Conclusion

Overall these eight respondents are satisfied with the way they were treated by the police. The police officers who dealt with them are described as compassionate and skilled. More worrying are the waiting times, with regard to the availability of chaperones and forensic examiners.

Appendix E – Abbreviations

BOCU	Borough Command Unit (OCU – Operational Command Unit)
CPS	Crown Prosecution Service
CPT	Child Protection Team
CSU	Community Safety Units
DCC4	Deputy Commissioner's Command 4 – Diversity Directorate
FME	Forensic Medical Examiner
HMCPSP	Her Majesty's Crown Prosecution Service Inspectorate
HMIC	Her Majesty's Inspector of Constabularies
IAG	Independent Advisory Group
JD	Judicial Disposal – when an offender is caught and charged
MPA	Metropolitan Police Authority
MPD	Metropolitan Police District
MPS	Metropolitan Police Service
PSPM	Professional Standards and Performance Monitoring Committee – sub-committee of the MPA
SARC	Sexual Assault Referral Centre
SCAS	Serious Crime Analysis System
SOE	Sexual Offence Examiner
SOIT	Sexual Offence Investigation Team officer – the first specialist officer that attends to the victim
VES	Victim Examination Suite

Contact details:

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Further information about the MPA can be found on our website:
www.mpa.gov.uk

The Project Sapphire Team, responsible for the MPS rape strategy, can be contacted on 020 7321 7359.

If you would like to report a crime please contact your local police station. The numbers for these can be found on the MPS website: www.met.police.uk

If you want to provide information about an offender please call your local police station or crimestoppers on 0800 555111.

Victim Support can be contacted on 0845 303 0900.