

# Briefing Paper 1:

## Early findings from the Multidisciplinary Evaluation of Sexual Assault Referral Centres for better Health project

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A ground-breaking, NIHR funded (16/117/04), four-year study into the effectiveness of Sexual Assault and Abuse Services (SAAS) in meeting the needs of people subjected to sexual assault, rape and abuse is producing a vast evidence base on the experiences and perspectives of survivors and those involved in their care in multiple sectors. A repository of high-quality data in domains of mental health, sexual health, service use, economic wellbeing, and life quality will inform and shape choices around care pathways for many years to come. Here are the highlights from a MESARCH webinar held on the 12<sup>th</sup> May 2021.

**Raising awareness about SARCs in England** – a guiding [infographic](#) for professionals in any setting

**Impact of COVID-19 on staff, services and survivors** – New ways of delivering services have benefits for staff and survivors, but barriers do exist e.g. preference for face-to-face contact. View the talk [here](#)

**Understanding the needs of those attending SARCs: [2,300 cases examined by MESARCH](#)**

- A greater proportion of female survivors access SARCs relative to male survivors. No differences were identified in the ethnicities of people attending SARC compared to survivors in the general population. It is likely that within national and SARC data, ethnically diverse survivors are underrepresented
- Strangers and acquaintances are the most common perpetrator types for SARC service users; this compares to the general population where ex/partners are the most common perpetrators (ONS, 2018)
- Police referrals make up 75% of cases to SARC but in the general population only 1 in 5 individuals reports sexual assault to the police. Therefore, a high level of need in the population is unmet by SARC

### Cochrane Review Evidence



Based on meta-analysis of 33 trials of diverse interventions, our [review](#) found an effect on reducing post-traumatic stress soon after treatment, and a lesser but nonetheless important effect for depression, in comparison to control groups. The full review, due for publication in 2021, will report on whether these benefits are sustained over time as well as comparing the benefits of trauma-focused interventions (e.g. prolonged exposure or cognitive processing therapy) with non trauma-focused approaches (e.g. present-centred therapy).

A second [review](#) draws together qualitative findings on psychosocial interventions for sexual abuse, provided by service users, family members and professionals. Individuals' personal experiences of an intervention are critical to unravelling the mechanisms by which interventions achieve benefits, or not. The review looks at contextual factors that influence uptake. By bringing together a range of studies globally, it amplifies the voices of survivors less often included in research, thereby providing a key evidence source for informing support practices. Presentation accessible [here](#).

**Emergent evidence from the ongoing MESARCH cohort study with 220 service users** (accessible [here](#))

- Three-quarters of people enrolling in the MESARCH study are living with probable PTSD
- Study shows strong performance of SARCs in meeting survivors' needs. Using a visual scale of harm (-100) to benefit (+100), half of participants rating their experience of SARC above 85 (and >90 for third sector SAAS)
- In all 4 sectors examined (SARCs; third sector/ISVAs; NHS; Police & Justice), half of people reported scores above 70 and stated they had received a high standard of care for problems associated with sexual assault, rape or abuse
- However, 25% of service users accessing police, justice and NHS rated their experiences as harmful (below 0)

### “Let’s make change”: insights from Lived Experience

In collaboration with Coventry University, the MESARCH Lived Experiences Group produced a [video](#) to share about impact, recovery and working on MESARCH. Read more about the work of the Group [here](#)  
**Views shared during an interactive panel session on 12<sup>th</sup> May 2021:**

*“Survivors voices are plural ”*

*“The fear of opening Pandora’s Box can block survivor voice and involvement”*

*“The area of research that needs to go on the 'to do' list is exploring the link between sexual trauma and onset of physical health issues”*

*“I would love to see it [research] move all services within the NHS to become trauma informed”*

*“I would like to see some research on personality disorders and trauma as there are so many misunderstood individuals treated wrongly because of the label”*