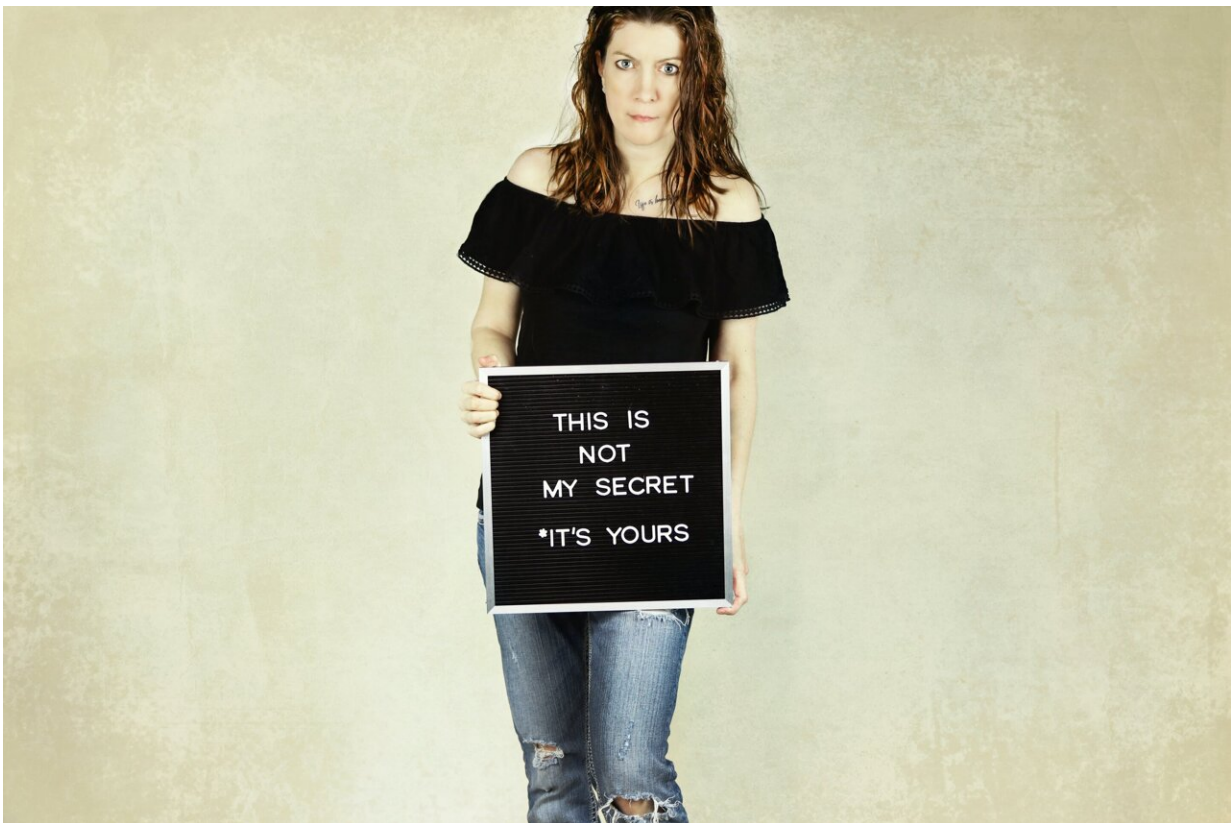


Many survivors aren't sure what to do after a sexual assault—here's what you need to know

January 10 2024, by Lorna O'Doherty



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Millions of people have experienced [sexual violence and abuse](#) in England and Wales, but many do not know where to go, or who to turn to afterward. The shame felt by victims and survivors of sexual violence

can be reinforced by the responses of family members and others.

This means many find it difficult to get help, sometimes carrying the burden of abuse for years. As one survivor I spoke to put it: "My parents didn't want to know when I spoke to them about it. I grew up in an age where everything was hidden. So, I kept this totally from everybody until 2021." Perpetrators count on survivors of abuse not being heard.

I've been [researching the work](#) of Sexual Assault Referral Centres (Sarcs) in England and speaking to survivors who have used their services. The narratives people share are upsetting but give me hope—there is a strong network of Sarcs and other [sexual violence](#) and abuse services providing support to people across England, whether people choose to involve the police or not.

Getting help as soon as possible is important for any injuries and to reduce risks of sexually transmitted infections (STIs) and pregnancy.

A person may prioritize contacting the police, especially if there is ongoing risk of harm to them or a third party. The police will check safety and refer victims and survivors to support agencies like Sarcs. A survivor can opt to provide a witness statement at the appropriate time.

The first Sarc opened in 1986. Today, there are over 50 [across England and Wales](#). Sarcs can be the first point of care for any survivor, no matter their age, gender, or how long it has been since the abuse occurred. They can be reached 24/7 and offer crisis support, first aid, pregnancy and STI testing, emergency contraception, forensic care, and referrals to other services like independent sexual violence advisers.

What happens when you seek help after sexual assault

Sarcs offers the choice to have a forensic medical examination to collect

evidence, which may be useful if the case goes to court. [These samples](#), which include swabs of where [physical contact](#) took place, must usually be taken within a few days. Acting quickly gives the greatest chance of securing forensic evidence.

These exams were once undertaken in busy emergency departments and [police stations](#), but Sarcs provides dedicated private spaces and a supportive environment. One survivor I interviewed described their experience as "a remarkably positive experience, considering the circumstances. I was impressed by [the forensic practitioner's] professionalism and her knowledge; she was supportive in terms of me being a victim."

Unless there are overriding safeguarding concerns, survivors have a choice about whether or not to involve the police. The staff at a Sarc can help a person decide the best course of action for their situation. This could include storing samples for reporting in the future and anonymous reporting.

Sarcs are not the same as [Rape Crisis centres](#), which are run by the voluntary sector. Rape Crisis England and Wales provides a 24/7 helpline, with around 40 centers offering outreach, advocacy, pre-trial therapy, [peer support](#), and counseling. Many also provide specialist advocates who can help survivors navigate the justice system.

Rape Crisis is struggling to keep up with the [high demand](#) for its services in response to record numbers of survivors coming forward for help.

A [backlog of cases](#) in the courts due to the pandemic, delayed trials, and lack of resources in the judicial system means there are now nearly 10,000 cases waiting, each taking an average of two years to be heard. This places further pressure on voluntary sector services to support people for longer.

What do survivors say about Sarcs?

Through our [research](#), my colleagues and I have spoken to hundreds of survivors between the ages of 18 and 75 about their experiences of Sarcs. We have found that these services are safe and effective, with around 1% of participants feeling they had been adversely affected by the care they received.

On joining our research (around 100 days after contacting the Sarc), 70% of participants had symptoms consistent with PTSD. After one year and contact with many different services, this had fallen to 55%. As one man shared: "I feel that the support I've had ... has given me a better outlook on life."

People said they felt safe, believed, and understood at Sarcs and received accurate and accessible information. The voluntary sector has traditionally been the benchmark for [survivor](#)-centered, trauma-informed care. However, participants in our research rated Sarc care at least as positively as support from the voluntary sector. These results are heartening.

But there is still work to be done to ensure people understand [their options](#) after sexual violence. Only around one in 10 eligible people ever access a Sarc's services. In particular, survivors from [ethnic minorities](#), those experiencing concurrent domestic abuse and those with [mental health problems](#) struggle to access help.

Giving survivors [choices and control over decisions](#) is crucial in the aftermath of sexual violence. Aside from Sarcs, survivors can talk to a health professional like their GP, sexual health or antenatal care provider, or get in touch with [Rape Crisis](#) or [The Survivors Trust](#). No one should have to carry the burden of sexual violence and abuse alone.

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