10 November 2005

Dear Legco Members,

Re: **Potential Closure of RainLily Rape Crisis Intervention Centre**

We learn with dismay that the the Jockey Club funding support of RainLiy will end in December 2005 and that RainLily—the ONLY rape crisis centre in Hong Kong-- will be closed if Government is reluctant to support it financially or Jockey Club discontinues funding support in the coming year.

We wish to express our personal views from the perspective of emergency physicians who need to treat victims of sexual assault on a daily basis.

According to the Procedural Guidelines on Handling Sexual Violence Cases issued on July 2002, when handling sexual violence cases, Emergency Departments should introduce to the victims of the service of RainLily, and make referrals to RainLily if the victim is agreeable. This has already been incorporated in our internal guidelines for the handling of victims of sexual assault. So far, we have been very satisfied by the service provided by the staff of RainLily. First, their service is comprehensive. RainLily provides 24 hours on-call and one-stop service in crisis intervention to victims of sexual violence, including immediate crisis intervention, emotional support, arrangement for statement taking, forensic examination as well as medical follow-up (e.g. screening of venereal disease and pregnancy) by the Kwong Wah Hospital. We know the patients will be in good hands and we have good communication channels with our colleagues in Kwong Wah Hospital who is playing a central role in the continuing care of the victims. Second, the service is reliable. In our experience, we could call the on-call social worker of RainLily any time of the day and night and they will usually return call within 15 to 30 minutes. If, after discussion with the victim, it is decided that they would come in to accompany the victim through the process, they would arrive at our doorstep usually within an hour.

You may wonder what will happen if the service of RainLily should unfortunately cease. What is our default mechanism? We obviously are not in a position to predict what will replace the service vacuum. We could only tell from past experience what the default is like. The victims will be moved from agency to agency to receive different forms of service. They would need to repeat their stories umpteen times to different service providers. There is unlikely to be continuity of care across agencies. In the words of the victim, the whole process is like being raped a second time. As a health care worker, We think this state is undesirable to say the least.

The World Health Organization is of the opinion that: " In some countries, the health and medico-legal components of the service are provided at different times, in different places and by different people. Such a process is inefficient, unnecessary and most importantly, places an unwarranted burden on the victim. The ideal is that the medico-legal and the health services are provided simultaneously; that is to say, at the same time, in the same location and preferably by the same health practitioner. Policy-makers and health workers are encouraged to develop this model of service provision." (Guidelines of medico-legal care for victims of sexual violence, WHO 2003; p 18)

The one-stop crisis intervention centre concept has been adopted in many developed countries e.g. USA, Australia, UK… The Haven project in London, for example, has been funded by the Metropolitan police and National Health Services. (www.thehavens.org.uk) This is hailed by the Guardian as revolutionizing the way the police investigates allegations of rape and treats the victims. (Report attached) Similar services are also available in Asia though less widely so. In Malaysia, for example, a "One-Stop Crisis Centre" for battered women has been established in the emergency department of the Kuala Lumpur Hospital. Since its establishment, it has expanded its services from domestic violence to also cover rape. In 1996, the Malaysian government expanded the program to all public hospitals in the country.

We would appeal to you to maintain a one-stop crisis intervention centre for victims of sexual violence. Indeed, we think we should have more than one centre to cover the whole territory. These victims have been suffering in silence for many years in the past. The government should not let them down just because they would not stand up and complain for themselves.

Yours sincerely,

Dr T W Wong

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Accident & Emergency Department

Pamela Youde Nethersole Eastern Hospital

Signed on behalf of

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Society Guardian

Safe haven

Raekha Prasad reports on how the Metropolitan police is revolutionising the way it investigates allegations of rape and treats the victims

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The Guardian

Three sparse rooms in a sexual health clinic hardly signal a revolution. Off a spotless corridor, between a waiting room and a shower room, is a small cupboard incongruously stocked with hot drink ingredients and surgical robes. Next door, the mix of tea, sympathy and forensic science is most stark: a kitchenette and a couple of comfy chairs are divided only by a curtain from an austere examining chair.

For visitors to The Haven in Camberwell, south London - the capital's only sexual assault referral centre - this mix of science and sympathy is vital. In the history of reporting and investigating rape in Britain, the centre is truly radical.

Gone is the agonising wait, often for hours, for a forensic doctor in a cold, and frequently ill-maintained, rape suite in a police station - where victims are unable to wash, drink or urinate so that forensic evidence is preserved. Gone, too, is the added ordeal of reporting the details of rape to an officer with no expertise in investigating sexual offences and no special training - which has bred the common perception of police attitudes to rape victims as highly sceptical and bullying.

Gone, that is, for victims who report rape in one of the 12 south London boroughs. The treatment of people reporting rape in the rest of the capital remains subject to a postcode lottery, with victims at the mercy of varying attitudes and care and unable to get follow-up treatment, advice and counselling in the same place.

With only three similar models elsewhere in England and Wales - in Newcastle upon Tyne, Manchester and Leicester - standards in rape investigations nationally are variable.

But the inequalities in London's service at least are set to be remedied. The Metropolitan police has brokered a partnership with the NHS jointly to fund similar centres at St Mary's hospital in west London and the Royal London in the East End, at a cost of £1m each. The new centres are due to open next April and the use of examination suites in police stations will

be phased out.

The Metropolitan police authority (Met) has become so concerned at the relatively small number of convictions in rape cases that it is overhauling its approach in what it calls Project Sapphire. Launched last year, Sapphire is claimed to be the most comprehensive reform of rape investigation ever undertaken by the police.

Reporting of rape is notoriously low; prosecutions are lower still and convictions rare. The Haven is designed to address these issues. Victims are brought to the centre in unmarked police cars through an unmarked entrance. There is only ever one victim in the centre at any one time and, to ensure DNA evidence is above challenge, the centre is cleaned after each victim leaves. Members of the medical team are specialists in both this area of forensics and the way they question and approach victims.

The approach balances the criminal investigation with victim care, says Amanda Price, The Haven's manager. "Anyone coming here will know that we take rape very seriously and that we're not making any judgments," she says. "We notice how smoothly the process of reporting goes if you have a specialist team. The centre generates more awareness and expertise and that generates greater disclosure."

Most victims choose to accept the offer of follow-up appointments after their initial visit to the centre. This is likely to reflect the fact that the process is not intrusive. Kate Armitage, a doctor and sexual offences examiner at The Haven, says: "We only ask questions that are relevant to the investigation. And as far as sexual history goes, we only need to know for forensic reasons if a woman has had sex in the previous two weeks."

Though the centre was set up and is funded by the Met, victims who have learned of it by word of mouth can refer themselves for examination and treatment without having reported the crime. Forensic evidence can be taken if they should later decide to do so and victims who are considering going to the police can talk informally to an officer at the centre. However, most of the 1,600 referrals made since the centre opened in June 2000 have been from police officers.

There remains much more to be done if the Met is to improve rape investigation and victim care, admits Detective Sergeant James Stokley, a member of the Sapphire team. The project has established dedicated 24-hour sexual offences investigation teams in 37 of the 38 London boroughs, averaging six sexual offence investigation (Soit) officers.

These uniformed, but specially trained police arrange a medical and forensic examination and take the victim's initial statement. Stokley compares the role of Soit officers to family investigating officers in a murder case, or dedicated teams in community safety units investigating hate crimes. Soit officers should be the only police contacting The Haven and accompany a victim to the centre. On arrival, the officer should explain the case to the doctor to avoid the victim having to repeat the details.

However, some experts are concerned that Soit officers may not always be available 24 hours a day and that some victims still have to report to uniformed officers not specialised in dealing with sexual offences.

As part of Sapphire, front desk staff in police stations - who are often civilians - have been trained in how best to talk and respond to rape victims. Measures are also under way to improve intelligence on rape - with a plan to track cases to understand why they fail to reach prosecution or conviction - and to target linked sex offences and enhance public awareness of rape through campaigns such as those on minicab rape and drug rape.

Stokley says that Sapphire has managed to exceed the Met's target of judicial "disposal" rates (when a rape suspect is charged) and raised the status of work on the crime. "Sapphire has put rape at the forefront of policing. Officers take pride in what they're doing." The improvement, he says, is "phenomenal" when measured against the notorious 1982 TV documentary showing Thames Valley police bullying a woman who had reported rape.

The majority of rapes occur within the home, Stokley stresses. Stigma and fear inhibit women from coming forward. "It's all about confidence," he says. "There's a perception that people won't be believed, or that it's their fault. We want people to come forward. We want the figures of reported rape to go up. It's not satisfactory that so few women report it."

Liz Kelly, professor of sexualised violence at London Metropolitan University and director of the child and woman abuse studies unit at the University of North London, is a member of the police authority's independent advisory group (IAG) on reporting and investigating rape. She says the Met is the only police service to have made rape a priority. "Rape's largely dropped off the policy agenda. Sapphire happened because there are senior Met officers who really care about the issue."

However, Kelly would still like to see improvements in investigation. "They've dealt with the structures for victim support, but have not yet done enough to address why cases are being lost before they reach the CPS," she says. "They can still make a difference on collecting evidence."

Merlyn Nuttall, a rape survivor and member of the IAG, argues that The Haven is "long overdue but not nearly enough". She wants every victim to have access to a centre like The Haven. "It's just ludicrous that it's a postcode lottery," she says. "There should be no barriers between victims and adequate places for them to go."

Against the odds

Home Office research estimates that one in 10 women has experienced some form of sexual victimisation, including rape. However, only one in 10 victims reports it to the police, with fewer than a quarter of allegations resulting in a suspect being charged. The odds of a rapist facing a court are one in 100.

Over the past 30 years, there has been a continuing and

unbroken increase in reporting to the police, but the number of convictions has remained fairly static. The biggest proportion of "lost" cases fall at the earliest stage, with between half and two-thirds not reaching the point of referral to prosecutors, according to research commissioned by the crown prosecution service inspectorate.

According to this year's British Crime Survey, women aged 16-24 are more likely to say they have been sexually victimised than are older women. Most rapes take place in the victim's own home and women are most likely to be attacked by their partner (45% of cases). Strangers were responsible for only 8% of rapes reported to the survey.

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