ISRCTN30846825 https://doi.org/10.1186/ISRCTN30846825

A longitudinal study of the health and wellbeing of survivors of sexual abuse, assault and rape attending Sexual Assault Referral Centres in England: the MESARCH study

Submission date
08/01/2019

Recruitment status
No longer recruiting

Registration date
30/08/2019

Overall study status
Completed

Last Edited
21/10/2024

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Current plain English summary as of 18/09/2020:
Background and study aims
Society has a duty to safeguard its citizens, and promote people's rights to live free of violence. Sexual violence refers to any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse, sexual harassment, rape within marriage or relationships, forced marriage, so-called 'honour'-based violence, female genital mutilation, trafficking, sexual exploitation, and ritual abuse. Each year there are 473,000 adult sexual offences in the UK, including 58,000 cases of rape. In 2014/15, there were 47,008 sexual offences against children. Sexual violence has devastating short- and long-term consequences for the wellbeing of victims and survivors. The negative effects can be seen across families and communities, affecting people's abilities to work and participate in family and social life. Estimates suggest that child sexual abuse alone costs £182m in health spending annually. Hence, sexual violence is very costly to society, both in terms of the suffering and emotional pain it causes but also in terms of lost work, and health, policing and legal costs. A victim of a sexual crime can find help from a Sexual Assault Referral Centre (SARC), either by making contact themselves or being offered a referral by another person or organisation like a doctor, nurse, school or member of the police. A SARC is intended as a place where individuals can receive medical care including a forensic medical examination if they consent to this, advice, counselling and support. There are over 40 SARCs across England, Wales and Scotland. SARCs are thought to bring benefits when a person who has experienced sexual assault or rape reaches out for help. However, the true impact of SARCs is largely unknown. The way things are done can vary from one centre to another, and it is not known what works best for different groups of people like men, members of the LGBT community, and people with particular vulnerabilities (e. g. those with disability, minority ethnicity, and children). This study takes an in-depth look at the work of SARCs and how they impact people's recovery journeys.

Who can participate?
For the adult study, people who are aged 18 and above, have been a service user at a Sexual

Assault Referral Centre between 01/08/2019 and 31/12/2020 and can provide informed consent are eligible to join. Please take a look at the MESARCH participant video: http://mesarch.coventry.ac.uk/join-1000-voices-for-change/
For the children and young people study, young people and children who are aged 13-17 and have attended participating sites (Sexual Assault Referral Centres) during a (yet to be) specified time period

What does the study involve?
This study is concerned with people's recovery journeys over time following assault, abuse or rape and, in doing so, gathers information about the range of services (including SARC services) and interventions that service users are offered/receive over time and asks people about the impact of these on valued aspects of their lives (e.g. relationships; work and education; emotional, sexual and physical health; safety and security). Interviews are conducted over the phone mainly using a range of questionnaires and follow-up at 6 months, one and two years. A participant doesn't have to complete each time point, everything remains voluntary and on the individual's terms. This approach was co-created with survivors of sexual abuse and violence, and charities to ensure the study will be conducted respectfully and ethically and will lead to relevant changes in practice and policy.
Hear more about the study on the website http://mesarch.coventry.ac.uk/

What are the possible benefits and risks of participating?
The researchers' slogan is 'join a thousand voices for change'. Some people find it helpful to join with others who have had similar experiences and be a part of something that is focused on turning injustice into positive action. It may also be helpful to share their story with people they don't know and be signposted to different support agencies. Some people may perceive these as benefits. The research is also very important. Key stakeholders such as NHS England, Rape Crisis England and Wales and charities across the country are watching the research closely and are keen to have new and high quality research evidence to support planning services for the future. This is an opportunity for participants to have their say. The researchers have explored concerns that participating in this research could be triggering for people who have experienced sexual abuse or violence. Thus, they have developed their processes to be empowering for individuals (e.g. they are guided by the participant each step of the way; there is no pressure to participate, they only want participants to respond to questions they are comfortable with, the researchers don't ask about what happened or what brought them to the SARC; they are guided by frameworks of RCEW and the Survivors' Voices charter and their lived expertise group http://mesarch.coventry.ac.uk/patient-and-public-involvement/). The researchers can't always anticipate what might come up for a particular individual, but they are certainly ready to listen and offer support where possible, and in doing so, offer a safe space for research. They will protect participants' confidentiality and information in line with GDPR guidelines; they would explain this thoroughly for those interested in taking part. There is a small token of thanks for each survey, £10 for the baseline, 6 and 12 months and £20 for the final interview at 2 years.

Where is the study run from?
The study is hosted at Coventry University and the lead NHS partner is University Hospitals Birmingham NHS Foundation Trust. The study has grown to include 42 organisation (http://mesarch.coventry.ac.uk/whats-our-project-creating/) including police-led, charity- and privately-run and NHS-led SARCs, along with third sector and rape crisis organisations from all over the country.

When is the study starting and how long is it expected to run for?
September 2018 to November 2022

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Dr Grace Carter
mesarch@coventry.ac.uk

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Previous plain English summary:
Background and study aims
Society has a duty to safeguard its citizens, and promote people's rights to live free of violence. Sexual violence refers to any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse, sexual harassment, rape within marriage or relationships, forced marriage, so-called 'honour'-based violence, female genital mutilation, trafficking, sexual exploitation, and ritual abuse. Each year there are 473,000 adult sexual offences in the UK, including 58,000 cases of rape. In 2014/15, there were 47,008 sexual offences against children. Sexual violence has devastating short- and long-term consequences for the wellbeing of victims and survivors. The negative effects can be seen across families and communities, affecting people's abilities to work and participate in family and social life. Estimates suggest that child sexual abuse alone costs £182m in health spending annually. Hence, sexual violence is very costly to society, both in terms of the suffering and emotional pain it causes but also in terms of lost work, and health, policing and legal costs. A victim of a sexual crime can find help from a Sexual Assault Referral Centre (SARC), either by making contact themselves or being offered a referral by another person or organisation like a doctor, nurse, school or member of the police. A SARC is intended as a place where individuals can receive medical care including a forensic medical examination if they consent to this, advice, counselling and support. There are over 40 SARCs across England, Wales and Scotland. SARCs are thought to bring benefits when a person who has experienced sexual assault or rape reaches out for help. However, the true impact of SARCs is largely unknown. The way things are done can vary from one centre to another, and it is not known what works best for different groups of people like men, members of the LGBT community, and people with particular vulnerabilities (e. g. those with disability, minority ethnicity, and children). This study takes an in-depth look at the work of SARCs and how they impact people's recovery journeys.

Who can participate?
For the adult study, people who are aged 18 and above, have attended as a service user one of the participating sites (Sexual Assault Referral Centres) between 01/08/2019 and 30/06/2020 and can consent to participation. Please take a look at the MESARCH participant video: http://mesarch.coventry.ac.uk/getting-involved/
For the children and young people study, young people and children who are aged 13-17 and have attended participating sites (Sexual Assault Referral Centres) during a (yet to be) specified time period

What does the study involve?
This study is concerned with people's recovery journeys over time following assault, abuse or rape and, in doing so, gathers information about the range of services (including SARC services) and interventions that service users are offered/receive over time and asks people about the impact of these on valued aspects of their lives (e.g. relationships; work and education; emotional, sexual and physical health; safety and security). Interviews are conducted over the phone mainly using a range of questionnaires and follow-up at 6 months, one and two years. A participant doesn't have to complete each time point, everything remains voluntary and on the

individual’s terms. This approach was co-created with survivors of sexual abuse and violence, and charities to ensure the study will be conducted respectfully and ethically and will lead to relevant changes in practice and policy.
Hear more about the study on the website http://mesarch.coventry.ac.uk/

What are the possible benefits and risks of participating?
The researchers' slogan is ‘join a thousand voices for change’. Some people find it helpful to join with others who have had similar experiences and be a part of something that is focused on turning injustice into positive action. It may also be helpful to share their story with people they don’t know and be signposted to different support agencies. Some people may perceive these as benefits. The research is also very important. Key stakeholders such as NHS England and Rape Crisis England and Wales are watching the research closely and will act on the findings. This is an opportunity for participants to have their say. One of the researchers' concerns is that participating in this research could be triggering for people who have experienced sexual abuse or violence. Thus, they have developed their processes to be empowering for individuals (e.g. they are guided by the participant each step of the way; there is no pressure to participate, they only want participants to respond to questions they are comfortable with, the researchers don’t ask about what happened or what brought them to the SARC). The researchers can’t always anticipate what might come up for a particular individual, but they are certainly ready to listen and offer support where possible, and in doing so, offer a safe space for research. They will protect participants' confidentiality and information in line with GDPR guidelines; they would explain this thoroughly for those interested in taking part. There is a small token of thanks for each survey, £10 for the baseline, 6 and 12 months and £20 for the final interview at 2 years.

Where is the study run from?
The study is hosted at Coventry University and the lead NHS partner is University Hospitals Birmingham NHS Foundation Trust. The study has grown to include police-led, charity- and privately-run and NHS-led SARCs, along with third sector and rape crisis organisations from all over the country. The study website is http://mesarch.coventry.ac.uk/

When is the study starting and how long is it expected to run for?
September 2018 to May 2022

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Dr Grace Carter
mesarch@coventry.ac.uk

Study website
http://mesarch.coventry.ac.uk/

Contact information

Type(s)
Scientific

Contact name
Dr Lorna O'Doherty

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Coventry
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CV1 5FB
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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number
261455

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
CPMS 37956, 16/117/04, IRAS 261455, IRAS 265220

Study information

Scientific Title
Multi-disciplinary Evaluation of Sexual Assault Referral Centres for better Health (MESARCH)

Acronym
MESARCH

Study objectives
Current hypothesis as of 18/09/2020:
Sexual violence is any unwanted sexual act or activity, including though not limited to: rape, sexual assault, child sexual abuse, sexual harassment, rape within relationships, forced marriage, female genital mutilation, and sexual exploitation. Sexual violence affects people of all ages, backgrounds and genders, with recent figures suggesting that 1 in 5 women and 1 in 25 men have experienced sexual assault since the age of 16. Sexual violence has serious impacts on a person's health and well-being. A Sexual Assault Referral Centre (or SARC) offers 24/7 medical care and psychological support, and a first point of contact for victims of sexual violence, whether the police are involved or not. SARCs are set up to support the wide range of needs and wishes of individuals, which is vital in the aftermath of such a devastating experience. There are around 50 SARCs in England. However, the true impact of SARCs is largely unknown, with a lack of evidence at a national level about the extent to which SARCs bring benefit to survivors /service users.

The MESARCH project aims to evaluate whether the services provided through SARCs are effective in supporting them. It will pursue this aim using mixed approaches including service mapping, in-depth cases studies at 10 SARC sites, a longitudinal study of health and wellbeing with several hundred survivors attending 16 SARC sites and an embedded qualitative study of 55 service user and survivor experiences. This research will be critical to shaping future SARC service provision in England. The MESARCH project will also strengthen the international evidence base on interventions for sexual assault and abuse.

There are 4 planned workstreams. The current information mainly refers to the longitudinal study undertaken in workstream 3.

Previous hypothesis:
Sexual violence is any unwanted sexual act or activity, including though not limited to: rape, sexual assault, child sexual abuse, sexual harassment, rape within relationships, forced marriage, female genital mutilation, and sexual exploitation. Sexual violence affects people of all ages, backgrounds and genders, with recent figures suggesting that 1 in 5 women and 1 in 25 men have experienced sexual assault since the age of 16. Sexual violence has serious impacts on a person's health and well-being. A Sexual Assault Referral Centre (or SARC) offers 24/7 medical care and psychological support, and a first point of contact for victims of sexual violence, whether the police are involved or not. SARCs are set up to support the wide range of needs and wishes of individuals, which is vital in the aftermath of such a devastating experience. There are now 47 SARCs in England. However, the true impact of SARCs is largely unknown, with a lack of evidence at a national level about the extent to which SARCs bring benefit to survivors/service users.

The MESARCH project aims to evaluate whether the services provided through SARCs are effective in supporting them. It will pursue this aim using mixed approaches including service mapping, in-depth cases studies at 10 SARC sites, a longitudinal study of health and wellbeing in around 1,000 survivors attending 15 sites and an embedded qualitative study of 55 service user and survivor experiences. This research will be critical to shaping future SARC service provision in England. The MESARCH project will also strengthen the international evidence base on interventions for sexual assault and abuse.

There are 4 planned workstreams. The current application refers to a pilot of the longitudinal study to be undertaken in workstream 3.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Current ethics approval as of 18/09/2020:
1. Approved 30/07/2019, East Midlands Derby REC (Riverside Centre, Derwent Room, Pride Park, Derby, Riverside Court, Pride Park, Derby, DE24 8HY; +44 (0)207 1048109; NRESCommittee.eastmidlands-derby@nhs.net), ref: 19/EM/0198
2. Approved 04/06/02020, West Midlands-Black Country REC (Village Urban Resort Dudley, 2 Castlegate Park, Birmingham Road, Dudley, West Midlands, DY1 4TB); +44 (0)207 104 8010; blackcountry.rec@hra.nhs.uk), ref: 20/WM/0097

Previous ethics approval:
Approved 30/07/2019, East Midlands Derby REC (Riverside Centre, Derwent Room, Pride Park, Derby, Riverside Court, Pride Park, Derby, DE24 8HY; Tel: +44 (0)207 1048109; Email: NRESCommittee.eastmidlands-derby@nhs.net), ref: 19/EM/0198

Study design
Observational cohort study

Primary study design
Observational

Secondary study design
Cohort study

Study setting(s)
Community

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Post-traumatic stress disorder (PTSD) and other conditions in victims of sexual violence

Interventions
Current intervention as of 18/09/2020:
Steps through the study:
1. Service received from SARC (in person or remote care)
2. SARC staff member screens service user for eligibility. All eligibility information is anonymous and conveyed to the project team using secure sharing platform
3. At an appropriate time, eligible service users are approached by a SARC staff member or Independent Sexual Violence Advisor (ISVA) and asked to consider being involved in the study. Consent is requested to pass contact details to the project team ('Level 1' consent completed)
4. Additional approaches for enabling recruitment include (i) placing a trained member of the project team at the SARC to respond to opportunities to invite service users as they visit the SARC for after care; (ii) having members of the project team ready to speak by phone or video link to a service user if the SARC worker believes this is an appropriate approach for a particular service user; (iii) showing a short video message of invitation co-produced with our Lived Experiences Group which could be used by SARC staff to explain about the project (available on the project website) (iv) exploring accepting service users who attended any SARC since August 2019 (via self-referral)
5. Once the contact information has been passed on, there is generally no more involvement of the SARC or ISVA except in circumstances such missing data or if the participant requires support and has agreed for us to notify the SARC
6. A trained project team member makes contact within 1 week of receiving the research referral consent form from the SARC or third sector worker, and contact is made in line with service user preferences for example by email, text or phone call
7. Once contact is made by the project team at baseline, the project team will follow recruitment

and safety protocols, explain study purpose and gain full consent ('Level 2' consent)
8. When consent to take part in the study is established (using email or text or signed consent form), baseline data are collected mainly through a structured telephone interview, or there is the option of an interview in person or via Skype (or alternative). Those submitting baseline data will be considered 'enrolled' in MESARCH
9. Follow-up is undertaken according to the service users' preferences at 6, 12 and 24 months

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Previous intervention:
Steps through the study:
1. Service user is seen by SARC staff in person
2. SARC staff member screens service user for eligibility. All eligibility information is anonymous and conveyed to the project team using secure sharing platform
3. At an appropriate time, eligible service users are approached by a SARC staff member or Independent Sexual Violence Advisor (ISVA) and officially invited to consider being involved in the study. Consent is requested to pass contact details to the project team ('Level 1' consent completed)
5. Additional approaches for enabling recruitment include (i) placing a trained member of the project team at the SARC to respond to opportunities to invite service users as they visit the SARC for after care; (ii) having members of the project team ready to speak by phone or video link to a service user if the SARC worker believes this is an appropriate approach for a particular service user; (iii) showing a short video message of invitation co-produced with our Lived Experiences Group which could be used by SARC staff to explain about the project (available on the project website)
6. Once the contact information has been passed on, there is no more involvement of the SARC or ISVA except in circumstances such as the participant requires support and has agreed for us to notify the SARC
7. A trained project team member makes contact within 1 week of receiving the research referral consent form from the SARC or third sector worker, and contact is made in line with service user preferences for example by email, text or phone call
8. Once contact is made by the project team at baseline, the project team will follow recruitment and safety protocols, explain study purpose and gain full consent ('Level 2' consent)
9. When consent to take part in the study is established (using email or text or signed consent form), baseline data are collected using a range of options. These include offering a structured telephone interview, a weblink to complete the data collection online, an interview in person or via Skype (or alternative). Those submitting baseline data will be considered 'enrolled' in MESARCH
10. Follow-up is undertaken according to the service users' preferences at 6, 12 and 24 months

Intervention Type
Behavioural

Primary outcome measure
Presence and severity of PTSD symptoms in the last month assessed using the PTSD Checklist for DSM-5 (PCL-5) at baseline, 6, 12 and 24 months

Secondary outcome measures
Current secondary outcome measures as of 18/09/2020:
1. Depression symptoms measured using the Centre for Epidemiologic Studies-Depression Scale (CESD-R-10) at baseline, 6, 12 and 24 months

2. Quality of life measured using WHOQoL-Bref at baseline, 6, 12 and 24 months
3. Sexual health measured using bespoke measure for sexual health at baseline, 6, 12 and 24 months
4. Sexual abuse and violence re-victimisation measured using bespoke measure for sexual violence at 6, 12 and 24 months
5. Alcohol use measured using AUDIT-C at baseline, 6, 12 and 24 months
6. Drug use measured using DUDIT at baseline, 6, 12 and 24 months
7. Eating behaviours measured using SCOFF measure and Binge Eating Disorder Screener-7 (BEDS-7) at baseline, 6, 12 and 24 months
8. Resource use measured using bespoke measure at baseline, 6, 12 and 24 months
9. Health-related QoL measured using EQ5D-5L at baseline, 6, 12 and 24 months
10. Capability measured using ICECAP-A at baseline, 6, 12 and 24 months
11. Adverse Childhood Experiences measured using WHO ACE International Questionnaire at baseline only
12. Intimate partner violence measured using ACTS screen (baseline only) and Composite Abuse Scale at 6, 12 and 24 months
13. Suicidality and self-harm measured using the Adult Psychiatric Morbidity Study (APMS) items at 6, 12 and 24 months

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Previous secondary outcome measures:
1. Depression symptoms measured using the Centre for Epidemiologic Studies-Depression Scale (CESD-R-10) at baseline, 6, 12 and 24 months
2. Quality of life measured using WHOQoL-Bref at baseline, 6, 12 and 24 months
3. Sexual health measured using bespoke measure for sexual health at baseline, 6, 12 and 24 months
4. Sexual abuse and violence re-victimisation measured using bespoke measure for sexual violence at 6, 12 and 24 months
5. Alcohol use measured using AUDIT-C at baseline, 6, 12 and 24 months
6. Drug use measured using DUDIT at baseline, 6, 12 and 24 months
7. Eating behaviours measured using SCOFF measure and TFEQ-R21 (select items) at baseline, 6, 12 and 24 months
8. Resource use measured using bespoke measure at baseline, 6, 12 and 24 months
9. Health-related QoL measured using EQ5D-5L at baseline, 6, 12 and 24 months
10. Capability measured using ICECAP-A at baseline, 6, 12 and 24 months
11. Adverse Childhood Experiences measured using WHO ACE International Questionnaire at baseline only
12. Intimate partner violence measured using ACTS screen (baseline only) and Composite Abuse Scale at 6, 12 and 24 months

Overall study start date
01/09/2018

Completion date
30/11/2022

Eligibility

Key inclusion criteria

Current participant inclusion criteria as of 18/09/2020:
1. Individuals aged ≥18 years who have accessed services at a SARC
2. A small, non-representative sample of children (aged 13-15 years) who have accessed services at two paediatric SARCs

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Previous participant inclusion criteria:
1. Individuals aged ≥16 years who have accessed services at a SARC
2. A small, non-representative sample of children (13-15 years) who have accessed services at one paediatric SARC

Participant type(s)
Mixed

Age group
Mixed

Sex
Both

Target number of participants
Planned Sample Size: 720; UK Sample Size: 720

Total final enrolment
337

Key exclusion criteria
Current participant exclusion criteria as of 18/09/2020:
1. Whilst every effort will be made to ensure inclusivity, service users may be excluded if in exercising judgement the responsible member of SARC staff anticipates that the service user would likely encounter difficulties in providing informed consent or responding to or understanding the content of surveys or interviews used in data collection due to significant mental health issues (psychosis or high risk of suicide), cognitive impairment, or learning disability
2. People who view information on the SARC website only

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Previous participant inclusion criteria:
1. Whilst every effort will be made to ensure inclusivity, service users may be excluded if in exercising judgement the responsible member of SARC staff anticipates that the potential participant would likely encounter difficulties in providing informed consent or responding to or understanding the content of surveys or interviews used in data collection due to significant mental health issues (psychosis or high risk of suicide), cognitive impairment, or intellectual disability
2. People who access information or support from the SARC by telephone or email only
3. People who view information on the SARC website only

Date of first enrolment
01/08/2019

Date of final enrolment
02/11/2021

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
Blue Sky Centre (G4S)
Nuneaton
United Kingdom
CV10 7DJ

Study participating centre
Horizon (G4S)
Walsall
United Kingdom
WS2 9SR

Study participating centre
Hope House (Gloucestershire Care Services NHS Trust)
Gloucester
United Kingdom
GL1 3NN

Study participating centre
Avon and Somerset SARC (University Hospitals Bristol NHS Trust)
Bristol
United Kingdom
BS2 0JD,

Study participating centre
Oakwood Place (Mountain Healthcare)
Brentwood
United Kingdom
CM15 8DR

Study participating centre
The Herts SARC (Mountain Healthcare)
Hemel Hempstead
United Kingdom
HP1 1JQ

Study participating centre
Saturn Centre (Mountain Healthcare)
Crawley
United Kingdom
RH11 7DH

Study participating centre
The Elms (Mountain Healthcare)
Huntingdon
United Kingdom
PE29 6NT

Study participating centre
Swindon and Wiltshire SARC (First Light)
Swindon
United Kingdom
SN3 4RB

Study participating centre
The Harbour Centre (Norfolk Constabulary)
Wymondham
United Kingdom
NR18 0WW

Study participating centre
Northumbria SARC (Safe in Tees Valley)
Newcastle upon Tyne
United Kingdom
NE1 6ND

Study participating centre

Safe Link
Bristol
United Kingdom
BS1 4JQ

Study participating centre
Safeline
Warwick
United Kingdom
CV34 4RX

Study participating centre
Rosa
Rugby
United Kingdom
CV21 3WR

Study participating centre
Coventry Rape and Sexual Abuse Centre (CRASAC)
Coventry
United Kingdom
CV1 1ZA

Study participating centre
Gloucestershire Rape and Sexual Abuse Centre (GRASAC)
Gloucester
United Kingdom
GL4 0RU

Study participating centre
Essex Partnership of Rape Crisis Centres (Synergy)
Grays
United Kingdom
RM17 6LL

Study participating centre

RSVP
Birmingham
United Kingdom
B2 5RS

Study participating centre
Black Country Women's Aid
Walsall
United Kingdom
WS4 2HT

Study participating centre
Splitz
Trowbridge
United Kingdom
BA14 0XG

Study participating centre
Cambridge Rape Crisis Centre
Cambridge
United Kingdom
CB1 2AD

Study participating centre
Peterborough Rape Crisis Centre
Peterborough
United Kingdom
PE3 6LW

Study participating centre
Serenity SARC (Northamptonshire Healthcare NHS Foundation Trust)
Northampton
United Kingdom
NN1 5BU

Study participating centre

Umbrella (University Hospitals Birmingham NHS Foundation Trust)
Birmingham
United Kingdom
B4 6DH

Study participating centre
Teesside SARC (Safe in Tees Valley)
Stockton on Tees
United Kingdom
TS18 3TX

Study participating centre
ARCH North East
Middlesbrough
United Kingdom
TS4 3JL

Study participating centre
Victims First
Newcastle upon Tyne
United Kingdom
NE27 0QJ

Study participating centre
West Sussex County Council
Chichester
United Kingdom
PO19 1RQ

Study participating centre
Changing Lives
Gateshead
United Kingdom
NE11 0RU

Study participating centre

The Glade SARC (G4S)
Bransford
United Kingdom
WR6 5JD

Study participating centre
Axis Counselling
Shrewsbury
United Kingdom
SY1 1LY

Study participating centre
West Mercia Rape & Sexual Abuse Support Centre (WMRSASAC)
Worcester
United Kingdom
WR1 2LF

Study participating centre
Treetops SARC (Solent NHS Trust)
Cosham
United Kingdom
PO6 3EP

Study participating centre
Yellow Door
Southampton
United Kingdom
SO17 1QR

Study participating centre
Juniper Lodge SARC (Leicestershire Police)
Leicester
United Kingdom
LE3 6RJ

Study participating centre

Free from Violence and Abuse (FreeVA)
Leicester
United Kingdom
LE1 6XY

Study participating centre
East Midlands Children and Young People's Sexual Assault Service (Nottingham University Hospitals NHS Trust)
Nottingham
United Kingdom
NG7 2UH

Sponsor information

Organisation
Coventry University

Sponsor details
Vice Chancellor's Office
Priory Street
Coventry
England
United Kingdom
CV1 5FB
+44 (0)2477684031
csx300@coventry.ac.uk

Sponsor type
University/education

Website
https://www.coventry.ac.uk/

ROR
https://ror.org/01tgmhj36

Funder(s)

Funder type
Government

Funder Name

National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
Current publication and dissemination plan as of 18/09/2020:
The findings will be shared online (through the study website http://mesarch.coventry.ac.uk /whats-our-project-creating/) and through knowledge exchange events for a range of stakeholders, in academic journals and at conferences.
1. Effectiveness and cost-effectiveness of SARC and other sexual assault and abuse services provision of care for survivors of sexual violence and cohort studies of adults and children, with journal publications covering the following aspects: baseline and 6-month data; 1- and 2-year cohort findings; SARC qualitative evaluation study; and children and young people's study and economic evaluation.
2. Evidence briefings, available in electronic format from website with confidential evidence briefings for commissioners prior to publication
3. Database of participant contact details for those who consented to follow up after project and availability of anonymous dataset in repository at Coventry University
4. Resource/video for survivors, families, friends, public: 'How do I find support for an experience of sexual assault for myself or someone I know?'
5. Info available on project website
6. Best practice guidance and transferable recommendations to improve service provision, with focus on hard to reach groups
7. Five interactive knowledge transfer workshops on implementation of good practice
8. Infographic hosted on website and MS PowerPoint slides
9. Five progress reports and end of project report including full, executive and plain English summary available on website and MESARCH final conference

Intention to publish date
31/05/2023

Individual participant data (IPD) sharing plan
The data sharing plans for the current study are unknown and will be made available at a later date

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Previous publication and dissemination plan:
The findings will be shared online (through the study website), as part of a host of events for a range of people, in academic journals and at conferences.

Effectiveness and cost-effectiveness of SARC provision of care for survivors of sexual violence:
Publications and evidence briefings
From cohort study:
Publication of quantitative and qualitative findings on trajectories and outcomes
Brief version of the evidence released following publications Journal publication baseline/6m data
Journal publication 12m
Journal publication 24m
Journal publication of qualitative findings
Journal publication of economic evaluation Journal publication on children and young people study outcomes
Evidence briefings, available in electronic format from website and leaflets after publication
Confidential evidence briefings for commissioners, prior to publication
Conference

Participant cohort
A 'live' cohort of participants for future research
Database of participant contact details for those who consented to follow up after project

Resource for survivors, families, friends, public
'How do I find support for an experience of sexual assault for myself or someone I know?'
Leaflets distributed to NHS settings and community
Info available on project website

Best practice guidance
Best practice guidance and transferable recommendations to improve service provision, with focus on hard to reach groups
5 interactive knowledge transfer workshops on implementation of good practice A5 laminated poster, leaflets
Infographic hosted on website
and distributed via newsletter
MS PowerPoint slides

Summary reports
5x progress reports

End of project report
A report integrating findings
Full, executive and plain English summary available on website
International conference
MESARCH final conference

Planned publication in a high-impact peer-reviewed journal by 2023

IPD sharing statement
The data sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version V2.2	21/06/2019	30/08/2019	No	No
Participant information sheet		18/09/2020	18/09/2020	No	Yes
Protocol file	version V3.1	26/05/2020	18/09/2020	No	No
Protocol article		24/05/2022	27/05/2022	Yes	No
HRA research summary			28/06/2023	No	No
HRA research summary			28/06/2023	No	No
Results article		01/10/2024	21/10/2024	Yes	No