



## **Immigration Bill proposed amendment**

### **Charging for use of sexual assault referral centres (SARCs)**

*Clause 34, page 28, after line 23 insert –*

*"( ) Regulations made under section 175 of the National Health Service Act 2006 shall make provision to exempt from charges any services or treatment provided by or on referral from specialist services provided for victims of sexual assault to any person whether or not that person reports an offence to the police or other third party"*

Rights of Women proposes an amendment to the Immigration Bill to highlight that charging for NHS services creates a lacuna in which victims of sexual assault and rape who are subject to immigration control will face charges for services provided in respect of after care, the gathering of forensic evidence and HIV prophylactics.

NHS England has direct responsibility for the commission of services for people who experience sexual assault and rape. In partnership with the police, the NHS provides sexual assault referral centres to enable victims of rape and sexual assault to undergo forensic examination for the purpose of evidence gathering, whether or not the victim chooses to report the matter to the police. In the Government's *Call to End Violence Against Women and Girls*, the Government highlighted the problem of rape and sexual assault as gendered violence, and in the Government response to the Stern Review, stated that

*"The provision of multiple services in a safe and victim-centred environment should be the accepted standard."<sup>1</sup>*

In order to expand sexual assault services, and in response to the Stern Review's highlighting of the patchy support available to victims of rape and sexual assault, the Government committed to transferring responsibility for gathering forensic evidence to the NHS.<sup>2</sup> In the *Call to End Violence Against Women and Girls*, the Government highlighted their commitments to victims of rape and sexual assault. The initial strategic vision stated

*We need to improve our response to sexual violence overall and how we support the provision of services to victims of sexual violence to ensure they have access to adequate*

---

1 Government Response to the Stern Review, March 2011 p13

2 Government Response to the Stern Review, March 2011 p14

*support.*<sup>3</sup>

From 2013/14 commissioning for all sexual assault services falls to NHS England in combination with local authorities and police forces.<sup>4</sup> These services therefore fall under the umbrella of public health services. However, in the consultation document in respect of the Immigration Bill, no mention was made in respect of an exemption to charging for sexual assault referral centres; nor was this raised in the public bill committee proceedings.

It is difficult to see how the Government's commitments to end violence against women and girls, and to improve services provided to victims of rape and sexual assault can be met when certain individuals will not receive either healthcare or forensic examination at the point of use.

The proposals for charging for health services at point of entry for those who are ineligible for free healthcare applies to victims of crime who access sexual assault referral centres. We believe a clear exemption should be made for these services. The serious affects to charging for services include:

1. Charged services will limit the ability of the police to gather evidence, given that forensic examination takes place at a SARC or GP regardless of whether the victim is self referred or reports the matter to the police.
2. This may lead to sexual offences that would otherwise result in conviction either not being charged, or not leading to conviction because of an absence of forensic evidence. This in turn puts the wider public at risk of sexual predators.
3. This may also jeopardise larger crime-fighting efforts, including the elimination of human trafficking for sexual exploitation and forced prostitution; as the current exemption for Health Services extends only to those victims of human trafficking who have been formally identified as such through the National Referral Mechanism (NRM)
4. Those who have an irregular immigration status, such as victims of human trafficking, will be more reluctant to come forward at the risk of being charged for accessing services.
5. There is an increased risk of HIV, as sexual assault services are responsible for the distribution of HIV prophylactics following assault.
6. Victims of forced marriage, who may suffer rape or sexual assault as part of the context of forced marriage and whose perpetrators may also be charged with offences under the Sexual Offences Act 2003.

Given the importance given to the elimination of gender based violence in the Government's *Call to Action to eliminate violence against women and girls*, of which sexual assault forms a part, we believe that access to SARCs must form a part of the debate within the primary legislation. The importance of the issue is such that this access must not be left to secondary legislation which does not undergo the same level of parliamentary scrutiny.

---

<sup>3</sup> Call the End Violence Against Women and Girls, p15

<sup>4</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/06/130613-sec-exc-cvsa.pdf>

Whilst supporting the stand-part on clauses 33 and 34 proposed by the Immigration Law Practitioners Association (ILPA); we propose that the issue of sexual assault services is raised through an amendment to the primary legislation; it is critical for improving sexual assault services that access to these remain free to all victims regardless of immigration status.

For further information, please contact Frances Trevena or Cate Briddick at Rights of