RAPE: A FEMINIST ANALYSIS OF RECENT PUBLIC SERVICE PROVISIONS FOR WOMEN WITH PARTICULAR REFERENCE TO THE SEXUAL ASSAULT REFERRAL CENTRE

by

MARIAN FOLEY

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Department of Sociology

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failed to fit the stereotype of the classic 'rape victim', who were calm and in control, were often accused of lying. In the United States forces have accepted that you can't tell just by looking at the woman if the complaint is genuine. However, as we have seen in earlier chapters there are still categories of women who are less likely to be believed and who have less chance of getting their case heard in court. The rape trauma syndrome has not prevented the police from being biased against all women reporting rape, it has merely encouraged them to accept that the stereotype of the 'hysterical' woman reporting rape is just that - a stereotype, and that women who appear calm are just as likely to have been raped as those who are visibly distressed. Rape trauma syndrome has now become incorporated into many police training programmes in the United States (O'Reilly, 1974), and has also been used to give credibility to women in certain rape trials (Rowlands, 1985). In this country is has received a more muted welcome although some forces like the Greater Manchester Police include a discussion on it as part of police officers' training.

On the basis of their research, Burgess & Holmstrom (1974) developed a counselling programme based (like Sutherland and Scherl before them, see p. 241) on crisis intervention and the following assumptions: (1) that rape represents a crisis in a woman's lifestyle on the physical, emotional, sexual and social side; (2) that the goal of crisis intervention is to help the woman return to her previous lifestyle as soon as possible; (3) that the women were seen to be 'normal' women who had managed adequately before the rape; (4) as it is the rape which represents the crisis, problems not associated with the rape are not priorities to be addressed. Within this model there are two groups of women for whom crisis intervention would not be

ABSTRACT

The starting point of this thesis is an examination of recent changes in public service provision of services for women who have experienced rape. I focus on the Sexual Assault Referral Centre (SARC) in Manchester, using this case to open up discussion about the 'treatment' and 'management' of rape. The SARC is a joint initiative between police and Health Authority and I look at their respective interests in the centre.

My central argument in the thesis is that the recent British interest in services for those who have been raped/sexually assaulted, and the consequent growth of these services, reflect a particular medical ideology of rape which in general is not helpful to women, while recognizing that individual women may benefit. I develop this thinking to argue that service provision of this kind seeks to pathologize women by treating their reactions to rape as an 'illness' which needs medical intervention to be 'cured'. Drawing upon analogous work in medical sociology I show that women who fail to fit this model are further pathologized within the medical system.

I locate my argument in an examination of the national and local contexts which I seek to demonstrate provided the catalyst for changes in police handling of rape investigations. I argue that arising out of these circumstances the police have sought to establish their 'professionalism', using this as an ideological support for their practices. I look at the concept of professionalism and how it is used by police and medical personnel in their dealings with other associations which work in the field of sexual assault and victim support. This analysis covers the areas of professional attempts to incorporate the work of feminist groups but

without the political analysis informed by feminism; the pressure on feminist groups to 'professionalize'; the relation between voluntary associations working in the field of crime and assault, in particular the relationship between Victim Support Schemes and Rape Crisis Centres; the policies used by Government for funding work in the field of sexual assault and other crimes. The thesis concludes with an assessment of the workings of the SARC and the implication that I see for women's issues.

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INTRODUCTION

This thesis is about rape; it examines a number of issues which are all broadly concerned with events consequent on the reporting of a rape to the police. It is also about how medicine defines rape and how this particular definition shapes the provision of counselling services for women who have experienced rape. Medical definitions are independent of police activity, but where the two come together I argue that the result is a powerful frame for the management of rape.

I have come to identify these issues through examining the setting up and operation of the Sexual Assault Referral Centre (SARC) in Manchester. I stress that the intention in the thesis is not to produce a case study of the SARC, but rather to use the SARC as a backdrop against which to discuss the issues that I have identified. I have found the SARC instructive in thinking about rape for a number of reasons; it is the first centre of its kind in England; it encompasses police and medical interests in rape investigations and in the welfare of women who have experienced rape. The centre is the result of collaboration between the Greater Manchester Police Authority (GMPA) and the Central Manchester Health Authority (CMHA) and was opened in December 1986. Its existence reflects a particular model of thinking about rape investigations and the appropriate care and treatment services for women reporting rape. I use the material on the SARC as a lever to open up debate and discussion of broad, general topics which, although present in the SARC, are not confined to it.

In this introductory chapter I examine the circumstances which, I argue, led to the setting up of the centre. Some of the causal factors stem from general national events and issues but I will also argue that local conditions and local personalities in Manchester must be taken into account in understanding the centre's origins: there is the impetus given by national events and the exploitation of these to meet local circumstances. I turn first to the national issues which I argue informed the setting up of the SARC.

The centre was set up in the wake of a great deal of national public concern, of various kinds, about the way in which women were treated by the police and the judiciary in regard to crimes of violence against them; in particular, with regard to the issue of rape. Public concern about the judiciary's attitude to rape was sparked off by the actions of Judge Bertrand Richards who in 1982 fined a convicted rapist £2,000 because, the judge argued, the woman the offender raped was guilty of a "great deal of contributory negligence" (The Guardian, 6.1.1982). His remarks were widely reported in the media and a great deal of expressed public concern followed the publication of this incident. As a result of this concern the Lord Chief Justice, Lord Lane, set out guidelines for sentencing in rape cases (The Guardian, 16.2.1982, see appendix 1).

This event was shortly followed by a controversial decision to drop rape charges against three men in Scotland because there was insufficient evidence to obtain a conviction. Charges were dropped after a psychiatrist decided that giving evidence in court might cause the woman concerned 'irreparable mental damage' (The Guardian, 21.1.1982). The woman later brought a private prosecution against her attackers and the Scottish Solicitor-General, Mr Nicholas

Fairbairn, resigned over his handling of the matter (The Guardian, 22.1.1982).

It was not only judicial views on rape and rapists that aroused public interest at this time. This issue of how the police treated women reporting rape came under pubic scrutiny after police attitudes to rape were caught on camera, and transmitted to the pubic in a 'fly on the wall' BBC police series in February 1982. What the audience witnessed was a woman, who had come in to a police station to report being raped, having to undergo interrogation, bullying and disbelief by a team of three policemen and one policewoman. During the interrogation viewers saw and heard the woman questioned about her menstrual problems, previous sex life and her mental stability. Eventually the woman concerned was bullied into not pressing charges against her alleged attacker (The Guardian, 19.1.82). This particular programme of the police series caused a major public and media outcry. The police force responsible, Thames Valley, came under a great deal of public pressure, to explain the conduct of the officers in question, and the force's practice in regard to rape investigations.

The fact that the police series was filmed at all is indicative of the public concern and interest about the issues of policing which were raised at the time. The conventional police image, that of being impartial enforcers and upholders of the law, was being undermined publicly by corruption scandals and racist policing practices which precipitated the 1981 inner city riots. The April riots in Brixton, London, were followed by riots in the Toxteth area of Liverpool and the Moss Side area of Manchester in July, which in turn were followed by a number of smaller disturbances in many other

parts of the country (Graef, 1989). The television series was an attempt to film the police in their normal work, but the controversy surrounding the programme on rape caused many senior officers to complain that the series undermined the police in the eyes of the public. However, a National Opinion Poll taken after the series, found that it had not radically altered people's perception of the police, (Graef, 1989), but the programme on rape did lead the public to question police handling of rape cases. The series brought the issue of policing into people's homes, and as a result people were confronted with policing, (particularly with regard to rape), in a way they had not been in the past.

The documentary substantiated many of the claims made over a number of years, by feminist campaigners, about the way the police deal with women who have been raped. I would argue that this configuration of circumstances, namely the questioning of police probity in all areas of their work, together with the not altogether fortuitous showing of the Thames Valley documentary, resulted in the handling of allegations of rape becoming an issue for all police forces, not just for Thames Valley. Public disquiet at the way the Police dealt with rape investigations was strong enough to warrant a response from the Home Office. A circular on how the police should deal with rape investigations was dispatched to all Chief Constables (Home Office Circular, 25/1983, see appendix 2). Other Forces, for example The Greater Manchester Police, were asked by their Police Authority to account for the way in which they dealt with rape investigations. (Rochdale Observer, 10.2.82)

Many forces responded to public criticism, and the Home Office Circulars, by making some attempt to improve service provision for women reporting rape. For example, many forces now undertook to provide facilities which are used as 'Rape/Victim examination suites'. These are a room/rooms situated either in the Police Station or away from the Station, offering 'nicer' surroundings, more privacy, sometimes shower facilities, and enhanced medical facilities for women reporting rape. Many forces have attempted to increase the ratio of female to male police surgeons so that a woman may be examined by a woman police surgeon. In the majority of cases a woman's statement about her rape will be taken down by a policewoman. In some areas forces have established 'special units' to deal with rape investigations, eg. Thames Valley Police established an all women 'rape squad' and Police Women's Units were set up in West Yorkshire and in Worthing (Demuth, 1987; Korn, 1988).

The Greater Manchester Police (GMP) responded by establishing the SARC which, opened its doors in December 11th 1986. In line with its opening a policy statement was issued by the force, which stated that if a woman came into a police station to report a rape she should be taken directly to the SARC, after brief initial questioning. The GMP employs 6,965 officers who police the City of Manchester and the Metropolitan districts of Salford, Thameside, Stockport, Bolton, Wigan, Trafford, Bury, Rochdale and Oldham. The force area covers 495 square miles which is populated by 2,577,700 people (The Chief Constable's Annual Report, 1989, see also Map 1). As I stated earlier, the SARC was the first centre of its kind in England and the GMP hoped at the time of its opening that similar centres would be introduced throughout the Greater Manchester area (Brief, 1986), and

that it would act as a model for other forces (GMP report sent to the Home Office, 1987).

The SARC is a self-contained suite of rooms situated on the ground floor of St Mary's Hospital in Manchester. St Mary's is a busy and very prestigious maternity hospital situated a few miles away from

the city centre, in the Whitworth Park area of the city (see Map 2). The SARC is located in the force's 'D' division which contains a high student population as Manchester University and other educational centres are covered by this division. This division also covers the inner city areas of Moss Side and Hulme, which have a reputation for being dangerous areas. The suite consists of a waiting room, interview suite, medical/forensic examination room, interview room where statements are taken, shower, toilet, kitchen and linen room (see Site Plan 3).

The stated purposes of the centre on its setting up were as follows:

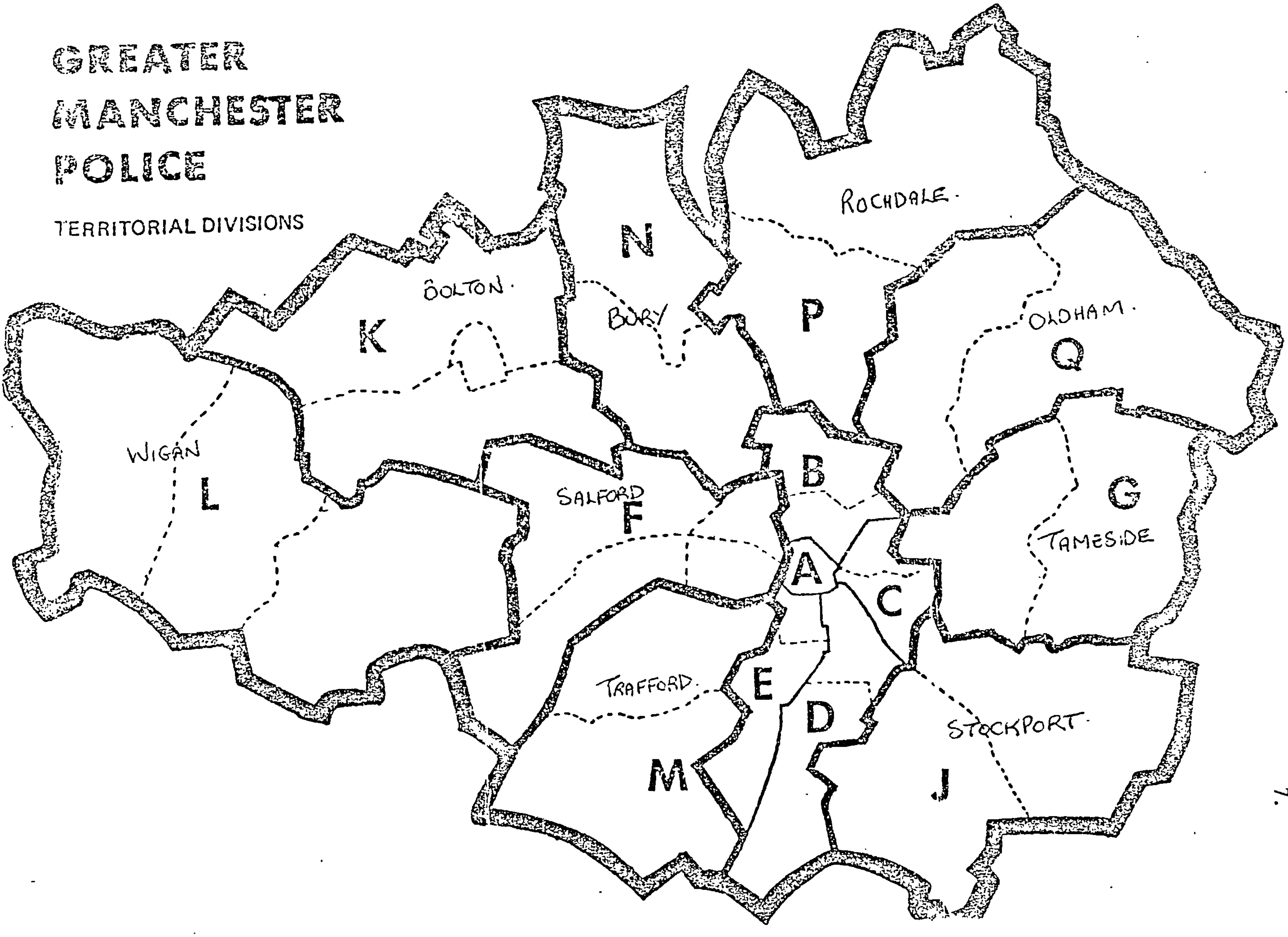
1. Good forensic medicine (the most important of all and without which the unit fails)

2. Medical care (a)immediate (b)follow-up

3. Counselling and after care

4. Research and evaluation of its work (Roberts,n.d.)

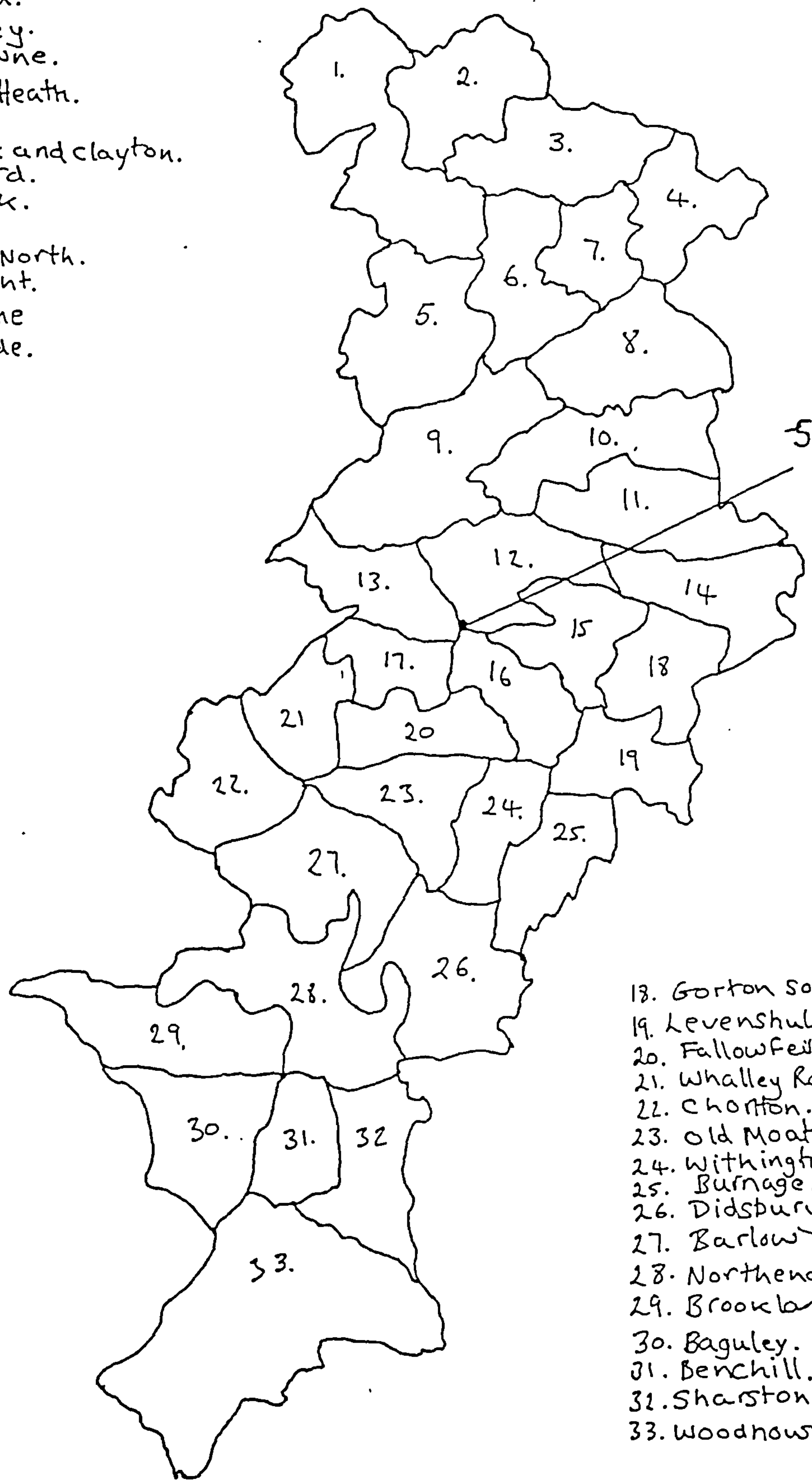
The SARC is open to any 'person' (my emphasis) who has been raped or sexually assaulted, not just to women, although it is women who overwhelmingly use the centre. For example, self referrals from men take up less than one per cent of those using the centre (SARC Open Forum, 20.6.89). The facilities it offers are similar to the



MAP 1

Manchester Wards Showing the S.A.R.C.

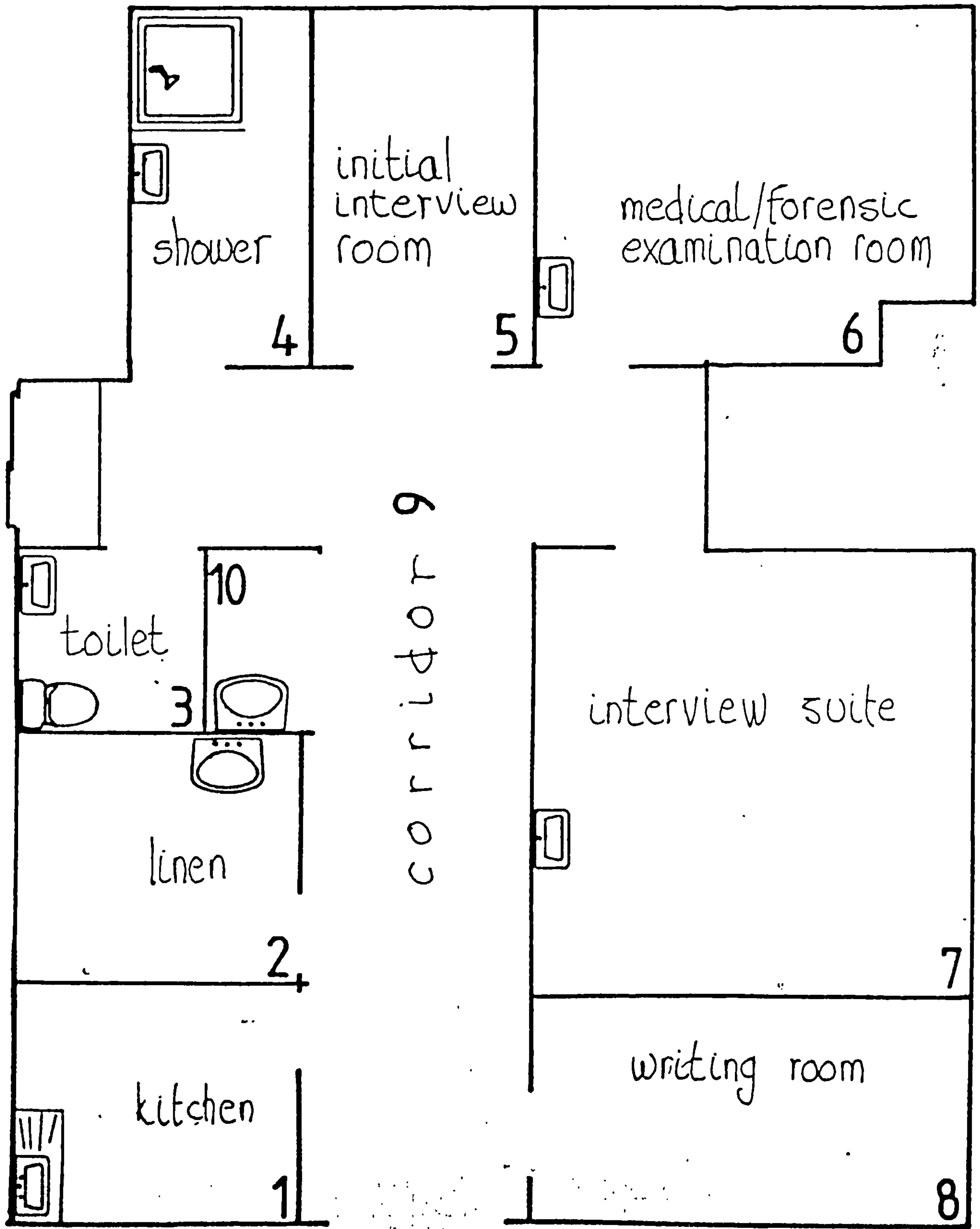
1. Crumpsall.
2. Blackley.
3. Charlestown.
4. Moston.
5. Cheetham.
6. Harpurhey.
7. Lightbowne.
8. Newton Heath.
9. Central.
10. Beswick and Clayton.
11. Bradford.
12. Ardwick.
13. Hulme.
14. Gorton North.
15. Longsight.
16. Rusholme
17. Moss Side.



18. Gorton South.
19. Levenshulme
20. Fallowfeild
21. Whalley Range.
22. Chorlton.
23. Old Moat.
24. Withington.
25. Burnage.
26. Didsbury.
27. Barlow Moor.
28. Northenden.
29. Brooklands.
30. Baguley.
31. Benchill.
32. Sharston.
33. Woodhouse Park.

MAP 2

SITE PLAN OF THE SEXUAL ASSAULT REFERRAL CENTRE



victim examination suites set up by police forces in other areas.

The SARC differs from the victim examination suites mentioned above in two respects. Firstly, it operates an open referral policy which means that it is open to women regardless of whether or not they have reported the rape to the police. However, as I will argue later in the thesis, the SARC appears to be seen primarily in terms of a facility for women reporting rape to the police, or persuading self referrals to report their rape to the police. It seems that from the very beginning the police saw the SARC in terms of reporting (or encouraging women to report) to the police; secondly, it is staffed by five counsellors who are employed by the CMHA. In this way the SARC represents the coming together of two important and influential institutions, those of law and medicine. Forensic evidence has always played an integral part in criminal investigations and especially in rape investigations, where it is seen as a primary factor in determining whether or not a case will get to court. However, with the SARC we can see medicine's influence expanding to encompass not only the collection of forensic evidence, but also the after-care of women who have been raped.

Competing claims have been made as to who was responsible for initiating the SARC. According to Assistant Chief Constable (ACC) Lees, the SARC was initiated after informal conversations between himself and Terry White, Unit Manager of St Mary's Hospital (Personal communication, 25.2.88). Despite such claims, Dr Roberts, a Manchester GP and Greater Manchester Police surgeon, had written the The Times as early as January 1982 suggesting the setting up of a SARC. Since that time she had continued to broach the subject of the need for such a centre, and in 1984 gave a seminar paper in

Manchester on 'The Need for a SARC in Manchester' (Roberts, 1984). Whilst Dr Roberts may have been the initiator of the SARC, it is clear that the SARC is the result of joint collaboration between the GMP, GMPA and the CMHA. This collaboration between the Police and the medical establishment is clearly reflected in the membership of the working party which was set up to explore the possibility of establishing a SARC in Manchester. Membership of this working party consisted of representatives from the police and the medical establishment. It included members of the police force, regional Health Authority, a consultant psychiatrist and a police surgeon. The total running costs of the SARC were estimated at £45,000 in 1986, with the GMPA financing the bulk of the centre's running costs and the Health Authority the daily running costs. An inner cities' grant of £20,000 was sought to cover the renovation costs.

The SARC is run by a management team which appears to be simply a more formalised version of the working party. This management team includes Dr Roberts, the Clinical Director of the SARC; Dr Duddle, a consultant psychiatrist; a police liaison officer; a hospital administrator; a senior nursing officer and one of the counsellors at the centre. A liaison Committee was also established to provide a forum for discussion between 'other professionals, voluntary workers and lay persons' (GMP letter to Home Office, 1987). As a forum for discussion it is not a policy making group and has no power to effect policy change. The SARC seeks to provide a medical and counselling service for anyone who has been raped or suffered a 'serious' sexual assault (Brief, 1986). In accordance with the opening of the SARC, GMP force policy instructs officers to inform women who report rape of the facilities available at the SARC.

Several reasons have been put forward by the GMP and those involved in the Centre, to explain the establishment of the SARC. These fall into the following categories: (1) To dispel criticism of the way police handle rape cases and to improve the number of reported rapes; (2) To enhance the quality of forensic evidence collected in rape cases; (3) To provide after-care facilities for 'people' (my emphasis) who have been raped/sexually assaulted. In the light of these objectives, I intend in the following chapters to examine the history of the GMP in relation to rape investigations; the response of the Police in England and Wales to public criticism of their handling of rape investigations; the increasing emphasis on professional services for women who have experienced rape and the impact of this on the voluntary sector; the increasing medical interest in defining the needs of women who have experienced rape and how these definitions shape service provision; finally, the tension between Government supported Victim Support Schemes and feminist Rape Crisis Centres will be examined. I see these as some of the broader issues which emerge for the SARC's operations although, as I remarked earlier, I do not wish to imply that they are peculiar and particular to the SARC.

SARCs have been established in other countries, notably Australia, Canada and the United States, for a number of years. These centres were set up in response to campaigns by feminists for better facilities for women and girls who have been raped. In New South Wales SARCs have been in operation since 1978; they are usually housed in a general hospital in city areas and community health centres in rural areas. The SARCs in New South Wales aim to provide twenty-four hour crisis counselling; immediate medical treatment, if

necessary; enhance the collection of forensic evidence; provide ongoing counselling and medical follow-up (Earle, 1988).

These Australian centres were used as a model for the Manchester SARC and one GMP officer travelled to Australia to obtain more information on how SARCs operated. Interestingly, although the SARC in Manchester used the Australian centres as a model, it differs from such centres in one very important respect. The Manchester SARC is a police and medical initiative and the centre is a police facility and police referrals make up the bulk of the centre's work. In New South Wales the police were not involved in the setting of the SARCs, but interdepartmental guidelines require police officers to refer women to such centres. However, there is evidence that the police have been unwilling to refer women to SARCs and that when they do, they refer only those women they believe to have been raped (Bureau of Crime statistics and research, 1985).

The SARC in Manchester presented itself through public meetings, media coverage and publicity material, as a centre offering professional medical help to women who have been seriously sexually assaulted (SARC Leaflet, n.d.). Its reporting of its activities shows, I argue, that the SARC saw itself meeting certain needs, for the police and the media the SARC was there to help women who have been attacked by offering counselling. This is, I argue, the dominant public presentation, the message given out to the local residents of Manchester and to a wider audience through national newspapers and television. This presentation contains a number of 'features' which convey the message that the SARC is there to help women. Particular emphasis in public reporting is given to the fact that the SARC is headed by a woman, the implication seems to be that

there is a natural affinity and understanding between women. Emphasis is given to the location of the centre in that it is neutral, it is situated in a hospital and not in a Police Station. Emphasis is also given to the fact that all of the counsellors are women, again the implicit message seems to be that this guarantees a sympathetic and supportive approach to women reporting rape. It is stressed that the police 'hand over' the women they refer to the Centre's counsellors who will then be responsible for the continued social welfare of each woman. Once the woman has been medically examined and has given a statement, the police have fulfilled their obligation to investigate a crime, it then becomes the duty of the counsellors to care for the women.

The SARC is constantly presented by the GMP, Dr Roberts the Clinical Director of the centre and the counsellors, as offering a professional service, and its professionalism is used to justify its work, stress its expertise and differentiate it from the work of feminist organisations which work in the same area but in the voluntary sector. The SARC's claims to professionalism are used to claim a superiority of service and emphasize the belief that as providers of a professional service they have more skills and expertise than those women who work in the voluntary sector, providing a service for women/girls who have been raped/sexually assaulted. It appears to be essential that they claim this expertise as it is this which sets them apart from feminist run Rape Crisis Centres, which have a much longer collective history and are relatively well known. So, when Dr Roberts' unpublished paper (1984) claims that,

> "There are no organised facilities for the after care and counselling of victims of sexual assault"
>
> (Roberts, 1984)

it is clear that she is discussing the lack of professional facilities. In discussing organisations such as Rape Crisis Centres she argues that,

> "These lay agencies do not have the expertise to cover all aspects of the problem they encounter"
>
> (Roberts, 1984)

In another article, written by Dr Duddle, the consultant psychiatrist at the SARC (1985), on the need for SARCs, we are informed that the Sexual Assault Centres in Australia chose that name to differentiate themselves from Rape Crisis Centres, which were largely feminist groups, which were "funded voluntarily" (Duddle, 1985:772), and staffed by "largely untrained volunteers" (Duddle, 1985:772). What seems to be being claimed here is that professional service is everything a voluntary service is not, and that because its workers are salaried, they are better trained and superior to volunteers. The term 'professionalism' seems to be used in numerous ways as a term of approbation and as a means of validating the service given by the SARC, and the contrasting notion of 'non professional' as a means of denigrating or belittling the service given by voluntary agencies. These common sense notions of professionalism need to be examined carefully in an attempt to understand the special characteristics of the Centre, as presented by the GMP and the staff of the Centre. I argue that in presenting the differences between the SARC and Rape Crisis Centres in this way, there is a reliance on commonsense notions of 'professional', which are complex and often lacking in

clarity. The many meanings attached to the word serve to promote a lack of specificity about the differences, while seeming, by the use of the word, to invoke them. 'Professional' becomes a blanket term which has a spurious precision and one which can be legitimately used to enhance any activity that it describes.

In general, increased professional interest in service provision for women who have experienced male violence has two major impacts on feminist run radical organisations. Firstly, it has sought to take over feminist run organisations, replacing feminist philosophies and objectives with their own, and in many instances expelling the more radical element (Pride, 1981; Hefland, 1987; Johnston, 1981). Secondly, in the fight for better funding and more credibility feminist groups have come under increasing pressure to professionalise and conform to the definition of issues given by professionals (Price, 1988; Toronto Rape Crisis, 1985). I argue that both these trends serve to define the issue of male violence as one in which the focus of attention of professional services is on the woman and away from the man. It seems that the providers of professional services want to help women, but they do not want to address male violence or to place it in the context of power relationships between men and women. In the coming chapters of the thesis I shall examine both the rhetoric of professionalism and the process of professionalisation and their results for services for women.

In providing professional services one of the most essential parts of team work and inter-agency co-operation is that each profession retains control over their area of expertise and there is a specialised division of labour. In the case of the SARC, the police

are responsible for the collection of evidence, and the counsellors are responsible for the long term welfare of the woman. However, given that the GMPA finance the bulk of the centre's running costs, it seems reasonable to suggest that there will be instances of conflicts of intent and purpose between the police and the counsellors. The kind of instance that I have in mind is the case of a woman who had used the centre to report an attack and who was arrested by the police on leaving the Centre for her involvement in a crime (SARC Management Committee Minutes,14.11.89).

The day to day running of the SARC is dominated by medical understandings of rape and it is this medicalising of rape that I would like to explore. The medical establishment has increasingly become involved in the issue of male violence against women. A plethora of mental health programmes have been set up to 'help' women come to terms with rape, sexual abuse of children and being battered. Medical jargon is increasingly being used to define women's experience of violence, explain their victimization and treat them. The result has been a move towards pathologizing women's behaviour while excusing or normalising men's (Edwards, 1989; Armstrong, 1990). The growth of treatment programmes has moved the focus of violence against women out of the realms of discussion in terms of male power, which is where feminists placed it, and into the realms of deviance and individual pathology. Armstrong (1990) argues that the application of a medical model serves to mask the political implications of male violence, thus protecting male power and the status quo.

Women's experiences of male violence have been lumped together under a 'syndrome' heading, so that we now have 'The Battered Woman's Syndrome' and the 'Rape Trauma syndrome'. As Kelly (1989) points out,

> "There is currently an unprecedented concern amongst health professionals about treating victims of rape and child sexual abuse. The beginnings of this concern can be traced back to the work of two women researchers in the US who introduced the concept of the Rape Trauma Syndrome - a model of women's short and long term response to rape. Whilst there has been a debate about the model in the professional journals no-one has questioned conceptualising the impact of rape as anything other than a medical syndrome."
>
> (Kelly, 1989:11)

Once women's reactions to male violence have been identified as a mental health problem then medical services become the correct site for treatment and rape becomes a medical issue.

Within this dominant medical model women's reactions to male violence becomes the focus for treatment. Women's reactions become the site for treatment, such treatment is often based on crisis intervention counselling. In line with this, the counsellors at the SARC have been trained in crisis intervention and psycho-sexual counselling techniques. Both forms of counselling are based on a specific understanding of 'normality' and specific understandings of 'recovery'. Both are concerned with getting the woman back to normal. In crisis intervention this means a return to the pre-rape state, and the counselling is geared towards this. Coming to terms with rape is not seen as an active process that a woman engages with and which allows her to explore her feelings and her understandings about the rape. It is not recognised that rape may change a woman's understandings of the social world and consequently her lifestyle.

Instead the impact of rape is a negative and static one and so by definition women's reactions to it also become negative. Indeed, according to this modeL, failure to return to this pre-rape state is a sure sign of pathology requiring a more specialised form of psychiatry.

Similarly, psycho-sexual counselling starts from the assumption of 'normal' sexuality, the yardstick for normal sexuality being heterosexuality or to be more precise a particular form of heterosexuality - one which involves penetration of the vagina by the penis. Any other form of sexuality or sexual practice is 'deviant' and 'immature' (Jehu, 1979; MacVaugh, 1979). Both models of counselling draw heavily on notions of 'normality' against which are measured women's reactions to rape. Should women's reactions and responses to rape fall outside of this dominant framework then women require specific psychiatric treatment to 'normalize' them.

Within the dominant presentation of the SARC, as a location where women who have been sexually assaulted are sympathetically received and supported in the immediate and longer term, there exists a number of other purposes that the centre serves, these are not necessarily secondary to the dominant presentation. For example, the Centre exists to enhance the collection of forensic evidence and free the police from the 'welfare' side of rape investigations and so allowing them to concentrate on the investigative side of the crime. I would also argue that the way in which the SARC see what they do and their definitions of what they do, actually operate to produce an end result which negates what they say they do. They say they are there to help women who have been raped, but the way in which they define rape and put their policies into action produce a result, I would

argue, which is at variance with this. I identify two main reasons for this: (1) The professionalisation of rape, (2) The medicalisation of rape. These processes serve to justify the Centre's work, but the consequences of what they do is to define attacks upon women and the experiences of women in certain ways, which rely heavily on culturally bounded notions of 'appropriate' help for women who have been raped, and on explanations of male violence which are inherent in professionalism. Women's experiences, and by definition 'recovery periods', are only permissible within this framework. Women who fall outside of it are, as a consequence of these definitions, considered to be deviant.

The British Government has become increasingly concerned with crime prevention and services for victims of crime. For example, it has updated its <u>Family Guide on How to Crack Crime</u> (Home Office, 1989), and has just produced the <u>Victim's Charter</u> (Home Office, 1990). The Government's concern with victims of crime is reflected in the increased funding of Victim Support Schemes (VSS). In 1979 the Home Office made its first grant to VSS, since then it has consistently increased that funding to £1.5m in 1987/88, to over £2.5m in 1988/89, to almost £4m in 1989/90 (Home Office, 1990). As a consequence of this financial support, the number of VSSs has risen rapidly and this growth and support has enabled them to extend their areas of work. In recent years this has meant a decision to undertake counselling work with women who have experienced rape. There is some evidence to suggest that the police and the Government find VSSs a better alternative to Rape Crisis Centres. For example, a recent leaflet published by the Home Office (1990), which deals with rape and violent male partners, has a list of places where women can go for help; VSS's are top of the list and RCC's are third on the list.

The final chapter of the thesis will examine this preference for VSS's over RCC's on a general level, but will focus in detail on the relationship between VSSs, Rape Crisis and the SARC in Manchester.

In this thesis I intend to adopt a feminist stance, as I understand the word, although I recognise that there are many different forms of feminism and feminist theory (Delmar, 1986). There has been a great deal of debate about the meaning of the word feminism and the implications of feminist theorising. Many black writers have stressed that whilst feminist theory claims to be discussing women's experiences and relationship to the social world, it is actually only discussing white, middle class women's experiences (Hooks, 1981; Bryan et al, 1985; Walker, 1984). In an attempt to redress this unbalanced and limited understanding of women's oppression, many writers have called for a more comprehensive understanding of feminism which acknowledges the differences between women, as well as the commonality of experiences, in the belief that this will lead to a richer and more accurate understanding of women's lived experiences (Lorde, 1985; Hooks, 1989, Rich, 1980).

I consider myself to be a feminist because I start from the premise that society is gendered and the division of society on the basis of gender cannot be ignored (Roberts, 1981) and that it is,

> "very apparent that distinctively feminist theory begins from the recognition that individuals are feminine and masculine, that individuality is not a unitary abstraction but an embodied and sexually differentiated expression of the unity of mankind."
>
> (Pateman, 1986:9)

Or, as Rich (1980) has argued,

> "Feminism means finally that we renounce our obedience to the father and recognise that the world they have described is not the whole world. Masculine ideologies are the creation of masculine subjectivity; they are neither objective, nor value-free, nor inclusively "human". Feminism implies that we recognise fully the inadequacy for us, the distortion, of male created ideologies, and that we proceed to think, and act out of that recognition."
>
> (Rich, 1980:207)

Feminism is also about recognising the differences between women and the recognition that other power structures such as race, class and sexuality interact with gender to create a diversity of lived experiences.

There has been much discussion about what makes a piece of research feminist research (Kelly, 1978). There is equally much discussion around the subject of a feminist methodology. Some feminist researchers have discussed how traditional sociological ways of doing research need to be reassessed and challenged. For example, Oakley (1981) and Finch (1984) both discuss how being a woman researcher influences (and should influence) interview techniques; the way in which the researcher interacts with the women participating in the research. Stanley and Wise (1983 & 1990) have defined a feminist methodology as that which acknowledges that our theory is derived from our lived experiences as women, that it should be open to change and that it should be accessible and not sacrosanct. However, there is nothing in this list which is peculiarly feminist and applicable to feminist research only. In terms of my research I believe what make it feminist is not the adoption of any particular research method but my political beliefs.

As many feminists have pointed out the historical construction of rape laws is a clear demonstration, or commentary, on women's lack of legal, social and human rights (Horos, 1972). As such, rape laws are a clear indicator of women's lack of democratic citizenship expounded by liberal democratic political theories (Pateman, 1986). Historically, rape laws developed as a crime against property not a crime against women. The unequal status of women in society was enshrined in rape laws which defined women as 'property' belonging to men. Hence, the crime of rape was interpreted as the theft of male property (Clarke & Lewis, 1977). In reality this has meant that men have been able to rape their wives with impunity since a man could not be found guilty of stealing his own property. Although, in some countries rape in marriage has now been made a criminal offence. This is also rooted in the concept of 'conjugal' rights' and central to this concept is the issue of consent. Once a woman has consented to the marriage she forfeits the right to withdraw her consent or provide services, including sexual services, for her husband and he has the right to force her to submit to his demands. Under patriarchal laws women are considered to be subject to men's rule and wives subject to husband's rule. Such claims are based on theories of the supposed 'naturalness' of women's subordination based on the belief that men are 'naturally' agressive and women 'naturally' passive; men are sexually active and women sexually modest, chaste, but at the same time also passionate. Thus women by their very 'nature' are destined to resist male sexual advances and men by their 'nature' are required to 'persuade' and if necessary force women into submission. This is embodied in the belief that when a woman says 'no' she means 'persuade me'. Essentially it gives men the right to disregard what women say since what women say is not what they mean and is not what they want. Consequently, a woman's refusal of

consent is never to be taken at face value. In short, what women say or consent to, especially in sexual matters, is denied and reinterpreted. In this way rape can be used as an example of women's lack of democratic participation (Pateman, 1986). These beliefs have led many feminists to stress that far from being a deviation in 'normal' male-female relationships, rape is an extension of it (Medea & Thompson, 1972; Griffin, 1979; London Rape Crisis Centre, 1984). Likewise, men who rape are not psychopaths who have deviated from our social norms but rather as Dworkin states, "rape is committed by exemplars of our social norms" (Dworkin, 1982:45).

My interest in this area of research is located firmly within the Women's Movement, my personal experiences and my experience as a Rape Crisis Line worker; it is important to acknowledge these as they shaped the research topic. In this sense my research topic was derived from my experiences and the desire to examine the ways in which powerful institutions define and manage women's experiences and understandings of male violence. It was as a worker for Manchester Rape Crisis Line (MRCL) that I became involved in discussions about the SARC. As a worker I was involved in discussions with the police officer responsible for liaison with the SARC and other personnel involved with the centre. I was aware that MRCL were being excluded from any formal discussions about the centre and that the information MRCL did get was often 'leaked' by sympathetic people. These early discussions around the SARC meant that I was already involved with the centre long before I officially set out to examine the implications of such a centre. It is within this political context that the research took place.

The data used in this thesis was collected in a variety of ways; through semi-structured interviews with members of the GMP and the West Yorkshire police force, counsellors working at the SARC and victim support scheme co-ordinators; postal questionnaires were sent out to all police forces in England and Wales and to victim support schemes in the Greater Manchester area; a letter was sent to all RCL's asking for information on their relationship with the police; documentary analysis; participant observation in which I attended some session on the Policewomen's specialist course at Sedgley Park and sat through a number of MRCL training sessions with police officers on the advanced sexual offences course.

Gaining access to those working at the SARC proved to be the major problem that I was to encounter in my research. Shortly after starting my research I wrote to Dr Roberts, Director of the SARC, asking permission to interview her and other workers at the SARC. When I failed to receive a reply I wrote a second letter to her requesting a meeting. Two months later I received a reply from Dr Roberts directing me to the forthcoming SARC Annual Report and declining an interview. On receiving this letter I wrote to Dr Roberts again, this time asking if I could interview the counsellors, but I never received any reply. It was not until I attended a public talk by Dr Roberts, over a year later, that I had the opportunity to ask her in person, once again, for an interview. This time she agreed to allow me to interview the counsellors at the SARC. Unfortunately, when I eventually went to interview the counsellors some of them were unhappy about the interview. They had been directed to speak to me but had not been informed about my research or why I wished to interview them. Consequently, some of them appeared to be ill at ease and defensive.

The GMP proved to be more helpful in terms of access and I was granted permission to interview two officers and to attend some sessions on the Policewomen's specialist course and the advanced sexual offences course. It was on the policewonem's specialist course that I once again encountered Dr Roberts, who was speaking about the role of a police surgeon in rape investigations. My presence in the class surprised and disturbed her to such an extent that she asked me to explain why I was there, the purpose of my research and suggested that the slide she was about to present would upset me (which it did) and tried to persuade me to leave the room, but I stayed to hear her talk. After a coffee break, the female officer in charge of the course called me out of the classroom and informed me that Dr Roberts was perturbed and wanted to talk to me in private. As I had no option, if I was to get back to the class, I agreed to see her. During our meeting Dr Roberts asked me to tear up the notes I had just taken in the class, on the basis that it had been a private session, but I saw no reason to do so. I returned to the class to hear another speaker. As I was about to leave the police college I was stopped by the female officer who had approached me earlier and she now asked me to tear up my notes. When I refused she informed me that she had promised Dr Roberts that I would not be allowed to leave the college with the notes. I asked her why she wanted the notes destroyed but did not receive a satisfactory explanation. As I was not allowed to leave the college with the notes on me and I would not destroy them, I was forced to hand them over in a sealed envelope, which she agreed to keep. Several months later, after repeated requests from my supervisor, the notes were finally returned to me. This illustrates the problem of access.

This thesis then, will use the SARC as a background against which to discuss some of the broader debates around the investigative role of the police in rape cases, and the increasing medical interest in treatment programmes for women who have been raped. By drawing upon the history of the SARC I intend to present some of the broader issues which its existence raises. The first chapter of the thesis will examine the national events and conditions which both challenged and changed the police's role in rape investigations. It is within this climate of change that the SARC must be situated. The second chapter will trace the local factors which provided a foundation for a SARC in Manchester. In the third chapter I focus on the medicalisation of rape, that is how medicine defines rape as a medical 'problem' and the consequences this has for managing counselling programmes for women who have experienced rape. The fourth chapter will focus on the increasing professionalisation of services offered to women and the impact of this process on women's groups in the voluntary sector. In the final chapter I intend to examine the work of VSS and their relationship with RCLs in order to tease out the political implications behind the funding of voluntary groups. Underlying all of these issues are political assumptions about rape which I feel are used to validate professional and police backed services at the expense of autonomous feminist groups like Rape Crisis.

CHAPTER ONE

POLICE RESPONSE TO RAPE

As I have already pointed out in the introduction, the catalyst behind recent changes in police practices regarding rape investigations and their much quoted new 'softly, softly' approach to rape, was the BBC documentary film in the 'Police' series. This film included a video recording of a group of police officers harshly interrogating a woman who had come in to the station to report a rape. Perhaps for the first time the way police dealt with women reporting rape became public knowledge and as a consequence the police role in rape investigations came under public scrutiny. The public reacted swiftly to the programme and there followed a public outcry. In response to the programme, women's groups organised a march through Oxford (Oxford Mail 20.1.1982) and in London women joined feminists, from the 'Women Against Violence Against Women' campaigning group, to lobby MPs at the House of Commons about their attitudes to rape (Morning Star 19.1.1982). Newspaper headlines ensured that the issue remained highly visible:

"Rape Police Act on T.V. Ordeal"
(Daily Mirror 18.1.1982)

"Rape Victim Is Shown Being Harshly Treated"
(The Guardian 18.1.1982)

"After this, will women still Report Rape?"
(Daily Express 19.1.1982)

"Raped! 'Why do The Police Have To Be so Nasty'"
(Daily Star 20.1.1982)

"Anger over rape-quiz T.V. Ordeal"
(Manchester Evening News 19.1.1982)

The force in question, the Thames Valley Police, were compelled to account publicly for the way in which they treated women reporting rape. Thames Valley responded to the documentary by reassuring the public that they would be reviewing their policy and by June 1982 they had established a special 'rape squad' of women officers dubbed 'Blue Angels' by the media. However, the impact of the programme was felt by forces up and down the country. For example, in Manchester the Chief Constable responded to the Greater Manchester Council Police Committee's concern over the way in which rape investigations were conducted by the GMP by stating:

> "I want to reassure the authority and the public that the Greater Manchester Police has always been very sensitive to the problems of women involved in this awful crime".
>
> (Rochdale Observer 10.2.1982)

The controversy surrounding rape investigations was such that the Home Office issued a circular (25/1983) to all Chief Officers on The Investigation of Offences of Rape. The Home Office clearly saw the Thames Valley Incident as an isolated case and began from the premise that most cases of rape were being treated sensitively by the police:

> "Chief Constables will be aware of the controversy about the investigation of rape cases. It is appreciated that the great majority of these cases are dealt with sensitively, with due attention to the advice offered in Home Office circulars 104 and 194 of 1976 on the treatment of complainants, but in view of the public concern which has been aroused, the Home Secretary considers that it would be helpful to draw attention to this advice and to bring it up to date."
>
> (Home Office circular 25/1983)

The circular deals with the initial stage of rape investigations; medical examination; further interviews; welfare; anonymity; follow-up action and training. A subsequent circular 69/1986 (Appendix 3) was issued in 1986 which dealt with The Treatment of Victims of Rape and Domestic Violence which drew attention to facilities for the examination of victims, information for victims and training police officers (Home Office circular 69/1986). This second circular deals almost exclusively with the victims' welfare and reflects a change in the law and order debate away from criminals and towards victims and crime prevention. It is within this broader context that police responses to rape can be located.

Under the 1964 Police Act responsibility for governing the police fell on to three bodies; The Home Office, Police Authorities and Chief Constables. On the surface the tripartite division between these bodies appears to offer the opportunity to exert equal control over the type of policing the public receives. But there is increasing evidence to suggest that the Home Office has greater power than Police Authorities to determine policing priorities. Reiner (1989) argues that over the last century police legislation has consistently enhanced the power of the Home Office; and that the Home Office has increasingly sought to influence policing through its advisory circulars. It seems that Home Office circulars exert more influence over Chief Constables than it would appear at first sight, and than the Home Office itself suggests. In theory these circulars act as guidelines for Chief Constables, in practice they may be considerably more influential. Whatever the level of influence they exert, they can only suggest, albeit strongly, how Chief Constables should respond to particular policing issues. They cannot force Chief Constables to comply with Guidelines. Nevertheless, Chief

Constables have accepted that central government, as elected representatives, have the right to influence policing policies and that the Home Office has the power to apply sanctions to errant Chief Constables. The Home Office has the power to withdraw funding although it is unlikely to ever do so and it also has the power to curtail promotion prospects for those who fall out of favour (Reiner, 1989).

Home Office circulars 1982 and 1986 suggest a number of changes in the way in which police forces deal with rape investigations. However, these circulars acknowledge that some forces are better resourced than others and therefore in a better position to put the recommendations into action. With this in mind, it suggests a number of alternative ways in which Chief Constables can improve service provision for women reporting rape, taking into account the financial viability of such projects. Consequently, forces have responded to the circulars in different ways and the type and quality of service provision will depend on the local policing context. This in turn is likely to reflect policing priorities in general, also understandings of male violence against women and whether the issue of rape is accorded a high or low priority in the area of a particular force. In this way the quality of service provision in rape investigations will be the product of the local policing context.

Although police forces throughout England and Wales have responded to the Home Office circulars, I stress again that the level of responsiveness varies a great deal from force to force and depends on an individual force's priorities and expenditure. In order to obtain information on how forces have responded to these Home Office guidelines I sent out a postal questionnaire (Appendix 4) to all

forces in England and Wales, which elicited a seventy per cent response rate. The information contained in this chapter is largely based on these responses.

For the purpose of this chapter I will look at some of the most publicly cited changes that have taken place in some forces as a result of the Thames Valley incident and the subsequent Home Office circulars. In particular, I intend to examine Rape/Victim examination suites; women police surgeons; the role of women police officers and specialist police departments. These are the changes which have received the most media attention and which have been frequently cited as evidence of a new and more sympathetic police approach to rape. One explanation for this view may be that these particular changes appeared to take up some of the demands made by women's groups, for example, it was in line with several of the suggestions made by London Rape Crisis Centre (Daily Mirror, 11.2.1982).

Rape/Victim Examination Suites

The 1983 Home Office circular states that women reporting rape should be medically examined prior to detailed questioning and that all medical examinations should take place,

> "In a proper clinical environment so as to reduce stress and produce an atmosphere of care and concern"
>
> (Home Office Circular 25/1983)

The 1986 Home Office guidelines elaborated upon the earlier guidelines and suggested that,

> "Chief officers may wish to consider whether the provision of special victim examination suites will be justified in their area, having regard to the prevalence of those types of offences where medical, toilet and interview facilities may be provided for victims away from the chargeroom and detention cells."
>
> (Home Office Circular 69/1986)

In accordance with these guidelines many forces sought to establish rape/victim examination suites. The popularity of such suites may well be linked to their value as a symbol of a new era of police sensitivity to women reporting rape. They were used as proof of changing police attitudes and they were a highly visible example of this change, one which could be scrutinised by the public and press in a way that attitudinal change cannot. Certainly the press have waxed lyrical at the decor of such suites (see The Newham/Docklands Recorder, 25.2.1988; The Daily Telegraph 25.1.1985). In this respect I feel that such suites have become a physical representation of what, at that time, was labelled the new police approach to rape. Whilst many forces utilised these suites, the size, location and facilities offered vary from force to force. However, they are usually furnished in a way which resembles a comfortable room in a house rather than a police station and contain a lounge (where the woman will give her statement), bathroom, and medical room.

The Metropolitan police have four such suites operational and are planning to open another four. Some suites are located within police stations (eg. West Yorkshire), some are purpose built (eg. London), others provide a separate room/s in hospitals, doctors' surgeries or clinics (eg. Hampshire). Some suites are housed in a separate building away from the police station. Once a woman has reported a rape to a police station, she should be briefly questioned at the

station and then taken to a rape suite. On arrival she is likely to be met by a woman officer who will probably take her statement, although this is not always the case. The woman will be medically examined by a police surgeon. After the medical examination she will be allowed to wash and change her clothing before giving a statement. Some forces will provide track suits or disposable clothing for women. The use of these facilities are only open to women who report rape to the police within a fairly short period of time after the attack, usually a week. This excludes those women who have been raped, but who do not wish to report the rape to the police, from using the facilities. In some areas such suites will also be used for child abuse cases, as for example, in West Yorkshire.

Although many forces have developed special rape victim examination suites, it is clear from my questionnaire survey that few rely on them solely and medical examinations are equally likely to be conducted in a doctor's surgery, Health Centre, special examination rooms, police stations, private facilities or a police surgeon's rooms. Many forces used a combination of these facilities, the choice of facility used being determined by where the rape took place. The following statements serve to illustrate this:

> "Where the woman is examined is dependent upon the location of the victim and availability of facilities."
>
> (Response to questionnaire)

> "In view of the large geographical area and small number of reported rapes, other rape suites are used, provided with the cooperation of other agencies."
>
> (Response to questionnaire)

In some forces the provision of specially designated rape suites is restricted to busy urban areas and women raped outside of these areas would not be transported there.

> "There is no referral policy due to the geography of the county as it is not felt desirable to transport the victim for unnecessary distances. The county is 80 miles wide and 50 miles deep, the positioning of rape suites is therefore difficult other than at the main work centres."
>
> (Response to questionnaire)

Another force used geography to explain its decision not to provide rape suites.

> "The use of the doctor's surgery is encouraged rather than having to travel between 40 and 50 miles with a distressed victim just to use specially provided facilities."
>
> (Response to questionnaire)

Other forces used special medical examination suites whenever possible.

> "All victims of rape and serious sexual offences ...... are interviewed wherever possible in these suites and there are force instructions to underline this policy for the information of all officers, particularly those investigating the offences."
>
> (Response to questionnaire)

The majority of forces provide a variety of facilities for medical examinations, which one is used will depend on where the rape took place. Those who do provide rape suites often situate them in urban areas. These suites have gained a great deal of media coverage but without proper monitoring it is difficult to determine their success

rate and whilst many feel that they are a vast improvement on previous police facilities, doubts have been raised about their lack of facilities for black women (Korn, 1988) and concern has been expressed about police reluctance to view rape as anything other than a stanger attack and their insistence that women who withdraw a complaint have made it up (Radford, 1989).

Women Police Surgeons

Home Officer circular 25/1983 recognized that women reporting rape might prefer to be examined by a female police surgeon rather than a man. Twenty two out of twenty eight forces who completed my questionnaire stated that women are offered the choice of a male or female police surgeon. The suggestion that female police surgeons should examine women who have been raped was, and still remains, a contested issue. For example, in January of 1982 Raine Roberts, a police surgeon working for the Greater Manchester Police (GMP), wrote to the papers stating that not all women were given the option of a female police surgeon (Manchester Evening News, 22.1.1982). The Chief Constable of the GMP, Anderton, replied by stating that a woman was usually examined by one of the divisional police surgeons but that if the woman requests a female police surgeon one can be found. Anderton claimed that it was not force policy for male surgeons to medically examine women (Manchester Evening News, 3.2.1982). This debate reached the national tabloids where Raine Roberts repeated her claim and stated that men objected to women being examined by female police surgeons because it would mean less work for them, which in turn would mean a loss of income since police surgeons are paid a fee each time they are called out to examine a patient (The Daily Mirror, 12.2.1982). At the time of this debate there were thirty-five male police surgeons employed by the GMP and two women police surgeons.

In practice women's choice of a woman police surgeon, should they feel assertive enough to request one, would have been severely limited by lack of numbers.

This position is not greatly different in many forces. Of the twenty-two forces which stated that women were offered a choice of female or male police surgeon, seven said that the choice depended on the availability of a female police surgeon. In real terms women's choice is limited by a lack of female police surgeons.

> "In areas where a female police surgeon is available a choice is given."
>
> (Response to questionnaire)

> "She is told that if she has a preference for a female doctor one can be found, however, there are few female doctors available."
>
> (Response to questionnaire)

> "In practice there is only one female police surgeon in the county out of a total of thirteen."
>
> (Response to questionnaire)

In six other forces women are examined by a male police surgeon unless they specifically request a female surgeon and even then one cannot be guaranteed.

> "In the main male police surgeons are used, but if the victim specifically asks for a female doctor, every effort will be made to meet her request."
>
> (Response to questionnaire)

> "Female police surgeons are rarely available in this police area. If the complainant insists on seeing a female doctor all efforts are made to make available a female police surgeon."
>
> (Response to questionnaire)

> "There are no female surgeons available at present but arrangements to make some available are advanced."
>
> (Response to questionnaire)

It is clear that women's option to choose a female or male doctor is in practice severely limited by lack of female police surgeons. If women are to be given a real choice it seems necessary that forces have a real committment to encouraging women to become police surgeons. There is also the issue that in many forces the onus on asking for a female police surgeon is placed on the woman reporting rape. If women do not know that they are entitled to be seen by a female police surgeon they are unlikely to ask for one. One way of rectifying this situation would be to make sure an adequate number of women police surgeons were trained and to ensure that they were always called upon to carry out the necessary medical examinations in rape cases, unless the woman reporting rape stipulates otherwise.

Twenty five forces stated that a medical examination is usually carried out after initial questioning of the woman reporting rape and that the questioning is kept as short as possible. It is worth noting that many forces who responded to the questionnaire, use qualifying words such as 'usually' and 'generally'. For example:

> "Generally only preliminary questioning would take place before a medical examination."
>
> (Response to questionnaire)

> "After briefly establishing the allegation arrangements are usually made to have the victim medically examined before any detailed interviewing or statement taking."
>
> (Response to questionnaire)

The motivation behind the initial questioning is to establish the complaint and to establish the identity of the assailant. Given that many forces used qualifying words when describing force practice this may imply that those women whom officers believe to be lying will be given an examination only after lengthy questioning or may be denied an examination altogether. For one force the purpose of an early examination related to the collection of forensic evidence; if this was no longer a priority, as in the case of late reporting, the medical examination would only take place after the woman had given a full statement.

> "In such cases of late complaint where medical examination to obtain forensic evidence is not urgent, questioning and statement will precede examination."
>
> (Response to questionnaire)

For another two forces the timing of the medical examination depended on the availability of a police surgeon.

> "The victim is medically examined as soon as the police surgeon is available. Questioning occurs before/after as each situation dictates."
>
> (Response to questionnaire)

> "There is no set procedure. Each case is taken on its merits and the medical examination is usually made as soon as possible. This is often conditioned by the availability of the police surgeon."
>
> (Response to questionnaire)

Finally, one force mentioned the need for the woman reporting the rape to give a verbal account of what had happened in order to establish the following:

> "(A) The report is indeed a rape - many occasions arise which are reported as rapes but are not so after careful examination.
>
> (B) The scene to protect and examine it for forensic evidence.
>
> (C) An offender's name and description."
>
> (Response to questionnaire)

For this force the first priority appears to be establishing whether or not women are telling the truth and as this is likely to be a very drawn out process, this verbal account will probably be a very lengthy one.

<u>Gender of Interviewing Officers</u>

Although the Home Office circular (25/1983) does not specifically state that women police offices should interview women who have been raped, it does say,

> "Consideration should always be given to the participation or presence, where practical, of a woman police officer."
>
> (Home Office circular 25/1983)

All of those forces which replied to my questionnaire appeared to comply with this request and in the majority of cases women were usually seen, at least initially, by a woman police officer who will take her statement. In some cases a woman will be interviewed by a male officer with a female officer present. Women's groups have been

insisting for a long time that women reporting rape should be interviewed by a female officer (Daily Mirror, 11.1.1982) but some forces have been, and still are, resistant to this idea. There has certainly been a great deal of debate on this issue and some have argued strongly that individual qualities of the interviewing officer rather than the sex of the officer is the essential requirement (Blair, 1985). However, as I will argue later, the macho culture operating within the police force and in particular the way it perceives women and crimes against women, seem to act strongly against male officers being able to interview a woman reporting rape in a sensitive way.

When male officers interview women in the presence of a female officer, it seems to be based on the premise that her presence will prevent the male officer from aggressive questioning, as well as offering support and reassurance to the woman being questioned. However, given that women officers trained to do this task have usually only been in the force for a short while (according the the questionnaire on average two years), it seems highly unlikely that they will be in a position to question or complain about their male colleagues who have longer service and more experience. They are likely to be further inhibited by the nature of the police hierarchy since the officers in charge of rape investigations will be more experienced officers from the CID. Within the official police hierarchy CID officers are not automatically of a higher rank than their uniformed colleagues, however, unofficially, they have a higher rank conferred on them by virtue of the selection process, specialist training and reputation for being skilled detectives. As specialists they are officially in charge of rape investigations and unofficially

they are considered to be senior to uniformed officers of the same (or even higher) rank.

In many forces women officers will take the initial statement but male officers may interview the woman at a later stage if they need to. In certain circumstances, women may be subjected to harsh questioning at a later date after the initial statement has been taken. In this way harsh questioning is merely delayed. Finally, it cannot be assumed that women officers will automatically be sympathetic to women reporting rape. There is extensive evidence to show that women police officers face discrimination and sexual harassment at work, have a difficult time being accepted by their male colleagues and hold a very tenuous position within the force. (Martin, 1980; Jones, 1985; Radford, 1989). Given their tenuous position in their forces it seems unlikely that all women officers will be completely free of dominant police attitudes to rape. Some women officers are likely to find themselves in the unenviable position of doing men's dirty work for them, for, as we shall see later in this chapter, some women will be chosen for this work for their ability to identify 'genuine' rape complainants.

Specialist Training

Both Home Office circulars (25/1983; 69/1986) stressed the need for specialist training for rape investigations and most forces do provide some form of training on rape investigations. Some forces nominate women officers to go on a course, usually on the basis of their experience, but in other forces it is compulsory for all women officers to attend such courses. Male officers are usually chosen on the basis of their rank, although in some specialist units they will also be chosen for personal abilities, eg. West Yorkshire. Three

forces who responded to the questionnaire did not offer specialist training. The existing training courses for rape investigations are rarely geared to attitudinal change, that is strategies or training that might challenge traditional notions of how rape 'victims' are supposed to act and such courses do not challenge prevailing myths about rape and rapists. How these myths affect police attitudes towards women reporting rape will be dealt with later.

Specialist Police Departments

As a result of the Home Office circulars (25/1983; 69/1986) and pressure from women's groups and the media, some police forces have established Police Women's Units. These have been established in Glasgow, Leeds, Huddersfield, Bradford and Worthing. The Policewomen's Unit in Worthing was established for a trial period of a year and the areas of work covered by the unit are as follows: child physical and sexual abuse; missing persons; liaison with other agencies on juvenile offenders; interviewing and support for women who have been raped or sexually assaulted; referral and support for battered women; liaison with social services; general referral point for liaison between police, social services and other welfare agencies; playing an advisory role for other officers within the force requiring information, (Demuth, 1987). When the Worthing police Women's Unit was reviewed at the end of its trial period,

> "Sussex Police decided to allow sub-divisions to set up units, if they wished. However, they were to be called Special Enquiry Units and were not necessarily to be staffed exclusively by women."
>
> (Demuth, 1988)

The West Yorkshire Police Women's Specialist Unit had an equally short life span. When it was initially set up in 1985 it had six workers, two sergeants and four WPC's who were split into two geographical areas, Leeds and Bradford. The unit dealt with 'victims' of rape and 'domestic' violence and it operated on a 24hr call-out basis. In July 1986, after a review, the unit was increased to nineteen, who were now split into three areas, Leeds, Bradford and Huddersfield. At the same time the work of the unit was broadened to encompass child abuse. Interestingly, the number of women reporting rape has remained fairly constant but the number of child abuse cases has rapidly increased to become the Unit's major workload.

In January 1989 the West Yorkshire police decided to replace the Police Women's Specialist departments with eight Domestic Violence and Child Abuse Units. The new Domestic Violence and Child Abuse Units are still victim oriented but they also deal with the offender. This change in name suggests that rape is no longer seen to be a top priority by the force. The new units reflect the 'post' Cleveland[1]

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[1] Refers to the controversy surrounding the number of child abuse cases diagnosed in the Cleveland area between the spring and summer of 1987. By June of that year the total number of sexual abuse referrals to Middlesbrough General Hospital had peaked to 110. The controversy surrounding the figures, diagnosis and Cleveland Social Services Department dominated the media. In the distorted media coverage that followed two women in particular were singled out and pilloried by the press. These were Dr Marietta Higgs, a paediatrician at Middlesbrough General Hospital, and Sue Richardson who was a senior social worker for Cleveland Social Services. Both women were accused of excluding the police from child abuse investigations by local labour MP Stuart Bell. He was later to accuse Cleveland Social Services of 'empire building'. This media coverage created a national controversy and the pubic disquiet it generated, because people could not accept child sexual abuse could happen on this scale, only began to abate when the Health Minister, Tony Newton, announced a judicial

concern with child abuse as well as attempts to improve the service for women who have been battered. One police officer I spoke to mentioned that the Policewomen's Specialist Departments had a bad image; male officers labelled them as lesbians and they were seen to have a feminist role which was out of control. The new units are mixed as West Yorkshire police believe that personal qualities are more important than the sex of the interviewing officer. (Personal communication, 25.10.1989)

Paradoxically the fate of these Policewomen's Specialist Department mirrors earlier debates around their predecessors in the police force. When the police allowed women to join their ranks in 1919 it was not on an equal footing with male officers. Women were paid less and were restricted to working with women and children. Some argued that this work gave women officers a jaundiced view of men and others argued that women should be allowed to participate in policing in the fullest sense and should not be restricted to a particular type of work. With the advent of the 1975 Sex Discrimination Act these specialist Police Women's Departments were abolished. When the controversy over the Thames Valley police broke out there were calls for women officers to return to their former specialist work. As we shall see later, male officers favour a return to a more restricted role for women. Women officers on the other hand are against it. Ironically, the newer Policewomen's Specialist Departments in West Yorkshire had a very short history. The women officers working

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enquiry. The enquiry was presided over by Mrs Justice (now Lord) Butler-Sloss. (For a full account see B. Campbell, <u>Unofficial Secrets</u>, 1988. For an account of media coverage of the affair, Pauline Illsey, <u>The Drama of Cleveland</u>, 1989)

within them were accorded a low status and the work was seen as 'soft' policing; male officers found it threatening and accused women officers of being too feminist. The problems facing women officers will be examined in more detail later in this chapter.

The Future

Many forces have gained much public relations mileage out of the 'new response to rape' and have attributed increases in the number of reported rapes to the success of their more sympathetic approach. (Daily Mirror, 12.6.1985; The Guardian, 31.7.1985; The Guardian, 21.11.1985)

Eleven out of the twenty-eight forces who replied to my questionnaire felt happy with what they offered either because they felt services matched the number of reported rapes or because they felt they were the most advanced force. For example:

> "Present requirements are adequate given the number of reported rapes."
>
> (Response to questionnaire)

> "I feel that in recent months this force has moved to the forefront in respect of facilities and attitudes now offered to victims of rape and there are no obvious improvements that can be made at this stage."
>
> (Response to questionnaire)

Those forces which said they were happy with the facilities offered were not without their problems; most notably they had a lack of women police surgeons and it seems odd that they failed to recognize this. Of the remaining nineteen forces where disquiet was expressed about the services they provided, seven wanted more rape suites, one

required full time police surgeons and another training in counselling and interview techniques. A further two forces wanted to establish specialist units to cover all 'allegations' of sexual abuse, five wanted more women police surgeons (one of these also wanted better examination facilities and more comprehensive training), two forces wanted video recordings of interviews and one wanted to use tape recordings as admissible evidence in court. One force wanted to delay statement taking, have partitions in court and abolish old style committal proceedings so that a woman would only have to give evidence on one occasion. Another force wanted to see rape cases being put at the top of the Crown Court list so that women would not have a prolonged wait before the case came to court.

From the questionnaire responses we can see that forces have, to varying degrees, taken up some of the recommendations of the Home Office Circulars 1982 and 1986. Perhaps the most notable changes being the emergence of rape/victim examination suites, specialist units and departments which deal with sexual assaults and the training of more female officers to take a woman's statement. There has certainly been a great deal of media coverage on rape/victim examination suites. The amenities provided in such suites point to an improvement in police facilities for women who have been raped. Media and police attention have focussed on rape suites as evidence of a change in police attitudes towards women reporting rape and as a guarantee that women who report will be treated with sympathy and understanding. But the suites themselves represent a change in the quality of service provision and this should not be confused with attitudinal change. Improvements in facilities may reflect a change in attitudes but without close monitoring of police practices this remains difficult to determine. At the moment there is little

evidence to suggest that the suites represent a major shift in police understandings of rape. From the responses to my questionnaire it is clear that the police still tend to view rape as a stranger attack and since some forces clearly believe that you can tell, often just by looking at a woman, a genuine from an non-genuine complaint it seems probable that only those women who the police believe to be telling the truth will be able to use such facilities. It has also been pointed out that the police ideology of rape will ensure that,

> "the gap in understanding between women's experience of rape and police understanding and practices remain as wide as ever."
>
> (Radford, 1989:7)

It also seems clear that the provision of services will to some extent be dependent on financial resources and the number of recorded rapes. How police forces divide up their budget is itself a political choice guided by a particular force's policing priorities. These will differ from force to force and over time may be superceded by fresh public concerns or Home Office directives. Already many forces have moved from rape on to child abuse and 'domestic violence'. In West Yorkshire this changing emphasis is reflected in the Domestic Violence and Child Abuse Units set up in 1989. A recent speech by the Home Office Minister, John Patten, underlines this change in emphasis:

> "We have got the problem of rape more into the open, and we are getting a much truer picture of child abuse. Domestic violence is the next one to crack."
>
> (Sunday Mirror, 18.4.1990)

As police forces move on from one crime to another, force priorities will change and spending may well be switched to new areas of concern. In order to ensure that his does not happen and that forces remain committed to improving the facilities for women reporting rape, it is necessary to constantly evaluate police practices.

The Police Context

Whilst most forces have made some attempt to improve facilities for rape investigations in order to encourage more women to report rape to the police, we need to place these developments within the wider policing debates around crime and crime prevention. In particular we need to look at how crimes against women are understood and how they are policed; male attitudes to women and rape; notions of crime prevention; women's role within the police force. This context is important because it will tell us something about the attitudes of the police to crimes of violence against women. If these changes in police practice are to mean anything, there must be a corresponding shift in police thinking around the whole issue of male violence.

Over the last twenty years various scandals about policing have moved debates about types of policing and, in particular, police accountability firmly on to the political agenda (Reiner, 1989). In many ways these debates around policing have transformed the image of the British police. Indeed Roger Graef (1989) has labelled the 1980's a 'decade of trouble' for policing and it has certainly been the decade in which the nostalgic, if mythical, images of the local bobby were laid to rest forever. Riots in 1981 and 1985 and the 1984-1985 miners' strike changed the public face of policing. The nice cosy image of the uniformed 'bobby' was challenged (Stephens, 1988) and replaced by a military clad figure complete with riot

shield. Urban forces focussed their attention on public order training and some forces were more than prepared to resort to plastic bullets and quell future expected riots. In short we have witnessed a shift from the concept of policing by minimum force to paramilitary policing (Northam, 1988). The riots were a response to earlier heavy handed policing in predominantly black areas. After the 1981 urban riots in Brixton, Toxteth and Moss Side that I referred to previously, the police attempted to make good their image and forces adopted 'community policing' in line with Scarman's (1981) recommendations[2]. There has been much controversy within forces themselves as to the efficacy of community policing and many officers are inclined to view it as 'soft' policing (Chesshyre, 1989; Graef, 1989; Holdaway , 1983).

In recent years we have seen many forces talking about the need for a multi-agency approach to policing, especially since Cleveland (See footnote[1] page 18 for discussion of Cleveland). Finally, the decade has ended with a lot of attention being placed on police corruption; in July 1987 a Metropolitan police sergeant and four police

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[2] Refers to the formal Government inquiry set up after the 1981 Brixton riots and headed by Lord Scarman. The inquiry was critical of the policing strategies adopted in Brixton, in particular the police operation codenamed Operation Swamp in which police officers saturated Brixton in order to stop and search black people. This created a high level of tension which, coupled with the poor living condition in inner city areas, were pinpointed by the Scarman inquiry as the primary cause of the riots. In his report Scarman called for a more sensitive approach to the policing of black areas.

constables were sent to prison for the 1983 Holloway Road incident[3]; the release of the Guilford four[4] came after it was finally admitted that the evidence was fabricated by the police.

The West Midlands police were forced to disband its Serious Crime Squad after evidence of corruption that went back over many years (The Guardian, 16.8.1989). A judge awarded record damages to a man who had drugs planted on him by the Metropolitan Police (The Guardian, 6.12.1989). More recently (1990), the police have once again been accused of instigating violence at the national Poll Tax demonstration as they were also accused in 1989 (The Guardian, 2.4.1990). As Chesshyre (1989) points out, some juries in London became reluctant to convict on police evidence alone and the Metropolitan police were forced to hire a consultancy firm in an attempt to improve their public image.

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[3] In August 1983 five teenagers were walking down Holloway Road, London, when a police van drew up. Some of the officers jumped out of the van and assaulted the teenagers. It took the Metropolitan police two year to find and charge the officers responsible, as the investigation could not find officers willing to speak out against the perpetrators of this act. This incident has come to exemplify the extent of group loyalty within the police force and individual officer's unwillingness to break ranks even when their colleagues have committee a crime.

[4] The Guilford Four refers to Paul Hill, Gerry Conlon, Carol Richardson and Paddy Armstrong, collectively known as the Guilford Four, who were jailed in 1975 for the Guilford and Woolwich pub bombings. During the trial the four told the court that they had been ill treated by the police and forced to confess to crimes they had not committed. They were found guilty and spent fifteen years in jail protesting their innocence and aided by their supporters vigorously campaigned against their sentences. In October 1989 the court of appeal finally acknowledged that the evidence in the original trial had been fabricated by the police and police officers had lied to the court and that the four had been wrongfully imprisoned. All four had their sentences quashed.

It is within this changing context of policing and police priorities that we need to examine police initiatives around rape, especially in regard to how police culture comes to define crime and criminals. According to police culture, as presented by Reiner, the police perceive themselves as the 'thin blue line', the last wedge between order and disorder and chaos (Reiner, 1985). The police are preoccupied with the need to control the public in order to prevent disorder (Stephens, 1988) which produces a 'them' and 'us' outlook (Chesshyre, 1989), within which the population is divided into various categories (Holdaway, 1983; Reiner 1985). Central to this 'cop-culture' is the image of 'action'. 'Real policing' involves danger and excitement and 'getting bodies', ie. making arrests. It is 'arrests', not offering a service to people, that constitutes the real ethos of policing (Cain, 1973; Holdaway, 1983; Reiner, 1985, Graef, 1988; Chesshyre, 1989).

Despite this ethos of action, the majority of police work is involved with the mundane (Holdaway, 1983). Research carried out by the Home Office concluded that the majority of people who initiated contact with the police were not reporting a criminal offence but required information and advice. Contact initiated by the police, however, was almost wholly concerned with crime. In essence, the research highlighted the existence of a gap between public and police priorities, with the public requiring a service and the police requiring arrests. A divergence of interests which they attribute to police culture which focusses on catching criminals (Southgate and Ekblem, 1984).

Certain aspects of policing, for example policing riots or the miners' strike, are frightening but they also contain all the essential ingredients of police work. They are what real police work is all about - maintaining law and order, protecting British society from the evils of groups of deviants. Other parts of policing are perceived to be less exciting, for example crimes against women are often seen to be the 'rubbish' work (Graef, 1989; Reiner, 1985). Crimes of violence against women are not seen to constitute a real crime, particularly in those situations where the woman knows her attacker. Radford (1987) argues that historically women have rarely been seen to constitute a threat to the social order in the same way that other groups have, but that when women have organized autonomously they have been heavily policed. However, on the whole the state expects individual men to control and police individual women (Radford, 1987). In this way the state has condoned and continues to condone violence against women especially in the family. Women who step out of line, that is who refuse to be controlled by men, become legitimate targets.

Policing has consistently refused to take crimes against women seriously and has consistently come down on the side of men who choose to punish 'their' (my emphasis) women. For example, police unwillingness to accept that violent attacks committed by men on women in the home are serious crimes. Women have in turn given the police a vote of no confidence; many surveys have shown that women often decide not to report attacks to the police. In Manchester it was estimated that almost seventy per cent of women who had been raped, sexually assaulted and suffered indecent exposure did not report to the police (Police Monitoring Unit, 1987). A national

survey by a women's magazine concluded that seventy six per cent of women who have been raped do not go to the police (Womans's Own, 1986).

A survey of women in Wandsworth found that reports to the police were made in less than twenty five per cent of incidents mentioned in the survey. Reasons for not reporting were,

> "Women did not think the police were concerned about routine sexual and racial harassment; they did not think that the police could or would do anything about the incident; they know the police were unpleasant to women reporting sexual attacks and unsympathetic to women generally; it was the police themselves who were responsible for the harassment; or the women just wanted to put the incident out of their minds and get on with life".
>
> (Radford, 1987:36)

The majority of those who did report were not happy with the treatment they received. The police were accused of being uninterested, slow to respond; not following up the complaint and failing to keep women informed; expressing attitudes which were racist and/or hostile to women. Less than one per cent of the women surveyed called for more policing. Eleven per cent wanted more foot patrols but they wanted these officers to be more sensitive both to them and those living in the area. Twenty eight women mentioned community policing, and of these thirteen women adopted a multi-agency approach to policing and fifteen wanted community policing which entailed more local accountability to the public. In a survey carried out in Manchester seventy six per cent of women who had been raped did not report to the police. The main reasons given for not reporting were: women could not stand the thought of police questioning (61%); women thought that they would be disbelieved

(35%); they didn't think the police could do anything (30%); or were too frightened (6%); or too young at the time (5%); they did not want to upset the family (1%); for other reasons (19%). (Police Watch, 1987)

Crime Prevention

Debates about policing have become more concerned with the issue of crime prevention, with the Home Office and Police promoting the ideology, through crime prevention booklets, of the police and community forming a partnership to crack crime. As Harvey et al (1989) point out,

> "The spirit embodied in the influential Home Office Circular 8/84 serves to spread crime prevention responsibility throughout the community, and that has been echoed in most official statement about crime prevention of the 1980's."
>
> (Harvey et al, 2989:83)

This corporate approach to crime prevention was favoured by Home Secretary Douglas Hurd, who argued that the reduction of crime is possible only with the community's help. According to Hurd the rising crime rate,

> "Will not be turned back by speeches from me, or by sensational measures. It has to be edged back, fought in a calculated manner with a consistent and coherent strategy involving all parts of the community."
>
> (The Guardian, 15.3.1986)

The result has been the growth of 'home watch' schemes with greater emphasis being placed on the public's duty to prevent crime from happening by being more careful. A group of people who live in the

same street or neighbourhood form a Home Watch group and appoint a coordinator who is in contact with the local police. The group as a whole are responsible for keeping watch over each other's property and for contacting the police if they witness anything suspicious or out of place going on. The idea behind such schemes being that a more vigilant approach will deter opportunistic criminals.

This emphasis on a corporate approach to crime prevention is not surprising, for as Hanmer & Saunders (1987) point out, crime prevention is seen in terms of precautions which the public can take to restrict access of people who commit crimes. They also point out that crime prevention is linked to police notions of public order which focus on controlling individuals or crowds in public areas. Embedded within this view is the belief that,

> "The public sphere is occupied by men and the public world is their socially legitimated place. Therefore, when something happens to women in public the question becomes what were they doing there? Or what did they do?"
>
> (Hanmer & Saunders, 1987:2)

These views probably explain why advice literature for women on rape is focussed on how women can avoid it, and deals almost exclusively with stranger attacks and women on the streets at night. Given the prevalence of such literature which, as we shall see later, is based on common sense notions of rape, it is not very surprising that notions of crime and culpability play a major part in rape investigations.

Crime Surveys

Advice literature on crime prevention is often based on the results of official crime surveys. These are used as an indicator to gauge levels of crime, seriousness of crime, types of crime and likelihood of victimisation. Crime prevention advice literature is based on these findings, which has serious implications for women who have been raped. According to official statistics crimes against women are rare, for example, one British Crime Survey only uncovered fifteen incidents of sex offences and concluded that women in the home were relatively isolated from personal victimisation (Gottfredson, 1984). Government literature reflects such findings and perpetuates the myth that violent crime against women is rare. A booklet produced by the Home Office (1987) called Violent Crime - police advice for women on how to reduce the risks states that,

> "The chances of becoming a victim of serious crime are very low. But by taking sensible precautions both at home and when you go out you will feel a lot safer".
>
> (Home Office, 1987)

Advice advertisements have also been placed in newspapers. In one such advertisement which is concerned with 'If you think you're being followed, what steps should you take?', the message starts by saying,

> "About 94% of crimes area against property rather than people. But, surprisingly, it is the remaining 6% that causes the most comment and concern. Although young men are more likely to be victims, it is women and the elderly who often feel at greater risk. Whoever you are, you'll feel more confident if you take the following advice."
>
> (The Guardian, 29.3.1990)

As such, women's fears about rape have often been seen as an improper response to crime statistics, an anomaly which has often been attributed to gender differences and fear of crime, women are simply more frightened than men or men may be more reluctant to report feeling frightened. Whereas, feminist researchers have sought to show that crimes against women are heavily under-reported and part of women's everyday reality rather than the unlikely event that the advice literature suggests (Hanmer & Saunders, 1984; Stanko, 1985; Kelly, 1988).

If, as official crime surveys suggest, young men are much more likley to be victims of crime, then why are women so worried? What the government perceived as an anomaly, feminists explained by showing that violent crimes against women are heavily under-reported. In one survey, two thirds of women reported one or more incident that they had experienced, witnessed or overheard happening to other women during the past year. Over half reported one or more experiences of violence to themselves in the past year (Hanmer & Saunders, 1984). In the Manchester survey quoted above (page 55), 226 women reported sexual assault, 152 reported rape, 311 assault, 43 facial attack, 587 indecent exposure and 430 indecent suggestions (Police Watch, 1987). The Islington Crime Survey estimates that twelve hundred cases of sexual assault took place on Islington residents in the past year, but of these only 21% get reported and only 9% ever gets recorded in criminal statistics. They concluded that women have a higher victimization rate than men, they suffer to a greater extent from particular crimes such as sexual assault but they are also more likely to be the victims of street robberies and suffer to a much greater rate of sub-criminal harassment (Jones et al, 1986).

As Stanko (1987) notes, concern about the fear of crime has become a target for policy makers in both the United States and Great Britain:

> "The police, government, policy-makers and citizens alike conceptualize fear of crime as associated with individual citizens' concern about being outside, alone and potentially vulnerable to personal and harmful confrontation from criminal violence."
>
> (Stanko, 1987:123)

Despite the knowledge that indoor crimes are under reported the emphasis is still on outside crime, so that women's fears are reported but their experiences are not. Therefore, in order to understand women's fear of crime you need to understand the reality of women's experiences of men's threatening and/or violent behaviour. You also need to understand the precautions that women take as a response to this reality (Stanko, 1987).

Advice to Women

Home Office guidelines and police 'advice' to women has always concentrated on how women could avoid rape by limiting their movements, especially where that entails going out alone at night. Advice literature, based on common sense, deals with security in the home and gives the following advice to women out on their own at night: avoid short cuts; walk on the centre of the pavement; don't hitchhike; use taxis; walk facing the traffic and park in well lit areas; if you are being followed keep crossing the road and ask for help at the first available opportunity; don't advertise you live on your own etc. (Home Office, 1987; Crack Crime advert The Guardian, 29.1.1990; Positive Steps, police video, 1987).

In line with this crime prevention drive in 1989 the GMP developed a 'Women Alone' exhibition, which has travelled all over Manchester. The emphasis has been on crime prevention, advice to women, self defence and videos. A small advice leaflet called 'Women Alone' has been produced and is available at these exhibitions. Such 'safety days' have been well advertised in the local media, for example:

> "Police putting scared women at their ease".
>
> (Manchester Evening News, 11.5.1989)

The emphasis of these safety days is placed firmly on women and what they can do to avoid crime. Women can avoid rape appears to be the implicit message. However, it is not only the police who are placing more emphasis on crime prevention. Manchester Polytechnic has produced an advice leaflet form women titled, "Your are at Risk - the streets of Manchester are not safe" (Manchester Polytehcnic n.d.). The Suzy Lamplugh Trust has produced a leaflet "Are you Alarmed?" (n.d.) to sell its personal alarms. It seems that women's fears are big business.

It can be argued that this growing body of advice literature may act as warnings to women of what they can expect if they choose to ignore these rules. This fear of public space limits women's freedom of movement, reinforces the notion that home is the safest place, and women frequently become dependent on individual men for 'protection'. This dependency makes it easier for men to abuse women in the confines of their own home (Radford, 1987). It also perpetuates stereotypes of rape by assuming that women are more likely to be attacked outside, at night. Whilst Women's Aid, Incest Survivor's groups and Rape Crisis

Centres have ben stressing that women are more likely to be attacked by men they know in their own or the man's home. The police and the Home Office have been reluctant to accept this and the emphasis has remained firmly on stranger danger, at night, on the streets.

A recent Home Office research study (Smith, 1989) is the first to concur with what feminists have been saying for years, that women are more likely to be attacked by men they know. Where this leaves the 'Simple Advice to Women Leaflet' remains to be seen. It has resulted in the Home Office advising men on how to make women less frightened as well as the usual advice for women. This advice was issued as part of the Government's new £3 million crime prevention campaign. The advice to men can be found in the new issue of the Home Office handbook, 'Practical way to crack crime' (Manchester Evening News, 25.10.1989; The Daily Express, 26.10.89). The Home Office advice urges men to remember that a woman out on her own at night could be their wife, girlfriend or mother.

The Greater Manchester Police Authority has also issued, for the first time, a leaflet called 'Simple advice to men'. Whilst this leaflet makes a serious attempt to encourage men to consider the way in which they treat women, I found that it was weakened by the constant need to 'tag' men on. For example, rape is serious because it ruins the quality of life for many women and the men they are close/related to . We are also told that "All women (and all men) have human rights". It seems that even in advice literature for men, the impact of rape on men (which I would argue can hardly be compared to the impact on the woman concerned) and the need to reassert male rights are seen to be an area which the leaflet needs to address. In short, it seems that men's concerns always have to be of central importance. Like the Home

Office advice it tries to get men to accept responsibility, not because what they do is wrong but because it may affect the life of their mother/sister/girlfriend/daughter. Given the level of violence in the home this seems unlikely to deter them from abusive behaviour. Finally, neither leaflet makes any attempt to address the power differences between men and women in society and to acknowledge the extent to which male violence against women is legitimized.

Woman Blaming

As I have already said, this advice literature places the responsibility for preventing rape on women. Women who refuse to comply with the precepts such literature lays down can legitimately be blamed for being raped. They have, according to this folklore, put themselves at risk. For example, one radio talk on rape introduced the speaker by putting the following question to her:

> "Are women still walking alone after dark and putting themselves at risk?"
>
> (Radio Piccadilly, n.d.)

The assumption being that women who refuse to curtail their freedom, or who have to go out to work or simply get on with their everyday lives, are being reckless. Underlying these common sense notions of rape prevention is an ideology of rape which needs to be unpacked if we are to make sense of notions of rape prevention. This ideology encompasses the belief that men have an active/uncontrollable sexuality; the contradictory message is that women have a weak/passive sexuality and yet at the same time that they lead men on ; since men are the victims of their own sexuality which they are unable to control then women must be responsible for controlling it for them;

women must then, take temptation out of men's way by limiting their dress, behaviour and movements; women who step outside the confines of this socially prescribed behaviour deserve to be punished and the rape of these women is not a serious rape; women who are attacked by men they know are rarely perceived to be legitimate 'victims'. In this way men's behaviour is seen to be natural and inevitable. Within this biologically deterministic argument, men are simply victims of their biology and since men cannot change, women must.

This ideology, namely that many women are responsible for rape, was given academic credibility by Amir's (1971) study on rape which discussed 'victim precipitation' in relation to rape. He concluded that one in five rapes were victim precipitated, that is, situations where the woman was in some way responsible for the rape. These included situations where,

> "The victim either did consent or deemed to consent then retracted but failed to make her objections significantly clear and situations marred with sexuality in which the victims behaviour could be taken as an invitation to sexual relations."
>
> (Amir, 1971)

This conclusion is based on the offenders' perceptions of the women they attacked but Amir didn't let this worry him. Accordingly, he concluded that common facts in precipitated rapes were, (1) the victim being aged between 15-19 and where alcohol was present in one or both parties; (2) when the victim was considered by the offender to have a bad reputation; (3) where she lived in the same vicinity as her attacker; (4) where rape occurred outside.

There have been many criticisms of Amir's study suggesting that the only thing necessary for a victim precipitated rape was the offender's imagination (Holmstrom and Burgesss, 1973). The study simply personifies traditional rape mythology by dividing rape into real rapes and not real rapes. If the rape doesn't fit the rape mythology then the rapist is unlikely to be called a rapist. This allows men to participate in this behaviour and to rationalise and justify it (Weiss and Borgess, 1975). It also implies that women who have experienced rape are somehow psychologically different from women who have not been raped, making them targets for the rapist, yet there is not evidence to support this (Toner, 1982; Kelly, 1987).

This victim blaming ideology, although strongly associated with rape, is not particular to it, but is widely applied to other social problems. Ryan (1971) argues that victim blaming ideology is designed to change the victim rather than society. Whilst Ryan does not use rape to explain the workings of this ideology it nonetheless fits into his definition of a victim blaming ideology. The model he puts forward to explain how this ideology works involves four processes: (1) identifying a social problem; (2) study those affected to see how different they are from those not affected; (3) define that difference as the cause of the social problem itself; (4) assign a bureaucrat to invent a programme to correct the differences. As we can see, rape clearly fits into all four of these categories. Rape has been identified as a social problem first by feminists and later by other 'professional' groups who have sought to change the meaning and explanation of the crime. Women who are raped are seen to be different from women who have not been raped, either because they have acted in a reckless fashion or because they deliberately choose men who will abuse them. The cause of the problem then becomes not

the men who commit the crime but the women who 'allow' it to happen. The solution to the problem has been the proliferation of advice literature form women on how to avoid rape, the development of self defence classes and individual therapy programmes to help women who have been raped.

Ryan (1971) stresses that the ideology of victim blaming enables changes to occur in which the individual is helped but the system which causes the problem is allowed to continue intact since those who benefit from the system are not prepared to change it. This is certainly true of rape, when feminists put rape on the agenda they placed it firmly within the context of male power relations within society. They used this setting to explain why rape happened; why many instances of rape were not taken seriously; why women reporting rape were treated badly and why some forms of rape were seen to be legitimate. Today, many professionals have sought to address the issue of rape but they have done so by ignoring the political context in which it happens. In the United States and increasingly in this country there has been a growth in the therapy industry (Rush, 1990). Treatment programmes for individual women on how to recover from rape are promoted in the United States; there is an almost unprecedented amount of research dealing with the medical effects of rape. What is rarely talked about is why men rape (Kelly, 1989). In short, a silence surrounds the issue of power relations between men and women (unless the research is feminist research) because inequalities would have to be addressed and social relations between the sexes would have to be transformed. It is far easier and safer to discuss how women can and should avoid rape than it is to look at how society encourages and legitimizes male violence against women. One of the problems with this ideology as Ryan (1971) points out, is that it is

academically and socially respectable. Its rivals are usually not, and as a result, it is seen to be the only valid explanation of things. Opposition to it is considered to be,

> "Unrespectable or radical and risks being labelled as irresponsible, unenlightened and even trashy."
>
> (Ryan, 1971:14)

Certainly, feminist explanations of rape have often been dismissed as extreme, biased and man-hating, unacademic and as such have often been silenced or kept out of public debates. This has enabled common sense notions of rape to be passed down as the truth. They are deeply embedded in a rape mythology which believes that women often lie about rape; that women provoke and enjoy rape; that men cannot control their sexuality once women have stirred it; that only certain women can be raped and only certain rapes are serious and that some women do not deserve to be protected from men's sexual violence.

Notions of women's culpability are firmly linked to notions of men's uncontrollable sexuality and the natural chemistry between the sexes, which I have referred to earlier. Such notions are often articulated by police officers as part of their common sense understandings of rape. In several police training sessions the Greater Manchester Police were asked by women from Manchester Rape Crises Line (MRCL) what advice they would give to a community group on how to avoid rape. The advice concentrated on what women should do if they have to go out alone at night and it also dealt with home security. Discussion often focused on the subject of 'provocative' clothing. What was said about it and how much emphasis was placed on it varied from group to group and was usually dependent on the ratio of female

to male officers. However, on the whole, it was a subject close to male officers' hearts, as the following quotes illustrate:

> "Anyone wearing provocative clothing is drawing attention to herself".
>
> (Greater Manchester Police Training Session, 1989)

> "If by not wearing provocative clothing you avoid rape, giving that advice is a good idea".
>
> (Greater Manchester Police Training Session, 1989)

> "Women who wear provocative dress are asking for trouble. You're setting the scene for your own disaster".
>
> (Greater Manchester Police Training Session, 1989)

> "A woman should be able to go out and wear what she wants, but if a woman walks up an alleyway in a micro mini skirt with it all hanging, she's barmy! She should be told she's wrong".
>
> (Greater Manchester Police Training Session, 1989)

These quotes tell us something about the way these individual male officers view rape, for them rape is primarily about sex and sexual control.

The respondents quoted above and others not quoted felt that by wearing what they considered to be provocative clothing, these women are flaunting themselves at men and that faced with such display men are unable to control their sexual urges. The underlying belief is that if women go out dressed like that, knowing about men's uncontrollable sexual urges, not only are they culpable but they must have seriously wanted sexual attention. In this way responsibility for male sexual violence gets shifted on to the woman (Lees, 1989a).

The implication is that men's sexual violence is 'natural', unalterable and they cannot be held responsible for it. As Lees (1989 says,

> "Judges often regard men's violence as regrettable, but understandable and don't find it easy to draw the line between rough wooing and downright coercion .... The implication being that men can't help it. This ambivalence in attitudes mean that rape can be regarded very seriously and punished accordingly; or seen as pushing things a little too far, or even as a joke. It also explains why judges and the courts fail to see rape as the life-threatening experience it is for woman."
>
> (Lees, 1989a:14)

The belief that heterosexual relationships are 'natural' and that the chemistry between men and women might get out of hand and men might not be able to stop was used by a police woman to explain why women feel guilty after rape.

> "They go home in his car and before they know it, it's gone far beyond what they'd anticipated. She should be able to say no but chemistry between man and women being what it is .... men just can't help it".
>
> (Greater Manchester Police Training Session, 1989)

Although not all officers agreed on notions of provocative dress, those who did not were usually in the minority. As one male officer put it,

> "I don't think that men should think they're entitled to have sex with a woman because of how she's dressed".
>
> (Greater Manchester Police Training Session, 1989)

Women officers in this police training session were much more likely than their male colleagues to see rape as power rather than sex. When officers were discussing 'provocative' dress they did so in relation to public space at night time. Women were clearly felt to be more at danger at night if they were out on their own. The question became one of what are women doing there. In this way women were seen as trespassers on male territory - the streets at night.

No officer saw rape prevention in terms of removing the men who are committing the crime, and the belief that men had an inherent right to pubic space was taken for granted. It was equally taken for granted that women must and should limit their freedom. This might explain why male officers were incredibly hostile to the idea that men can and should do something to alter their behaviour. Once officers had talked about advice to women, they were asked by MRCL to list the advice they would give to men in the community group on how to stop rape. Responses to this question varied from shock and stunned silence at the question plus an inability to answer, to laughter and on one occasion intense hostility. Whereas they were all capable of reeling off advice to women on how to avoid rape, very few were able to conceptualise how men could and should amend their behaviour. This may well be because they viewed male behaviour as biologically determined and therefore inevitable, which very conveniently lets them of the hook. It is also probably linked to the fact that historically, individual men have always policed individual women and women's access to the public sphere has been limited, their movements controlled, by 'their' men. Moreover, the reality and the fear of male sexual violence has limited women's access to the public sphere.

The answers that were eventually given to the question posed about what men could do to prevent rape were divided into asking men to police 'their' women; asking men to be aware of women's fears and two police women wanted men to stop doing it.

> "They should collect their wives." (policeman)

> "Don't let them (women) go out on their own at night."
> (policeman)

> "Don't let them (men) go out on the streets leering at women they think are wearing provocative dress."
> (policewoman)

> "Don't rape women." (policewoman)

In one police session that was heavily biased in favour of men, this question of men being active in preventing rape, received an incredibly hostile response. The question was framed by the men present as an attack on men and they were outraged at the suggestion that men should be told what to do. When a woman from MRCL mentioned that women were frightened by men walking behind them at night, a male officer asked her what she was doing out on her own at night. His implication being that it was her presence rather than the man's which caused the problem. The evidence that women were frightened of men, especially them, was attributed to female paranoia. One male officer shouted angrily,

> "What are you asking us to do, put a curfew on fellas?!".
>
> (Greater Manchester Police Training Session, 1989)

Clearly then, there was the expressed belief that men have the right to public space and freedom of movement, whereas women do not have this right. Police officers may in some circumstances use their official powers to limit some men's access to space, for example during the miners' strike pickets were prevented from entering certain public areas. However, this general right to freedom of movement for men is denied only in particular specific contexts, whereas for women it is the norm that they are restricted.

Most officers in the training sessions, firmly believed that rapists were *different from 'normal' men and the policemen present* were clearly placed in the 'normal' man category. The belief that there is a profound difference between the criminal and the non-criminal type has a long history in traditional criminology. It is a belief that still persists in modern policing with the police thinking that you can tell a rapist from his profile. In this way rapists become disturbed individuals.

> "Ninety-nine per cent of normal men won't rape."
> (Greater Manchester Police Training Session, 1989)

> "Rapists are truly disturbed people."
> (Greater Manchester Police Training Session, 1989)

> "If you look at a rapist's profile you can tell that he would do it."
>
> (Greater Manchester Police Training Session, 1989)

Explanations as to why men turn to sexual violence was often tied into their experiences of sexual abuse as children. These days it seems you tread a difficult line between viewing the rapist or child abuser as victim/offender.

It was not unusual for police officers on the training courses to hold contradictory views on rape, eg. many officers mentioned in passing that women were often attacked by men they know, yet the same officers would still discuss rape prevention in terms of public space and/or stranger attack. They found it difficult to accept that 'ordinary' (my emphasis) men are capable of rape even though this was congruent with their experience, this difficulty is linked to their understanding of crime prevention in terms of limiting the access of the criminal. This obviously becomes unworkable as a strategy if it is a man you live with or know. It is also just as likely to be linked to the belief that being raped by a man you know is not as serious as being raped by a stranger, it is less frightening, less painful and the man does not constitute a public threat (Estrich, 1987). Perhaps the ambivalence is also rooted in the division between serious/real rapes and less serious/simple rapes.

Other studies have pointed out the distinction made between real/serious rapes and not real but 'technical/simple' rape which is not taken seriously. These distinctions are usually based on the woman's perceived culpability. Kalven and Zeisal (1966) found that juries scrutinised females' behaviour and are lenient to the offender whenever there are suggestions of contributory behaviour on the part of women. If a woman was found to be guilty of contributory behaviour, juries were more likely to charge the man with a lesser offence. In situations where this was impossible they would let him off. In such cases they viewed involuntary intercourse as wrong but thought that it lacked the gravity of rape. In this way juries redefined rape in terms of notions of assumptions of risks. The more risks women took the more lenient juries were to the rapist.

Similarly, Barber (1967) found that juries placed a great deal of importance on the moral conduct of the woman. Lower sentences were strongly linked to cases in which women were considered to be of 'bad' or 'not good' behaviour. Judges behaved likewise and were less willing to convict when the women concerned were single and not virgins. Bohner (1974) studied judicial attitudes towards rape complainants and concluded that judges tended to divide women into three categories: (1) Genuine victims who were morally good; (2) Consensual victims, that is, those women who asked for is. These were referred to as "friendly rape", "assault with failure to please" or "breach of contract"; (3) Women who were labelled vindictive.* This last category contained a disproportionate number of black women and the labelling of these women as 'vindictive' was the result of racist assumptions about black women's sexuality. Bohner concluded from these results that judges favoured morality, women who did as they were told and reported rape immediately.

These ideas are not quaint relics of the past. In 1988 Mr Justice Brown told the court that a 12 year old girl had been "foolish" for going to a young man's bedsitter for a cup of coffee. He commented that "in other days you would have said that she was asking for it" (The Guardian, 13.1.1988). In an interview for 'Woman' magazine, Judge Pickles said that women who walk around without bras are the authors of their own downfall. He said,

> "Women can't have it both ways. If a woman is saying 'only those I select shall touch me and if anybody else does I'm going to yell out'. If so, they are the authors of their own misfortune."
>
> (The Guardian, 14.9.1989)

According to Judge Pickles, women do not have the right to determine who should and shouldn't touch them, since he believes that men are entitled to touch any woman whom they think looks attractive. The idea that a woman is entitled to say who can touch her body is clearly not on his agenda. More recently Judge Gabriel Hilton sentenced a man who attempted to rape a nurse to one month in prison and a 23 month suspended prison sentence because the woman had 'flaunted herself' earlier on at a party (Daily Mail, 6.7.1988). This woman then, deserved what she got.

Embedded in the legal system's treatment of rape cases is the belief that some women are culpable for the rape and that in these situations the rape is not serious; it is a 'technicality' only. This seems to be especially true in situations where the woman knows her attacker. In these situations the woman is less likely to report and where it is reported it is less likely to result in a conviction. From her research Estrich (1987) concluded that rapes in which the woman had a prior relationship with her attacker were treated less seriously because they encompassed the belief that is was a private dispute and not the business of public prosecution; it was taken less seriously because it often involved a claim of right, where attacks by strangers do not; it was often seen to involve contributory fault on the part of the woman and because she knew her attacker the situation was less frightening for her. Similar views have been expounded by a woman journalist who argued that rapes which involve men known to the woman are a 'private' matter and should not be dealt with in an open court (The Sunday Times, 15.4.1990).

As Estrich (1987) notes, this cluster of beliefs ensures that not all women and not all rapes are treated equally and that the legal system makes a distinction between stranger rape and acquaintance or 'simple' rape. It is in this latter category where distrust of women victims was incorporated into the definition of the crime and the rules of proof. In this way the legal system has defined non-consent as proof of 'physical' resistance. Although, as Estrich (1987) points out, this rule has never been universally applied, for instance racism has meant that black men accused of raping white women have never received the same protection as white men. The law has offered black men protection only when they have raped black women. In such situations racism and sexism have been linked in the belief that black women are less sensitive, feel less pain, and are less virtuous than their white counterparts.

Women are, then, only supposed to 'resist' in certain situations, and resistance then becomes linked with what Estrich calls the "appropriateness" of relationships. So that women are supposed to resist men who are in an "appropriate" relationship to her, for example the boy/man next door, but are not required to resist a stranger.

> "Thus the broadened sexual access permitted by the resistance requirement generally applied only in 'appropriate' relationships."
>
> (Estrich, 1987:36/37)

In the 1950's and 1960's the focus on physical resistance was replaced with the "utmost resistance". Women who complained of simple rape had their behaviour scrutinised because men believed women to be confused and ambivalent about sex in these potentially

"appropriate" relationships. It was summed up in the belief that many women do not know what they want or mean what they say. Indeed, this belief is still present in the legal system. During a recent cased Judge Raymond Dean told the jury that "when a woman says no, she doesn't always mean it" (The Sunday Times, 15.4.1990). As a result of this belief the law also required that the woman's testimony be corroborated. Juries would be told not only that they had to prove beyond reasonable doubt, but also that women were untrustworthy. The suggestion is that women lie about rape or fantasize about it, therefore it is dangerous to convict on the uncorroborated evidence of a woman. However, this rhetoric about the unreliability of women is not universally applied, but is much more likely to be applied in cases of 'simple' rape. Corroboration required not only proof of resistance but also proof that the woman is a credible witness. Courts saw a woman's chastity as relevant to the issue of consent and credibility as a witness.

> "The belief that a woman's sexual past is relevant to her complaint of rape reflects, as does the resistance requirement, the law's punitive celebration of female chastity and its unwillingness to protect women who lack its version of virtue."
>
> (Estrich, 1987:48)

A woman who knows her attacker is much more likely to be intimately questioned about her past sexual history.

These beliefs still permeate the judicial treatment of rape cases. Recent research has shown that judges and counsel almost always demand physical evidence of force or violence if they are to convict. At the same time, evidence of a woman's distress is disregarded. In rape trials it is clear that the judicial system views a degree of

violence, "forcible persuasion", as taken for granted. If violence becomes neutralised in this way, it is not real violence (Lees, 1989b). Even in those situations where women have been violently assaulted, and in a recent American case where a woman lost her life, a woman can still be deemed to have consented (Kelly, 1989).

Following rape trials at the Old Bailey, Lees (1989b) found that a woman's lack of resistance was proof of consent rather than fear and that the defence focussed on women's fears as groundless, making the threats of her attacker sound trivial. The judge often warned the jury that people (read women - my emphasis) often lie about their sexual lives and that the prosecution has to prove a rapist's guilt beyond reasonable doubt. Finally, she found that supportive evidence fell into the following categories: was the woman socially respectable?; did she provoke the attack in any way?; is there any reason why the woman should make a false allegation?; did the woman lead him on? and finally, evidence of material injuries. The legal system, then, is heavily loaded against women, which makes it hardly surprising to learn that most of the rape cases Lees monitored ended in acquittal (Lees, 1989b).

The belief that women are prone to make false allegations against men, that women provoke rape and that some women get what they deserve has caused many researchers to ask who benefits from the rape laws and how are "innocent" (my emphasis) victims socially constructed. Clarke and Lewis (1977) have argued that historically rape laws have developed as property laws to protect women of good economic value. This value being based on sexual value and the laws operated to protect valuable female sexual property for the exclusive ownership of one man. Rape became simply the theft of property.

Under this law a woman's value would be determined by her father's/husband's status and women of good class, virgins and respectable married women would be protected. Women who by their acts/dress/behaviour stepped outside of these socially gendered bounds were seen to be 'common' property for men to do with what they like.

Women Who Cannot Be Raped

Clarke and Lewis (1977) concluded that the practical application of rape law in Canadian society effectively meant that there were certain groups or categories of women who cannot be raped. Analysis of the disposal of rape cases indicated that certain categories of women couldn't be raped: those perceived as drunk; young women who didn't live at home; those between the ages of 30-40 years who were separated, divorced or cohabiting; those who were idle, unemployed or on welfare; those who had been under previous psychiatric care; women who didn't report to the police immediately; women who may have known the offender and gone willingly to his house or accepted a lift. They concluded that women who fell into one or more of these categories could not be raped. They are:

> "Women who defy notions of respectable womanhood, who have refused to be limited by the boundary and in the eyes of man abdicated male control and as such are the women that society doesn't care to protect..
>
> (Clarke and Lewis, 1977)

A recent survey of rape trials at the Old Bailey found that the legal system's requirement of supportive evidence was not based on signs of

the woman's distress, but on male biases about the supposed nature of men, women and rape, (Lees, 1989a) which often focused on notions of a woman's social respectability (Lees, 1989b).

Following on from this researchers have questioned the function of legitimate victims and most have concluded that rape laws are essentially about social control. Both directly , by punishing those women who step out of line and indirectly because the fear of rape restricts women's behaviour. For example, in a recent magazine survey 93% of women who took part said that they were frightened of going out alone at night (Company, 1989). Media focus on certain types of rapes combined with lurid accounts of women's culpability for the attack act as warnings to women of what they can expect if they ste out of line. Nearly all the women who participated in the Company (1989) survey said that media reporting added significantly to their fears. In this way the reality of male sexual violence, coupled with fear, act as a very effective form of social control (Smart & Smart, 1978; Brownmiller, 1976). This social control often operates under the guise of 'advice' to women on how to protect themselves. This practice enables individual men to police individual women in society, and for society to dictate, under the guise of crime prevention, what is and is not acceptable behaviour for women. women are caught in a trap, they are expected to control men's behaviour but if they fail to do so they are to blame for it. Toner (1982) sums up this contradiction,

> "Perhaps the crux of the matter is that women are blamed for allowing men to have committed a crime. It doesn't matter that they were unable to prevent it."
>
> (Toner, 1982:236)

<u>How Do The Police Construct 'Legitimate' Victims</u>

The police and the judiciary are involved in a decision making process which defines which attacks are taken seriously and are to be criminalized, and which are to be taken less seriously and no-crimed.

> "This decision making process demonstrates that the police do not offer unconditional protection to all women against forms of male violence. Rather, any protection they offer is conditional upon women meeting police notions of deservedness and the circumstances of the attack meeting their definition of 'crime'. These notions are inevitably informed by the misogyny, racism, classism and heterosxism of dominant social ideologies."
>
> (Hanmer, Radford, Stanko, 1989:6)

Given this, we need to look at how the police define 'rape victims' and how they are expected to behave, what they look like, and how the police can tell a 'legitimate victim' just by looking at her.

How the police view women reporting rape must be located within the traditional rape mythology. Rape mythology is littered with examples of women crying rape and innocent men suffering as a result, indeed this belief has been enshrined in law as fact. In this way the law was framed not only to protect male property but also to protect men from false accusations. Which is why juries are warned not to convict on the uncorroborated evidence of a women. Women tell lies as, indeed, do children.

> "It is a well known fact that women in particular, and small boys, are liable to be untruthful and invent stories."
>
> (Judge Sutcliffe, 8.4.1976)

> "I've seen dozens of these lying little bitches who've made up stories."
>
> (Inspector Firth, '<u>Woman's Own</u>', 1980)

In a recent rape case a consultant psychiatrist told a court that one in three women reporting rape make false allegations. This belief that women make false allegations is still very pervasive in police ranks. Chambers and Miller (1987) found that police officers strongly adhered to the view that women were highly likely to fabricate rape complaints. This belief was then used to justify the close questioning of women reporting rape and was part of the general police culture. Similarly, a recent study of the West Yorkshire police (Hanmer and Saunders, 1988) noted that the majority of police officers they spoke to were sceptical about reported rapes. They felt that rape was a weapon that women could always use against men and they attributed the increases in reported rapes to an increase in malicious reporting. This view that women are prone to making false complaints is enshrined in the 1983 Home Office circular which states that all women reporting rape should be treated with tact and understanding,

> "Although in some cases it may subsequently be established that a complaint is without foundation."
>
> (Home Office Circular, 25/1983)

Given the prevalence of this view, establishing whether a complaint is 'genuine' or not is likely to play a central part in rape investigations. Like the courts, in the past the police have relied heavily on the notion of force and consent both of which are based on male definitions (Stanko, 1985). Evidence of force relied on physical signs of struggle, the more battered a woman looked the more likely

she was to be believed. An early complaint was also taken as evidence of truthfulness. For example, one police training manual states:

> "When dealing with offences of rape, it is important to include evidence of an early complaint by the woman attacked, as the fact that she complained immediately is good evidence that she did not consent to the fact which took place".
>
> (English, 1986, 335)

Police officers rely on visible signs of injury as an indication that a rape has taken place. Women who lack these visible signs of struggle are less likely to be believed.

> "If a woman walks into the police station and complains of rape with no signs of violence she must be closely interrogated. Allow her to make her statement and then drive a cart and horse through it. It is always advisable if there is any doubt of the truthfulness of her allegations to call her an outright liar ...... Watch out for the girl who is pregnant or late getting home at night. Such persons are notorious for alleging rape or indecent assault. Do not give her sympathy if she is not lying after the interrogator has upset her by accusing her of it, then at least the truth is verified and the genuine complaint made by her can be properly investigated."
>
> (Inspector Firth, <u>Police Review</u>, 28.11.1975)

A policewoman I interviewed, who had been in the force for 11 years, put it this way:

> "We were always taught that a woman who had been raped would be dishevelled, upset and have grass stains down her clothes ..... we started off by not believing her and that was standard practice."
>
> (Personal communication, 7.4.1988)

In recent years the police have been keen to reassure women reporting rape that they will be treated with tact and understanding. Despite this publicly stated change in police practice there is still evidence to suggest that the assumption of false allegations is still prevalent, but packaged differently. Some officers have said, in a police training session that I attended (1989), that they could tell just by looking at a woman if she was telling the truth or not. From the replies to my questionnaire, it seems that the ability to judge a woman's character was seen by some forces to be a necessary skill in rape investigation, as the following comments made clear:

> "Knowledge of police procedure, patience, sympathetic, firmness, ability to listen and **judge** character."
>
> (my emphasis; Response to questionnaire)

> "Good police officer, tact, diplomacy, patience, ability to tell **whether women are genuine.**"
>
> (my emphasis; Response to questionnaire)

> "Good listener, **assessor**, observer."
>
> (my emphasis; Response to questionnaire)

In one police training session I attended at Sedgley Park Training Centre for the GMP, a male officer put it this way:

> "When you talk to a woman you know straight away if it's right or not right".
>
> (Greater Manchester Police Training Session)

In some cases officers still believe that women say they have been raped when they have not, the only difference is that they (the police officers) are not more understanding about it.

Some officers who come across women they think are not telling the truth explain it in terms of a 'cry for help' rather than maliciousness. As one woman put it:

> "We have a percentage of women who claim they've been raped and then a subsequent story comes out".
>
> (Personal communication, 7.4.1988)

She later went on to discuss a woman who came in to report a rape which legally wasn't a rape. In was her firm belief that such women were not making a false allegation since there are always "reasons for them coming" (personal communication, 7.4.1988). It might well be that such women have experienced a rape which doesn't fit a police definition of a crime, or it might be that such women have been raped but it doesn't fit the legal definition of the crime. Two women officers from another unit also said that they would support women who made false allegations because "there are reasons for them coming and reporting" (Interview). It is worth noting that these three officers worked for a policewoman's specialist unit, set up to deal with rape and sexual abuse cases. Officers not attached to such units might explain women's behaviour in very different terms. Without such units being monitored it is difficult to determine how many women, and under what circumstances, get placed in the 'cry for help' category and how many get placed in the 'rape' category.

Several forces cover Rape Trauma Syndrome (RTS) on rape investigation courses, which might help to change the old image of the rape 'victim' who was battered, bruised and bleeding. RTS is a medical label for a set of symptoms which affect women who have been raped. It has been incorporated in police training in the USA for

some time, to show that there is not a 'typical' reaction to rape, and that you cannot tell whether a woman is telling the truth just by looking at her. For those forces who accept RTS it may mean that officers will no longer discriminate against women who fail to fit the stereotype of what they think a woman reporting rape should look like. However, the above evidence suggests that individual officers still place a great deal of emphasis on being able to 'tell' a genuine complaint, which suggests that officers will continue to divide women into those who deserve to get raped and those who do not. They will probably also continue to believe that rapes involving men women know are less serious than stranger attacks. The logic apparently being that men who attack women they know do not constitute a danger to the 'public' whereas stranger rapists do.

Male Attitudes to Women Reporting Rape

The police force is very much a male institution, historically women were admitted, on a specialised level, only after a long struggle. Today the numbers of women police are still very low and their presence is tolerated rather than encouraged, as we shall see later. Since forces remain overwhelmingly male, it seems important to look at male attitudes towards women generally and towards crimes against women. Research conducted by The Police Studies Institute (PSI), on the Metropolitan police, noted that police culture is based on solidarity and loyalty which resulted in certain themes being exaggerated (Smith & Gray, 1983). These themes were based on male dominance and included the denigration of women, violence and racial prejudice. Perhaps not surprisingly they found that,

> "This cult of masculinity has a strong influence on a policeman's behaviour towards women, towards victims of sexual offences and towards sexual offenders."
>
> (Smith & Gray, 1983:91)

For some officers this attitude will obviously influence how they behave towards women reporting rape, for others it may well end with them raping women. In 1985 a young black woman reported being raped by two officers whilst two policewomen held her down. She was charged with assault, threatening behaviour, damage to police property and wasting police time. The judge told the court that there was no evidence of rape, hence the 'wasting police time charge'. There was much local support for the woman, but the national papers were happy to dismiss this woman as a liar (Daily Mirror, 26.2.1985; Daily Mail, 26.2.1985). It seemed that they could not stomach the thought that a police officer could rape. Given the low number of reported rapes it seems extremely unlikely that women raped by policemen will complain to the police.

Yet some do and recently a policeman was jailed for seven years for rape (The Times, 13.10.1989). In Manchester a police officer was jailed for nine years for sexually abusing his daughter (Manchester Evening News, 21.9.1989). During the miners' strike a Metropolitan officer raped a woman from Nottingham. It was common knowledge amongst officers yet they all wanted to protect the officer involved, so much so that the high management 'covered it up' and pressurised the woman into dropping the complaint (Graef, 1989). As one male officer put it,

> "It was talked about at high management levels - don't know how high, but pretty high up. In the end the girl agreed that 'if he'd asked nicely she might have

> let him', so it wasn't what I'd call a serious rape. She wasn't hurt or anything. So she withdrew the complaint."
>
> (Graef, 1989:71)

This officer's conduct is explained away as not serious, the crime is redefined as a no crime. Like the judiciary then, it becomes clear that the police divide rapes into real and not real ones.

Policemen (and sometimes policewomen) are in a very powerful position to punish women whom they feel are unworthy of police protection. With the law on their side, the sexual harassment/assault on women has been incorporated into police strategies on policing women. The police sexually harass women and in certain situations, as in the case of strip searching, it is legitimized by the government. Nationalist women in the north of Ireland are subjected to Royal Ulster Constabulary detectives strip searching them and making verbal remarks about their body (McAuley, 1989). During arrests at Greenham Common, women demonstrators' clothing often gets ripped and/or misplaced and women are prevented from covering themselves up. Women have also complained of having their breasts touched, held or twisted during arrest (Johnson, 1989). Strip searching is supposed to be carried out by female officers but this is not always adhered to. Black women have been forced to strip in front of male officers and others,

> "have claimed that they have been sexually assaulted by police officers but have felt completely unable to report the offence".
>
> (Heaven and Mars, 1989:240)

The police punish women, using sexual harassment/assault as a weapon, the justification for this treatment being that these women are black/Irish/lesbian and/or political activists, or belong to other categories defined as deviant. We must, then, remain highly sceptical of how they will treat women within these categories who are reporting rape.

Women Officers

Since 1982 women police officers have been playing a more prominent role and a more public role in rape investigations. They have been pushed into the limelight as advocates of the new 'softly, softly' approach to policing. Much more emphasis is placed within police forces on women officers taking down the woman's statement. Some forces, like Thames Valley, have set up special all women rape squads and much has been made of women officers' role in rape investigations both by the police and the media. The development of the Thames Valley rape squad was welcomed by the media and by a lot of women's groups as a progressive step. The media saw it as a response to the bad press Thames Valley had been getting, but Thames Valley Police framed it within the context of responding to a need already established by earlier research (The Oxford Mail, 20.1.1982). Whatever the reasoning behind the squad, it was seen as a move in the right direction. Women, it was argued, would be more sympathetic to women reporting rape. The media depicted them as angels as the following headlines demonstrate:

> "Rape Squad Police In TV Row Launch Team of Blue Angels"
>
> (Daily Star, 2.6.1982)

> "Gently, Gently, Blue Angels" (Daily Express, 2.6.1982)

In this way women officers came to represent the softer, more sensitive side of modern policing. Their role also appeared to be a concession to many women's groups who had been fighting for women officers to be used in rape investigations for a long time. However, given the machismo of police culture and the historical nature of women's entry into the police, we cannot automatically assume that women will be inherently more sympathetic to women than their male colleagues. Or, at least, if we are to make that claim, we should at least look at the complexities of women's role in policing, and the contradictions they may face if required to specialise in sexual crimes against women and children.

The Historical Role of Policewomen

> "The complex and contested origins of women police, their struggles for official recognition and their incorporation into the 'malestream' police force demonstrate that the acceptance of women as police officers was never an inevitable reform but an issue that has been struggled over for half a century, from before World War I until well after Word War II. It was a struggle waged overwhelmingly be women against active resistance from Parliament, Home Office, the male police force, and the general public".
>
> (Radford, 1989:13)

Radford (1989) places the first call for women police within the context of early feminist concern to combat male violence. In June 1914 Mrs Nott-Bower, active in the Women's Freedom League (a feminist organization), called for women police to carry out the following work: take statements from women and girls reporting rape/sexual assault; investigate cases involving 'intimate personal investigation'; supervise women prisoners in police cells at night; remove the possibility of abuse by policemen. Following on from the Women's Freedom Leaugue's call for women police, two of its members,

Nina Boyle and Edith Watson recruited women to join the Women Police Vulunteers (WPV). At the same time another woman, Margaret Dammer Dawson, began recruiting for an independent women's police organization. This group's aims were more mixed than Boyle's WPV, they saw policing as a public service which should involve women, they were also concerned with the control of prostitution and the rescue of fallen women. The two women decided to amalgamate and Dawson became head of the WPV. A rival organization, the Voluntary Women's Patrols (VWP) was established in October 1914 by a number of organizations. It was made up of predominantly middle class women and reflected concern amongst the middle classes with prostitution.

The WPV eventually split over the issue of working with civil and military authorities to control prostitution. Boyle firmly believed that the WPV should concern itself with protecting women, not curtailing their movements. She and another women resigned and Dawson and the WVP continued to work with the civil and military authorities under the new name of the Women's Police Service (WPS). However, this work radicalized their views on prostitution and Dawson publicly condemned the Contagious Diseases Act (1860's) as unfair to women. Her outcry came at a politically sensitive time when the Metropolitan police announced their decision to recruit women police officers. They chose to recruit from the middle class VWP. The VWP were politically the least radical and therefore the least threatening of the two, which along with anti-Lesbianism might explain this choice (Radford, 1989). Perhaps most importantly, the VWP believed that women needed to be protected from prostitution, which meant their movements were monitored and controlled and that women were more fitted to this work than men. Even so, the future of women in the police remained uncertain until 1948, when their role

within the police was officially recognized. From then until the 1975 Sex Discrimination Act the roles of policemen and policewomen remained strictly separate.

Finally, as Radford (1989) rightly points out, this history of women in the police shows us how a radical feminist organisation, which has sought to protect women, was coopted by the state into controlling women. Women were drawn into doing men's dirty work for them. But even so, this group of women remained too radical to be allowed into this all male organization who chose to let in a group of middle class women who sought, under the guise of protecting women from the evils of prostitution, to control them. For this reason, and because of this history, Radford (1989) reminds the current women's movement to examine police reforms carefully to make sure that they benefit all women and not just a privileged few.

When women were finally allowed into the police force it was not on an equal status with their male colleagues; policewomen received less pay and their role was curtailed to work with women, juveniles and administrative tasks. All of which was carried out under the auspices of Specialist Policewomen's Departments. The role of policewomen in the United States followed a similar pattern: women being allowed 'in' under a particular set of circumstances to do particular tasks, for example to supervise women/girls in custody. Later the scope of their wok was widened to include preventative work and the Policewomen's Bureau was established (Martin, 1980). In this way women,

> "Developed a specialized role which was complementary to - rather than in competition with - the traditional enforcement tasks of the male officers".
>
> (Martin, 1980:23)

Policewomen also took on the jobs that policemen did not want to do, for example, clerical work, but policemen still fought against the introduction of women into the force, even in this limited capacity (Martin, 1980).

The Modern Policing Context

The 1976 Sex Discrimination Act made Specialist Policewomen's Department illegal, but they were not disbanded without a fight. Chief Constables and the Police Federation argued that the police should be exempt from this act. These arguments were based on the belief that policing was essentially a man's job, which by definition, made it an unsuitable and unfeminine occupation for women (Jones, 1986). The police lost their case and policewomen became, at least theoretically, fully integrated into the main body of police work. Theoretically policewomen now enjoyed equal status with their male colleagues. In reality many forces simply operated a number of informal policies which served to keep the number of women joining the police at low levels. For example, there is evidence that the Metropolitan police operated a quoto system for women recruits in an attempt to keep their numbers down to 10% of the total force population (Smith & Gray, 1983). According to more recent figures policewomen make up just under 11% of the police service (Graef, 1989). Smith & Gray (1983) found that the Metropolitan police discriminated against women applicants, that women officers were promoted more slowly and that women were not given the same opportunities as their male counterparts. Consequently, they concluded that policewomen faced substantial prejudice within the force.

This prejudice is reflected in deployment practices where women are given substantially different tasks from men (Martin, 1980; Jones, 1986). Jones (1986) attributes this difference to 'five main sets of front line supervisory practices in the depolyment of women officers': (1) Women officers were much more likely to be confined to police station duties, where they spend a great deal of their time on routine clerical duties; (2) they were given less busy beats to patrol, because they were seen to be less capable of physically defending themselves; (3) women were paired with men on 'panda' and foot patrol duties, even though this went against official force orders. This informal practice was based on the belief that women need a male colleague to 'protect' them; (4) supervisors allocated different tasks to women officers. Those incidents which might involve violence, getting dirty, dealing with bad accidents, were seen to be unsuitable for women officers; (5) women were often confined to 'traditional' tasks concerning women and children. These informal practices curtail the role that women are allowed to play in the police, limits their opportunity to gain a wide range of experience in all aspects of police work and consequently hinders their chances of promotion.

Male Attitudes to Women Officers

Women face discrimination not only in the allocation of work tasks but also in their daily interactions with male colleagues. Male officers clearly saw women as the 'weaker' sex, arguing that this physical weakness prevented women from carrying out their job properly. In the United States this belief had two consequences: firstly, physical strength was deemed a male characteristic; secondly, men officers teamed with female officers were therefore deemed to be at a disadvantage. Since women lacked the necessary

muscle they could not be relied upon in physical confrontations. Women who jumped in to protect male colleagues were seen as a threat to masculinity (Martin, 1980). Similarly, in England male officers believe that women lack the physical strength necessary to adequately carry out the role of police officer. They view women as less capable of dealing with violent people and asserting their authority (Smith & Gray, 1983).

Men supported the selective deployment of women and justified this by claiming that women did not want to do the same work as their male colleagues (Jones, 1986; Smith & Gray, 1983). Male officers tended to favour a return to the old system of Specialist Policewomen's departments. Smith & Gray (1983) noted that 62% of men but only 22% of women favoured a return to the old system. Male officers with a longer service record were more likely than those with a shorter service record to support this suggestion. Nevertheless, 32% of recent male recruits favoured a limited role for women, whereas 90% of female recruits thought women should do all the same duties (or all except those where violence is anticipated) as men. Jones (1986) found that 46% of male officers favoured a modified role for policewomen; 30% favoured a traditional role and only 23% favoured a fully integrated role. It seems that men and women hold fundamentally different views on the role of the policewoman.

As I have mentioned before, police culture is essentially a male culture which immediately places women officers at a disadvantage. Women officers are caught in the double bind of being both women and police officers. As women they experience sexual harassment from their male colleagues (Dunhill, 1989). The sexual double standard means that women who refuse to sleep with their superiors and/or

colleagues are likely to be treated unfairly (Graef, 1989). Their course work may receive lower marks or their male colleagues may refuse to talk to them. On the other hand women who do sleep with male colleagues are often often labelled 'slags'. Women often find themselves the subject of station gossip, especially if they get promoted (Graef, 1989). On top of this, women are treated as inferior, called 'plonks' and subjected to ridicule and anti-woman jokes (Smith & Gray, 1983). Women may respond to this anti-woman climate by distancing themselves from this masculine culture or by becoming one of the boys.

Martin (1980) found that policewomen in the United States were faced with the dilemma of being de-feminized or de-professionalized. Women responded to this dilemma by dividing into two groups. Those that saw themselves as police officers first and women second and those who saw themselves as women and then as police officers. Those falling into the first category tended to be very loyal to the department and interested in promotion. Promotion prospects were linked to accepting the prevailing work norms. Therefore, these women defended the force from criticisms of sexual discrimination and accepted the men's negative view of policewomen. Those who fell into the second category sought to retain their femininity and sought acceptance from male colleagues by playing the little woman.

The More Acceptable Face of The Law?

It has been suggested that the introduction of more women into the police force would help to repair the police's tarnished image (Martin, 1980). In this country, Chesshyre (1989) has argued that an increase in the number of women joining the Metropolitan police will help to rebuild its public image. He suggests that the much

publicized violence, aggression and corruption in the force is rooted in the masculine ethos of policing. An ethos which can be changed if enough women join the police because women place less emphasis on 'force' than their male colleagues. The use of women police officers in rape investigations has been used to give credibility to police claims of a softer approach to rape. But are these claims justified? As we have seen historically the police have only allowed a limited number of women into its ranks. Initially these women were drawn from a particular group of women who were not prepared to challenge the institution they were about to join. Even today policewomen may cope with the stresses of police life by adopting the male ethos of policing.

If police training still starts from the assumption that a high number of rapes are fabricated, as I believe the evidence shows that it does, then women will be trained from this viewpoint. At the same time as women are incorporated into the full body of police work they will find themselves more and more in confrontational situations, for example 'public order' disputes', situations which do not allow for any form of conciliation. At the same time we must not forget that not all women police officers will be sympathetic to women and some,

> "Will have special opportunities to intimidate and humiliate us if we are arrested and strip-searched."
>
> (Dunhill, 1989:113)

It would be dangerous to forget that policewomen have the power to use violence against women.

As we have seen, many men favour a return to a more traditional role for policewomen, but the majority of policewomen are opposed to this. In recent years women have been trained to take the statements of women reporting rape and some have joined 'Rape Squads' or 'Policewomen's Specialist Department'. But not all police women are happy with this 'new' role, many felt that they were no better qualified than male colleagues:

> "Indeed the general view that calling upon a relatively short-service officer, and in some instances probationer constables, to conduct a delicate interview with, for example, a rape victim, purely and simply because she is a woman can be counter-productive."
>
> (Jones, 1986:136)

Other policewomen have mentioned the strain of dealing solely with rape/child abuse cases:

> "For two weeks solidly, all I dealt with was the child abuse cases. By the end of the second week I'd had just about enough. The old system of WPC's working with kids and females all the time must have been a real strain."
>
> (Graef, 1989:170)

This would seem to suggest that a large number of policewomen feel unhappy about the role they are now supposed to play in rape and child sexual abuse investigations.

I have argued thus far that police forces around the country were compelled, by public and Government concern in the late 1980's, to show that they regarded rape as a serious matter which they should investigate in an acceptable way, to women reporting rape. The institution of rape suites, use of women police officers in investigation and the promotion of women police surgeons are, I have

argued, relatively straight forward organizational means by which police forces have been able to demonstrate to all concerned that they are complying with expectations. I have further argued that examination of police practice and what the police say they do, draws attention to the danger of equating organizational change with attitudinal change. Replies to my questionnaire, responses to interviews and observation at police training sessions, all indicate that there is a strong informal culture within the police force which is highly gendered.

As male members of English society, policemen draw upon the dominant cultural views of women as unreliable, particularly in relation to matters of sexual relations; sexually provocative and threatening to men; in need of male control/protection. Men they view as having 'normal' sexual urges which once roused can not be frustrated. I argue that the particular features of police work reinforces these stereotypical features, notions of police bonding, which is believed to be necessary for good police work accentuates these general public views into a strong organizational culture. I argue that police women, as police officers, are tested and evaluated by their willingness to accept and participate in these beliefs and assumptions. Conversely women in the force, and in the general public, who do not accept this culture, are condemned by an elaboration of it and deemed unworthy of police/male respect.

There is a developed folk-lore which recounts instances of 'women who asked for it' and 'lying little bitches' who tried to besmirch the name of respectable men (see p82, Inspector Firth). Thus although some organizational change has gone on in order to allay public fears and give reassurance, I would argue that my evidence suggests that

this in itself is an incomplete process and is not necessary to change in attitudes. This attitudinal change is important because all police work involves judgement and discretion, characteristics which are rooted in cultural understandings.

CHAPTER TWO

GREATER MANCHESTER POLICE INVOLVEMENT IN THE SARC

It is impossible to explain the existence of the SARC in Manchester without first examining the local conditions and relationships which made the SARC possible and placing these developments within a historical context. In particular, I would like to focus on the Chief Constable, James Anderton, and his relationship with the GMPA and its predecessor the Greater Manchester Council Police Committee.

The Chief Constable

James Anderton was appointed to the position of Chief Constable of the GMP on the 2nd April 1976. At the age of forty-four years he was in charge of the largest police force outside of London. Anderton was recruited by Robert Mark (then the Chief Constable of Manchester City Police, later to become Commissioner of the Metropolitan Police) in 1953, and marked out as a academic and ambitious high-flier (Prince, 1988). Even on these terms,

> "Anderton's climb through the ranks was more than spectacular, it was unprecedented."
>
> (Prince, 1988:49)

Despite his unprecedented career success Anderton's personality, love of the media and outrageous comments, have ensured that his position as Chief Constable of the GMP has been steeped in controversy.

Anderton and Policing

Anderton is perhaps the most vocal and contentious Chief Constable in England and Wales, and because he perceives speaking out as a legitimate form of public accountability, his views on policing have gained a great deal of media coverage and a certain amount of notoriety. In his biography on James Anderton, God's Cop, Prince (1988) describes Anderton as,

> "Surely the world's most enigmatic and controversial Policeman".
>
> (Prince, 1988)

Certainly Anderton's personality and outspokeness have ensured a high public profile, but what are his views on policing?

Anderton began his police career walking the beat in Manchester's Moss Side district where prostitution was rife (Prince, 1988), and perhaps it was here that Anderton first developed his concern with pornography and vice. A concern which often finds expression in the heavy handed policing of certain areas of Manchester City centre, which are used by prostitutes and which house a number of gay clubs and bars. Anderton has often given vent to his feelings on such matters. For example,

> "At a seminar on AIDS in December 1986, he spoke of homosexuals, prostitutes and drug-addicts 'swirling in a cesspit of their own making'."
>
> (Prince, 1988:97)

If this speech on AIDS created a great deal of controversy his defence of it, on the grounds that God had spoken to him and had told him what to say (Women's Own, 1987), generated even more. Underpinning Anderton's views on vice is a strong religious belief in a natural order and in divine retribution for those who flout it (Prince, 1988). His views on crime and crime prevention can be located within this religious and moralistic framework.

Anderton firmly believes that the public have a duty, a moral obligation, to help the police curtail crime and he used his Annual Report to remind the people of Manchester,

> "Don't forget it is as much your job as mine to bring crime and public disorder under control."
>
> (Chief Constable's Report, 1982)

According to Anderton the community must accept responsibility for crime and disorder.

> "To wit, the public must accept that they and they alone are responsible in the final analysis for the present abysmal state of affairs. It is a responsibility too often denied. Whatever explanations, causes or excuses are given for crime it cannot be gainsaid that it is actually committed by individual men, women and children. The choice is uniquely theirs. Nobody forces their hand."
>
> (Chief Constable's Report, 1985:3)

Through the Chief Constable's report, Anderton conveys to the people of Manchester the need for a responsible partnership between the police and the policed.

Anderton blames the rising crime rate on a 'general lack of self discipline' (Manchester Evening News, 26.7.89) and has, on previous occasions, called for a return to the old-fashioned virtues of,

> "Discipline, respect and obedience. If there was ever a moment, apart from war time, when people everywhere should join forces in spirited citizenship to make a concerted and decisive effort to re-direct community life for the common good, it must surely be now."
>
> (Prince, 1988:52)

His message is clear, if the long term fight against crime is to succeed then people must set a good example by returning to these virtues. For those who break the law he is a strong supporter of corporal punishment (Woman's Own, 1987) and is often critical of 'liberal' attitudes towards offenders (Manchester Evening News, 26.7.89). Anderton's strategy for crime prevention includes not only people setting a good example but also more police officers, especially on the beat (Chief Constable's Report, 1983), and national identity cards (Prince, 1988).

The Police Authority

The Chief Constable's controversial views have resulted in constant clashes with the GMPA and its predecessor the Greater Manchester Council Police Committee. Indeed the relationship between the two is peppered with controversy and repeated calls for the Chief Constable's resignation. Whilst the GMPA and the Chief Constable have fought over particular issues the root cause of their disagreement appears to be based in the different meanings attached to the word 'accountability'. The Police Committee (followed by the GMPA) wanted to make the Chief Constable accountable to the public and wanted to have some control over the policing strategies pursued

by the GMP. They wanted the GMP's policing strategies to be the result of consultation and compromise with the Police Committee. The Chief Constable perceived the Police Committee's attempts to make his decisions more accountable as an attempt to bring Chief Constables under the control of local politicians, in particular left wing politicians, and to usurp the Chief Constable's authority over his police force. Anderton saw himself as accountable to the people of Manchester, not their elected representatives, and perceives speaking out in public as part of that accountability (Prince, 1988).

For Anderton the Police Committee was simply a political stick with which to beat him and for this reason the Police Committee and the Chief Constable clashed repeatedly over the issue of accountability to the politicians. In May 1981 Labour gained control of the Greater Manchester Council and over the Police Committee. In December of that year the Chief Constable refused to answer questions put to him by the Police Committee on his operational strategy. There followed a three hour meeting to clarify the Chief Constable's legal position in relation to the Police Committee (Daily Telegraph, 1.12.81). The Chief Constable remained completely opposed to Police Committees and suggested that they should be abolished and replaced by non-political bodies.

> "Police committees should be re-constituted to avoid the exercise of a political majority. There is a very strong case for giving magistrates at least half of the committee. Better still, I recommend that the police committees should be totally abolished a replaced by non-political boards which would surely be much more objective."
>
> (Prince, 1988:94-5)

Following these remarks and during a meeting called by the Police Committee to discuss the policing of a local industrial dispute, the Police Committee refused by sixteen votes to twelve to pass a vote of confidence in the Chief Constable (Manchester Evening News, 19.3.1982).

In the following year the chair of the Police Committee, Peter Kelly, stood down and Gabrielle Cox took over as chair in June 1983. As the new chair, Ms Cox made a plea for unity between the Police Committee and the Chief Constable, but during her three years as chair the two continued to clash over police accountability. In October 1985 the shadow Home Secretary, Gerald Kaufman, criticised the Chief Constable for engaging in unnecessary political controversy (Manchester Evening News, 1.10.1985), and the Police Committee accused the Chief Constable of being greedy for power (Manchester Evening News, 12.10.1985). Later that month the Police Committee and the Chief Constable clashed over the purchase of plastic bullets by the GMP. The Police Committee wanted the Chief Constable to return the plastic bullets but he refused (Manchester Evening News, 24.10.1985.)

The following month, at a Police Federation conference, the Chief Constable told the audience that he welcomed the dissolution of the Police Committee in April 1986, and would be glad when its chair (MS Cox) stood down (The Guardian, 5.11.1985). The following month the Police Committee sought legal advice on whether they could discipline the Chief Constable over his remarks about the Police Committee (The Guardian, 17.12.1985). Ms Cox, remembering her three years as chair of the Police Committee, has this to say of the Police Committee's relationship with the Chief Constable:

> "We only met when we had to, and then it was always a strain. Before anything was discussed, the atmosphere would be thick with resistance. Battle lines were drawn up from day one. He saw my committee as the enemy, trying to undermine all his plans; subversives contriving among ourselves in an underground plot to overthrow him and everything he stood for. He was Mr Good and I was Mrs Evil, the high priestess of the anti-Anderton movement."
>
> (Prince, 1988:153)

Judging from his comments on the Police Committee, the Chief Constable perceived some of its members as subversives, the enemy within. If the Chief Constable hoped for a more amicable relationship with the GMPA (after the abolition of the Greater Manchester Council) he was not to achieve it. After his controversial speech on AIDS in December 1986, quoted earlier, his refusal to retract what he said, and his insistence that he was moved by God to say such things, the GMPA wanted him gagged and some members called for his resignation. The Chair of the GMPA and the Chief Constable were invited to the Home Office to discuss the charges brought by the GMPA against the Chief Constable. The Chief Constable returned to the Home Office a few days later to discuss his case, an uneasy truce was agreed upon in which the Chief Constable would consult the GMPA before making controversial new speeches (Prince, 1988).

In 1987, following an article in a magazine in which the Chief Constable discussed corporal punishment and said that he would inflict it himself (Women's Own, 1987), and a radio interview in which he described gay sex as 'an abomination that should never have been legalised', the GMPA once again sought legal advice and asked a barrister to investigate some of Anderton's speeches to see of they breached the Home Office agreement. Anderton was called upon to

defend himself at a GMPA meeting in January 1988, and in February the GMPA and Anderton announced another reconciliation. Anderton's antipathy to the police authority is not unique and other Chief Constables have expressed an opposition to police authorities, on the basis that such authorities sought to exert 'political control' over policing policies (Reiner, 1989). However, Anderton's clashes with the police authority have been much more frequent and more public than other Chief Constables. Local clashes between Anderton and the GMPA became national news, they epitomised public debates about accountability, and tensions between Labour councils (with a reputation for being too left wing) and Chief Constables. Home Office intervention in what, after all, were local policing disputes, served to underline this tension and the Home Office's refusal to reprimand Anderton added, I feel, to the impression that Anderton was in some way being hounded by an unreasonable and extreme police authority.

It is within the context of this turbulent and wary relationship between the Chief Constable and the GMPA, that the development of the SARC has to be understood. The SARC provided a meeting ground for the GMPA and the Chief Constable, as they could both agree on the importance of a new police facility for women who had been raped/sexually assaulted. A centre dealing with rape appealed to Anderton's interest in sex crimes and the GMPA's interest in improving facilities for women reporting rape.

The SARC, as I mentioned earlier, was set up to meet a number of requirements. The SARC is a police backed venture, financed by the GMPA and established, I would argue, as first and foremost a police resource. As far as the GMP is concerned, the Centre provides

suitable accommodation where women reporting rape can be medically examined outside a police environment (Report to the Chief Constable 18.4.86). The police hoped that the centre would encourage women to have greater faith in reporting rape and that consequently more women would report to the police (Police Brief, 1986). As we shall see later, whilst these were not the only reasons they were certainly the major impetus behind the development of such a Centre. It is this link between the police and the SARC that I would now like to examine in detail.

In the wake of the media focus on police investigations of rape the Police Committee asked the Chief Constable to report on rape investigations in the GMP area. In response to this request the Chief Constable presented a report on 'The Investigations of Allegations of Rape' to the Police Committee (Report of the Chief Constable, 5.2.1982). This report furnished the Police Authority with details of current rape investigations, which focused on the medical examination, proposed use of sexual offences kits, the use of experienced detectives to take women's statements. The document also enclosed a copy of an extract from the Report of the Advisory Group on the Law of Rape relating to the police and medical investigations. The section on Police Investigations starts in the following way:

> "Rape is a serious allegation - if it is proved the offender is liable to life imprisonment. Although many rape allegations are well founded it is, by the very nature of the offence, an allegation which frequently cannot be substantiated. Sometimes complaints are malicious, sometimes they are made by women who have consented in the first place but subsequently have misgivings about their conduct, indeed there are a variety of motives why false allegations are received."
>
> (Report of the Chief Constable, 1982:2)

It is unfortunate that this document, presented by the Chief Constable, seems to be perpetuating the myths about false allegations and malicious complaints by women. The Chief Constable justified the inclusion of these views on the grounds that it is the police's duty to protect women but to also protect innocent men from such a charge (Chief Constable's Report, 5.2.1982). He also sought to reassure the Police Authority that the GMP have always treated women reporting rape in a sensitive manner (Rochdale Observer, 10.5.1982).

In response to the publicity around investigations and the Chief Constable's Report to the Police Authority, MRCL wrote to the Chief Constable with proposals on how the GMP could improve their treatment of women reporting rape. Their proposals were based on the experiences of women contacting the Rape Crisis Line. The letter from MRCL stated that from women's accounts,

> "It would appear that there are great variations in procedure and treatment between different officers and stations in the Greater Manchester Police. Some women felt they had been sympathetically dealt with, their comments include; "The detective was very supportive and kept me in contact with the way the case was going"; "The police were kind and helped explain what the after-effects of rape might be for my daughter"; "They were straightforward and helpful"; "They were friendly and alright". However, others had a very different experience: For example; "They made me feel like a criminal"; "it was a horrible ordeal"; "I was frightened of them, I couldn't explain properly to them"; "They called me a tart"; "They said they would charge me for wasting their time"; "They said I'd better be telling the truth as the medical costs £40".
>
> (MRCL letter to the Chief constable, 17.3.1982)

Based on this experience they suggested that the police act promptly when women make a report; that women be informed that they are likely to be kept at the station for a number of hours and of the need to take a change of clothing. The letter went on to suggest that women should be encouraged to have a friend present for support if she wishes; that questioning should be carried out in a sympathetic manner and interviewers should not be sceptical of women reporting rape. The letter pointed out that sympathetic questioning would be likely to elicit better evidence than harsh questioning; and that police officers should display tact and sensitivity when questioning women.

The letter cited cases where women have been disbelieved because they show no visible signs of injury, and it was pointed out that officers need to be aware that many women are terrified by the verbal threats rapists make; it was also remarked that some women have not been believed by the police because they 'were not outwardly distressed or hysterical' (MRCL, 1982). The letter stated that the police should be aware that reactions to shock and trauma vary from individual to individual, and it was wrong that whether or not the police believe a woman is often based on judgements about her past sex life. MRCL emphasized that all women have the right to refuse sex; MRCL reported incidents where the police have tried to 'break' young women by telling them, untruthfully, that their parents did not believe them while at the same time telling the women's parents that their daughters had admitted lying. MRCL argued that the police should stop using these ploys and should not see items of fashionable clothing as a permit to rape; officers should be sensitive to the woman's knowledge of sexual terms and ability to talk about sexual matters as women have been confused by

the use of terms they do not use. MRCL said that they would like to see continuity of personnel dealing with raped women, and a police women present during all questioning.

They recommended that medical examinations should be carried out in suitably equipped, warm premises, and by a doctor fully qualified in forensic medicine; more women doctors should be trained in forensic medicine. MRCL also stressed that the examining doctor should be aware that 'the medical examination is often felt by the woman as a further assault' (MRCL, 1982). It was argued that the doctor should be gentle and should explain the procedure fully. Women are not always informed of the need for a pregnancy test (where relevant) and for a V.D. check-up. MRCL suggested that women be given printed cards with this information on and said they would be prepared to pay for the costs. If the police needed to make further investigations they should attempt to give the woman adequate warning; if the case proceeds to the court the woman should be kept in contact and should be informed of court procedure; if the case is dropped women should be informed of the reasons why.

Finally, MRCL argued for specialist police units, composed of women detectives, set up to deal with cases of sexual assault, rape and child abuse.

> "However, we feel that no re-organisation is as important as the fundamental change in attitude to rape and sexual assault, as outlined in the proposals above."
>
> (MRCL letter to GMP, 1982)

MRCL concluded the letter by stating,

> "We would be happy to enter into further discussion with you about these criticisms and proposals. Our only proviso is the need to safeguard the confidentiality of information given to us by women who ring the Rape Crisis Line; hence we cannot discuss individual cases."
>
> (MRCL letter to GMP, 1982)

It seems clear from this letter that whatever their criticisms of the police MRCL were, nevertheless, willing to take the debate on rape investigations to the police. The letter sought to lay out a number of proposals on ways in which police investigations of rape could be improved for women choosing to report rape. MRCL were willing to enter into discussions on these proposals with the police and they were also prepared, despite their inadequate funding, to pay for information cards on pregnancy and V.D testing to be printed. It is also worth noting that they pre-empted the 1986 Home Office guidelines which considered medical examinations, rape suites and specialist units by four years. As a grass roots organization they were acutely aware of the shortcomings of the ways in which police officers dealt with women reporting rape. They wanted this situation to change and were prepared to negotiate that change.

The GMP, on the other hand, clearly felt that discussions around the issues raised by MRCL were unnecessary. They sent a short letter to MRCL stating that their procedure was in accordance with the Heilborn Report (1975) and that the Home Office was considering the issue of a Circular to police forces to consolidate that advice. The GMP's procedure will accord with the terms of that circular (GMP, 6.4.1982). The letter did not engage with any of the issues raised by MRCL and the GMP clearly had no intentions of entering into any discussions with them. A possible explanation for this

unwillingness to enter any discussions with MRCL, may be partly attributable to the belief that they (GMP) were fulfilling their obligations as set down by the Heilborn Report. Or perhaps a more plausible explanation would be their inability to accept MRCL as an organization with any validity and their deep distrust of feminist run organizations.

From 1982 until 1986 the GMP remained remarkably quiet on the issue of rape investigations. Indeed, the Chief Constable's Annual Report in 1982 contains no mention of the public controversy around police investigations of rape. Rape investigations are mentioned for the first time in the 1986 Chief Constable's Report and this is in the context of the opening of the SARC.

> "The Greater Manchester Police has been actively involved in the arrangements to open a Sexual Assault Referral Centre at St Mary's Hospital in Manchester and a Child Abuse Unit at the NSPCC centre in Rochdale. It is anticipated that similar units will be introduced in other areas."
>
> (Chief Constable's Annual Report, 1986:29-30)

This was the first time the SARC had been mentioned in the Chief Constable's Report although, as we shall examine later, it had been discussed with the Police Authority and had gained some media attention.

Police Involvement in Setting Up The Sexual Assault Referral Centre

In the introduction I mentioned that competing claims have been made as to who initiated the development of the SARC (see p. 10) and I attributed the initiative mainly to Dr Roberts, who is a G.P. and

police surgeon. Whatever the initial origins of the SARC it was clearly set up to aid police investigations of rape, and police involvement was clearly seen to be an essential part of the project. In 1984 the Bursar at Manchester University and former Dean of the University Medical School, had moved fast and got a set of rooms allocated at St Mary's for the SARC. The Bursar, with the Head of the Community Health Council, pressed for moves through the police (MRCL, 13.6.84). This appears to be the start of the GMP's involvement in the SARC, although according to Assistant Chief Constable Lees (personal communication 25.2.1988) the SARC was the result of discussion between himself and Mr White, the Unit Manager of St Mary's Hospital. Whilst these discussions may have marked a formal agreement to approve the setting up of a SARC they are clearly pre-dated by much earlier discussions around the issue.

In the latter part of 1985, the GMP became involved in a small working party which was set up to get the SARC off the ground. In a letter to the Managing Director of Granada TV, Assistant Chief Constable Lees describes the formation of the working party in the following way:

> "During the latter part of last year a small working group was formed which involved members of the force, representatives of the Regional Health Authority and other persons who have specialized in this field for the purpose of seeing whether it is possible to provide a dedicated unit which would make facilities available for the proper examination and after-care of victies."
>
> (GMP Letter to Mr Plowright, 21.4.86)

It is clear from this letter that a working group, whether informal or formal, had been set up, but in an interview with Assistant Chief Constable Lees in 1988 he played down the role of this working

party. For example, when I asked him who had been involved in the working party he stated that, "we didn't form ourselves into a working party as such", and went on to state that the police officers took responsibility for different things "without the formality of a working party" (Personal communication, 25.2.88). Whilst he did not say who was specifically on this informal working group it was clear from what he said (and from how the SARC operates) that Dr Roberts, Mr White, Dr Duddle (Consultant Psychiatrist), the Head of Nursing Staff and St Mary's Hospital, were involved in this group. It is also evident that when he referred to specialists in the field, that category did not include involving MRCL. The reasons for this exclusion will be discussed later in this chapter.

What Do The Police Hope To Gain From The SARC?

In the introduction I discussed three main reasons for setting up the Centre, these were:

1. To dispel criticisms of the police and to encourage more women to report rape/sexual assault to the police.
2. To aid the collection of forensic evidence.
3. To provide after-care facilities for women who have been raped/sexually assaulted.

It is also worth noting that police forces who have responded to public criticism of the way in which they deal with women reporting rape, have gained a great deal of 'Public Relations' mileage out of the changes made.

1. **To dispel criticisms of the police and to encourage more women to report rape/sexual assault to the police.**

The SARC was described by James Anderton, Chief Constable of the Greater Manchester Police, as a centre where 'victims of serious sexual assault can be medically examined and interviewed outside a police environment'. The police hoped that the Centre would 'dispel unwarranted scepticism about police procedures', as well as providing for women's welfare in 'a much more suitable way' (Report of the Chief Constable, 18.4.1986). The use of the word 'unwarranted' suggests that the Chief Constable did not feel that the public's concern over the way that police dealt with rape cases was justified. The idea that women's reluctance to report rape to the police was an 'understandable' but not a 'realistic' fear, was a view shared by others involved in setting up the Centre. For example,

> "It is sad that a number of girls who have been raped or assaulted have not felt able to go to the police but it is understandable that they might feel (probably wrongly) that they would not be dealt with sympathetically and even feel that they might not be believed."
>
> (Roberts, 1984)

> "One consequence of setting up the Centre is that reports of sexual assault may increase because the centre has removed any unfounded fears that the victims may have had in reporting."
>
> (White, 1986)

Likewise, the GMP have also stressed the Centre's importance in encouraging more women to report to the police:

> "The rising public concern over what is seen to be a growing threat to women and the criticism - whether justified or not - of the police approach to the crime of rape has resulted in the setting up of the Centre."
>
> (Police Brief, 1986:1)

As we shall see later, the success of the Centre is gauged by the increasing number of reported rapes (see Table 1).

The police are also aware of the value of the Centre in terms of improving their credibility:

> "The opening of the country's first sexual assault referral centre and the development of a training package designed to give operational police officers a psychological insight into the offence of rape, demonstrates the commitment and constructive steps which have been taken to respond to the needs of the community, (a spin-off is of course that the force has greater credibility in this area of work than it previously enjoyed)".
>
> (GMP document to the Home Office, 1987)

It seems clear, from the above quotations, that whatsoever other purposes the centre served, it was felt by senior officers in the GMP to provide a valuable counter to expressed public disquiet about the GMP's treatment of women reporting rape.

2. The collection of forensic evidence

The police and the medical establishment are in total agreement about the Centre's role in facilitating the collection of forensic evidence. This should not be surprising as the purpose of the Centre is to encourage more women to report rape and the role of the police will be to investigate these reports. It is within this context of police investigation

STATISTICS ON SEXUAL OFFENCES IN GREATER MANCHESTER 1980-89

TAKEN FROM THE CHIEF CONSTABLE'S ANNUAL REPORTS

TYPE OF OFFENCE	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
INDECENCY WITH CHILDREN ***				12	13	10	17	62	65	78
BUGGERY	34	82	19	48	21	14	25	34	38	35
RAPE	52	51	63	76	52	74	94	110	155	198
INDECENT ASSAULT ON A FEMALE	798	600	759	662	612	610	700	749	823	855
UNLAWFUL SEXUAL INTERCOURSE WITH A GIRL UNDER 13	12	24	5	6	11	15	14	20	22	21
UNLAWFUL SEXUAL INTERCOURSE WITH A GIRL UNDER 16	146	176	230	154	116	143	133	132	129	176
INCEST	16	19	19	11	18	16	20	26	28	17

All the above figures refer to crimes <u>reported</u> to the police only. They exclude not only cases where a woman did not report but also cases that the police regarded as unfounded.

*** 1983 was the first year this category appeared in the Chief Constable's Annual Report

that forensic evidence becomes so vital. As I have pointed out previously, the Director of the Centre is both a G.P. and a police surgeon, and I think that it is possible to argue that these professional interests profoundly shape her understanding and appreciation of the Centre' purposes. She has on many occasions stressed the importance of better forensic evidence. For example, in 1989 she again stressed that the Centre,

"... offers a first class forensic service and the services of a properly trained forensic surgeon."

(Talk at Pankhurst Centre:31.1.89)

In this way, the Centre meets the investigative needs of the police. Forensic evidence usually plays a vital role in rape investigations because of the unique criminal standing of rape. Judges warn the jury that they cannot convict on the 'uncorroborated word of the woman', therefore they need hard scientific facts to prove she is telling the truth and this comes in the form of forensic evidence.

Rape investigations require proof of penetration and the absence of consent,

> "without evidence of which no successful prosecution is contemplated".
>
> (WDS McLay, The New Police Surgeon n.d.:7)

The issue of consent plays the most important part in rape cases, since in legal terms forensic evidence can only show that 'intercourse' has taken place, not that a woman consented. Proof of force may be used to demonstrate lack of consent but

that depends upon the jury's notion of 'reasonable' force.

The police surgeon is employed to conduct a medical examination and collect 'proof' that a crime has been committed, for example, by recording any signs of force having been used or signs of a struggle having taken place to prove that the woman did not consent; but even when evidence of force can be presented to the court, the court may not accept it as such. Therefore, even when good forensic evidence is available, a case may be lost on the grounds of 'consent'.

Forensic evidence is considered to be scientific proof and science has the reputation for impartiality and the police surgeon is supposed to conduct the medical examination in an impartial way. Whilst this is theory, the practice seems to be somewhat different. For example, a report on '<u>Rape: Police and Forensic Practice</u>' by London Rape Crisis Centre (1978) documents books and articles on forensic medicine which display judgemental attitudes, as the following quotes from the report show:

> "The method of undressing should be noted; is the woman a shy retiring child, or is she a professional stripper?"
>
> (Frith, 1970)

> "In every alleged sexual offence the circumstantial evidence must be corroborated by medical evidence,and this places a considerable burden of responsibility upon those doctors who involve themselves in this work. The majority of allegations of rape and indecent assault are spurious and, in view of the potentially heavy penalties, doctors carry an onerous burden in respect of their medical testimony".
>
> (Knight, 1976)

> "Although in many medico-legal matters a doctor has no function as a detective, in sexual offences he has a valid role in assessing some of the surrounding circumstances, apart from the actual physical aspects. He should observe the general demeanour of the alleged victim and assess the state of her distress, her general attitude, whether for example, she is bold or distraught. Using common sense and clinical experience, the doctor may well be able to make some preliminary estimate as the truthfulness of her story."
>
> (Clark and Lewis, 1977:84)

From these statements we can see that the police surgeon's role is not necessarily limited to the collection of medical evidence, but may be extended to playing a detective role, and to determining whether or not the woman's complaint is genuine. This role is linked to alleged commonsense understandings of the common 'false' complaint, coupled with assumptions about what evidence constitutes proof of a genuine complaint.

In legal terms the medical evidence is only one of several factors determining the outcome of rape cases. Estrich (1987) argues that,

> "The relationship of victim and offender and the circumstances of their initial encounter appear the key to determining the outcome of rape cases in virtually every study."
>
> (Estrich, 1987:18)

She lists three categories of factors which determine the outcome of rape convictions: (1) The relationship between the victim and offender - the closer that relationship, the lower the conviction rate; (2) The amount of force used by the defendant and the level of resistance offered by the victim; 3) The final set relates to the quality of the evidence itself,

is the woman's testimony plausible and can it be corroborated? Whilst medical corroboration was extremely important, it was still only one of many factors. The woman's credibility as a witness, often based on her 'moral' character and notions of 'provocation' were equally, if not more important, in determining the outcome of rape trials (Estrich, 1987).

3. To provide after-care facilities for women who have been raped/sexually assaulted

As I have shown in the introduction, the SARC differs from rape victim examination suites in that, firstly, it is open to women who want to use the facilities but who do not want to report to the police, and secondly, it offers a counselling service for women who have been raped. The importance attached to the provision of medical after-care facilities will be explored in detail in chapter four of this thesis, when I discuss the issues surrounding the medicalization of rape. In this chapter it is pertinent to simply point out that as far as the GMP were concerned, the provision of after-care services met a number of different needs. They represented a public expression of the GMP's concern to create a 'sympathetic' police facility which would encourage more women to report rape to the police; it provided a subtle shift in attention away from rape as a police 'issue' towards rape as a medical 'issue'; at the same time, the police used the existence of counselling services to argue that they were at the forefront of changes in police facilities for women reporting rape; the GMP could show that they were concerned with the total welfare of the woman as well as the investigation of a crime; finally, it meant that the GMP could

refer women to a counselling service that was sympathetic to the police as an alternative to MRCL.

How do the GMP Measure the Success of the SARC?

The GMP are keen to present themselves as having a sympathetic approach to women reporting rape and indeed the existence of the SARC is used to demonstrate this committment.

> "The force continues to be concerned that when victims of rape and sexual assault come forward they receive sympathetic and understanding treatment. This is exemplified by police participation in the establishment of a Sexual Assault Referral Centre at St Mary's Hospital, which came into being on the 12th December 1986. This completely new venture, the first of its kind in the country, was designed to offer a confidential service to any adult who has been raped or sexually assaulted."
>
> (Chief Constable's Report, 1986:55)

As I mentioned in the introduction, there was some resistance to the idea that women's reluctance to report to the police was based on a realistic understanding of how the police treat women. Rather, it preferred to accept that occasionally the police were insensitive but on the whole they were not. They preferred to view women's fears as unfounded and in some instances as a failure to co-operate with the police. For example,

> "Crimes of rape and of indecent assault have increased substantially during recent years and the police continue to be concerned that the record of sexual abuse does not represent the full picture. The reluctance of some women victims to co-operate with police investigations militates against this. It is hoped that the facilities available at the Sexual Assault Referral Centre and the improved training procedures introduced within the force will encourage women to report all matters of sexual abuse to the police."
>
> (Chief Constable's Report, 1986:55)

Since the SARC has opened there has been an increase in the number of reported sexual offences, which is attributed to the existence of the SARC. In this way the SARC has justified the expenditure because it has succeeded, according to the police, in what it was set up to do.

> "Sexual offences have increased by 10.5% overall with offences of rape in particular showing a rise of 17%. There is no doubt that the Sexual Offences Referral Centre at St Mary's Hospital has made the reporting of this crime less traumatic for the victim and more women are readily coming forward to benefit from the excellent facilities which are available."
>
> (Chief Constable's Report, 1987:31)

> "The force has seen a dramatic increase in the offences of rape, from 110 in 1987 to 155 in 1988, a rise of 40.9%. It is believed that a more caring and sympathetic treatment of victims has resulted in an increase of reported cases to the police."
>
> (Chief Constable's Report, 1988:8)

From the police point of view then, the SARC has been a resounding success because there has been an increase in the number of women reporting rape.

Without knowing how the GMP record rape/sexual assault statistics it is difficult to determine if the increase is due to the existence of the SARC or a change in the method of collecting statistics. It may be due to a greater willingness on their part to actually keep reported rapes 'on the books', whereas in the past the number of reported rapes has been significantly higher than the number of recorded rapes. This is apparent from the reported remarks of Superintendent Yates of the GMP, who informed members of the Central Manchester Community Health Council that in 1985 there were 201

reports of rape but only 74 remained 'on the books'. That means only 74 out of 201 reported rapes were actually pursued by the police (Central Manchester Community Health Council, 25.7.86).

Whatever the explanation for the increase in reported rapes, it is clear that the GMP view the increased number of reported rapes as evidence that the SARC has been successful and has become an accepted part of the community and a community resource. For example,

> "The St Mary's Sexual Assault Referral Centre has progressed through its early development stage to become a well established facility within the community, providing support and assistance to victims of sexual assault and investigating officers. During 1988 the centre dealt with 199 referrals from the police and 143 other agencies."
>
> (Chief Constable's Report, 1988:25)

It is equally clear that the GMP regard the SARC as a model for other forces, for example:

> "The Sexual Assault Referral Centre has proved a great success and now serves as a model for other forces."
>
> (Chief Constable's Report, 1989)

Other forces have certainly shown an interest in the Centre and the West Yorkshire Police are currently investigating the possibility of setting one up.

The Role of Dr Roberts

One of the driving forces behind the SARC, Dr Roberts, who has been a police surgeon for over twenty years and is now the clinical Director of the centre, is considered to be an 'expert' in the field

of rape/sexual assault.

> "Dr Roberts, a highly respected police surgeon with considerable experience in this field, has been appointed as the Clinical Director of the Centre."
>
> (Chief Constable's Report, 1986:55)

Dr Roberts has a fairly high media profile and is, to a large extent, the 'public face' for the SARC. As a general practitioner and a police surgeon she represents the two interested groups involved in the SARC - the legal and the medical. Indeed, the role of police surgeon fuses the two together. As the Director of the SARC, and as its 'public' spokesperson, Dr Roberts plays a leading role in directing the Centre's present and future movements. As such it is important to examine her relationship with the GMP, her views on rape and her motives for wanting to establish the SARC.

As we can see from the above quote, Dr Roberts commands a great deal of respect from the GMP; she has been employed by them, in her capacity as a police surgeon, for many years. She has publicly always been supportive of the GMP. The only contentious issue raised in their partnership was short lived and revolved around medically examining women who have been raped. Dr Roberts argued that women should be given the choice of being examined by a male or female police surgeon, and she did not believe that women reporting to the GMP were always told of this option (Manchester Evening News, 22.1.82).

This disagreement appears to have been relatively short lived and Dr Roberts has defended the way in which the GMP treat women reporting rape. She views herself as part of a team and introduced a training

session for the police on the role of a police surgeon by saying,

> "We're all working together; the medical profession and the police profession."
>
> (Training session at Sedgley Park, 7.3.89)

She continued by saying that both she and the police officers present had spent years acquiring the skills of their profession. The SARC is a product of this relationship and also serves to reinforce the ties between the two professions.

Dr Roberts has been keen to defend the GMP's attitudes to women reporting rape and has often publicly stated that the GMP do a good job. For example, she told one audience that women 'invariably get good treatment' (Talk, 19.6.1986); and another more recent one, that the GMP are very good and that they treat the women they bring to St Mary's very well (Talk, 31.1.89). As I mentioned earlier, the SARC's first priority is to assist women reporting rape, which makes it a police resource first and a community resource second. It also reflects her interests as a police surgeon in achieving high standards of forensic evidence.

Police Training

In conjunction with the opening of the SARC, the GMP decided they needed some additional training for officers on the subject of sexual offences. In response to this need the Advanced Sexual Offences Course was organized at the police training school in Sedgley Park (Personal correspondence, 19.11.87). Although the officer responsible for organizing the course said that the course was open to officers irrespective of rank or sex, the recommendation

procedure seems to preclude this. For example, officers are recommended by their superiors for the course and officers attending must be involved in this area of work. Those attending the course are,

> "Basically ones who are actually involved in that sort of work, CID officers who are getting this sort of crime, reported; and officers like myself .... who get involved with this sort of work; because when you're sometimes a uniformed officer, someone might dial treble nine and you're the first one on the sc. ene, so you've got to start dealing with it then and there"
>
> (Personal correspondence, 19.11.87)

This usually means that the men on the course are from the CID as they deal with rape investigations. A small proportion of women officers may also work for the CID but the majority of women officers on the course are likely to be uniformed officers with less rank than their male colleagues. This course, and the policewomen's specialist course, are the only specialist courses on 'Sexual Offences' offered by the GMP.

The Advanced Sexual Offences Course covers the following areas; communication skills; stress management; rape trauma; investigation of sexual offences; role of police surgeon; talk by Rape Crisis; forensic techniques; interview techniques; child abuse; role of social workers in child abuse; Crown prosecutions; offenders; offender profiling; talk by Victim Support Scheme and course critique. (For course timetable see Appendix 5). An important part of the course involves a visit to the SARC.

> "On the advanced course we actually visit the Centre. We take them down on a group visit. Obviously, if there's fourteen in a class we break into two small

> groups and we have to book an appointment so its not going to clash with any counselling, which has worked out quite well because if we can book a couple of months in advance then the ladies from the Centre will book counselling rooms. Unless an emergency counselling comes in, then we obviously wouldn't go down, but they do think its worthwhile just to go along and have a look at the place, familiarize themselves with it and meet the counsellors. And they can have an appreciation of the facilities that there are there and how good it is for the victim, and for them really, because they are away from their normal environment."
>
> (Personal communication, 19.11.87)

So the work of the SARC is incorporated into this training programme.

The GMP also runs a Woman Police Sergeants' Course which covers rape, child abuse, domestic violence, collecting forensic evidence, stress management, body language and the role of a police surgeon. The average number of women attending this course is 172 a year (Personal communication, 19.11.1987). The first counsellors employed by the SARC also attended the course, in order to understand the police role in rape investigations. Dr Roberts teaches on 'the role of the police surgeon' on both courses.

<u>The Relationship between the Police Authority and the SARC</u>

Once accommodation had been secured and the principle of a SARC agreed upon it became necessary to secure funding for this venture. According to Assistant Chief Constable Lees, funding the Centre was a major problem but was eventually secured through the Police Authority (Personal communication, 25.2.1988).

The SARC was an item on the Police Authority Agenda 18.4.1986. At this meeting the Chief Constable submitted a report,

> "notifying the Authority of a proposal to establish a Sexual Assault Referral Centre where victims of serious sexual assaults could be medically examined and interviewed outside a police environment. He reported that an offer of accommodation had been received from the Unit Manager of St Mary's Hospital, Manchester, and that possible sources of funding were being examined."
>
> (GMPA minutes, 18.4.1986)

The Chief Constable's report to the Police Authority states that the Centre is "the most important local innovative proposal" and stresses that the concept of the SARC was supported by the crime sub-committee of the former Greater Manchester Police Committee. However, at this time there was no information that the cost would be met by the Police Authority. He states that,

> "Efforts are currently being made to determine if funding is available from the private sector although the committee is asked at this stage to endorse in principle its financial support."
>
> (Report by the Chief Constable, 16.4.1986)

The Police Authority approved the concept of the SARC in principle, and "that financial support be made available for the project as necessary" (GMPA Minutes, 18.4.1986). The Clerk to the Police Authority wrote to Assistant Chief Constable Lees on the 1st May 1986 about the funding of the SARC. Whilst he felt there would not be any problems with the financing of the SARC he felt that to be on the safe side,

> "It may be as well to have an agreement with the Health Authority which could put the activities of the centre beyond doubt as far as the legitimacy of expenditure of it is concerned."
>
> (Police Authority, 1.5.1986)

In August 1986 the Treasurer to the Police Authority (J.C. Willis) informed Mr White that the Authority had approved a contribution of up to £45,000 per annum to the centre with the eventual figure dependent on the centre's success to attract private sector sources of finance and,

> "that approval is also subject to a satisfactory legal agreement being made between the Authority and the Central Manchester Health Authority."
>
> (GMPA, 18.8.1986)

In real terms the running costs of the SARC turned out to be a good deal higher than this figure.

The reasons for increased costs were as follows: a change in the mix and grading of the counsellors employed, which amounted to an extra £6,300; the appointment of Dr Roberts as Clinical Director at £11,000 p.a.; the call-out of police surgeons - £7,000 (Letter to Mr White by D. Quamby, 19.5.1987). The Police Authority were prepared to accept the first two as reasonable costs incurred by the Centre, but felt that the third reason related to non-police referrals and may not be accepted as valid police expenditure. Mr Quamby stated that,

> "In these circumstances, as discussed at the recent meeting, it may be prudent for you to attempt to shore up your limited budgetry resources by making a bid to the region for additional funding, given the unprecedented nature of the venture and the prestige which may well attach to it."
>
> (GMPA, 19.5.1987)

The letter finished by reminding Mr White of the need to formalize the relationship between the Central Manchester Health Authority and the Police Authority in the form of a legal contract.

According to the minutes of the Police Authority the actual running costs of the SARC had been much higher than anticipated for the reasons stated above. A joint report by the Chief Constable and the treasurer outlining the running costs was submitted to the Police Authority's Finance and Policy Committee.

> "The report noted that (a) budget provision of £19,000 had been made in 1986/87 and of £45,000 for the first full year in 1987/88 (b) the actual costs in 1986/87 had been £24,500 and would be £69,600 in 1987/88 and (c) gave the reasons for the increased costs."
>
> (Finance and Policy Committee Minutes, 11.9.1987)

The Finance and Policy Committee resolved that:

> "The running costs of St Mary's Centre be approved for payment by the authority with the exception of the costs of rota surgeons called out at the request of patients not involved in police investigations."
>
> (GMPA Finance and Policy Committee Minutes, 11.9.1987)

They also resolved that a report be submitted on the costs of the rota surgeons referred to above. As far as the Police Authority is concerned the justification for funding the SARC is based on the assumption that it is a police facility and will enhance police investigations of rape. Any money spent on women not in contact with the police is not police business and therefore cannot be funded by the Police Authority.

On the 9th October 1987 a joint report of the Treasurer and the Chief Constable was submitted to the Finance and Policy Committee. This joint report clarified the role of rota surgeons attending the SARC and stated that,

> "Financial details recently provided by the Health Authority showed that maximum contributions by the Authority of £22,400 in 1986/87 and £62,500 in 1987/88 would be required."
>
> (GMPA Finance and Policy Committee, 9.10.1987)

The Committee resolved,

> "That the Authority's decision to pay the running costs of St Mary's Centre, with the exception of the cost of the rota surgeons called out at the request of patients not involved in police investigations, be re-affirmed."
>
> (GMPA Finance and Policy Committee, 9.10.1987)

The Committee also approved expenditure of up to £6,000 for the provision of computer facilities at the SARC and requested statistical information of the number of cases dealt with at the Centre. I could find no further discussion of statistical information being submitted to the committee, although there is a reference to the SARC first Annual Report, a year later, which contains statistical information (GMPA Finance and Policy Committee, 9.9.1988).

On the 10th March 1989, the Treasurer and the Chief Constable presented the Committee with another joint report on the funding situation of the SARC. They requested an additional funding of £857 in 1988/89 and £5,542 in 1989/90. The Clerk to the Police Authority

also included a report requesting that the Authority fund the cost of advertising the SARC in telephone directories covering the Greater Manchester area (GMPA Finance and Performance Committee, 10.3.1989). The Committee approved the additional funding and agreed to meet the advertising costs. However, they also requested an agreement to be drawn up with regard to funding and resolved,

> "That the Clerk to the authority draw up an agreement in respect of the Authority's financial contribution towards the running of the Centre."
>
> (Finance and Performance Committee Minutes, 10.3.1989)

The Finance and Performance Committee relationship with the SARC appears, not surprisingly, limited to discussions on the Authority's financial obligations.

Looking at the minutes from the above committee it is apparent that the GMPA are putting a great deal of money into the SARC. Yet, there appears to be little discussion of the purposes of the SARC and whether it is meeting its stated needs. Indeed the discussions that appear in the minutes centre around finance and representation on the SARC Liaison Committee. If there have been any major discussions around the politics and the running of the Centre they are not recorded, or even hinted at, in the minutes. With the exception of financial matters, the only recurring item on the SARC appears to be GMPA representation on the Liaison Committee; even here, the GMPA Minutes seem to record confusion between the SARC Management Team and SARC Liaison Committee.

One member of the GMPA attributed this lack of consultation, between the SARC management team and the GMPA, to the uneasy relationship

between the Chief Constable and the GMPA. The clashes between the Chief Constable and the GMPA had created a climate of suspicion which prevented open discussion between the two. It was only when the GMP and the CMHA had decided that the SARC was a feasible project, that the Chief Constable asked the GMPA to endorse it (Personal communication, 15.8.1990).

The SARC Liaison Committee

I have no knowledge as to how the SARC Liaison Committee came into being or how the issue of representation was addressed and agreed upon. The first meeting that a representative from MRCL was invited to attend was held on the 10th September 1987, although minutes from this meeting refer to minutes of an earlier meeting held on the 14th April 1987. Whether this was a formal meeting of the Liaison Committee or an 'informal' meeting is difficult to tell, but the minutes of an early GMPA meeting seem to suggest that a decision as to who should be on the Committee was made some time before MRCL were invited to attend. For example, an item on 'The St Mary's Centre Management Team' appeared on the GMPA's agenda as early as the 21st November 1986, (eleven months before MRCL were invited to a meeting of the Liaison Committee). The minutes note,

> "The clerk to the Authority submitted a report regarding an invitation for the Authority to nominate a member to join the Management team of St Mary's Centre, formerly known as the Sexual Assault Centre, at St Mary's Hospital, Manchester."
>
> (GMPA Minutes, 21.11.1986)

The meeting resolved to nominate a member, Councillor Merry, and request that they be able to nominate two further members onto the Management Team. It becomes clear from later GMPA minutes that

Councillor Merry was nominated to the SARC Liaison Committee not as stated in these minutes of the Management Team. But perhaps this confusion reflects a lack of knowledge about the SARC and perhaps a confusion on the GMPA's part of their relationship as a funding body to the Centre.

Early in 1987 it becomes clear that the Management Team mentioned above is indeed the SARC, and the GMPA resolved:

> "... that Councillors Haslam and Myers be appointed as the Authority's two further members of the St Mary's Centre Liaison Committee."
>
> (GMPA Minutes, 20.3.1987)

This is still six months before MRCL was invited to attend the Liaison Committee Meetings and would suggest that representatives had been nominated on to the committee some time before MRCL were invited to attend. This implies that MRCL were not considered to be a relevant organization to contact, which seems odd given that at this time MRCL had been operating a phone line for women/girls who have been raped/sexually assaulted, for seven years. Although the reasons for MRCL's exclusion will be examined in a later chapter, suffice to say here that their eventual invitation appears to have been an after-thought.

At the Liaison Committee meeting held on the 10th September it was agreed that a member of Victim Support be represented on the Committee. At the same time its attention was drawn to the absence of representatives from black women's groups, yet it was not suggested that they should be invited to attend (Liaison Committee Minutes, 10.9.1987). I feel this says a great deal about

representation on the Liaison Committee. The Police Authority had, at that time, three representatives on the Committee (four if you count Mr Brown, who was in attendance and who works for the GMPA Liaison Unit). It also had at least six members representing St Mary's Hospital and the SARC. Despite the over representation of these two groups, the Committee could not invite a representative from black women's groups to join it, yet they were happy to ask a member from Victim Support Schemes to do so. This seems to suggest that the SARC Liaison Committee were highly selective about which 'community groups' they wanted consultation with and these groups appear to be the ones likely to be less critical of the SARC.

At the above meeting Dr Roberts noted that,

> "The role of the Committee should be to direct the future movements of the Saint Mary's Centre."
>
> (SARC Liaison Committee Minutes, 10.9.1987)

It was also agreed that the Committee should meet on a quarterly basis. The Liaison Committee had no policy-making powers at all, and policy decisions were presumably made by the Management Team. The minutes of the Liaison Committee appear to be limited to discussions around funding, publicity and media coverage of the Centre, rather than any discussion with regard to the philosophy of the centre; the running of the centre; which groups of women were using it; or how it could be made more accessible. It was not until much later that the Liaison Committee once again discussed its role.

> "The group discussed the purpose and function of the Liaison Committee and wondered whether a review of the Committee was in order in an attempt to create a greater degree of accountability of the SMC to the

community. One of the major difficulties may be the confusion over the role of the committee, particularly in relation to management."

(SARC Liaison Committee Minutes, 2.3.1989)

At that meeting it was agreed:

"that the role of the Committee was to provide informed discussion and advice on matters of mutual interest to the Centre and the community, and, information to and from the Centre in order to enable community awareness to be raised."

(SARC Liaison Committee Minutes, 2.3.1989)

Another meeting was arranged to continue this discussion about the role of the Committee but no-one turned up to it. This was to be the last Liaison meeting as a draft legal contract proposed that it be replaced with a Policy and Performance Monitoring Committee (Letter sent to MRCL from the Manager of the SARC, 1.9.1989).

A Legal Contract between The Police Authority and the SARC

As I have mentioned above, the Police Authority provided the finance for the bulk of the SARC's running costs and as these running costs have increased, so has the GMPA's desire to formalise this arrangement with the CMHA. This has been a recurrent theme throughout the earlier Police Authority Finance and Performance Committee Minutes. This concern was also raised at the last SARC Liaison Committee meeting, for example:

"Superintendent Fairley and Ms Yen have held discussions with the Police Authority on the 1989/90 budget. It is hoped that a proper agreement will be reached which will enable the Police Authority, St Mary's Centre and the Central Manchester Health

> Authority to clarify their respective roles and responsibilities."
>
> (Liaison Committee Minutes, 2.3.1989)

Ms Yen, Assistant General Manager St Mary's Hospital, wrote to members of the Liaison Committee to outline this formal agreement between the two authorities and the proposed changes of management structure, namely, that the Liaison Committee was to be replaced by a Policy and Performance Committee.

> "... which would have a formal and recognized role in reviewing the work of the centre and in making recommendations to the relevant Authorities on the support and development of the centre"
>
> (Yen, 16.10.1989)

This formalized agreement between the two ratified the existing financial arrangements and appears to be the first legal agreement to be drawn up, despite the fact that the Police Authority had been funding the Centre since 1986. It appears to be partly in response to the fact that despite the funding of the Centre by the Police Authority, there was no management procedure under the old management structure which involved the GMPA, only the police. The need for a legally binding agreement between the GMPA and the CMHA, clearly setting out their respective responsibilities, became more acute when St Mary's Hospital decided to opt out of the National Health Service. If this happens St Mary's Hospital will need to become cost effective, which will have a profound effect on the work of the SARC (Personal communication, 15.8.1990).

The draft agreement lays down the responsibilities of the GMPA and the CMHA. It basically states that the Health Authority shall provide the facilites and maintain them in good order as well as the staff. The GMPA shall pay for services but that all the costs of fitting out, maintaining, cleaning and servicing the SARC are borne by the Central Manchester Health Authority. On the subject of the Policy and Performance Monitoring Committee, the agreement states that it will consist of,

> "two persons nominated by the Central Manchester Health Authority, two persons nominated by the Greater Manchester Police Authority, a representative of the Unit General Manager at St Mary's Hospital and one police officer nominated by the Chief Constable. In addition, up to six other members may be co-opted by the committee at any time to represent interested groups or to provide particular specialised skills, as it is considered necessary. This committee shall convene at least once in each quarter of the year".
>
> (Draft agreement between GMPA & CMHA)

The day to day management will still be the responsibility of the management group, which remains more or less unchanged. It will consist of the Unit General Manager of St Mary's, or appointed nominee; the Chief Constable, or appointed nominee; Clinical Director of the SARC, Councillor/Manager SARC and any temporary members who the permanent representatives may wish to co-opt to represent interested groups. The Police Authority's Performance Review Committee shall occasionally review the SARC's work. In short, this draft document provides the GMPA with slightly more say over the SARC than it previously had.

Why Did The Police Authority Fund The SARC?

A member of the GMPA explained the decision to fund the SARC on the basis that it fulfilled their obligations, as a Police Authority, in two important respects: firstly, the GMPA felt that they had a responsibility to catch offenders. To be able to do this they need women to report rape to the police, therefore, they wanted a centre which provided comprehensive facilities for women reporting rape to the police; secondly, they wanted a centre where women could self refer (Personal communication, 15.8.1990).

The GMPA would have been familiar with the existence of rape Victim examination suites adopted by many other police forces and would have beenlooking at ways to improve facilities for women reporting rape in the Greater Manchester area. Whatever the reason, the major impetus (at least that stated publicly) appears to be that the facilities at the SARC would enhance police investigations.

It is also worth remembering that the Police Authority is likely to have been influenced by the report of the Chief Constable. This report assured the Authority that the SARC would dispel criticism of the police and also show care for the welfare of the 'victim'. It was also described as 'innovative' and the 'first of its kind in the country'. It also fitted the new police philosophy of 'inter-agency' co-operation. Nevertheless, the Police Authority could only justify such expenditure if the SARC was seen as a police venture. Hence, the discussions noted above about the rota police surgeons called out to non police cases. This discussion clearly reflects the Police Authority's willingness to only pay for costs incurred (wherever feasible of course) by 'police cases'. The GMPA are keen to push the Centre as a good thing, for example, when they received

copies of the SARC's Annual Report they decided to invite the Home Secretary and Robin Cook MP to visit the Centre (GMPA Finance and Policy Group Minutes, 9.9.1988).

If the SARC is unable to obtain this mainstream funding and is reliant on the GMPA to fund it, this is likely to have repercussions. For if the Police Authority fund it on the basis that it helps police investigations and are not prepared to finance non-police 'cases', then what will happen if the number of reported rapes drops? Will that mean funding will be reduced or might it mean a withdrawal of funding? What are the implications of St Mary's Hospital opting out of the National Health Service?; since the GMPA will only be paying for police cases, additional funding will be needed to pay for non-police referrals, and if this additional funding is not found will women who have not reported being raped to the police be turned away? If this happens the SARC may become a facility for police referrals only. As police forces invest their resources into 'new' crimes what will happen to old ventures? For example, many forces have moved from a focus on rape to child abuse and have now moved into 'domestic violence'.

These are debates that will no doubt surface in the future. At the moment the number of reported rapes is increasing, although it would need more detailed research to discover whether the cause is the existence of the SARC or merely changes in how the police record crimes of rape (for a breakdown of SARC referrals see Table 2). National police figures show an increase in the number of reported rapes, which may indicate that the increased number of reported rapes in the GMP area is a local manifestation of a national trend, and would have happened whether or not the SARC existed.

One final note is that it is important to emphasize that the Police Authority have to a large extent left the running and organization of the SARC to itself. It has accepted the Chief Constable's belief that the Centre is a good idea and has never challenged (until the recent draft agreement was drawn up) the actual management structure of the Centre. Nor has it challenged the underlying premises on which the centre was built, namely the medical model of rape the Centre adopted and the notion of the inherent superiority of a professional service over all other forms.

In this chapter I have argued that the local context must be understood to appreciate the significance of the setting up of the SARC. In particular I have marked for special consideration that difficult and often stormy relationship between the Chief Constable of Manchester and the Police Authority and Police Committee. While I acknowledge that there are structural reasons for this difficult relationship in terms of notions of accountability, I also argue that individual personalities and interests sharpened the relationship. I argue that the setting up of the SARC had useful functions for all parties, showing symbolically and substantively that there was common interest and consensus as well as discord. I developed the idea of particular interests being achieved through a demonstration of public good by looking at the use made of the centre by the police and the police surgeon. In both cases the centre offers a convenient and socially legitimate arena for the achievement of particular purposes.

The police use it to show that by their referral policy they have achieved the aim of treating women reporting rape well, the evidence of this is reporting of rape to the police (irrespective of whether

such women were referred to the SARC). The symbolic nature of the centre seems to have been a success. Equally the centre offers the opportunity to obtain the scientific evidence which is a prerequisite of any successful prosecution. In this there is agreement with the police surgeon. Evidence of the police's limited perception of the utility of the centre is shown in the unwillingness to fund the costs of any woman's use of the centre which cannot lead to a prosecution. I thus argue that in the local context there is a coalescence of interest in the SARC all of which can be served under the general rubric of women's interests but which individually deal with these only indirectly. I think that it is also probable that as priorities change within policing so the nature of the centre will change, perhaps to widen its brief and include children and domestic violence.

CHAPTER THREE

LEAVE IT TO THE PROFESSIONALS?

In this chapter I examine the ways in which the SARC was presented to the people of Manchester and to the country as a whole. I have already discussed how it was a police backed initiative, now I would like to concentrate on its presentation as a professional centre. This presentation is particularly important because it was on the basis of its professionalism that the SARC sought to establish its 'expertise' both on a general level and also on a particular level, against other agencies providing support for women, especially MRCL. In discussing this presentation, I intend to examine how those who present themselves as professional define what they mean by the term. My interest is in the use of the concept, rather than debating the precise analytic nature of professions and the components of professionalism. Although those involved in running the SARC are involved in the profession of medicine and could be defined as professional, or paraprofessionals according to Friedson's (1970) definitions, what I am interested in for the purpose of this work is the way the notion of 'professional' is used to validate the work of the SARC and to claim expertise over a new area of work.

The academic literature on what factors distinguish a profession from an occupation is vast and it is not my intention to reproduce those arguments here, for a discussion of the debates see Dingwall and Lewis, 1983; Freidson, 1970; Jackson, 1970; Turner, 1990. Nor is it my intention to discuss the particular power of the medical profession to define and manage social problems as this will be discussed in the next chapter. Instead, the following areas will be examined; what do those involved in the SARC mean by professional?;

what do they hope to gain by using the rhetoric of professionalism?; what are the processes whereby groups disputing the definition and solutions proposed by professional groups are marginalized or incorporated? Freidson (1977) has argued that there is much confusion and contradiction in the usage of the words 'profession', 'professionalism' and 'professionalization' and this certainly appears to be the case in discussion around the SARC.

However, it is important to remember that the rhetoric of professionalism is appealing to the public's everyday understanding of the word. In this sense a distinction is drawn between the 'professional' and the 'amateur'. This distinction is based on the market value of work which in itself relies on broad commonsense definitions; the amateur doing it for love and the professional for money (Freidson, 1977). This distinction may also be based on the understanding that workers are paid because they have certain qualifications and/or skills. So, in some respects the everyday, common definition of what constitutes a professional may also fit into some academic models, for example Goodes (1960) model of professionals. This should not be surprising for as McKinlay (1973) has argued some academics have accepted, rather than analysed, how the professions distinguish themselves from other occupations. Bearing this in mind I will now discuss what the SARC means by the word professional.

Understandings of Professionalism

Professionalism has been used by all parties involved with the SARC to differentiate it from the work of voluntary organizations. The many differences between voluntary and professional organizations

in internal structure and management; the different ideologies on which service provision is based and around which rape is understood are often reduced by proponents of the SARC to the simple equation that one offers a professional and, therefore, inherently better service than the other. Professionalism as a word evokes strong images and meanings which we need to unravel in order to make sense of the way it is used to legitimize the work of one organization and deride that of another.

Claims to professionalism are important because of the status attached to the word and to those occupations which can claim to be professional. Any discussion of professions must take into account that,

> "The term is a socially valued label, with the possibility of social, economic, political or at the very least symbolic rewards occurring to those so labelled."
>
> (Freidson;1983:26)

It is the status and power of professional groups which separate them from other occupations who cannot claim to be professional (Esland, 1980). When groups like the SARC make claims to professionalism it is this status that they seek to confer on their work, hence the constant references, often without substance or explanation, to being professional and offering a professional service. Hence, the public is told that the SARC employs "professional counsellors" (Metro News, 18.12.1987); that women can be referred for "proper professional counselling" (personal communication, 25.2.1988); the counsellors are "professionals in their field of work" (SARC leaflet, n.d.) and that the GMP received

"professional advice that the counsellors should be properly trained professionals who know what they are doing" (personal communication, 25.2.1988). I would argue that the constant stress on being professional is an attempt to impute a superiority of service. This diffuse aura of the word clouds and cloaks the activities of those claiming it, and its positive light hinders close scrutiny of actual practice.

The status and power conferred on those occupations who claim to be professional is based on what Esland (1980) has labelled the mythology of professionalism. It is this mythology which confers a cluster of attributes on professionals which are perceived to be peculiar to those professions. Hence, professions claim to possess special knowledge, skills, training and service altruism, which are often based on years of formal education (McKinlay, 1973; Freidson, 1977). These claims have come to represent the core characteristics of professions and are used to claim an expertise peculiar to professional groups. It has been pointed out *that the mythology of* professionalism is used as a lever to persuade those in society that professionals are the best people to perform particular tasks and to let anyone else perform them would be dangerous (Goode, 1969). In this way notions of professionalism become little more than political rhetoric used to persuade society of the need for professional monopoly over distinct areas of work (Freidson,1970).

The rhetoric of professionalism was employed by those involved in setting up the SARC to persuade the public that it could and can offer a professional, by imputation a superior, service to any other. For example the promotion of the SARC makes constant reference to words which one equates with being professional, such

as 'training', 'expertise' and 'formal qualifications'. In this way the public is repeatedly reassured that they are in good hands, and are repeatedly told that those involved in the SARC are trained professionals. This message was repeatedly conveyed at a public talk by the Director of the SARC, who is also a police surgeon, introduced herself as a "trained forensic physician" and told the audience that women using the SARC will be dealt with by a "trained and sympathetic woman counsellor"; that the SARC employs "professional counsellors"; that "our force is the best trained in the country in this respect" (talk at Pankhurst Centre, 31.1.1989); women using the centre "will be able to seek the advice of trained counsellors" (SARC Leaflet, n.d.); in the SARC's First Annual Report (1988) the counsellors wrote "we cannot thank those people enough for putting their trust in our expertise at the centre"; the counsellors at the SARC "provide a professional service" (GMP, 1987) and hold "professional counselling qualifications" (GMP, 1987); the centre employs "trained medical professional staff". It is on the basis of these characteristics that the SARC demonstrates its professionalism and suitability for the job.

Yet as Freidson (1970) notes, these characteristics of training, experience, knowledge and altruistic skills are not unique to professional services and may be present in other occupations. Therefore, he argues that they should be treated as elements of an ideology and as such,

> "Taken as an ideology, they have empirical status as claims about their members made by occupations attempting to gain and maintain professional monopoly and dominance."
>
> (Freidson, 1977:32)

Certainly, in the case of the SARC, notions of professionalism are used to persuade people of its superiority to other services working in the same area. We are assured that their professionalism, based on training and qualifications, furnishes them with a level of expertise surpassing that of anyone else. So, those involved in the SARC are constantly stressing their expertise. For example, "women who have been raped need skilled help"; "we provide the best service in the country, we have the resources, the expertise". In this way they stake their claim as the experts, not just locally but nationally, and in doing so legitimize their right to define the 'problem' and the 'cure'. In order to reach this position they must show that they are the best qualified to do this work and that other groups already doing such work are less qualified.

The ideology of professionalism is used to persuade both those in power and the public, of one occupation's 'expertise' in their particular area of work, and of the dangers of allowing the untrained to meddle in those areas of work for which they lack formal training (Esland, 1980). This persuasion is based on the group claiming professional status, building up their expertise by pulling down the expertise of others. For example, by making a distinction between the professional and the amateur, a distinction, as I have earlier remarked, based on the market value of their work; the amateur doing it for love and the professional for money (Freidson, 1977). This distinction is also based on the assumption that professionals command a higher market price because of their knowledge, skills and expertise.

In order to persuade the public of their professional mandate to carry out specialised work, professionals have to rely on a negative view of the lay public. As Esland (1980) points out,

> "The clearer the boundary between professional and non-professional areas of operation, the more likely it is that there will be a set of assumptions concerning the means of controlling the lay public."
>
> (Esland, 1980:245)

The way in which the term 'lay public' is applied legitimates the profession's belief that they have the right to do things to and for people (Esland, 1980). A legitimacy which is rooted in the division between 'professional' and 'amateur', the former word imbued with very positive connotations and the latter with negative ones. When professional groups are seeking control over certain areas of work they often employ the use of the word 'lay' to denote the inferior and amateur approach adopted by non-professional groups working in the same area.

In the case of the SARC the public needed to be persuaded of the SARC's professionalism, and hence superiority, because rape counselling was and still is a relatively new area of operation and a professional monopoly has yet to be achieved. Moreover, the issue is further complicated by the fact that voluntary feminist organizations have been counselling women for far longer than the SARC has existed. The SARC was not moving into unchartered territory but one where custom and practice had shaped the area and marked it with their definitions. The first RCC to be set up in England has been in operation since 1978 and MRCL was established in 1980, whereas the SARC only opened in December 1986. Given this

situation, the SARC finds itself in the position of having to fight for the recognition of its supremacy over existing services. Since it lacks the collective history of Rape Crisis Centres, it has sought to establish its credentials on the grounds of its professionalism.

When the SARC was officially opened it was not the only group in Manchester offering a counselling service to women who had been raped. MRCL had been offering a counselling service to women and girls who had experienced sexual violence for a number of years. Therefore, proponents of the SARC could hardly claim to be the only experts in this area of work, since the women working at MRCL had a great deal of counselling experience. Instead the SARC sought to impute a superiority of service with its claims to professionalism; but in order to do this it had to also claim that MRCL offered an inferior service, and this was achieved through inference by stressing the voluntary aspect of MRCL's work. Those involved in the SARC acknowledged the work of MRCL, whilst also stressing the necessity for a professional service. This argument was advanced by making the distinction between professional and lay organizations and relying on the very different images and understandings that the two words evoke. The SARC thus drew on dominant cultural notions which emphasise the positive features of 'professionalism' and in doing this the juxtoposition of the opposite term, 'voluntary', implies negative associations.

During the debates around the SARC, proponents argued for it on the basis that a professional service was both necessary and desired on the grounds: (a) the existence of voluntary services was an indication of the failure of professionals to provide a service; (b)

voluntary organizations are not really the 'best people' to provide such a service. Those responsible for advancing such arguments did not attempt to substantiate them. Instead they simply relied upon the rhetoric of professionalism to claim an inherent superiority of service and employing the associated opposite concept of 'lay' organizations to denote a lack of expertise. For example, according to an article written by Dr Roberts (1984), the existence of RCCs and incest survivors groups have arisen,

> "Because professionals have failed to meet the needs of the public."
>
> (Roberts, 1984)

The existence of voluntary organizations proved that there was a need for such services, she would,

> "Seriously question whether they were/are the best means of providing such care."
>
> (Roberts, 1984)

The article does not provide the reader with any information on how she reached the conclusion, instead she suggests these organizations would be keen to work with a professional Centre. Indeed, she argues, they would be pleased to know that there was such a centre where they could refer women to get 'skilled help'. The implication being that they could not offer such 'skilled help' themselves.

An article by Dr Duddle (1985) similarly argues for a professional service to be established and stresses the inadequacy of existing services offered by RCC. Like Dr Roberts she recognizes that they have made a contribution but,

> "Because of their feminist bias, they have sometimes leaned towards encouraging the women to reject all males and usually have not cooperated well with the police."
>
> (Duddle, 1985:772)

This could be seen to imply that her objection to RCCs is based on a dislike for their political analysis of rape and criticisms of the police, as much as it is on their so called lack of training. The political standpoint adopted by RCCs is antithetical to the 'professional' worker since 'professionals' are said to be characterised by the scientific stamp of neutrality. One component of 'professionalism' is the belief that 'professionals' make 'rational' decisions which are informed by an 'objective' analysis of 'hard' evidence. 'Professional' workers are not 'emotionally' involved in their work and claim to be objective. However, as Feyerabend (1978) notes, there is nothing neutral about science and its superior status is the result of political, institutional and military pressures. The 'professional' struggle to define, control and manage social issues and by definition people, is a highly political process (Esland, 1980). Dr Duddle recommends that professional centres be set up in large city hospitals, staffed by trained medical workers, who would encourage women to report (Duddle, 1985).

Neither article is very clear as to why feminist organizations are deemed to be 'unsuitable' but it appears to be on the basis of their feminism as much as on their lack of professionalism. Both articles stress the contribution of RCCs but they also express an unease about their role and both voice a clear preference for professionally run services. In their respective articles, Dr

Roberts and Dr Duddle seem to rely on the rhetoric of 'professionalism' to establish that a professional service would be better than the existing feminist ones; rather than putting forward a line of argument which would substantiate their claim that RCCs cannot meet the needs of women who have been raped. In this way the reader is left with the logic that professionals, because they are professional, provide a better service and RCCs, because of their feminism, can only offer an inferior one.

How does the SARC legitimize its work over that of other groups? Firstly, it constantly refers to its professionalism and largely on the basis of this imputation, it claims to offer the best service for women both locally and nationally. Hence the claim that they provide "by far the best service anywhere in the UK" (Dr Roberts, Open Forum, 20.6.1989). The SARC makes this claim quite publicly and it is taken as self evident that this is true. However, the grounds for making this claim rely heavily on the public acceptance that a professional service is essentially a better service than that provided by non-professionals. When we look underneath this assumption, the grounds for claiming this position appear to be less clear and depend a great deal on traditional perceptions of 'professional' as based on formal qualifications, skills and expertise. Words which are easy to use but often without substance and which, as I will argue, cannot be used to necessarily distinguish it from other organizations.

Those involved in the setting up and running of the SARC have sought to establish themselves as the 'experts' in this field. When the Greater Manchester Police and the SARC talk about being 'professionals' they are relying on our commonsense understandings

of professionalism, or on what has been called the 'mythology of professionalism':

> "... which proclaims the altruism, ethical scrupulousness and neutrality of expertise which these occupations are reputed to offer."
>
> (Esland, 1980:213)

There are also the notions of professionalism in the sense described by Freidson (1983) in which he points out it is a socially valued label which can bring many rewards, social, economic, political or symbolic, for those labelled as professionals. Their expertise is based on their training, qualifications and political neutrality. This claim to expertise creates a distance between the 'experts' and the users of a service and gives the service producers the right to define and correct the user's 'problem'. Before professions can hold this power they must persuade the public of their expertise. The SARC draws together the interests of medicine and the police, both of whom have an interest in arguing that they are professional, medicine in order to lay claim to control this new area of work and the police more generally to show that they are reliable, competent, trustworthy, in short to repair their tarnished public image. The extension of training and association with experts raises the standing of the police. So again there is a convergence of interests.

W.J. Goode (1969) has argued that professions are able to achieve a monopoly because they have persuaded society that no one else can do the job and that it is dangerous to let them try. Counselling services for women who have experienced sexual violence is a relatively new area and so this monopoly has yet to be achieved.

However, professional interest in this area is now big business and claims to the right to control are being based on their 'expertise' in other areas, quite often medicine. As MacKinlay points out, professions such as medicine,

> ".... are being permitted to claim a licence to carry out or have control over an ever increasing range of activities, and to mandate and to define the proper behaviour of others towards the matters concerning their work."
>
> (MacKinlay, 1973:75)

The SARC's claims to expertise rely heavily on our acceptance of the superiority of medicine, an issue which will be dealt with in the next chapter.

For now it is important to point out that the counsellors are trained nurses who have completed a Psycho-sexual counselling course. Until they worked at the SARC they had no experience in counselling women who have been raped. As such their claim to expertise is based on their nursing qualifications not their past experience of counselling women who have been raped. Nor, it can be argued, were they particularly well prepared for their job as counsellors and the in-servicetraining they received appears to be extremely flimsy; it consisted of attending the Greater Manchester Police Women's Specialist Course; a visit to the forensic laboratory at Chorley; training on family planning and gynaecology, plus on the job training from Dr Roberts.

Viewed from this angle there appears to be a discrepancy between the claims to expertise and the reality of that expertise. For whilst they may have considerable knowledge of nursing they did not have

the considerable knowledge of rape counselling that was claimed. For example the leaflet the SARC produces states that the counsellors at the SARC are:

> "Women who have a wide experience in counselling the victims of sexual abuse. They are professionals in their field of work."
>
> (SARC leaflet, n.d)

In order for the SARC to claim superiority over existing feminist organizations, which in this case is MRCL, they must persuade people that they are the most qualified to carry out this work. This persuasion rests on the use of the rhetoric of professionalism, they are skilled experts and the women at MRCL are unskilled amateurs. In an article written by Dr Roberts on "The Case for a Sexual Assault Referral Centre in Manchester" (1984), she put forward the argument that Rape Crisis Lines lacked the expertise necessary to provide a comprehensive service for women who have been raped. The police have also stated that they feel a nursing background is essential for counselling and that,

> "The people at the Rape Crisis Line are not necessarily trained counsellors".
>
> (Personal communication, 25.2.1988)

In short, women's organizations such as MRCL lack the expertise of professionals and should accept their place in the scheme of things as separate but not equal.

So far the emphasis has been on professionalism and the claims professional groups make to expertise. I have sought to show how

the staff of the SARC and the police appeal to apparently common sense views of professionalism which imply specialized knowledge, over which they have a monopoly, to legitimate their work. As I discuss in the following chapter the SARC staff can invoke the 'professionalism' of medicine and use its status to lay claim to this new ground. In the case of the police the joint venture with medicine seems to imply that they too have the serious and respectable qualities of 'professionals'; association provides and implies substance. Now I want to go on and examine how a 'professional' organization differs from a grass roots feminist organization by comparing the work of MRCL with that of the SARC.

Manchester Rape Crisis Line

MRCL has been in existence since 1980, it operates a phone counselling line which is open fifteen hours a week. This time is divided into five three hour sessions and the phone line is open on Tuesday and Friday afternoons 2pm-5pm and on Wednesday, Thursday and Sunday evenings 6pm-9pm. As well as the phone line, MRCL workers (paid and unpaid) will meet women face-to-face in the office or will go out to meet women in their own homes. They will also accompany women to the police station, sexually transmitted diseases clinic or abortion clinics. MRCL is in contact with a woman doctor who will accept referrals where necessary. Whilst many, including those at the SARC, tend to view the work of MRCL and the SARC as complementary, this masks fundamental differences between the two groups.

The work of MRCL is rooted in the development of the Women's Movement and its response to male violence against women. In an introduction to its 1986 report MRCL states:

> "Rape is an act of violence against women; it is a statement of power. The acts of the rapist state in the baldest possible terms; 'I am a man, you are a woman, and I have the power to do this to you, to humiliate you, to use you, to hurt and terrorise you'. It can say: 'You are a prostitute and I am a respectable man, so it's your job and you deserve it', or it can say: 'you are black and I am white, so the courts will believe me', or again: 'I am your employer and you have children to support, so you will lose your job if you refuse'. Rape is always about the power of man .... In a society where many men think 'NO' means 'persuade me', rape is not abnormal, it is the logical and extreme end of the spectrum of male/female relationships. It brutally opposes our rights over our bodies and our lives."
>
> (MRCL, 1986:1)

In comparison, Dr Roberts defined the work of the SARC in the following way,

> "We aim to provide a comprehensive service to people who may have been raped or sexually assaulted".
>
> (SARC Open Forum, 20.6.1989)

Whereas MRCL locate male violence against women within a political context, the power men have over women in society, both on a structural and on an individual level, the SARC do not even acknowledge that they are talking about male violence. Instead they frequently use gender neutral language such as 'people' and 'clients' and quite clearly state that their centre is open to both men and women. Yet according to their own figures, in the first year they were open they received three hundred and eight referrals from women and five referrals from men who had been sexually assaulted (SARC Annual Report, 1988). Rather than view rape in the political context of male power and male violence they prefer to locate their understanding of rape within a medical mode, the implications of which will be explored in the following chapter.

Feminist organizations such as Rape Crisis Centres, then, can be distinguished from their professional counterparts on the basis of their political understandings of why rape happens. Part of this understanding requires that such groups not only provide a service for women who have been raped but also dispel the many myths surrounding rape, as well as highlighting the way in which women are treated by the police, hospital, social services and mental health system. In this way Rape Crisis Centres have been critical of the general way in which such groups treat women. This, combined with their political view of rape, has made them very unpopular with these institutions. At the same time these institutions have been forced to respond to such criticisms by improving their service provision. There has been sufficient empirical evidence of maltreatment of women, both by individual men and by public institutions, which have operated taken-for-granted stereotypical notions of gender relationships, to support the demands of women for change.

One of the main ways to gain a monopoly is to attempt to marginalize the competition. This can be achieved by trying to exclude critics from the debates around one particular area of work. Or, if that does not work, by trying to incorporate critical voices so that they become one of many alternative services, which may be complementary but not necessarily equal, to the main organization trying to establish its superiority. Certainly in the case of the SARC its relationship with MRCL has shifted from one of attempted marginalization to one of attempted incorporation.

The Women's Movement and Male Violence Against Women

Feminist campaigns about male sexual violence is no recent phenomenon. As historian Sheila Jeffreys (1985) points out, the period 1880-1930 witnessed a 'massive campaign by women to transform male sexual behaviour' (Jeffreys, 1985:1). These campaigns challenged the conventional wisdom of the day by insisting that; men could and should control their sexuality; that women had the right to control over their bodies and should not be made into sexual slaves by their husbands; that the notion of 'conjugal rights' legitimated the right of men to sexually abuse their wives; this sexual slavery was a fundamental part of women's oppression; feminists argued that the legal system failed to take the crime of sexual abuse of girls by men seriously and campaigned to change the legal system; they pursued the right of women to reject heterosexuality in favour of celibacy or lesbianism (Jeffreys, 1985). In short, this first wave of feminist campaigners sought to highlight men's sexual abuse of women'girls and to challenge the notion of 'conjugal rights'. They fought for legal changes which would protect women/girls from such violence and take crimes against women/girls seriously.

In the 1970's the second wave of feminist campaigners once again put male violence against women firmly on the political agenda, highlighting both the extent of male violence against women and the lack of service provision for women on the receiving end of such violence. Feminist research on battered women, rape, and child sexual abuse repeatedly exposed the way in which 'professionals' ignored or disbelieved the extent of male violence against women, normalized men's behaviour and frequently blamed women for men's violence. Women responded to this indifference by setting up help-

lines, self-help groups, refuges. Groupings such as Women's Aid, Rape Crisis and Incest Survivors came out of this movement. They sought to provide a service for women and girls who had experienced male violence or were still experiencing it.

Women's Aid provided telephone counselling, drop-in facilities, refuges and many other forms of practical support for battered women. Incest Survivors Groups provided self-help groups, telephone, and sometimes fact-to-face counselling for women and girls and some also provided refuges. Rape Crisis groups provided phone line counselling, face-to-face counselling in some areas, as well as practical support such as legal and medical advice, accompanying women to the police station, special clinics, abortion clinics, etc. Many of these feminist organizations relied on volunteers, fund-raising and local good will to keep their service going. Some groups were lucky enough to obtain enough funding to employ paid workers, although the source of funding varied from area to area. For example, MRCL initially obtained funding from the Department of the Environment and Manchester City Council through an Inner Cities grant.

Feminists groups differed from 'professionals' in many important respects. They started from the premise of believing what women/girls told them about their experiences of male violence, that women's/girl's experiences of male violence were never trivial, that women were the experts and that counselling should be non-directive. Male violence against women was located firmly within the context of male power in society, men were held responsible for their actions and women were told that they were not responsible for male violence. The services they provided were based on women's

experiences. Women's experiences were used to challenge existing notions about rape, why it happens and who gets raped. They sought to challenge existing 'professional' and academic explanations of rape which saw women as culpable and men as sick.

In this way they offered a direct challenge to the existing orthodoxy on rape. The women helping to run such organizations were often depicted by the media as biased, extreme man-hating feminists. Despite the often negative coverage they received they were able to put a great deal of pressure on the police and many 'professionals' to improve service provision for women. As I remarked earlier the weight of empirical evidence, particularly in a context where existing services were under question, made the women's case for them.

Despite being depicted as 'extreme', organizations such as Women's Aid, Rape Crisis and Incest Survivors groups were able to gain a high public profile through the media. With the support of their own and other feminist research they were able to challenge traditional understandings and explanations of male violence against women. At the same time, and this is often forgotten, it was the Women's Movement that opened telephone lines for women who had been raped, set up refuges for battered women and incest survivors. Once the issue of violence against women was on the political agenda and was defined as a social problem, professional groups became interested in service provision for women and the professional takeover began.

Whilst this thesis is concerned with the many ways in which conservative state institutions seek control over womens' groups, it is important to stress that it is not unique to them. It is a general feature of relationships between the statutory and voluntary sector. For example, many writers have pointed to urban planning policies, and its attempts to forge closer links with the community groups, as a means of controlling and managing the population (Cockburn, 1980). By forging close links between the state and the population, the state increases its control over the population as,

> "The potential control of state increases the more closely the working population is knit to the state system."
>
> (Cockburn, 1980:103)

The concept of participation and community action in urban planning has been used by local government to constrain and control vocal tenants groups. Participation often means incorporation into local government structures and council bureaucracy can be used to delay the wishes of tenants' groups (Lewis in Network, 1990:7).

Other writers have drawn attention to the way in which the police have used urban programmes to gain a foothold in communities. For example, in some areas the police were responsible for the allocation of urban programme money to community groups. Those community groups who accepted funding also had to accept some form of police involvement. This has placed the police in a powerful position, by giving them access to groups, information, and the power to define which groups and on what basis got funding (Gordon, 1987).

> "They are therefore in a position to determine priorities, to control the direction of activities and to isolate or marginalize those who disagree or criticize."
>
> (Gordon, 1987:131)

Funding and participation are two ways in which voluntary groups can become tied to statutory bodies, brought under their control and assimilated.

In the field of economic development planning Robertson (1984) draws attention to both these features, the power of professionals to define issues and the control that professionals exercise over finance and funding. He points out that the development plan, drawn up by professionals, is an essential credential for any poor country wishing to attract international funding. The professionals give the stamp of authenticity to the plan since they are endowed with qualities of scientific understanding and value free rationality which others, however great their experience, cannot have because they are not professional. And yet, as Betaille points out, the ideologies of professionals, like all ideologies "..... seek to connect the universe of values with the universe of power" (Betaille, 1978:48, quoted in Robertson, 1984:99). Robertson (1984:99) quotes Gellner (1978) when he shows that although ideologies 'claim ultimacy' (Robertson, 1984:99) and the right to provide the 'very criterion for telling truth from falsehood' (Gellner, 1978:75) these ideologies are drawn from the general worlds in which ideologists (professionals) participate and have no privileged meaning. Similar ideas are proposed by Chambers (1983) when he points to the power of professionals to define and treat problems of development. He argues that local knowledge and local

understandings are disguised by professionals who are "programmed by their education and experience to examine what shows up in a bright but slender beam which blinds them to what lies outside it" (Chambers, 1983:22). Chambers is arguing not only that professionals assert the right to define issues on the basis of their professionalized competence, and are legitimized by the state to do so, but that their competence disables them from appreciating issues in any other way than their ideology prescribes. Moreover, since professionals have high status, this greatly increases their power to take over and speak for others. Hatch, writing of rural development, said:

> "The development profession suffers from an entrenched superiority complex with respect to the small farmer. We believe our modern technology is infinitely superior to his. We conduct our research and assistance efforts as if we know everything and our clients nothing."
>
> (Hatch, 1976:66-67, quoted in Chambers, 1983:75)

Chambers also writes that 'language has played a trick on us (Chambers, 1983:172), in deceiving us to believe that what is 'sophisticated' is good and what is 'primitive' is bad. I would equally argue that language also tricks us into believing that what is 'professional' is good and what is 'voluntary/lay' is less good. The well documented generalized tendency of professionals to seek to take over non-professionals, to represent their views in the ideologies of professionalism and hence to distort them, in whatever field of professionalism, surely points to a cultural process rather than substantive matter. It is in this light that I return to the question of professionals and lay groups in the arena of women's issues.

Pressure on Women's Groups to Adopt a Professional Working Model

In a recent report on Feminist Activism and Institutional Change, Lisa Price (1988) identifies four main challenges facing feminist groups:

1. Pressure to change collective structure often as a condition of funding, this often involved substituting existing collective working methods with a hierarchical and managerial one.

2. Pressure to professionalise feminist services by requiring academic qualifications, often linked to funding. The funding body could stipulate that the recipients of funds employ workers with professional qualifications.

3. Pressure to change language, which also represents a re-definition of the issue, which serves to obscure women's experiences. For example, rape is couched in gender neutral terms which denies who is doing what and to whom. It may also involve viewing rape as an issue for social welfare agencies rather than recognizing rape as a political issue linked to male power, social relations between men and women, and the ways in which society condones and excuses woman abuse.

4. Co-optation, "A process of silencing by inclusion" (Price, 1988:48). As we have seen from the above three points, funding can radically change the internal structure of groups, for example, who is considered to be an acceptable employee, and the very definition of the issues to be dealt with. When groups have accepted these changes they no longer offer a challenge to existing institutions, because they have accepted the existing

> institutions' definitions. They have become assimilated and incorporated into existing state structures. They allow the state to absorb its critics rather than change the status quo (Price, 1988:47-48).

Price argues that these challenges facing feminist organizations are a result of the government's need to be seen to be representing everybody's interests. Since it cannot politically afford to ignore feminist groups, it has to appear to be responding to their demands whilst at the same time constraining them so that they no longer pose a threat to the status quo. The key to doing this, she argues, is the institutionalization of women's issues:

> "This phrase refers to the process by which institutions take up issues raised by feminists and translates them from political issues into social problems which can be accommodated without fundamentally changing the status quo. In addition to literally changing the language used to describe the issue, very often the process involves establishing institutional structures to deal with the "problem" - structures which obviate feminist analysis and practice."
>
> (Price, 1988:50-51)

New services are set up with the aim of complementing existing ones rather than competing with them. This serves to hide the fact that state run services are in competition for funding and referrals. At the same time new state run programmes do not challenge the existing status quo, whereas feminist organizations do. Therefore, the former are a lot more palatable to the state and professional groups are more likely to attract funding.

The Impact of This Process on The Women's Movement

In the United States and Canada, where a great deal of money has been diverted into service provision for women who have been battered and raped, the consequences of large scale funding has been clearly documented by those involved in women's groups. Anne Pride (1981) has argued that once radical groups received funding "in too many cases the revolution was over" (Pride, 1981:114). For funding comes with strings attached, and these strings usually require the group to professionalize itself. Groups have been required to change their organizational structure, language and definitions of male violence and to tone down their politics. These have become prerequisites for funding and under these conditions many of the earlier feminist battered women's refuges based on a self-help model have now adopted some "version of a professional therapeutic model" (Ferraro, 1983:290).

According to Ferraro (1983) many shelters have become co-opted into the social service bureaucracy. This bureaucracy operates with an ideology which is manifested in therapeutic techniques which control women within the refuge. In this therapeutic framework, women are held to be responsible for male violence and that violence is explained away in terms of deficiencies in individual women's characters. Hence, women in the refuge were required to undertake to work on transforming themselves, with a view to overcoming their failings. Those women who wanted to use the refuge as safe accommodation until they found somewhere of their own or women who were confused about leaving violent men were viewed negatively by the staff. Since the staff controlled the refuge, any challenge to the staff was used as evidence of a women's psychological disturbance and hence the need to reform herself (Ferraro, 1983).

Other radical feminist organizations have also come under pressure to change their internal structure, and often their aims, in order to obtain funding. Judy Hefland (1987) describes how a radical feminist organization in California, working to end the rape of children, was destroyed when it became the recipient of government funding. When state legislation required child sexual assault prevention programmes to be established in every county, the group felt that their credibility would be undermined if they didn't apply. Believing that they could keep the money and their radical politics they:

> "didn't see that in accepting the state money we replaced our goal .... empowering children and educating the community .... with their goal .... serving a specific number of children."
>
> (Hefland, 1987:3)

Once they had won the contract, they were required to reach a specified number of children. The pressure to meet this goal meant they no longer had the time to evaluate their service, the focus became one of quantity rather than quality. In order to reach more children they employed new staff at a time when many of the existing collective were on maternity leave. This resulted in new women coming into a collective structure which was unfamiliar to them.

In the past the collective had worked closely with each other on the planning and evaluation of the work they did. The structure of the group altered. With the new employees and the absence of many of the experienced group members, there was little support and, in the numbers game, little chance to evaluate the work they did. In the rush to reach their quota of children they lost the shared goals,

which in the past had been able to sustain them through the difficult times. The group no longer operated as a collective but rather contained a disparate group of women trying to voice their pain. When the group collapsed a new and more traditional organization structure was imposed and the group lost credibility with many grassroots leaders. Reflecting back on the break up of the original group, Judy Hefland concludes:

> "There were many risks to refusing to apply for the state funds, but it's hard to imagine an outcome worse than what happened after receiving the grant. Believing as we did, that no substantial social change would be financed by the state, we told ourselves we had no choice, in truth being overcome by the promise of $100,000. In kidding ourselves as to our ability to fool the state, we fooled ourselves and ended up with nothing. My motto for the future will be: always look a gift horse in the mouth."
>
> (Hefland, 1987:3)

Failure to comply with more traditional ways of working have resulted in feminist groups being taken over. In the Pittsburg group that Anne Pride (1981) was involved with, the qualified staff, with the support of the qualified board of directors, left the original group taking their funding with them. The new group which set up with the money it had illegally transferred then,

> "made it apparent to the public that the fledgling social service agency had been rescued from the unstable feminists before any lasting damage could be done."
>
> (Pride, 1981:115)

Funding has posed a dilemma for many radical groups, how can they balance the internal radical nature of the organization with the external constraints of funding? Like the economic development

examples used earlier, they have to show themselves to be 'serious', ie. following the accepted, conventional wisdom, before they are regarded as proper contenders for funding. Being able to present oneself, as an individual or organization, according to the prevailing expectations, is both a prerequisite and credential for being considered worthy. One refuge for battered women came under attack from a right wing pro-family group, who argued that the refuge should have its funding cut on the basis that it encouraged lesbianism and was anti-family (Johnston, 1981). After many wrangles and a great deal of support, the refuge kept its funding but at the price of internal cohesion. Many heterosexual women called for a purge of lesbians, a great deal of hostility was aimed at lesbians and many left, consequently, the group now has

> "a new straight image, and the lesbian baiting within the organization is as virulent as ever, even though many lesbians have left."
>
> (Johnston, 1981:87)

Other groups have moved from being a radical organization to a conformist one, often purging themselves of lesbians within the group on the way. The charge of lesbianism has been used to discredit radical groups and their policies, paving the way for a conservative takeover within groups.

Historically speaking, the term 'lesbianism' when used by heterosexuals, and applied to individual women or groups of women, has commonly been used as a term of abuse. It is most frequently applied to women or groups of women who have stepped outside the bounds of culturally defined notions of femininity, in an attempt to frighten them back into their gender appropriate roles. Women who

were active in the Women's Liberation Movement have often been labelled lesbians, not because this was an accurate assessment of their sexuality, but as an attempt to frighten and silence them (Steinmen, 1984; Rich, 1986). In some respects it has been successful - largely because in this society, the dominant form of sexuality has been defined as heterosexuality, and any other form of sexuality has been relegated to the realms of sexual immaturity and/or deviancy. Consequently, the word lesbian in a dominant heterosexual culture evokes strong images, many of which are negative, for example, of the 'man-hater' or the 'pervert' or more insidiously, it conjures up images of women who are really men, who act like men because they want to be men. The result has been that many feminists have been silenced by the fear that they will be discredited if perceived to be lesbian. In this way the critics of the feminist movement have used the term lesbianism to divide women within the movement, and to frighten women who have not yet become involved from doing so (Rich, 1980; Lorde, 1988).

The use of the term lesbianism to frighten women away from challenging patriarchy, was initially adopted as a strategy by the sexologists of the late nineteenth and early twentieth century, in a backlash against the first wave of feminism. As Faderman (1981) points out, the origins of lesbianism as a disease can be linked to sexological literature and the anti-feminist movement it sprang from. Up until this point, romantic friendships between women were considered to be harmless and were actively encouraged. However, the first wave of feminism challenged cultural assumptions of male and female sexuality; notions of the appropriate sphere of women; and marriage and the family. In so doing, they unleashed a number of fears about gender distinctions and in particular, the fear that

women were becoming too much like men. The sexologists sought to re-establish the status quo, by arguing that the separate spheres inhabited by men and women were the result of nature, not culture and therefore, women (by this they meant feminists) who wanted to change the natural order of society were degenerate, unnatural and wanted to be men. Simultaneously, the same sexologists sought to stress the importance of active heterosexuality and sought to pathologize lesbianism, lesbians like feminists (and many feminists were lesbians) were unnatural degenerates (Faderman, 1981; Kitzinger, 1987). This is how the link between feminism and lesbianism was made explicit, and popularized by the sexologists and it then became entrenched in the popular imagination. Given this strong cultural bias against lesbianism, it is hardly surprising that the demands of women labelled lesbians are ridiculed and dismissed, or that lesbians are considered to be beyond the pale of decent society. Thus, if the process of professionalization involves the fight for respectability, it should come as no surprise that lesbians, who by very definition are women of disrepute, are the first to be expelled from radical groups attempting to clean up their image in order to become respectable.

In an article on battered women's refuges, Lois Ahrens (1981) states that like Rape Crisis Centres, refuges are undergoing a transformation,

> "From a feminist non-hierarchical, community based organizations to institutionalized social services agencies".
>
> (Ahrens, 1981:104)

the problems of 'violent families'. Men have also become involved in running the counselling line and staffing the centre.

Other women have left groups after being warned that vocal criticisms of the police might hamper the group's ability to get funding (Craft, 1981). Susan Schechter (1981) has suggested that the Battered Women's Movement has lost its political impetus and has moved from a movement that combined service provision with a political goal to end violence against women, to just a service provider. Part of this change is attributed to funding and the pressure to adopt a social services approach in order to obtain it. In order to be taken seriously and to obtain funding, groups often adopted the language, definitions and working structures of social service agencies. Instead of challenging or resisting these values and working methods some women's groups internalized them. Whilst this pressure to fit in with traditional social services work practices will always be there, women's groups must remember that,

> "It was our vision that started this movement and we did the work."
>
> (Schechter, 1981:98)

She suggests that women think about the political consequences of their work and who is represented on their Boards of Directors. For example, are the service users represented or are representatives chosen on the basis of their wealth, social standing, respectability?

The dangers of relying on funding from a single source is pointed out to groups, especially if that funder is the state. If they are heavily reliant on state funding they can be wiped out if that funding is cut. Schechter does not argue that women's groups should not seek funding only that the political costs of that funding be evaluated. On the issue of funding she reminds women that,

> "We have won what we have now because we, or others before us, have struggled for it. It was NOT given to us. We had to be responded to because we publicly declared that women could not continue to be beaten."
>
> (Schechter, 1981:102)

Women's groups fought for refuges as a practical and necessary goal, but they also had a much wider goal, an end to male violence. The political analysis of the movement must not be lost or transformed, for to allow it to do so would be to participate in the destruction of the movement women built. By changing their analysis of male violence,

> "We will make battered women into a social service problem. But women are not the problem, violence against women and the conditions that cause it are the problem."
>
> (Schechter, 1981:102)

In response to feminist demands in Canada, during the late 1970's the government began to fund Rape Crisis Centres. As rape became an important source of funding, so social service agencies began to show an interest. At the same time funding made it increasingly difficult for Rape Crisis Centres to maintain their political role. The government is unlikely to fund organizations that are highly critical of its policies, instead it is likely to fund social

service agencies which focus on crisis intervention and are therefore a safer bet than Rape Crisis Centres (Toronto Rape Crisis Centre, 1985). Government funding,

> "leaves Rape Crisis Centres in an awkward position. Some centres have chosen to consider themselves as social-service agencies and have, as a result, received increased funding. They have hired professional administrators to run their centres and psychologists and trained therapists to do counselling. The danger for these centres is that the long term goals can get lost in the statistics and forms of bureaucracy. As well, women who have perceived rape crisis centres as being clearly separate from the systems that oppress women and as existing primarily as advocates for assaulted women, may feel that such centres are too much like the rest of the system of professionals that they have been dealing with and, thus choose not to go to the rape crisis centre for support."
>
> (Toronto Rape Crisis Centre, 1985:83)

Other rape crisis centres in Canada have decided to resist the pressure to professionalize and instead have concentrated on clearly separating their work from the work of professional social service agencies. Whatever individual groups decide, as Toronto Rape Crisis point out, they will be forced to choose between,

> "Employing more specialised professionals at the expense of their status as grassroots organizations working to take care of the needs of individual women and to perform the enormous task of changing a sexist society into a society or fighting to stay at grassroots at the expense of funding and cooperation from legal, medical and government institutions."
>
> (Toronto Rape Crisis, 1985:83)

The British Situation

Rape crisis centres have a longer history in North America than they do in England. Local and national governments have also been prepared to spend a great deal more money on research around male violence against women and on service provision in North America than they have in Britain. In Britain, national government has never been prepared to fund such services on a large scale, but it has funded some services through Inner Cities Funding (although this funding has now been switched over to local authorities) and through DHSS funding. However, it would be wrong to conclude from this that feminist organizations in Britain were free from the process of professionalization and incorporation. For example, there is some evidence to suggest that the relationship between the SARC and MRCL reflects a shift from exclusion to incorporation.

From Exclusion to Incorporation

When asked by me about the relationship between MRCL and the SARC, Assistant Chief Constable Lees replied that he saw them as:

> "Complementary. We tried to emphasize throughout all the development of St Mary's we're not in competition .... But rape victims have a very real need to be dealt with professionally".
>
> (Personal communication, 25.2.1988)

Information from MRCL tells a different story. MRCL wrote to all of those involved in the SARC working party asking to be kept informed of future developments. A letter requesting information on the SARC and asking to be kept informed of future developments was sent to the Central Manchester Health Authority (CMHA) on 5.11.1984.

Shortly afterwards they received a reply from W.P. Povey, District Medical Officer, promising that MRCL would be consulted:

> "When we have any further internal discussion we would like to have the opportunity of speaking to representatives of the Rape Crisis line on the project."
>
> (Letter, 6.2.1985)

Despite these assurances MRCL were never again contacted by the CMHA. The following month Dr Duddle (1985) wrote an article in the British Medical Journal on "The need for Sexual Assault Referral Centres in the UK". MRCL wrote to Dr Duddle expressing their concern about her comments on Rape crisis Lines. The reply they received from Dr Duddle stresses the need for close cooperation between groups. She wrote:

> "We are trying very hard to get a sexual assault centre going in Manchester and if we do manage it I have already suggested that we should form a committee including yourselves amongst various other bodies who are represented on it. If we do make further progress in this direction I will let you know."
>
> (Letter, 9.4.1985)

MRCL did not hear from her again.

In 1985 a small working party on the SARC was set up and MRCL were not informed of its existence or asked to attend any of the meetings. MRCL and other feminist groups offering a counselling service were excluded from any discussion on the SARC. It appears that although MRCL had been providing a service for six years before the SARC was opened, their lack of professional status deemed them

as unworthy of consultation by those professionals involved in the SARC working party.

Following on from these developments MRCL made an appointment to meet Terry White, who was then the Unit Manager of St Mary's hospital, and asked to be shown around the rooms designated for the SARC. After this visit they wrote to Dr Roberts to request a meeting to discuss the SARC in more detail. They never received a reply. MRCL then contacted the police officer working most closely with the SARC to complain that MRCL had not been consulted despite formal and informal approaches to St Mary's, a phone call to Police Headquarters and constant reassurances that MRCL would be consulted at every stage. They also requested a meeting with the police liaison officer to the SARC and this was later arranged for 23.7.1986. Every contact, except one, between MRCL and those involved with the SARC was initiated by MRCL, the only exception being when MRCL were invited to an open forum to discuss the SARC on 11.11.1986. The SARC opened the following month.

As I have documented earlier in the more general discussion of professionalism at the beginning the chapter, there is a pattern whereby if attempts to professionalize and/or silence feminist organizations fail then professional groups often try to incorporate them. Certainly there seems to have been a change in the relationship between the SARC and MRCL, the former having moved from attempts to exclude MRCL to attempts to work with them. Dr Roberts and Dr Duddle based their arguments for SARCs partly on the lack of expertise on the part of RCCs and on their political bias. Professionals, such as Drs Roberts and Duddle did not want to be associated with feminist run organizations. This, it seems, is one

of the reasons why they wanted to run a service under a different name. They were very clear that they wanted to offer a different service than those operated by feminists.

Initially the counsellors at the SARC were hostile to MRCL and in an interview for a local magazine stressed that they didn't have any connection with MRCL. They were quoted as saying that MRCL would only be happy with them when they employed a "one-eyed, one-legged, black lesbian" (City Life, No. 91, 1986). A woman from MRCL brought this quote up at a SARC Liaison Committee meeting. Following this Dr Roberts wrote a draft copy of a letter to send to City Life and asked MRCL to co-sign it. Interestingly enough, Dr Roberts' letter completely ignored the comment made by a woman from the SARC and instead concentrated on pointing out the difference between the two organizations:

> "Rape Crisis is a voluntary Women's collective, but St Mary's is a publicly funded professional service."

The letter went on to say that both the SARC and MRCL were,

> "Committed to working together to offer whatever help the woman feels she needs."

Despite differences in philosophy both groups have "learnt to respect and understand each others point of view".

MRCL refused to sign the letter on the grounds that,

> "We feel it is not for us to comment on the alleged statement."

Nor did they agree with Dr Roberts' comment on their close working relationship, which glossed over fundamental differences in philosophy between the two organizations.

Prior to this letter Dr Roberts had moved from completely ignoring MRCL to at least feeling the need to have some contact with them, even if such contact was minimal. This move seems to stem from a talk Dr Roberts gave at Eccles Magistrates Court which some women from MRCL attended. After the talk MRCL asked Dr Roberts a number of questions regarding the policy of the SARC. Shortly after this meeting Dr Roberts wrote to MRCL stating that she:

> "was sorry to find at the recent private meeting of Eccles Magistrates and Probation Liaison Committee that members of Rape Crisis felt so aggressive and negative towards the St Mary's centre."
>
> (Letter, 14.7.1987)

She requested a meeting with MRCL to discuss the conflict between the two groups. Then the two groups met to discuss their differences. The meeting itself was cordial, but MRCL were still unhappy about the content of the meeting, primarily because the psychiatrist present spent the majority of the time discussing men who get attacked and the need for counselling men. She also thought that men raped because they had "uncontrollable" urges.

Shortly after MRCL agreed to a meeting with some women from the SARC, they were also asked if they would like to attend the SARC's next Liaison Committee. The SARC Liaison Committee's first meeting had been held on 14.4.1987 and MRCL had not been invited. At the first meeting the committee agreed that:

> "It was important to have a liaison committee for members to impart knowledge on a formal basis to each other. The formation of the committee will enable mutual exchange of information and ideas. The proposed membership of the Saint Mary's Centre Liaison Committee was discussed. It was agreed that a representative cross sectional membership would be the best solution, with one member representing each selected outside group."
>
> (SARC Liaison Committee minutes, 14.4.1987)

At this stage no representative from any of the various women's groups in Manchester had been asked to join.

A representative from MRCL attended her first meeting on 10.9.1987, during which it was agreed that she should become a committee member. However, she was later told that the majority of members were against MRCL being on the committee but eventually decided they were a valid group. The bulk of the committee were made up of medical personnel and the GMPA. If you include the researcher working for the SARC, the total number of people involved in these two groups amounted to fourteen out of twenty-one people on the liaison committee. If you look at those in the medical personnel category, seven out of nine had been or still were involved in the setting up and running of the SARC. The remaining seven committee members represented Community Health Care, the churches, Social Services, Victim Support Scheme, The Standing Conference of Women's Organizations, The Women's Steering Group and MRCL. As we can see, the Police Authority and the medical establishment were heavily over-represented on this committee, which might help to explain the committee's resistance to allowing MRCL to join.

Dr Roberts seemed to be in favour of MRCL representation. Two reasons may help to explain this sudden need to have MRCL involved. Firstly, she seems to have felt uneasy and embarrassed by MRCL's public challenge to the SARC. She may well have felt that their participation on the Liaison Committee would silence them. Or that they might use this forum rather than a public setting to bring up issues of concern to them. MRCL's presence on the committee may also have been proof that despite their concerns, MRCL still approved of the SARC. Secondly, by the time that MRCL took their place on the Liaison Committee it was clear that the SARC had, at least privately, recognized its limitations. For example, during a Liaison Committee meeting held on 10.9.1987, Dr Roberts told the committee that the SARC could not cope with long term counselling and that they really only had the facilities to deal with women who had recently been raped, not women who need face-to-face or telephone counselling. For this reason:

> "We need to establish links with other agencies who can offer appropriate long term help".
>
> (Dr Roberts, 1987)

It seems, then, that she recognized the importance of other groups like MRCL, who could meet this need.

At the next SARC Liaison Committee meeting on 10.12.1987, the minutes recorded that:

> "Dr Roberts reported that a very profitable meeting had been held with the Rape Crisis Line."
>
> (SARC Liaison Committee minutes, 10.12.1987)

This is a reference to the meeting mentioned earlier which was held after Dr Roberts' talk to Eccles Magistrates. Dr Roberts' remarks indicate a change in attitude towards MRCL. They mark a move away from exclusion and towards incorporation. More recently the SARC have made new moves in this direction. When the SARC appointed a new manager one of the first things she did was to arrange a meeting between herself and another counsellor with MRCL. The meeting was held at MRCL's offices on 19.6.1989. During this meeting the SARC made it clear that they were interested in closer links with MRCL. They were interested in sharing models of support, supervision and training and they stated that as far as training resources go, Rape Crisis lines are probably five to ten years ahead of anyone else. This was mentioned during a private meeting and to my knowledge has never been repeated in a public meeting.

According to the representative of SARC they (the SARC) wanted to know whether MRCL were interested in joint training and/or joint supervision; they wanted to know whether or not MRCL would be interested in joint press releases on relevant subjects and joint work in other areas. It seems that there may be contradictory notions about the status of MRCL within the SARC. Whilst women who came to meet MRCL noted that their training was advanced, during an open forum meeting on the following evening Dr Roberts informed the audience that:

> "Meeting a professionally trained person at the time helps someone in trouble".
>
> (SARC open forum, 20.6.1989)

She finished her talk with a customary quote:

> "The Centre offers by far the best service anywhere in the United Kingdom".
>
> (SARC open forum, 20.6.1989)

The Manager of St Mary's ended her talk on the subject by stressing the need for other groups to work closely with the SARC.

When the talk had ended the audience were given the opportunity to ask questions, but before anyone took up the opportunity, Dr Roberts directed a question at a woman she recognized, from a previous encounter, as working for MRCL. In fact, the woman concerned had left the group in 1984 but was, nevertheless, still interested to know about the relationship between the SARC and MRCL. The manager used this opportunity to mention that she had been to a meeting the MRCL the night before, and that it was her belief as a result of their meeting that they could offer a complementary service. It was her hope that in the future "there will be a lot more joint work". Once again women from the SARC have publicly stated that they have a good relationship with MRCL and hope to work more closely with them in the future. Such public statements are difficult to challenge and gloss over fundamental differences between the groups. It also adds to the confusion in the public's mind between MRCL and the SARC.

Since the opening of the SARC the media have had difficulty in calling it by its name and frequently describe it as a Rape Crisis Centre. It seems quite ironic that a centre set up and called the SARC to distinguish it from feminist run RCLs should now trade under the very name it sought to separate itself from. Still, it does have the advantage that RCLs are well established and quite well

known. In the past when MRCL have brought up this confusion at the Liaison Committee meetings the SARC has attributed this confusion to the press and say that it is a matter over which they have little control.

However, it is not simply the press who has difficulties. Some women who have been to the SARC then phone up MRCL assuming that it is the same thing. The police also phone up MRCL to discuss various 'cases'. So despite all the attempts to distinguish between a 'professional' and 'voluntary' service the two get very confused in the public's mind. The last time MRCL brought the issue up at a Liaison Committee meeting, the committee suggested:

> "that the issue be included in the next annual report and that the Rape Crisis Centre could be invited to contribute a short article on their work for inclusion."
>
> (SARC Liaison Committee minutes, 2.3.1989)

It is difficult to imagine that an article on the work of MRCL appearing in the SARC's report would do much to alleviate this confusion. However, the suggestion itself is interesting as it seems to suggest that the problem lies with MRCL not being able to clearly distinguish its work from that of the SARC. I would rather argue the case the other way around, which is that the SARC does not clearly distinguish itself from the work of MRCL. By suggesting that MRCL write a 'short' article for inclusion it seems clear that the Liaison Committee, with the obvious exception of the MRCL representative, cannot accept other groups as being of equal status to the SARC.

A Professional Response

Professionals have been keen to assert their authority over the whole area of male violence but perhaps this process is most discernable around child abuse. The media could not accept that child abuse could happen on such a large scale basis and that such 'good' (read middle class) fathers could be capable of such abuse. If child abuse could not happen on this scale then the medical diagnosis must be wrong. Cleveland (see footnote[1], p. 44) quickly became an arena in which experts were pitted against Dr Higgs in a battle to prove the anal dilation test wrong. The media and indeed a large part of the population became obsessive about this test and completely ignored the other indicators of abuse that were also present. In the many debates and conferences that followed, professional 'experts' began to reassert their authority over the child abuse field.

There were few feminist voices to be heard during these debates and to address this imbalance individual women and women's groups came together to form The Feminist Coalition Against Child Sexual Assault. The coalition was formed because women were angry at the exclusion of survivors and feminists from the debates around child abuse. This coalition organized a one day conference to discuss the professional takeover, which has transformed child sexual abuse into a genderless crime. Workshops addressed how women's groups could resist this 'new professionalism' (Radford, 1990).

Whilst the SARC is, as we are so often told, the only one of its kind in the country and is the result of joint cooperation between local police and medical interests in the area, rather than part of a wider state run programme, it nonetheless fits in with wider

government support for victim support programmes. Such victim support programmes compete with local feminist groups for resources and funding, as we shall see later. There is also a strong possibility that other forces will adopt this particular model and the GMP has already sent a report of the SARC to the Home Office, who asked the DHSS to look into the possibility of funding more SARCs. It seems possible that in the future more local police and health authorities will opt for such centres and local RCLs might be the casualties.

There may not be a coherent government or local government plan to do away with feminist run RCLs, but many view alternative 'victim support schemes' more favourably because they are not a threat to the existing social order. It is within this political context that decisions about what groups are to be funded will be made. At the moment we seem to be experiencing a backlash against feminism.

In the age of so called 'post feminism', a media invention which tries to persuade women that feminism is no longer necessary, women's rights are being eroded, abortions are becoming more difficult to get and women using abortion clinics are being threatened by pro-life supporters. Women who are single parents claiming state benefits, are required to name the father of their child and he will be called upon to pay maintenance. The Housing Bill which became law in April 1990 made it much more difficult for battered women to be re-housed. Some Women's Aid Refuges may be forced to shut as they will not be able to afford to keep going. Section 29 of the local government bill, preventing councils from 'promoting' homosexuality, has resulted in many services for lesbian women being cut and many councils are refusing to fund lesbian

projects. Some RCLs have had their funding cut, at the same time new schemes have been established or have received money to take on new areas of work, eg. VSSs have started to counsel women who have been raped/sexually assaulted.

There has been growing professional interest in the area of service provision for women who have been battered and raped and children who have been sexually abused. This interest has couched male violence in a new, and on the whole more medicalized, language but the ideologies on which they are based are old. Many seek to deny the political context of male sexual violence and to put blame on women who are prone to choose violent men; on dysfunctional families; on poor mothering and the cycle of abuse theory. Some experts have popularized the theory that abusers have themselves been abused. The solution to the problem often revolves around keeping the family together at all costs. This of course is strongly favoured by the government and many professionals alike, women and children will be offered up as sacrifices to the ideology of normal and healthy family life.

When groups rely on fundraising and volunteers to keep the service going, central or local government funding can seem irresistible and very few groups would be willing to by-pass it in order to retain principles. Instead, like our American counterparts, we believe that government funding can be compatible with our feminist principles. So far the strings attached to funding have been far less prescriptive than in the United States. The major condition of funding being that groups have to have a management committee, some groups have adhered to this condition, many others have one in name only and continue to work collectively. There are other women's

groups who run 'RCLs' and 'Women's Aid' groups but who are not feminists, have men on their management committee and consequently are better funded. In the future when feminist groups have their money cut, and some already have, others might be forced to accept funding with more and more strings attached.

I have already discussed the reasons why feminist groups are being incorporated into non-feminist professional bodies. The question remains one of how can feminist groups resist being co-opted in this way? MRCL has maintained its autonomy from the SARC and has continued to express its concerns with the Centre and to stress its differences. This is not an easy position to keep, many RCCs are labelled 'extreme' for refusing to be incorporated into groups which have a much more publicly acceptable image. This rejection can lead to even more hostility being aimed at feminist RCCs for apparently rejecting the olive branch offered often under the guise of multi agency cooperation. Yet there is no real need for voluntary groups to become carbon copies of so called 'professional' organizations. They provide different options for women, if those options were closed down women may have a choice of different organizations but what good would that be if they all offered exactly the same service? I feel that the call for closer cooperation often masks attempts by professional groups to stifle alternative methods of understanding male violence and of different ways of working.

The professional takeover which I feel is happening is an attempt to monopolise the area of male sexual violence and curtail alternative service provision. Yet this is far from easy to obtain for although professional and academic literature has dominated explanations of male violence, alternative feminist explanations have gained a lot

of ground. In this respect, women have found a powerful voice in the feminist movement and in the grass roots organizations of self help groups. These groups have provided a powerful critique of the more traditional explanations of male violence and produced alternative explanations. Feminist organizations have been successful which is one of the reasons why professionals seek both to silence them and to present the authentic 'definition' of the problem as well as the solution. Their difficulty in obtaining this status remains. Feminist organizations who have fought for a very different understanding of male sexual violence, who have based this understanding and service provision on women's experiences because they believe that women not professionals are the experts on their experiences.

What the future holds remains to be seen as the fight for funding and the temptation to professionalize will become far greater. Some feminist groups/organizations are already in the process of doing just that in the belief that the outcome will be a better service and more secure funding. Others will retain their independent status and some may well go under as a result. At the end of the day it is unlikely that professionals will be able to completely erase our memories of the feminist alternative. Each feminist group in this country will reach its own decision on the best way forward, but there are many valuable lessons to be learned from the American experience.

In this chapter I have discussed how the SARC presents itself publicly as a professional service, and that it was on this basis that it sought to establish its expertise against other organizations providing support for women who had experienced rape.

In claiming the status of a professional organization, SARC mobolized the trappings and rhetoric of professionalism. This, I argued, resulted in a tautological argument; the SARC offered the best service because it was a professional service, professionals offer a better service because they are professionals. In other words, rather than substantiating their claim to provide a better service they relied on the trappings of professionalism to legitimate their claim. In doing so the SARC appealed to the public's everday understanding of the word and the imagery it evokes of knowledge, skill, authority and competence. Non-professional groups were described by SARC as 'voluntary' and 'lay', words which have quite negative connotations conjuring up as they do, well intentioned but unreliable, untrained and amateur in approach. The SARC use of the terms 'professional', 'voluntary' and 'lay' were not accidental but were part of a deliberate attempt to assert the SARC's superiority over a relatively new area of work; but an area in which feminist organizations had been working for some time prior to the opening of the SARC.

The emphasis on the SARC's professionalism serves the joint needs of the police and medicine. It provides medicine with the opportunity to claim its superiority over a relatively new area of work and at the same time allows the problem of male violence against women to be classified as a medical issue rather than a political one, a point which will be discussed in the following chapter. It provided the police with an opportunity to link themselves to a traditional profession, that of medicine, and in so doing to demonstrate to the public their own reliability and competence, a measure which may help to restores their somewhat tarnished image.

As I have shown through the housing and economic development examples, it is a feature of professionals to seek control over areas of work and over the work of non-professional groups. There are several ways in which they seek control and attempt to bring in to line the work of radical groups, but funding and participation are the two main ways. Groups wishing to obtain funding must seek to demonstrate their respectability and reliability, this often entails adopting 'professional' methods of working, speaking and defining the problem. In accepting the professional baselines many radical groups become incorporated into the state and as a consequence their political objectives and definitions are tamed so that they are no longer perceived as a threat to the status quo. Their radical agenda is subsumed and redefined by the professional definition of the problem.

In North America there is extensive empirical evidence to show that the pressure on feminist groups to professionalize their organizations by changing the group's structure, has resulted in the very language that they use to describe the problem and profer a solution is changed and replaced with the gender neutral language of the professionals. In turn this has redefined the issues to be addressed. All this has been a necessary process since to get funds groups must demonstrate their committment and acceptance of the conventional wisdom of the professional. This pressure to conform to a professional method of working has been less intense in Britain but it is still there. For example, there has been a shift in the relationship between the SARC and MRCL. Initially the SARC sought to marginalize the work of MRCL. When this was not successful they moved towards a more conciliatory position in which they have tried to incorporate the work of MRCL.

The women's movement put male violence against women on the political agenda and simultaneously provided support and safety for women/girls who had experienced it. Campaigns around rape, battered women and the sexual abuse of children was an important part of this movement. Feminist organizations sought to challenge the many myths behind male violence, to tell the truth about women's experiences of it and to challenge the sexual divisions in society which encourage, normalize and perpetuate it. In challenging the status quo feminist groups have taken on the police, legal system, academic and professional orthodoxy about male violence, they fought for the recognition that male violence against women is endemic in Western culture and that male violence should be criminalized. The professionals have attempted to reassert their control over the area by changing the terms of the debate, by couching it in gender neutral terms and hence refusing to ask why so many men are violent to women/girls. It has de-politicized the argument by denying the political context of male sexual violence and reinterpreted it in terms of an individual medical problem. Instead of discussing why men do it they have sought to 'treat' the women who have experienced it. What feminists called criminal the professionals call sick, an argument which will be developed in the following chapter.

CHAPTER FOUR

THE MEDICALIZATION OF RAPE

The previous chapter discussed the ideology of professionalism and the way it is employed to gain a monopoly over particular areas of work by professionals stressing their expertise and training over that of other groups. This ideology has placed those who claim professionalism in a powerful position as definers and arbiters of social problems. This chapter will focus on the ways in which one profession, medicine, has become involved in the area of male violence against women. It will pay particular attention to the ways in which the medical personnel have come to re-define male violence against women as a medical problem requiring medical intervention. The medical profession has sought to define women's responses to male violence as an issue falling within their competence and thus seek to manage these responses through certain counselling techniques. In this way, I claim, they have sought to individualize and de-politicize the issue to male violence.

Medicine is one of the oldest and most powerful professions and has come to exert a tremendous and ever increasing influence over our lives. Indeed, some writers have been moved to argue that a few select professions such as medicine,

> "are being permitted to claim a licence to carry out or have control over an ever increasing range of activities, and to mandate or define the proper behaviour of others towards matters concerning their work."
>
> (McKinlay, 1970:75)

Other writers have gone further and argued that,

> "The power of the medical profession over every stage of our lives already exceeds the power wielded by the church."
>
> (Feyerabend, 1978:74)

Feyerabend attributes the power of medicine to its roots in science, and the belief that scientific knowledge is a superior knowledge because of its supposed objectivity and political neutrality. But as Feyerabend points out, far from being objective or neutral it is the result of political and institutional pressures, which are then peddled as scientific fact.

Other writers have argued that medicine functions as an institution of social control. For example, Zola (1977) has argued that the social control of medicine is achieved by medicalizing much of our daily lives. A process of expansion in which medicine seeks to claim control over growing areas of life, by applying the labels 'healthy' and 'ill', medicine seeks to define problems in medical terms. Medical treatments then become the appropriate solution. In this way, more and more areas of life come under the jurisdiction of medicine so that,

> "If anything can be shown in some way to affect the workings of the body and to a lesser extent the mind, then it can be labelled an 'illness' itself, or jurisdictionally a medical problem."
>
> (Zola, 1977:56)

The increasing medicalization of life, from the crib to the grave, has been well documented by Illich (1976) who claims that in Western

industrial societies people are now presumed to be ill until presented with a clean bill of health. He also points out that medicine is a moral activity in which medicine has the right to define who is healthy, ill or malingering, it can say who is in pain and who is not, who is responsible for committing a crime and who is not. In short, medicine defines what is normal and what is not. This classification may be based on existing categories or new ones created by medicine.

In recent years medicine, particularly the mental health system, has begun to pay more and more attention to the issues of battered women (Edwards, 1989), rape and child abuse (Toronto Rape Crisis Centre, 1988) and as we saw in the previous chapter the result has been the large scale growth of professional services. These services have relied on a particular view of rape which locates it within a medical framework. Indeed, Armstrong (1990) has argued that when women spoke out about their childhood sexual abuse, they opened "a new frontier for therapeutic specialization" (Armstrong, 1990:45).

This medical understanding of rape, child abuse and battered women concerns itself with defining women's reactions to male violence as a medical issue and then devising a medical solution. The result has been that women's reactions to male violence are pathologised, individualised and medicalized; instead of being realistic responses to real experiences, they have come to be defined as abnormalities which require medical attention. In this way medical attention becomes a prerequisite to 'recovery'. Consequently, medicine has become the legitimate forum in which to 'treat' women who have been raped. It is within this context of increasing medical interest in rape that the SARC can be located.

As I have described in the introduction to this thesis, the existence of the SARC in Manchester was the result of a particular conjuncture between the medical and the legal professions. The SARC served to meet the requirements of these two professions by meeting the needs of the legal profession in terms of collecting forensic evidence, and the medical profession by offering a counselling service. Of course the two are not mutually exclusive; as I have noted, the Director of the SARC is both a GP and a police surgeon and the police have noted that if a woman reporting rape is treated well by the police it will enhance the quality of evidence an officer is able to obtain (Blair, 1985). It should come as no surprise, therefore, that the SARC Management Committee consists of representatives from these two professions only (GMP 1987); it is the needs of these two professions which inform the organizational structure of the SARC. The SARC is based and run on a medical understanding of rape and it is the medical understanding which informs and shapes the work of the centre.

The Police and The Medical Profession

The GMP have stated that the SARC was established to enhance the quality of medical evidence and to meet the needs of the 'victim' (Personal communication, 25.2.1988). They have also made it clear that they feel a medical environment is the best forum in which to provide a service for the needs of women who have been raped; a number of reasons have been put forward by the police to explain why a hospital environment is the most suitable. For example, when I interviewed Assistant Chief Constable Lees, of the GMP, I was told that,

> "The Sexual Assault Referral Centre, being in a hospital, has the facility for admission for a medical situation which requires medical attention and trained medical professional staff".
>
> (Personal communication, 25.2.1988)

He went on to say that emotionally 'many people are psychiatrically ill' and that at the SARC,

> "A sexual psychologist is in a position to come to the centre and support the victim".
>
> (Personal communication, 25.2.1988)

These comments suggest that the police apply the medical model of illness to women who have been raped, view them as psychiatrically ill, and in need of medical attention. The SARC can provide the necessary medical attention.

There is also the suggestion that trained nurses and a 'sexual psychologist' are the most suitably qualified to 'help' such women. For example, another officer argued that nursing qualification were important if,

> "you're setting yourself up as a professional centre I think it would be very useful, especially if you've dealt with ladies' type problems, as some of them have. I think is might give ladies going there a sense of reassurance".
>
> (Personal communication, 19.11.1987)

It is important to point out that 'professional' counsellors are not necessarily nurses. However, these quotes seem to imply that when the SARC was initially set up, there was an understanding that a nurse counsellor would be the most qualified to do the job. This

appears to be based on the assumption that as a trained nurse she would have knowledge of the particular physical needs of women, which are often referred to as 'women's complaints', eg. gynaecological problems and pregnancy testing. The nurses had a working knowledge of the hospital system as the majority had been employed in it. As we shall see later, they were trained in a particular form of counselling by the psychiatrist who worked for SARC. Indeed, it was their participation on this course which led to their employment at the SARC. As the SARC fulfilled a medical role, as well as one of counselling, then proponents of the centre clearly felt that nurse counsellors were suitably qualified. A belief which also seems to stem from the belief that women who have been raped are in some way medically ill. This belief is not peculiar to the GMP, for example research conducted in Australia noted how police officers adhered to the belief that women were psychologically unstable. Many of these officers believed that women who had been/were being abused, are psychologically abnormal or psychiatrically ill (Hatty, 1989:80).

A medical environment has the added advantage of drawing the public's attention away from questioning how the police treat women reporting rape, and onto the medical establishment. For example, when I asked one Assistant Chief Constable whether he thought criticisms of the police approach to rape were justified he replied,

> "Who's to say? There are bound to be occasions when the approach wasn't what it should be but that's not representative of the whole".
>
> (Personal communication, 19.11.87)

Such criticisms are a thing of the past and he was clear that the police have now shifted the debate to new ground. As the GMP have,

"taken it into a medical debate so to speak".

(Personal communication, 19.11.1987)

It may also be a reflection of current thinking around male violence which moves the issue out of the criminal arena and into the sick arena; what feminists call criminal the medical establishment labels as sick (Armstrong, 1990).

Shifting the debate in this way may serve another important function. I have already mentioned the debates around the police as law enforcers and as a public service, and the tension this creates between the public, who want a service, and the police, who want to catch criminals. This tension is also reflected in a police culture which prizes the catching of criminals and derides the so called social work aspect of their job. The SARC may be one way of resolving this conflict, by providing a police backed service which the police can use, whilst at the same time paying counsellors to undertake the welfare side of the work. As we shall see in the next chapter VSSs also fulfill this function.

The Medical Profession

Those involved in the centre have constantly stressed the importance of being able to offer medical help to women who have been raped. The counsellors are seen to be 'professionals' because they have been trained in psycho-sexual counselling and because initially all of the counsellors had a nursing background (except one, who was a psychologist). In short, it is the medical expertise of those working at the SARC which gives them their professionalism and it is this medical training that separates them from voluntary run organizations. Although in many respects this dichotomy so often

drawn between professional and voluntary organization is over simplistic and misleading, it fails to acknowledge the skills that voluntary workers have, their personal skills and those gained from their voluntary work, and it also fails to understand that volunteers in Rape Crisis Centres have fulltime jobs elsewhere and choose to put their extra time into Rape Crisis. Ironically, many of these women may be involved in 'professional' jobs, eg. they may be nurses, doctors, lawyers, housing workers, bank managers. The particular skills any one woman brings to a Rape Crisis group may be shared and passed on, so that all women in the groups may benefit from 'specialist', knowledge. Ironically, women involved in the voluntary sector may in reality be better qualified in 'professional' terms than those who seek to put them down.

The location of the SARC in a hospital is seen as both desirable and necessary. The medical setting also adds to the professional credibility of the SARC and its employees. Ironically, this places the SARC in a paradox. Its very credibility is bound up in traditional notions of the excellence, tradition and superiority of medicine; yet in order to cover any mistakes it may make, and in order to preempt criticism and explain the centres lack of written policy, it has to stress its 'newness'. Hence, its workers find themselves in the position of having to stress contradictory messages about the work it does. It has to stress its credentials in terms of traditional medicine and at the same time it has to stress its 'newness' and its independence from the traditional Health Service. It seeks to achieve this by stressing its uniqueness.

At an Open Forum of the SARC (20.6.1989) the newly appointed manager of the centre stressed that the SARC "is unique" because no similar

unit exists elsewhere in the country. As a unique institution it has no set procedure or guidelines to follow, and so, she argued, it was not bound by similar operations in the traditional Health Service nor by a precedent set elsewhere. In fact, the uniqueness of the centre is such that it has no written policy document setting out its philosophy, although the manager is in the process of writing one. This claim of 'uniqueness' is used to justify the lack of policy and at the same time allows for mistakes to be made. For example, Dr Roberts told one audience that,

> "We're not perfect and we haven't claimed to be perfect but we've learnt a lot".
>
> (Dr Roberts talk, 31.1.1989)

As a unique centre, with no guidelines to follow, they are bound to make mistakes.

Such statements put the SARC in a privileged position; it allows them to stress their technical expertise, whilst simultaneously allowing for and excusing mistakes. This highlights an issue rarely discussed in the literature on professionalism, that is, because professionals are considered to possess an expertise, when they make mistakes or are clearly incompetent they are rarely treated as such and are rarely publicly rebuked. In contrast, should a voluntary organization make a similar mistake, it is not explained away in terms of human error, over work or the stress of the job, as with professionals, but is used to highlight the amateur nature of their work and their incompetence. Professionals are allowed to make mistakes and to have errors of judgements but voluntary groups are not. This reflects the power differentials between professional and

voluntary bodies which protects and cushions professionals from outside criticism which could destroy the public standing of a voluntary group. In common with many 'closed' systems of belief the failures are explained away leaving the system unchallenged (see Gluckman, 1960, for a discussion of circular reasoning).

How far are these claims to 'uniqueness' justified? Whilst it may be the first SARC in England such centres have been in existence in America and Australia for many years (see p. 12). Indeed, both Dr Roberts (1984) and Dr Duddle (1985) in their respective papers on the need for SARCs in England, used the American and Australian sexual assault centres as an example of the need for similar centres in England. The police officer in charge of liaison with the SARC received an award which allowed him to travel extensively in Australia in order to visit sexual assault centres. So, far from being unique, the development of the SARC in Manchester is based on existing models in other countries. At the same time Rape Crisis Centres, whilst not offering the same services, have been offering a counselling service for women and girls for many years. Individually, and selectively, Rape Crisis Centres have gained a great deal of knowledge and experience, which make them a useful resource for those wishing to establish new services; a resource which is rarely acknowledged and highly unlikely to be involved in the process of consultation because of their 'amateur' and political status.

The National Health Service does not formally recognize the work of the SARC and St Mary's Hospital cannot pay its running costs.

"The concept of the sexual referral centre is not formally recognized within the National Health Service and as a consequence its financial implications are not reflected in the annual budget of St Mary's Hospital."

(GMP, 1987)

However, an independent budget does not necessarily free the SARC from the constraints of the traditional National Health Service. On the contrary, there is much to suggest that the SARC draws heavily on medical understandings of rape which shape the Centre's work. I argue that the working of the centre is rooted in traditional medical explanations of rape. This medical model informs the philosophy behind the work of the SARC even if it remains unacknowledged and implicit in the form that their work takes. In order to analyse the work of the SARC it is necessary to examine how the SARC actually works; to look at the qualifications and experience of the counsellors; how their workload is organized; the counsellors' experiences of the job and their understanding of rape.

Qualifications and Training

In the previous chapter I discussed the basis on which the SARC counsellors claimed their expertise. I would now like to discuss the importance attached to medical qualifications and how this shaped the choice of employees. There can be little doubt that those involved in the SARC wanted to employ medical personnel as counsellors and that a particular form of counselling, psycho-sexual counselling, is perceived as a necessary qualification. For example, prior to the opening of the SARC, members of the Central Manchester Community Health Council were told by the Director of Nursing Staffing at St Mary's hospital that the counsellors would not have to be nurses

(22.7.1986). But an article on the SARC intended for the Police/Community "liaison" magazine stated that:

> "It is envisaged that they will have nursing backgrounds and will have attended the sexual counselling course held at Manchester Poly."
>
> (Police/Community Liaison Unit, 8.9.1986)

Later at the Open Forum on the SARC (11.11.1986), the audience was told that one of the counsellors was a psychologist and the other three were nurses who had undertaken training in psycho-sexual counselling. By the time I was granted permission to interview the counsellors working at the SARC, some of the initial employees had left and one position had not at that time been filled. Nevertheless, I was able to conduct interviews with all four of the counsellors employed by the SARC. Since these interviews were conducted at least one of the counsellors has left and the work is currently being reorganized. At the time of interviewing, the counsellors were all nurses, most of whom had been recruited from the psycho-sexual counselling course at Manchester Poly.

When the posts of counsellor at the SARC were advertised no formal qualifications were stipulated. However, my interviews with the counsellors at the SARC appeared to indicate that an informal recruitment policy was in operation. Three of the counsellors were recruited from the psycho-sexual counselling course and one counsellor was in the process of studying for a diploma in psycho-sexual counselling. This seems to suggest that recruitment, to a large extent, was based on the attainment of a psycho-sexual counselling qualification. For example, whilst the counsellors said no qualifications were stipulated for the post three of them also

said that they were looking the someone with a nursing background and that if you were a nurse you needed to have experience in psycho-sexual counselling.

> "They wanted somebody with a nursing background and a knowledge of psycho-sexual counselling".
>
> (Personal communication, 13.2.1989)

> "No stipulated qualifications, but if you were a nurse you had to have experience of psycho-sexual counselling, or counselling, because of the nature of the work you're doing".
>
> (Personal communication, 13.3.1989)

> "No qualifications were stipulated for the post. I didn't even see the job advertised somebody, told me about it. It was word of mouth."
>
> (Personal communication, 6.2.1989)

> "There aren't specific qualifications as we're so new, the team considered the relevant background. It would probably be different now".
>
> (Personal communication, 27.2.1989)

It seems clear then that although the job description did not stress the need for a psycho-sexual counselling qualification those responsible for recruitment had arrived at some informal agreement as to its relevance.

The reasons the counsellors gave for applying for the post of counsellor at the SARC were all different. One became interested 'whilst on the psycho-sexual counselling course" (Personal communication, 6.2.1989); another, "really through people with sexual problems" (Personal communication, 13.1.1989), in her prior job women

would, "present with family planning problems who had been raped" (13.3.1989); another said that in her experience in casualty, "assaulted women presented themselves and muggings etc (Personal communication, 27.2.1989). Finally, one said that she didn't have any initial interest in this area of work and she became involved with it after she heard aboutit on the psycho-sexual counselling course (Personal communication, 13.2.1989). Although two of the counsellors mentioned that they had come across women who had been raped in their previous occupation, none of them mentioned having any experience in counselling women who have been raped.

How Does The SARC Operate?

As we have seen, the SARC receives a great deal more funding than MRCL and many have argued that, as a result, it offers a much more comprehensive service. By this, many people are referring to the Centre's 24-hour counselling service and the medical facilities available. Therefore, it is important to look at what the SARC can offer women and whether or not the public presentation of what the Centre offers and the actual service offered, are one and the same. According to the leaflet produced by the SARC, the Centre offers a 24-hour service, the morning after pill if necessary, and tests for VD. The leaflets state that,

> "Anyone who has suffered a sexual attack or abuse has a right to have all or any of the services provided."
>
> (SARC Leaflet, n.d.)

I would like to discuss how the work of the Centre lives up to this statement.

The SARC offers a 24-hour counselling service as well as offering to go to court with the woman. However, given the physical constraints, eg. at the time of my interview there were four counsellors, two of whom were part time, it seems likely that the SARC would experience some difficulty in providing this level of service. So how does the SARC offer a 24-hour service service with only four counsellors employed (five if the vacant post were filled)? The SARC is staffed by counsellors 9am - 8pm Monday to Friday, after which they can be contacted through the hospital bleeping system. This means that when women telephone outside their working hours their calls will be answered but not by the counsellors.

> "All calls going to the centre go to a small radio room where they are answered".
>
> (Personal communication, 6.2.1989)

The counsellor went on to explain that the radio room was always staffed by women who would answer the phone and "contact one of the counsellors if necessary" (Personal communication, 6.2.1989). So if a woman wanted to use the Centre between eight o'clock at night and nine o'clock in the morning she would have to wait for a counsellor to arrive at the centre.

The procedure for women using the centre will vary depending on the nature and time of referral:

> "If it's a self referral they ring or turn up, hopefully they ring and we'd be ready for her. If they turn up we might be busy and she'd have to wait in the waiting room. I'd bring her in and give her a cup of tea. If it's a police referral it's usually at night time, referral goes through police control, the

woman goes through to the other room and the doctor is called out".

(Personal communication, 13.3.1989)

"It depends what time of the day it is and whether it's a police case or self referral. If it's a police case the police telephone, the doctor is called out, they phone us and let us know. During the day there's more flexibility. The radio telephone room turns us out and hopefully we're there before the women. I welcome the women, show her into the initial interview room. If there are any policemen I don't let them in, I leave them in the waiting room".

(Personal communication, 27.2.1989)

"If it was a self referral she would present herself at the front desk, to the male porters at night (a woman porter works during the day), they would show her into the waiting room. When we arrive we would find out what the wanted, we can offer her the medical here, the police can come here. We arrange follow-up counselling and testing for sexually transmitted diseases. If the police bring a woman in its the same procedure".

(Personal communication, 6.2.1989)

According to the procedure, women using the centre at night time are highly likely to have to wait while a counsellor is called out and even those who come to the centre during the day may have to wait if there are other women using the centre. Women using the centre have to report to the porter's desk. At night time the doors to St Mary's are shut, therefore women coming to the SARC at night would have ring the bell and wait for the porters to unlock to door and let them in. The hospital has a problem with lack of space so the waiting room of the SARC doubles as a waiting room for other visitors to the hospital. For example, the waiting room is also used by men who have brought women in with gynaecological problems or threatened miscarriages. This means women may have to wait in a room with men

(MRCL, 10.9.1987; personal communication, 22.3.1988).

It is clear that whilst the centre stresses that it offers 24-hour counselling, the reality is somewhat different. Women can phone at any time and their call will be answered, but not necessarily by the counsellors. Women who choose to telephone at night will have their call answered by a central radio room. The call will then be assessed and a counsellor contacted if it is felt to be necessary.

The Centre provides all the medical services it advertises but with certain restrictions. There appears to be no provision for women requesting a general medical examination. For example, a letter to MRCL regarding the availability of medical services states that the following medical services are available:

> "1) Doctors can be called out to conduct Forensic medical examinations for women recently reporting rape (usually within a week). Obviously health issues are also considered and women are offered morning-after contraception (up to 72 hours) and screening for sexually transmitted disease. In recent rapes, particularly at night, doctors can usually be reached within the hour. During the day this is likely to be longer and may be by appointment.
>
> 2) Morning-after contraception and pregnancy testing is offered by counselling staff during the day.
>
> 3) The sexually transmitted disease screening service is run on Tuesday afternoons by appointment.
>
> 4) Women requesting a general medical examination following a rape are seen in the first instance by a counsellor and in some circumstances a referral to gynaecology is made. Doctors are not available for medical emergencies - in these instances we suggest her GP or local casualty department should be approached."
>
> (SARC letter to MRCL, 1990)

This letter makes it clear that medical facilities are not available on a 24-hour basis except in the specific instance of a recent rape and that the Centre makes no provision for a general medical examination or for an emergency. In short, medical facilities are geared towards a particular group of women, those who have experienced a recent rape and are offered on a restricted basis to other women. Some facilities are not offered at all. In this respect, the Centre's leaflet appears to be quite misleading as it suggests an availability of services not on offer.

How is the Counsellor's Workload Organized?

The counsellors are responsible for their own workload and there appears to be little internal structure.

> "If I answer the door I take the person on. If it's a telephone call I offer an appointment. If I'm not on I book it with one of the others as NP (new patient) and tell her that I've booked a new girl in".
>
> (Personal communication, 13.2.1989)

> "It's self organized. If you get referrals when you're on call you take them. If its self referrals you take them on board and if you can't do it you make them an appointment with someone else".
>
> (Personal communication, 13.3.1989)

One of the part time workers was finding it very difficult to manage her workload as she had less time to meet women in:

> "At the moment it's very hard, we (part time workers) have far less hours to see women but the same on call duties. I used to finish work off in my own time, now I charge it to the firm".
>
> (Personal communication, 27.2.1989)

Apart from counselling, the women were also expected to complete their paper work, maintain forensic standards, maintain the medical room, order supplies, accompany women to court, give talks and deal with the laundry and catering needs (Personal communication, 13.3.1989).

Counselling can be very draining, as well as highly rewarding work, and the SARC counsellors certainly found the work stressful, although they coped with the stress in a number of ways:

> "I go home and take it out on my husband but as I'm part time its not as stressful. One evening a week I play badminton, which allows me to direct it positively".
>
> (Personal communication, 13.3.1989)

> "..... very stressful because of the sheer volume of work, sheer volume of stuff to get through".
>
> (Personal communication, 27.2.1989)

> "..... more stressful than I'd imagined, but it doesn't affect my personal life".
>
> (Personal communication, 6.2.1989)

For one counsellor the stress she experienced was as a result of conflicts between the management and the workers. For this woman her main grievance was directed at the lack of support given to the workers, which she blamed on Dr Roberts. Whilst she was the only one to complain about management, support and supervision, the other counsellors clearly found the job stressful. As such, support and supervision seems an important area to examine (Personal communication, 13.2.1989).

Support and Supervision

According to the SARC Annual Report (1988),

> "The job of counselling victims of sexual assault is a very demanding one and if not given every support themselves the counsellors cannot adequately support their clients. Informal meetings with the team psychiatrist to discuss any anxieties arising from the work have taken place from the beginning but recently a more formal fortnightly support group has been started, led by another psychiatrist with no direct connection with the centre. At this meeting they can bring up any personal anxieties as well as practice their counselling skills."
>
> (SARC Annual Report, 1988)

However, according to one of the counsellors there was a conflict of opinions between the management and the workers on the subject of support,

> "Dr Roberts doesn't see a role for a psychiatrist, but we do".
>
> (Personal communication, 13.2.1989)

As the SARC Annual Report states, the counsellors were supposed to have regular meetings with a psychiatrist to discuss their frustrations with the job. The psychiatrist was to be independent and the sessions with the counsellors were to be confidential. It was this confidentiality which proved to be a problem,

> "After one meeting Dr Roberts wanted to know exactly what was going on".
>
> (Personal communication, 13.2.1989)

According to this counsellor Dr Duddle, the psychiatrist, explained that the session was confidential, the idea being to support the

workers. Dr Roberts stopped the meetings as she didn't see the need for them. The counsellor informed me that everything at the centre was not all "hunky dory", and that it was "crumbling underneath although we're still open" (Personal communication, 13.2.1989).

Although the other counsellors failed to mention any conflict within the centre, there is evidence from other sources that the SARC is experiencing running problems. For example, one of the counsellors interviewed resigned in August 1989 and the Management Committee were still considering the best way to fill the post in November. At one Management Committee meeting several ideas were put forward as possible solutions to the staffing problems of the SARC; for example, contacting past employees for possible "locum" employment; the possibility of using Community Psychiatric Nursing staff, particularly for on call duties; the possibility of using social workers and other members of the nursing staff; and the possibility of using "placement" posts (Minutes of St Mary's Centre Management Committee, 14.11.1989).

At the same meeting there was also some discussion around the need to secure more funds and problems of finding funding for the sexually transmitted diseases session at the centre. Clearly then, the SARC is facing a number of problems, of which the issue of support and supervision is just one of many. It also seems clear that the SARC relies heavily on 'borrowing' the resources of St Mary's Hospital, particularly in regard to finding workers to cover parts of the centre's work. This once again highlights the fact that the SARC is employing workers who, whilst qualified in other areas of work, have not necessarily had the wide range of experience in counselling women who have been raped that the SARC leaflet claims.

Counselling

So far, the focus has been on the qualifications and work organization but it is equally important to examine how the counsellors define counselling 'success' and 'failure' and under what circumstances they refer women to other agencies. The average counselling session in the centre was an hour at the time of my interviews, although some may be a great deal longer. For example,

> "On average a follow-up counselling session usually lasts an hour, it can be a lot more or a lot less. We keep an hour between counselling sessions just in case. If it's a new woman I usually keep an hour and a half free".
>
> (Personal communication, 6.2.1989)

> "Usually an hour but sometimes a full day or half a day, but on average an hour".
>
> (Personal communication, 13.2.1989)

> "As a rule of thumb about an hour, some a lot longer, it depends".
>
> (Personal communication, 27.2.1989)

> "Generally about an hour".
>
> (Personal communication, 13.3.1989)

Counselling will continue for as long as the woman requests it although, as we shall see later, not all women receive long term counselling.

Counselling was defined as unsuccessful if women used the time to have a general chat, if women went into situations unprepared for

them or if they decided not to return for counselling. For the counsellors failure was described as:

> "When you become tea and buns x times a week, when you're not getting anywhere........ If someone went into a situation and got hold of the wrong end of the stick entirely, eg. if a woman was totally unprepared for court".
>
> (Personal communication, 27.2.1989)

> "When they don't come back and they don't tell you why".
>
> (Personal communication, 13.3.1989)

Successful counselling was defined as enabling the 'person' to lead as 'normal' a life as possible:

> "A strong woman with a straight back, no medical complication overlooked. To encourage people to find confidence in their own resources, straighten their back and carry on".
>
> (Personal communication, 27.2.1989)

> "That they'd be able to get their life back together, live as normal a life as possible, take control again".
>
> (Personal communication, 13.3.1989)

The first quote indicates just how closely their jobs as counsellors are linked to medicine, and linked to the councillors' ability to meet and treat any medical problems which might arise. The other quote raises the issue of what constitutes normality and whose definitions are being used, an issue which will be dealt with later.

This emphasis on the counselling role as a means of aiding the patient's return to normality, and the corresponding belief that the patient must play a participatory role in the recovery process fits into Parsons (1951) 'sick role' model. According to this model illness is defined as dysfuctional because it interferes with the individual's ability to perform social roles. Medicine seeks to rectify this pathological state and restore the individual to health and normality through treatment and/or therapy. Hence, according to Parsons (1951) illness can be defined as a state of disturbance in the 'normal' functioning of the total human individual. Once an individual has been labelled as 'sick' they must then conform to the 'sick role' which involves them in acknowledging that they need the help of an outside person; accepting that they have an obligation to get 'better'; part of this obligation to get 'better' involves seeking out 'technical help', usually in the form of a physician and cooperating with the physician in the process of trying to get well. In short, the patient must seek the help of a trained professional and must work with that professional to get better (Parsons,1951). Similarly, the counsellors at the SARC view women's reactions to rape as a pathological state and the aim of counselling is to return women to a 'normal' state. However, if this is to be achieved, women have a duty to try and get better. The type of counselling offered at the SARC involves a return to women's social roles which have been disrupted by the rape.

Referrals

The counsellors at the SARC referred women on to a number of other agencies, including Rape Crisis, Victim Support Schemes, Women's Aid, health visitors, GPs, Social Services, gynaecologists or to psychiatrists. Women would be referred to these agencies if they

wanted a service not offered by the SARC, if women fell outside the SARC criteria or if the counsellors thought they needed more specialised help:

> "They might want home visits and we don't do that but Rape Crisis does. Victim Support Schemes are also trained in rape counselling. We refer women when we think we're not skilled enough, when it's a different type of problem to what we've been set up for. We pass women on to psychiatrists".
>
> (Personal communication, 6.2.1989)

> "The woman might not be able to travel in so we might refer her to Rape Crisis for a home visit or Victim Support Schemes. I might feel I can't cope with this, I need a psychiatric opinion".
>
> (Personal communication, 13.3.1989)

> "If a woman asks for something specific which we can't offer".
>
> (Personal communication, 27.2.1989)

Medicine has a very clear hierarchy and jobs are clearly demarcated and divided up into specialisms. This division is reflected in the above quotes, the counsellors have defined their role, or had it defined for them, in a very precise fashion. Anything which falls outside of their boundaries is simply passed on to another organization whose task it is to deal with them.

In line with this hierarchical and medical division of labour, women who presented the counsellor with a 'problem' were referred to a psychiatrist, who could offer a more expert and technical form of help. Women attending the SARC could be referred to a psychiatrist for a number of reasons, for example, if she had been sexually abused

as a child; had a past psychiatric history; was experiencing sexual problems; or as proof to the woman that she's not going mad:

> "Those who've been sexually abused previously, they need more intensive help".
>
> (Personal communication, 13.3.1989)

> "If I find some women saying, 'I'm going mad hallucinating, my nightmares are getting worse' I refer them to Dr Duddle to confirm they're not mentally ill. If they're having sexual problems with their partners I deal with it. If I'm not getting anywhere I refer them to Dr Duddle".
>
> (Personal communication, 13.2.1989)

> "Women with a psychiatric history need more specialised help and women who've been sexually abused as children. If a woman comes to us because of a recent rape but has not resolved being sexually abused as a child we will deal with the present problem. We then refer them to Dr Duddle, often for one session, she can give them reassurances that they don't need a straight jacket".
>
> (Personal communication, 6.2.1989)

> "I referred one woman to a psychiatrist, I was sure she had never been raped but came to us as a cry for help".
>
> (Personal communication, 27.2.1989)

It is difficult to imagine how this counsellor can tell if a woman has been raped or not but obviously she thinks she can. This may reflect particular beliefs about what types of women are raped and what the 'proper' reaction should be.

These beliefs lay bare a number of assumptions, held by the SARC counsellors, about women who have experienced male violence and/or

the mental health system. They also demonstrate what action follows from these assumptions The SARC has clearly defined areas of work in that it will counsel women who have been raped but not women who have been sexually abused as children. However even within the legitimate category of rape which is the basis of their work women may be eliminated on a number of grounds. For example if women do not get better within the allocated time span, as defined by the counsellors they will be referred for more specialist help. This may be because they continued to have sexual problems have a psychiatric history or were sexually abused as children.

Definitions of problems and recovery are based on the "professional s" knowledge which involves the reduction of women s complex emotional reactions and responses to male sexual violence to a set of neat predetermined medical categories. As Ferraro (1983 notes the therapeutic ideology adopted by some medical counsellors has a built-in rationale to account for the failure of women to respond to therapy. Failure to respond was attributed to women s inability to work on themselves because of their deep seated problems, for example problems in childhood, rather than on the counsellors' failure to help Ferraro, 1983:303). The failure of women attending the SARC to 'recover' did not lead to the counsellors questioning the concepts underpinning these assumptions, but rather lead them to assume the woman had even more problems than they had originally anticipated. The result was the continuing processing of women through the mental health system. Even when that very system had already failed them.

Women who have been sexually abused as children are seen to be in particular need of more intensive specialized help, which seems to

indicate that the counsellors make a clear separation between child abuse and rape. Women's experiences of sexual abuse become compartmentalized into discrete and separate experiences, which does not allow for, or encourage, women to make the links between the different forms of abuse they have experienced, because for the counsellors no such links exist. Where the links are made it is only to explain another medical category, that of the multiple victim. This description is applied to women who have experienced male sexual violence on a number of occasions. It is applied to women who are perceived to be natural 'victims' because they have a 'victim personality'. So, once again, male violence is reduced to individual explanations, the system that perpetuates and condones it goes unchallenged. Instead, male violence is perceived to be a problem affecting individual women. To examine the links between different forms of male violence would require an examination, and re-evaluation, of male power and the way in which women are treated in society. It would require asking the question 'Why do so many men choose to sexually abuse women?'. It would require action to change that system.

If you do not want to challenge or change the system, it is much easier to refuse to make the links between various forms of male violence. It is easier to believe that the solution lies in individual behaviour modification. The woman who has been raped is required to return to a 'normal' lifestyle and not to question the roots of male violence. In this sense what the SARC, and other social welfare/counselling services, seek to do is to de-politicize the issue, by reducing it to an individual problem and by envisaging only individual solutions, rather than social change. Counsellors may discourage women from making links by refusing to let them

discuss past experiences, because the counsellor does not see it as relevant, although the woman might. When women seek to make links, not only with their experiences, but also with other womens' experiences of male violence, they often get angry. Women's anger is rarely seen as acceptable, and therapists (especially if they are male) often feel uncomfortable with women's anger. Women may want to change the system but therapists do not see changing the system, only changing individuals, as their goal. Hence women might require a political understanding of their situation which therapists are not prepared to give (Toronto Rape Crisis, 1985).

Nor does this separation allow women to discuss the connection they may have already made between the two forms of abuse and their reactions to it. The reason for this separation appears to be based not only on the belief that the two can be fully separated, but also on the belief that as a centre they do not have the resources to deal with women who have experienced sexual abuse as children (SARC Annual Report, 1988). In simple terms, if the service was open to women who had been sexually abused, more women might want to use it, resulting in the centre having to turn women away. Part of the professional ideology is the belief that it can meet the needs of a target group, to admit it could not would be to admit failure. It may lead to the admission that professionals are not better than voluntary groups, who have to accept that they cannot meet the needs of all their users. It may also be linked to the belief in professional specialisms and the consequent need to divide the population up into various victim groups, which may involve negotiating your patch with competing groups and fighting for funding and prestige (Armstrong, 1983).

There is the added problem that the counsellors had been trained in crisis intervention counselling (which will be examined in more detail later) which is geared to counselling women who have recently been attacked not those who were raped some time ago or sexually abused as children. Therefore, it cannot, as a counselling model, deal with these and neither can the SARC (SARC Progress Report, 1987).

Has Working at the SARC Changed the Counsellors' Attitudes to Rape?

Neither the SARC literature or the counsellors appear to have any political analysis of male violence against women, instead the emphasis in on providing appropriate medical care and counselling for women who have been raped but no connection appears to be made between rape and male attitudes to women. Although in discussion with the counsellors individually, it did appear that their work did lead to changes in the counsellors' perception of rape. Three of the women counsellors said that working at the centre had changed their perceptions of rape. For some this meant a greater awareness of jokes about rape and the way in which rape is trivialized; an awareness that rape could happen to them; the way in which the police and courts treated women who had been raped and that rape was a violent crime not a sexual one. For example,

> "It's made me aware of it more and that it's a much bigger problem than I thought, it's violent, as opposed to a sexual crime".
>
> (Personal communication, 13.3.1989)

> "Some of the male attitudes is one of, 'Come on you know some women enjoy being raped', it makes me angry. It makes me angry in court. I'm more aware that women

are made to feel guilty. It's important how the police handle it, whether she's given continuity, the right kind of support, made to feel it's not her fault".

(Personal communication, 13.2.1989)

"I used to see rape as impersonal, which didn't apply to me at the time. Now I'm aware of jokes like a man with his trousers down can't run as fast as a woman. I'm more conscious of my own safety, especially at night".

(Personal communication, 6.2.1989)

One counsellor defined herself as a feminist and said that the was already aware of the issues involved and the practical experience of working at the SARC had not changed that.

"I'm the eldest of six sisters with a staunchly feminist mother, the parameters were set years ago".

(Personal communication, 27.2.1989)

To some extent the work at the SARC has radicalized their perception of rape, however they did not place these changes within an overall framework of understanding male violence against women. This is probably because the conditions of their work remained located in a medical explanation of rape, which individualises the issue of male violence and militates against a political analysis of male violence.

How is the Impact of Rape Defined and Managed?

As one of the major influences behind the setting up of the SARC, as well as being its director, Dr Roberts is a key figure and spokeswoman for the SARC. Given her central position in the running and management of the centre, it seems useful to analyse her understanding of rape as evidenced in her writings and public

statements. As I mentioned earlier, Dr Roberts has a dual role in the SARC, as a police surgeon and a GP. In a paper written in 1984 she outlines her experience and claims to,

> "have seen about one thousand cases of sexual assault and probably have had more experience of such cases than any one in this country".
>
> (Roberts, 1984)

Dr Roberts has presented herself as a national expert and from this position she argues that many of the cases have been 'trivial' (Roberts, 1984). Although, the women/girls considered may have defined them very differently from this categorisation. According to Dr Roberts the distress caused to women could have been averted by expert intervention.

> "Many of these are quite trivial in themselves but may lead to continuing morbidity if not expertly dealt with at the time".
>
> (Roberts, 1984)

Dr Roberts believes that skilled medical help at the time of the offence will prevent a great deal of future suffering. Whilst she acknowledges the existence of voluntary groups set up to support women who have been raped, she firmly believes that they are not the best people to help because of their feminist stance. She does not furnish the reader with any explanation as to why this should be so, but it may be linked to Dr Duddle's argument that feminist organizations put women off men (Duddle, 1985). Certainly Dr Roberts has complained that some 'lay groups' have an 'aggressive feminist stance' which is not always helpful (The New Police Surgeon, n.d.:80). It may also be because feminist counselling, unlike

traditional counselling, allows women to make links between different forms of male violence. The thinking behind this approach is that there is the hope that individual action will lead to collective action and to changing the existing social system. In a very real sense feminist counselling is about to challenge and change and as such it is antithetical to traditional counselling.

There is some evidence to suggest that Dr Roberts has a great deal of antipathy for feminists and whilst this may not be clearly articulated, she has gone to some pains to prove that her work around men has not turned her against them. In one article she wrote,

> "I think you might be expecting me to be one of those women of whom Auberon Waugh said in Private Eye: 'There is a move afoot among some feminist groups to have any man put in prison for life on the say so of one woman'".
>
> (The New Police Surgeon, n.d.:64)

Having cleared herself of the charge that she might possibly be a feminist, and hence asserted her status and reputation as a 'neutral' and 'independent' expert, Dr Roberts carries on to discuss a case in which she appeared on behalf of the defence which was successful. Again this choice of case study seems to be based on her need to show that she is no feminist and to prove her neutral stance, eg. her evidence can be used to aid the woman in a rape case or to aid the man accused of rape.

On other occasions she has stressed that she does not believe that rape is always about violence and believes some instances are sexually motivated. For example, during a training session on the Police Women's Specialist Course, she described an instance in which

a man 'fancied' (Roberts description) his neighbour, so he broke into her house, raped her, set fire to the house and threw the woman down the stairs. This attack was described by Dr Roberts as being sexually motivated and interestingly she describes the rape in terms of the man having 'sex' with his neighbour (Police Women's Specialist Course, 7.3.1989). At another pubic talk she discussed some rapes as opportunist in the sense that men break in to steal but rape because they are 'aroused' (Roberts talk at the Pankhurst centre, 31.1.1989). Such a belief system would certainly not endear her to feminists. Dr Roberts implies that rape is an individual aberration which is sexually motivated. In this sense she upholds and perpetuates the common belief that rape is about uncontrollable sexual urges, the man cannot help it, and sexual attractiveness. The horrifying violence that the woman whom Dr Roberts discussed experienced is obscured and normalized and, I would argue, trivialized by the casual use of the words 'fancied' and 'sex'. If rape is reduced to male genes, then rape cannot be stopped and women have to take on the responsibility of preventing it.

Whilst Dr Roberts believes feminist or lay organizations cannot deal with all the problems that they encounter, she clearly believes a professional SARC could. To meet the needs of women,

> "We should be looking to set up properly staffed centres based in a large central hospital in each city".
>
> (The New Police Surgeon, n.d.:80)

For Dr Roberts a hospital is the most appropriate place to provide a SARC, it is clearly this medical philosophy that has informed the shape and nature of the centre.

But what has Dr Roberts got to say about rape generally? Firstly, in a public discussion of 'The Problem of Rape' the 'problem' is defined as a medical one and she discusses the signs of Rape Trauma Syndrome. In this way the problem of rape becomes an issue of how to best help "the people you've been looking after" (Roberts talk at the Pankhurst centre, 31.1.1989). Secondly, she makes it clear that she is talking about rape as an issue that affects 'people', not just women, and she discusses the fact that men are raped too. In this way she seems to suggest that placing rape in a political context of male power in society is not the answer since men also get raped. This analysis is used despite the fact of research which has shown that men rape men whom they have feminised, they have made them into women and sought to humiliate them in the same way they humiliate women. The cause of rape is still firmly rooted in sexism and power (Rush, 1990).

Nowhere does Dr Roberts acknowledge that the impact of sexual assault is different for women than men. Not because men can't be sexually assaulted but because when they are it is grounded in a completely different power structure. For example, if a man is sexually assaulted he is not told that it is his fault for walking on his own, or for leading a man on, or for dressing provocatively. Nobody is going to ask him when he last had sex, if he liked it rough, was he frustrated, frigid, promiscuous, dying for it. Nobody is going to ask if it was really a good idea to take that particular route, to go out alone at night, to accept lifts from a stranger or to invite a male friend in for a cup of tea. Yet all of these questions are likely to be put to women because when a woman is raped, it becomes an issue of what she did to provoke. This stems from the belief that rape is essentially a sexual crime, an issue of women being too attractive or of leading men on, since these notions are entrenched

in cultural notions regarding women's and men's sexuality. The impact of sexual assault is very different for women because society holds them responsible for being raped and it does so because of the assumptions and double standards that operate in relation to female sexuality.

As I noted earlier, the use of gender 'neutral' language is often used by professional organizations as proof of their political neutrality and also to distinguish them from feminist organizations. This may provide an explanation as to why the work of the SARC is often described in gender neutral terminology. It also reflects their practice which is to help the 'people' of Manchester. We, the public, are informed that the trauma of rape is even worse for men because society expects them to fight back (SARC Open Forum, 20.6.1989). Again Dr Roberts seems to lack any understanding of the way that women are treated in court, and as we have seen in the earlier chapter, that women have to show that they did not consent to sex. Lack of consent rests on evidence of physical resistance.

At the above mentioned talk Dr Roberts referred, on more than one occasion, to the fact that the "young executive type" is the most distressed because it is very difficult for a "young person who has always been in control to admit that she needs help". It seems then, that middle class women feel more pain than working class women. A statement which reflects the higher status attached to middle class women and the belief that if something happens to them it is automatically more serious than to working class women. In contrast to the middle class professional woman who is portrayed as being in control of her life, working class women are perceived to be almost perpetual victims. This view is based on certain assumptions about

working class women, which portrays them as being unliberated, out of work and not used to their freedom. In some ways this image of working class women implies that, if raped, they have less to lose; for they cannot lose what they have not got. For example, one of the counsellors informed me that women who "get a lot of knocks in life" find rape easier to cope with,

> "It's the students who can't cope. It's the independent women used to control over their lives that it knocks the most. They take a hell of a long time to come to terms with it".
>
> (Personal communication, 13.2.1989)

The implication is that working class women are not used to having control over their lives. This reading fails to acknowledge that whilst a class system makes things difficult for working class women, it does not make them any less 'independent'. Statements such as these seem to suggest that middle class women using the centre will be taken more seriously, at least by one of the counsellors, than working class women. Such assessment seems to be based on the assumption that working class women are the less affected by rape. It has been noted elsewhere that white middle class women are more likely to be believed within the judicial system than other women (Toronto Rape Crisis, 1985), and it is worth noting that the Perth Sexual Assault Centre was set up after a prominent local woman was raped (Duddle, 1985).

Finally, Dr Roberts, like the counsellors, makes a distinction between rape and being sexually abused as a child. She makes it clear that the,

> "Centre was set up to address the needs of women who've been raped".
>
> (Roberts' talk at Pankhurst Centre, 31.1.1989)

We are told that the Centre "does not take on incest cases" although women who have experienced incest may be seen once. The reason being that,

> "Women who are sexually abused as children need a different kind of help".
>
> (Roberts' talk at the Pankhurst Centre, 31.1.1989)

The SARC has quite clearly defined the parameters of its work as dealing with rape. It views this narrow focus as essential for success. In doing so it treats women's experiences of male violence as isolated and separate incidents which require different forms of 'treatment'.

The SARC claims to offer a service to the 'people' of Manchester, but the model of rape on which they draw serves to preclude that. It rests on a number of assumptions which define which forms of sexual violence are to be dealt with and which are not; what areas the counsellor is prepared to discuss and which areas she is not. These issues entail a model of rape which lays down the nature of the problem to be addressed, the time span of recovery and indeed what form that recovery will take. Women who fail to recover in the allotted time span, for whatever reason, are defined as needing a more specialised form of medical health care. This model seeks to deny and obscure the links between various forms of male violence. It seeks to pathologise women who have experienced rape, by defining rape as an illness and diagnosing a cure. By turning rape into a

medical issue affecting individual women it de-politicizes rape. Finally, this model encourages rape, and women's reactions to rape, to be seen in a particular way, which holds that middle class women are in need of greater attention than working class women. Thus, the 'people' of Manchester might be able to use the centre's facilities, but some will be treated a lot better than others.

Links Between the SARC and the Police

The links between the GMP and the SARC has caused MRCL to express their concern and fear that women using the centre may be pressurised into reporting to the police (Manchester Rape Crisis, 1986). It is a sensitive area and the SARC have been eager to placate MRCL on this issue and to reassure them of the Centre's independence. In a recent meeting with MRCL, Janne Foster (SARC Manager) maintained that the SARC are not really accountable to the GMPA and that in the future there may be an increasing separation between the police side and the 'therapeutic' side of their work (MRCL, 19.6.189). At the first Open Forum, held to discuss the work of the SARC, Dr Dubble told the audience that the SARC was 'independent', not run by the police or the National Health Service (Open Forum Minutes, 11.11.1986). The counsellors have also been keen to stress their 'independent' status:

> "I explain to the woman that I don't work for the police, that I'm employed by the Health Authority, I'm a nurse trained to deal with women in your situation, you can speak to me in confidence".
>
> (Personal communication, 27.2.1989)

> "I explain what my role is, that we're nothing to do with the police and anything she tells me is confidential".
>
> (Personal communication, 13.3.1989)

Of course the counsellors are employed by the CMHA and strictly they do work for them, but ultimately it is the Police Authority who pay their wages. This must create some tension as they want and need the police to bring women to the Centre, indeed the Centre was set up to encourage more women to report rape to the police, and police referrals make up the bulk of the Centre's referrals.

On the other hand there is some evidence that for at least one of the counsellors, close contact with the police has lead to greater awareness of the way in which women are treated by the police. For example, during the interview with me, she mentioned a case of one young woman who had reported being raped to the police in Stockport, where she was interviewed by three male officers. After this interview she was taken to Bootle Street station, which is in Manchester city centre, where she was interviewed by another four officers (whilst a policewoman was present) and five hours later arrived at the SARC. Clearly the police officers did not believe that this woman had been raped, which seemed to be based on the fact that she was in care and therefore must be "crying" rape. This conclusion seems to have been based on the belief that young women in care are more promiscuous than other young women and are more prone to lying.

The same counsellor was also aware of how individual officers circumvent force policy, by taking the woman's statement at the SARC and then instead of driving her home as agreed, driving her back to the station for further questioning. Other researchers have noted the tension which exists between force policy and the rank-and-file officers's willingness to apply it to everyday policing situations. The evidence suggests that rank-and-file officers are resistant to

changes in policy, especially those introduced by the hierarchy, and are in a strong position to subvert organizational goals (Stanko, 1989). Quite often on the basis that changes in policy is often seen by rank-and-file officers to be unworkable and impractical, and unrelated to their daily experiences as street officers (Ferraro, 1989). This tension has been described by Freilich & Schubert (1989) as a conflict between 'proper' and 'smart' rules. 'Proper' rules are defined by society and are not necessarily linked to effective police action. Whereas, 'smart' rules involve using the wisdom of the group, using 'street wise' knowledge gained from personal experience. 'Smart' rules often involved police officers finding ways around red tape because 'smart' rules were believed to be more effective in day to day policing than 'proper' rules. This ensures that changes in police policy and procedure are strongly resisted, subverted and circumvented by officers on the ground. Changes in police policy do not automatically lead to changes in police practice.

From the interviews it is obvious that the counsellors challenge at least some of the *police transgressions* they come across, eg.

> "They often say they'll take women back to the station to take their statement, I'll always challenge this".
>
> (Personal communication, 13.2.1989)

Yet, paradoxically, one of the main tenets of professionalism is the notion of inter-agency cooperation and the 'success' of the SARC is often attributed to this. Publicly, at least, there is no mention of any tension between the counsellors and the police. According to Dr Roberts the GMPA are the best trained in the country (Roberts, talk at the Pankhurst Centre, 31.1.1989), and the police are confident

that the SARC has proved a valuable asset to the force (SARC Annual Report, 1988). Whilst the day to day running of the Centre is left to the counsellors, the Manager and the Director, it seems highly unlikely that the counsellors would vocalize their criticisms of the police since the centre relies on the GMPA for funding and patronage.

But funding is not the only issue here, for the SARC was set up primarily for women reporting rape to the police:

> "The first priority will be to provide superb facilities for those who do report to the police".
>
> (Roberts, talk at Pankhurst Centre, 22.7.1986)

As we saw earlier, it was hoped that the existence of the SARC would lead to an increase in the number of reported rapes and to some extent 'success' is measured in these terms.

> "Counsellors will attempt to persuade the woman to formally report the matter to the police for further investigation, as the *police believe that this is both* of benefit to the woman and to the police in preventing further attacks. The counsellors will suggest, and perhaps try to persuade them to report (reasonably and kindly) especially if it was a stranger who assaulted her".
>
> (Community Health Council, 22.7.1986)

Whilst Dr Roberts maintains that it is left up to a woman to decide whether to report or not she clearly defines success in terms of reporting, for example, she said "we do have some success stories, some have decided to report" (Talk at Pankhurst, 31.1.1989).

The claim to offer an 'independent' service appears to be true only in the sense that counselling and work organization is left to the counsellors. In that limited sphere they are certainly independent of the police, however in the wider sense they rely in the goodwill of the GMPA for funding and on the GMP to support their work. This is not to suggest that the counsellors cannot complain about the attitude of individual officers, only that they cannot complain too loudly. The police do not have to assert their influence on the Centre overtly and it serves their purpose to foster the claim that the centre is independent, but they can and will use their authority and access to the SARC if it serves their purpose to do so. Following a recent event in which a woman attending the SARC was arrested after reporting to the police, the police agreed,

> "that the situation could have been handled with a little more discretion, although it could not have been avoided entirely. However, it may be possible for such an arrest to be made outside the centre".
>
> (Management Committee Minutes, 14.11.1989)

This statement seems to suggest that the end justifies the means, like the officers in Freilich & Schubert's study, the belief is that 'smart' means are more effective than 'proper' means (Freilich & Schubert, 1989).

Rape as a Medical Issue

The location of the SARC, its choice of employees and their training, all act to locate rape within a medical framework. This process to define and limit rape within the medical system is not new, as Toronto Rape Crisis (1985) point out,

> "Since the late 70's, in large part because of the work done by rape crisis centres in the area of public education, therapists have begun to pay attention to the issue of rape. There is even an official label now for what a woman experiences after being raped: the 'rape trauma syndrome'. Articles, books, and entire conferences have been devoted to the 'treatment of the rape victim'. Many, many women are still told by mental-health workers that they are raped because they subconsciously wanted it, or because they have a victim mentality which draws rapists to them. Still the mental-health system has been developing its awareness of rape to the point where rape has come to be seen as a mental health issue. What this means is that the system perceives rape to be a problem affecting individual women which can be taken care of with the proper understanding of the rape trauma syndrome on the part of the therapist".
>
> (Toronto Rape Crisis, 1985:72)

The medical label of Rape Trauma Syndrome has become increasingly popular but the idea that women who have been raped experience a predictable pattern of responses is not new. For example, Sutherland and Scherl (1970), on the basis of 13 'patients', developed a three stage model of common responses to rape divided into (1) Acute reaction (2) Outward adjustment and (3) Integration and resolution of the experience. The acute stage was characterised by feelings of shock, disbelief or dismay, followed by anxiety and fear. During the second phase the women will outwardly appear to have adjusted to the rape. This they label a period of 'pseudo adjustment' in which women employ a number of psychological mechanisms such as denial, suppression and rationalization to cope with the rape but they have yet to 'integrate' the experience. The final stage is marked by depression and the need to talk about the rape. According the Sutherland and Scherl this stage is,

> "usually brief. After several weeks most women have integrated the experience and it takes its appropriate place in the past. If the patient does not accomplish this within a reasonable period, her response is

> probably not within normal limits, ie. the rape has created or rearoused feelings that the ego cannot handle without the development of symptoms at the psychotic, neurotic or behavioural level."
>
> (Sutherland & Scherl, 1970)

The treatment model employed to help women to 'integrate' their experience of rape is based on a crisis intervention, which in turn is based on the assumption that all women's responses to rape will follow a set pattern. If you recognize this pattern and treat women accordingly they will come to terms with rape in a relatively short period.

A more recent and much more influential study of women admitted to hospital to the emergency ward of a Boston hospital after being raped, also identified a number of reactions to rape which were condensed under the 'rape trauma syndrome' label. From this research Burgess and Holmstrom (1974) noted that women,

> "suffer a significant degree of physical and emotional trauma during the rape, immediately following the rape and over a considerable period of time."
>
> (Burgess & Holmstrom, 1974:37)

Burgess and Holmstrom (1974) found that women admitted to the hospital displayed two distinct types of emotional reaction to rape which they identified as 'expressed' and 'controlled'. Those who fell into the 'expressed' category displayed feelings of fear, anxiety and anger by crying, smiling, restlessness and tenseness. Those in the 'controlled' category appeared on the surface to be calm and composed, not because they found the rape less traumatic, because their feelings about it remained hidden.

The women in the study displayed a number of physical and emotional reactions such as sleeping and eating disturbances and physical symptoms specific to the attack. The primary reaction that women experienced during the rape was fear - fear of mutilation, injury or death. It is precisely because women experience rape as a life threatening situation that women develop a number of symptoms which Burgess and Holmstrom call the Rape Trauma Syndrome. This syndrome is broken down into two stages (1) The acute and (2) The reorganization stage. In the acute stage women reported feelings of humiliation, degradation, guilt, fear, shame, embarrassment, self blame, anger and revenge. Women spent varying amounts of time in the acute phase and symptoms may last a few days to a few weeks. Whereas the acute stage represents a period of disorganization in the woman's life.

The second stage represents a period of reorganization during which the woman attempts to return to her normal lifestyle. How successful she will be at this and her ability to cope will depend on her support network, her personality and the way in which she is treated by those she comes into contact with following the rape. During the long term reorganization phase women may try to return to their previous lifestyle but be unable to participate in the activities going on around them; they may respond by refusing to leave their household unaccompanied; they may rely heavily on family members for support; many will move away from the area and/or change their phone number; many will continue to experience nightmares and may develop phobias specific to the circumstances of the attack.

Rape Trauma Syndrome has had an impact on the police's and on the medical profession's understanding of rape. In the past, women who

failed to fit the stereotype of the classic 'rape victim', who were calm and in control, were often accused of lying. In the United States forces have accepted that you can't tell just by looking at the woman if the complaint is genuine. However, as we have seen in earlier chapters there are still categories of women who are less likely to be believed and who have less chance of getting their case heard in court. The rape trauma syndrome has not prevented the police from being biased against all women reporting rape, it has merely encouraged them to accept that the stereotype of the 'hysterical' woman reporting rape is just that - a stereotype, and that women who appear calm are just as likely to have been raped as those who are visibly distressed. Rape trauma syndrome has now become incorporated into many police training programmes in the United States (O'Reilly, 1974), and has also been used to give credibility to women in certain rape trials (Rowlands, 1985). In this country is has received a more muted welcome although some forces like the Greater Manchester Police include a discussion on it as part of police officers' training.

On the basis of their research, Burgess & Holmstrom (1974) developed a counselling programme based (like Sutherland and Scherl before them, see p. 241) on crisis intervention and the following assumptions: (1) that rape represents a crisis in a woman's lifestyle on the physical, emotional, sexual and social side; (2) that the goal of crisis intervention is to help the woman return to her previous lifestyle as soon as possible; (3) that the women were seen to be 'normal' women who had managed adequately before the rape; (4) as it is the rape which represents the crisis, problems not associated with the rape are not priorities to be addressed. Within this model there are two groups of women for whom crisis intervention would not be

appropriate as they require more intensive help; these are women with a past/present psychiatric disorder and women who have been raped in the past and who have never told anyone. This category will also include women who have been sexually abused as children. Since the SARC has based its counselling techniques on this model it should come as no surprise that their work also excludes these same categories of women as I have documented earlier in this chapter.

Crisis intervention as a counselling technique is based on the theory that,

> "Crisis is a state, the experience of a person under stress - usually in response to a particular traumatic incident - when the normal methods of coping have broken down. Either the stress is an unfamiliar one which the individual has never learned to cope with or it is of such severity that their normal abilities to cope are suspended."
>
> (Hoff & Williams, 1975:4)

In this respect crisis in construed as an upset in the individual's equilibrium or 'upset in the steady state' (Caplan, 1964). So crisis represents a disturbance in the individual's normal ability to cope with a crisis. When this happens the individual will experience a period of disorganization and upset, during which time she/he will attempt to solve the problem, but such attempts are likely to be abortive as the 'crisis' is representative of the individual's inability to find a solution. An important feature of this state is that it is a period of flux in which the individual is more suggestible for better or worse than in the normal state. For example, crisis has been defined variously as a catalyst in personal development (Thomas, 1909) which provides the individual with the opportunity for growth (Tyhurst, 1958), but which may also lead to

increased vulnerability (Brandon, 1970). The individual's ability to cope with this period of disruption will depend on internal resources and experiences as well as external factors. According to crisis theories, medical intervention and management of the 'crisis' and its resolution is more effective during this stage of disorganization (Brandon, 1970). This period of disorganization and 'upset' is defined as a temporary stage in which resolution of the problem is possible, desirable and necessary. Failure to resolve the problem during this period may lead to maladaptive coping mechanisms or pathological responses to the crisis (Brandon, 1970; Parkes, 1971; Lindemann, 1944). Through proper psychiatric management, at the correct time, serious or prolonged maladjustments to the crisis will be prevented, and the patient's social adjustment to change facilitated (Lindemann, 1944).

Rape has been described by Hoff & Williams (1975) as a 'classic crisis situation' and the crisis intervention model for counselling women who have been raped, as outlined by Burgess & Holmstrom (1974), has received a great deal of support (Hoff & Williams, 1975; Roehl & Gray, 1984; Ben-Zavi & Horsfall, 1985; Katz, 1979). Since crisis intervention is based on the premise that individuals respond to 'crisis' in a predictable way, and in rape cases that a healthy woman's emotional responses to rape are predictable (Katz, 1979). Therefore, attention has been paid to the effects of rape.

A great deal of attention has been paid to the ways in which rape affects women's relationships with men; women's ability and willingness to relate to men sexually; and women's fear of men (Hoff & Williams, 1975; Ben-Zavi & Horsfall, 1985; Roehl & Gray, 1984). Much of this research into the long term effects of rape have

conceptualized effects as,

> "discrete physiological and/or psychological changes which could be measured by 'objective' psychological tests. This approach cannot account for either the range or the complexity of the impact of abuse on women or the fact that women and girls who have been abused are actively engaged in the struggle to cope."
>
> (Kelly, 1988:159)

When research does examine 'coping' mechanisms it largely views them as indicators of women's ability to return to normal, to return to the pre-rape state. This is inappropriate because it fails to recognize that women's experiences of male violence may lead to permanent "changes in attitudes, behaviour and circumstances" (Kelly, 1988). Despite the criticisms levelled at rape trauma syndrome it has remained an influential and acceptable form of 'treatment' programme. The aim of such programmes being that 'expert' intervention at the correct stage will help to facilitate the return to normal process, normality being strongly associated with the return to functioning heterosexuality.

These treatment models are based on the assumption that all impacts of sexual violence are negative, that professional expertise will help women to overcome these negative impacts and that heterosexuality is a sign of recovery. If heterosexuality is a sign of 'recovery' because it is proof that women are 'normal' because they can still have a sexual relationship with a man, this means that their experience has not put them off all men. Given this reasoning it is not surprising that women's sexuality should become a major focus of treatment, since recovery is equated with functioning heterosexuality. Women who choose a different lifestyle and who opt

to remain celibate for a period of time or permanently, and women who may choose to become lesbians, are viewed negatively (Kelly, 1988). Whereas, for example, women survivors of male sexual abuse view abstaining from sex as part of the recovery process (Heller, 1990). The treatment models that I have discussed do not accept these changes as positive choices only as negative ones, based on fear of heterosexuality. It is a view also shared by some voluntary groups, for example Incest Crisis line's leaflet (n.d.) has 'homosexuality' as one of the 'signs' of sexual abuse. In this way it becomes just one more 'side effect'.

On a general level the mental health system can punish women for being mistrustful of men or for seeking being a lesbian. It can also punish women refusing to adopt the 'correct' coping mechanism. At the same time, the coping mechanisms that women adopt may be taken as a sign of mental illness.

> "A woman's response to the often violent behaviour towards her by the men in her life was interpreted as a psychotic illness by the medical profession. Attempting to avoid confrontation was interpreted as 'apathy and passivity' and diagnosed as depression. Confronting the violence became 'hostility and aggression' and a diagnosis of personality disorder was given."
>
> (Hudson, 1987:110)

Hudson (1987) carried out a study of psychosurgery as a treatment model and found that it was predominantly used on women as a form of behaviour modification. It was imposed on women who failed to comply with a code of behaviour imposed on them by others, eg. psychiatrists, husbands and families, social workers. The majority of women who fitted into this category were those who could not

maintain 'normal' heterosexual relationships, these were women who had experienced male violence. Two women were given leucotomies to enable them to continue to live with abusive husbands. One of these women had been subjected to years of mental cruelty, the other to years of physical cruelty. Two other women were offered leucotomies, by male social workers, to cure their 'abnormal mistrust of men'. Both of these women had been sexually abused as children. This resulted in one young woman refusing to have a heterosexual relationship, perceiving them to be little different to the sexual abuse she had previously experienced, as a child. In this instance,

> "Her refusal to join the dominant culture was seen as a problem, rather than acknowledging that there was anything amiss with the male world around her."
>
> (Hudson, 1987:118)

Another woman was diagnosed as hostile and aggressive to her step-father, who had sexually abused her, and threatened with long term hospitalization if she failed to conform. Psychiatry has the power to heavily punish women who refuse to conform to the feminine role and who are mistrustful of men.

Others have noted that women's world view changes and becomes more 'cynical' as a result of rape, they see the world as one of 'conflicts and coercion with males dominating females' (Wilson,1978:54). What he called 'cynical' many women's groups would simply call realistic. Yet it is precisely this change in world view that is labelled faulty under crisis intervention, which in turn gears itself to helping women to return to their old world view. Under this model it is the woman's view of men that is at fault and that needs to be rectified. The site of struggle becomes women's

sexual responses to men, for if women are experiencing problems with heterosexuality they must be experiencing problems with men; if you can get them to enjoy heterosexuality it is proof that they still like men. Therefore, much attention has been paid to women's sexual responses after rape.

Burgess and Holmstrom found that the majority of sexually active women interviewed had altered the frequency of their sexual relations after rape. The most frequently reported change was celibacy, with many women choosing not to have sex for some time after the rape or remaining celibate. The second most noted change was a decrease in sexual activity. Women reported experiencing flash-backs during sex; found their partners to be too forceful; found sex painful or had difficulty with orgasms. On the basis of these findings they concluded that support should be given to counselling services for couples and that if women have persistent difficulty in recovering 'their sexual equilibrium' they should be referred to sex therapists (Burgess and Holmstrom,1979).

Psycho-sexual Counselling

Despite being trained in psycho-sexual counselling, the SARC claims that it does not play a major part in their work and that very few women are referred for psycho-sexual counselling. The Centre's figures put the actual number as twelve (SARC Annual Report, 1988). At a recent meeting with MRCL the staff of the SARC went further and stated that they would never impose psycho-sexual counselling on women and they disagreed with the idea of getting women back to a heterosexual norm (MRCL, 1989). Despite such claims it became clear during my interview with the counsellors that they strongly felt psycho-sexual counselling was the appropriate form of counselling and

that heterosexuality was seen as a sign of recovery. For example, one counsellor thought psycho-sexual counselling was important because "women who've been sexually assaulted do get quite specific sexual problems", and she used this to differentiate the SARC from MRCL,

> "The difference between us and Rape Crisis is that we see partners, we give partners advice on basic things to do with the sexual side. Unless you've got specialist training you could be on very dangerous ground".
>
> (Personal communication, 27.2.1989)

The counsellors believe it is the acquisition of this qualification which provides them with their expertise. It has informed their thinking on rape and the fact that they have not used it as much as they anticipated is purely because they haven't had the chance. One counsellor said that sexual problems were not as big a problem as she'd anticipated,

> "Mainly it's just building up confidence so that they are more able to find a partner. The centre is mainly used by young single girls so there's not really anyone to have sexual problems with".
>
> (Personal communication, 6.2.1989)

Another mentioned vaginismus as a problem and de-sensitization as an answer but she also mentioned that psycho-sexual counselling,

> "doesn't come into it a lot as a lot of girls don't have partners".
>
> (Personal communication, 13.2.1989)

The counsellors are not opposed to the philosophy of psycho-sexual counselling it is merely that they haven't had the chance to practice it, as it is only appropriate to heterosexual couples.

This emphasis of functioning heterosexuality as a sign of recovery was the focus of a recent article on rape (New Woman, July 1989). The article was an attempt to discuss how women come to terms with rape but the message conveyed was that a return to normal, that is recovery from rape, is equated with women's ability to make and retain sexual relationships with men. The reader is informed that "forming new sexual relationships is a vital step towards rehabilitation" (New Woman, July, 1989:123) and it is within this context that counsellors from the SARC are quoted. Using the example of a woman raped at fourteen and who at the age of twenty-one could not face sex and how she was helped at the SARC who may "even engineer a couples first date" (New Woman, July, 1989:123). Another counsellor from the SARC was quoted as saying,

> "later we have to deal with problems such as vaginismus where the woman is unable to relax enough to have full sexual intercourse. Women also need to become orgasmic after rape, it is all part of getting their confidence back."
>
> (New Woman, July, 1989:124)

Women's confidence and women's recovery are clearly associated with functioning heterosexuality.

This medical model of rape which encompasses both crisis intervention and psycho-sexual counselling treats rape as a 'problem' affecting individual women, separating it from the wider political contest of male power and how women are treated in society by men. It refuses

to make the connection between male power and male sexual abuse or between the many forms of sexual abuse that women experience. It actively discourages women from making links between different forms of sexual abuse by refusing to acknowledge any links and by treating them as isolated and separate incidents. Furthermore, by not acknowledging the political reality of male violence, by viewing women's reactions to it as extreme and by defining rape as a mental-health issue it merely serves to pathologize women. It is a simplistic model based on the belief that women will all experience the same 'symptoms', can all be 'cured in the same way. Those women who fail to respond to crisis intervention are simply labelled as pathological, which justifies more intensive psychiatric help. Changes in world view, in personal relationships with men, anger at men and distrust of them, are all seen as negative consequences of the rape, not realistic or positive responses to it. Not only are these seen to be negative reactions but crisis intervention and psycho-sexual counselling concentrates on returning women to 'normal' - normal being synonymous with active heterosexuality. They do not see change as positive and actively discourage it. In this way I feel that these forms of counselling are geared towards maintaining not challenging male power.

The SARC counsellors have uncritically accepted psycho-sexual counselling as a useful and appropriate form of counselling for women who have experienced rape. However, psycho-sexual counselling is not a neutral innocuous form of counselling but one which embodies and reflects the ideology of heterosexuality. In doing so, I would argue, it attempts to teach women to enjoy a particular sexual act, denigrates any sexual activity which does not include this sex act and labels women abnormal if they fail to adapt to a heterosexual

lifestyle. In this way sex therapists actively advocate a particular ideology - heterosexuality - which encompasses a number of assumptions which are taken as 'natural' and treated as unproblematic. For example, it contains implicit and explicit assumptions concerning what constitutes the 'real' sex act, which is rigidly reduced to penetration of the vagina by the penis. Sex therapy is geared towards teaching women how to enjoy penetration and views male sexual needs as paramount and 'natural' and sexual problems are invariably reduced to women's inability to enjoy the act of 'penetration' . Heterosexual relationships which do not involve penetration, or in which penetration is not the primary sex act, are viewed as inferior and immature. Lesbians and homosexuals are treated as both perverted and sexually immature (Storr, 1964; MacVaugh, 1979; Kaplan, 1974).

This uncritical acceptance of heterosexuality (and a particular form of heterosexuality at that) as 'natural' and 'normal' has been challenged by feminists who have sought to show that "sexuality is fundamental to the construction of power relations between women and men" (Jackson, 1984:45); and as such that heterosexuality as a political institution needs to be studied (Rich, 1986). The roots of modern psycho-sexual counselling and the social construction of a particular form of heterosexuality, can be traced back to the work of nineteenth century sexologists such as Havelock Ellis whose theories on sexuality were used to discredit the first waves of feminism. Nineteenth century feminists had demanded an end to sexual slavery and in so doing developed a powerful critique of normal heterosexual sex and the institution of marriage. In contrast the work of the sexologists sought to demonstrate that the heterosexual act feminists were challenging and seeking to change, was natural. The power

relations in sexual activity which feminists had labelled political were reinterpreted by the sexologists as natural and essential to sexual pleasure. Examples from behavioural science were cited as scientific proof that the act of coitus involving male aggression and female submission and pain was biologically determined and hence the result of nature not politics, thus providing scientific legitimacy to a particular form of heterosexuality (Jackson, 1984).

This ideology of heterosexuality, as expounded by Havelock Ellis, contained the belief that the pursuit and conquest of the female by the male was an essential part of the courtship ritual. He popularized the already prevalent notion that women are interested in sex, but modesty prevents them saying so. Consequently, women need to be 'persuaded' by men. Since women do not mean what they say, consent becomes a meaningless concept. Force is considered to be a necessary part of male sexuality and heterosexual courtship, as it is instinctive that men exert power over women and that women experience the resulting pain as pleasure (Jackson, 1984). Such beliefs continue to play a central role in the dominant ideology of rape which states that men cannot help it and women enjoy it (Bart, 1989). In Havelock Ellis's work on frigidity, women were required not only to endure coitus out of duty but to actively enjoy it (Jackson, 1984). This emphasis on active heterosexuality, and in particular the act of coitus, has been generally accepted and perpetuated in psycho-sexual literature and counselling techniques which aim to teach women how to enjoy coitus (Jeffreys, 1990).

In terms of the work of the SARC, I would argue, women's ability to relate sexually to men is viewed as a sign of recovery and may be viewed as one of the goals of counselling. As in the case of many

encounters between medical professional (and paraprofessional) and patient, the patient is in a condition of stress, that being at least part of the reason for the consultation. Patients consult medical professionals to feel better and in a dependent, vulnerable state they become very susceptible to arguments about 'normality'. Thus they are liable to take this medical advise in order to feel better, even if they do not want to, since to be 'normal' is to be better than 'abnormal'. The effect of these assumptions of psycho-sexual counselling on women is to effectively convey to women what is considered (by the medical profession) to be a 'normal' recovery and thus, what behaviour must be adopted in order to acquire a 'clean bill' of health. Failure to comply with this medical definition may be construed as evidence of lack of 'recovery', which may lead to women being labelled psychiatrically ill.

So far, I have argued that the profession of medicine has gained a tremendous power over our lives by brining ever increasing areas of life under the jurisdiction of medicine. For example, medicine has become increasingly interested in the issues of battered women, rape and child sexual abuse. The mental health system in particular has established a plethora of mental health programmes aimed at helping women, who have experienced these forms of male violence, to 'adjust' to their experiences. Thus, women's reactions to male violence, rather than the causes of male violence, have become the target of medical intervention and concern. Instead of acknowledging that these reactions are realistic responses, medicine has sought to pathologize them, by viewing them as 'problem' and/or deviant responses. Hence, redefining them in terms of 'illness'. Medicine has become the legitimate forum in which to 'treat' women who have experienced male violence and women's responses to it have been

removed from the political agenda and placed on the medical agenda. This has served the interests of the GMP in two ways. Firstly, it has shifted the focus of attention away from how police forces investigate rape cases; secondly, the SARC's medical facilities have enhanced the collection of forensic evidence.

As I have shown in this chapter, it was the medical background of the counsellors at the SARC which qualified them for the post, not their prior experience in this area of work. Indeed, contrary to the claims of the SARC's leaflet, none of the counsellors had any prior experience of counselling women who had been raped. Their training consisted of a psycho-sexual counselling course; their prior experience as nurses and what appears to be quite flimsy in-service training. The counsellors at SARC equated a woman's 'recovery' with dominant cultural assumptions of sexuality, or more accurately, heterosexuality. Women's refusal to relate to men, particularly on a sexual level, was taken as a sign of ill health or faulty coping mechanisms, whereas active heterosexuality was considered to be a sign of health and recovery and was positively encouraged. This medical notion of rape as an illness raises the issue of rape as a 'career', as defined by medicine, in which women will move through a set sequence of intervention, crisis management and resolution of the problem through counselling. In this medicine has come to define what it considers to be, a normal path to recovery. Like Parsons' sick role model, women must accept these stages and seek medical help to move through them if they are to recover. Failure to respond to this medical model results in women being labelled mentally ill and in need of more specialised help. Finally, medicine seeks to encourage individual solutions to male violence; discourages women

from making links between their experiences of male violence and seeks to de-politicize rape.

CHAPTER FIVE

VICTIM SUPPORT SCHEMES, THE POLICE AND RAPE CRISIS CENTRES

When the Metropolitan police opened their rape victim examination suites, they also produced a leaflet for women using the suites. The leaflet outlined police procedure and suggested that women might want to contact Victim Support Schemes (VSS) if they wanted somebody to talk to. The leaflet did not give out the phone number of London Rape Crisis and as such it raised a number of issues concerning the relationship between the police and VSSs and the police and Rape Crisis Centres (RCC). It is the intention of this chapter to examine some of these issues. In particular I will examine the growth of VSSs; their relationship with the police; the relationships between the police and RCCs; how these relationship determine police referrals in rape cases; the relationship between VSSs and RCC's. These general trends will be measured against the information gained from VS's at a local level.

A Brief History of Victim Support Schemes

In their book Victims of Crime a New Deal?, Maquire and Pointing (1988) have argued that,

> "The Victims movement in this country has come to be dominated by one organization - the National Association of Victim Support Schemes (NAVSS) - and one of the main precepts of that organization has been to avoid political entanglements or controversies."
>
> (Maquire & Pointing, 1988:3)

VSS has avoided controversy by concentrating on services rather than the rights of victims (Maquire & Pointing, 1988). As such it has sought to work within the existing system rather than to challenge

it, or to try and change it. In this it is quite unlike RCCs. The first VSS was the product of a group established in 1969 by the Bristol Association for the Care and Resettlement of Offenders. This body was set up to explore the needs of victims and stemmed from wider debates around law and order and victims' needs (Holtrom & Raynor, 1988). In particular, it was an attempt to find common ground in the Law and Order debates, which were often polarized into the punitive and rehabilitation camps. In meeting the needs of the victims of crime they hoped to elicit a more sympathetic approach to the offender, as they felt that resentment from victims was responsible for this polarization of views. By providing a service for victims they hoped to be able to offset the criticism that penal reform groups were not interested in the victim, only the offender. At the same time they would be able to pinpoint the needs of victims and produce a body of knowledge which had been largely absent from victimology studies (Holtrom & Raynor, 1988).

The Bristol group decided to set up a project in order to ascertain the needs of victims and the best way of meeting those needs. Since the police are the gatekeepers of much information on victims of crime, it was necessary to provide a service which was acceptable to them. A successful project would require the police to pass on confidential information, hence it was felt that VSSs had to project a credible and conventional image (Holtrom & Raynor, 1988). In other words, if a VSS was to work it needed the police to cooperate, as it would be dependent on police referrals, hence it needed to be an acceptable/respectable organization. As the service focussed on the victim rather than changes in the criminal justice system, it was seen to be a 'good' cause and gained popular support from local organizations.

At a time when the crime rate appeared to be rising inexorably, VSSs offered a positive outlet for those agencies concerned with crime, for example the police, probation services and penal reform agencies. If the police could not control the crime rate, and if the probation and rehabilitation services were unable to prevent criminals from re-offending, they could at least offer assistance to the victims of crime. Such assistance was a visible expression of their concern for alleviating the suffering of victims at the time when they could not visibly control the level of criminal activity which caused this distress. VSSs also provided the police and the probation service with the opportunity to make links with local groups, by providing a safe forum in which they could improve public relations (Pointing & Maquire, 1988). Consequently, both the Government and the police were quick to realize the benefits to be gained from supporting an organization set up to help victims.

> "The Government also found that the political advantages of a tangible concern for victims could be brought for quite a modest outlay in support of NAVSS, while the police, increasingly concerned about community relations, found in VSS an opportunity to emphasize the more outwardly and caring side of their work."
>
> (Holtrom & Raynor, 1988:22)

This public interest in victims has become more pronounced, as the crime rate continues to rise, changing the parameters of the law and order debate and shifting its focus of concern. This change of emphasis represents a move away from the traditional law and order concern with punishing criminals, towards crime prevention and the welfare of victims of crime. This shifting emphasis conveniently masks the inability of successive Conservative law and order Governments to curb the crime rate.

The Work of Victim Support Schemes

Although the NAVSS has tried to standardize the work of VSSs across the country, by producing guidelines, codes of practice and training manuals, VSSs remain fairly diverse (Corbett & Maquire, 1988). Whilst they might vary in terms of focus and priorities, the management structure and means of contacting the victim seem fairly standard. Representation on a VSS's management committee reflects the early attempts to gain respectability through links with the police, probation and social services. It is usual for membership of the management committee to include representatives of the local police, probation service, professionals, established voluntary groups and local people (NAVSS leaflet, n.d.). The work of local schemes usually involves discussing the impact of the crime with the victim, advice on home security, insurance, criminal injuries compensation and other practical issues, eg. support in going to court (NAVSS leaflet, n.d.).

VSSs rely on their local police force to pass on referrals, but which cases the police refer and how those referrals are passed on will depend a great deal on the relationship between the police and individual schemes. Initially, when VSSs were in their infancy police referrals were low enough for schemes to send volunteers around to call on every victim referred to them. However, as police referrals have increased many schemes are now forced to prioritize (Corbett & Maquire, 1988). In cases involving a high priority crime, the victim will be visited at home by a volunteer. In other circumstances the victim may be contacted by letter or phone. In their research on the work of VSSs, Corbett and Maquire(1988) found that the majority of victims they spoke to were grateful for the interest that VSSs showed in their welfare.

My own experience differed quite markedly from their findings. Shortly after my partner and I had been beaten up outside our flat, I was approached by a young man from our local VSS. He did not know the area very well, seemed nervous, and assumed that we were beaten up as part of a mugging. I explained that we did not want to talk to him and he left quickly but the encounter left me feeling furious with the police for giving out confidential information to an organization without asking my permission first. Obviously the police and I have very different definitions of what constitutes a breach of confidentiality, but I strongly felt that they breached mine. Other women I have spoken to have mentioned the shock of having a stranger turn up, unexpectedly, on their doorstep. Far from being grateful, as Corbett and Maquire (1988) conclude, it was experienced as an unwelcome invasion of their privacy.

State Funding

In the chapter on professionalization I discussed the implications for feminist run organizations of large scale state funding. Whilst the discussion focussed on feminist groups the dilemmas of state funding and the tension it causes within groups are not limited to them alone. Any voluntary group who is the recipient of large scale funding will find themselves in danger of being incorporated, although some groups may be less inclined than others to perceive this as a problem. Corbett and Maquire (1988) have pointed out the consequences of state funding for VSSs, arguing that "it will profoundly change the character and work of VSSs". The effect of such funding will be to accelerate the trend towards a 'professional' approach and to increase the centralized control of the NAVSS over local schemes. Perhaps, more importantly, the Government may use its economic hold over schemes to influence their policies. This problem

may be averted if VSSs opted for a more critical approach to the criminal justice system; if it fails to do so it is in danger of being co-opted and used to excuse Government or criminal justice authorities' inaction (Corbett & Maquire, 1988).

Another problem, which I feel lies at the heart of the debate, revolves around the division of voluntary schemes into the 'respectable', and hence deserving of Government funding, and the unrespectable and hence undeserving of Government funds. As we have seen, the whole ethos of VSSs has been to remain 'neutral', to avoid controversy and debate and to remain on the safe and respectable ground of limiting their work to looking after the social welfare side of victims of crime. RCCs in contrast, have always been steeped in controversy because their work of supporting women who have been raped has always brought them into conflict with the police and the legal profession in general. Campaigns about improvements in the legal system, along with challenging traditional stereotypes of rape, have been an integral part of their work. This critical approach has made RCCs unpopular with the police and with other more conservative statutory and voluntary organizations. The fact that the organization is women only contributes to this, as organizations without men are, I believe, seen to be 'unnatural' and threatening. One of the consequences of this division may be that funding will increasingly favour VSSs over other groups so that VSSs may gain a monopoly over this area of work (Corbett & Maquire, 1988). This is likely to be at the expense of more radical groups like RCCs.

VSSs and the Police

Reliance on police referrals can help to explain the growth and success of VSSs and in this respect cooperation with the police has been to their advantage. However, this close relationship also had a number of inbuilt disadvantages. It has meant that the bulk of referrals to VSSs are police referrals, self referrals being fairly rare. This has led to a concentration of work on recorded crimes (Holtrom & Raynor, 1988). This has been at the expense of crimes which go unreported or are underreported, which would obviously include many crimes of violence against women. This problem is compounded by the filtering process which often goes on between the police and VSS and also within the VSS. In the past, the police have only passed certain types of crimes over to local schemes and although this is likely to change in the future, it has meant that schemes have dealt with certain types of crime, for example burglaries, muggings and bogus callers. Initially, because of the low level of police referrals, VSSs were able to ensure that a volunteer could call at the victim's house. However, the increase in police referrals has outstripped volunteer resources and VSS coordinators have been forced to prioritize the types of crime and victims they can deal with. The end result has been that schemes tend to focus on stranger to stranger offences (Corbett & Maquire, 1988).

There is the added danger that the police will come to regard VSSs as the only legitimate agency with which they need to discuss issues involving victims and,

> "hence become more reluctant to cooperate with others, particularly more radical and less compatible groups such as Rape Crisis Centres. Moreover, it is not

> difficult to imagine such attitudes forming part of a more general trend, whereby an 'orthodox version' of the 'victim problem' and its solution is gradually created, based almost exclusively upon the philosophy, values and practices of the victims support movement."
>
> (Corbett & Maquire, 1988:28)

As this philosophy will have been shaped by the police view of the 'problem' and by the types of referrals received, it is not really surprising that some police forces have found VSSs more compatible than RCCs and more in line with police philosophy and working practices (responses to questionnaire). However, as some researchers have pointed out, some local VSSs have expanded their work to encompass those areas of crime which have been long ignored both by the police and VSSs, for example racial harassment. One consequence may be that VSSs will find themselves in some conflict with the police (Corbett & Maquire, 1988). This may be particularly true in areas where the local police and the neighbourhood have very different understandings of the issues involved in racial harassment and police willingness to define racial harassment as a crime and to arrest the perpetrators.

VSSs Work around Sexual Assault/Rape

When VSSs initially started they tended to focus on burglary and the bogus type caller at householders' doors, and many were doubtful, as were the police, of their ability to handle certain crimes, for example sexual assaults and talking to the relatives of murder victims (Corbett & Maquire, 1988). Nevertheless, by the 1980's some schemes had started to accept rape referrals on an ad hoc basis but it was not until 1985 that this relationship was formalized, in the sense that the Metropolitan police encourage officers to refer women to a local VSS (Corbett & Hobdell, 1988). This referral policy was a

result of earlier discussions between the Metropolitan police and local victim support schemes. In 1984, as a result of these discussions, a working party was set up to look into the needs of women who have been raped/sexually assaulted and the first regional training course on rape for VSss took place at Hendon Police Training College in 1985 (Corbett & Hobdell, 1988).

This working party was responsible for producing a training manual on 'Supporting female victims of sexual assault' (NAVSS, n.d.). The training manual starts from the assumption that the traditional automatic referral system used in other crimes is wholly inappropriate for sexual assault cases and that referral should be with the women's consent. Likewise it stresses that support should be provided by women volunteers unless a woman specifically requests a male volunteer. However, male volunteers may be required to support the male relatives or partner of the woman concerned. As training resources are limited the manual suggests that female volunteers should be given priority on sexual assault training courses. It encourages local schemes to set up a working party to consider, amongst others, whether there is adequate demand for such a specialised service, taking into account the number of unreported crimes; the implications for schemes in terms of availability of volunteers and the impact this will have on other areas of work; finally, will the local police refer women to VSS? (NAVSS Training Manual 'Supporting female victims of sexual assault, n.d.)

On the subject of volunteers the manual stresses that they should be carefully selected on the basis of their commitment and availability and have a minimum of six months VSS experience after post-initial training. Besides the usual qualities of any good volunteer, they

must examine their attitudes towards sexism and rape. The characteristics of a good volunteer include the following,

> "caring, trustworthiness, stability, calmness, friendliness, concern, sensitivity, understanding, ability to learn and seek help, and an ability to stand back from the victims's distress in order to maintain objectivity. All the above qualities are necessary, but additionally in the area of sexual assault the volunteer's attitudes towards sexism and rape are very important."
>
> (NAVSS training manual 'Supporting female victims of sexual assault', n.d.:9-10)

The manual emphasizes that volunteers need to be aware of the many myths surrounding rape; judgemental attitudes of those who live a different lifestyle; be comfortable with their own sexuality and with talking about sexual issues.

The selection of volunteers should involve a number of stages and must involve the management committee. Schemes should establish their own selection committees comprising of the scheme coordinator and members of the management committee. This selection committee will then be responsible for choosing potential volunteers. These volunteers will attend an introductory session on the basis that they may not be invited to attend the full course. The final selection process will play an integral part of the full course. The manual also recognizes the importance of developing good support networks for volunteers involved in this area of work. Whilst it stresses that the woman must be able to trust the volunteer she is talking to it acknowledges that this may create a tension between the right to confidentiality of the woman concerned and the ideology of victim support schemes; especially in situations where the women has not

reported to the police but knows her attacker. However, the manual states that on occasions VSSs may well breach a woman's confidentiality. This contradicts the leaflet which it suggests VSSs should hand out to women and which it suggests should stress that schemes will support a woman without putting any pressure on her to report to the police and which states that a woman can talk in 'confidence' to a volunteer (NAVSS training manual 'Supporting female victims of sexual assault, n.d.:12).

Method of Referral

VSS's national policy states that automatic referral in rape/sexual assault cases is not appropriate but,

> "It is suggested, however, that supplying the victim with details of the existence of VS should be mandatory in all cases of sexual assault. It is difficult to lay down precise guidelines as to how and when this should be done. Some schemes have produced leaflets, which they ask the police to give to the victim. Some women officers will wish to develop a substantial relationship with the victim before telling her of the advice and help which may be found elsewhere."
>
> (NAVSS training manual 'Supporting female victims of sexual assault', n.d.:75)

At some point the police will inform the woman of local VSSs and will ask her if she is prepared for her details to be passed on to that scheme. Even if a woman refuses to accept this offer the police will continue to ask her at various stages.

> "Even if she does not wish this to happen at this stage, the police will ensure that details of the existence of the scheme are given to her. During the many follow-up procedures, the police will raise the

> possibility of referral as often as seems appropriate."
>
> (NAVSS training manual 'Supporting female victims of sexual assault', n.d.:75)

It seems that the police will be reluctant to accept a woman's decision to turn down such an offer of assistance, which calls into question the philosophy of presenting women with the information and allowing her to make a choice.

Police Referrals in Rape/Sexual Assault Cases

As I mentioned above it has been suggested that the success of VSSs can be linked to its 'neutral' stance and its close links with the police, including police vetting of volunteers, which make it more palatable to both the police and government than RCCs. As VSSs have expanded their work to include supporting women who have been raped/sexually assaulted, there is a danger that they will be seen as a more acceptable organization to refer women to than RCCs, especially, as we noted earlier, the police may prefer to work with VSSs. In the long run, as VSSs gain more funding, there is a danger that VSSs will be funded to do this work at the expense of RCCs. It is within this shifting context that I would like to discuss police referrals to RCCs and VSSs.

Part of the questionnaire that I sent out to police forces dealt with their relationship between RCCs and VSSs. I wanted to know whether the police considered that they had a good relationship with local RCCs; whether they gave out their number; what improvements they would like to see in RCC's work; whether they referred women to VSSs and finally, if they had a preference for either organization. The answers to the questionnaire were very much as I anticipated. There was a link between the level of contact the police had with RCCs and

a positive image of RCCs. Forces with no contact or limited contact with RCCs were critical of them and tended to perceive them as anti-police, because of their political stance as feminist organizations and their public criticisms of the police. These forces showed a preference for VSSs. Those with more contact, on the whole, were more positive about RCCs although they also referred women to VSSs they claimed that they had no preference for either organization. However, even those who were positive about RCCs often stressed the need for closer contact.

Good/Reasonable Working Relationship with RCCs

Eleven forces replied that they had a good or reasonable relationship with RCCs. Of these, four forces described themselves as having regular contact with RCCs. For example,

> "Our relationship is excellent. We join with Rape Crisis Centre counsellors, and often share the platform in inter-agency training of Accident and Emergency Department nurses, teachers and Victim Support Scheme volunteers."
>
> (Response to questionnaire)

> "The relationship includes ex-gratia funds, involvement as a matter of course in rape investigations at the discretion of the victim, consultative involvement in long term or series investigations, and routine liaison such as visits to the police stations for training purposes."
>
> (Response to questionnaire)

The remaining seven forces described their relationship with RCC as reasonable. For example,

> "Officers attend policy meetings of the Rape Crisis Centre and likewise they attend and in fact have input into the course on the training of police women."
>
> (Response to questionnaire)

> "Officers are in constant liaison both on an ad-hoc basis and trough attendance at meetings."
>
> (Response to questionnaire)

> "There is regular and frequent contact between dedicated police women's units throughout the force area and other local interested agencies including Rape Crisis."
>
> (Response to questionnaire)

All eleven forces in contact with RCCs stated that they gave out the RCC number to women. Nine of these forces also gave out VSS's number to women reporting rape. Two forces replied that they would not refer women to VSSs, one because they referred women to RCCs alone and the second because it was not force policy to refer these crimes to VSS.

Only three out of the eleven forces who said they had a reasonsble/good relationship with RCCs stressed a preference for them on the basis that they could offer more specialist help. For example,

> "RCC workers are more able to offer appropriate counselling, support and insight together with experience and confidentiality which serves the interests of both the victim and investigator."
>
> (Response to questionnaire)

> "RCCs are more skilled in dealing with rape victims."
>
> (Response to questionnaire)

> "They are able to specialize."
>
> (Response to questionnaire)

However, as I have said, these forces were clearly in a minority.

The majority said they did not have a preference for either organization. For example,

> "It is entirely a matter of choice for the victim."
>
> (Response to questionnaire)

> "Police will explain how they work and it will be for the victim to make her choice."
>
> (Response to questionnaire)

Only one force in this category preferred VSS and that was on the basis of availability.

> "At present the RCC only give cover from 10am to 2pm, whereas the VSS provides 24hr cover".
>
> (Response to questionnaire)

As I understand it very few VSSs, reliant on volunteers as they are, can offer 24hr support although like RCCs they do have a 24hr ansaphone. However, whether this particular VSS offers a 24hr service or has an ansaphone is not important, what is important is that the respondent believes this to be true. Perhaps VSS, staffed as they are by men and women, are seen as more 'professional' than RCC.

Little or No Contact with RCCs

Thirteen forces that fell into this category tended to stress a preference for VSSs, a preference which was reflected in their referral policy. Interestingly, but not surprisingly, they tended to denigrate the work of RCCs largely on the basis of their feminism. The majority of police forces in this category did have some contact with RCCs but this tended to be minimal. In the sense that it often involves only one designated officer having contact. For example,

> "A woman superintendent based at headquarters has established liaison with local Rape Crisis Centre."
>
> (Response to questionnaire)

> "There is limited contact with the Rape Crisis Centre. They do attend police courses at force headquarters training department and have an input into the rape investigation course."
>
> (Response to questionnaire)

> "Relationships and liaisons with both schemes vary from area to area. Generally liaison is at Detective Inspector level and there is a tendency toward Victim Support Scheme."
>
> (Response to questionnaire)

It is important to stress that from these replies it was obvious that although forces may have the same level of contact with RCCs they may define this contact differently. For example, if RCCs have input on police training courses one force may define this as having a good relationship and another as having minimal contact. I suppose it depends on what level of contact they think they should have. It is also important to point out that 'official' descriptions of working relationships may not filter down to rank and file officers,

especially if that good relationship is limited to senior police officers.

Although some forces had no local RCCs they did make contact with the nearest one, for example there is no RCC in Durham so the police refer women to Middlesborough RCC. Another force replied that a RCC was in the process of being set up and it was attending seminars to assist with training and liaison. The Thames Valley Police said there was no RCC in their area but in fact there are two, one in Reading and one in Oxford, and the former is even involved in Police Training. Of the thirteen forces who had little or no contact with RCC, seven said that they would automatically give out RCC's number (Hertfordshire, Dorset, Warwick, Nottinghamshire,, Norfolk, West Yorkshire, Durham). Four forces would only give out the number if requested (Lincolnshire, Cambridge, Essex, Wiltshire). Of the remaining two, one (Thames Valley), said there was no RCC to refer to, and the other (Sussex) will give out both RCC and VSS numbers.

All of these forces except three were prepared to refer women to VSS. One force would occasionally refer to VSS but,

> "Referral does not take place automatically and routinely as a matter of force policy. Clearly the issue of anonymity presents itself in some circumstances."
>
> (Response to questionnaire)

Another force refuses to refer because VSS feel that they have not received adequate training.

> "The general view of the organizers of these schemes is that their members are not sufficiently trained to counsel such victims."
>
> (Response to questionnaire)

Another force was prepared to refer as soon as schemes had completed a training programme.

> "Members of the Victim Support Schemes are presently being trained in this force to deal with victims of such assaults and a referral will be made at a later stage when the training is finished."
>
> (Response to questionnaire)

The latter two forces would refer if schemes were willing and ready.

Six forces stated a preference for VSS, these were Durham, Lincolnshire, Hertfordshire, Dorset, Essex and Warwickshire. For one the preference was based on resources but for four it was based on explicit criticisms of RCCs as being feminist and anti-police. For one other, the criticism was implicit.

> "VSS offers a local personal service with a visiting counsellor, who is local. RCC is 15-20 miles away - detached ...... VSS more readily available and will attend the victim more quickly - the counsellor will have a local knowledge of the area etc, and offer a more personal service."
>
> (Response to questionnaire)

> "VSS take a more realistic view of life and are not biased against the police. There is a much better and more open working relationship with VSS and this can only benefit the victim."
>
> (Response to questionnaire)

"Victim support volunteers are in frequent contact with the police and always try to support and work with us. Their volunteers are also properly trained and always available. Many RCCs appear to be insular and do not appreciate the role of the police and other such agencies. They tend to forget that the victim is of prime importance instead of the anti-agency rivalry they often encourage."

(Response to questionnaire)

"VSS preferred as they support the victim and have other resources available. RCC may not have any resources."

(Response to questionnaire)

"VSS are locally based organizations but not specifically in rape as RCC's. VSS seem more sensitive and supportive to the victim's needs and less concerned about campaigning for women's rights etc."

(Response to questionnaire)

"Victim support counselling better trained with a sound organizational structure."

(Response to questionnaire)

The latter quote was given after this force stated that they had no preference.

<u>How the Police Would Like to See RCCs Improved</u>

Some police forces who described their relationship with RCC as good wanted to see RCCs with secure funding which would enable them to expand their service. For example,

"Guaranteed sources of funding would enable Rape Crisis Centres to have a secure financial base upon which they could develop and increase the services offered. Birmingham Rape Crisis Centre offers a 24

> hour a day counselling service and to assist with their precarious funding, sums are made available to them through the Police Property Act."
>
> (Response to questionnaire)

> "The Tyneside Rape Crisis Centre can only give limited coverage to part of our force area. They are in need of more staff and funding."
>
> (Response to questionnaire)

Others felt that RCCs were already working well, for example,

> "As far as this force is aware they are working adequately. They also have a representative on other multi-agency groups involved in child sexual abuse."
>
> (Response to questionnaire)

None of the above forces mentioned the feminism at all, only the need to expand the service.

Many forces, however, mentioned the need for better training and closer links with the police.

> "Proper funding made available to them. Closer links with the police and victim support but retaining their independence. Better training facilities for counselling."
>
> (Response to questionnaire)

> "RCC's may be improved by more formal training for RCC workers to increase their understanding of evidential aspects of an investigation and police procedures."
>
> (Response to questionnaire)

> "Extension of facilities across the country. Joint training to achieve greater appreciation of procedures. Preferably a recognized qualification to a standard level of training/appreciation by counsellors."
>
> (Response to questionnaire)

> "More contact between local Rape Crisis centres and the police should be encouraged."
>
> (Response to questionnaire)

> "It is felt that a better rapport between the centre and the police could be achieved."
>
> (Response to questionnaire)

> "A more professional approach would be appreciated."
>
> (Response to questionnaire)

> "In some parts of the country Rape Crisis Groups have a reputation for being anti-male, anti-police and anti-legal system. Perhaps a standard charter provision of counselling activities and greater mutual understanding between RC groups and other organizations would create a better all-round service to victims."
>
> (Response to questionnaire)

These replies seem to suggest that many forces believe that RCCs do not understand the role of the police in investigating crime and feel that RCCs should have a closer relationship with them. However, the majority of RCCs are fully aware of police procedure, what they object to is the attitude that officers often display towards women reporting rape. This issue will be discussed later. Furthermore, when the police and other organizations describe RCCs as being anti-police, it is because RCCs challenge police attitudes, this is rarely seen as valid criticism and the responsibility for that stance is

posited entirely on RCCs. As we shall see later to be pro-police often precludes taking any critical stance at all. The police appear to be equally unwilling to accept that RCCs do have valid criticisms to make.

One force suggested that RCCs should provide the police with more information and others wanted more control over them in the form of vetting. For example,

> "Frequently instances occur when a case of rape, which fully satisfies all the requirements of law, is reported to the Rape Crisis Centre and yet they fail to ensure that the matter is reported to the police for investigation. The principle put forward by the police as I am sure you are aware is if a person rapes once and gets away with it there is a strong encouragement for him to rape again, and many instances throughout the country have proved this to be so. It is considered that Rape Crisis Centres should always bring to the attention of the police cases of rape."
>
> (Response to questionnaire)

> "They need better understanding of the police investigation process. It would be better if some sort of vetting/control went on for staff of RCC because although most are very good/helpful to the victim some very strong feminists actually upset and unsettle the victim further."
>
> (Response to questionnaire)

> "I would like to see less bias against the police by the Rape Crisis centres and more realistic view of what constitutes rape. This view would be in line with the legal definition of the offence."
>
> (Response to questionnaire)

> "Many RCCs need to update themselves and be aware of the changes in procedures and attitudes made by the British police forces. It is apparent that 'some' RCCs still have a feminist anti-police opinion which is out-dated."
>
> (Response to questionnaire)

The heart of police discontent towards RCCs appears to be their feminism, attitudes to the police and definition of rape. It was on the basis of this that police forces expressed a preference for VSS.

As we saw from earlier chapters this dislike of feminism is not limited to the police. Many involved with the SARC also felt RCCs to be inadequate, usually on the basis of their feminism. Other researchers have also explained the marginalization of RCCs in terms of their feminism, and have described RCCs as having 'extreme feminist views' which,

> "Tend to be unpalatable to those with political power and even to some raped women."
>
> (Corbett & Hobdell, 1988:48)

It seems that many people and organizations find the work of RCC threatening and seek to undervalue and undermine it. Yet there is nothing extreme about the views held by women working for RCCs, indeed much of it has become accepted wisdom. For example, the NAVSS training manual on sexual assault merely reiterates what RCCs have been saying for many years; that women are more likely to be raped by men they know than by strangers; that rape is an act of violence; that most rape is not about uncontrollable sexual urges or sexual attractions; that the overwhelming majority of men who rape are 'normal' and that the mentally ill rapists make up only a tiny minority of men who rape.

So what do RCCs say that is so threatening, extreme and unrealistic? All I could come up with is that they make a link between the social construction of heterosexuality and rape, that they view rape as part

of a continuum of male violence, that male violence against women is normalized and that rape is not an isolated crime carried out by a small number of men. Finally, they believe that you can only understand rape within the context of male power and that given this the attitudes that men who rape display are no different from other men. This is probably one of the most controversial aspects of what RCCs have to say about rape, yet when a man expresses this belief it is not perceived as threatening, instead it becomes 'neutral' and worthy of being covered by the Guardian newspaper. For example, Ray Wyre put forward this 'neutral' stance.

> "The more I am involved in counselling male sex offenders, the more I am struck by the fact that their attitudes reflect those of ordinary members of society."
>
> (Wyre)

It seems that the issue lies not so much in what is said but in who says it. The issue rests on the respectability of the speaker and their perceived 'neutrality', this is often linked to the perceived 'professionalism' of the individual or organization in question. It is also linked to the gender of the person saying it, women are often perceived to be unreliable when it comes to sex and many of RCC's critics perceive rape to be sexual. However, some women, for example Dr Roberts of the SARC, can be seen to be very reliable when they comment on police procedure and the issue of rape generally. However, such women tend to be rarely critical of the police, male power, and rarely mention the desire to change the ways in which society is structured.

I would also argue that this respectability, or lack of it in RCCs

case, is linked to whether or not organizations are mixed. RCCs are threatening because they are vocal, critical of the way in which society is structured, fighting for change and women only. It is the very independence of RCCs from men and social institutions like the police which marks them out as unrespectable. It is this combination which makes them dangerous. As we have seen in earlier chapters, once autonomous organizations become 'professionalized' they become acceptable. Once they have men on their management committees or working with them they become acceptable, it is proof and proof is needed that they like men, that they are not anti-men. The issues around rape that RCCs want debated are obscured, lost or distorted by the constant emphasis on RCCs as anti-men, in the same way that discussion around how the police treat women reporting rape is dismissed as anti-police.

The police are not the only people to have called/implied that RCC are hostile to the police or to have placed the responsibility for this hostility onto RCCs. Some researchers have stated that RCCs have often rejected 'overtures' from the police (Pointing & Maquire, 1988). Certainly, from the above replies to my questionnaire, many police forces have suggested RCCs to be anti-police. Part of the issue appears to be reluctance and/or inability to accept the philosophy behind RCCs working practices because it is different and opposed to theirs. One of the major stumbling blocks is 'confidentiality', RCC's offer women a completely confidential service because they were set up to support women who have been raped not there to help the police. The police on the other hand regard RCCs as uncooperative because they are not prepared to pass on details, given to them in confidence, to the police (Anna 'T', 1988).

Police 'overtures to RCCs' have usually amounted to little more than requests to take part in police training; and as we shall see later, whether RCCs are prepared to play this 'token' role is much debated.

The police are also under the misapprehension that RCCs spend all their time telling women not to report to the police. However, very few women in contact with RCCs have had any contact with the police, for example less than five per cent of women contacting Manchester RCC had any contact with the police. Certainly, RCCs have been very critical of the way the police deal with rape investigations and the police feel that with the changes they have made RCCs should now be satisfied. Yet, for RCCs to be satisfied the police as an organization would have to radically change its views. Unfortunately, the police still display many attitudes which are antithetical to the work of RCCs. One facet of police culture often noted, is its inability to accept criticisms as valid. Instead of using criticisms as a base for dialogue the police view them as the work of extreme and hostile politically motivated minority and therefore, as invalid. Chesshyre (1989) has noted that the police are sensitive to criticism, will scour a report until they find it, then label that report anti-police. Once labelled 'anti-police' it can be seen to be politically motivated which allows its criticisms to be dismissed as invalid. This labelling process then acts as a justification to ignore the contents of the report or criticisms. As Chesshyre points out, this attitude has its roots in the theory that all criticism is motivated by malice. Seen from this angle a multi-agency approach to policing simply means consulting with police 'friendly' groups.

VSSs and RCCs

> "It is hoped that schemes will develop positive working relationships with Rape Crisis centres."
>
> (NAVSS Training Manual 'Supporting female victims of sexual assault', n.d.:3)

The above sentiments were expressed in a VSS training manual on Sexual Assault but given the reliance of VSSs on the police, how likely is it that VSS and RCCs will work together? Certainly the expansion of VSS services to include sexual assault has caused some debate amongst RCCs. For example, in 1986 Brighton RCC wrote to all RCCs asking about their experience with VSSs. Only a small number replied, seven in all, but the following issues were raised. The majority of groups who replied were concerned with the wider political implications of VSS, they were concerned about their general approach, the links they had with the police, and the reasons behind the financial resources suddenly being made available to VSS. It was clear that VSSs posed RCCs with a dilemma - should RCCs become involved in training VSSs? RCCs were split on this issue, some felt it was productive if only because the woman in contact with RCC would be treated more sensitively but it would also be taken as a sign of approval for their overall approach. Others felt that it would serve no purpose, since they would only be passing on 'hints' which only make sense when placed in a feminist context. It was also felt that if VSSs were being trained to replace RCCs then it would be dangerous to become involved in training (Rape Crisis Centres Newsletter, Sept 1986).

One RCC had a member who was also a VSS volunteer and who, in her capacity as VSS worker, dealt with all sexual assault referrals made to VSS. For this particular group the problems would arise when

this woman left the RCC. Other groups felt that working so closely with VSS could jeopardize their reputation for confidentiality. There were the added problems that women might start to get confused between RCC and VSS and that the close connection between VSS and the police. If RCCs worked closely with VSS, women may link them to the police as well. The police in one area wanted to refer women to RCC but felt inhibited by their obligation to VSS. The respondents clearly welcomed the opportunity to air these dilemmas and felt that the issues involved required more detailed discussions between RCCs (Rape Crisis Centres Newsletter, Sept 1986).

The issues involved in the debate were raised again a year later in 1987 by Lancaster RCC, who were particularly concerned at the media representation of RCC and the activities of VSS. From the response it was clear that the relationships between RCCs and VSSs varied across the country. The Edinburgh VSS showed no inclination to counsel women who have been raped/sexually assaulted and referred women to the RCC. Carlisle RCC had a member who was also a VSS worker, so police referrals to VSS were dealt with by her. Although this seemed likely to change in the future as the police intended to refer directly to RCC. Most RCCs had been involved in talks with local VSS but not all were happy with the outcome. Avon RCC had been involved with training VSS but had found them hostile to their work and as a result had decided not to become involved in future training. Other groups, such as Brighton and Bradford, were prepared to talk to VSS and to stress that VSS should refer women to RCC and to clarify the differences between the two. Brighton RCC believed that highlighting the differences between RCCs and VSSs could be a useful strategy to prevent VSS being used as an excuse to cut RCC's funding. Reading RCC pointed out that VSS relied on police referrals

and as a result their work would be limited to a small number of reported rapes (Lancaster RCC, Sept 1987).

Two RCCs had a good/reasonable relationship with the police, for example the police referred women to Exeter RCC and Grays Thurrock RCC reported that their local Chief Constable was supportive of their work and unhappy with VSS dealing with rape. In the Manchester area the police will refer women to the SARC and often use VSSs as a taxi service to take women to the Centre. Cambridge RCC were concerned with a group which called itself a RCC but appeared to be a VSS, thus raising the issue of how RCCs could protect their name. Strathclyde RCC were involved in talks with the VSS Coordinator who was keen to avoid the 'dire' relationships that exist between the organizations in England and Wales. They hope that VSS will automatically refer women to them. Nottingham RCC had trained VSS volunteers in the past but were unahppy about providing 'free' training. They felt caught in the dilemma of training women from VSSs who were already involved in counselling women who have been raped/sexually assaulted in order to put forward their views; but these women would then take those skills away and apply them in a very different political context (Lancaster RCC, 1987).

It was clear that some VSSs were not prepared to listen to what RCCs had to say, others were not prepared to refer women to RCCs. In Sheffield, against the wishes of the RCC, VSS set up a counselling service for women who have been sexually abused. Sheffield RCC felt torn between continuing a dialogue with VSS, on the grounds that it would benefit women using the service and not wishing to support VSS in setting up this service. Southwark RCC has held meetings with VSS and asked them to pass on details of their organization to volunteers

and women using their service. This information has never, to their knowledge, been passed on. Despite liaison meetings between Lancaster RCC and VSS, the VSS continues to view RCC as 'feminist amateurs' who are incapable of offering a service to 'normal women' (Lancaster RCC, 1989). From the above accounts it is clear that the relationship between the two organizations, on the whole, is antagonistic. I will now examine the above issues in relation to the local context of Manchester.

The Greater Manchester Police and Rape Crisis

Historically, the relationship between the GMP and MRCL has been one of limited, if not mimimal, contact. During the initial stages of setting up MRCL, a woman representative met with Chief Inspector Mulroy to discuss the project. Following this discussion the group wrote to the Chief Constable enclosing a copy of their application form for an Inner Cities grant and asking him to write a letter of support on behalf of the group,

> "whose aims are to provide support for women who have been raped and to work as closely and cooperatively with the police as possible."
>
> (MRCL letter, 30.10.1979)

The following January and just prior to opening the counselling line, they wrote to request a meeting with police officers to discuss police procedure in regard to rape cases, as they recognized the importance of giving out the correct information to women in contact with them (MRCL, 17.1.1980). As a result of this letter a meeting was arranged between Chief Inspector Mulroy and MRCL to discuss police procedure.

Shortly after this meeting they informed the Chief Constable that the line would be open from Tuesday 4th March 1980. They stated their opening hours, telephone number, and requested that their leaflet be displayed in Greater Manchester police stations (MRCL, 3.3.1980). Unfortunately, the police refused to display their leaflet stating,

> "I regret that facilities cannot be offered to display your leaflets at police stations in Greater Manchester."
>
> (GMP, 17.3.1980)

The reason given for this refusal was that the had many such requests and were forced to restrict such displays. Despite this setback, MRCL sent out a letter to Greater Manchester police stations outlining their service and asked that the police inform women of their existence (29.3.1980). After this initial contact, correspondence between MRCL and the GMP seems to have trickled out.

It re-surfaced in February 1982 when MRCL wrote and sent a copy of their first annual report to the Chief Constable, which was critical of the way in which the police treated women reporting rape. This report gained quite a lot of local coverage, following on as it did from the recent controversy around Thames Valley police, and was quoted in at least one national newspaper. The Chief Constable responded swiftly asking MRCL to place formal complaints. MRCL refused on the grounds that,

> "As I am sure you will appreciate our service is confidential and we are unable to make complaints on behalf of individual women. If a woman wishes to make a formal complaint against the police, we feel that this must be her own decision and her own responsibility."
>
> (MRCL, 23.2.1983)

They went onto say that they were disturbed by some aspects of police procedure which appeared to be widespread. Consequently, they were in the process of preparing a set of recommendations for changes they would like to see in police procedures. A copy of these recommendations, which have been discussed in an earlier chapter, were duly sent to the Chief Constable with the suggestion that they be discussed (MRCL, 23.2.1982, also see p. 109). The GMP declined the offer. Later that year the Greater Manchester Police Authority, under the Police Property Act Fund, donated £250.00 to MRCL (31.10.1983).

The next major phase of correspondence between the two peaked again during the development of the SARC and has been discussed elsewhere (see p. 113). Once the SARC was established, and perhaps to stem criticisms that MRCL and other women's groups were not consulted, the police asked MRCL to be involved in police training. They asked MRCL to talk to officers on the advanced sexual offences course. What is interesting about this local situation is that far from 'rejecting overtures' from the police (a criticism frequently aimed at RCCs), MRCL initiated the bulk of the contact between the two groups. The GMP simply tended to respond to requests from MRCL. It is also clear that when MRCL requested dialogue with the GMP around the issue of improvements in police procedure, an issue that was very topical at the time, it was the police who refused to enter the debate. When the police did eventually make the decision to improve police procedure it is notable that they displayed no desire to consult with MRCL.

The Greater Manchester Police and Victim Support Schemes

In marked contrast, the GMP's attitude to VSS (although police divisions may have different relationships with their local VSS) is a positive one. Indeed the Chief Constable views VSSs and Home Watch as evidence that the public are beginning to play their part in the fight against crime (Chief Constable's Report, 1985). One police division referred to the success of both schemes and mentioned the support it offered to VSS.

> "Initiatives already taken with Home Watch Schemes have continued and the support the division provides to the Victim Support Scheme is very satisfying. This latter scheme, which gives aid to victims of crime, exists because of the volunteers who unselfishly give of their time to help the shocked, formerly unsupported and often neglected victims of crime."
>
> (Chief Constable's Report, 1985:71)

Other divisions also expressed their support for VSS,

> "The Thameside Victim Support Scheme is now well established and flourishing. In particular, the elderly victims of crime have benefited from the assistance and comfort provided by those volunteers who are specially trained for this task. There is little doubt that the scheme provides a caring service to the more vulnerable in our society and, certainly, the support of the police will continue."
>
> (Chief Constable's Report, 1985:77)

Both Home Watch and VSS exemplify the current thinking about a corporate approach to crime, sponsored by the Home Office, and fit in neatly with the Chief Constable's belief that the public must join with the police to fight crime.

These two schemes are frequently discussed in the context of improving relations between the public and the police and are seen to be good community relations exercises. In their keenness to support such schemes the GMP have, in some areas, expressed their concern with regard to the funding of such schemes. Thus 'N' division wrote,

> "During the year Bury Victim Support Scheme has continued to provide assistance and comfort to victims of crime. The scheme has the support and assistance of the police and officers have helped with the training of new volunteers. With the abolition of the Metropolitan County, in 1986, there is great concern regarding the future funding of such schemes."
>
> (Chief Constable's Report, 1989)

The police fully endorse local VSSs and view them as a worthwhile service, whereas they are suspicious and hostile of MRCL.

It may be worthy of comment to note that the division's reports of VSSs are very similar, which might suggest that the endorsement of VSSs, which follow a particular format, is a standard part of the division's report. The lack of specialism in VSS may be significant in the sense that the police can use it as a 'catch-all' for all kinds of victims and so it is simply useful to them. As VSSs are not specialized and have no great experience or expertise they do not threaten police definitions of crime or victims. Indeed, as we have seen they rely on police definitions and referrals and bow to police expertise. VSS volunteers also form part of the 'community' spirit and good will, so often talked about by the Chief Constable and successive Conservative Governments. These volunteers are motivated by their desire to help others whereas RCCs are seen to be politically motivated.

Police Referrals to VSSs

A questionnaire was sent round to the thirteen VSSs, who collectively cover the Greater Manchester Area and I received nine replies. Prior to this I had conducted interviews with five schemes. Every scheme which responded to the questionnaire described their relationship with the police as good and many were in daily contact with their local stations. The process by which police passed information on to schemes fell into three broad categories: (1) in three cases the police passed referrals on to VSS by telephone; (2) in two cases information was passed on to schemes through C.I.D. clerks; (3) in four cases VSSs visited police stations, three on a daily basis, to collect referrals. For one scheme these referrals came in the shape of a computer print out. In specific instances schemes may be contacted directly by individual officers depending on the crime.

Not surprisingly, police referrals made up the bulk of VSS referrals, and direct referrals were clearly a minority. For example, Oldham VSS estimated that police referrals made up 95% of their work; Rochdale dealt with 3,000 police referrals and only 30 self referrals; Trafford had 3,800 police referrals to 60 self referrals; Wythenshaw had 1,255 police referrals and 100 self referrals and referrals from other schemes; Wigan had 3,500 self referrals and 100 self referrals; South Manchester estimated 6,500 police referrals to 500 self referrals (these were anticipated figures); Stockport dealt with 4,100 police referrals and 89 self referrals and Bury dealt with 2,397 police referrals and only 19 self referrals. It is obvious from these figures that most VSSs rely on police referrals for their existence and that the bulk of their work is shaped by reported crimes.

It is important to remember that these VSSs have been in operation for a number of years and that police referrals would have increased over time. Likewise, when VSSs were being set up not all police officers welcomed them. For example,

> "In 1981/82 we received 21 referrals .... and we were viewed with grave suspicion by the police. Not so now of course, they're happy to have us knocking about because of course we did take the place of the old fashioned policeman and had a bit of time to talk to somebody".
>
> (Personal communication, 1988)

This same coordinator went on to discuss how some schemes have a better relationship with local police stations than others. He felt that Rochdale had never had the number of referrals that it should have.

> "Rochdale has always had a low referral rate (and by referral rate, of course, I'm talking about personal crimes) and we have never received, apart from burglaries, burglary from dwellings, theft from the person, we have not received a lot of serious crime from them."
>
> (Personal communication, 1988)

The coordinator explained that Rochdale VSS only received a percentage of the referrals that he thought they should have, which he attributed to the high turnover of senior officers on his division.

> "Rochdale 'P' division has been in a state of flux in respect of senior officers for over 18 months, that a commander would come and go and his deputy would come and go and it has been .... it isn't so now, but nevertheless I always have the .... well from

> statistics themselves, you always get the feeling that they do not pass the number of crimes on that they should do."
>
> (Personal communication, 1988)

In the recent questionnaire this VSS defined its relationship with the police as good. This may be because the situation has improved since the time of the interview or that, despite the low number of police referrals, the coordinator was still happy with the overall relationship the scheme had with the police. The coordinator of Salford VSS described how the scheme expanded as they made better links with local police stations and received greater numbers of referrals (Interview with Coordinator, Salford VSS).

The interviews suggest that each VSS had to negotiate with their local stations which crimes would be referred. For example, East Manchester VSS wanted a direct referral system but at the time of the interview the type of referrals they received were at the discretion of the local stations (Interview). In other areas certain crimes were supposed to be automatically referred to VSS and other crimes were at the discretion of individual officers. For example,

> "The clerks give me the names of people who've been burgled or assaulted in that 24 hours and that should be automatic, ie. if you've had a burglary you should automatically be referred to us unless you very specifically say no, that you don't want victim support. With assaults that rather depends on the grade of the assault; anything over a section 8c is a serious assault. Anything over that is really at the discretion of the police officer and the victim. So although we have had families of murder victims referred, it's not automatic and the same with sexual offences, it's not automatic to refer to us. Whereas if you got punched or kicked or were robbed in the street that would be automatic unless you particularly made a point of saying that you don't want anyone involved."
>
> (Personal communication, 1988)

This close link with the police throws up the problem of definitions of crime. It seems that how VSSs define crimes and what they view as a criminal offence are taken from police definitions and police terminology. At the time the police passes on, what I consider to be confidential information, to VSSs without asking the victim's permission. It seems that in order to choose not to have information passed on to VSS, you first have to be aware that it will be passed on.

Once information has been passed on to VSS each scheme will have to decide how to deal with it. If they have a large number of referrals and a limited pool of volunteers this often means that VSSs will have to set priorities. Out of the nine schemes who responded to the questionnaire, only one said that the need to prioritise had not yet risen. The eight other schemes were forced to prioritise their work. For example,

> "The priorities would be graded on the information given by the referral agency, ie. elderly person; someone who has disturbed the burglar, female with children (alone)."
>
> (Response to Questionnaire)

> "Emergency, where the police officer asks for immediate help; nature of crime - bogus official, murder, assault, age of victim."
>
> (Response to questionnaire)

> "Severity of crime and circumstances of victim, ie. living alone, single parent, disability, occasionally age, ie. over 50 or under 25, whether the person has been a victim before."
>
> (Response to questionnaire)

> "Priority crimes (inc rape). Burglaries where the victim has been in the house or the house has been ransacked. Burglaries at night. Burglaries where nothing has been taken, attempted burglaries (in descending order or priorities)."
>
> (Response to questionnaire)

A volunteer will be sent around to visit those who fall into the high priority category. With the exception of rape/sexual assault cases but that will be discussed later. In other situations schemes contact the person by letter or telephone.

Rape/Sexual Assault Referrals and the SARC

All nine of the schemes accepted police referrals in rape/sexual assault cases, the policy of each scheme was in accordance with NAVSS policy. For example, a woman was asked if she wanted a visit from VSS, if she agreed the initial contact would be made by letter. The volunteers are all women and they had nearly all attended a specialist VSS course on sexual assault. Although, in at least one case, not all had been on a specialist sexual assault course (some had); with one other the response to the questionnaire was not sufficiently clear, and I was unable to ascertain whether or not the volunteers had received some form of specialist training (questionnaire, 1990). The numbers of rape/sexual assault referrals to VSS was small. For example, 21 sexual crimes were referred to Salford VSS out of a total of 4,623 referrals during 1989-90 (Salford VSS Annual Report, 1990); Bury VSS received 62 rape/sexual offences referrals out a total of 2,533 during 1989-90 (Bury VSS Annual Report, 1990); Trafford VSS received 39 rape/sexual offences referrals out of a total of 3,867 referrals during 1989-90 (Trafford VSS Annual Report, 1990); South Manchester VSS received 31 rape/sexual offences referrals out a total of 4,113 during 1989

(South Manchester VSS Annual Report, 1990); Stockport VSS received 21 rape/sexual offences referrals out of a total of 4,409 during 1989 (Stockport VSS Annual Report, 1990). Unfortunately, not all VSSs keep copies of old annual reports, which made it impossible be compare recent statistics with those of earlier years or to compare how these statistics differed from scheme to scheme. However, where this was possible it was obvious that the total number of referrals to VSS had increased as they became more established and as police confidence in them grew. But, it is difficult to determine whether this general trend is reflected in rape/sexual offences referrals.

It is GMP policy to refer all women to the SARC but they also use VSS as a taxi service to transport women to the Centre for counselling. From the questionnaire it seems that in many instances the police will refer women to SARC and also to VSS, so not all the women referred to VSS will be counselled by their volunteers. For example, East Manchester Victim Support scheme had three rapes referred to them but they were all dealt with at the SARC so VSS were not really involved (interview).

All nine schemes referred women to the SARC and a number of them actually take women there, but one scheme said that it did not have the resources to transport women to the centre.

> "We couldn't see our way to that because all our volunteers work, a lot of volunteers have no car, and people just coming on the phone saying 'would you take me down to St Mary's', that can be done at the expense of running the scheme, I'm afraid you've got to look at it from a practical point of view. And of course the wait is the thing isn't it? The practical ways of life, you might go down, the victim may be there one hour, two hours, three hours, four hours, so what do

> you do? You'd have to wait, but to the detriment of other victims because we do go around visiting other victims."
>
> (Response to questionnaire)

VSSs were all positive about the SARC although some would have liked to have been more involved in setting up the Centre. Others felt that their VSS didn't really have much experience to offer as the number of rape/sexual assault cases they were dealing with was small and some schemes did not really want to take such referrals at all. For example,

> "Victim support really hadn't been dealing with many sexual assault cases anyway, a lot of schemes said specifically that they didn't deal with them we were one of them. In fact we were getting self referrals - of course you can't turn anyone away - but we weren't taking referrals and advertising as taking referrals. So we didn't get involved in the setting up of St Mary's and I don't think really that we have any influence in how it actually runs now other than having a representative on the steering committee. But that hasn't been a particular problem because it's not our speciality - I don't mind that at all. A couple of schemes said well it would be nice to be invited or have been involved, but I don't see what we could have put in as a useful input really, I don't, because it's not our speciality".
>
> (Personal communication, 1988)

Some schemes then, were happy to keep to the more traditional areas of VSS work and were happy that another police backed organization could take up this work.

Referrals to Rape Crisis

On the whole VSSs tended to have a very negative attitude to the work of MRCL. Six out of nine VSS said they would refer women to MRCL but, with the exception of two schemes, nearly all of them had certain condition attached. Oldham support scheme would refer women

with their consent but did not state this stipulation when referring to the SARC; South Manchester VSS would tell women of the options but would 'encourage' her to accept medical help from the SARC; Stockport VSS would refer women if 'it was her wish', but would 'encourage' women to go to the SARC; Wigan will refer women 'if they prefer'. Of the remaining three schemes, Rochdale does not refer women to MRCL; Bolton will only refer occasionally as will Wythenshawe (Questionnaire, 1990).

Six of the schemes differentiated between the work of MRCL and SARC, three on the basis that MRCL lacked resources, was feminist, didn't help male partners and that women using MRCL were not satisfied.

> "The difference as I see it, SARC is more available for personal contact over a twenty four hour period. SARC also carries out medical investigations and treatment for STD's. Rape crisis, however, does counsel women with a more feminist perspective - a different approach."
>
> (Response to questionnaire)

> "It is always possible to speak directly to a counsellor at St Mary's, the MRCL is very often covered by an ansaphone."
>
> (Response to questionnaire)

> "The sexual assault referral centre offers facilities for medical examination and further checks, plus counselling and escort to court if required, 24hr service. Manchester Rape Crisis has more limited availability and lacks the funding to offer all the facilities listed above. It operates in a more strongly feminist way which some women find more helpful than others."
>
> (Response to questionnaire)

"Rape Crisis to our knowledge would not deal with the partner of the victim."

(Response to questionnaire)

"Always refer to St Mary's centre. Originally in 1981/2 women referred to Manchester Rape Crisis were not always satisfied with counselling."

(Response to questionnaire)

"Rape crisis could be right for some people. Appears to be political. Will not speak to men."

(Response to questionnaire)

What is interesting about these replies is they all focussed on what MRCL did not do rather than on what it could do, which the SARC couldn't.

Out of these nine schemes only one, Trafford VSS, actually acknowledged what MRCL could offer women. For example, MRCL not only will counsel women who have been sexually abused as children and the SARC will not; MRCL will visit women in their own homes, or a place of their choice, SARC will not; MRCL will pay women's expenses if they travel to the centre, SARC will not; MRCL offers a service independent of the police; MRCL has links with women doctors who will examine women who are unhappy about approaching their own GP; they will accompany women to court, special clinics, housing departments etc; they can offer legal advice and help with filling out Criminal Injuries Compensation forms. Contrary to popular belief, MRCL will talk to women's partners. Perhaps it is pertinent to point out here that not all women's partners are men, but its primary concern is to offer a facility for the women concerned. The aim of MRCL was to

provide a service for women and girls and their resources are geared to meeting this end.

The issue of RCC's feminism has been much debated. In one article it was argued that VSS should expand beyond police referrals by setting up a telephone 'hot line' similar to RCC's (Corbett & Hobdell, 1988). They argued that whether this is necessary, as RCCs already do it, is debatable but the question is,

> "Whether there are significant numbers of non-feminist women who fail to report attacks to the police, but who are also reluctant to contact RCC on account of their feminist image."
>
> (Corbett & Hobdell, 1989:57)

This viewpoint that RCC's feminism is 'unhelpful' to women was also expressed by at least one Greater Manchester VSS, but is it true? Certainly, the image of feminists has been much caricatured by the media and no doubt there are some women who could be put off by this image. However, the bulk of the women in contact with MRCL would not call themselves feminists and did not call the line because they wished to talk to a feminist; rather, the most common reason for contacting MRCL is to talk about their experiences of male sexual violence; or because they want practical help; because they want advice, information, leaflets, to arrange a visit. Many women do not even know what to expect, they do not know what MRCL can offer and are phoning to find out. Their primary reason is that they need to talk and they want a woman to listen, not that they need to talk to a feminist. The overwhelming reason for women contacting RCCs then is the need for emotional support (Anna 'T', 1988).

Likewise, the counselling that RCCs offer is informed by feminist philosophy, it starts from the premise that no woman deserves to be raped; that women do not lie about rape or childhood abuse; that women's feelings should be taken seriously, that sexual violence is a common experience for women; that women share common responses but that every woman has a different experience of rape; that there is a need to acknowlede other oppressions such as race, class, sexuality, age, disability. It is about trying to turn individual pain into collective action and it is about challenging the many myths about rape and women who are raped (Anna 'T', 1988). It is not about blasting a woman with the latest feminist theory, it is about understanding how society encourages rape and blames women for it, it is about making links between rape and the way men treat women generally. Women coming to RCCs often make these links themselves, it is what their experience of male sexual violence has taught them, it is about discussing these links, the reality for most women, it is not about making women hate men.

I am sure that not all women who are in contact with MRCL are satisfied and MRCL is aware of this. However, it is also true that no service is going to be acceptable for all women and that could be for a variety of reasons. Equally, not all women will be happy with the SARC or VSS, yet this is not acknowledged by MRCL critics. Instead of giving women all the options and letting them decide, some VSSs have decided to close down the options by refusing to give out MRCL's number or by giving it out but being negative about it. Finally, MRCL is informed by a particular philosophy, so are VSSs, and as we have seen, the SARC. The only difference is that MRCL are upfront about where they stand, whereas the other two hide theirs under a cloak of supposed 'neutrality'.

Feminism as a social movement has nearly always had a 'bad' name, the women who have taken part in it are nearly always considered to be 'unrespectable' and 'unnatural' because it is always unnatural to want to challenge and transform the existing 'natural' social order. Media coverage has used ridicule to put down the aims of the women's movement and its participants (Neustatter, 1990). Such coverage is an attempt to discourage women from joining in what, after all, has changed the lives of many women. However, feminism for many people conjures up images of 'unnatural' women who secretly desire to be men and hence the link between feminism and lesbianism (Jeffreys, 1985). This ridicule and the fear of feminism which fuels it has meant that the issues of feminism are often dismissed as 'extreme' and 'biased'. Whereas, if a man says what feminists have been saying for years, it gets reported in the 'quality' newspapers. For example, Paul Pollard's statements that women are more likely to be raped by men they know and that forced sex is not considered to be 'rape' by a large section of the British public was considered sufficiently important to be quoted in several daily papers (The Independent, 14.9.1989); The Times, 14.9.1989). In essence, it is often not the message which causes hostility as much as the person saying it. When feminists take on male power, patriarchy, they are considered to be dangerous women. Although, some women can gain respectability by stressing their relationships with men as 'proof' that they are not 'man haters', further marginalizing those women who choose to organize separately from men. In the case of RCCs it is their women only policy which mixed groups find so threatening because they are not controlled by individual men or male organizational methods. Hence, the police desire to exercise some control over the vetting of volunteers and to have some input in the management structure. It may also help to explain why VSSs and the police believe that

feminists have nothing of positive value to say to 'non-feminist' women.

In this chapter I have argued that the enormous success of VSSs can be largely attributed to their close links with the police and hence their police friendly images. They also gained a great deal of support from the probation services and from Central Government because VSSs were a politically expedient cause to support. At a time when the crime rate was rising, despite attempts to curb it, organizations concerned with crime and Central Government could at least find public support for their attempts to help the victims of crime even if the public was somewhat scathing of their ability to solve crime itself. Over the years the Government has increased its funding for VSSs and the existence and growth of VSSs has played a central role in the Government's policy to help victims of crime. On a local level, I would argue, VSSs have often come to be seen as an extension of police referrals and police referrals continue to make up the bulk of VSSs referrals. Initially, police referral would be limited to certain crimes, for example burglaries and bogus callers. However, in recent years the police have encouraged VSSs to extend their area of work to cover the support and counselling of women who have been raped/sexually assaulted. Police support for this work came at a time when the police, initially the Metropolitan Police, were introducing rape victim examination sites and wanted to refer women using these suites to a counselling organization. VSSs were an obvious choice and had many advantages over RCCs. For example, VSSs already worked closely with the police; the police were represented on the management committee of VSSs; VSS workers were vetted by the police. In contrast RCCs were seen by the police to be anti-police and political organizations.

The relationship between VSSs and RCCs varies across the country but in the majority of cases the relationship between the two is not good and there is a danger that police and Government backed VSSs will threaten the future funding of RCCs. In Manchester the police are very supportive of local VSSs but not of MRCL. This support is reflected in police referral practices. The police will and do refer rape/sexual assault cases to VSSs and not to MRCL. All nine of the VSSs that responded to my questionnaire stated that they would refer women to the SARC. Six also stated that they would refer women to MRCL but only under certain circumstances which suggests they offer limited support to MRCL but unconditional support to the SARC. Thus, women in contact with VSSs may only receive limited information in regard to the availability of other services.

Finally, like the police, VSSs seemed to be opposed to RCCs on the grounds of their feminism rather than their service provision. It is feminism of RCCs which marks them out as disreputable organizations. Similarly, it is their feminism and not the fact that they are women only organizations which mark them out as threatening. For example, other groups are women only but still perceived to be unthreatening and acceptable, like the Women's Institute or Women's Royal Voluntary Service. So it is the feminism of RCCs which makes them politically unpalatable and which distinguishes them from organizations offering a similar service.

CONCLUSION

The SARC in Manchester has a local and national reputation in the field of sexual violence against women. It is often featured prominently in articles about violence against women and singled out for praise for the good work it does. The increase in popular awareness of women's issues has spread the name of the SARC. Other forces are considering setting up similar centres, for example, West Yorkshire police are conducting a study on the feasibility of setting up a SARC. On several occasions in the text of the thesis . I draw attention to the views of the Director of the SARC and of the Chief Constable of the GMP that the SARC offers the best service in the country and can serve as a model for other police forces seeking to enhance service provision for women who have been raped/sexually assaulted. The SARC is often used to demonstrate the police's commitment to improving the way in which they handle rape investigations. For example, a recent article on police rape examination suites quotes Superintendent Blair as saying that such suites need improving and that,

> "The St Mary's Centre in Manchester is the ideal answer - a woman can come in and stay overnight, and receive long-term counselling from trained women who live on the premises."
>
> (Blair quoted in The Guardian, 5.12.1990)

In fact Blair's description of the work of the SARC is innacurate in as far as the women counsellors do not live on the premises and the premises have no facilities for women to stay overnight. However, it is indicative of the way in which the SARC has become an example of good police practice. It also illustrates some of the ways in which the SARC's reputation is amplified by media coverage; a process by

which misleading and distorted information about the work of the centre get reported as 'truths' and, of course, vice versa.

It is the stress on the superiority of service offered by the SARC, plus the novelty of the involvement of the GMP in funding and managing the SARC and the SARC's initially hostile attitude to RCCs, that caught my interest and motivated my desire to know more about the institution. My curiosity was sharpened by my own experience as a worker for the RCC in manchester and my belief that women's issues were disregarded or trivialized by most institutions in English society. It seemed very interesting and thought provoking that the police, an institution renowned for its macho image (Smith & Gray, 1983; Graef, 1989; Holdaway, 1983), should not only be taking part in the setting up of a centre for the raped and sexually assaulted, but also funding a large part of its work.

My research inquiry was prompted throughout by my feminism, which, as I have discussed in the introduction to the thesis, I understand as a belief that women as a social group are subjugated by men as a social group. This is the main theoretical stance that I brought to the work. Elsewhere in the thesis I have stated that I found the SARC a fruitful area of research; thinking about the SARC has raised for me several issues which I think are central to the SARC, and which have implications for policy and practice beyond its operation. I have argued in the thesis that from my point of view the most interesting issues to emerge from my research are as follows: the dichotomies that present themselves, between feminism and professionalism, between professional and voluntary services; the medical model of rape/sexual assault; the policing of rape/sexual assault, in particular the consequences for women police officers;

the fragmentation, division and competition in the voluntary sector; the process by which understandings and interpretations of public events are accepted or rejected by dominant popular culture. All these issues, which lie within mainstream sociological inquiry are, I argue, important for an understanding of the SARC. The placing of the work of the SARC within the context of conventional sociology goes some way to supporting my contention that the SARC is not unique or pathbreaking in its operation. I argue that it is essentially a conservative institution whose priorities reflect and are shaped by dominant interest groups - the police and medicine. I now turn to a concluding examination of these issues.

A recurring theme in the self-presentation of the SARC is their professionalism. The centre claims to offer a professional service for women, often using the qualifying adjective 'professional' to signal an important and qualitative difference from other institutions which provide services for women. In reading about the SARC and in discussions concerning it, I found it intriguing that the term 'professional' came up time and time again. The staff of the SARC and the GMP constantly invoked the word to describe what they do; one was left with the impression that what mattered was not so much what was done, as the manner in which in which it was done, and if you were professional then it could not be bettered. In the chapter on professionals I have examined what I see to be the political ramifications of the use of the word, namely the implicit belittling of others and the claim for special recognition, either economic by appeals for funding, or political, in the claims for authority.

I have also argued that in the case of the SARC, the appeal to an apparently self-evident term served the purpose of masking some characteristics which, if they were given prominence, would undermine the special pleading of the SARC. I am not saying that this is a conscious ploy on the part of the SARC and the police. What I am drawing attention to is the fact that words have many meanings and that sometimes the power of words lies in their multiplicity of meanings under a dominant and apparently clear and indisputable sense. In this reading of the SARC's use of the word 'professionalism' it is the symbolic nature of word that is stressed and what is conveyed is a sense, an aura, rather than a precise, detailed factual message. In the case of the word professionals this is particularly interesting since I have argued that the SARC and the GMP use the word to give an impression of controlled efficiency, uncluttered by interest or emotion; the contrast being with feminist groups who are presented, at best, as well meaning, at worst, as vindictive man haters with a political axe to grind, but always with their analyses clouded by passion and belief. It is interesting to note that in English culture there seems to be an assumption that feeling and thought are antithetical; one can not think clearly if one feels strongly. This is certainly a marked division between the professionals of the SARC and GMP and feminists, the latter arguing that it is through strong feelings based on women's experiences that the clearest thought and analysis emerges. This assertion by feminists that involvement and feeling are quite compatible with clear thought and testimony is denied by professionals, particularly in rape and sexual assault investigations. There are two distinct models of the relation between thought, feeling and experience being brought into play by feminists and professionals.

Certainly it is true that feminists have a political stance about male violence against women and I have documented this in the thesis. .. For feminists the issue of rape and the historical construction of rape laws are social commentaries depicting the position of women in society; the value placed on women as male 'property'; women's sexuality as a commodity and the issue of male access to that commodity (Horos, 1974; Clark & Lewis, 1977; Pateman, 1986). Feminists challenged orthodox beliefs about rape which depicted rape as an act carried out by a few men on a few women; the rapist as sex starved or mad; as an act which usually happened at night in alley ways. Rapes which did not fit this stereotype of rape were not considered to be 'real' rapes. Women rather than men were held responsible for the rape, academically this was given the label of 'victim precipitation'. Generally women who had experienced rape were often publicly accused of lying, wearing provocative clothing and leading men on and being out on their own at night, which was considered to be asking for it. Men were the victims of an uncontrollable and 'naturally' aggressive sexuality, victims of their innate biological drives. Since women were considered to be naturally sexually passive, women were therefore relied upon to take temptation out of a man's way. Consequently, except in exceptional circumstances, women were at fault if men raped them.

Feminists sought to show that rape was about power, control and humiliation rather than sex. That is not to deny the link between violence and sexuality but rather to demonstrate the myriad of ways in which sex and violence are fused in Western culture, and normalized in the social construction of heterosexuality (MacKinnon, 1982; Medea & Thompson, 1972; roberts, 1990). Consequently, rape is

widespread and men who rape are not deviants but normal men or as Dworkin (1982) defines it:

> "Rape is no excess, no aberration, no accident, no mistake - it embodies sexuality as the culture defines it. As long as these definitions remain intact - that is as long as men are defined as sexual aggressors and women are defined as passive receptors lacking integrity - men who are exemplars of the norm will rape women."
>
> (Dworkin, 1982:46)

Instead of viewing rape as an aberration Medea & Thompson (1972) argue it should be seen as the "end of the continuum of male-aggressive, female-passive patterns". Hardly surprising then that rape and sex are so often confused in the public's (particularly men's) minds and the need to distinguish between 'real' and not 'real' rapes can be viewed as an attempt to clarify this confusion. Real rapes are those which fall within the stereotype of rape as outlined above and not 'real' rapes are those in which men rape women they know (Estrich, 1987). A distinction which is further confused by the application of the concepts of 'force' and 'consent' which are defined by men and linked to heterosexuality (Stanko, 1985; Lees, 1989b).

Thus, for feminists the causes of rape lie in male power and their decision to abuse it; in the social construction of male sexuality, female sexuality and heterosexuality; in society's willingness to condone male violence by putting women on trial by holding them responsible for being raped; by letting men off on the grounds of the 'naturalness' of their sexual urges; by screening out rapes which fail to fit the rape stereotype. The reality of rape and the fear of rape act as a powerful form of social control, by severely limiting

men's freedom of movement, especially in public spaces, and making
em virtual prisoners in their own home. This fear is fuelled by
dia portrayals of rape which convey powerful messages about what
ciety considers are appropriate behaviours for women. Women who
out these rules are held responsible for anything that happens to
em, as one police officer in my study said, they are 'the authors
their own downfall'. The dichotomy between good/bad women and
nocent/culpable victims is conveyed and perpetuated by the media.
e men who commit the crime are removed from centre stage to the
ngs.

ne aspects of a feminist analysis of rape have become more
ceptable to the general public that others. For example, it is now
ite widely accepted that it is women not the men who rape them, who
e put on trial in court. It is also quite respectable to argue
at rape is an act of violence, but despite these gains there is a
rked resistance to the idea that 'normal' men rape and most people
el more comfortable with the notion that only 'deviant' men rape
oberts, 1989). Similarly, although many people and police officers
gard rape to be motivated by violence they still cling to the
ntradictory notion that rape is 'sex' and that women lead men on by
eir actions, dress styles, or simply by being there, and that men
ce aroused cannot do anything other than rape. These beliefs are
integral part of the legal understanding of rape which refuses to
ve credence to the view, on a fundamental level, that men have
ntrol over their sexuality. And, moreover, that men rape because
ey choose to do it, knowing that they can get away with it because
cherished cultural notions of sexuality, which are embodied in
heterosexual act, are grounded in the belief that men are

'naturally' sexually aggressive and women sexually passive. Consequently, women need 'persuading' and should not be believed if they say 'no' to men (Lees, 1989a). In short the man can't help it.

I would argue that the mythology surrounding rape serves to obscure the reality of rape, diffusing the tension which exists between the public understanding that rape is common and the desire to attribute this to 'deviants'. Faced with the option that rape is common, not an isolated act, the public has many ways of interpreting or managing this information. They can accept that there are a lot of deviant and/or 'sick' men abut; that men are frequently wrongly accused by women' that the majority of rapes are simply women who did not want sex and, therefore, constitute a 'technical' rape but not a 'real' serious rape; that women 'ask for it', get what they deserve and should not be protected by the law; or that men who rape are 'normal'. If one accepts the latter then it can be added that these actions can be interpreted by reference to cultural constructions of sexuality and a patriarchal society which views women as inferior to men, believes that force is a necessary element in controlling women and normalizes men's violent behaviour by arguing that under the circumstances it was only 'natural' that he should respond in this way. This last category is the one which is usually rejected in favour of the others. It is simply easier to attribute the causes of men to the individual failing of a few men and women than it is to accept that the causes are rooted in the patriarchal structure of society.

Hence, feminist concerns and campaigns around rape, the treatment of women in the criminal justice system and the need to support women who have experienced rape have been taken up by many professional

bodies. However, feminists' analysis of why it happens has been largely rejected. Kelly (1989) sums up the difference between a feminist analysis of rape and a professional analysis of rape in the following way,

> "What characterizes feminist analysis is that it developed out of women's experience, of women beginning to speak openly about the abuse they have experienced from men. We asked, and continue to ask the questions that others presume they know the answers to or chose to ignore: What is sexual violence/rape? How common is it? Who commits it and why does it happen? In answering these questions we came up with ve y different answers to those questions which had previously been accepted."
>
> (Kelly, 1989:9)

Ins ad of asking these questions professionals have usually sought to provide services for the women concerned, often choosing to opt out of asking difficult questions in favour of viewing violent men as 'sick' and women's responses to rape as deviant and also 'sick'. The professional quest becomes one of how to manage women's reactions to that violence rather than to the causes of it. When the causes are addressed they are addressed in gender neutral language as in the SARC's discussion of rape or the discussion, as in the SARC, is reduced to the statement that it 'happens to men too', thus invalidating the argument that rape is about male power. Feminists who do not ignore this issue of 'cause' are pilloried by professionals and police alike for their partisan and political approach to rape. These criticisms have not stopped the other two moving in to this area of feminist work or benefiting from the work carried out by feminists, it merely stops them acknowledging it. Rather, it is as if professionals have only just 'discovered' the very concerns that feminists have been expressing for a very long

time. Once professionals have decided to take these concerns seriously, they have also sought to re-define the 'problem' and the causes.

The image projected by the professional, that of an objective, dispassionate and detached agent, is often used as proof that they lack any political perspectives. But it is a mistake to assume that professionals have no ideological standpoint, for there are a number of assumptions inherent in notions of 'professionalism'. Professionals make a number of claims in order to secure the right to monopolize a particular area of work. They claim to possess unique skills and knowledge, based on many years of formal training and higher education, which are then used to 'help' people out of a sense of altruism rather than financial or personal gain (Freidson, 1971). Central to these claims is the belief that such knowledge and skills are 'unique' in the sense that other occupations and the general public do not and can not possess them. Hence, a division is drawn between 'professional' groups and the 'lay' public. The latter category being based on negative assumptions that the general public are incapable of understanding the 'problems' and issues which have been defined by the professional expert. This gives the professional worker greater credibility and more legitimacy than 'lesser specialists' (McKinlay, 1973).

In this thesis, I have argued that rather than accept professional claims as naturally given and hence, the truth, it is more useful to view them as a form of rhetoric employed to persuade society that professionals should be given control over certain areas of work. Thus, the trappings of professionalism provide a powerful lever for interest groups seeking to enhance their position in the

labour market. They must compete in the political arena, with other professional and voluntary groups, for scarce resources and the mantle of professional competence is employed to advance the interest of one group. Thus, according to Goode (1969) professional monopoly is achieved when one group has successfully persuaded society that it is the most able to do the job and that it is dangerous to let anyone else try. Viewed from this angle professionals, far from being politically neutral, are involved in a highly political process (Freidson, 1971). Furthermore, those professions which have been granted the exclusive right to practice are those who have gained the patronage of some elite group who have chosen to sponsor it over the work of others. Such professions are chosen because they reflect the belief and values of the elite group (Freidson, 1972). Hence, Esland (1980) argues that professional groups reproduce social and class inequalities and I would argue that they also reproduce sex and race inequalities. In this way I would argue that professional groups gain control over areas of work and the right to define and manage social problems because they reflect dominant cultural values, indeed they help to define those values, and are unlikely to challenge the inequalities which lie at the heart of such problems.

Freidson's (1972) discussion on 'paraprofessionals' is a particularly useful conceptual tool for examining the SARC's claims to 'professionalism'. Freidson (1972) defines 'paraprofessionals' as occupations which have not achieved professional status, because they have yet to achieve autonomy over their work, which are organized around 'professions' but structurally subordinate to the professions. For example, nurses have sought 'professional' recognition but they clearly lack autonomy over their work and within the medical division of labour they are subordinate to physicians (Freidson, 1972). Never

the less, subordinate occupations like nursing often refer to themselves, and are referred to by others, as 'professionals'. This claim being based on their identification with 'the real profession of medicine' (Freidson, 1972:67).

> "Thus, paramedical occupations hold a distinctly subordinate position in a complex division of labour dominated by a profession, a position whose character is at once obscured and made more palatable by the claim of professionalism."
>
> (Freidson, 1972:70)

If one accepts this argument it can be applied to the role of the counsellors employed by the SARC. As nurses/counsellors they occupy a subordinate role in the medical division of labour. A position which is made more tenuous because the SARC is not a recognized institution within the National Health System, and nor is there a specific qualification for counselling women who have been raped/sexually assaulted. Therefore, the counsellors rest their claim to be 'professional' on their nursing qualifications and their identification with medicine.

One of the most consistent themes running through this thesis is the ways in which the SARC serves the joint needs of the police and medicine. It is precisely this convergence of interest which made the existence of the SARC possible. For the GMP it offers the advantages of better forensic facilities; it provides a visible and highly publicized demonstration of police commitment to provide a more sympathetic and comfortable environment in which to conduct rape/sexual assault investigations; in so doing, to encourage more women to come forward and report rape to the police; it was hoped that it would contain the spread of Hepititus B and Aids. The

interests of medicine are intertwined with these interests; a great deal of attention was paid to the high standard of medical facilities which aided the collection of forensic evidence; at the same time it allows for the medical profession to stamp their authority over a relatively new area of work and to play a leading role in service provision for women who have been raped within the statutory sector. One should not forget or underestimate the prestige attached to the SARC. As a new venture, it has attracted a great deal of media coverage and the counsellors and director of the SARC have often been nationally quoted as 'experts'. It is seen as the 'model' service which should be emulated by other police forces in England and Wales, the way forward, and we should not forget that careers can be carved out of such new ventures.

I have drawn attention to the dangers of equating organizational change with attitudinal change. Many of the GMP officers attending the advanced sexual offences course I sat through at the Sedgley Park police college, displayed negative attitudes towards women and rape. The male officers in particular, often attributed rape to women's lack of good sense and carelessness. Women walking alone at night, wearing 'provocative' clothing and 'leading men on' were commonly cited examples of how women often had 'only themselves' to blame for the attack. Interestingly, women were often caught in a catch twenty two position, women who failed to restrict their movements in public were considered to be irresponsible and women who took care and were mistrustful of men were considered to be 'paranoid'. Women were expected to walk a tightrope between 'reasonable' caution which was viewed almost exclusively in terms of women restricting their movements in the public arena and 'unreasonable' caution, which was defined as women being too suspicious of men. Women's freedom of

movement was simply a good crime prevention tactic (even though they acknowledged that women were most at risk from men they knew) but if women simply limited the access men had to them, for example, being wary of being alone with men they were considered to be abnormal. It was really a case of heads you win and tails I lose.

There is the added danger of assuming that a force order issued from above will be carried out by rank and file officers. In conjunction with the opening of the SARC, the GMP issued force orders to officers stipulating that women reporting rape should be taken immediately to the SARC, after a brief initial interview. Yet is was clear from my discussion with one of the counsellors that, on occasions, police officers disregarded this order by interviewing women at the station for long periods before taking them to the SARC; and circumvented the order by taking women to the centre and then, on the pretext of taking them home, taking them back to the station for further questioning. Whilst it was impossible to determine the frequency with which this happens in the GMP, it is in line with other research findings which clearly demonstrate the common and varied ways in which rank and file officers subvert the authority of their superiors (Stanko, 1989; Freilich & Schubert, 1989; Graef, 1989, Baker, 1985). In terms of rape investigations, it means that the common assumption that you can tell just by 'looking at' a woman reporting rape whether she is telling the truth or not still persists, and women whom the police believe to be lying will still be 'grilled'.

Whilst the police women I came across often, but not always, had a generally more sympathetic attitude their role in rape investigations is not without its difficulties. It is common for most police forces in England and Wales to allow police women to take down a woman's

statement in rape investigations, or at least to be present while a male officer is taking it down. Women officers have found themselves pushed into the limelight as evidence of a new 'softer' police approach to rape. Some forces set up all women 'rape squads' and others police women's specialist departments. But not all women felt comfortable with their new and more prominent role in rape investigations. Some expressed the opinion that they were not better qualified for this work than their male colleagues and expressed the opinion that asking inexperienced women officers to take statements, purely on the basis that she was a woman, could be counter-productive (Jones, 1986). For other women the strain of dealing almost exclusively with child abuse and rape investigations was simply too great (Graef, 1989). Perhaps it is worth distinguishing between police women who are expected to deal almost exclusively with such investigations because it is force policy and because it is considered to be traditionally women's work; and those women who actively choose to join rape squads and police women's specialist departments because they are committed to such work. But certainly it would be wrong to conclude that all women were happy to play this role.

Police women who actively chose to specialise in rape/child abuse investigations still faced a number of problems. For example, women police officers who worked in a policewomen's specialist unit were aware that the fact that the unit was women only, and dealt with what was considered to be 'women's problems', meant that it was accorded a low status by other police officers (Personal communication, 27.4.1988). Thus, the work that they did was often dismissed as the work of a 'bunch of silly women' (Personal communication, 7.4.1988). This attitude is in keeping with the general ethos of police culture

and the division of police work into 'hard' vs 'soft' policing, with crimes against women falling into the latter category which is accorded a low status (Stanko, 1989; Edwards, 1989; Reiner, 1985). This has implications for the career patterns of policewomen involved in this work. As policewomen they are already considered to be inferior and second rate police officers, the weak link in a strong chain, lacking the necessary physical strength, courage and leadership abilities which are imputed to be essentially male characteristics (Martin, 1980; Jones, 1986). Involving themselves in second rate police work places them at a double disadvantage within the police career structure. Not surprising then, that the policewomen I spoke to welcomed the thought of such units going mixed, if only because it enhanced the status of their work (Personal communication, 27.4.1988).

Nor is it surprising that whilst the majority of male officers favoured such specialisms for police women, police women are not so keen (Jones, 1986; Smith & Gray, 1986). However, there is some evidence to suggest that although policemen favour this limited role for policewomen in principle, in practice they may find it difficult to cope with. Policewomen working on their own within the police structure but not directly under the control of individual policemen, become 'suspect' and policewomen may be labelled as 'extremists' and 'lesbians' by their male colleagues. This is likely to happen in situations where policewomen find themselves in the position of having to challenge police assumptions about rape and rapists. Ironically, like women from RCCs, these policewomen were often dismissed as lesbians and feminists because they were seen to be 'out of control', ie. outside the control of the police structure (Personal communication, 25.10.1989). At the heart of police culture

there exists a tension between the belief that women should specialize in work with women and children and the fear that in doing so, they will become radicalized and hence become a threat to male power.

I would now like to turn my attention to the role of the medical profession in the 'treatment' of women who have been raped/sexually assaulted. Of particular interest is the way in which the medical profession has sought control over service provision and over definition of the 'problem' to be addressed. It has sought to redefine rape as a medical rather than a political issue and in doing so the aim has been to effect change in individual women, rather than challenging the social structure which allows, nurtures and condones the abuse of women by men. Armstrong (1990:52) defined it as an ideology, 'of illness and cure, rather than crime and accountability', which effectively allowed both the state and professionals to demonstrate their commitment to 'helping women' without having to challenge male power. This effectively means that the site of the problem becomes women who have been abused, and their reactions to that abuse are considered to be the 'problem', not the men who abuse them or the system which encourages and condones it.

The result is that women's reactions to rape have been pathologized. Instead of being recognized as realistic responses to women's experiences of male violence they have been labelled as 'faulty'. This is particularly true in situations where women mistrust men or choose to have little to do with men. Whereas, women may view these reactions as realistic responses to male violence the medical profession views them as 'symptoms' of women's illness, the goal becomes one of helping women to 'readjust' to society rather than to

challenge it. Readjustment is inevitably linked to active heterosexuality and to attachment to men. In this way the aim of medical intervention becomes one of social control. Through crisis intervention and psycho-sexual counselling women are encouraged to 'relate' to men, failure to do so can lead to women being further stigmatized within the medical system. Women's ability to relate to men sexually then is used as a sign of 'recovery'.

The power of medicine to define 'sickness' and 'health' and the political role of counselling and therapy which seeks to find individual solutions to structural problems is not unique to rape; but is a general feature of the people helping professions. These professions, Esland suggests (1980), act as agents of state policy, a political role which is obscured by the ideology of 'people helping'. As Armstrong (1990) points out, such criticisms do not mean that there is no place for counselling or support,

> "It's just to say that when you are looking at systematic, system-endorsed power abuse, individualized solutions - exclusively individualized solutions - are antithetical to change."
>
> (Armstrong, 1990:53)

The problem is not counselling per se, but a type of counselling which gears itself towards 'helping' people to 'readjust', to return to 'normal' without ever questioning the reality of these words or the wider power men have over women in society, the ways in which they choose to abuse that power and the ways that society normalizes such abuse.

Under the increasing medicalization of rape women become the problem not the men who abuse them. The ideology surrounding this emphasis on women can be described as a victim blaming ideology typified by a,

> "Swerving away from the central target that requires systematic change and, instead, focusing in on the individual affected."
>
> (Ryan, 1971)

Put simply, this ideology offers a convenient analysis of social problems which deflects attention away from the basic causes leaving the original sources of social injustice untouched. This is important because those involved in this ideology have much to gain from the existing social system and keeping it intact serves their class interests (Ryan, 1971) and, I would argue, in the case of male violence against women, men's interests. Although, according to Ryan this motivation is not necessarily an 'intentional process of distortion'. Ultimately it allows those in power to reconcile self-interest with the desire to help victims of the system and a victim blaming ideology is ideally suited to that purpose. This can be illustrated by the professional's concern to help women who have been raped/sexually assaulted without having to deal with the causes of widespread male abuse. This allows them to focus on an area of concern which was largely brought to their attention by feminist activism and yet reject a feminist analysis of the causes.

There is a very real need for service provision for women who have been raped/sexually assaulted but, I would argue, the medicalization of rape is damaging for women using it in a number of ways. As Parsons (1951) points out, notions of 'treatment' and 'therapy' rest on assumptions of a corresponding pathology, with illness defined as

a state of disturbance in the 'normal' functioning of the individual. The role of medicine is to facilitate the 'patient's' return to normal functioning. The definition of 'health' and 'normality' is defined by the medical profession and women recipients of the medical service have to fit in with these definitions if they are to achieve the status of being 'healthy'. Parsons's (1961) 'sick role model' can be usefully applied to the work of the SARC as a means of understanding the way in which the centre seeks to define and manage women's reactions to rape and their subsequent 'recovery'. According to Parsons's (1961) model the sick person has an obligation to want to get better and to seek 'technical help' to do so and to 'cooperate' with the technical expert in the process of trying to get well.

Likewise, women using the SARC are likely to be using it because they want to get 'better' and they are likely to be very vulnerable to definitions of 'recovery' and 'normality' as defined by the counsellors at the SARC. This raises the issue of rape as a 'career' defined by medicine, in which women are expected to move through a set sequence of behaviours. This sequence revolves around the notion of crisis intervention, crisis management and the resolution of the problem through counselling. Through this process medicine has come to define what it considers to be a normal path to recovery. Women must accept these stages and seek medical help to move through them if they are to recover. Women who fail to deviate from this pattern or take too long in the move from one stage to another are likely to be further labelled as in need of more in-depth medical help. The path of recovery then necessitates that women should accept these medical definitions of 'recovery'.

Feminists have been highly successful in putting the issue of male violence against women firmly on the political agenda. However, this success has meant that professional groups have sought to establish their expertise in this area and to redefine the problem in gender neutral terms. In North America large scale funding has been made available to groups wishing to provide services for women who have been raped/sexually assaulted, and some RCCs have been the recipients of this funding. However, like all money it comes with strings attached, and it has intensified the pressure on RCCs to 'professionalize' which involves changing their working methods, organizational structures and definitions of the problem. The result has been the large scale professionalization and incorporation of many radical women's groups. Those that have refused to be co-opted by the state have become increasingly marginalized, receive less funding and face competition from better funded state backed 'professional' alternatives. In England RCCs have been far less successful in attracting Government money but there is growing pressure on them to become more 'professional' in order to obtain greater funding. This pressure is intensified by the Government's willingness to back alternative service provision for women who have been raped, for example, VSSs who work closely with the police.

In Manchester the existence of the SARC is likely to have a detrimental effect on MRCL's funding which is presently being reviewed by Manchester Social Services Department. The social services may cut MRCL's funding on the basis that the SARC deserves women living in the Manchester area and that MRCL simply duplicates this work. The SARC has the advantage over MRCL because it is funded by the GMPA, thus the social services can use the facilities without having to pay for them. MRCL has already started a campaign to fight

against a cut in funding and to point out that they offer a much needed service which is different to that offered by SARC (Personal communication, 4.2.1991). In this text I have taken a critical stance on the SARC, but is has never been my intention to deny that individual women benefit from the services of the centre. My argument has been with the political ideology which informs the ways in which the SARC operates and which seeks to define women's reactions to rape in a particular way. The SARC is a very public symbol of the 'good' intentions of the police to provide a better and more sympathetic service for women reporting rape. It is a symbol that sexual violence against women is of public concern and can be discussed in the public arena, it is hoped that it will convince women to come forward and report rape to the police with the assurance that they will be well treated. The SARC and other police initiatives, for example rape examination suites, are 'taken for granted' proof that police attitudes have changed. In the case of the SARC the police position is aligned to the medical profession, providing a powerful argument that the needs of women who have been raped are best met in such a centre. The SARC is a 'taken for granted' symbol of 'care and concern' and it has largely been uncritically accepted as a 'good thing'. However, like many public symbols, if you scratch beneath the surface you find an internal set of ideologies different to, and sometimes opposed to, publicly expressed sentiments regarding the nature and purpose of its work.

RCCs are unpopular because they are feminist organizations and because they seek to challenge, and ultimately change, the system which makes rape possible and acceptable. If this focus is lost in the rush to secure better funding then RCCs, like their North American counterparts, will become little more than second rate

social service institutions. RCCs are also likely to fall into the trap of assuming the inherent superiority of 'professionals', which does not exist but which forms a powerful mythology. The question really becomes, is it better to provide a service which is very much needed if that service operates in a 'professional' way and in so doing is harmful to women? Or is it better to run a 'shoestring' service which is based on women's experiences rather than on abstract theories about what professionals think women's experiences should be? Individual groups will reach their own conclusions but I would favour the decision to resist this professional takeover, to challenge the assumption that 'professional' is superior and a reassertion of the positive work that RCCs undertake. In so doing we need to remember that RCCs have a long history and feminism a longer one still, we have always had to fight for our achievements and we always will. Perhaps we should view the current backlash against feminism as a sign of how successful the feminist challenge has been for,

> "The many faces of the backlash substantiates the truth that feminism is not dead, cannot be ignored, is effective, has a steady impact, and that one way or another, it will win."
>
> (Rush, 1990)

For as Rush (1990) rightfully states, the women's movement has given us 'history, identity and hope' and we would do well to remember this.

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Lane orders tough line on rape

22/2/86.

By Andrew Rawnsley

Lord Lane, the Lord Chief Justice, yesterday announced new guidelines designed to produce tougher sentences for convicted rapists following complaints from MPs and ministers that judges have been too soft.

Five years in prison should be the minimum sentence for an adult pleading not guilty and with no mitigating circumstances, Lord Lane said.

Eight years should be the minimum for two or more rapists acting together, for men who raped victims in their own homes, for those who obused positions of responsibility over their victims, and for rape involving abduction.

At the top end of the scale, men who conducted "campaigns of rape" representing a more than ordinary danger to the public should get gaol terms of not less than 15 years. Perverted or psychopathic offenders, who were an indefinite danger to women, should get life.

Lord Lane made it clear that judges would be expected to start sentencing in line with the new guidelines. In cases involving "aggravating features," including excessive violence, the use of weapons and repeated rape, sentences should be substantially higher, he said.

Judgment on 16 appeals against sentences for rape or attempted rape were deliberately listed together at the Appeal Court in London to give Lord Lane the opportunity to set out the new tariff.

He said that imprudence by the victim, such as accepting a lift from a stranger, or her previous sexual experience, never constituted grounds for moderating sentence.

Early confessions and guilty pleas, which spared the victim a potentially traumatic court appearance, might be considered in mitigation, as could cases where the victim had at first led the offender to believe she would consent to intercourse.

Lord Lane cited Home Office figures for 1984 showing that although 95 per cent of offenders convicted of rape received custodial sentences, only 8 per cent were gaoled for more than five years including 2 per cent given life. Judges, he said, appeared to need reminding about the appropriate sentences.

Lord Lane reiterated his view that custodial sentences must apply in all but the most exceptional rape cases.

He listed aggravating features which demanded higher sentences — the use of violence over and above that needed to accomplish the rape; the use or threatened use of weapons to frighten or wound; repeated rape; a planned attack; subjecting the victim to further degrading sexual acts; attacks by those with previous convictions of a sexual or violent nature; attacks on the very young and the very old; and attacks where the effect on the victim was of a special seriousness.

Lord Lane welcomed Parliament's decision to increase the maximum sentence for attempted rape from seven years to life, saying that in cases with aggravated features it could be more serious than the full offence.

Noting that offenders aged under 21 accounted for over a third of all cases, he said that passing non-custodial sentences on such offenders simply because of their age could not be justified. Some allowance had to be made for immaturity.

The Home Office said yesterday that the Home Secretary welcomed the "readiness of the Lord Chief Justice to give guidance of this kind which he felt "would be helpful to those who have to take the difficult decisions in individual cases."

The Labour MP, Mr Gwyneth Dunwoody, who has called for tougher sentences, said that even judges with a tendency to believe women "asked for it," would not be able to ignore Lord Lane's guidelines. "It seems more realistic to make it plain to

Turn to back page, col. 3

APPENDIX I Lord Lane's Guidelines on Rape Sentences

APPENDIX 11 Home Office Circular 25/83

HOME OFFICE
Queen Anne's Gate, LONDON, SW1H 9A
Direct line: 01-213
Switchboard: 01-213 3000

Our reference: POL/82 1098/51/14
Your reference:

The Chief Officer of Police

18 March 1983

Dear Sir

HOME OFFICE CIRCULAR 25/1983
INVESTIGATION OF OFFENCES OF RAPE

Chief officers will be aware of recent controversy about the investigation of rape cases. It is appreciated that the great majority of these cases are dealt with sensitively, with due attention to the advice offered in Home Office Circulars 104 and 194 of 1976 on the treatment of complainants*, but in view of the public concern which has been aroused, the Home Secretary considers that it would be helpful to draw attention to this advice and to bring it up to date. This Circular therefore consolidates the earlier advice and expands on one or two matters which have emerged in recent discussions as being particularly important.

The initial stage

2. As soon as a woman complains to the police that she has been raped it is important to ensure from the outset that she is treated with tact and understanding. Although in some cases it may subsequently be established that a complaint is without foundation the need for tact and understanding remains at all stages of the investigation. Before any questioning takes place - invariably, of course, in privacy - it is desirable to ensure that a medical examination is conducted, although it is recognised that any immediate questioning which is necessary, eg with a view to identifying an alleged offender who is at large, may have to take place before the medical examination. Not only will an early medical examination furnish important information on which to base further interviews, but chief officers should bear in mind that many victims of rape are anxious to wash themselves and change their clothes as soon as possible: an earlier rather than a later examination would permit this consistently with the preservation of evidence of the alleged offence. Where a child or young person under 17 is involved it will be necessary to explain to the parent or guardian the need for such examination or medical attention.

Medical examination

3. It is important that medical examinations take place in a proper clinical environment so as to reduce stress and produce an atmosphere of care and concern. Whether the best location will be a hospital, health centre, surgery or police station medical room will depend on whether immediate treatment is required but otherwise on the facilities available in a particular locality.

/Senior ...

* These circulars drew attention to the recommendations made in the Report of the Advisory Group on the Law of Rape (Cmnd 6352) and to the provisions of the Sexual Offences (Amendment) Act 1976.

APPENDIX 11 (cont.)

Welfare

7. Throughout the period a complainant spends with the police, consideration should be given to her comfort and refreshment. Before leaving the police station she should be told of and, unless she has already contacted them, be given the opportunity to be referred to any appropriate local services, whether medical, social or voluntary. Similarly, how to apply for compensation to the Criminal Injuries Compensation Board should be explained in the normal way.

Anonymity

8. Section 4 of the Sexual Offences (Amendment) Act 1976 (subsections 1-4 of which are reproduced at Annex A) prohibits the publication, after a person has been accused of a rape offence, of matter likely to lead to the identification of the complainant by members of the public, other than by direction of the Judge in the special circumstances provided for in section 4(2) of the Act. Complainants should be made aware of this provision at the earliest possible stage. In the spirit of this provision, it continues to be important that the anonymity of complainants should be protected from the moment that an allegation of rape is first made.

Follow-up action

9. The police should bear in mind the desirability of maintaining contact with the complainant pending the apprehension or trial of the alleged offender. This could be achieved through a designated officer who should also be responsible for informing the complainant of the outcome.

Training

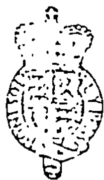
10. Finally, it will be helpful to mention training, even though it is readily recognised that chief officers keep training needs under constant review. This is a practice of which, of course, the Home Secretary strongly approves and which he imagines will take the matter of this circular in its stride. This circular does not prescribe, and its contents do not indicate the need, for the general introduction of specially-trained squads, to deal with allegations of rape. It remains open, however, to individual chief officers to consider establishing such squads if the local circumstances justify it.

Yours faithfully

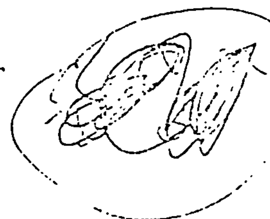
R. M. Morris

R M MORRIS

APPENDIX 111



HOME OFFICE
Queen Anne's Gate LONDON SW1H 9AT
Direct line 01-213
Switchboard 01-213 3000



Our reference
Your reference

To the Chief Officer of Police

15 October 1986

cc Clerk to the Police Authority
Director of Social Services
Director of Housing

Dear Chief Officer

HOME OFFICE CIRCULAR 69/1986
VIOLENCE AGAINST WOMEN
Treatment of Victims of Rape and Domestic Violence

Home Office Circular 25/1983 offered advice to chief officers on the handling of investigations into offences of rape, and the treatment of victims. This resulted in a positive response and the Home Secretary wishes to record his recognition of the police's work. In December 1985 he and all chief officers received a report on violence against women published by the Women's National Commission. The Home Secretary welcomed the constructive approach adopted by the report and indicated his wish to take what steps were open to him to reduce the risks to which women were exposed and to ensure that victims were treated with proper consideration. The recommendations made in the report which touch on police procedures have been considered with the Association of Chief Police Officers, and annexed to this circular is a note of the responses which have been agreed with them. (The response to recommendations touching on the law and court procedures is also included for information.) The attention of chief officers is drawn in particular to the following issues.

Facilities for the examination of victims

In cases of rape and other serious sexual assaults it may be necessary for the victim to undergo a medical examination. Circular 26/1983 drew attention to the need for an early examination to obtain evidence and information on which to base the future conduct of the case, and to allow the complainant to wash and to change clothes as soon as possible after any medical and forensic science examination. It is important for the police to ensure that the arrangements for this pay due regard to the need to protect the complainant's privacy. The location of the medical and toilet facilities will clearly depend upon the resources which are available to the police. Chief officers may wish to consider whether the provision of special victim examination suites will be justified in their area, having regard to the prevalence of those type of offences where medical, toilet

and interview facilities may be provided for victims away from the chargeroom and detention cells. Where the provision of special facilities such as these would not be justified, chief officers may wish to consider approaching local health authorities to discuss with them the scope for making arrangements in hospitals for the medical examination of complainants. Alternatively it may be desirable to arrange for the use of local doctor's surgeries. Where it is unavoidable to conduct examinations at a police station which does not have a special suite for the purpose, chief officers will wish to ensure that these are carried out in appropriate facilities which provide an atmosphere that reduces stress and fosters care and concern, and protects the privacy of the victim. Chief Officers may also wish to consider, when proposals for a new police station are being prepared, whether to propose the inclusion of a special victim examination suite.

Information for Victims

It will normally be desirable for victims to be given information about issues such as the availability of pregnancy advice, treatment for infections and for injuries, victim support organisations, the possible need for photographs, and the criminal injuries compensation scheme. It may be appropriate for the police surgeon to offer advice about contraception and treatment for infections and to discuss with the victim the possibility of injuries such as bruising taking time to appear (and the possible need for the police to photograph them when they do appear), and chief officers of police will wish to consider making arrangements with local hospitals to provide victims with priority appointments at clinics which provide treatment for venereal disease. Where this can be arranged, the police may wish to offer to make such an appointment for the complainant, who might otherwise fail to consider the desirability of seeking such medical advice or might be reluctant to do so out of embarrassment. It is likely that, immediately following an attack and during the examination and interview stage, a victim may be too confused or withdrawn to be able to absorb the advice and assistance she is offered. Where resources permit, it may be desirable for the police to maintain contact with victims through follow-up visits or put them in touch with support organisations and it may be helpful for the police to offer the victim a leaflet providing information about these matters so that she can take it home and consult it later. A copy of the leaflet produced by the Metropolitan Police is attached for information.

Training

Effective training can play an important part in fostering a greater understanding of the needs of victims, and in developing the skills and sensitivities necessary to encourage the confidence and co-operation of victims. To some extent, the recommendations in the report relating to training are already being acted upon, but all the recommendations are being drawn to the attention of those conducting and co-ordinating the various national reviews of training which are currently under way.

Training courses designed by and conducted at Bramshill and the Central Planning Unit will take full account of the various recommendations, and there is already considerable emphasis in these courses on the development of the sorts of inter-personal skills advocated in the report. However, much of training in the areas covered by the report is the responsibility of chief officers, whose attention is drawn to the need to ensure that the special needs of victims of rape and serious sexual assault are given due weight during appropriate in-force training. In particular, there is a need for investigating officers to understand the different way in which victims may react and for those officers not to appear to the victims as suspicious, or hostile or sceptical.

Chief officers are invited to review their training policies and practice in the light of this report, and in particular to consider (a) whether more use could be made in force training of medical expertise and those with knowledge of victims' needs (including those active in rape crisis centres and victim support schemes, and victims themselves); and (b) whether selected officers need more specialised training in these fields.

Domestic Violence

The Home Secretary recognises the difficult and sensitive issues which may be raised for the family and for the police in cases of domestic violence, and that opportunities for intervention by the police may in some circumstances be restricted by the reluctance of victims to provide evidence. He believes, however, that there must be an overriding concern to ensure the safety of victims of domestic violence and to reduce the risk of further violence, both to the spouse and to any children who may be present, after the departure of the police from the scene of any incident. Police officers will be aware of the powers of arrest which are provided in sections 24 and 25 of the Police and Criminal Evidence Act 1984, and of section 80 of the 1984 Act, which provides for circumstances in which an accused person's spouse may be a competent and compellable witness.

Chief officers may also wish to consider the need to ensure their officers are in a position to provide assistance to victims of domestic violence by advising them on how to contact victim support organisations and local authority agencies, such as social work and housing departments, which may be in a position to offer aid to victims. Such advice should be offerred in private and might helpfully to contained in a leaflet which could be given to the victim.

Conclusion

The Home Secretary recognises that the police have shown themselves sensitive to the needs of women who have been the victims of violent assault and have taken steps to ensure a sympathetic and helpful approach. He welcomes these initiatives

and hopes that chief officers will continue to keep these needs and the appropriate police response under review to meet changing social circumstances. He hopes they will find helpful the advice in this Circular and will consider the extent to which the recommendations of the Women's National Commission report may appropriately be implemented in their areas. Enquiries about this Circular should be addressed to Ms T Shew (01-213-7269).

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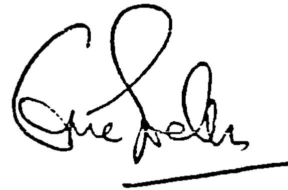

Eric Soden
F2 Division

POL/86 1/1/31

APPENDIX IV

POLICE QUESTIONNAIRE

Name of police force, size and geographical area covered.

Have you implemented any or all of the 1983 Home Office guidelines regarding the investigation of allegations of rape? Please indicate which.

Does your force provide facilitates not covered by these guidelines ie rape suites? If so, please indicate the nature of these.

If you do have rape suites please indicate how many, geographical location and referral policy.

Do you have a policy regarding the questioning of women reporting rape, eg are they seen by female or male officers or do you see gender as inconsequential?

Are women medically examined before or after questioning?

Is the women told she can have either a female or male police surgeon?

Where does the medical examination take place?

Do the officers involved in questioning the woman receive any specialised training? If yes, please outline course content and specify rank of officers attending it.

Are the officers nominated to go on such a course and if so on what basis are nominations made?

What skills do you see as essential in those attending such courses?

Are there any changes/improvements in facilities offered to women reporting rape that you would like to see implemented in the future?

Do you have a working relationship with your local Rape Crisis Centre? Please state the nature of your relationship.

Do you give out their number to women who have been raped? If no, why not?

How would you like to see R.C.C.s improved?

Do you refer women to Victim Support Schemes?

Have you got any preference for either V.S.S. or R.C.C.s?

If yes, please give reasons for this choice.

APPENDIX V

COURSE ADVANCED SEXUAL OFFENCES 3/87

DATE 20th July, 1987. - 24th July, 1987.

WEEK one

LESSON AND PERIODS

Mon 20th	Course introduction/ registration Sgt. Parker	← Communicating skills → Mrs. Bolton/Sgt. Parker			← Stress management → Mrs. Bolton		Rape trauma/ discussion Sgt. Parker
Tues 21st	Investigation of sexual offences Supt. Yates	← Visit to referral centre → Supt. Yates			The Role of the Police Surgeon Dr. Roberts		Rape Crisis Mrs. Scott
Wed 22nd	← Interview techniques → 9.15a.m. Mrs. V. [illegible]				Introduction to child abuse/ N.S.P.C.C. [illegible] Mr. [illegible]		Child victims/ psychology Mrs. V. Miller
Thurs 23rd	Child victims/Role of Social Workers / Chair [illegible] Mr. D. Charlton (Principal off[illegible]			11.00a.m. A.C.C. Lees	Crown Prosecutions Mr. J. [illegible]	← 2.30p.m. Visit to Edenfield → Sgt. Parker	
Fri 24th	← Offenders – causation failure/ treatment (psychologist) Mr. C. [illegible] →			Offender profiling [illegible]	Victim Support scheme Mrs. J. [illegible]	Course critique Sgt. Parker	Dispersal

6 - 7p.m.
Forensic technique
Dr. Holmes

WEEK

LESSON AND PERIODS

Mon							
Tues							
Wed							
Thurs							
Fri							