



**THE  
ROTUNDA  
HOSPITAL**  
DUBLIN



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**NATIONAL SEXUAL ASSAULT TREATMENT UNIT (SATU)  
ANNUAL KEY SERVICE ACTIVITY REPORT**

**Annual Report for Year Ending: December 2015  
Date published: June 2016**

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## Introduction

The 6 Sexual Assault Treatment Units (SATUs) in Ireland provide clinical, forensic and supportive care for those who have experienced sexual violence. These units are located in Dublin, Cork, Waterford, Mullingar, Galway and Letterkenny and together, in 2015, these units provided care for 685 men and women who disclosed rape or sexual assault. In addition to these 6 SATUs, there is an out-of-hours service at the Mid Western Regional Hospital in Limerick. This service provided forensic medical examination following referral by An Garda Síochána for a further 22 patients in 2015. Additional funding would enable provision of the full range of SATU staff and both acute & follow-up services at this location.

There has been a small increase in numbers of patients attending the SATUs in 2015, from 628 in 2014 to 685 in 2015, following a fall in numbers in the previous year. It is important not to over interpret small changes year on year, but it is vital that we continue to collate these figures in order that we can identify trends and adapt our services appropriately to ensure that they remain responsive to patients needs.

This year's interagency study day for those involved in SATU care provision took place at the Rotunda Hospital in October 2015. The study day focussed on optimising care and supports for victims and survivors of sexual violence – with excellent presentations from Declan Daly of An Garda Síochána, Ellen O'Malley-Dunlop from Dublin Rape Crisis as well as an incredibly strong personal reflection from Bernadette Quinn on survivor experience. We also used the study day as an opportunity to update on the DNA database, the Sexual Offences Bill, human trafficking and Ireland's Sexual Health Strategy. This study day provides an excellent opportunity for us to remain updated on developments in all aspects of the interagency service, and we acknowledge the financial support of the Manuela Riedo Foundation, as well as the support of the Friends of the Rotunda.

The Guidelines Development Group continued to be an active interagency group in 2015. These Guidelines support consistent provision of high quality and responsive care at all stages of the patient's journey, regardless of the circumstances of the assault or the person's involvement with criminal justice agencies. We are delighted to finally have received funding, through COSC and the Department of Justice, to implement secure storage of forensic evidence, which will commence in 2016. This will enable us to store forensic samples for a defined period for people who are uncertain as to whether or not they wish to report an incident to An Garda Síochána. As forensic evidence deteriorates quickly, international best practice would advocate collection and secure storage of samples as soon as possible after the incident. The patient can then evaluate their options in terms of engaging with the criminal justice system, and as the evidence is being securely stored the chain of evidence is being appropriately maintained.

We continue to produce 'The SAFE Way' – a quarterly e-newsletter for those involved in delivering the SATU service. This includes features on a variety of SATU developments & events, as well as relevant articles, links and reviews. It provides the SATU services and partner agencies with a forum for disseminating information and remaining updated, we welcome Deborah Marshall (CNS in Mullingar SATU) on board as the new editor. In addition, we congratulate our most recent graduates of the Higher Diploma in Nursing (Sexual Assault Forensic Examination), and wish them well as they commence their clinical nurse/midwife specialist roles. We look forward to their ongoing contributions to the service, and thank all existing members of the SATU teams and allied agencies who assisted greatly with training and continue to provide high quality peer support.

In recent years, sexual assault treatment services have closely monitored service provision and focussed on collation of local and national key service activity. Each unit prepares an Annual Clinical Report; key data have been extracted from the reports and are collated in this document. As well as demonstrating activity levels this also facilitates data review to identify emerging trends. We have developed a suite of key performance indicators (KPIs) within the interagency SATU context. We are in the final stages of securing funding from the Office of the Chief Information Officer to develop better data collection platforms. This will ensure accuracy and allow appropriate and secure sharing between units and selected agencies. I am delighted to provide you with copies of all service activity reports, as well as a summary of National Statistics for 2015.

This document also includes the key service activity reports from both the Child and Adolescent Sexual Assault Treatment Services (CASATS) unit in Galway and the Midwest SATU. In presenting this document I must acknowledge all staff in each of the SATUs, particularly the Clinical Nurse/Midwife Specialists who have worked very hard in finalising the reports. I would also like to sincerely thank Anne McHugh for her significant contribution to many facets of SATU development over the years. Anne's commitment to SATU services began in the emergency department of Letterkenny General Hospital many years ago, and progressed to Project Manager of the Higher Diploma in Nursing (Sexual Assault Forensic Examination), but these job titles are insufficient to describe the depth and breadth of service, commitment, knowledge and education that Anne provided over the years. The only positive note is that we have secured funding for a successor; they have a hard act to follow! We wish Anne all the best in her retirement.

Dr Maeve Eogan, Medical Director of National SATU Services

## Operational definitions for the purpose of this report:

### Time-Frames

The following definitions have been used within the 2015 reports.

**Recent incident:** Where the incident happened  $\leq 7$  days

**Acute cases:** Where the incident happened  $\leq 72$  hours

**Non reporter:** A patient who attends SATU for medical care and chooses not to report to Gardai. Presently forensic swabs cannot be taken on these patients although in 2016 we anticipate the introduction of safe storage of forensic evidence for those patients undecided about their reporting intentions

### Support Worker

A rape crisis centre volunteer or staff person trained and available to provide advocacy and support to a sexual violence victim/survivor in a Sexual Incident Treatment Unit.

### Alleged Perpetrator

#### Relationship with Alleged Perpetrator

**Stranger:** someone who the person did not know

**Intimate Partner:** a husband/wife, boyfriend/girlfriend or lover

**Ex-intimate Partner:** an ex-husband/wife, ex-boyfriend/girlfriend or ex-lover

**Multiple assailants:** Two or more assailants

### Abbreviations

**ADON:** Assistant Director of Nursing

**CN/MS (SAFE):** Clinical Nurse/Midwife Specialist (Sexual Assault Forensic Examination)

**ED:** Emergency Department

**HIV:** Human Immunodeficiency Virus

**PCC:** Post coital contraception

**PEP:** Post exposure prophylaxis

**RCC:** Rape Crisis Centre

**SATU:** Sexual Assault Treatment Unit

**STI:** Sexually Transmitted Infections

**CN/MM:** Clinical Nurse/Midwife Manager

## Executive Summary of National SATU Clinical Reports 2015

### Attendance

- There were 685 attendances at the 6 SATUs in the Republic of Ireland in 2015, an increase of 57 cases nationally from 2014 (when 628 patients attended).

### Time of Day the Incident Occurred

- 462 (67.4%) of incidents occurred between the hours of 21.00 – 08.59, underpinning the need for a round the clock service.

### Type of Alleged Sexual Crime

- The majority of patients reported recent sexual assaults (within 7 days).
- 567 (82.8%) cases involved a single assailant.

### Gender, Age Profile, Referral Source

- 631 (92.1%) patients were women and 54(7.9%) were men. The mean age of patients was 25, the youngest was 13, the eldest over 80 years.
- 508(74.2%) cases were referred to the SATU by An Garda Síochána.

### Patients Reporting the incident to An Garda Síochána / Interval from Incident till SATU

- 540 (78.8%) patients reported the incident to An Garda Síochána, and the majority of these attended the SATU within 72 hours of the incident.

### Alcohol and Drug Use

- 302 (44.1%) patients had consumed  $\geq 4$  units of alcohol in the 12 hours prior to the incident.
- 76 (11.1%) patients were concerned that drugs had been used to facilitate sexual assault.

### Patient awareness of whether sexual assault occurred

- 12 (17.8%) patients were unsure if a sexual assault had occurred.

### Pregnancy and Sexually Transmitted Infection (STI) Prophylaxis

- 276 (64.1%) of women who presented within the timeframe for emergency contraception received it. There were a range of reasons why it may not have been provided (eg previously received from GP/pharmacy).
- All units now offer Chlamydia prophylaxis, Hepatitis B vaccination and risk assessment for HIV postexposure prophylaxis (PEPSE) at time of SATU attendance. 459 (67%) received Chlamydia prophylaxis, 419 (61.2%) commenced a Hepatitis B immunisation programme and 57 (8.3%) patients started postexposure prophylaxis for HIV.



**SEXUAL ASSAULT TREATMENT UNIT (S.A.T.U.)  
South Infirmery / Victoria University Hospital  
Old Blackrock Road, Cork.**

**ANNUAL REPORT FOR YEAR ENDING: 2015.**

**Author: Finola Tobin and Margo Noonan  
Date published: February, 2016.**

## Executive Summary for 2015

### Attendance re: Area

- There were 100 new cases at the Cork SATU, a decrease of (3%) of cases compared with year 2014.
- In 95 (95%) of cases, the incident took place within the Republic of Ireland.

### Attendance re: Month, Notable Date or Event, Day and Time of Day

- October was the busiest month with 11 (11%) of cases presenting.
- Sunday was the busiest day with 22 (22%) of clients presenting on that day.
- 8 cases (8%) occurred on a notable date or event
- The majority of assaults, 76 (76%) occurred between the hours of 9pm - 9am.

### Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- 92 (92%) of cases were recent sexual assaults;
- 78 (78%) of cases involved a single assailant; 10 cases involved two assailants and 1 case involved three assailants.
- In 38 (38%) of cases, the alleged assailant was a stranger / unknown to the client.

### Gender, Age Profile, Referral Source

- 89 (89%) clients were female, 11 (11%) were male.
- The average age was 24, the youngest was 14 years and the eldest was 70 years.
- 71 (71%) of cases were referred by An Garda Síochána, 16 (16%) were self referred, and 6 (6%) were referred by their GP. The remainder were referred by other agencies e.g. the RCC or ED.

### Patients Reporting to An Garda Síochána / Time Frame from Incident till SATU

- 73 (73%) of clients reported the incident to An Garda Síochána.  
Of these, 56 (77%) attended  $\leq$  24 hours, 8 (11%) attended  $\leq$  72 hours and 6 clients (8%) attended the unit  $>$  72 hours and  $<$  7 days.

### Support Worker in Attendance

- In 90 (90%) of cases, a Support Worker from the SVC was in attendance.

### Physical Trauma

- 37 (37%) of clients had physical trauma and 6 (6%) of clients attended the ED with minor trauma.



### **Alcohol and Drug Use**

- 69 (92%) of clients had consumed  $\geq 4$  units of alcohol in the previous 12 hours.
- 1 (1%) of clients had taken prescribed medication, 6 (6%) of clients had taken illegal drugs.
- 7 (7%) clients had taken both alcohol and drugs.
- 8 (8%) of clients were concerned that drugs had been used to facilitate sexual assault.
- 27 (27%) of clients were unsure if a sexual assault had occurred.

### **Emergency Contraception (EC)**

- 85 (85%) female patients were seen within 5 days of the incident and 34 (40%) of these were given EC.

### **Sexually Transmitted Infection Prophylaxis and (STI) Screening**

- 62 (62%) of clients received Chlamydia prophylaxis, 52 (52%) of clients had Hepatitis B immunisation programme commenced and 1 client received PEP for HIV.
- 63 (63%) of clients were given an appointment for follow-up in SATU, of these 39 (62%) returned for first screening appointment.
- 11 (25%) out of 43 clients screened had an STI diagnosed.

## **1. The Cork SATU, South Infirmary / Victoria University Hospital:**

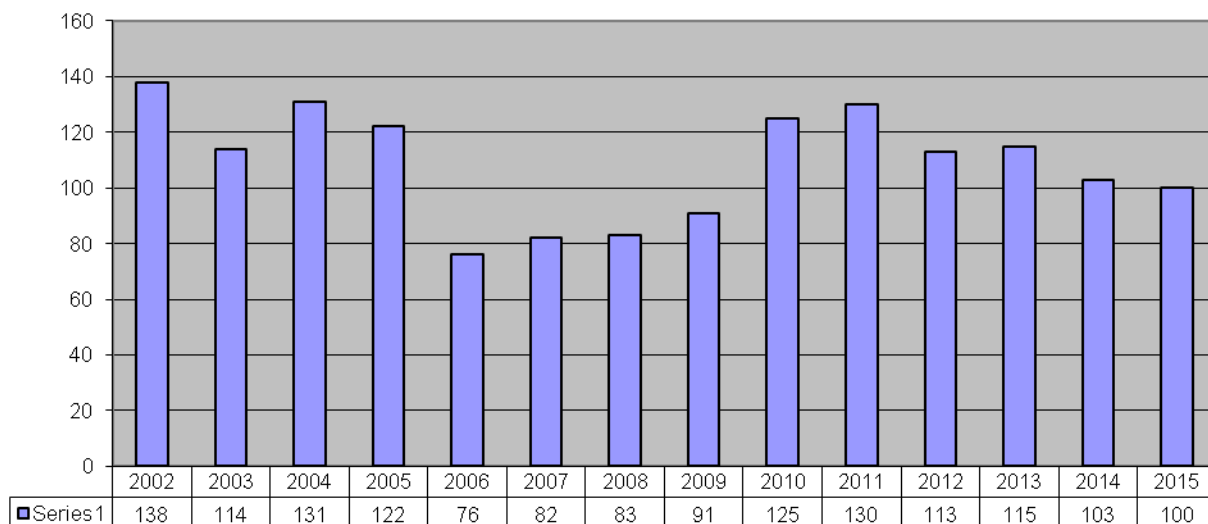
The Cork SATU Team consists of:

- 1 Medical Director
- 1 Clinical Nurse Specialist (S.A.F.E.)
- 4 on - call Forensic Medical Examiners
- 4 on - call Assisting Nurses
- Clerical Support

## **2. Number of Attendances:**

- In 2015, there were 100 new attendances at the SATU.
- This showed a decrease of 3% from 2014 (See figure 1)

Figure 1: Analysis of yearly attendances from 2002 - 2015



### 3. Country Where the Incident Took Place:

- In 95 (95%) of cases, the Incident took place within the Republic of Ireland.
- In 5 (5%) of cases, the incident took place In the following countries:
  - Germany x 2
  - Spain x 1
  - Czeck Republic x 1
  - Croatia x 1

### 4. County Where the Incident Took Place:

- Of the 95 Incidents which took place in the Republic of Ireland, they occurred in the following counties (See table 1)

Table 1: Analysis of the county/s where Incident took place		
County	No	%
Cork	67	71%
Kerry	16	17%
Limerick	7	7%
Clare	2	2%
Waterford	1	1%
Tipperary	1	1%
Westmeath	1	1%
<b>Total</b>	<b>95</b>	<b>100%</b>

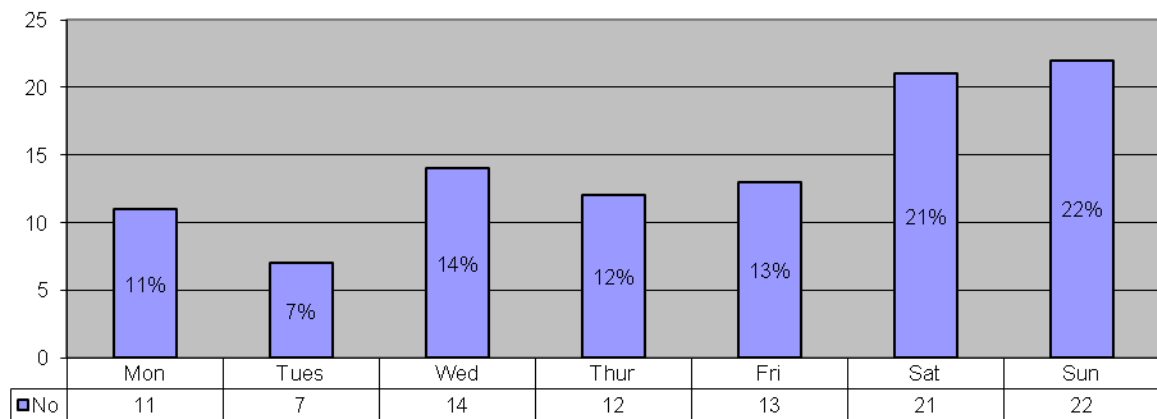
## 5. Month of Attendance: (See table 3)

- The busiest month was October with 11 cases (%)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	10	5	9	10	7	6	4	10	9	11	10	9
%	10%	5%	9%	10%	7%	6%	4%	10%	9%	11%	10%	9%

## 6. Day of the Week alleged assaults occurred: (See figure 2)

Figure 2: Analysis of the day of the week the alleged assaults occurred in 2015



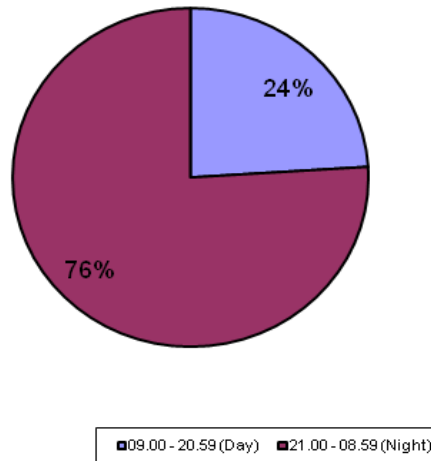
## 7. Notable Day or Event

- 8 cases occurred on a notable day or at a notable event.
  - 4 on New Years Eve
  - 1 on St. Patricks Day
  - 2 at the Munich Beer Festival
  - 1 at the Life Festival

## 8. Time of Day Incident Occurred:

- The majority of incidents 76 (76%) occurred between the hours of 21.00 – 08.59 (See figure 3)

Figure 3: Time of day of alleged assault



## 9. Location where the Incident occurred: (See table 4)

Table 4: Analysis of the location of the Incident (n = 100)		
Location	No	%
Other Indoors	36	36%
Other outdoors	30	30%
Assailants home	16	16%
Home	9	9%
Car	5	5%
Field / Park	4	4%
<b>Total</b>	<b>100</b>	<b>100%</b>

## 9. Type of Alleged Sexual Crime:

Of the 100 clients

- 92 (92%) were recent sexual assaults ( $\leq 7$  days)
- 4 (4%) occurred  $\leq 1$  month
- 4 (4%) occurred  $>$  than one month prior to attending SATU

## 10. Assailant/s:

### 11.1 Number of Assailants: single or multiple assailants

- 78 (78%) cases involved a single assailant
- 10 (10%) cases involved two assailants
- 1 (1%) cases involved three assailants
- In 11 (11%) cases, the number of assailants were unknown

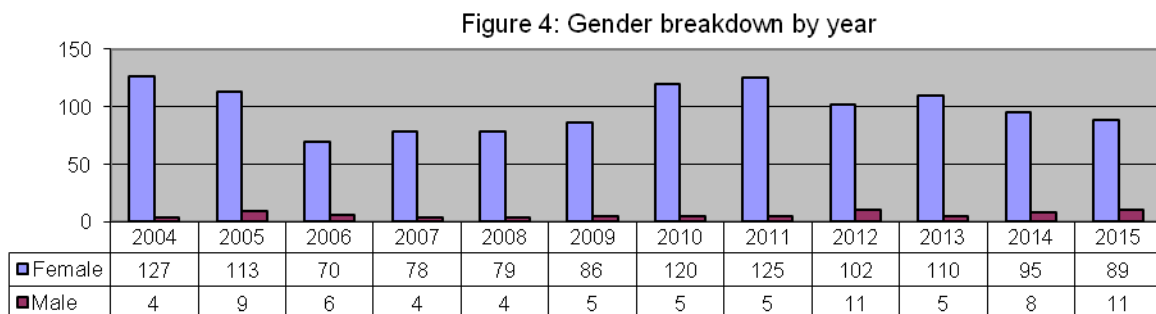
### 11.2 Relationship between the client and Alleged Assailant (See table 5)

Relationship	No	%
Stranger	38	38%
Acquaintance	14	14%
Recent acquaintance	12	12%
Friend	12	12%
Unknown	12	12%
Intimate Partner	5	5%
Ex-intimate Partner	3	3%
Other	3	3%
Family member	1	1%
<b>Total</b>	<b>100</b>	<b>100%</b>

## 12. Demographics:

### 12.1 Gender

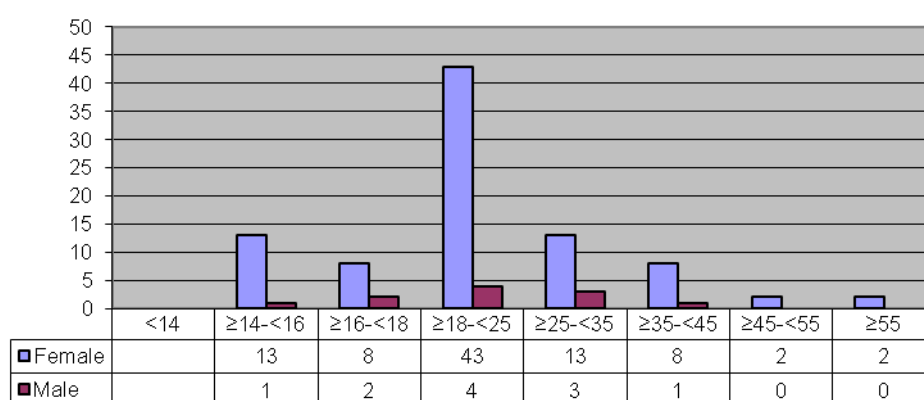
- Of the 100 clients, there were 89 (89%) females and 11 (11%) males.
- Gender Trends (See figure 4)



## 12.2 Age Profile (See table 6 and figure 5)

Table 6: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU				
Mean	Mode	Median	Minimum	Maximum
24yrs	18yrs	20yrs	14yrs	70yrs

Figure 5: Analysis of age profile of patients in relation to gender



## 12.3 Occupation ( $n = 100$ )

- 47 (47%) of clients were students
- 30 (30%) of clients were unemployed
- 23 (23%) of clients were in employment

## 12.4 Marital Status (See table 7)

Table 7: Analysis of marital status ( $n = 100$ )		
Marital Status	No	%
Single	90	90%
Separated	5	5%
Married	4	4%
Co-habiting	1	1%
<b>Total</b>	<b>100</b>	<b>100%</b>

## 12.5 Source of Referral (See table 8)

Referral Source	No	%
Gardai	71	71%
Self	16	16%
GP	6	6%
Other	4	4%
RCC	3	3%
<b>Total</b>	<b>100</b>	<b>100%</b>

## 12.6 Ethnicity (See table 9)

Ethnicity	No	%
White	99	99%
Black or Black Irish	1	1%
<b>Total</b>	<b>100</b>	<b>100%</b>

## 13. Support Worker in Attendance:

- 90 (90%) of clients met with a Support Worker at the initial SATU attendance.

## 14. Type of Attendance: Reporting / Non-reporting:

Of the 100 clients that attended the SATU:

- 73 (73%) of clients reported the incident to An Garda Síochána and of these 69 (94%) had forensic samples taken.
- 27 (27%) of all clients did not report the incident to the Garda Síochána.
- 27 / 73 (37%) reporting and 14 / 27 (52%) non-reporting had an STI screen.

## 15. Clients Reporting to An Garda Síochána:

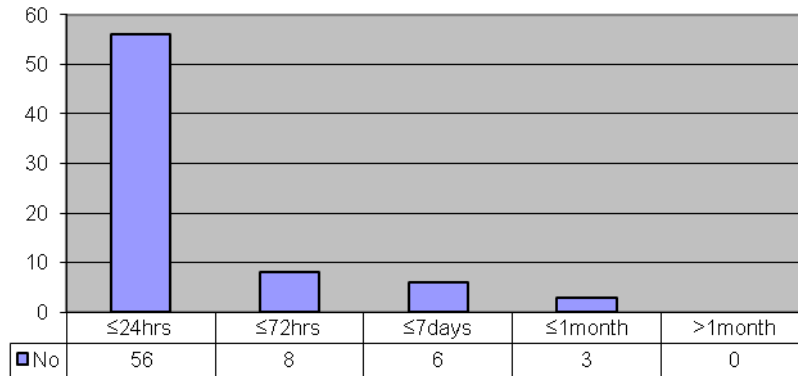
### 15.1 Time Interval from incident to attendance in SATU

73 clients reported the incident to An Garda Síochána:

- 70 (95%) attended  $\leq 7$  days, of those

- 56 (77%) were seen within  $\leq 24$  hours
- 8 (11%) were seen within  $\leq 72$  hours

Figure 6: Time interval from alleged incident until examination for patients reporting to the Gardai



## 16. Clients Awareness of Whether a Sexual Assault had occurred

- 73 (73%) of clients felt that a sexual assault had occurred.
- 27 (27%) of clients were unsure if a sexual assault had occurred.

## 17. Physical Trauma

37 (37%) of clients had physical trauma and 6 (6%) attended Emergency Departments with minor trauma

## 18. Alcohol and Drug Use

### 18.1 Alcohol

- 75 (75%) of clients had consumed alcohol in the previous 12 hours prior to incident of these
- 69 (92%) of clients had consumed  $\geq 4$  units of alcohol
- 17 23(%) of clients had consumed at least 10 units of alcohol
- 5 (7%) of clients had consumed more than 15 units of alcohol
- The average number of units of alcohol consumed in the previous 12 hours prior to the incident was 7 units

Table 10: Analysis of the mean, median and mode: relevant to the amount of alcohol consumed in the previous 12 hours, prior to the alleged assault (n=75)

Mean	Median	Mode
7	8	10



## 18.2 Drugs

- 7 (7%) of clients had taken drugs, of these
  - 6 (6%) had taken illegal drugs.
  - 1 (1%) had taken prescribed medication
- Of all clients seen in 2015, 8 (8%) were concerned that drugs had been used to facilitate sexual assault.

## Both Alcohol and Drugs

- In 7 (7%) of cases, clients had taken both alcohol and drugs.

## 19. Emergency Contraception (EC)

- 85 (95%) of the 89 female clients were seen within 5 days of the incident, of these
  - 34 (40%) were given EC
  - The remainder 51 (60%) did not receive EC for various reasons (See table 11)

Reason	N	(%)
Already using contraception	23	45%
No penile penetration	10	19%
Received EC prior to attending Unit	8	16%
Other	5	10%
Post-hysterectomy or post-menopausal	2	4%
Refused	2	4%
Pregnant	1	2%
<b>Total</b>	<b>51</b>	<b>100%</b>

## 20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

On-site prophylaxis against Chlamydia and immunisation against Hepatitis B was offered to all clients following a risk assessment. A risk assessment was also carried out for HIV.

## 20.1 STI Prophylaxis

- 62 (62%) clients received Chlamydia prophylaxis in 2014.
- 52 (52%) clients had Hepatitis B immunisation commenced, of these 11 have so far completed the course in SATU.
- 1 client received post exposure prophylaxis treatment for HIV.

## 20.2 Follow up Appointments for Screening

- 63 clients were offered screening in the Cork SATU for STIs. (See table 12)

	N (%)	Kept 1 <sup>st</sup> App	Kept 2 <sup>nd</sup> App	Kept 3 <sup>rd</sup> App
Given SATU appt. for follow-up screening	63 (63%)	39 (62%)	12 (19%)	10 (16%)
Attended another service for follow-up	18 (18%)			
Follow-up screen not required	14 (14%)			
Refused	5 (5%)			
<b>Total</b>	100(100%)			

## 20.3 Outcome of the STI Screening Carried Out by the SATU (n =43)

- 11 (25%) of clients out of 43 screened had abnormal results (See table 13).

Abnormal results	N	(%)
Candida	8	19%
Genital warts	1	2%
Herpes	1	2%
Chlamydia	1	2%
<b>Total</b>	11	25%

## **21. SATU Developments, Activities, Opportunities and Challenges**

### **21.1 Developments in 2015**

Finola Tobin CNS continues to be involved with interagency education and service development. There are on-going continuous links and communication networks with other established services both nationally and internationally, i.e. UKAFN and other SATUs nationally.

We continue to raise the profile of the SATU through liaising with victim support agencies, for example Finola Tobin, CNS is a member of the Southern Regional Advisory Committee for Domestic, Sexual and Gender Based violence.

Finola Tobin CNS is an active member of the National SATU Documentation Development Group which was formed in 2013 to update the SATU client documentation. This group met through having fortnightly conference call meetings. The SATU chart was completed and is being used in all SATUs and we are now again currently reviewing it for ease of use.

We continue to offer clients a feedback questionnaire at their return visit. This enables us to capture their impression of the many facets of SATU care in order to identify and remedy if necessary any negative aspects of service provision. To date the feedback has been overwhelmingly positive.

### **21.2 Multi-Interdisciplinary SATU Liaison Meetings**

The SATU Liaison group consisting of the Cork Sexual Violence Centre, Garda Liaison Officer, Medical Director, Sexual Assault Forensic Examiners, and Nurses meet annually

The remit of SATU Liaison Group is to:

- Promote effective linkage, interagency collaboration and utilisation of existing resources, personnel and knowledge within the region.
- Foster partnerships working within and between the statutory and non-statutory service providers in the region.
- Collaborate to ensure that the provision and development of services is in line with national developments.
- Be a forum for consultation and communication.

The in-house SATU group consisting of the Medical Director, Sexual Assault Forensic Examiners and Nurses met during the year. Minutes of all the meetings and attendance were compiled.

### **21.3 Educational and Training Events in 2015.**

Finola Tobin attended quarterly Peer Review meetings and these continue to be an important educational, team building and problem solving resource for team members.

### **21.4 Publications and Presentations in 2015.**

A SATU Presentation was given to a number of groups by Finola Tobin.

- Post Graduate Diploma in Emergency Nursing.
- The Cork Branch of Practice Nurses.

- Nursing and Medical Staff, Emergency Dept, Cork University Hospital.
- MSc programme in Law, in University College Cork.
- Student Health Centre, in University College Cork.
- MSc programme in Obstetrics/Gynaecology in the Cork University Maternity Hospital (CUMH).
- The Senior Midwifery Team, in the Cork University Maternity Hospital.

### **21.5 Opportunities for 2016.**

Similar to every health care setting, we remain limited by both head count and funding restrictions. It is hoped that the continued availability of SATU services for both reporting and non-reporting clients will enable both men and women to seek the care they require so that the long term effects of sexual assault are minimised

2016 saw the arrival of a second Clinical Nurse Specialist (Forensic Examiner), Margo Noonan in our unit. Margo's arrival will allow us to expand our education sessions to schools and other agencies and all professionals who refer cases to the SATU and thus to continue to promote the awareness of the unit and the services it offers.

### **Acknowledgements.**

I wish to thank and acknowledge all the hard work and effort by everyone involved with the provision of services at the Cork Sexual Assault Treatment Unit (SATU), including Dr. John Coulter, Medical Director, Nursing Management, all the Forensic Examiners, Assisting Nurses, Support Workers from the Cork Sexual Violence Centre and Clerical Support.





**DONEGAL  
SEXUAL ASSAULT TREATMENT UNIT (SATU)**

**Letterkenny University Hospital,  
Letterkenny, Co. Donegal**

**ANNUAL REPORT FOR YEAR ENDING: 2015**

**Author: Connie Mc Gilloway CNS SAFE**

**Date published: April 2016**



## **Executive Summary 2015**

### **Attendance re: Area**

- There were 45 attendances at the SATU, an increase of 5 (11%) from 2014.
- 42 (93%) reported incidents took place within the Republic of Ireland.
- 3 (7%) reported incidents took place outside the Republic of Ireland.

### **Attendance re: Month, Day and Time of Day**

- February, April and December were the busiest months in 2015 with 23 (51%) cases presenting during this period.
- Sunday was the busiest day, 13 (29%) patients presented on that day.
- 32 (71%) incidents occurred between the hours of 21.00 – 08.59hrs.

### **Type of Reported Sexual Crime, Assailant, Relationship to Assailant**

- 32 (71%) were recent sexual assaults.
- 39 (87%) cases involved a single assailant
- 5 (11%) case involved multiple assailants
- 1 (2%) case, the number of assailants was unknown
- 9 (20%) cases, the alleged assailant was a stranger

### **Gender, Age Profile, Referral Source**

- 39 (87%) patients were female and 6 (13%) patients were male.
- The mean age was 24 years of age, the youngest < 14 years of age and the eldest was >45 years of age.
- 23 (51%) patients were referred by An Garda Síochána, 2 (4%) patients self-referred and 20 (45%) patients were referred by others; RCC, GP's, ED, Mental Health Services and Hospitals.

### **Patients Reporting to An Garda Síochána / Time Frame from Incident to SATU**

- 36 (80%) patients reported the incident to An Garda Síochána, of these;
- 8 (22%) patients reported later than 7 days,
- 28 (78%) reported within 7 days, of these; 5 (18%) reported within 72 hours and 21 (75%) reported within 24 hours.

### **Psychological Support Worker in Attendance**



- 41 (91%) patients had a Psychological Support Worker from the RCC at the initial SATU attendance.
- 4 (9%) patients counselling or psychiatric nursing support in attendance

### **Physical Trauma**

- 20 (44.4%) patients had physical injuries, of these; 17 (85%) had superficial trauma.
- 2 (10%) attended the ED with minor trauma and 1 (5%) patient attended the ED with major trauma.

### **Alcohol and Drug Use**

- 31 (69%) patients had consumed alcohol in the previous 12 hours of these:
  - 26 (84%) had consumed  $\geq 4$  units of alcohol in the previous 12 hours
- 8 (18%) patients had taken drugs, of these:
  - 3 (38%) patients had taken prescribed medication.
  - 4 (50%) patients had taken illegal drugs
  - 1 (12%) patient had taken both prescribed medication and illegal drugs
  - 6 (13%) patients had taken both alcohol and drugs.
- 5 (63%) patients were concerned that drugs had been used to facilitate sexual assault.

### **Patient awareness of whether sexual assault had occurred**

- 37 (82%) patients stated a sexual assault occurred
- 8 (17%) were unsure whether a sexual assault had occurred.

### **Post-coital Contraception (PCC)**

- 30 (77%) female patients presented within 120 hours of the incident
- 17 (57%) patients were given emergency contraception in the SATU

### **Sexually Transmitted Infection Prophylaxis and (STI) Screening**

- 30 (67%) patients received Chlamydia prophylaxis.
- 26 (58%) commenced Hepatitis B immunisation programme.
- No patients received Post Exposure Prophylaxis (PEP) for HIV.

## 1. The Donegal SATU<sup>1</sup>, Letterkenny University Hospital, Co. Donegal

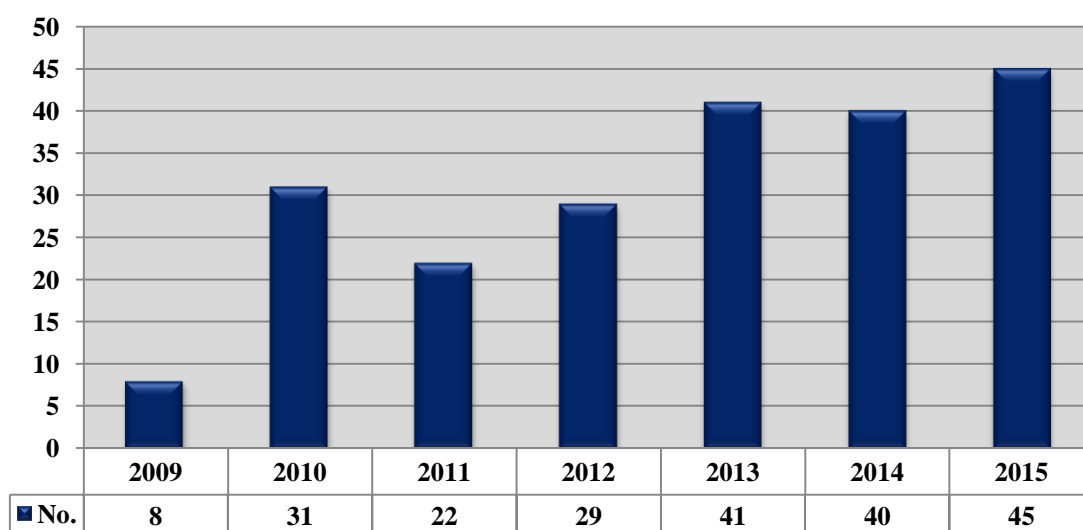
In 2015 The SATU Team consisted of:

- Dr Chris King, SATU Clinical Director, Consultant Obstetrician and Gynaecologist.
- Ms Evelyn Smith, SATU Service Manager, ADON Women & Children Services.
- Ms. Connie Mc Gilloway, Clinical Nurse Specialist (Sexual Assault Forensic Examiner).
- An on-call rota of Support Healthcare Staff.
- An on-call rota of Donegal RCC Psychological Support Workers (Volunteers).
- Between January 2015 and December 2015 two nurses; Ms Brídín Bell and Ms Lisa Crossan were sponsored to undertake the Higher Diploma in Sexual Assault Forensic Examination (SAFE). Upon successful completion of the course and following registration both nurses will commence working within the Donegal SATU in January 2015.

## 2. Number of Attendances

- In 2015, there were 45 attendances at the Donegal SATU.
- This shows an increase of five patients (11%) from 2014 (See Figure 1).

**Figure 1: Analysis of Yearly Attendances from 2009 - 2015**



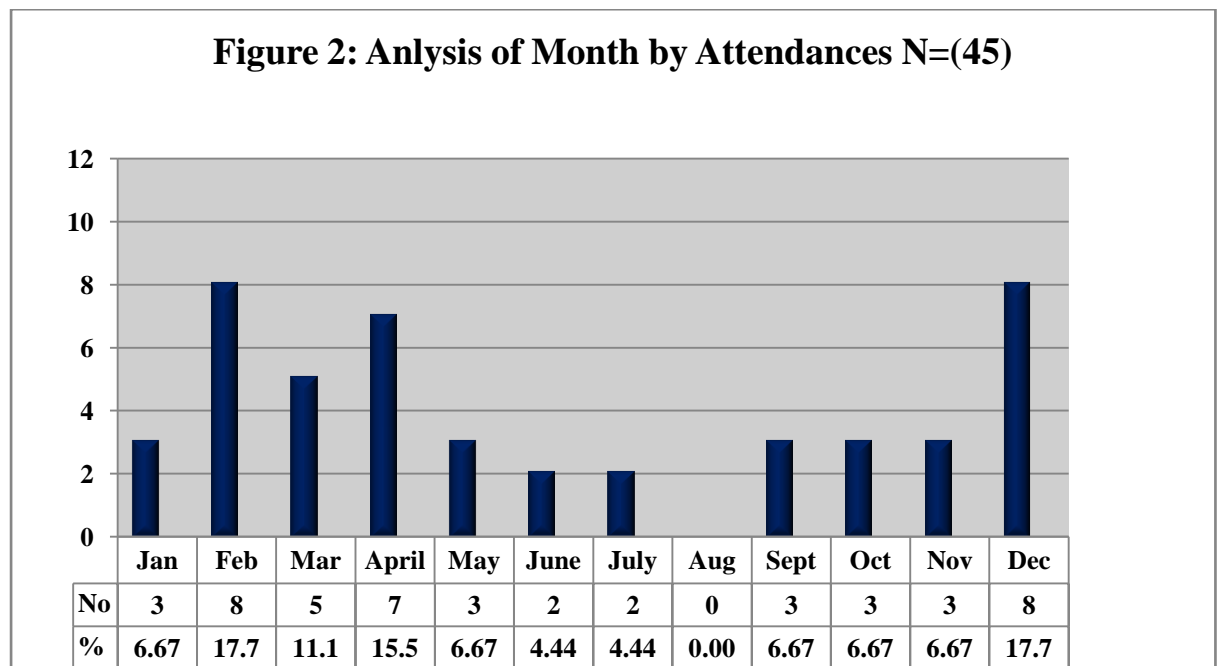
### 3. Where the Incident Took Place (see Table 1)

- 42 (93%) incidents took place within the Republic of Ireland.
- 3 (7%) incident took place outside the Republic of Ireland.

<b>Table 1: Analysis of the county/s where Incident took place</b>		
<b>County</b>	<b>No</b>	<b>%</b>
<b>Donegal</b>	<b>38</b>	<b>84</b>
<b>Dublin</b>	<b>1</b>	<b>2</b>
<b>Galway</b>	<b>2</b>	<b>4</b>
<b>Sligo</b>	<b>1</b>	<b>2</b>
<b>Total</b>	<b>42</b>	<b>93</b>
<b>Analysis of the country/s where Incident took place</b>		
<b>Country</b>	<b>No</b>	<b>%</b>
<b>United Kingdom</b>	<b>2</b>	<b>5</b>
<b>Middle East</b>	<b>1</b>	<b>2</b>
<b>Total</b>	<b>45</b>	<b>100.00</b>

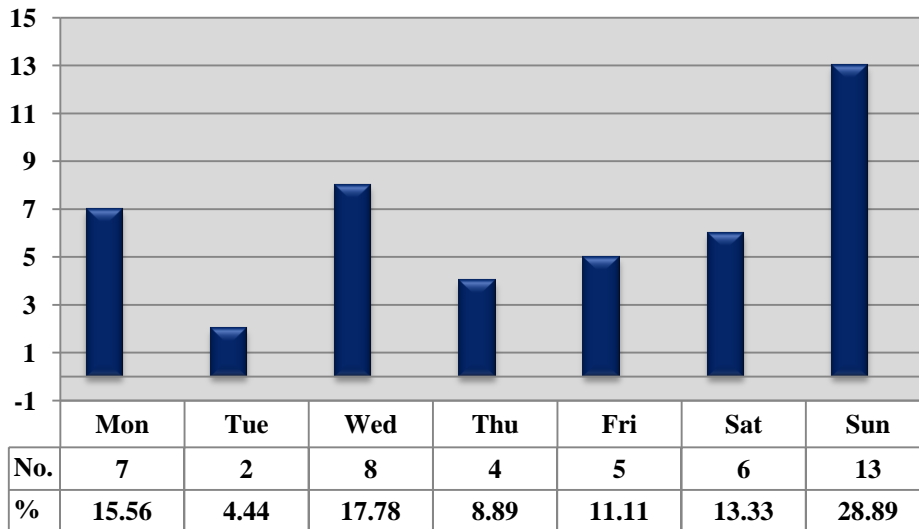
### 4. Month of Attendance (see Figure 2)

- February, April and December were the busiest months in 2015 with 23 (51%) patients attending the SATU during these months.



**5. Day of the Week Incident Occurred (see Figure 3)**

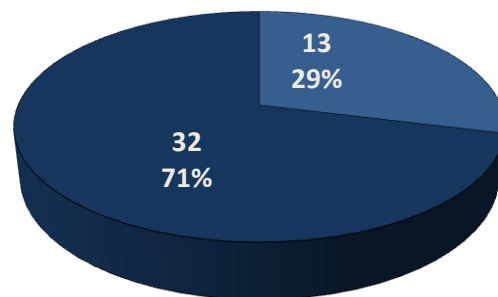
**Figure 3: Analysis the Day of Week the reported Incident occurred (N=45)**



**6. Time of Day Incident Occurred (see Figure 4)**

The majority, 32 (71%) of incidents occurred during the hours of 21:00 – 08:59hrs.

**Figure 4: Time of Day Reported Incident Occurred (N=45)**

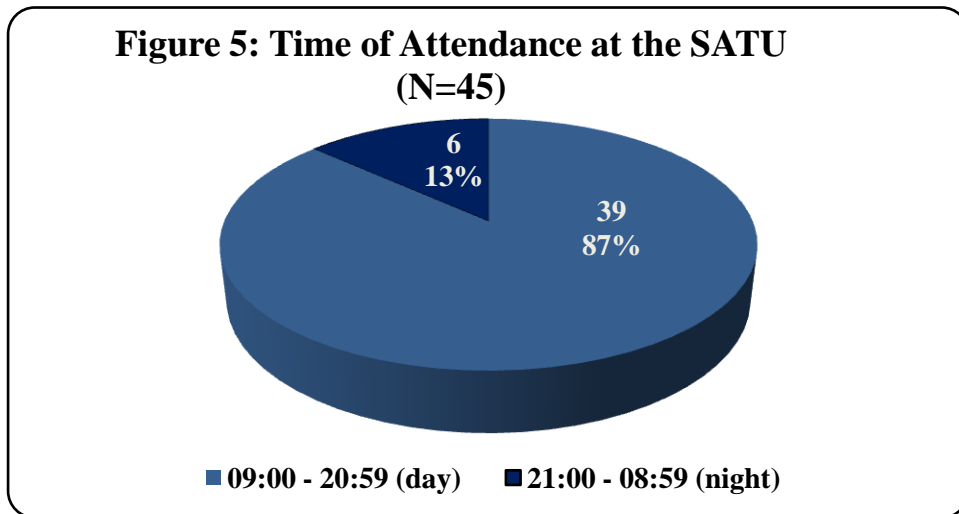


■ 09:00 - 20:59 (day)    ■ 21:00 - 08:59 (night)

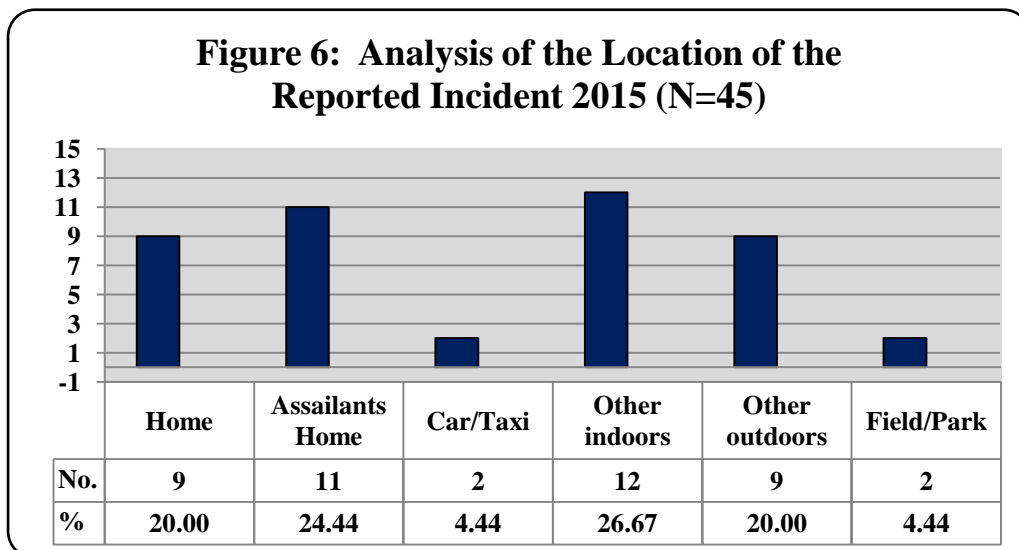
**7. Times of Attendance at SATU (See figure 5)**

The Donegal SATU operates a twelve hour service between 08:00hrs and 20:00hrs daily with the majority 39 (87%) of patients presenting during these

hours. However, 6 (13%) patients attended the SATU out-of-hours due to the time-sensitive nature of the reported incident.



## 8. Location where the Incident Occurred (see Figure 6)



## 9. Type of Reported Sexual Crime

Of the 45 patients:

- 32 (71%) cases were recent sexual assaults.
- 13 (29%) cases were later than 7 days.

## 10. Assailants

### 10.1 Number of Assailants: single of multiple assailants

- 39 (87%) cases involved a single assailant
- 5 (11%) cases involved multiple assailants
- 1 (2%) case, the number of assailants was unknown.

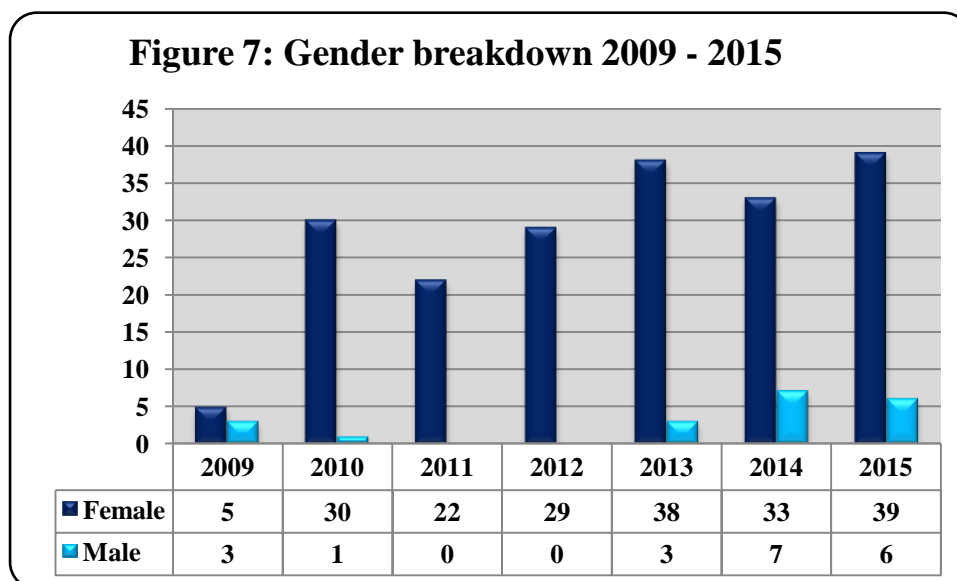
## 11. Relationship between the Patient and Alleged Assailant (see Table 2)

<b>Table 2: Analysis of relationship between the patient and the alleged assailant (N=45)</b>		
<b>Relationship</b>	<b>No</b>	<b>%</b>
<b>Recent Acquaintance</b>	<b>7</b>	<b>15.56</b>
<b>Friend</b>	<b>5</b>	<b>11.11</b>
<b>Acquaintance</b>	<b>17</b>	<b>37.78</b>
<b>Family Member</b>	<b>4</b>	<b>8.89</b>
<b>Unknown</b>	<b>1</b>	<b>2.22</b>
<b>Ex-intimate Partner</b>	<b>1</b>	<b>2.22</b>
<b>Stranger</b>	<b>9</b>	<b>20.00</b>
<b>Intimate Partner</b>	<b>1</b>	<b>2.22</b>
<b>Total</b>	<b>45</b>	<b>100.00</b>

## 12. Demographics

### 12.1 Gender

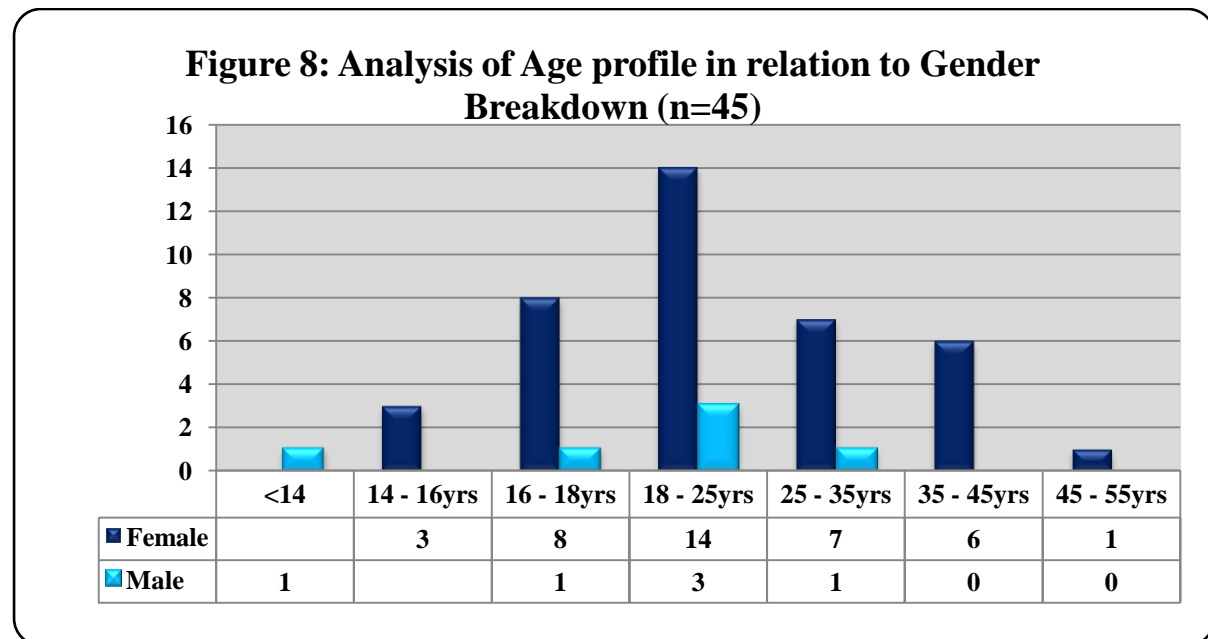
Of the 45 patients that attended the Donegal SATU; 39 (87%) were female and 6 (13%) were male (see Figure 7)



## 12.2 Age Profile (See Table 3 and Figure 8)

30 (67%) were under the age of 25 years of age.

<b>Table 3: The mean, mode and median age and the minimum and maximum age of patients attending the Donegal SATU (n=45)</b>				
<b>Mean</b>	<b>Mode</b>	<b>Median</b>	<b>Minimum</b>	<b>Maximum</b>
<b>24</b>	<b>17</b>	<b>21</b>	<b>&lt; 14years</b>	<b>&lt; 50years</b>



## 12.3 Occupation (N=45)

- 20 (45%) were students
- 10 (22%) were employed
- 15 (33%) were unemployed

## 12.4 Marital Status (See Table 4)

<b>Table 4: Analysis of marital status (n = 45)</b>		
<b>Marital Status</b>	<b>No</b>	<b>%</b>
<b>Single</b>	<b>36</b>	<b>80</b>
<b>Married</b>	<b>1</b>	<b>2.2</b>
<b>Separated</b>	<b>6</b>	<b>13.3</b>
<b>Co-habiting</b>	<b>2</b>	<b>4.4</b>
<b>Total</b>	<b>45</b>	<b>100</b>

## 12.5 Source of Referral (See Table 5)

<b>Table 5: Analysis of source of referral (<i>n</i> = 45)</b>		
<b>Referral Source</b>	<b>No</b>	<b>%</b>
<b>Self</b>	<b>2</b>	<b>4.4</b>
<b>GP</b>	<b>5</b>	<b>11.1</b>
<b>Gardaí</b>	<b>23</b>	<b>51.1</b>
<b>RCC</b>	<b>2</b>	<b>4.4</b>
<b>Other</b>	<b>13</b>	<b>29</b>
<b>Total</b>	<b>45</b>	<b>100</b>

Other sources included Letterkenny University Hospital, the Donegal Jigsaw Project and Donegal Mental Health Services.

## 12.6 Ethnicity (See Table 6)

<b>Table 6: Analysis of Ethnicity of Patients (<i>n</i> = 45)</b>		
<b>Ethnicity</b>	<b>No</b>	<b>%</b>
<b>White</b>	<b>45</b>	<b>100</b>
<b>Other</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>45</b>	<b>100</b>

## 13. Psychological Support Worker in Attendance

41 (91%) patients had a Psychological Support Worker at the initial SATU attendance. The remaining 4 (9%) patients were already attending counselling services or psychology services.

## 14. Type of Attendance: Reporting / Non-reporting (Health Check)

Of the 45 patients that attended the SATU:

36 (80%) reported the incident to An Garda Síochána, of these:

- 28 (78%) presented within 7 days, of these;
  - 25 (89%) patients had a forensic clinical examination performed

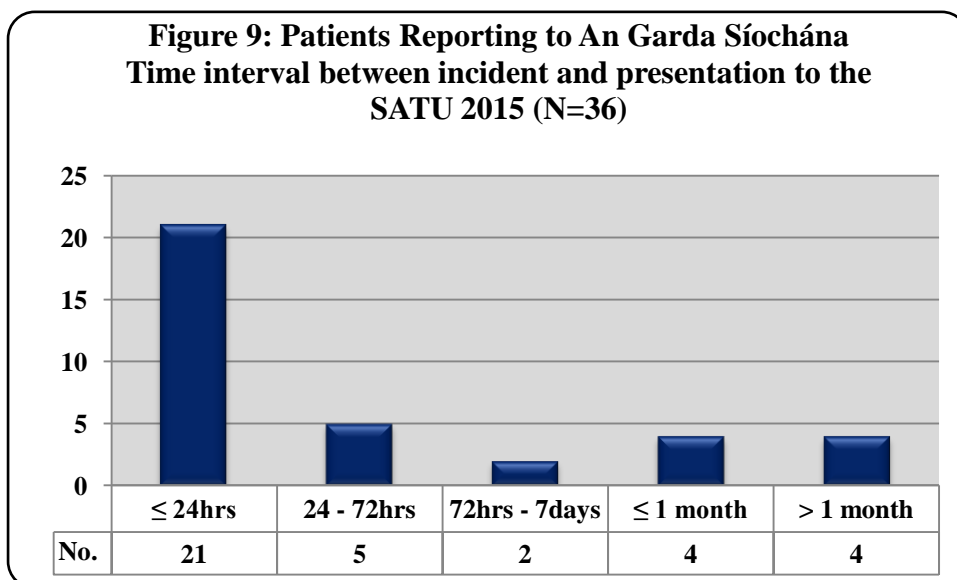


- 2 (7%) patients did not have forensic clinical examinations as an examination was inappropriate in these cases.
- 1 (4%) patient refused to have a forensic clinical examination
- 8 (22%) patients had a health check because they presented outside the forensic time frame.
- 9 (20%) patients had a health check because they chose not to report the incident to An Garda Síochána at the time of attendance in SATU. Of these:
  - 4 (44%) presented within 7 days
  - 5 (56%) presented outside the forensic timeframe.
- 39 (87%) had a Psychological Support Worker from the RCC in attendance.
- 6 (13%) had counselling or psychiatric nursing support in attendance.

## 15. Patients Reporting to An Garda Síochána:

### 15.1 Time Interval from incident to attendance in SATU

- 36 (80%) reported the incident to An Garda Síochána, of these:
  - 28 (78%)  $\leq$  7days; of these:
    - 5 (18%) were within < 72 hours
    - 21 (75%) were seen within 24 hours (See Figure 9)



## 16. Patient awareness of whether a Sexual Assault had occurred

37 (82%) stated a sexual assault had occurred.

8 (17%) stated they were unsure if a sexual assault had occurred

## 17. Physical Trauma

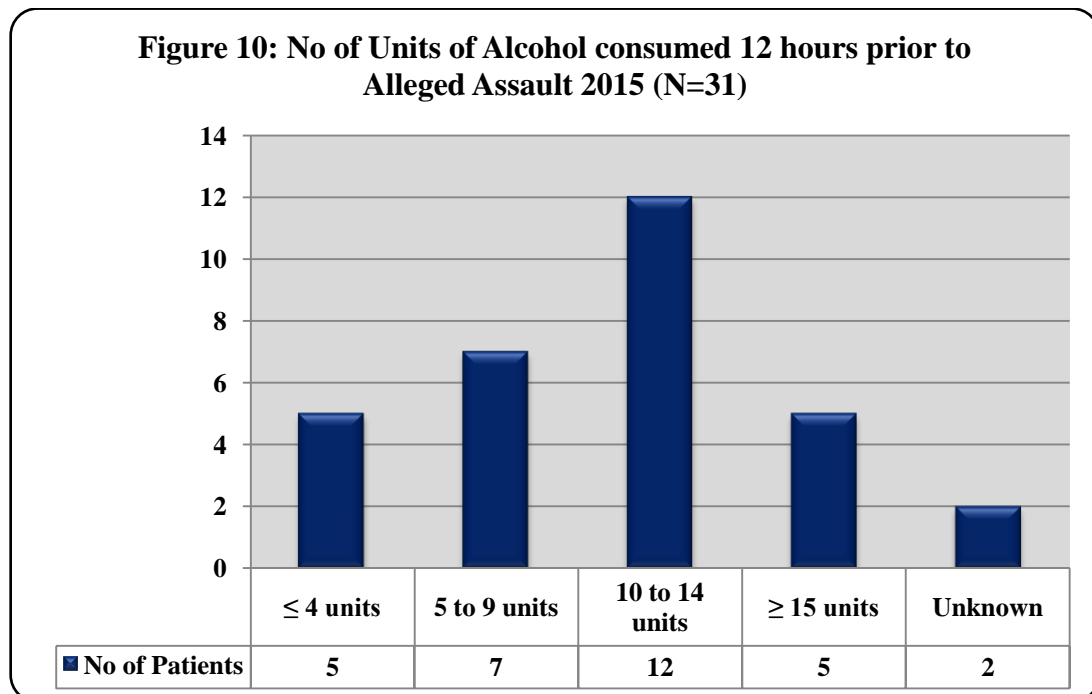
20 (44.4%) patients attending the SATU had physical trauma, of these:

- 17 (85%) patients attending the SATU had superficial trauma.
- 2 (10%) attended the Emergency Department with minor trauma.
- 1 (5%) attended the Emergency Department with major trauma.

## 18. Alcohol and Drug Use

### 18.1 Alcohol

- 31 (69%) patients had consumed alcohol in the previous 12 hours prior to presentation to the SATU, of these;
- 26 (84%) patients had consumed  $\geq 4$  units of alcohol (See Figure 10)



### 18.2 Drugs

- 8 (18%) patients had taken drugs, of these:
  - 3 (38%) patients had taken prescribed medication
  - 4 (50%) patients had taken illegal drugs
  - 1 (12%) patient had taken both prescribed medication and illegal drugs
- 5 (11%) patients were concerned that drugs were used to facilitate sexual assault.

### 18.3 Both Alcohol and Drugs

- 6 (13%) patients had taken both alcohol and drugs.

## 19. Post-Coital Contraception

30 (77%) female patients presented within 120 hours of the incident, of these; 17 (57%) patients were given emergency contraception in the SATU, of these;

- 16 (94%) were given Levonorgestrel 1500mg
- 1 (6%) was given Ulipristal Acetate (Ellaone) 30mg
- 13 (43%) did not receive PCC for various reasons (see Table 7)

<b>Reason</b>	<b>N</b>	<b>(%)</b>
<b>Post-hysterectomy or post-menopausal</b>	<b>1</b>	<b>8</b>
<b>Received PCC prior to attending Unit</b>	<b>1</b>	<b>8</b>
<b>No penile penetration</b>	<b>6</b>	<b>46</b>
<b>Already using effective contraception</b>	<b>5</b>	<b>38</b>
<b>Total</b>	<b>13</b>	<b>100</b>

## 20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

### 20.1 STI Prophylaxis

- 30 (67%) patients received Chlamydia prophylaxis.
- 26 (58%) patients had Hepatitis B immunisation commenced, of these:
  - 12 (46%) patients have completed the course to date.
- No patients received post exposure prophylaxis (PEP) treatment.

## 20.2 Follow up appointments for screening (see Table 8)

All patients, plus patients from other SATU's were offered screening for STIs.

<b>Table 8: Analysis for Follow-up Screening for STI's (n =31+ 1)</b>	<b>No.</b>	<b>attended 1<sup>st</sup> Appt.</b>
<b>Given SATU Appt. for follow-up screening</b>	<b>31</b>	<b>28 (90%)</b>
<b>Attended Donegal SATU from other SATU's</b>	<b>+ 1</b>	
<b>Attended other service for follow-up</b>	<b>5</b>	
<b>No STI follow-up required</b>	<b>8</b>	
<b>Refused a follow-up appointment</b>	<b>1</b>	
<b>Total</b>	<b>45+1</b>	

## 20.3 Outcome of the STI Screening performed in the SATU (n = 28)

Of the 28 patients screened for STI's:

- 2 (7%) patient had a positive result for Candida
- 2 (7%) patients had a positive result for Bacterial Vaginosis.

## 21. SATU Developments, Activities, Opportunities, and Challenges

### 21.1 Developments in 2015

Although the Donegal SATU operated as a 12-hour service on a daily basis throughout the year, the service also offered a 24-hour telephone advice service. In addition the service continued providing inter-agency education and service development. During 2015 one Clinical Nurse Specialist Forensic Clinical Examiner (FCE) covered the Donegal SATU's day-to-day management, operations and on-call rota. Mullingar and Galway SATU supported Donegal in covering the on-call service when the Forensic Clinical Examiner was on study leave and annual leave. Mullingar supported the Donegal SATU on forty-seven different occasions and Galway covered the on-call rota on one occasion. Patients did not travel to either of these SATUs for treatment.

The service continued to forge inter-agency collaboration with statutory and voluntary agencies throughout the year. Raising the profile of the SATU was an on-

going objective. The Donegal SATU service is represented on committees and working groups such as:

- Chairperson of the Board of Directors (Donegal Sexual Abuse and Rape Crisis Centre)
- Clinical Governance Group (Donegal Jigsaw Project)
- Donegal Human Trafficking Working Group
- Donegal Sexual Health Forum
- Working Group Looking at Response to Domestic Violence (Perpetrators)
- Child Protection Committee (Letterkenny University Hospital)
- Healthy Ireland Implementation Group (Letterkenny University Hospital)
- National SATU Documentation Group
- National Oversight Committee (Higher Diploma in Sexual Assault Forensic Examination)

The service also has close collaboration with the Donegal Women's Network, Donegal Women's Centre, Donegal Women's Domestic Violence Service, Intellectual Disability and Mental Health services, the Donegal Youth Service, the Donegal Youth Council and Foroige.

### **21.2 Multi-Agency Donegal SATU Liaison Group Meetings**

The SATU Liaison Group consists of representation of the Donegal Sexual Abuse and Rape Crisis Centre, Garda Superintendents, Donegal, Garda Scenes of Crime, and the Sexual Assault Forensic Examiner. In June 2015, In order to improve communications, referral pathways and collaboration in the north-western region, representation from Sligo Gardaí were invited to participate in the Liaison group. Sligo Superintendent, Mary Murray joined the Liaison group and will participate as a member in the future. The Liaison group met quarterly during 2015.

### **21.3 Educational and Training Events**

The service continued to contribute to inter-agency education throughout 2015. The SATU Clinical Nurse Specialist FCE was actively involved in delivering outreach education programmes to Primary Community and Continuing Care, voluntary and statutory organisations and 2<sup>nd</sup> and 3<sup>rd</sup> level schools and institutions. These programmes endeavour to raise awareness and equip service providers and service

users with a better understanding of how to respond to incidents of sexual violence and become conversant of referral pathways to the SATU.

Student Nurse Placements of one week duration continued in the Donegal SATU in 2015 with two student nurses on placement. Placements are organised in collaboration with the School of Nursing and Midwifery, Letterkenny Institute of Technology (LYIT) and approved by the Nursing and Midwifery Board Ireland/An Bord Altranais. One student nurse is on placement at any given time and placements are incorporated into an inter-agency approach to sexual health services and include work experience in the Donegal Women's Centre Young Person's Clinic (ILASH clinic), the Letterkenny GUM clinic and the Donegal Sexual Abuse and Rape Crisis Centre. The student nurses also attended school education programmes and inter-agency training sessions and meetings. Feedback from the placements were very positive and it is anticipated that 3<sup>rd</sup> and 4<sup>th</sup> year student nurses will continue to have a placement in the SATU as part of their on-going curriculum in Specialisms.

As part of the Higher Diploma in Sexual Assault Forensic Examination (January 2015 – January 2016), Nurses Brídín Bell and Lisa Crossan (CNS Students) had placements in Letterkenny University Hospital. Placements were facilitated in the Donegal SATU, Colposcopy Department, Emergency Department, the Gynae ward inclusive of day services and gynae clinics. The Donegal Sexual Abuse also facilitated a one week placement.

The CNS student allocated for Galway attended the Donegal SATU for a two day placement. Policies, procedures, the SATU from a rural perspective and inter-agency working, etc. were discussed during the placement.

### **21.3.1 Mandatory training attended in 2015:**

#### ***Connie Mc Gilloway CNS (SAFE)***

- Hand Hygiene
- Open Disclosure Workshop
- BLS
- Anaphylaxis
- Manual Handling
- Display Screen Equipment
- Waste Management

### **21.3.2 Conferences, Courses and Peer Review attended in 2015**

- The CNS SAFE was successful in achieving a 1<sup>st</sup> Class Honours Postgraduate Diploma in Nursing and Midwifery (Advanced Practice) with Nurse Prescribing
- Two-day Refresher course in Legal Issues and Court Appearances
- Masterclass in Enhancing the Culture of Learning in the Clinical Environment
- Mindfulness Training (6 week course)
- National SATU Annual Conference – Rotunda Hospital
- Peer Review (Dublin)
- Society for the Study of Sexually Transmitted Diseases in Ireland (SSTDI)
- Child Protection Conference “A Hard Thing to Do” (Joint Jurisdictional Conference)

### **21.3.3 Presentations – Information and Training Sessions**

- Psychological Support Staff – Donegal Rape Crisis Centre (8 participants)  
*SATU Induction Training*
- Youth Leaders - Foroige, Integrated Services and Neighbourhood Youth Project (24 participants)  
*Overview of the SATU, referral pathways and trends in 14-18 year olds*
- Social Worker Team, TUSLA, Donegal Town (10 participants)  
*The Donegal SATU – referral pathways & overview of service*
- 3rd yr. Student nurses and 4th yr. Health & Social Care students (37 participants)  
*Interagency presentation on the Legal Medical and Psychological Response to Sexual Assault*
- Health and Social Care Students, LYIT (5 participants)  
*Overview of the SATU, referral pathways*
- Letterkenny Central Mental Health Team (The Willows) (10 Participants)  
*The Donegal SATU and referral pathways*
- Letterkenny Community Mental Health Team (Scully Practice) (21 participants)  
*The Donegal SATU and referral pathways*
- SATU Support Staff (2 participants)  
*SATU Induction Training*
- Higher Diploma in Sexual Assault Forensic Examination RCSI (5 participants)

- *Safe Patient Discharge and Care – Domestic Violence, Vulnerable Adult & Child Protection*
- *Follow-up Visits and Care*
- *CNS (SAFE) Role in Relation to the Hospital, Organisation & Community: Education*
- Garda Recruits, Letterkenny (5 participants)  
*The Donegal SATU – referral pathways & overview of service*
- Garda Training x 3 sessions, Letterkenny Division (28 Participants)  
*Early Evidence Collection and SATU referrals*
- Donegal Youth Leaders, Magheraarty, Donegal (12 participants)  
*Fetac Level 5 Sexual Health Training – Sexual Violence, Consent & the Law*
- Multi-agency and Multi-disciplinary Teams, CNME Letterkenny, (71 participants)  
*“Ethics in Nursing” Ethics and Safeguarding Vulnerable Adults*
- NoWDOC Triage Nurses (8 participants)  
*The Donegal SATU & Standard Operating Procedures*
- Intellectual Disability Counsellors, Donegal (Nine Participants)  
*The Donegal SATU – referral pathways & overview of service*

#### **21.3.4 The Schools Sexual Health Education Programme was delivered in the following schools:**

- Colaiste Scoil Aileagh, Letterkenny (25 females & 21 males, 14 – 18yrs)
- Errigal College, Letterkenny (12 females, 15 – 18yrs)
- Moville Community School, Inishowen (88 females & males 14 – 18yrs)
- St Catherine’s Secondary School, Killybegs (46 females & 41 males, 14-18yrs)
- Royal & prior School, Raphoe (22 females & 28 males, 14 – 18yrs)

#### **Youthreach Programmes**

- Buncrana, Inishowen (21 males & 18 females)
- Letterkenny (5 females)
- Lifford (10 males & 11 females)



## **21.4 Challenges in 2015**

The Donegal SATU operates a twelve-hour on-call service compared to the other SATU services nationwide that operate on-call services on a 24-hour basis. Similar to other SATU settings in the country, the Donegal SATU is limited by both personnel and funding, with staffing levels being a very significant issue for this unit. However, Letterkenny University Hospital committed to the sponsorship of two experienced nurses to participate in the Higher Diploma in Nursing (Sexual Assault Forensic Examination) that commenced in January 2015. Upon successful completion of the course, both nurses will commence employment in the Donegal SATU in January 2016. This will create a more sustainable foundation for the SATU service in Donegal and allow for the expansion of education programmes, consolidation of on-going programmes and the development of much needed research in the area of sexual violence. With the increased year-on-year demand on the service, the employment of two additional CNS Forensic Clinical Examiners is crucial and most welcome.

In 2008 the 'Care Unit' facility that was available for females and males who reported sexual assault was demolished during the construction of the new Medical Block and Emergency Department on the Letterkenny University Campus, this unit was never replaced and since 2010, the Donegal SATU has been facilitated in two clinical rooms in the NoWDOC premises. Therefore, with increased demands on the SATU service and the requirement to adhere to best practice guidelines, the Donegal SATU is urgently seeking new premises that will meet patient needs and healthcare standards. Discussions are on-going with senior management in Letterkenny University Hospital who are in support of securing new SATU accommodation within the Letterkenny University Campus.

### **The Donegal SATU would like to thank the following people for all their support and collaboration throughout 2015.**

Dr Chris King, Donegal SATU Clinical Director

Dr Anne Flood, Director of Nursing and Midwifery, Letterkenny University Hospital

Ms Evelyn Smith, Donegal SATU Service Manager

All SATU Support Healthcare staff and DRCC Psychological Support Workers

The Donegal SATU Liaison Group

Ms Marina Porter (Manager), Ms Sara O'Donovan (Previous Manager and Senior Counsellor) and all DRCC Staff

The Letterkenny Women's Centre and the Letterkenny GUM clinic in supporting student nurses during their SATU placements.

Ms Miriam Griffin (ANP) and Mr Joe Mc Devitt (ANP), Emergency Department, Gynae Ward Staff, Ms Regina McCabe (CNS), Ms Pat Hirrell (CNS) and Ms Marjorie Collins (HCA), Colposcopy Unit, for supporting the CNS Students during their placements in Letterkenny University Hospital.

The Donegal SATU would also like to welcome Ms Brídín Bell and Ms Lisa Crossan who were successful in completing the Higher Diploma (Sexual Assault Forensic Examination) with distinction. They will commence employment in the Donegal SATU in January 2016.



**SEXUAL ASSAULT TREATMENT UNIT (SATU) and  
CHILD AND ADOLESCENT SEXUAL ASSAULT TREATMENT  
SERVICES (CASATS)**

**Sexual Assault Treatment Unit,  
Hazelwood House,  
Parkmore Rd.,  
Ballybrit,  
Galway**

**ANNUAL REPORT FOR YEAR ENDING DECEMBER 2015**

**Authors:**

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**Date published:  
May 2016**

## SATU Executive Summary 2015

### Attendance re: Galway, Mayo and Roscommon

- There were 64 attendances at the SATU, Galway in 2015, plus 1 SATU to SATU referrals
- 61 (95%) cases the incident took place within the Republic of Ireland

### Attendance re: Month, Notable Date or Event, Day and Time of Day

- December was the busiest month, with 12 (19%) patients presenting during this month
- Monday was the busiest day, with 13 (20%) patients presenting on that day
- 53 (83%) incidents were reported as occurring between the hours of 21:00-08:59

### Type of Sexual Crime, Assailant, Relationship to Assailant

- 49 (76%) reported that the incident occurred within  $\leq 7$  days;  
4 (6.5%) occurred between  $>7$  days and  $<1$  month  
10 (16%) the time frame was  $\geq 1$  month  
1 patient reported long term abuse
- 54 (84%) patients reported a single assailant was involved; 6 (10%) reported multiple assailants
- 16 (25%) patients reported the assailant was a stranger and for 4 (6%) patients the number of assailants was unknown

### Gender, Age Profile, Referral Source

- 62 (97%) patients were female, 2 (3%) male
- The mean age was 24 years, the youngest patients were 14, the eldest patient was  $\geq 55$  years (the minimum age criteria is 14 years)
- 51 (80%) patients were referred by An Garda Síochána, 10 (15.5%) self referred, 1 (1.5%) was referred by their GP, 1 (1.5%) was referred by the RCC and 1 (1.5%) was referred by another source

### Patients Reporting to An Garda Síochána / Time Frame from Incident until SATU attendance

- 52 (81%) patients reported the incident to An Garda Síochána, of these:
- 43 (83%) attended SATU  $\leq 7$  days, of these,
    - 39 (75%) were within  $< 72$  hours, with
    - 29 (56%) of the group presenting within 24 hours of the incident

### Support Worker in Attendance

- 53 cases (81.5%) had a Support Worker from the RCC in attendance

### Physical Trauma

- 27 (42%) patients had physical trauma, of these 26 (40%) patients had superficial injuries and 1 (2%) patient attended the ED with minor trauma

### Alcohol and Drug Use

- 46 (72%) patients had consumed alcohol in the previous 12 hours, of these
  - 34 (53%) patients had consumed  $\geq 4$  units of alcohol
  - 6 (9%) patients had taken illegal drugs
  - In 6 (9%) cases, the patient reported having taken both alcohol and illegal drugs
  - 7 (11%) patients were concerned that drugs had been used to facilitate sexual assault

- 7 (11%) patients were unsure if a sexual assault had occurred

#### **Emergency Contraception (EC)**

- 42 (68%) female patients were seen within 72 hours of the incident, of these
  - 22 (52%) patients were given PCC

#### **Sexually Transmitted Infection Prophylaxis and (STI) Screening**

- 49 (77%) patients received Chlamydia prophylaxis, 29 (45%) had Hepatitis B immunisation programme commenced and 4 (6%) received PEPSE for HIV
- All patients were offered screening for STI's. 14 (22%) patients of patients attended Galway SATU for follow up
- No patient had an abnormal STI screening results

### Attendance At Galway CASATS

- There were 75 requests for SATU services in 2015
- There were 73 attendances at the CASATS, Galway. Two patients changed their mind re: availing of the service and did not attend or cancelled scheduled appointments. These patients were supported by other agencies (TUSLA).
- In all 75 cases the incident took place within the Republic of Ireland.

### Attendance re: Month and Time of Day

- October was the busiest month with 14 (19%) of cases presenting in this month
- Wednesday was the busiest day with 27 (37%) examined on that day
- 13 (18%) were seen out of hours (between 17.00-08.00 or over the weekend)

### Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- Of the 73 patients who were seen 20 (27%) alleged incidents took place within the previous 7 days (acute)
- 10 (13.5%) of those 20 cases had forensic sampling undertaken. 1 case had forensic samples taken within 8 days of the alleged assault as there was some uncertainty surrounding the date on which the incident was alleged to have taken place.
- In 13 (18%) cases multiple assailants were alleged to have been involved.

### Gender, Age Profile, Referral Source

- 48 (66%) patients were female, 25 (34%) male
- The age mean was 6.8 years, the youngest 1 year old and the eldest 16 years old
- 49 (67%) were referred by An Garda Síochána, 14 (19%) were referred by social workers, 8 (11%) were referred by a Hospital Consultant and 2 (3%) by a GP

### Patients Reporting to An Garda Síochána/Time Frame from Incident until Examination

- 49 (67%) cases reported the incident to An Garda Síochána
- 20 (27%) presented within  $\leq$  7 days of alleged assault. Of these, 15 (20.5%) were within  $\leq$  72 hours although only 8 (11%) of these cases were within 24 hours
- 16 (22%) cases presented between 7-28 days after most recent alleged sexual contact
- In 26 (36%) cases the allegation was of historical abuse i.e.  $>1$  month
- An exact time frame was not specified in 11 (15%) cases

### Support Worker in Attendance

- 66 (90.5%) patients had a CARI Worker present.

### **Sexually Transmitted Infection Prophylaxis and (STI) Screening**

- 55 (75%) patients had an STI screen
- 4 (5.5%) patients commenced a Hepatitis B vaccination schedule
- Post coital contraception or HIV PEPSE were not required by any CASATS patients in 2015

### **Child Assailants (defined as $\leq 17$ years at time of alleged assault)**

- 25 (34%) cases involved child assailants
- One female child assailant was reported. All other child assailants were male.
- In one case both a child and an adult were suspected perpetrators of inappropriate sexual behaviour towards a child victim.

### **Adult Assailants (defined as $\geq 18$ years at time of alleged assault)**

- In 47 (65%) cases adult males were suspected of instigating sexual abuse of whom 11 (23.5%) were the child's biological father.
- There were no suspected adult female perpetrators of sexual abuse in 2015.

## 1. The SATU, Galway

In 2015 the SATU Team consisted of:

- 1 Clinical Director
- 5 Forensic Medical Examiners (includes Clinical Director)
- 1 CNS SAFE and 1 student CNS SAFE
- 1 Manager
- 15 Nurses

In 2015 there were 64 first time SATU attendances relating to a particular incident.

There was 1 patient who was a SATU to SATU referral for follow up care.

### **NB.**

- The data will be calculated on the 64 first time SATU attendances, relating to a particular incident.
- The 1 patient who was a SATU to SATU referral will be calculated in relation to follow-up care.

### **Referrals to the SATU:**

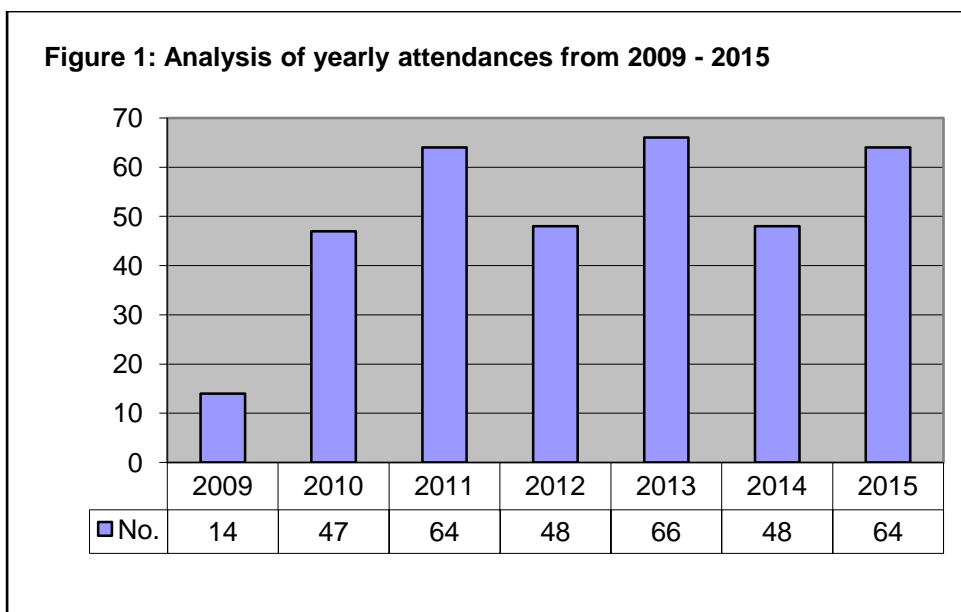
- 52 (81.3%) were referred by the Gardaí
- 9 (14%) were self referrals
- 1 (1.5%) were referred by a GP
- 1 (1.5%) was referred by the Rape Crisis Centre
- 1 (1.5%) other source.

## 2. Number of Attendances

The 64 attendances in 2015, showed a *increase* of 16 (33%) patients from 2014

- (See figure 1)





### 3. Country Where the Incident Took Place

- 61 (95%) cases, the incident took place within the Republic of Ireland
  - 3 (5%) cases, with incidents taking place in the NI, Italy and Zimbabwe

### 4. County Where the Incident Took Place

- Of the 61 (95%) cases where the incident took place within the Republic of Ireland, the incident was reported as taken place in the following counties (See table 1)

**Table 1: Analysis of the counties where Incident took place (n=61)**

County	No	%
Galway	28	46%
Mayo	6	10%
Sligo	3	5%
Limerick	3	5%
Roscommon	3	5%
Clare	2	3%
Dublin	1	1.5%
Cork	1	1.5%
Tipperary	1	1.5%
Offaly	1	1.5%
Not recorded	12	20%
<b>Total</b>	<b>61</b>	<b>100</b>

## 5. Month of Attendance

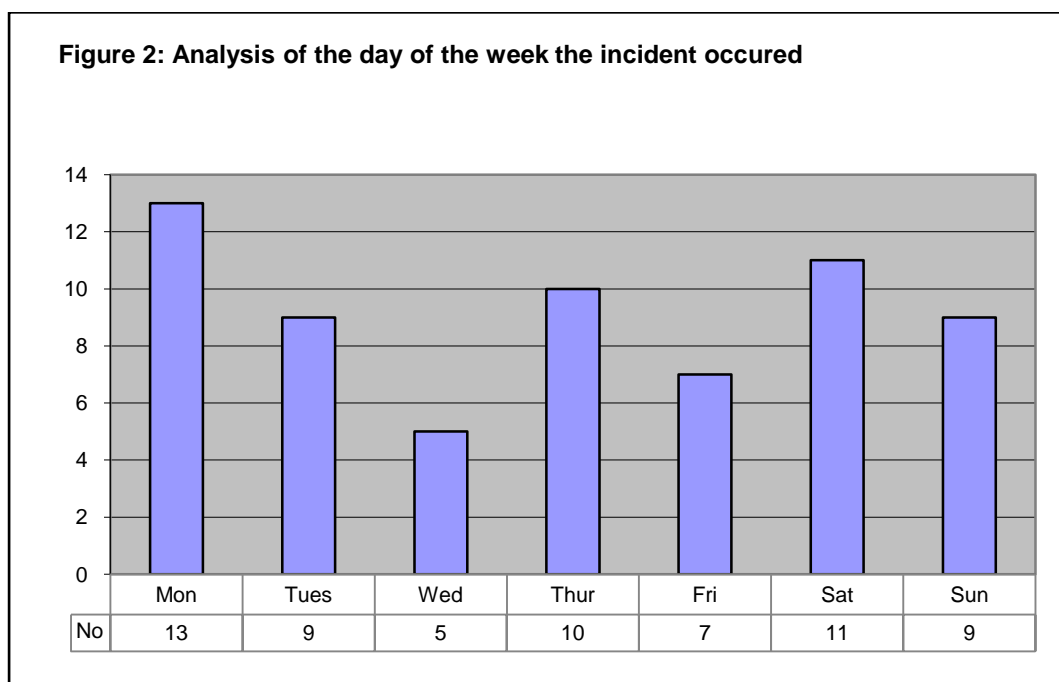
- The busiest month was December with 12 (19%) patients attending (See table 2).

**Table 2: Analysis of Month by Attendances (n=64)**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>No</b>	2	2	4	4	3	6	6	6	1	8	10	12
<b>%</b>	3%	3%	6%	6%	5%	9.5%	9.5%	9.5%	1.5%	12.5%	15.5%	19%

## 6. Day of the Week Patient Attended

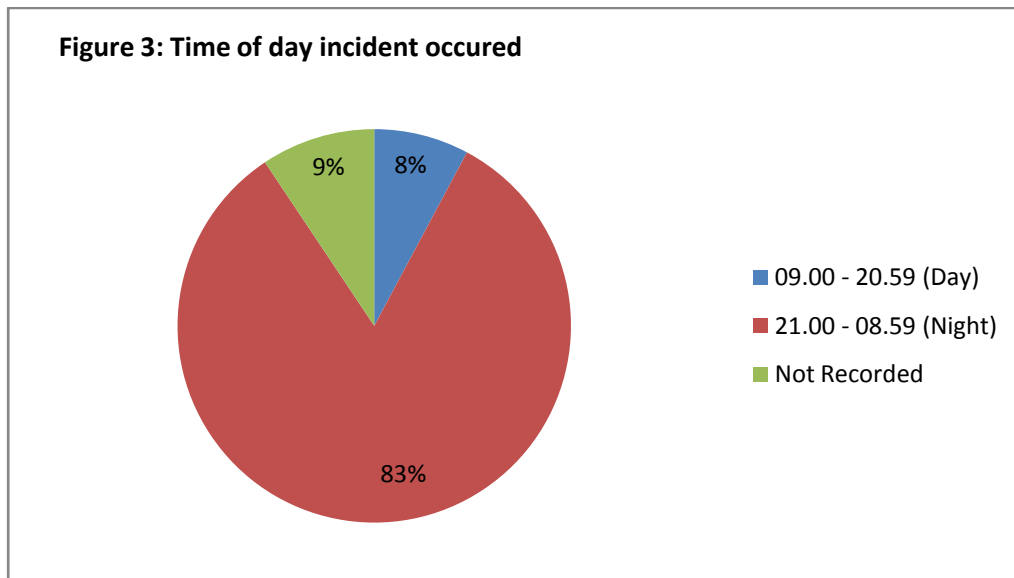
- Monday was the day most frequently reported as being the day the incident occurred, with 13 (20%) patients reporting this day (See figure 2).



## 7. Notable Day or Event

- 1 incident was reported as having occurred on a notable day

8. Time of Day Incident Occurred (See figure 3)



9. Location where the incident occurred (See table 3)

**Table 3: Analysis of the location of the incident (n = 64)**

Location	No	%
Home	15	23.5%
Assailants home	14	22%
Other indoors	14	22%
Other outdoors	7	11%
Car	6	9%
Field / Park	5	8%
Taxi	2	3%
Location not known	1	1.5%
<b>Total</b>	<b>64</b>	<b>100</b>

## 10. Type of Alleged Sexual Crime

Of the 64 patients

- 49 (76%) reported the incident occurred within  $\leq 7$  days
- 4 (6.5%) occurred between  $>7$  days and  $<1$  month
- 10 (16%) occurred  $>1$  month previously
- 1 (1.5%) patients gave a history of long term abuse

## 11. Assailant/s

### 11.1 Number of Assailants: single or multiple assailants

- 54 (84%) patients reported that a single assailant was involved in the incident
- 6 (10%) reported multiple assailants being involved
- 4 (6%) cases, the number of assailants was unknown

### 11.2 Relationship between the Patient and Alleged Assailant (See table 4)

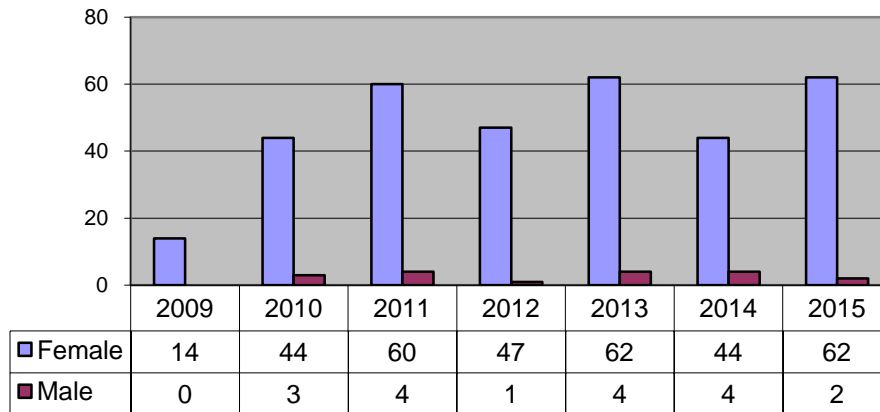
Table 4: Analysis of relationship between the patient and the alleged assailant ( $n=64$ )		
Relationship	No	%
Acquaintance	20	31%
Stranger	16	25%
Friend	7	11%
Recent acquaintance	6	9.5%
Ex-intimate partner	5	8%
Intimate Partner	4	6%
Unknown	3	5%
Other	2	3%
Family Member	1	1.5%
<b>Total</b>	<b>64</b>	<b>100</b>

## 12. Demographics

### 12.1 Gender

- Of the 64 patients, there were 62 (97%) females and 2 (3%) males (See figure 4)

**Figure 4: Analysis of gender and year of attendance**



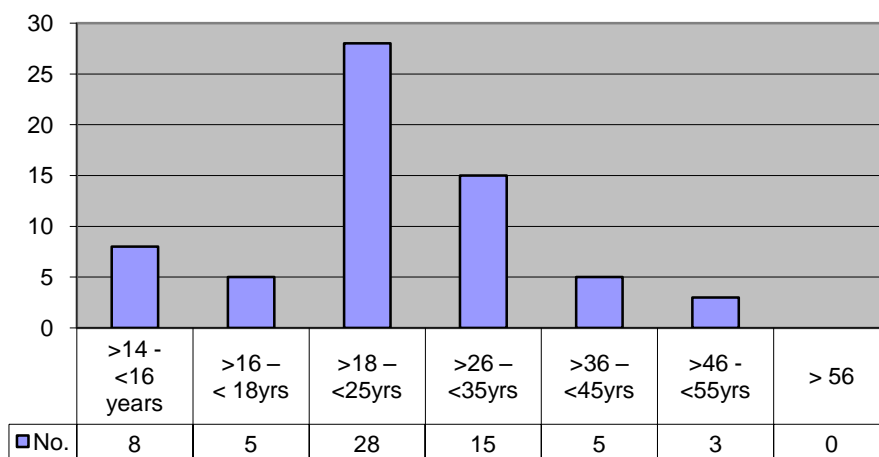
**12.2 Age Profile (See table 5 and figure 5)**

**Table 5: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU (n=64)**

Mean	Mode	Median	Minimum	Maximum
24	19 & 20*	21	14	55

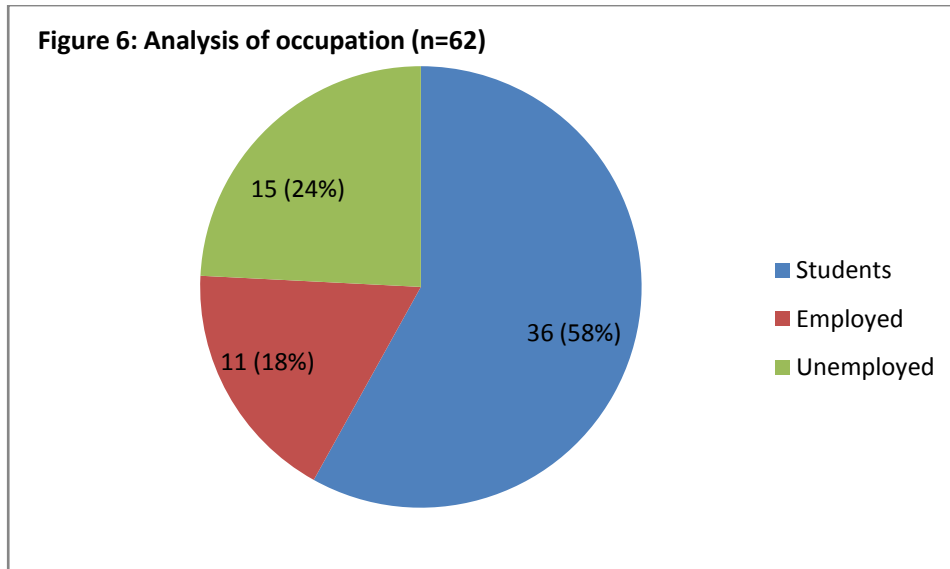
\* Bi-modal with 6 patients aged 19 and 6 patients aged 20 years both

**Figure 5: Analysis of age profile**



### 12.3 Occupation (n=62)

- 36 (58%) were students
- 15 (24%) were unemployed
- 11 (18%) were in employment (See figure 6)



### 12.4 Marital Status (See table 6)

Marital Status	No	%
Single	58	90.5%
Co-habiting	3	5%
Married	1	1.5%
Separated	1	1.5%
Other	1	1.5%
<b>Total</b>	<b>64</b>	<b>100</b>

### 12.5 Source of Referral (See table 7)

Referral Source	No	%
Gardai	51	80%
Self	10	15.5%
GP	1	1.5%

<b>RCC</b>	<b>1</b>	<b>1.5%</b>
<b>Other</b>	<b>1</b>	<b>1.5%</b>
<b>Total</b>	<b>64</b>	<b>100</b>
<b>NB. There were also the 2 patients who were SATU to SATU referral for follow up.</b>		

## 12.6 Ethnicity

- 55 (86%) patients were recorded as White Irish, with 1 (2%) patient who was not Irish and 8 (12%) patients whose ethnicity was not recorded.

## 13. Support Worker in Attendance (n=64)

- 52 (81%) had a Support Worker at the initial SATU attendance

## 14. Type of Attendance: Reporting or Health Check

Of the 64 patients that attended the SATU:

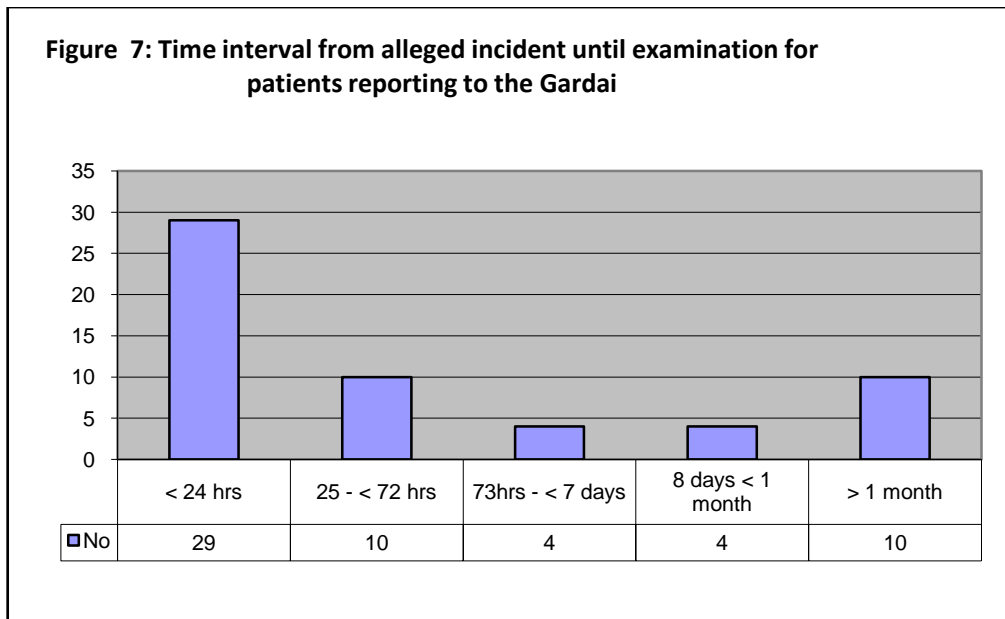
- 40 (62.5%) reported the incident to An Garda Síochána **and** had a forensic clinical examination carried out
- 12 (19%) had a health check examination

## 15. Patients Reporting to An Garda Síochána:

- 52 (81%) patients reported to An Garda Síochána

### 15.1 Time Interval from incident to attendance in SATU, for patients who reported to An Garda Síochána (n=52)

- 43 (83%) patients attended SATU within  $\leq 7$  days, of these
  - 39 (75%) patients attended within  $< 72$  hours, with
    - 29 (56%) of the group presenting within 24 hours of the incident
- 2/52 (4%) were seen  $\leq 1$  month (See figure 7)
- 7/52 (13%) patients who reported presented to SATU  $>1$  month following the Incident.



#### 16. Patients Awareness as to Whether or Not a Sexual Assault had occurred

- 56 (87.5%) patients felt that a sexual assault had occurred
- 7 (11%) patients were unsure if a sexual assault had occurred
- 1 (1.5%) patient felt that sexual assault had not occurred.

#### 17. Physical Trauma

- 27 (42%) patients attending the SATU had physical trauma
  - 26 (40%) patients had superficial injuries (which did not require Emergency Department referral)
  - 1 (2%) patient attended the Emergency Department with minor trauma

#### 18. Alcohol and Drug Use

##### 18.1 Alcohol

- 46 (72%) patients had consumed alcohol in the previous 12 hours prior to attending the SATU, of these
- 34 (53%) patients had consumed  $\geq 4$  units of alcohol (See table 8)

<b>Table 8: Analysis of the mean, median and mode: relevant to the amount of alcohol consumed in the previous 12 hours, prior to attending the SATU (n=46)</b>		
<b>Mean</b>	<b>Median</b>	<b>Mode</b>
7.7units	8 units	8 units



## 18.2 Drugs

- 6 (9%) patients had taken illegal drugs
- 7 (11%) patients were concerned that drugs had been used to facilitate sexual assault

## 18.3 Both Alcohol and Drugs

- In 6 (9%) cases, the patient reported having taken both alcohol and illegal drugs

## 20. Emergency Contraception (EC) (n=62 female patients)

- 42 (68%) female patients were seen within 72 hours of the incident, of these
  - 22/42 (52%) were given EC
  - The remaining 20 (48%) did not receive EC for various reasons (See table 9)

<b>Reason</b>	<b>N</b>	<b>(%)</b>
<b>Received PCC prior to attending Unit</b>	7	35%
<b>No penile penetration</b>	7	35%
<b>Already using contraception</b>	3	15%
<b>Pregnancy</b>	2	10%
<b>Post-hysterectomy or post-menopausal</b>	1	5%
<b>Total</b>	20	100

## 20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

### 20.1 STI Prophylaxis

- 49 (77%) patients received Chlamydia prophylaxis
- 29 (45%) patients had Hepatitis B immunisation commenced.
- 4 (6%) patients received post exposure prophylaxis for HIV

### 20.2 Outcome of the STI Screening Carried Out by the SATU

- There were no abnormal results

### **20.3 Follow up Appointments for Screening**

- All patients were offered screening for STIs
  - 14 (22%) patients attended Galway SATU for follow up
  - In total there were 23 return visits for STI screening and vaccination schedule.

## 21. CASATS, Galway

CASATS Galway was officially funded by the HSE from mid April 2011 as a 24 hour acute and historical forensic medical service. In 2015 the 24 hour service was provided by 4 Child and Adolescent Forensic Examiners.

**WHAT IS CASATS?:** The Child and Adolescent Sexual Assault Treatment Service (CASATS) provides an integrated forensic medical service for children (under 14) both male and female, who are victims of rape or sexual assault or suspected child sexual abuse. The service also accommodates adolescents 14-18 years who allege historical child sexual abuse (more than 7 days previously). The service operates 24 hours a day/ 365 days a year for patients who report an assault to the Gardaí or Social Services. The purpose of the Service is to provide a confidential, co-ordinated service for child and adolescent victims of rape and sexual assault or sexual abuse within the West and Mid Western Regions.

**FORENSIC MEDICAL ASSESSMENT:** A forensic medical assessment involves a detailed medical history and “top to toe” examination. This entails evaluating a child’s health, developmental, psychological and forensic / evidential needs. It is undertaken in a child friendly environment with age appropriate toys. The parent / carer / child advocate is encouraged to stay with and support a child throughout. Older children/ Adolescents can opt to have a supporter present or to undergo examination alone. Intimate examinations are undertaken using specialised equipment (colposcopy and photodocumentation). This enables a focused light source, magnification and photography. Images are numbered but otherwise anonymous (no faces / no names). Photographs are used to document injuries or other findings, and are vital if the examining doctor requires a second expert opinion or if the findings / evidence are challenged through the court process. Pre-pubertal children do not undergo internal (speculum) examinations. Every effort is taken to ensure the child’s comfort. The examination can be stopped at any time if the child is distressed. Most children are easily reassured. Feedback suggests children and adolescents often find the examination therapeutic. Since 2014 the charitable organisation CARI has been working in partnership with CASATS to provide crisis worker support to children < 14 years and their families. This role is similar to that of a rape crisis counsellor who has traditionally supported patients from 14 years up. Since the end of June 2015 the volunteer CARI child and family advocate service has been able to provide 24 hour availability and has been a tremendous asset to the service.

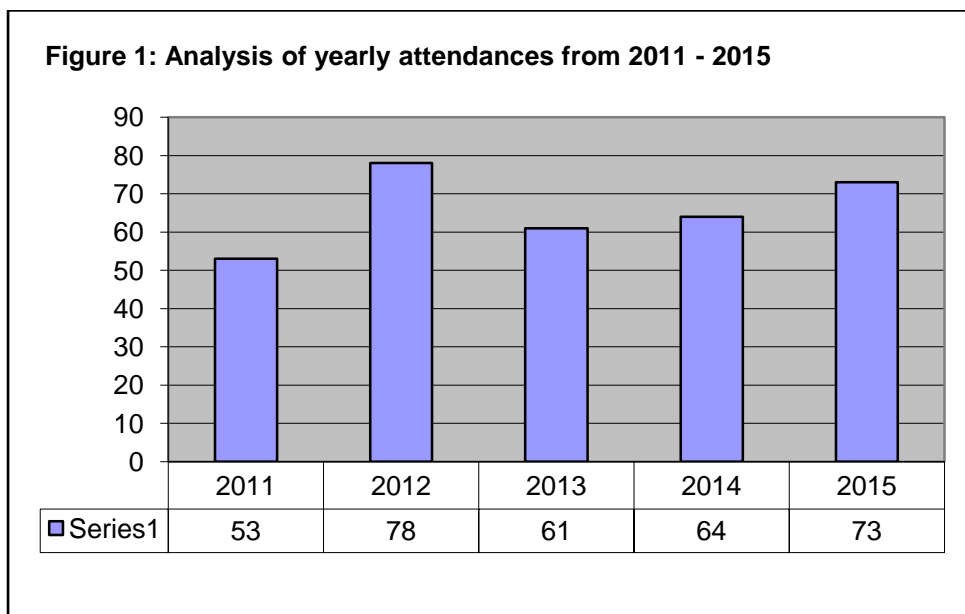
**AFTERCARE:** A child / adolescent's health and psychological needs are fully considered during forensic medical assessment. Any immediate medical (health) needs are addressed at the time of examination. Recommendations for further care are discussed and agreed with the child's guardian at the time of examination, and appropriate referrals initiated for ongoing therapeutic support according to individual needs including aftercare support service provided by CARI when indicated. Safeguarding issues are addressed by referring to social services (TUSLA) as indicated and to ensure ongoing support for the child and family, unless the reason for attendance is deemed to be purely medical.

**CASATS Team**

- 4 Forensic Examiners with expertise in child and adolescent sexual assault including the Clinical Director who is a Consultant Paediatrician.
- In 2015 CASATS shared the SATU team of
  - 1 CNS SAFE and 1 student CNS SAFE
  - 1 Manager
  - 15 Support Nurses (on call)

**22. Number of Attendances**

- In 2015, 75 patients made requests for CASATS services
- There were 73 attendances at CASATS in 2015 with 2 patients cancelling an appointment for personal reasons. These families were supported by other agencies.



### 23. Country Where the Incident Took Place

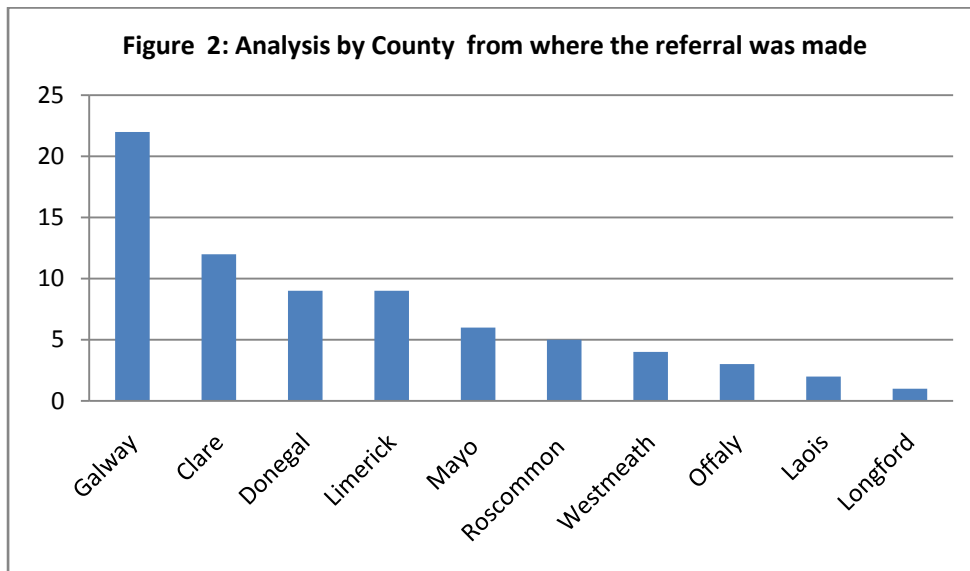
All 73 incidents (100%) occurred in Ireland

**Table 1: Analysis of the counties where Incident took place (n=73)**

County	No	%
Galway	22	30%
Clare	12	16.5%
Donegal	9	12.5%
Limerick	9	12.5%
Mayo	6	8%
Roscommon	5	7%
Westmeath	4	5.5%
Offaly	3	4%
Laois	2	3%
Longford	1	1%
<b>Total</b>	<b>73</b>	<b>100%</b>

### 24. County of Referral

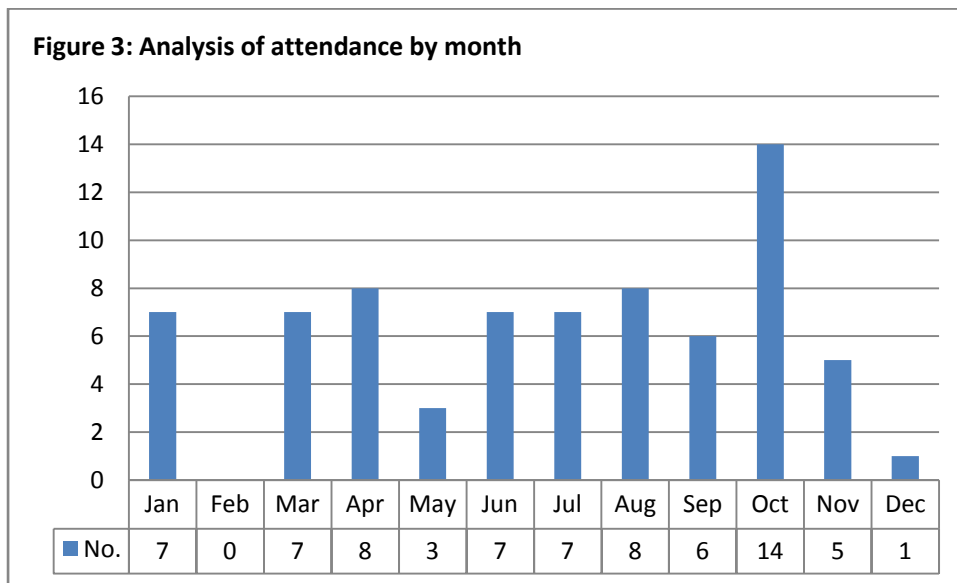
Figure 1 County of referral



### 25. Month of Attendance

- October was the busiest month with 14 (19%) attendances.

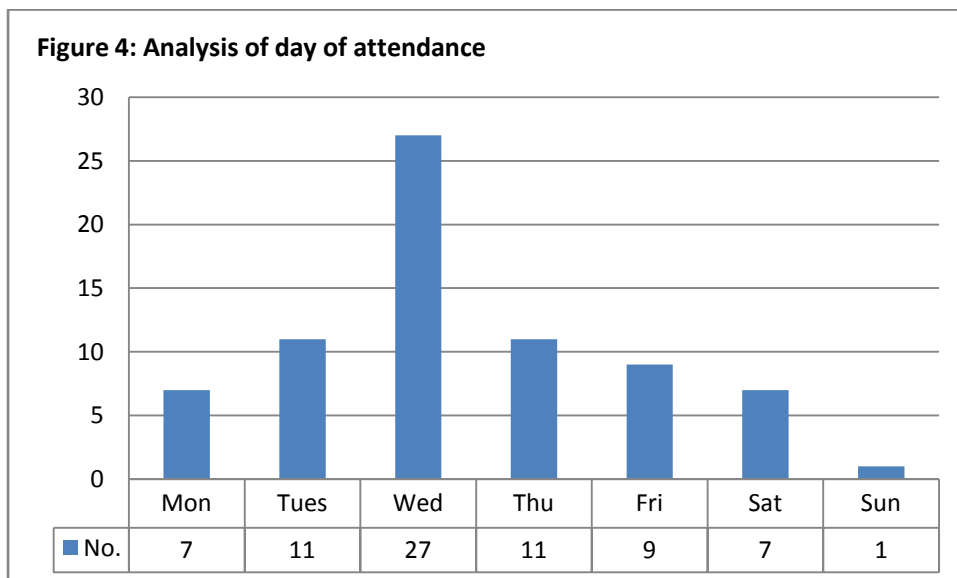
**Figure 2 Attendances per month**



**26. Day of the Week Patient attended the SATU**

- Wednesday was the busiest day with 27 (37%) attendances on this day. This reflects the availability of the forensic examiner as the majority of cases were historical and could be scheduled at a time convenient to all parties.

**Figure 3 Day of attendance**



## 27. Examinations conducted out of hours

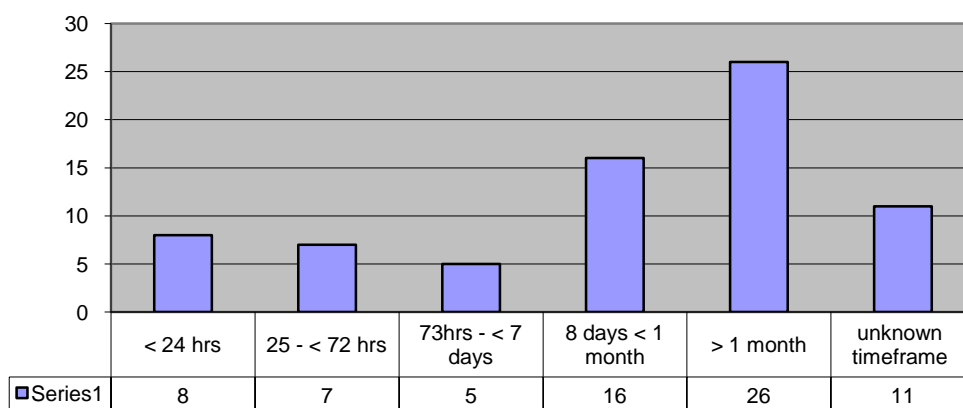
- 13 (18%) cases were seen out of hours, of these 8 (11%) occurred over the weekend

## 28. Time between incident/s and attending CASATS

Of the 73 referrals

- 20 (27%) patients were referred within 7 days of an allegation
- Of these, 15 (20.5%) were within  $\leq 72$  hours with 8 (11%) of these cases being within 24 hours of an allegation
- 16 (22%) cases presented between 7-28 days after most recent alleged sexual contact
- In 26 (36%) cases the allegation was of historical abuse i.e.  $>1$  month
- An exact time frame was not specified for 11 (15%) cases
- Of the 20 cases referred within 7 days of an allegation, 10 (13.5%) patients had forensic samples taken
- 1 patient had forensic samples taken within 8 days of an allegation as there was uncertainty surrounding exact times and dates of the alleged assault.
- 11 (15%) patients in total had forensic samples taken
- Of the 20 cases that were seen within 7 days of an alleged incident, 10 (13.5%) patients did not have forensic sampling.

**Figure 7: Time interval from alleged incident until examination for patients reporting to the Gardai**



### 28.1 Support Worker in Attendance (n=73)

- 66 (90.5%) patients had a CARI Worker at the initial CASATS attendance.

## 29.0 Assailant details

### 29.1 Child Assailants

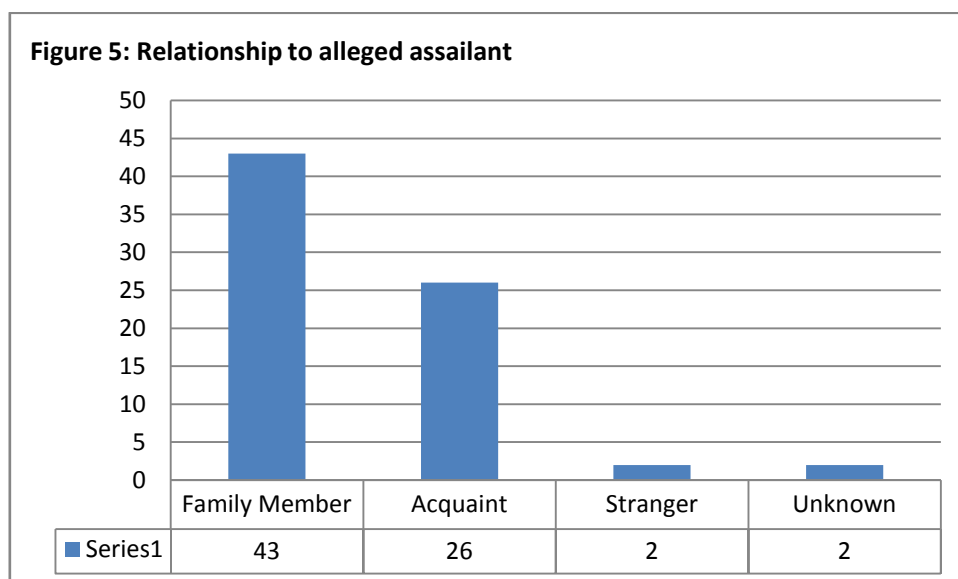
- 25 (34%) cases involved child assailants.
- One female child assailant was reported.
- All other child assailants were male.
- In one case both a child and an adult were alleged perpetrators of inappropriate sexual behaviour.

### 29.2 Adult Assailants (defined as >18 years at time of alleged assault)

- In 47 (65%) cases adult males were suspected of instigating sexual abuse, of whom 11 (23.5%) were the child's fathers.

### 29.3 Relationship between the Patient and Alleged Assailant

Figure 4 Relationship to alleged assailant





### 29.4 Gender of assailant

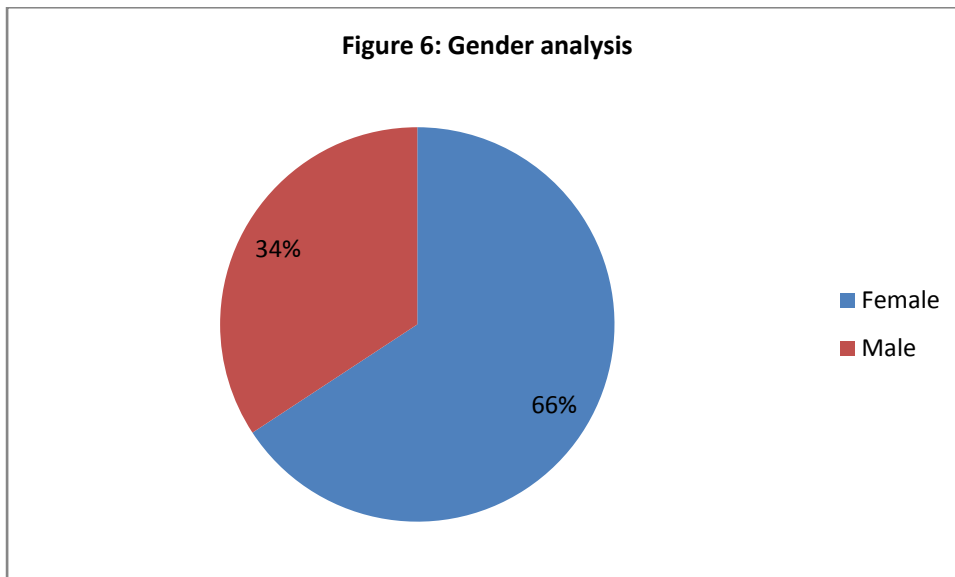
- One case involved a female child assailant.
- The rest were male or not specified in the absence of a definitive allegation/disclosure.
- 13 (18%) cases involved multiple alleged assailants.

## 30. Patient Demographics

### 30.1 Gender

- 48 (66%) patients attending the CASATS in 2013 were female.
- 25 (34%) patients were male.

Figure 5 Patient Gender

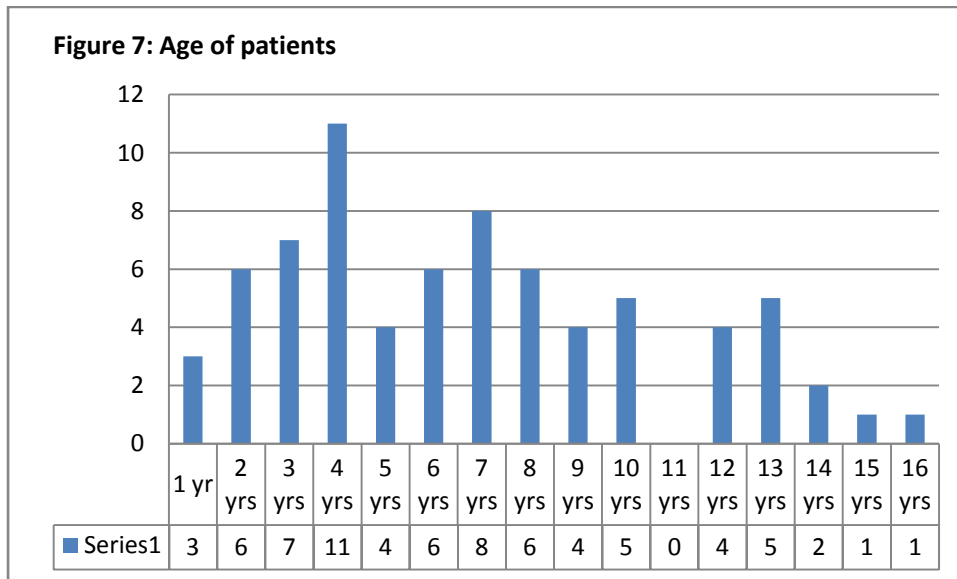


### 30.2 Age Profile

Table 5: The mean, mode and median age and the minimum and maximum ages of patients attending the CASATS

<i>Mean</i>	<i>Mode</i>	<i>Median</i>	<i>Minimum</i>	<i>Maximum</i>
6.8 years	4years	6years	1 year	16 years

**Figure 6 Age of patients**

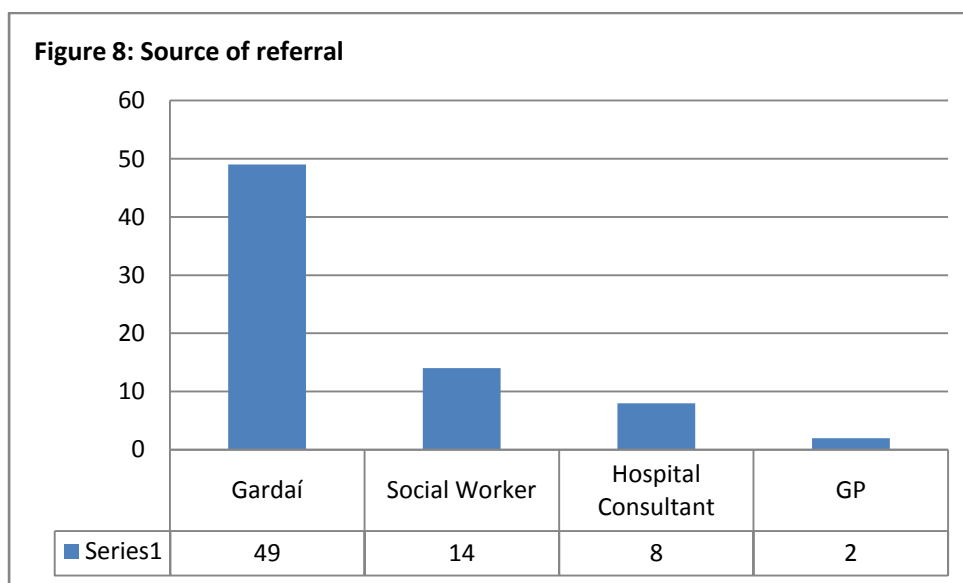


**30.3 Source of referral**

- 49 (67%) cases were referred by An Garda Síochána
- 14(19%) referrals came from social workers
- 8 (11%) were referred by hospital consultants
- 2 (3%) were referred by a GP

All patients were referred or already engaged with TUSLA unless they presented with, what was deemed after comprehensive assessment, to be a purely medical complaint.

**Figure 7 Source of referral**



### **31. Type of Attendance: Forensic sampling**

\* Forensic samples are recommended to be taken from prepubescent children in the 72 hours post assault or from pubertal children up to 7 days post assault.

Of the 73 patients attending the CASATS:

- 11 (15%) patients had forensic sampling undertaken

Of the 11 (15%) cases who had forensic screening; (n=11)

- 10 (91%) were pre pubertal
- 1 (9%) was pubertal
- 4 (36%) patients were male
- 7 (64%) patients were female

### **32. Sexually Transmitted Infection (STI) Prophylaxis and Screening**

#### **32.1 STI Screening**

Screening and prophylaxis for sexually transmitted infections (where indicated) was available and considered for Service Users of CASATS throughout 2015

- 55 (75%) patients had an STI screen
- 4 (5.5%) patients commenced Hepatitis B vaccination schedule
  - \* Hepatitis B vaccination is provided by CASATS, however as it is now included in standard childhood immunisations it is required less frequently.
- Although emergency contraception and HIV PEPSE is available, neither were required by CASATS patients in 2015.

### **32.2 STI Follow up**

- 4 (7%) patients attended the SATU for STI follow up with other patients preferring follow up, where indicated, to be co-ordinated locally through their GP or local Paediatric services

### **33. SATU & CASATS Developments, Activities, Opportunities and Challenges**

#### **33.1 Activities and Developments 2015**

A business plan for permanent premises including co-located Adult and CASAT services was submitted to the Saolta Group. We were delighted to welcome Ms. Ann Marie McGarry as SATU staff nurse in the latter half of 2015.

#### **33.2 Multi-Interdisciplinary SATU / CASATS Liaison Meetings**

The SATU inter-disciplinary Liaison group (which includes representatives from Galway Rape Crisis Centre, Garda Liaison Officer, Clinical Directors for both Child and Adult Services, CNS Sexual Assault Forensic Examiner, SATU Administrative Manager and Social Work representative) met quarterly throughout the year. Minutes of all meetings and attendance were compiled.

#### **33.3 Education and Training Events:**

In 2015 Peer reviews for Child Sexual Assault and Adult Sexual Assault were attended by members of the Galway CASATS and SATU teams.

##### **33.3.1 2015 Medical team activity:**

Several Forensic Examiners contributed to Regional and National Conferences, teaching, research and training events including examining for the Sexual Assault Forensic Examiner Certificate University College Dublin and the DFCASA, Faculty of Forensic and Legal Medicine, UK

##### **33.3.2 CNS Activity:**

There was no CNS in Galway SATU in 2015.

#### **Opportunities and Challenges for 2016**

- Recruitment and training of new examiners for both CASATS and Adult SATU
- Training of new CNS
- Daytime assisting nurse cover
- Training of new assisting nurses

- To expand the Adult SATU service including launch of Option 3.
- To campaign for permanent premises
- To seek governance for CASATS within the acute hospital services
- To seek sustainability for the CASATS service through longer term contracts for Paediatric Forensic Physicians equitable with those for Adult SATU examiners
- To seek recurrent funding for the CARI Child and Family Advocates/ Crisis Support
- To continue to develop CASAT services within a National Strategic framework

### **33.5 Opportunities for 2016**

We will host the National SATU Study Day in October 2016.

#### **Acknowledgements:**

SATU & CASATS Galway would like to express our gratitude to Ms Anne McHugh retiring in January 2016 and whose wisdom and expertise will be much missed and to the Manuela Riedo Foundation Ireland for continued financial support in projects related to healing, education, prevention and awareness of sexual violence in Ireland



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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**SEXUAL ASSAULT TREATMENT UNIT**

**Midland Regional Hospital, Mullingar**

**Annual Report for 2015**

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## **Editorial Team**

Debbie Marshall CNS (Sexual Assault Forensic Examination)

Reviewed by: Dr Michael Gannon (Medical Director, SATU)

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## **Acknowledgements**

We wish to thank and acknowledge all the hard work and effort by everyone involved with the provision of services at the Sexual Assault Treatment Unit (SATU), Midland Regional Hospital, Mullingar, including all the forensic examiners, assisting nurses, pharmacy and laboratory staff, hospital management, members of An Garda Síochána and support workers and staff of the Tullamore Rape Crisis Centre.



## Executive Summary for 2015

### Attendance re : Area

- There were 102 attendances at the SATU MRHM, an increase of 17(20%) cases from 2014.
- 52 cases (51 %) were seen within 3 hours of initial referral to SATU MRHM and the 102 cases were referred from 16 counties in 2014
- 2 additional patients were seen for sexual health screening, having attended SATU elsewhere for forensic examination.

### Attendance re: Month, Day and Time of Day

- January and August were the busiest months with 12 (11.7 %) cases each.
- The majority of incidents occurred at weekends with 24 (23.5%) cases occurring on Sundays.
- 73 (71.5 %) of incidents occurred during the night time hours of 21:00 to 08:59.

### Type of Alleged Sexual Crime, Assailant, Relationship to assailant

- 72 (70.5%) cases were reported as recent sexual assaults (occurred  $\leq$  7days) and were reported to An Garda Síochána.
- In 24 (23.5%) cases, the reported assailant was a stranger and in 22 (21.5%) cases, the reported assailant was an acquaintance.
- In 90 (88%) cases, a single assailant was reported to be involved and in 5 (5%) cases the number of assailants was recorded as more than one.

### Gender, Age Profile, Referral Source

- Of the 102 attendees, 96 (94%) were female and 6 (6%) were male.
- The mean age was 24.7 years; the youngest patient was 14 years, the eldest 61 years. The minimum age criterion for SATU MRHM is 14 years.
- 69 (67%) cases were referred by An Garda Síochána, 11 (12%) cases were referred by other source or self respectively with GP referrals accounting for 7 (7%) cases.

### Cases reporting to An Garda Síochána / Time Frame from Incident until SATU

- In total, 85 (83%) cases reported the incident to An Garda Síochána at some stage of which 61 (72%) cases were reported  $\leq$ 7 days of the incident and had a forensic

clinical examination where a forensic kit was used.

- 41 (57 %) cases reported to An Garda Siochana ≤24 hours of the incident.
- 52 (51%) cases were seen at SATU MRHM within three hours from time of initial referral call.

### **Support Worker in Attendance**

- 90 (88%) cases had a support worker from the RCC in attendance.

### **Physical trauma**

- 47 (46%) cases attending the SATU experienced physical trauma and of these, 11 (23 %) attended the Emergency Department with minor or major trauma.

### **Alcohol and Drug Use**

- 52 (51 %) cases had consumed alcohol in the previous 12 hours prior to attending SATU MRHM.
- 5 (5%) cases had taken drugs.
- 3 (3%) cases had taken both alcohol and drugs.
- 2 (2%) cases were concerned that drugs had been used to facilitate sexual assault.

### **Emergency Contraception ( EC)**

- 69 (72%) female cases were seen within 7 days of the assault and of these 39 (56.5%) were given EC ≤ 120 hrs of the assault.

### **Sexually Transmitted Infections**

- 51 (50%) cases received Chlamydia prophylaxis, 8 (8%) cases received post exposure prophylaxis treatment for HIV and 47 (46%) cases were commenced on Hepatitis B vaccination programme.
- 88 (86%) cases were offered STI screening of which 45 (51 %) cases had an appointment arranged in SATU MRHM. 35 cases (40%) had STI screening arranged elsewhere.
- Of the 37 cases who attended SATU MRHM for sexual health screening and follow up, 4 cases were diagnosed with a STI.

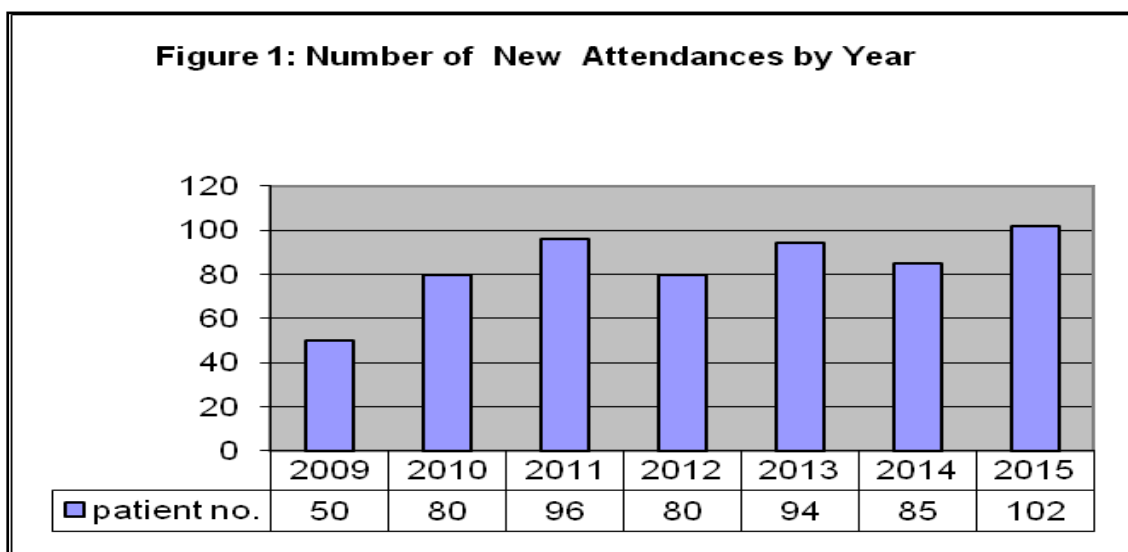
## SATU, Midland Regional Hospital, Mullingar

The SATU team consists of:

- Medical Director (Consultant Obstetrician and Gynaecologist)
- 5 Forensic Clinical Examiners including 1 Clinical Nurse Specialist (Sexual Assault Forensic Examination)
- 1 Nurse undertaking a year long full time Higher Diploma in Nursing (Sexual Assault Forensic Examination)
- 6 Assisting Nurses
- 2 Clerical Officers (0.5 WTE each)

### 1. Number of attendances

- There were 102 attendees at the SATU MRHM in 2015.
- This showed an increase of 17(20%) cases from 2014. (See figure1).
- 2 additional patients were referred from other SATU for STI screening and are not included in the overall attendances for 2015.



### 2. Country where the Incident took place

- 99 (97%) incidents occurred in the Republic of Ireland.
- 3 (3%) case occurred in the EU.

### 3. Origin of referral by county

- In 2015, the unit received referrals from 16 counties. (See Table 1).
- 16 (16%) cases were referred from Westmeath.
- 15 (15%) cases were from Dublin.
- SATU MRHM accepted referrals from other counties when their local SATU were off call and this activity is reflected in the distribution of cases from some areas in 2015.

<b>Table 1:Origin of referral by county (n=102)</b>		
	<b>No.</b>	<b>%</b>
<b>1 Westmeath</b>	16	16%
<b>2 Dublin</b>	15	15%
<b>3 Laois</b>	12	11.5%
<b>4 Longford</b>	11	10.5%
<b>5 Meath</b>	10	10%
<b>6 Offaly</b>	10	10%
<b>7 Kildare</b>	8	7.5%
<b>8 Cavan</b>	6	5.5%
<b>9 Galway</b>	3	3%
<b>10 Sligo</b>	3	3%
<b>11 Roscommon</b>	2	2%
<b>12 Monaghan</b>	2	2%
<b>13 Mayo</b>	1	1%
<b>14 Leitrim</b>	1	1%
<b>15 Louth</b>	1	1%
<b>16 Tipperary</b>	1	1%
<b>Total</b>	<b>102</b>	<b>100 %</b>

#### 4. Month of Attendance

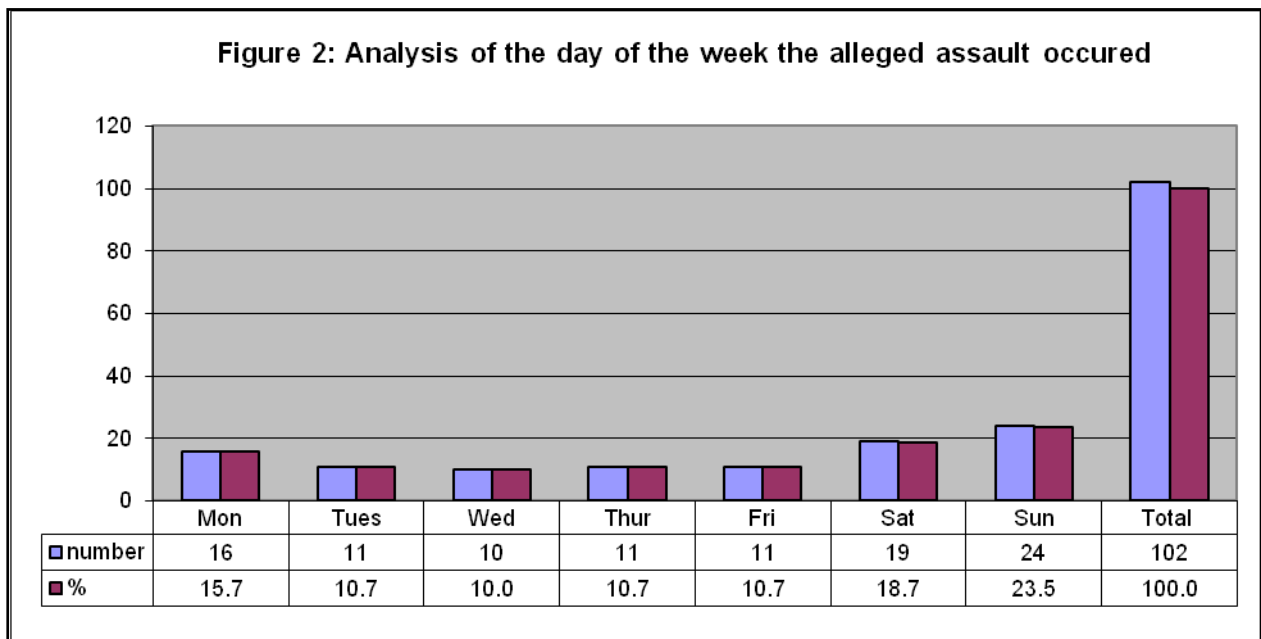
- Busiest months were January and August with 12 (11.7%) cases respectively (See Table 2).

**Table 2: Analysis of attendance by month (2014)**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>No.</b>	12	9	9	3	7	6	8	12	8	8	11	9	<b>102</b>
<b>%</b>	11.7	8.8	8.8	3	7	6	7.8	11.7	7.8	7.8	10.8	8.8	<b>100</b>

#### 5. Day of the Week the Incident Occurred

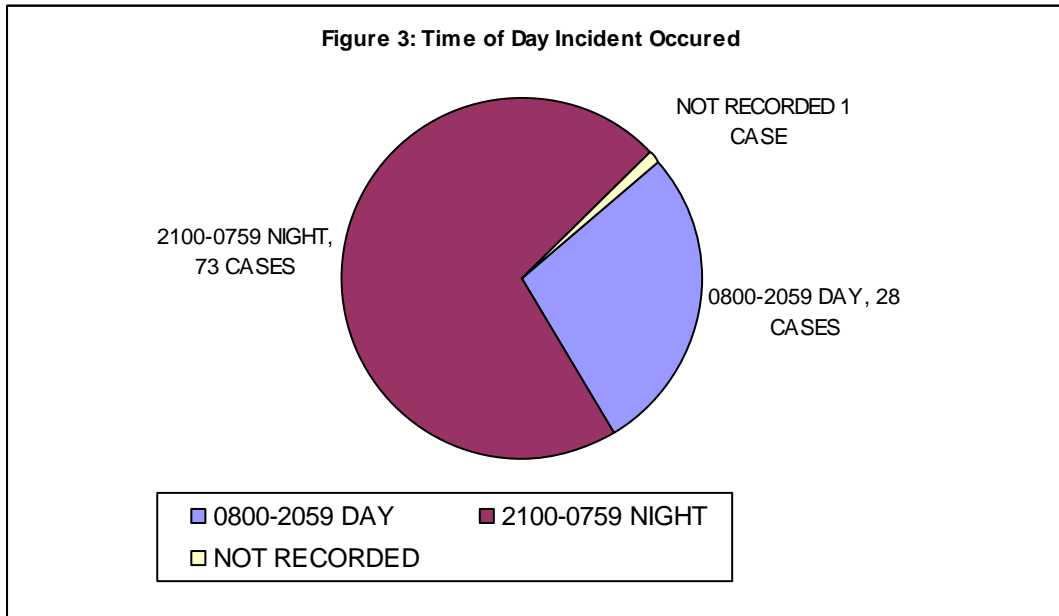
- Busiest day of week when incident occurred was Sunday with 24 (23.5%) cases, with 19 (18.7%) cases occurring on Saturdays and 16 (15.7%) cases on Mondays (See figure 2).



#### 6. Time of Day the Incident Occurred

- The majority of incidents 73 (71.5%) occurred during the hours of 21:00 to 08:59.
- 28 (27.4%) incidents occurred during the hours of 09:00-20:59

- Time of day incident occurred was not documented in one case (see figure 3).



### 7. SATU Response times from time of referral

- 5 (5%) cases were seen  $\leq 1$  hour of referral.
- 36 (35.3%) cases were seen 1- 2 hours of referral.
- 11 (10.7%) cases were seen 2- 3 hours of referral.
- 50 (49 %) cases were seen  $>3$  hours or longer after referral to SATU MRHM.

Delay of 3 hours or longer was due to a number of factors such as patient considerations, Garda reasons or geographical distance to travel to SATU Mullingar. Of the 50 (49%) cases seen three hours or longer from time of referral, 21 (42%) cases were recorded as non forensic where seeing such cases are deemed less expeditious (See Table 3).

<b>Table 3: Response time in hours from time of initial referral call to patient seen (n=102)</b>		
	<b>N</b>	<b>%</b>
<b>≤1hour</b>	5	5%
<b>1- 2 hours</b>	36	35.3%
<b>2- 3 hours</b>	11	10.7%
<b>&gt;3 hours</b>	50	49%
<b>Total:</b>	<b>102</b>	<b>100%</b>

## 8. Analysis of the location where the incident occurred

- 24 (28 %) cases reported the assault had occurred in the assailant's home.
- 19 (22 %) cases reported the assault had occurred in their own home (See Table 4)

<b>Table 4: Analysis of the location of the incident (n= 102)</b>		
<b>Location</b>	<b>N</b>	<b>%</b>
<b>Other-Indoors</b>	28	27.5
<b>Assailant's Home</b>	26	25.4
<b>Own Home</b>	25	24.5
<b>Other-Outdoors</b>	10	9.8
<b>Car</b>	6	5.8
<b>Field-Park</b>	4	4
<b>Taxi</b>	2	2
<b>Unsure</b>	1	1
<b>Total:</b>	<b>102</b>	<b>100 %</b>

## 9. Number of Assailants and Relationship to Assailant

### 9.1 Number of Assailants

- In 90 (88%) cases, a single assailant was reported to be involved.
- In 3 (3%) cases, 2 assailants were reported to have been involved.
- In 1 (1%) case, 3 assailants were reported to have been involved.
- In 1 (1%) case, 4 assailants were reported to have been involved.
- In 7 (7%) cases, the number of assailants was reported as unknown.

## 9.2 Relationship to Assailant

- In 24 (23.5 %) cases, the reported assailant was a stranger.
- In 22 (21.5%) cases, the reported assailant was an acquaintance.
- In 2015, the assailant was recorded as a recent acquaintance where the patient had known the assailant for less than twenty four hours previous to the alleged assault in 12 (11.8 %) cases (See table 5).

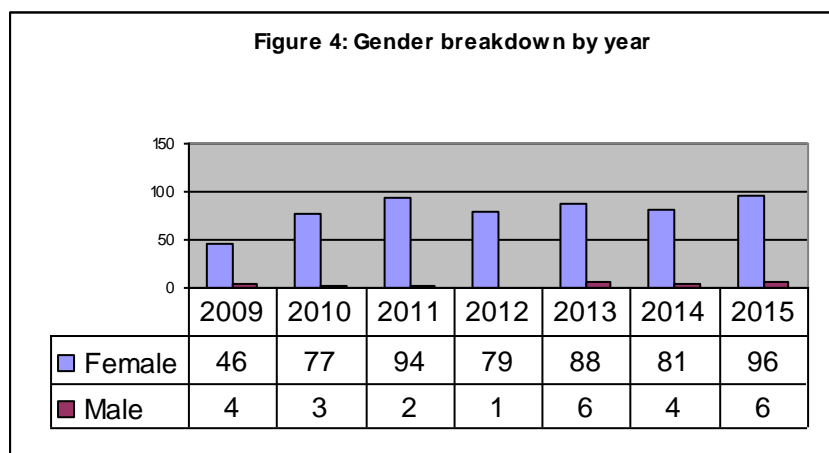
**Table 5: Relationship between the patient & alleged assailant (n= 102)**

	<b>N</b>	<b>%</b>
<b>Stranger</b>	24	23.5
<b>Acquaintance</b>	22	21.5
<b>Friend</b>	17	16.6
<b>Recent acquaintance</b>	12	11.8
<b>Ex-intimate partner</b>	10	9.8
<b>Unknown</b>	8	7.8
<b>Family member</b>	5	5
<b>Other</b>	2	2
<b>Intimate partner</b>	2	2
<b>Total:</b>	<b>102</b>	<b>100%</b>

## 10. Demographics

### 10.1 Gender

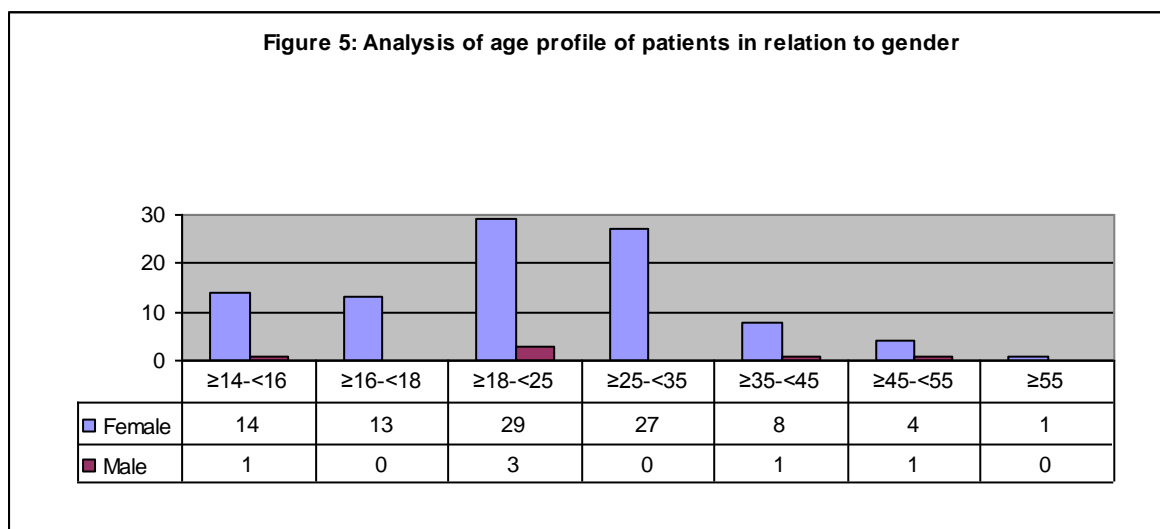
- Of the 102 attendees: 96 (94%) were female and 6 (6%) were male (See figure 4).





## 10.2 Age profile of cases

- 32 (31.3%) cases were aged between 18 and 24 years of age, the largest number in any age group.
- 28 (27.4 %) cases were aged < 18 years of age with the minimum age criteria set at 14 years of age for adult SATU services.
- 6 (6%) cases were aged above 45 years of age (See Figure 5 and Table 6).



**Table 6: The mean, mode and median age and the minimum and maximum ages of cases attending SATU**

Mean	Mode	Median	Minimum	Maximum
24.7yrs	17yrs	23yrs	14 yrs	61 yrs

## 10.3 Occupation

- 49 (48%) cases recorded their occupation as student
- 27 (26.5%) cases were unemployed.
- 26 (25.5 %) cases were employed.

## 10.4 Marital Status

- 84 (82%) cases who attended Mullingar SATU were documented as single in 2014 (See table 7).

<b>Table 7: Marital Status</b>		
<b>Marital Status</b>	<b>N</b>	<b>%</b>
<b>Single</b>	84	82%
<b>Married</b>	6	6%
<b>Co habiting</b>	4	4%
<b>Separated</b>	3	3%
<b>Divorced</b>	2	2%
<b>Not recorded</b>	2	2%
<b>Other</b>	1	1%
<b>Total:</b>	<b>102</b>	<b>100%</b>

### 10.5 Source of Referral

- The majority 69 (67%) cases were referred to SATU MRHM by An Garda Siochana. 11(12%) cases were referred by others including mental health services, parents, other specialities and departments within MRHM and domestic violence services (See Table 8).
- 2 additional cases were referred from other SATU elsewhere for sexual health screening at SATU MRHM and are not included in the overall numbers for 2015.

<b>Table 8: Analysis of source of referral</b>		
<b>Referral Source</b>	<b>N</b>	<b>%</b>
<b>Gardai</b>	69	67%
<b>Other</b>	11	12%
<b>Self</b>	11	12%
<b>GP</b>	7	7%
<b>RCC</b>	1	1%
<b>Not Recorded</b>	1	1%
<b>Total:</b>	<b>102</b>	<b>100%</b>
<b>Other SATU referrals</b>	2	

### 10.6 Ethnicity

- 99 (97%) cases who attended SATU Mullingar in 2015 were documented as white.
- Other ethnicities accounted for the remaining 3 (3%) cases.

### 10.7 Psychological Support Worker in Attendance

- 90 (88%) cases had a support worker from the RCC in attendance.
- 12 (12%) cases did not have a support worker in attendance for a variety of reasons; patient choice, SATU did not request the service when patient attended and on one occasion a support worker was not available.

### 11. Type of Attendance: Garda Forensic Kit / Garda No Forensic Kit / Health Check

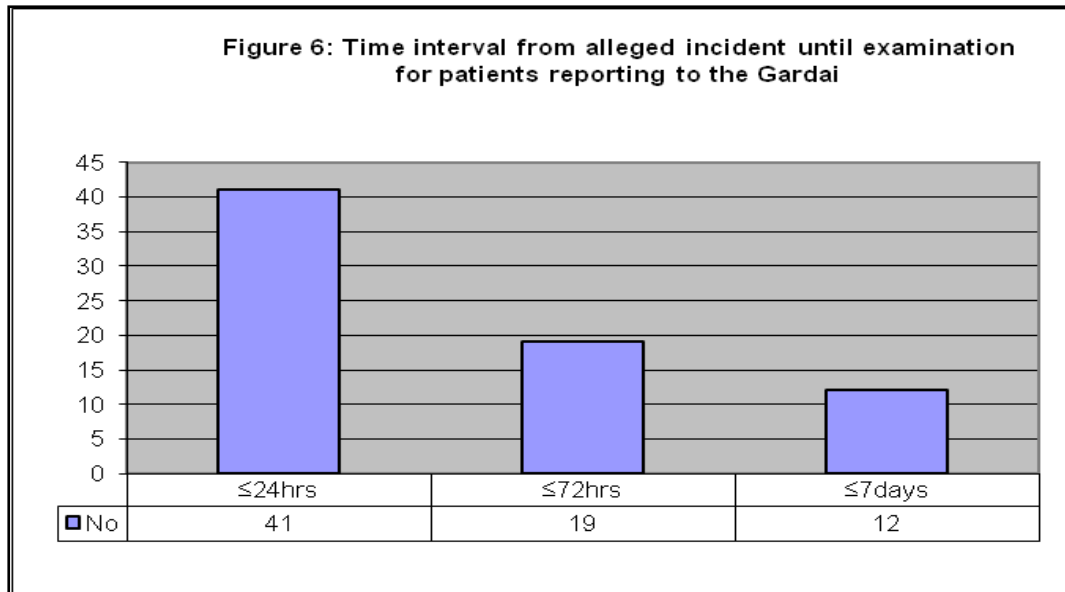
- 61 (60 %) cases were reported to An Garda Síochána and had a forensic clinical examination where a forensic kit was used.
- 11 (11%) cases were reported to An Garda Síochána and had a non forensic clinical examination where no forensic kit was used.
- 29 (28 %) cases had a health check. These patients opted not to report to An Garda Síochána for a forensic examination or the incident was reported outside of the 7 day time frame for a forensic clinical examination.
- 1 (1%) case was recorded as other.

### 12. Cases reporting to An Garda Síochána

- In 85 (83%) cases, it was documented that the incident was reported to An Garda Síochána at some stage.
- 17 (17%) cases chose to not report the incident to An Garda Síochána.

### 13. Time interval from alleged incident until examination for cases reporting to An Garda Síochána (n=72)

- Within 24 hrs of the incident, 41 (57%) cases reported.
- 24 -72 hrs of the incident, 19 (26%) cases reported.
- 72 hrs-7 days of the incident, 12 (17%) cases reported (See figure 6).



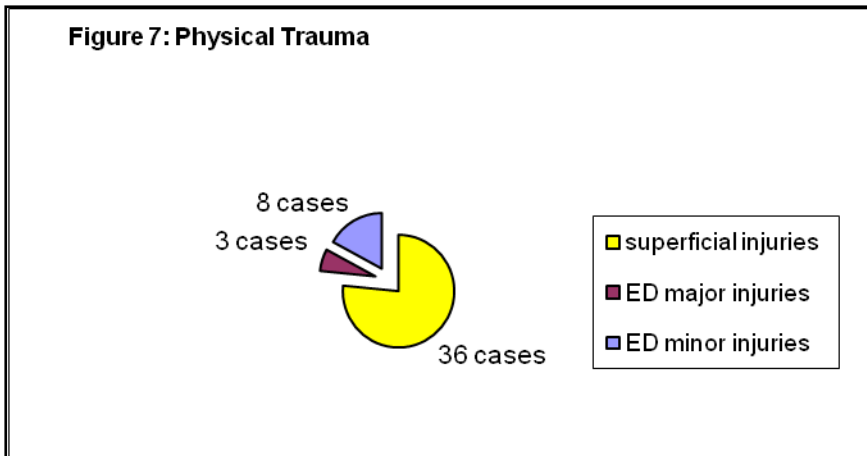
#### 14. Case awareness of whether a Sexual Assault had occurred

- 86 (84%) cases thought that a sexual assault had occurred.
- 16 (16%) cases were unsure if a sexual assault had occurred.

#### 15. Physical Trauma

47 (46%) cases attending the SATU experienced physical trauma and of these:

- 8 (17%) attended the Emergency Department with minor trauma
- 3 (6 %) attended the Emergency Department with major trauma
- 36 (77%) had superficial injuries which did not require Emergency Department interventions. (See Figure 7).



## 16. Alcohol and Drug Use

### 16.1 Alcohol

- 52 (51%) cases had consumed alcohol in the previous 12 hours prior to attending SATU MRHM and of these , 41 (79%) cases had consumed  $\geq 4$  units of alcohol.
- In 1 (2%) cases, the amount of alcohol consumed was unknown and in 1 case (2%) the amount was undocumented.
- The average number of alcohol units consumed in the previous 12 hrs was 8 units (see Table 9).

**Table 9: Analysis of the mean, median and mode: relevant to the units of alcohol consumed in the previous 12 hours, prior to the alleged assault (n=52).**

Mean	Median	Mode
8	8	4

### 16.2 Drugs

5 (5%) cases had taken drugs, of these

- 3 (3%) cases were illegal drugs
- 1(1%) case was prescribed drugs
- 1 (1%) case was recorded as both prescribed and illegal drug use.

2 (2%) cases were concerned that drugs had been used to facilitate sexual assault.

### 16.3 Both Alcohol and Drugs

3 (3%) cases had taken both alcohol and drugs.

## 17. Emergency Contraception (EC)

Of the 96 female cases seen in SATU MRHM:

- 69 (72%) cases were seen within 7 days of the assault.
- Of these 69 cases, 39 (56.5%) were given EC (Levonorgestrel or Ulipristal acetate)  $\leq$  120hrs of the assault.
- The other 30 (43.5%) female cases did not receive EC for various reasons. (See table 10)

<b>Table 10: Reasons why women who were seen within 7 days did not receive EC in the SATU (n = 30)</b>		
	<b>No.</b>	<b>%</b>
<b>Already using effective contraception</b>	12	40
<b>No penile penetration</b>	6	20
<b>No reason documented</b>	6	20
<b>Received PCC prior to attending Unit</b>	3	10
<b>Post-hysterectomy or post-menopausal</b>	2	7
<b>Refused</b>	1	3
<b>Total</b>	<b>30</b>	<b>100%</b>

## 18. Sexually Transmitted Infection (STI) Prophylaxis & Screening.

### 18.1 STI Prophylaxis

- 51 (50%) cases received Chlamydia prophylaxis
- 8 (8 %) cases received post exposure prophylaxis treatment for HIV
- 47 (46%) cases had Hepatitis B immunisations commenced
- 7 cases completed the Hepatitis B vaccination course
- 45 cases have yet to complete the Hepatitis B vaccination course to date
- 50 cases did not receive Hepatitis B immunisation.

## 18.2 Follow up Appointments for STI Screening

- Of the 102 cases seen in SATU MRHM in 2015, 88 (86%) cases were offered follow up STI screening. The remaining 14 (14%) cases were not offered follow up STI screening for a variety of reasons including STI follow up not indicated by the history or because of patient circumstance.
- Of the 88 cases offered STI screening, 45 (51%) cases were given an appointment for SATU MRHM. 35 (40%) cases had STI screening arranged elsewhere which reflects patient choice and the geographical spread of referrals received from 16 counties in 2015. 5 (6 %) cases declined STI screening.
- An additional 2 patients were referred to SATU MRHM for STI screening by other SATU services. (see Table 11).

<b>Table 11: Follow up Appointments for STI screening (n=102 +2 )</b>		
	<b>N</b>	<b>%</b>
<b>Given follow up appointment for SATU MRHM</b>	45	
<b>Given follow up appointment for other STI service</b>	20	
<b>Given follow up appointment for GP</b>	10	
<b>Did not attend arranged appointment for SATU MRHM</b>	8	
<b>Uncontactable</b>	6	
<b>Declined follow up appointment</b>	5	
<b>Given follow up appointment to attend other SATU</b>	5	
<b>STI follow up not indicated by history or circumstance</b>	3	
<b>Total</b>	<b>102</b>	
<b>Follow up at SATU MRHM, seen at other SATU for initial visit</b>	2	

## 18.3 Given appointment for STI Screening at SATU MRHM

- 45 cases were given an appointment for STI screening in MRHM of which 37 (82%) cases in total attended.
- 8 (18%) cases did not attend SATU MRHM for their follow-up appointments.
- Of the 40 cases seen for follow up to date

- 29 (73%) cases attended their 1<sup>st</sup> appointment
- 9 (22%) cases attended their 2<sup>nd</sup> appointment
- 2 (5%) cases attended their 3<sup>rd</sup> appointment.

#### 18.4 Outcome of STI Screening Carried out by SATU

- 1 (1%) case had Bacterial Vaginosis detected.
- 4 (4%) cases had Chlamydia detected.
- 1 (1%) case had previous exposure to Hepatitis B detected.

## 19. SATU Developments, Activities, Opportunities and Challenges

### 19.1 Developments and Activities in 2015.

- Dr Roswitha Junold- Martin continues to represent SATU MRHM on the National SATU Clinical Guidelines Development Group.
- Dr Catherine Finucane completed the Graduate Certificate in Forensic Medical Examination after Rape and Sexual Assault at UCD.
- Debbie Marshall CNS (SAFE) represented SATU MRHM at the National SATU Documentation group and contributed to the now standardised, updated and revised National SATU chart which is in use as the main documentation tool at SATU MRHM since August 2015.
- Nessa Gill was recruited for SATU MRHM as an additional CNS (SAFE) and commenced training at the RCSI in January 2015 (Higher Diploma in Sexual Assault Forensic Examination). This position is a welcome addition to the SATU MRHM team and will contribute to the future sustainability and development of the SATU service at MRHM. Nessa has now graduated and upon registration will take up the fulltime role of CNS (SAFE). Nessa will commence a Certificate in Nurse Prescribing at the RCSI in 2016.
- Debbie Marshall CNS (SAFE) graduated with a 1<sup>st</sup> class Honours (MSc Advanced Nurse Practice) from UCC in 2015. With the support of the



Director of Nursing at MRHM, Medical Director of SATU MRHM and the local Nursing and Midwifery Practice Development Unit (NMPDU), it is hoped that her role within the SATU will progress to the position of Advanced Nurse Practitioner in the coming year.

- In 2015, one forensic examiner left the service due to maternity leave which reduced the availability of forensic examiners for SATU MRHM from five to four for a large part of the year. Despite this, SATU MRHM continued to maintain a 24 hr SATU service throughout 2015 and continued to provide cover for other units upon request. When the CNS was on annual leave or study leave, cover for the SATU was sought and provided externally by another SATU if a SATU MRHM forensic examiner was not available. In addition, assisting nurse Angela Cotter left MRHM and the SATU service in December 2015. Angela was a valuable and experienced team member in post since the SATU MRHM inception in 2009. With 104 patients attending our service in total last year, 2015 proved to be our busiest year ever so we wish to thank all SATU staff for their support and ongoing commitment, particularly when staff numbers were reduced.

## 19.2 Opportunities

### Implementation of Option 3: Collection and Storage of Forensic Evidence without Immediate Reporting to An Garda Síochána.

Implementation of Option 3 is pending at a national SATU level and will provide an additional choice for patients aged 18 years or older to allow collection and preservation of evidentially valuable forensic samples, in circumstances where he or she has yet to decide to report to An Garda Síochána.

In 2015, 7 cases attending SATU MRHM fulfilled the criteria for Option 3 and preparation for the implementation of this option is ongoing locally and will be welcomed in SATU MRHM.

#### Assessment of Non forensic cases out of hours.

In SATU MRHM, all referrals are triaged by the SATU office during office hours or forensic examiner on call out of hours. This assessment is based on forensic, clinical and psychological needs of the patient regardless of when the referral is received including at night time and weekends.

In 2015, Dr Barbara Hynes and Dr Fiona Maguire carried out an audit of patient charts who attended in 2013. This audit investigated the requirement for non forensic cases to be seen out of hours in the earliest possible timeframe and also the role of option 3. Results demonstrated that a significant proportion of non forensic cases who presented to the SATU out of hours availed of medical care. All cases had access to psychological input from the RCC support workers, 31.6% were prescribed emergency contraception and a further 10.5% were prescribed HIV PEP. Of note, 63% of the non forensic cases seen out of hours presented within the time frame during which forensic samples can be taken, therefore could avail of Option 3. The audit authors conclude that it is essential that an urgent assessment is possible for all patients who wish to attend the SATU, that such patients will be in the future offered the opportunity to avail of Option 3 and that all professionals involved in the care of survivors of sexual violence recognise that medical and psychological care are priorities that may supersede the forensic.

## The SATU MRHM Peer Review Group/ Other local interest

The SATU MRHM Peer Review Group for forensic examiners and assisting nurses took place throughout the year and these meetings continue to be acknowledged as an important educational, team building and problem solving resource. It is envisaged that the meetings with An Garda Siochana and RCC reconvene in 2016 to assist in the implementation of Option 3 in addition to other local objectives.

## Education and Training Events attended by SATU staff

- Forensic examiners from SATU MRHM attended the Adult SATU peer review meetings in Waterford and Dublin in 2015.
- Staff from SATU MRHM attended the following educational and training events throughout the year in addition to mandatory training :
  - Anaphylaxis training
  - Infection control training
  - National Annual SATU Interagency Study Day
  - Society for Study of Sexually Transmitted Diseases in Ireland (SSSTDl) conference in April and November 2015.
  - Court update 2 day training course
  - ASSIST training

## Education and Training facilitated by SATU staff

SATU MRHM staff facilitated education and training on the following dates:

- Record keeping & SATU history taking to new CNS student group (Jan)
- Quarterly National SATU Peer Review, Dublin (Jan)
- Student nurses MRHM (March)
- Public Health Nurses (March)

- Sexually Transmitted Infection Foundation (STIF) course, St James Hospital (May)
- RCC Psychological Support Workers (May)
- Student nurses MRHM (May)
- Public Health Nurses (Sept)
- Athlone Institute of Technology (Sept)
- NOWDOC staff (Sept)
- NMPDU Nursing Conference (Oct)
- Defence Forces , Custume Barracks , Athlone (Oct)
- Sexually Transmitted Infection Foundation (STIF) course, St James Hospital (Oct)
- SSSTDI Conference (Nov)
- Student nurses MRHM (Nov)

In November 2015, Debbie Marshall was invited to present the findings of her thesis for the MSc Advanced Nurse Practice at the SSSTDI Conference. Entitled “Factors Associated with Forensic Clinical Examiners Offering HIV nPEP Treatment to Patients following Rape or Sexual Assault”. It is envisaged that the findings will contribute to the provision of care for patients attending SATU MRHM.

### 19.3 Challenges

- Throughout 2015 which has been our busiest year to date, for the most part SATU MRHM maintained a round the clock rota with 5 forensic examiners and for the latter half of the year, our forensic examiner team was reduced to 4 due to maternity leave. Additionally, our unit supported the training of a new CNS (SAFE) for SATU MRHM and provided cover for other SATU units upon request. We are confident that staffing issues locally are resolved for now with the addition of two forensic examiners to our team. The newly qualified CNS and a returning experienced forensic examiner will retain the level of forensic expertise required to work in the SATU and ensure that the 24/7 rota at MRHM is maintained, reducing our service need to request cover from other units for leave.
- Currently the STI clinic at MRHM is operational on a Thursday morning in the SATU space which restricts the availability of the SATU service at this time.

SATU requests during this time are either referred to another SATU service or deferred until the afternoon if a forensic case is not requested. Additionally, the SATU staff are concerned about contamination of the SATU forensic space despite fulfilling the criteria required in Forensic Science Ireland bi annual decontamination audits consistently. The STI clinic at MRHM have been promised a move to the Willow unit , a new unit located elsewhere in MRHM since 2014 and to date, regrettably this move remains pending.

- Awareness and education about the SATU service was largely limited to the availability of the CNS (SAFE) as the only full time SATU staff member to carry out such initiatives both within the hospital and externally, particularly in adjoining counties to Westmeath last year.

### 19.5 Recommendations

- Moving the STI clinic at MRHM out of the SATU space and prioritise relocation of this service to the Willow unit at MRHM.
- Formalise and seek educational and training opportunities to raise awareness about the SATU service. This is a crucial part of the CNS role and with an additional CNS in post; this core competency will be a priority throughout 2016, particularly with the implementation of an exciting new Option 3 for patients which will allow collection of forensic evidence without Garda reporting.

### 19.6 Conclusion

In conclusion, SATU Mullingar saw more patients in 2015 than any other year with double the recorded attendances in 2009, when the unit first opened. With referrals received from 16 counties last year, this geographical challenge remains unique to SATU Mullingar in terms of patient follow up and SATU awareness and education. The addition of a second full time CNS will improve the profile of the unit in relation to awareness opportunities.





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**SEXUAL ASSAULT TREATMENT UNIT (SATU)**  
**The Rotunda Hospital**  
**Parnell Square**  
**Dublin 1**

**ANNUAL REPORT FOR YEAR ENDING: 2015**

**Dr. Maeve Eogan**

**Rita O'Connor**



## **Executive Summary 2015**

### **Attendance re: Area**

- There were 317 attendances at the SATU, an increase of 31 (11%) from 2014
- In 304 (96%) cases the incident took place within the Republic of Ireland

### **Attendance re: Month, Day and Time of Day**

- August was the busiest month with 37 (12%) patients presenting in that month.
- 84 (26%) patients reported that the incident occurred on a Sunday
- Monday was the busiest day with 58 (18%) patients presenting on this day.
- Of the 254 patients who reported the time of the incident, 192 (76%) said that the incident occurred between the hours of 9pm – 9am.
- The majority of attendances 213 (67%) were seen at the Unit between the hours of 9am and 9pm.

### **Type of Alleged Sexual Crime, Assailant, Relationship to Assailant**

- 262 (82%) reported a recent sexual assault i.e.  $\leq 7$  days; 52 (16%)  $> 7$  days, 1 reported long term abuse and information regarding the time of the incident was not available for 2 patients.
- 265 (83%) cases involved a single assailant; in 24 (8%) cases multiple assailants were involved, and in 28 (9%) cases the number of assailants was unknown or not recorded.
- 101 (32%) patients reported that the assailant was a stranger to them. However, 180 (57%) patients reported that the assailant was known to them i.e. a long/short term acquaintance, intimate or ex-intimate partner, family member or friend.

### **Gender, Age Profile, Referral Source**

- 292 (92%) patients were female, 25 (8%) were male.
- The mean age was 26; the youngest attendee was 13, the oldest attendee was 86 years of age.
- 243 (76%) were referred by An Garda Síochána, 53 (17%) self referred, 21 (7%) were referred by others.

### **Patients Reporting to An Garda Síochána / Time Frame from Incident to attendance at SATU**

- 227 (72%) patients reported to An Garda Síochána and underwent a forensic examination  $< 7$  days from the time of the incident. Of those, 194 (85%) were seen  $\leq 72$  hours from the time of the incident and 143 (63%) were seen  $\leq 24$  hours from the time of the incident.



### **Support Worker in Attendance**

- In 272 (86%) cases a Support Worker from the RCC attended.

### **Physical Trauma**

- 80 (25%) patients had physical trauma, of whom 6 (2%) attended the ED with minor trauma.

### **Alcohol and Drug Use**

- 107 (34%) patients had consumed  $\geq 4$  units of alcohol in the previous 12 hours
- 32 (10%) patients had taken illegal drugs.
- 41 (13%) patients were concerned that drugs had been used to facilitate sexual assault.
- 49 (15%) were unsure if a sexual assault had occurred.

### **Emergency Contraception (EC)**

- 238 (81%) female patients were seen within 5 days of the incident and of those 141 (59%) were given emergency contraception.

### **Sexually Transmitted Infection Prophylaxis and (STI) Screening**

- 221 (70%) patients received Chlamydia prophylaxis
- 233 (74%) patients commenced a Hepatitis B immunisation programme
- 41 (13%) received PEP for HIV
- 285 (90%) were given a follow-up appointment and 188 (66%) returned for their first follow-up appointment.
- 200 (63%) had an STI screening, some of whom had screening at their initial attendance at the SATU and who had chosen not to report the incident to An Garda Síochána.
- 53 (27%) of those screened had abnormal STI screening results.

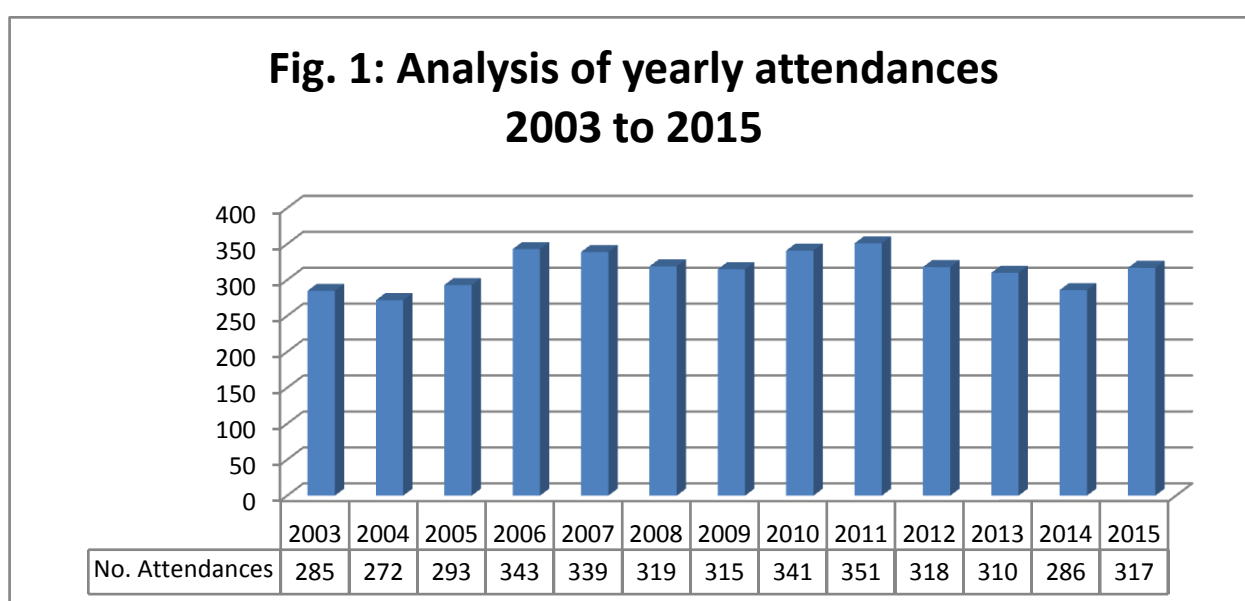
## SATU, The Rotunda Hospital

The SATU Team consists of:

- Medical Director
- Clinical Midwife Manager (0.5WTE)
- 3 Clinical Nurse/Midwife Specialists (2.5WTE)
- 4 Forensic Medical Examiners
- On-call rota of Support Nurses
- Administration Officer

### 1. Number of Attendances

In 2015, there were 317 attendances at the SATU. This showed an increase of 31 (11%) from 2014 (See Fig.1)



### 2. Country Where the Incident Took Place

13 (4%) of incidents occurred outside of Ireland (see Table 1)

<b>Table 1: Analysis of the countries outside the Republic of Ireland where the incident occurred in 2015</b>	
<b>COUNTRY</b>	<b>NUMBER</b>
<b>United Kingdom</b>	4
<b>Brazil</b>	2
<b>Albania</b>	1
<b>Cameroon</b>	1
<b>Croatia</b>	1
<b>France</b>	1
<b>Panama</b>	1
<b>Vietnam</b>	1
<b>Nigeria</b>	1

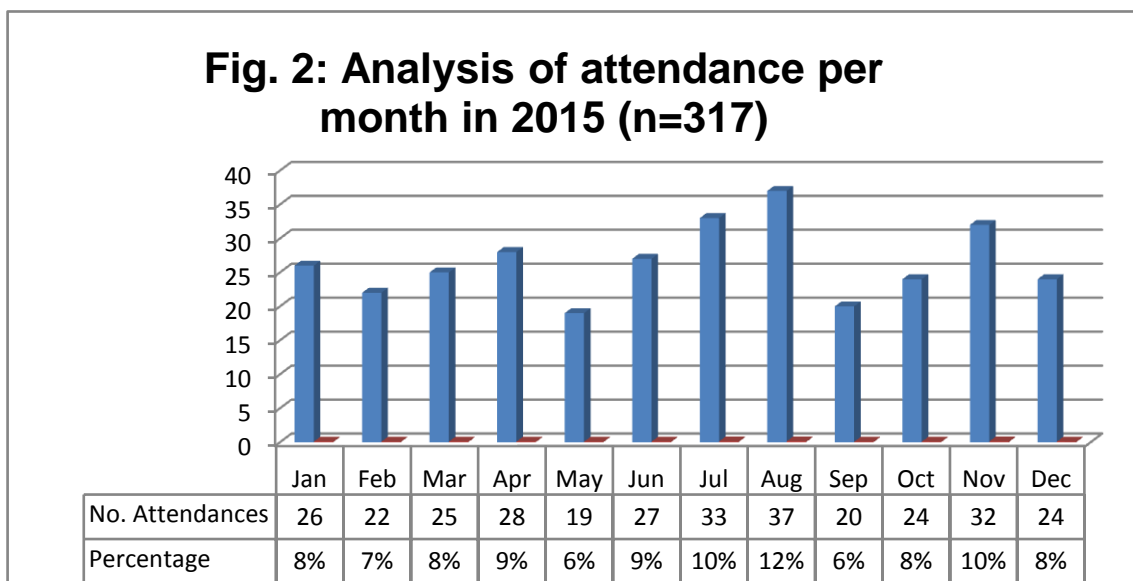
### 3. County Where the Incident Took Place

- Of the 304 incidents that occurred in the Republic of Ireland, 242 ( 80%) occurred in Dublin (See Table 2)

COUNTY	NUMBER	%
Dublin	242	79.6%
Louth	20	6.6%
Wicklow	11	3.6%
Kildare	11	3.6%
Meath	8	2.6%
Monaghan	3	1%
Unknown	3	1%
Galway	2	0.7%
Wexford	1	0.3%
Donegal	1	0.3%
Cavan	1	0.3%
Carlow	1	0.3%

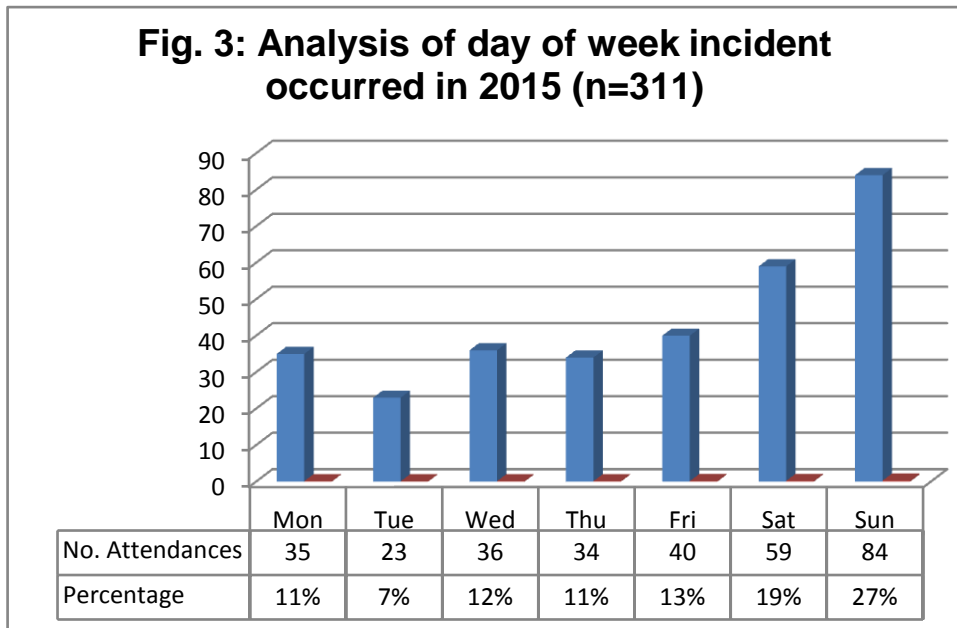
### 4. Month of Attendance (See Fig.2)

August was the busiest month with 37 (12%) of patients presenting in that month.



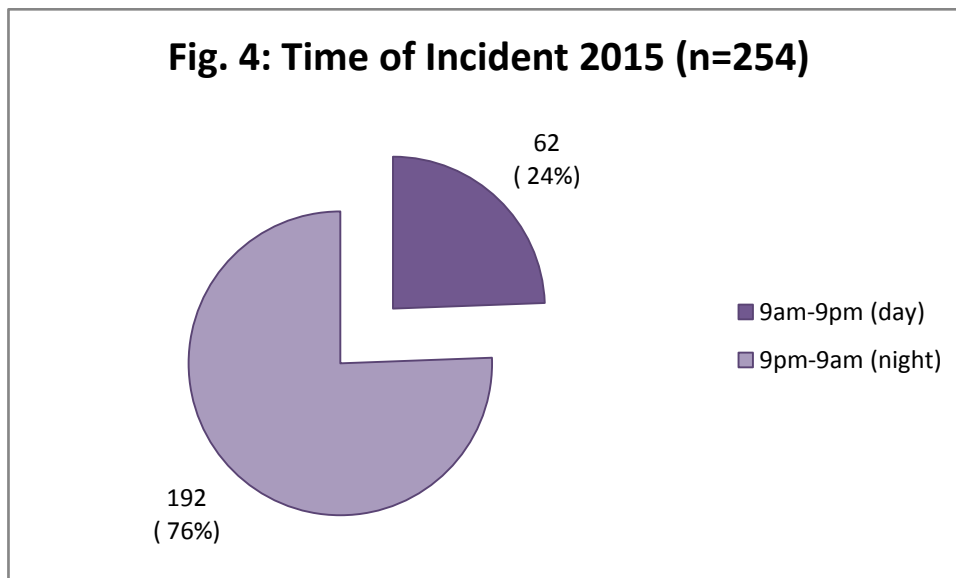
### 5. Day of the Week Incident Occurred (See Fig. 3)

84 (27%) patients reported that the incident occurred on a Sunday



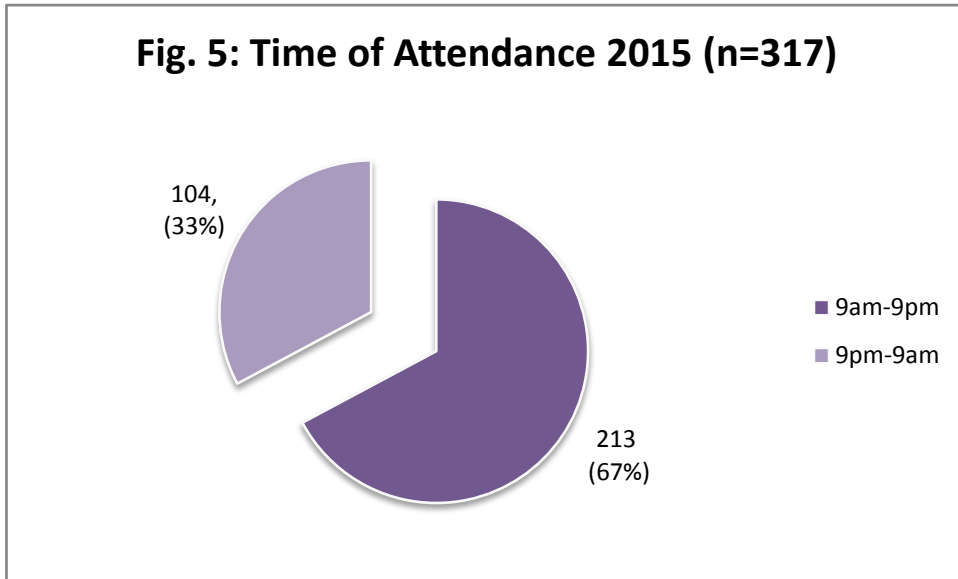
### 6. Time of Day Incident Occurred

Of the 254 patients, who reported the time of the incident, 192 (76%) said that the incident occurred during night time (21.00 to 08.59 hours) (See Fig. 4)



### 7. Times of Attendance at SATU

218 (69%) patients were seen during the hours of 9am to 8.59pm and 99 (31%) were seen 9pm to 8.59am. (See Fig.5)



### 8. Location where the Incident Occurred

The location of the incident was not available in 17 cases but 300 patients reported that the incident occurred at the locations as set out in Table 3 below:

<b>Table 3: Analysis of location of incident 2015 (n = 300)</b>		
<b>LOCATION</b>	<b>Number</b>	<b>Percentage</b>
<b>Indoors (other than home or assailant's home)</b>	79	26%
<b>Assailant's home</b>	64	21%
<b>Outdoors (other than field or park)</b>	64	21%
<b>Home</b>	59	20%
<b>Field/Park</b>	12	4%
<b>Taxi</b>	12	4%
<b>Car</b>	10	3%
<b>TOTAL:</b>	<b>300</b>	<b>100%</b>

## 9. Type of Alleged Sexual Crime

Of the 317 patients:

- 260 (82%) were recent sexual assaults i.e. occurred  $\leq 7$  days
- 51 (16%) reported that the sexual assault occurred  $> 7$  days prior to SATU attendance.
- information regarding the assault was not available for 5 patients
- 1 patient gave a history of long term abuse

## 10. Assailant/s

### 10.1 Number of Assailants: single or multiple assailants

- 265 (84%) patients reported a single assailant
- 24 (8%) patients reported multiple assailants
- In 28 (8%) cases the number of assailants was unknown or not recorded.

### 10.2 Relationship between the Patient and Reported Assailant (See table 4)

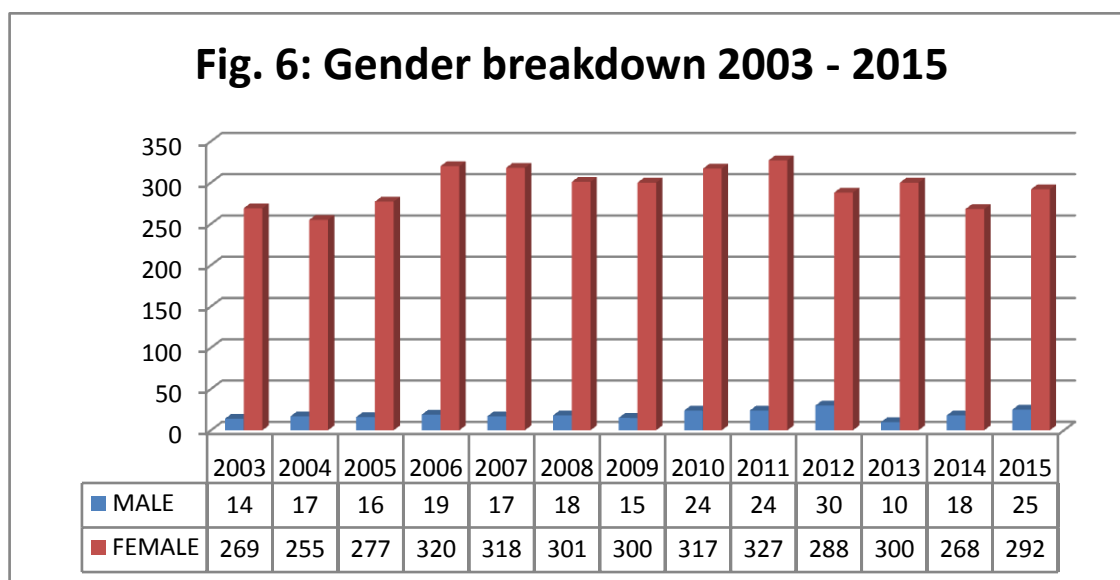
101 (32%) patients reported that the assailant was a stranger to them but 180 (57%) reported that the assailant was an acquaintance, an intimate partner/ ex-intimate partner, family member or a friend.

<b>Relationship</b>	<b>No.</b>	<b>Percent.</b>
<b>Stranger</b>	101	<b>32%</b>
<b>Acquaintance</b>	68	<b>21%</b>
<b>Recent acquaintance</b>	45	<b>14%</b>
<b>Friend</b>	31	<b>10%</b>
<b>Unknown</b>	31	<b>10%</b>
<b>Intimate Partner</b>	14	<b>4%</b>
<b>Family member</b>	13	<b>4%</b>
<b>Ex-intimate partner</b>	9	<b>3%</b>
<b>Other</b>	5	<b>2%</b>
<b>TOTAL:</b>	<b>317</b>	<b>100%</b>

## 11. Demographics

### 11.1 Gender

292 (92%) females and 25 (8%) males attended in 2015. The breakdown of numbers of male and female patients attending the SATU from 2003 to 2015 is shown in Fig. 6.

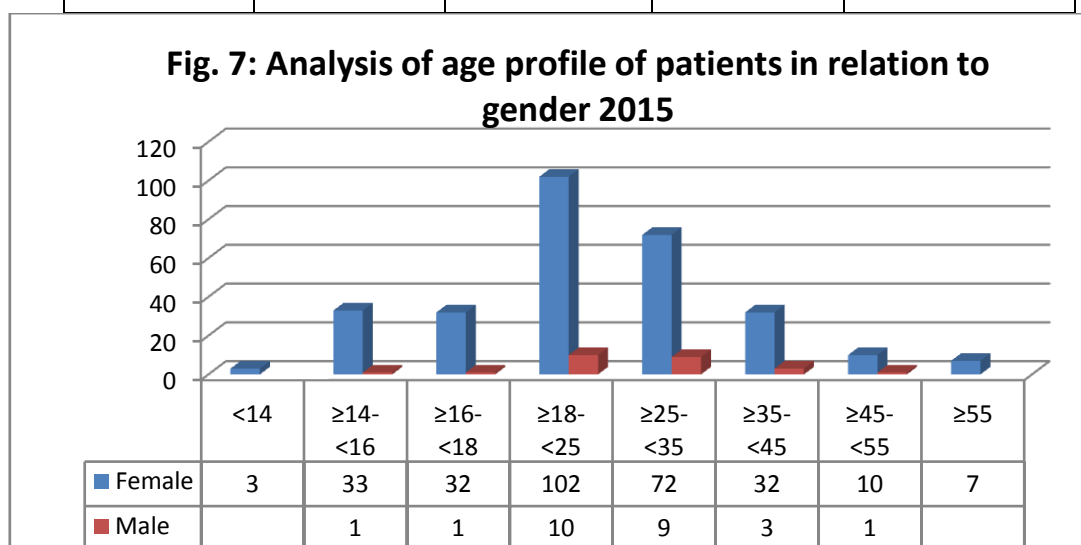


### 11.2 Age Profile (See table 5 and Fig. 7)

In general terms, the remit of the Adult SATU services is to offer care for patients aged 14 years and above. However, in 2015, patients aged less than 14 years attended the service.

**Table 5: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU**

Mean	Mode	Median	Minimum	Maximum
26	18	22	13	86



### 11.3 Occupation (*n* = 307)

- 119 (39%) were students
- 91 (30%) were in employment
- 97 (31%) were unemployed

### 11.4 Marital Status (See table 6)

<b>Table 6: Analysis of marital status (<i>n</i> = 317 )</b>		
<b>Marital Status</b>	<b>No</b>	<b>Percentage</b>
<b>Single</b>	267	84%
<b>Married</b>	21	7%
<b>Co-habiting</b>	10	3%
<b>Separated</b>	8	2%
<b>Divorced</b>	2	1%
<b>Other</b>	4	1%
<b>Not recorded</b>	5	2%

### 11.5 Source of Referral (See table 7)

<b>Table 7: Analysis of source of referral (<i>n</i> =317)</b>		
<b>Referral Source</b>	<b>No</b>	<b>Percentage</b>
<b>Gardaí</b>	243	76%
<b>Self</b>	53	17%
<b>GP</b>	9	3%
<b>Other</b>	9	3%
<b>RCC</b>	3	1%

### 11.6 Ethnicity (See table 8)

<b>Table 8: Analysis of ethnicity of patients (<i>n</i> =317)</b>		
<b>Ethnicity</b>	<b>No</b>	<b>Percentage</b>
<b>White</b>	288	91%
<b>Black or Black Irish</b>	17	5%
<b>Asian or Asian Irish</b>	4	1%
<b>Roma</b>	3	1%
<b>Other</b>	2	1%
<b>Not recorded</b>	3	1%



## 12. Type of Attendance: Reporting / Non-reporting

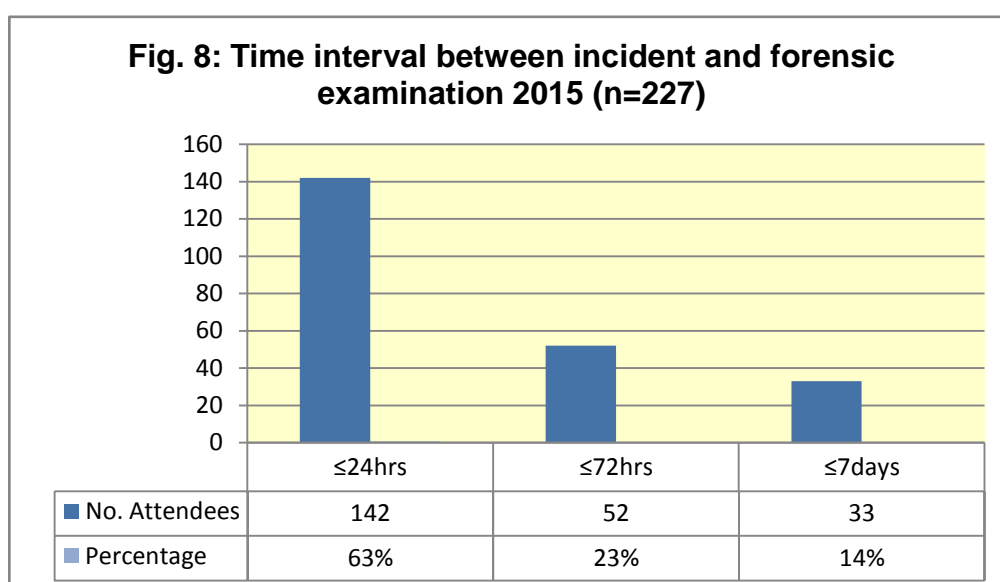
Of the 317 patients who attended the SATU:

- 242 (76%) reported the incident to An Garda Síochána and of these 227 (72%) had a forensic clinical examination carried out.
- 69 (22%) attended for a health examination only (either because they chose not to report the incident to An Garda Síochána or they presented outside the forensic time frame.)
- In 4 cases advice only was sought and in 2 cases the examination was discontinued by the patient.

## 13. Patients Reporting to An Garda Síochána:

### Time Interval from incident to attendance in SATU

227 (72%) patients attended within 7 days of the incident; of these 194 (86%) were seen within 72 hours and 142 (63%) were seen within 24 hours (See Fig. 8)



## 14. Patients' Awareness of Whether a Sexual Assault had occurred (n=316)

- 265 (84%) felt that a sexual assault had occurred
- 49 (16%) were unsure if a sexual assault had occurred.

## 15. Physical Trauma

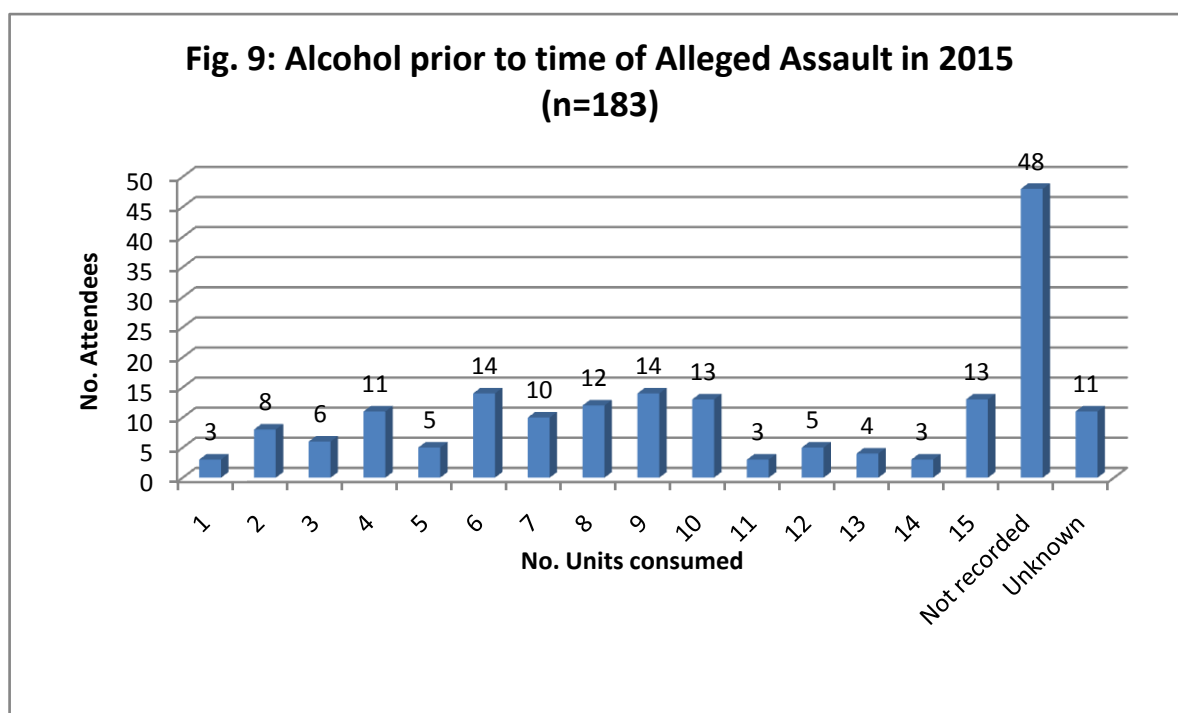
- 80 (25%) patients attending the SATU had physical trauma and of these
- 5 (2%) attended an Emergency Department with minor trauma
- 1 attended an Emergency Department with major trauma

## 16. Alcohol and Drug Use

### 16.1 Alcohol

183 (57%) patients had consumed alcohol in the previous 12 hours prior to attending the SATU (see Fig. 9) and of these:

- The average number of units consumed by the 124 patients, who recalled the amount they had consumed prior to the incident, was 8 units.
- 107 (33%) patients had consumed  $\geq 4$  units of alcohol.
- Of the 49 patients who said they were unsure if a sexual assault had occurred 36 (73%) had consumed alcohol prior to the alleged assault.



### 16.2 Drugs

- 40 (13%) patients had taken drugs, of these:
  - 25 (8%) were illegal drugs
  - 7 (2%) patients had taken prescribed medication
  - 7 (2%) patients had taken both prescribed medication and illegal drugs

### 16.3 Both Alcohol and Drugs

- 26 (8%) patients had taken both alcohol and drugs.
- 41 (13%) patients were concerned that drugs had been used to facilitate sexual assault and of these 39 (95%) had consumed alcohol prior to the alleged assault.

### 17. Emergency Contraception (EC)

238 (82%) female patients were seen within 5 days and of these:

- Emergency contraception was given to 141 (59%) patients.
- 97 (41%) patients, who were seen within 5 days, did not receive EC for various reasons (See table 10)

<b>Reason</b>	<b>No.</b>	<b>(%)</b>
<b>Received EC prior to attending Unit</b>	25	26%
<b>No penile penetration</b>	20	21%
<b>Other</b>	16	16%
<b>Already using contraception</b>	13	13%
<b>Post-hysterectomy or post-menopausal</b>	11	11%
<b>Refused</b>	6	6%
<b>Pregnancy</b>	5	5%
<b>Menstruating</b>	1	1%
<b>Total</b>	97	100%

### 18. Sexually Transmitted Infection (STI) Prophylaxis and Screening

#### 18.1 STI Prophylaxis

- 221 (70%) patients received Chlamydia prophylaxis
- 41 (13%) patients received post exposure prophylaxis treatment for HIV
- 233 (74%) patients commenced Hepatitis B immunisation.

## 18.2 Follow up Appointments for Screening

- SATU patients were offered screening for STIs, where appropriate.
- 5 patients from other SATUs were offered screening for STIs. (See table 11)

<b>Table 11: Analysis of follow up screening for STIs (n= 322)</b>	<b>No.</b>	<b>Kept 1<sup>st</sup> App</b>	<b>Kept 2<sup>nd</sup> App (to date)</b>	<b>Kept 3<sup>rd</sup> App (to date)</b>
<b>Given SATU appt. for follow up screening</b>	285	188	106	46
<b>Attended another service for follow up</b>	13			
<b>Attended Rotunda for follow up from another service</b>	5			
<b>No STI follow up required</b>	18			
<b>Refused a follow up appointment</b>	1			
<b>Total</b>	322			

## 18.3 Outcome of the STI Screening Carried Out by the SATU

53 patients had abnormal results (See table 12).

<b>Table 12: Abnormal STI screening results (n = 53; some patients had more than one infection)</b>	
<b>Abnormal results</b>	<b>No.</b>
<b>Bacterial Vaginosis</b>	26
<b>Candida</b>	25
<b>Hepatitis C Positive</b>	2
<b>Chlamydia</b>	2
<b>Syphilis</b>	1

## **19. SATU Developments, Activities, Opportunities and Challenges**

2015 was a busy year for the Rotunda SATU. We accommodated the nurses and midwives undertaking the Higher Diploma in Nursing (Sexual Assault Forensic Examination), and provided on-site training and assessment throughout the programme. The commitment and support of all unit staff is greatly appreciated and we are delighted to congratulate the successful candidates and wish them well as they commence working in their local SATUs.

SATU staff continue to provide information and training sessions on SATU care at a local level within the Rotunda Hospital. In addition we are actively involved in outreach education within Emergency Departments & General Practice, Mental Health Services, Prison Services, An Garda Síochána, and Dublin Rape Crisis Centre to raise awareness and increase understanding and recognition and to equip people better to respond to incidents of sexual violence. SATU staff are also committed to education in a range of settings including schools and universities. The strong Interagency Links that have traditionally existed, particularly with An Garda Síochána, Forensic Science Laboratory and Rape Crisis Centre were maintained over this year. The SATU Liaison group met quarterly during the year. These meetings are a valuable opportunity to discuss relevant issues pertaining to SATU facilities and care and ensure that all staff from the various agencies are aware of changes and developments, and indeed challenges, as they arise.

In 2015 we continued to experience challenges in staffing our assisting nurse/midwife rota. This meant that there were occasions when we were unable to provide an out-of-hours service which is not ideal, in these instances cover for our patients was provided by the SATU at the Midlands Regional Hospital, Mullingar and we thank them for their support. A recruitment drive has been initiated and hopefully this imbalance will be reversed over the course of 2015.

We really settled in to our new physical space in 2015, the unit is welcoming and bright, with appropriate waiting areas and clinical infrastructure as well as facilities for administrative support and document storage. We acknowledge the support of the executive management, board and staff of the Rotunda, who understand and accept the nuances of the SATU services and aim to go above and beyond the call of duty to make every interaction in the Rotunda as positive as it can be for our patient cohort. In particular I would like to acknowledge the patient services staff at reception as well as the security team. More than anything, however, maintenance of a responsive service is only possible due to the dedication of the unit staff. All staff are extremely committed to providing exemplary care at all times and but for them the SATU of the Rotunda Hospital would not be a centre of excellence. This report highlights the significant amount of work done by a small but highly committed team, and their continued availability to provide holistic care to patients at a time of crisis does not go unnoticed.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**SEXUAL ASSAULT TREATMENT UNIT (SATU)  
University Hospital Waterford  
Dunmore road  
Waterford**



**ANNUAL REPORT FOR YEAR ENDING: 2015**

**Author/s:  
Siobhan Kavanagh CNS (SAFE),  
Dr John Bermingham Medical Director  
Date published: April 2016**

## Executive Summary 2015

### Attendance re: Area

- There were **57** attendances at the SATU, a *decrease* of 9 (14%) from 2014.
- 57 (**100%**) cases the incident took place within the Republic of Ireland.

### Attendance re: Month, Notable Date or Event, Day and Time of Day

- **August** was the busiest month with **11 (19%)** of cases presenting.
- **Sunday** was the busiest day with **15 (26%)** of patients presenting on that day.
- **3 (5%)** occurred on a notable date or event e.g. Christmas / Festival etc.
- **40 (70%)** of patients attended SATU in daytime hours of **09.00-20.59**, **17 (30%)** of patients attended during night time hours of **21.00-08.59**.

### Gender, Age Profile, Referral Source

- **53 (93%)** patients were female, **4 (7%)** patients were male.
- The mean age was **27** years of age, the youngest was **15**, the eldest was **45** years (the minimum age criteria is 14 years)
- **51 (89%)** were referred by An Garda Síochána, **5 (9%)** self referred and **1 (2%)** were referred by the Rape Crisis Network .

### Patients Reporting to An Garda Síochána / Time Frame from Incident till SATU

- **52 (91%)** reported the incident to An Garda Síochána. Of which **48 (92%)** were seen within 72 hours

### Support Worker in Attendance

- **43 (76%)** had a Support Worker from the RCC in attendance.

### Physical Trauma

- **27 (47%)** patients attending the SATU had physical trauma. Of these **23 (40%)** had superficial injuries not requiring further treatment and **4 (7%)** patients attended the Emergency Department with minor trauma.

### Alcohol and Drug Use

- **42 (74%)** of patients had consumed alcohol in the previous 12 hours prior to attending SATU
- **7 (12%)** of patients had taken prescribed medication, **1 (2%)** patients had taken illegal drugs.



- **13 (23%)** patients were concerned that drugs had been used to facilitate sexual assault
- **15 (26%)** were unsure if a sexual assault had occurred.

### Post-coital Contraception (PCC)

- **46 (81%)** female patients were seen within 72 hours of the incident.
- **23 (40%)** were given PCC

### Sexually Transmitted Infection Prophylaxis and (STI) Screening

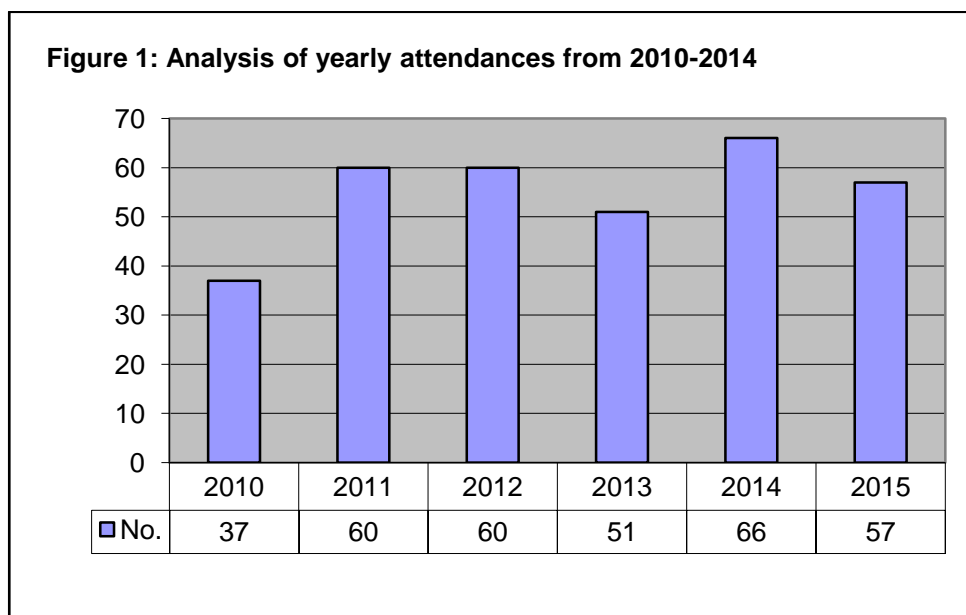
- **46 (81%)** patients received Chlamydia prophylaxis, **32 (56%)** Hepatitis B immunisation programme was commenced, **3 (5%)** received PEP for HIV

The SATU Team consists of:

- **Medical Director:** Dr. John Bermingham
- **Clinical Nurse Specialist (CNS)** Sinéad Boyle
- **Clinical Nurse Specialist (CNS)** Siobhan Kavanagh
- **Clinical Nurse manager: (CNM 2 )** Agnes Cooney-Lee ( 0.3 post)
- **GP (Forensic Examiners):** 10
- **Assisting Nurses:** 10

## 2. Number of Attendances

- In 2015, there were **57** attendances at the SATU.
- This showed a *decrease* of 9 (**14%**) from 2014 (See figure 1)



### 3. Country Where the Incident Took Place

- In all **57** cases, the Incident took place within the Republic of Ireland.

### 4. County Where the Incident Took Place

(See table 1)

Table 1: Analysis of the counties where Incident took place (n=57)		
County	No	%
Waterford	18	32%
Tipperary	10	17%
Wexford	8	14%
Kilkenny	6	10%
Carlow	1	2%
Dublin	1	2%
Not recorded	13	23%
<b>Total</b>	<b>57</b>	<b>100</b>

### 5. Month of Attendance (See table 3)

Table 3: Analysis of Month by Attendances (n=57)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>No</b>	5	2	10	2	7	2	1	11	3	5	2	7
<b>%</b>	9%	3.5%	18%	3.5%	12%	3.5%	2%	19%	5%	9%	3.5%	12%

- August was the busiest month with 11(19%) patients first attendance being August

### 6. Attendance by Day of the Week (See table 4)

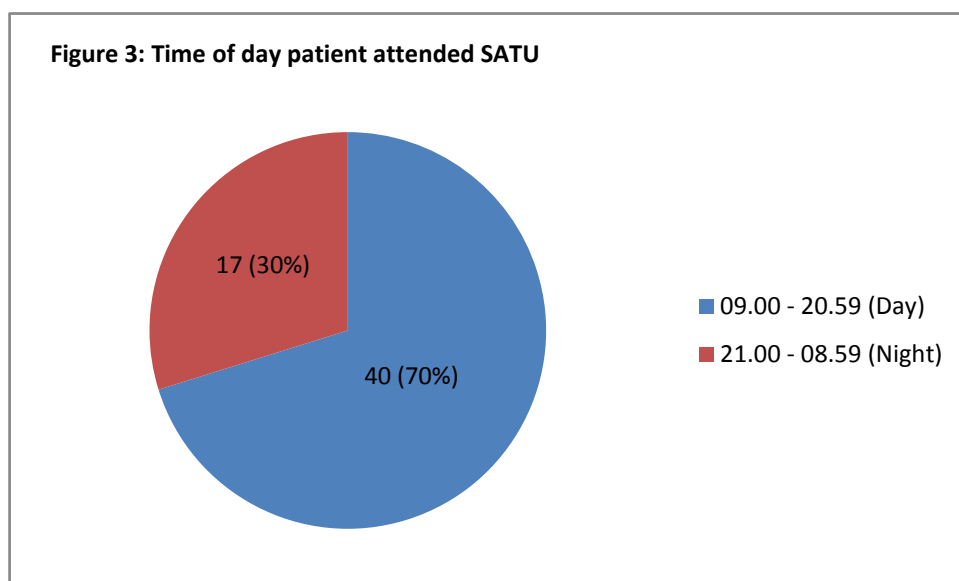
Table 4: Analysis of attendance by day of the week (n=57)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>No</b>	8	10	7	5	4	8	15
<b>%</b>	14%	18%	12%	9%	7%	14%	26%

- Sunday was the busiest day with 15 (26%) patients first attendance being a Sunday

### 7. Notable Day or at a Notable Event

- 3 (5%) of cases occurred on a notable day or a notable event (bank holiday/festival) etc.

### 8. Time of Day Patient Attended SATU (See figure 3)



- The majority of patients 40 (70%) attended in the daytime hours

### 9. Location where the Incident Occurred (See table 5)

<b>Table 5: Analysis of the location of the Incident (n= 56)</b>		
<b>Location</b>	<b>No</b>	<b>%</b>
<b>Other indoors</b>	18	32%
<b>Assailants home</b>	12	21%
<b>Home</b>	10	18%
<b>Field / Park</b>	8	14%
<b>Other outdoors</b>	5	9%
<b>Car</b>	2	4%

Taxi	1	2%
Not recorded	1	0%
<b>Total</b>	<b>57</b>	<b>100%</b>

## 10. Type of Alleged Sexual Crime

Of the 57 patients:

- 54 (95%) were recent sexual assaults  $\leq$  7 days
- 2 (3.5%) the incident happened  $\geq$  8 days -  $\leq$ 1month
- 1 (1.5%) the incident happened > 1 month previously

## 11. Assailant/s

### 11.1 Number of Assailants: single or multiple assailants (n=57)

- 41 (72%) cases involved a single assailant.
- 4 (7%) cases involved multiple assailants.
- 12 (21%) cases the number of assailants was unknown

### 11.2 Relationship between the Patient and Alleged Assailant (See table 5)

<b>Table 5: Analysis of relationship between the patient and the alleged assailant (n=57)</b>		
<b>Relationship</b>	<b>No</b>	<b>%</b>
Stranger	23	40%
Acquaintance	14	24%
Friend	10	18%
Unknown	0	%
Ex-intimate Partner	0	%
Other	8	14%
Intimate Partner	2	4%
<b>Total</b>	<b>57</b>	<b>100%</b>

## 12. Demographics

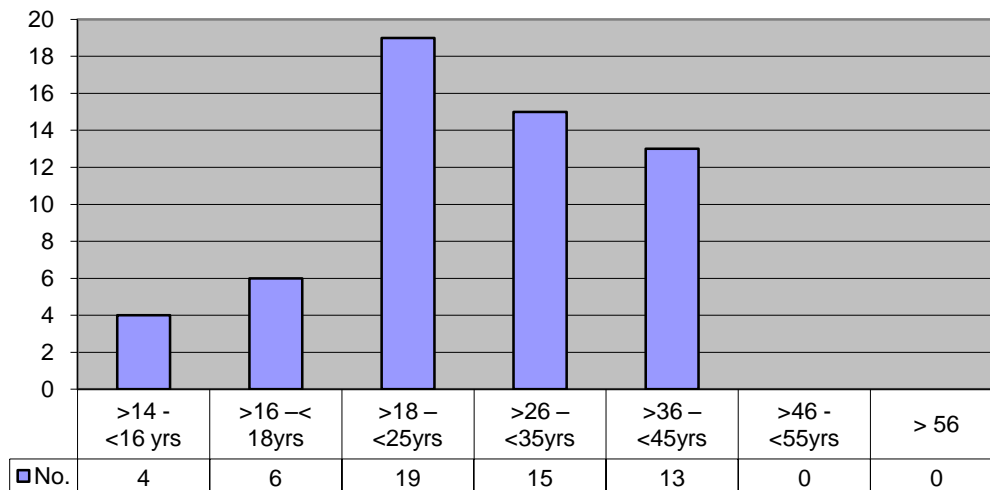
### 12.1 Gender

- Of the **57** patients, there were **53 (93%)** females and **4 (7%)** males.

### 12.2 Age Profile (See table 6 and figure 5)

Table 6: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU				
Mean	Mode	Median	Minimum	Maximum
27	27	24	15	45

Figure 5: Analysis of age groups



### 12.3 Occupation ( $n = 57$ )

- **22 (38%)** were unemployed
- **19 (34%)** were employed
- **15 (26%)** were students
- **1 (2%)** was unknown

#### 12.4 Marital Status (See table 7)

<b>Table 7: Analysis of marital status (n = 57)</b>		
<b>Marital Status</b>	<b>No</b>	<b>%</b>
<b>Single</b>	42	74%
<b>Separated</b>	6	11%
<b>Married</b>	4	7%
<b>Co-habiting</b>	3	5%
<b>Not recorded</b>	2	3%
<b>Total</b>	<b>57</b>	<b>100%</b>

#### 12.5 Source of Referral (See table 8)

<b>Table 8: Analysis of source of referral (n 57)</b>		
<b>Referral Source</b>	<b>No</b>	<b>%</b>
<b>Gardai</b>	51	89%
<b>Self</b>	5	9%
<b>RCC</b>	1	2%
<b>Total</b>	<b>57</b>	<b>100%</b>

#### 12.6 Ethnicity (n=57)

- 53 (93%) patients ethnicity was recorded as white, 4 (7%) of patients ethnicity was recorded as other.

#### 13. Support Worker in Attendance

- 43 (76%) patients had a Support Worker at the initial SATU attendance.

#### 14. Type of Attendance: Reporting / Non-reporting

Of the 57 patients that attended the SATU:

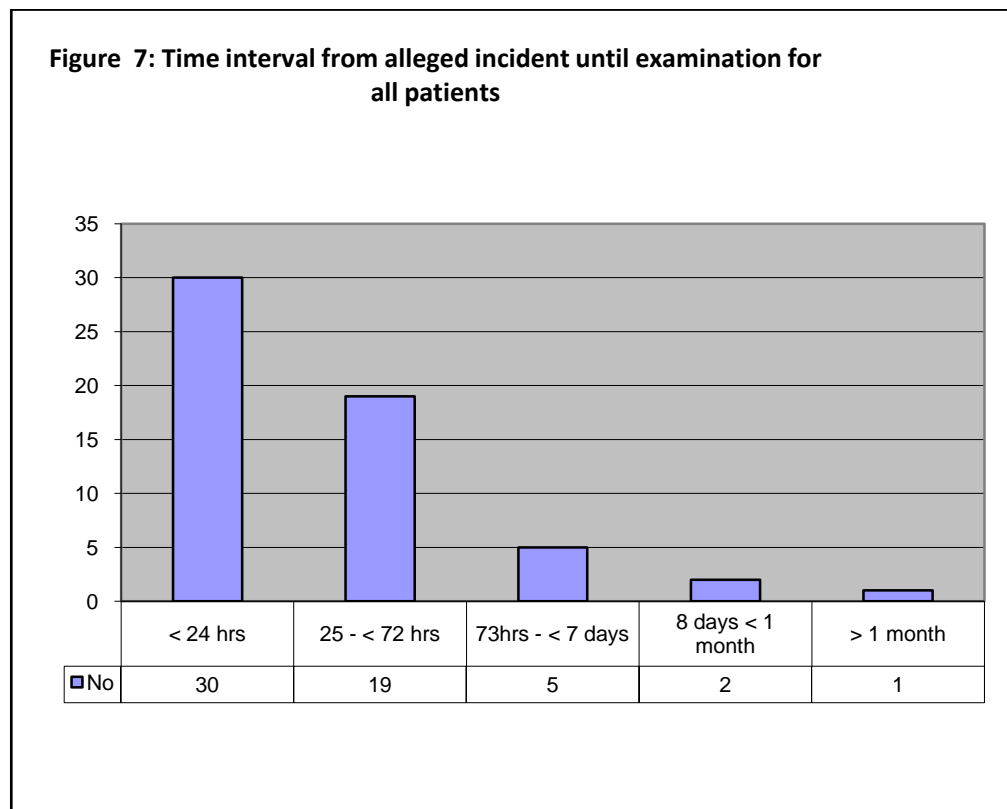
- 52 (91%) reported the incident to An Garda Síochána and had a forensic Clinical examination carried out
- 5 (9%) had a health check examination.

### 15. Patients Reporting to An Garda Síochána:

Of the 52 (91%) patients who reported to An Garda Síochána:

- All 52 (100%) reported  $\leq 7$  days, of these
  - 48/52 (92%) were within < 72 hours, with
  - 30/52 (58%) being seen within 24 hours

The time interval from incident to attendance in SATU for all patients (See figure 7)



### 16. Patients Awareness of Whether a Sexual Assault had occurred (n=57)

- 41 (72%) patients felt that a sexual assault had occurred
- 15 (26%) patients were unsure if a sexual assault had occurred
- 1 (2%) patient responded: No – Sexual assault had not occurred.

### 17. Physical Trauma (n=57)

- **27 (47%)** patients attending the SATU had physical trauma, of these
- **23 (40%)** had superficial injuries not requiring further treatment.
- The other **4 (7%)** patients attended the Emergency Department with minor trauma.

## 18. Alcohol and Drug Use (n=57)

### 18.1 Alcohol

- **42 (74%)** patients had consumed alcohol in the previous 12 hours prior to attending SATU

### 18.2 Drugs

- **8 (14%)** patients had taken drugs, of these
- **7 (12%)** were prescribed medication
- **1 (2%)** were illegal drugs
- **13 (23%)** patients were concerned that drugs had been used to facilitate sexual Assault

### 18.3 Both Alcohol and Drugs

- **7 (12%)** patients both alcohol and drugs were a factor.

## 19. Emergency Contraception (EC)

**53 (93%)** of the patients were female

- **46 (81%)** female patients were seen within 72 hours, of these
- **23 (50%)** were given EC
- The remainder **23 (50%)** did not receive EC for various reasons (See table 11)

<b>Reason</b>	<b>N</b>	<b>(%)</b>
<b>Already using contraception</b>	13	57%
<b>Received EC prior to attending Unit</b>	7	30%
<b>No penile penetration</b>	3	13%
<b>Total</b>	23	100%

## 20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

### 20.1 STI Prophylaxis (n=57)

- **46 (81%)** patients received Chlamydia prophylaxis
- **3 (5%)** patients received post exposure prophylaxis treatment for HIV



- 32 (56%) patients had Hepatitis B immunisation commenced

## 20.2 Follow up Appointments for Screening

- All 57 patients were offered screening for STIs. (See table 12)

<b>Table 12: Analysis of follow up screening for STIs</b>	
	<b>N 57 (100%)</b>
<b>Uncontactable for follow up</b>	23 (40%)
<b>Attended SATU</b>	14 (24%)
<b>Referred to GP</b>	9 (16%)
<b>Did not Attend for SATU appointment</b>	4 (7%)
<b>Refused follow up</b>	3 (6%)
<b>Referred to STI Service</b>	2 (3%)
<b>Referred to other SATU</b>	1 (2%)
<b>Did not require follow up</b>	1 (2%)
<b>Total</b>	<b>57 (100%)</b>

## 20.3 Outcome of the STI Screening Carried Out by the SATU

- No STI screening showed abnormal results

## **21. SATU Developments, Activities, Opportunities and Challenges**

### **21.1 Developments in 2015**

- Site development and preparations for the Provision of Option 3: Collection and Storage of Evidence without Immediate Reporting to An Garda Siochana have commenced in line with National Recommendations.
- SATU patient documentation has been updated in line with the National SATU Documentation Group recommendations.

### **21.2 SATU Advisory meetings**

The SATU Advisory group consisting of the following; Rape Crisis Centre Manager, Garda Liaison Officer, Clinical Nurse Specialists (Satu), Clinical Nurse Manager II (Satu), ADONM (Maternity and Paediatric services) Community Paediatrician and a GP representative met three times throughout the year. Minutes of all the meetings and attendance were compiled.

### **21.3 Educational and Training Events**

- The National Peer review for Forensic Clinical Examiners was held in University Hospital Waterford in July 2015. Specialist Interviewer Garda Katherina Savage (Waterford Vulnerable Persons Unit) outlined her role for child victims or vulnerable adults who complain of rape/sexual assault. John Doyle (Regional co-ordinator for The Men's Network) discussed the MEND (men ending domestic abuse) programme, a behaviour change group programme for men who are violent within intimate partner relationships. Both speakers were very well received and the education was highly relevant for staff working within the SATU.
- CNS attended the National SATU conference in The Rotunda in October 2015.
- CNS attended quarterly peer review meetings and Court Room update skills in July 2015.

- Education sessions were provided by the CNS to fourth year intern nursing students.
- All mandatory training and clinical safety updates attended by CNS/CNM2.

### **Acknowledgements**

I wish to thank and acknowledge all the hard work and effort by everyone involved with the provision of services at the Sexual Assault Treatment Unit (SATU) UHW including Dr. Bermingham (Medical Director), Nursing Management, all the Forensic Examiners, Assisting Nurses and Support Workers from the Waterford Rape and Sexual Abuse Centre.



## **Appendix 1: HSE Mid-West Forensic Medical Examination Service Advisory Group**

### **Annual Report 2015**

#### **The Service:**

The Mid West Forensic Medical Examination Service (FME Service) was established in 2006 and provides a comprehensive forensic medical examination service. This service is open to both male and female of 14 years upward who have experienced rape or sexual assault and referred by An Garda Siochana. The GP FME rota is coordinated through the office of the HSE Primary Care Development Officer and call outs for FME are supported by Shannondoc. This is an out of hours service (7.00pm to 5.30am , Monday to Friday) and operates 24 hours over weekends and bank holidays. The service is delivered from a Clinical Room in the Outpatients Department, University Hospital Limerick.

The Mid West FME Service Advisory Group, which oversees the operation of the Midwest FME Service is comprised of key agencies involved in the service, including: ShannonDoc, GP Representative, CNM from University Hospital Limerick, GP Unit Representative, Midwest Rape Crisis Centre, An Garda Siochana, HSE Principal Medical Officer and HSE Designated Officer who oversees the SATU Service.

During 2015, Dr Emmet Kerin & Dr Jason McMahon stepped down due to other commitments, leaving 5 GPs on the FME Rota. At the end of the year Dr Philip Cullen stepped down following many years with the Service and was replaced by Dr Blanaid McCurtain. There are currently 5 GPs on call with the FME Service:

- Dr Margaret Murphy
- Dr Seamus O' Flynn
- Dr Liam Holmes
- Dr Michelle O' Connor
- Dr Blanaid MacCurtain

#### **Activity Report:**

In 2015, 22 forensic medical examinations were carried out. This represents a slight increase in numbers from 2014 where 19 examinations went ahead at the service. In 3 of these cases the person was under 18 years.

**Table 1.1 Monthly Breakdown of Attendance 2015**

January	February	March	April	May	June	July	August	September	October	November	December
2	1	1	0	0	1	1	3	1	6	5	1
9%	4%	4%	-	-	4%	4%	13%	4%	27%	22%	4%

**Table 1.2 Monthly Breakdown of Attendance 2014**

January	February	March	April	May	June	July	August	September	October	November	December
3	2	2	1	2	2	0	0	1	1	4	1
15%	10%	10%	5%	10%	10%	0	0	5%	5%	21%	5%

**Service Parameters:**

The Service is available to those who are 14 years and over. Since January 2011 specialist Child & Adolescent SATU Services are available in Galway. Clients under 18 years of age are flagged for follow up purposes with the Child Protection Social Work Service.

*In 3 of the cases presented to the Service in 2015, the client was under 18, compared to 3 in 2014, 2 in 2013, and 2 in 2012.*

**Training Events:**

A Midwest FME Service Training Day took place on 21st February 2015 with presentations from a number of guest speakers including:

- Garda Tammy Mitchell & Garda Carmel O' Sullivan, Specialist Victim Interviews, Henry Street Garda Station
- Miriam Duffy, Rape Crisis Midwest
- Marce Lee Gorman, National Forensic Laboratory
- Dr Michelle O' Connor, GP/ Forensic Medical Examiner
- Mr Michael Murray, State Solicitor, Limerick

The training day was attended by 57: Representatives from An Garda Siochana, Nurses, GPs, Mental Health professionals and Rape Crisis volunteers.

**Local Developments:**

- Biannual forensic standards audit were completed
- No service complaints recorded during 2015
- The FME Service protocol was reviewed and updated to include that a 'terminal clean' of the Clinical Room should be carried out before forensic medical examination commences.

Meetings were held with University Hospital Limerick and a specific terminal clean protocol was developed and signed off.

- A procedure was introduced for the collection and secure archiving of historical patient charts from GPs no longer working with the FME Service.

### **Midwest Rape Crisis Service:**

The Rape Crisis Midwest volunteers are specifically trained to attend at forensic medical examinations with victims and their family/ friend. This service has become firmly established. The GP examiners initiate this service once the arrangements for the FME are agreed with An Garda Siochana. Feedback has been very positive with GPs acknowledging the support the volunteers offer.

### **Budget**

The current budget allocated to the Midwest Forensic Medical Examination Service is €30,000.

### **Full Lists of Midwest SATU Advisory Group & GP Forum Members**

#### **Midwest SATU Advisory Group**

Jim Gallagher, Primary Care Development Officer, HSE

Camilla O' Donoghoe, Coordinator, ShannonDoc

Dr. Liam Holmes, GP

Bernadette Nolan, Clinical Nurse Manager, University Hospital Limerick

Kay Culbert, Primary Care Unit, HSE

Insp. Brendan McDonagh, An Garda Siochana, Ennis, Co. Clare

Insp. Ronan McDonagh, An Garda Siochana, Ennis, Co. Clare

Miriam Duffy, Executive Director, Midwest Rape Crisis

Dr. Ann Hogan, Principal Medical Officer, HSE

Karen Ronan, Administrative Support, HSE

#### **Midwest SATU GP Forum**

Jim Gallagher, Primary Care Development Officer, HSE

Dr. Liam Holmes, GP

Dr. Seamus O' Flynn, GP

Dr. Margaret Murphy, GP

Dr. Emmet Kerin, GP

Dr. Jason McMahon, GP

Dr. Philip Cullen, GP

Dr. Michelle O' Connor, GP

Miriam Duffy, Executive Director, Midwest Rape Crisis

Dr. Ann Hogan, Principal Medical Officer, HSE

Karen Ronan, Administrative Support, HSE