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

**Annual Report for Year Ending: December 2016  
Date published: June 2017**

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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 2016, these units provided care for 712 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 17 patients in 2016.

For the second consecutive year, there has been a small increase in numbers of patients attending the SATUs in 2016, from 685 in 2015 to 712 in 2016. 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 in Galway, and was expertly & efficiently organised by the team in SATU and CASATs. The highlights of the study day this year included an excellent presentation on children's rights from the Ombudsman for Children, Niall Muldoon as well as a thought provoking piece from Dr Cath White from St Mary's SARC on her experiences in the West Bank. 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.

2016 was the year where we finally implemented the option of secure storage of forensic evidence 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 for a defined period of time 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. 27 patients chose this option in 2016, it will be interesting to see decisions patients make with regard to deferred reporting of the incident over time.

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. Both myself and Debbie have struggled to maintain the very high publication schedule & standard

set by our previous Editor, Anne McHugh. But we remain motivated, and 2017 is another year!

In 2016 our most recent graduates of the Higher Diploma in Nursing (Sexual Assault Forensic Examination) settled in to their posts, and wish them well in their specialist roles. We look forward to their ongoing contributions to the service, and thank all existing members of the SATU teams who continue to provide high quality peer support. Two of these graduates recently attended the International Association of Forensic Nurses (IAFN) where they presented a paper on Irish SATU Services which was well received. Congratulations to Margo and Clare for developing these international links. We also hope that 2017 will bring another Higher Diploma course on stream, and indeed developments regarding Advanced Nurse/Midwife Practice in SATU are also anticipated.

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. It 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 which is an out of hours service. As well as demonstrating activity levels this also facilitates data review to identify emerging trends.

In 2016 we undertook a large project, in conjunction with the HSE Office of the Chief Information Officer, to develop & launch a secure, web-based database and reporting system for all 6 SATUs. This will also collate key performance indicators (KPIs) which will drive quality care and performance. This project will 'go-live' in January 2017, and therefore this activity report document will be the last in this format, we anticipate a more comprehensive national overview of activity and KPIs from 2017 onwards. We greatly acknowledge the massive input of both Connie McGilloway and Anne McHugh in the leadership they demonstrated in developing, launching and overseeing this initiative.

In presenting this document I acknowledge all staff in each of the SATUs, particularly the Clinical Nurse/Midwife Specialists who have worked very hard in finalising the reports and all forensic examiners. This year's volume is dedicated to the memories of both Patricia O'Connor, former Clinical Midwife Manager in the Rotunda SATU, and Eleanor Comer, CNS SAFE in Galway SATU. Both women sadly lost their hard fought battles with illness in 2016. Both have left extensive legacies in the SATU services in terms of both educational and service contributions. We extend our sympathies to their families and they will not be forgotten.

Dr Maeve Eogan

Medical Director of National SATU Services

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## Operational definitions for the purpose of this report:

<b>Time-Frames</b>
<p>The following definitions have been used within the 2016 reports.</p> <p><b>Recent incident:</b> Where the incident happened <math>\leq 7</math> days</p> <p><b>Acute cases:</b> Where the incident happened <math>\leq 72</math> hours</p> <p><b>Non reporter:</b> 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</p>
<b>Support Worker</b>
<p>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.</p>
<b>Alleged Perpetrator</b>
<p><b>Relationship with Alleged Perpetrator</b></p> <p><b>Stranger:</b> someone who the person did not know</p> <p><b>Intimate Partner:</b> a husband/wife, boyfriend/girlfriend or lover</p> <p><b>Ex-intimate Partner:</b> an ex-husband/wife, ex-boyfriend/girlfriend or ex-lover</p> <p><b>Multiple assailants:</b> Two or more assailants</p>
<b>Abbreviations</b>
<p><b>ADON:</b> Assistant Director of Nursing</p> <p><b>CN/MS (SAFE):</b> Clinical Nurse/Midwife Specialist (Sexual Assault Forensic Examination)</p> <p><b>ED:</b> Emergency Department</p> <p><b>HIV:</b> Human Immunodeficiency Virus</p> <p><b>EC:</b> Emergency contraception</p> <p><b>PEP:</b> Post exposure prophylaxis</p> <p><b>RCC:</b> Rape Crisis Centre</p> <p><b>SATU:</b> Sexual Assault Treatment Unit</p> <p><b>STI:</b> Sexually Transmitted Infections</p> <p><b>CN/MM:</b> Clinical Nurse/Midwife Manager</p>

## Executive Summary of National SATU Clinical Reports 2016

### Attendance

- There were 712 attendances at the 6 SATUs in the Republic of Ireland in 2016, an increase of 27 cases nationally from 2015 (when 685 patients attended).

### Time of Day the Incident Occurred

- 74.7% 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

- 78% of patients reported recent sexual assaults (within 7 days).
- 582 (81.7%) cases involved a single assailant.

### Gender, Age Profile, Referral Source

- 667 (93.7%) patients were women and 45(6.3%) were men. The mean age of patients was 25.5, the youngest was 13, the eldest over 80 years.
- 486 (68.3%) cases were referred to the SATU by An Garda Síochána.

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

- 487 (68.4%) 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

- When recorded, 302 (47.1%) patients had consumed  $\geq 4$  units of alcohol in the 12 hours prior to the incident.
- 89 (12.5%) patients were concerned that drugs had been used to facilitate sexual assault.

### Patient awareness of whether sexual assault occurred

- 129 (18.1%) patients were unsure if a sexual assault had occurred.

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

- 54% 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. 447 (63%) received Chlamydia prophylaxis, 403 (56.6%) commenced a Hepatitis B immunisation programme and 40 (5.6%) 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: 2016.**

**Author: Finola Tobin and Margo Noonan**

## Executive Summary for 2016

### Attendance re: Area

- There were 107 new cases at the Cork SATU, an increase of (7%) of cases compared with year 2015.
- In 100 (93%) 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 13 (12%) of cases presenting that month.
- Sunday was the busiest day with 26% of clients presenting on that day.
- 8 cases (7.5%) occurred on a notable date or event
- The majority of assaults, 89 (83%) occurred between the hours of 9pm - 9am.

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

- 85 (79%) of cases were recent sexual assaults;
- 85 (79%) of cases involved a single assailant; 6 cases involved two assailants and 1 case involved three assailants. In 15 cases the number of assailants was unknown
- In 27 (25%) of cases, the alleged assailant was a stranger / unknown to the client.

### Gender, Age Profile, Referral Source

- 98 (91.5%) clients were female, 9 (8.5%) were male.
- The average age was 26 years, the youngest was 14 years and the eldest was 87 years.
- 63 (58.8%) of cases were referred by An Garda Síochána, 26 (24%) were self referred, and 10 (9%) 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

- 64 (59.8%) of clients reported the incident to An Garda Síochána.  
Of these 89 (83%) attended within 7 days, 15 (14%) within 1 month and 3 (3%) after 1 month.

### Support Worker in Attendance

- In 91 (85%) of cases, a Support Worker from the SVC was in attendance.

### Physical Trauma

- 22 (20.5%) of clients had physical trauma and 3 (2.8%) of clients attended the ED with minor trauma and 1 client attended the ED with major trauma.



### **Alcohol and Drug Use**

- 66 (62%) of clients had consumed  $\geq 4$  units of alcohol in the previous 12 hours.
- 1 (1%) of clients had taken prescribed medication, 9 (8.4%) of clients had taken illegal drugs.
- 6 (5.6%) clients had taken both alcohol and drugs.
- 2 (1.8%) of clients were concerned that drugs had been used to facilitate sexual assault.
- 23 (22%) of clients were unsure if a sexual assault had occurred.

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

- 83 (77.5%) female patients were seen within 5 days of the incident and 39 (47%) of these were given EC.

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

- 56 (52%) of clients received Chlamydia prophylaxis, 53 (49.5%) of clients had Hepatitis B immunisation programme commenced and 1 client received PEP for HIV.
- 78 (73%) of clients were given an appointment for follow-up in SATU, of these 53 (49%) returned for first screening appointment.
- 11 (20%) out of 53 clients screened had an STI diagnosed.

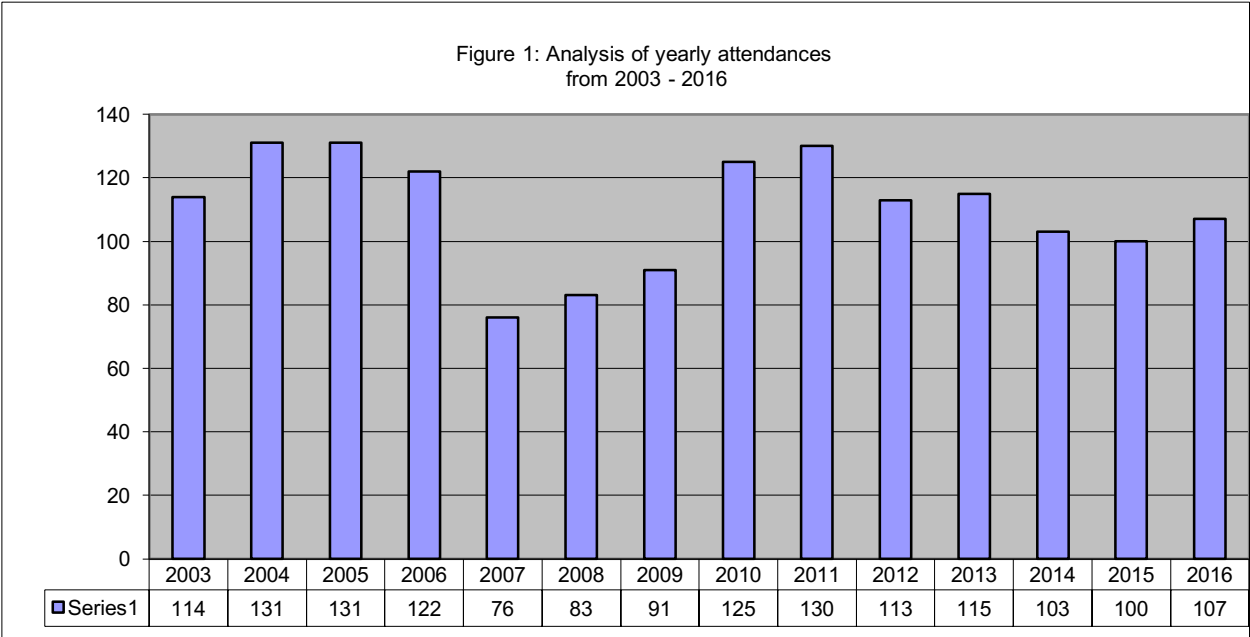
## **1. The Cork SATU, South Infirmary / Victoria University Hospital:**

The Cork SATU Team consists of:

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

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

- In 2015, there were 107 new attendances at the SATU.
- This showed an increase of 7% from 2014 (See figure 1)



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

- In 100 (93%) of cases, the Incident took place within the Republic of Ireland.
- In 7 (7%) of cases, the incident took place In the following countries:
  - Germany x 1
  - Spain x 1
  - Czech Republic x 1
  - United Kingdom x 1
  - Canary Islands x 1
  - Thailand x 1
  - Portugal x 1

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

- Of the 98 Incidents which took place in the Republic of Ireland, they occurred in the following county's (See table 1)

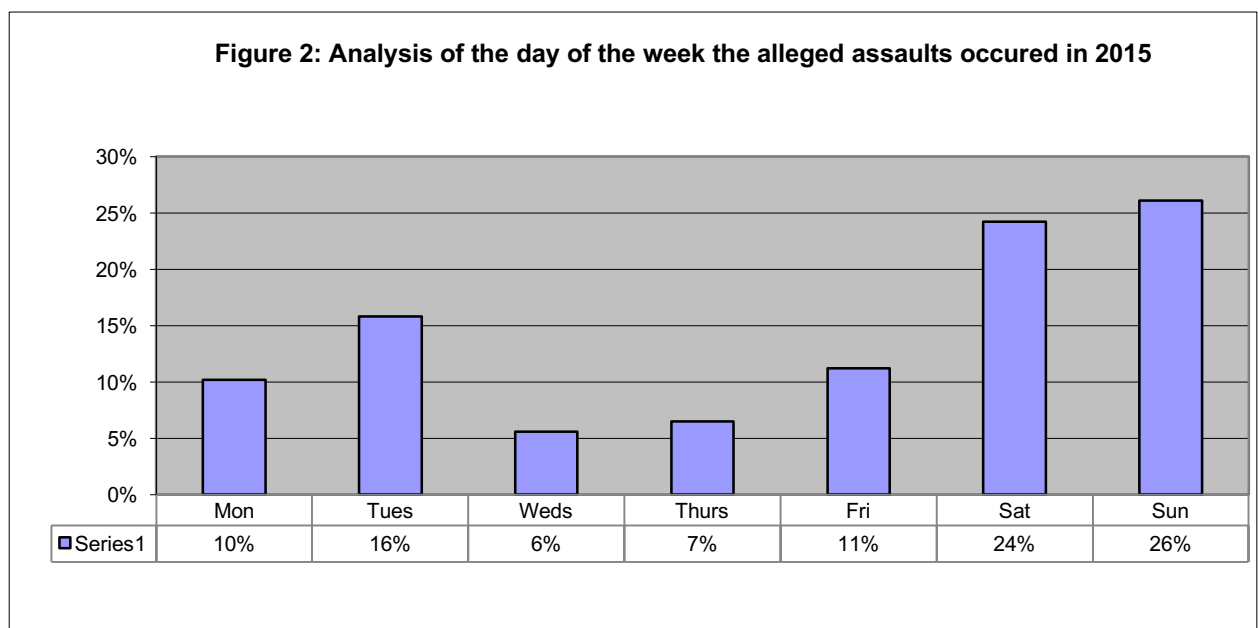
Table 1: Analysis of the county/s where Incident took place		
County	No	%
Cork	76	76%
Dublin	2	2%
Kerry	18	18%
Limerick	3	3%
Waterford	1	1%
<b>Total</b>	<b>100</b>	<b>100%</b>

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

- The busiest month was October with 13 cases (12%) that month

Table 3: Analysis of attendances by month												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>N</b> <b>o</b>	8	10	7	3	11	11	8	10	12	13	7	7
<b>%</b>	7.4 %	9.4 %	6.5 %	2.8 %	10.3 %	10.3 %	7.4 %	9.4 %	11.2 %	12.2 %	6.5 %	6.5 %

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

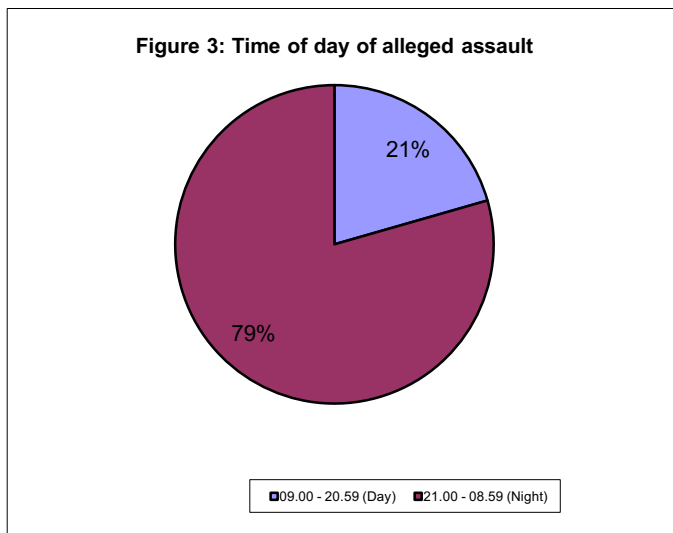


## 7. Notable Day or Event

- 8 cases occurred on a notable day or at a notable event.
- 1 on UCC Rag week
- 3 on June Bank Holiday weekend
- 1 on Leaving Certificate results night
- 2 at Timoleague Festival
- 1 on Fresher's Week

## 8. Time of Day Incident Occurred:

- The majority of incidents 85 (79%) occurred between the hours of 21.00 – 08.59 (See figure 3)



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

<b>Table 4: Analysis of the location of the Incident (n = 107)</b>		
<b>Location</b>	<b>No</b>	<b>%</b>
<b>Other Indoors</b>	26	24%
<b>Other outdoors</b>	27	25%
<b>Assailants home</b>	26	24%
<b>Home</b>	20	19%
<b>Car</b>	1	1%
<b>Field / Park</b>	5	5%
<b>Taxi</b>	2	2%
<b>Total</b>	<b>107</b>	<b>100%</b>

## 10. Type of Alleged Sexual Crime:

Of the 107 clients

- 89 (83%) were recent sexual assaults ( $\leq 7$  days)
- 15 (14%) occurred  $\leq 1$  month
- 3 (3%) occurred  $>$  than one month prior to attending SATU

## 11. Assailant/s:

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

- 85 (79%) cases involved a single assailant
- 6 (6%) cases involved two assailants
- 1 (1%) cases involved three assailants
- In 15 (14%) cases, the number of assailants were unknown

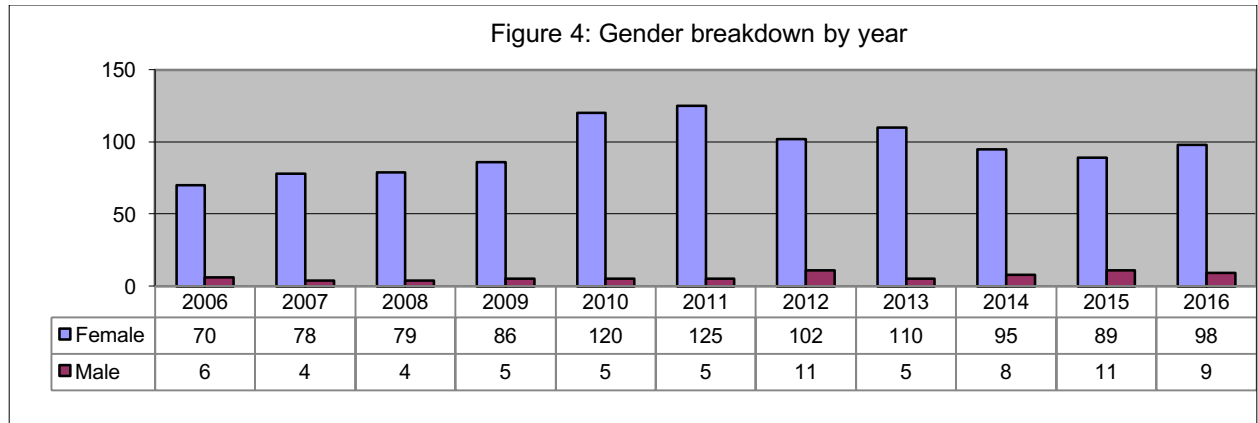
### 11.2 Relationship between the client and Alleged Assailant (See table 5)

<b>Relationship</b>	<b>No</b>	<b>%</b>
<b>Stranger</b>	27	25%
<b>Acquaintance</b>	15	14%
<b>Recent acquaintance</b>	13	12%
<b>Friend</b>	14	13%
<b>Unknown</b>	21	20%
<b>Intimate Partner</b>	1	1%
<b>Ex-intimate Partner</b>	6	5.6%
<b>Other</b>	6	5.6%
<b>Family member</b>	4	3.7%
<b>Total</b>	<b>107</b>	<b>100%</b>

## 12. Demographics:

### 12.1 Gender

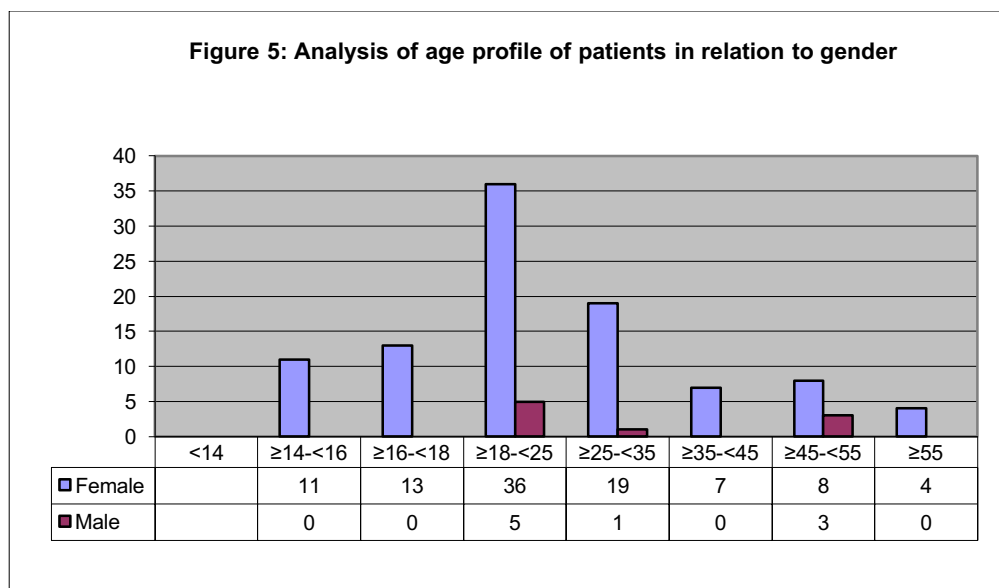
- Of the 107 clients, there were 98 (91.5%) females and 9 (8.5%) males.
- Gender Trends (See figure 4)



### 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
26.9	19	21	14yrs	87yrs



### 12.3 Occupation (*n* =107)

- 53 (50%) of clients were students
- 34 (32%) of clients were unemployed
- 20 (18%) of clients were in employment

### 12.4 Marital Status (See table 7)

Table 7: Analysis of marital status ( <i>n</i> =107)		
Marital Status	No	%
Single	89	83%
Separated	5	4%
Married	3	3%
Co-habiting	2	2%
Divorced	6	6%
Other	2	2%
<b>Total</b>	<b>107</b>	<b>100%</b>

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

Table 8: Analysis of source of referral ( <i>n</i> =107)		
Referral Source	No	%
Gardai	63	59%
Self	26	24%
GP	10	9%
Other	7	7%
RCC	1	1%
<b>Total</b>	<b>107</b>	<b>100%</b>

### 12.6 Ethnicity (See table 9)

Table 9: Analysis of ethnicity of patients ( <i>n</i> =100)		
Ethnicity	No	%
White	105	98%
Roma	1	1%
Not recorded	1	1%
<b>Total</b>	<b>107</b>	<b>100%</b>

### 13. Support Worker in Attendance:

- 91 (85%) of clients met with a Support Worker at the initial SATU attendance.

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

Of the 107 clients that attended the SATU:

- 64 (60%) of clients reported the incident to An Garda Síochána and of these 61 (95%) had forensic samples taken.
  - Of these one opted for Option 3
- 39 (36%) of all clients did not report the incident to the Garda Síochána.
- 26 (41%) reporting and 27 (63%) non-reporting had an STI screen

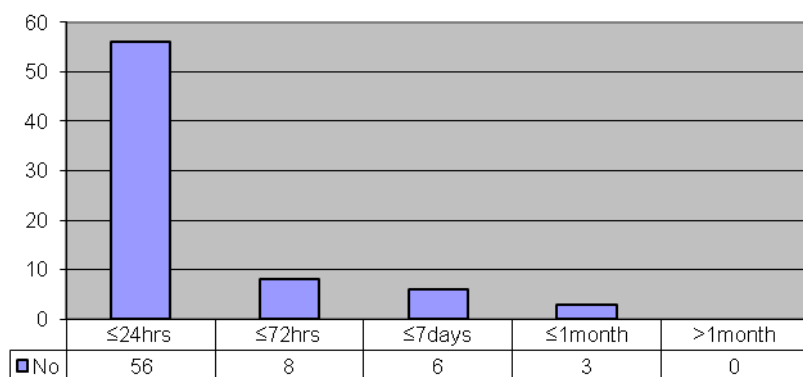
### 15. Clients Reporting to An Garda Síochána:

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

- 64 clients reported the incident to An Garda Síochána:
- 62 (97%) attended  $\leq 7$  days, of those
- 47 (76%) were seen within  $\leq 24$  hours
- 15 (24%) were seen within  $\leq 72$  hours

(see figure 6)

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

- 84 (78.5%) of clients felt that a sexual assault had occurred.
- 23 (21.5%) of clients were unsure if a sexual assault had occurred.

## 17. Physical Trauma

22 (20.5%) of clients had physical trauma, of these

- 18 (81%) had superficial trauma not requiring Emergency Department
- 3 (14%) attended Emergency Departments with minor trauma
- 1 ( 5%) attended the Emergency Department with major trauma

## 18. Alcohol and Drug Use

### 18.1 Alcohol

- 73 (68%) of clients had consumed alcohol in the previous 12 hours prior to assault  
of these
- 69 (95%) of clients had consumed  $\geq 4$  units of alcohol
- 20(27%) of clients had consumed at least 10 units of alcohol
- 6 (8%) 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 alleged assault was 8 units

Mean	Median	Mode
5.3	6	6

### 18.2 Drugs

- 10 (9%) of clients had taken drugs, of these
  - 7 (6.5%) had taken illegal drugs.
  - 1 (0.9%) had taken prescribed medication
  - 2 (1.8%) had taken both illegal and prescribed drugs
- Of all clients seen in 2016, 6 (5.6%) were concerned that drugs had been used to facilitate sexual assault.

## Both Alcohol and Drugs

- In 6 (5.6%) of cases, clients had taken both alcohol and drugs.

## 19. Emergency Contraception (EC)

- 68 (69%) of the 98 female clients were seen within 5 days of the incident, of these
  - 39 (57%) were given EC
  - The remainder 29 (43%) did not receive EC for various reasons (See table 11)

Reason	N	(%)
Already using contraception	14	48%
No penile penetration	5	17%
Received EC prior to attending Unit	1	3.7%
Other	1	3.7%
Post-hysterectomy or post-menopausal	3	10%
Refused	2	7%
Pregnant	2	7%
Menstruating	1	3.7%
Total	29	100%

## 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

- 56 (52%) clients received Chlamydia prophylaxis in 2016.
- 53 (50%) clients had Hepatitis B immunisation commenced, of these 13 have so far completed the course in SATU.

- 1 client received post exposure prophylaxis treatment for HIV.

## 20.2 Follow up Appointments for Screening

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

Table 12: Analysis of follow up screening for STIs				
	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	78 (73%)	48 (62%)	28 (36%)	13 (17%)
Attended another service for follow-up	12 (11%)			
Follow-up screen not required	16 (15%)			
Refused	1 (1%)			
<b>Total</b>	107(100%)			

## 20.3 Outcome of the STI Screening Carried Out by the SATU (n =48)

- 10 (21%) of clients out of 48 screened had abnormal results (See table 13).

Table 13: Abnormal STI screening results (n =48)		
Abnormal results	N	(%)
Candida	7	15%
Bacterial Vaginosis	3	6%
<b>Total</b>	10	21%

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

### 21.1 Developments in 2016

Finola Tobin CNS and Margo Noonan CNS continue 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 SATU's nationally.

We continue to raise the profile of the SATU through liaising with victim support agencies.

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 SATU's and we are now again currently reviewing it for ease of use.

Margo Noonan CNS is a member of the National SATU Guidelines Committee which is an interagency committee. The group meet quarterly and are currently updating the 4<sup>th</sup> edition of the guidelines.

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 are been overwhelmingly positive.

2016 saw the introduction of Option 3-The collection of forensic evidence without An Garda Síochána present. A series of policies were formulated by the CNSs around this option and service commenced in the latter half of the year.

The Intervention initiative was commenced in UCC in 2016, SATU staff attended for the initial development and rolling out of this project.

## 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. In 2016 An Garda Síochána opened a pilot service in Anglesea Street Garda Headquarters, The Special Protective Services Unit. This unit investigates all allegations of sexual crime in Cork city and County and SATU staff have worked, and continue to work closely, with during the rolling out of this service. There is an ongoing communication link between both units.

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 2016.

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

Margo Noonan completed her Nurse Prescribing programme in UCC and is now a registered prescriber.

Margo Noonan completed her venepuncture competency.

#### **21.4 Publications and Presentations in 2016.**

A SATU Presentation was given to a number of groups by the CNSs Post Graduate Diploma in Emergency Nursing.

Nursing and Medical Staff, Emergency Dept, Cork University Hospital. Student Health Centre, in University College Cork.

MSc programme in Obstetrics/Gynaecology in the Cork University Maternity Hospital (CUMH).

Ballygarvan youth Club

Military Police Southern Division.

S.I.V.U.H. Nursing and Allied Health Professionals

UCC 4<sup>th</sup> Year Nursing Students (CUMH, SIVUH, CUH, MUH, Bons)

Senior Managers SIVUH

Senior Nurse Managers SIVUH

Margo Noonan co-presented at the International Association of Forensic Nurses Annual Conference in Denver, USA.

#### **21.5 Opportunities for 2017.**

Similar to every health care setting in these recessionary times, we remain limited by both 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 has allowed 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.

Two new on call nurses joined the unit in 2016 bringing the total of on call nurses to 5.

### **Acknowledgements.**

We 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: 2016**

**Author: Connie Mc Gilloway/ Brídín Bell CNS SAFE**





## Executive Summary 2016

### Attendance re: Area

- There were 46 attendances at the SATU, an increase of 1 (2%) from 2015.
- 43 (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

- March, June, July and August were the busiest months in 2016 with 26 (57%) cases presenting during this period.
- Monday was the busiest day, 13 (28%) patients presented on that day.
- 31 (67%) incidents occurred between the hours of 20.00 – 07.59hrs.

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

- 34 (74%) were recent sexual assaults.
- 43 (94%) cases involved a single assailant
- 2 (4%) case involved multiple assailants
- 1 (2%) case, the number of assailants was unknown
- 10 (22%) cases, the alleged assailant was a stranger

### Gender, Age Profile, Referral Source

- 44 (96%) patients were female and 2 (4%) patients were male.
- The mean age was 25 years of age, the youngest < 14 years of age and the eldest was >55 years of age.
- 26 (57%) patients were referred by An Garda Síochána, 6 (13%) patients self-referred and 14 (30%) 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

- 40 (87%) patients reported the incident to An Garda Síochána, of these;
- 30 (75%) reported within 7days, of these;
  - 24 (18%) reported within 72 hours and 10 (75%) of these reported within 24 hours.
- 10 (26%) patients reported to An Garda Síochána later than 7 days.

### Psychological Support Worker in Attendance

- 33 (72%) patients had a Psychological Support Worker from the RCC at the initial SATU attendance. 6 (13%) patients were already attending either counselling or psychiatric services. 6 (13%) patients did not have a Psychological Support Worker in attendance as there was no one available to attend and 1(2%) patient declined a Psychological Support Worker.

### **Physical Trauma**

- 26 (59%) patients had physical injuries, of these; 23 (88%) 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**

- 27 (59%) patients had consumed alcohol in the previous 12 hours of these:
- 15 (84%) patients had consumed  $\geq 6$  standard drinks of alcohol
- 5 (11%) patients had taken drugs, of these:
  - 1 (20%) patients had taken prescribed medication, 4 (80%) patients had taken illicit drugs
- 6 (13%) patients were concerned that drugs were used to facilitate sexual assault.
- 3(7%) patients had taken both alcohol and drugs.

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

- 40 (87%) patients stated a sexual assault occurred
- 6 (13%) were unsure whether a sexual assault had occurred.

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

- 30 (68%) female patients presented within 120 hours of the incident
- 11 (37%) patients were given EC in the SATU, of these:
  - 8 (70%) patients administered Levonorgestrel 1500mcg.
  - 3 (30%) patients administered Ulipristal Acetate 30mg.

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

- 30 (67%) patients received Chlamydia prophylaxis.
- 36 (78%) commenced Hepatitis B immunisation programme.
- No patients received Post Exposure Prophylaxis (PEP) for HIV.

### **Follow-up Appointment for Sexual Health Screening**

- 39 (85%) patients were given an follow-up appointment for STI screening
- 37 (95%) patient attended first follow-up appointment.
- 1(2%) attended for an appointment elsewhere
- 6 (13%) patients had no STI follow-up required

### **Outcome of Sexual Health Screening**

- 1(3%) patient had a positive result for Chlamydia.
- 3 (8%) patient had a positive result for Candida.
- 2 (8%) patients had a positive result for Bacterial Vaginosis.

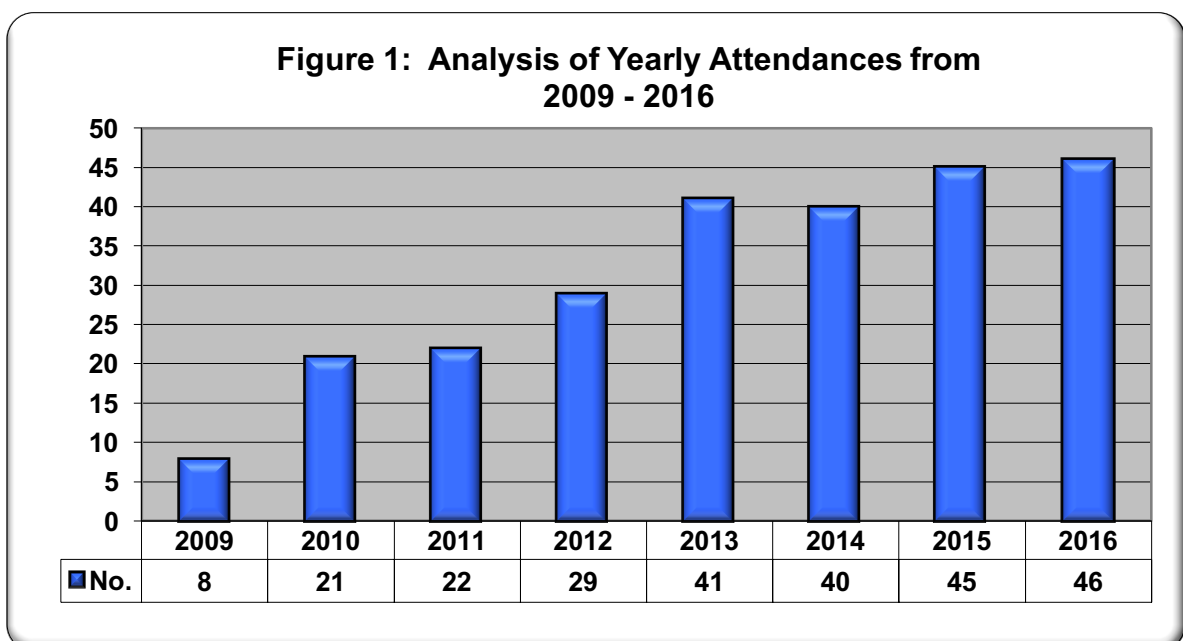
## 1. The Donegal SATU, Letterkenny University Hospital, Co. Donegal

In 2016 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 (Forensic Clinical Examiner).
- Ms Bridín Bell, Clinical Nurse Specialist (Forensic Clinical Examiner).
- Ms Lisa Crossan, Clinical Nurse Specialist (Forensic Clinical Examiner).
- On-call rota of SATU Support Healthcare Staff.
- On-call rota of Donegal RCC Psychological Support Workers (Volunteers).
- Ms Bridín Bell and Ms Lisa Crossan completed the Higher Diploma (Sexual Assault Forensic Examination) in January 2016 and commenced working in the Donegal SATU. In June 2016, Ms Lisa Crossan resigned her position. The SATU Team wishes Lisa all the very best for the future and success in her new endeavour.
- Congratulations to Ms Evelyn Smith, who was successful in achieving the position of Director of Midwifery in LUH in 2016. Following a restructuring of services/departments in LUH, Ms Siobhan Kelly was successful in achieving the position of ADON/Service Manager. The SATU Service is now part of Siobhan's responsibility and the SATU Team wishes her all the very best in her new position and look forward to working closely with her in the future.

## 2. Number of Attendances

- In 2016, there were 46 attendances at the Donegal SATU.
- This shows an increase of one patient (2%) from 2015 (See Figure 1).

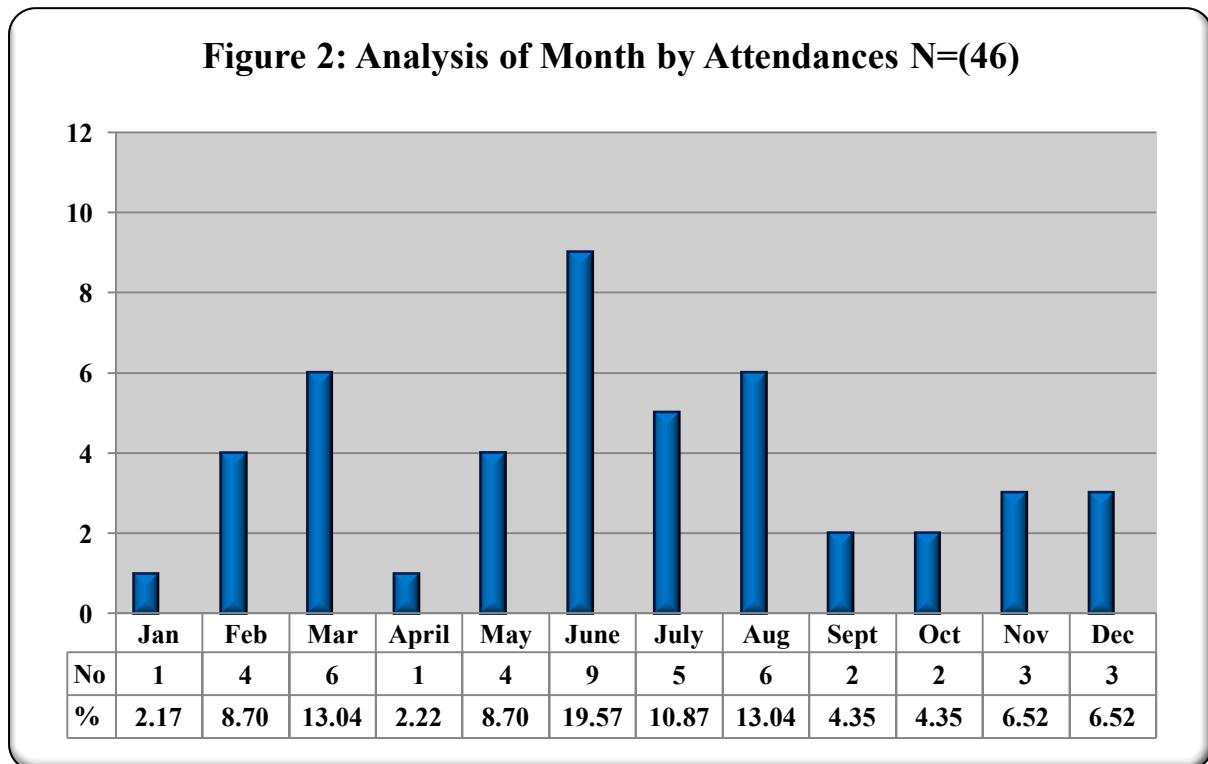


### 3. Where the Incident Took Place (see Table 1)

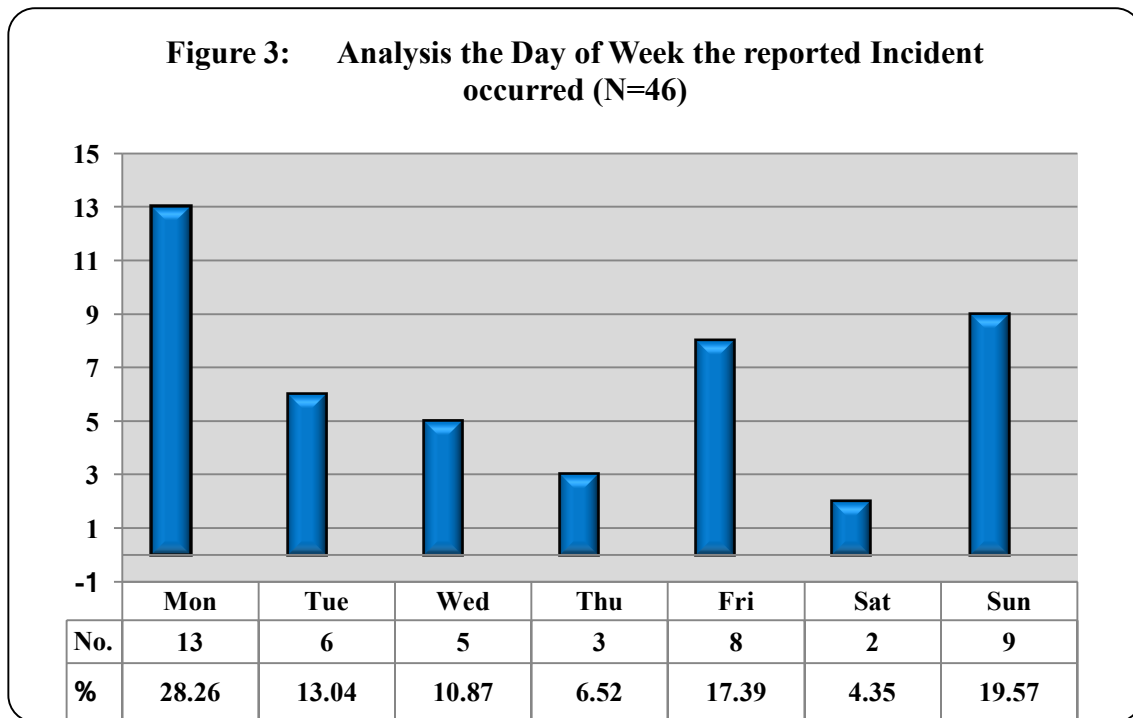
Table 1: Analysis of the county/s where incident took place N=(46)		
County	No	%
Donegal	40	87
Galway	1	2
Sligo	2	4
<b>Total</b>	<b>43</b>	<b>93</b>
Analysis of the country/s where incident took place		
Country	No	%
United Kingdom	3	7
<b>Total</b>	<b>3</b>	<b>100</b>

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

- March, June, July and August were the busiest months in 2016 with 26 (57%) patients attending the SATU during these months.

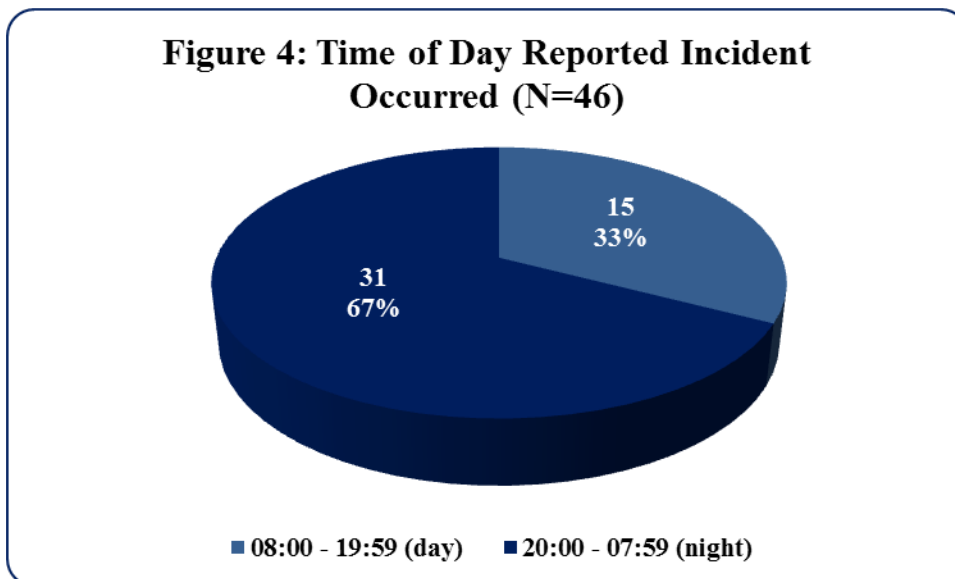


**5. Day of the Week Incident Occurred (see Figure 3)**



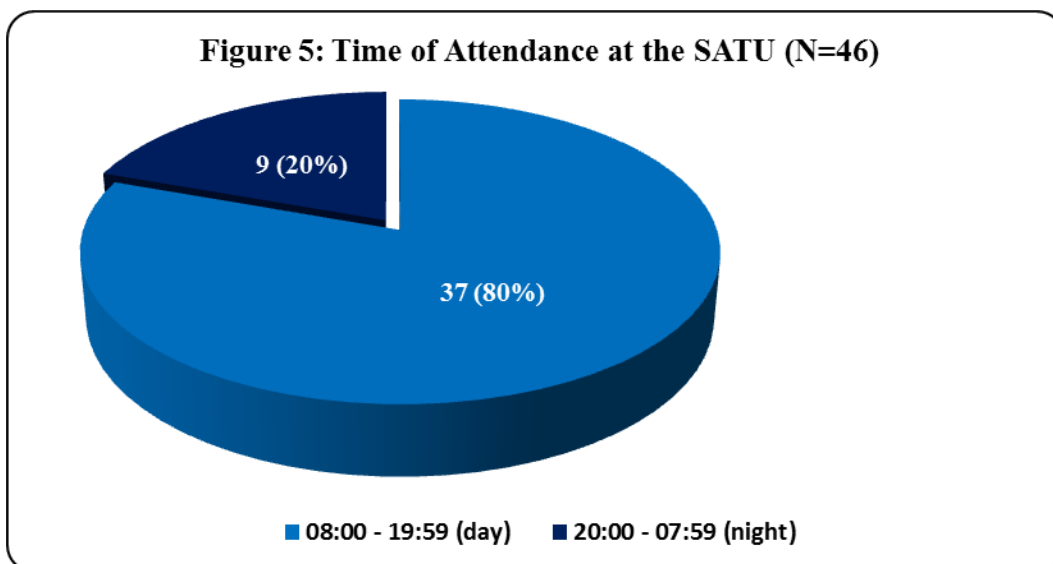
**6. Time of Day Incident Occurred (see Figure 4)**

- The majority, 31 (67%) of incidents occurred during the hours of 20:00 – 07:59hrs.

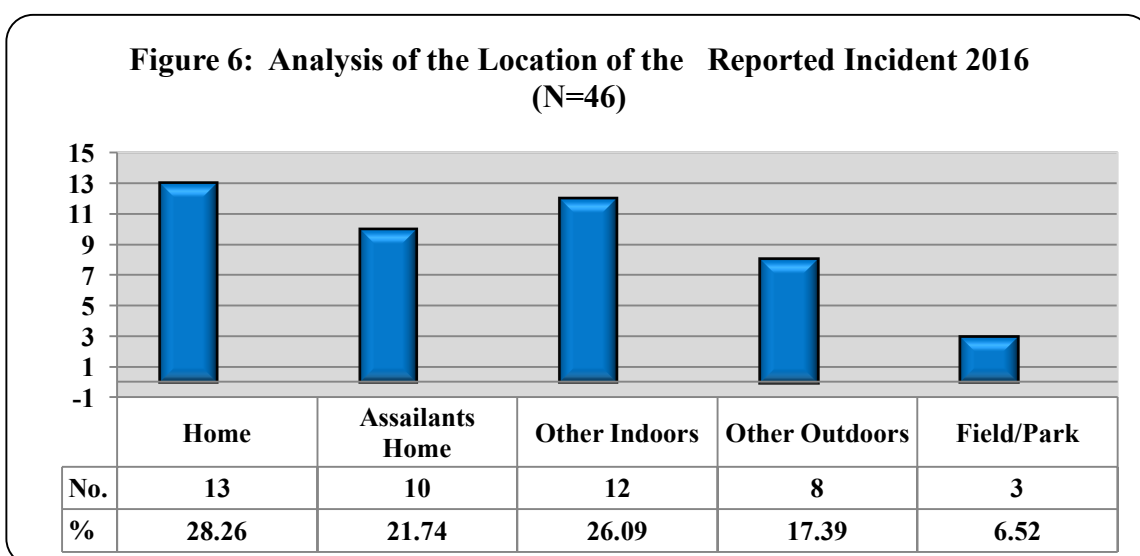


**7. Times of Attendance at SATU (See Figure 5)**

- 37 (80%) patients presented during operational hours 08:00 – 20:00hrs. 9 (20%) patients presented out of hours. The SATU team responded in keeping with 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 46 patients:

- 34 (74%) cases were recent sexual assaults.
- 12 (26%) cases were later than 7 days.

**10. Assailants**

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

- 43 (94%) cases involved a single assailant
- 2 (4%) cases involved multiple assailants
- 1 (2%) case, the number of assailants was unknown.

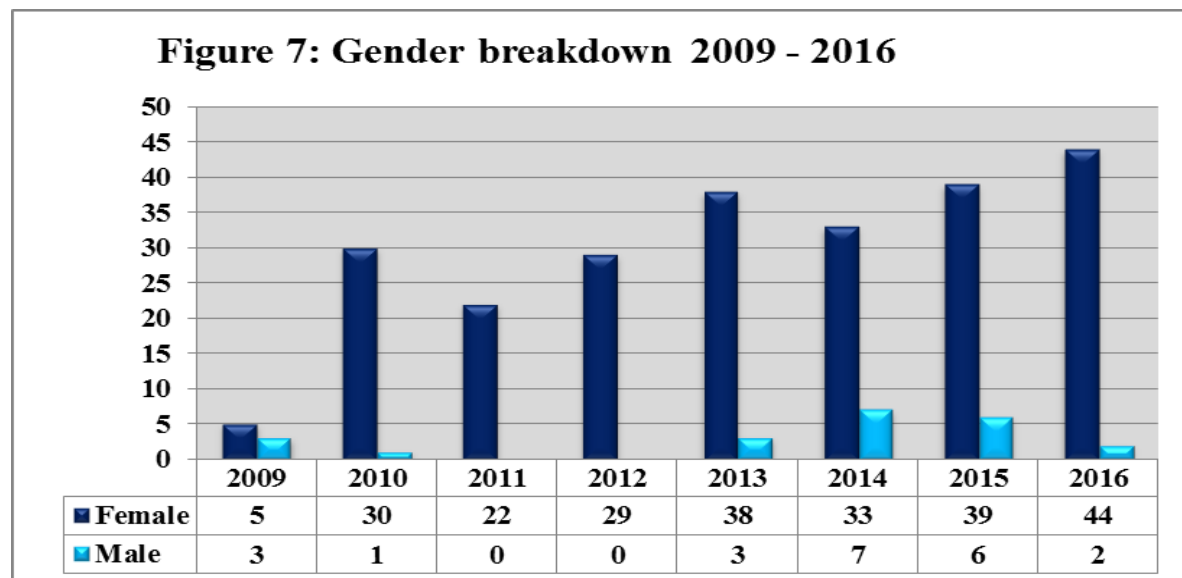
## 11. Relationship between the Patient and Alleged Assailant (see Table 2)

<b>Table 2: Analysis of relationship between the patient and the alleged assailant (N=46)</b>		
<b>Relationship</b>	<b>No</b>	<b>%</b>
<b>Friend</b>	<b>14</b>	<b>31</b>
<b>Stranger</b>	<b>10</b>	<b>22</b>
<b>Family Member</b>	<b>7</b>	<b>15</b>
<b>Acquaintance</b>	<b>6</b>	<b>13</b>
<b>Recent Acquaintance</b>	<b>5</b>	<b>11</b>
<b>Intimate Partner</b>	<b>2</b>	<b>4</b>
<b>Ex-intimate Partner</b>	<b>1</b>	<b>2</b>
<b>Unknown</b>	<b>1</b>	<b>2</b>
<b>Total</b>	<b>46</b>	<b>100.00</b>

## 12. Demographics

### 12.1 Gender

- Of the 46 patients that attended the Donegal SATU; 44 (96%) were female and 2 (4%) were male (see Figure 7)



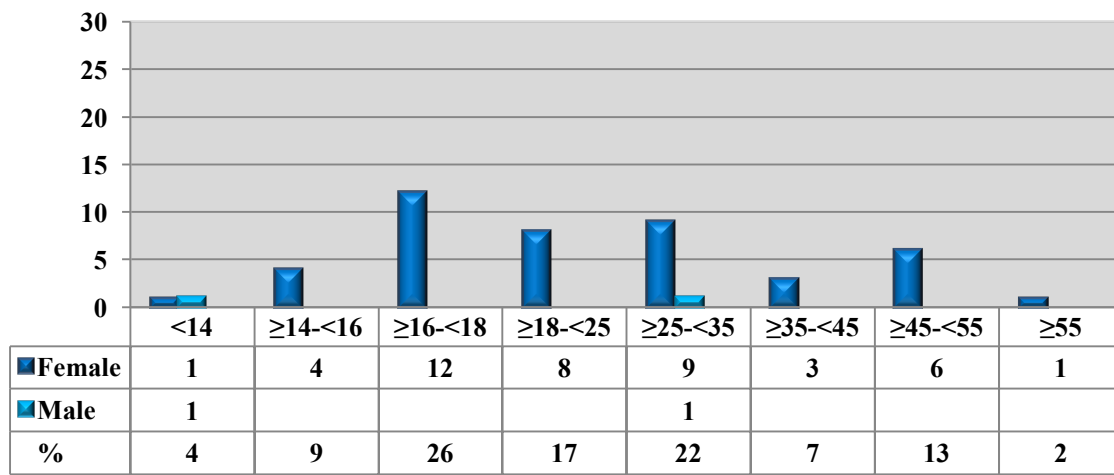
## 12.2 Age Profile (See Table 3 and Figure 8)

- 26 (57%) were < 25 years of age.

**Table 3: The mean, mode and median age and the minimum and maximum age of patients attending the Donegal SATU (n=46)**

Mean	Mode	Median	Minimum	Maximum
25	16.5	20.5	< 14years	>55years

**Analysis of Age profile in relation to Gender Breakdown (n=46)**



## 12.3 Occupation (N=46)

- 27 (59%) were students
- 13 (28%) were employed
- 6 (13%) were unemployed

## 12.4 Marital Status (See Table 4)

Marital Status	No	%
Single	41	89
Separated	3	7
Married	1	2
Divorced	1	2
<b>Total</b>	<b>46</b>	<b>100</b>



## 12.5 Source of Referral (See Table 5)

<b>Table 5: Analysis of source of referral (n = 46)</b>		
<b>Referral Source</b>	<b>No</b>	<b>%</b>
<b>Gardaí</b>	<b>26</b>	<b>57</b>
<b>Acute Hospitals (Letterkenny &amp; Sligo)</b>	<b>8</b>	<b>18</b>
<b>Self</b>	<b>6</b>	<b>13</b>
<b>GP</b>	<b>2</b>	<b>4</b>
<b>RCC</b>	<b>2</b>	<b>4</b>
<b>Tusla</b>	<b>2</b>	<b>4</b>
<b>Total</b>	<b>46</b>	<b>100</b>

## 12.6 Ethnicity (See Table 6)

<b>Table 6: Analysis of Ethnicity of Patients (n = 46)</b>		
<b>Ethnicity</b>	<b>No</b>	<b>%</b>
<b>White</b>	<b>46</b>	<b>100</b>
<b>Other</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>46</b>	<b>100</b>

## 13. Psychological Support Worker in Attendance

- 33 (72%) patients had a Psychological Support Worker from the RCC in attendance.
- 6 (13%) patients did not have a Psychological Support Worker in attendance as there was no one available to attend.
- 1(2%) patient declined to have a Psychological Support Worker in attendance.
- The remaining 6 (13%) patients were already attending either counselling or psychiatric services.

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

Of the 46 patients that attended the SATU:

- 40 (87%) reported the incident to An Garda Síochána, of these:
  - 30 (75%) presented within 7 days, of these;
    - 28 (93%) patients had a forensic clinical examination performed

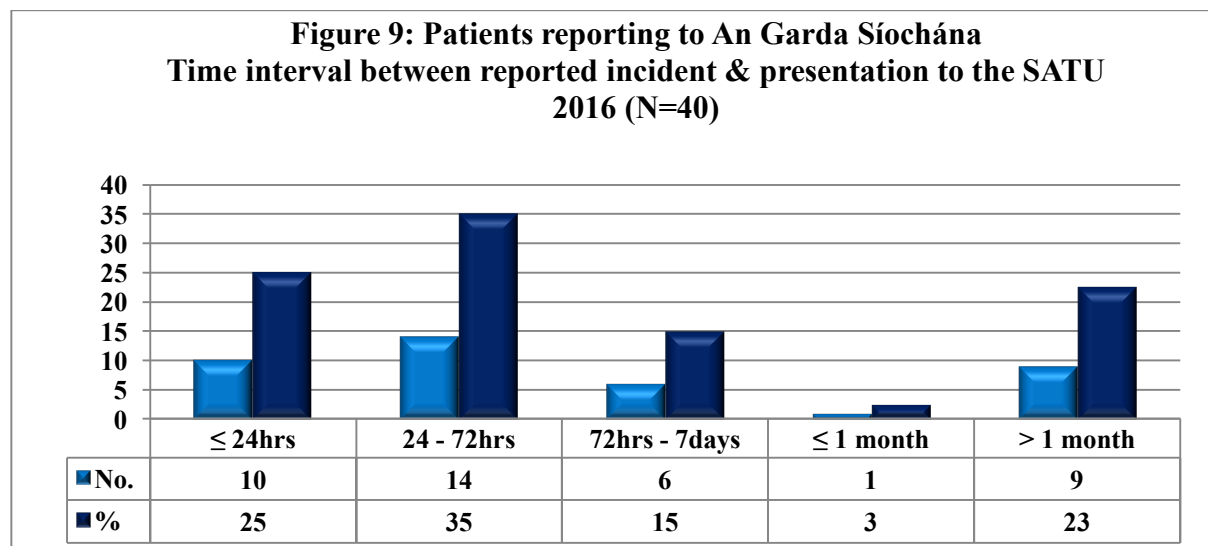
- 1(3.5%) patient did not have forensic clinical examination as an examination was inappropriate in this case.
- 1(3.5%) patient refused to have a forensic clinical examination
- 10 (25%) patients did not have a forensic samples collected because they presented outside the forensic time frame.
- 4 (9%) 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:
  - 2 (50%) presented within 7 days
  - 2 (50%) presented outside the forensic timeframe.
- 2 (4%) patients presented within 72hours and chose to have a Forensic Clinical Examination without the involvement of An Garda Síochána.

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

#### Time interval from reported incident to attendance in SATU:

40 (87%) reported the incident to An Garda Síochána, of these:

- 30 (75%)  $\leq$  7days; of these:
  - 24 (80%) were within < 72 hours
  - 10 (42%) of these were seen within 24 hours (See Figure 9)



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

- 40 (87%) stated a sexual assault had occurred.
- 6 (13%) stated they were unsure if a sexual assault had occurred

## 17. Physical Trauma

- 26 (57%) patients attending the SATU had physical trauma, of these:
  - 23 (88%) patients attending the SATU had superficial trauma.
  - 2 (8%) attended the Emergency Department with minor trauma.
  - 1 (4%) attended the Emergency Department with major trauma.

## 18. Alcohol and Drug Use

### 18.1 Alcohol

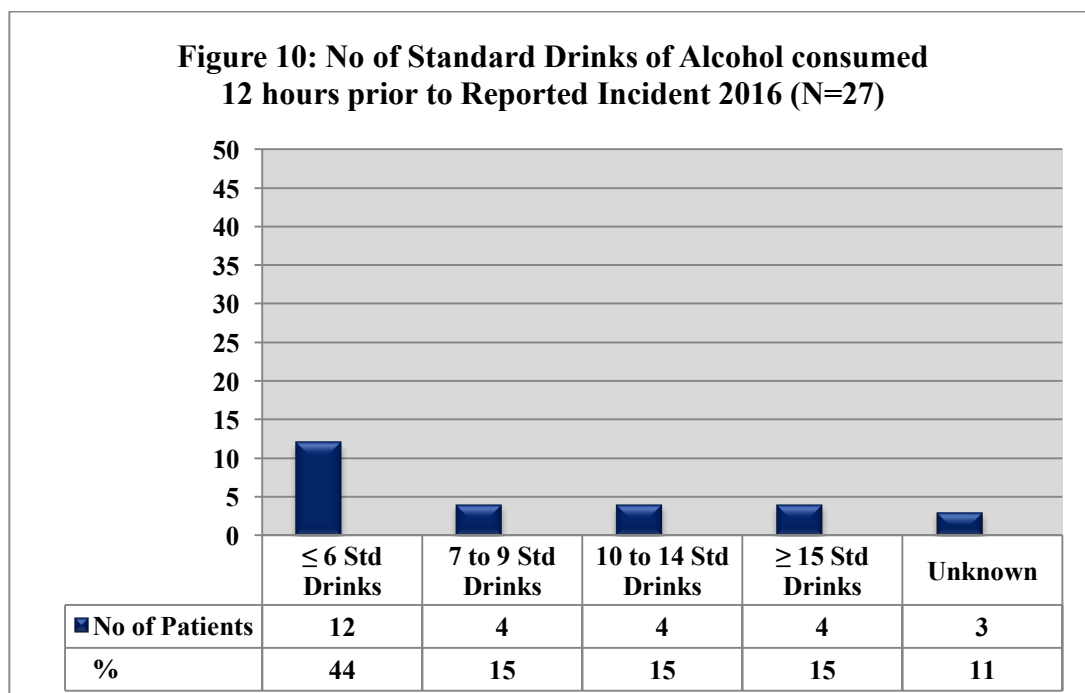
- 27 (59%) patients had consumed alcohol in the previous 12 hours prior to presentation to the SATU, of these;
  - 15 (56%) patients had consumed  $\geq 6$  standard drinks of alcohol (See Figure 10)

### 18.2 Drugs

- 5 (11%) patients had taken drugs, of these:
  - 1 (20%) patients had taken prescribed medication
  - 4 (80%) patients had taken illicit/recreational drugs
- 6 (13%) patients were concerned that drugs were used to facilitate sexual assault.

### 18.3 Both Alcohol and Drugs

- 3 (7%) patients had taken both alcohol and drugs.



## 19. Emergency Contraception

30 (68%) female patients presented within 120 hours of the incident, of these;

11 (37%) patients were given emergency contraception in the SATU, of these;

- 8 (70%) were given Levonorgestrel 1500mg
- 3 (30%) was given Ulipristal Acetate (Ellaone) 30mg

Reason	N	(%)
<b>Already using effective contraception</b>	<b>6</b>	<b>31.5</b>
<b>Received EC prior to attending Unit</b>	<b>6</b>	<b>31.5</b>
<b>No penile penetration</b>	<b>5</b>	<b>26</b>
<b>Patient declined</b>	<b>2</b>	<b>1</b>
<b>Total</b>	<b>19</b>	<b>100</b>

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

### 20.1 STI Prophylaxis

- 30 (65%) patients received Chlamydia prophylaxis.
- 36 (78%) patients had Hepatitis B immunisation commenced, of these:
  - 11 (31%) of these 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.

	No.	attended 1 <sup>st</sup> Appt.
<b>Given SATU Appt. for follow-up screening</b>	<b>39</b>	<b>37 (95%)</b>
<b>Went for appointment elsewhere</b>	<b>1</b>	
<b>No STI follow-up required</b>	<b>6</b>	
<b>Total</b>	<b>46</b>	

### 20.3 Outcome of the STI Screening performed in the SATU ( $n = 37$ )

Of the 37 patients screened for STI's:

- 1(3%) patient had a positive result for Chlamydia
- 3 (8%) patient had a positive result for Candida
- 2 (8%) patients had a positive result for Bacterial Vaginosis.

## **21.1 Developments in 2016**

Although the Donegal SATU is considered a daily 12-hour service, the service has offered 24-hour telephone advice and as far as practicably possible has responded to patient needs in the out-of-hours period in keeping with the time-sensitive nature of the reported incident. Because of this, 20% of cases were responded to out-of-hours in 2016. Furthermore, with the introduction of Option 3 in July 2016, the SATU has been contactable 24/7. In January 2016, two newly qualified CNS Forensic Clinical Examiners joined the Donegal SATU Team. This created a much needed team of three dedicated CNS Forensic Clinical Examiners which had the potential of creating a level of sustainability not previously seen within the SATU since its inception. However, due to, in part to the delay in the issuing of contracts, one of the newly qualified CNSs resigned her post and sought employment in another jurisdiction. There are now currently two CNS (Forensic Clinical Examiners) in the Donegal SATU. A third Forensic Clinical Examiner is vital in order to provide a solid foundation for sustaining this much needed and expanding service. Throughout 2016, the Donegal SATU continued to forge inter-agency collaboration; working closely with statutory and non-statutory agencies in the provision of a wide-ranging education programme. The Donegal SATU Education Programme focuses on: prevention and reduction of sexual violence, recognising, referring and responding to persons affected by sexual violence and improving an understanding and appreciation of the particular dynamics and sensitivities involved in responding to sexual violence, so that individualised, timely, person-centred services are offered. In addition, the Donegal SATU, as part of a pilot programme was invited by An Garda Síochána to partner the development of an Internet initiative focusing on the increasing problem of non-consensual sharing of intimate images among minors. In collaboration with the Department of Education and Skills, An Garda Síochána and the Law and Humanities Department, LYIT, this programme will be rolled out as a pilot in nine schools in Northwest Donegal in early 2017, targeting 1<sup>st</sup> year students. The Donegal SATU service is represented on committees and working groups such as:

- The Board of Directors (Donegal Sexual Abuse and Rape Crisis Centre)
- Clinical Governance Group (Donegal Jigsaw Project)
- Donegal Anti-Human Trafficking Working Group
- Donegal Sexual Health Forum
- Working Group Response to Domestic Violence (Perpetrators)
- Child Protection Committee (Letterkenny University Hospital)

- Internet Empowerment Initiative Programme
- Healthy Ireland Implementation Group (Letterkenny University Hospital)
- Member: National Oversight Committee (Higher Diploma in Sexual Assault Forensic Examination)
- National Database Development (National SATU Lead)
- National SATU Representative on COSC Database Committee
- Chairperson: National Documentation Group
- Member: National Guidelines Group

In addition, the service also works in 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, Foroige and the Donegal County Council.

### **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 in Donegal and Sligo, Donegal Garda Scenes of Crime, and the CNS Forensic Clinical Examiners. In order to improve communications, referral pathways and collaboration in the north-west region, representation from Sligo Rape Crisis Centre are now members of the SATU Liaison group.

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

The service continued to contribute to inter-agency education throughout 2016. The SATU CNS FCEs attended mandatory training and updated their knowledge and skills through relevant training and attendances at workshops and Conferences. In addition, both CNS FCEs were actively involved in delivering outreach education programmes to Primary Community and Continuing Care, Voluntary and Statutory organisations, Post-Primary schools and 3<sup>rd</sup> level 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.

#### **21.3.1 Mandatory training attended in 2016**

- Hand Hygiene
- Fire Safety Training
- BLS

- Children First
- Display Screen Equipment
- Manual Handling Awareness
- Q-Pulse Training

### **21.3.2 Training/Conferences/Workshops and Peer Reviews attended in 2016**

- Certificate in Nurse Prescribing awarded by RCSI (CNS FCE Brídín Bell)
- Launch of the Safe and Supportive Schools Programme, LGBT (Conference)
- Masterclass on Medication Management
- Regional briefing programme Assisted Decision-making Capacity Act 2015
- Risk Assessment in Mental Health Practices (2-day workshop)
- Delivering Bad News (1/2 day Workshop)
- SAOR Training (1 day workshop)
- LGBT Awareness Training (1/2 day workshop)
- Clinical Nurse Specialist Telephone Triage Training (2 day workshop)
- Legal and Professional Issues in Nursing (1 day workshop)
- Masterclass Risk Management and Patient Safety (1/2 day)
- The Respect Network Launch & Inaugural Conference; Promoting Safer Relationships within Higher Education (1 day)
- Understanding Pornography & Young People, National Youth Council of Ireland (1 day)
- National SATU Annual Study Day, Galway (1 CNS FCE)
- National Peer Review meetings: Donegal, Galway and Mullingar (except for Donegal, one CNS FCE attended Peer Reviews in Galway and Mullingar. No-one was able to attend the Peer Review in Cork due to travel distance and potential lack of Forensic cover for the SATU.

### **21.3.3 Workshops / Presentations / Training facilitated throughout the year**

#### **Workshops**

- LGBT BreakOut Donegal Youth Service (DYS)
- 3rd yr. Student nurses and 4th yr. Health & Social Care students, Letterkenny IT
- 4th yr. Psychology, Human Health & Nutrition & Public Health Students Sligo IT
- 1st, 3rd and 4th yr. Law and Humanities Students Letterkenny IT
- Youth Leaders (Fetac Level 5) Sexual Health
- SATU Support Staff Training – Storage of Evidence

- Psychological Support Staff – Donegal Rape Crisis Centre *SATU Induction Training*
- An Garda Síochána: Letterkenny & Milford districts: Early Evidence Collection and SATU Update on Storage of Evidence
- Youthreach: Ballyshannon, Lifford, Buncrana and Letterkenny
- Abbey Vocational School (4 groups of 14-18 year old, male & female students)
- Merville Community College (4 groups of 14-18 year old male & female students)
- Colaiste Aileagh (2 groups of 14-18 year old male and female students)
- St Catherine’s Vocational School (4 groups of 14-18 year old male and female students)
- Bundoran Magh Ene (four groups of 14-18 year old male and female students)
- Errigal College (one group of female students)
- Deele College (four groups of 14-18 year old male and female students)

#### **21.3.4 Presentations**

- Development of Forensic Nursing in The ROI, SARC NI
- Teaching Staff Abbey Vocational School, Donegal Town
- Counsellors (Donegal Rape Crisis Centre) – Storage of Evidence
- Assisted Directors of Public Health Nursing and Director of Public Health Nursing
- Public Health Nurses and Community RGNs; Innishowen, Letterkenny, Donegal Town and Stranorlar.
- Tusla, Child Protection Team Conference
- Donegal Clinical Society; GPs, Registrars, Hospital Consultants & NCHD’s, Letterkenny University Hospital
- Youth Leaders – REAL U (Sexual Health & Contraception) Foroige, Integrated Services & Neighbourhood Youth Project
- Social Worker Team, Tusla, Donegal Town
- Social Workers; Intellectual Disability Service, Sligo
- Foundation Certificate Course Sexual Health
- Gynae Study Day, Letterkenny University Hospital
- Jigsaw Project Staff: Clinical Psychologists, Social Workers and Support Workers
- Sexually Transmitted Infection Foundation (STIF) course, St James Hospital, Dublin

#### **21.3.5 Training**

- Database training for Rotunda Database Entry Users
- Database training for national database Entry Users



## **21.4 Challenges in 2016**

Based on needs analysis carried out in 2014, the Donegal SATU expected a three-fold increase of personnel at the commencement of 2016. This was to be a welcome development following the selection of suitable candidates and their successful completion of the one-year Higher Diploma in Sexual Assault Forensic Examination. With the increased year-on-year demands on the service, the employment of two additional CNS Forensic Clinical Examiners was crucial in creating a more sustainable foundation for the service. However, as mentioned previously, a delay in part to the issuing of contracts, led to one of the trained CNS Forensic Clinical Examiners to seek work in another jurisdiction. This has resulted in the loss of the 3<sup>rd</sup> CNS post; once again not only leaving the Donegal SATU service in a tenuous position but also preventing the SATU from expanding and developing as intended.

In 2008, the Donegal SATU previously known as ‘The Care Unit’ was demolished during the construction of the new Medical Block and Emergency Department on the Letterkenny University Hospital Campus. This unit was not replaced. In 2010, The NoWDOC Service temporarily facilitated the Donegal SATU by providing two clinical rooms and a wash room. However, this was always a short-term solution. With increased demands on the service and the introduction of Option 3: Storage of Evidence; adherence to national and international best practice guidelines the Donegal SATU is urgently seeking new premises that will meet patient needs and forensic healthcare standards (National SATU Guidelines, 2014; Forensic Science Regulator, 2016). Discussions are on-going with senior management in Letterkenny University Hospital who are in support of securing new SATU accommodation.

### **The Donegal SATU would like to thank the following people for all their support and collaboration throughout 2016.**

Dr Chris King, Donegal SATU Clinical Director

Dr Anne Drake, Director of Nursing and Midwifery

Ms Evelyn Smith, Director of Midwifery

Siobhan Kelly ADON/Service Manager

All SATU Support Staff and Donegal Sexual Abuse and Rape Crisis Centre (DRCC)

Psychological Support Workers

The Donegal SATU Liaison Group

Letterkenny Institute of Technology (Law & Humanities Department)

Ms Marina Porter (DRCC Manager), and all DRCC Staff

Ms Eilish Mc Art, Donegal Women’s Centre

Ms Sonya Keeney, the Letterkenny GUM Clinic and

Ms Lucy Dineen, Medical/Paediatric Social Worker

The Donegal SATU would also like to welcome Ms Brídín Bell to the SATU team and wish

Ms Evelyn Smith and Ms Lisa Crossan all the best in their new endeavours

## **References**

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National SATU Guidelines Development Group (2014) 3<sup>rd</sup> ed *Recent Rape/Sexual Assault: National Guidelines on Referral and Forensic Clinical Examination in Ireland*, Health Service Executive.



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

**Sexual Assault Treatment Unit  
Hazelwood House  
Parkmore Road  
Ballybrit  
Galway**

**ANNUAL REPORT FOR YEAR ENDING DECEMBER 2016**

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## Galway SATU Executive Summary 2016

### Attendance re: Galway, Mayo and Roscommon

- There were 75 new attendances at the SATU Galway in 2016
- In 74 (99%) 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 10 (13%) patients presenting during this month
- Sunday was the day most frequently reported as being the day the incident occurred with 18 (24%) patients disclosing that the incident occurred on this day
- 75% of incidents were reported as occurring between the hours of 21:00-08:59

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

- 60 (80%) reported that the incident occurred within  $\leq 7$  days  
8 (11%) occurred between  $>7$  days and  $<1$  month  
7 (9%) occurred  $\geq 1$  month previously
- 65 (87%) patients reported a single assailant was involved, 6 (8%) reported multiple assailants
- 9 (12%) patients reported the assailant was a stranger and for 4 (5%) patients the number of assailants was unknown

### Gender, Age Profile, Referral Source

- 71 attendees (95%) were female
- 4 attendees (5%) were male
- The mean age was 25.5 years, the youngest patients were 14, the eldest patient was  $\geq 50$  years (the minimum age criteria is 14 years)
- 54 (72%) patients were referred by An Garda Síochána, 13 (17%) self referred, 4 (5%) were referred by their GP, 2 (3%) were referred by the RCC and 2 (3%) were referred by another source

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

54 (72%) patients reported the incident to An Garda Síochána, of these:

- 48 (64%) attended SATU  $\leq 7$  days, of these,
  - 38 (79%) were within  $< 72$  hours, with
  - 30 (62%) of the group presenting within 24 hours of the incident

### Support Worker in Attendance

- 58 cases (77%) had a Support Worker from the RCC in attendance

### **Physical Trauma**

- 28 (37%) patients had physical trauma, of these 26 (35%) patients had superficial injuries, 1 (1.5%) patient attended the ED with minor trauma and 1 (1.5%) patient attended the ED with major trauma

### **Alcohol and Drug Use**

- 55 (73%) patients had consumed alcohol in the previous 12 hours, of these, 49 (65%) patients had consumed  $\geq 4$  units of alcohol
- 6 (8%) patients had taken illegal drugs
- In 3 (4%) cases, the patient reported having taken both alcohol and illegal drugs
- 25 (33.3%) patients were concerned that drugs had been used to facilitate sexual assault
- 7 (9%) patients were unsure if a sexual assault had occurred

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

- 58 (77%) female patients were seen within 7 days of the incident, of these 24 (41%) patients were given PCC

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

- 56 (75%) patients received Chlamydia prophylaxis
- 49 (62%) had Hepatitis B immunisation programme commenced
- 2 (3%) received PEPSE for HIV
- All patients were offered screening for STI's and 33 (44%) patients of patients attended Galway SATU for follow up
- There was one positive STI screen in 2016: Chlamydia infection was detected

## CASATS Galway Executive Summary 2016

### Attendance At Galway CASATS

- There were 77 requests for SATU services in 2016
- There were 73 attendances at the CASATS, Galway. 4 patients changed their mind re: availing of the service and did not attend or cancelled scheduled appointments. These patients were supported by other agencies (TÚSLA).
- In all 73 cases the alleged incident took place within the Republic of Ireland.

### Attendance re: Month and Time of Day

- October was the busiest month with 15 (21%) of cases presenting in this month
- Thursday was the busiest day with 28 (38.5%) 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

- In 5 (7%) cases multiple assailants were alleged to have been involved.
- In 5 (7%) cases the alleged perpetrator/s were under 13 years
- In 11 (15%) cases the alleged perpetrator/s were between 13-17 years
- In 39 (55%) cases an adult assailant was suspected of instigating sexual abuse.
- 35 (49%) cases involved adult male assailants, of whom 14 (39%) were the child's biological father.
- 3 (4%) cases involved adult female assailants.
- One case involved an adult male and an adult female assailant

### Gender, Age Profile, Referral Source

- 56 (77%) patients were female, 17 (23%) male
- The age mean was 6.9 years, the youngest 1 year old and the eldest 17 years old
- 33 (45%) were referred by An Garda Síochána, 21 (29%) were referred by social workers, 13 (18%) were referred by a Hospital Consultant and
- 6 (8%) were referred by a GP

### Time Frame from Incident until Examination

- 18 (24.5%) presented within  $\leq 7$  days of alleged assault. 13 (72%) of those 18 cases had forensic sampling undertaken.
- Of the 18 patients presenting within  $\leq 7$  days of assault, 12 (16.5%) were within  $\leq 72$  hours with 4 (5.5%) of these cases presenting within 24 hours
- 10 (13.5%) cases presented between 7-28 days after most recent alleged sexual contact
- In 17 (23%) cases the allegation was of historical abuse i.e.  $>1$  month
- An exact time frame was not specified in 28 (39%) cases

**Support Worker in Attendance**

- 63 (86%) patients had a CARI Child and Family Accompaniment Volunteer present

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

- 64 (87.5%) patients had an STI screen
- 6 (8%) patients commenced a Hepatitis B vaccination schedule
- Post coital contraception or HIV PEPSE were not required by any CASATS patients in 2016

**Child Assailants (defined as <13 years at time of alleged assault)**

- 5 (7%) cases involved child assailants
- One female child assailant was reported. All other child assailants were male
- 2 (3%) cases involved 2 child assailants

**Teenage Assailants (defined as 13-17 years at time of alleged assault)**

- 11 (15%) cases involved teenage assailants
- All teenage assailants were male
- 2 (3%) cases involved more than one teenage assailant

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

- In 39 (55%) cases adult males were suspected of instigating sexual abuse of whom 14 (39%) were the child's biological father
- One case involved an adult male and an adult female assailant

## 1. The SATU, Galway

In 2016 the SATU Team consisted of:

- 1 Clinical Director
- 4 Forensic Physicians (includes Clinical Director)
- 1 CNS SAFE
- 1 Staff Nurse
- 1 Manager
- 14 Assisting Nurses

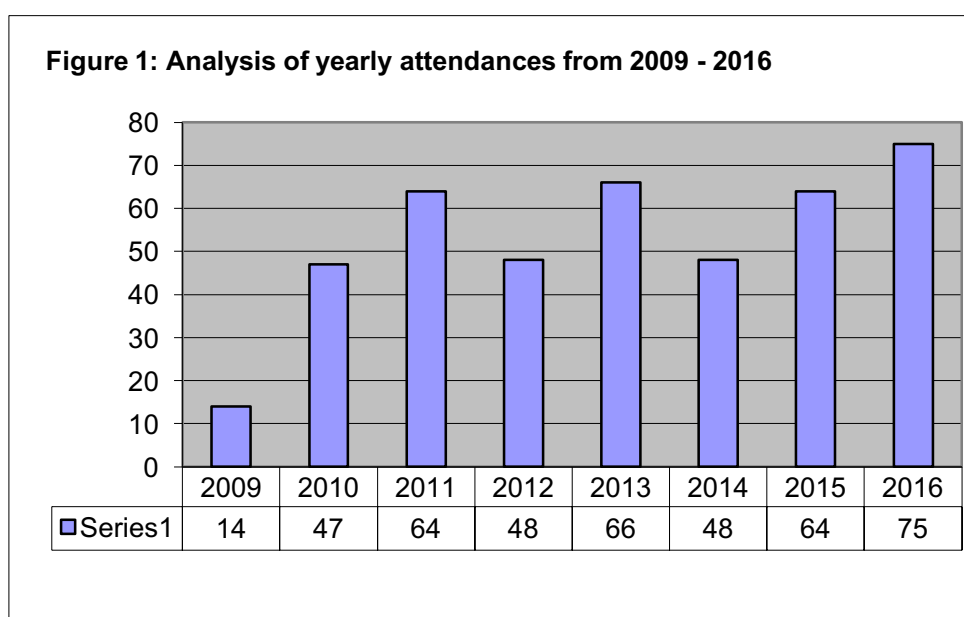
In 2016 there were 75 first time SATU attendances relating to a particular incident.

### Referrals to the SATU:

- 54 (72%) patients were referred by the Gardaí
- 13 (17%) self-referred to the SATU service
- 4 (5%) were referred by a GP
- 2 (3%) was referred by the Rape Crisis Centre
- 2 (3%) were referred by other sources

## 2. Number of Attendances

The 75 attendances in 2016 showed an *increase* of 11 (17%) patients from 2015 (fig. 1)





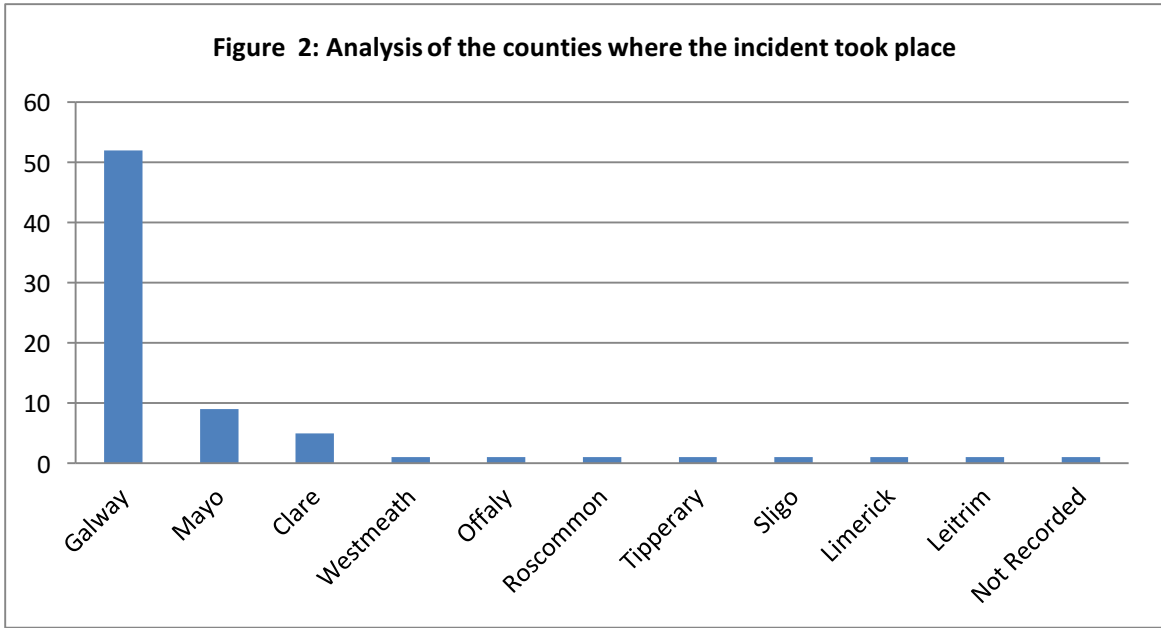
### 3. Country Where the Incident Took Place

- In 74 (99%) cases the incident took place within the Republic of Ireland
- 1 (1%) case took place outside of the Republic of Ireland

### 4. County Where the Incident Took Place

- The following counties were noted for incidents occurring within the Republic of Ireland (74 cases/ 99%): (table 1, fig. 2)

<b>County</b>	<b>No</b>	<b>%</b>
Galway	52	70%
Mayo	9	12%
Clare	5	7%
Westmeath	1	1.3%
Offaly	1	1.3%
Roscommon	1	1.3%
Tipperary	1	1.3%
Sligo	1	1.3%
Limerick	1	1.3%
Leitrim	1	1.3%
Not Recorded	1	1.3%
<b>Total</b>	<b>74</b>	<b>100%</b>

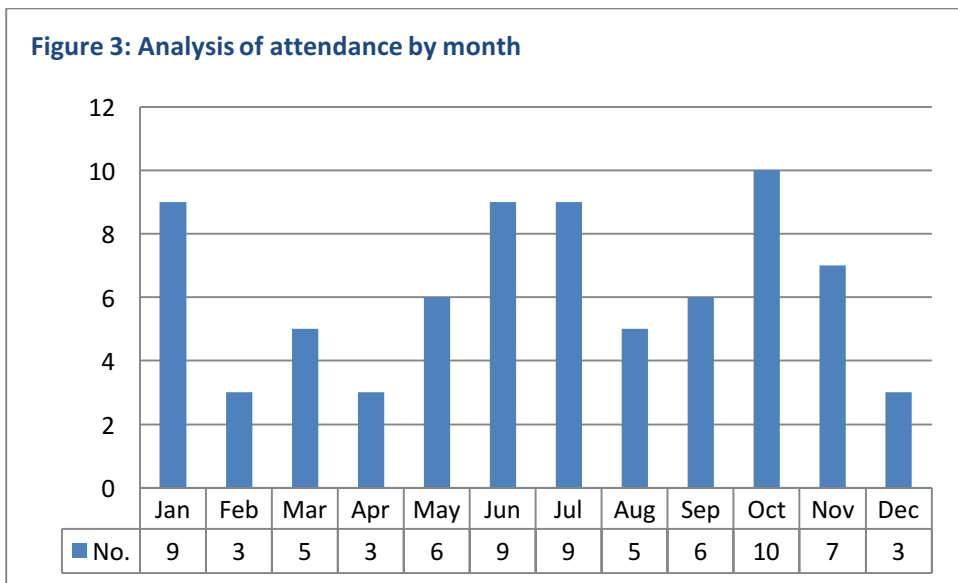


**5. Month of Attendance**

- The busiest month was October with 10 (13%) patients attending (table 2, fig. 3)

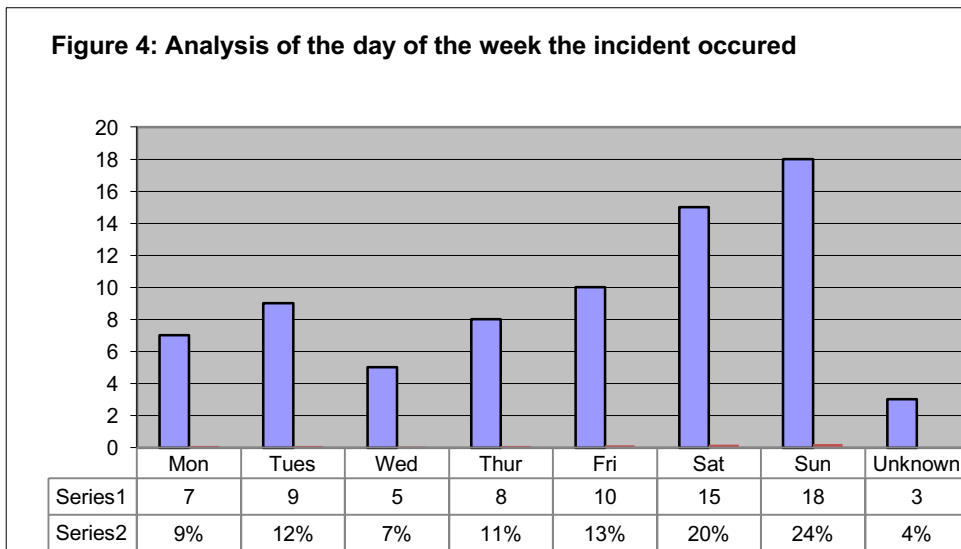
**Table 2: Analysis of Month by Attendances (n=75)**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	9	3	5	3	6	9	9	5	6	10	7	3
%	12%	4%	7%	4%	8%	12%	12%	7%	8%	13%	9%	4%

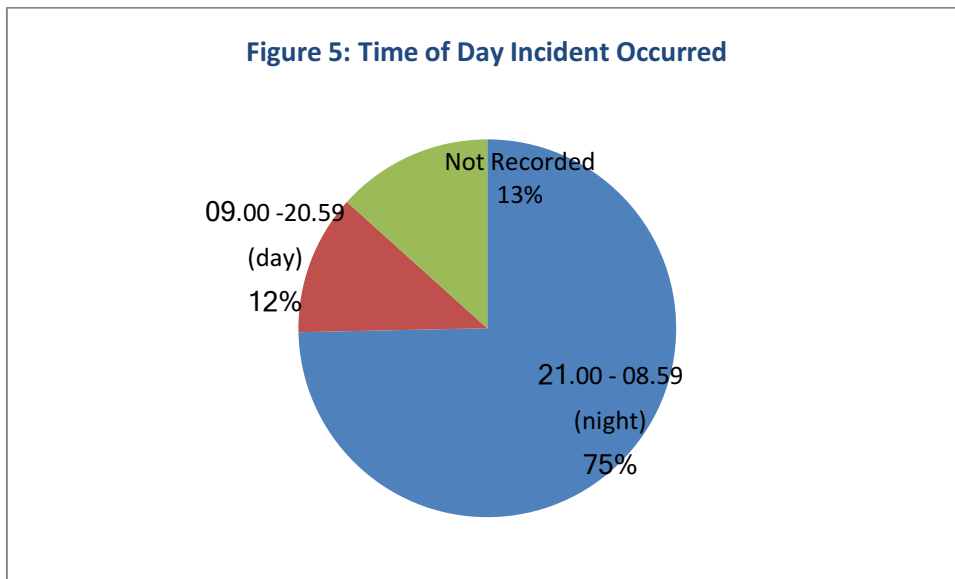


**6. Day of the Week the Incident Occurred**

- 18 (24%) of patients reported that Sunday was the day the incident occurred (fig. 4)



**8. Time of Day Incident Occurred (fig. 5)**



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

Location	No	%
Home	17	23%
Assailants home	25	33%
Other indoors	20	27%

<b>Other outdoors</b>	7	9%
<b>Car</b>	2	3%
<b>Taxi</b>	1	1%
<b>Location not known</b>	3	4%
<b>Total</b>	<b>75</b>	<b>100</b>

## 10. Type of Alleged Sexual Crime

Of the 75 patients

- 60 (80%) reported the incident occurred within  $\leq 7$  days
- 8 (11%) occurred between  $>7$  days and  $<1$  month
- 7 (9%) occurred  $>1$  month previously

## 11. Assailant/s

### 11.1 Number of Assailants

- 65 (87%) patients reported that a single assailant was involved in the incident
- 6 (8%) attendees reported multiple assailants being involved
- In 4 (5%) cases the number of assailants was unknown

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

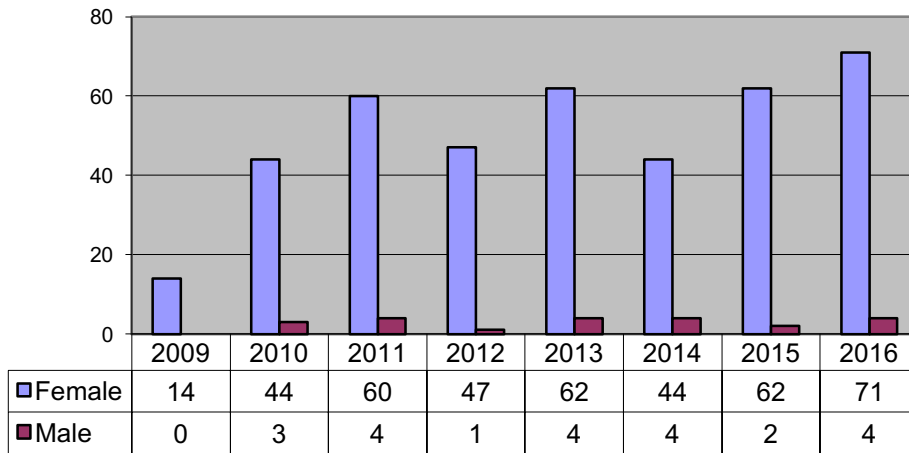
<b>Relationship</b>	<b>No</b>	<b>%</b>
<b>Acquaintance</b>	19	25%
<b>Friend</b>	14	19%
<b>Recent acquaintance</b>	13	17%
<b>Stranger</b>	9	12%
<b>Intimate Partner</b>	7	9%
<b>Ex-intimate partner</b>	4	5.5%
<b>Family Member</b>	4	5.5%
<b>Unknown</b>	5	7%
<b>Total</b>	<b>75</b>	<b>100</b>

## 12. Demographics

## 12.1 Gender

- Of 75 patients, there were 71 (95%) females and 4 (5%) males (fig. 6)

**Figure 6: Analysis of gender and year of attendance**

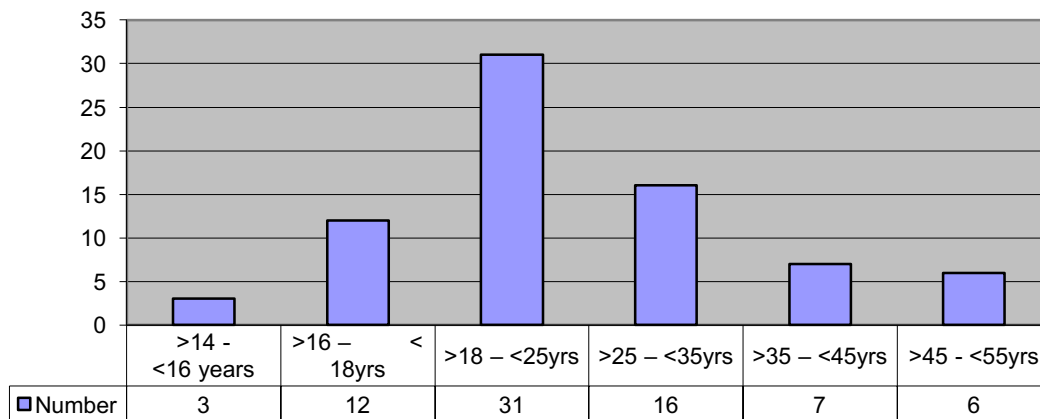


## 12.2 Age Profile (table 5, fig. 7)

**Table 5: Age of patients attending the SATU (n=75)**

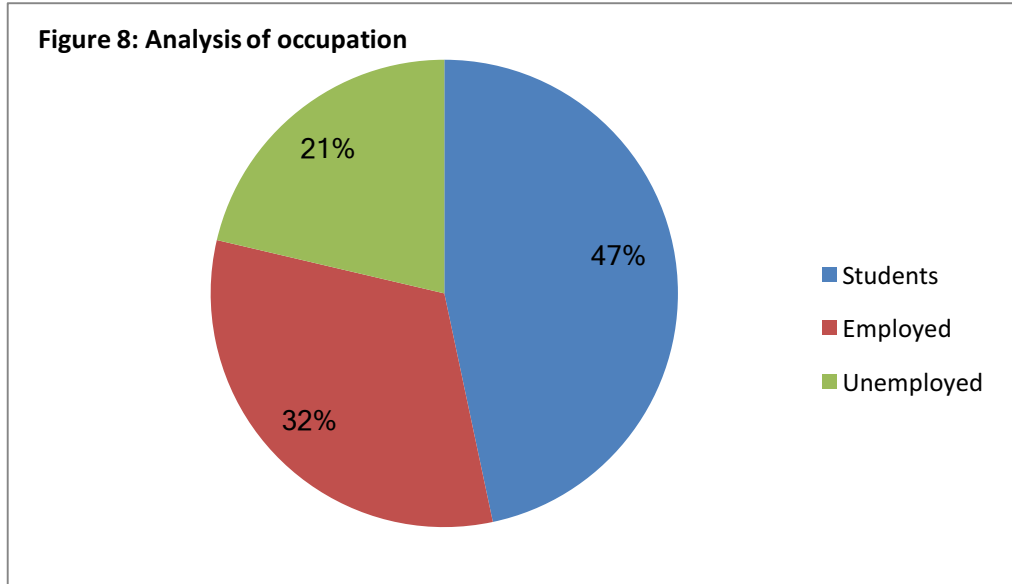
Mean	Mode	Median	Minimum	Maximum
25.5 years	19 years	21 years	14 years	52 years

**Figure 7: Analysis of age profile**



### 12.3 Occupation (n =62)

- 35 (47%) patients were students
- 16 (21%) were unemployed
- 24 (32%) were in employment (fig. 8)



### 12.4 Marital Status: (table 6)

<b>Table 6: Analysis of marital status (n = 75)</b>		
<b>Marital Status</b>	<b>No</b>	<b>%</b>
Single	61	81%
Co-habiting	1	1.5%
Married	6	8%
Separated	6	8%
Divorced	1	1.5%
<b>Total</b>	<b>75</b>	<b>100</b>

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

<b>Table 7: Analysis of source of referral (n =75)</b>		
<b>Referral Source</b>	<b>No</b>	<b>%</b>
Gardai	54	72%
Self	13	17%
GP	4	5%
RCC	2	3%
Other	2	3%
<b>Total</b>	<b>75</b>	<b>100</b>

### **12.6 Ethnicity**

- 70 (93%) patients were recorded as White, with 5 (7%) patients describing their ethnicity as Black/Black Irish, Asian/Asian Irish or Other.

### **13. Support Worker in Attendance (n=75)**

- 58 (77%) had a Support Worker from the Rape Crisis Centre in attendance at the initial SATU attendance

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

Of the 75 patients that attended the SATU:

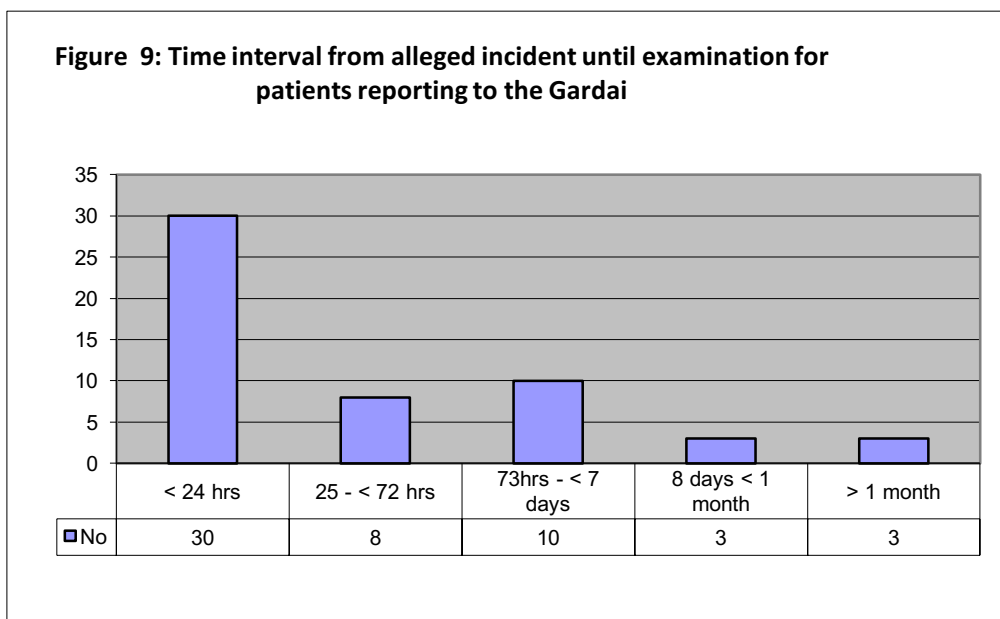
- 46 (61%) reported the incident to An Garda Síochána **and** had a forensic clinical examination carried out
- 8 patients attended SATU with the Gardaí but were outside of the timeframe for forensic sampling
- 17 (23%) had a health check examination
- 4 patients opted to have their forensic samples collected and stored in the SATU under Option 3

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

- 54 (72%) patients reported to An Garda Síochána.

#### **15.1 Patients reporting to An Garda Síochána: Time Interval from incident to SATU attendance, (n=54)**

- 48 (89%) patients attended SATU within  $\leq$  7 days of the incident, of these:
  - 38 (70%) patients attended within < 72 hours
  - 30 (56%) presented within 24 hours
- 6 (11%) of patients attended SATU more than 7 days after the incident, of these:
  - 3 (5.5%) were seen  $\leq$  1 month
  - 3 (5.5%) were seen in SATU >1 month after the incident (fig.9)



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

- 66 (88%) patients felt that a sexual assault had occurred
- 7 (9%) patients were unsure if a sexual assault had occurred
- 2 (3%) patients felt that sexual assault had not occurred

## 17. Physical Trauma

- 28 (37%) patients attending the SATU had physical trauma
  - 26 (35%) patients had superficial injuries which did not require Emergency Department referral
  - 1 (1.5%) patient attended the Emergency Department with minor trauma
  - 1 (1.5%) patient attended the Emergency Department with major trauma

## 18. Alcohol and Drug Use

### 18.1 Alcohol

- 55 (73%) patients had consumed alcohol in the 12 hours prior to attending SATU and of these 49 (65%) patients had consumed  $\geq$  4 units of alcohol (table 8)



<b>Table 8: Amount of alcohol consumed in the 12 hours prior to attending SATU (n=55)</b>		
<b>Mean</b>	<b>Median</b>	<b>Mode</b>
8.5 units	8 units	15+ units

### 18.2 Drugs

- 6 (8%) patients had taken illegal drugs
- 25 (33.3%) patients were concerned that drugs had been used to facilitate sexual assault

### 18.3 Both Alcohol and Drugs

- In 3 (4%) cases, the patient reported having taken both alcohol and illegal drugs

## 20. Emergency Contraception (EC) (n=71 female patients)

- Of the 58 (77%) female patients were seen within 7 days of the incident,
  - 24/58 (41%) were given EC
  - 34/58 (59%) did not receive EC for various reasons (table 9)

<b>Table 9: Reasons SATU patients seen within 7 days did not receive EC (n = 34)</b>		
<b>Reason</b>	<b>N</b>	<b>(%)</b>
<b>Received PCC prior to attending Unit</b>	12	35%
<b>No penile penetration</b>	6	18%
<b>Already using contraception</b>	12	35%
<b>Outside Timeframe (&gt;120 hrs)</b>	3	9%
<b>Not Recorded</b>	1	3%
<b>Total</b>	34	100

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

### 20.1 STI Prophylaxis

- 56 (75%) patients received Chlamydia prophylaxis
- 49 (62%) patients commenced Hepatitis B immunisation
- 2 (3%) patients received post exposure prophylaxis for HIV

### 20.2 SATU STI Screening Outcomes

- There was one positive result for Chlamydia in 2016
- There were no other abnormal results

## **20.2 Follow up Screening Appointments**

All patients were offered screening for STI's and 33 (44%) patients attended Galway SATU for their follow up care

## 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 2016 the 24 hour service was provided by 4 Child and Adolescent Forensic Physicians.

**WHAT IS CASATS?:**The Child and Adolescent Sexual Assault Treatment Service (CASATS) provides an integrated acute forensic medical service for children (under 14) both male and female, who are victims of rape, 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. Referrals are also accepted from other Doctors including Paediatricians and General Practitioners when clinical signs or symptoms in a child raise a strong suspicion as to possible sexual abuse but where other medical diagnoses require to be explored. The purpose of the Service is to provide a confidential, co-ordinated service for child and adolescent victims of rape, sexual assault or sexual abuse within the West and Mid-Western Regions and an advisory support service for professionals to whom they first present.

**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 (TÚSLA) as indicated and to ensure ongoing support for the child and family, unless the reason for attendance is deemed to be purely medical.

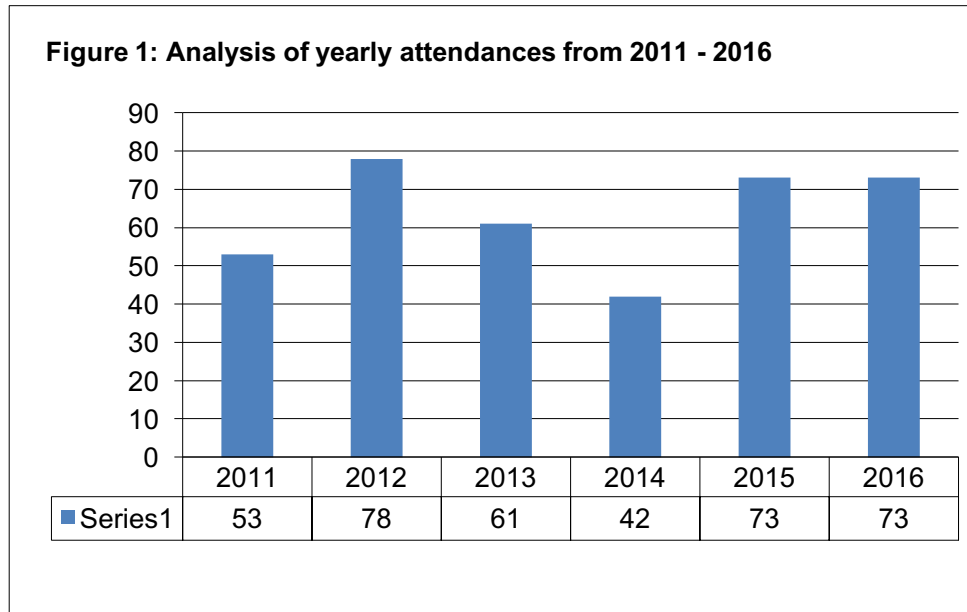
**CASATS Team:**

- 4 Forensic Physicians with expertise in child and adolescent sexual assault including the Clinical Director who is a Consultant Paediatrician.
- In 2016 CASATS shared the SATU team of
  - 1 Clinical Nurse Specialist (SAFE)
  - 1 Manager
  - 1 Staff Nurse
  - 14 Support Nurses (on call)

## 1. Number of Attendances

- In 2016, 77 patients made requests for CASATS services.
- There were 73 attendances at CASATS in 2016 with 4 patients cancelling an appointment for personal reasons. These families were supported by other agencies.

Figure 1: Number of Attendances



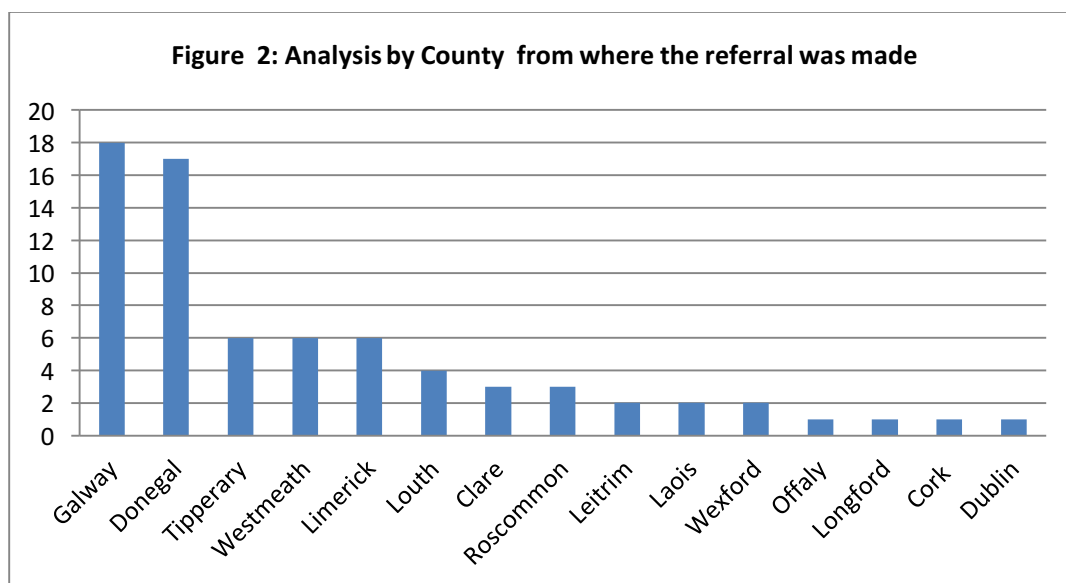
## 2. Country Where the Incident Took Place

All 73 incidents (100%) occurred in Ireland.

### 3. County of Referral

CASATS received referrals from 15 counties in 2016.

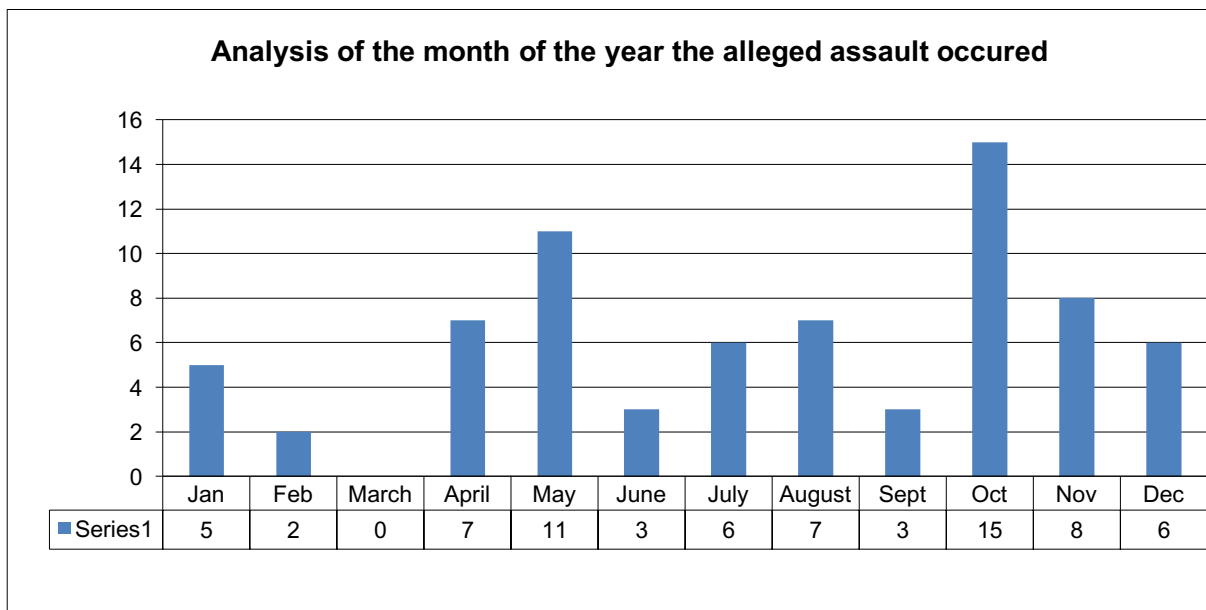
<b>County</b>	<b>No</b>	<b>%</b>
Galway	18	24.5%
Donegal	17	23%
Tipperary	6	8%
Westmeath	6	8%
Limerick	6	8%
Louth	4	5.5%
Clare	3	4%
Roscommon	3	4%
Leitrim	2	3%
Laois	2	3%
Wexford	2	3%
Offaly	1	1.5%
Longford	1	1.5%
Cork	1	1.5%
Dublin	1	1.5%
<b>Total</b>	<b>73</b>	<b>100%</b>



#### 4. Month of Attendance

- October was the busiest month with 15 (21%) attendances. CASATS was not in operation for the month of March 2016, this accounts for 0 attendances that month.

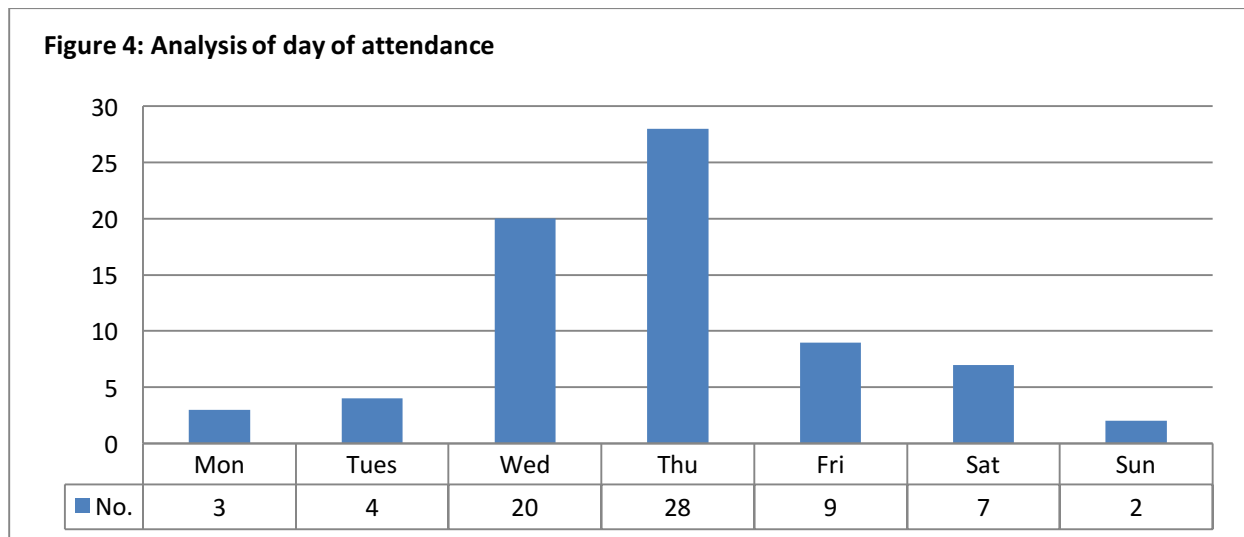
Figure 3: Attendances per month



#### 5. Day of the Week Patient attended the SATU

- Thursday was the busiest day with 28 (38.5%) attendances on this day. This reflects the availability of the forensic physician as the majority of cases were historical and could be scheduled at a time convenient to all parties.

**Figure 4: Day of attendance**



**6. Examinations conducted out of hours**

- 13 (18%) cases were seen out of hours, of these 9 (12%) occurred over the weekend

**7. Time between incident/s and attending CASATS**

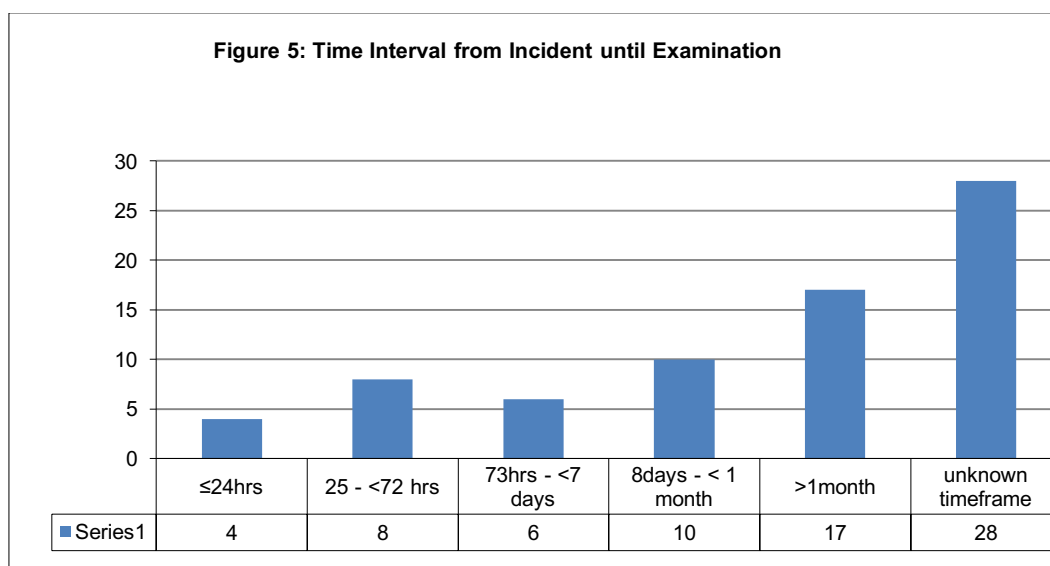
Of the 73 referrals;

- 18 (24.5%) patients were referred within 7 days of an allegation
- Of these, 12 (16.5%) were within 72 hours, with 4 (5.5%) of these cases being within 24 hours of an allegation
- 10 (13.5%) cases presented between 7-28 days after most recent alleged sexual contact
- In 17 (23%) cases the allegation was of historical abuse i.e. >1 month
- An exact time frame was not specified for 28 (39%) cases
- Of the 18 cases referred within 7 days of an allegation, 13 (72%) patients had forensic samples taken



- Of the 18 cases that were seen within 7 days of an alleged incident, 5 (28%) patients did not have forensic sampling. There were clear reasons for forensic sampling not to have been undertaken in these cases including pre-pubertal status (where forensic sampling is only indicated within 72 hours of assault) or other clinical / forensic indications e.g. touch over clothing.

**Figure 5: Time interval from alleged incident until examination**



## 8. Support Worker in Attendance

- 63 (86%) patients had a CARI Worker at the initial CASATS attendance.

## 9. Assailant details

Of the 73 patients who attended CASATS in 2016, 2 patient details have been omitted from this section in order to protect patient confidentiality. (n=71)

In 16 cases the details of the assailant were unknown.

In these cases there may not have been a definitive allegation of child sexual abuse, however, examination was deemed appropriate due to other factors e.g. inappropriate sexualised behaviour.

### 9.1 Child Assailants

- 5 (7%) cases involved child assailants
- One female child assailant was reported
- All other child assailants were male
- 2 (3%) cases involved 2 child assailants

### 9.2 Teenage Assailants (13-17years)

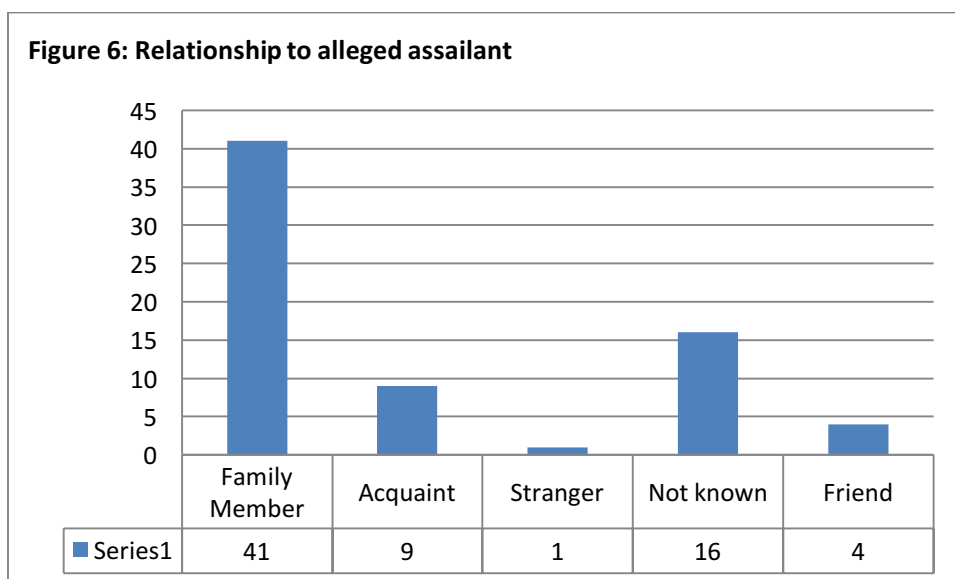
- 11 (15%) cases involved teenage assailants
- All teenage assailants were male
- 2 (3%) cases involved more than one teenage assailant

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

- In 39 (55%) cases an adult assailant was suspected of instigating sexual abuse
- 35 (49%) cases involved adult male assailants, of whom 14 (39%) were the child's biological father
- 3 (4%) cases involved adult female assailants
- One case involved an adult male and an adult female assailant

### 9.4 Relationship between the Patient and Alleged Assailant

Figure 6: Relationship to alleged assailant (n=71)



#### 9.4 Gender of assailant

- One case involved a female child assailant
- 3 cases involved a female adult assailant
- One case involved an adult male and an adult female assailant
- The rest were male or not specified in the absence of a definitive allegation/disclosure.
- 5 (7%) cases involved multiple alleged assailants

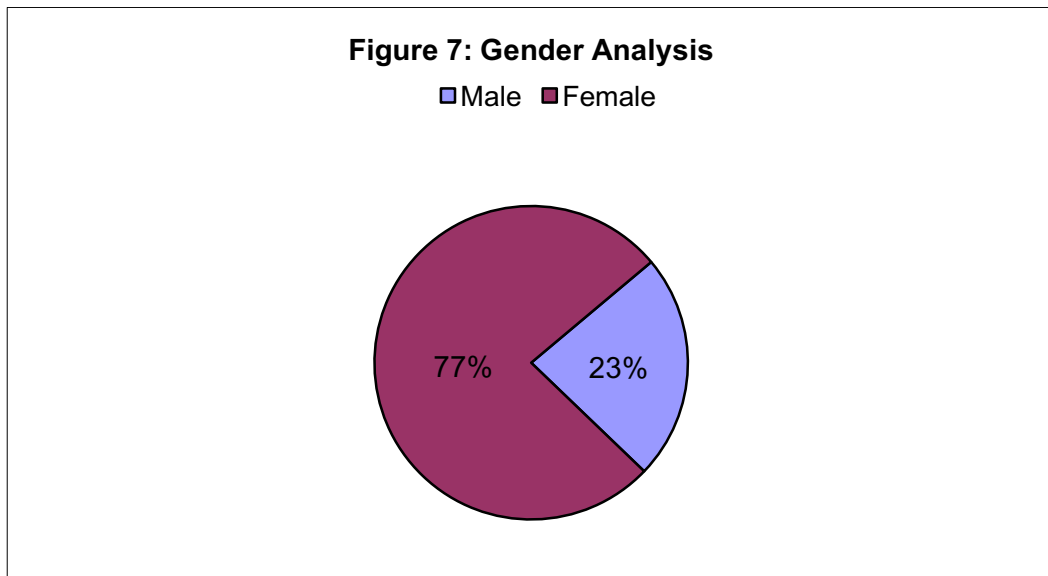
### 10. Patient Demographics

#### 10.1 Gender

Of the 73 patients who attended CASATS in 2016,

- 56 (77%) patients were female
- 17 (23%) patients were male

**Figure 7: Patient Gender**

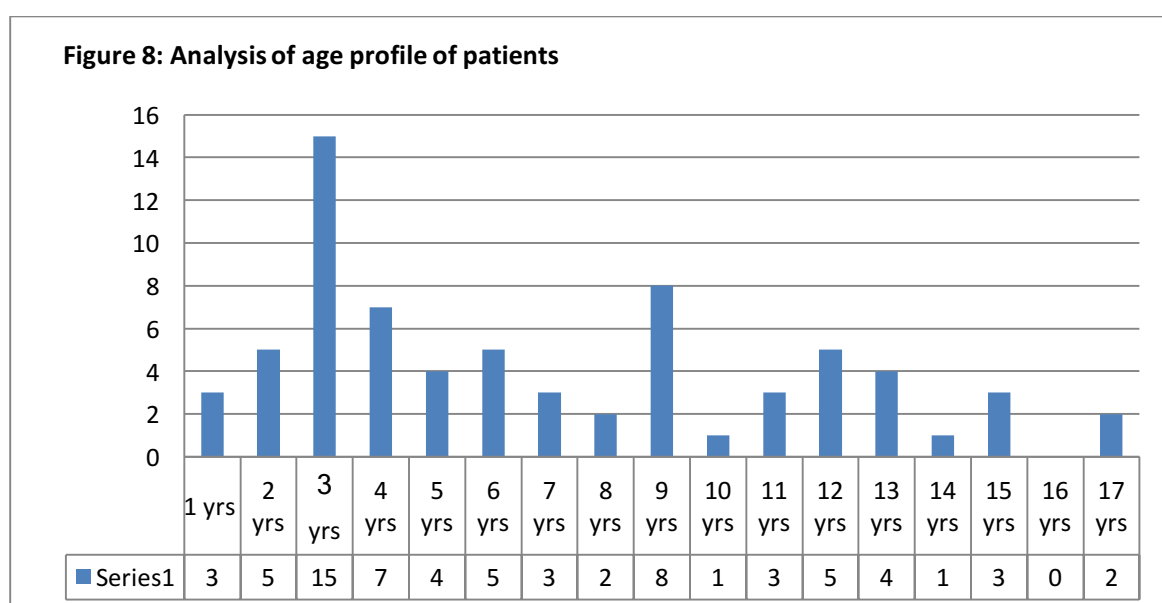


## 10.2 Age Profile

2 CASATS patients have been excluded from this section in order to maintain confidentiality.

Table 2: The mean, mode and median age and the minimum and maximum ages of patients attending the CASATS				
Mean	Mode	Median	Minimum	Maximum
6.9 years	3 years	6years	1 year	17 years

Figure 8: Analysis of age profile of patients

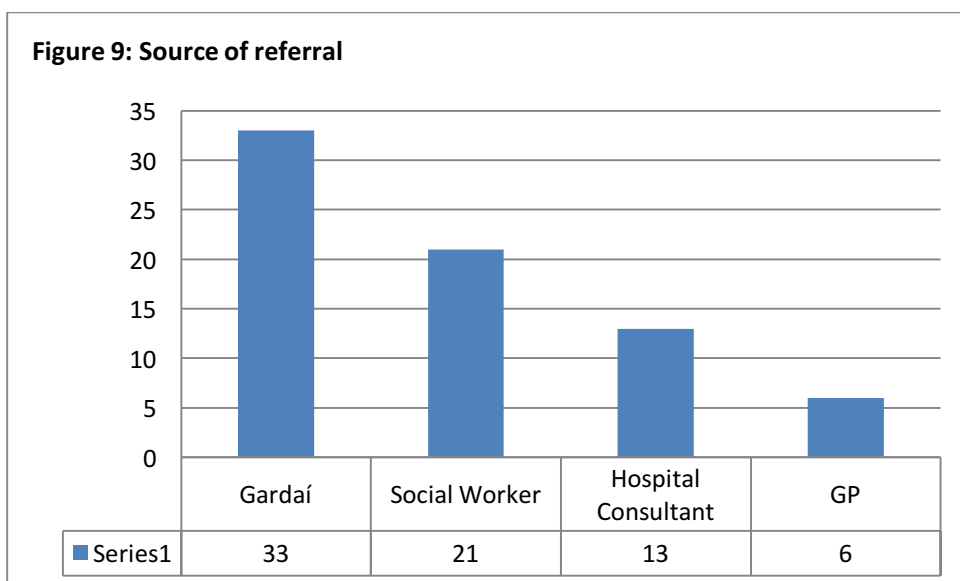


## 10.3 Source of referral

- 33 (45%) cases were referred by An Garda Síochána
- 21 (29%) referrals came from social workers
- 13 (18%) cases were referred by Hospital Consultants
- 6 (8%) 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 9: Source of Referral**



## 11. 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:

- 13 (18%) patients had forensic sampling undertaken

Of the 13 (18%) cases who had forensic screening; (n=13)

- 8 (61.5%) were prepubertal
- 5 (38.5%) were pubertal
- 3 (23%) patients were male
- 10 (77%) patients were female

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

### **12.1 STI Screening**

Screening and prophylaxis for sexually transmitted infections (where indicated) was available and considered for Service Users of CASATS throughout 2016.

- 64 (87.5%) patients had an STI screen
- 6 (8%) 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 post coital contraception and HIV PEPSE are available, neither were required by CASATS patients in 2016.

### **12.2 STI Follow up**

- 4 (5.5%) 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 2016**

Option 3, which allows for storage of Forensic Evidence within SATU in the absence of Garda involvement with a case, commenced in 2016 at Galway SATU.

In April 2016 CASATS moved Clinical Governance from Primary Community and Continuing Care (HSE CHO 2) into the Saolta University Health Care Group, Womens' and Childrens' Directorate in compliment to longstanding governance structures for Adult SATU Services. This is seen as an instrumental move towards a seamless quality service for patients who have been subjected to sexual abuse/ assault regardless of age.

A business plan for permanent hospital-based premises including co-located Adult and CASAT services was submitted to the Saolta Group.

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

The SATU inter-disciplinary Liaison group (which includes representatives from Galway Rape Crisis Centre, CARI, 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 2016 the Annual National SATU Study Day was hosted in Galway

Local Peer Reviews for Child Sexual Assault and Adult Sexual Assault were attended by members of the Galway CASATS and SATU teams throughout the year

### **33.3.1 2016 Medical team activity:**

- CASATS and SATU Forensic Physicians contributed to regional and national conferences, teaching, research and training events for under- and post-graduate students
- CASATS physicians published in peer reviewed forensic, medico-legal and educational journals
- Dr Joanne Nelson examined for the Faculty of Forensic and Legal Medicine, UK in Sexual Offences and General Forensic Medicine
- Dr Kieran Kennedy, CASATS Forensic Physician, is on the Editorial Board the Journal of Forensic and Legal Medicine
- Two CASATS physicians represent Ireland on the ALSG, RCPCH, NSPCC Child Protection Recognition and Response working group updating a standardised one day training programme for doctors run by the RCPI
- Two representatives from CASATS also sat on the SATU National Guidelines working group inputting into the revision and update of existing Guidelines and developing the framework for an additional Chapter dedicated to Forensic Medical aspects of Child and Adolescent Sexual Assault
- Forensic Physicians have contributed to recruitment and training of new CARI Child and Family Advocate Volunteers and continue to work closely with GRCC and CARI to optimise patient psychological care from engagement with SATU/ CASATS onwards

### **33.3.2 CNS Activity:**

- SATU promotional material (posters, leaflets, stickers etc.) developed and distributed
- The CNS provided a number of teaching sessions with a number of agencies such as Galway Rape Crisis Centre, Jigsaw, Amach, COPE Galway, Women's Health Study Day, Student Nurses NUIG, Nurses undertaking the Post Graduate Diploma in Emergency Nursing
- Certificate in Nurse Prescribing completed
- Presented "Sexual Assault Treatment Services – An Irish Perspective" at the International Association of Forensic Nurses in Denver Colorado in Oct 2016

### **Opportunities and Challenges for 2017**

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



- Training of new assisting nurses
- Ongoing campaign for permanent premises
- To seek recurrent funding for the CARI Child and Family Advocates/ Crisis Support
- To continue to develop CASAT services within a National Strategic framework
- Work towards inclusion of a new chapter on Child and Adolescent Sexual Assault in the next edition of the National SATU Guidelines

### **Acknowledgements:**

SATU & CASATS Galway would like to express our gratitude to the Manuela Riedo Foundation Ireland for continued financial support in projects related to healing, education, prevention and awareness of sexual violence in Ireland.

The Clinical Directors of Galway SATU and CASATS would like to sincerely thank and pay tribute to the team with which we work for their commitment, professionalism and humanity in often upsetting situations. The work would be impossible without the support we give each other locally, and the support we receive from our colleagues both within the SATU network and allied to the service.

2016 saw the passing of our dear colleagues and friends Eleanor Comer and Jane Whiskey. Eleanor was one of the first Clinical Nurse Specialists in Sexual Assault Forensic Examination in Ireland and did a stellar job to set up Galway SATU in 2009, working with us until 2012. Jane was our Assistant Director of Nursing from 2014 to 2015 and gave enormous support and encouragement to our service. These amazing young women are sadly missed and fondly remembered by us all. Ar dheis Dé go raibh a n-anamacha.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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**SEXUAL ASSAULT TREATMENT UNIT**

**Regional Hospital, Mullingar**

**Annual Report for 2016**

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**Confidential**



## **Editorial Team**

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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), Regional Hospital, Mullingar(RHM), including all the forensic examiners, assisting nurses, pharmacy and laboratory staff, hospital management, members of An Garda Siochana and support workers and staff of the Tullamore Rape Crisis Centre.

## Executive Summary for 2016

### Attendance re : Area

- There were 139 attendances at the SATU RHM, an increase of 37 (27%) cases from 2016.
- 79 cases (57 %) were seen within 3 hours of initial referral to SATU RHM and the 139 cases were referred from 19 counties with 1 unknown county in 2016

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

- December was the busiest month with 23 cases seen.
- The majority of incidents occurred at weekends with 34 cases occurring on Sundays.
- 103 of incidents occurred during the night time hours of 21:00 to 08:59.

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

- In 31 (22%) cases, the reported assailant was a stranger and in 31 (22%) cases, the reported assailant was an acquaintance.
- In 123 (88%) cases, a single assailant was reported to be involved and in 8 (5.8%) cases the number of assailants was recorded as more than one.

### Gender, Age Profile, Referral Source

- Of the 139 attendees, 129 were female and 10 were male.
- The mean age was 25.6 years; the youngest patient was 14 years, the eldest 55 years. The minimum age criterion for SATU RHM is 14 years.
- 116 (85%) cases were referred by An Garda Siochana, 27(19.4%) cases were referred by other source or self respectively with GP referrals accounting for 3 (2%) cases.
- 9 (7%) males and 130 (93%) females attended SATU.

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

- In total, 112 (81%) cases reported the incident to An Garda Siochana at some stage of which 100 (72%) cases were reported  $\leq 7$  days of the incident and had a forensic clinical examination where a forensic kit was used.
- 62 (45%) cases reported to An Garda Siochana  $\leq 24$  hours of the incident.
- 94(68%) of cases who reported to An Garda Siochana were seen at SATU RHM within three hours from time of initial referral call.

### **Support Worker in Attendance**

- 123 (88.5%) cases had a support worker from the RCC in attendance.

### **Physical trauma**

- 62 (44%) cases attending the SATU experienced physical trauma and of these, 11 (7 %) attended the Emergency Department with minor or major trauma.

### **Alcohol and Drug Use**

- 88 (51%) cases had consumed alcohol in the previous 12 hours prior to attending SATU RHM.
- 13 (9%) cases had taken drugs.
- 11 (8%) cases had taken both alcohol and drugs.
- 12(8.6%) cases were concerned that drugs had been used to facilitate sexual assault.

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

- 109(78%) female cases were seen within 7 days of the assault and of these 62 (57%) were given EC  $\leq$  120 hrs of the assault.

### **Sexually Transmitted Infections**

- 82 (59%) cases received Chlamydia prophylaxis, 10(7%) cases received post exposure prophylaxis (PEP) treatment for HIV and 54 (39%) cases were commenced on Hepatitis B vaccination programme.
- 108 (78%) cases were offered Sexual Health screening of which 64 (59 %) cases had an appointment arranged in SATU RHM. 40 cases (37%) had sexual health screening arranged elsewhere.
- Of the 31 cases who attended SATU RHM for sexual health screening and follow up, 3 cases were diagnosed with a STI.

## SATU, Midland Regional Hospital, Mullingar

The SATU team consists of:

- Medical Director (Consultant Obstetrician and Gynaecologist)
- 6 Forensic Clinical Examiners including 1 Clinical Nurse Specialist (Sexual Assault Forensic Examination) and 1 Registered Advanced Nurse Practitioner Candidate (Sexual Assault Forensic Examination and Sexual Health)
- 6 Assisting Nurses
- 2 Clerical Officers (0.5 WTE each)

### 1. Number of attendances

- There were 139 attendees at the SATU RHM in 2016.
- This showed an increase of 37(26.6%) cases from 2015. (See figure1).

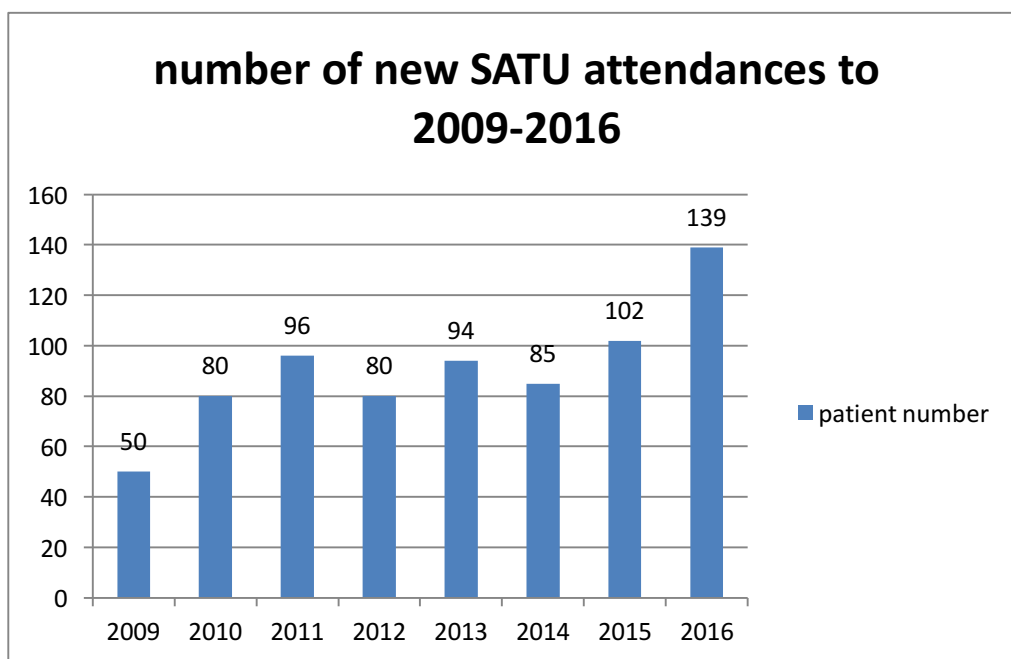


Figure 1

### 2. Country where the Incident took place

- 133 (95.7%) incidents occurred in the Republic of Ireland.
- 6(4.3%) case occurred in the EU.

### 3. Origin of referral by county

- In 2016, the unit received referrals from 19 counties. (See Table 1).
- 27 (19.4%) cases were referred from Westmeath.
- 26 (18.7%) cases were from Dublin.
- SATU RHM 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 2016.

Table 1

County where alleged assault took place	N= 139
1 Westmeath	27
2 Dublin	26
3 Laois	17
4 Kildare	11
5 Longford	7
6 Monaghan	6
7 Meath	6
8 Cavan	6
9 Wicklow	5
10 Offaly	5
11 Sligo	5
12 Roscommon	3
13 Clare	2
14 Waterford	1
15 Galway	1
16 Armagh	1
17 Carlow	1
18 Limerick	1
19 Mayo	1
20 unknown county	1
Abroad (UK x 2, Spain x 2, Malta x 1, Czech Rep x1)	6
<b>Total</b>	<b>139</b>

#### 4. Month of Attendance

- The busiest month of the year was December with 23 (16.5%) cases.

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

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>No.</b>	4	7	9	12	14	14	10	13	12	11	10	23	<b>139</b>
<b>%</b>	2.9	5	6.6	8.6	10	10	7.3	9.4	8.6	7.9	7.2	16.5	<b>100</b>

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

- Busiest day of week when incident occurred was Sunday with 34 (24.5%) cases, with 33 (23.7%) cases occurring on Saturdays and 19 (13.7%) cases on Mondays (See figure 2).

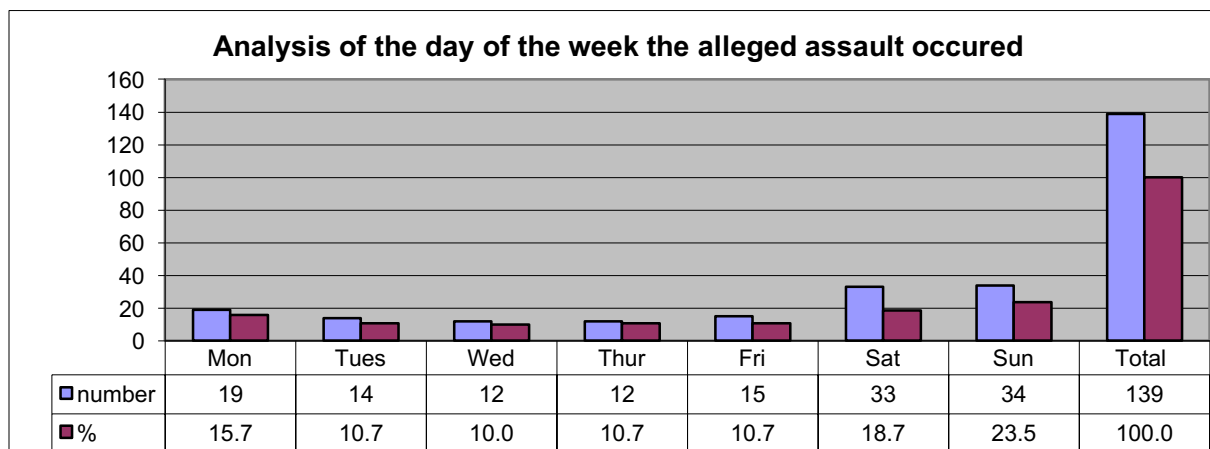


Figure 2

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

- The majority of incidents 103 (74%) occurred during the hours of 21:00 to 08:59.
  - 36 (26%) incidents occurred during the hours of 09:00-20:59.



## 7. SATU Response times from time of referral

Of the 139 patients seen in SATU RHM 79 (57%) cases were seen within 3 hours of initial referral to SATU.

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 60 (43%) cases seen three hours or longer from time of referral, 19 (32%) cases were recorded as non forensic where seeing such cases are deemed less expeditious.

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

- 39 (29 %) cases reported the assault had occurred in other indoors.
- 30 (22 %) cases reported the assault had occurred in the assailants home  
(See Table 4)

<b>Location</b>	<b>N</b>	<b>%</b>
<b>Other-Indoors</b>	39	28
<b>Assailant's Home</b>	30	22
<b>Own Home</b>	25	18
<b>Other-Outdoors</b>	28	20
<b>Car</b>	5	4
<b>Field-Park</b>	7	5
<b>Taxi</b>	2	1
<b>N/A</b>	3	2
<b>Total:</b>	<b>139</b>	<b>100 %</b>

## 9. Number of Assailants and Relationship to Assailant

### 9.1 Number of Assailants

- In 123 (88%) cases, a single assailant was reported to have been involved.
- In 4 cases 3 or more assailants were reported to have been involved
- In 4 (3%) cases, 2 assailants were reported to have been involved
- In 9 (6.5%) cases an unknown number of assailants were reported to have been involved.

### 9.2 Relationship to Assailant

- In 31 (22 %) cases, the reported assailant was a stranger.
- In 31 (22%) cases, the reported assailant was an acquaintance.
- In 2016, 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 16 (11.5 %) cases (See table 5).
- Intimate partners accounted for 8(5.8%) of reported cases.

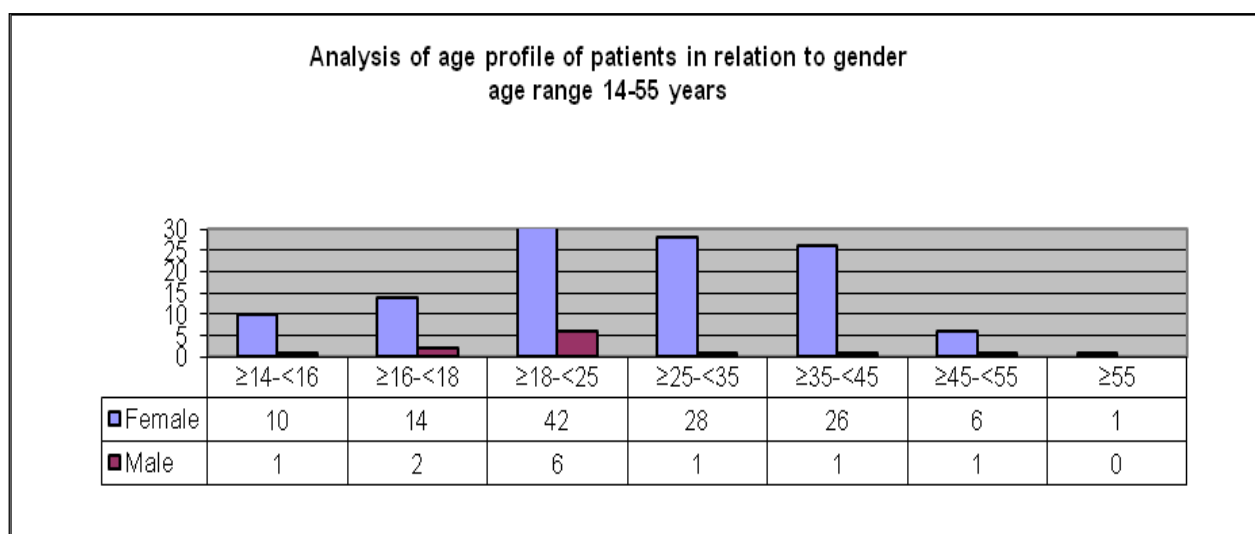
N= 139		
Relationship to Assailant	Number	%
Stranger	31	22
Acquaintance	31	22
Recent acquaintance	21	15
Friend	16	11.5
Unknown	13	9.4
Other	9	6.5
Intimate partner	8	5.8
Ex-intimate partner	8	5.8
Family member	2	1.4

## 10. Demographics

### 10.1 Gender

Of the 139 attendees: 129 were female and 10 were male.

## 10.2 Age profile of cases



- 42 (30.2%) cases were aged between 18 and 24 years of age, the largest number in any age group.
- 24 (17.2 %) cases were aged < 18 years of age with the minimum age criteria set at 14 years of age for adult SATU services.
- 7(5%) cases were aged above 45 years of age (See 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
25.6yrs	19yrs	34.5yrs	14 yrs	55 yrs

### 10.3 Occupation

- 48 (48%) cases recorded their occupation as student
- 51(26.5%) cases were unemployed.
- 40 (25.5 %) cases were employed.

### 10.4 Marital Status

- 116 (85%) cases who attended Mullingar SATU were documented as single in 2016 (See table 7).

<b>Table 7: Marital Status</b>		
<b>Marital Status</b>	<b>N</b>	<b>%</b>
<b>Single</b>	116	85%
<b>Married</b>	6	4%
<b>Co habiting</b>	6	4%
<b>Separated</b>	7	5%
<b>Divorced</b>	2	1%
<b>Not recorded</b>	2	1%
<b>Total:</b>	<b>139</b>	<b>100%</b>

### 10.5 Source of Referral

- The majority 108 (78%) cases were referred to SATU RHM by An Garda Síochána. 12(8.6%) cases were referred by others including mental health services, parents, other specialities and departments within RHM and domestic violence services (See Table 8).

**Table 8: Analysis of source of referral**

<b>Referral Source</b>	<b>N</b>	<b>%</b>
<b>Gardai</b>	108	78%
<b>Other</b>	12	8.6%
<b>Self</b>	15	10.8%
<b>GP</b>	3	2%
<b>RCC</b>	1	0.8%
<b>Total:</b>	<b>139</b>	<b>100%</b>

### 10.6 Ethnicity

- 136 (98%) cases who attended SATU Mullingar in 2016 were documented as white.
- Other ethnicities accounted for the remaining 3 (2%) cases.

### 10.7 Psychological Support Worker in Attendance

- 123 (88.5%) cases had a support worker from the RCC in attendance.
- 12 (11.5%) 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, off site examinations.

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

- 100 (72%) cases were reported to An Garda Síochána and had a forensic clinical examination where a forensic kit was used.
- 12 (8.4%) cases were reported to An Garda Síochána and had a non forensic clinical examination where no forensic kit was used.
- 21 (15 %) 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.
- 2 (1.2%) cases were recorded as other.
- 2(1.2%) cases availed of Option 3 the collection and storage of forensic evidence without immediate reporting to An Garda Síochána.
- 2(1.2%) cases were recorded as Advice (visits to ward etc).

## 12. Cases reporting to An Garda Síochána

- In 112 (81%) cases, it was documented that the incident was reported to An Garda Síochána at some stage.
- 27 (19%) cases chose to not report the incident to An Garda Síochána at the time of examination.

## 13. Time interval from alleged incident until examination for cases reporting to An Garda Síochána (n=112)

- Within 24 hrs of the incident, 59 (52%) cases reported.
- 24 -72 hrs of the incident, 32 (28%) cases reported.
- 72 hrs-7 days of the incident, 12 (9%) cases reported.
- Within 1 month of the incident 9(8%)

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

- 110 (79%) cases thought that a sexual assault had occurred.
- 26 (19%) cases were unsure if a sexual assault had occurred.
- 3(2%) cases said a sexual assault did not occur.

## 15. Physical Trauma

62 (44%) cases attending the SATU experienced physical trauma and of these:

- 9 (6%) attended the Emergency Department with minor trauma
- 2 (1%) attended the Emergency Department with major trauma
- 51 (37%) had superficial injuries which did not require Emergency Department interventions.

## 16. Alcohol and Drug Use

### 16.1 Alcohol

- 88 (51%) cases had consumed alcohol in the previous 12 hours prior to attending SATU RHM and of these , 76 (79%) cases had consumed  $\geq 4$  units of alcohol.
- In 5 (2%) cases, the amount of alcohol consumed was unknown and in 4 cases (2%) the amount was undocumented.
- The average number of alcohol units consumed in the previous 12 hrs was 7 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=88).**

Mean	Median	Mode
7	9	10

### 16.2 Drugs

13 (9%) cases had taken drugs, of these

- 11 (8%) cases were illegal drugs
- 2(1%) case was prescribed drugs
- 12 (8.6%) cases were concerned that drugs had been used to facilitate sexual assault.

### 16.3 Both Alcohol and Drugs

11 (8%) cases had taken both alcohol and drugs.

## 17. Emergency Contraception (EC)

Of the 127 female cases seen in SATU RHM:

- 109 (78%) cases were seen within 7 days of the assault.
- Of these 109 cases, 62 (57%) were given EC (Levonorgestrel or Ulipristal acetate)  $\leq 120$ hrs of the assault.

- The other 47 (43%) 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 = 62)</b>		
	<b>No.</b>	<b>%</b>
<b>Already using effective contraception</b>	13	21
<b>No penile penetration</b>	9	15
<b>No reason documented</b>	15	24
<b>Received PCC prior to attending Unit</b>	11	18
<b>Post-hysterectomy or post-menopausal</b>	3	5
<b>Other</b>	7	11
<b>Pregnancy</b>	4	6
<b>Total</b>	<b>62</b>	<b>100%</b>

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

### **18.1 STI Prophylaxis**

- 82 (59%) cases received Chlamydia prophylaxis
- 10(7%) cases received post exposure prophylaxis treatment for HIV
- 54 (39%) cases had Hepatitis B immunisations commenced
- 5 cases completed the Hepatitis B vaccination course
- 47 cases have yet to complete the Hepatitis B vaccination course to date

### **18.2 Follow up Appointments for STI Screening**

- Of the 139 cases seen in SATU RHM in 2016, 108 (78%) cases were offered follow up STI screening. The remaining 31 (22%) 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 108 cases offered STI screening, 64 (59%) cases were given an appointment for SATU RHM. 40 (37%) cases had STI screening arranged elsewhere which reflects patient choice and the geographical spread of referrals received from 19 counties in 2016. 2 (2 %) cases declined STI screening.

<b>Table 11: Follow up Appointments for STI screening (n=108)</b>		
	<b>N</b>	<b>%</b>
<b>Given follow up appointment for SATU RHM</b>	64	
<b>Given follow up appointment for other STI service</b>	40	
<b>Declined follow up appointment</b>	2	
<b>Declined</b>	2	
<b>Total</b>	<b>108</b>	

### 18.3 Given appointment for STI Screening at SATU RHM

- 45 cases were given an appointment for STI screening in RHM of which 31 (69%) cases in total attended.
- 14 (31%) cases did not attend SATU RHM for their follow-up appointments.
- Of the 64 cases seen for follow up to date
  - 31 (48%) cases attended their 1<sup>st</sup> appointment
  - 7 (11%) cases attended their 2<sup>nd</sup> appointment
  - 4(6%) cases attended their 3<sup>rd</sup> appointment.

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

- 2 (3%) cases had Bacterial Vaginosis detected.
- 1 (1%) case had previous exposure to Hepatitis C detected.

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

### 19.1 Developments and Activities in 2016.

- The introduction of the Registered Advanced Practitioner in Sexual Assault Forensic Examination and Sexual Health is an exciting and innovative development both regionally and nationally. Deborah Marshall is the first Registered Advanced Nurse Practitioner Candidate for Sexual Assault Forensic Examination and Sexual Health in Ireland and this pioneering development is intended to contribute to the development of the Sexual Assault Treatment Units.
- Dr Roswitha Junold- Martin continues to represent SATU RHM on the National SATU Clinical Guidelines Development Group.
- Debbie Marshall CNS (SAFE) represented SATU RHM at the National SATU Documentation group.
- In 2016, one forensic examiner left the service due to other commitments.
- Nessa Gill commenced position as a full time Clinical Nurse Specialist (Sexual Assault Forensic Examination) in January 2016. This has been a welcome addition for SATU RHM.
- Nessa Gill completed the Certificate in Nurse Prescribing and is now a Registered Nurse Prescriber.
- In 2016 a focused engagement with mental health services was carried out. A new pathway for the referral of patients who present with mental

health difficulties was developed and proved to be a great addition to the SATU services with bidirectional referrals benefiting patients, mental health services and sexual assault services.

## 19.2 Opportunities

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

Implementation of Option 3 has been introduced at a national cross SATU level in July 2016. This option provides 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 2016, 2 cases attending SATU RHM availed of Option 3 and this additional service offered to our patients has proved to be of benefit to both patients and service alike by affording patients time to make what is often a very difficult decision as to whether to report to An Garda Síochána.

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

The SATU RHM Peer Review Group for forensic examiners took place throughout the year and these meetings continue to be acknowledged as an important educational, team building and problem solving resource.

The establishment of a peer review of clinical notes and reports amongst Forensic Examiners have been found to be an important tool in ensuring that a high level service continues to be provided by SATU Mullingar.

The multi disciplinary meetings have been reintroduced comprising of key stakeholders in the SATU services namely An Garda Siochana, TUSLA Representatives, Rape Crisis Centre Representatives and SATU Personnel. These meetings provide the service with opportunities for engagement with relevant people and organisations who are involved in the provision of services to those who have been raped or sexually assaulted.

#### Education and Training Events attended by SATU staff

- Forensic examiners from SATU RHM attended the Adult SATU national peer review meetings in 2016.
- Staff from SATU RHM attended the following educational and training events throughout the year in addition to mandatory training :
  - National Annual SATU Interagency Study Day
  - Society for Study of Sexually Transmitted Diseases in Ireland (SSSTDl) conference.
  - LGBTI Training
  - Screening and brief intervention training for problem alcohol and substance training.
  - Crisis pregnancy training

#### Education and Training facilitated by SATU staff

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

- The development of an education program for Emergency Departments was rolled out in January 2016 and has been delivered and well received in Tullamore, Portlaoise, Mullingar and Cavan Emergency Departments by Medical and Nursing Staff.

- SATU Mullingar hosted the quarterly National SATU Peer Review in February 2016.
- Student nurses RHM (March)
- Public Health Nurses (March)
- Health Fair Athlone (March and September)
- Daingean Women's Group (March)
- Safety on a night out Schools Program April
- RCC New support workers training was delivered in May.
- Sexually Transmitted Infection Foundation (STIF) course, St James Hospital (May)
- Student nurses RHM (May)
- TUSLA Social Workers
- Obstetric and Gynaecology Doctors (August)
- Public Health Nurses (Sept)
- SSSTDI Conference (Nov)
- Student nurses RHM (Nov)
- Homeless Services

### 19.3 Challenges

- Throughout 2016 which has been our busiest year to date, SATU RHM maintained a round the clock rota with 6 forensic examiners. Cover for other SATU units upon request was provided and this has resulted in increased presentations to SATU.
- Currently the Sexual Health clinic at RHM 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 staffs are concerned about contamination

of the SATU forensic space despite fulfilling the criteria required in Forensic Science Ireland bi annual decontamination audits consistently.

### 19.5 Recommendations

- Moving the Sexual Health Clinic at RHM out of the SATU space and prioritise relocation of this service to the Willow unit at RHM.

### 19.6 Conclusion

In conclusion, SATU Mullingar saw more patients in 2016 than any other year. With 139 referrals received from 19 counties last year, this geographical challenge remains unique to SATU Mullingar in terms of patient follow up and SATU awareness and education.

The introduction of a Registered Advanced Practitioner in Sexual Assault Examination and Sexual Health is the first of its kind in Ireland and this pioneering development will further cement both best practice and quality initiatives in the SATU Services in Mullingar.



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

**ANNUAL REPORT FOR YEAR ENDING: 2016**

**Dr. Maeve Eogan**

**Rita O'Connor**



## Executive Summary 2016

### Attendance:

- There were 289 attendances at the Rotunda SATU, a decrease of 28 (9%) from 2015
- In 272 (94%) cases the incident took place within the Republic of Ireland

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

- January was the busiest month with 32 (11%) attendances in that month.
- 64 (23%) attendees reported that the incident occurred on a Saturday
- Tuesday was the busiest day with 53 (18%) attendances on this day of the week.
- The majority of attendances, 197 (68%), were between the hours of 9am and 9pm.
- Of the 248 attendees who reported the time of the incident, 211 (85%) said that the incident occurred between the hours of 9pm – 9am.

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

- 227 (79%) reported a recent sexual assault i.e.  $\leq 7$  days; 55 (19%)  $> 7$  days, 3 reported long-term abuse and 1 reported forced prostitution. Information regarding the duration since the incident was not available for 3 attendees.
- 225 (78%) cases involved a single assailant; in 31 (11%) cases multiple assailants were involved, and in 33 (11%) cases the number of assailants was unknown or not recorded.
- 82 (28%) attendees reported that the assailant was a stranger to them. However, 158 (55%) reported that the assailant was known to them i.e. a long/short term acquaintance, intimate or ex-intimate partner, family member or friend. Information regarding the relationship to the assailant was not known or not available in 49 (17%) cases.

### Gender, Age Profile, Referral Source

- 272 (94%) attendees were female, 17 (6%) were male.
- The mean age was 26; the youngest attendee was 13, the oldest attendee was 59 years of age.
- 183 (63%) were referred by An Garda Síochána, 68 (24%) self referred, 38 (13%) were referred by others.

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

- 173 (60%) attendees reported to An Garda Síochána and underwent a forensic examination  $< 7$  days from the time of the incident. Of those, 154 (89%) were seen  $\leq 72$  hours from the time of the incident and 111 (64%) were seen  $\leq 24$  hours from the time of the incident.



- 18 (6%) attendees opted to have a forensic examination but to have the forensic samples securely stored for up to one year to enable them to come to an informed decision regarding whether or not they wish to report the incident to An Garda Síochana.

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

- In 250 (87%) cases a Support Worker from the RCC attended.

#### **Physical Trauma**

- 71 (25%) attendees had physical trauma, of whom 2 attended the ED with minor trauma and 2 had major trauma.

#### **Alcohol and Drug Use**

- 100 (35%) attendees had consumed  $\geq 4$  units of alcohol in the previous 12 hours
- 30 (10%) disclosed taking illegal drugs.
- 37 (13%) were concerned that drugs had been used to facilitate sexual assault.
- 52 (18%) were unsure if a sexual assault had occurred.

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

- 201 (74%) female attendees were seen within 5 days of the incident and of those 122 (61%) were given emergency contraception.

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

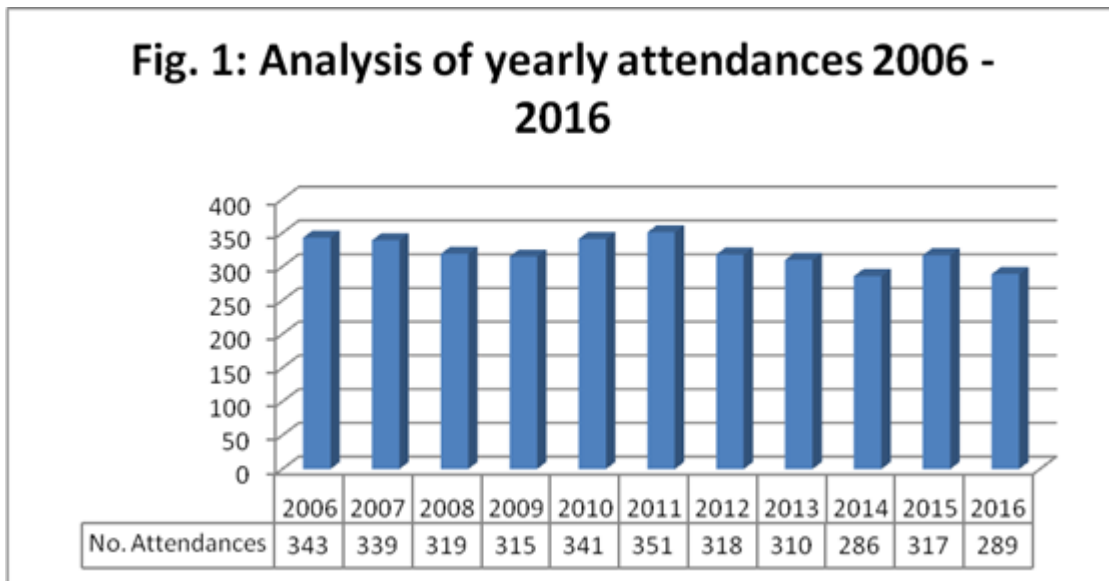
- 179 (62%) patients received Chlamydia prophylaxis
- 182 (63%) patients commenced a Hepatitis B immunisation programme
- 23 (8%) received PEP for HIV
- 255 (88%) were given a follow-up appointment and 175 (69%) of these patients returned for their first follow-up appointment.
- 192 (66%) had screening for STIs and other infections.
- There were 72 (38%) positive results for STIs and other infections, although bacterial vaginosis and candida were the commonest pathogens identified. Only 4 of the 192 patients screened (2%) had chlamydia identified.

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 2016, there were 289 attendances at the SATU. This represents a decrease of 28 (9%) from 2015 (See Fig.1)



**2. Country Where the Incident Took Place**

17 (6%) incidents occurred outside of Ireland (see Table 1)

<b>Table 1: Analysis of countries outside the Republic of Ireland in which incident occurred in 2016 (n=17)</b>	
<b>COUNTRY</b>	<b>NUMBER</b>
Northern Ireland	4
United Kingdom	3
Spain	2
Bolivia	1
Bulgaria	1
France	1
Georgia	1
Hungary	1
Iran	1
United Arab Emirates	1
United States	1

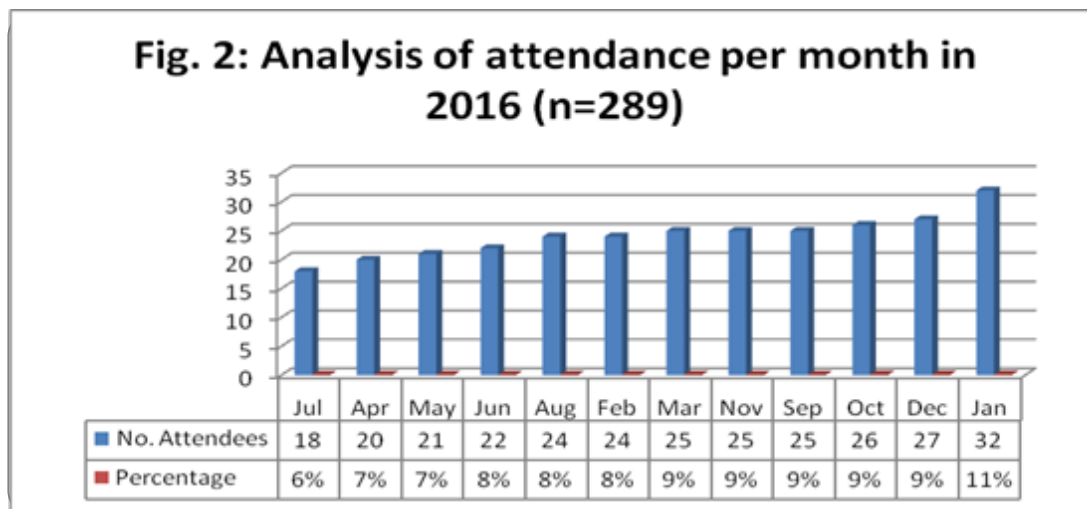
### 3. County Where the Incident Took Place

Of the 272 incidents that occurred in the Republic of Ireland, 214 (79%) occurred in Dublin. 13 other counties are represented in the figures. (See Table 2).

COUNTY	NUMBER	PERCENTAGE
<i>Dublin</i>	<b>214</b>	<b>78.6%</b>
<i>Kildare</i>	<b>17</b>	<b>6.3%</b>
<i>Louth</i>	<b>10</b>	<b>3.7%</b>
<i>Wicklow</i>	<b>9</b>	<b>3.3%</b>
<i>Cavan</i>	<b>3</b>	<b>1.1%</b>
<i>Laois</i>	<b>2</b>	<b>0.7%</b>
<i>Meath</i>	<b>2</b>	<b>0.7%</b>
<i>Carlow</i>	<b>1</b>	<b>0.4%</b>
<i>Cork</i>	<b>1</b>	<b>0.4%</b>
<i>Leitrim</i>	<b>1</b>	<b>0.4%</b>
<i>Monaghan</i>	<b>1</b>	<b>0.4%</b>
<i>Tipperary</i>	<b>1</b>	<b>0.4%</b>
<i>Waterford</i>	<b>1</b>	<b>0.4%</b>
<i>Wexford</i>	<b>1</b>	<b>0.4%</b>
<i>Unknown</i>	<b>8</b>	<b>2.9%</b>

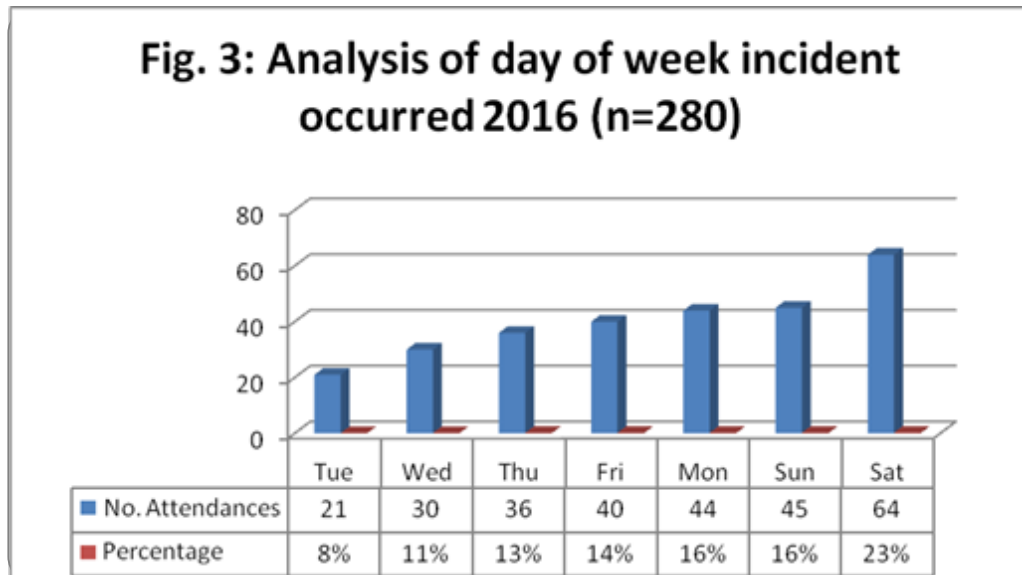
### 4. Month of Attendance (See Fig.2)

January was the busiest month with 32 (11%) attendances.



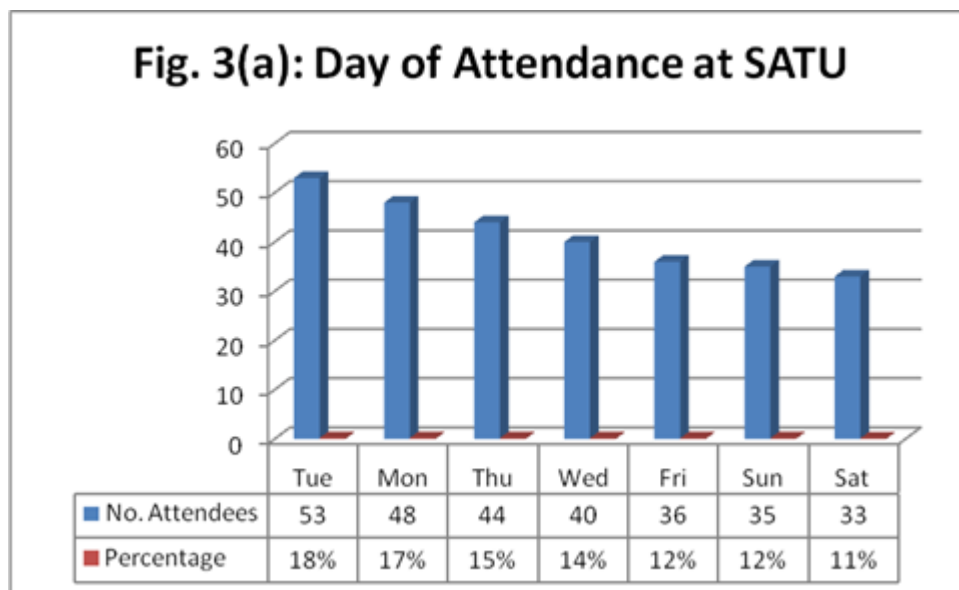
**5. Day of the Week Incident Occurred** (See Fig. 3)

Of the 280 attendees who reported the day of the week on which the incident occurred, 64 (23%) reported that the incident occurred on a Saturday.



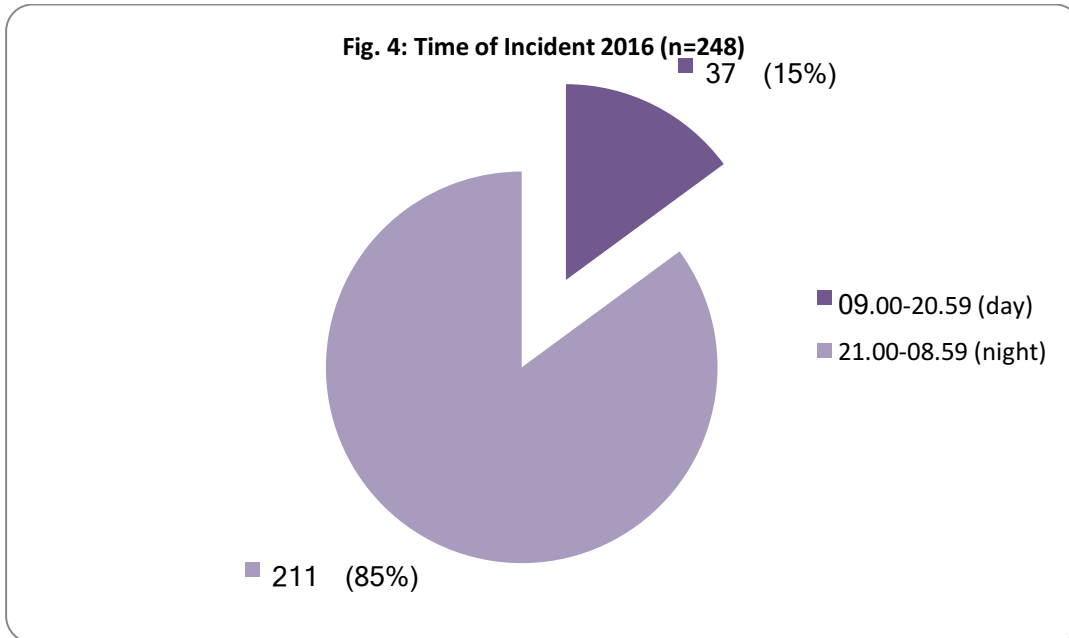
**5(a). Day of Attendance at SATU** (See Fig. 3(a))

Tuesday was the busiest day at the Rotunda SATU with 53 (18%) attendances on this day of the week in 2016.



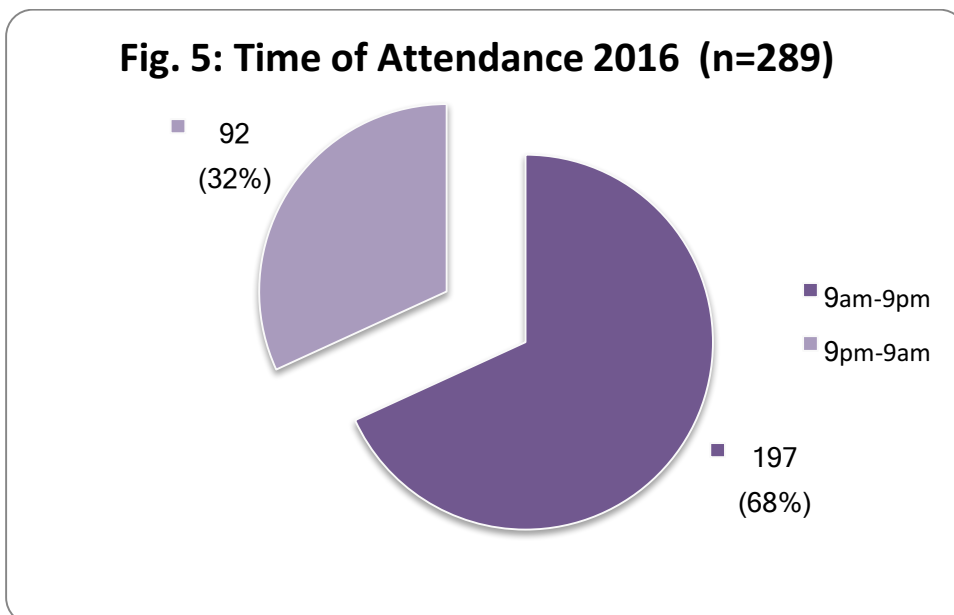
## 6. Time of Day Incident Occurred

Of the 248 attendees, who reported the time of the incident, 211 (85%) said that the incident occurred during night time (21.00 to 08.59 hours) (See Fig. 4)



## 7. Times of Attendance at SATU

197 (68%) attended the Unit during the hours from 9am to 8.59pm and 92 (32%) were seen from 9pm to 8.59am. (See Fig.5)



## 8. Location where the Incident Occurred

The location of the incident was not available in 22 cases but 267 attendees reported that the incident occurred at the locations as set out in Table 3 below:

<b>LOCATION</b>	<b>Number</b>	<b>Percentage</b>
<b>Indoors (other than home or assailant's home)</b>	81	29%
<b>Assailant's home</b>	60	21%
<b>Home</b>	54	19%
<b>Outdoors (other than a field or park)</b>	44	16%
<b>Field/Park</b>	14	5%
<b>Car</b>	10	4%
<b>Taxi</b>	4	1%
<b>TOTAL:</b>	<b>267</b>	<b>100%</b>

## 9. Type of Alleged Sexual Crime

Of the 289 attendances:

- 227 (79%) were recent sexual assaults i.e. occurred  $\leq$  7 days
- 55 (19%) reported that the sexual assault occurred  $>$  7 days prior to SATU attendance.
- 3 attendees gave a history of long term abuse
- 1 attendee gave a history of forced prostitution
- information regarding the assault was not available for 3 attendees

## 10. Assailant/s

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

- 225 (78%) attendees reported a single assailant
- 31 (11%) attendees reported multiple assailants
- In 33 (11%) cases the number of assailants was unknown.

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

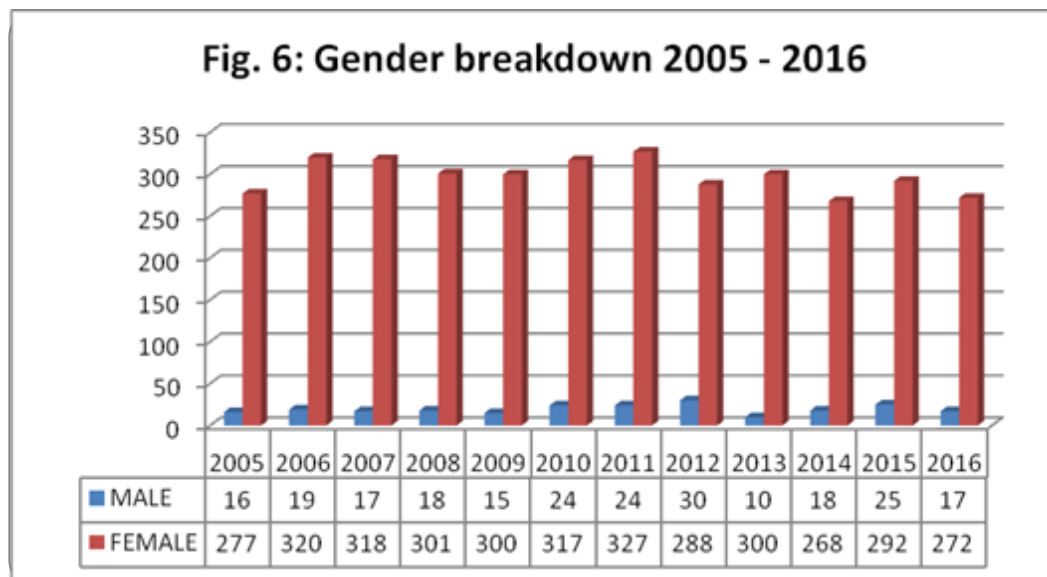
82 (28%) patients reported that the assailant was a stranger to them but 158 (55%) reported that the assailant was an acquaintance, an intimate partner/ ex-intimate partner, family member or a friend.

Table 4: Analysis of relationship between the patient and the reported assailant in 2016 (n = 289 )		
Relationship	No.	Percentage
Stranger	82	28%
Acquaintance	51	18%
Recent acquaintance	41	14%
Friend	35	12%
Intimate Partner	20	7%
Family member	5	2%
Ex-intimate partner	5	2%
Other	1	0%
Unknown or information not available	49	17%
TOTAL:	289	100%

## 11. Demographics

### 11.1 Gender

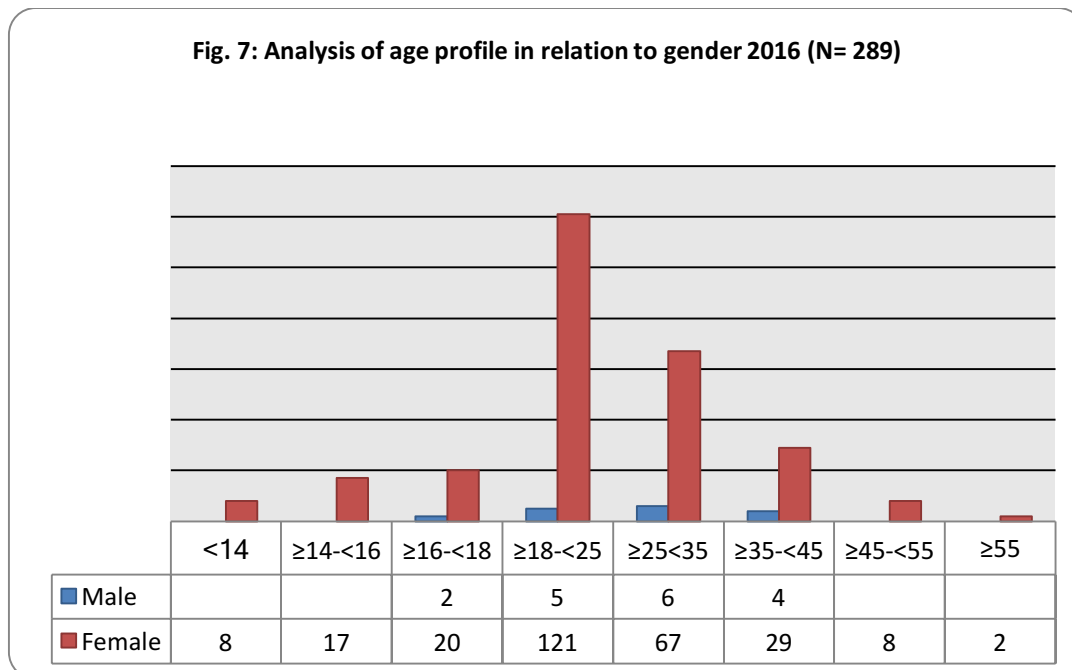
272 (94%) females and 17 (6%) males attended in 2016. The breakdown of numbers of male and female patients attending the SATU from 2003 to 2016 is shown in Fig. 6.



### 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 2016, 8 patients aged less than 14 years attended the service.

Table 5: The average, mode and median age and the minimum and maximum ages of patients attending the SATU				
Average	Mode	Median	Minimum	Maximum
26	19	23	13	59



### 11.3 Occupation (n =280 )

- 114 (40%) were students
- 92 (33%) were in employment
- 74 (27%) were unemployed



#### 11.4 Marital Status (See table 6)

<b>Table 6: Analysis of marital status (n = 289 )</b>		
<b>Marital Status</b>	<b>Number</b>	<b>Percentage</b>
<b>Single</b>	251	87%
<b>Married</b>	11	4%
<b>Separated</b>	8	3%
<b>Cohabiting</b>	7	2%
<b>Divorced</b>	3	1%
<b>Other</b>	3	1%
<b>Not recorded</b>	6	2%

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

<b>Table 7: Analysis of source of referral (n = 289)</b>		
<b>Referral Source</b>	<b>No</b>	<b>Percentage</b>
<b>Gardaí</b>	183	63%
<b>Self</b>	68	24%
<b>GP</b>	7	2%
<b>RCC</b>	3	1%
<b>Other</b>	28	10%

#### 11.6 Ethnicity (See table 8)

<b>Table 8: Analysis of ethnicity of patients (n = 289)</b>		
<b>Ethnicity</b>	<b>No</b>	<b>Percentage</b>
<b>White</b>	245	85%
<b>Black or Black Irish</b>	12	4%
<b>Not recorded</b>	9	3%
<b>Asian or Asian Irish</b>	6	2%
<b>Roma</b>	3	1%
<b>Other</b>	14	5%

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

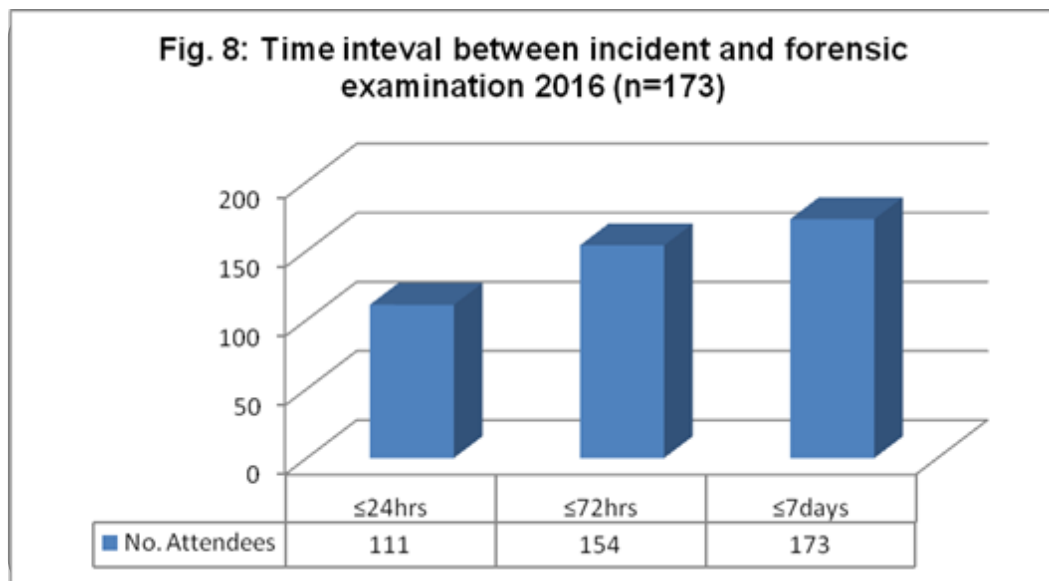
Of the 289 attendees:

- 186 (64%) reported the incident to An Garda Síochána and of these 173 (93%) had a forensic clinical examination carried out.
- 79 (27%) 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 18 (6%) cases attendees consented to have a forensic examination but chose to have their samples stored in SATU to give them time come to an informed decision regarding whether or not they wished to report the incident to An Garda Síochána. This option became available in July 2016.
- In 5 cases the examination was discontinued by the patient and 1 patient attended for advice

## 13. Reports to An Garda Síochána:

### Time Interval from incident to SATU Examination

173 (60%) attended within 7 days of the incident; of these 154 (90%) were seen within 72 hours and 111 (64%) were seen within 24 hours (See Fig. 8)



## 14. Awareness of Whether a Sexual Assault had occurred

- 229 (79%) attendees felt that a sexual assault had occurred
- 52 (18%) were unsure if a sexual assault had occurred
- 2 (1%) felt that no sexual assault had occurred
- Information was not available in 6 cases.

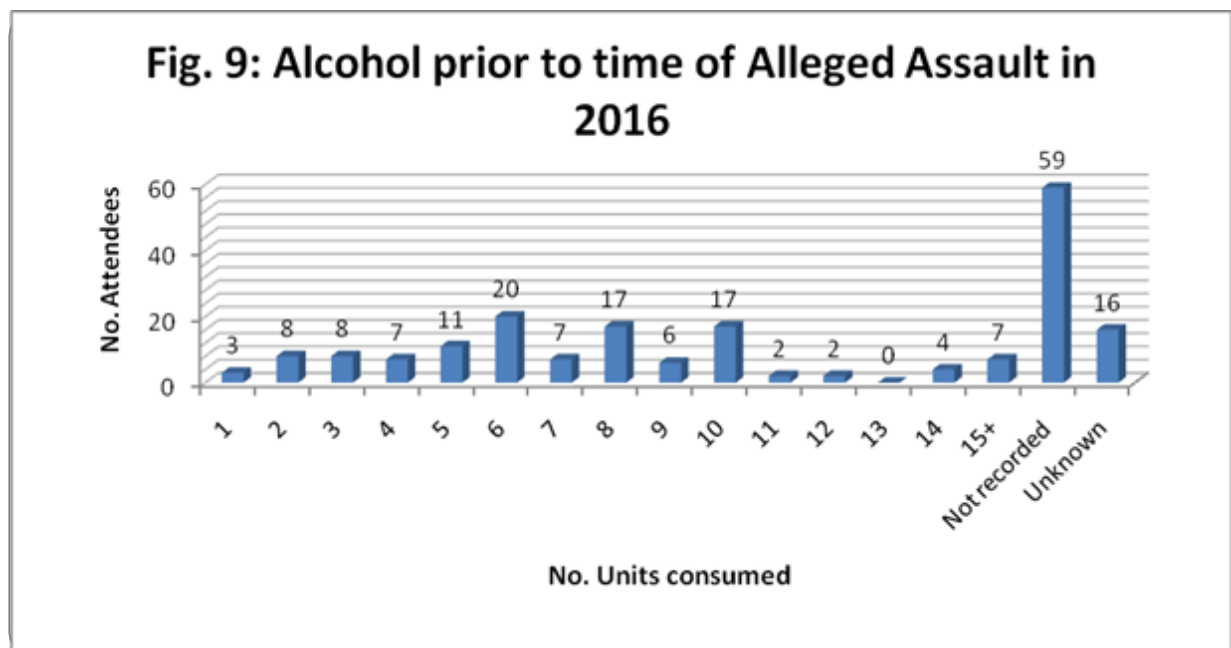
## 15. Physical Trauma

- 71 (25%) attending the SATU had physical trauma and of these:
- 2 (1%) attended an Emergency Department with minor trauma
- 2 (1%) attended an Emergency Department with major trauma

## 16. Alcohol and Drug Use

### 16.1 Alcohol

- 194 (67%) attendees had consumed alcohol in the previous 12 hours prior to presenting at the SATU (see Fig. 9) and of these:
- 100 (35%) had consumed  $\geq 4$  units of alcohol.
- The average number of units consumed by attendees, who recalled the amount they had consumed prior to the incident, was 8 units.
- Of the 52 attendees who said they were unsure if a sexual assault had occurred 43 (86%) had consumed alcohol and 9 (17%) had consumed drugs prior to the alleged assault.



### 16.2 Drugs

- 32 (11%) attendees had taken drugs, of these:
  - 26 (9%) had taken illegal drugs
  - 2 (1%) had taken prescribed medication
  - 4 (1%) had taken both prescribed medication and illegal drugs

### 16.3 Both Alcohol and Drugs

- 24 (8%) attendees had taken both alcohol and drugs.
- 37 (13%) attendees were concerned that drugs had been used to facilitate sexual assault and of these 36 (97%) had consumed alcohol or drugs prior to the alleged assault.

### 17. Emergency Contraception (EC)

201 (74%) female patients were seen within 5 days and of these:

- Emergency contraception was given to 122 (61%) patients.
- 79 (39%) patients, who were seen within 5 days, did not receive EC for various reasons (See table 10)

<b>Table 10: Reasons female patients seen within 5 days did not receive EC in the SATU (n = 79)</b>		
<b>Reason</b>	<b>No.</b>	<b>(%)</b>
Received EC prior to attending Unit	23	29%
No penile penetration	22	28%
Already using contraception	13	16%
Refused	9	11%
Post-hysterectomy or post-menopausal	6	8%
Other	6	8%
<b>Total</b>	<b>79</b>	<b>100%</b>

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

#### 18.1 STI Prophylaxis

- 179 (62%) patients received Chlamydia prophylaxis
- 23 (8%) patients received post exposure prophylaxis treatment for HIV
- 182 (63%) patients commenced Hepatitis B immunisation.

#### 18.2 Follow up Appointments for Screening

- 255 attendees were offered follow-up screening for STIs and other infections, where appropriate.
- 10 patients who had initially attended another SATU for care were offered screening. (See table 11)

<b>Table 11: Analysis of follow up screening for STIs (n= 299 )</b>	<b>No.</b>	<b>Kept 1<sup>st</sup> Follow-up Appointment</b>	<b>Kept 2<sup>nd</sup> Follow-up Appointment (to date)</b>
<b>Given SATU appt. for follow up screening</b>	255	184	74
<b>Attended another service for follow up</b>	11		
<b>Attended Rotunda for follow up from another service</b>	10		
<b>No STI follow up required</b>	20		
<b>Refused a follow up appointment</b>	3		
<b>Total:</b>	299		

### 18.3 Outcome of the STI Screening

Screening for STIs and other infections identified 72 abnormal results (See table 12). The majority of the positive results identified candida and bacterial vaginosis, neither of which are necessarily sexually transmitted.

<b>Table 12: Abnormal screening results (some patients had more than one pathogen identified)</b>	
<b>ABNORMAL RESULTS</b>	<b>NO.</b>
<b>Bacterial Vaginosis</b>	32
<b>Candida</b>	31
<b>Hepatitis C Positive</b>	3
<b>Chlamydia</b>	4
<b>Other</b>	4

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

2016 was a year of change for the Rotunda SATU. From the educational perspective, the unit was quieter as neither a Higher Diploma in Nursing (Sexual Assault Forensic Examination) or a postgraduate certificate for doctors who wish to train in Sexual Assault Forensic Examination took place. However we were busier than ever in terms of providing

information and training sessions on SATU care at a local level within the Rotunda Hospital as well as being actively involved in outreach education within Emergency Departments & General Practice, Mental Health Services, Prison Services, An Garda Síochána, and Dublin Rape Crisis Centre. The aim of these educational sessions is to raise awareness and increase understanding and recognition of services available, which encourages and equips all agencies to respond optimally to incidents of sexual violence. In addition, SATU staff – particularly Aideen Walsh and Deirdra Richardson - are 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.

While there were times in 2016 when we were faced with challenges in staffing our assisting nurse/midwife rota, this was a less frequent concern than previous years. There were occasions when we were unable to provide an out-of-hours service which is not ideal, and 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.

In 2016 we were finally in a position to introduce the option for patients to securely store forensic evidence in the SATU for up to one year, enabling them to decide whether or not they wish to report an incident of sexual violence to An Garda Síochána. The introduction of this option brings our service in line with international best practice, and we acknowledge the altered workload for Rotunda reception staff, Assistant Directors of Midwifery and support nurses, as well as forensic examiners. Many thanks to everyone for their support.

From the staffing perspective, we said 'Goodbye' to Anne McHugh, who retired from her post as Project Manager for the Higher Diploma in Nursing (SAFE). Towards the end of 2016,

Aideen Walsh was offered the post of Assistant Director of Nursing and Paediatric Forensic Medical Unit Co-Coordinator in Our Lady's Children's Hospital, Crumlin. While we are devastated to lose Aideen from the Rotunda SATU, we will continue to work with her in her new role, and look forward to many significant developments in paediatric services over the coming years. Dr Gouri Columb, who has been a committed forensic examiner in the unit for many years, has had a prolonged absence due to ill health. We miss her contribution to the service greatly, and wish her a speedy return to full health. Also in 2016, our colleague Patricia O'Connor passed away, following a long illness borne with fortitude and good humour. Patricia's contributions to both staff and patients experiences of SATU care will be long lasting, and we extend our sincere sympathies to her daughter, husband and extended family.

Again this year, I emphasise my thanks to all SATU staff especially the forensic examiners and support nurses, but also to 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. 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: 2016**

**Author/s:  
Sinead Boyle CNS (SAFE),  
Dr John Bermingham Medical Director**



## Executive Summary 2016

### Attendance re: Area

- There were **56** attendances at the SATU, a *decrease* of 1 from 2015.
- **53 (95%)** of the incidents took place within the Republic of Ireland.

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

- **August and October** were the busiest months with **9 cases each (32%)** of cases presenting.
- **Sunday** was the busiest day with **18 (32%)** of patients presenting on that day.
- **3 (5%)** occurred on a notable date or event e.g. Christmas / Festival etc.
- **41 (73%)** of patients attended SATU in daytime hours of **09.00-20.59**, **15 (27%)** of patients attended during night time hours of **21.00-08.59**.

### Gender, Age Profile, Referral Source

- **53 (95%)** patients were female, **3 (5%)** patients were male.
- The mean age was **25** years of age, the youngest was **14**, the eldest was **64** years (the minimum age criteria is 14 years)
- **44 (79%)** were referred by An Garda Siochána, **9 (16%)** self referred and **3(5) %** were referred by the Rape Crisis Network.

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

- **44 (79%)** reported the incident to An Garda Siochána. Of which **34 (61%)** 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.
- **23 (40%)** of these had superficial injuries not requiring further treatment.
- **4 (7%)** patients attended the Emergency Department with minor trauma for further assessment of injuries/x-ray.
- **2 (2%)** required admission and surgery or intervention.

### Alcohol and Drug Use

- **32 (57%)** of patients had consumed alcohol in the previous 12 hours prior to attending SATU
- **8 (14%)** of patients had taken prescribed medication, **1 (2%)** patients had taken illegal drugs.
- **7(12.5%)** patients were concerned that drugs had been used to facilitate sexual assault
- **12 (21%)** were unsure if a sexual assault had occurred.

### Emergency Contraception (EC)

- **34 (64%)** female patients were seen within 72 hours of the incident.

- **23 (68%)** were given EC

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

- **40 (71%)** patients received Chlamydia prophylaxis, **29 (52%)** Hepatitis B immunisation programme was commenced, **4 (7%)** received PEP for HIV

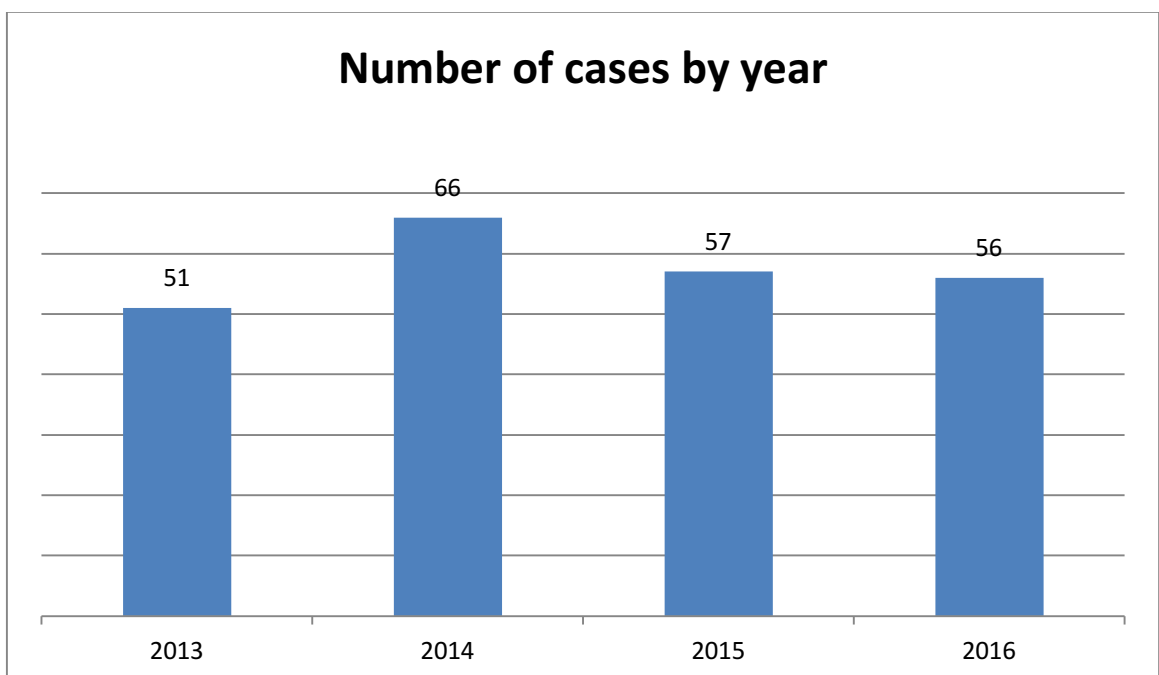
**The SATU, University Hospital Waterford**

The SATU Team consists of:

- **Medical Director:** Dr. John Bermingham
- **Clinical Nurse Specialist (CNS)** Sinéad Boyle
- **Clinical Nurse manager: (CNM 2 )** Agnes Cooney-Lee ( 0.3 post)
- **GP (Forensic Examiners):** 9
- **Assisting Nurses:** 9

**2. Number of Attendances**

- In 2016, there were **56** attendances at the SATU.
- This showed a *decrease* of **1(4%)** from 2015 (See figure 1)



### 3. Country Where the Incident Took Place

- **53 (95%)** 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=56)		
County	No	%
Wexford	17	32%
Waterford	13	24.5%
Kilkenny	9	17%
Tipperary	9	17%
Carlow	3	5.5%
Dublin	2	4%
<b>Total</b>	<b>53</b>	<b>100%</b>

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

Table 3: Analysis of Month by Attendances (n=56)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>No</b>	2	6	2	6	6	5	4	9	2	9	3	2
<b>%</b>	3.5%	11%	3.5%	11%	11%	9%	5.5%	16%	3.5%	16%	5.5%	3.5%

- August and October were the busiest months with **9** patients attending on both months (**32%**)

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

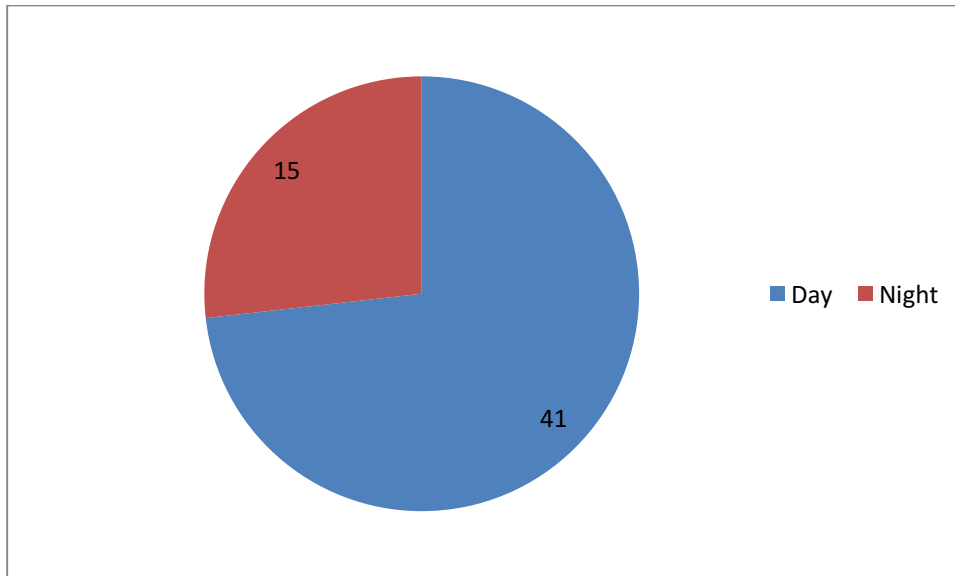
Table 4: Analysis of attendance by day of the week (n=56)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>No</b>	5	6	7	3	8	9	18
<b>%</b>	9%	11%	13%	5.5%	14%	16%	32%

- Sunday was the busiest day with **18 (32%)** patients attending on Sunday.

## 7. Notable Day or at a Notable Event

- **3 (5.5%)** of cases occurred on a notable day or a notable event (bank holiday/festival) etc.

## 8. Time of Day Patient Attended SATU



- The majority of patients **41 (73%)** attended in day time hours 09.00am-20.59pm.
- **15 (27%)** attended in night time hours 21.00pm-08.59am.

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

Location	No	%
Home	17	30%
Assailants home	12	21.5%
Other indoors	14	25%
Other outdoors	6	11%
Field / Park	4	7%
Car	3	5.5%
<b>Total</b>	<b>56</b>	<b>100%</b>

## 10. Type of Alleged Sexual Crime

Of the 56 patients:

- 51 (91%) were recent sexual assaults  $\leq$  7 days
- 1 (1.7%) the incident happened  $\geq$  8 days -  $\leq$  1 month
- 4 (7.1%) the incident happened  $>$  1 month previously

## 11. Assailant/s

### 11.1 Number of Assailants: single or multiple assailants (n=56)

- 48 (86%) cases involved a single assailant.
- 4 (7%) cases involved multiple assailants.
- 4 (7%) cases the number of assailants was unknown

### 11.2 Relationship between the Patient and Alleged Assailant

Relationship	No	%
Stranger	11	20%
Acquaintance	15	27%
Friend	9	16%
Unknown	9	16%
Ex-intimate Partner	3	5.3%
Other	2	4.0%
Intimate Partner	7	12.5%
<b>Total</b>	<b>56</b>	<b>100%</b>

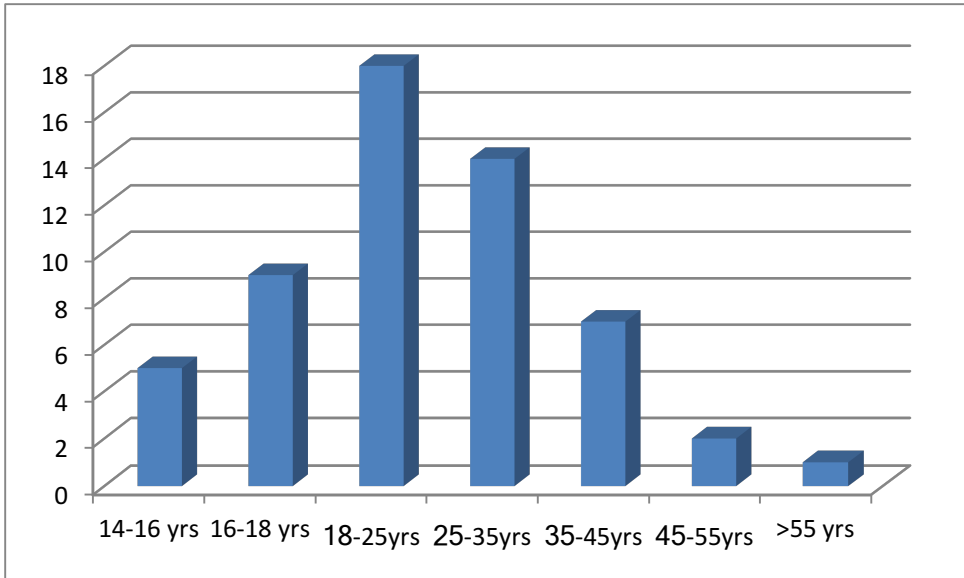
## 12. Demographics

### 12.1 Gender

- Of the 56 patients, there were 53 (95%) females and 3 (7%) males.

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

Mean	Mode	Median	Minimum	Maximum
27	21	23	14	64



### 12.3 Occupation (n =56)

- 24 (43%) were students
- 20 (36%) were employed
- 11 (20%) were unemployed
- 1 ( 1.8%) was unknown

### 12.4 Marital Status (See table 7)

Marital Status	No	%
Single	46	81%
Separated	1	1.9%
Married	4	7.2%
Co-habiting	3	6%
Not recorded	2	1.9%
<b>Total</b>	<b>56</b>	<b>100%</b>

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

Referral Source	No	%
Gardai	44	79%
Self	9	16%
RCC	3	5%
<b>Total</b>	<b>56</b>	<b>100</b>

### 12.6 Ethnicity (n=56)

- 52 (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 56 patients that attended the SATU:

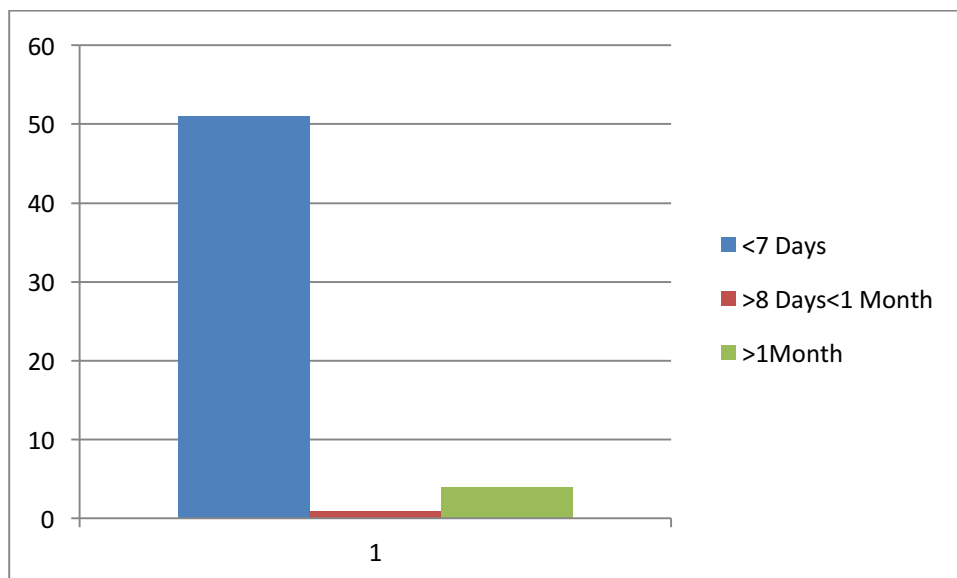
- 44 (79%) reported the incident to An Garda Síochána and had a forensic Clinical examination carried out
- 12 (21%) had a health check examination.

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

Of the 44 (79%) patients who reported to An Garda Síochána:

- All 44 (100%) reported  $\leq$  7days, of these
- 34 (61%) were within < 72 hours, with
- 24 (43%) being seen within 24 hours

### The time interval from incident to attendance in SATU for all patients



## **16. Patients Awareness of Whether a Sexual Assault had occurred (n=56)**

- **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=56)**

- **27 (47%)** patients attending the SATU had physical trauma.
- **23 (40%)** of these had superficial injuries not requiring further treatment.
- **4 (7%)** patients attended the Emergency Department with minor trauma for further assessment of injuries/x-ray.
- **2 (2%)** required admission and surgery or intervention.

## **18. Alcohol and Drug Use (n=56)**

### **18.1 Alcohol**

- **30 (54%)** patients had consumed alcohol in the previous 12 hours prior to attending SATU

### **18.2 Drugs**

- **3(5.4%)** patients had taken drugs, of these
- **2 (3.5%)** were illegal drugs
- **7 (12.5%)** patients were concerned that drugs had been used to facilitate sexual Assault

### **18.3 Both Alcohol and Drugs**

- **3 (5.3%)** patients both alcohol and drugs were a factor.



21. **Emergency Contraception (EC) 53 (93%)** of the patients were female
- **34 (61%)** female patients were seen within 72 hours, of these
  - **23 (41%)** were given EC
  - The remainder **11 (33%)** did not receive EC for various reasons (See table 11)

Reason	N	(%)
Already using contraception	6	55%
Received EC prior to attending Unit	3	27.2%
No penile penetration	2	18.1%
<b>Total</b>	11	100%

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

### 20.1 STI Prophylaxis (n=56)

- **37 (67%)** patients received Chlamydia prophylaxis
- **4 (7.1%)** patients received post exposure prophylaxis treatment for HIV
- **29 (52%)** patients had Hepatitis B immunisation commenced

### 20.2 Follow up Appointments for Screening

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

	N56 (100%)
Uncontactable for follow up	7
Attended SATU	25
Referred to GP	14
Refused follow up	4
Referred to STI Service	0
Referred to other SATU	2
Did not require follow up	4
<b>Total</b>	56

## **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 2016**

- 2016 saw the addition of one new forensic examiner in training.
- Site development and preparations for the Provision of Option 3: Collection and Storage of Evidence without Immediate Reporting to An Garda Siochana will commence in 2017.

### **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**

- CNS attended the SATU national conference and quarterly peer reviews
- SATU education evening was well attended at UHW and a presentation was given by State Solicitor Frank Hutchinson, all agreed that his presentation was very relevant.
- SATU patient documentation has been updated in line with the National SATU Documentation Group recommendations.
  - 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 2016**

#### **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 Síochána. 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, a GP Representative, Clinical Nurse Manager from OPD, University Hospital Limerick, Midwest Rape Crisis Centre, An Garda Síochána, HSE Principal Medical Officer and the group is chaired by the HSE Designated Officer who oversees the FME Service.

At the end of 2016, Dr Margaret Murphy stepped down following her retirement from General Practice, leaving 4 GPs on the FME Rota. There are currently 4 GPs on call with the FME Service:

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

Two additional GPs will join the Rota following a period of induction training.

Kay Culbert from the GP Unit (HSE) and Camilla O' Donoghue, Shannondoc retired during the year. Camilla was replaced by Claire McMahon, ShannonDoc. Inspector Ronan McDonagh who acted as the Garda liaison to the Group stepped down at the end of 2016 and was replaced by Inspector Oliver Kennedy.

### Activity Report:

In 2016, 17 forensic medical examinations were carried out (15 Females and 2 Males).

This represents a decrease in numbers from 2015 where 22 examinations went ahead at the service.

In 2016, the number of cases where the person was under the age of 18 was 4.

**Table 1.1 Monthly Breakdown of Attendance 2016**

January	February	March	April	May	June	July	August	September	October	November	December
0	1	1	2	1	1	3	3	1	1	3	0

**Table 1.2 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

### 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 less than 18 years of age are flagged for follow up purposes with the Child Protection Social Work Service.

### Training Events:

A Midwest FME Service Training Day took place on 27th February 2016 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

The training day was attended by 37 people comprising of representatives from An Garda Siochana, Nurses, GPs, Mental Health professionals and Rape Crisis volunteers.

A talk on the role of the prosecutor was given by Michael Murray, State Solicitor for Limerick in April 2016 to members of An Garda Siochana and this was attended by a large number of Gardaí.

### Local Developments:

- In July 2016, an agreement was reached with the Pharmacy in University Hospital Limerick and the following medications are now available for administration to the service user at the time of forensic medical examination. **Azithromycin (2 x 250mg) & Ella One**
- Biannual forensic standards audits were completed and passed successfully.

- No service complaints recorded during 2016.
- The FME Service protocol was reviewed and updated to include that the Security personnel in University Hospital Limerick will now initiate the 'terminal clean' prior to the commencement of the forensic medical examination. Security staff is also forwarding a copy of the cleaning checklist directly to the office of the Primary Care Development Officer.
- Collection and secure archiving of patient charts from GPs no longer working with the FME Service commenced and continued throughout 2016.

**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 €32,000.

***Full Lists of Midwest FME Service Advisory Group & GP Forum Members***

**Midwest FME Advisory Group**

Jim Gallagher, Primary Care Development Officer, HSE - Chairperson

Claire McMahon, ShannonDoc

Dr Liam Holmes, GP

Bernadette Nolan, Clinical Nurse Manager, University Hospital Limerick

Inspector Ronan McDonagh, An Garda Siochana, Roxboro Road, Limerick

Detective Garda Claire O' Shaughnessy, Ennis, Co. Clare

Miriam Duffy, Executive Director, Midwest Rape Crisis

Dr Ann Hogan, Principal Medical Officer, HSE

Karen Ronan, Administrative Support, HSE

**Midwest FME Service GP Forum**

Jim Gallagher, Primary Care Development Officer, HSE - Chairperson

Dr Liam Holmes, GP

Dr Seamus O' Flynn, GP

Dr Margaret Murphy, GP

Dr Blanaid MacCurtain

Dr Michelle O' Connor, GP

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