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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

**Annual Report for Year Ending: December 2012
Date published: June 2013**

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Introduction

There are 6 Sexual Assault Treatment Units (SATUs), providing the range of clinical, forensic and supportive care that may be required after an incident of sexual violence. These units are located in Dublin, Cork, Waterford, Mullingar, Galway and Letterkenny and together, in 2012, these units provided care for 648 men and women who had experienced rape or sexual assault. There is thus excellent geographical availability of services, improving accessibility for patients throughout the Irish Republic.

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 32 patients in 2012. Additional funding would enable provision of the full range of SATU staff and services at this location.

We note the reduction in patients seen in the SATUs in 2012, compared with previous years (723 and 661 in 2011 and 2010 respectively). Optimistically we hope that this is due to a reduction in overall rates of sexual crime, but we continue to be concerned that those who need SATU services are unaware of where the services are or how to access them. For this reason, education has been a vital component of the work of all the SATUs in 2012. Many SATUs run schools educational programme, with all units also being very involved in interagency education – ensuring that patients can access SATU services regardless of when, where or to whom they disclose the event.

This year's interagency study day for those involved in SATU care provision was held at the Rotunda in October 2012. We acknowledge the financial support of both the Manuela Riedo Foundation and the Friends of the Rotunda in enabling this study day. The meeting included presentation and discussion on a range of topics allied to the care we deliver, a discussion on vicarious trauma and the need for those who deliver the care to take care of their own mental and physical health was timely and appropriate. We continue to produce 'The SAFE Way' – a quarterly e-newsletter for those involved in delivering the SATU service, this newsletter includes features on a variety of SATU developments on events, as well as relevant articles, links and reviews.

The 2nd Edition of the interagency National Guidelines on Referral and Forensic Clinical Examination continue to assist with consistent provision of high quality and responsive care at all stages of the patients journey, regardless of the circumstances of the assault or the person's involvement with criminal justice agencies. The Guidelines Development Group continue to be an active interagency group, focussing now on other proposed developments, including possible implementation of an option for secure storage of forensic evidence within a SATU to allow delayed reporting of sexual crime in instances where adult patients are uncertain whether they wish to report an incident of sexual violence to An Garda Síochána.

In recent years, sexual assault treatment services have closely monitored service provision and focussed on collation of local and national key service activity. Similar data on every SATU attendance is recorded which enables each unit to prepare an Annual Clinical Report; key data have been extracted from the reports and are collated in this document. As well as demonstrating activity levels this also facilitates data review to identify emerging trends. We are currently focussing on development of key performance indicators (KPIs) within the interagency SATU context.

The Galway report this year includes the 2012 report from the co-located Child and Adolescent Sexual Assault Treatment Service (CASATS). These two services operate out of the same facility, with some of the same staff, to provide a coordinated and integrated forensic medical service to those who need it. We welcome the focussed commitment of the HSE to improving facilities for children who require this service in other parts of the country.

I am delighted to provide you with copies of all service activity reports, as well as a summary of National Statistics for 2012. In presenting this document I must acknowledge all staff in each of the SATUs and also the Clinical Nurse/Midwife Specialists who have worked very hard in finalising the reports. I would also like to sincerely thank Anne McHugh, Valerie Jackson and Rita O'Connor for their significant contributions and ongoing support.

Dr Maeve Eogan
Medical Director of National SATU Services

Operational definitions for the purpose of this report:

Time-Frames

The following definitions have been used within the 2012 reports.

Recent incident: Where the incident happened ≤ 7 days

Acute cases: Where the incident happened ≤ 72 hours

Non reporter: A patient who attends SATU for medical care and chooses not to report to Gardaí. Presently forensic swabs cannot be taken on non-reporters.

Support Worker

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

Alleged Perpetrator

Relationship with Alleged Perpetrator

Stranger: someone who the person did not know

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

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

Multiple assailants: Two or more assailants

Abbreviations

ADON: Assistant Director of Nursing

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

ED: Emergency Department

HIV: Human Immunodeficiency Virus

PCC: Post coital contraception

PEP: Post exposure prophylaxis

RCC: Rape Crisis Centre

SATU: Sexual Assault Treatment Unit

STI: Sexually Transmitted Infections

CN/MM: Clinical Nurse/Midwife Manager

Executive Summary of National SATU Clinical Reports 2012

Attendance

- There were 648 attendances at the 6 SATUs in the Republic of Ireland in 2012, a decrease of 75 cases nationally from 2011 (when 723 patients attended).

Time of Day the Incident Occurred

- 478 (74.0%) 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

- 543 (87.0%) patients reported recent sexual assaults (within 7 days).
- 535 (82.5%) cases involved a single assailant.

Gender, Age Profile, Referral Source

- 600 (92.6%) patients were women and 48 (7.4%) were men.
- The mean age of patients was 29, the youngest was 13, the eldest 95 years.
- 510 (78.7%) cases were referred to the SATU by An Garda Síochána.

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

- 526 (81.2%) patients reported the incident to An Garda Síochána, the majority of these attended the SATU within 72 hours of the incident.

Alcohol and Drug Use

- 335 (51.7%) patients had consumed ≥ 4 units of alcohol in the 12 hours prior to the incident.
- 37 (5.7%) patients were concerned that drugs had been used to facilitate sexual assault.

Patient awareness of whether sexual assault occurred

- 122 (18.8%) patients were unsure if a sexual assault had occurred.

Sexually Transmitted Infection (STI) Prophylaxis

- All units now offer Chlamydia prophylaxis, Hepatitis B vaccination and risk assessment for HIV post exposure prophylaxis (PEPSE) at time of SATU attendance. 486 (75.0%) received Chlamydia prophylaxis, 372 (57.4%) commenced a Hepatitis B immunisation programme and 60 (9.3%) patients started post exposure prophylaxis for HIV.



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

ANNUAL REPORT FOR YEAR ENDING: 2012.

**Author: Finola Tobin,
Date published: March 2013.**

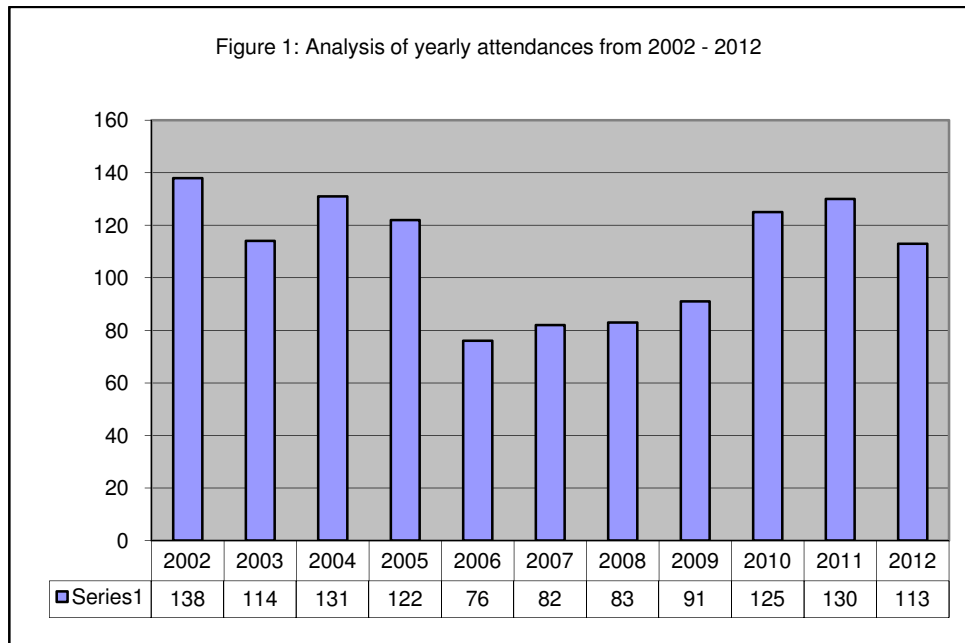
1. The Cork SATU, South Infirmary / Victoria University Hospital:

The Cork SATU Team consists of:

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

2. Number of Attendances:

- In 2012, there were 113 new attendances at the SATU.
- This showed a decrease of (13%) from 2011 (See figure 1)



3. Country Where the Incident Took Place:

- In 109 (96%) of cases, the Incident took place within the Republic of Ireland.
- In 4 (4%) of cases, the incident took place In the following countries:
 - France.
 - Greece.
 - United Kingdom.
 - Spain.

4. County Where the Incident Took Place:

- Of the 109, Incidents which took place in the Republic of Ireland, they occurred in the following counties (See table 1)

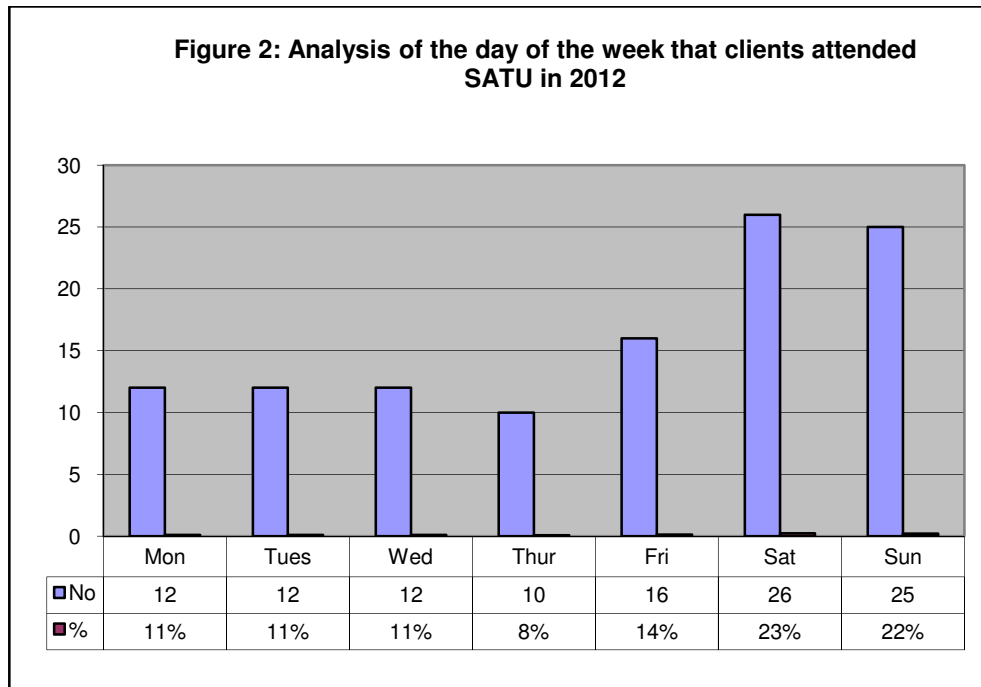
Table 1: Analysis of the county/s where Incident took place		
County	No	%
Cork	76	69%
Kerry	25	23%
Clare	3	3%
Limerick	2	2%
Dublin	2	2%
Tipperary	1	1%
Total	109	100%

5. Month of Attendance: (See table 3)

- The busiest months were May with 18 cases (16%) and June with 11 cases (10%) presenting.

Table 3: Analysis of Month by Attendances												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	12	10	8	6	18	11	6	6	14	10	4	8
%	10%	9%	7%	5%	16%	10%	5%	5%	13%	9%	4%	7%

6. Day of the Week clients attended SATU: (See figure 2)

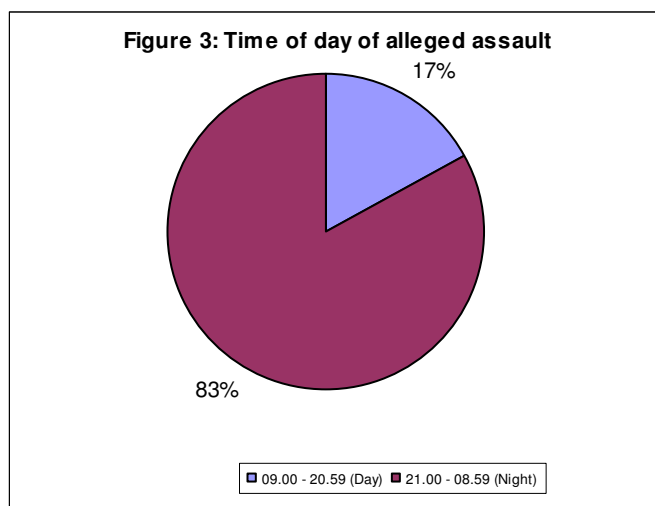


7. Notable Day or Event

- 4 cases occurred on a notable day or at a notable event.
 - 2 at the Listowel Races in Kerry.
 - 1 on St. Patricks Day.
 - 1 on New Year's Eve

8. Time of Day Incident Occurred:

- The majority of incidents 94 (83%) occurred between the hours of 21.00 – 08.59 (See figure 3)



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

Table 4: Analysis of the location of the Incident (n = 113)

Location	No	%
Other indoors	28	25%
Home	25	22%
Assailants Home	23	20%
Other outdoors	19	17%
Field / Park	9	8%
Car	6	5%
Taxi	2	2%
Not known	1	1%
Total	113	100%

10. Type of Alleged Sexual Crime:

Of the 113 clients

- 106 (94%) were recent sexual assaults i.e. occurred in the previous 7 days
- 5 (4%) occurred > 7 days and < than one month prior to attending SATU
- 2 (2%) occurred > than one month prior to attending SATU

11. Assailant/s:

11.1 Number of Assailants: single or multiple assailants

- 94 (83%) cases involved a single assailant
- 8 (7%) cases involved two assailants
- 2 (2%) cases involved multiple assailants
- In 9 (8%) cases, the number of assailants were unknown

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

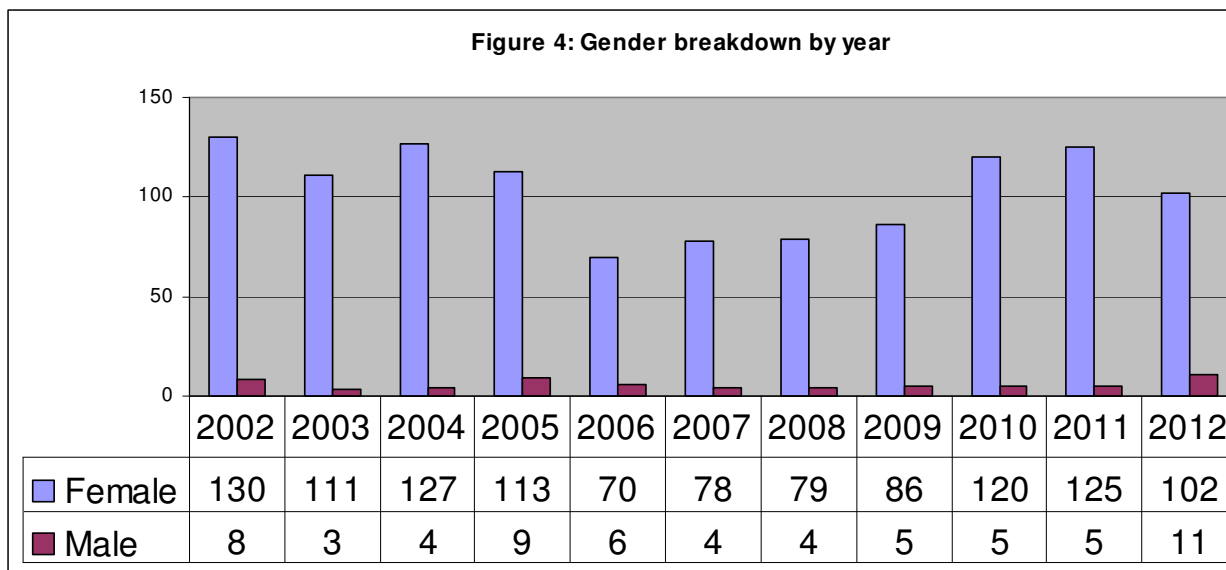
Relationship	No	%
Stranger	54	47%
Acquaintance	21	19%
Friend	20	18%
Ex-Intimate Partner	7	6%
Unknown	6	5%
intimate Partner	2	2%
Family Member	2	2%
Other	1	1%
Total	113	100%

12. Demographics:

12.1 Gender

Of the 113 clients, there were 102 (90%) females and 11 (10%) males.

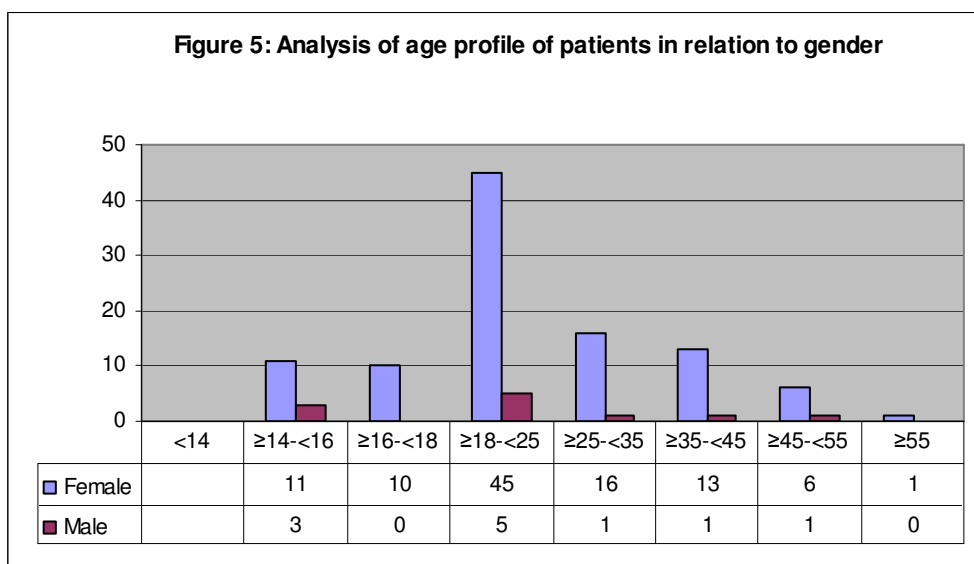
(See Figure 4)



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
25	18	22	14	64



12.3 Occupation (n =113)

- 52 (46%) of clients were students
- 41 (36%) of clients were unemployed
- 20 (18%) of clients were in employment

12.4 Marital Status (See table 7)

Table 7: Analysis of marital status (n =113)		
Marital Status	No	%
Single	99	86%
Separated	4	4%
Married	4	4%
Divorced	3	3%
Co-habiting	3	3%
Total	113	100%

12.5 Source of Referral (See table 8)

Table 8: Analysis of source of referral (n =113)		
Referral Source	No	%
Gardaí	87	77%
Self	13	12%
Other	7	6%
GP	5	4%
RCC	1	1%
Total	113	100%

12.6 Ethnicity (See table 9)

Table 9: Analysis of ethnicity of patients (n =113)		
Ethnicity	No	%
White	111	98%
Black or Black Irish	1	1%
Asian or Asian Irish	1	1%
Total	113	100%

13. Support Worker in Attendance:

- 106 (94%) of clients met with a Support Worker at the initial SATU attendance.

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

Of the 113 clients that attended the SATU:

- 87 (77%) of clients reported the incident to An Garda Síochána and of these
86 (76%) of clients, agreed to have forensic samples taken.
- 26 (23%) of all clients did not report the incident to the Garda Síochána.
- 24/87 (27%) reporting and 17/26 (65%) non-reporting had an STI screen.

15. Clients Reporting to An Garda Síochána:

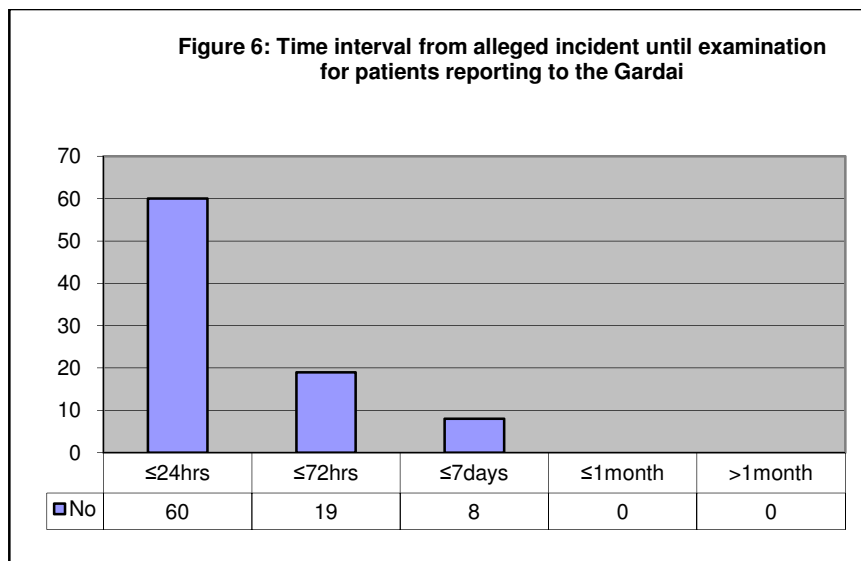
15.1 Time Interval from incident to attendance in SATU

87 (77%) clients attended ≤ 7 days, of these

60 (53%) were seen within ≤ 24 hours

19 (17%) were seen within ≤ 72 hours

8 were seen > 72 hours and < 7 days (see figure 6)



16. Clients Awareness of Whether a Sexual Assault had Occurred

- 93 (82%) of clients felt that a sexual assault had occurred.
- 20 (18%) of clients were unsure if a sexual assault had occurred

17. Physical Trauma

67 (59%) of clients had physical trauma and 6 (5%) attended Emergency Departments with minor trauma

18. Alcohol and Drug Use

18.1 Alcohol

- 90 (80%) of clients had consumed alcohol in the previous 12 hours prior to assault; of these,
 - 52 (46%) of clients had consumed ≥ 4 units of alcohol
 - 16 (14%) of clients had consumed at least 10 units of alcohol
 - 10 (9%) of clients had consumed more than 15 units of alcohol

Table 10: Analysis of the mean, median and mode: relevant to the amount of alcohol consumed in the previous 12 hours, prior to the alleged assault (n=90)		
Mean	Median	Mode
8	8	8

18.2 Drugs

- 17 (15%) of clients had taken drugs; of these,
 - 7 (6%) had taken illegal drugs.
 - 6 (5%) had taken both prescribed and illegal medication
 - 3 (3%) had taken prescribed medication
 - 1 (1%) had taken over the counter medication
 - Of all clients seen in 2012, 8 (7%) were concerned that drugs had been used to facilitate sexual assault.

Both Alcohol and Drugs

- In 14 (12%) of cases, clients had taken both alcohol and drugs.

19. Emergency Contraception (EC)

- 83 (81%) of female clients were seen within 72 hours of the incident; of these,
 - 40 (48%) were given EC
 - The remainder 43 (51%) did not receive EC for various reasons (See table 11)

Reason	N	(%)
Already using contraception	18	41%
Received EC prior to attending Unit	10	23%
No penile penetration	6	14%
Menstruating	3	7%
Refused	2	5%
Post-hysterectomy or post-menopausal	2	5%
Other	2	5%
Total	43	100%

20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

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

20.1 STI Prophylaxis

- 29 (26%) clients received Chlamydia prophylaxis in 2012.
- 27 (24%) clients had Hepatitis B immunisation commenced; of these 5 completed the course in SATU.
- 1 client received post exposure prophylaxis treatment for HIV.

20.2 Follow up Appointments for Screening

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

Table 12: Analysis of follow up screening for STIs				
	N (%)	Kept 1st App	Kept 2nd App	Kept 3rd App
Given SATU appt. for follow-up screening	81 (72%)	47 (58%)	15 (18%)	4 (5%)
Attended another service for follow-up	23 (20%)			
Follow-up screen not required	6 (5%)			
Refused a follow-up screen	3 (3%)			
Total	113			

20.3 Outcome of the STI Screening Carried Out by the SATU (n =46)

- 5 (11%) of clients out of 46 screened had abnormal results (See table 13).

Table 13: Abnormal STI screening results (n =46)		
Abnormal results	N	(%)
Genital warts	2	4.5%
Candida	2	4.5%
Gonorrhoea	1	2%
Total	5	11%

21. SATU Developments, Activities, Opportunities and Challenges

21.1 Developments in 2012

Utilising the links and communication networks developed with other established services both nationally and internationally, i.e. UKAFN and other SATUs nationally.

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

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 met in 2012.

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 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

Finola Tobin, CNS (SAFE) attended a meeting by GSK on Hepatitis B Vaccine, a talk on HIV in the Cork Sexual Health centre and the Peer Review meetings in Waterford in April 2012 and Galway in July 2012.

21.4 Publications and Presentations

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

PG Diploma in Emergency Nursing.

The Cork Branch of Practice Nurses.

Nursing and Medical Staff, Emergency Dept, Cork University Hospital.

MSc programme in Law, in University College Cork.

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

The Cork Simon Community Healthcare Staff.

Acknowledgements

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



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

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

ANNUAL REPORT FOR YEAR ENDING DECEMBER 2012

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**Date published:
09/05/2013**

Executive Summary SATU 2012

Attendance re: Galway, Mayo and Roscommon.

- There were 48 attendances at the SATU, Galway.
- 100% cases the incident took place within the Republic of Ireland

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

- May was the busiest month with 18% of cases presenting
- Sunday was the busiest day with 29% of patients presenting on that day
- 74% occurred between the hours of 21.00 & 09.00

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- *82% were recent sexual assaults; 4% long term abuse.*
- *84% cases was a single assailant; 10% cases multiple assailants involved & 6% unknown*
- *27% the alleged assailant was a stranger/unknown to the patient*

Gender, Age Profile, Referral Source

- 98% patients were female, 2% male
- The age mean was 25, the youngest was 14, the eldest 94 years (the minimum age criteria is 14 years; please see CASATS report for patients less than 14 years)
- 86% were referred by An Garda Síochána, 10% self referred, 2% were referred by the RCC and 2% referred by G.P

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

- 86% reported the incident to An Garda Síochána
- 63% of these were within 24 hours, 16% were within < 72 hours, 7% ≤ 7days 5% were < 1_month and 9% were ≥ 1 month.

Support Worker in Attendance

- A Support Worker was available on all occasions. Support Workers attended 43 (90%) of the 48 clients.

Physical Trauma

- 50% patients had physical trauma, 4% attended the ED with minor trauma, 2% attended the ED with major trauma

Alcohol and Drug Use

- 73% patients had consumed ≥ 4 units of alcohol in the previous 12 hours
- 10% patients had taken illegal drugs.
- 8% patients were concerned that drugs had been used to facilitate sexual assault
- 21% were unsure if a sexual assault had occurred.

Post-coital Contraception (PCC)

- 67% female patients were seen within 72 hours of the incident
- 48% were given PCC

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- *56% patients received Chlamydia prophylaxis, 56% Hepatitis B immunisation programme was commenced, 8% received PEP for HIV*
- *77% were given a follow up appointment*
- *2% had abnormal STI screening results.*

Executive Summary CASATS 2012

Attendance in CASATS.

- There were 78 referrals and 77 attendances at the CASATS, Galway.
- Patients attended from Donegal, Clare, Galway, Roscommon, Limerick, Laois, Offaly, Westmeath, Mayo, Kildare, Longford and Tipperary.

Attendance re: Month, Day and Time of Day

- August was the busiest month with 14 (18%) cases presenting.
- Thursday was the busiest day, 25 (32%) cases were examined on that day.
- 12 (15%) cases were seen out of hours (between 17.00-08.00 or over the weekend)

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- Of the 77 patients who were seen 23 (30%) alleged incidents took place within the previous 7 days
- 13 (17%) cases had forensic sampling undertaken
- 6 (8%) cases involved multiple assailants

Gender, Age Profile, Referral Source

- 77 patients were seen. 55 (72%) were female and 22 (28%) patients were male, 1 female patient was referred by an Garda Síochána but parents withdrew consent at the last minute and patient did not attend.
- The mean age was 8.5 years, the youngest was 7 months, the eldest 22 years. The maximum age criteria is nominally 18 years for CASATS, although in certain special circumstances e.g. young adult with learning disability or young adult, non sexually active, alleging historical abuse, this age cut off will be waived or joint Adult/ CASATS Examinations undertaken.
- 57 (73%) cases were referred by An Garda Síochána, 17 (21%) referrals came from social workers and 2 (2%) by paediatricians, 1 (1%) from a consultant gynaecologist and 1(1%) by a GP.

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

- 23 (29%) alleged incidents took place within the previous 7 days
- Of the 57 patients who reported to An Garda Síochána 23 alleged assaults took place within the previous 7days and 13 had forensic samples taken.
- 2 of the cases seen within 7 days were referred by social workers however neither

of these had forensic sampling undertaken

Child assailants – A child assailant is someone who is less than or equal to 17 years old at the time the incident occurs.

- 9 (11%) cases involved child assailants
- 11 child assailants were implicated in the alleged assaults as 2 of these cases involved multiple (≥ 2) assailants

Sexually Transmitted Infection(STI) Prophylaxis and STI Screening

- *58 (76%) patients were screened for STI in association with their attendance*

1. SATU, Galway.

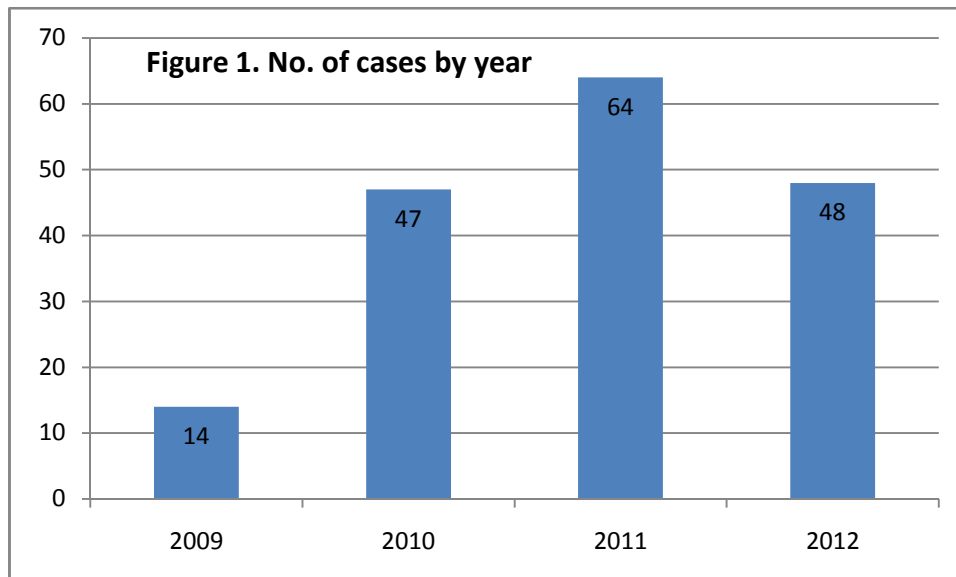
The SATU Galway opened in August 2009 and throughout 2012 there were 48 attendances. 86% were referred through the Gardaí, 10% were self referrals, 2% were referred by G.P and 2% were referred by the Rape Crisis Centre.

In 2012 the SATU Team consisted of:

- 1 Clinical Director
- 6 Forensic Medical Examiners (includes Clinical Director)
- 1 CNS/SAFE
- 1 Manager
- 15 Nurses

2. Number of Attendances

- In 2012, there were 48 attendances at the SATU.



3. Country Where the Incident Took Place

- 100% of cases took place within the Republic of Ireland.

4. County Where the Incident Took Place

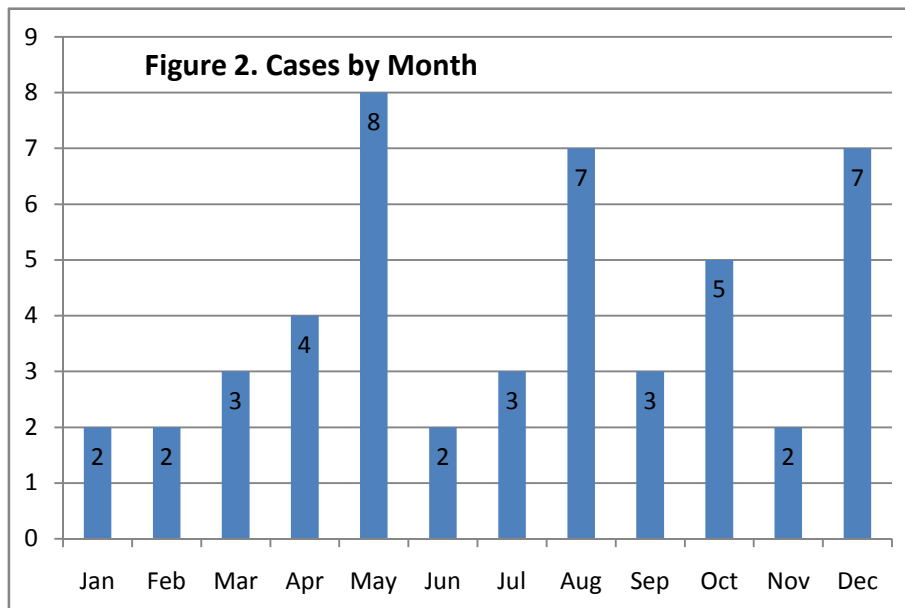
35 (73%) cases occurred in Galway, the rest are recorded in the table below

(See table 1)

Table 1: Analysis of the county/s where Incident took place		
County	No	%
Galway	35	73
Mayo	7	15
Clare	2	4
Sligo	2	4
Roscommon	1	2
Limerick	1	2
Total	48	100

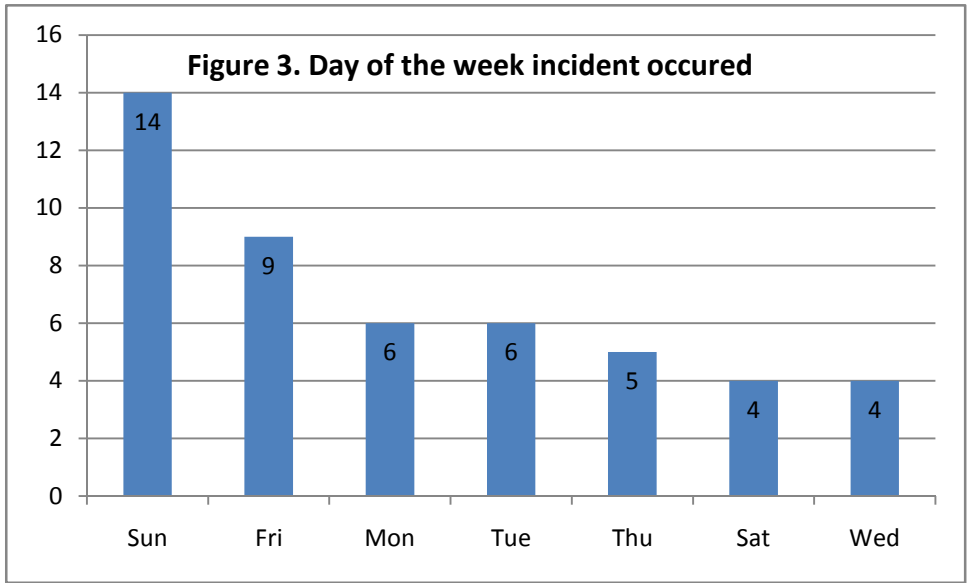
5. Month of Attendance. (See figure 2)

8 patients attended during May making this the busiest month in 2012.



6. Day of the Week Incident Occurred (See figure 3)

14 patients reported that the incident had occurred on a Sunday.

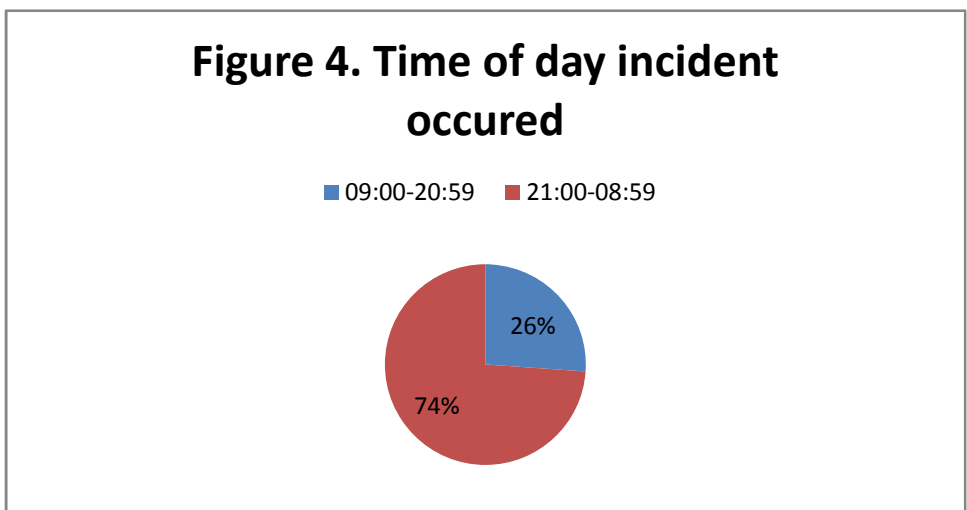


7. Notable Day or Event

- 13 (27%) occurred on a notable day or at a notable event
- 6 (12%) occurred over Bank Holiday weekends (3 over Christmas)
- 5 (10%) occurred during Galway Race Week
- 2 (4%) occurred at family events

8. Time of Day Incident Occurred (See figure 4)

34 (74%) incidents occurred overnight.



9. Location where the Incident Occurred *(See table 2)*

Table 2: Analysis of the location of the Incident (n = 48)		
Location	No	%
Other indoors	16	33
Home	11	23
Assailants home	9	19
Other outdoors	6	13
Car	3	6
Field / Park	2	4
Taxi	1	2
Total	48	100

10. Time between incident and attending SATU *(See table 3)*

Table 3. Time from Assault to attending SATU for reporting patients		
Time	No	%
≤24hrs	26	63
≤72hrs	7	16
Total ≤ 72hrs	33	79
≤7days	3	7
Total ≤ 7 days	36	86
≤1month	2	5
>1month	4	9
Totals for patients reporting	42	100
Reporting	42	88
Non Reporting	6	12
Total	48	100

11. Assailant/s

11.1 Number of Assailants: single or multiple assailants

- 40 (84%) of cases involved a single assailant
- 5 (10%) involved two or more assailants
- 3 (6%) of cases, the number of assailants was unknown

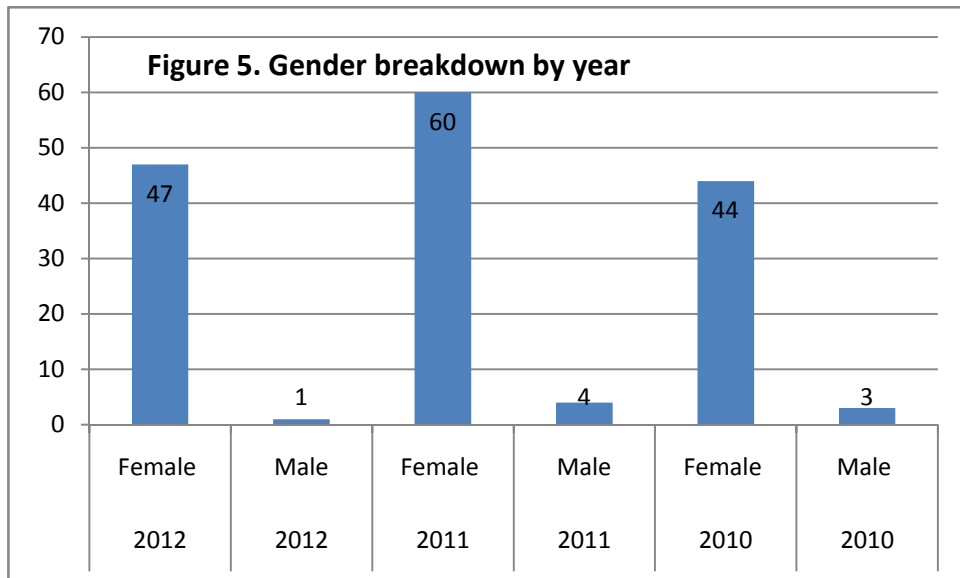
11.2 Relationship between the Patient and Alleged Assailant (See table 4)

Table 4: Analysis of relationship between the patient and the alleged assailant (n =48)		
Relationship	No	%
Friend	8	17
Acquaintance	14	29
Recent Acquaintance	4	8
Stranger	11	23
Family Member	4	8
Intimate Partner	3	7
Unknown	1	2
Other	3	6
Total	48	100

12. Patient Demographics

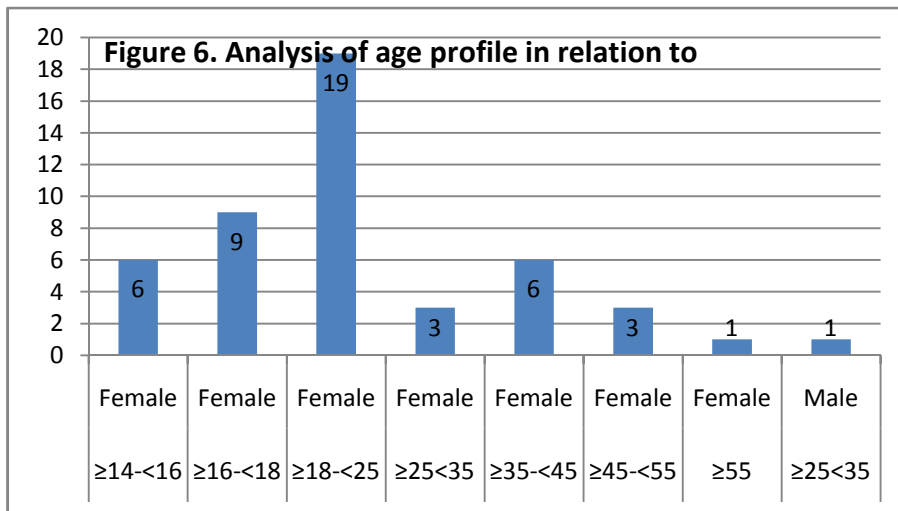
12.1 Gender

- Of the 48 patients, there were 47 (98%) females and 1 (2%) male.
- Gender Trends (See figure 5)



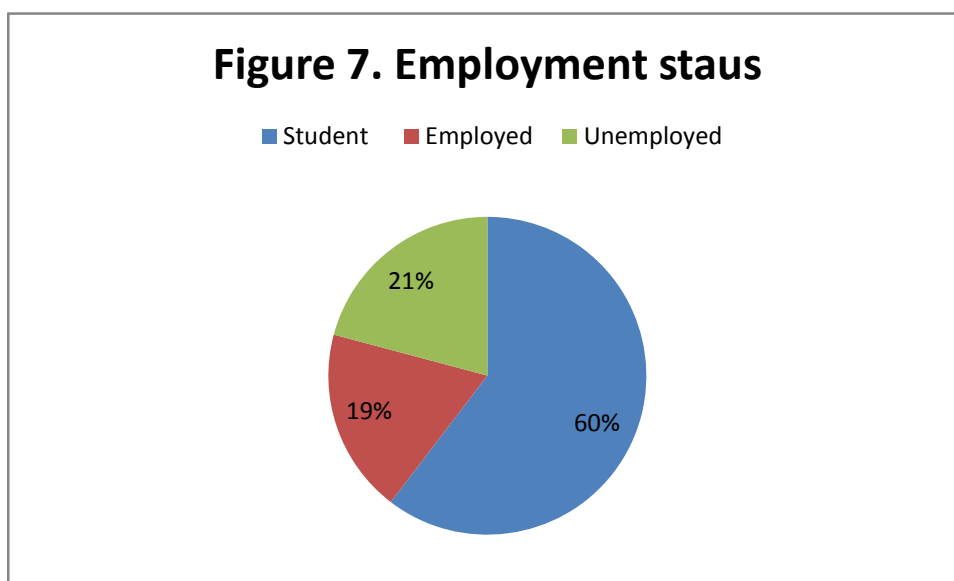
12.2 Age Profile (See table 5 and figure 6)

Table 5: The mean, mode and median age and the minimum and maximum ages of patients attending				
Mean	Mode	Median	Minimum	Maximum
25.06	18/19	19	14	94



12.3 Occupation (*n* =48) (See figure 7)

- 29 (60%) were students
- 9 (19%) were in employment
- 10 (21%) were unemployed



12.4 Marital Status (See table 6)

Table 6: Analysis of marital status (n = 48)		
Marital Status	No	%
Single	40	84
Married	3	6
Separated	2	4
Divorced	1	2
Co-habiting	1	2
Other	1	2
Total	48	100

12.5 Source of Referral (See table 7)

Table 7: Analysis of source of referral (n =48)		
Referral Source	No	%
Gardaí	41	86
Self	5	10
GP	1	2
RCC	1	2
Total	48	100

12.6 Ethnicity (See table 8)

Table 8: Analysis of ethnicity of patients (n =48)		
Ethnicity	No	%
White	43	90
Roma	3	6
Black or Black Irish	1	2
Asian or Asian Irish	1	2
Total	48	100

13. Support Worker in Attendance

- 43 (90%) patients had a Support Worker at the initial SATU attendance.

14. Type of Attendance: Reporting / Non-reporting

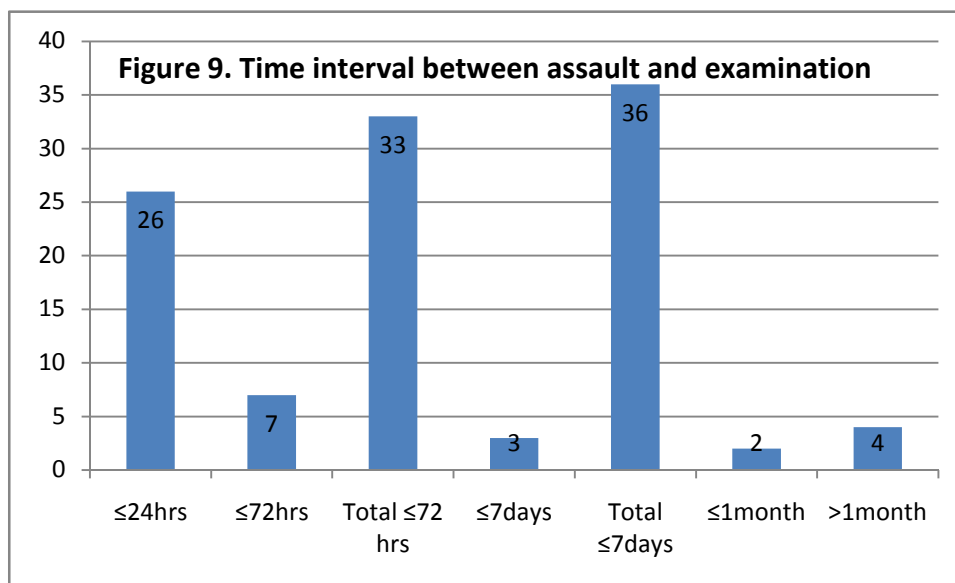
Of the 48 patients that attended the SATU:

- 42 (88%) reported the incident to An Garda Síochána and had a Forensic Clinical Examination carried out
- 6 (12%) had a Health Examination.

15. Patients Reporting to An Garda Siobhan

15.1 Time Interval from incident to examination (See figure 9)

- 39 (82%) \leq 7days, of these
- 33 (67%) were within < 72 hours
- 26 (53%) were seen within 24 hours



16. Patients Awareness of Whether a Sexual Assault had occurred

- 38 (79%) felt that a sexual assault had occurred
- 10 (21%) were unsure if a sexual assault had occurred.

17. Physical Trauma

- 24 (50%) patients attending the SATU had physical trauma
- 2 (4%) attended the Emergency Department with minor trauma
- 1 (2%) attended the Emergency Department with major trauma

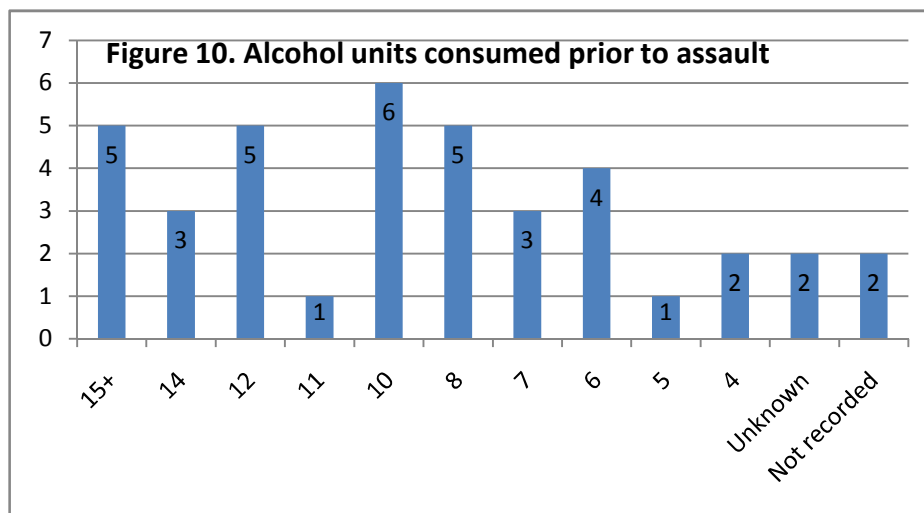
18. Alcohol and Drug Use

18.1 Alcohol

- 9 (19%) patients reported they had not consumed any alcohol in the 12 hours prior to the assault
- 39 (81%) patients had consumed alcohol in the 12 hours prior to the assault

Of these 39 patients: (See figure 10)

- In 35 (90%) cases, patients had more than ≥ 4 units of alcohol
- 20 (51%) had consumed at least 10 units of alcohol
- In 4 (10%) cases the units of alcohol consumed by the patient were unknown/unrecorded



18.2 Drugs

- 6 (12%) patients had taken drugs, of these
 - 1 (2%) were over the counter medication
 - 5 (10%) were illegal drugs
- 4 (8%) patients were concerned that drugs had been used to facilitate sexual assault

18.3 Both Alcohol and Drugs

- 6 (12%) patients reported that both alcohol and drugs were a factor.

19. Post-coital Contraception (PCC)

32 (67%) female patients were seen within 72 hours of the incident, of these:

- 23 (72%) were given PCC
- The remainder 9 (28%) did not receive PCC for various reasons (See table 9)

Reason	N	(%)
Already using contraception	3	34
Post-hysterectomy or post-menopausal	2	22
Received PCC prior to attending Unit	1	11
No penile penetration	1	11
Other	2	22
Total	9	100

20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

20.1 STI Prophylaxis

- 27 (56%) patients received Chlamydia prophylaxis
- 4 (8%) patients received post exposure prophylaxis treatment for HIV
- 27 (56%) patients had Hepatitis B immunisation commenced, of these 10 (37%) completed the course in SATU with 100% achieving immunity.

20.2 Follow up Appointments for Screening

- All 48 patients were offered screening for STIs. 37 patients were offered an appointment in Galway SATU, others had appointments arranged with GPs and other STI facilities. 20 (42%) patients actually attended Galway SATU for follow up. In total there were 70 return visits for STI screening and vaccination schedule.

21. CASATS, Galway.

CASATS Galway was officially funded by the HSE from mid April 2011 as a 24 hour acute and chronic forensic medical service. In 2012 the 24 service was provided, by two Child and Adolescent Forensic Examiners. The Service was Consultant Delivered.

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

FORENSIC MEDICAL ASSESSMENT

A forensic medical assessment involves a detailed medical history and “top to toe” examination. This entails evaluating a child’s health, developmental, psychological and forensic / evidential needs. It is undertaken in a child friendly environment with age appropriate toys. The parent / carer / child advocate is encouraged to stay with and support a child throughout. Older children/ Adolescents can opt to have a supporter present or to undergo examination alone.

Intimate examinations are undertaken using specialised equipment (colposcopy and photo documentation). 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.

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. Safeguarding issues are addressed by referring to social services 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

2 Forensic Examiners with expertise in child and adolescent sexual assault. Both are Consultants. One is a Paediatrician and the other a Gynaecologist. Both are members of the Faculty of Forensic and Legal Medicine (UK).

CASATS shares the SATU team of

1 CNS/SAFE

1 Manager

15 Support Nurses (on call)

22. Number of CASATS Attendances

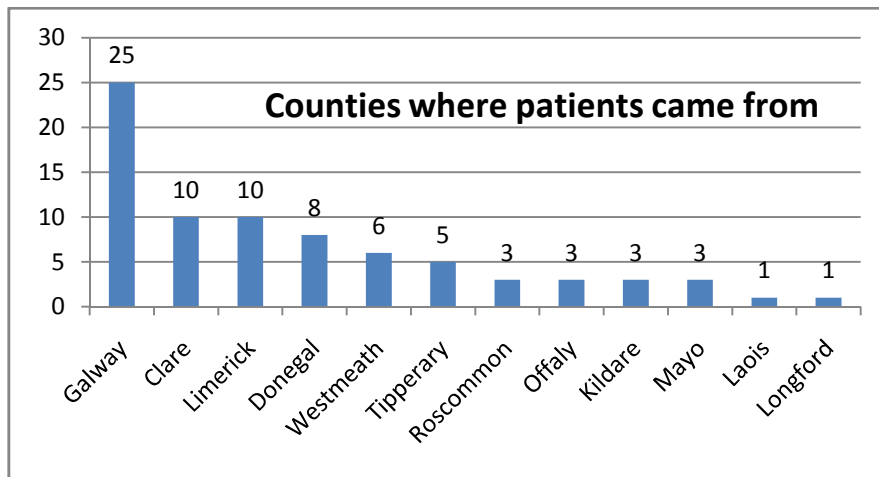
- In 2012, there were 78 referrals and 77 attendances at CASATS.

23. Country Where the Incident Took Place

All alleged incidents occurred in Ireland

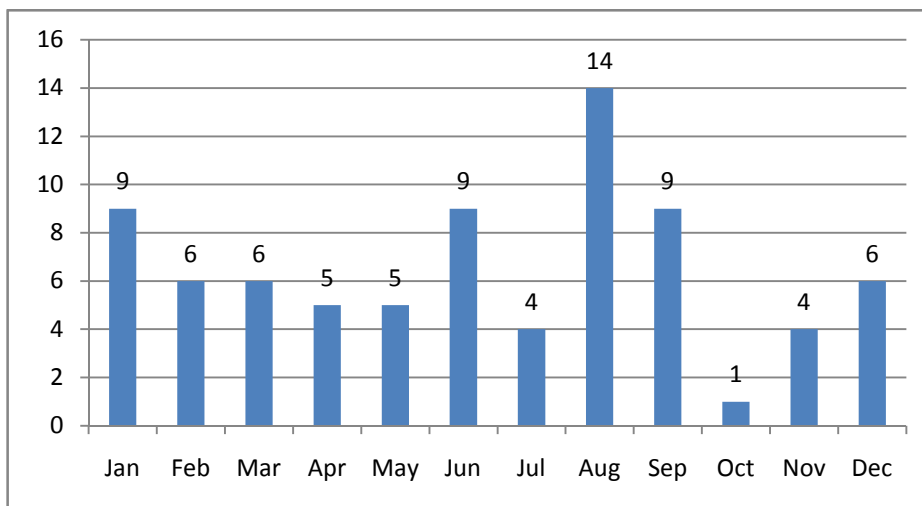
24. County of Referral

- 25 (32%) - Galway
- 10 (12%) - Clare
- 10 (12%) - Limerick
- 8 (10%) - Donegal
- 6 (8%) - Westmeath
- 5 (6%) - Tipperary
- 3 (4%) each Roscommon, Offaly Kildare and Mayo
- 1 each from Laois and Longford



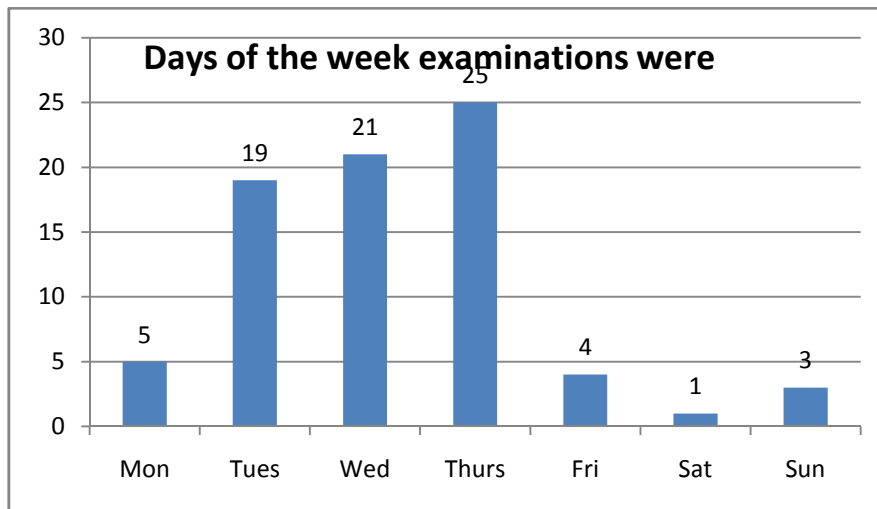
25. Month of Attendance

- August was the busiest month with 14 attendances



26. Day of the Week Patient attended the unit

- Thursday was the busiest day with most attendances on this day, this reflects the availability of the forensic examiner as the majority of cases were historical and could be scheduled at a time convenient to all parties.



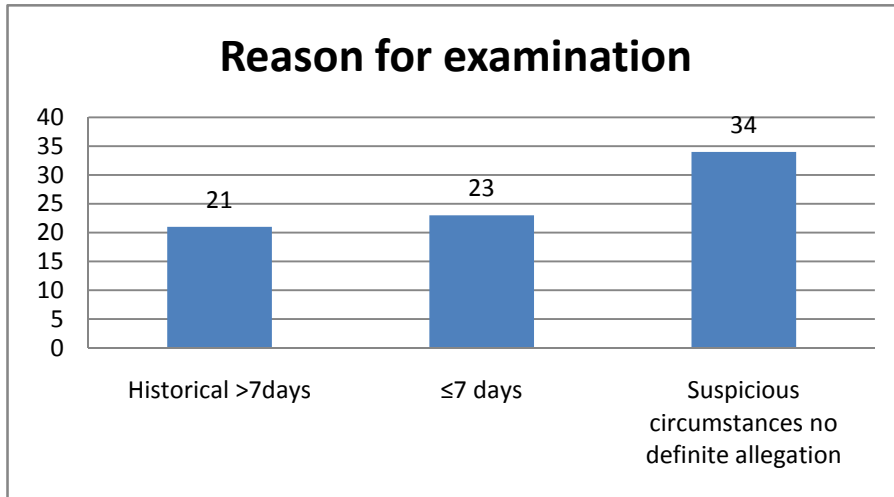
27. Examinations conducted out of hours

- 9 (11%) cases were examined weekdays between 17.00 and 08:00
- 4 (6%) cases were examined over the weekend

28. Time between incident/s and attending CASATS

Of the 78 referrals

- 23 (29%) patients were referred within 7 days of an allegation and 22 attended for examination.
- 13 (17%) patients had forensic samples taken.
- Of the 22 cases that were seen within 7 days of an alleged incident, 10 patients did not have forensic sampling due to the nature of the incident or behaviours e.g. bathing since incident.
- For 21(27%) patients the timeframe between the alleged assault/assaults/abuse and examination was > 7 days
- 34 (44%) patients were referred because of circumstances deemed to have put them at significant risk for child sexual abuse but where there was no definitive allegation by the child or specific timeframe.

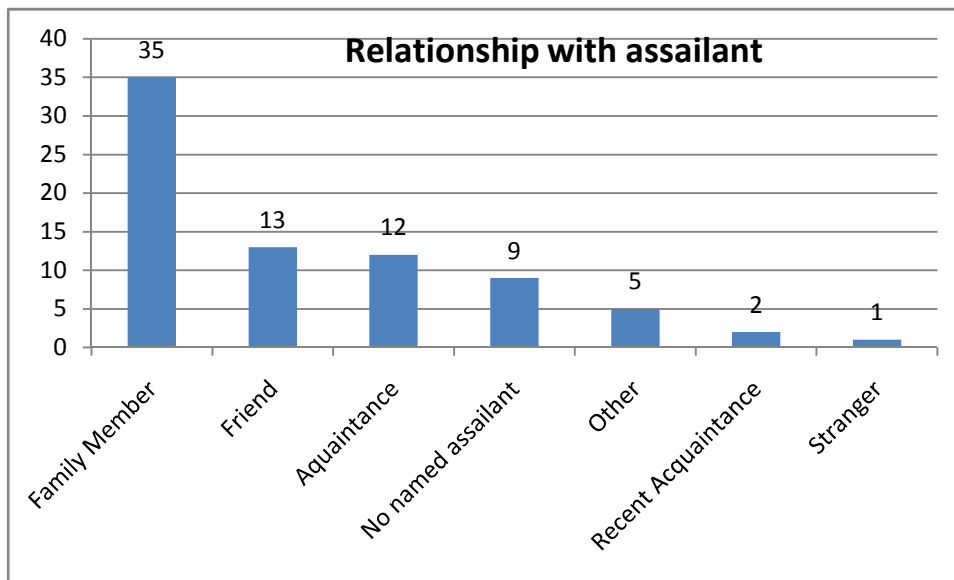


29 Assailant details

29.1 Child Assailants

- 9 cases involved child assailants
- 11 child assailants were implicated in the alleged assaults as 2 of these cases involved multiple (≥ 2) assailants

29.2 Relationship between the Patient and Alleged Assailant



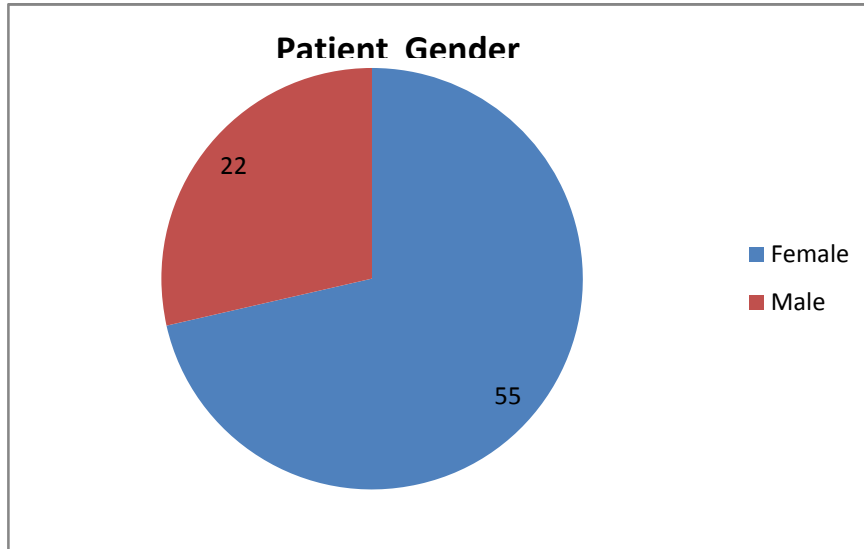
29.3 Gender of assailant

- 2 cases involved female alleged assailants
- The rest were male or not specified.

30. Patient Demographics

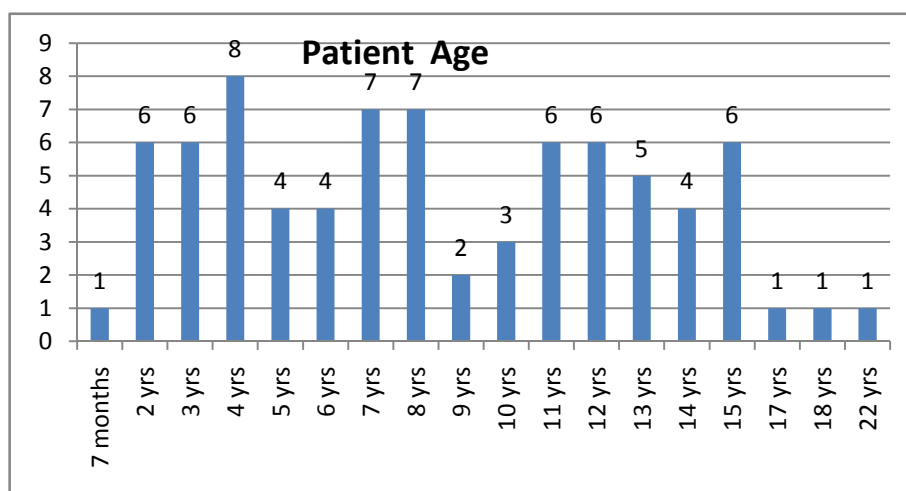
30.1 Gender

- 55 (71%) patients attending the CASATS in 2012 were female.
- 22 (29%) patients were male.



30.2 Age Profile

Table 5: The mean, mode and median age and the minimum and maximum ages of patients attending the CASATS				
Mean	Mode	Median	Minimum	Maximum
8.5 years	4	8	7 months	22years



30.3 Developmental Stage

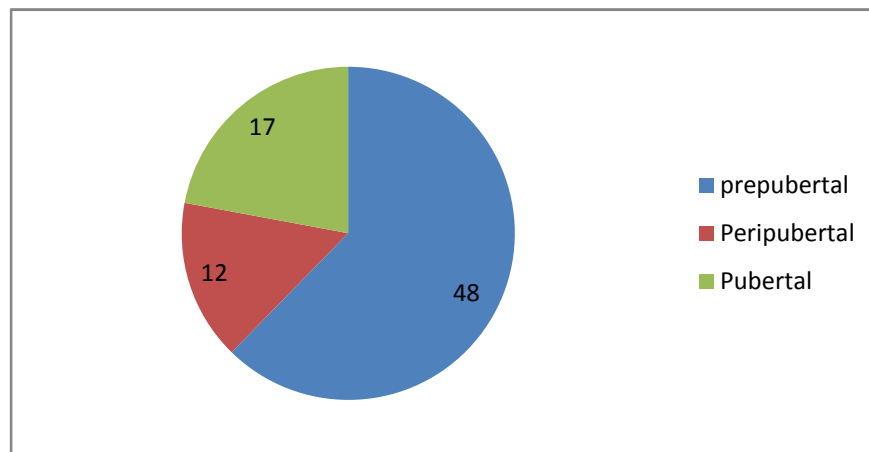
The developmental stage of patients who attended is evaluated using the Tanner Staging. The Tanner staging system is one of the primary tools used by clinicians to follow a child's progress through puberty. It is a sexual maturity rating that breaks down puberty into discreet steps. Tanner Stage I is pre pubertal and V is when puberty is fully established.

Pre Pubertal : Tanner Scale I

Peripubertal: Tanner Scale II-III

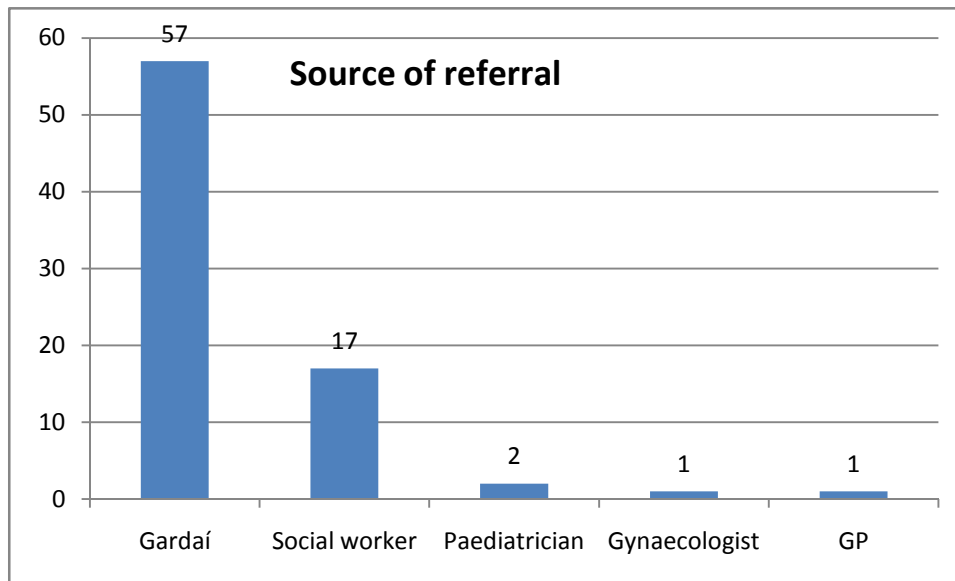
Pubertal: Tanner Scale IV-V

- 48(62%) patients were Pre-pubertal (I)
- 12 (16%) patients were Peri-pubertal (II-III)
- 17 (22%) patients were Pubertal(IV-V)



30.4 Source of referral

- 57 (73%) cases were referred by An Garda Síochána,
- 17 (21%) referrals came from social workers
- 2 (2%) referred by consultant paediatricians
- 1 (1%) referred by a consultant gynaecologist
- 1(1%) referred by a GP.



31. Type of Attendance: Forensic sampling

Of the 77 patients that attended the CASATS:

- 13 patients had forensic sampling undertaken

Of the 13 cases who had forensic screening (within 7 days)

- 7 were pre pubertal
- 4 were peri-pubertal
- 2 were pubertal

32. Sexually Transmitted Infection (STI) Prophylaxis and Screening

32.1 STI Screening

Screening and prophylaxis for sexually transmitted infections (where indicated) was available and considered for Service Users of CASATS throughout 2012.

- 58 (76%) patients were screened for STI in the Unit either at the time of examination or at a later date.
- 12 (15%) patients were considered low risk for an STI screen was not clinically indicated.
- 7 (9%) patients were referred elsewhere for STI screen following acute forensic examination.

32.2 STI Follow up

- 3 (13%) patients attended the SATU for STI follow up and completed their hepatitis B vaccination schedule with all three achieving immunity.

33 SATU and CASATS Developments, Activities, Opportunities and Challenges

33.1 Developments in 2012

- The CNS SAFE commenced the Nurse prescriber Post Graduate Certificate in NUI Galway
- A CASATS pre-attendance information video for patients, parents and supporting professionals was filmed in association with the Huston School of Film and Digital Media, NUI Galway. Funding was secured competitively through the Manuela Riedo Foundation, Ireland.

33.2 Interdisciplinary SATU Liaison Meetings

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

33.3 Education and Training events:

National Adult SATU Peer review meeting was held in Galway in June 2012
Children First Guidance Training was attended by all assisting nurses, the CNS and the Clinical Director.

Peer review for Child Sexual Assault was attended by members of the Galway CASATS and SATU teams in UCD, May 2012 and FRCPI, September 2012. The latter was a Joint North South Ireland Paediatric Child Protection Peer review meeting.

33.3.1 CNS activity:

- Care of victims of sexual assault in SATU/ Role of Forensic Examiner to Support workers Galway Rape Crisis Centre
- Series of sessions on the Care of victims of sexual assault in SATU/ Role of Forensic Examiner to first, second and fourth year undergraduate nurses in NUI Galway
- Series of sessions on the Care of victims of sexual assault in SATU/ Role of Forensic Examiner to Gardaí in Galway hosted in Garda training centre

- Series of sessions on the Care of victims of sexual assault in SATU/ Role of Forensic Examiner to Emergency departments in University Hospital Galway, Portiuncula hospital and Mayo general hospital.
- Series of sessions on the Care of victims of sexual assault in SATU/ Role of Forensic Examiner to Support workers in Galway homeless charity Cope
- Ongoing education to SATU Assisting Nurses and Forensic Medical Examiners
- Delivered a talk on the Sexual Assault Treatment services to the Women and Children's directorate Annual study day.
- Provided an article for the AIDS West publication
- Facilitated case review at national SAFE course in UCD
- Presentation of a poster at the International Survivors of Rape Conference
- Ongoing development of policies, procedures and medication protocols
- Technical advisor for the Ros na Rún soap opera on TG4.
- Establishment of a web presence for the national SATU service on the HSE website

33.3.2 Medical team activity:

- Drs Holmes and Nelson Facilitated Workshops at the RCPI Sexual Health Awareness Week in June
- Drs Nelson, Derham and CNS Niamh Bonner, delivered an evening lecture on management of Child and Adolescent Sexual Assault to Consultants, GPs and Health Professionals in the Bon Secours Hospital, Galway, March 2012
- Dr Holmes gave several GP talks throughout the year.
- Dr Holmes was an invited speaker at the Department of Justice and Equality Conference on the Future Direction of Prostitution Legislation on October 13 2012
- Dr Kennedy taught a special study module on forensic legal medicine for second year medical students
- Dr Kennedy published "The relationship of victim injury to the progression of sexual crimes through the criminal justice system", Journal of Forensic and Legal Medicine Volume 19, Issue 6, August 2012, Pages 309–311.
- Dr Freeman delivered an update on Emergency Contraception, with particular reference to SATU to the SAFE course in UCD

- Dr Nelson provided training for Paediatric Junior Doctors working in University Hospitals Galway and Medical Students as part of the Forensic and Legal Medicine Module, NUIG.
- Dr Nelson (CASATS) was Guest Lecturer and Co-Coordinator of the Child and Adolescent components to the SAFE Course, UCD, 2012
- Dr Derham (CASATS) delivered a lecture on pubertal and physiological changes relevant to the Adolescent Victim of Sexual Assault, SAFE Course, UCD 2012
- Dr Nelson was trained as, and appointed to the Board of Examiners for the Diploma in the Forensic and Clinical Aspects of Sexual Assault, Worshipful Society of Apothecaries, London

33.4 Awards

- CASATS, Galway won the Biomnis Healthcare & Social Care Support Initiative, 2012
- CASATS, Galway in partnership with Huston School of Film and Digital Media, NUIG, won the Student Project of the Year, Irish Healthcare Awards 2012 for creation of a pre-attendance information video for service users of CASATS .

33.5 Challenges and Opportunities:

- Recruitment and training of new examiners
- Daytime nurse cover
- To expand the
- Permanent premises

33.6 Acknowledgements

Continued support from staff involved in the five other Sexual Assault Treatment Units.

Thanks to Anne McHugh for her continued support and advice.

SATU & CASATS Galway would like to express our gratitude to Detective Inspector Gerard Roche who was on the steering committee during the inception and development of the Galway Sexual Assault Treatment Unit. He participated in the Inter- disciplinary team and attended the regular meetings. We congratulate him on his promotion to Detective Inspector and will miss working with him.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**DONEGAL SEXUAL ASSAULT TREATMENT UNIT (SATU)
Letterkenny General Hospital
Co. Donegal**

ANNUAL REPORT FOR YEAR ENDING: 2012

**Author: Connie Mc Gilloway CNS SAFE
Date published: 2012**

Executive Summary 2012

Attendance re: Area

- There were 29 attendances at the SATU, an increase of (32%) compared to 2011.
- In 25 (86%) cases the incident took place within the Republic of Ireland.

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

- September, October and November were the busiest months with 15 (52%) of all cases presenting during this period.
- Sunday was the busiest day with 8 (28%) of patients presenting on that day.
- 1 (3%) occurred on a notable date, St Patrick's Day.
- 18 (62%) occurred between the hours of 21.00 – 08.59.

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- 16 (55%) were recent sexual assaults; 3 (10%) cases were long term abuse.
- 24 (83%) cases was a single assailant; 4 (14%) cases were multiple assailants and 1 (3%) case was unknown number of assailants.
- 3 (10%) cases, the alleged assailant was a stranger / unknown to the patient.

Gender, Age Profile, Referral Source

- 29 (100%) patients were female.
- The mean age was 29 years of age, the youngest was 14 years of age and the eldest was 83 years of age (the minimum age criteria is 14 years of age).
- 15 (52%) were referred by An Garda Síochána, 1 (3%) self referred, 13 (45%) were referred by others; RCC, GP's, ED and Hospitals.

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

- 21 (72%) reported the incident to An Garda Síochána, of these;
- 8 (38%) > 7 days,
- 13 (62%) ≤ 7days, of these; 12 (57%) were within < 72 hours and 8 (38%) were within 24 hours.

Support Worker in Attendance

- 28 (97%) cases had a Psychological Support Worker from the RCC in attendance.

Physical Trauma

- 13 (45%) patients had physical injuries, of these; 10 (34%) had superficial trauma, 2 (7%) attended the ED with minor trauma and 1 (3%) patients attended the ED with major trauma.

Alcohol and Drug Use

- 10 (34%) patients had consumed ≥ 4 units of alcohol in the previous 12 hours.
- 3 (10%) patients had taken prescribed medication; no patients had taken illegal drugs.
- No patients had taken both prescribed drugs and illegal drugs.
- 1 (3%) patient was concerned that drugs had been used to facilitate sexual assault.
- 3 (10%) were unsure if a sexual assault had occurred.

Post-coital Contraception (PCC)

- 14 (48%) female patients presented within 72 hours of the incident.
- 6 (43%) were given PCC.

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 17 (59%) patients received Chlamydia prophylaxis, 9 (31%) commenced Hepatitis B immunisation programme; no patients received PEP for HIV.
- 21 (72%) were given an appointment for STI screening, of these 15 (71%) returned for first screening appointment.
- 2 (10%) had abnormal STI screening results.

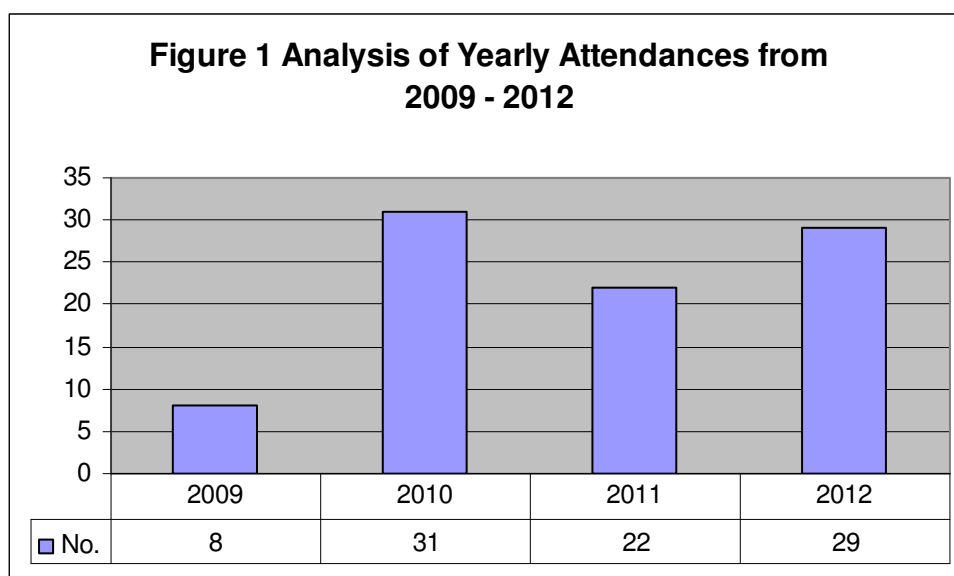
1. The Donegal SATU, Letterkenny General Hospital, Co. Donegal

In 2012 The SATU Team consisted of:

- Mr Chris King, SATU Clinical Director, Consultant Obstetrician and Gynaecologist.
- Ms. Evelyn Smith, SATU Service Manager, ADON Women & Children Services.
- Ms. Connie Mc Gilloway, Clinical Nurse Specialist (Sexual Assault Forensic Examiner).
- Ms. Jane Casserley, Clinical Nurse Specialist (Sexual Assault Forensic Examiner).
- Dr Sally Philip, Acting Consultant Obstetrician and Gynaecologist (until June 2012).
- Dr Farhat Shireen, Registrar Obstetrician and Gynaecologist (until June 2012).
- An on-call rota of Support Healthcare Staff.
- An on-call rota of Donegal RCC Psychological Support Workers (Volunteers).

2. Number of Attendances

- In 2012, there were 29 attendances at the SATU.
- This showed an increase of 7 (32%) from 2011 (See Figure 1)



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

- 4 (14%) incidents took place outside the Republic of Ireland.
- 25 (86%) incidents took place within the Republic of Ireland.

Table 1: Analysis of the Countries outside the Republic of Ireland where Incident took place		
Country	No	%
United Kingdom	3	75
Greece	1	25
Total	4	100

4. County Where the Incident Took Place (See Table 2)

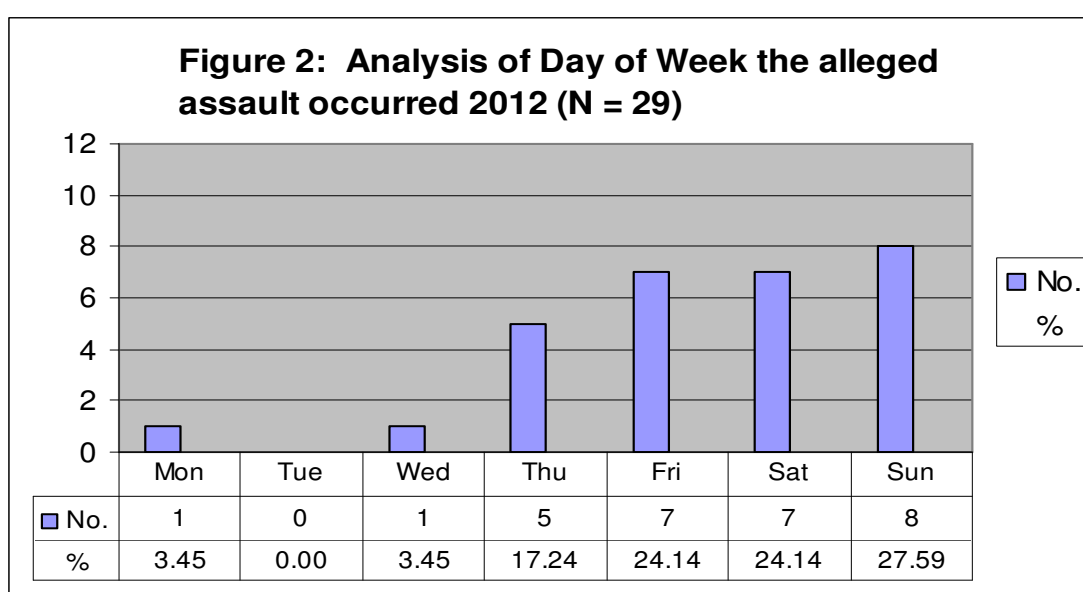
- 25 incidents took place in the Republic of Ireland

Table 2: Analysis of the county/s where Incident took place		
County	No	%
Donegal	20	80
Dublin	1	4
Sligo	3	4
Mayo	1	12
Total	25	100

5. Month of Attendance (see Table 3)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	0	2	2	0	1	1	4	3	5	5	5	1
%	0.00	6.90	6.90	0.00	3.45	3.45	13.79	10.34	17.24	17.24	17.24	3.45

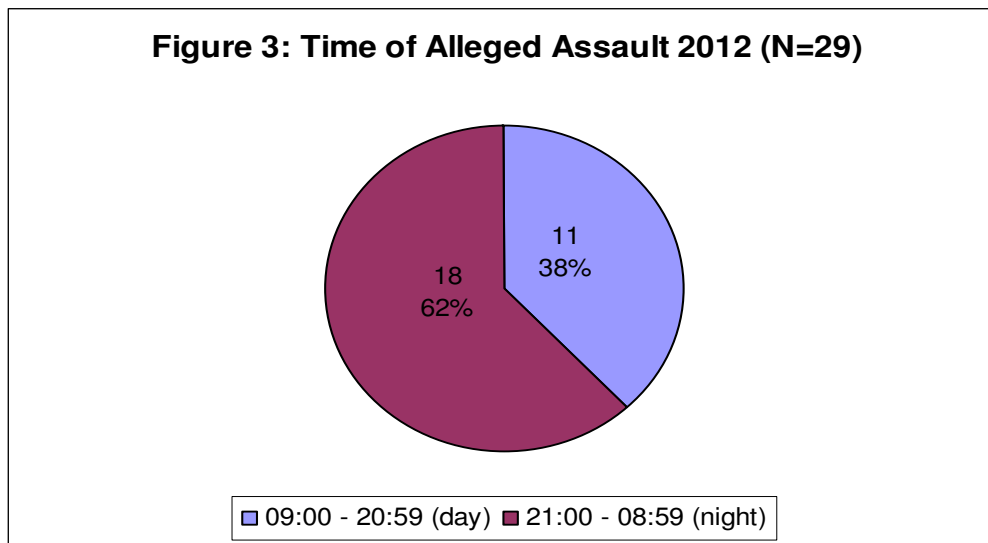
6. Day of the Week Incident Occurred (see Figure 2)



7. Notable Day or Event

- 1 (3%) occurred on a notable day or at a notable event:
- 1 (3%) on St Patrick's Day.

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



9. Location where the Incident occurred (see Table 4)

Table 4: Analysis of the location of the Incident (n = 29)

Location	No	%
Home	5	17%
Assailants home	13	45%
Field / Park	1	3%
Other indoors	6	21%
Other outdoors	4	14%
Total	29	100%

10. Type of Alleged Sexual Crime

Of the 29 patients:

- 16 (55%) were recent sexual assaults
- 3 (10%) were alleged long term abuse

11. Assailant/s

11.1 Number of Assailants: single or multiple assailants

- 24 (83%) cases was a single assailant.
- 4 (14%) cases were multiple assailants.
- 1 (3%) case, the number of assailants was unknown.

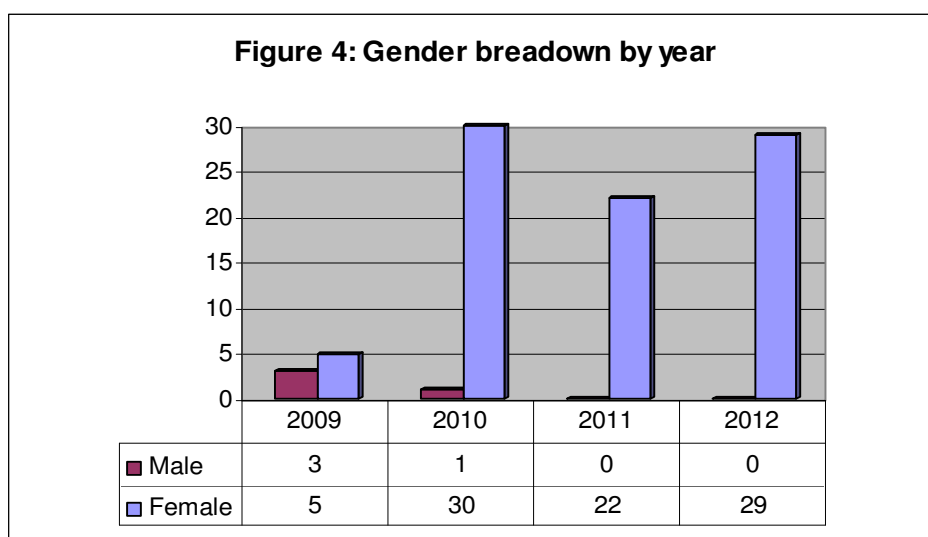
11.2 Relationship between the Patient and Alleged Assailant (see Table 5)

Table 5: Analysis of relationship between the patient and the alleged assailant (n =29)		
Relationship	No	%
Recent Acquaintance	7	24%
Friend	6	21%
Acquaintance	5	17%
Family Member	4	14%
Unknown	3	10%
Ex-intimate Partner	2	7%
Stranger	2	7%
Total	29	100

12. Demographics

12.1 Gender

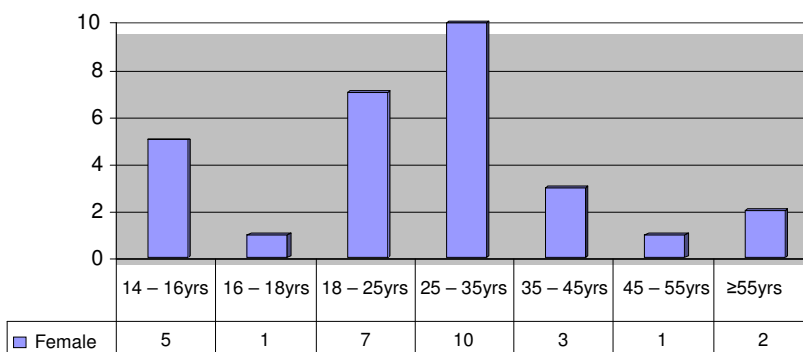
- Of the 29, there were 29 (100%) females and no males.
- Gender Trends (See Figure 4)



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
29	31	30	14	82

Figure 5: Analysis of age profile of patients in relation To gender 2012



12.3 Occupation (*n* =29)

- 8 (27%) were students
- 6 (21%) were in employment
- 15 (52%) were unemployed

12.4 Marital Status (see Table 7)

Marital Status	No	%
Single	23	79.4
Married	3	10.4
Separated	1	3.4
Divorced	1	3.4
Co-habiting	1	3.4
Other	0	-
Total	29	100

12.5 Source of Referral (see Table 8)

Referral Source	No	%
Self	1	3
GP	4	14
Gardaí	16	55
RCC	4	14
Other	4	14
Total	29	100

12.6 Ethnicity (see Table 9)

Ethnicity	No	%
White	29	100
Total	29	100

13. Support Worker in Attendance

- 28 (97%) patients had a Support Worker at the initial SATU attendance.

14. Type of Attendance: Reporting / non-reporting (health check)

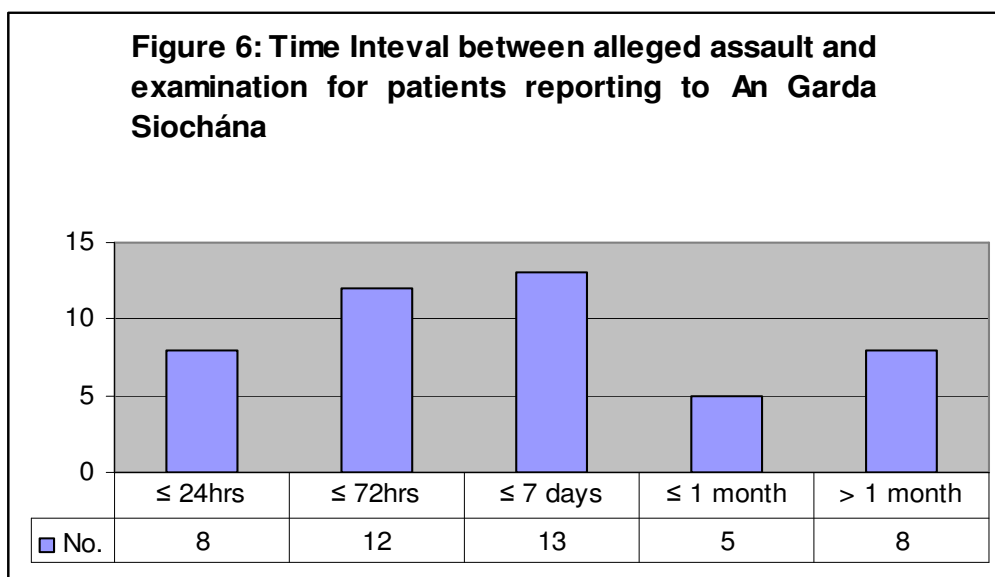
Of the 29 patients that attended the SATU

- 21 (72%) reported the incident to An Garda Síochána, of these;
- 13 (62%) presented within 7 days and had a forensic clinical examination performed the remaining 8 (38%) had a health check.
- 9 (31%) had a health check without Garda involvement.

15. Patients Reporting to An Garda Síochána:

15.1 Time Interval from incident to attendance in SATU

- 21 (72%) reported the incident to An Garda Síochána of these;
- 13 (62%) \leq 7days, of these;
 - 12 (57%) were within < 72 hours
 - 8 (38%) were seen within 24 hours (See Figure 6)



16. Patients Awareness of whether a Sexual Assault had occurred

- 23 (79%) stated a sexual assault had occurred.
- 6 (21%) stated they were unsure if a sexual assault had occurred.

17. Physical Trauma

- 10 (34%) patients attending the SATU had superficial trauma.
- 2 (7%) attended the Emergency Department with minor trauma.
- 1 (3%) attended the Emergency Department with major trauma.

18. Alcohol and Drug Use

18.1 Alcohol

- 12 (41%) patients had consumed alcohol in the previous 12 hours prior to presentation to the SATU, of these;
- 10 (34%) patients had consumed ≥ 4 units of alcohol (See table 10)

Table 10: Analysis of the mean, median and mode: relevant to the amount of alcohol consumed in the previous 12 hours, prior to attending the SATU		
Mean	Median	Mode
10.75	9.5	8

18.2 Drugs

- 21 (10%) patients had taken drugs, of these:
 - 3 (10%) were over the counter medication
 - 18 (62%) were prescribed medication
 - No patients had taken illegal drugs
 - No patients had taken both prescribed medication and illegal drugs
- 1 (3%) patient was concerned that drugs had been used to facilitate sexual assault.

18.3 Both Alcohol and Drugs

- No patients had taken both alcohol and drugs.

19. Post-coital Contraception (PCC)

- 14 (48%) female patients were seen within 72 hours of the incident, of these;
 - 6 (43%) were given PCC
 - The remaining 8 (57%) did not receive PCC for various reasons (see Table 11)

Table 11: Reasons female patients seen within 72 hours did not receive PCC in the SATU (n = 8)		
Reason	N	(%)
Already using contraception	3	37
Menstruating	-	-
Post-hysterectomy or post-menopausal	1	13
Received PCC prior to attending Unit	-	-
Pregnant	-	-
No penile penetration	1	13
Other	3	37
Total	8	100

20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

20.1 STI Prophylaxis

The Donegal SATU commenced STI prophylaxis in mid-July 2012. Prior to this, no STI prophylaxis was administered in the SATU.

- 17 (59%) patients received Chlamydia prophylaxis.
- No patients received post exposure prophylaxis treatment for HIV.
- 9 (31%) patients had Hepatitis B immunisation commenced, of these:
 - 1 (11%) moved back to her own country following attendance in the SATU.
 - 8 (89%) returned for their 2nd vaccination and are due to return in 2013 for 3rd vaccination.

20.2 Follow up appointments for screening

- 29 patients were offered screening for STIs.

- 23 (79%) patients were offered an appointment in the SATU for follow up screening when the clinic became operational in August 2012 of these:
 - 16 (70%) were given a SATU appointment for follow up screening.
 - 7 (30%) were given an appointment and attended another service for follow up.
 - 6 (21%) of patients refused a follow up appointment.

20.3 Outcome of the STI Screening performed in the SATU (n = 16)

2 (13%) had abnormal results (see Table 13).

Table 13: Abnormal STI screening results (n =2)		
Abnormal results	N	(%)
Chlamydia	2	13
Total	2	13

Of the 2 (13%) positive results for Chlamydia, both patients were administered prophylactic treatment following the STI screening and returned for a 'Test of Cure' which indicated negative results.

21. SATU Developments, Activities, Opportunities, and Challenges

21.1 Developments in 2012

The Donegal SATU continued to operate as a twelve hour service on a daily basis providing inter-agency education and service development throughout the year. STI prophylaxis commenced in July 2012 and a follow-up clinic commenced in August 2012. In March 2012 Jane Casserley returned from maternity leave and commenced maternity leave in October 2012. Dr Farhat Shireen and Dr Sally Philip ceased providing on-call cover as Forensic Clinical Examiners from June 2012 due to a lack of funding. Connie Mc Gilloway sustained the on-call Forensic Clinical Examiners rota for the remainder of 2012 as far as practicably possible. Connie Mc Gilloway commenced a Masters Degree in Healthcare Ethics and Law at RCSI in 2012. This qualification will provide the opportunity to develop the role of CNS SAFE from a

research perspective with the potential of developing advanced nursing practice in the SATU context in the future.

21.2 Multi-Interdisciplinary SATU Liaison Meetings

The SATU Liaison group consists of the Donegal Rape Crisis Centre, Letterkenny Garda Superintendent, Garda Scenes of Crime, and Sexual Assault Forensic Examiners. The Liaison group met on six occasions throughout the year. It is planned that now the group has been established it will meet four times in the year. Minutes of all meetings and attendance were compiled and disseminated to all members of the group.

The service was represented on the Donegal Human Trafficking Working Group. This is a multi-agency group with voluntary and statutory members, working to increase awareness and develop ease of access to services for vulnerable women and men and ultimately protect them from further exploitation. A booklet, Donegal: the Truth about Human Trafficking; is a guide for service providers' regarding the issue of human trafficking and was prepared by the 'working group' in 2012. The booklet is due for publication in 2013.

The SATU service was represented on the 'Jigsaw Donegal' Clinical Governance Group. Jigsaw Donegal is a primary care service providing early and brief mental health support services for young people in Donegal aged between 15 and 25 years old. The aim of the service is early intervention through support to young people with emerging mental difficulties and to prevent mental illness from developing.

Arrangements through referral pathways are in place for patients requiring the Donegal SATU service or the Jigsaw project.

The service was represented on the 'Donegal Sexual Health Forum'. This multi-agency group work in collaboration to raise awareness regarding the promotion of safe sexual health practices among young people. Schools education programmes and out of school education programmes through youth clubs and youth services is the main avenue for dissemination of information.

21.3 Educational and Training Events

A team of new support staff were inducted to the service in 2012. An induction programme was organised for each nurse who have been equipped with the Donegal SATU information booklet and the National SATU Guidelines for their on-going reference.

The service continued to contribute to inter-agency education throughout 2012. The service, in collaboration with the head of Donegal Scenes of Crime carried out

training with An Garda Síochána in the five districts of Donegal. Seventy-two members of An Garda Síochána participated in training in Early Evidence Collection. 2012 saw the introduction of 3rd year student nurse placement in the Donegal SATU. Three student nurses each had a week's placement in the service. The placements were organised in co-operation with the School of Nursing and Midwifery in the Letterkenny Institute of Technology (LYIT) and approved by the Nursing and Midwifery Board/An Bord Altranais. The students' placement incorporated an inter-agency approach to sexual health services and included work experience in the Letterkenny Women's Centre (ILASH clinic), the Letterkenny GUM clinic and the Donegal Sexual Abuse and Rape Crisis Centre. The student nurses also attended 'school education programmes' and inter-agency training sessions. The feedback from the placements was very positive and it is anticipated that additional student nurses will be rotated on placement through the service in 2013.

Connie Mc Gilloway was nominated by Letterkenny General Hospital to participate in 'Children First Train the Trainers' training in 2012. Training took place throughout 2012 and will involve Children First training of designated and non-designated officers commencing in 2013.

Mandatory training attended in 2012:

Basic Life Support Training & Cardiac First Responders – Connie Mc Gilloway

Anaphylaxis Training – Connie Mc Gilloway

Children First Training – Connie Mc Gilloway and Jane Casserley

Hand hygiene – Connie Mc Gilloway

21.4 Publications and Presentations

Publications

The SATU service produced an easy to read wallet sized user-friendly information card in 2012. This card was produced following consultation with the SATU team, voluntary and statutory agencies and students from Letterkenny and Sligo Institutes of Technology (IT). Funding was secured from the Health Promotion department.

The card was disseminated through second level schools, Letterkenny and Sligo IT, An Garda Síochána throughout Donegal and Sligo, GP's throughout Donegal and

voluntary agencies. Quantitative data indicated that 2,500 cards were distributed throughout 2012 and a project evaluation is due to be carried out with voluntary and statutory agencies in May 2013. A special thanks to Roisin Kavanagh Chairperson of the Letterkenny Women's Centre who provided great support during this project. The Letterkenny Women's Centre 'ILASH Clinic' and the Donegal Sexual Abuse and Rape Crisis Centre have included the Donegal SATU on their Facebook pages. These services post an information fact sheet about the Donegal SATU service to their 'friends' on a monthly basis. This corresponds with information posted on the HSE website.

Sligo IT Students Union produced a two page spread on the Donegal SATU in their student magazine 'The Wire' in 2012. The publication used the Donegal SATU Information card and Fact Sheet for information. This magazine is free to all students attending Sligo IT. Letterkenny IT Student's Union have planned to do an information piece on the Donegal SATU in 2013.

Presentations

Jane Casserley (CNS SAFE)

Nurses interested in becoming SATU support nurses

- Information session re the role of support nurses
- Support nurses induction training

Youthreach Programme

- St Fiachras, Letterkenny

Social Worker Department (Co. Sligo)

- Information session on Donegal SATU services

Donegal Sexual Abuse and Rape Crisis Centre- SATU Volunteers

- Care of the Sexual Assault Victim in SATU

Connie Mc Gilloway (CNS SAFE)

- Support Nurses induction training

Donegal Sexual Abuse and Rape Crisis Centre - SATU Volunteers

- Care of the Sexual Assault Victim in SATU

Schools Education Programme:

- Errigal College, Letterkenny
- Ballinamore School, Fintown
- Colaiste Aileagh, Letterkenny
- Merville Community School, Inishowen
- St Catherine's School, Killybegs
- Deelee College, Raphoe.

Youthreach programme

- *Buncrana, Inishowen*

An Garda Síochána (Five districts Donegal)

- *'Early Evidence Collection and the Use of Early Evidence Kits'*
- *'Caring for victims of Sexual Assault and SATU services'*

Donegal Sexual Health Services; representatives from Letterkenny Women's Centre,

Donegal Addiction Services, Irish Family Planning Association and the Donegal

Domestic Violence Service

- *'Sexual Assault Treatment Services'*

Jigsaw Project Staff

- *'Sexual Assault Treatment Services'*

Letterkenny Institute of Technology 3rd Year Student Nurses (General, Intellectual

Disability and Psychiatric students)

- *'Holistic care of the Sexual Assault Victim and Service Provision'* Letterkenny Institute of Technology 4th Year student Nurses (General, Intellectual Disability and Psychiatric students)
- *'Holistic care of the Sexual Assault Victim and Service Provision'*

21.6 Challenges in 2013

As mentioned previously the Donegal SATU operates a twelve-hour on-call service compared to the other SATU services nationwide that operate on-call services on a 24-hour basis. The challenge for 2013 is maintaining services for victims of sexual assault in the northwest region. Additional funding ceased in June 2012 for additional Forensic Examiner support covering maternity leave. One Forensic Clinical Examiner (CNS SAFE) has maintained the service since September 2012. This will continue into the latter half of 2013, which creates a challenge for the sustainability of the service. It is anticipated that with the return of the second CNS SAFE in the summer of 2013 the twelve-hour service may be maintained in a 1 in 2-weekend on-call rota. However, with the lack of a designated SATU budget providing funds for additional cover when needed, the service will be challenged and patients may have to travel accompanied by An Garda Síochána for a minimum of four hours to the nearest dedicated SATU service in Galway, Mullingar or Dublin. One of the recommendations of the O'Shea report (2006) is that patients should have access to a relatively local, easily accessible service, which provides a standardised approach to care by specialised staff who promotes privacy, empathy, and compassion. O Shea (2006) also recommends that patients should be treated within a maximum of three hours' drive to the nearest SATU. Although the Donegal SATU has the commitment at local level commitment to the service is required from a national perspective by the Department of Health and Children, the Department of Justice, Equality and Reform and the national SATU service.

The Donegal SATU would like to thank the following people for all their support and collaboration throughout 2012.

Mr Chris King, Donegal SATU Clinical Director

Ms Evelyn Smith, Donegal SATU Service Manager

Dr Sally Philip and Dr Farhat Shireen

All Support healthcare staff and Psychological Support Workers RCC

The Donegal SATU Liaison Group

Ms Sara O'Donovan, Director Donegal Sexual Abuse and Rape Crisis Centre and staff

Ms Roisin Kavanagh, Chairperson Letterkenny Women's Centre and staff

References

National SATU Guidelines Development Group (2010) 2nd edn Recent Rape/Sexual Assault: National Guidelines on Referral and Forensic Clinical Examination in Ireland. Department of Health and Children and Department of Justice Equality and Law Reform, Dublin.

O' Shea A. on behalf of the Sexual Assault Review Committee (2006) Sexual Assault Treatment Services, a National Review. Department of Health and Children, Dublin.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEXUAL ASSAULT TREATMENT UNIT

Midland Regional Hospital, Mullingar

Annual Report for 2012

Confidential

Date published: May 2013

Editorial Team

Debbie Marshall CNS (Sexual Assault Forensic Examination)

Mary O'Neill (Project Manager Sexual Health)

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Executive Summary for 2012

Attendance re : Area

- There were 80 attendances at the SATU MRHM, a decrease of 16 (16.6%) cases from 2011. 80 cases were also seen in 2010.
- 51 cases (63.7%) were seen within 3 hours of initial referral to SATU MRHM and cases were referred from 12 counties in 2012.

Attendance re: Month, Day and Time of Day

- October was the busiest month with 10 (12.5%) cases followed by September and November with 9 (11.25 %) cases each.
- The majority of incidents occurred on Sundays 18 (22.5%), followed by Tuesdays 14 (17.5%) and Mondays 12 (15%).
- 52 (65 %) of incidents occurred during the night time hours of 21:00 to 08:59.
-

Type of Alleged Sexual Crime, Assailant, Relationship to assailant

- 65 (81%) cases were reported as recent sexual assaults (occurred \leq 7days).
- In 24 (30%) cases, the reported assailant was an acquaintance and in 15 (19%) cases, the reported assailant was a stranger.
- In 65 (81%) cases, a single assailant was reported to be involved and in 6 (7.5%) cases multiple assailants were documented.

Gender, Age Profile, Referral Source

- Of the 80 attendees, 79 (99%) were female and 1 (1%) were male.
- The mean age was 25; the youngest patient was 14, the eldest 95. The minimum age criterion for SATU MRHM is 14.
- 68 (85%) were referred by An Garda Síochána, 7 (8.75%) self referred with 2 (2.5%) referrals from GP's. 3 (3.75%) were referred by others.

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

- 74 (92.5%) cases reported the incident to An Garda Síochána of which 63 (85%) were reported within \leq 7 days of the incident.
- 35 (47%) cases reported to An Garda Síochána \leq 24 hours of the incident.

Support Worker in Attendance

- 74 (92.5%) cases had a support worker from the RCC in attendance.

Physical trauma

- 49 (61%) cases attending the SATU experienced physical trauma and of these,
13 (26%) attended the Emergency Department with minor or major trauma.

Alcohol and Drug Use

- 51 (64%) cases had consumed alcohol in the previous 12 hours prior to attending SATU MRHM and of these: 36 (70%) cases had consumed \geq 4 units of alcohol
- 7 (9%) cases had taken drugs, of these 4 (57%) were illegal drugs & 3 (43%) were prescribed medication.
- 7 (9%) cases had taken both alcohol and drugs.
- 3 (4%) cases were concerned that drugs had been used to facilitate sexual assault.

Emergency Contraception (EC)

- 54 (68%) cases were seen within 72 hours of the assault and of these 38 (70%) were given EC – A further 3 cases received EC >72 hrs but \leq 120hrs post assault

Sexually Transmitted Infections

- 61(76%) cases received Chlamydia prophylaxis, 9 (11%) cases received post exposure prophylaxis treatment for HIV and 47 (59%) cases had Hepatitis B immunisations commenced
- All cases were offered STI screening and 67 (84%) cases had STI screening in total
- 48 (71.65%) cases were offered an appointment for STI screening in SATU MRHM of which 42 (87.5%) cases attended
- 6 (14%) cases had abnormal STI screening results
- 19 (28.35%) had STI screening arranged elsewhere.

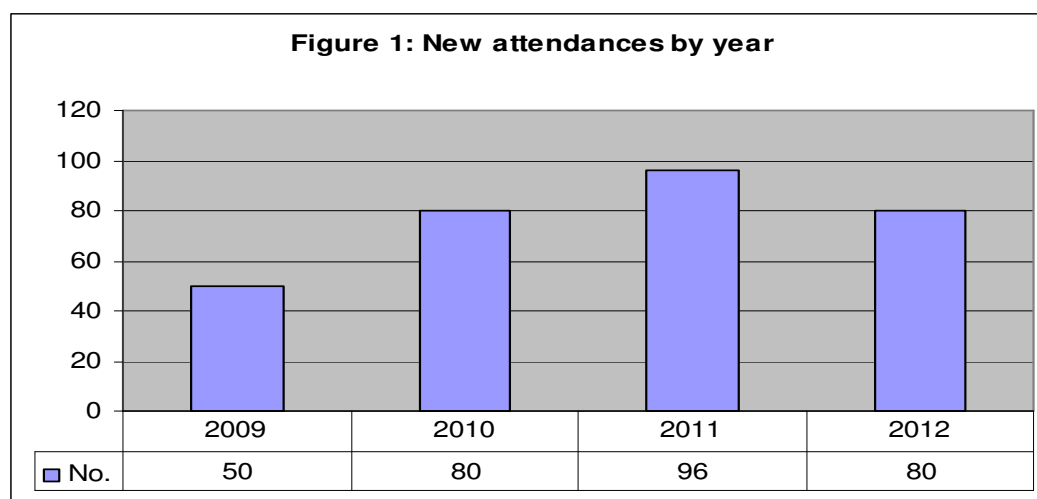
SATU, Midland Regional Hospital, Mullingar

The SATU team consists of:

- Medical Director (Consultant Obstetrician and Gynaecologist)
- 2 Clinical Nurse Specialists (Sexual Assault Forensic Examination) - One CNS was on sick leave from November 2011 and then resigned in August 2012.
- 6 Forensic Medical Examiners
- 7 Assisting nurses
- 1 Admin Support (0.5 WTE) plus an additional 1 Admin Support (0.5 WTE) who took up position in April 2012

1. Number of attendances

- There were 80 attendees at the SATU MRHM in 2012.
- This showed a decrease of 16 (16.6%) cases from 2011 (See figure1).
- 80 cases were also seen in 2010.



2. Country where the Incident took place

- 78 (97.5%) incidents occurred in the Republic of Ireland.
- 2 (2.5%) incidents occurred outside of this jurisdiction (Greece & U.K.).

3. Origin of referral by county

In 2012, the unit received referrals from 12 counties

- 14 (17.5%) cases were referred from Offaly.
- 13 (16%) cases were referred from both Westmeath and Meath respectively.
- 10 (12.5%) cases were referred from Kildare.
- 9 (11%) cases were referred from Laois. (See table 1).

	N	%
Offaly	14	17.5
Westmeath	13	16.25
Meath	13	16.25
Kildare	10	12.5
Laois	9	11.25
Sligo	5	6.25
Longford	4	5
Monaghan	4	5
Cavan	3	4
Roscommon	2	2.5
Dublin	2	2.5
Carlow	1	1
Total :	80	100%

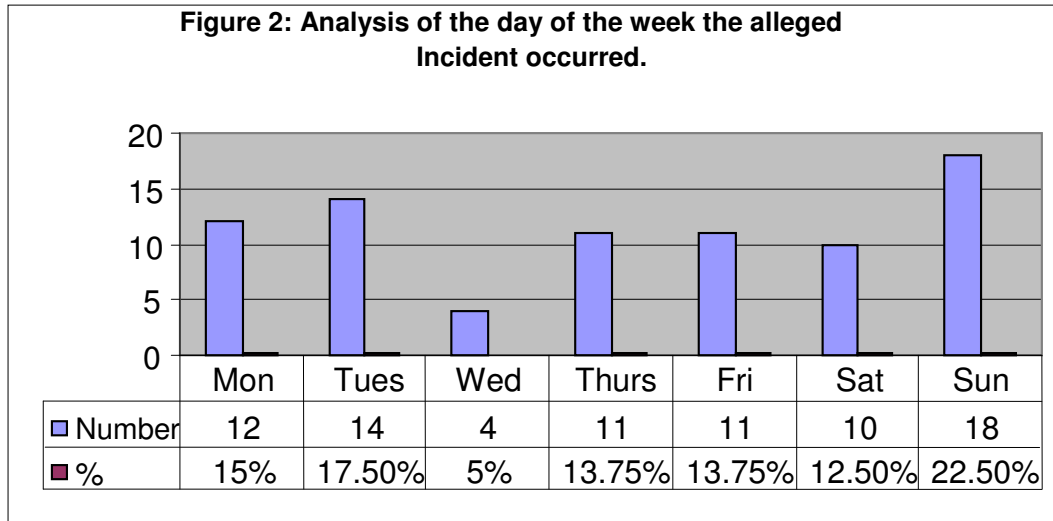
4. Month of Attendance

- Busiest month was October with 10 (12.5%) cases followed by September and November with 9 (11.25 %) cases each.(See table 2)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No.	7	5	5	6	7	6	6	3	9	10	9	7
%	8.75	6.25	6.25	7.5	8.75	7.5	7.5	3.75	11.25	12.5	11.25	8.75

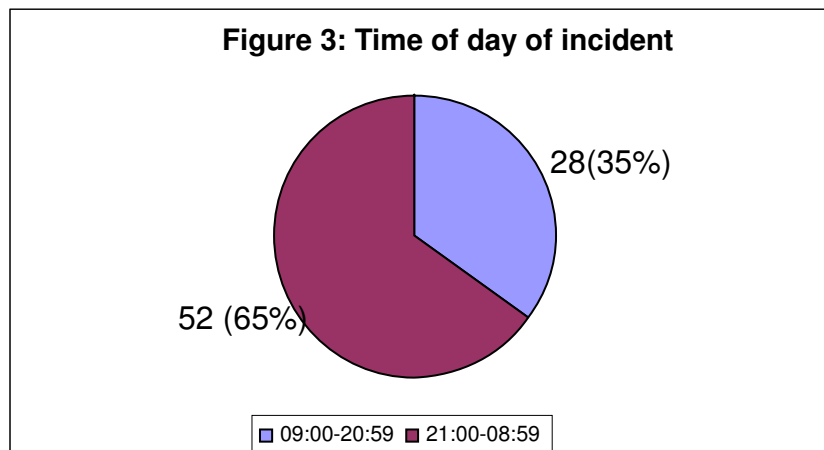
5. Day of the Week the Incident Occurred

- The majority of incidents occurred on Sundays 18 (22.5%), followed by Tuesdays 14 (17.5%) and Mondays 12 (15%) (See figure 2).



6. Time of Day the Incident Occurred

- The majority 52 (65 %) of incidents occurred during the hours of 21:00 to 08:59 (See figure 3).



7. SATU Response times from time of referral

- 5 (6.25%) cases were seen within 1 hour of referral.
- 28 (35%) cases were seen within 2 hours of referral.
- 18 (22.5%) cases were seen within 3 hours of referral.

- 25 (31.25%) cases were seen 3 hours or longer after referral to SATU MRHM. Delay of 3 hours or longer was due to a number of factors such as patient considerations, Garda reasons or geographical distance to travel. 11 (44%) of these 25 cases were recorded as non forensic where seeing such cases is deemed less expeditious.
- Time of initial call to hospital was not recorded in 4 cases (5%).
(See table 3)

Table 3: Response time in hours from time of initial referral call to patient seen (n=80)		
	N	%
≤1hour	5	6.25%
≤ 2 hours	28	35%
≤ 3 hours	18	22.5%
3 hours and over	25	31.25%
Not recorded	4	5%
Total:	80	100%

8. Analysis of the location where the incident occurred

- 15 (16 %) of the cases reported the assault had occurred in their home.
- 11 (11 %) of the cases reported the assault had occurred in the assailant's home (See table 4)

Table 4: Analysis of the location of the incident (n= 80)		
Location	N	%
Other-Indoors	22	27.5%
Own Home	19	24%
Assailant's Home	16	20%
Other-Outdoors	10	12.5%
Field-Park	3	4%
Taxi	3	4%
Car	1	1%
N/A	3	4%
Not recorded	3	4%
Total:	80	100%

9. Number of Assailants and Relationship to Assailant

9.1 Number of Assailants

- In 65 (81 %) cases, a single assailant was reported to be involved.
- In 4 (5 %) cases, 2 assailants were reported to have been involved.
- In 2 (2.5%) cases, 3 assailants were reported to have been involved.
- In 8 (10%) cases, number of assailants was reported as unknown.

The number of assailant's was not recorded in 1 case.

9.2 Relationship to Assailant

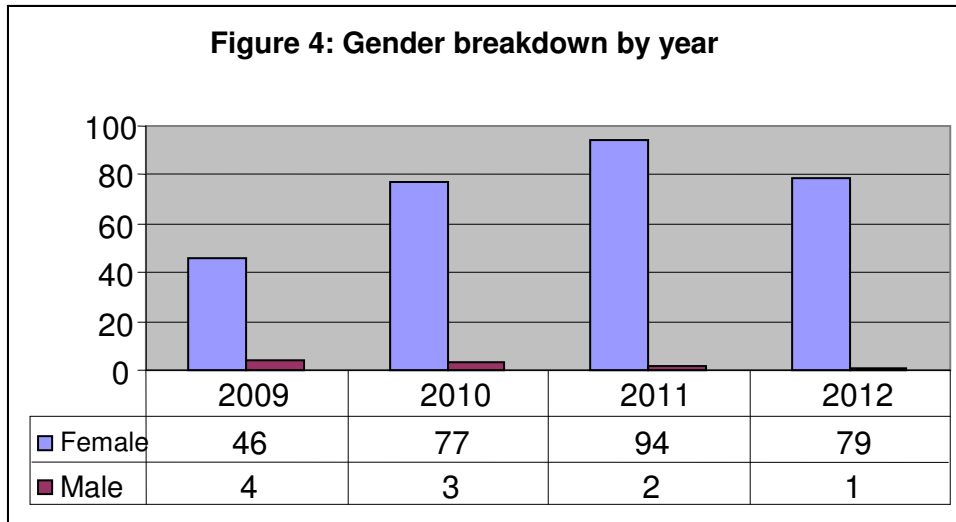
- In 24 (30%) cases, the reported assailant was an acquaintance.
- In 15 (18.75%) cases, the reported assailant was a stranger.
- In a further 15 (18.75%) cases, the reported assailant was unknown.
- In 7 (8.75%) cases, the reported assailant was a friend.
- An ex-intimate partner was the reported assailant in 5 (6.25%) cases and intimate partners were the reported assailants in 3 (3.75%) cases.
- In 5 (6.25%) cases, a recent acquaintance was the reported assailant and 4 cases (5%) reported the assailant was a family member.
- In 1 (1.25%) case the assailant was documented as other and the assailant was not recorded 1 (1.25%) case (See table 5).
-

	N	%
Acquaintance	24	30
Stranger	15	18.75
Unknown	15	18.75
Friend	7	8.75
Ex-intimate partner	5	6.25
Recent acquaintance	5	6.25
Family member	4	5
Intimate partner	3	3.75
Other	1	1.25
Not recorded	1	1.25
Total:	80	100%

10. Demographics

10.1 Gender

- Of the 80 attendees: 79 (98.75%) were female and 1 (1.25%) were male. (See figure 4)

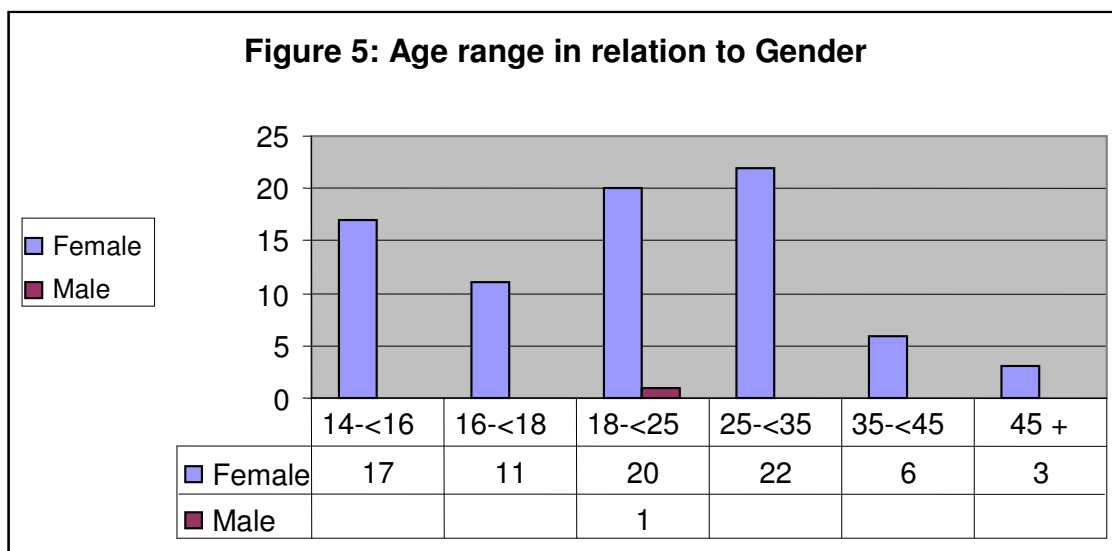


10.2 Age profile of cases

- 22 (27.5%) cases were aged between 25 and 35 years of age (The largest number in any age group).
- 28 (35%) cases were < 18 years of age with the minimum age criteria set at 14 years of age for adult SATU services. (See Table 6 and figure 5)

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

Mean	Mode	Median	Minimum	Maximum
25.25	15	22	14	95



10.3 Occupation

- 34 (42.5%) were students
- 29 (36.2%) were unemployed
- 15(18.7%) were employed
- In 2 (2.5%) cases, the occupation was not recorded.

10.4 Marital Status

- 68 (85%) cases who attended Mullingar SATU were documented as single in 2012 (See table 7)

Table 7: Marital Status		
Marital Status	N	%
Single	68	85
Separated	8	10
Married	1	1.25
Co habiting	1	1.25
Not recorded	2	2.5
Total:	80	100%

10.5 Source of Referral (See table 8)

Table 8: Analysis of source of referral		
Referral Source	N	%
Self	7	8.75
GP	2	2.5
Guardia	68	85
Other	3	3.75
Total:	80	100%

10.6 Ethnicity

- 80 (100%) cases who attended SATU Mullingar in 2012 were documented as white.

10.7 Psychological Support Worker in Attendance

- 74 (92.5%) cases had a support worker from the RCC in attendance.

11. Type of Attendance: Forensic Clinical Examinations / Non

Forensic Clinical Examinations

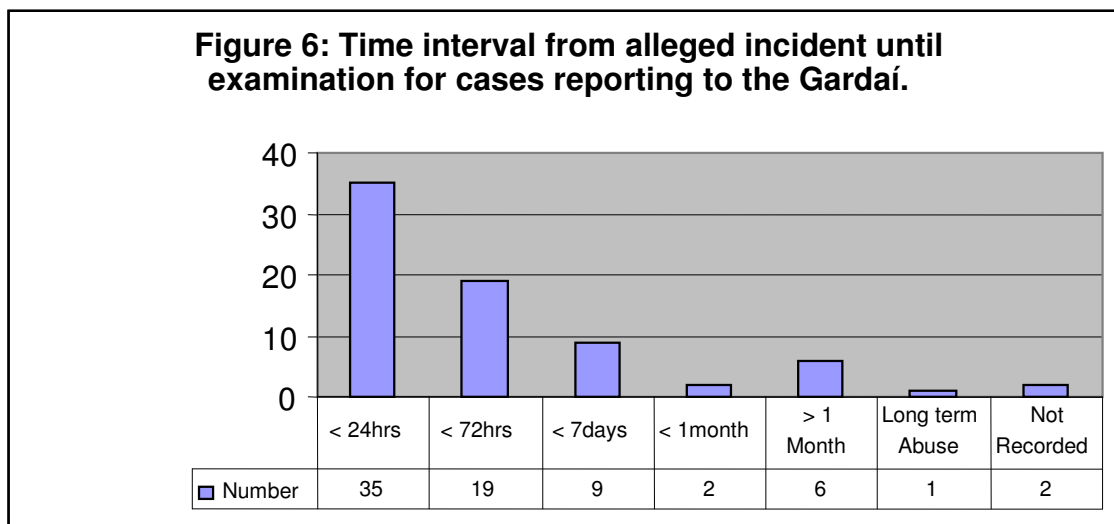
- 60 (75%) cases had a forensic clinical examination performed.
- 20 (25 %) cases had a non forensic clinical examination performed.
- These examinations were patient choice or the incident was reported outside of the 7 day time frame for a forensic clinical examination.

12. Cases reporting to An Garda Síochána

- 74 (92.5%) cases reported the incident to An Garda Síochána.
- 6 (7.5 %) cases choose to not report the incident to the Gardaí.

13. Time interval from alleged incident until examination for cases reporting to An Garda Síochána (n=74) (See figure 6.).

- 35 (47%) cases reported to An Garda Síochána ≤ 24 hours of the incident.
- 19 (26%) cases reported to An Garda Síochána ≤ 72 hrs of the incident.
- 9 (12%) cases reported to An Garda Síochána ≤ 7 days of the incident.
- 2 (3%) cases reported to An Garda Síochána ≤ 1 month of the incident



14. Cases awareness of whether a Sexual Assault had occurred

- 59 (74%) felt that a sexual assault had occurred.
- 20 (25%) were unsure if a sexual assault had occurred.
- 1(1%) was not recorded.

15. Physical Trauma

49 (61%) cases attending the SATU experienced physical trauma and of these:

- 11(22%) attended the Emergency Department with minor trauma
- 2 (4%) attended the Emergency Department with major trauma

16. Alcohol and Drug Use

16.1 Alcohol

51 (64%) cases had consumed alcohol in the previous 12 hours prior to attending SATU MRHM and of these:

- 36 (70%) cases had consumed ≥ 4 units of alcohol (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=51)

Mean	Median	Mode
7.1	7	10

16.2 Drugs

7 (9%) cases had taken drugs, of these

- 4 (57%) were illegal drugs
- 3 (43%) were prescribed medication.

3 (4%) cases were concerned that drugs had been used to facilitate sexual assault.

16.3 Both Alcohol and Drugs

7 (9%) cases had taken both alcohol and drugs.

17. Emergency Contraception (EC)

Of the 79 female cases:

- 54 (68%) cases were seen within 72 hours of the assault.
- Of these 54 cases, 38 (70%) were given EC within 72 hours.
- The other 16 (30%) female cases did not receive EC for various reasons. (See table 10)
- 3 cases received EC outside of the 72 hour time frame but ≤ 120 hrs of the assault, 2 of these cases received EC licensed for use up to 120 hrs post exposure.

Table 10: Reasons women who were seen within 72 hours did not receive PCC in the SATU (n = 16)		
	N	%
Received PCC prior to attending Unit	5	31.25
Already using effective contraception	2	12.5
No penile penetration	3	18.75
Post-hysterectomy or post-menopausal	2	12.5
Not given	2	12.5
Pregnant	1	6.25
Not documented	1	6.25
Total	16	100

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

18.1 STI Prophylaxis

- 61(76%) cases received Chlamydia prophylaxis
- 9 (11%) cases received post exposure prophylaxis treatment for HIV
- 47 (59%) cases had Hepatitis B immunisations commenced of which
 - 17 (36%) have completed the vaccination course to date
 - 30 (64%) have yet to complete the vaccination course to date

18.2 Follow up Appointments for Screening

- All 80 cases were offered follow up screening for sexually transmitted infection of which 67 (84%) cases were given appointments for follow up STI screening in total (See table 11)

Table 11: Number of cases who were given appointments for follow up STI screening (n=67)		
	N	%
Given appointment for SATU MRHM	48	71.65
Given appointment for elsewhere	19	28.35
Total	67	100

18.3 Given appointment for STI Screening at SATU MRHM

48 cases were offered an appointment for STI screening in MRHM of which 42 (87.5%) cases in total had sexual health screening.

- 37 (77%) cases attended their 1st appointment
- 19 (39.5%) cases attended their 2nd appointment
- 7 (14.5%) cases attended their 3rd appointment
- 5 (12%) cases had STI screening at their first visit to SATU MRHM (non forensic attendances)
- 6 (12.5%) cases did not attend SATU MRHM for follow-up

18.4 Outcome of STI Screening Carried out by SATU

- 4 (9.5%) cases had evidence of Candida
- 2 (5%) cases had evidence of Bacterial Vaginosis.

19. SATU Developments, Activities, Opportunities and Challenges

19.1 Developments in 2012

In February 2012, SATU MRHM moved to a new, purpose built facility within the Midland Regional Hospital, Mullingar. This unit continues to benefit from an on- site Emergency Department and X ray facility with additional support from specialities such as Obstetrics and Gynaecology, Paediatrics, Acute Medicine and Surgery. This relocation has greatly enhanced the accessibility, availability and efficiency of the service and offers the option of forensic and

non forensic examinations in a comfortable, discreet, forensically sound environment which benefits not only the patient, but accompanying family/friends, SATU staff and visiting professionals alike.

In April 2012, Moya Doran Moore was a welcome addition to our SATU team as a clerical officer (0.5 WTE). Together with Irene Monaghan, our clerical/administration team continue to provide support to SATU MRHM in a professional, hardworking and confidential manner.

Debbie Marshall CNS SAFE (Sexual Assault Forensic Examination) continued to fulfil the CNS requirements of her role with ongoing education sessions and she availed of some service development opportunities throughout 2012. She was nominated an associate member to the United Kingdom Association of Forensic Nurses (UKAFN) and maintains a link between the UKAFN and other CNS (SAFE) here in Ireland.

Anne Brady joined our nurse team in April 2012 and adds to the wealth of experience amongst our team of on call assisting nurses.

19.2 The SATU Liaison Multi-Interdisciplinary Group

The SATU MRHM Liaison Group consists of the Tullamore Rape Crisis Centre (RCC), Garda Liaison Officers from Westmeath Garda Division and Scenes of Crime, Medical Director, Nursing Administration, Sexual Assault Forensic Examiners, Project Manager, Hospital Manager and Administration Support Staff. This group did not meet formally in 2012 due to travel restrictions and unavailability due to front line work commitments, it is envisaged that this group will meet next in May 2013.

The medical and nursing staff of the SATU MRHM met on four occasions in 2012 and the minutes of all meetings and attendance were compiled.

19.3 Education and Training Events

- Staff from SATU MRHM were well represented at the Adult and Paediatric peer review meetings in Dublin, Waterford, and Galway in 2012.

- Dr Ros Junold Martin successfully completed a Graduate Certificate in Forensic Medical Examination after Rape and Sexual Assault at UCD in 2012.
- Dr Sheila Stephens, Dr Barbara Hynes and Debbie Marshall CNS (SAFE) attended a half day conference on contraception in Dublin in Sept 2012.
- Dr Barbara Hynes and Debbie Marshall CNS (SAFE) attended the SSSTDI (Society for Study of Sexually Transmitted Diseases and Infections in Ireland) conference in Dublin in Nov 2012.
- Debbie Marshall CNS (SAFE) commenced a Certificate in Nurse/Midwifery Nurse Prescribing at the RCSI (Royal College of Surgeons Ireland) in 2012.
- Mary Cleary, assisting nurse successfully completed the S.T.I.F. (Sexually Transmitted Infection Foundation course) at St James' Hospital in 2012.

19.4 Presentations

Debbie Marshall CNS (SAFE)

- SATU services, sexual health and personal safety secondary school education sessions at Mullingar Community College
- SATU overview and patient management with GP trainees, Tullamore
- SATU overview with student nurses on three occasions, Midland Regional Hospital, Mullingar
- Overview of SATU services in addition to STI screening at GP CME meeting Mullingar
- Domestic Violence workshop at the National SHAW (Sexual Health Awareness Week) conference, Royal College of Physicians, Dublin accompanied by Mary O'Neill (Project Manager Sexual Health)
- SATU presentation and STI overview with Leaving Cert students at Loreto College Mullingar co presented with Angela Cotter (Assisting nurse SATU).

19.5 Opportunities and Challenges in 2013

Many of the challenges outlined in the SATU MRHM report 2011 have since been alleviated with the move to the new SATU location achieved in February

2012. Additional clerical support has been welcomed and SATU MRHM staff continues to avail of the educational opportunities provided to enhance the specialist knowledge base that currently exists.

With just one CNS (SAFE) in post, challenges (such as restrictions on travel and time away from the workplace) exist around the ongoing promotion of the service and maintaining the level of educational, developmental and awareness opportunities which previously existed when two CNS (SAFE) were in post. In addition, the SATU Liaison Multi-Interdisciplinary Group did not meet in 2012 - it is hoped that such opportunities can be sought and prioritised in the coming year.

SATU MRHM was invited to contribute to the SATU National Key Performance Indicators in 2012 and welcome any further regional opportunities to be involved in such important initiatives at national level.

The Midland Regional Advisory Committee for Domestic, Sexual and Gender Based Violence did not meet in 2012 and with the national review of domestic violence services currently being undertaken, the Midlands Committee which Rachael Marum was previously involved in, will be reconvened subject to the outcome of the review. Mary O'Neill as designated officer for Domestic Violence represents the Midlands on the National Committee.

19.6 Conclusion

The SATU MRHM opened in February 2009 and to date (April 2013), we have seen 336 cases for forensic, clinical and STI examinations. Evidence suggests that only a small proportion of those who have been sexually assaulted or raped in Ireland access specialised services like SATU, it is our wish to increase awareness amongst professional and community groups through service promotion as stated previously in this report. Finally, we would like to express our thanks and acknowledge the contribution of Rachael Marum CNS (SAFE). She was instrumental in setting up SATU MRHM in 2009 and developing the service to what it is today, it is with regret that she resigned in 2012 after a period of ill health. We wish her the best of luck in the future.



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

ANNUAL REPORT FOR YEAR ENDING: 2012

Dr. Maeve Eogan

Ms. Rita O'Connor

Rotunda SATU Executive Summary

Attendance re: Area

- There were 318 attendances at the SATU, a decrease of 33 (9%) from 2011
- 308 (96%) cases the incident took place within the Republic of Ireland

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

- December was the busiest month with 38 (12%) of cases presenting
- Tuesday was the busiest day with 55 (17%) of patients presenting on that day.
- 242 (83%) incidents occurred between the hours of 9pm – 9am with the majority (63%) of attendances also being between the hours of 9pm – 9am.

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- 266 (84%) were recent sexual assaults; 4 (1%) long term abuse;
- 255 (80%) cases was a single assailant; 29 (9%) cases multiple assailants involved, and in 34 (11%) cases the number of assailants was unknown.
- 116 (36%) the alleged assailant was a stranger to the patient

Gender, Age Profile, Referral Source

- 288 (90%) patients were female, 30 (10%) male
- The age mean was 26 years, the youngest was 13 years, the eldest 78 years (the minimum age criteria is 14 years)
- 255 (80%) were referred by An Garda Síochána, 51(16%) self referred, 12 (4%) were referred by others.

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

- 255 (80%) reported the incident to An Garda Síochána
- 242 (95%) ≤ 7days; of these 218 (90%) were within ≤ 72 hours and 167 (69%) were within 24 hrs

Support Worker in Attendance

- In 257 cases (80%) a Support Worker from the RCC was in attendance

Physical Trauma

- 126 (40%) patients had physical trauma; of these, 13 (4%) attended the ED with minor trauma and 2 (0.6%) attended the ED with major trauma

Alcohol and Drug Use

- 165 (52%) patients had consumed ≥ 4 units of alcohol in the previous 12 hours
- 14 (4%) patients had taken prescribed medication, 34 (11%) patients had taken illegal drugs.
- 3 (1%) patients had taken both prescribed drugs and illegal drugs.
- 15 (5%) patients were concerned that drugs had been used to facilitate sexual assault
- 59 (18%) were unsure if a sexual assault had occurred. 54 (91%) had consumed alcohol prior to the alleged assault.

Emergency Contraception (EC)

- 209 female patients were seen within 72 hours of the incident
- 143 (50%) of female patients (n = 288) were given EC

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 223 (70%) patients received Chlamydia prophylaxis, 222 (69.8%) Hepatitis B immunisation programme was commenced, 44 (14%) received PEP for HIV
- 282 (89%) were given an appointment, of these 212 (75%) returned for first screening appointment.
- 84 (37.5%) of those screened had abnormal screening results.

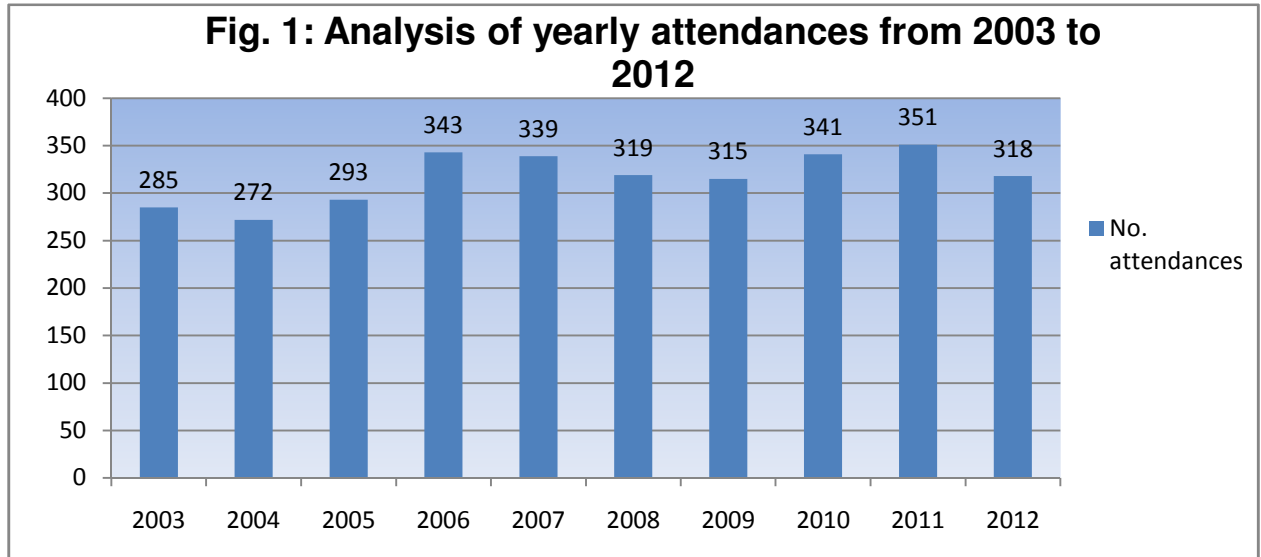
SATU, The Rotunda Hospital

The SATU Team consists of:

- Medical Director.
- Consultant Obstetrician and Gynaecologist.
- 1 Clinical Midwife Manager (0.5 WTE).
- 3 Clinical Nurse/Midwife Specialists (2.5WTE).
- 4 Forensic Medical Examiners.
- On-call rota of Assisting Nurses.
- Administrator.

1. Number of Attendances

- In 2012, there were 318 attendances at the SATU.
- This showed a decrease of 33 (9%) from 2011 (See Fig. 1)



2. Country Where the Incident Took Place

- 308 (97%) cases the Incident took place within the Republic of Ireland.
- 10 (3%) cases took place outside Ireland (see Table 1)

Table 1: Analysis of the countries outside the Republic of Ireland where the alleged assault occurred

COUNTRY	NUMBER
New Zealand	1
Pakistan	1
Portugal	1
Saudi Arabia	1
Spain	2
United Kingdom	3
United States	1
Total:	10

3. County Where the Incident Took Place

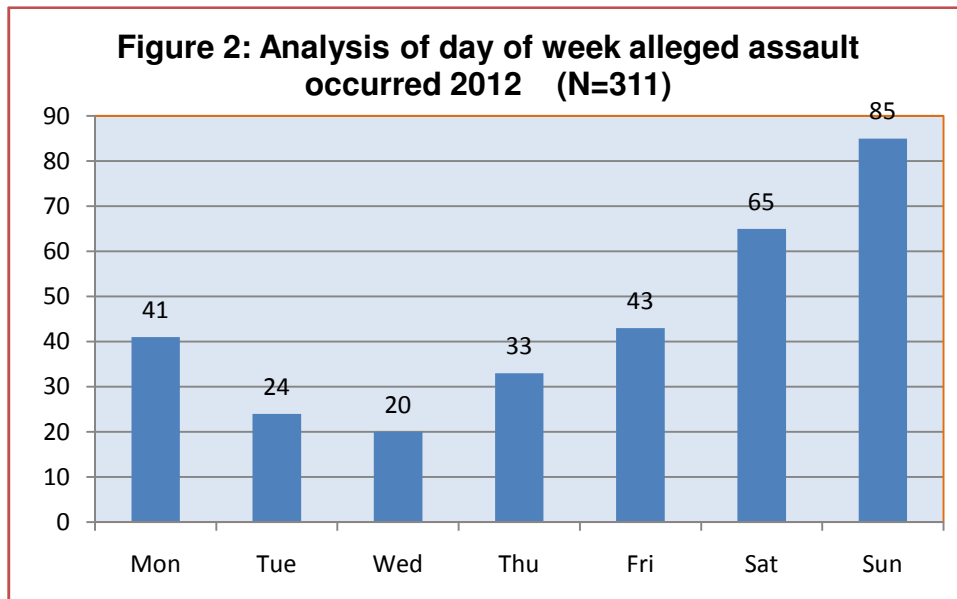
- Of the 308, where the Incident took place in the Republic of Ireland (See table 2)

Table 2: Analysis of the county/s where Incident took place		
COUNTY	NUMBER	%
Cavan	2	0.6
Dublin	258	84
Kerry	1	0.3
Kildare	8	2.5
Kilkenny	1	0.3
Laois	2	0.6
Louth	10	3.2
Meath	14	4.5
Monaghan	2	0.6
Waterford	1	0.3
Westmeath	2	0.6
Wicklow	7	2.5
Total:	308	100

4. Month of Attendance (See table 3)

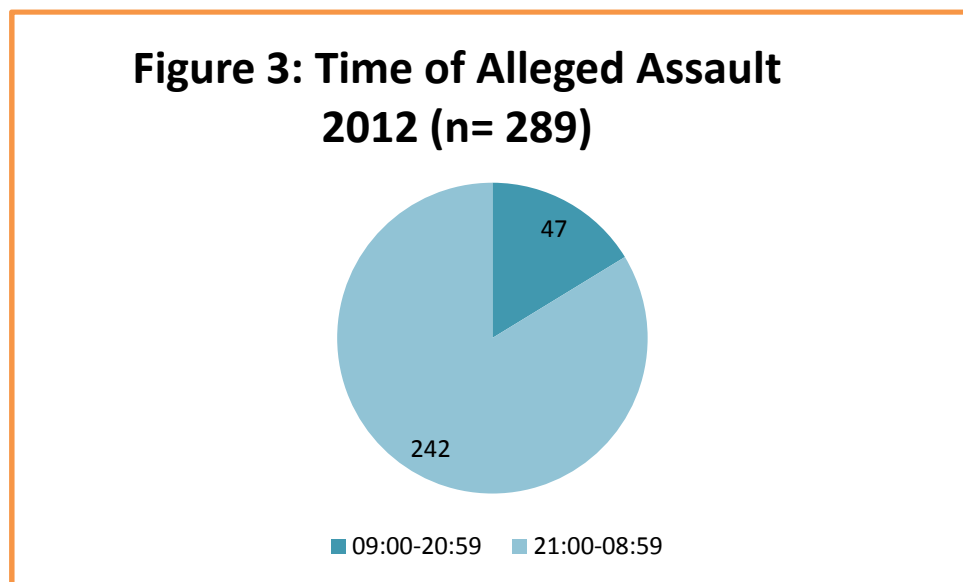
Table 3: Analysis of Month by Attendances												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	27	16	31	17	32	22	27	27	29	30	22	38
%	8	5	10	6	10	7	8	8	9	10	7	12

5. Day of the Week Incident Occurred (See figure 2)



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

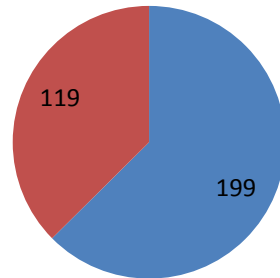
- The majority, 242 (84%) incidents occurred during the hours of 21.00 to 08.59. (See figure 3)



7. Times of Attendance at SATU (See figure 4)

- 119 (37%) patients were seen during the hours of 9am to 8.59pm and 199 (63%) were seen 9pm to 8.59am.

Figure 4: Time of Attendance at Sexual Assault Treatment Unit 2012
N= 318



■ 0900-2059hrs (DAY) ■ 2100-0859 hrs (NIGHT)

8. Location where the Incident Occurred (See table 4)

Table 4: Analysis of the location of the Incident (<i>n</i> = 318)		
LOCATION	No	%
Home	58	18
Assailants home	47	15
Car	10	3
Taxi	12	4
Field / Park	15	5
Other indoors	85	27
Other outdoors	67	21
Not available	24	8
Total	318	100

9. Type of Alleged Sexual Crime

Of the 318 patients:

- 266 (84%) were recent sexual assaults
- 4 (1%) were alleged long term abuse
- 1 forced prostitution case

10. Assailant/s

10.1 Number of Assailants: single or multiple assailants

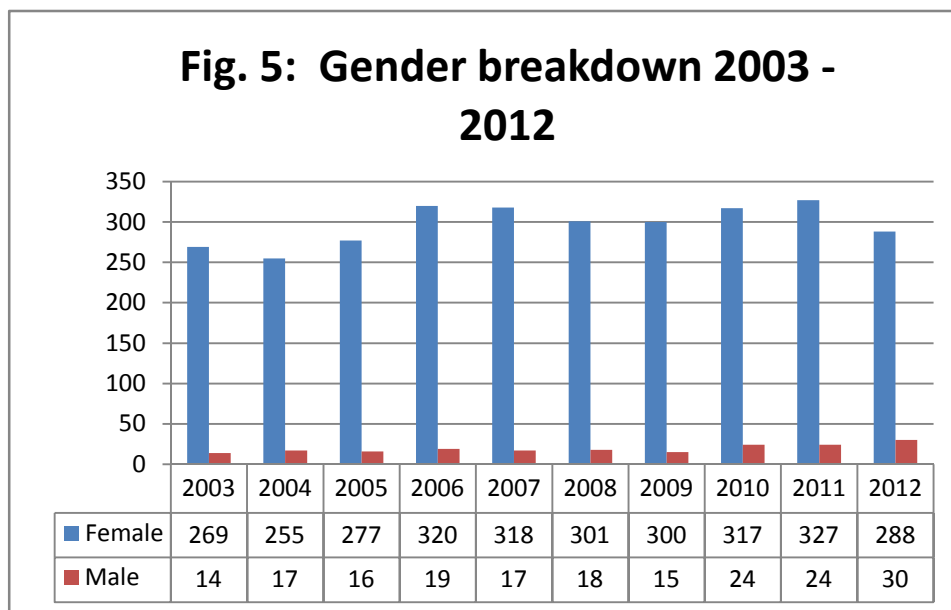
- 255 (80%) cases was a single assailant
- 29 (9%) cases there were multiple assailants
- In cases 34 (11%) the number of assailants unknown or not recorded.

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

Table 5: Analysis of relationship between the patient and the alleged assailant (n= 318)		
Relationship	No	%
Friend	21	7
Acquaintance	80	25
Recent Acquaintance	19	6
Stranger	116	36
Family Member	12	4
Intimate Partner	9	3
Ex-intimate Partner	20	6
Unknown	34	11
Other	7	2
Total	318	100

11. Demographics

11.1 Gender Of the 318, there were 288 (90%) females and 30 (10%) males.

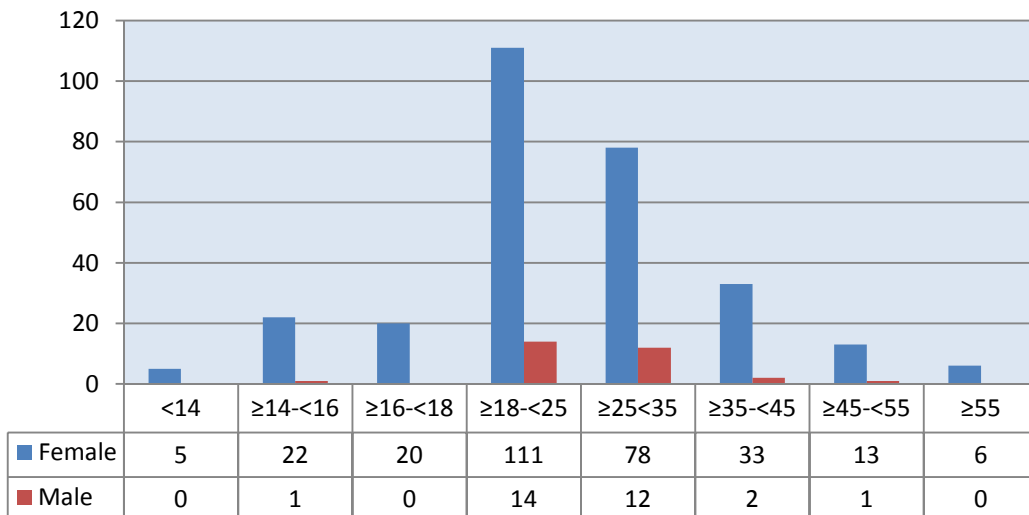


11.2 Age Profile (See Table 6 and Fig.6)

In general terms, the remit of the Adult SATU services is to offer care for patients aged 14 years and above. In 2012, however, 5 patients aged 13 attended the service. The ongoing commitment to improvements in paediatric services nationally is acknowledged.

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	21	23	13	78

Fig. 6: Analysis of age profile of patients in relation to gender in 2012



11.3 Occupation (*n* =318)

- 103 (32%) were students
- 97 (31%) were in employment
- 113 (36%) were unemployed
- 5 (1%) not recorded

11.4 Marital Status (See table 7)

Table 7: Analysis of marital status (n = 318)		
Marital Status	No	%
Single	267	84
Married	14	4
Separated	17	5
Co-habiting	4	1
Divorced	8	3
Not recorded	8	3
Total	318	100

11.5 Source of Referral (See table 8)

Table 8: Analysis of source of referral (n = 318)		
Referral Source	No	%
Self	51	16
GP	6	2
Gardaí	255	80
Other	4	1
RCC	2	1
Total	318	100

11.6 Ethnicity (See table 9)

Table 9: Analysis of ethnicity of patients (n = 318)		
Ethnicity	No	%
White	280	88
Black or Black Irish	14	4
Roma	1	0
Asian or Asian Irish	9	3
Other	5	2
Not recorded	9	3
Total	318	100

12. Type of Attendance: Reporting / Non-reporting

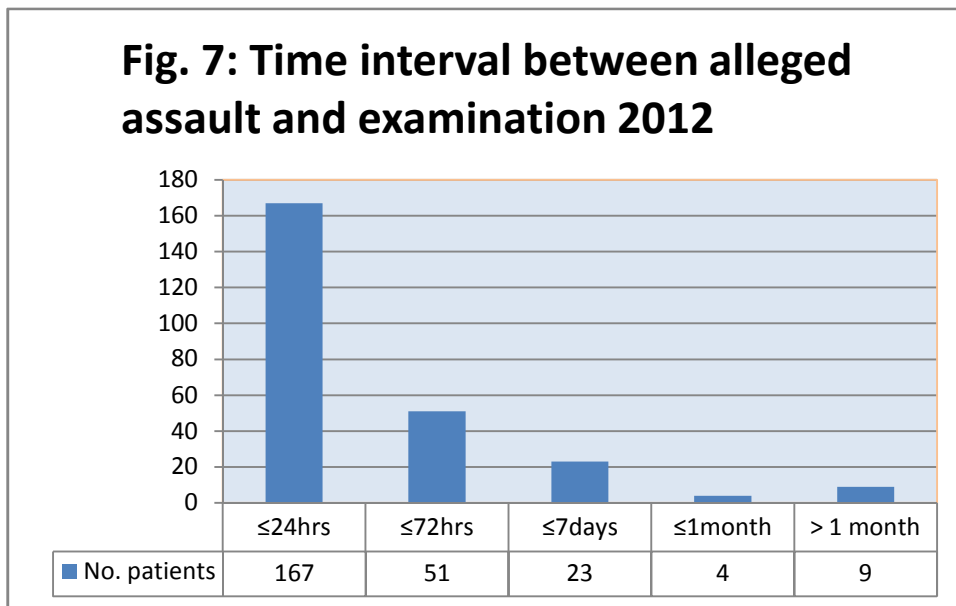
Of the 318 patients who attended the SATU:

- 255 (80%) reported the incident to An Garda Síochána and of those 233 (92%) had a forensic clinical examination carried out. In 1 case the patient decided to discontinue the examination.
- 63 (20%) had a health examination only (either because they chose not to report the incident to An Garda Síochána, or because they presented outside the forensic time frame).

13. Patients Reporting to An Garda Síochána:

Time Interval from incident to attendance in SATU

- 242 (95%) \leq 7days, (including 1 person who discontinued examination) of these:
 - 218 (85%) were within 72 hours
 - 167 (66%) were seen within 24 hours (See figure 7)



14. Patients Awareness of Whether a Sexual Assault had occurred

- 256 (80%) felt that a sexual assault had occurred
- 59 (19%) were unsure if a sexual assault had occurred. 54 of these patients had consumed alcohol (range 3-15+ units) prior to the alleged possible assault.
- 3 patients said that an assault had not occurred

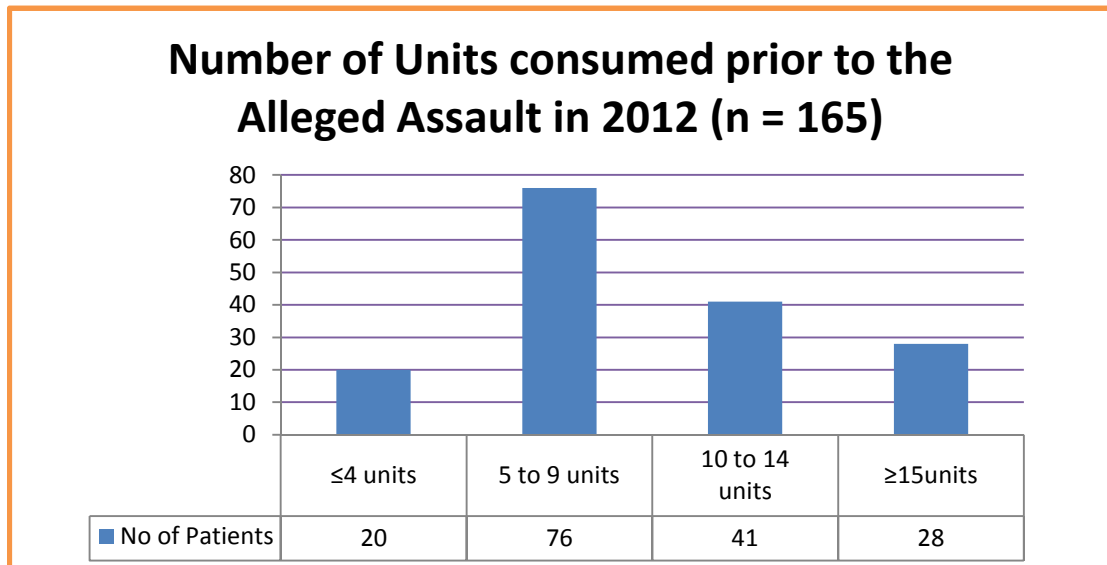
15. Physical Trauma

- 126 (40%) patients attending the SATU had physical trauma and of these:
- 13 (10%) attended the Emergency Department with minor trauma
- 2 (1%) attended the Emergency Department with major trauma

16. Alcohol and Drug Use

16.1 Alcohol

- 235 (74%) patients had consumed alcohol in the previous 12 hours prior to attending the SATU and of these:
- 165 (52%) patients had consumed ≥ 4 units of alcohol
- The average number of units of alcohol consumed in the previous 12 hours prior to the alleged assault was 12 units.



16.2 Drugs

52 (16%) patients had taken drugs, of these:

- 14 (4%) were prescribed medication
- 35 (11%) were illegal drugs
- 3 (1%) patients had taken both prescribed medication and illegal drugs

15 (5%) patients were concerned that drugs had been used to facilitate sexual assault.

16.3 Both Alcohol and Drugs

- 38 (12%) patients had taken both alcohol and drugs.

17. Emergency Contraception (EC)

- Emergency contraception was given to 143 (50%) patients.
- 70 (24%) did not receive PCC for various reasons (See table 11)

Table 11: Reasons female patients seen within 72 hours did not receive PCC in the SATU (n = 70)		
Reason	No.	(%)
Already using contraception	17	25
Menstruating	1	1
Post-hysterectomy or post-menopausal	5	7
Received PCC prior to attending Unit	14	20
Pregnant	2	2
No penile penetration	17	25
Other	11	16
Refused	3	4
Total	70	100

18. Sexually Transmitted Infection (STI) Prophylaxis and Screening

18.1 STI Prophylaxis

- 223 (70%) patients received Chlamydia prophylaxis
- 44 (14%) patients received post exposure prophylaxis treatment for HIV
- 222 (70%) patients commenced Hepatitis B immunisation and, of these, 95 (43%) have completed the course *to date*.

18.2 Follow up Appointments for Screening

- All patients, plus patients from other SATUs, were offered screening for STI at the Rotunda SATU. (See table 12)

Table 12: Analysis of follow up screening for STIs (n = 318 + 2)	No.	Kept 1 st App	Kept 2 nd App	Kept 3 rd App
Given SATU appt. for follow up screening	282	212	124	63
Attended Rotunda for follow up from another service	+2			

Attended other service for follow up	6
No STI follow up required	21
Refused a follow up appointment	1
Not recorded	8
Total	318 + 2

18.3 Outcome of the STI Screening Carried Out by the SATU

- Of the 224 patients who had STI screening 84 (37.5%) had abnormal results (See table 13).

Table 13: Abnormal STI screening results (n = 75 but some patients had more than 1 STI)	
Abnormal results	No.
Chlamydia	2
Candida	27
Bacterial Vaginosis	47
Hepatitis C Positive	6
HIV	1
Syphilis	1

1 of the 2 positive results for Chlamydia had received prophylactic treatment

Acknowledgements

19. SATU Developments, Activities, Opportunities and Challenges

19.1 Developments in 2012

Deirdra Richardson, Catherine Hallahan and Aideen Walsh continue to be very involved with interagency education and service development. Aideen completed a Masters in Science programme in Advanced Nurse/Midwife Practice at RCSI. This will provide her with the academic qualification to develop advanced nursing practice within the SATU.

The Royal College of Physicians in Ireland established a Sexual Health Policy Group, which worked on position statements in various aspects of sexual health. Members of the SATU team were involved with the prevention subcommittee, and the work of this

group was launched in 2012. It is hoped, with the support of the Minister for Health, that these position statements will provide a framework for a national Sexual Health Policy.

We continue to be active members of the National SATU Guidelines Development Group, one goal of this group is to develop and implement a policy for storage of forensic evidence for those who are uncertain whether they wish to report an incident of sexual violence in the acute setting. As forensic evidence deteriorates quickly, international best practice would advocate collection and secure storage of samples as soon as possible after the incident. The patient can then evaluate their options in terms of engaging with the criminal justice system, and as the evidence is being securely stored the chain of evidence is being appropriately maintained. There are funding and infrastructural demands that need to be surmounted prior to implementation of this Guideline and we are hopeful that 2013 will bring progress in that regard.

19.2 Multi-Interdisciplinary SATU Liaison Meetings

The SATU Liaison group consisting of the Dublin Rape Crisis Centre, Garda Liaison Officer, Medical Director, Sexual Assault Forensic Examiners, Nurses and Administration Support Staff met 4 times throughout the year.

19.3 Educational and Training Events

All staff continued to contribute to interagency education. In particular we were all very involved in the Sexual Health Awareness Week at the RCPI in May 2012 and SATU staff were actively involved in outreach education within Emergency Departments & General Practice, Mental Health Services, Prison Services, An Garda Síochána and Dublin Rape Crisis Centre to raise awareness and increase understanding and recognition and to equip people better to respond to incidents of sexual violence. 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 Annual Interagency Study Day for all those involved in delivering the service took place in the Pillar Room of the Rotunda in October 2012. This was attended by delegates from a range of agencies involved in taking care of men and women after sexual violence. We acknowledge both the

Manuela Riedo Foundation and The Friends of the Rotunda, the study day would not have taken place without their significant and much appreciated support.

19.4 PRESENTATIONS:

Maeve Eogan

Postgraduate Certificate in Sexual Assault Forensic Examination, UCD (Jan & Feb 2012)

This 8 day taught module provides education for doctors involved in delivering responsive care to adult and child victims of sexual crime. A range of lectures pertaining to adult services and forensic examination were delivered by Dr Eogan in this context.

Graduate Diploma in Forensic Medicine, UCD. March 2012

Adult Sexual Offences.

STIF Course, Rotunda Hospital. May 2012.

Managing Sexual Assault.

National Sexual Health Awareness Week, RCPI. May 2012

Care for men and women after rape and sexual assault, incorporating dissemination of key activity indicators nationally.

3rd International Conference on Survivors of Rape (ICSOR) October 2012.

Assessment of Alcohol Use using a Standardised Tool in Patients Attending a SATU

Undergraduate programme in legal medicine, UCD. December 2012.

Rape and Other Sexual Assaults, Criminal Law (Rape) and Medical History & Examination

Patricia O'Connor

Irish Family Planning Association Training Day

Management of Sexual Assault in Ireland

Postgraduate Certificate in Sexual Assault Forensic Examination, UCD (Jan & Feb 2012)

Reception and care of the victim, role of the assisting nurse.

Catherine Hallahan

Assisting Nurses Study Day, Rotunda Hospital. March 2012

Lecture on follow up in SATU setting

Well women talk in Liffey street. May 2012.

Care of patients following sexual assault

National Sexual Health Awareness Week, RCPI. May 2012.

Power point presentation and discussion on Alcohol in a SATU setting.

Well women talk in Pembroke Road. July 2012.

Care of patients following sexual assault

Rotunda in house ward talks. August, September and November 2012.

Care of patients following sexual assault

Rotunda social work dept talk August 2012.

Care of patients following sexual assault

Rotunda Reception talks - September and November 2012.

Care of patients following sexual assault

Poster presentation for North Dublin Hospitals Conference November 2012.

Alcohol misuse in a SATU setting

STIF Course, Rotunda Hospital. December 2012.

Managing Sexual Assault.

Deirdra Richardson

The risk reduction programme was delivered in the following schools in 2012:

Manor House Community School, Watermill Rd, Raheny, Dublin 5.

Riversdale Community College, Blanchardstown Rd N Dublin 15, Co. Dublin

Notre Dame Secondary School, upper Churchtown Road, Dublin 14

Youth Horizons, Sundale Rd, Jobstown Tallaght Dublin 24.

St Conleths College, 28 Clyde Road, Ballsbridge, Dublin 4

Marino College, 14-20 Marino Mart Fairview Dublin 3

Mount Carmel Secondary School, Kings Inn Street, Dublin City 1.

Mini-med school, Rotunda Hospital.

Presentations:

3rd International Conference on Survivors of Rape (ICSOR) October 2012.

Implementation and Overview of a Secondary School Sexual Assault Prevention Education Program

Forensics and The Sexual Assault Treatment Unit- Referral Pathways, Statistics and Overview.

This lecture was delivered in the following locations:

DFB HQ Townsend Street

NWICP – youth and community workers

Sexual Health Awareness Week RCPI – Domestic violence

St Michaels House in Ballyfermot – staff.

Dublin Rape Crisis – volunteers

Haven House Cross care – staff and patients

Aideen Walsh

Date	Location	Presentation given
10.01.2012	Mater Misericordiae University Hospital	PG Dip (Emergency Department Nursing) - (Management of victims of sexual assault)
26.01.2012	University College Dublin	SAFE Course (Facilities, equipment, DNA elimination)
17.02.2012	St. James's Hospital	Emergency Department Nurses(Management of victims of sexual assault)
21.02.2012	Naas	Kildare Practice Nurses (Management of victims of sexual assault)
23.02.2012	Royal College Surgeons	Poster (Msc findings), RCSI, Research

	Ireland	Conference
13.03.2012	Royal College Surgeons Ireland	BSc Nursing(Sexual Health and Sexual Health Promotion)
15.05.2012	Our Lady's Children's Hospital Crumlin	PG Dip Paediatric Emergency Department (Management of victims of sexual assault)
23.03.2012	Rotunda	Support Nurses' Study Day (Documentation in SATU)
29.03.2012	University College Dublin	SAFE (Clinical Skills)
30.03.2012	St. James's Hospital	STIF course (Management of Sexual Assault)
05.07.2012	Cherry Orchard Hospital	Addiction Services (Management of Sexual Assault)
05.10.2012	Rotunda Hospital	MSc findings, National SATU Study Day (incl Peer Review)
10.11.2012	National University of Ireland, Galway	MSc findings, ICSOR conference
27.11.2012	An Garda Síochána, Capel Street	An Garda Síochána (Interagency response to sexual crime)

19.5 Challenges in 2012

Similar to every health care setting in this country, we remain limited by both head count and funding restrictions. As the longest established SATU in Europe, we are proud of our heritage and are ambitious for the future. Nevertheless, we rely to a significant degree on the support of the Master, Director of Midwifery, Management and Board of the Rotunda Hospital, and for their ongoing and unwavering support, even in these times of immense budgetary restrictions, we are extremely grateful. As is highlighted annually, the SATU has, yet again, outgrown its physical space. As a service we are confident that we will be considered for relocation in conjunction with any on-site hospital developments.

As we face these challenging times, I acknowledge the assistance of all SATU staff over the past year. All staff are extremely committed to providing exemplary care at all times and but for them the SATU of the Rotunda Hospital would not be a centre of excellence. This report highlights the significant amount of work done by a very committed team, and their availability to provide holistic care to patients at a time of crisis is acknowledged. The commitment of staff to ongoing service development despite so many pressures is also very much appreciated.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEXUAL ASSAULT TREATMENT UNIT (SATU)

Waterford Regional Hospital

Dunmore road

Waterford



ANNUAL REPORT FOR YEAR ENDING: 2012

Author: Sinead Boyle CNS

Executive Summary 2012

Attendance re: Area

- There were **60** attendances at the SATU 2012 meaning there was no change in attendances from 2011.
- **58** (96.6%) 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 **8 (13.3%)** of cases presenting.
- **Sunday** was the busiest day with **23 (38.3%)** of patients presenting on that day.
- **7 (12%)** occurred on a notable date or event e.g. Christmas/ Bank holiday / Festival etc.
- **47 (78.3%)** occurred between the hours of **21.00-08.59** hrs **13 (21.6%)** occurred between the hours of **09.00-20.59**.

Gender, Age Profile, Referral Source

- **55 (91.6%)** of patients were female, **5 (8%)** patients were male.
- The mean age was **26** years of age, the youngest was **14**, the eldest was **52** years (the minimum age criteria is 14 years).
- **44 (73.3%)** were referred by An Garda Síochána, **11 (18.3%)** self referred, **2 (3.3%)** were referred by the Rape crisis network, **2 (3.3%)** referred by G.P.'s and **1 (1.6%)** were referred by other sources.

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

- **47 (78.3%)** reported the incident to An Garda Síochána.

Support Worker in Attendance

- **54 (90%)** a Support Worker from the RCC was in attendance.

Physical Trauma

- **10 (16.6%)** of patients had physical trauma, **1(1.6%)** attended the ED with minor trauma, **1(1.6%)** attended the ED with major trauma.

Alcohol and Drug Use

- **42 (70%)** of patients had consumed alcohol in the previous 12 hours prior to

attending SATU, of these: **37(61.6%)** had consumed > 4 units of alcohol.

- **5 (8.3%)** of patients had taken prescribed medication, **4 (6.6%)** patients had taken illegal drugs.
- **1 (1.6%)** of patients had taken both prescribed drugs and illegal drugs.
- **6 (10%)** of patients were concerned that drugs had been used to facilitate sexual assault.
- **10 (16.6%)** were unsure if a sexual assault had occurred.

Post-coital Contraception (PCC)

- **55 (91.6%)** patients seen were female.
- **24 (40%)** were given PCC within 72 hours of the incident.

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- **46 (76.6%)** of patients received Chlamydia prophylaxis, **40 (66.6%)** Hepatitis B immunisation programme was commenced, **2 (3.3%)** received PEP for HIV
- **38(63.3%)** attended SATU for STI follow up.
- 8. **3 (5%)** had abnormal STI screening results.

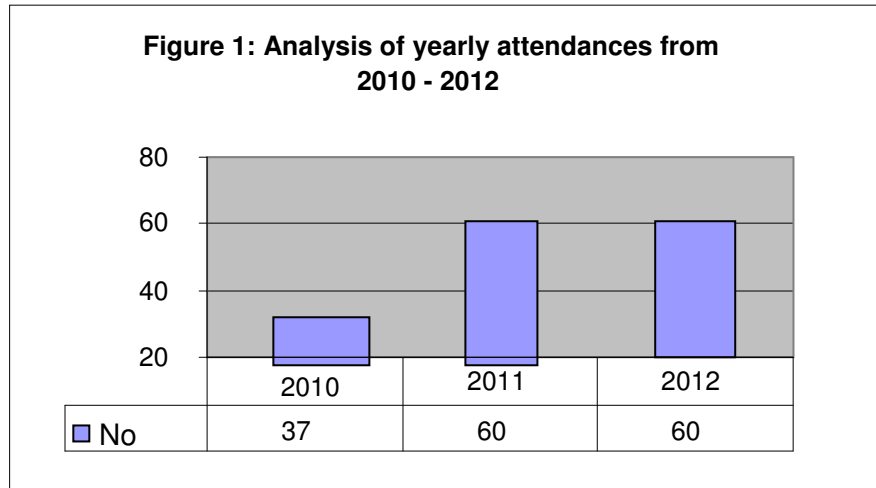
1. The SATU, Waterford Hospital

The SATU Team consists of:

- **Medical Director:** Dr. John Bermingham
- **ADON:** Paula Curtin
- **Clinical Nurse Specialist (CNS)** Sinead Boyle
- **Clinical Nurse Specialist (CNS)** Siobhan Kavanagh
- **Clinical Nurse manager: (CNM 2)** Agnes Cooney-Lee (0.3 post)
- **On call Doctors:** 10 Gp's and 1 Consultant Obstetrician/Gynaecologist.
- **Support Nurses:** 9

2. Number of Attendances

- In 2012, there were **60** attendances at the SATU the same number of attendances as 2011.
- This showed an *increase* (**62 %**) from 2010 (See figure 1)



3. Country Where the Incident Took Place

- **58** (96.6%) cases the Incident took place within the Republic of Ireland.
- **2** (3.3%) cases took place in Turkey and The Canary islands.

4. County Where the Incident Took Place

- Of the **58** (97%) , where the Incident took place in the Republic of Ireland (See table 1)

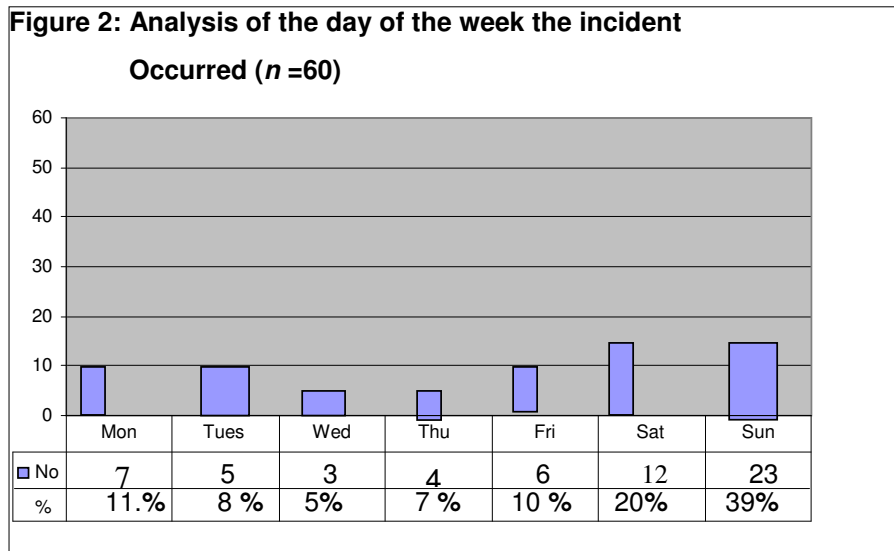
Table 1: Analysis of the county/s where Incident took place

County	No	%
Kilkenny	10	16.6
Tipperary	12	20
Wexford	15	25
Waterford	17	28.3
Dublin	2	3.3
Carlow	2	3.3
Total	58	96.6

Table 3: Analysis of Month by Attendances

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	4	5	1	7	6	5	5	5	4	8	5	5
%	6.6%	8.3%	1.6%	11.6%	10%	8.3%	8.3%	8.3%	8.3%	13.3%	8.3%	8.3%

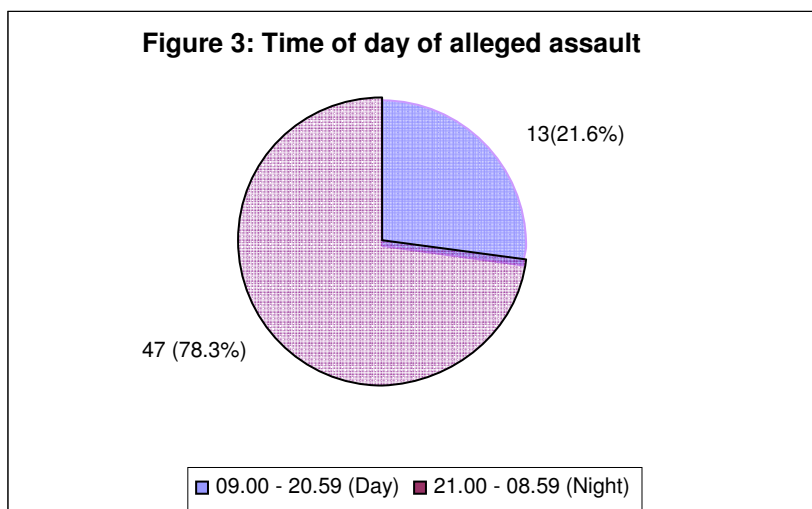
6. Day of the Week Incident Occurred (See figure 2)



7. Notable Day or Event

(11.6%) occurred on a notable day or at a notable event (bank holiday/festival etc.)

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



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

Table 4: Analysis of the location of the Incident (<i>n</i> 60)		
Location	No	%
Home	12	20%
Assailants home	8	13.3%
Car	4	6.6%
Unknown	6	10%
Field / Park	6	10%
Other indoors	18	30%
Other outdoors	6	10%
Total	60	100%

10. Type of Alleged Sexual Crime

Of the **60** patients:

- **57 (95%)** were recent sexual assaults.
- **3 (5%)** were alleged long term abuse.

11. Assailant/s

11.1 Number of Assailants: single or multiple assailants

- **57 (95%)** cases was a single assailant.
- **3 (5%)** cases there were multiple assailants.

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

Table 5: Analysis of relationship between the patient and the alleged assailant		
Relationship	No	%
Friend	5	8.3%
Acquaintance	21	35%
Recent Acquaintance	4	6.6%
Stranger	17	28.3%
Family Member	3	5%
Intimate Partner	5	8.3%
Unknown	3	5%
Other	2	3.3%
Total	60	100%

12. Demographics

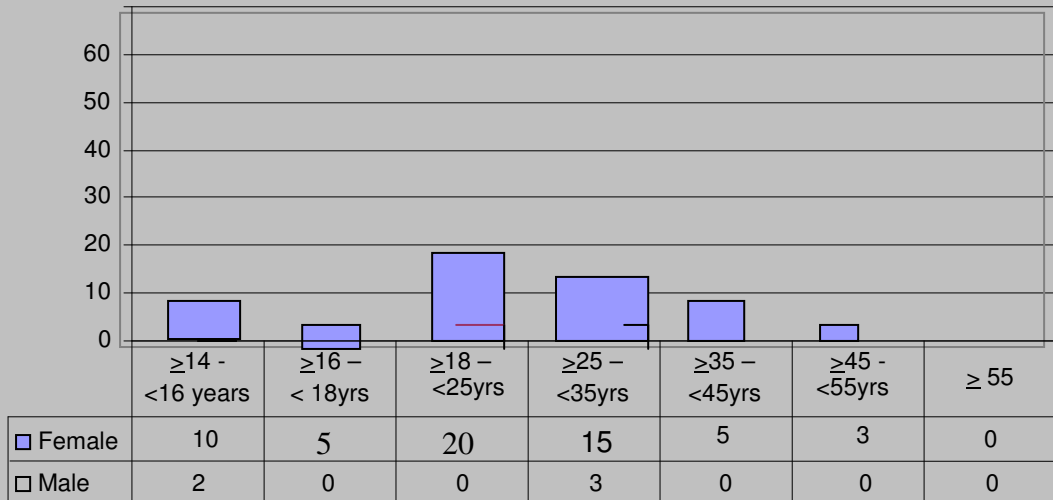
12.1 Gender

- Of the **60**, there were **55** (91.6%) females and **5** (8.3%) males.
- Gender Trends (See figure 5)

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	15,17	33	14	52

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



12.3 Occupation (n =60)

- 28 (46.6%) were students
- 10 (16.6%) were in employment
- 22 (36.6%) were unemployed

12.4 Marital Status (See table 7)

Table 7: Analysis of marital status (n = 60)		
Marital Status	No	%
Single	51	85%
Married	2	3.3%
Separated	2	3.3%
Divorced	2	3.3%
Co-habiting	3	5%
Total	60	100%

12.5 Source of Referral (See table 8)

Table 8: Analysis of source of referral (<i>n</i> =60)		
Referral Source	No	%
Self	11	18.3%
GP	2	3.3%
Gardaí	45	75%
RCC	2	3.3%
Total	60	100%

12.6 Ethnicity (See table 9)

Table 9: Analysis of ethnicity of patients(<i>n</i> =60)		
Ethnicity	No	%
White	58	96.6%
Black or Black Irish	0	0%
Roma	0	0%
Asian or Asian Irish	0	0%
Other	2	3.3%
Total	60	100%

13. Support Worker in Attendance

- 55 (91.6%) patients had a Support Worker at the initial SATU attendance.

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

Of the **60** patients that attended the SATU:

- **46** (76.6%) reported the incident to An Garda Síochána and had a forensic clinical examination carried out.
- **14** (23.3%) did not report the incident to An Garda Síochána.

15. Patients Reporting to An Garda Síochána:

15.1 Time Interval from incident to attendance in SATU

- **5** (8.3%) \leq 7days, of these:
- **8** (13.3%) were within < 72 hours.
- **33** (55%) were seen within 24 hours.

16. Patients Awareness of Whether a Sexual Assault had occurred

- **47** (78.3%) felt that a sexual assault had occurred.
- **13** (21.6%) were unsure if a sexual assault had occurred.

17. Physical Trauma

- **26** (43.3%) patients attending the SATU had physical trauma mainly superficial injuries not requiring further treatment.
- **1** (1.6%) attended the Emergency Department with minor trauma.
- **1** (1.6%) attended the Emergency Department with major trauma.

18. Alcohol and Drug Use

18.1 Alcohol

- **40** (66.6%) of patients had consumed alcohol in the previous 12 hours prior to attending SATU, of these:
- **21** (35%) had consumed > 4 units of alcohol.

18.2 Drugs

- **10** (16.6%) patients had taken drugs, of these:
- **6** (10%) were prescribed medication.
- **2** (3.3%) were illegal drugs.
- **1** (1.6%) patients had taken both prescribed medication and illegal drugs.
- **6** (10%) patients were concerned that drugs had been used to facilitate sexual assault.

18.3 Both Alcohol and Drugs

- **8** (13.3%) patients both alcohol and drugs were a factor.

19. Post-coital Contraception (PCC)

- **50** (83.3%) female patients were seen within 72 hours of the incident, of these:
- **33** (55%) were given PCC.
- The remainder **27** (45%) did not receive PCC for various reasons (See table 11).

Table 11: Reasons female patients seen within 72 hours did not receive PCC in the SATU (n = 27)		
Reason	N	(%)
Already using contraception	14	23.3 %
Menstruating	3	5 %
Post-hysterectomy or post-menopausal	0	0 %
Received PCC prior to attending Unit	5	8.3 %
Pregnant	1	1.6%
No penile penetration	2	3.3%
Other	2	3.3 %
Total	27	44 %

20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

20.1 STI Prophylaxis

- 46 (76.6%) patients received Chlamydia prophylaxis.
- 2 (3.3%) patients received post exposure prophylaxis treatment for HIV.
- 40 (66.6%) patients had Hepatitis B immunisation commenced.

21. Follow up Appointments for Screening

38 (63.3%) patients attended SATU for STI follow- up. (See table 12)

Table 12: Analysis of follow up screening for STIs (n = 60)	
Given SATU appt. for follow up screening	38
Attended another service for follow up	11
Refused a follow up appointment	9
Not Recorded	2
	60

21.1 Outcome of the STI Screening Carried Out by the SATU (n = 27)

3 (5%) had abnormal results

22. SATU Developments, Activities, Opportunities and Challenges

22.1 Developments in 2012

- Expansion of service to facilitate non- reporters with regular allocated appointments.
- Ongoing development of follow- up STI service.

22.2 Multi-Interdisciplinary SATU Liaison Meetings 2012

- The SATU advisory group consisting of CNS (Satu) CNM2 (Satu), manager of Waterford Rape and sexual abuse Centre, Garda Liaison Officer, ADON,GP representative and primary care manager met on four occasions throughout the year. Minutes of all the meetings and attendance were compiled.
- SATU represented on the local area network of services (LAN) and Regional Advisory Committee on Domestic, Sexual and Gender Based Violence by CNS.
- Representation of WRH SATU on National SATU Steering Group.

22.3 Educational and Training Events 2012

- Waterford SATU hosted National SATU peer review in April 2012.
- Attendance at National SATU Conference in the Rotunda by CNS.
- Attendance at National PEP HIV conference by CNS.
- Attendance at peer review session in Mullingar by CNS.
- Introduction to Counselling course completed by CNS.
- Cervical check training completed,CNS now a registered smear taker.
- Continued education session and regular updates for On-call nurses/Doctors.

22.4 Publications and Presentations 2012

- Updated local SATU Guidelines (standard operational policy for on call nurses).
- Developed information leaflets on service options for patients.
- CNS had article accepted for HSE sexual health news letter, awaiting publication.

22.5 Opportunities in 2013

- Further developments of the health promotion aspect of the service are also anticipated - to commence education sessions in Waterford Institute of Technology at the commencement of the 2013 education year (Freshers' week).
- It is hoped that the continued availability of S.A.T.U. services for both reporting and non reporting patients will enable both men and women to seek the care they require so that the long term effects of sexual assault are minimised.
- To continue and expand education sessions for the professionals' who refer cases to the S.A.T.U. i.e. doctors, nurses, practice nurse, Gardaí, and thus continue to promote the awareness of the S.A.T.U. and the service it offers.

Acknowledgements

I would like to acknowledge the ongoing assistance of all SATU Nursing/ Midwifery and Medical staff.

This report highlights the significant amount of work done by a very committed team, and their availability to provide high quality and responsive care to patients at a time of immense crisis is acknowledged. The commitment of staff to service development is also very much appreciated.

Appendix 1:

Mid Western SATU Annual Report 2012

HSE Mid-West Sexual Assault Advisory Group **Annual Report 2012**

The Service

The Mid West Sexual Assault Treatment Service (MWSATU) was established in 2006 and provides a comprehensive forensic medical service. This service is open to both female and male of 14 years upward who have experienced rape or sexual assault and referred by An Garda Síochána. This is an out of hour's service and operates 24 hours over weekends and bank holidays.

The Mid-West SATU Advisory Group, which oversees the operation of the Mid West Sexual Assault Treatment Service, is comprised of key agencies involved in the service. These agencies include; Shannondoc, a GP representative, HSE GP Primary Care, Mid Western Regional Hospital Management, Mid West Rape Crisis Centre, An Garda Síochána and HSE Mid-West Designated Officer for the Prevention of Violence Against Women. Ann Ryan, Community Development Worker, is the advisory group secretariat.

During 2012 SATU G.P; Dr. Margie Lynch stepped down due to other commitments while three new G.P's joint the rota, Dr Michelle O Connor, of Quay Clinic, Dr Emmet Kerin and Dr Jason McMahon of the Treaty Medical Practice.

Activity Report

Numbers Presenting

In 2012 32 cases presented from across the Mid West region. This represents an increase in numbers from 2011 where there were 29 cases presenting. These cases all presented within seven days of an assault incident and were referred via An Garda Síochána.

There was a statistical spread throughout the year, with January and February being the busiest months. Please see table 1.1, below; for details. When compared with the spread of service uptake in 2011 it can be generalised that the latter two and initial two months of each year saw an increase in up take. However, in both tables midyear had a flash point, in 2011 the month of July and 2012 May.

Table 1.1 2012 Monthly Breakdown of Attendance: Numbers & Percentages

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
5	5	2	1	5	0	2	3	1	0	4	4
16%	16%	6%	3%	16%	0%	6%	9%	3%	0%	12%	12%

Table 1.2 2011 Monthly Breakdown of Attendance: Numbers & Percentages

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
6	2	3	1	0	1	5	2	1	1	4	3
20%	6.8%	10%	3%	0	3%	17%	7%	3%	3%	13%	10%

Geographical Area Represented

As the service is focused on the HSE Mid West, the geographical spread is reflective of this catchment area. Table 2.1 gives a breakdown of the residential location of the client group in 2012. In some cases this was not disclosed to An Garda Síochána and/or G.P and therefore not recorded in the Shannondoc return.

Limerick remains the biggest user of the service with 73% of the overall up take in 2012 an increase on the 2011 figure of 62% (see table 2.2). This is in keeping with its status as the main urban focal point in the Mid West with a large concentration of population in its hinterlands. There may be other factors which contribute to the reporting rate.

Table 2.1 2012 County/ Country of residence: Numbers & Percentages

Limerick	Tipperary	Clare	Not known	Cork
23	2	4	1	1
73%	7%	13%	3.5%	3.5%

Table 2.2 2011 County/ Country of residence: Numbers & Percentages

Limerick	Tipperary	Clare	Not known
18	5	5	1
62%	17%	17%	3%

Service Parameters

The service is available to those who are aged 14 years and over. Since January 2011, specialist Child & Adolescent SATU services are now available in Galway. The actual age of clients is not recorded on the service contact sheet but those under 18 years of age are flagged for follow up purposes with the Child Protection Social Work services.

As in 2011, there were only two cases in 2012; 6% of the total, where the client was under 18 years of age. This is in stark contrast to the eleven referrals (27.5%) of under 18 year old referrals seen in 2010. There is a trend over the last two years of a decrease in the numbers of referrals in respect of minors (under 18 years). Figures in 2012 reflected a 1% decrease on the 2011 figure. In 2009, 15 referrals, 37.5% of cases, processed were minors under 18 years of age.

Training Events:

A SATU specialist training event took place on the 5th April 2012 in the Mid West Regional Hospital, Limerick. The session was targeted at those G.P's eager to become involved with the service.

Further training took place as part of the G.P Forum on the 19th September with presentations from a number of guest speakers including Dr Andrea Holms, Clinical Director Galway SATU & HSE consultant on H.I.V & Infectious Disease. She presented a session on SATU best practice with particular focus on prophylaxis. The Forensic Nurse Specialist from Galway SATU, Niamh Bonner, gave a brief overview on the Galway service with a special focus on maintaining forensic standards of hygiene.

Miriam Duffy, Mid West Rape Crisis Centre, presented on the work of the Rape Crisis SATU volunteers and the evidence base informing the provision of the service.

Both of these training events were attended predominantly by G.P's which was a shift from events of 2011.

Liaison with third level educational institutions has lead to presentations by RCNI to raise public awareness of the issues and services available. This has prompted consideration for other events at third level or sporting campuses in the Mid West region.

Local Developments:

G.P Developments

The roster of doctors has been re energised with the addition of three new G.Ps; Dr. Michelle O Connell, Dr. Emmet Kerin and Dr. Jason McMahon. Dr. Margie Lynch stepped down and Dr. Rosin Costello has asked to be excluded from the rota for a number of months.

Dr. Margaret Murphy, after six years of dedicated service stepped down from the post of G.P representative on the Mid West SATU Advisory group. Dr.

Liam Holmes has kindly agreed to be the G.P representative for the coming year.

Rape Crisis Service

The Rape Crisis Mid West (RCMW) volunteers, who are specifically trained to attend at medical examination with victims and their family/friend, have become firmly established. The volunteers are co-ordinated and supervised by Deirdre Curtain of Rape Crisis Mid West (RCMW) for this specific work.

G.P examiners initiate this service, once the arrangements for the FME have been agreed with An Garda Síochána. Feedback from all parties has been very positive, with G.P's acknowledging the support the RCMW worker offers to them and more directly to patients in respect of immediate aftercare and their availability also to patient's family/friend. There is a generous pool of volunteers available to the service.

Service Parameters

The biannual forensic standards audit was successfully completed with positive outcomes on both audit days. All service stakeholders' collaborations to support and ensure the delivery of the SATU service continue to satisfy these standards.

There has been no service complaints recorded during 2012. The Designated Officer and Community Development Worker both co-ordinated service elements of the service and responded to information queries and F.O.I. requests at intervals throughout the year.

Budget 2012.

The annual allocation of €30,000 is specifically for the payment of the on call forensic examiners. Thereafter costs incurred are met by the service stakeholders in the following arrangement:

- HSE GP Unit: Financial Processing-administration of on-call and call-out payments to forensic examiners.
- Shannondoc – call out service co- ordination and records management of Rota of Examiners.
- RCMW- volunteer training & co-ordinating supervisor.
- Mid West Regional Hospital –provision of examination room, supplies & facilities, including cleaning and all maintenance of the facility. Access to the examination room is facilitated also by Hospital.
- An Garda Síochána- provision of forensic examination kits. Facilitation of victim's arrival to the MWRH SATU site for examination following rape or sexual assault.
- An Garda Síochána provide payment to the GP Forensic Examiners in respect of their examination, provision of medical report and any subsequent Court attendance.

National: Continual Professional & Service Development.

The Safeway SATU newsletter was produced by the Rotunda service in spring 2012. This contains relevant articles, links and information of relevant to those working in the field.

On Tuesday 29th May SATU services gave a half day presentation in the Royal College of Physicians, Dublin as part of the Sexual Health Awareness week events.

August saw the launch of a web presence for the SATU, this project was lead out by Niamh Bonner of the Galway SATU with the HSE hosting the site. The site can be accessed at the following address

http://www.hse.ie/eng/services/Find_a_Service/Sexualhealth/SATU/SATU.html

The Annual Conference: Practitioners Study Day for those involved in delivering SATU services took place on Friday 5th October in the Rotunda,

Dublin. There were both national and international speakers on topics pertinent to SATU services.

Rape Crisis Network Ireland launched a Legal Information Pack for solicitors and barristers who provide advice to survivors of sexual violence. The aim of the pack is to equip all legal practitioners advising a survivor of sexual violence with as much specialist information as possible. The Legal Information Pack is available to download at the following link <http://www.rcni.ie/uploads/LegalInfoPackPractitioners.pdf>

There has been ongoing negotiations between An Garda Síochána and the HSE with regard to payment processes for Forensic Examiners. As the new system beds down there have been a number of teething problems. These issues are being addressed. The G.P's on call are now routinely forwarding the relevant An Garda Síochána invoices to Ann Ryan for validation. Once these have been received they are sent to An Garda Síochána, Phoenix Park for process.

Full Lists of Advisory Group & G.P Service Members

Members of the Advisory Group

Ms Bernie Nolan, Acting Clinical Nurse Manager, Regional Hospital,
Dooradoyle, Limerick

Insp. Brendan McDonough, An Garda Síochána, Roxoboro, Limerick Division.

Insp. John O'Sullivan, An Garda Síochána, Ennis Division.

Superintendent Dan Flavin, An Garda Síochána, Newcastlewest, Limerick.

Dr. Liam Holmes, GP, White thorns, Castletroy, Co. Limerick.

Ms. Jacqui Deevy, HSE Child Care Manager & Designated Officer for
Violence Against Women, Ennis, Co. Clare. (Operations Manager)

Ms. Ann Ryan, Community Development Worker, North Tip HSE, Nenagh,
Co. Tipperary. (Secretariat)

Ms. Miriam Duffy, Coordinator, Limerick Rape Crisis Centre, Limerick.

Ms. Deirdre Curtain, Volunteer Coordinator, Limerick Rape Crisis Centre,
Limerick

Ms Kay Culbert, HSE, Primary Care, Ballycummin, Limerick.

Ms. Camillia O'Donoghue, Coordinator, Shannondoc, St Camillus, Limerick.

Dr. Ann Hogan, HSE, Principal Medical Officer, Ballycummin Ave, Limerick.

SATU Service Forensic Examiners:

Dr. Philip Cullen.

Dr. Margaret Murphy.

Dr. Liam Holmes.

Dr. Pat Morrissey.

Dr. Seamus O'Flynn.

Dr. Michelle O Connell.

Dr. Emmet Kerin.

Dr. Jason McMahon