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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 2013
Date published: June 2014**

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Contents	Page
Introduction	3
Operational definitions and abbreviations	5
Executive Summary	6
Individual SATU Annual Reports	
Cork	7-20
Donegal	21-35
Galway (SATU and CASATS reports)	36-59
Midland Regional Hospital, Mullingar	60-81
Rotunda Hospital, Dublin	82-102
Waterford Regional Hospital, Waterford	103-113
Appendix	
Mid-West SATU Annual Report 2013	114-118

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 2013, these units provided care for 677 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 26 patients in 2013. Additional funding would enable provision of the full range of SATU staff and both acute & follow-up services at this location.

There has been a small increase in numbers of patients attending the SATUs in 2013, from 680 in 2012 to 703 in 2013. We hope that prompt provision of responsive care has facilitated efficient detection of reported incidents but also ensured that patients receive early and appropriate care needs to reduce the long term health effects of sexual violence. We continue to be concerned, however, that there are individuals who need SATU services but 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 again this year. 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 for this study day. 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 Guidelines Development Group continue to be an active interagency group with the 2nd Edition of the interagency National Guidelines on Referral and Forensic Clinical Examination currently being revised, with an anticipated launch of the 3rd edition in 2014. These Guidelines 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.

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 developing a suite of key performance indicators (KPIs) within the interagency SATU context. This development is the ideal opportunity to progress our data collection platforms to ensure accuracy and allow appropriate sharing between units and selected agencies. This would also facilitate future high quality Irish research in this area.

We welcome the focussed commitment of the HSE to improving facilities for children under the age of 14 years who require SATU services in this jurisdiction. We are aware of the high standard and ease of access of certain paediatric facilities (eg the CASATS service, whose key service activities are enumerated in this report), but have all encountered areas of the country with limited infrastructure and staffing to care for this vulnerable population. Many of us visited the recently opened Rowan facility in Northern Ireland, this purpose built unit provides care for both adults and children after sexual crime and is a credit to all those involved in its development. This is a model of care we should strive to provide in this jurisdiction; as well as providing appropriate patient focussed care it also highlights the staff, funding, educational and infrastructural efficiencies that exist with a co-located service.

I am delighted to provide you with copies of all service activity reports, as well as a summary of National Statistics for 2013. 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 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 Gardai. 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 2013

Attendance

- There were 677 attendances at the 6 SATUs in the Republic of Ireland in 2013, an increase of 29 cases nationally from 2012 (when 648 patients attended).

Time of Day the Incident Occurred

- 468 (69.1%) 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

- 530 (78.3%) patients reported recent sexual assaults (within 7 days).
- 557 (82.3%) cases involved a single assailant.

Gender, Age Profile, Referral Source

- 648 (95.7%) patients were women and 29 (4.3) were men.
- The mean age of patients was 25.5, the youngest was 12, the eldest 86 years.
- 503 (74.3%) cases were referred to the SATU by An Garda Síochána.

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

- 518 (76.5%) patients reported the incident to An Garda Síochána, over 80% of these attended the SATU within 72 hours of the incident.

Alcohol and Drug Use

- 366 (54.1%) patients had consumed ≥ 4 units of alcohol in the 12 hours prior to the incident.
- 73 (10.8%) patients were concerned that drugs had been used to facilitate sexual assault.

Patient awareness of whether sexual assault occurred

- 114 (16.8%) 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 postexposure prophylaxis (PEPSE) at time of SATU attendance. 423 (62.5%) received Chlamydia prophylaxis, 395 (58.4%) commenced a Hepatitis B immunisation programme and 41 (6%) patients started postexposure 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: 2013.

**Author: Finola Tobin,
Date published: March, 2014.**

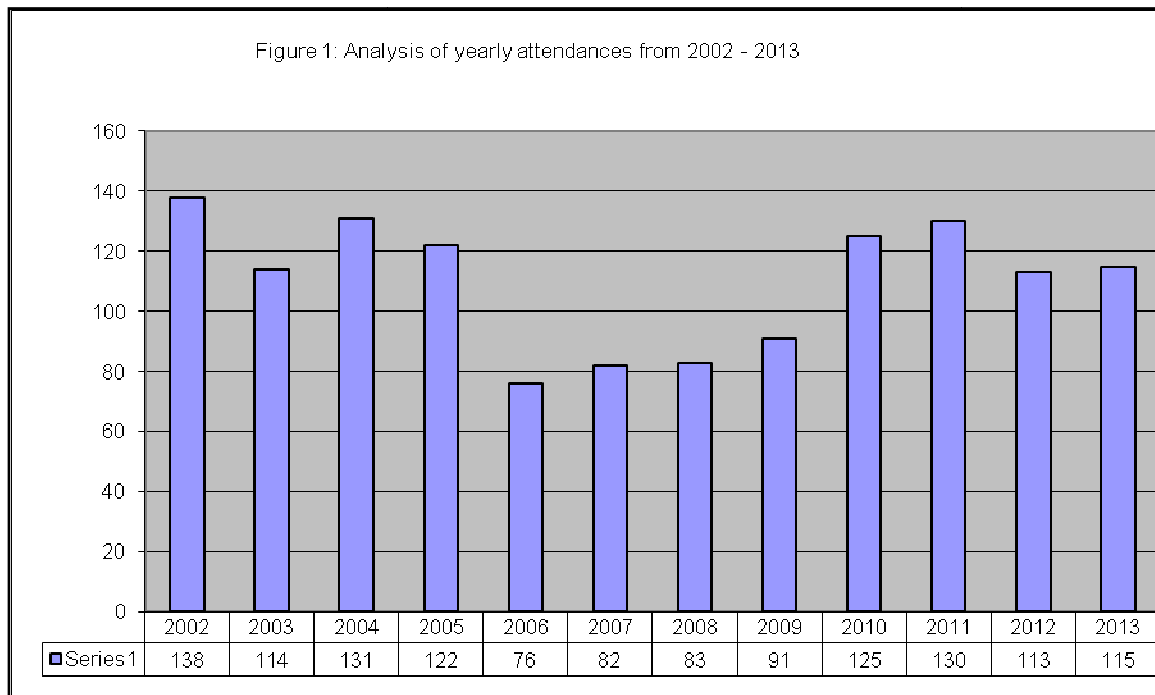
1. The Cork SATU, South Infirmary / Victoria University Hospital:

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 2013, there were 115 new attendances at the SATU.
- This showed an increase of 2 % from 2012 (See figure 1)



3. Country Where the Incident Took Place:

- In 112 (97 %) of cases, the Incident took place within the Republic of Ireland.
- In (3 %) of cases, the incident took place In the following countries:
 - United Arab Emirates.
 - Italy.
 - U.S.A.

4. County Where the Incident Took Place:

- Of the 112, Incidents which took place in the Republic of Ireland, they occurred in the following counties (See table 1)

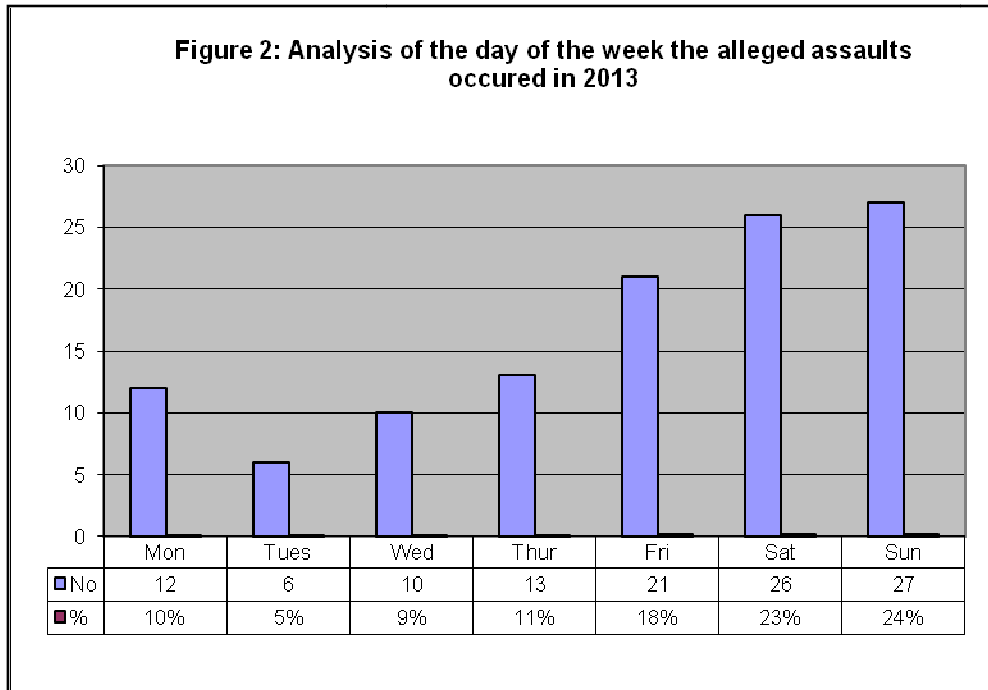
Table 1: Analysis of the county/s where Incident took place		
County	No	%
Cork	77	69%
Kerry	22	20%
Limerick	8	7%
Tipperary	3	2%
Dublin	1	1%
Kildare	1	1%
Total	112	100%

5. Month of Attendance: (See table 3)

- The busiest months were September with 14 cases (12 %) and July with 13 cases (11%) presenting.

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

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

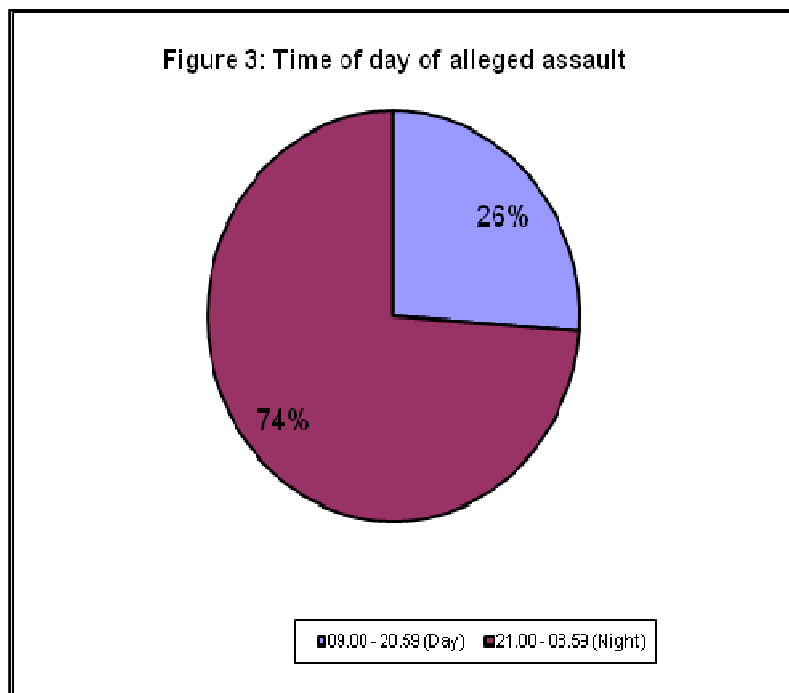


7. Notable Day or Event

- 12 cases occurred on a notable day or at a notable event.
 - 4 on St. Patricks Day night.
 - 1 at Rose of Tralee Festival
 - 1 at the Listowel Races in Kerry.
 - 1 on Leaving Cert night
 - 2 at Halloween
 - 1 on Christmas morning
 - 1 on St. Stephens Day
 - 1 on New Years Eve

8. Time of Day Incident Occurred:

- The majority of incidents 85 (74 %) occurred between the hours of 21.00 – 08.59 (See figure 3)



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

Location	No	%
Other outdoors	26	23%
Assailants Home	26	23%
Other indoors	24	21%
Home	20	17%
Field / Park	11	9%
Car	5	4%
Taxi	3	3%
Total	115	100%

10. Type of Alleged Sexual Crime:

Of the 115 clients

- 101 (88%) were recent sexual assaults i.e. occurred in the previous 7 days
- 6 (5%) occurred > 7 days and < than one month prior to attending SATU
- 7 (6%) occurred > than one month prior to attending SATU
- 1 (1%) long term abuse

11. Assailant/s:

11.1 Number of Assailants: single or multiple assailants

- 96 (84%) cases involved a single assailant
- 6 (5%) cases involved two assailants
- 5 (4%) cases involved multiple assailants
- In 8 (7%) cases, the number of assailants were unknown

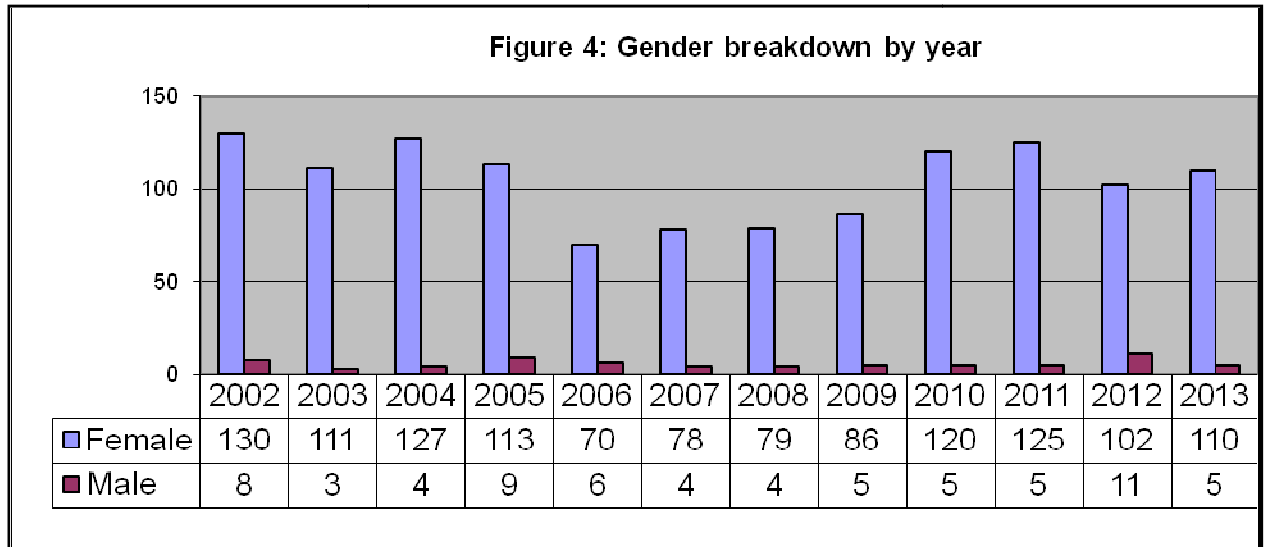
11.2 Relationship between the client and Alleged Assailant (See table 5)

Relationship	No	%
Stranger	42	36%
Acquaintance	32	27%
Friend	18	16%
Unknown	8	7%
Other	5	4%
Family Member	4	4%
intimate Partner	3	3%
Ex-intimate Partner	3	3%
Total	115	100%

12. Demographics:

12.1 Gender

- Of the 115 clients, there were 110 (96%) females and 5 (4%) males.
- Gender Trends (See figure 4)

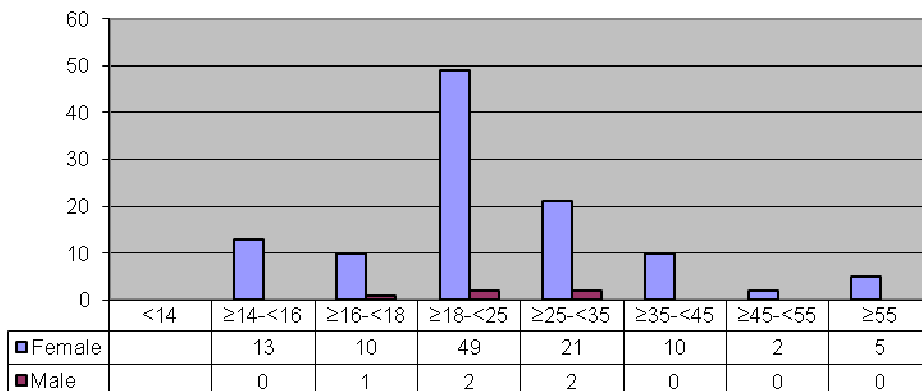


12.2 Age Profile (See table 6 and figure 5)

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

Mean	Mode	Median	Minimum	Maximum
24	20	21	14	67

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



12.3 Occupation (n =115)

- 48 (42%) of clients were students
- 39 (34%) of clients were unemployed
- 28 (24%) of clients were in employment

12.4 Marital Status (See table 7)

Table 7: Analysis of marital status (n =115)		
Marital Status	No	%
Single	102	89%
Separated	3	3%
Married	3	3%
Co-habiting	3	3%
Divorced	2	1%
Other	2	1%
Total	115	100%

12.5 Source of Referral (See table 8)

Table 8: Analysis of source of referral (n =115)		
Referral Source	No	%
Gardai	86	75%
Self	14	12%
Other	10	9%
GP	4	3%
RCC	1	1%
Total	115	100%

12.6 Ethnicity (See table 9)

Table 9: Analysis of ethnicity of patients (n =115)		
Ethnicity	No	%
White	112	97%
Black or Black Irish	2	2%
Asian or Asian Irish	1	1%
Total	115	100%

13. Support Worker in Attendance:

- 100 (87%) of clients met with a Support Worker at the initial SATU attendance.

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

Of the 115 clients that attended the SATU:

- 86 (75%) of clients reported the incident to An Garda Síochána and of these 83 (72%) of clients, agreed to have forensic samples taken.
- 29 (25%) of all clients did not report the incident to the Garda Síochána.
- 33/86 (38%) reporting and 20/29 (69%) non-reporting had an STI screen.

15. Clients Reporting to An Garda Síochána:

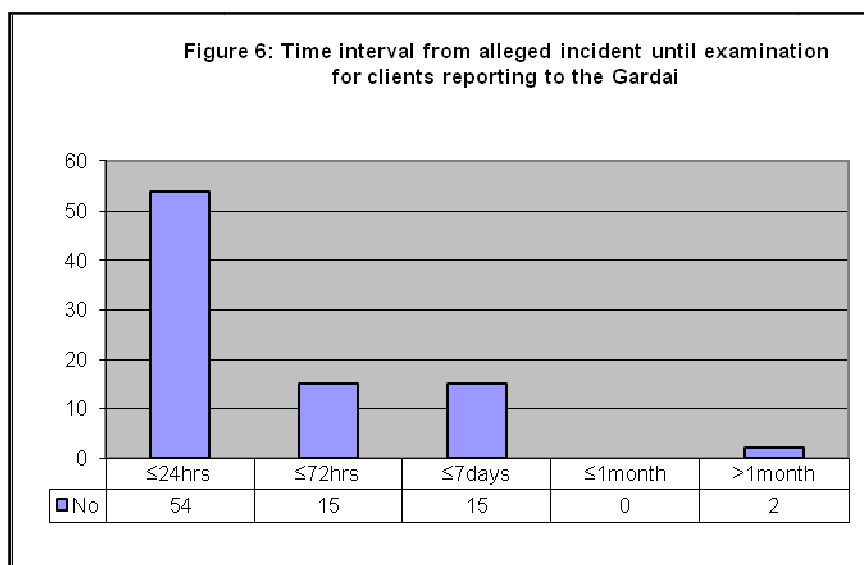
15.1 Time Interval from incident to attendance in SATU

84 (97%) clients (reporting) attended ≤ 7 days, of these

54 (63%) were seen within 24 hours

An additional 15 patients (17%) were seen within 72 hours

15 (17%) were seen between 72 hours and 7 days (see figure 6)



16. Clients Awareness of Whether a Sexual Assault had Occurred

- 92 (80%) of clients felt that a sexual assault had occurred.
- 22 (19%) of clients were unsure if a sexual assault had occurred.
- 1 (1%) said an assault did not occur

17. Physical Trauma

44 (38%) of clients had physical trauma and 13 (11%) attended Emergency Departments with minor trauma

18. Alcohol and Drug Use

18.1 Alcohol

- 78 (68%) of clients had consumed alcohol in the previous 12 hours prior to assault of these
- 74 (64%) of clients had consumed ≥ 4 units of alcohol
- 26 (23%) of clients had consumed at least 10 units of alcohol
- 8 (7%) of clients had consumed more than 15 units of alcohol
- The average number of units of alcohol consumed in the previous 12 hours prior to the alleged assault was 9 units

Mean	Median	Mode
9	8	10

18.2 Drugs

- 12 (10%) of clients had taken drugs, of these
 - 9 (7%) had taken illegal drugs.
 - 3 (3%) had taken prescribed medication
- Of all clients seen in 2013, 9 (7%) were concerned that drugs had been used to facilitate sexual assault.

Both Alcohol and Drugs

- In 10 (9%) of cases, clients had taken both alcohol and drugs.

19. Emergency Contraception (EC)

- 83 (75%) of the 110 female clients were seen within 72 hours of the incident, of these
 - 47 (57%) were given EC
 - The remainder 63 did not receive EC for various reasons (See table 11)

Reason	N	(%)
Already using contraception	20	32%
Received EC prior to attending Unit	13	20%
Other	13	20%
No penile penetration	8	13%
Menstruating	3	5%
Refused	3	5%
Post-hysterectomy or post-menopausal	3	5%
Total	63	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

- 56 (49%) clients received Chlamydia prophylaxis in 2013.
- 50 (43%) clients had Hepatitis B immunisation commenced, of these 11 have so far completed the course in SATU.
- No client received post exposure prophylaxis treatment for HIV.

20.2 Follow up Appointments for Screening

- 78 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	78 (68%)	58 (74%)	29 (37%)	4 (5%)
Attended another service for follow-up	24 (21%)			
Follow-up screen not required	8 (7%)			
Refused a follow-up screen	5 (4%)			
Total	115			

20.3 Outcome of the STI Screening Carried Out by the SATU (n =55)

- 11 (%) of clients out of 55 screened had abnormal results (See table 13).

Table 13: Abnormal STI screening results (n =55)		
Abnormal results	N	(%)
Candida	8	14%
Genital warts	2	4%
Chlamydia	1	2%
Total	11	20%

21. SATU Developments, Activities, Opportunities and Challenges

21.1 Developments in 2013

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.

Finola Tobin CNS is on the National SATU Documentation Development Group which was formed in 2013 to update the SATU client documentation and to support continued and future high quality healthcare and forensic practice. This group meets through having fortnightly conference call meetings.

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 2013.

[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 Regional Prescribers Forum in Cork in March, 2013 and a health Promotion Day in Cork Prison in June. She also attended Peer Review meetings in Mullingar in January 2013 and Galway in March and then Cork hosted a peer review meeting in June 2013. She also attended the National SATU Conference in Dublin in October.

21.4 Publications and Presentations

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

Post Graduate Diploma in Emergency Nursing.

The Cork Branch of Practice Nurses.

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

MSc programme in Law, in University College Cork.

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

The Senior Midwifery Team in the Cork University Maternity Hospital.

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



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

ANNUAL REPORT FOR YEAR ENDING: 2013

**Author: Connie Mc Gilloway CNS SAFE
Date published: February 2014**



1. The Donegal SATU¹, Letterkenny General Hospital, Co. Donegal

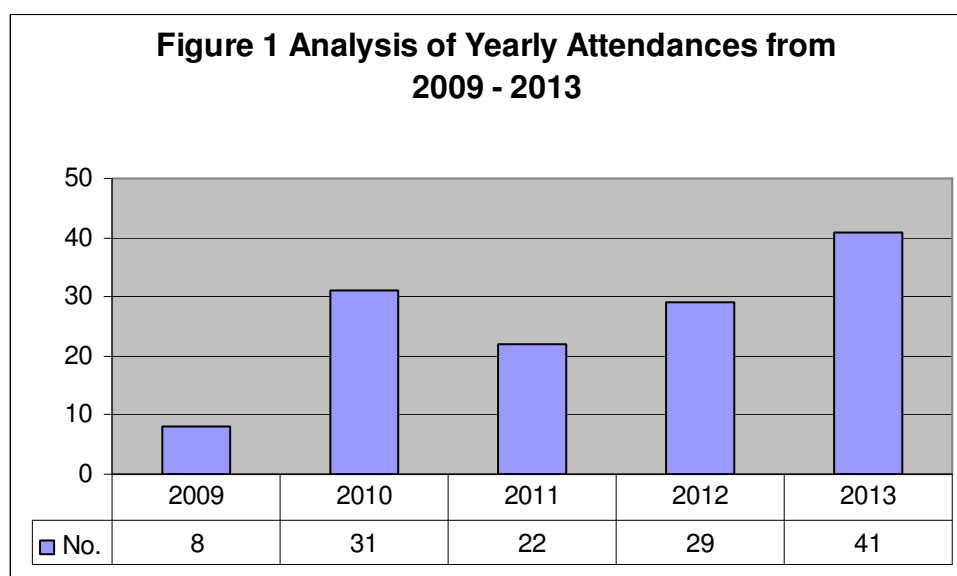
In 2013 The SATU Team consisted of:

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

Note: Ms Jane Casserley availed of leave during 2013. The Management and staff of the Donegal SATU would like to congratulate Jane on the birth of her second child.

2. Number of Attendances

- In 2013, there were 41 attendances at the SATU.
- This showed an increase of 12 (41%) from 2012 (See Figure 1).



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

- 40 (98%) incidents took place within the Republic of Ireland.
- 1 (2%) incident took place outside the Republic of Ireland.

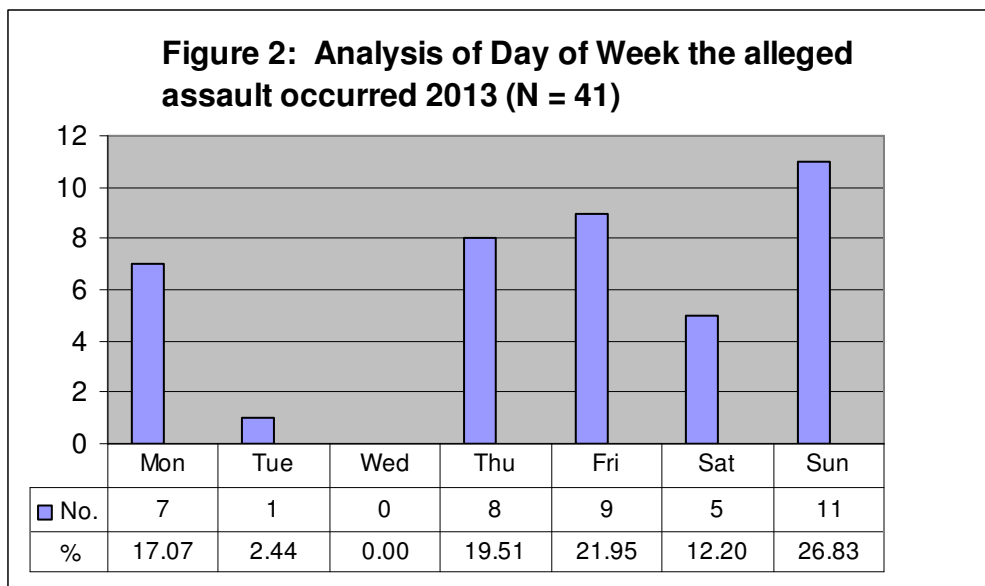
Table 1: Analysis of the county/s where Incident took place		
County	No	%
Donegal	35	88
Dublin	2	5
Kildare	1	5
Sligo	2	5
Total	40	98
Analysis of the country/s where Incident took place		
Country	No	%
Northern Ireland	1	2
Total	41	100.00

4. Month of Attendance (see Table 2)

- May was the busiest month in 2013 with 7 (17%) patients attending the SATU during this period.

Table 2: Analysis of Attendances by Month												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	5	2	1	2	7	2	5	3	3	1	5	5
%	12.20	4.88	2.44	4.88	17.07	4.88	12.20	7.32	7.32	2.44	12.20	12.20

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

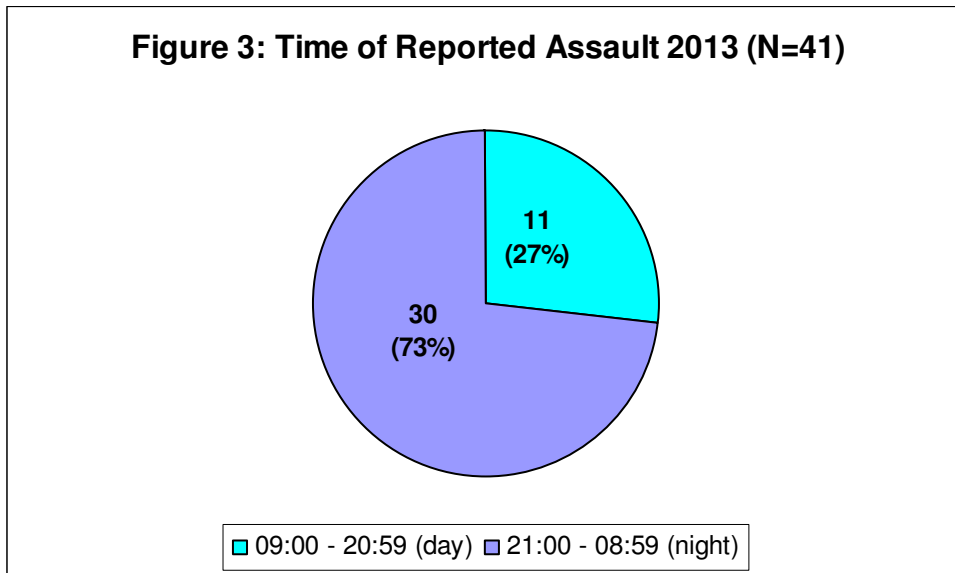


6. Notable Day or Event

3 (7%) occurred over Bank Holiday weekends.

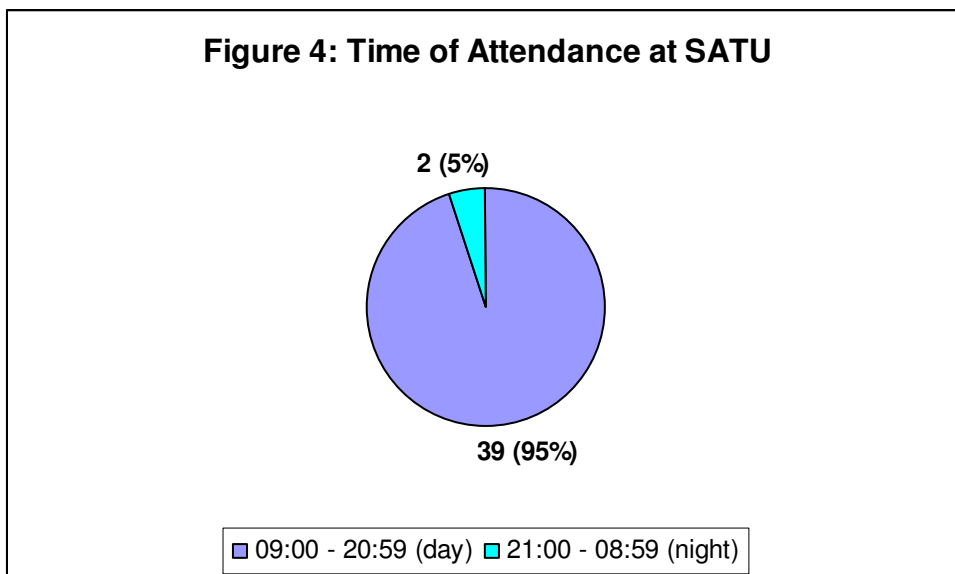
7. Time of Day Incident Occurred (see Figure 3)

The majority, 30(73%) of incidents occurred during the hours of 21:00 – 08:59hrs.



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

The Donegal SATU operates a twelve hour service between 08:00hrs and 20:00hrs daily. 39 (95%) patients attended the SATU during these hours and 2 (5%) presented after 20:00hrs (see Figure 4).



39 (95%) of patients were seen at the Donegal SATU within 3 hours of referral.

2 (5%) patients were delayed by 3 hours or longer due to medical reasons and patient request.

9. Location where the Incident Occurred (see Table 3)

Location	No	%
Home	11	27%
Assailants home	9	22%
Car/Taxi	2	5%
Other indoors	9	22%
Other outdoors	10	24%
Total	41	100%

10. Type of Reported Sexual Crime

Of the 41 patients:

- 28 (68%) cases were recent sexual assaults.
- 9 (22%) cases were later than 7 days
- 4 (10%) cases were reported as long-term abuse

11. Assailant/s

11.1 Number of Assailants: single or multiple assailants

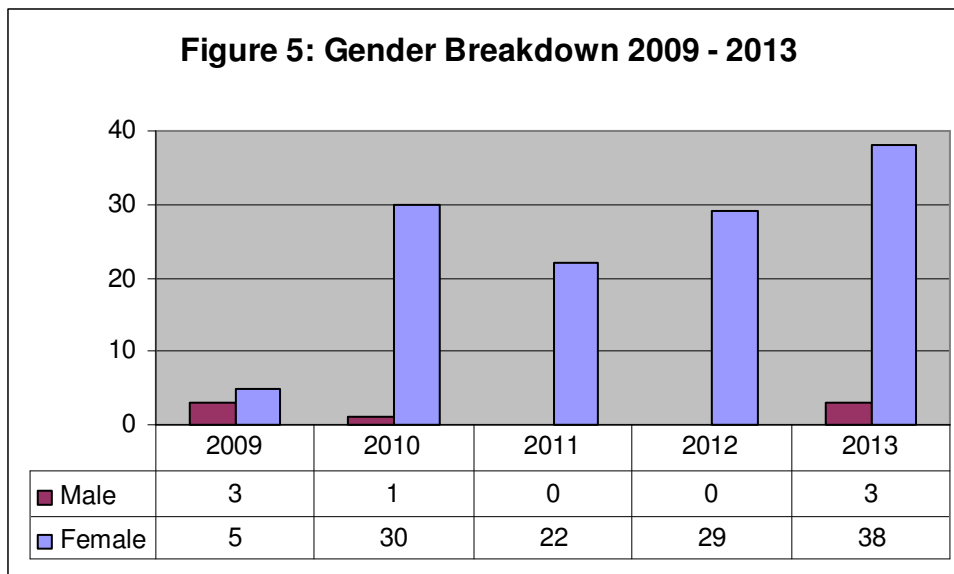
- 38 (93%) cases involved a single assailant.
- 1 (2%) case involved multiple assailants.
- 2 (5%) cases; the number of assailants was unknown.

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 =41)		
Relationship	No	%
Recent Acquaintance	8	20.00
Friend	7	17.07
Acquaintance	9	21.95
Family Member	1	2.44
Unknown	3	7.32
Ex-intimate Partner	5	12.20
Stranger	5	12.20
Intimate Partner	3	7.32
Total	41	100

12. Demographics (See Figure 5)

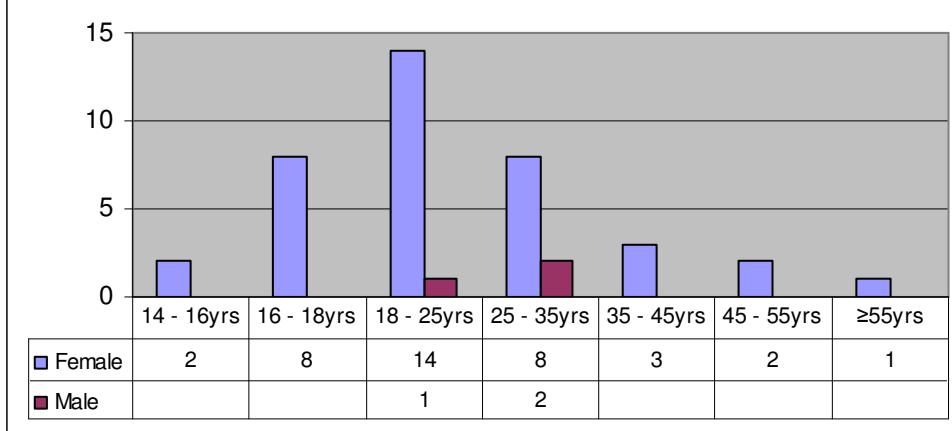
12.1 Gender: Of the 41 patients, there were 38 (93%) females and 3 (7%) males.



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 the SATU				
Mean	Mode	Median	Minimum	Maximum
26	17	21	14	67

Figure 6: Analysis of age profile of patients in relation to gender 2013



12.3 Occupation ($n = 41$)

- 18 (44%) were students
- 8 (19%) were in employment
- 15 (37%) were unemployed

12.4 Marital Status (see Table 6)

Marital Status	No	%
Single	30	73
Married	4	10
Separated	2	5
Divorced	2	5
Co-habiting	3	7
Total	41	100

12.5 Source of Referral (see Table 7)

Referral Source	No	%
Self	3	7.3
GP	5	12.2
Gardaí	20	48.8
RCC	1	2.4
Other	12	29.3
Total	41	100

12.5.1 Of the 41 patients referred to the Donegal SATU 12 (27%) were referred from “Other” sources (See Table 7.1).

“Other” Source	No	%
Donegal Jigsaw Project	3	25
Letterkenny General Hospital	2	17
Letterkenny GUM Clinic	2	17
Social Work Department	2	17
Donegal Mental Health Service	1	8
Donegal Women’s Domestic Violence Service	1	8
Intellectual Disability Service	1	8
Total	12	100

12.6 Ethnicity (see Table 8)

Ethnicity	No	%
White	41	100
Total	41	100

13. Psychological Support Worker in Attendance

36 (88%) patients had a Psychological Support Worker at the initial SATU attendance. The remaining 5 (12%) patients had counselling or psychiatric support in attendance from other statutory and voluntary services.

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

Of the 41 patients that attended the SATU

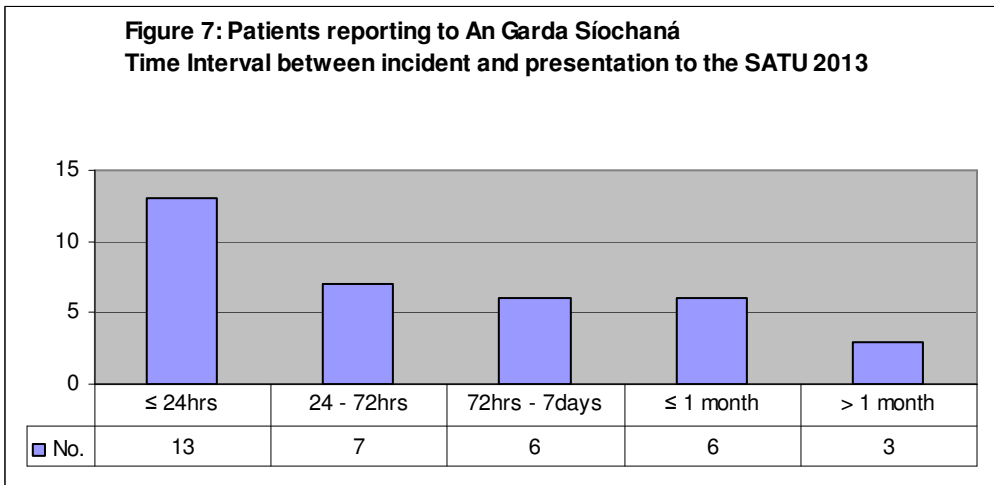
- 35 (85%) reported the incident to An Garda Síochána, of these;
- 26 (74%) presented within 7 days, of these; 22 (85%) patients had a forensic clinical examination performed and 4 (15%) patients did not consent to a forensic clinical examination. 9 (26%) patients had a health check because they presented outside the forensic time frame.
- 6 (15%) had a health check because they chose not to report the incident to An Garda Síochána at the time of attendance in SATU.

15. Patients Reporting to An Garda Síochána:

15.1 Time Interval from incident to attendance in SATU

- 35 (85%) reported the incident to An Garda Síochána of these;
 - 26 (74%) ≤ 7days;

- 20 (57%) were within < 72 hours
- 13 (37%) were seen within 24 hours (See Figure 7)



16. Patient awareness of whether a Sexual Assault had occurred

38 (93%) stated a sexual assault had occurred.

3 (7%) stated they were unsure if a sexual assault had occurred.

17. Physical Trauma

- 18 (20%) patients attending the SATU had physical trauma, of these:

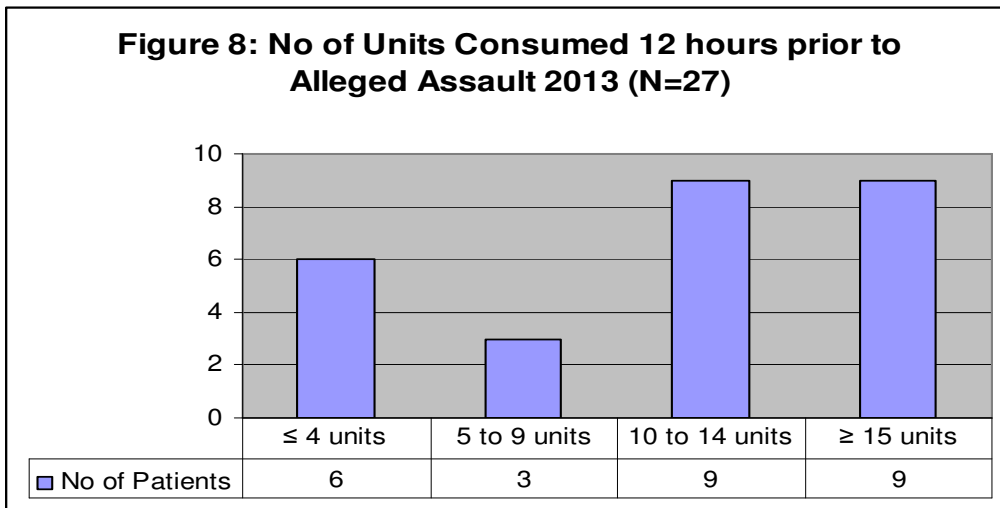
- 15 (83%) patients attending the SATU had superficial trauma.
- 2 (11%) attended the Emergency Department with minor trauma.
- 1 (6%) attended the Emergency Department with major trauma.

18. Alcohol and Drug Use

18.1 Alcohol

- 27 (66%) patients had consumed alcohol in the previous 12 hours prior to presentation to the SATU, of these;

- 21 (78%) patients had consumed ≥ 4 units of alcohol (See Figure 8)



18.2 Drugs

- 15 (37%) patients had taken drugs, of these:
 - 1 (2%) patient had taken over the counter medication
 - 11 (27%) patients had taken prescribed medication
 - 3 (7%) patients had taken illegal drugsNo patients had taken both prescribed medication and illegal drugs
- 2 (5%) patients were concerned that drugs were used to facilitate sexual assault.

18.3 Both Alcohol and Drugs

- 12 (29%) patients had taken both alcohol and drugs.

20. Emergency Contraception (EC)

23 (56%) female patients presented within 120 hours of the incident, of these;

13 (57%) patients were given emergency contraception, of these;

- 12 (92%) were given Levonorgestrel 1500mg
- 1 (8%) was given Ulipristal Acetate (Ellaone) 30mg
- 10 (44%) did not receive EC for various reasons (see Table 10)

Reason	N	(%)
Already using contraception	1	10
Menstruating	1	10
Post-hysterectomy or post-menopausal	2	20
Received EC prior to attending Unit	4	40
Pregnant	-	-
No penile penetration	1	10
Refused	1	10
Total	10	100

20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

20.1 STI Prophylaxis

- 30 (73%) patients received Chlamydia prophylaxis.
- 14 (34%) patients had Hepatitis B immunisation commenced, of these:
 - 4 (29%) patients have completed the course to date.

The Donegal SATU is unable to offer post exposure prophylaxis (PEP) treatment for HIV to patients following sexual assault due to ongoing problems concerning access to a Specialist Infectious Disease Consultant and the appropriate follow up care.

20.2 Follow up appointments for screening (see Table 11)

All patients, plus patients from other SATUs were offered screening for STIs.

Table 11: Analysis for Follow-up Screening for STI's (n =31+ 2)	No.	attended 1 st Appt.	Attended 2 nd Appt to date	Attended 3 rd Appt to date
Given SATU Appt. for follow-up screening	31	25 (81%)	19 (61%)	6 (19%)
Attended Donegal SATU from other SATUs	+ 2			
Attended other service for follow-up	6			
No STI follow-up required	2			
Refused a follow-up appointment	2			
Total	41+2			

20.3 Outcome of the STI Screening performed in the SATU (n = 25)

Of the 25 patients screened for STIs:

1 (4%) patient had a positive result for Candida.

2 (8%) patients had a positive result for Bacterial Vaginosis.

21. SATU Developments, Activities, Opportunities, and Challenges

21.1 Developments in 2013

The Donegal SATU operated as a twelve hour service on a daily basis throughout the year, providing inter-agency education and service development. During 2013 one Forensic Clinical Examiner (FCE) covered the Donegal SATU's day-to-day management and on-call rota. Ms Jane Casserley CNS availed of leave during the year 2013 and is availing of a career break until 2016. During the year links were strengthened with the Galway SATU in relation to regional peer review and support to the service on the occasion when Donegal would be without a Forensic Clinical Examiner on-call.

The service continued to forge inter-agency collaboration with statutory and voluntary agencies throughout the year. Raising the profile of the SATU was an ongoing objective. In addition to the service being represented on committees and working groups such as:

- The Board of Directors of the Donegal Sexual Abuse and Rape Crisis Centre
- The Clinical Governance Group of the Donegal Jigsaw Project

- The Donegal Human Trafficking Working Group
- The Donegal Sexual Health Forum

The service also works closely with the Letterkenny Women's Centre, Donegal Women's Domestic Violence Service, Intellectual Disability and Mental Health services and the Donegal Youth Council.

In 2013 the Donegal Human Trafficking Working Group developed a Booklet: The Truth about Human Trafficking, a guide for service providers in Donegal in recognising, responding to and reporting/referring issues of Human Trafficking. This booklet was launched in December 2013 and is available on the HSE Website.

At a national level the Donegal SATU is represented on the national documentation group.

21.2 Multi-Interdisciplinary SATU Liaison Group Meetings

The SATU Liaison Group consists of the Donegal Sexual Abuse and Rape Crisis Centre, Garda Superintendent, Garda Scenes of Crime, and the Sexual Assault Forensic Examiner.

The Liaison group met quarterly during the year.

21.3 Educational and Training Events

The service continued to contribute to inter-agency education throughout 2013. SATU staff were actively involved in delivering outreach education programmes to Primary Community and Continuing Care, to voluntary and statutory organisations and 2nd and 3rd level institutions. These programmes endeavoured to raise awareness and equip service providers and service users with a better understanding of how to respond to incidents of sexual violence.

3rd Year Student Nurse Placements continued in the Donegal SATU in 2013 with two student nurses taking up a one week placement each in the service. The placements were organised in collaboration with the School of Nursing and Midwifery, 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 Young Person's Clinic

(ILASH clinic), the Letterkenny GUM clinic and the Donegal Sexual Abuse and Rape Crisis Centre. The student nurses also attended 'school education programmes' and inter-agency training sessions. The feedback from the placements was very positive and it is anticipated that 3rd year student nurses will continue to have a placement in the SATU as part of their ongoing curriculum.

21.4 Publications and Presentations

Publications

The SATU service produced an easy to read wallet sized user-friendly information card in 2012 and the Health Promotion department provided funding in 2013 for a further 3000 cards to be published. Furthermore, prior to the end of 2013, Health Promotion provided funding to the Donegal SATU through the Donegal Youth Council who are designing posters for the service. The posters aim to target young women and men and raise awareness about the Donegal SATU service. Following approval by the Letterkenny General Hospital Editorial Committee it is anticipated that the posters will be published in the spring of 2014.

Mandatory training attended in 2013:

Hand Hygiene – Connie Mc Gilloway

Open Disclosure – Connie Mc Gilloway

Conferences, Courses and Peer Review attended in 2013

- 'Sex in Ireland Recent Research and Policy implications' RCSI
- Children First Train the Trainers
- 'Care of the Vulnerable Adult' (La Touche Training) ½ day
- Absenteeism Workshop ½ day
- ½ day STI Update
- Voice of the Child (La Touche Training) ½ Day
- Domestic, Sexual and Gender based Violence training (1 day)
- 2½ day Leadership programme
- AIDS West – STI's and adolescents
- National Adult and Adolescent Peer review – Mullingar (January 2013)
- Regional Adult and Adolescent Peer review – Galway (September 2013)
- SATU Annual General Conference – Rotunda Hospital (October 2013)

- National Adult and Adolescent Peer review – Rotunda Hospital (October 2013)

Presentations and information sessions to statutory and voluntary groups

- Sexual Abuse Victim Support Group – West Donegal
- Primary Community Continuing Care (PCCC) Health Care Staff – Donegal
- Children First Induction Training - Northgate Audiology Screeners
- *Overview of the SATU* - Youth Group Leaders (Love Hurts Programme)
- Forensics and The Donegal SATU - Referral Pathways & Overview
South Donegal Mental Health Team
- LYIT 3rd Year Student Nurses x2 (one week Placements within the Donegal SATU)
- Letterkenny Institute of Technology (LYIT) Health and Social Care Students
- Sexual Assault Awareness, Managing Disclosure and Referral Pathways – Youthreach
Teachers/Tutors/Coordinators

The Schools Education Programme was delivered in the following schools:

- Ballyshannon Secondary School
- Scoil Mhuire, Buncrana , Inishowen
- Bundoran Secondary School
- Colaiste Scoil Aileagh, Letterkenny
- Deelee College, Raphoe
- Errigal College, Letterkenny
- Merville Community School, Inishowen

Youthreach Programmes

- Ballyshannon
- Buncrana, Inishowen
- Letterkenny
- Lifford

21.5 Challenges in 2014

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. Similar to other SATU settings in the country, the Donegal SATU is limited by both personnel and funding, with staffing levels being a very significant issue for this unit. The Donegal SATU does not currently have sufficient budget or staff to maintain a timely, responsive and local service for all victims of sexual assault in the northwest region. One Forensic Clinical Examiner (CNS SAFE) has maintained the service throughout 2013 with

the support of a team of support healthcare staff and additional on-call cover by the Galway SATU. The continuing lack of a designated SATU budget providing funds for additional cover when needed, creates a situation where patients are asked to travel, accompanied by An Garda Síochána, for a minimum of four hours to the nearest dedicated SATU service.

National reports and recommendations have highlighted the need for easy access to care for victims of sexual assault. ² However, there continues to be a dearth of funding in the North West to provide this care. Although the Donegal SATU has the commitment at local level, commitment to the service is crucial 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 2013.

Dr Chris King, Donegal SATU Clinical Director

Ms Evelyn Smith, Donegal SATU Service Manager

All SATU Support Healthcare staff and DRCC Psychological Support Workers

The Donegal SATU Liaison Group

Ms Sara O'Donovan (Director) and the staff of the DRCC

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

References

- ¹ 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.
- ² 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 (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 2013

Authors:

**Dr. Andrea Holmes, Clinical Director, SATU, Galway
Dr. Joanne Nelson, Clinical Director, CASATS, Galway
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**Date published:
June 2014**

Attendance re: Galway, Mayo and Roscommon

- There were 66 attendances at the SATU, Galway
- 64 (97%) cases the incident took place within the Republic of Ireland

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

- July was the busiest month with 10 (15%) of cases presenting
- Sunday was the busiest day with 15 (23%) of patients presenting on that day
- 55 (83%) occurred between the hours of 21:00-08:59

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- 53 (80%) were recent sexual assaults <7days; 6 (9%) occurred <7 days and <1 month; 7 (11%) long term abuse
- 55 (83%) cases was a single assailant; 7(11%) cases multiple assailants involved
- 17 (26%) the alleged assailant was a stranger / unknown to the patient

Gender, Age Profile, Referral Source

- 62 (94%) patients were female, 4 (6%) male
- The age mean was 25.4 years, the youngest was 14 , the eldest 86 years (the minimum age criteria is 14 years)
- 50 (76%) were referred by An Garda Síochána, 11 (17%) self referred, 2 (3%) were referred by the RCC

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

- 50 (76%) reported the incident to An Garda Síochána
- 44 (92%) \leq 7days, of these, 38 (76%) were within < 72 hours, 30 (60%) were within 24 hours

Support Worker in Attendance

- 62 (94%) a Support Worker from the RCC was in attendance

Physical Trauma

- 40 (61%) patients had physical trauma, 2 (3%) attended the ED with minor trauma, 2 (3%) attended the ED with major trauma

Alcohol and Drug Use

- 38(58%) patients had consumed \geq 4 units of alcohol in the previous 12 hours
- 6 (9%) patients had taken illegal drugs.
- 6 (9%) patients had taken both prescribed drugs and illegal drugs.
- 6 (9%) patients were concerned that drugs had been used to facilitate sexual assault
- 10 (15%) were unsure if a sexual assault had occurred

Emergency Contraception (EC)

- 41 female patients were seen within 72 hours of the incident
- 24 (36%) were given PCC

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 32(48%) patients received Chlamydia prophylaxis, 27(41%) Hepatitis B immunisation programme was commenced, 4 (6%) received PEP for HIV
- 31 (46%) were given an appointment, of these 28 (90%) returned for first screening appointment
- 1 (1%) had abnormal STI screening results

CASATS Executive Summary 2013

Attendance At Galway CASATS

- There were 61 attendances at the CASATS, Galway
- 60 (98%) cases the incident took place within the Republic of Ireland

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

- Jan, September and November were the busiest months with 8 (13%) of cases presenting
- Tuesday was the busiest day with 18 (30%) examined on that day
- 9 (15%) 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 61 patients who were seen 14 (23%) alleged incidents took place within the previous 7days (acute)
- 10 (16%) cases had forensic sampling undertaken. Of the 4 acute cases where forensic samples were not taken, 1 had a medical explanation for his presentation, 1 had samples taken elsewhere and was having a second opinion examination, 2 made disclosures excluding genital touch or penetration.
- 2 patients involved multiple assailants

Gender, Age Profile, Referral Source

- 48 (79%) patients were female, 13 (21%) male
- The age mean was 7.5 years, the youngest 2 years, eldest 17 years
- 36 (59%) were referred by An Garda Síochána, 17 (28%) were referred by social workers, 4 (7%) were referred by a Hospital Consultant, 2 (3%) by GP, 2 (3%) from other SATUs

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

- 36 (59%) cases reported the incident to An Garda Síochána
- 14 (23%) presented within \leq 7days of alleged assault. Of these, 11 (18%) were within \leq 72 hours although only 6 (10%) of these cases were within 24 hours
- 4 (7%) cases presented between 7-28 days after most recent alleged sexual contact
- An exact time frame was not specified for 43 (70%) cases
- 4 (7%) cases had a clear medical reason to explain their presentation including non herpes genital ulceration, diarrhoea, napkin psoriasis and napkin dermatitis. In these cases there was no substantive disclosure of sexual abuse and the index for potential sexual abuse was extremely low

Support Worker in Attendance

- No Support Worker was in attendance

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 52 (85%) patients had an STI screen
- 6 (10%) patients commenced a Hepatitis B vaccination schedule
- 1 (1%) patient was given Post coital contraception
- 2 (3%) patients were given HIV PEPSE

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

- 13 (21%) cases involved child assailants, 3 (5%) of whom were under 12 years of age.

- The same female child assailant was reported in 2 (3%) cases. All other child assailants were male.
- In 4 (7%) cases the age of potential assailant was uncertain and in one case other children and an adult were suspected of inappropriate sexual behaviour.

Adult Assailants (defined as ≥ 18 years at time of alleged assault)

- In 41 (67%) cases adult males were suspected of instigating sexual abuse of whom 18 (30%) were the child's biological father, although in two of these cases a medical reason was determined as the most likely reason for the child's presentation and the index of suspicion for child sexual abuse was extremely low.
- There were no suspected adult female perpetrators of sexual abuse in 2013.

1. The SATU, Galway

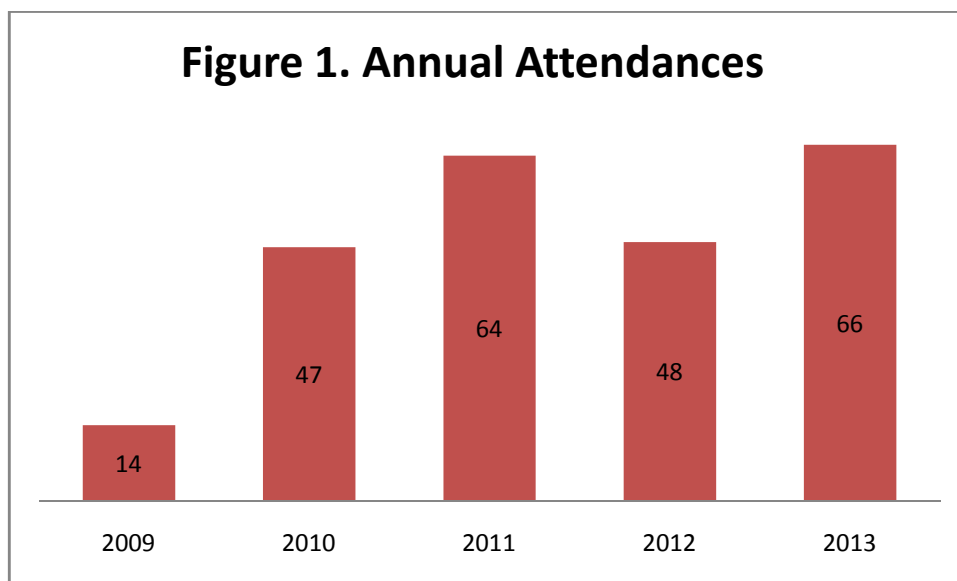
The SATU Galway opened in August 2009 and throughout 2013 there were 66 attendances. 76% were referred by the Gardaí, 18% were self referrals, 2% were referred by a G.P. and 2% were referred by the Rape Crisis Centre.

In 2012 the SATU Team consisted of:

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

2. Number of Attendances

- In 2013, there were 66 attendances at the SATU.
- This showed an *increase* of (37.5%) from 2012 (See figure 1)



3. Country Where the Incident Took Place

- 64 (97%) cases the Incident took place within the Republic of Ireland
- 2 (3%) cases outside Ireland the countries where the incidents took place were:
 - UK
 - Spain

4. County Where the Incident Took Place

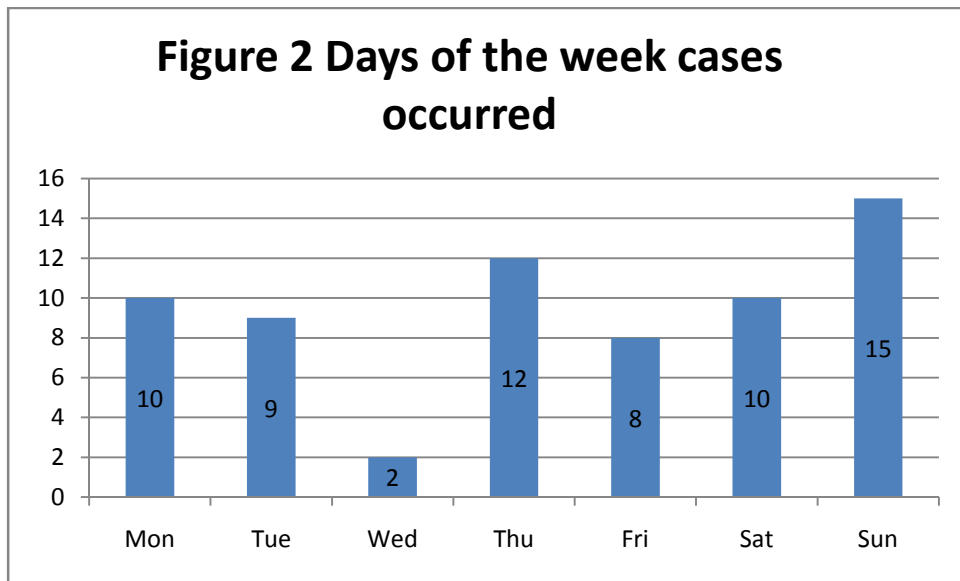
- Of the 64 cases where the Incident took place in the Republic of Ireland (See table 1)

Table 1: Analysis of the counties where Incident took place (n=64)		
County	No	%
Galway	34	53
Mayo	10	16
Clare	8	13
Roscommon	5	8
Donegal	3	5
Limerick	2	3
Sligo	1	1
Westmeath	1	1
Total	64	100

5. Month of Attendance (See table 2)

Table 2: Analysis of Month by Attendances (n=66)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	5	9	3	1	8	4	10	5	4	7	3	7
%	7.5	13.5	4.5	1.5	12	6	15	7.5	6	11	4.5	11

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

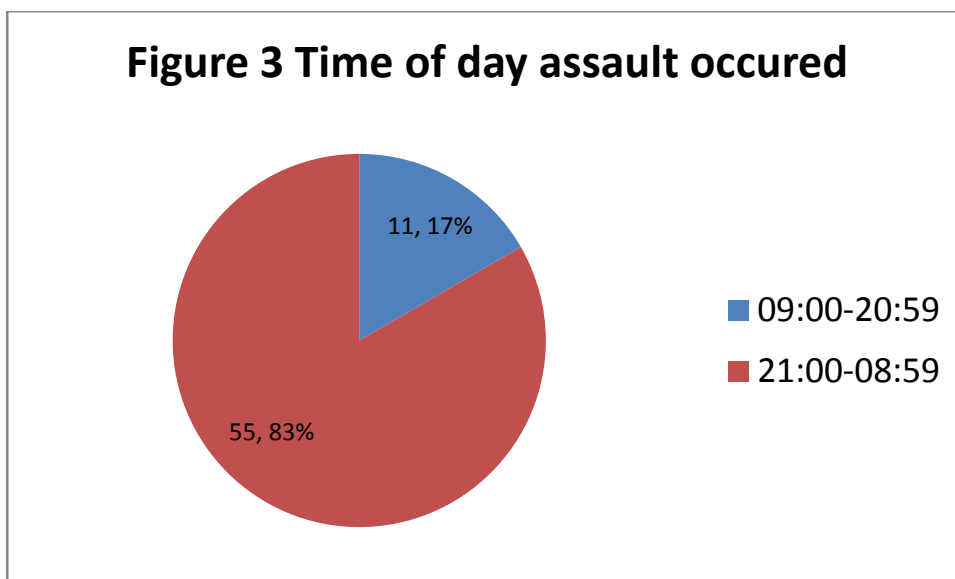


7. Notable Day or Event

4 (6%) incidents occurred on a notable day or at a notable event

- 3 (4.5%) occurred on e.g. Bank Holiday, Christmas, Easter
- 1 (1.5%) occurred during Galway Race Week

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



9. Location where the incident occurred (See table 4)

Location	No	%
Home	15	23
Assailants home	9	14
Car	1	1.5
Taxi	2	3
Field / Park	1	1.5
Other indoors	23	34
Other outdoors	15	23
Total	66	100

10. Type of Alleged Sexual Crime

Of the 66 patients

- 53 (80%) were recent sexual assaults <7days
- 6 (9%) occurred >7 days and <1 month
- 7 (11%) were alleged long term abuse

11. Assailant/s

11.1 Number of Assailants: single or multiple assailants

- 55 (83%) cases had a single assailant
- 7 (11%) cases had multiple assailants
- 4 (6%) cases: number of assailants unknown

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

Relationship	No	%
Friend	10	15
Acquaintance	14	21
Recent Acquaintance	4	6
Stranger	17	26

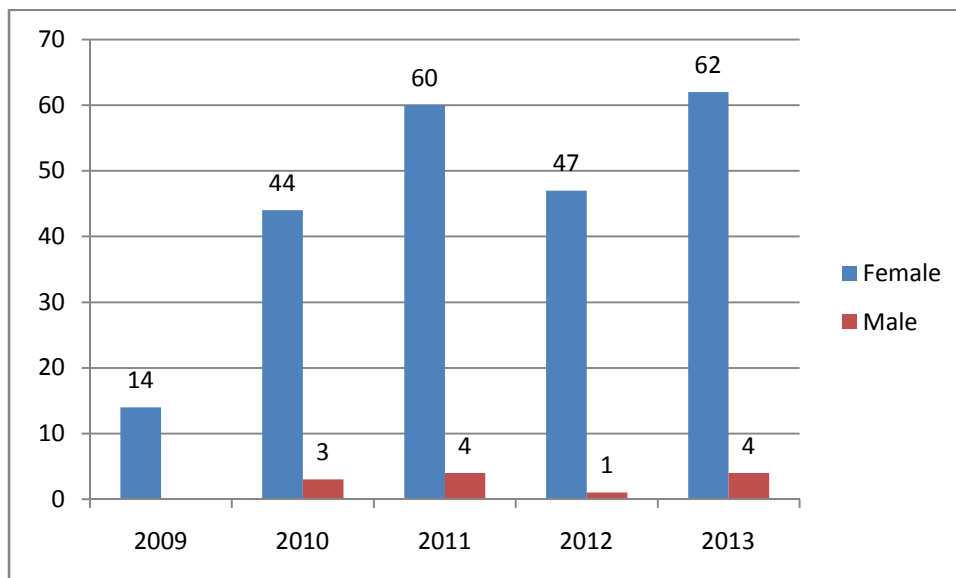
Family Member	4	6
Intimate Partner	5	7.5
Ex-intimate Partner	5	7.5
Unknown	6	9
Other	1	2
Total	66	100

12. Demographics

12.1 Gender

- Of the 66, there were 62 (94%) females and 4 (6%) males (See figure 4)

Figure 4 – Gender demographics

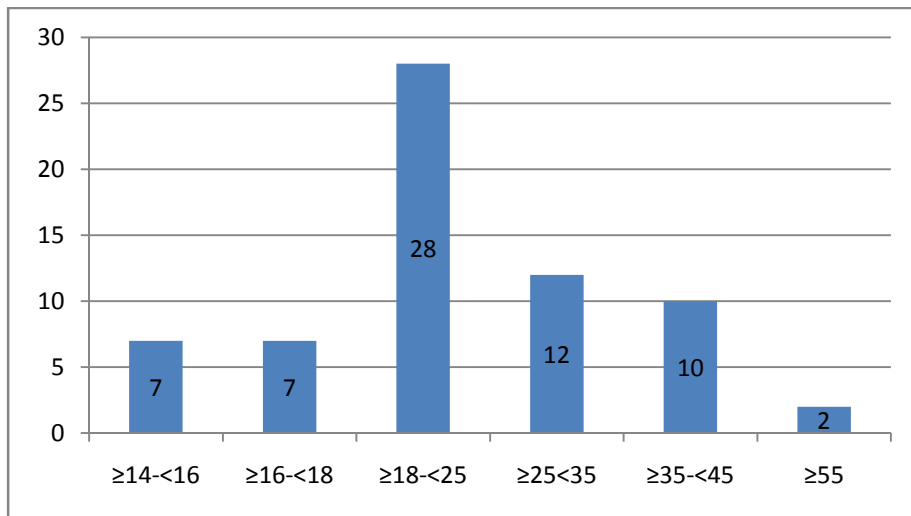


12.2 Age Profile (See table 6 and figure 5)

Table 6: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU (n=66)

Mean	Mode	Median	Minimum	Maximum
25.4	23	22	14	86

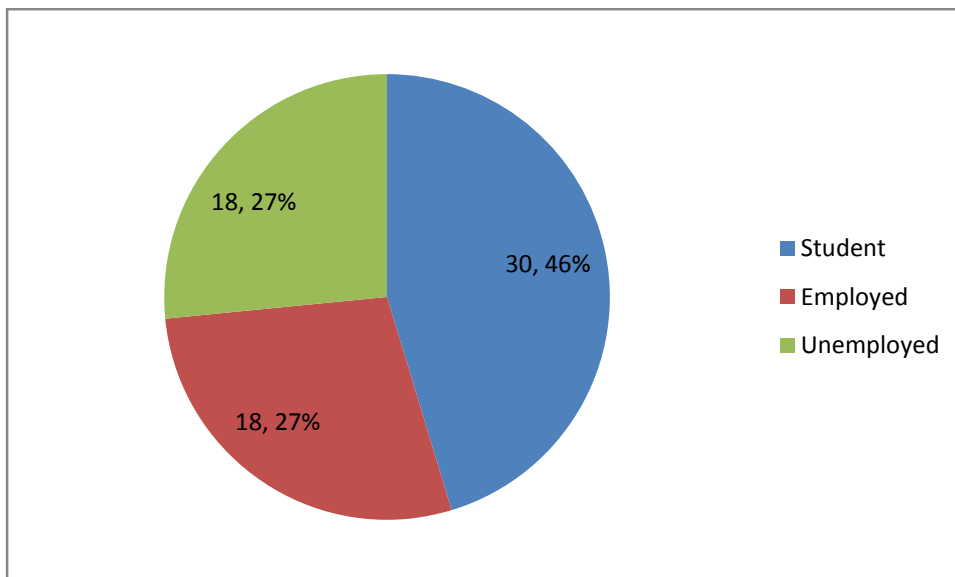
Figure 5 - Age profiles



12.3 Occupation (n =66)

- 30 (46%) were students
- 18 (27%) were in employment
- 18 (27%) were unemployed

Figure 6 - Occupation



12.4 Marital Status (See table 7)

Table 7: Analysis of marital status (n = 66)		
Marital Status	No	%
Single	58	88
Married	5	8
Co-habiting	2	3
Other	1	1
Total	66	100

12.5 Source of Referral (See table 8)

Table 8: Analysis of source of referral (n =66)		
Referral Source	No	%
Self	11	17
GP	1	1
Gardai	50	76
RCC	2	3
Other	2	3
Total	66	100

12.6 Ethnicity (See table 9)

Table 9: Analysis of ethnicity of patients (n =66)		
Ethnicity	No	%
White	64	97
Black or Black Irish	1	1.5
Roma	1	1.5
Total	66	100

13. Support Worker in Attendance

- 62 (94%) patients had a Support Worker at the initial SATU attendance; however a support worker was available for all cases.

14. Type of Attendance: Reporting/Non-reporting

Of the 66 patients that attended the SATU:

- 41 (62%) reported the incident to An Garda Síochána and had a forensic clinical examination carried out
- 25 (38%) had a health check examination

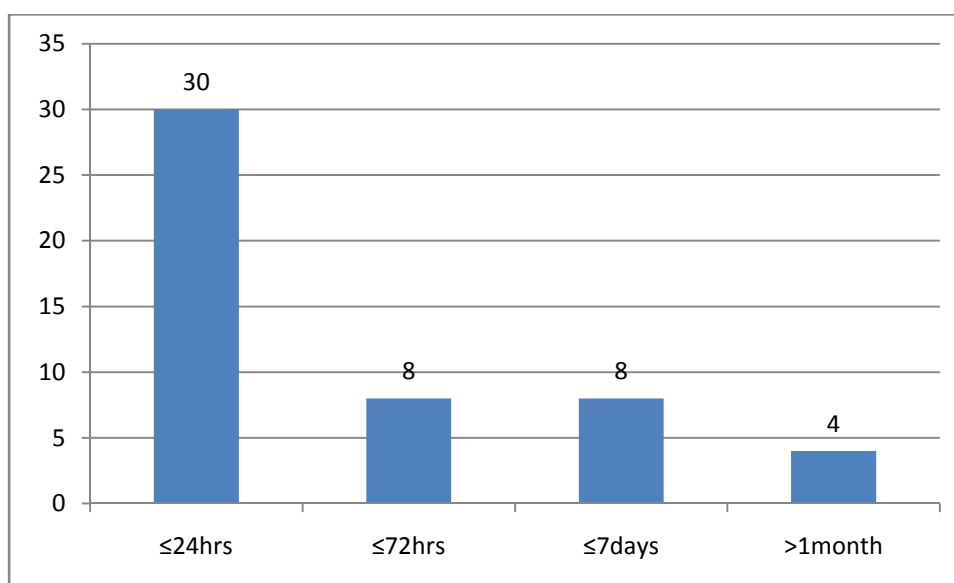
15. Patients Reporting to An Garda Síochána:

50 (76%) of patient reported to an Garda Síochána

15.1 Time Interval from incident to attendance in SATU

- 44 (67%) \leq 7days, of these
 - 38 (58%) were within < 72 hours
 - 30 (45%) were seen within 24 hours (See figure 6)

Figure 7 - Time interval from alleged incident until attendance in SATU for patients reporting to An Garda Síochána



16. Patients Awareness of Whether a Sexual Assault had occurred

- 56 (85%) felt that a sexual assault had occurred
- 10 (15%) were unsure if a sexual assault had occurred

17. Physical Trauma

- 40 (61%) patients attending the SATU had physical trauma
 - 2 (3%) attended the Emergency Department with minor trauma
 - 2 (3%) attended the Emergency Department with major trauma

18. Alcohol and Drug Use

18.1 Alcohol

- 48 (73%) patients had consumed alcohol in the previous 12 hours prior to attending the SATU, of these
- 38 (57.5%) 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
9.3	10	10

18.2 Drugs

- 6 (9%) patients had taken drugs, of these
 - 6 (9%) were prescribed medication
 - 6 (9%) were illegal drugs
 - 6 (9%) patients had taken both prescribed medication and illegal drugs
- 7 (11%) patients were concerned that drugs had been used to facilitate sexual assault

18.3 Both Alcohol and Drugs

- In 6 (9%) alleged assaults both alcohol and drugs were a factor

21. Emergency Contraception (EC)

- 41 (62%) female patients were seen within 72 hours of the incident, of these
 - 24 (36%) were given EC
 - The remainder 17 (26%) did not receive EC for various reasons (See table 11)

Table 11: Reasons female patients seen within 72 hours did not receive EC in the SATU (n = 17)		
Reason	N	(%)
Already using contraception	6	35
Post-hysterectomy or post-menopausal	1	6
Received PCC prior to attending Unit	5	29
No penile penetration	2	12
Other	3	18
Total	17	100

20. Sexually Transmitted Infection (STI) Prophylaxis and Screening

20.1 STI Prophylaxis

- 32 (48%) patients received Chlamydia prophylaxis
- 4 (6%) patients received post exposure prophylaxis treatment for HIV
- 27 (41%) patients had Hepatitis B immunisation commenced, some of these are still in progress

20.2 Outcome of the STI Screening Carried Out by the SATU (n = 24)

- 1 (1.5%) had abnormal result (genital ulceration culture positive for Herpes simplex)

20.3 Follow up Appointments for Screening

- All 66 patients were offered screening for STI's
 - 26 (39%) patients attended Galway SATU for follow up
 - In total there were 80 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 2013 the 24 service was provided, by two Child and Adolescent Forensic Examiners.

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

FORENSIC MEDICAL ASSESSMENT: A forensic medical assessment involves a detailed medical history and “top to toe” examination. This entails evaluating a child’s health, developmental, psychological and forensic / evidential needs. It is undertaken in a child friendly environment with age appropriate toys. The parent / carer / child advocate is encouraged to stay with and support a child throughout. Older children/ Adolescents can opt to have a supporter present or to undergo examination alone. Intimate examinations are undertaken using specialised equipment (colposcopy and photodocumentation). This enables a focused light source, magnification and photography. Images are numbered but otherwise anonymous (no faces / no names). Photographs are used to document injuries or other findings, and are vital if the examining doctor requires a second expert opinion or if the findings / evidence are challenged through the court process. Pre-pubertal children do not undergo internal (speculum) examinations. Every effort is taken to ensure the child’s comfort. The examination can be stopped at any time if the child is distressed. Most children are easily reassured. Feedback suggests children and adolescents often find the examination therapeutic.

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

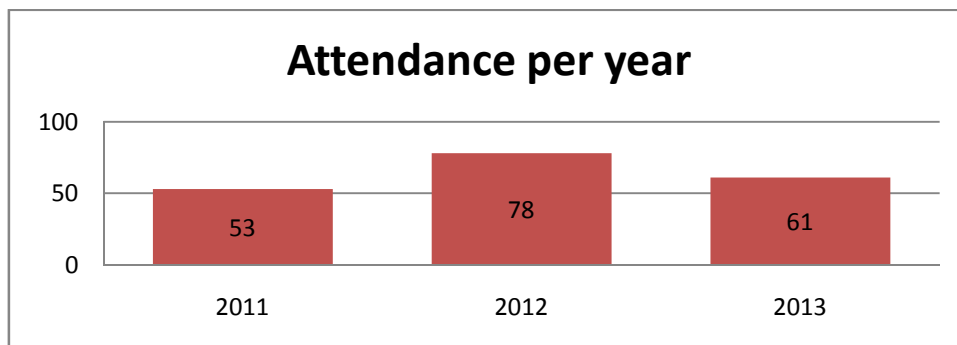
referring to social services as indicated and to ensure ongoing support for the child and family, unless the reason for attendance is deemed to be purely medical.

CASATS Team

- 2 Forensic Examiners with expertise in child and adolescent sexual assault including the Clinical Director who is a Consultant Paediatrician.
- CASATS shares the SATU team of
 - 1 CNS/SAFE
 - 1 Manager
 - 22 Support Nurses (on call)

22. Number of Attendances

- In 2013, there were 61 attendances at CASATS.



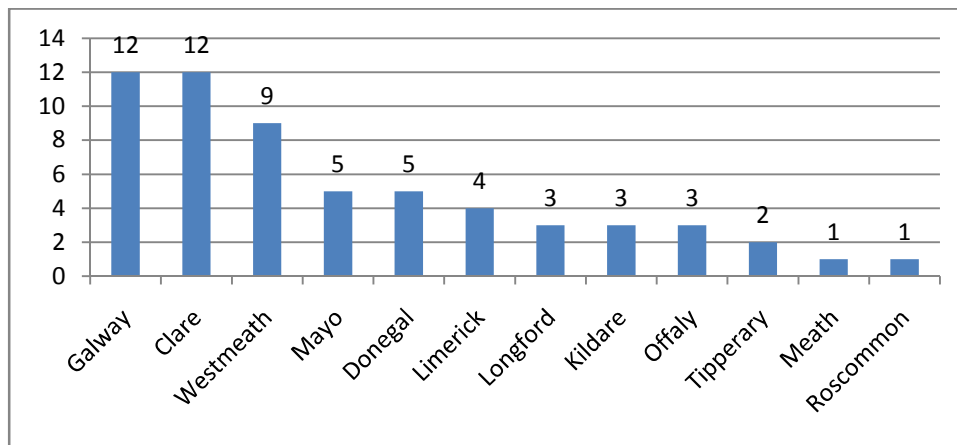
23. Country Where the Incident Took Place

60 alleged incidents occurred in Ireland, 1 incident occurred outside Ireland

24. County of Referral

- 12 (20%) - Galway
- 12 (20%) - Clare
- 9 (15%) - Westmeath
- 5 (8%) - Mayo and Donegal
- 4 (6%) - Westmeath
- 3 (5%) – Longford, Offaly and Kildare
- 2 (3%) -Tipperary
- 1 (1%) - Meath and Roscommon

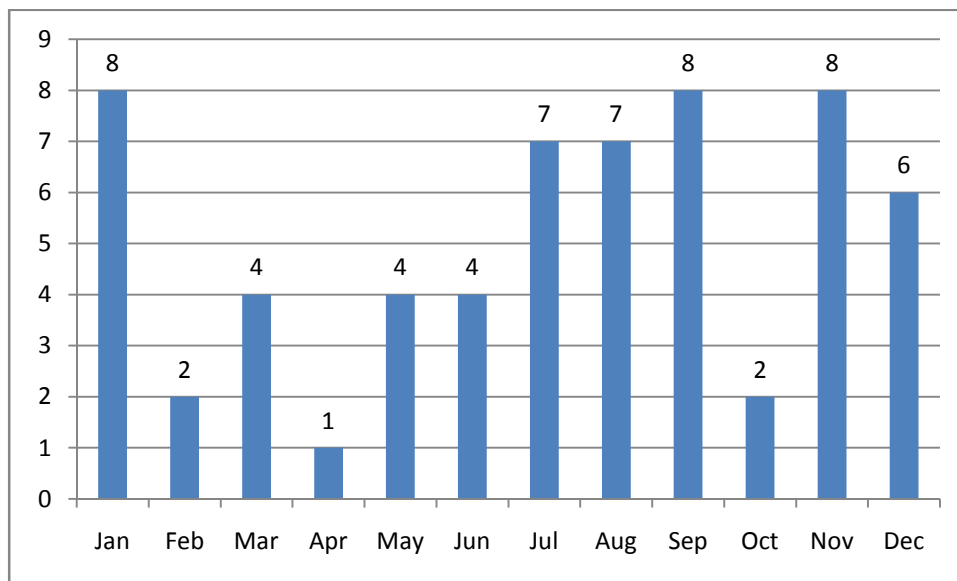
Figure 1 County of referral



25. Month of Attendance

- January, September and November were the busiest months with 8 attendances each

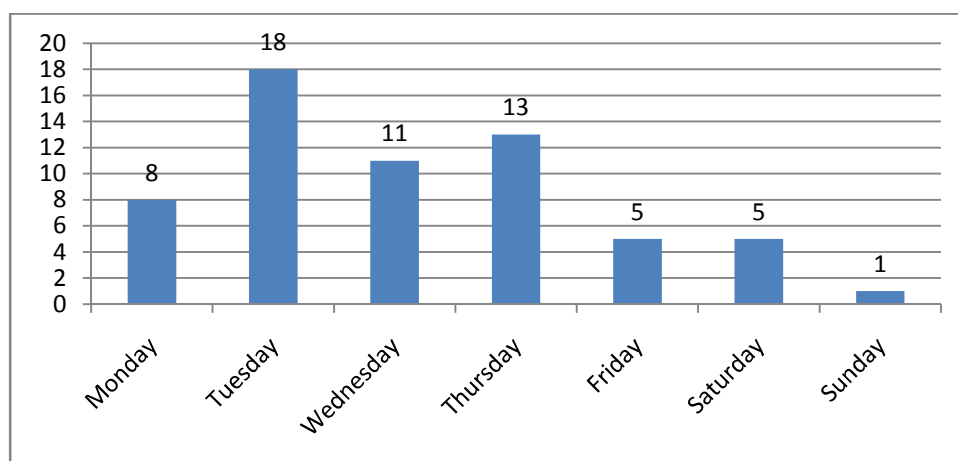
Figure 2 Attendances per month



26. Day of the Week Patient attended the unit

- Tuesday was the busiest day with 18 (30%) attendances on this day. This reflects the availability of the forensic examiner as the majority of cases were historical and could be scheduled at a time convenient to all parties.

Figure 3 Day of attendance



27. Examinations conducted out of hours

- 9 (15%) cases were seen out of hours or over the weekend
- 6 (10%) of these occurred over the weekend

28. Time between incident/s and attending CASATS

Of the 61 referrals

- 11 (18%) patients were referred within 7 days of an allegation
- 10 (16%) patients had forensic samples taken
- Of the 11 cases that were seen within 7 days of an alleged incident, 1 patient did not have forensic sampling due to medical explanation

29.0 Assailant details

29.1 Child Assailants

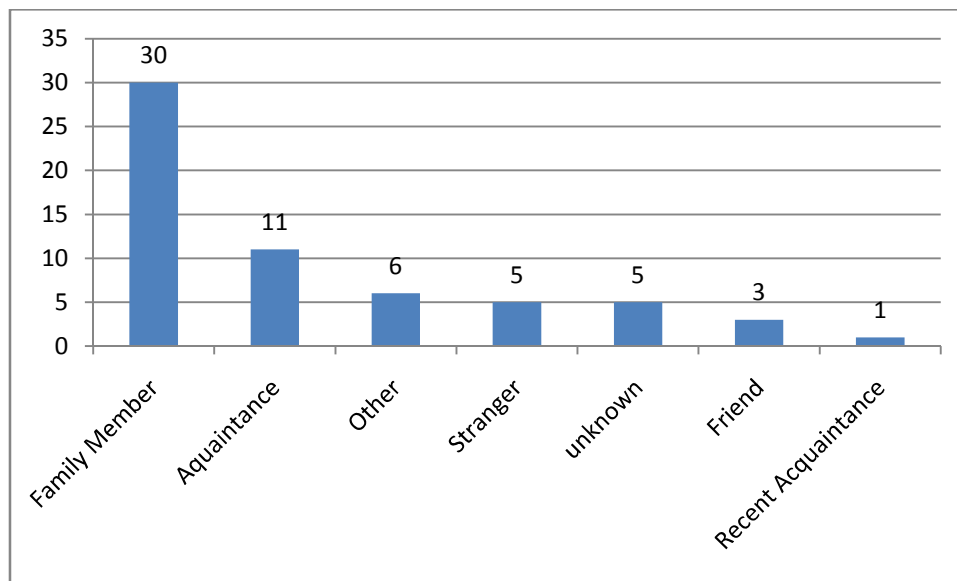
- 13 (21%) cases involved child assailants and of these 3 (5%) were under 12 years of age,
- The same female child assailant was reported in 2 (3%) patients.
- All other child assailants were male.
- In 4 (7%) cases the age of potential assailant was uncertain and in one case other children and an adult were suspected of inappropriate sexual behaviour.

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

- 1n 41 (67%) cases adult males were suspected of instigating sexual abuse. Of whom 18 (30%) were the child's biological father, although in 2 of these cases a medical reason was determined as the most likely reason for the child's presentation and the index of suspicion for child sexual abuse was extremely low.

29.3 Relationship between the Patient and Alleged Assailant

Figure 4 Relationship to alleged assailant



29.4 Gender of assailant

- 2 (3%) cases involved alleged the same female child assailant
- The rest were male or not specified in the absence of a definitive allegation/disclosure.

29.5 Assailant uncertainty

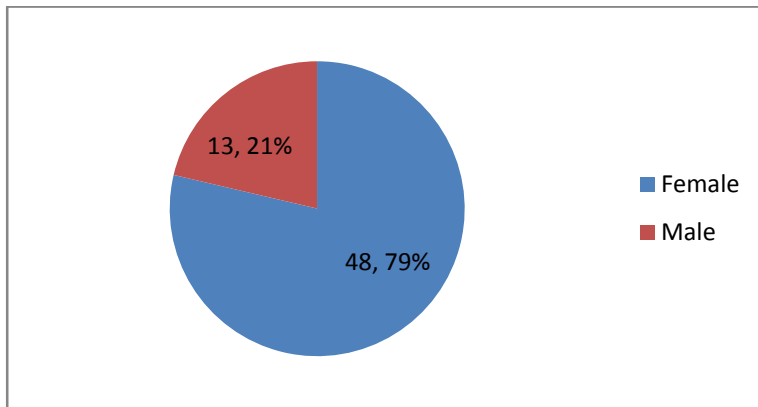
- 18 (29.5%) patients were referred because of circumstances deemed to have put them at significant risk for sexual abuse but where there was no definitive allegation by the child.

30. Patient Demographics

30.1 Gender

- 48 (79%) patients attending the CASATS in 2013 were female.
- 13 (21%) patients were male.

Figure 5 Patient Gender

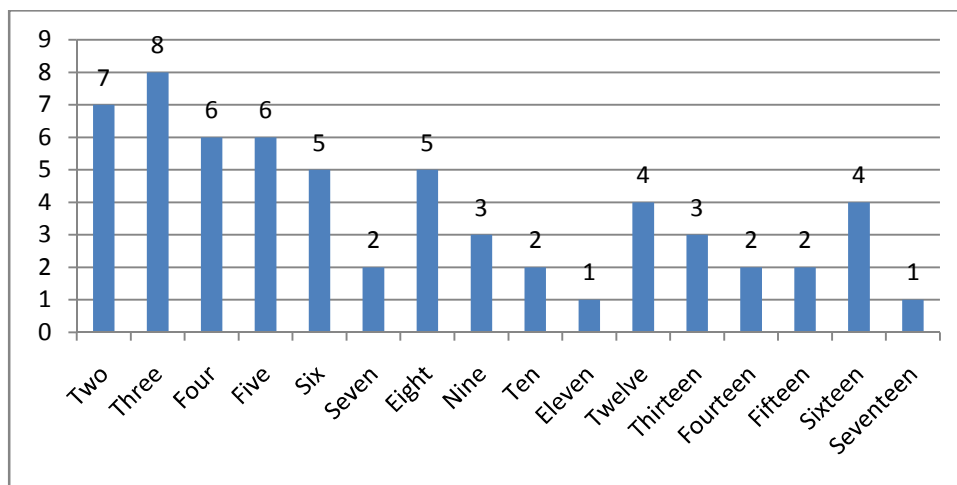


30.2 Age Profile

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

<i>Mean</i>	<i>Mode</i>	<i>Median</i>	<i>Minimum</i>	<i>Maximum</i>
7.5	3	6	2 years	17 years

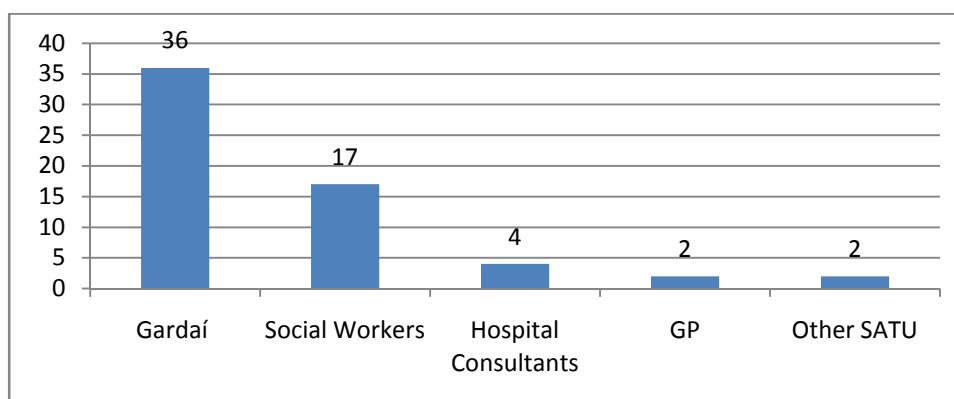
Figure 6 Age of patients



30.3 Source of referral

- 36 (59%) cases were referred by An Garda Síochána
- 17 (28%) referrals came from social workers
- 4 (7%) referred by hospital consultants
- 2 (3%) referred by a GP
- 2 (3%) referred from other SATUs

Figure 7 Source of referral



31. Type of Attendance: Forensic sampling

Of the 61 patients attending the CASATS:

- 10 patients had forensic sampling undertaken

Of the 10 (16%) cases who had forensic screening (within 7 days)

- 9 (14%) were pre pubertal
- 1 (1%) was pubertal
- 2 (3%) patients were male
- 8 (13%) patients were female

32. Sexually Transmitted Infection (STI) Prophylaxis and Screening

32.1 STI Screening

Screening and prophylaxis for sexually transmitted infections (where indicated) was available and considered for Service Users of CASATS throughout 2013

- 52 (85%) patients had an STI screen
- 6 (10%) patients commenced Hepatitis B vaccination schedule
- 1 (1%) patient was given Post coital contraception
- 2 (3%) patients were given HIV PEPSE

32.2 STI Follow up

- 4 (7%) patients attended the SATU for STI follow up and completed their hepatitis B vaccination schedule with all three achieving immunity.

33. SATU Developments, Activities, Opportunities and Challenges

33.1 Developments in 2013

- The CNS SAFE completed the Nurse prescriber Post Graduate Certificate in NUI Galway and commenced prescribing in October 2013.
- The CNS SAFE commenced a Doctorate in Nursing Practice in September 2013.
- Charitable funding secured to establish Child Accompaniment Officers for CASATS patients.

33.2 Multi-Interdisciplinary SATU Liaison Meetings

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

33.3 Education and Training Events:

In January 2013, training was held for 10 new support nurses.

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

A joint Adult/ CASATS study day was organised and held for all the SATUs in Merlin Park Hospital, Galway in March 2013.

The CNS completed STORM training in October, 2013.

Training was provided by the CNS for nursing students in NUIG and new RCC volunteers during 2013.

For the first time in Ireland a Specialist Registrar in Paediatrics joined the CASATS team in a training capacity to complete a 6 month training position in Child Protection / Child and Adolescent Sexual Assault

33.4 CNS Activity:

In 2013, Ms Niamh Bonner

- Provided a training session for Limerick GPs
- Instructed on the UCD Postgraduate Certificate in Medicine (Sexual Assault Forensic Examination) course
- Gave training sessions to members of An Garda Siochana
- Provided a training session for COPE
- Published "How teaching on the care of the victim of sexual violence alters undergraduate medical student's awareness of the key issues involved in patient care and their attitudes to such patients" Kennedy KM, Vellinga A, **Bonner N**, Stewart B and McGrath D. *Journal of Forensic and Legal Medicine*. (2013) 20(6):582-7

33.5 Medical team activity:

In 2013, Dr Andrea Holmes: Clinical Director SATU

- Was SATU representative on the Steering Committee for SHAW – Sexual Health Awareness Week run by the Royal College of Physicians in Ireland
- Delivered a Special Study Module in Sexual Health to undergraduate medical students at NUIG, which included instruction on care of patients at SATU and a field trip to the unit
- Spoke on “Emerging antibiotic resistance in gonorrhoea” at the SATU study day in Merlin Park Hospital in March
- Gave several talks to GP groups updating them on sexually transmitted infections and local SATU figures and services
- Developed a tool to aid Post Exposure Prophylaxis for HIV (PEPSE) decision making at SATUs
- Was an invited speaker at the Medical Students for Choice Annual Conference in Trinity College Dublin presenting on “Sexual Assault Treatment Services in Ireland”
- Gave the lecture on Sexual Assault and Domestic Violence at the Sexually Transmitted Infections Foundation Course in St James’s Hospital Dublin
- Gave an oral presentation at the Clinical Update Session of SHAW entitled “Sexual history: why and how?”
- Chaired the SHAW keynote lecture delivered by Ms Jenny Bulbulia on reporting child protection concerns

Dr Joanne Nelson: Clinical Director CASATS

- Has been endorsed by the Faculty of Forensic and Legal Medicine UK to act as Examiner in the Diploma of Forensic and Clinical Aspects of Sexual Assault (DFCASA)
- Continues to assist in the Paediatric component of co-ordination, delivery and examination for the Postgraduate Certificate programme in Sexual Assault Forensic Examination at University College Dublin
- Was an invited speaker on “Child Sexual Abuse, Chasing Best Practice” delivering a Guest Lecture at a National Paediatric Conference 23/11/2013, “Hot Topics in Paediatric Medicine”, Dublin.
- Facilitates medical education for under & post graduates NUIG lecturing on forensic aspects of child abuse and child protection.
- Southern Ireland Representative on RCPCH/NSPCC/ ALSG Working Group for updating standardised SHO Training One day Training Programme in Child Protection (Child Protection, Recognition and Response). Contribute to course delivery in Dublin as Course Director.
- Spoke on “Techniques to facilitate hymenal examination, normal and abnormal variants” at the SATU study day in Merlin Park Hospital in March
- Attended the Medico-Legal Society of Ireland Academic Study Day at the Four Courts, Dublin (Dances with Wolves: The Doctor as an Expert Witness)
- Instigated and delivered Consultant Supervision for Paediatric Specialist Registrars working towards the development of competence in provision of sexual assault treatment services to children and adolescents
- In association with CARI made a successful competitive bid to secure charitable funding for a “Child Accompaniment Pilot Project”

Dr Kieran Kennedy, Forensic Medical Examiner for Children and Adolescents

- Published 3 international peer-reviewed publications in index-listed journals pertaining to the provision of care to victims of sexual violence (**Kennedy KM**, Letter to the editor: Response to "Assessing the presence of female DNA on post-coital penile swabs: Relevance to the investigation of sexual assault" published in the October 2012 edition of the *Journal of Forensic and Legal Medicine*. *Journal of Forensic and Legal Medicine*. (2013). 20(5):559. **Kennedy KM**, Heterogeneity of existing research relating to sexual violence, sexual assault and rape precludes meta-analysis of injury data. *Journal of Forensic and Legal Medicine*. (2013), 20(5):447-459. **Kennedy KM**, Vellinga A, Bonner N, Stewart B and McGrath D. How teaching on the care of the victim of sexual violence alters undergraduate medical student's awareness of the key issues involved in patient care and their attitudes to such patients. *Journal of Forensic and Legal Medicine*. (2013). 20(6):582-7.)
- Delivered instruction upon the "Research Evidence Base for Adult Sexual Assault Examination" as an invited lecture on the Postgraduate Certificate programme in Sexual Assault Forensic Examination at University College Dublin
- Delivered undergraduate instruction on "Care of the Victim of Sexual Violence" to a class of 232 students at the National University of Ireland Galway (NUIG)
- Delivered a Special Study Module in Legal Medicine at NUIG, which included a short course on forensic evaluation of victims of sexual violence
- Was awarded the Degree of Master of Science (Clinical Education), from the National University of Ireland Galway, for a research dissertation that explored medical students awareness of the forensic and health needs of victims of sexual violence
- Worked, as team member of the National Sexual Assault Treatment Unit Documentation Working Group, towards the development of a new national proforma document for clinical record keeping in adult cases of sexual violence
- Joined the Child and Adolescent Sexual Assault Treatment Service (CASATS) on-call rota
- Contributed to the specialist clinical instruction of Paediatric Specialist Registrars working towards the development of competence in provision of sexual assault treatment services to children and adolescents
- Was appointed to the editorial board of the *Journal of Forensic and Legal Medicine* (Official journal of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians, United Kingdom)
- Peer-reviewed a number of research articles pertaining to sexual violence for a variety of international index-listed journals
- Gave an oral presentation entitled "Assessing Capacity to Consent to Clinical and Forensic Assessment in Victims of Sexual Violence" to the Irish National Sexual Assault Peer Review Meeting at the South Infirmery and Victoria Hospital, Cork
- Presented at the National Sexual Assault Treatment Unit Clinical Study Day at Merlin Park Hospital, Galway (Interpretation of Physical Findings in Adult Female Sexual Assault)
- Attended the Medico-Legal Society of Ireland Academic Study Day at the Four Courts, Dublin (Dances with Wolves: The Doctor as an Expert Witness)

33.6 Opportunities for 2014

CARI Volunteers commence practice as Child and Family Accompaniment Officers

5 year anniversary of Galway SATU opening – a chance to reflect and plan for the future

33.7 Challenges for 2014

Securing an on-call daytime support nurse

Securing more space and storage in current SATU premises

Training new FMEs to join both Adult and CASATS rosters

Identify and train an additional CNS for SATU

Train additional back-up administration support for SATU

Acknowledgements:

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

SATU & CASATS Galway would like to express our gratitude to Galway Rape Centre and their team of volunteers. We would also like to thank the members of the SATU Multidisciplinary Team for their ongoing input and support.

We gratefully acknowledge significant charitable donations from the Manuela Riedo Foundation Ireland towards education, awareness and healing including funds received for the Annual SATU Conference. The Manuela Riedo Foundation Ireland, Commission for the Support of Victims of Crime and E bay have also generously donated funds to enable the CARI/ CASATS Child Accompaniment Project to progress into 2014.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEXUAL ASSAULT TREATMENT UNIT

Midland Regional Hospital, Mullingar

Annual Report for 2013

Confidential

April 2014

Editorial Team

Debbie Marshall CNS (Sexual Assault Forensic Examination)

Mary O'Neill (Project Manager Sexual Health)

Dr Michael Gannon (Medical Director, SATU)

Acknowledgements

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

Executive Summary for 2013

Attendance re : Area

- There were 94 attendances at the SATU MRHM, an increase of 14 cases (17.5%) from 2012.
- 59 cases (62.8%) were seen within 3 hours of initial referral to SATU MRHM and the 94 cases were referred from 15 counties in 2013.

Attendance re: Month, Day and Time of Day

- June was the busiest month with 17 (18%) cases followed by January with 14 (14.8%) cases.
- The majority of incidents occurred at weekends with 36 (38.3%) cases on Sundays.
- 64 (68 %) of incidents occurred during the night time hours of 21:00 to 08:59.

Type of Alleged Sexual Crime, Assailant, Relationship to assailant

- 79 (84%) cases were reported as recent sexual assaults (occurred \leq 7days).
- In 20 (21.3%) cases, the reported assailant was an acquaintance and in 16 (17%) cases, the reported assailant was a recent acquaintance.
- In 78 (83%) cases, a single assailant was reported to be involved and in 7 (7.4%) cases the number of assailants was documented as unknown.

Gender, Age Profile, Referral Source

- Of the 94 attendees, 88 (93.6%) were female and 6 (6.4%) were male.
- The mean age was 25.5; the youngest patient was 14, the eldest 62. The minimum age criterion for SATU MRHM is 14.
- 75 (79.8%) cases were referred by An Garda Siochána, 11 (11.7%) cases self referred with 3 (3%) cases referrals from GPs. 5 (5.5%) cases were referred by others.

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

- 77 (82%) cases reported the incident to An Garda Siochána of which 70 (91%) were reported \leq 7 days of the incident.
- 50 (65 %) cases reported to An Garda Siochána \leq 24 hours of the incident.

Support Worker in Attendance

- 85 (90.4%) cases had a support worker from the RCC in attendance.

Physical trauma

- 55 (58.5%) cases attending the SATU experienced physical trauma and of these, 7 (12.7%) attended the Emergency Department with minor or major trauma.

Alcohol and Drug Use

- 69 (73%) cases had consumed alcohol in the previous 12 hours prior to attending SATU MRHM.
- 9 (9.5%) cases had taken drugs.
- 8 (8.5%) cases had taken both alcohol and drugs.
- 3 (3.1%) cases were concerned that drugs had been used to facilitate sexual assault.

Emergency Contraception (EC)

- 71 (80.7%) cases were seen within 72 hours of the assault and of these 45 (63.4%) were given EC.
- 1(1.1%) case received EC >72hrs but ≤ 120hrs post assault.

Sexually Transmitted Infections

- 75 (80%) cases received Chlamydia prophylaxis, 11 (12%) cases received post exposure prophylaxis treatment for HIV and 50 (53%) cases were commenced on Hepatitis B programme.
- 90 (95.7%) cases had STI screening offered of which 42 (44.7 %) cases had an appointment arranged for STI screening in SATU MRHM. 39 cases (41.5%) had STI screening arranged elsewhere.
- Of the 33 cases who attended SATU MRHM for follow up, 3(8.9%) were diagnosed with a STI.

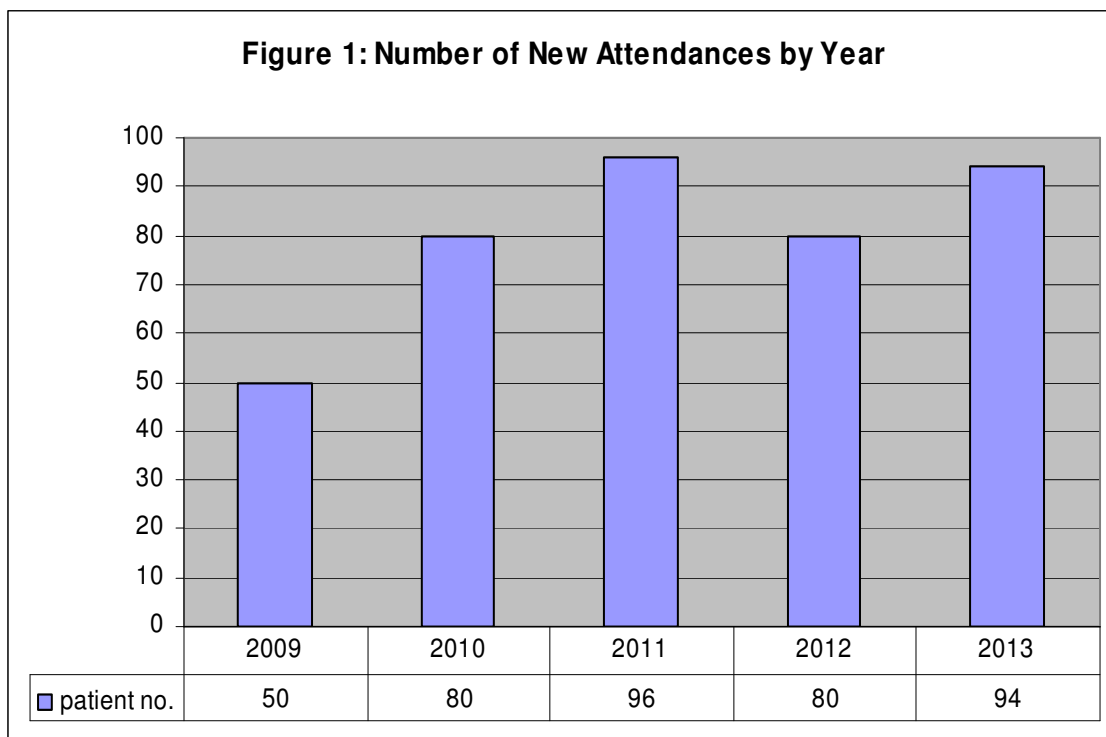
SATU, Midland Regional Hospital, Mullingar

The SATU team consists of:

- Medical Director (Consultant Obstetrician and Gynaecologist)
- 1 Clinical Nurse Specialist (Sexual Assault Forensic Examination)
- 8 Forensic Medical Examiners
- 6 Assisting nurses
- 2 Admin Support (0.5 WTE each)

1. Number of attendances

- There were 94 attendees at the SATU MRHM in 2013.
- This showed an increase of 14 (17.5%) cases from 2012 (See figure1).



2. Country where the Incident took place

- 94 (100%) incidents occurred in the Republic of Ireland.

3. Origin of referral by county

In 2013, the unit received referrals from 15 counties

- 24 (25.5%) cases were referred from Westmeath.
- 15 (16%) cases were referred from Offaly.
- 10 (10.6%) cases were referred from Kildare.
- 9 (9.5%) cases were referred from Laois and Cavan respectively. (See table 1).

	No.	%
Westmeath	24	25.5
Offaly	15	16
Kildare	10	10.6
Laois	9	9.5
Cavan	9	9.5
Meath	6	6.3
Sligo	4	4.25
Roscommon	3	3
Dublin	3	3
Longford	3	3
Monaghan	2	2
Leitrim	2	2
Galway	1	1
Louth	1	1
Wicklow	1	1
	94	100 %

4. Month of Attendance

- Busiest month was June with 17 (18.1%) cases followed by January with 14 (14.9%) cases. In November, SATU MRHM had 9 (9.6%) cases. (See table 2).

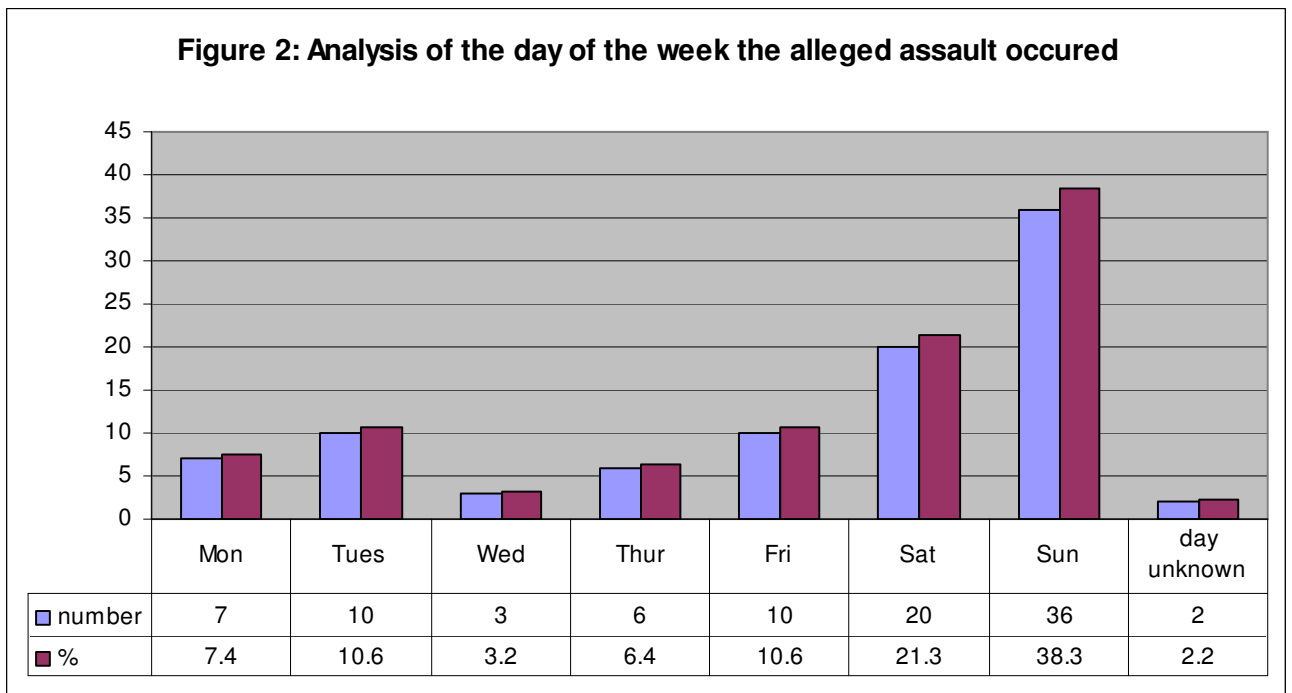
Table 2: Analysis of attendance by month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
No.	14	4	6	3	7	17	8	7	6	8	9	5	94
%	14.9	4.3	6.4	3.2	7.4	18.1	8.5	7.4	6.4	8.5	9.6	5.3	100

5. Day of the Week the Incident Occurred

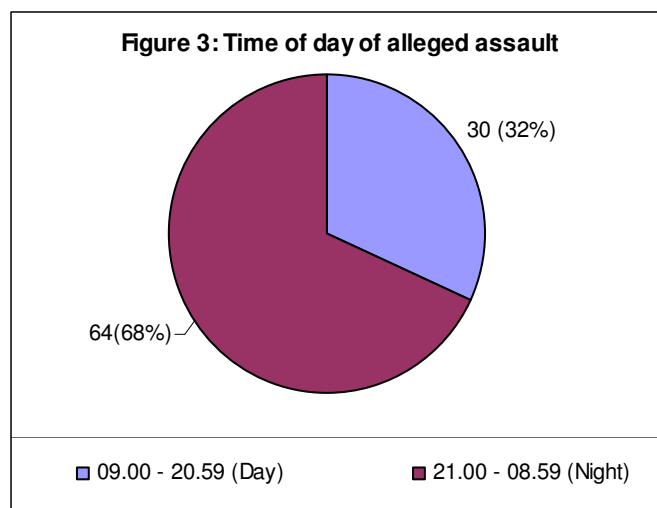
- The majority of incidents occurred on Saturdays or Sundays, 56 (59.6%) cases. The lowest number of incidents occurred on a Wednesday, 3 (3.2%) cases. The remaining cases were evenly divided over the other weekdays (See figure 2).

Figure 2: Analysis of the day of the week the alleged assault occurred



6. Time of Day the Incident Occurred

- The majority of incidents 64 (68 %) occurred during the hours of 21:00 to 08:59.
- 30 (32%) incidents occurred during the hours of 09:00-20:59. (See figure 3).



7. SATU Response times from time of referral

- 8 (8.5%) cases were seen within 1 hour of referral.
- 37 (39.4%) cases were seen within 2 hours of referral.
- 14 (14.9 %) cases were seen within 3 hours of referral.
- 33 (35.1%) 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. 17 (51.5%) of these 33 cases were recorded as non forensic where seeing such cases is deemed less expeditious.
- Time of initial call to hospital was not recorded in 2 cases (2.1%)
(See Table 3).

Table 3: Response time in hours from time of initial referral call to patient seen (n=94)

	N	%
≤1hour	8	8.5
≤ 2 hours	37	39.4
≤ 3 hours	14	14.9
3 hours and over	33	35.1
Not recorded	2	2.1
Total:	94	100%

8. Analysis of the location where the incident occurred

- 26 (27.6 %) cases reported the assault had occurred in an other indoors location. This other indoors location is defined as a place aside from the patients or assailants home.
- 22 (23.4 %) cases reported the assault had occurred in their own home (See table 4)

Table 4: Analysis of the location of the incident (n= 94)

Location	N	%
Other-Indoors	26	27.6%
Own Home	22	23.4%
Other-Outdoors	17	18.1%
Assailant's Home	15	16%
Car	6	6.4%
Field-Park	4	4.2%
Not recorded	2	2.1%
Taxi	1	1.1%
Unsure	1	1.1%
Total:	94	100%

9. Number of Assailants and Relationship to Assailant

9.1 Number of Assailants

- In 78 (83 %) cases, a single assailant was reported to be involved.
- In 7 (7.5 %) cases, 2 assailants were reported to have been involved.
- In 2 (2 %) cases, 3 assailants were reported to have been involved.
- In 7 (7.5%) cases, the number of assailants was reported as unknown.

9.2 Relationship to Assailant

- In 20 (21.3%) cases, the reported assailant was an acquaintance.
- In 16 (17%) cases, the reported assailant was a recent acquaintance.

- In a further 15 (16%) cases, the reported assailant was a stranger.
- In 14 (14.9%) cases, the reported assailant was a friend.
- An ex-intimate partner was the reported assailant in 7 (7.4%) cases and an intimate partner was the reported assailant in 1 (1.1%) case.
- In 3 (3.2%) cases, a family member was the reported assailant and 11(11.7%) cases reported the assailant as unknown.
- In 4 (4.2 %) cases, the assailant was documented as other and the assailant was not recorded in 3 (3.2%) cases (See table 5).

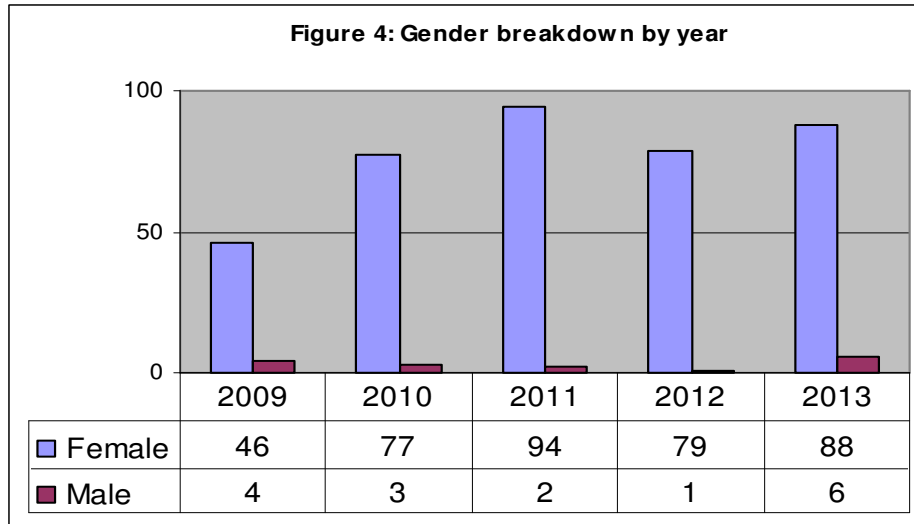
Table 5: Relationship between the patient & alleged assailant (n= 94)

	N	%
Acquaintance	20	21.3
Recent acquaintance	16	17
Stranger	15	16
Friend	14	14.9
Unknown	11	11.7
Ex-intimate partner	7	7.4
Other	4	4.2
Family member	3	3.2
Not recorded	3	3.2
Intimate partner	1	1.1
Total:	94	100%

10. Demographics

10.1 Gender

- Of the 94 attendees: 88 (93.6%) were female and 6 (6.4%) were male (See figure 4).



10.2 Age profile of cases

- 33 (35.1%) cases were aged between 18 and 24 years of age (The largest number in any age group).
- 14 (14.8%) cases were aged between 25 and 34 years of age.
- 15 (16%) cases were aged < 18 years of age with the minimum age criteria set at 14 years of age for adult SATU services. (See Figure 5 and Table 6)

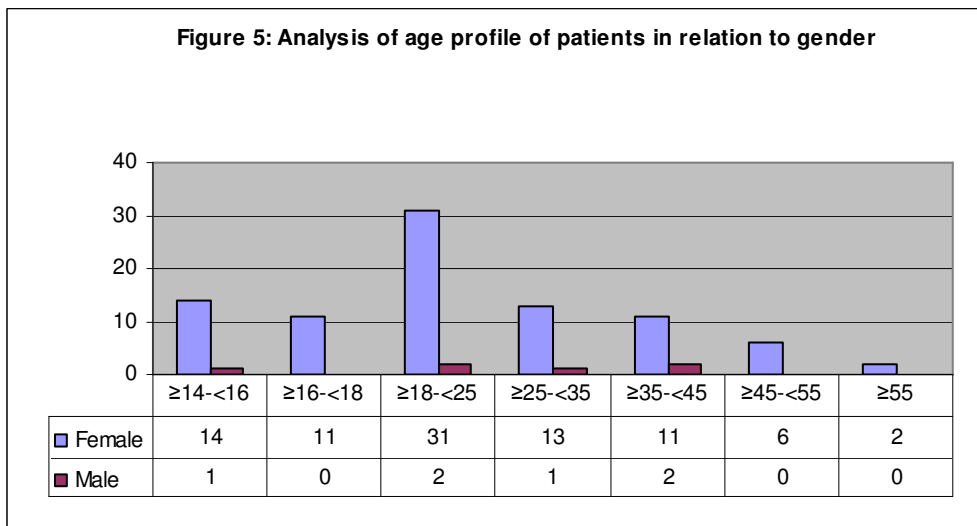


Table 6: The mean, mode and median age and the minimum and maximum ages of cases attending SATU				
Mean	Mode	Median	Minimum	Maximum
25.5 yrs	21 yrs	21 yrs	14 yrs	62 yrs

10.3 Occupation

- 37 (39.4) cases recorded their occupation as student with 18 (19.1%) cases employed.
- 33 (35.1%) cases were unemployed.
- In 6 (6.4%) cases, the occupation was not recorded.

10.4 Marital Status

- 75 (79.7%) cases who attended Mullingar SATU were documented as single in 2013 (See table 7).

Table 7: Marital Status		
Marital Status	N	%
Single	75	79.7
Not recorded	8	8.5
Separated	6	6.4
Married	2	2.1
Co habiting	1	1.1
Divorced	1	1.1
Other	1	1.1
Total:	94	100%

10.5 Source of Referral

- The majority 75 (79.8%) cases were referred to SATU MRHM by An Garda Siochana. 5 (5.3%) cases were referred by others including 2 cases from parents, 1 case from social services, 1 case from another SATU service and 1 case from an STI service (see Table 8).

Table 8: Analysis of source of referral

Referral Source	N	%
Gardai	75	79.8
Self	11	11.7
Other	5	5.3
GP	3	3.2
Total:	94	100%

10.6 Ethnicity

- 93 (98.9%) cases who attended SATU Mullingar in 2013 were documented as white.

10.7 Psychological Support Worker in Attendance

- 85 (90.4%) cases had a support worker from the RCC in attendance.

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

- 68 (72.3%) cases were reported to An Garda Síochána and had a forensic clinical examination where a forensic kit was used.
- 9 (9.6 %) cases were reported to An Garda Síochána and had a non forensic clinical examination where no forensic kit was used.
- 17 (18.1 %) cases had a health check. These patients opted not to report to An Garda Síochána or the incident was reported outside of the 7 day time frame for a forensic clinical examination.

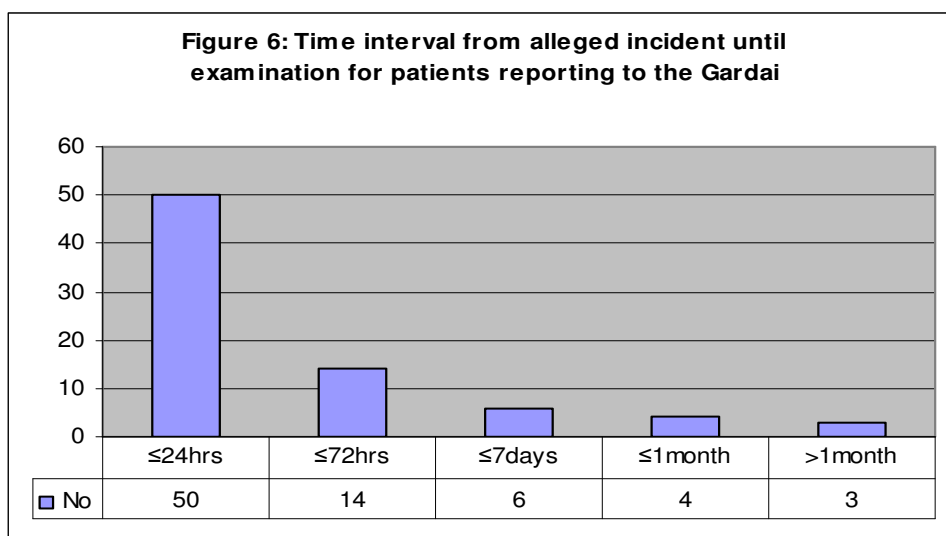
12. Cases reporting to An Garda Síochána

- 77 (81.9%) cases reported the incident to An Garda Síochána.
- 17 (18.1%) cases chose to not report the incident to An Garda Síochána.

13. Time interval from alleged incident until examination for cases reporting to An Garda Siochána (n= 77).

- Within 24 hrs of the incident, 50 (65%) cases reported.
- Within 72 hrs of the incident, an additional 14 (18.1%) cases reported.
- Within 7 days of the incident, an additional 6 (7.8%) cases reported.
- Within 1 month of the incident, 4 (5.2%) cases reported.
- Greater than 1 month of the incident, 3 (3.9%) cases reported.

(See figure 6).



14. Cases awareness of whether a Sexual Assault had occurred

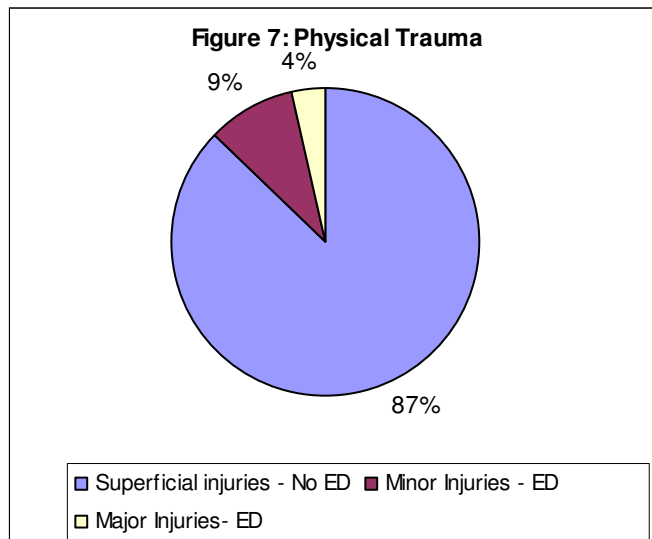
- 71 (75.5%) cases thought that a sexual assault had occurred.
- 21 (22.3%) cases were unsure if a sexual assault had occurred.
- In 1 (1.1%) case, sexual assault did not occur.
- In 1 (1.1 %) case, it was not recorded whether sexual assault had occurred.

15. Physical Trauma

55 (58.5%) cases attending the SATU experienced physical trauma and of these:

- 5 (9 %) attended the Emergency Department with minor trauma
- 2 (4 %) attended the Emergency Department with major trauma

- 48 (87 %) had superficial injuries which did not require Emergency Department interventions. (See Figure 7).



16. Alcohol and Drug Use

16.1 Alcohol

- 69 (73%) cases had consumed alcohol in the previous 12 hours prior to attending SATU MRHM and of these 54 (78%) cases had consumed ≥ 4 units of alcohol.
- In 4 (5.7%) cases, the amount of alcohol consumed was unknown (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=69).

Mean	Median	Mode
8.7	7	15

16.2 Drugs

9 (9.5%) cases had taken drugs, of these

- 4 (4.25%) were illegal drugs
- 4 (4.25%) were prescribed medication.

- 1 (1%) were both illegal and prescribed drugs

3 (3.1%) cases were concerned that drugs had been used to facilitate sexual assault.

16.3 Both Alcohol and Drugs

8 (8.5%) cases had taken both alcohol and drugs.

17. Emergency Contraception (EC)

Of the 88 female cases seen in SATU MRHM:

- 71 (80.7%) cases were seen within 72 hours of the assault.
- Of these 71 cases, 45 (63.4%) were given EC.
- The other 26 (36.6%) female cases did not receive EC for various reasons. (See table 10)
- 1 (1.1%) case received Ulipristal acetate as opposed to Levonorgestrel outside of the 72 hour time frame but \leq 120hrs of the assault.

Table 10: Reasons women who were seen within 72 hours did not receive PCC in the SATU (n = 26)		
	No.	%
No penile penetration	9	34.6%
Already using effective contraception	7	26.9%
Received PCC prior to attending Unit	6	23.1%
Refused	3	11.5%
Post-hysterectomy or post-menopausal	1	3.9%
Total	26	100

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

18.1 STI Prophylaxis

- 75 (79.8%) cases received Chlamydia prophylaxis
- 11 (11.7%) cases received post exposure prophylaxis treatment for HIV
- 50 (53.2%) cases had Hepatitis B immunisations commenced of which
 - 16 (32%) cases have completed the vaccination course to date
 - 31 (62%) cases have yet to complete the vaccination course to date
 - 3 (6%) cases did not return to the clinic for completion of vaccine.

18.2 Follow up Appointments for STI Screening

- Of the 94 cases seen in SATU MRHM in 2013, 90 (95.7%) were offered follow up STI screening of which 81 (90%) cases were given appointments for follow up STI screening. 42 (44.7%) cases had a follow up appointment arranged for SATU MRHM. 39 (41.5%) cases had STI screening arranged elsewhere which reflects patient choice and the geographical spread of referrals received from 15 counties in 2013 (See Table 11).

	N	%
Given follow up appointment for SATU MRHM	42	44.7
Given follow up appointment for GP	19	20.2
Given follow up appointment for other STI service	18	19.1
Unable to contact to arrange follow up	5	5.3
Declined follow up appointment	4	4.25
STI follow up not indicated	4	4.25
Given follow up appointment to attend other SATU	2	2.2
Total	94	100

18.3 Given appointment for STI Screening at SATU MRHM

42 cases were given an appointment for STI screening in MRHM of which 34 (81%) cases in total attended.

- 32 (94%) cases attended their 1st appointment
- 19 (55.9%) cases attended their 2nd appointment
- 18 (53%) cases attended their 3rd appointment
- 8 (19%) cases did not attend SATU MRHM for their follow-up appointments.

18.4 Outcome of STI Screening Carried out by SATU

- 2 (5.8%) cases had evidence of Bacterial Vaginosis.
- 1(3.1%) case had evidence of Chlamydia.

19. SATU Developments, Activities, Opportunities and Challenges

19.1 Developments in 2013.

- In February, SATU MRHM marked the first anniversary in the new unit with an information and awareness event which was attended by staff from MRHM, SATU staff, staff from Regional Sexual Abuse and Rape Crisis Centre, Tullamore and Athlone Rape Crisis. A Garda Inspector from Mullingar Garda Station and the SATU Medical Director were also present.
- In 2013, SATU MRHM recruited three new forensic examiners. One examiner left the service due to other commitments.

- Dr Ros Martin continues to represent SATU MRHM on the National SATU Guidelines Development Group and Debbie Marshall CNS (SAFE) contributes to the National SATU Documentation group.
- Formalisation of a referral pathway to SATU MRHM out of hours service for patients who choose not to report to An Garda Siochana. All referrals are now triaged by a forensic examiner at night and weekends in addition to office hours. Such patient assessments are based on clinical and patient need as storage of evidence is not yet available in Irish SATUs.
- An arrangement has been set in place whereby the resident on call registrars in medical, surgical or gynaecology are now available to assess patients within the SATU unit.
- One of the SATU assisting nurses, Liz O'Grady Brennan completed the STIF course at St James' Hospital, Dublin.

19.2 The SATU Liaison Multi-Interdisciplinary Group, 2013

The SATU Liaison Multi - Interdisciplinary Group met and Garda Niamh Spollen from Mullingar Garda Station was welcomed to the group. Peer review and SATU meetings for SATU MRHM forensic examiners and assisting nurses occurred quarterly throughout the year and these meetings continue to be acknowledged as an important educational, team building and problem solving resource for both new and existing SATU team members alike.

19.3 Education and Training Events in 2013

- Staff from SATU MRHM were represented at the Adult peer review meetings in Mullingar, Galway, Cork and Dublin.
- Staff from SATU MRHM attended a lecture on Vulnerable Adults
- Staff from SATU MRHM attended the PEP study day, Rotunda Hospital, Dublin in April.
- Dr Fiona Maguire successfully completed a Graduate Certificate in Forensic Medical Examination after Rape and Sexual Assault at UCD.
- Debbie Marshall CNS (SAFE) graduated with a Certificate in Nurse/Midwifery Nurse Prescribing at the RCSI (Royal College of Surgeons Ireland) and commenced nurse prescribing for SATU patients.

19.4 Education and Training 2013

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

Quarterly National SATU Peer Review, Mullingar (Jan)

SATU MRHM Anniversary Event (Feb)

GP trainees Laois /Offaly (March)

Castlepollard Community College (March)

Student Nurses, MRHM (April, Sept, Dec)

Regional Sexual Abuse & Rape Crisis Centre, Tullamore x 2 (June)

St Mary's Hospital, Mullingar (Sept)

Nursing Admin Staff, MRHM (Sept)

Building Bridges Conference, MRHM (Oct)

Open Door Project (Oct)

Athlone Institute of Technology (Oct)

Mullingar Community College (Dec)

An Garda Siochana, Tullamore (Dec)

19.5 Opportunities and Challenges in 2013.

- Recruitment, training and education of new forensic examiners is an opportunity to retain the level of expertise required to work in the SATU.
- The CNS (SAFE) education and awareness programme proved fruitful with increased SATU patient attendances and an increased number of men using the service.
- STI follow up and aftercare remains a challenge with patients representing 15 counties. Whilst it is reasonable that some patients return to SATU MRHM, patient choice, geographical spread, childcare issues, and difficulty with transport and finances requires patients to attend elsewhere. This requires an ongoing commitment from the CNS (SAFE) to liaise with other healthcare professionals and completion of Hepatitis B vaccination programmes elsewhere remains a specific concern.
- Considering that in 61 (65%) cases, the assailant was known to the patient including 7 (ex intimate partner) and 1 (intimate partner) respectively, addressing this issue in 2014 remains a challenge. Strengthening the links with the Children & Family Agency including Rape Crisis Centres, Domestic Violence services, Homeless & Drug/ Alcohol Services and others is essential in maximising cross referral opportunities so that increased access to specialist care in SATU is available to all.

19.6 Conclusion

During the past four years, attendance rates have been stable with a slight increase last year. More male patients were seen. Non forensic cases were also seen out of hours for health checks and accounted for 18.1% of all cases

seen. This reflects the evolving care pattern which is also seen in the expansion of sexual health care provision at MRHM. The general hospital backup is increasingly used for appropriate cases.

This year, we plan to move to an expanded area for sexual health follow-up.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

ANNUAL REPORT FOR YEAR ENDING: 2013

Dr. Maeve Eogan

Ms. Rita O'Connor

Executive Summary 2013

Attendance re: Area

- There were 310 attendances at the SATU, a decrease of 8 (3%) from 2012
- 291 (94%) cases the incident took place within the Republic of Ireland

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

- July was the busiest month with 40 (13%) of patients presenting.
- Monday and Tuesday were the busiest days with 61 patients (19%) presenting on each of these days.
- 194 incidents (62%) occurred between the hours of 9pm – 9am.
- The majority of attendances 212 (68%) were seen at the Unit between the hours of 9am and 9pm.

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- 238 (77%) were recent sexual assaults; 8 (2.5%) long term abuse; 1 was a recent sexual assault but involved long term abuse.
- 252 (81%) cases involved a single assailant; in 31 (10%) cases multiple assailants were involved, and in 19 (6%) cases the number of assailants was unknown.
- 108 (35%) cases, the alleged assailant was a stranger to the patient.

Gender, Age Profile, Referral Source

- 300 (97%) patients were female, 10 (3%) were male.
- The mean age was 26 years; the youngest was 12, the eldest 65 years.
- 234 (78%) were referred by An Garda Síochána, 61 (20%) self referred, 15 (5%) were referred by others.

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

Treatment Unit

- 234 (78%) reported to An Garda Síochána.
- 219 (94%) attended for a forensic clinical examination and were seen \leq 7days from the time of the incident; of these, 194 (89%) were seen \leq 72 hours and 152 (70%) were seen \leq 24 hours from the time of the incident.

Support Worker in Attendance

- In 235 (76%) cases a Support Worker from the RCC attended.

Physical Trauma

- 60 (19%) patients had physical trauma, 6 (2%) attended the ED with minor trauma.

Alcohol and Drug Use

- 156 (50%) patients had consumed \geq 4 units of alcohol in the previous 12 hours
- 31 (10%) patients had taken illegal drugs.
- 48 (15%) patients were concerned that drugs had been used to facilitate sexual assault.

- 49 (16%) were unsure if a sexual assault had occurred.

Emergency Contraception (EC)

- 200 female patients were seen within 72 hours of the incident
- 140 (70%) of those seen within 72 hours were given EC

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 199 (64%) patients received Chlamydia prophylaxis
- 222 (72%) patients commenced a Hepatitis B immunisation programme
- 26 (8%) received PEP for HIV
- 284 (91%) were given an appointment for follow up screening, of these 188 (66%) returned for first screening appointment.
- 63 (17%) of those screened had abnormal STI screening results.

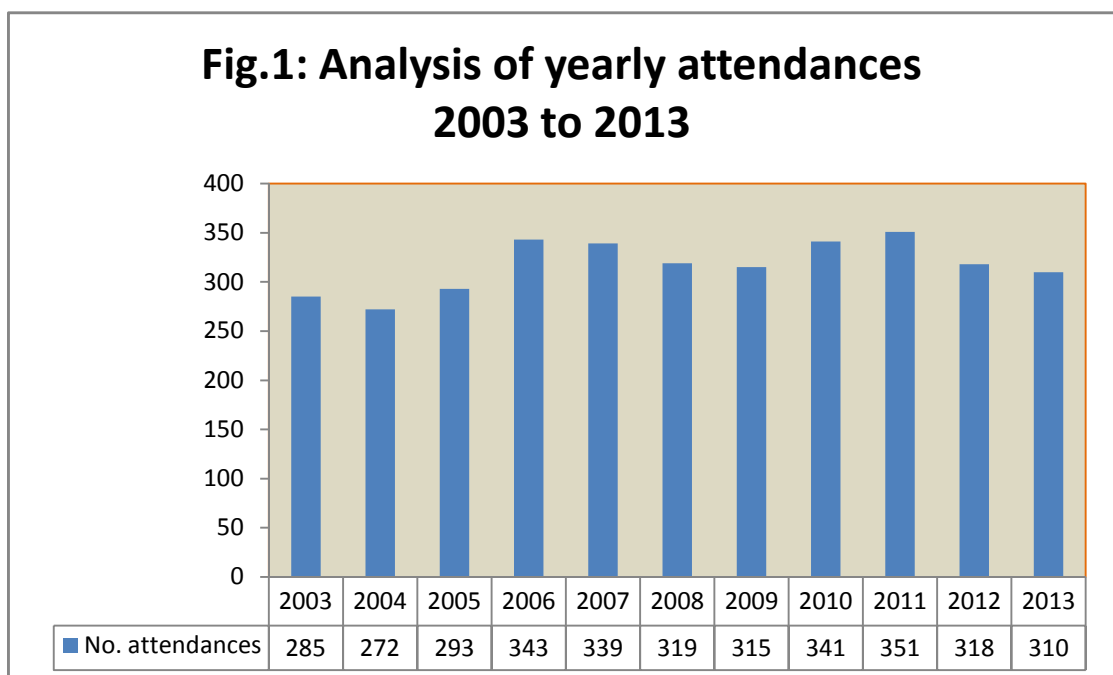
SATU, The Rotunda Hospital

The SATU Team consists of:

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

1. Number of Attendances

- In 2013, there were 310 attendances at the SATU.
- This showed a decrease of 8 (3%) from 2012 (See Fig.1)



2. Country Where the Incident Took Place

- 291 (94%) cases the incident took place within the Republic of Ireland.
- 19 (6%) cases the incident took place outside Ireland (see Table 1)

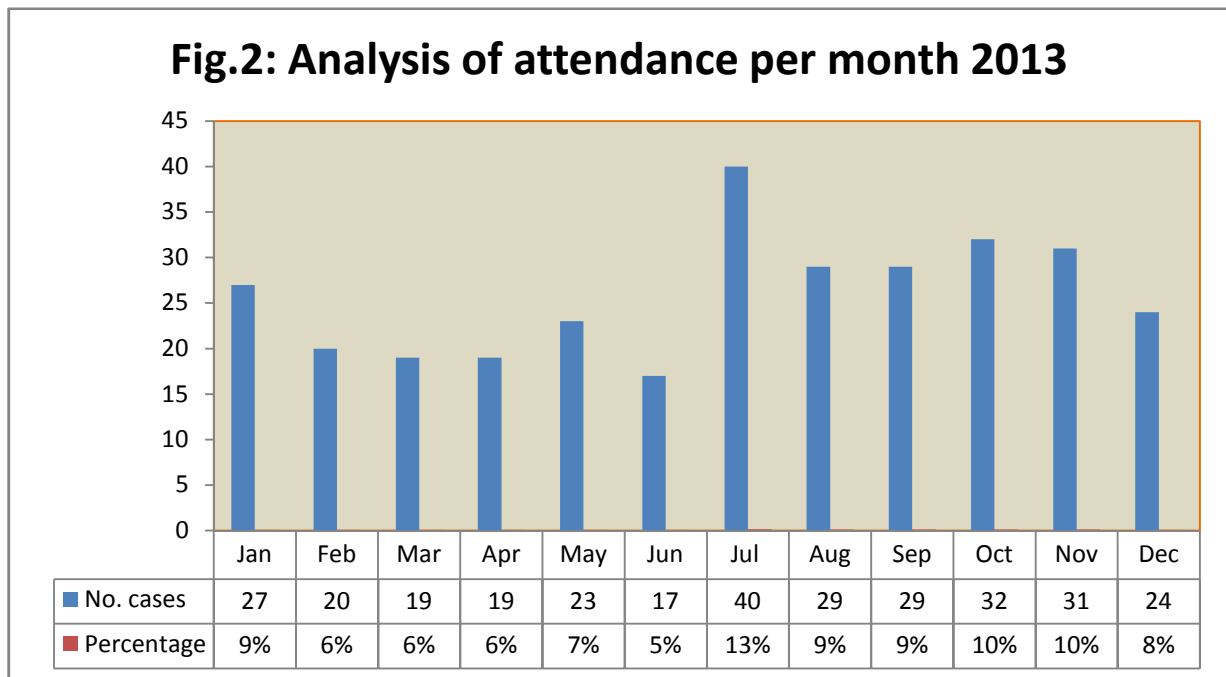
Table 1: Analysis of the countries outside the Republic of Ireland where the alleged assault occurred.	
COUNTRY	NUMBER
BRAZIL	1
CONGO	1
CZECH REP.	1
GREECE	2
PORTUGAL	1
SPAIN	5
TURKEY	2
UNITED ARAB EMIRATES	1
UNITED KINGDOM	3
UNITED STATES OF AMERICA	1
ZAMBIA	1
TOTAL:	19

3. County Where the Incident Took Place

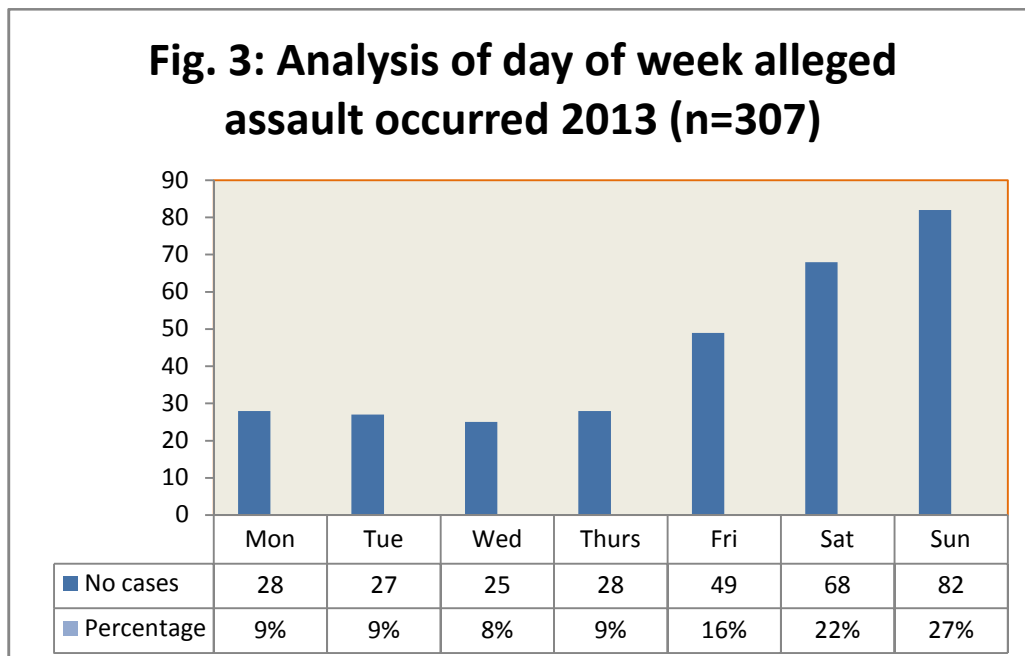
- Of the 291 incidents that occurred in the Republic of Ireland, the majority occurred in Dublin but a number of other counties are represented in the figures (See Table 2)

Table 2: Analysis of the counties where Incident took place		
COUNTY	NUMBER	%
Cavan	2	0.7
Cork	1	0.3
Dublin	228	78.4
Galway	1	0.3
Kildare	17	5.8
Louth	12	4.1
Mayo	1	0.3
Meath	13	4.5
Monaghan	3	1
Offaly	2	0.7
Wexford	1	0.3
Wicklow	8	2.7
Not recorded	2	0.7
Total:	291	100

4. Month of Attendance (See Fig.2)

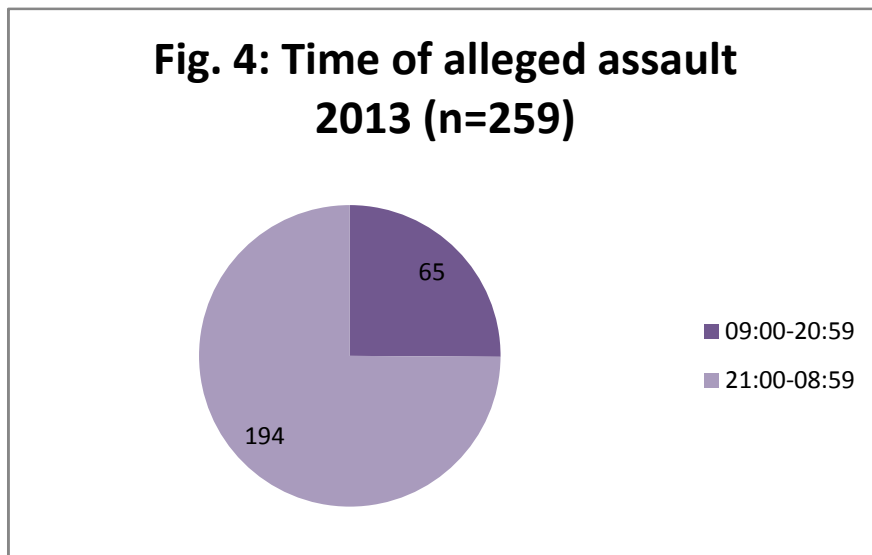


5. Day of the Week Incident Occurred (See Fig. 3)



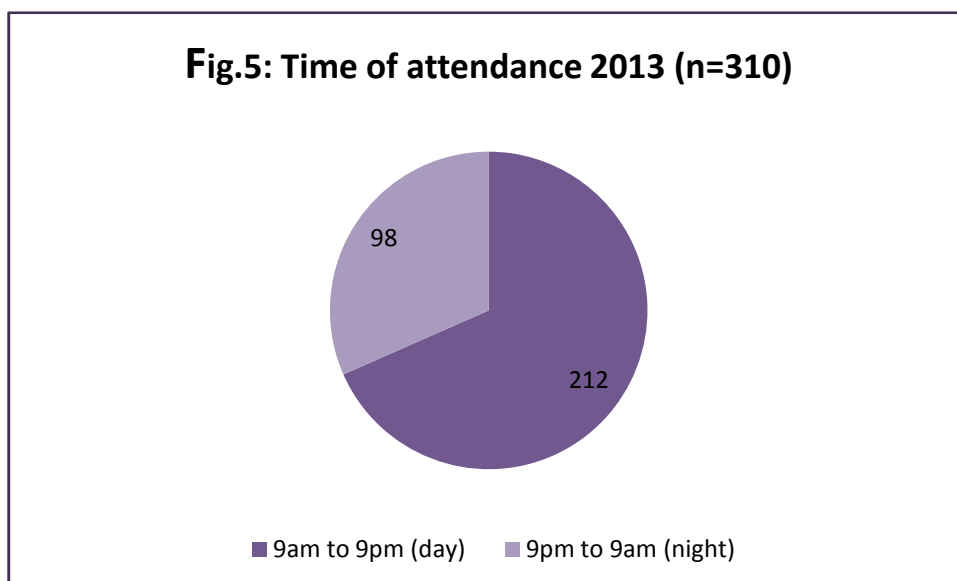
6. Time of Day Incident Occurred

- 194 (75%), patients reported that the incident occurred during night time (21.00 to 08.59) hours (See Fig. 4)



7. Times of Attendance at SATU

- 212 (68%) patients were seen during the hours of 9am to 8.59pm and 98 (32%) were seen 9pm to 8.59am. (See Fig.5)



8. Location where the Incident Occurred (See table 3)

LOCATION	No	%
Home	63	20
Assailants home	53	17
Car	8	3
Taxi	8	3
Field / Park	7	3
Other indoors	85	27
Other outdoors	63	20
Record of location not available	23	7
Total	310	100

9. Type of Alleged Sexual Crime

Of the 310 patients

- 238 (77%) were recent sexual assaults
- 9 (3%) gave a history of long term abuse
- 1 patient gave a history of forced prostitution

10. Assailant/s

10.1 Number of Assailants: single or multiple assailants

- 252 (81%) patients reported a single assailant
- 31 (10%) patients reported multiple assailants
- In 27 (9%) cases the number of assailants was unknown or not recorded.

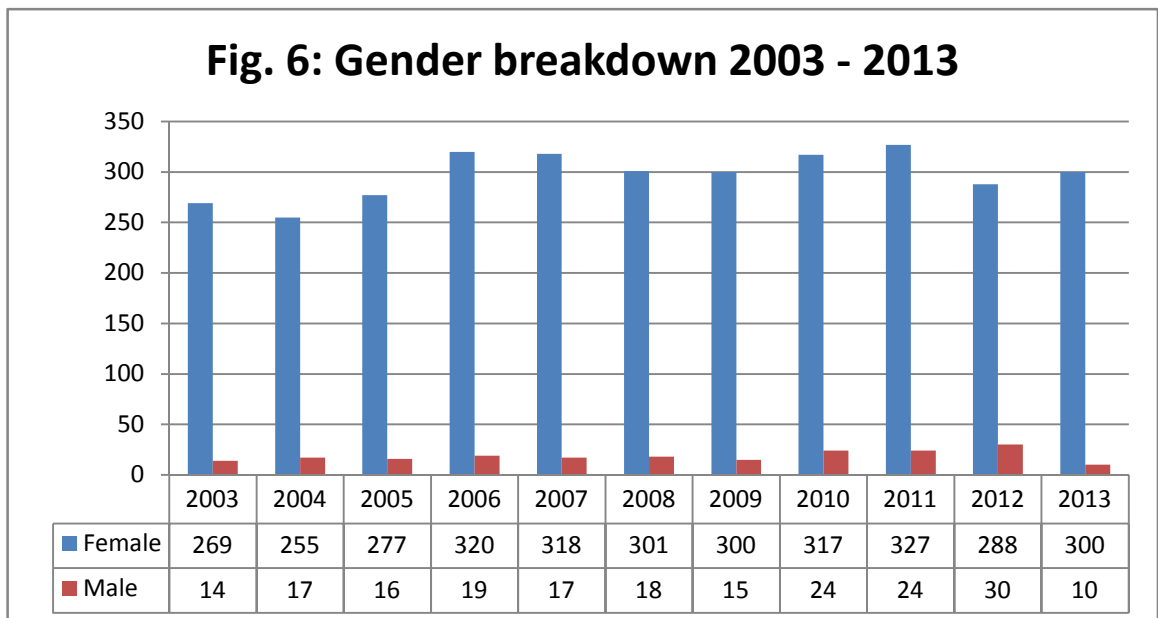
10.2 Relationship between the Patient and Reported Assailant (See table 4)

Table 4: Analysis of relationship between the patient and the alleged assailant (n =309)		
Relationship	No	%
Friend	27	9
Acquaintance	109	35
Recent Acquaintance	8	2.5
Stranger	108	35
Family Member	5	1
Intimate Partner	12	4
Ex-intimate Partner	8	2.5
Unknown	24	8
Other	9	3
Total	310	100

11. Demographics

11.1 Gender

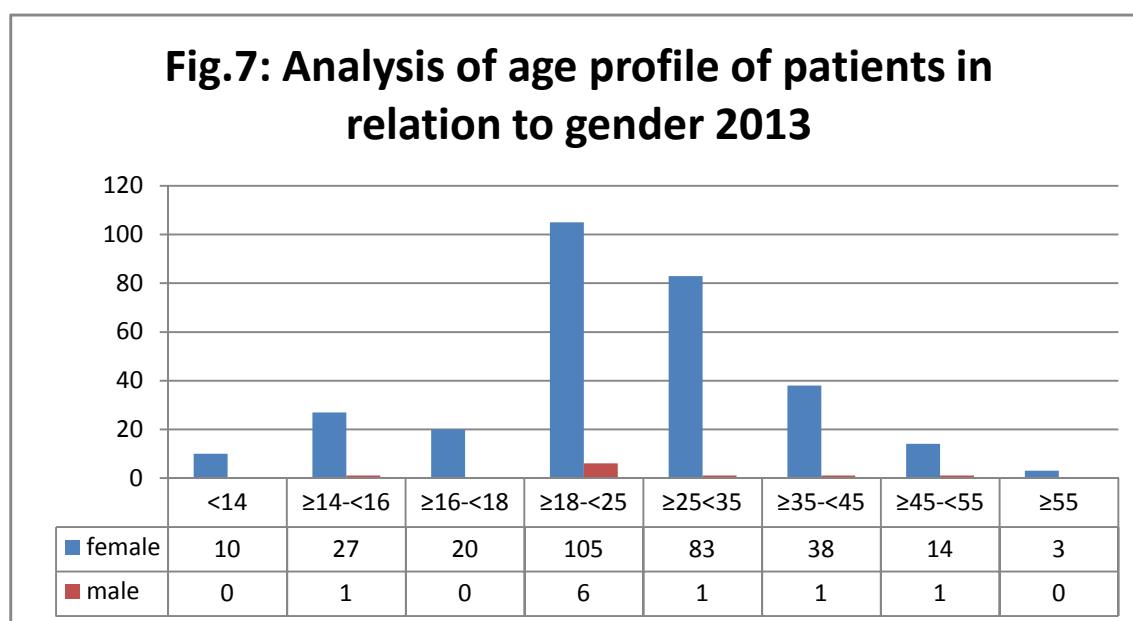
- Of the 310 patients there were 300 (97%) females and 10 (3%) males. (See Fig. 6)



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

In general terms, the remit of the Adult SATU services is to offer care for patients aged 14 years and above. However, in 2013 ten patients aged less than 14 years attended the service. The reason for this is that there can sometimes be a difficulty accessing paediatric services, an issue which is being acutely assessed at present.

Table 5: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU				
Mean	Mode	Median	Minimum	Maximum
26	19	24	12	65



11.3 Occupation (n = 310)

- 112 (36%) were students
- 93 (30%) were in employment
- 101 (33%) were unemployed
- 4 (1%) not recorded

11.4 Marital Status (See table 6)

Table 6: Analysis of marital status (n =310)		
Marital Status	No	%
Single	267	86
Married	9	3
Separated	18	6
Co-habiting	4	1
Divorced	4	1
Other	2	1
Not recorded	6	2
Total	310	100

11.5 Source of Referral (See table 7)

Table 7: Analysis of source of referral (n =310)		
Referral Source	No	%
Self	61	20
GP	6	2
Gardaí	233	75
RCC	2	1
Other	8	2
Total	310	100

11.6 Ethnicity (See table 8)

Table 8: Analysis of ethnicity of patients (n =310)		
Ethnicity	No	%
White	285	92
Black or Black Irish	12	4
Asian or Asian Irish	4	1
Roma	3	1
Other	2	1
Not recorded	4	1
Total	310	100

12. Type of Attendance: Reporting / Non-reporting

Of the 310 patients who attended the SATU:

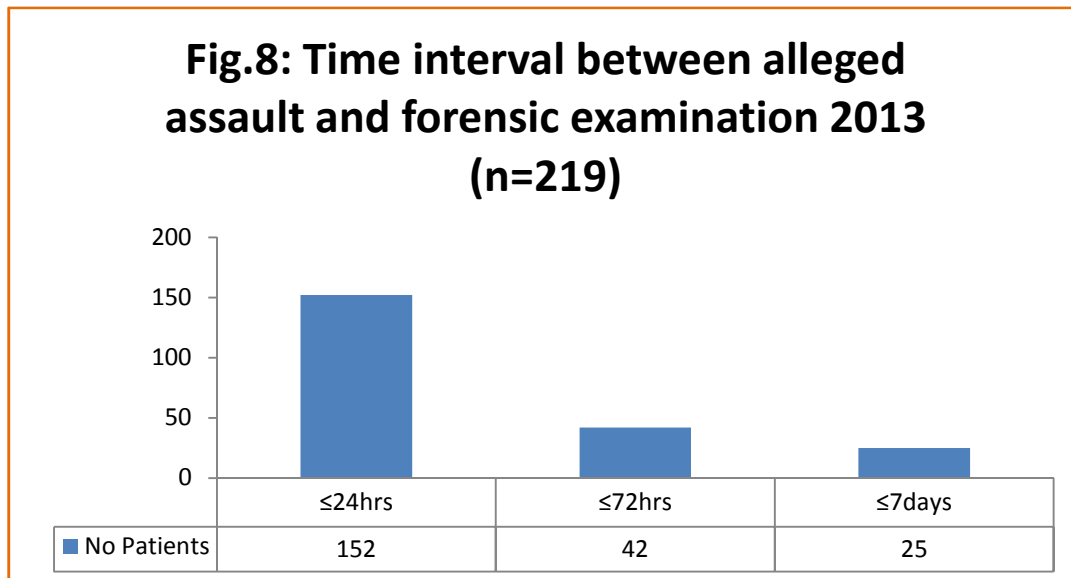
- 234 (78%) reported the incident to An Garda Síochána and of these 209 (90%) had a forensic clinical examination carried out.
- 10 patients attended but refused forensic examination.

- 76 (24%) had a health examination only (either because they chose not to report the incident to An Garda Síochána or they presented outside the forensic time frame.)

13. Patients Reporting to An Garda Síochána:

Time Interval from incident to attendance in SATU

- 219 (94%) patients attended within 7 days; of these 194 (84%) were within 72 hours and 152 patients (66%) were seen within 24 hours (See Fig. 8)



14. Patients Awareness of Whether a Sexual Assault had occurred (n=308)

- 259 (84%) felt that a sexual assault had occurred
- 49 (16%) were unsure if a sexual assault had occurred.

15. Physical Trauma

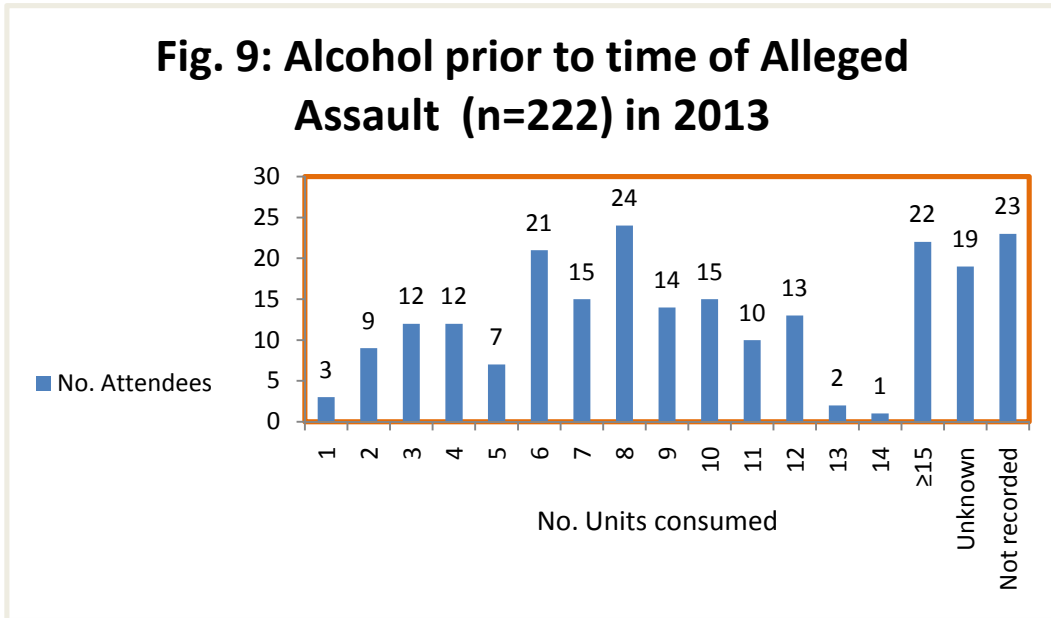
- 66 (21%) patients attending the SATU had physical trauma and of these:
 - 6 (2%) attended an Emergency Department with minor trauma

16. Alcohol and Drug Use

16.1 Alcohol

- 222 (72%) patients had consumed alcohol in the previous 12 hours prior to attending the SATU (see Fig. 9) and of these:
 - 156 (50%) patients had consumed ≥ 4 units of alcohol

- The average number of units of alcohol consumed in the 12 hours prior to the alleged assault was 12 units
- Of the 49 patients who said they were unsure if a sexual assault had occurred 41 (84%) had consumed alcohol prior to the alleged assault.



Drugs

- 45 (15%) patients had taken drugs, of these:
 - 31 (10%) were illegal drugs
 - 12 (4%) patients had taken prescribed medication
 - 2 patients had taken both prescribed medication and illegal drugs
- 48 (15%) patients were concerned that drugs had been used to facilitate sexual assault and of these 43 (90%) had consumed alcohol prior to the alleged assault.

16.3 Both Alcohol and Drugs

- 32 (10%) patients had taken both alcohol and drugs.

17. Emergency Contraception (EC)

- Emergency contraception was given to 140 (47%) patients, who were seen within 72 hours.
- 60 (20%) did not receive EC for various reasons (See table 10)

Reason	No.	(%)
Already using contraception	12	20
Post-hysterectomy or post-menopausal	3	5
Received EC prior to attending Unit	9	15
Pregnant	1	2
No penile penetration	19	32
Other	10	16
Refused	6	10
Total	60	100

18. Sexually Transmitted Infection (STI) Prophylaxis and Screening

18.1 STI Prophylaxis

- 199 (64%) patients received Chlamydia prophylaxis
- 26 (8%) patients received post exposure prophylaxis treatment for HIV
- 222 (71%) patients had Hepatitis B immunisation commenced, of these 57 (26%) have completed the course to date

18.2 Follow up Appointments for Screening

- All 310 patients plus 2 patients from other SATUs were offered screening for STIs.
(See table 11)

Analysis of follow up screening for STIs (n=312)	No.	Kept 1st App	Kept 2nd App	Kept 3rd App
Given SATU appt. for follow up screening	284	188	79	35
Attended another service for follow up	9			
Attended Rotunda for follow up from another service	2			
No STI follow up required	14			
Refused a follow up appointment	3			
Total	312			

18.3 Outcome of the STI Screening Carried Out by the SATU

- 63 had abnormal results (See table 12).

Abnormal results	No.
Chlamydia	5
Candida	16
Bacterial Vaginosis	38
Hepatitis C Positive	4

19. SATU Developments, Activities, Opportunities and Challenges

19.1 Developments in 2013

Deirdra Richardson, Catherine Hallahan and Aideen Walsh continue to be very involved with interagency education and service development. Aideen is committed to developing advanced nursing practice within the SATU.

We continue to be active members of the National SATU Guidelines Development Group, 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 has been developed. 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. Unfortunately there are still funding and infrastructural limitations that need to be surmounted prior to implementation of this Guideline and we are hopeful that 2014 may bring progress in this regard.

The third edition of 'Recent Rape/Sexual Assault: Guidelines on Referral and Forensic Clinical Examination' are currently being revised and edited and will be launched in 2014.

In 2013 we began to offer patients a feedback questionnaire at their return visit. This enabled us to capture their impression of many facets of SATU care in order to identify and, if necessary, remedy both positive and negative aspects of service provision. As a national service, we aim to offer this questionnaire in electronic format in 2014 to encourage feedback from as many attendees as possible.

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 involved in the Sexual Health Awareness Week at the RCPI in November 2013 and SATU staff were actively involved in outreach education within Emergency Departments & General Practice, Mental Health Services, Prison Services, An Garda Siochana 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 Siochana, 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 2013. This was attended by delegates from a range of agencies involved in taking care of men and women after sexual violence. We were particularly pleased to welcome our colleagues from Northern Ireland who showcased their recently opened state of the art combined facility for both adults and children. This is a model of high quality, responsive and patient focussed care we should aspire to. 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 Publications:

1. Eogan M, McHugh A, Holohan M. The role of the Sexual Assault Centre. Best Practice & Research Obstetrics and Gynaecology 2013;27:47-58.
2. Walsh A, McHugh A, Eogan M. Sexual Assault services – an overview. Forum, Journal of the Irish College of General Practitioners 2013; 30:(6) 48-49.

19.5 Presentations:

Maeve Eogan

Postgraduate Certificate in Sexual Assault Forensic Examination, UCD (May and June 2013)

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 2013

Adult Sexual Offences.

STIF Course, Rotunda Hospital. May & December 2013.

Managing Sexual Assault.

Undergraduate programme in legal medicine, UCD. December 2013.

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

Aideen Walsh

Aideen facilitated Continuous Professional Development for all grades of An Garda Síochána throughout 2013. Presentations about interdisciplinary working in SATU services were given in Dublin Metropolitan Regions South Central, North, West and South County and also in Wicklow Division.

Post-graduate nursing students from various locations were given lectures in Royal College of Surgeons in Ireland (BSc in Nursing programme) and University College Dublin (Post-graduate Diplomas in Emergency Nursing and Paediatric Emergency Nursing). Other nurse education included presentations at study days in Our Lady's Children's Hospital in Crumlin for Clinical Nurse Managers in the 3 Paediatric Emergency Departments in Dublin and also for nurses working in addiction services in Cherryorchard Hospital. Doctors on the Post-graduate Diploma in Sexual Assault Forensic Examination were given a talk about DNA decontamination and the clinical skills involved in forensic examination. A presentation about SATU services was given in the Rotunda Hospital by Dr Maeve Eogan and Aideen Walsh for consultants and non-consultant hospital doctors. A similar joint presentation was given at the Medico-legal Society of Ireland's Academic day in the Four Courts by SATU staff.

Aideen presented findings from her research on patients' experience of attending SATU at conferences in St James's Hospital and German Network of Advanced Practice Nurses International Conference in Berlin. Findings from an audit carried out by Aideen and Rachel Howard (CNS, Infectious Diseases, Mater Hospital) about referrals from SATU to an Infectious Diseases clinic for HIV prophylaxis were presented at conferences in Rotunda Hospital, St James's Hospital and Mater and Rotunda Hospital joint conference.

Interagency training for new volunteer support workers with Dublin Rape Crisis Centre was facilitated by members of SATU staff on two occasions in 2013.

Deirdra Richardson

Deirdra continues to facilitate the Sexual Assault Risk Reduction and Protection Programme for senior cycle students in post-primary school. In 2013, the programme was delivered in 10

schools (3 girls schools, 3 boys school and 4 co-education schools) in the following areas: Churchtown, Coolock, Whitehall, Glasnevin, North Richmond Street, Artane, Crumlin, Dundrum, Tallaght and Ballymun. The programme was also delivered at the Mini-Med School in the Rotunda Hospital.

A joint educational partnership was developed between SATU and Chrysalis Community Drug Project, Dublin 7 to educate vulnerable adults about the services offered. Miriam Ryan (project worker and case manager, Chrysalis) and Deirdra devised a Stay Safe Programme for this cohort of people. The Stay Safe programme was delivered to: Crosscare in Amien Street, Haven House, Bentley House and Focus Ireland in Johns Lane West and the Focus Ireland coffee shop. A presentation entitled "Referral Pathways and accessing both services (SATU and Chrysalis) - what to do if someone discloses a sexual assault" was also delivered to staff in both services. A joint presentation by Deirdra and Miriam was given to staff in Ruhama (service supporting women affected by prostitution) about services offered by SATU and Chrysalis and how to access or refer to these services.

Deirdra was also involved in interdisciplinary training for medical and legal professionals at the Medico-Legal Society of Ireland Academic Day in the Four Courts in January 2013 and clinical skills training for doctors on the Post Graduate Diploma in Sexual Assault Forensic Examination Programme in University College Dublin in May 2013. Interagency training for new volunteer support workers with Dublin Rape Crisis Centre included a presentation by Deirdra.

Catherine Hallahan

Catherine gave regular teaching sessions to Rotunda Midwifery, Nursing, Medical staff and Medical students at ward level on a regular basis in 2013. The aim of these sessions was to raise staff awareness of SATU services and the methods of accessing them for both staff and patients. In the course of these sessions Catherine had the opportunity to discuss recruitment to the SATU on-call rota with nursing and midwifery staff.

Catherine completed an IV Cannulation Programme in January. This was both on a theoretical and practical level.

Catherine prepared a number of case presentations for the Sexual Assault Forensic Examination Post Graduate Diploma Programme in University College Dublin in May.

Catherine gave a presentation of the subject of 'Consent' at the Rotunda Assisting Nurse Study Day in May.

In November Catherine gave a presentation on SATU services and the management of sexual assault to healthcare professionals undertaking the Irish Family Planning Association training course in St James Hospital.

Patricia O'Connor

Patricia gave presentations about SATU services to new volunteer support workers with Dublin Rape Crisis Centre and healthcare professionals undertaking a family planning course with the Irish Family Planning Association.

19.6 Challenges in 2013

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: 2013

**Siobhan Kavanagh CNS, John Bermingham Consultant Obstetrician &
Gynaecologist**

Date published: 22/04/14

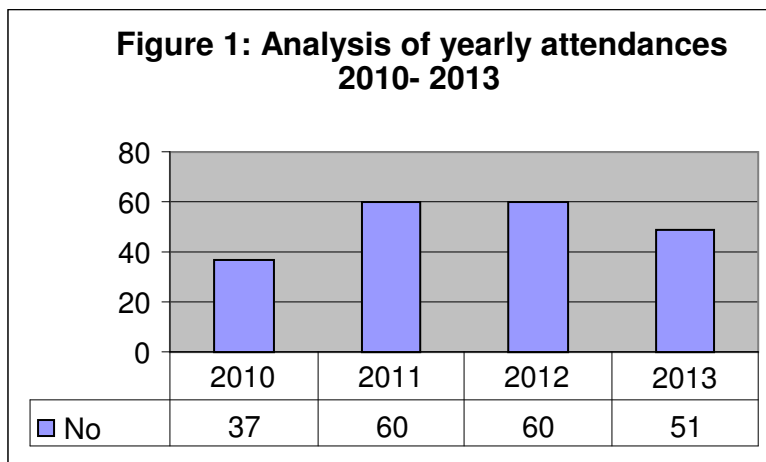
1. The SATU, Waterford Hospital

The SATU Team consists of:

- **Medical Director:** Dr. John Bermingham
- **ADONM:** 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:** 9 GPs and 1 Consultant Obstetrician/Gynaecologist.
- **Support Nurses:** 11

2. Number of Attendances

- In 2013, there were 51 attendances at the SATU.
- This showed an *decrease of 9 (8.5%)* from 2012 (See figure 1)



- 2 cases were referred from other SATUs for follow up

3. Country Where the Incident Took Place (n=49)

- 48 (98%) of cases took place within the Republic of Ireland,
 - 1 (2%) case occurred in the United Kingdom.

4. County Where the Incident Took Place

- Of the 49 first SATU attendances, the incident was reported to have taken place in the following counties (See table 1)

Table 1: Analysis of the county/s where Incident took place (n = 46)		
County	No	%
Waterford	12	26%
Wexford	11	24%
Kilkenny	7	16%
Tipperary	6	13%
Carlow	6	13%
Dublin	2	4%
Cork	1	2%
Lois	1	2%
Total recorded	46	100%
NB. Calculated on 46 cases as: <ul style="list-style-type: none"> 2 cases not recorded 2 cases referred from other SATUs for follow up 1 case in the UK 		

5. Day of the week the incident occurred

The majority of cases occurred on Sundays 11 (22%), followed by Mondays 8 (17%) (See table 2).

Table 2: Day of the week incident occurred (N=48)							
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
No	8	7	5	3	7	7	11
%	17%	15%	10%	6%	15%	15%	22%

6. Analysis of Month by Attendances

The busiest month was August with 9 (18%) of cases (see table 3).

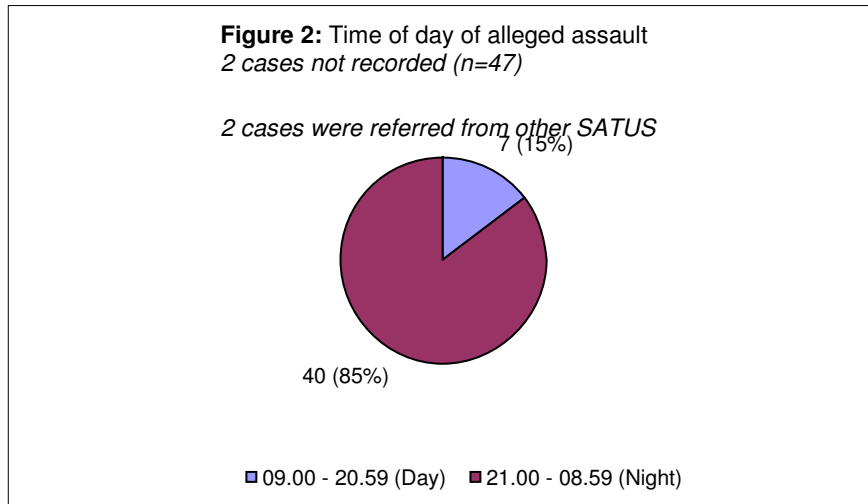
Table 3: Analysis of Month by Attendances (n=49)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No	3	5	6	2	6	3	2	9	3	5	2	3
%	6%	11%	12%	4%	12%	6%	4%	18%	6%	11%	4%	6%

7. Notable Day or Event

2 (4%) cases occurred on a notable day or at a notable event (bank holiday/festival etc.)

8. Time of Day Incident Occurred

The majority 40 (85%) of incidents occurred during the hours of 21.00 to 08.59 (see figure 2)



9. Analysis by location

- 15 (31%) of cases reported the assault had occurred in their own home (see table 4)

Table 4: Analysis of the location of the Incident (n 49)		
Location	No	%
Home	15	31%
Other outdoors	12	25%
Other indoors	10	20%
Assailants home	6	12%
Car	2	4%
Field / Park	2	4%
Unknown	2	4%
Total	49	100%

(n=49) 2 patients were referred from other SATUs not included

10. Assailant/s

10.1 Number of Assailants: single or multiple assailants (n=49)

- 38 (78%) cases was a single assailant.
- 5 (10%) cases there were multiple assailants.
- 6 (12%) cases unknown if single or multiple.

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 = 49)		
Relationship	No	%
Stranger*	21	43%
Acquaintance	6	12%
Unknown	6	12%
Other	5	11%
Family Member	3	6%
Intimate Partner	3	6%
Ex-intimate Partner	3	6%
Friend	2	4%
Total	49	100%
* This figure may reflect 'recent acquaintance' category which is not currently captured on the chart. 2 patients were referred from other SATUs not included		

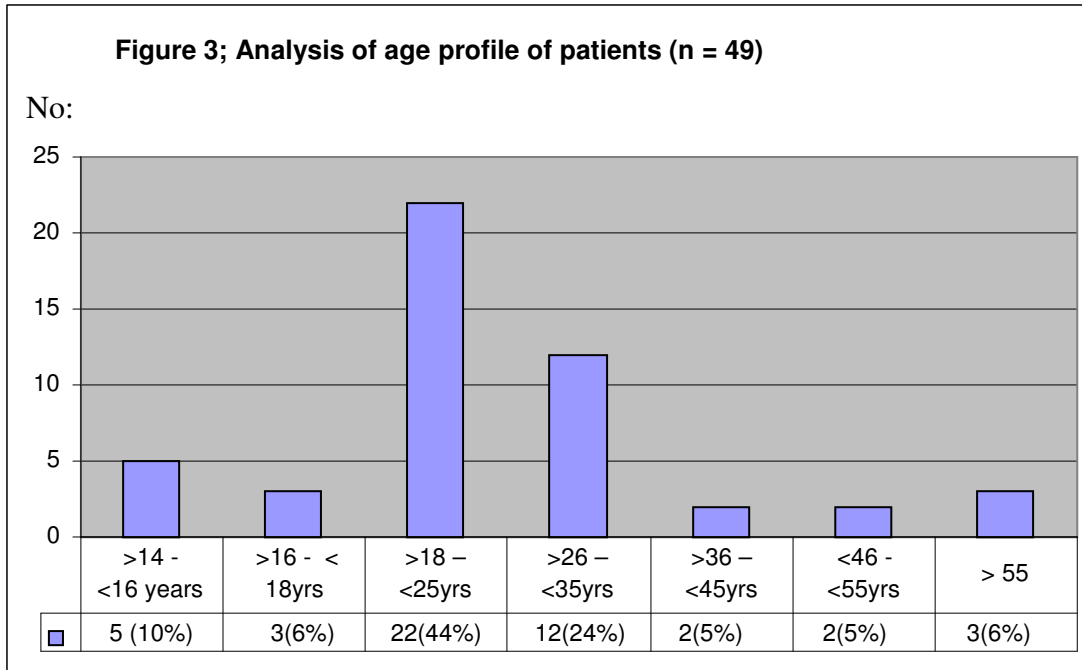
11. Demographics

11.1 Gender

- Of the 51 cases, there were 50 (98%) females and 1 (2 %) males.

11.2 Age Profile (See table 6 and figure 3)

Table 6: The mean, mode and median age and the minimum and maximum ages of patients attending the SATU				
Mean	Mode	Median	Minimum	Maximum
27	21	23	14	> 55years x 2



11.3 Occupation (n =49)

- 16 (33%) were students
- 22 (45%) were in employment
- 11 (22%) were unemployed

11.4 Marital Status (See table 7)

Marital Status	No	%
Single	41	84%
Married	2	4%
Separated	2	4%
Co-habiting	3	6%
Other	1	2%
Divorced	0	0%
Total	49	100%

2 patients were referred from other SATUs not included

11.5 Source of Referral (See table 8)

Referral Source	No	%
Gardai	38	75%
Other	5	10%
GP	4	7%
Other SATUs for STI	2	4%
Self	2	4%
Total	51	100%

11.6 Ethnicity

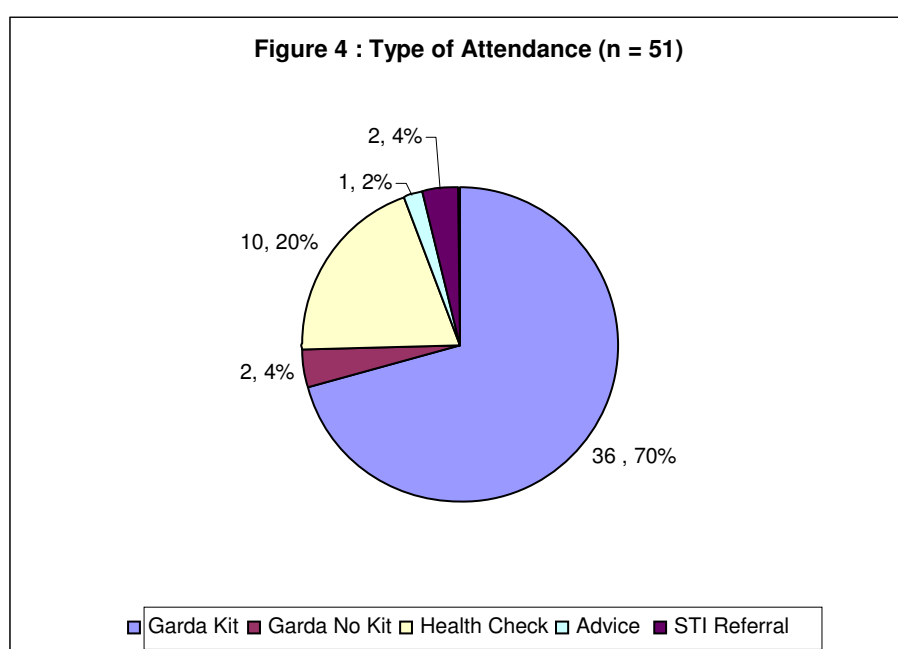
- 49 (98%) of cases who attended SATU WRH were documented as white.

12. Support Worker in Attendance (n = 49)

- 31 (63%) patients were recorded as having had a Support Worker at the initial attendance.

13. Type of Attendance

- 40 (78%) of the attendances reported the incident to An Garda Síochána
2 of the 40 (4%) reported elsewhere, attending Waterford SATU for follow up.
- 11 (22%) did not report to An Garda Síochána,
10 of the 11 had a Health check, the other person wanted advice only (see figure 4)



14.1 Time Interval from incident until examination in SATU

49 (96%) of the patients were first time attendance at a SATU for this incident.

- 40 (82%) attended within \leq 7 days.
- 32 of the 40 (80%) presented within $<$ 72 hours of the incident.
- 25 of the 40 (62.5%) presented within 24 hours.
- 8 (16%) attended within \leq 1 month
- 1 (2%) attended in a timeframe $>$ 1 month

15. Patients Awareness of Whether a Sexual Assault had occurred (n = 49)

- 40 (82%) felt that a sexual assault had occurred.
- 9 (18%) were unsure if a sexual assault had occurred.

16. Physical Trauma (n = 49)

- 30 (61%) patients attending the SATU had physical trauma.
- 26 (87%) had superficial injuries not requiring further treatment.
- 3 (10%) had minor trauma requiring Emergency Department attendance.
- 1 (3%) attended the Emergency Department with major trauma.

17. Alcohol and Drug Use (n = 49)

17.1 Alcohol

- 35 (71%) of patients had consumed alcohol in the previous 12 hours
- 23 (47%) had consumed $>$ 4 units of alcohol.

17. 2 Drugs (n=49)

- 8 (17%) patients had taken drugs.
- 6 (13%) were prescribed medication.
- 2 (4%) were illegal drugs.
- 2 (4%) patients had taken both prescribed medication and illegal drugs.
- 5 (11%) patients were concerned that drugs had been used to facilitate sexual assault.
- 4 (8%) patients both alcohol and drugs were a factor.

18. Emergency Contraception (EC) (n = 48)

- 48 (98%) of patients were female.
 - 31 (65%) were seen within 72 hours of the incident.
 - 22 (71%) were given EC.
 - 9 (29%) did not receive EC for various reasons (See table 9).

Table 9: Reasons female patients seen within 72 hours did not receive EC in the SATU (n = 9)		
Reason	N	(%)
No penile penetration	4	45%
Already using contraception	2	22%
Received EC prior to attending Unit	2	22%
Post-hysterectomy or post-menopausal	1	11%
Total	9	100%

19. Sexually Transmitted Infection (STI) Prophylaxis and Screening

19.1 STI Prophylaxis (n=49)

- 32 (65%) patients had Hepatitis B immunisation commenced.
- 31 (63%) patients received Chlamydia prophylaxis.
- 2 (4%) patients received Diphtheria & Tetanus booster Vaccination
- 0 (0%) of patients receive post exposure prophylaxis for HIV

19.2 Follow up Appointments for Screening (n=51)

- 20 (39 %) patients attended for 1st STI screening
- 8 (16%) patients were referred elsewhere for initial (1st) STI screening
- 23 (45%) declined or did not have a follow up appointment (see table 10).

Table 10: Analysis of follow up screening for STIs (n = 20)		
Attended SATU for follow up screening	20	39%
Referred elsewhere for STI screening	8	16%
Declined or did not have follow up appointment	23	45%

19.3 Attended SATU for Follow up

Of the 20 patients who attended for 1st follow up: (n=20)

- 12 (60 %) patients attended SATU for 2nd follow up.
- 10 (50 %) patients attended SATU for 3rd follow up.
- 3 (15%) patients were referred elsewhere for subsequent screening.

19.4 Outcome of the STI Screening Carried Out by the SATU (n = 20)

Of the 20 patients who had STI screening 5 (25%) had abnormal results (See table 11)

Abnormal results	N	%
Candida	3	15%
Chlamydia	1	5%
Bacterial Vaginosis	1	5%

20. SATU Developments, Activities, Opportunities and Challenges

20.1 Developments in 2013

- 2013 saw the addition of one new forensic Examiner in training.
- CNS commenced representation of WRH SATU on National Documentation group.

20.2 Multi-Interdisciplinary SATU Liaison Meetings 2013

- The SATU advisory group consisting of CNS (Satu) CNM2 (Satu), manager of Waterford Rape Crisis Centre, Garda Liaison Officer, ADONM, GP representative and primary care manager met on four occasions throughout the year. Minutes of all the meetings and attendance were compiled.

20.3 Educational and Training Events 2013

- CNS completed introduction to counselling course.
- CNS attended the National PEP Conference.
- Attendance at National SATU Conference 2013 in Dublin by CNS.
- CNS training as registered cervical smear taker.
- Continued education sessions/updates for on call nurses/examiners.
- Mandatory in-house training for all nursing staff continued.

20.4 Publications and Presentations 2013

- CNS gave a presentation on the SATU service for new RCC volunteers.
- CNS had article published for HSE Sexual Health News Letter.

20.5 Opportunities in 2014

- 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. and thus continue to promote the awareness of the S.A.T.U. and the service it offers.

Acknowledgements

The ongoing assistance of all SATU Nursing/Midwifery and Medical staff is acknowledged.

This report highlights the significant work done by committed healthcare providers.

The commitment of hospital management to SATU service development is acknowledged

Appendix 1:

Mid Western SATU Annual Report 2012

HSE Mid-West Sexual Assault Advisory Group

Annual Report 2013

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 Siochana. 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 Siochana and HSE Mid-West Designated Officer for the Prevention of Violence Against Women. Ann Ryan, Community Development Worker, is the advisory group secretariat.

During 2013 there was a change to the members of the Mid-West SATU Advisory Group, with Superintendent Dan Flavin, stepping down to be replaced by Superintendent Helen Deely An Garda Siochana, Newcastlewest, Limerick.

Activity Report

Numbers Presenting

In 2013 26 cases presented from across the Mid West region. This represents a decrease in numbers from 2012 where there were 32 cases presenting. However there were three call outs during 2013 which did not result in a Forensic Medical being carried out for health and capacity reasons. These cases all presented within seven days of an assault incident and were referred via An Garda Siochana.

The cases were concentrated in the early two months of the year and late summer early autumn. October being the busiest month with five cases, please see table 1.1, below; for details.

Table 1.1 2013 Monthly Breakdown of Attendance: Numbers & Percentages

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
4	3	1	1	3	1	4	1	3	5	0	0
15%	12%	4%	4%	12%	4%	15%	4%	12%	20%	0	0

There are few correlations with the spread of service uptake in 2012. With the exception of the early year, particularly January relatively high up take, of 15% in 2013 and 16% in 2012. It is of interest that the same relative spike in numbers was evident in 2011 also.

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%

Geographical Area Represented

As the service is focused on the HSE Mid West, the geographical spread is reflective of this catchment area. Tables 2.1 and 2.2 provide an overview of the residential location of the client group in 2013 and 2012. In some cases this was not disclosed to An Garda Siochana and/or G.P and therefore not recorded in the Shannondoc return.

Limerick remains the biggest user of the service with 65% of the overall up take in 2013 this represented a decrease on the 2012 figure of 73% but is comparable to 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.

Table 2.1 2013 County/ Country of residence: Numbers & Percentages

Limerick	Tipperary	Clare	Kerry
17	2	6	1
65%	8%	23%	4%

Table 2.2 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%

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.

There was a significant increase in the number of children seen by the service in 2013 compared to the figures for 2012. Of 26 cases in 2013 5 (20%) were under 18 years of age where as in 2012 of 32 cases 2 (6%) were under 18 years. The 2013 figures represent a shift back to trends seen in 2010 were 11 referrals of under 18 year old referrals seen representing 27.5% of the service up take in that year.

Training Events:

A SATU specialist training event had been suggested for late 2013 however it was felt prudent to reschedule for early 2014 due to a national training event.

On the 18th October the National SATU Study Day was held in the Rotunda hospital attended by Dr Michelle O Connor one of the newer MWSATU G.P's. There were a variety of presentations on drug facilitated sexual crime, Children First briefing and a presentation by the Forensic Science Laboratory.

Local Developments:

HSE/ Tusla: Child and Family Agency Structural Changes

The changes in the HSE, resulting in the creation of Tusla: Child and Family Agency will have an impact on the membership of the MWSATU Advisory Group and those undertaking key managerial roles. The process of reassigning roles and responsibilities from Tusla: Child and Family Agency staff to HSE staff is underway. Jacqui Deevy will advise of outcomes in due course.

G.P Developments

There is currently a change in how G.P's are paid for both "on call" and "call out" fees by the HSE due to the recommendations of Inland Revenue. This change in process has still to be fully resolved. Due to these changes there was a delay in the processing of the third and fourth quarter "on call" fees.

Further, "call out" fees have yet to be processed for 2013, clarity on how these payments will be made is being sought.

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. There has been occasion where there has been an oversight on behalf of the G.P. to call the volunteer but it is hoped that the system whereby Shannondoc remind them of the need will address this issue.

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. 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 2013.

Service Review

In 2013 work got underway to review the service, a working group was established from members of the MWSATU Advisory Group consisting of Jacqui Deevy, HSE (Deputy Chairperson), Miriam Duffy, Director MWRCC and Ann Ryan, HSE (Secretariat). The model & methodology most suitability for client base (confidential & sensitive) was identified as the Rape Crisis National Research questionnaire, with adaptation to meet the local needs.

The purpose of including consumer consultation was to elicit feedback from survivors. It was recognised that there was a challenge involved in reaching survivors whom had experience of MWSATU. The National RCC questionnaire was the demonstrated method to deliver and contact survivors regarding any service feedback.

The subgroup also recognised the importance of conducting a service review with all the MWSATU stakeholders given that the service has been in operation since 2006. Baring

this in mind the working group collaborated to expand the questionnaire to incorporate all multi agency stakeholders in the MWSATU and utilised HSE research resource to customise appropriately.

Budget 2013.

The annual allocation of €30,000 is specifically for the payment of the on call and call out fees for forensic examiners. There is a shortfall in the budget due to increased demand on the service and the need to replenish supplies such as clothing, Patient Record books and training event costs.

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 Summer 2013. This contains relevant articles, links and information of relevant to those working in the field and was distributed to all G.P's on the rota as well as the Rape Crisis volunteer coordinator.

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 Helen Deely, 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