

**Final review of the National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014.**

Response from Sexual Assault Treatment Units (SATUs). May 2014.

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**1. What was good about the strategy?**

Comprehensive, ambitious and far reaching.

**2. What was not good?**

As a service provider, the only communication we had with regard to the strategy was requests for implementation updates (which did not come as frequently as anticipated). I think there could be more communication with 'frontline' agencies in terms of progress, challenges, barriers to implementation etc.

**3. Have you any evidence either way?**

N/A

**4. What do you want to do in the next strategy?**

There are still issues pertaining to Sexual Assault Treatment Unit (SATU) service provision and care that need to be optimised. We have come a long way in our aim to deliver centres of excellence and 'one-stop-shop' facilities, but continue to encounter barriers to implementation of a comprehensive and totally responsive service. These include:

- a. Best practice care would include provision of a facility and supports to allow storage of forensic samples while SATU attendees chose whether or not to report an incident to An Garda Síochána. As we all know, collection of evidence is time sensitive, and if a patient delays reporting an incident for a period of time, pertinent forensic evidence may deteriorate or be lost entirely. In such situations, we propose an option of care that would enable us to take samples without the presence of An Garda Síochána; we would securely store these in the SATU for a period of up to one year which provides attendees with a period of time in which to consider whether or



not they wish to report the incident. Comprehensive interagency guidelines have been prepared in this regard but funding and infrastructural limitations mean that we have been unable to progress to implementation of these best practice guidelines. We are happy to discuss this further.

- b. Care for paediatric victims (<14 years) of sexual violence remains fractured around the country, while there are pockets of excellent care, there are large geographical areas without access to a timely and responsive service, particularly for examination in the acute setting. This means that innumerable phone calls may have to be made in an attempt to arrange and secure review, care and examination which is simply not good enough. Provision of a standardised and responsive service for this vulnerable population needs to be prioritised.
- c. Data collection within individual SATUs and data sharing between SATUs and other agencies needs to be optimised. Individual units each collect comprehensive anonymous data on all attendees but the utility of this information is constrained by deficiencies in IT development and support. As we move to assessment of the quality of the service we provide by implementing a suite of Key Performance Indicators (KPIs) this 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.
- d. There are certainly further opportunities for cross-border cooperation, as included in the last strategy. Since the last strategy however, there have been fantastic developments in service provision in Northern Ireland. A unified service for care of adults and children has opened at the Rowan, based at Antrim Area Hospital. This service is dually funded by justice and health budgets and is a credit to all involved. Geographically, we could explore optimising care provision to adult and paediatric patients by adopting co-operative care pathways for patients who live in certain border counties. This would obviously necessitate discussion and cooperation between the justice agencies in the two jurisdictions but should be explored and developed.
- e. There is still considerable progress awaited in terms of minimising attrition after domestic, sexual and gender based violence - again a facility for storage of evidence would assist with this. This would not be a costly initiative and the benefits are potentially far reaching on both personal and societal perspectives. Ultimately, provision of this additional option will hopefully increase the rates of reporting of sexual crime as patients who are uncertain about their reporting intentions will not feel forced to make a rapid decision not to report the incident, which they may subsequently regret when they appreciate that forensic evidence may have deteriorated. In the US Military Model in 2007, 14% of victims who had initially chosen to



restrict their reports later reported to allow a criminal investigation to ensue.

- f. As with all clinical services and allied agencies funding of SATUs remains precarious. Professionals who work in this area need to be trained and supported to a high standard, and defined training programmes for both medical and nursing/midwifery staff exist. Nevertheless, it can be difficult for practitioners to acquire time and funding to complete these programmes, which potentially impacts on both service provision and sustainability. Furthermore, budgetary restrictions lead to infrastructural and staffing limitations within the units.
- g. The SATU National Guidelines Development Group is an interagency group which works together to develop and update comprehensive, high quality Guidelines to guide care provision throughout the patient journey. This is a developing field and Guidelines need to be updated frequently to reflect these changes and this to ensure high quality and optimal service provision. The third edition of these Guidelines is currently being revised and edited but a commitment to ongoing funding for development and maintenance of these is imperative.

## **5. What should others do?**

We look forward to continued collaboration and partnership with our colleagues in other agencies. Our current practice model hinges on high quality, patient/client focussed multi- and interagency commitment and communication. This can be progressed further by a vision for deeper integration and coordination of the various services, structures and processes.