



## The Role of SARCs and FMEs in the North East

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## REACH



- 1982 - Thames Valley Police Documentary
- Superintendent Rhona Cross
- Dr. Ellis Fraser
- The Northumbria Police Women Doctors Scheme
- Adult and Children's Rota
- 1991- REACH Centres ( Counselling and support)
- 2005 - Children's Network
- 2008 - Daytime service

## History of SARCs



- First Established 1986 - St Mary's Manchester - Local HA and GMP
- National Service Guidelines for Developing SARC's (October 2005)
  - Joint DoH, NIMHE, VVAPP, Home Office

## Minimum Elements of SARC



- Dedicated, forensically secure facility integrated with hospital services
- Availability 24 hours /day, within 4 hours
- Facilities for Self-referral including forensic examination
- Choice of gender of FME/ appropriately trained SANE (Sexual Assault Nurse Examiner)
- Crisis workers to support victim, examiner and police before, during and after assessment

## Minimum Elements continued



- Immediate access to emergency contraception and drugs to prevent STD's including HIV
- Integral follow-up services including psycho-social support / counselling, sexual health and support throughout criminal justice procedure
- Infrastructure to ensure ongoing client care, DNA decontamination, staffing, training and maintenance, including stocking of medication
- A quality assured service, including the use of data collection and monitoring systems

## Recommendations



- To offer pro-active follow-up, advocacy and case tracking
- To have an agreed protocol for dealing with referrals from all agencies

## Values of SARC



- SARC ethos is firmly victim focussed:
  - The needs of the victim come first
  - They are treated with dignity and respect
  - Assist users in understanding all options available to them
  - Facilitate their choices

## Benefits of SARC's



- High standard of victim care and victim satisfaction
- Improved standard of forensic evidence
- Provision of mental and sexual health services (more immediate for victim, decrease longer term burden on health services)
- Specialist staff
- More offenders brought to justice
- Development of centre of excellence and expertise providing advice, training and support to health, police and CPS)
- Strong links with voluntary sector to provide seamless care

## FME



- FME (Police Surgeon )
- FFLM - 2007  
(Faculty of Forensic and Legal Medicine)
- Expertise and Expert Witnesses

## 'Two Hats'



- Primary Purpose - Forensic Assessment
- Assessment of Health and Welfare

## Sexual Assault



- Rape - non-consensual (without permission) penetration of vagina, mouth or anus by the penis.
- Assault by penetration - non-consensual. Intentional insertion of an object other than a penis, into the vagina or anus
- Sexual assault - deliberate, non consensual and sexual touching of another.
- NB Also range of offences wrt children.

## Defence



- Reasonable belief that there was consent - prosecution have to disprove.
- Medical evidence may assist in issue of consent but can rarely prove beyond reasonable doubt

## How many people affected by sexual assault rape examination, advice, counselling & help

- British Crime Survey
  - 1 in 20 women - raped since 16 yrs
  - 1 in 10 women experienced some form of sexual victimisation, including rape, since the age of 16yrs
  - 3% men sexually victimised at some time
  - Only minority sexual assaults reported to police (10-20% in London)

## Preparation



## Issues



- Timing of alleged assault
- Physical condition of victim
- Risk of HIV / Hepatitis
- Victim's agreement to assessment
- Legal status of Victim
- Competence of victim to give informed consent
  - Short term
  - Long term
- Support for victim
- Need to work as a team

## HIV



- Risk of contraction for woman:
  - Consensual vaginal intercourse with HIV positive man
    - 1 in 600 to 1 in 2000
  - Consensual anal intercourse with HIV positive man
    - 1 in 30 to 1 in 1000
  - Following rape - likely to be higher due to trauma
- How common in rapists - no studies
  - In parts of London 1 in 100 young men HIV+ve
- Risk factors
  - Drug mis-users - injecting
  - Men who have sex with men
  - Origin - Sub-Saharan Africa, Caribbean, parts of S America, Asia and Eastern Europe



## HIV prophylaxis



- Antiretroviral drugs
- Post-exposure prophylaxis (PEP) / (PEPSE)
- Administered ASAP - probably no effect if >72 hours
- 12 tablets / day
- Side-effects - nausea and vomiting, decreased effectiveness of oral contraceptive
- 4 week course - £700

## Issues



- Timing of alleged assault
- Physical condition of victim
- Risk of HIV / Hepatitis
- Victim's agreement to assessment
- Legal status of Victim (age, looked after etc)
- Competence of victim to give informed consent (learning disability, mental health problems etc)
  - Short term
  - Long term
- Support for victim
- Need to work as a team

## Forensic Assessment



- Purpose:
  - Forensic examination and collection of information and samples for evidential purposes
  - Assessment and management of the health and well-being of the victim.

## Consultation



- Takes 2-3 hours
- Explain purpose, needs and confidentiality
- Explain the assessment is not 'diagnostic' - that in the majority of cases there are no physical findings
- Explain responsibility wrt Court appearance
- Ensure competence to consent
- Formally consent
- Take general medical history
- Check history of allegation
- Speak to victim alone

## Forensic Examination



- Head to toe physical and genital examination
- Recording of injuries
- Sample collection
- Labelling

## DNA



- Complex molecule
- Carries unique genetic informatio
- Found in body fluids - semen /saliva
- National DNA Database
- Problems in collection
  - Washing
  - Going to toilet
  - Drinking / tooth washing

## DNA



- Unlikely to be found following the sexual assault:
  - of an adult woman after 7 days
  - of a man or 'child' after 3 days
- However injuries may still be seen particularly in:
  - » Children
  - » Adult women who were previously not sexually active
  - » Women in menopause
  - » Anal assault

## Assessment and management of the health and well-being of the victim.



- Treatment of Injury
- Emergency contraception
- STD prevention - including HIV and Hepatitis - GUM
- Emotional support
- Risk assessment
- Follow-up appointment - medical FME - forensic only
- Information to Family Practitioner
- Appointment - counselling
- Written information / useful contacts
- Practical help - shower / refreshments / clothing

## Debriefing



- For victim
- For police officers

## Court Appearance



- Statement preparation
- Witness - Professional / Expert
- Impartiality
- Team work
- FME needs to be aware of the issues to be addressed
- Pre-trial Conference is essential
- Result

## Future for SARCs



- Sexual health services placed together:
  - SARC
  - GUM
  - Sexual health
- Advantages
  - Client (Police / Self referred)
  - Professionals

## Future for FME's



- Fully equipped and SARCs integrated as part of sexual health services
- Enhanced, standardised training and support for FME's
- Recognition by and support of the FFLM