

The Experiences of Sexually Assaulted People Attending Saint Mary's Sexual Assault Referral Centre for a Forensic Medical Examination

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AIMS

This study aimed to explore the experiences of people who have attended Saint Mary's Sexual Assault Referral Centre for a Forensic Medical Examination.

BACKGROUND

Undergoing a forensic medical examination (FME) has the potential to be a traumatic and invasive experience for victims of sexual assault (Maier, 2012). If clients fail to receive supportive and constructive care, then services can negatively impact the recovery process (Campbell et al., 2009).

Previous evaluations of Sexual Assault Referral Centres (SARCs) have discovered both positive and negative findings of the impact of SARCs on a clients wellbeing. Positive findings have highlighted the 'impact of supportive staff' (Du Mont et al., 2009). Studies exploring the negative impact SARCs may have on clients have reported the FME experience as being 'too clinical' (Lovett et al., 2004).

There is limited contemporary research on the effects of a FME on clients living in the United Kingdom. The current study aims to address this gap in knowledge.

METHODS

Participants were clients aged 18 years and over, who had attended Saint Marys SARC for an FME. Data was gathered through analysis of client Feedback and Evaluation Forms (FEFs) which are routinely provided to clients following a FME. The FEF are two sides of A4 and intended to be simple to complete.

Both quantitative and qualitative data are gathered through the FEF.

- The anonymous FEFs contained questions relating to demographics (age and gender)
- 5-point Likert scales to measure client satisfaction with the following professional groups: police (where appropriate); crisis worker and forensic physician.
- The FEF also entailed an open-ended feedback section which encouraged the client to share their general views about the service they had received at Saint Marys SARC. This data was subject to content analysis.

FINDINGS

Descriptive Analysis

863 FEFs collected over three financial years (2014 – 2017) were analysed. This was a completion rate of approx. 40% as in the study period over 2000 adults attended for an FME.

		Total Sample
Gender*	Male	60 (7%)
	Female	802 (93%)
Age (years)	18-25	434 (50%)
	26-39	306 (36%)
	40+	123 (14%)

*One individual did not provide an entry for gender.

Females made up 93% of the overall sample. This is reflective of the breakdown by gender of adults seen at Saint Mary's SARC for FMEs.

	Information*		Communication*		Sensitivity*	
LIKERT RATING	5	1	5	1	5	1
Police	709	8	711	8	708	6
Crisis Worker	836	4	829	4	833	4
Forensic Physician	827	19	829	5	828	4

*113 pieces of missing data for professional's information provision, and 109 pieces of missing data for both communication and sensitivity

Overall, the crisis worker was scored as the profession clients most frequently rated as being 'very satisfied' with.

The above table presents clients' experiences of the professionals according to a five point Likert rating scale, where a rating of 1 indicated the lowest scoring response of 'not satisfied' and a rating of 5 indicated the highest scoring response of 'very satisfied'.

Content Analysis

Of the 863 FEF's, a total of **404 positive comments** about the service were recorded. 69 of these referred to the overall service. There were 172 compliments about the specific attributes held by staff where they were described as: 'caring' [32], 'sensitive' [22], 'informative' [22], 'helpful' [20], 'kind' [20], 'supportive' [17], 'friendly' [11], 'professional' [9], 'understanding' [7], 'reassuring'[7] and 'welcoming' [5].

Following on from such a traumatic experience, I have now experienced, a caring, helpful, meaningful experience. The crisis worker and doctor have been absolutely wonderful, put me at ease from the minute I arrived and I can't thank them enough.

Everyone involved with me was caring, patient and thoughtful. Things were done at my pace and I didn't feel pressured into anything.

The explanations were exemplary, with many opportunities to revisit issues and ask questions. The support from everyone has helped me to cope with the procedure in a dignified & sensitive way.

The clients acknowledged within their positive comments the challenging circumstances their visit to the centre was under [42] and how the care they received allowed them to overcome feelings of nervousness and fear that they initially presented with.

Clients also gave recommendations for areas of improvement for St Marys SARC, with a total of **34 comments suggesting potential areas for improvement**. These comments focused on pragmatic and logistic issues. Clients noted issue around accessibility of the SARC due to location [2], improvements regarding delays and waiting time some of these related to the police [5]. There were also suggestions for improving the environment including the: installation of a television [4]; shower quality [3] and a preference for increasing food and drink options [3].

IMPLICATIONS

There has been limited research evaluating SARCs within the UK context and their responses towards complainants. This study builds on existing knowledge by better understanding the experience of clients accessing the FME service at Saint Mary's SARC.

This research highlights the positive impact that Saint Marys SARC practice has upon clients assessing the service. It allows the conclusion to be drawn that professionals are addressing the needs of clients in a sensitive, informative and respectful manner.

Completion of the FEFS by less than half of Saint Mary's SARC clients is a limitation of the study. It would be beneficial to have information on which clients are completing the FEF and which are not. To allow this to be done, the FEF will no longer be anonymous.

REFERENCES

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