

Central Manchester University Hospitals



NHS Foundation Trust

# St Mary's Sexual Assault Referral Centre Annual Report

April 2010-April 2011



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## Service profile

St Mary's Sexual Assault Referral Centre provides a comprehensive and co-ordinated forensic, medical, counselling and aftercare service to men, women and children living in Greater Manchester or Cheshire (from April 2011) who have experienced rape or sexual assault, whether this has happened recently or in the past.

Our Centre comprises a team of experts with a wealth of knowledge and experience in advising, supporting and treating anyone who has been raped or sexually assaulted.

St Mary's Centre places its clients' needs right at the heart of its service. It is committed to ensuring that people are treated with respect and dignity and are able to assert their choice and control over the services they receive. We provide a high quality, professional and confidential service with highly trained and skilled staff that will support clients for as long as they need.

You can use our services without having to report the assault to the police or we can support you make a report to the police.



# Introduction

Welcome to the St Mary's Sexual Assault Referral Centre's Annual Report, which celebrates the achievements and highlights the activity undertaken by the Centre between April 2010 and April 2011.

This report will provide a valuable insight into the work of the Centre. It will provide an outline of the services we provide as well as an overview of who and how these

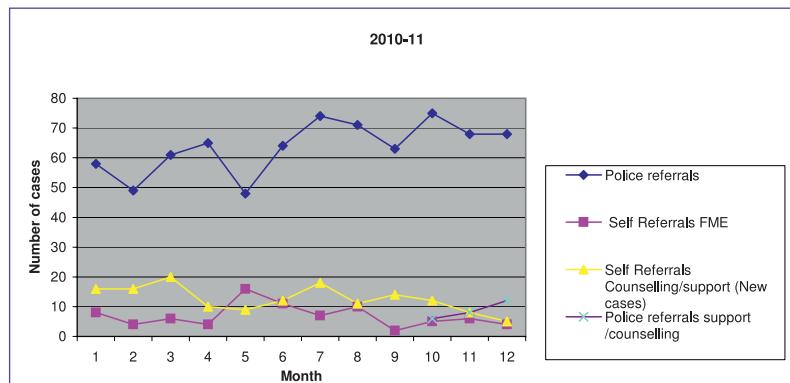
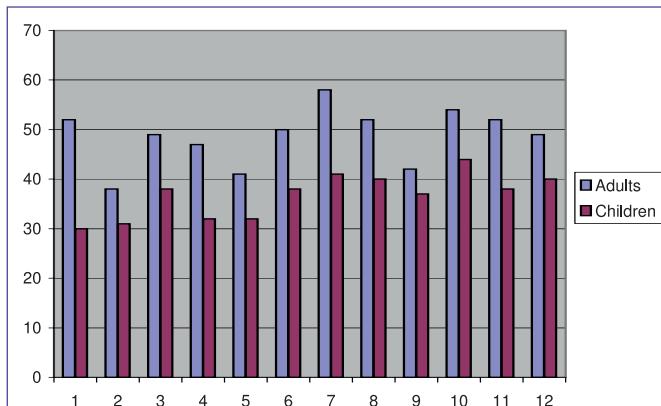
services were accessed over the past year.

We will showcase our work with partner organisations and colleagues over the past twelve months, which will demonstrate our commitment to driving up standards of care and service to people who have been raped or sexually assaulted.

## St Mary's SARC delivers quality care for clients

In the period April 2010 to April 2011, the St Mary's Sexual Assault Referral Centre has provided a service to more than a thousand people and just under half of these were children. The Centre offers a broad range of services to clients, including a forensic examination, crisis support, access to medical treatment, aftercare and counselling as well as support through the criminal justice process.

In this same period, 82 per cent of all SARC referrals underwent a forensic examination at the Centre. Of these, 90 per cent were police cases. 18 per cent of the total attendees came to the Centre for counselling and/or support only and the majority (85 per cent) of these were self-referrals.



Counselling sessions fell in January to March 2011 due to staff changes, but there has been on-going work to increase police referrals for counselling and/or Independent Sexual Violence Advisor support. This has resulted in an increase of clients seeking this type of support.

Centre Manager Bernie Ryan said, “*Each year we see a steady increase in the number of people accessing SARC services. We remain committed to inter-agency working to ensure quality follow on care as well as providing educational programmes to raise awareness, develop skills and ensure the best quality service for people who have experienced rape or sexual assault.*”

# Independent sexual violence advisors provide vital support to victims in court



St Mary's SARC Independent Sexual Violence Advisors, from left to right, Claire Kerman, Gail Morgan and Naomi Davis.

In March 2010 Baroness Stern published her review of how rape complaints are handled by public authorities. As part of her review she recognised the significant role Independent Sexual Violence Advisors (ISVAs) had to play in supporting victims through the criminal justice process.

St Mary's SARC has been a pioneer in establishing this support role for clients, which evolved from the Centre Support Worker who was initially employed by the St Mary's Centre as part of the Home Office Research study as far back as 2000. Centre Manager Bernie Ryan explained: *"We worked in conjunction with the Home Office to investigate how we could prevent victims from withdrawing their support in the criminal justice process at an early stage and look at ways of enhancing evidence gathering."*

*"Together we explored new ways of working and evaluated the effectiveness of introducing follow up calls at regular intervals after initial contact and the presence of a support worker when the police took statements."*

As a result of the research, the St Mary's Centre employed a full time Centre Support Worker. The post was very quickly adopted by SARCs in other areas and the Home Office recognised the need to further develop the role and support its implementation in order to reduce attrition rates and meet the needs of victims. This recognition resulted in the development of the Independent Sexual Violence Advisor.

**'The Stern Review recommends that: Independent Sexual Violence Advisors be a service that enables the rest to operate effectively and a crucial part of the way that spans a number of different local responsibilities across the criminal justice arena.'**



Bernie continued: “*Consultation and evaluation of the views of our clients during this research demonstrated a clear need for access to female practitioners, a culture of belief, support and respect; access to clear information at appropriate points, being kept informed about case progress and courtroom advocacy that does justice to the complainant’s account.*”

“*We were able to feed all of this evaluation into the research, which contributed significantly to the creation of the ISVA role.*”

St Mary's now has three ISVAs, Gail Morgan, Claire Kerman and Naomi Davis. They provide a range of practical support services to meet the needs of victims regardless of whether a complaint is made to the police or not. This might include liaising on the victim's behalf with criminal justice agencies, supporting them through the system and facilitating access to healthcare or housing and helping with criminal injuries compensation claims.

Bernie added: “*Baroness Stern found in every part of*

*the country, and from every organisation, unanimous praise for the work done by ISVAs stating ‘these men and women support complainants through the process, whether or not the case goes to trial (and indeed their support is particularly welcomed in dealing with the reactions when it is decided that the case is not going to trial), and afterwards’.*”

*“ISVAs represent continuity for complainants as they progress through the criminal justice process. In some cases this is critical to keeping their confidence and ensuring they do not withdraw. They help the victim to make sense of the system. They help the police by supporting a victim throughout the investigation. They help the prosecution by supporting the victim through the psychologically gruelling process of preparing to give evidence. They provide a link between the criminal case that is under way and the range of social agencies whose help may be needed. Victims find that an ISVA makes an enormous difference to the way they feel about what is happening to them.”*

**seen as an intrinsic part of the way rape complainants are dealt with, as the State fulfils its obligations to victims of violence. The service provided by the local authority and the health service.’**

# International relations

## Inspiring good practice across the world



### Protecting Cambodian children

In January 2010 Dr Cath White accompanied CEOP (Child Exploitation and Online Protection) staff to Phnom Penh, Cambodia to help run a one week interagency workshop on 'Forensic, Medical and Legal Aspects of Child Sexual Abuse'.

This was the third trip by Dr White to Cambodia, being a follow up to similar events in 2006 and 2008. The first trip in 2006 had been a scoping exercise to evaluate the need for forensic training. This was followed up in 2008 with a basic training course for doctors and police.

UNICEF and the Cambodian Government were involved with Tim Gerrish and Jonathan Baggaley from CEOP in the organisation and finance of these events. CEOP has been active in the protection of children in Cambodia since the organisation was established in 2006 and, prior to that, through other similar agencies.

The week long workshop was evaluated and several recommendations were made which were fed back to the Cambodian Government. Dr Cath White commented, "*Being involved in running the workshops was challenging due to cultural and language barriers. However, the enthusiasm of the Cambodians for the work and their desire to learn was inspirational. It was a stimulating experience that was beneficial both to the Cambodian agencies and to those delivering the workshops.*"

The Kingdom of Cambodia in South East Asia has a population of around 14 million. In the south it faces the Gulf of Thailand. Agriculture, clothing production and tourism are the main sources of income. The kingdom's capital and largest city is Phnom Penh. CEOP has established Advisory Panels in Cambodia, Thailand, Vietnam and Romania where traffickers and travelling child sex offenders from the UK and elsewhere pose a significant risk to the welfare and rights of children. The CEOP Centre is the UK's dedicated police led organisation for protecting children from exploitation, with outreach channels to all areas of domestic and international policing. Information on all areas of work can be found at [www.ceop.police.uk](http://www.ceop.police.uk)



### Collaboration helps development of Saudi Arabian Centre

As part of the St Mary's Centre's ongoing commitment to sharing its knowledge and expertise with colleagues both nationally and Internationally, the Centre embarked upon a collaboration project with Forensic Physicians from Saudi Arabia in March 2010.

Dr Ashraf Moulana and Dr Dalia Al-Saif from Dammam, Saudi Arabia spent four weeks at St Mary's SARC to gain first hand experience and valuable insight into the running of a sexual assault service. The aim of the collaboration project was to help establish a similar Centre in Saudi Arabia.

Both Drs were given the opportunity to shadow cases and take part in training sessions. Dr Ashraf Moulana explained: "*St Mary's SARC takes a holistic approach to sexual assault and we found the training provided to legal authorities a great example of this and a wonderful step towards understanding sexual assault. We were amazed when we attended such sessions and will be considering similar training programmes for our Centre in Dammam.*"

On their return to Saudi Arabia, they were able to put much of what they learnt at the St Mary's Centre into practice. Dr Moulana said: "*We were loaded with ideas on our return. Fortunately our Forensic Physicians were willing to hear our thoughts and we immediately began to introduce changes that meant our clinic was not just a place where examinations took place but where we could help clients lead a safe and productive life after their experience.*"

# St Mary's centre presentation wins most popular poster award

The Centre's audit into the number of vulnerable adults accessing the service and whether these adults were being referred to relevant other services won a Hospital Award for the most popular poster presentation in April 2010.

The poster presentation incorporated an interactive design that challenged the viewers' perception of who might be a vulnerable adult. The design had a movable wheel, which could move around and revealed the members of staff working at the St Mary's Centre.

Dr Denise Smurthwaite, Consultant Paediatrician at the St Mary's Centre, explained: "The poster proved popular because it was able to get people involved and help them understand the kind of vulnerabilities clients using the Centre have, while at the same time giving us the opportunity to introduce the St Mary's staff team, who they are and their roles in supporting and helping victims of rape and sexual assault."

The aim of the audit was to identify the proportion of

St Mary's Centre clients who fell into particular vulnerability categories and then a second audit was undertaken to determine whether these clients were being referred to other services in a comprehensive and timely manner.

The results found that in just under 9 months, 326 adults were seen at the SARC. 181 adults (55%) were identified as having vulnerability at some point in their lives. These

included drug dependency, domestic violence, mental health problems and deliberate self harm. The second audit found increased liaison and collaboration between the SARC and the Hospital Trust's safeguarding team meant 100 percent of those identified as having vulnerability issues in March 2010 were successfully referred to the safeguarding team.



## Research shows most rape victims unlikely to sustain genital injuries

Research undertaken by the St Mary's Centre showed that most complainants of rape will not sustain any genital injury, although women are three times more likely to sustain a genital injury from an assault than through consensual sexual intercourse.

The research undertaken by Dr Catherine White, Clinical Director at the St Mary's Centre together with Dr Iain McLean from the Academic Unit of Obstetrics and Gynecology at Manchester University, Dr Steve Roberts of the Health Methodology Research Group in Manchester and Dr Sheila Paul of Thames Valley Police in Oxfordshire. They compared genital injuries from two cohorts: a retrospective cohort of 500 complainants referred to St Mary's SARC and 68 women recruited at the time of the cervical smear test who had recently had sexual intercourse. Participants in the study were recruited from the St Mary's Sexual Assault Referral Centre and from general practice surgeries in Manchester and Buckinghamshire.

The results of comparing the incidence of genital injury following penile-vaginal penetration with and without consent showed that adult complainants of penile-vaginal rape by a single assailant were three times more likely to sustain an injury than those who sustained a genital injury during consensual sex. Factors such as hormonal status, position during intercourse, criminal justice outcome, relationship to the assailant, the location, sizes and types of injuries were also considered, but the only factor associated with the injury was the relationship with the complainant. They found that there was an increased risk of injury if the assailant was known to the complainant.

The research findings were published in the Forensic Science International Journal in April 2010. Copies are available at [www.stmaryscentre.org](http://www.stmaryscentre.org)

# Keeping in touch with you

The St Mary's Sexual Assault Referral Centre (SARC) website was given a fresh look in 2010. It now provides a comprehensive overview of the services available, training and events taking place as well as information on research and publications produced.

The revamped website has been designed to give victims of rape and sexual assault an overview of what to expect at the Centre as well as provide professionals working in the field with the latest information and updates on training and resources available.

The site is packed full of information and films about the Centre and outlines what to expect from the forensic examination as well as counselling available and links to other organisations.

The screenshot shows the homepage of the St Mary's Sexual Assault Referral Centre website. At the top left is the St Mary's Centre logo. To its right is a testimonial: "The experience that I had with St Mary's really helped me, I can't fault it, it was absolutely superb!". On the far right is a blue circular button with the text "CLICK HERE to Close the Screen". A search bar is located in the top right corner. Below the header is a navigation menu with links to Home, About Us, Get Help, Get Support, Professional Area, FAQs, News, Translations, Links, and Contact Us. The main content area features a large banner with the text "Welcome to St Mary's Sexual Assault Referral Centre" over a background image of a sunset or sunrise. Below the banner are two main sections: "Have you been a victim of sexual assault up to 10 days ago?" (blue box) and "Have you been a victim of sexual assault in the past?" (green box). Each section includes a "read more" link. At the bottom of the page are three green boxes: "FAQ" (with a link to commonly asked questions), "Staying Safe" (with a link to partner agencies), and "Watch Our Video" (with a link to information videos).



*This film is about the experience victims of rape and sexual assault and their families have had at the St.Mary's Centre*



# Awareness raising campaigns with Greater Manchester Police

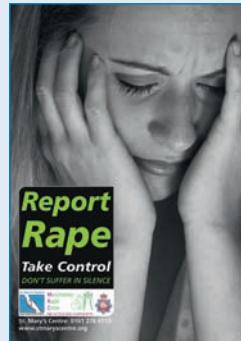
The St Mary's Centre has worked in close partnership with Greater Manchester Police this year to help raise awareness of its services and encourage victims to report their experience of rape and sexual abuse.

Awareness campaigns have been developed in response to information and research from both GMP and St Mary's SARC on the number and nature of rapes and sexual assaults reported. Usually two awareness campaigns take place, one during the summer and the other during Christmas, both periods when reported rapes can be high.

In Christmas 2010, the Report Rape campaign was launched with the help of a victim of child sexual abuse who accessed the services of both GMP and St Mary's SARC. She spoke to the media about her experience and encouraged other people to come forward and seek help.

Both Greater Manchester Police and St Mary's SARC are committed to tackling rape and sexual assault by supporting victims and bringing offenders to justice.

Awareness campaigns help underline both the need for people to take care of themselves and their friends when they are out, and also ensure they know where to go when they need help. You can find out more by visiting [www.stmaryscentre.org](http://www.stmaryscentre.org)



## Media relations promote SARC services

The media continue to take a keen interest in the work of the St Mary's Centre and how people can access its service.

Key highlights for the year included opening the Centre's doors to the Guardian's Social Affairs Correspondent, Amelia Gentlemen, to enable her to write a feature length piece for the paper's G2 section. The piece gave a detailed account of how the staff work and the services they provide as well as giving a sense of how clients use the service.

In addition, the St Mary's Centre provided advice and information to Channel 4's Hollyoaks team on a rape storyline that was broadcast in July of this year. Actors and researchers from Hollyoaks visited the St Mary's Centre to find out about the service and subsequently submitted scripts and storyline ideas to the Centre for our input.

Dr Catherine White, Clinical Director, provided advice to editors to ensure accuracy in how the rape storyline was portrayed. This included scenes involving the subsequent court case as well as portraying the importance of counselling following both the rape and court proceedings.

Dr White said: "*Producers of the show asked members of the public to volunteer to be a member of the jury in this fictitious case which gave an interesting perspective. It was interesting to be part of this process and see how ordinary people reacted to what had been shown on screen.*"

Dr White continued: "*By contributing to these programmes in their earliest stages we can really help inform writers and try to dispel some of the myths and stereotypes around rape and sexual assault. Ultimately we want to encourage people to come forward and get the help and support they need.*"

## Our children's service

St Mary's Children's Sexual Assault Referral Centre was formally opened in February 2006 with the specific aim of providing a tailored service for children that would minimise any distress and ensure that all support services were working in a co-ordinated way to meet the needs of the child.

Between February 2006 and December 2010, the Centre has helped a total of 2032 children and young people with ages ranging from just 3 weeks to 17 years of age.

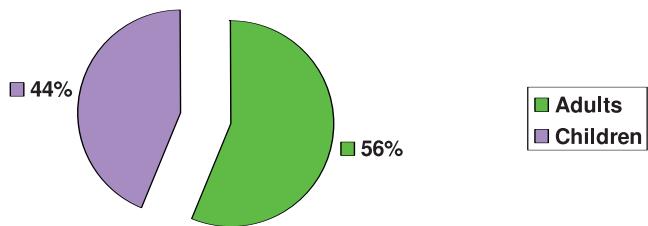
A key element of the Service is providing a calm and relaxed environment where the child can receive the best possible medical treatment and care. In creating the Centre, careful attention was given to design, layout and appearance of the children's examination suite in order to ensure young victims felt at ease during the forensic medical examination.

The majority of children (57 per cent) seen at the SARC are aged between 13 and 17. Many are referred to the centre by the police but some self-refer. A total of 13 per cent of children seen are boys.

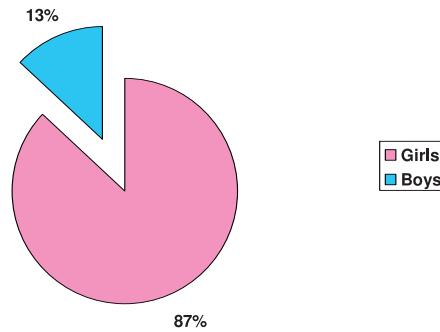
St Mary's remains committed to ensuring children and young people are supported in a holistic way following an experience of rape or sexual assault. We offer a service that puts the child right at the heart of what we do, while offering parents and families support and counselling as well, if that is what they require.



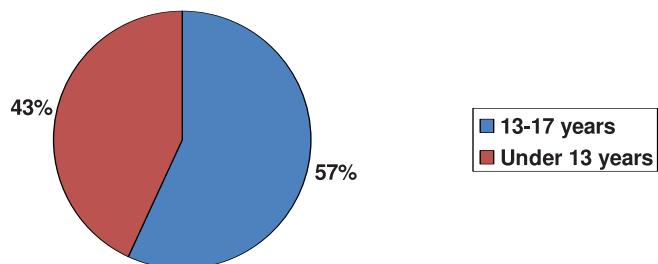
Children as a total of all cases 2006-2010



Gender of Children Seen



Age of Children Seen last 5 years





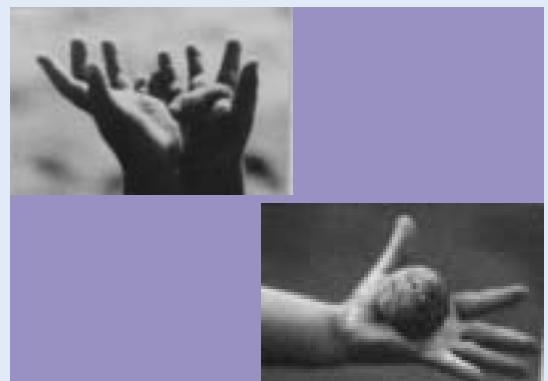
## Standing up for children

A key part of the specially tailored service that St Mary's Centre provides to children and young people is our team of highly skilled and professionally qualified Child Advocates.

The Child Advocate is a support worker who works specifically with children aged 13 and below. Their role is to ensure that children understand what the centre can offer and support them and their family/carers through the weeks or months following an assault. The Child Advocate offers support through medical examinations, allowing children to feel comfortable about the process and ultimately ensuring the children have a positive experience while at the centre.

The Child Advocate can also offer the following services:

- Support through video interview
- Regular and on-going telephone support to children and their carers
- Face to face support for children and their families
- Help with practical issues e.g. housing or schooling
- Liaison with other agencies such as police or social care
- Support through the court process including pre-court visits
- Attending case conferences/Child in Need meetings



St Mary's staff understand that children often find it difficult to verbalise what has happened to them. The Child Advocate will work closely with the child to gain trust so that they begin to feel comfortable in explaining what has taken place. This then enables an effective video interview to be obtained without causing too much distress or anxiety in the child. Very often, the Child Advocate will work alongside the Police, offering the child play sessions so that they can meet the interviewing Police Officer in advance, so trying to ensure that the child feels comfortable to give a detailed account about what has happened to them.

Former Child Advocate and now a Counsellor at the St Mary's Centre, Lisa Waters, said: "*The Child Advocate offers help and support to the families of the children who attend the centre. They understand that the impact of sexual assault on families can be immense and therefore offer face-to-face and telephone support to parents/carers so that families can explore issues affecting them in a safe environment.*"

Child Advocates can also support children and families through the court process. They can assist in ensuring the family's needs are met and that they are fully supported throughout the trial.

Lisa concluded: "*Child Advocates are specially trained members of the team who engage with the family from disclosure, through the court process and beyond. They understand the strains and stresses which families can experience at what can be a very difficult time and ensure that they tailor the practical and emotional support to the needs of each and every individual child and family. Their aim is to allow the family to explore the impact of sexual assault and help in practical ways so that they are allowed to focus on themselves, restore family relationships and go on to recover and lead happy, healthy lives.*"



**Dr Sarah Redvers, pictured, is one of the team of Forensic Physicians who provide medical examinations to people who have experienced rape or sexual assault.**

**We asked Sarah to give us an insight into her role and what a typical day working at St Mary's SARC might comprise.**

“

I currently work at the St Mary's Centre every Friday (9am-5pm), and one night a week on-call from home (7pm-8am), assessing men, women and children where there is an allegation of rape or sexual assault.

Most of St Mary's cases are referred by Greater Manchester Police, but adults can self refer if they don't want to involve police at the time of the examination. Examinations usually take place at the SARC, but can occasionally be 'off-site' – for example nursing homes, hospitals, prisons – which makes for an adventure for the on-call team!

As well as providing forensic-medical examinations my duties include advising the police about appropriate forensic sampling, need for emergency contraception, STI prophylaxis and screening. I often get phone calls from A&E staff, GPs, nurses, or social workers in need of advice about a case they are dealing with.

Witness statements are required for some of the cases I've seen and, very occasionally, attendance at Crown Court to explain examination findings in simple terms to a lay jury. I enjoy the monthly SARC Peer Review meetings, which usually feature some healthy discussion of any interesting or problem cases, and is a great opportunity to catch up socially with the rest of the team.

At the start of a typical evening on-call, I ring the Force Duty Officer to see if there are any cases pending, and as seems to be the rule these days, there are two cases waiting. Both are police cases so I take the details, decide which order they should be seen in, and arrange times to meet at the Centre. A typical case takes 2-3 hours, and I start at 7pm.

“

The first case was a three-year-old girl, who returned from nursery with blood on her knickers the day before and wouldn't let her mother wash her or look down below because it was too sore. The mother had contacted the GP who, after being unable to examine the child, referred the matter to the police and social services in view of the absence of a satisfactory explanation for the child's presentation and concerns about possible sexual abuse. Despite a police investigation, no explanation was forthcoming, and I agreed an examination was required as soon as practicable.

At the SARC, the crisis worker, the girl's mother and I tried in vain to persuade our wilful three-year-old to be examined. So, once satisfied there were no child protection issues, the family returned home, and I liaised with the on-call surgical team arranging an examination under anaesthesia for the following morning. I handed the case over to my colleague who would be doing the hymenal examination and forensic swabbing in theatre.

The second case was a vulnerable 23-year-old woman who had stayed over after a friend's house party the previous night, and woke to find an unknown male having vaginal sex with her. On arrival at the SARC, she was quiet and tearful.

With invaluable support from the crisis worker, the complainant felt able to allow me to do a top-to-toe bodily examination and a genital examination for documentation of injuries and collection of relevant swabs. She also gave a urine and blood sample (for toxicology), before showering and waiting for me to hand over the forensic evidence and summary of findings to the officer.

Noting her history of depression and self-inflicted injuries during the forensic medical, a mental state examination was useful in exploring her risk of harm before she left the Centre. I get to spend much more time with one patient than I do in general practice, never rushed but always working at their pace.

I made mental health and G.U.M. follow-up arrangements, and checked there were no other cases in the pipeline before leaving the Centre just after midnight. On my drive home I reflected that the 23-year-old appeared much calmer and less tearful on leaving the SARC, than when she had arrived 3 hours earlier.

Whatever the outcome of the police investigation, enabling patients to regain autonomy and dignity at a time of crisis is important work that will affect how they recover from their ordeal.

I find working in this fascinating area of clinical forensic medicine very rewarding. With the formation of the Faculty of Forensic and Legal Medicine and the swiftly increasing number of SARCs nationally, sexual offences medicine is a blossoming specialty. Doctors from many different career paths are ideally placed to get involved . . . four years later, I'm still hooked. ”

**I find working in this fascinating  
area of clinical forensic medicine  
very rewarding.**

# Encouraging professional development

In 2010, St Mary's SARC Forensic Physician Dr Sarah Redvers MFFLM(SOM), was among the first cohort of candidates to sit and pass the Membership examinations for the Faculty of Forensic and Legal Medicine (FFLM).

The Membership exams are held in London and are in two parts: a written Part 1 examination in October which candidates from all disciplines are required to sit, followed by Part 2 in the following April which is relevant to your specific area of practice.



In the future, it is likely that postgraduate qualifications will be not only desirable but a requirement, for doctors working in the area of sexual offences medicine. Dr Redvers said: "*Membership of the FFLM is an important way of showing credibility as a medical examiner to employers and courts. It helps you keep up to date with the changes going on in Forensic Medicine.*"

Part 1 is a 'single-best-answer' style exam covering the breadth of Medico-Legal and Ethical principles relevant to clinical practice. Part 2 has both written and OSCE components – both reflecting the kind of issues and scenarios you see at work all the time.

Dr Redvers continued: "*Studying for the exams improved my understanding of the law, helped me fill in gaps in my knowledge that were relevant to clinical practice, and consolidated my existing skills. A lot of camaraderie develops in the run up to the exams and I still keep in touch with the colleagues I met and fretted with whilst studying!*"

*"There are no exam-gearred courses available, but you could set up a study group locally, or find colleagues nationally who are planning to sit the exam using the Faculty's online Members' forum (can be accessed with Affiliate membership). The Faculty has also recently produced e-learning modules covering the sexual offences syllabus."*

*"So, why not read around your everyday clinical practice and go for it?"*

## Practice guide provides practical resource for forensic physicians

Sexual Assault  
A Forensic Clinician's Practice Guide  
By Dr Catherine White

In 2010, Dr Catherine White's Sexual Assault: A Forensic Clinician's Practice Guide was published, providing an authoritative, comprehensive and practical step-by-step resource for Forensic Physicians working with victims of rape and assault.

The Practice Guide brings together aspects of all key services that victims should receive including medical examination procedures and court case preparation.

The Guide, as well as being a reference text, aims to be a practical resource with easy to follow checklists, templates and key practice points that will ensure victims receive the highest standards in medical care.

Features of the book include:

- Child and adult forensic examination
- Practical information for each step of the forensic examination, from taking the initial request, through to the actual process, to aftercare issues and appearing in court as a witness
- Salient features regarding injury identification and documentation
- Key medico-legal issues around the care of the sexual assault complainant
- Key guidelines from the Faculty of Forensic and Legal Medicine

Each Sexual Assault Referral Centre in the country has been provided with a free copy of the practice guide and copies are available to purchase for £150.00 plus £5 postage and packing to the UK. Visit [www.stmaryscentre.org](http://www.stmaryscentre.org) for more information.

# FMERSA training

The Forensic and Medical Examination for Rape and Sexual Assault (FMERSA) is a two-modular (Principles and Practice) course which gives doctors and nurses the opportunity to train towards conducting forensic examinations of rape and sexual assault victims.

The course is delivered by experts working at the St Mary's Centre and is run in conjunction with The University of Manchester.

The course includes the medical, psychological, social and legal aspects of rape and sexual assault and focuses on the forensic examination, the collection of evidence and testimony at court.

The curriculum covered helps clinicians prepare to take the membership examination for the Faculty of Forensic and

Legal Medicine and also the upcoming competency-based Diploma FCASA run by apothecaries. The Department of Health is aiming for all clinicians in this line of work to have at least the Dip FCASA qualification.

FMERSA was established in 2007 with pump priming funding from the Department of Health and is endorsed by the Faculty of Forensic and Legal Medicine and the Association of Chief Police Officers.

The course is popular among doctors and nurses seeking to improve their knowledge and skills in the field of rape and sexual assault. To date a total of 70 students have participated in the course.

To find out more, visit the professional section of our website, [www.stmaryscentre.org](http://www.stmaryscentre.org)

## Here is what some of the students taking part in the course during 2010 said:

‘...this course has given me good background knowledge to encourage and inspire me to become involved (in forensic work)’

‘(this course) will make me think much more carefully about what I am doing and why. I will feel more able to cope with difficult ethical dilemmas e.g. lack of mental capacity, so this course has given me the tools to work

through these problems’

‘it’s nice to hear different perspectives and it is good to challenge stereotypes and working practices’.

‘I learned new ways and new aspects of sexual assault examinations’

‘On the whole an excellent course. Well thought out’

‘It has provoked more thought into what I do and why’

# Staff training and development

All St Mary's Centre staff are positively supported and encouraged to take up opportunities for further professional development. This year, former Child Advocates, Joanne Muccio and Lisa Waters, studied for a Masters in Counselling and a Counselling Diploma respectively.

Lisa successfully completed her Diploma in Counselling and Child Therapy and Joanne is due to complete her MA in Counselling in 2012.



Lisa Waters and Joanne Muccio, SARC Counsellors

# St Mary's annual conference

In February 2011, the St Mary's Centre hosted a successful 9th Annual Conference at Manchester Town Hall.

Around 200 delegates from a wide range of professions attended the two-day event to share good practice, receive the latest guidance and discuss issues relating to sex crimes and young children.

Keynote speakers at the conference included the Chief Constable of Greater Manchester Police, Peter Fahy, Dr Catherine White, Clinical Director of the St Mary's Centre, Professor David Wells from the Victoria Institute of Forensic Medicine in Australia, Paul Stern, Senior Deputy Prosecuting Attorney from the USA, and HH Judge Peter Rook QC, co-author of *Rook and Ward on Sexual Offences*.

As well as plenary sessions, delegates were given the opportunity to attend workshops and masterclasses to look specifically at key aspects including retrieving forensic samples, meeting the psychological needs of the child victims, issues around confidentiality and achieving best evidence in the court room.

In addition, for the first time this year, the conference hosted a panel debate on the subject of protecting young children. The panel comprised Sharon Shoesmith, former Children's Services Director at Haringey Council, Mark Lee,

NW Regional Director at Barnardo's and Jim Gamble, former CEO at the Child Exploitation and Online Protection Agency (CEOP). The panel debate was chaired by Ian Rush, Independent Chair of Manchester's Safeguarding Board.

Bernie Ryan, St Mary's SARC Manager said: "Our conferences have become key annual events for those working in the sexual assault field and attract both eminent speakers from across the world as well as delegates from a wide range of professions."

"Over the two day event, we were able to really understand some of the challenges faced by professionals working in this field. Our aim was to stimulate debate, share good practice and ensure even higher quality services for young children who have been raped or sexually assaulted. Evaluation following the conference showed that we more than achieved that aim."

The Centre's 2012 Conference will take place on Thursday February 23rd and Friday, February 24th and will be looking specifically at issues relating to Sexual Exploitation. For further details please visit [www.stmaryscentre.org](http://www.stmaryscentre.org)



# We are proud of you awards

Central Manchester NHS Foundation Trust host an annual 'We're Proud of You Awards' ceremony which recognises the fantastic achievements of its employees.

In 2010 Bernie Ryan, Centre Manager, nominated the whole team in the Partnership and Involvement category to celebrate the multi-agency partnership that is St Mary's Centre.

The team deal with adults and child victims of sexual crimes at one of the most vulnerable times of their lives. They are able to do this with great respect and dedication providing a welcome and safe environment in which to deliver these specialist services.

The SARC Partnership Board are immensely proud of the SARC team and the service they deliver which is recognised as the leader in this field, both nationally and internationally.

The SARC team were highly commended in the 2010 awards.



*Proud of their achievement: Left to right: Bob Pearson, St Mary's Hospital Medical Director & Consultant, Christine Donohue, Sue Young, Lisa Waters, Joanne Muccio, Faye Forsythe, Dorothy Jessop, Patient Side Panel Judge, Dr Catherine White and Lesley Donlan.*



## Judges gain valuable insight into St Mary's SARC

In February and April of 2010, the St Mary's Centre hosted visits by a number of Manchester's Crown Court Judges. This is one of many events to help increase awareness and understanding of the services the Centre provides.

The Honorary Recorder of Manchester, His Honour Judge Andrew Gilbart QC, along with several other Manchester Judges took part in the evening sessions, comprising a tour around the Centre as well as meeting staff. During the sessions, judges were given the chance to ask questions and discuss issues relating to the court process.

Dr Cath White, Clinical Director at St Mary's SARC, said: "*Manchester has two very busy Crown Courts and we are always keen to share our knowledge and experience with professionals working in the field of rape and sexual assault, both to encourage greater understanding of the services available and help drive up standards in care for victims.*"

The judges who participated in the visit said they felt better equipped to deal in a sensitive manner with complainants of sexual violence and that the 'walk through' of the examination process with the doctors, together with input from the crisis workers, counsellors and Independent Sexual Violence Advisors, (ISVAs) meant they had a deeper appreciation of the complainant's journey through the criminal justice process.

Dr White continued: "*Judges deemed the visits a huge success, with all involved having gained a greater insight into each other's work.*"



# Reflections on the past 12 months

As St Mary's SARC looks back over the last 12 months, we are proud to have increased the provision of Independent Sexual Violence Advisor services with the support of a Home Office grant.

We have also said goodbye to long standing members of the SARC team, Lesley Donlan and Ann Sarge, who retired from the service within the last 12 months. Both Les and Ann are

using the opportunity to enjoy time with their expanding families and explore new ventures.

Over the years St. Mary's Centre has seen a significant number of developments and changes to the service and is looking forward to celebrating 25 years anniversary as a SARC and 5 years of the children's service in the coming year.

The service has always been dependent on the commitment and dedication of our partners and team. We would like to thank all staff, past and present, for their significant contribution to the service, bringing us to this anniversary year.

## New recruits help boost St Mary's team

St Mary's Centre appointed eight Crisis Workers this year who will join the current team and provide invaluable support to clients using the service.

Crisis Workers play a vital role in first welcoming clients to the Centre and putting them at the ease while explaining what to expect and answering any questions. They will often stay with a victim throughout their initial visit and in the forensic examination, providing care and support from start to finish. The Crisis Worker service is available 24

hours a day, seven days a week.

The new Crisis Workers are: Hannah Morawa, Natalie Boulton, Carol Ashworth, Naomi Davis, Hannah Kennedy, Danielle Birkett and Eve Horren.

Centre Manager, Bernie Ryan, said: "I am delighted to welcome the new members of the team.

"Over the years we have demands on our service grow significantly and Crisis Workers are an integral and valuable part of our team."



## Dates for your diary

### An Introduction to the Role of the Sexual Assault Referral Centre (SARC) and the Forensic and Medical Aspects of Sexual Assault Examinations

Wednesday 7th – Friday 9th December 2011, Chancellors Hotel & Conference Centre, Fallowfield

### Manchester Sexual Exploitation: Protecting the Vulnerable - St. Mary's Centre 10th Annual Conference

Thursday 23rd & Friday 24th February 2012, Manchester Town Hall

### Forensic and Medical Aspects of Sexual Assault Examinations (FMERSA) 2012

Module One: 31st January – 2nd February & 6th – 8th March

Module Two: 11th -13th September & 16th -18th October

Chancellors Hotel & Conference Centre, Fallowfield, Manchester

# Meet the team

<b>Clinical Director</b>	Dr Catherine White
<b>Service Manager</b>	Bernie Ryan
<b>Greater Manchester Police Liaison Officer</b>	Det Supt Phil Owen
<b>Greater Manchester Police Deputy Liaison officer</b>	DCI Sharon Scotson
<b>Administrators</b>	Joanne Elliott, Joanne Duxberry
<b>Training and Development Officer</b>	Louise Goodwin
<b>PR and Communications Officer</b>	Charlotte Batra
<b>Consultant Paediatrician</b>	Dr Denise Smurthwaite
<b>Research Officer</b>	Rachel Belk
<b>Independent Sexual Violence Advisors</b>	Gail Morgan, Claire Kerman, Naomi Davis
<b>Child Advocate</b>	Lynne Reilly
<b>Counsellors</b>	Sue Young , Joanne Muccio, Lisa Waters
<b>Crisis Workers</b>	Carol Ashworth, Natalie Boulton, Claire Kerman Anne-Marie Clayton-Scott, Naomi Davis, Nashaba Ellahi Elaine Farrell, Claire Fawcett, Kaye Forsyth, Eve Horran Claire Johnson, Hannah Kennedy, Rebecca McCabe, Hannah Morowa, Beth Turner
<b>Forensic Physicians</b>	Dr Christine Bassindale, Dr Alice Bird, Dr Kirstin Boyle, Dr Michelle Carroll, Dr Shirley Castille, Dr Sahar Dawson Dr Michelle Evison, Dr Grace Edozien, Dr Vicky Evans, Dr Carole Gavin, Dr Yvonne Hindle, Dr Clare Hyland, Dr Jo Livingstone, Dr Tessa Malone, Dr Katina Marinaki, Dr Helen Mills, Dr Louise O'Connor, Dr Raina Patel, Dr Amrin Rahuf, Dr Sarah Redvers, Dr Emma Shakespeare, Dr Maggie Tasker, Dr Helena Thornton, Dr Caroline Wright, Dr Farah Yusuf
<b>SARC Steering Board</b>	Terry Sweeney, Greater Manchester Police John Harris, Greater Manchester Police, Pete Elton, Bury NHS Nicola Ellis, Louisa Sharples Helen Stapleton, NHS Greater Manchester John Waring CMFT Manchester Cathy Conchie, Greater Manchester Police Authority Laura Cordwell, Greater Manchester Police Authority Duncan Craig, Survivors Manchester Lesley Daniels, Victim Support Anne Stebbing, Manchester Rape Crisis, Steve Higgins, Jill Yates, Manchester CPS, Ian Rush, Manchester Safeguarding Board, Rhona Bradley Dr Catherine White, St Mary's SARC Bernie Ryan, Centre Manager, St Mary's Centre

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