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

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

This study aims to explore the experiences of people who have attended Saint Mary's Sexual Assault Referral Centre (SARC) for a forensic medical examination (FME). Within the United Kingdom, SARCs support complainants following a sexual assault, delivering specialised care and gathering medico-legal evidence for court proceedings. To date, there has been limited research evaluating SARCs responses towards complainants. 863 Feedback and Evaluation forms, from a three-year period, completed by clients who accessed Saint Mary's SARC's forensic medical examination service were evaluated. Descriptive statistical analysis found a large majority of clients were 'very satisfied' with the crisis worker, forensic physician and police. Content analysis of the free text responses found more nuanced experiences, which impacted clients overall experience within the SARC. These comments were split into two themes, 'Compliments' and 'Suggestions for improvement'. There were 404 comments focusing on compliments of the service and the staff. Compliments included messages of thanks, with praise for professionalism of the staff and importance of the service. Clients noted in particular that the FME service was delivered in challenging circumstances i.e. the immediate aftermath of a sexual assault. There were 34 comments which made suggestions for improvements. These suggestions focused on pragmatic and logistic issues.

Keywords: service delivery; service evaluation; rape, sexual violence, sexual abuse, sexual assault

Introduction

Her Majesty's Inspectorate of Constabulary (2017) declared victims of sexual assault were consistently being failed across England and Wales, with sexual offences 26% more likely to be under reported in comparison to other criminal offences. Sexual offence reports also had the highest rate of 'no-crime' decisions at 20%, this is where it is judged by the police that no crime has taken place. Under reporting of sexual offences is a widespread issue, with up to half a million male and female adults across England and Wales believed to become victim to a sexual offence each year (Ministry of Justice, Home Office & The Office for National Statistics, 2013). Of these half a million victims however, it is believed that only 15% in fact report the offence to the police (Ministry of Justice, Home Office & The Office for National Statistics, 2013).

Research has investigated how bias caused by the acceptance of rape myths, affect the support provided to victims of sexual offences by professionals (Suarez & Gadalla, 2010). In the United States (US), Ahrens (2006) interviewed eight victims of rape on their experiences with police officers and rape crisis centres. Themes of 'being blamed', 'ineffectiveness of support' and 'self-blame or embarrassment' were found. This finding suggests that victims may preconceive blame placed on them by professionals, causing some not to officially report the offence.

Within the United Kingdom (UK) specialised centres working with those reporting sexual offences are predominantly known as Sexual Assault Referral Centres (SARCs). Saint Mary's was the first SARC in the UK. It was established in 1986 in Manchester to improve the level of treatment being delivered (Lovett et al., 2004). Saint Mary's SARC is a specialised facility allowing high-quality forensic medical

examinations to take place in a designated and specialised space. Saint Mary's SARC is available to male and female complainants of sexual assault and rape 24 hours a day, 365 days a year. The preferred term for people attending the SARC is 'clients'.

Clients are supported during their attendance to the Saint Mary's SARC by a crisis worker. The crisis worker's will meet the client on arrival and explain the process of the SARC (Lovett et al., 2004). If the client agrees to a Forensic Medical Examination (FME), they will be guided through the process by the crisis worker. The FME is conducted by a forensic physician, trained to gather medico-legal evidence from the client for the purposes of the criminal justice process and to look after their immediate medical needs. All crisis workers and forensic physicians at Saint Mary's SARC to date, have been female.

Saint Mary's SARC provides specialised care through an integrated service. Crisis workers and forensic physicians provide acute support; and independent sexual violence advisers and counsellors provide follow-up support on the same site. Saint Mary's SARC offers a secure environment with a trained multi-disciplinary team advising, supporting and treating anyone who reports sexual assault.

Attendance at the SARC can be a difficult experience for clients due to the sensitive nature of the visit (White & McLean, 2006). Undergoing a forensic medical examination (FME) in particular, has the potential to be a traumatic and invasive experience (Maier, 2012). Therefore, precautions need to be taken when providing care for these individuals. If clients fail to receive supportive and constructive care, then

services can negatively impact the recovery process (Campbell, Dworkin, & Cabral, 2009).

From the establishment of Saint Mary's SARC in Manchester, SARCs now exist throughout England, Scotland and Wales, most accepting self-referrals and professional (police/ social services)-referrals (White & McLean, 2006). Acceptance of self-referral clients allow those who do not want to report a sexual assault to the police, to still have access to emotional and medical support (Lovett et al., 2004). Self-referral clients also have the opportunity for their forensic samples to be stored at the SARC for a limited period of time whilst they decide whether or not they wish to make a police report. Clients who report the sexual offence to the police should routinely be offered the opportunity to seek professional help from a SARC whether that be a forensic medical examination, but even if this is not appropriate due to time scales, they may still benefit from access to an ISVA or Counsellor. (Lovett et al., 2004). Police referrals make up the vast majority of Saint Mary's SARC client base, circa 90%. Police officers accompanying the client to the centre can be males and/or females.

The potential positive and negative impact professionals may have upon clients when accessing a SARC has had little research. Lovett et al., (2004) conducted a national evaluation of SARCs on behalf of the Home Office. As part of this SARC attendees were interviewed about their experiences of the service. The results showed that clients valued the integrated SARC service because they; felt believed, felt safe, were treated in a sensitive and supportive manner by a service provided by female only professionals (Lovett et al., 2004). An area which did raise concern for complainants was the forensic medical examination, with some complainants noting long waits to

receive an examination and describing them as being 'too clinical'. More up to date complainant-focused research needs to be conducted investigating complainants perceptions and experiences of forensic medical examinations.

An earlier American study undertaken by Campbell and Raja (1999) found high percentages of rape victims felt traumatised and re-victimised due to the contact with professional services. More recently Du Mont, White & McGregor (2009) conducted a qualitative study focusing on the experiences of people who had undergone a FME in one of four sexual assault services within Canada. Semi-structured interviews provided valuable insight into their perceptions of the process, with women noting:

'Contradictory effects on well-being' as a result of the FME experience. There were also positive experiences disclosed by participants reflected in one of the themes, the 'Positive impact of supportive staff', which demonstrated the positive influence professionals could have on a person's experience. Du Mont et al., (2009) concluded that the FME should be conducted in a supportive and sensitive manner by trained professionals, to ensure the wellbeing of the person following a sexual assault.

There has been limited research evaluating SARCs within the UK context and their responses towards complainants. The FME process is the service which has been indicated as having a tendency for failings towards complainants (Lovett et al., 2004; Kelly et al., 2004; Du Mont et al., 2008). This study aims to build on existing knowledge on UK SARCS by understanding the experience of clients accessing the FME service, delivered by crisis workers and forensic physicians, at Saint Mary's SARC.

Method

This was a mixed method study using a survey design with closed and open questions.

Data was gathered through analysis of client Feedback and Evaluation Forms (FEFs).

This study received ethical approval from an NHS Research Ethics Committee (Ref No. 15/NW/0748).

Participants

Participants were SARC male and female adult clients (aged 18 years and above) who had attended for a FME and had completed and returned their FEF on their day of attendance at Saint Mary's SARC. FEF data over a three-year period from April 2014 to March 2017 was retrospectively entered electronically and analysed.

Procedure and setting

A paper FEF is given to clients by their crisis worker at the end of their FME visit at Saint Mary's SARC. Clients who choose to complete the FEFs can return them anonymously in a response box at the centre. Clients were reassured that their responses to the FEF are treated with the utmost confidentiality.

Materials and Analysis

The FEF had been developed by Saint Mary's SARC to allow clients to provide first-hand anonymised feedback on their experience of the FME visit. The FEF had been in use for over a decade before the study period. The FEF consists of five sections. The first section headed 'About you' contained questions asking the client to indicate their age, gender, date of attendance and how they heard about the centre. The second, third and fourth sections all included 5-point Likert scales to measure client satisfaction with

the (1) police (where appropriate), (2) crisis worker and (3) forensic physicians during their visit. The focus was on level of (a) communication, (b) sensitivity and (c) information provided by these professionals. SPSS was used to enable descriptive analysis of the data from sections one to four. The fifth section was an open-ended question asking the client to share their views about the service they received, in particular asking them to detail where any improvements could be made. This data was subject to content analysis.

Results

Descriptive Statistics

871 FEFs were completed within the financial years; 2014/5, 2015/6 and 2016/7. Of the 871, eight clients FEFs were omitted from the analysis due to being less than 50% complete. Final analysis on the data was carried out on a total of 863 clients FEFs. In the same three financial years the centre provided FMEs to over 2000 adults. Table 1 presents the number of FEFs completed and archived for each financial year. Less than half of the adults who underwent an FME in the study period completed the FEFs. Reasons as to why some clients had not completed the FEF, was not recorded.

Females made up 93% of the overall sample (n=802). This is reflective of the breakdown by gender of adults seen at the SARC for FMEs. It is important to note that the current research aimed to explore both male and female SARC experiences. Age differences within the sample are also displayed within Table 1. There was nothing to indicate that the experiences of males differed to that of females but this area is worthy of further exploration in future work. The majority of the responding clients were aged 18-25. Again, this is reflective of the age of adults most frequently seen at the SARC for

FMEs. Similarly, the findings suggest that client's experiences do not differ based on age of adults.

In the FEF, clients rated the professionals they were dealing with i.e. police, crisis worker and forensic physicians on their quality of (a) communication, (b) sensitivity and (c) information provision. Table 2 shows the clients' experiences of the professions according to a five point Likert rating scale, where a rating of one indicated the lowest scoring response of 'not satisfied' and a rating of five indicated the highest scoring response of 'very satisfied'. These extreme Likert points were the only ones included in the analysis.

<Insert Table 1 here>

Overall, the crisis worker was scored as the profession that client's most frequently rated as being 'very satisfied' with, this was closely followed by the forensic physicians and then the police (see Table 2). This was true for all three years of data, however the vast majority of clients were 'very satisfied' with the communication, sensitivity and information delivered by all three professional groups. Within the professional's ratings, there were 113 pieces of missing data of professional's information provision, and 109 pieces of missing data for both communication and sensitivity.

<Insert Table 2 here>

Content Analysis

Content analysis was conducted on the open ended 'Comments Section' of the FEFs. The comments were split into 'Compliments' and 'Suggestions for improvements' as a result of this analysis. These will now be presented in turn. Square brackets are used to present the number of individuals that made said comment.

Compliments

There were a total of 404 positive comments about the service within the open ended questions of the FEF. 69 of these referred to the general service, with clients describing the service as 'good' [19], 'brilliant' [8], 'fantastic' [6], 'perfect' [18] and 'excellent' [18].

-I feel the service provided was excellent and the staff were very genuine.

-Everything *was fine couldn't have asked to be looked after anymore. I'm glad I came.*

-Fantastic service from initial call for information to my time in the centre, thank you to all.

As well as general positive comments about the service, there were a total of 37 positive comments about the staff. Clients described the staff as: 'lovely' [17], 'wonderful' [6], 'nice' [6], 'amazing' [4], 'pleasant' [2], 'beautiful' [1] and 'phenomenal' [1].

-*Staff are amazing, made me feel at ease with my sensitive situation. You're doing an amazing job.*

-My experience was so easy because the doctor and crisis worker and trainee was handling me so well. I am going home feeling so different.

-*Both were very lovely and honest. I didn't feel too embarrassed or shy felt I could talk to them very easily.*

In addition to these general positive comments, there were a total of 172 compliments about the specific attributes held by staff. Clients described the staff as: ‘caring’ [32], ‘sensitive’ [22], ‘informative’ [22], ‘helpful’ [20], ‘kind’ [20], ‘supportive’ [17], ‘friendly’ [11], ‘professional’ [9], ‘understanding’ [7], ‘reassuring’ [7] and ‘welcoming’ [5].

-I am just grateful for the professionalism and the way the doctor was able to explain to me what happened and how to process. I will be forever grateful.

-Unbelievably sensitive and caring crisis worker and doctor – listened to everything I had to say and felt they took me seriously.

-I felt everyone involved with me were very caring, patient, thoughtful. Things were done at my pace and *I didn't feel like I was pressured into anything.*

Some clients also used the free text boxes in the feedback form to leave messages of thanks to the staff, sometimes these were thanks to specific individuals who had worked with the client [18] but most frequently they were general thanks to the staff and service for the care received [66].

-Crisis Worker 1 and Doctor 1 bent over backwards to make this process as easy as possible for me to endure.

-Both Crisis Worker 2 and Doctor 2 were both lovely and very clear in explaining what was going to happen.

- Crisis Worker 3 and Doctor 3 are a credit to the NHS. A good distraction, both lovely women.

- Crisis Worker 4 and Doctor 4 were extremely caring, compassionate, professional and kind to me. I have struggled in the past to relate when accessing services, however these put me at ease straightaway.

A final strong sub-theme that emerged from the open text comments were the compliments given to the staff and service for the care they provided in what the clients themselves acknowledged as being challenging circumstances [42]. Clients talked in particular how the care they received allowed them to overcome feelings of nervousness and fear that they initially presented with.

-This very traumatic experience was made as easy as possible with these circumstances. 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 and extremely sensitive non-judgemental way.

-I would just like to say, that 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.*

-When I first arrived I was quite nervous and became tearful when in the waiting room. Once the staff started talking to me I became calm. The staff explained what would happen and why they were asking the questions so I never felt uneasy. They made great general conversation which took my mind off of any concerns I had, which I really appreciate.

-*I couldn't have asked to have a better experience* I suffer from agoraphobia and coming here was more difficult than most people, but I was put at ease by the amazing staff. There should be more people out there like the ones here. Thank you *so much, there's no words to express my gratitude.*

Suggestions for improvements

Within the comments section clients were asked to report any areas of service that they felt could be improved. This section of the FEF was substantially less populated than the positive comments section, 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, two clients talked about the location of the SARC [2] another client spoke about the delay in waiting to be seen by the centre [1] and a few clients spoke more specifically about the waiting time whilst at the centre [4].

-Only area for improvement would be clearer directions on how to get here.

-Only that the staff do a fantastic job and it's a shame that the service is responsible for such a large area and I couldn't get in earlier.

-Process would have been better if speeded up.

-Too much waiting, everything else was fine.

Another subtheme focused on suggestions for improvement regarding the SARC environment specifically. Clients comments were wide ranging where they noted the: temperature was too hot (this was due to mal-functioning air-conditioning equipment during a brief time within the study period) [5]; lack of a television in the waiting room [4], quality of shower [3]; preference for more food or drink options [3]; fire alarm sounded [1]; need for a safe smoking area [1]; preference for improved car parking [1] preference for client's being able to feed the centre's fish [1].

-The staff and service users could and would benefit from air conditioning in communal areas.

-Detachable shower head to clean between legs more thoroughly.

-Accessible smoking area that's safe.

Finally, clients made suggestions for improvements relating to the FME itself. Comments focused on the: procedures for medical history taking [2]; doctor's explanation [1]; size of probe [1] and availability of an STI service [2]. Procedures are currently being developed to have an STI service for adults that can be accessed through Saint Mary's SARC.

-Advance information about what details I need to recall/remember.

-I would have like the doctor to explain more about the camera.

-Smaller probe.

-Help with other sexually transmitted diseases to prevent delays with getting treatment.

It is worth noting as a final point, that none of the female or male clients completing the FEF's commented on the gender of Saint Mary's SARC's exclusively female crisis worker and forensic physician teams.

Discussion

A key strength of Saint Mary's SARC is how participants perceive professionals' behaviours towards them. The participants predominantly noted the caring and supportive attitude and behaviour of both the crisis worker and the forensic physician towards them. This suggests that there was a positive impact from professionals, as described by Du Mont et al., (2008), during client's time spent at specialised sexual assault services. None of the participants expressed feelings of secondary victimisation or being labelled and treated in a way they would perceive a 'victim' to be (Ullman, 2010). This is at odds with the findings by Campbell and Raja

(1999) who found high percentages of rape victims felt traumatised and re-victimised on contact with professional services and provides a more contemporary discussion on the treatment of victims by professions.

The findings of the current study suggest that the professionals were addressing clients' needs and treating them in a respectful manner. Participants' feedback on the crisis worker and forensic physician suggests that the encounter had positively impacted their recovery process and/or current state of mind. The content analysis on the FEFs found the highest number of positive comments were personal thankyou's to the crisis worker and forensic physician for the care they provided. This provides support for the finding of Du Mont et al. (2008) that Canadian forensic examiners demonstrate positive and supportive attitudes to victims and conflicts with the finding of Ahrens (2006), who reported largely negative experiences from American victim's encounters with various professional groups after reporting a sexual offence. It should be noted that Ahrens did not assess gender of support provider and recommended future work considered this important variable.

An important point to note, and consider the results in context of, is the completion rate of FME FEFs at Saint Mary's SARC. While obtaining feedback in this setting can be a challenging task, completion by approximately 40% of Saint Mary's SARC clients is a limitation. According to standard operating procedures at Saint Mary's SARC a FEF should be offered to all clients after a FME is conducted. It is unclear however how many refused the opportunity to complete the FEF and how many were not given the opportunity. It is feasible that this response rate had a bearing on the incredibly high satisfaction levels reported in this paper.

As a consequence of this project, it was noted that it would be beneficial to have information on which clients are completing the FEF and which are not. To allow this to be done, Saint Mary's SARC have altered their processes and the FEF is no longer anonymous (see Appendix 1). Introducing new mediums such as an online format, could also allow easier access for SARC clients and this is another consideration for the future. This format could allow clients to complete feedback within their own time and not straight after an FME, therefore allowing them space to reflect on their experience. Having a higher completion rate, or an understanding of which groups are not completing the FEFs, would provide a fuller understanding of the positive and negative experiences clients encounter at Saint Mary's SARC and produce valuable recommendations for best practice.

This study explores an underdeveloped area of research, within which areas for future development are discussed. There is little research in particular into the specific impact of crisis workers and forensic physicians on the client. This additional information provides a better insight to this aspect of the process that complainants experience during an FME.

It is important to note however that the findings within this study reflect the experiences of sexual assault complainants at a single Sexual Assault Referral Centre. While this study can provide fresh insight into the experiences that complainants have with professional services following a sexual assault, the findings cannot be applied to the general population of complainants.

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Table 1. Age and gender of clients returning Feedback and Evaluation Forms during study period

	Total sample (n)	Financial Year		
		2014/15	2015/16	2016/17
Gender^a	862	-	-	-
Male	60 (7%)	25	16	19
Female	802 (93%)	263	265	274
Age	863	-	-	-
18-25	434 (50%)	141	142	151
26-40	306 (36%)	106	100	100
40+	123 (14%)	41	39	43
Mean age		29	28.5	28
Feedback and Evaluation Form	863	288	281	294

^aOne missing data entry for gender in 2016/2017

Table 2. Ratings given to professionals

Rating	Profession		
	Police (<i>n</i>)	Crisis worker (<i>n</i>)	Forensic Physician (<i>n</i>)
Information			
5	709	836	827
1	8	4	19
Communication			
5	711	829	829
1	8	4	5
Sensitivity			
5	708	833	828
1	6	4	4

Note. Only ratings five and one are shown.