

Rape/Sexual Assault:

National Guidelines on
Referral and Forensic Clinical
Examination in Ireland

An Garda
Síochána

Forensic
Examiner
(SATU)

Psychological
Support

Sexually
Transmitted
Infections

Forensic
Science
Laboratory

General
Practitioner

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FOREWORD



I welcome this comprehensive set of guidelines for the referral, forensic examination and support of victims of alleged rape and sexual assault. This is a complex and sensitive area which provides vital services and support to people in crisis. It is essential, therefore, that these services are accessible and responsive to the needs of people who are subjected to such a traumatic experience.

The response to sexual assault involves close collaboration between the Gardaí, health services and the wider criminal justice system. These detailed guidelines set out clearly their respective roles and the co-operation required between them which will ensure that in the collection of the necessary evidence, victims are treated in a sensitive and caring way and are provided with the necessary emotional and psychological support and counselling services.

The use of these guidelines by the various agencies involved in the investigation and treatment of victims of alleged sexual assault will ensure uniform standards in the provision of care to those who come in contact with these services at a time of crisis.

I commend the authors who took time out from their demanding jobs to write, compile and review these guidelines and the staff of the Women's Health Policy Unit in my Department who provided the secretariat for the authors.

Mary Harney, TD

Tánaiste and Minister for Health and Children

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Glossary of Terms / Abbreviations / Operational Definitions

In devising this book of guidelines, the diversity of language used by each discipline/agency has been recognised. In order to facilitate the readers, the correct terminology used by the different professionals is reflected in the section relevant to them. For further clarity a glossary of terms, abbreviations and operational definitions have also been included.

Glossary of Terms

Clinical Forensic Examiner: In the context of these guidelines, the term Clinical Forensic Examiner is deemed to be an appropriately trained health care professional who undertakes the Forensic Clinical Examination and collects forensic evidence from the patient, following the alleged rape or sexual assault. This health care professional may be a Medical Doctor, a Registered Nurse or a Registered Midwife.

Complainant: The person making a complaint of a crime to An Garda Síochána - in this instance the crime being rape/sexual assault.

Evidence: The word "Evidence" includes all the legal means exclusive of mere argument which tend to prove or disprove any matter of fact, the truth of which is submitted to judicial investigation.

The principal Categories of Judicial Evidence are:

1. Testimony.
2. Hearsay Evidence.
3. Documentary Evidence.
4. Real Evidence.
5. Circumstantial Evidence.

Health Care Professionals: professionals, who provide health services, for example, doctors, nurses and other professionals, who have specific training in the field of health care delivery.

Intimate Partner: a husband/wife, boyfriend/girlfriend or lover, or ex-husband/wife, ex-boyfriend/girlfriend or ex-lover.

Patient: individuals, who are receiving a service from, or are being cared for, by, a health care worker.

Sexual Offences Examination Kit: Specifically designed kit for use with either male or female complainants, or alleged perpetrators during a Forensic Clinical Examination, for the purpose of taking forensic samples.

Sexual violence: a term covering a wide range of crimes, including rape, sexual assault, incest and buggery. (see - Appendix 1, page 93)

support worker: A rape crisis centre volunteer or staff person trained and available to provide advocacy and support to a sexual violence victim/survivor in a Sexual Assault Treatment Unit.

Victim/Survivor: A person who has lived through a rape or sexual assault.

Abbreviations

ASAP:	As Soon As Possible.
EHB:	Eastern Health Board.
GP:	General Practitioner.
HIV:	Human Immunodeficiency Virus.
HSE:	Health Service Executive.
LCT:	Lysosomal Chain Transcription.
LMP:	Last Menstrual Period.
NAATs:	Nucleic Acid Amplification Tests.
PCC:	Postcoital Contraception.
PEP:	Post-Exposure Prophylaxis.
RCC:	Rape Crisis Centre.
RCNI:	Rape Crisis Network Ireland.
SATU:	Sexual Assault Treatment Unit.
SAVI:	Sexual Assault and Violence in Ireland.
STI:	Sexually Transmitted Infection.
WHO:	World Health Organisation.

Operational Definitions

Adult Forensic Clinical Examination: In law a person is an adult when they reach the age of 18 years. For the purpose of carrying out an adult Forensic Clinical Examination, 14 years of age is taken as the age where physical maturity has been reached in the average young person. **NB.** For a person under the age of 18, Children First guidelines (DOHC,1999) reporting mechanisms should be followed. (Appendix 2, page 99)

Recent Rape/ Sexual Assault: In the context of carrying out a Forensic Clinical Examination, for the purpose of retrieving forensic evidence, recent rape/sexual assault is categorised as up to and within seven days following the rape/sexual assault.

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Introduction to the Guidelines

Developing a National Integrated Inter-Agency Response to Sexual Crime

The care of the adult victim of recent sexual crime relies on the expertise of many disciplines. In the initial evaluation, the services of An Garda Síochána, nursing, medical, counselling and scientific professionals may be needed.

First and foremost, the purpose of the initial assessment is to ensure the welfare of the person – achieved by skill in observing and assessing the physical and psychological needs of each INDIVIDUAL.

The Forensic Clinical Examination is an integral part of the services for the adult victim of sexual crime. The professional who is undertaking such an examination must have appropriate training, in order to maximise the information which can be gathered, follow appropriate procedures to safeguard the evidence, and have the ability to interpret the information objectively.

These guidelines have been developed to enable the care-givers to deliver a service of the highest quality, in line with best international practice in this field and to assist the **Health Service Executive (HSE)** and the Criminal Justice System in the Local, Regional and National development of the infrastructure required for the delivery of an appropriate response and care.

How to use this Book of Guidelines

Glossary of Terms / Abbreviation / Operational Definitions.

To assist you, a section–outlining glossary of terms, abbreviations and operational definitions–is included. When you first encounter a word/term, abbreviation or operational definition, the text on the page is in **bold** print, indicating that further clarification is included under this section.

Quick Reference/ Flowcharts

Quick reference pages/ flowcharts have been devised, in order to enable practitioners to quickly access information.

The quick reference/ flow charts are:

- A Person Who Does Not Want to Report the Incident to An Garda Síochána. (Pages 22)
- Flowchart of Referral Pathways to a **Clinical Forensic Examiner**. (Page 23)
- A-F Guide for Referral for a Forensic Clinical Examination. (Page 24)
- A Guide to Help Preserve Forensic **Evidence** which may be Available. (Page 25)

Discipline/Agency Guidelines Colour Coding

For ease of reference throughout the guidelines section of the book, each discipline/agency is located under a specific colour code.



Boxes with Key Points

Key points relevant to the guideline are emphasised, not only because of their importance, but also for ease of reference when skimming through a particular guideline.

The key points are portrayed in a colour coded box relevant to the discipline/agency within which the guideline appears.



An Garda Síochána



Forensic Examiner (SATU)



Psychological Support



Sexually Transmitted Infections



Forensic Science Laboratory



General Practitioner

Rape & Sexual Assault in Ireland

Review of the Literature

According to The World Health Organisation (WHO, 2003), rape is ubiquitous and occurs in every culture, in all levels of society and in every country in the world. Data from country and local studies indicate that, in some parts of the world one woman in every five has suffered an attempted or complete rape by an **intimate partner** during her lifetime. Although the vast majority of victims are women, men and children of both genders also experience sexual violence. Sexual violence can thus be regarded as a global problem, not only in the geographical sense but also in terms of age and sex (WHO, 2003).

Research studies conducted over the last two decades support the WHO (2003), suggesting that there is a high prevalence of sexual violence within the general population. Studies from the United States, the United Kingdom, Ireland and elsewhere suggest that 25% of women and 10% of men have experienced a lifetime history of sexual assault (Koss et al, 1987, Petrack et al, 1995, Bewley et al, 1997).

The Dublin **Rape Crisis Centre (RCC)** commissioned The Royal College of Surgeons of Ireland to undertake research and produce a report on **Sexual Abuse and Violence in Ireland** in 2002. The resulting publication was the **SAVI Report** (McGee et al, 2002). The sample for this study was taken from the general population in Ireland. Anonymous telephone interviews were conducted with randomly selected participants at home telephone numbers. The study ran from March / June 2001. Ethical & Safety considerations were addressed in the study design. Over 3,000 Irish adults (n = 3,118) participated with a 71% participation rate. The main aim of the study was to estimate the prevalence of various forms of sexual violence among Irish women and men across the lifespan from childhood through adulthood.

Results from this study found that in women 1:5 (20.4%) experienced contact sexual assault, 1:20 (5.1%) experienced unwanted non-contact sexual experiences and over a quarter of cases of contact abuse in adulthood (i.e. 6.1% of all women) involved penetrative sex. In men, 1:10 men (9.7%) experienced contact sex assault, 2.7% experienced unwanted non-contact sex experiences, 1:10 cases (i.e. 0.9% of all men) involved penetrative sex (See Appendix 3 for additional Irish statistics). One concern, voiced in this report, was the silent majority of victims not reporting rape and sexual assault; 47% of those who disclosed sexual violence to the researchers had told no one else. These victims had been subjected to contact sexual assault as well as non-contact sex experiences.

Minister Micheál Martin, TD, Minister for Health & Children, introduced the SAVI Report (McGee et al, 2002) with the statement " ...the impact of rape and sexual assault can have a traumatic effect on victims, and services must be in a position to respond appropriately", and Minister John O'Donoghue, TD, Minister for Justice, Equality and Law Reform stated that "..research projects give us important information to help all involved respond better to the special needs of victims."

Survivors present with both acute and chronic physical and psychological manifestations following sexual assault. Such individuals are frequent users of a variety of medical services, including accident and emergency departments, genitor-urinary medicine clinics, general practice, psychiatry and gynaecology. Rape is a legally defined crime, not a medical condition, but "as health care professionals, we can acknowledge its traumatic effect and offer good care to anyone who needs it." (Hennerby, 1998). This is supported by Lenehan (1991) cited by Crowley (1999), with

some reservation that "even when emergency staff want to help rape victims, services can be inconsistent and problematic." Crowley (ibid) further states that this has led to "a victim in crisis being cared for by a staff in crisis."

The Report of the Taskforce on Violence against Women (Oifig an Tánaiste, 1997) identified that "...it is more usual for victims of sexual assault and rape, outside of the EHB region, to access local general hospital services for medical examination and treatment." The report expressed concern, regarding the timely and efficient collection of forensic evidence, which was hampered because of insufficient numbers of General Practitioners (GPs) with the requisite training, and a lack of available staff in hospitals at particular times, who are fully trained in the necessary procedures. (Oifig an Tánaiste, 1997).

Ireland has been active in promoting research to address the issues faced in providing a service to meet the needs of victims of rape and sexual assault. Many reports have influenced the development of services throughout the country: Report On The Task Force On Violence Against Women (Oifig an Tánaiste, 1997), the Legal Process And Victims Of Rape (Bacik et al, 1998), A Framework For Developing An Effective Response To Women And Children Who Experience Male Violence In The Eastern Region (ERHB, 2001), Attrition In Sexual Assault Offence Cases In Ireland (Leane et al, 2001) and The SAVI Report (McGee et al, 2002).

In the Irish context, there can be no doubt that "the question arises, as to whether a need exists for the establishment of additional specialised units throughout the country. In this context, the Task Force recommends that this issue be specifically examined by the Department of Health." Report of the Task Force on Violence against Women (Oifig an Tánaiste, 1997).

Human Rights Watch (Brown, 2001), in its background paper prepared for the WHO (2001), made a number of recommendations to the medico-legal sector for services to those who had sustained sexual violence. These recommendations include:

- "Rape victims should have access to medico-exams. . . . Twenty-four hours a day, seven days a week, including on holidays. States should ensure that there are sufficient numbers of trained staff and clinics through the country to ensure the timely access to exams for all the people living within its borders."
- "In countries where services are rendered by medico-legal examiners at specialized medico-legal centers, the services should be expanded beyond collection of medical evidence to the provision of basic medical treatment. Furthermore, they should make referrals for additional medical treatment where necessary and to non-governmental organizations providing. . . . counseling to victims of sexual...violence."
- "Manuals should be developed for health professionals responsible for examining rape victims that outline the relevant laws for their work, review specialized medico-legal techniques, and provide detailed descriptions of injuries specific to sexual assault." (p. 17)

The provision of an adequate number of SATUs and the following of these guidelines will ensure that standards in Ireland substantially meet the Human Rights Watch Recommendations.

Quick Reference Pages / Flowcharts

1. A Person Who Does Not Want to Report the Incident to An Garda Síochána. 22
2. Flowchart of Referral Pathways to a Clinical Forensic Examiner. 23
3. A – F Guide for Referral for a Forensic Clinical Examination. 24
4. A Guide to Help Preserve Forensic Evidence which may be Available. 25

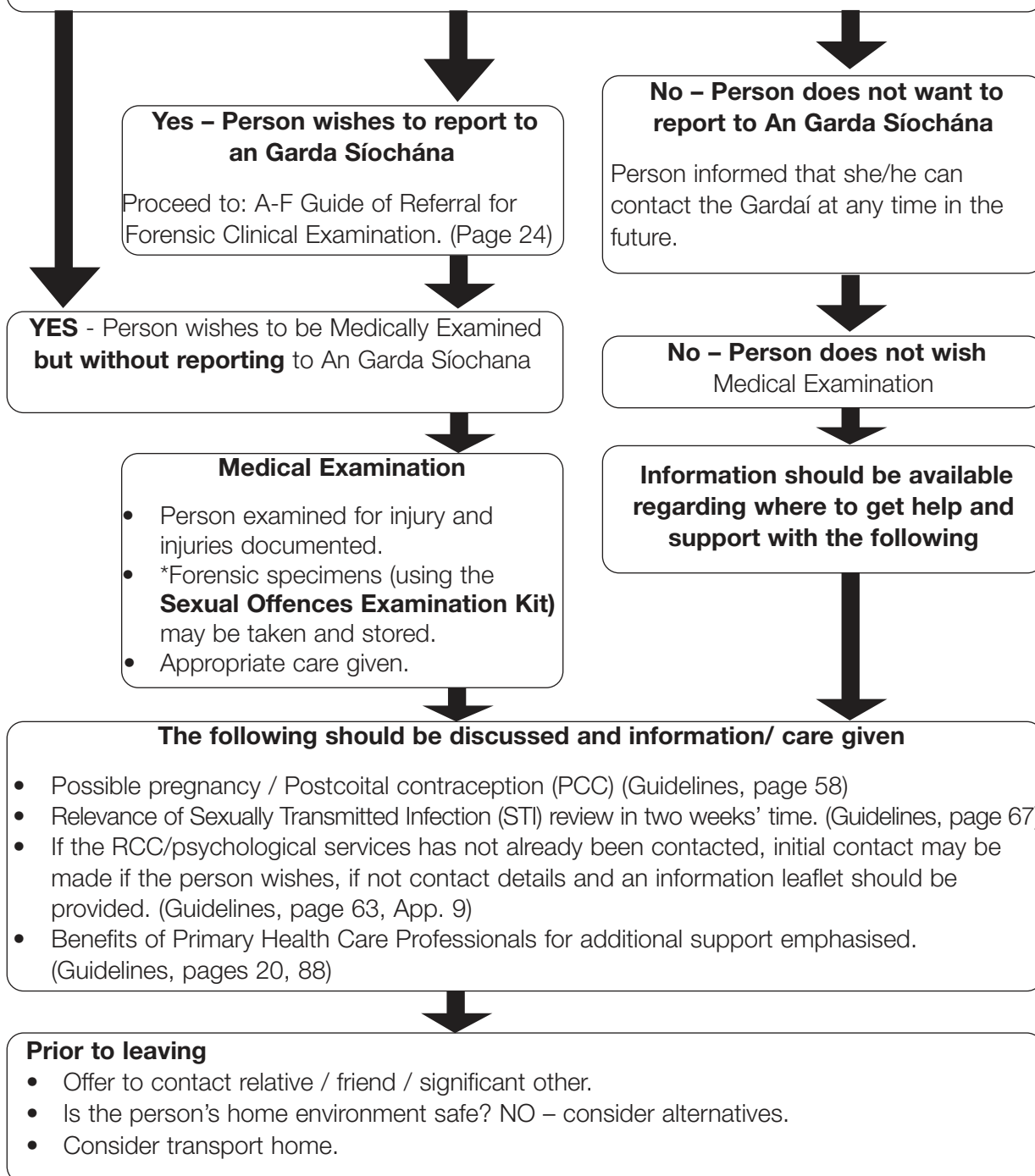
A person who presents with a recent history of Rape/Sexual Assault who does not want to report the incident to an Garda Síochána

Medical needs always take priority and should be dealt with appropriately

- **Reporting to An Garda Síochána is encouraged.**
- It is possible to seek advice from An Garda Síochána without making a complaint.
- RCC personnel are available to support any person with her/his decision making.

In order that an informed decision can be made by the person the following information should be given:

- For a possible prosecution to proceed, a complaint must be made to An Garda Síochána. Forensic evidence, which might be available, will deteriorate or be lost if the person chooses not to report promptly.
- For a person under the age of 18, Children First (DOHC, 1999) reporting procedure should be followed. (Page 99).



Yes - Person wishes to report to an Garda Síochána

Proceed to: A-F Guide of Referral for Forensic Clinical Examination. (Page 24)

No - Person does not want to report to An Garda Síochána

Person informed that she/he can contact the Gardaí at any time in the future.

YES - Person wishes to be Medically Examined but without reporting to An Garda Síochána

No - Person does not wish Medical Examination

Medical Examination

- Person examined for injury and injuries documented.
- *Forensic specimens (using the **Sexual Offences Examination Kit**) may be taken and stored.
- Appropriate care given.

Information should be available regarding where to get help and support with the following

The following should be discussed and information/ care given

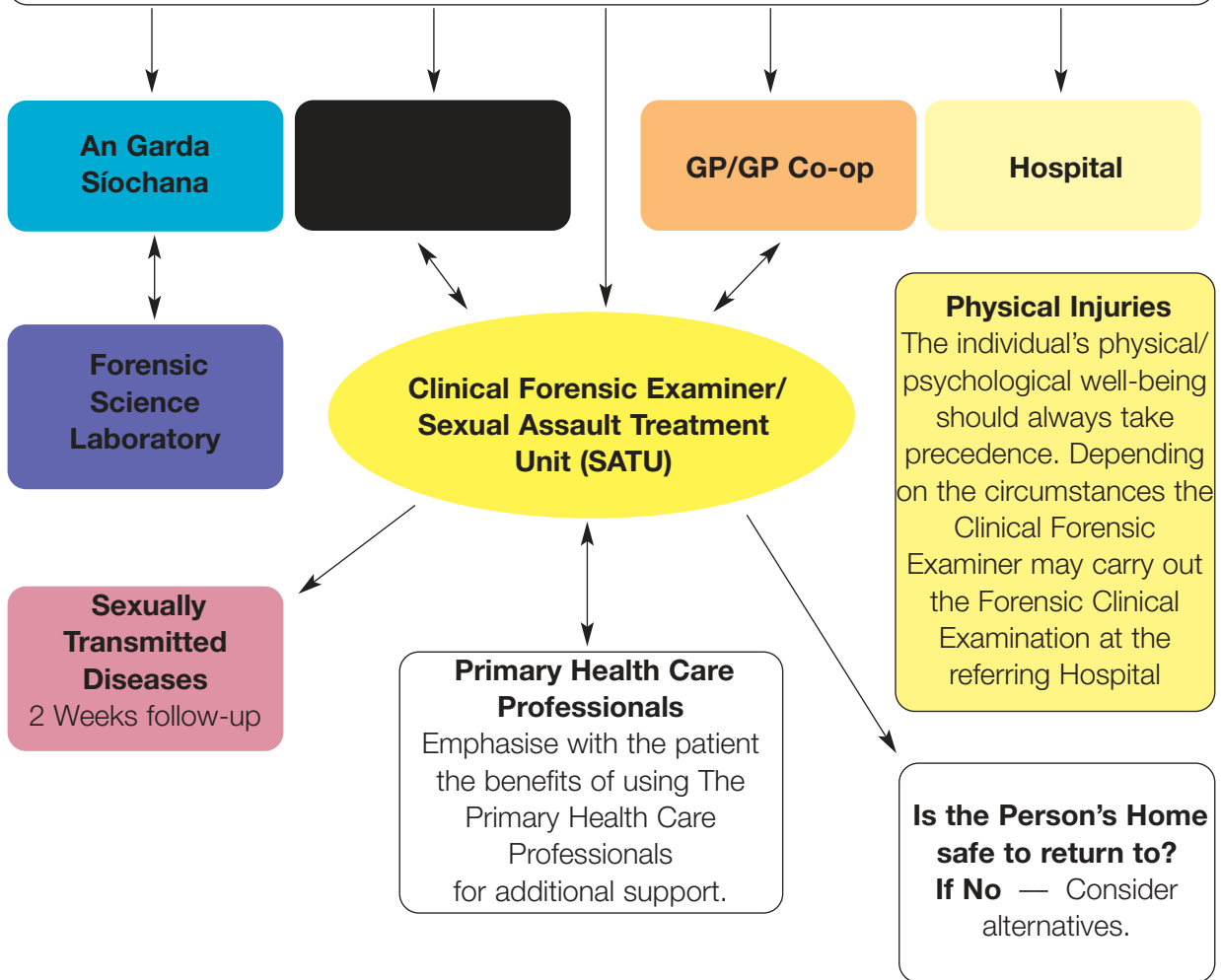
- Possible pregnancy / Postcoital contraception (PCC) (Guidelines, page 58)
- Relevance of Sexually Transmitted Infection (STI) review in two weeks' time. (Guidelines, page 67)
- If the RCC/psychological services has not already been contacted, initial contact may be made if the person wishes, if not contact details and an information leaflet should be provided. (Guidelines, page 63, App. 9)
- Benefits of Primary Health Care Professionals for additional support emphasised. (Guidelines, pages 20, 88)

Prior to leaving






- Offer to contact relative / friend / significant other.
- Is the person's home environment safe? NO – consider alternatives.
- Consider transport home.

FLOWCHART: REFERRAL TO A CLINICAL FORENSIC EXAMINER / SEXUAL ASSAULT TREATMENT UNIT
SEXUAL ASSAULT TREATMENT UNIT (SATU) FLOWCHART

VICTIM – THEIR FAMILY OR FRIEND MAY MAKE THE REFERRAL



Rape/Sexual Assault: National Guidelines on referral and examination in Ireland (2005)

 An Garda Síochána	Guidelines Pages: 29 - 37
 Clinical Forensic Examiner / SATU	Guidelines Pages: 39 - 60
 Psychological Support	Guidelines Pages: 61 - 66
 Sexually Transmitted Infections (STIs)	Guidelines Pages: 67 - 71
 Forensic Laboratory	Guidelines Pages: 73 - 86
 GPs/GP Co-operative	Guidelines Pages: 87 - 89

Consent
NB. In an adult, their consent is obtained before involving other agencies / disciplines.

For Further Details
Page 24
A – F of Referral for Forensic Examination

A – F of Referral for Forensic Clinical Examination

A. ANY person, or any of the following may contact the Clinical Forensic Examiner / Sexual Assault Treatment Unit (SATU):

- The Victim.
- An Garda Síochána.
- GP/ or GP Co-operative.
- A Hospital e.g. Emergency Dept / Gynaecology Dept.
- Social Worker / Psychological Services / Other Institutions.
- The RCC.

B. BEFORE contacting the Clinical Forensic Examiner / SATU establish that:

- The person consents to contact being made.
- Medical needs, **which take priority** over Forensic Clinical Examination, are dealt with.
- In the case of Hospital referrals – consider should the Clinical Forensic Examiner be requested to carry out the Forensic Clinical Examination at the referring Hospital.

C. COMMUNICATION

- Contact is made with the nearest Clinical Forensic Examiner / SATU.

With the person's consent the Clinical Forensic Examiner / SATU activates an Integrated Inter-Agency Response by contacting:

- An Garda Síochána.
- The RCC/ Psychological Support should be made available.
- Others as requested by person or dictated by individual circumstances.

D. DISCHARGE – prior to discharge by the Clinical Forensic Examiner / SATU the following are discussed and information given:

- Possible pregnancy / Postcoital Contraception. (PCC) (Guideline, page 58)
- Appointment for Sexually Transmitted Infection review in two weeks' time. (Guideline, page 67)
- Leaflet with names and contact details of SATU and attending Team.
- If not already contacted, details and an information leaflet for the RCC/ other relevant approved Psychological Services are given. (Guidelines, pages 61-5 and Appendix 9)
- The use of Primary Health Care Professionals for additional care/support. (Guideline, pages 20, 88)
- Discharge home to relative / friend / significant other.
- Transport home arrangements.

E. ENVIRONMENT

- Is the person's home environment safe – if not, consider alternatives.

F. FORENSIC SCIENCE LABORATORY

The Forensic Science Laboratory Supplies

- Sexual Offences Examination Kits to the Clinical Forensic Examiner / SATU / An Garda Síochána.
- Early Evidence Kits to An Garda Síochána.

In order to maintain the Continuity of Evidence

- An Garda Síochána deliver the sealed completed Sexual Offences Examination Kit from the Clinical Forensic Examiner / SATU to the Forensic Science Laboratory, also, if used, the sealed Early Evidence Kit.

Guide to help Preserve Forensic Evidence which may be available

NB. Medical Stability always takes priority

The points below are followed, **if possible**, depending on individual circumstances and if they **do not interfere with the person's safety, and the person feels they can follow the advice**, until after a Forensic Clinical Examination and collection of forensic evidence has been carried out.

For all types of Rape/Sexual Assault

- The type of seat the person sits on should be plastic, leather or leatherette type covering.
- The person should not change clothing / bathe / shower / douche.
- If a condom was used, it should be retained.
- The person should not consume alcohol after the assault.

Vaginal & Anal Rape/Sexual Assault

The person should not if possible:

- Pass urine, open their bowel.
- Wipe the genital/anal area if they have to go to the toilet.

If possible:

- Save any sanitary protection worn at the time of the assault or afterwards.

Oral Rape/Sexual Assault

The person should not if possible:

- Brush their teeth or gargle their mouth.
- Take fluid or food.
- Smoke.

Clothing

The person should if possible:

- Change out of the clothes worn at the time of the rape/sexual assault **ASAP**, to preserve evidence.
- Place the items of clothing in separate paper bags (not plastic) and label immediately.
- Underwear, worn after the incident, should also be collected and placed in a separate paper bag.

Personnel if possible:

- Do not handle clothing - if clothing is handled then it should be with gloved hands.

If clothing has to be cut from a victim

- It should be cut along the seams of the item.
- Do not cut through any breaks in the garment e.g. caused at time of assault or bullet / knife holes.
- Do not cut through blood, semen or fluid marks.

Wounds and Blood / Saliva / Semen Stains

- Blood, saliva or semen stains should have forensic swabs taken prior to cleansing.
- If possible forensic swabs should be taken from any wound area prior to wound cleansing.

Forensic Specimens e.g. weapons, restraints, tape, bullets, paint, glass, soil.

- Do not talk, cough or sneeze over any specimens.
- Do not handle specimens, if specimen must be handled then do so with gloved hands.
- If bullets are handled then use gloved hands – metal forceps should **NOT** be used.
- Package specimens in a sealed paper bag and label immediately. (Guideline, pages 33-36, 75-79)

(For further information: Giardino et al, 2004, Crowley 1999)

Integrated Inter-Agency Response

The person who is raped/sexually assaulted needs an Integrated Inter Agency Team response from the different disciplines/agencies involved. In the immediate period, the response may include An Garda Síochána, Nursing, Medical, Rape Crisis Personnel and/or other Psychological Services, with follow-up by General Practitioners and Sexually Transmitted Infection Personnel. Occasionally, depending on individual circumstances, other personnel e.g. Emergency Department or Gynaecology Teams may be involved. The Forensic Science Laboratory plays a unique and invaluable role in the criminal proceedings when a rape/sexual assault is reported, by both supplying in advance the Sexual Offences Examination Kits and in the subsequent processing of the Kits as part of the criminal investigation.

The formation of an Integrated Inter-Agency Team response approach to rape/sexual assault will be aided and assisted by, increased dialogue involving all the disciplines/agencies.

Consultative Collaborative Guideline Formation

The process of formulating the individual and collective guidelines was one of consultation and collaboration between the disciplines/agencies. The lead in forming the individual guideline was taken by the relevant discipline/agency, with input from the other disciplines/agencies where appropriate. This fostered an ethos of dialogue, understanding and co-operation. (Figure 1)

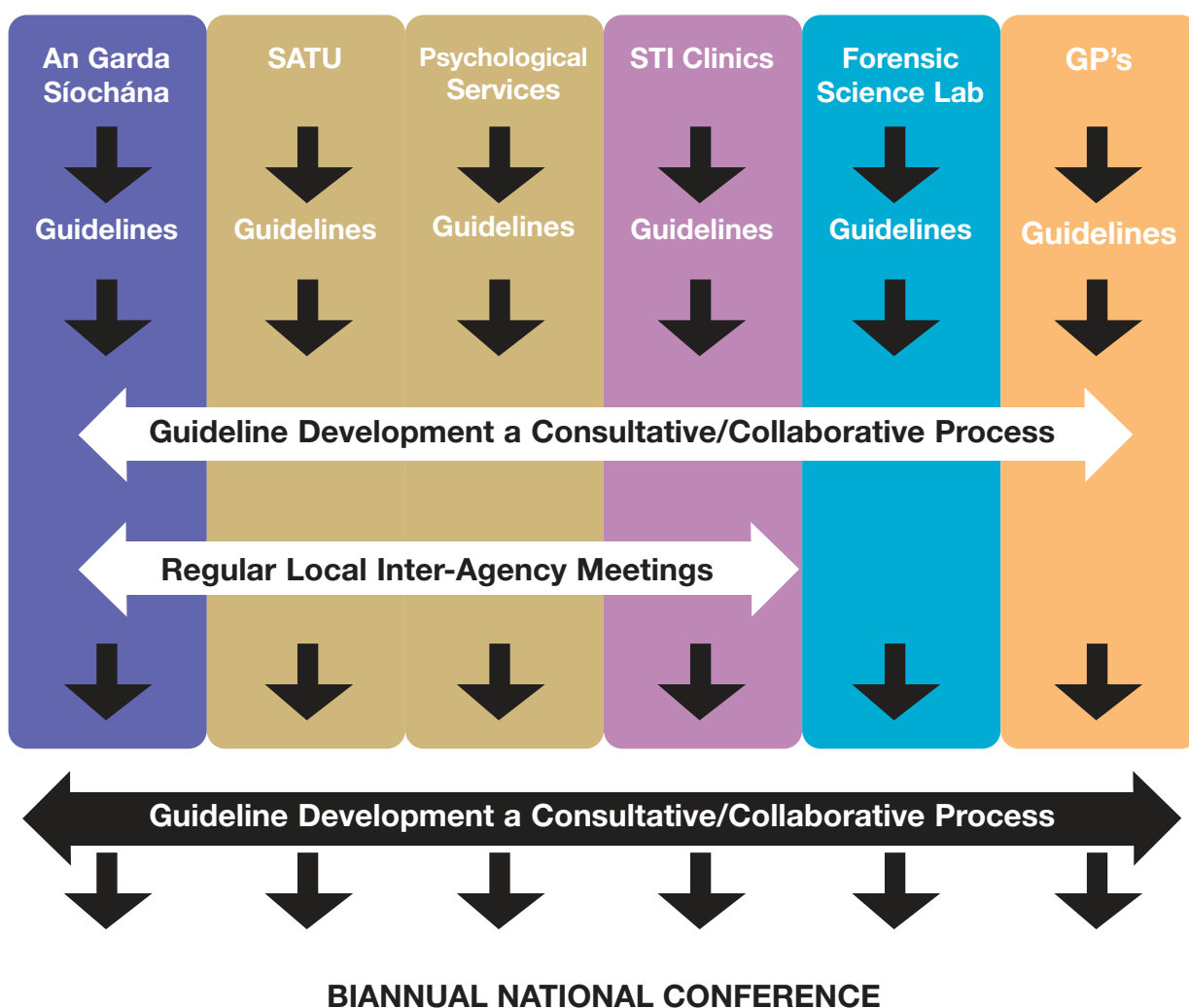


Figure 1: Guideline Formation Fostering Integrated Inter-Agency Teamwork

Regular Local Inter-Agency Meetings

Regular meetings between local key personnel, who respond to rape/sexual assault, would promote, enhance and support the concept of a team and an Integrated Inter-Agency Response approach, when a person makes a report of rape/sexual assault. The relevance of meetings encompassing managerial staff from the different agencies/disciplines as well as front-line practitioners is vital in engendering a problem solving approach to service response issues. This forum would also assist in alleviating the isolation of many working in this area and assist in promoting sustainability for practitioners. Local meetings would allow dialogue and the role of partnership to be nurtured and support future planning and development.

Meetings and Communication across all Agencies

Meetings including all the different groups i.e. An Garda Síochána, Nursing, Medicine, Psychological Services and Sexually Transmitted Infection Clinic personnel, General Practitioners and the Forensic Science Laboratory would assist in:

- Integrating the Inter-Agency Team Response.
- Promoting a shared learning ethos. (Appendix 4: Ongoing Professional Development)
- Improving the quality of local and ultimately the national response to rape/sexual assault. (Appendix 5: Evaluation & Monitoring)
- Recruitment and retention of manpower and alleviation of the isolation of practitioners.
- Focusing on national needs relevant to service development.
- Support the sustainability and growth of the service.

National Conference

A way to assist and enable the above to be realised would be a biannual national conference, focusing on a different relevant theme, with individual workshops relating to individual disciplines/agencies. The workshops would be available to all conference delegates. This would facilitate delivery of a national shared learning forum. It would also help motivate the continued evolution and development of the service countrywide and help put Ireland at the forefront of development of services in responding to meet the needs of victims of recent rape/sexual assault.

SECTION
1



An Garda Síochána Guidelines

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1:1 Role of An Garda Síochána in the Irish Criminal Justice System

An Garda Síochána is the national police service of the Republic of Ireland. It was established in 1922. An Garda Síochána is a community based service organisation with over 12,000 gardaí and civilian employees. Garda Headquarters is situated at the Phoenix Park, Dublin, and there are 702 Garda Stations dispersed throughout the State.

The mission of An Garda Síochána is to achieve the highest attainable level of personal protection, community commitment and state security. The services provided by An Garda Síochána are determined and delivered in consultation and partnership with the community. They are constantly evolving to satisfy the requirements of the community. The key service concerns include preventing criminal offences, investigating and detecting criminal offences, supporting victims of crime, safeguarding human rights and dignity, guarding the security of the State, preserving the public peace, responding immediately to emergencies, contributing to safety on the roads, improving the quality of community life and enforcing anti-drug legislation.

An Garda Síochána decide (subject to law) whether or not to initiate or pursue an investigation of a complaint and they decide how any such investigation is to be conducted. When a complaint of a criminal nature is made, the gardaí have to address two main issues involving the question of whether an offence was in fact committed and if the answer is yes, then by whom. The gardaí are required to act not just with the single - minded objective of creating a case against a particular suspect while ignoring everything else, but with a view to getting the entire truth.

Once the formal investigation is complete, a file is sent to the Director of Public Prosecutions, whose function is to decide, if there is sufficient evidence to prosecute. In cases of breaches of the Criminal Law, gardaí have a right of audience before the Courts. The gardaí prosecute cases at District Court level. Cases heard in the higher courts are prosecuted through the Chief Prosecution Solicitor's Office. During trials, the gardaí are merely witnesses for the prosecution. The adjudicative stage of the system is totally independent of An Garda Síochána. The gardaí present the facts to the Court and the Court decides on the innocence or guilt of the accused person. If the Court does decide that an individual is guilty beyond reasonable doubt, then the Judge when deciding the appropriate sentence for the convicted person will request background information on the culprit from the gardaí. To help the Judge make an informed decision on the sentence, the gardaí supply this information, both favourable and unfavourable, to the Court. The Judge will look for a Victim Impact Report regarding the effect on the injured party. The penal stage of the system is also independent of An Garda Síochána and they do not have an input into where a prisoner is located or the category of the prisoner. An Garda Síochána do give information to prison Governors on a particular prisoner's background, especially if the prisoner is unknown to the prison

authorities. An Garda Síochána is separate and autonomous from the other elements of the Criminal Justice System, but there is a high degree of good will and co-operation between the different agencies.

See also Appendix 1:

The Law In Relation To Sexual Crime in Ireland. (Page 93)

1:2 Actions by an Garda Síochána on Receipt of a Complaint of a Sexual Offence

- On receipt of a complaint of a sexual offence to a member of An Garda Síochána, where a Forensic Clinical Examination is required, the following steps are followed:
- **Immediate medical assistance should be sought, if necessary.**
- Procedures of investigation are explained to the complainant.
- It should be established if the **complainant** consents to a Forensic Clinical Examination.
- Contact is made with a Sexual Assault Treatment Unit/Clinical Forensic Examiner to arrange an early Forensic Clinical Examination. (Flowchart page 23)
- Use an Early Evidence Kit where necessary. (Page 33)
- Ensure that there is no contamination of evidence (Pages 35, 85) by not allowing the alleged assailant to be in any place that the complainant was.
- Use an unmarked patrol car, where possible, in taking the complainant to the Sexual Assault Treatment Unit/ Clinical Forensic Examiner.

KEY POINTS

Re: Sensitivity to Complainant



- **Explain procedures.**
- **Consent sought for Forensic Medical Examination.**
- **Use unmarked patrol car where possible.**
- **Gardaí should dress in plain clothes if possible.**
- **Avoid areas where complainant may be identified if possible.**
- **Use Early Evidence Kit if indicated. (Page 33)**
- **Change of clothing brought with complainant to SATU.**
- **Be aware and sensitive to the needs of the complainant.**

- Different vehicles should be used to transport the complainant and the alleged victim.
- The Gardaí should dress in plain clothes (where possible) to avoid identification of the complainant.
- If possible avoid using areas of the Hospital where the complainant could be identified.
- Be aware of the needs of the complainant at all times.
- Take a Sexual Offences Examination Kit and exhibit bags to the examination area, if they are not already available.
- A clothes change for the complainant should also be taken to the SATU if possible.

KEY POINTS

Re: Prevention of Contamination of Evidence. (Page 85)



- **Do not allow the alleged assailant to be any place that the complainant was.**
- **Different vehicles should be used to transport the complainant and the alleged assailant.**

1:3 Statement Taking

Following a complaint of Rape or Sexual Assault, a member of An Garda Síochána will take a statement from the complainant. The statement should be taken at the earliest opportunity and in a suitable location for the complainant and the gardaí.

The statement will contain a detailed account of the events leading up to the incident, the incident itself and the events following the incident. It will be the complainant's account of what took place and any other salient information that may assist the investigation. The statement will provide a written record that will allow a decision to be made on the appropriate action to be taken.

The complainant will be facilitated with a male or female garda, depending on the wishes of the complainant. The investigation process will be explained to the complainant. On completion of the statement, it will be read over to the complainant and they will be asked to sign the statement. The complainant will be offered a copy of their statement, as soon as it is typed.

Re: Taking a Statement.



- **Take as early as possible.**
- **Arrange a suitable location.**
- **Complainant facilitated with male or female Garda.**
- **The investigation process is explained to the complainant.**

Detailed Account Taken of:

- **Events leading up to incident.**
- **Incident itself.**
- **The events following the incident.**

On Completion of the Statement:

- **It is read over to the complainant.**

The complainant is offered a copy of the statement, as soon as it is typed.

1:4 Early Evidence Kits

Sometimes it may not be possible for the complainant of an alleged rape/sexual assault to see a Clinical Forensic Examiner immediately after reporting the crime. Some complainants have to travel long distances in order to be examined at the nearest Sexual Assault Treatment Unit, or a Clinical Forensic Examiner may not be available until the morning, if the incident occurs late at night. With every hour that passes, physical evidence may deteriorate or be lost. Because of this, an Early Evidence Kit is available to be used by An Garda Síochána in cases of rape/ sexual assault.

Availability and Use of the Early Evidence Kit

- The Early Evidence Kit should be available in all Garda stations so that it can be accessed quickly.
- The Early Evidence Kit is not a replacement for the existing Sexual Offences Examination Kit, or for the Forensic Clinical Examination.
- It is designed to be used in cases where there is going to be a delay between the alleged rape/sexual assault and the Forensic Clinical Examination.
- It is to be used primarily in cases where oral sex (Page 56) is alleged and/or where toxicological examination (Page 56) may be required (e.g. a case where it is alleged that the complainant's drink was spiked.)

Procedure

- The Garda who is present for the collection of these samples should have no prior contact with the suspect.
- Check the expiry date on the Early Evidence Kit.
- After explaining the purpose of the Early Evidence Kit to the complainant, their consent is obtained.

- To enable the Forensic Scientist to interpret any results obtained, the garda must fill out the information form accompanying the Early Evidence Kit.
- If/when a Forensic Clinical Examination is carried out on the complainant, the Clinical Forensic Examiner should be informed that urine and/or oral swabs have already been taken.

Early Evidence Kits in alleged Oral Sex

If oral sex is alleged, the swabs should be taken at the earliest opportunity. If the complainant wishes to have a drink, the mouth should be swabbed before the drink is taken. At least three swabs should be taken; an internal mouth swab, a gums/teeth swab and a swab from the lips. It would be preferable if the Garda took these swabs rather than the complainant.

- Swabs should be pre-labelled by the Garda with the victim's name and the site the sample was taken from.
- If the alleged sexual assault occurred more than twenty-four hours previously, there is no need to take oral swabs, as semen does not persist in the mouth beyond this time. (Pages 56 and 80)

KEY POINTS

Re: Taking oral swabs.

- **Take swabs as soon as possible.**
- **Take within 24 hours.**
- **Take at least three swabs.**



Swab sites

- **Internal mouth.**
- **Gums/teeth.**
- **Lips.**

Early Evidence Kits in Drug/Alcohol Facilitated Rape/Sexual Assault

- If the complainant wishes to urinate and there is a delay getting a Clinical Forensic Examiner, a urine sample should be collected at this point.
- A large container is available in the Early Evidence Kit for the collection of urine. This can then be decanted into the smaller screw cap container provided.
- A Garda should witness the urine sample being taken and fill in the accompanying information form. Standing outside the cubicle is deemed adequate for witnessing.

Re: Time Frames

- **Blood - Take within 24hrs.**
- **Urine - Take within 72 hrs.**



1:5 Continuity of Evidence (Chain of Custody of Evidence)

Items of **evidence** i.e. clothing, swabs, weapons etc., are referred to as exhibits.

Each item of physical evidence to be produced in court as an exhibit, must be identified by whom, where and when it was taken. This is achieved by hearing the evidence of the person who took possession of the item at the particular place and the date and place it was found.

Each witness may be required to give evidence as to what was done with the item.

A garda assumes the role of Exhibits Officer and all items should be handed over to the Exhibits Officer, who will prepare a chart showing all movements of the exhibits.

It is desirable that physical evidence passes through the custody of as few persons as possible.

A careful record of all exhibits should be maintained as follows:

- Description of the Item.
- Source or location of item.
- Date and time of transfer of the item.
- From whom.
- To whom.

1:6 Collection of Clothing from the Complainant

- To avoid contamination, use gloves and other personal protection equipment as required.
- The garda who takes possession of the complainant's clothing should have no prior contact with the suspect.
- Possession should be taken of the clothing the complainant was wearing during the alleged rape/sexual assault.

- Consideration should also be given to taking possession of other clothing worn by the complainant after the alleged rape/sexual assault.
- The Garda should establish if these clothes have been washed since the alleged rape/sexual assault.
- It is advisable that each garment be placed in individual exhibit bags.
- The exhibit bags should be sealed and labelled by the Garda. Seal the bags by folding over the top and securing with staples or sellotape.
- If envelopes are used for smaller exhibits, these should not be sealed by licking.
- If the clothing is dry or damp, pack in sealed paper bags. (Wet clothes - see overleaf)
- Sanitary protection should be packed in paper bags and labelled, if wet, then it should be placed in a plastic bag.
- Continuity of evidence (Page 85) should be maintained at all times.

KEY POINTS

Re: Colds / Allergy / Hay Fever



- **Masks should be worn.**
- **Avoid sneezing directly onto the clothing.**

Wet or Heavily Bloodstained Clothing

- If the clothing is wet or heavily stained with wet blood then dry first and pack in sealed paper bags, or –
- Place in an open plastic bag and further pack in a sealed paper bag.
- Wet or heavily bloodstained clothing should be taken to the Forensic Science Laboratory for drying at the earliest possible opportunity

1:7 Transfer and Storage of the Completed Sexual Offences Examination Kit

This guideline covers the transfer and storage of the completed Sexual Offences Examination Kit from the Examination Centre to the Forensic Science Laboratory.

- On completion of the Forensic Clinical Examination, the Sexual Offences Examination Kit should be packed and sealed in the special tamper evident bag, provided for this purpose in all Sexual Offences Examination Kits.
- The person who packs and seals the used Sexual Offences Examination Kit should fill in the label on the bag.
- The garda should keep a record of the Serial Number on the Sexual Offences Examination Kit bag.
- The Sexual Offences Examination Kit should be transported to the Forensic Science Laboratory, as soon as possible, by a member of An Garda Síochána, but in the interim the Kit should be kept in a cool secure location.
- Continuity of evidence should be maintained at all times. (Page 85).

KEY POINTS

Re: Transfer and Storage of the Sexual Offences Examination Kit



- **Packed & sealed in the tamper evident bag from the Kit.**
- **Person who packs & seals also labels the bag.**
- **Garda keeps serial number record.**
- **Transported to Forensic Science Laboratory – ASAP.**
- **If delays in transporting, store in cool secure place.**
- **Continuity of evidence maintained at all times. (Pages 35 and 85)**

SECTION
2



Clinical Forensic Examiner Guidelines

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2:1 Role of the Clinical Forensic Examiner and the Forensic Clinical Examination

The Clinical Forensic Examiner, caring for the victim of sexual crime, has many roles.

A caring, non-judgmental approach is of the utmost importance when providing services for the victim of sexual crime. The examiner should clearly convey that no one deserves to be raped and that they are not responsible for the assault. The person should be reassured that he/she made the best choices possible, under the circumstances. It is important to remember, that the person may not recollect the entire incident, or may be unable to tell some aspects of the incident.

All victims should be encouraged to report the assault to An Garda Síochána. The person however, should be made aware that they can themselves decide whether or not to disclose the information. (Flowcharts pages: 11, 19.) It is, however, very important to remember that the physical evidence can rarely be collected more than 72 hours after the assault (Pages 58 and 80), whereas they can later decide not to pursue the complaint.

Examiners are responsible for documenting the pertinent aspects of the history (Page 45) performing a careful physical examination, collecting the required forensic material, treating physical injuries that have resulted from the assault, providing care in terms of prophylaxis against pregnancy and sexually transmitted infections and ensuring that there is appropriate psychological support. Consent for all of the procedures undertaken should be obtained after a thorough explanation. (Page 44)

The history taken should be sufficiently precise and accurate (Page 45) to ensure an appropriate examination and collection of relevant forensic evidence. The examiner must be able to detect and document all physical injuries and for this reason, must be familiar with the normal appearance of the genitalia and anus of adults (Pages 49-50). The examiner must pay close attention to detail, to glean important forensic evidence, and must record all specimens taken (Page 35). A complete report of the examination is best prepared, as soon as is practicable, after the examination, while the details of the examination remain fresh in the examiner's memory. The report should include an interpretation of the findings and the examiner must be completely objective in this interpretation.

Re: Clinical Forensic Examiner Role



- **Adopt a caring non-judgmental attitude**
- **Consent should be obtained for all the procedures undertaken. (Pages: 39, 44, 66)**
- **Pertinent aspects of the history must be documented. (Page 45)**
- **Collect all forensic evidence and record all specimens taken. (Pages: 35, 47, 85, 88)**
- **Detect, treat and record any physical injuries.**
- **Provide care and prophylaxis against:**
 - o **Pregnancy. (Page 58)**
 - o **Sexually Transmitted Infections. (Pages: 67-71, 75)**
- **Ensure that appropriate psychological support is given. (Pages: 57, 63)**
- **A complete report of the examination should be prepared as soon as possible.**
- **The report should include objective interpretation of the findings. (Page 45)**

KEY POINTS

Evaluation of Patients with Serious Injury

Unfortunately, the examiner is sometimes asked to evaluate a victim who has had serious injury. In this circumstance, life-threatening conditions must be dealt with as a priority, and the forensic clinical examination can then be performed after stabilisation of the patient. In these situations it is important to document the **extent and reason** for the delay.

KEY POINTS

Re: Patients with serious injury



- **Life-threatening conditions must be dealt with as a priority.**
- **Forensic Clinical Examination performed after stabilisation of patient.**
- **Document any delay and reason for the delay in performing Forensic Clinical Examination.**

2:2 Reception of the Patient

Coping as a victim depends greatly on experiences immediately following the crime of rape/sexual assault. The psychological care received by the victim will frame her/his recovery.

Most patients, attending the SATU, do so in an acute capacity and are usually referred and accompanied by An Garda Síochána. If not accompanied by An Garda Síochána, then consult the quick reference/flowchart relevant to the situation e.g.

- A Person Who Does Not Want to Report the Incident to An Garda Síochána (Page 22)
- Flowchart for Referral Pathways to a Clinical Forensic Examiner. (Page 23)
- A – F Guide of Referral for a Forensic Clinical Examination. (Page 24)
- A Guide to Help Preserve Forensic Evidence which may be Available. (Page 25)

Sexual Assault Treatment Units (SATUs)

Information re:

- Units in Ireland, appendix 6, page 105.
- Equipment etc., appendix 7, page 107.
- Prevention of contamination, and cleaning of equipment etc., appendix 9, page 113.

Patient's Behaviour/Feelings

The patient's behaviour may be different than what you expect. The individual may laugh, giggle nervously, cry, be hysterical, dissociate, have flat-affect, be withdrawn, angry, ashamed, embarrassed or guilty. Her/his mood may suddenly change. Cultural influences may be involved. The addition of alcohol and drugs may further confuse the situation. The patient did not have training on how to be a victim.

On Arrival:

- Meet the patient.
- Provide a safe and private setting, both for the reception of the patient, and throughout the examination. (Page 107)
- Greet her/him by name.
- Introduce yourself by name and title, and very briefly outline your role.
- Assess the patient's medical needs: **Medical stability is priority.** The forensic clinical examination is **always** secondary to medical stability.
- Be relaxed. Check your body language.
- Offer the patient the opportunity to speak with a RCC support worker or other psychological support. (Page 63)
- Sit beside the patient, rather than stand over them.
- Provide unhurried and confident actions with direct eye contact.
- Do not judge behaviour or dress. (Table 1, page 43 Some Do's and Don'ts)
- Do not try to minimise the individual's trauma by using words such as "well at least....."
- Do not question the patient's actions or decisions, this creates disbelief and may re-victimise.
- Affirm: "Whatever you did worked, because you survived, you are here now."
- Re-assure the patient regarding her/his safety and confidentiality and any limits to confidentiality.
- If the patient is alone, offer to contact a family member or friend, if needed for support.
- Give a brief explanation of procedures and their purpose, using clearly understood language.
- Explain, in a gentle and sensitive manner, that their permission will be sought for the examination and that it will only proceed with their consent, thus helping to restore their self-esteem and sense of control. (Page 44 re: consent)
- Encourage the patient to vent her/his feelings, concerns and needs.
- Validate the patient's feelings, concerns with empathetic listening, compassion and appropriate information.
- Give reassurance that her/his response was normal. (Flower, 2002)
- If the patient was not assaulted orally, offer them a cup of tea or a cold drink.
- The patient can have a family member, friend or support worker present during the examination, if she/he so chooses.

Table 1: Some Do's and Don'ts when receiving the patient.

Do	Don'ts
Greet the patient by name and give your name.	Proceed if the patient is not medically stable.
Make eye contact, check your body language.	Proceed if the patient is not consenting.
Reassure the patient re: safety & confidentiality.	Judge the patient's dress or behaviour.
Listen, reassure and affirm the patient's actions.	Try to minimise the individual's trauma.
Explain and offer to contact any friends/family	Question the patient's actions or decisions.

KEY POINTS

Priority - Medical Stability

Re: Patient's Behaviour/Feelings.

The person did not have training on how to be a victim.

She/He may

- **Laugh**
 - **Giggle nervously**
 - **Cry**
 - **Be hysterical**
 - **Dissociate**
 - **Appear 'flat'**
 - **Be withdrawn**
 - **Feel angry**
 - **Ashamed**
 - **Embarrassed**
 - **Feel Guilty**
- **Cultural influences may be involved.**
 - **Alcohol and drugs may be a factor.**



2:3 CONSENT TO FORENSIC CLINICAL EXAMINATION

The examiner should obtain consent for each step of the forensic clinical examination: the patient under examination may refuse to participate in any step of the examination or to halt the examination at any time.

Steps of the Forensic Clinical Examination Process are:

- History of the event.
- Comprehensive general health examination.
- Genital examination.
- Notification of An Garda Síochána of the event.
- Collection of forensic samples for An Garda Síochána (Including blood).
- Photographs of injuries sustained. (Page 47)
- Administration of necessary treatment.
- Preparation of a medico-legal report based on the examination findings.
- Presentation of the Forensic Clinical Examination details in a court of law.

Special Considerations

It is very important to remember that there are special considerations, in relation to consent, if the person is under the age of 16 years, or has learning difficulties. In such a situation, it is appropriate to perform a medical examination, if the patient clearly understands and agrees to the process. **Forensic evaluation** requires the consent of parent or guardian if the person is less than 17 years.

If the person's understanding of the procedures is felt to be impaired due to alcohol or drugs, then the consent for, and the forensic clinical examination itself, may need to be delayed, until informed consent can be obtained.

NB. Under 18 years of age Children First (1999) reporting procedure should be followed, appendix 2, page 99. (Appendix 8: Sample consent form, page 112)

KEY POINTS

Re: Consent

Consent obtained when:

- **Person fully informed;**
- **Person aware they can withhold consent for any part.**

Legal Considerations re:

- **Age;**
- **Competency status;**
- **Learning difficulties.**



2:4 History Taking

The history from a patient who has suffered a rape/sexual assault will differ from a routine medical evaluation in several ways. The purpose of the history is to **record the events** that occurred and to **guide the clinician** in collecting evidence and determining the injuries that may have occurred as a result of the assault. Questions should be limited to relevant medical history. The patient should be informed that it will be necessary to ask some personal questions. It is important to remember that the medical history is not an exhaustive account of the details of the crime.

KEY POINTS

Re: Purpose of history

- **Is to record events.**
- **To guide the clinician re: determining injuries and collecting evidence.**



NB. The medical history is not an exhaustive account

General History

The general history should include the following information:

- Past history of medical/surgical/psychiatric illness.
- Medications.
- Allergies.
- History of sexually transmitted infections.
- Contraceptive use.
- Last consented sexual experience.
- Tampon use.
- Alcohol ingestion.
- Illicit drug use.
- Menstrual history and last menstrual period (LMP).
- Obstetric history.
- Possibility of current pregnancy.

The Forensic Interview

The forensic interview then addresses the details of the assault and the patient must be informed that they may stop the questioning for a time, if they wish and then continue, if and when ready.

The Forensic Interview Part of the History Taking Should Cover:

- Brief description of the incident.
- Number and identity of the attacker(s), if known.
- Date and time of the attack.
- Location where assault took place.
- Type of sexual acts that occurred e.g. kissing/ fondling/ contact with the vagina/ anus/ mouth/ breasts and other locations on the body and for a male patient, contact with the mouth / anus/ genitalia or other parts of the body.

Also noted is the following:

- Consideration as to whether ejaculation took place.
- Use of condom by the perpetrator.
- Use of weapons or restraints by the perpetrator.
- Use of objects to achieve penetration.
- Actual or threatened violent behaviour used in the course of the attack.
- Any possible occurrence of bites by the perpetrator.
- Any possible source of the assailant's DNA e.g. 'belly button.'
- After the assault, it is important to document whether the patient has:
 - Changed clothes.
 - Bathed.
 - Passed urine or faeces.
 - Douched since the time of the assault.

If the oral cavity was involved, the patient should be asked if he or she:

- Has smoked.
- Eaten or had anything to drink.
- Brushed teeth or gargled since the assault.

IMPORTANT: All direct quotes made by the patient should be denoted with quotation marks when these are recorded.

2:5 Classification and Documentation of Wounds and Injuries

Any lesion on the surface of the body, the genital, anal and oral areas, should be clearly documented with the proper medical terminology. The presence of areas of tenderness should also be documented. For each lesion, the location (reference to the nearest bony point can be helpful), size, outline and colour should be recorded. Outline body maps are included in the Sexual Offences Examination Kit and their use is very helpful in documenting any injury noted.

The non-genital trauma may result from kicks, attempted strangulation, bites, and restraints, including holding the upper arms and/or the inner thighs and trauma on the back or front of the body from the surface against which the patient was placed.

Table 2: Useful descriptive terms when documenting injuries

BRUISE	An injury to the body manifested as discoloration of the skin, caused by an impact or blow. The skin surface is intact. NB. Bruising may not be noticeable until 1-2 days after the incident.
LACERATION	An open wound where the skin has been torn rather than cut.
ABRASION	The skin has been rubbed off by a force along the body surface. The injury is to the outer layers of the skin.
INCISION	A breach of the skin surface made by a sharp object with the direction of the force along the skin.
STAB	The skin is pierced by the point of a sharp object. The direction of force is thrusting into the body.

2:6 Photographic Evidence

Written documentation does not always describe or convey adequately the visual depiction. The use of photographs may be felt to be a more appropriate way of conveying the extent and impact of injuries and as a way of supporting the documented findings. If the Clinical Forensic Examiner, in consultation with the patient and the gardaí, feels that the use of photographs will be of benefit to the case, then following informed consent, photographs may be taken.

Consent to Photographic Evidence

Before photographic evidence is taken, the patient must have given written consent (page 112), and must be fully aware that the photographs may be shown in any subsequent court proceedings, this means the defence team would have access to any photographs. This is of particular relevance for photographs taken of the genital area.

Who Takes the Photographs?

The person with the most appropriate skill and expertise to take the required photographs is a Garda Photographer. This also supports safe practice with regard to continuity and storage of evidence. Where a Garda Photographer is not available or not appropriate, the Clinical Forensic Examiner/other should use a fresh roll of film to capture the images. The roll of film should then be placed in a sealed plastic bag with the details, signature of the Clinical Forensic Examiner/other and date and time displayed on the outside of the bag. The sealed bag containing the roll of film is then passed to the investigating officer.

The Future

Internationally, the area of photographic evidence is advancing on many fronts including digital photography. The area of photographic evidence from the Clinical Forensic Examiner perspective will continue to be reviewed.

KEY POINTS

Re: Photographic Evidence



Take photographs if:

- They would support and better convey the extent and impact of any injuries.

Taken following:

- Consultation with patient and Gardai;
- The patient's consent (NB see page 49, paragraph 2)

Who Takes the Photographs?

- If possible a Garda Photographer if available and appropriate;
- If taken by others, then:
 - o Use a fresh roll of film;
 - o Film placed in a plastic bag;
 - o Bag is sealed;
 - o Display on outside of the sealed bag the following details: signature of person who took the photographs, date and time;
 - o The sealed bag with the roll of film is given to the investigating officer.

Table 3: Female patients genital landmarks (see Figure 2)	
NAME	DESCRIPTION
LABIA MAJORA	fleshy outer lip of the vulva.
LABIA MINORA	smaller inner lip of the vulva.
CLITORIS	a small cylindrical body of tissue situated at the most anterior parts of the labia minora
URETHRAL ORIFICE	opening into the urethra
HYMENAL OPENING	frilly, fleshy. fimbriated in the adult.
HYMENAL REMNANTS	after vaginal delivery.
FOURCHETTE	where the labia meet posteriorly.
INTROITUS/VESTIBULE	entrance to the vagina and is that point where the labia touch when observing the genital area.
FOSSA NAVICULARIS	the depression between the fourchette and hymen.

Table 4: Descriptive terms for the vagina		
ANTERIOR		POSTERIOR
LEFT		RIGHT
LOWER THIRD	MIDDLE THIRD	UPPER THIRD
FORNIX sulcus or valley of the vagina above and around the cervix referred to as anterior / posterior, right / left.		

2:7 Female Patients: Genital Landmarks

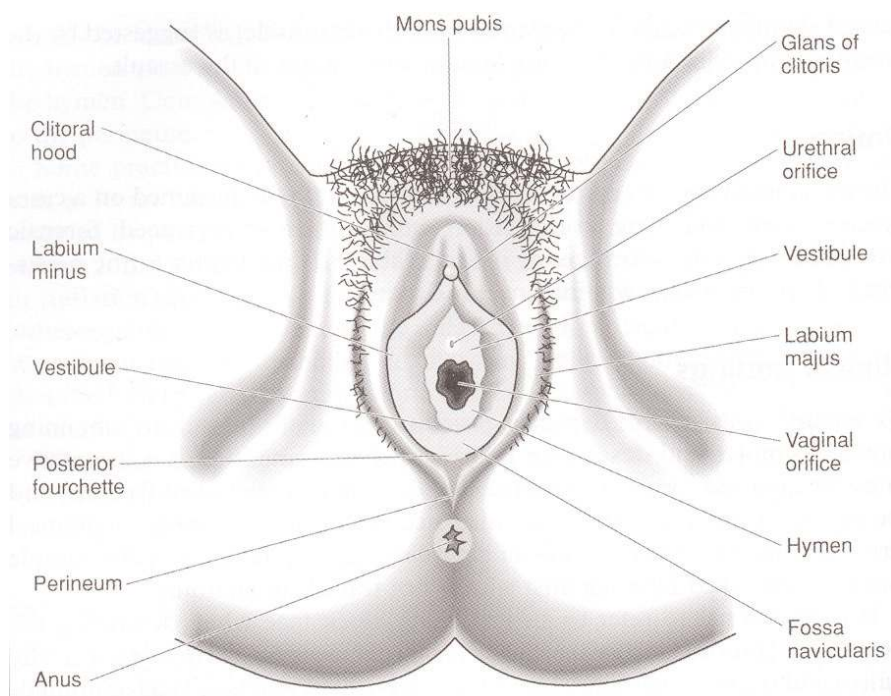


Figure 2: Female Patients: Genital Landmarks
 Reproduced by kind permission from GW Medical Publishing, Inc. St. Louis.

2:8 Male Patient: Genital Landmarks

In the examination of a male patient, it is important to carefully examine the penis and scrotum for signs of trauma and to take the appropriate forensic swabs (pages 56 and 78) using the Sexual Offences Examination Kit.

NB. It is important to note if the foreskin is present or if circumcision has been performed.

Table 5: Male genital landmarks (see Figure 3)

SHAFT OF THE PENIS - Dorsal and Ventral		
FORESKIN – A loose fold of skin that covers the glans of the penis.		
GLANS OF THE PENIS – the red tip of the penis beyond the coronal sulcus		
CORONAL SULCUS – the area where the foreskin is or was attached to the penis		
SCROTUM	PERINEUM	ANUS

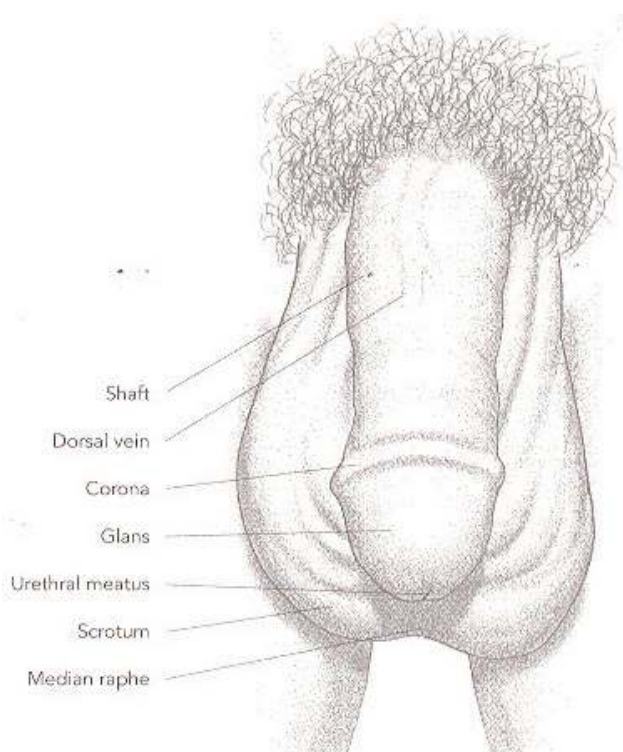


Figure 3: Male Patients: Genital Landmarks

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2:9 General Physical Examination

Equipment

Before beginning the physical examination, the Clinical Forensic Examiner must ensure that all equipment necessary for the examination and the collection of forensic evidence is readily available (see key point, for full list of equipment see appendix 4, page 103). A thorough physical examination is then performed. The client's height, weight and blood pressure should be determined.

KEY POINTS

Re: Equipment

- **Sexual Offences Examination Kit.**
- **Clean paper sheet.**
- **Light source.**
- **Disposable gloves.**
- **Correct size speculum.**
- **KY Jelly.**
- **Height / Weight /BP apparatus.**

If Required:

- **Mask/apron/sleeves. (Page 78)**
- **Proctoscope.**



Assessment of Non-Genital Physical Trauma

The assessment for evidence of non-genital physical trauma is very important, as this occurs in 25% to 45% of victims (Giardino et al, 2003 p. 244). The patient should be sensitively asked to remove all clothing, including underwear. The clothing may need to be kept for forensic evidence. It is best to begin the examination with a non-threatening approach, such as examining the head and neck. The examination may then progress to the more distal parts of the body. It is essential to visualise the whole body. It is important to search for lacerations, bruises, abrasions, and evidence of bite marks, kicks, hand tie marks, tape marks etc. or attempted strangulation. The forensic samples (page 56) may be collected as the examination progresses.

In particular, the examiner should consider the possibility that the perpetrator has deposited body fluids, including blood and saliva, as well as semen. Where body fluids may have been deposited, the Clinical Forensic Examiner should moisten a swab with the sterile water provided, swab the area and then follow the moistened swab with a second dry swab to mop up any remaining body fluids.

KEY POINTS

Non-genital trauma occurs in 25% - 45% of victims.



Examine the whole body for evidence of:

- **Lacerations;**
- **Bruises;**
- **Abrasions;**
- **Bite marks;**
- **Kicks;**
- **Hand tie marks;**
- **Tape marks;**
- **Attempted strangulation.**

The perpetrator may have deposited Blood / Saliva / Semen

The Oral Cavity

The oral cavity should be examined carefully. Swabbing between the teeth may yield semen, if the examination is performed shortly after ejaculation in the mouth. It should be remembered that saliva may be the best source of a forensic sample for detection of semen in the mouth. A moist swab rubbed outside the lip margins may yield a sample of the perpetrator's cells deposited with saliva. (See page 56)

KEY POINTS

Re: Oral Cavity



Swab for semen

- **Between the teeth;**
- **And collect saliva.**

Swab for perpetrator's cells:

- **Inside the lip margins.**
- (Page 56)**

Head and Pubic Hair Specimens

Suspicion that semen has been deposited in head hair or pubic hair should be evaluated by swabbing, or cutting away the affected areas and sending the swabs or cut hair as forensic specimens. The hair should be combed with the special comb provided in the Sexual Offences Examination Kit for the collection of fibres, debris and loose hair. Samples of pubic hair and hair cut from the head should also be collected as a comparative control sample.

KEY POINTS

Re: Head & Pubic Hair may contain:



- **Semen;**
- **Fibres;**
- **Debris;**
- **Loose hairs.**

Pubic hair & hair cut from the head are collected as comparative control samples.

Finger Nails

Foreign material, which may include skin cells from the perpetrator, may collect under the fingernails. The cut nails provide the best sample for forensic evaluation, but if this is inappropriate or unacceptable to the patient, the material under the nail can be collected using the special swab provided in the kit.

NB. Forensic swabs (taken depending on the history) are less likely to give valuable evidence, if taken after wound cleaning or the patient has washed, douched, brushed their teeth, rinsed their mouth, drank / eaten, or defecated.

See: A Guide to Help Preserve Forensic Evidence which May be Available (Page 25)

2:10 Genital Examination

The genital examination follows the general physical examination. Inform the patient of the expected discomfort and of their right to stop the examination at any time. The external and internal genitalia are carefully examined using adequate lighting. The posterior fourchette, fossa navicularis, labia minora and hymen (page 49) are particularly susceptible to injury. Without magnification it is considered that up to 25% of victims have evidence of genital trauma after a sexual assault (Biggs et al, 1998). The majority of the genital injuries are minor, but trauma may be so extensive as to require hospital admission for surgical repair.

Vaginal Examination

A vaginal examination using a speculum should, if possible, be used to assess for vaginal and cervical bleeding, lacerations and foreign bodies. Any foreign body, such as a tampon, should be removed and retained for forensic analysis. Swabs are taken as suggested in the Sexual Offences Examination Kit (page 33) for forensic evaluation.

Anal Examination

Inspection of the anus for tears, bleeding or abrasions should also be performed. It may be difficult for the patient to mention concern in regard to anal penetration, and the use of the proctoscope for examination of the lower anal canal in all victims is considered appropriate by some. The recommended swabs (page 56) should then be taken from the anal/rectal area.

Pelvic Examination

It is important to consider a pelvic bi-manual examination, in order to exclude internal trauma e.g. torn broad ligament (Riggs et al, 2000), which can occur without vaginal bleeding or vaginal discomfort being present in the early hours after the incident. This is more commonly seen in accompanying physical trauma.

Blood Samples

The physical examination concludes by taking samples of blood for determination of DNA, evaluation of the patient's blood group, determination of blood alcohol level and, if required, blood sample for toxicology.

KEY POINTS

Without magnification it is considered that up to 25% of victims have evidence of genital trauma.



Areas particularly susceptible to injury:

- **Posterior fourchette;**
- **Fossa navicularis;**
- **Labia minora;**
- **Hymen.**

Vaginal Examination using a speculum if possible to assess:

- **Vaginal or cervical bleeding;**
- **Haematoma;**
- **Lacerations;**
- **Foreign bodies e.g. Tampon.**

Anal Examination for:

- **Lacerations;**
- **Abrasions;**
- **Bleeding.**

Pelvic Examination to exclude:

- **Internal trauma.**

2:11 Examination of the Alleged Perpetrator

An examination of the alleged perpetrator is sometimes required. Generally this is following arrest and detention of the alleged perpetrator, and in accordance with the requirements of the Criminal Justice Forensic Evidence Act (1990). (Appendix 1, page 93)

The Sexual Offences Examination Kit is designed for the examination of either a victim or a perpetrator. This examination essentially takes the same format as that of the alleged victim. In the examination of the perpetrator, the examiner is looking for evidence of contact with the complainant, evidence of injury that the complainant feels that they may have inflicted on the alleged perpetrator and also evaluating the use of alcohol and drugs by the person. Particular attention should be paid to pubic hair combings and swabs of the coronal sulcus, the glans, shaft and base of the penis (page 57), as these may yield the necessary evidence of intimate contact. (See Figure 3, page 50)

Re: Alleged Perpetrator



- Generally they are under arrest.
- Sexual Offences Examination Kit used.

Look for evidence of:

- Contact with the complainant;
- Injury inflicted by the complainant.

Evaluate the use of:

- Alcohol & drugs.

Particular attention paid to:

- Pubic hair combings;
- Swabs of the coronal sulcus, the glans, shaft and base of the penis. (Page 57)

NB. If the same Clinical Forensic Examiner is to be used to take samples from the complainant and the suspect, on the same day, this should be done at separate locations and the examiner should always wear a separate disposable scene of crime suit and gloves for each.

2:12 Forensic Sample Taking

Prior to Commencing

Before starting the forensic clinical examination and sample taking, the following should be considered:

- The expiry date on the outside of the Sexual Offences Examination Kit should be checked.
- If there is an allegation of oral sex, the complainant should be given a container and asked to spit into it, starting at the beginning of the Forensic Clinical Examination and proceeding at intervals during the course of the examination.

Table 6: Guidelines for the collection of forensic samples.

SALIVA	<ul style="list-style-type: none"> • Detection of semen if oral penetration within 2 days. • Take 10 ml (if possible) of liquid saliva. • Pack in plastic bottle with its own evidence bag. • Do not re-seal in kit.
EXTERNAL LIPS	<ul style="list-style-type: none"> • Detection of semen on outside of mouth. • Dampen swab with sterile water and rub lips and skin around mouth. • Return swab immediately to tube.
MOUTH SWABS	<ul style="list-style-type: none"> • Detection of semen if oral penetration within 1 day. • Take 2 sequential samples by rubbing swabs around inside of mouth, under tongue and gum margins or over dentures and dental fixtures.
SKIN SWABS	<ul style="list-style-type: none"> • Detection of body fluids on skin e.g. semen; saliva on kissed, licked, bitten area; blood stain that may not be from the victim. • If stain is moist, recover on a dry swab. • If stain is dry, dampen swab with sterile distilled water. • Repeat with second dry swab. • Return swabs immediately to tubes.
UNUSED SWABS (CONTROL SWAB)	<ul style="list-style-type: none"> • Control sample. Submit one unopened swab in every case where swabs have been taken.
HEAD HAIR	<p>A. Detection of semen. Cut or swab relevant area, if applicable, place hair in plastic bag.</p> <p>B. Detection of fibres, foreign particles, foreign hairs - draw comb with cotton wool through all the hair, place in plastic bag.</p> <p>C. Control sample for microscopic hair comparison. Pull the hair from the root or cut close to the base. A representative sample of 10-20 hairs should be collected and placed in plastic bag.</p> <p>D. A control sample of 10 – 20 hairs; which must be plucked for DNA profiling (only if blood or buccal swabs are not available).</p>
PANTIES AND SANITARY PROTECTION	<ul style="list-style-type: none"> • Semen may be detected on sanitary protection and panties worn after incident, so take also. • Take panties worn at time of examination. • Leave pad attached to panties if present. • Take tampon if worn. • Panties in paper bag. • Tampon in plastic bag
VULVAL SWABS	<ul style="list-style-type: none"> • Detection of body fluids, if vaginal intercourse within 7 days or • If anal intercourse within 3 days, or • Ejaculation on to perineum. • First sample. Rub 2 sequential swabs over whole of vulval area. Number the swabs in the order taken. (Moisten swabs with distilled water if required). • Return swabs immediately to their tubes.

VAGINAL SWAB – LOW	<ul style="list-style-type: none"> • Detection of body fluids, if vaginal intercourse within 7 days or • If anal intercourse within 3 days.
VAGINAL SWAB – LOW (Continued)	<ul style="list-style-type: none"> • Second sample. Take 2 sequential swabs, approx. 1 cm above hymen, using unlubricated speculum (moisten with sterile distilled water if necessary). • Number the swabs in the order taken. As above.
VAGINAL SWAB – HIGH	<ul style="list-style-type: none"> • Detection of body fluids, if vaginal intercourse within 7 days or • If anal intercourse within 3 days. • Third sample. Take 2 sequential swabs from the posterior fornix via the speculum. • Number the swabs in the order taken. As above.
ENDOCERVICAL SWAB	<ul style="list-style-type: none"> • Take if vaginal intercourse more than 48 hours previously. • Final sample. Take 2 swabs via the speculum. As above.
PUBIC HAIR	<ul style="list-style-type: none"> A. Detection of semen, Cut or swab relevant area if applicable, Place hair in plastic bag. B. Detection of fibres, foreign particles, foreign hairs, draw comb with cotton wool through the hair, place in plastic bag. C. Control sample for microscopic hair comparison. Pull or cut a representative sample of 10 hairs and place in plastic bag.
PENILE SWAB – CORONAL SULCUS / GLANS/ SHAFT	<ul style="list-style-type: none"> • Detection of body fluids, if intercourse within 7 days. • Use swabs moistened with sterile water. • Take 2 sequential swabs from coronal sulcus. • 2 sequential swabs from shaft and glans and • 2 sequential swabs from base of penis including pubic hair and scrotal sac. • Number the swabs in the order taken. • Return swabs immediately to tubes.
PERIANAL SWAB	<ul style="list-style-type: none"> • Detection of body fluids, if vaginal or anal intercourse within 3 days. • Take 2 sequential swabs from the perianal area using swabs moistened with sterile distilled water. • Number the swabs in the order taken. Pack as above.
RECTAL SWAB	<ul style="list-style-type: none"> • Detection of body fluids if anal intercourse within 3 days. • Take swab from lower rectum after passing proctoscope 2-3 cm into the anal canal. The proctoscope may be lubricated with KY jelly. NB. See appendix 9, point 4. • Pack as above.
FINGERNAILS	<ul style="list-style-type: none"> • Recovery of trace evidence (e.g. body fluid, possible fibres) or connection with fingernail broken at scene (if the circumstances suggest this as a possibility). • Preferably cut nails. • If the nails are too short or cutting is unacceptable, moisten swab with sterile water and thoroughly swab the area underneath each fingernail of one hand. • Use a second swab for the fingernails of other hand. • Place in evidence bag.

BLOOD Sample 1	<ul style="list-style-type: none"> • For DNA analysis: • Take 5ml of venous blood. • Place venous blood into EDTA container.
BLOOD Sample 2	<ul style="list-style-type: none"> • For blood grouping: • Take 5 ml of venous blood. • Place venous blood in plain container (no preservative).
BLOOD Sample 3	<ul style="list-style-type: none"> • Detection of alcohol and drugs of abuse. • Only taken if within 24 hours of incident. • Take 10 ml of venous blood. • Place venous blood in fluoride oxalate bottles.
URINE	<ul style="list-style-type: none"> • Detection of alcohol and drugs of abuse. • Only taken if within 72 hours of incident. • Ask subject to urinate into the wide universal container. Pack fluoride oxalate bottles and urine sample in toxicology pack.
BUCCAL SWAB	<ul style="list-style-type: none"> • DNA reference sample. • <u>Take only when blood sample is NOT available.</u> • Firmly rub a swab 10 times against the inside of one cheek. • Repeat procedure with second swab on other cheek. • Return immediately to swab tubes.

Appendix 9: Copy of Sexual Offences Examination Kit instructions. (Page 113)

2:13 Possible Pregnancy Management

Emergency contraceptive measures should be discussed with all women who attend for evaluation following an allegation of sexual crime. In the USA, the rape related pregnancy rate has been estimated at 5% per rapes among those of reproductive age (Holmes et al, 1996) if emergency contraception is not used.

The most suitable method of emergency contraception will depend on the patient characteristics, the time that has elapsed since the assault and the timing of any unprotected consensual intercourse. The sooner that emergency contraception is started the greater the efficacy. A single dose of Levonorgestrel 1.5 mg, (two 750 microgram tablets) given orally as soon as possible within 72 hours. This is an effective and well-tolerated regimen, although the woman should be advised that no contraceptive method is 100% reliable. There is some evidence to suggest that it is of value up to 5 days (120 hours) after unprotected intercourse. The patient should be advised to take contraceptive precautions until the start of their next menstrual period.

Insertion of a copper containing intrauterine contraceptive device is a highly effective method of preventing pregnancy, and could be considered for women presenting after 72 hours but within 5 days (120 hours) after the time of expected ovulation (Table: 7, p. 59).

Table 7: Time Frames for Postcoital Contraception	
METHOD	TIME FRAME
Single dose of Levonorgestrel 1.5 mg (two 750 microgram tablets) orally.	<ul style="list-style-type: none"> • As soon as possible within 72 hours. • Some evidence is of value up to 5 days (120hrs) after unprotected intercourse.
A copper-containing intrauterine device.	<ul style="list-style-type: none"> • After 72 hours but within 5 days (120 hrs) after the time of expected ovulation.

2:14 Follow-up Referral

Sexual Assault Treatment Units need to have a system in place whereby patients have access to a broad range of services/ expertise which is immediately available, should the need arise e.g. Emergency Departments, Gynaecology Services (Table: 8, below).

Some of these needs are identified at the time of the Forensic Clinical Examination, whereas others may become apparent during the follow-up examinations or from a positive result in STI screening. The examiner will use professional judgement and in consultation with the patient or guardian, make the decision regarding appropriate referrals for support and care.

Table 8: Possible Follow-up Referrals

- Services / expertise from other services e.g. Emergency Department, Gynaecology.
- Follow up appointment or referral for Sexually Transmitted Infection review. (Page 71)
- Psychological support services if patient has not seen a support worker. (Page 65)
- For a patient under the age of 18, Children First (1999) referral procedures should be followed. (Appendix 2, page 99).
- GP and/or other Primary Health Care Professionals (page 88)
For:
 - o Additional support.
 - o Wound care / completion of TT/ Hepatitis B course etc.
 - o Prevention / treatment of short and long-term health problems

2:15 Discharge

On the completion of care in the Sexual Assault Treatment Unit, the patient should be discharged to a safe environment, ideally accompanied by a family member, guardian, friend or support person.

Discharge Information Given to the Patient:

1. Instruction on the care of any injuries.
2. Medication instructions, if applicable.
3. Follow-up appointments with place, dates and times.
4. Referral letter, if applicable.
5. Letter for G.P., if desired. (Page 88)
6. Letter for work, college, school, if required.
7. Information leaflet issued by Sexual Assault Treatment Unit, stating support line number and details of services provided.
8. Phone number and printed information leaflet (if Support Worker has not spoken with the patient) from the RCC, which offers psychological support for the patient and her/his family. (Page 65)
9. Name with contact number of accompanying Garda.
10. Relevant information leaflets from The Health Promotion Unit, HSE and independent agencies which deal with issues such as:
 - Domestic Violence;
 - Interpersonal Violence;
 - Drug and Alcohol programmes;
 - Safety / Prevention programmes.



PSYCHOLOGICAL SUPPORT GUIDELINES

"The essential element of rape is the physical, psychological, and moral violation of the person. Violation is, in fact, a synonym for rape. The purpose of the rapist is to terrorise, dominate, and humiliate his victim, to render her utterly helpless. Thus rape, by its nature, is intentionally designed to produce psychological trauma." (Herman, 2001, pp. 57-58). Women learn in rape that they are not only violated but dishonoured. (ibid, p. 66). All this applies whether a **victim/survivor** is female or male.

When psychologically, morally and physically traumatised by rape/sexual assault a victim/survivor has a variety of needs – varying from immediate physical and emotional safety to overcoming shame, arriving at a fair assessment of her/his conduct, rebuilding trust, and recreating a positive sense of self (ibid). Psychological support encompasses a variety of activities that go some way towards meeting these needs from a number of different sources including friends, family, medical and nursing staff, rape crisis personnel, work colleagues and religious personnel.

Health care staff can provide crucial psychological support in terms of treating a victim/survivor respectfully, providing information in a way that they can understand, and allowing her or him to make their own choices. In order for a Clinical Forensic Examiner's report and testimony to be credible, the Forensic Clinical Examination needs to be conducted in an objective manner.

An individual victim/survivor may need and want to have someone else with them while deciding whether to undergo a Forensic Clinical Examination, file a report with the Gardaí and choose whether or who in their life she or he wants to tell about the rape/sexual assault. She or he may also want to have someone with them while undergoing a Forensic Clinical Examination. A support worker from a RCC is able to provide psychological support at the time and aid the victim/survivor in making choices about any other sources of psychological support that the person chooses to access in the long-term. Sometimes, victims/survivors choose to use rape crisis personnel for support because they are not sure what their friends or family will think or how they will react. Ideally, a support worker is available to come to the SATU at any time, 24 hours a day, when a victim/survivor arrives at the unit and chooses to speak with a support worker. Whether a victim/survivor chooses to speak with a support worker at the time or not, written information including myths surrounding rape, the psychological effects of rape and sources of psychological support should be given to all victims/survivors. The provision of excellent psychological support will depend to a large extent on on-going contact and co-operation between the SATU and the local RCC. This will ensure up-to-date knowledge of any changes in the availability of local services.

(Appendix 10: History and role of Rape Crisis Network Ireland (RCNI) page 116).

When a SATU is established, three steps need to be taken in order to subsequently provide a victim/survivor with appropriate psychological support. These steps are:

- The nomination of one staff person in the RCC to liaise with the SATU/Clinical Forensic Examiner;
- The establishment of a reciprocal referral mechanism between the SATU/Clinical Forensic Examiner and the RCC;
- Information leaflets provided by the RCC should be available in the SATU.

It is helpful if the nominated liaison person is one who is generally available during day-time hours, as this will facilitate contact. This ongoing communication is useful so that both the RCC and the SATU/Clinical Forensic Examiner are aware of available services and can sort out any potential difficulties. It is the responsibility of the RCC liaison person to inform the SATU/Clinical Forensic Examiner of any service delivery changes or developments. The nominated liaison person, as well as SATU personnel needs to be aware of the availability of any other community services that are potentially useful for victims/survivors, such as women's support services and refuges. Some of this information will be available in the information leaflets.

KEY POINTS

- **Designated liaison person in the RCC.**
- **Establishment of reciprocal referral mechanisms between RCCs and SATUs/Clinical Forensic Examiners.**
- **Information leaflets made available in the SATUs.**



3:3 Making a Referral For Immediate Psychological Support

Best practice is that a support worker from the RCC is immediately available to speak with a victim/survivor if she/he so chooses. Mechanisms should be in place to ensure this happens. In rural areas, the required driving time for a support worker to reach the SATU may be problematic. Telephone options while the support worker is en route should be explored.

Re: Referral of Victim Survivor to RCC support worker



- **Victim/survivor always has a choice whether or not she/he speaks to a support worker.**
- **Best practice is that a support worker is available immediately to speak with the victim/survivor.**
- **If there are difficulties due to distance, then the option of telephone contact with the support worker should be explored.**

Official personnel, with whom victims/survivors come in contact, are focused on objective tasks. The Gardaí gather information and collect evidence to facilitate their investigation. Health care personnel assess medical needs, offer treatment, offer support and collect evidence. Someone subjected to sexual violence must make many, often overwhelming, decisions. Support workers can offer a tangible and personal connection to immediate support and long-term sources of advocacy, support and counselling. When support workers support victims/survivors, Clinical Forensic Examiners can more easily maintain an objective stance.

A support worker is Present in a SATU or with a Clinical Forensic Examiner In Order to:

- Provide emotional support and crisis advocacy.
- Ensure that the victim/survivor gets as much information as she/he needs in a way that they can understand.
- Support the victim/survivor in whatever decisions she/he makes – including decisions about reporting to the Gardaí and undergoing a Forensic Clinical Examination, and
- Ensure the victim/survivor's decisions are respected.

A support worker is NOT Present in a SATU or with a Clinical Forensic Examiner to:

- Strengthen a potential prosecution, or
- Pressure the victim/survivor into making any particular decision.



Whatever decisions a victim/survivor makes prior to leaving the SATU/Clinical Forensic Examiner, she or he needs to have information and the option and ability to access any further support. If a support worker has been involved, the support worker will provide the following information, as well as ensuring that the victim/survivor has a safe place to go to. If a support worker has not been involved, the following information should still be provided. Any information needs to be provided in a language with which the victim/survivor is comfortable. If the victim/survivor has literacy difficulties or sight impairment, the information should be provided on audio-tape or in some other format that is useful.



In addition to the information previously outlined, if a victim/survivor chooses not to have a Forensic Clinical Examination, she or he needs the following information:



3:8 Future Contact with Victim/Survivor



SECTION
4



SEXUALLY TRANSMITTED INFECTION FOLLOW-UP GUIDELINES

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4:1 Epidemiology And Demography

Rates of STI's following sexual assault vary depending on the population studied, known risk factors for STIs and the sensitivity of the test used for identifying the STI. Furthermore, it is difficult to determine the incidence of STIs following sexual assault, as infection may pre-date the sexual assault. The most frequently identified infections are Gonorrhoea, Chlamydia and Trichomoniasis.

A review of epidemiological aspects of STIs in adult victims of sexual assault (Reynolds et al, 2000) found the following reported prevalence rates:

- N. gonorrhoeae 0.0 to 26.3%;
- C. trachomatis 3.9 to 17%;
- T. pallidum 0.0 to 5.6%;
- T. vaginalis 0.0 to 19.0%; and
- HPV 0.6 to 2.3%.

A review of 90 female victims of sexual assault found that 85% of those identified with an STI had been sexually active within 3 months of the assault, and the authors suggest that prior history of sexual activity is the most important factor in determining risk for an STI (Lacey, 1990). Of 138 STI screens performed at the SATU, Rotunda Hospital in 2003, 53 (30%) were positive, with Chlamydia Trachomatis being the organism identified in 15.

It is important to acknowledge that the identification of an STI in a victim of sexual assault rarely assumes evidential significance and may, in fact, have a negative impact on the victim's case (Ledrey, 1993). Nonetheless, appropriate screening and follow-up protocols for STIs are integral to the provision of a sexual assault service.

4:2 Screening and Treatment at Forensic Clinical Examination

The identification of a sexually transmitted infection, after an assault, is usually more important for the psychological and medical management of the patient, than for legal purposes, as the infection may pre-date the assault. However, international guidelines recommend initial screening for STI for victims of sexual assault ((Association for Genitourinary Medicine and the Medical Society for the Study of Venereal Diseases, 2001, Workowski, 2002), as high default rates are commonly reported (45% of those offered follow-up screening in 2002 at the SATU Rotunda Hospital defaulted). For appropriate tests of STI screening see Tables 9,10 page 71.

In certain circumstances, where the perceived risk for acquiring an STI is high and/or the likelihood for default from follow-up is high, it may be appropriate to administer prophylactic antimicrobials at the time of initial assessment.

Antibiotic prophylaxis

The efficacy of antibiotics in preventing bacterial STI's following sexual assault has not been proven. Antibiotic choices should ensure cover against *C. trachomatis* and *N. gonorrhoeae*. The sensitivities of these organisms to antibiotics, particularly *N. gonorrhoeae*, may change and recommendations must reflect the likely sensitivities in the population. At present, appropriate prophylaxis against *C. trachomatis* and *N. gonorrhoeae* is Azithromycin 1g stat po + ceftriaxone 250mg IM stat.

Antibiotic prophylaxis

British guidelines recommend that all victims of sexual assault be offered vaccination against Hepatitis B (Association for Genitourinary Medicine and the Medical Society for the Study of Venereal Diseases, 2001). The role of Hepatitis B immunoglobulin is uncertain in these circumstances, but may be considered, where the perceived risk for Hepatitis B acquisition is high. In those who have previously been vaccinated, or in whom natural immunity is likely, urgent Anti-Hepatitis B full markers (specimen sent to the Virus Reference Laboratory) can be checked to assess the need for vaccination or immunoglobulin.

HIV post-exposure prophylaxis

Post-exposure prophylaxis (**PEP**) against **HIV** following sexual exposure is controversial and no definitive data is available to support recommendations. Studies are underway to ascertain the role of antiretroviral therapy following sexual exposure or potential sexual exposure to HIV. Where the assailant is known to be HIV positive, or at high risk for being HIV positive, PEP may be deemed appropriate. Other factors in the history may support the use of HIV PEP (see high-risk indicators). The decision to proceed with HIV PEP must be made in conjunction with the victim, in the knowledge that its effectiveness remains unproven.

For those attending the SATU at the Rotunda Hospital, the decision to administer HIV PEP is made by the Department of Infectious Diseases at the Mater Hospital. Victims should be given a referral letter to attend the Mater Hospital, ideally within 72 hours, to determine the role of HIV PEP.

NB. Confidentiality

Samples and information relating to sexually transmitted infections and cervical cytology will be dealt with by health care professionals and personnel outside of the forensic area. It is important that any person who comes in contact with information regarding an attendance at a SATU is aware of the confidentiality of that information and if there is a need to respond in terms of treatment and follow-up, that this will be through the SATU examining doctor. If, for any reason, this is not possible, contact with the patient will be in a sensitive and appropriate manner.

4:3 High-Risk Indicators

In determining the risk for acquisition of an STI, (including HIV and Hepatitis B) following sexual assault, many factors must be considered: assailant factors: victim factors and specifics of the assault.

Assailant Factors

Assailant known to be suffering from an STI/ HIV or Hepatitis B or deemed to be high risk (i.e. coming from a country of high HIV or Hepatitis B prevalence or history of injecting drug use).

Victim Factors

The risk of acquisition of HIV following sexual assault is increased if the victim is suffering from an STI at the time, where HIV and other STI's operate in epidemiological synergy (Centre for Disease Control and Prevention, 1997).

Assault Factors

The risk of acquiring any STI is increased where unprotected penetration has occurred. For HIV the risk is increased where significant genital trauma with breach of mucosal surfaces has occurred and the risk is greater for anal penetration versus vaginal penetration.

Unknown Assailant

Where the assailant is unknown to the victim, the perceived risk, on the part of the victim for acquisition of an STI may be greater.

KEY POINTS

Re: High Risk Indicators

- **Assailant Factors: Assailant with known STI or from a high risk area.**
- **Victim Factors: Patient with an STI at increased risk of HIV.**
- **Assault Factors: Unprotected penetration. Significant genital trauma, anal penetration.**
- **Unknown Assailant: The perceived risk to the victim may be greater**



4:4 Sexually Transmitted Infection (STI) Follow-Up

Table 9: Appropriate STI Screening Tests at time of initial examination or **2 weeks after the incident.**

N. gonorrhoeae

Culture for *N. gonorrhoeae* from sites of penetration or attempted penetration. *N. gonorrhoeae* is a fastidious organism and specific culture media are required.

C. trachomatis

Tests for *C. trachomatis* from sites of penetration or attempted penetration. In the UK courts culture for *C. trachomatis* is the accepted test but has largely been replaced in practice by nucleic acid amplification tests (NAATS). LCT is available in Rotunda.

T. vaginalis, candida, bacterial vaginosis

Vaginal slides or cultures taken for *T. vaginalis*, candida, bacterial vaginosis.

Cervical Cytology

This is a high risk group for cervical abnormalities. Cytology should be taken according to the British Colposcopy Guidelines.

Syphilis, Hepatitis A

Serology for Syphilis, Hepatitis A.

Table 10: Screening for HIV and Hepatitis B and C

HIV and Hepatitis B and C

Serology for HIV, and Hepatitis B and C – Baseline Screening and repeat screening at least 3 months after the incident (to reflect the window period for sero-conversion for these viruses).

SECTION
5



FORENSIC SCIENCE LABORATORY GUIDELINES

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5:1 History and Role of the Forensic Science Laboratory

Mission Statement

The mission Statement of the Forensic Science Laboratory is to assist in the investigation of crime and to serve the administration of Justice, in an effective manner, by a highly trained and dedicated staff, providing scientific analysis and objective expert evidence to international standards.

History

The Irish Forensic Science Laboratory was established in 1975. The Laboratory offers a full service, from crime scene to courtroom and is part of the criminal justice sector.

The Forensic Science Laboratory is divided into four sections; Biology, DNA, Chemistry and Drugs. The workload of the Forensic Science Laboratory has steadily increased throughout the years as An Garda Síochána and the courts realised the value of forensic scientific evidence. In 2005 the staff numbers, including administrative staff, were in excess of 60.

The bulk of the work carried out in the Forensic Science Laboratory, consists of the examination of samples submitted by An Garda Síochána. In specific instances, staff from the Forensic Science Laboratory are invited to attend scenes of crime, where they assist in interpretation, advise on the taking of samples and on the potential of evidence.

Each year, the laboratory receives more than four hundred cases of alleged sexual assault.

DNA Service

The initiation of a DNA service in 1994 was a quantum leap in the Forensic Science Laboratory's ability to compare biological samples. DNA profiling is the technique used to identify areas of high variability in the DNA of individuals. DNA is present in all body tissues, but those most commonly encountered in criminal cases for forensic analysis are stains, or deposits such as blood, semen, vaginal fluid, saliva and vomit. The DNA from crime stains is compared with the control DNA from suspects and victims. This control DNA is extracted from blood samples, or in the absence of blood, from hair roots (plucked) or a buccal (mouth) swab. Cases of alleged rape/sexual assault are usually dealt with in the Biology section, where samples are selected for DNA analysis when relevant.

KEY POINTS

Re: DNA Service

- **DNA from crime stains is compared with the control DNA from suspects and victims.**
- **Control DNA is extracted from blood, hair roots or buccal (mouth) swabs.**



5:2 Key Objectives of the Forensic Science Laboratory

The objective of the Forensic Science Laboratory is to have the best possible samples collected from the complainant, in a way that minimises the risk of contamination and to elicit the information that aids in the interpretation of the results obtained. The Forensic Science Laboratory is very dependent on the selection and quality of the samples received. Therefore the Laboratory sees education as a very important part of their role. Training is provided by the Laboratory to An Garda Síochána on collection of samples at crime scenes. In recent years, the Forensic Science Laboratory has worked closely with the Sexual Assault Treatment Unit (SATU) in the Rotunda Hospital and has provided speakers for various SATU conferences. This increased communication has been very beneficial and the Forensic Science Laboratory welcomes any vehicle, which allows them to further improve the quality of the samples they receive. The Forensic Science Laboratory views the development of National Guidelines as a vehicle for the achievement of all of the outlined key objectives.

KEY POINTS

Re: Key requirements for the Forensic Science Laboratory in cases of alleged sexual assault:



- **To have the correct specimens collected in a way that best suits forensic analysis.**
- **To ensure that all the potential evidence is collected.**
- **To ensure that the samples are taken and stored in such a way that there is no risk of contamination from the surrounding area.**
- **To have the samples preserved in such a way that they reach the Forensic Science Laboratory in the best possible condition.**
- **To provide the Forensic Science Laboratory with the information needed to interpret the results obtained.**

5:3 Cases of Alleged Sexual Assault (see page 55 re: taking samples)

In most sexual assault cases, the Forensic Science Laboratory receives Sexual Offences Examination Kits, taken from the complainant and also from the suspect. The Forensic Science Laboratory also receives the clothes worn by the person at the time of the assault and where appropriate, the clothes worn by the suspect. In some cases, samples taken from the scene are also analysed.

Sexual Offences Examination Kit

The Sexual Offences Examination Kit is designed for use in the Forensic Clinical Examination of either the complainant or suspect. It includes a form to be completed by the Clinical Forensic Examiner, which elicits information necessary for the scientific interpretation of results. It also itemises the samples to be taken. These may depend on the crime and the subject being examined, but include swabs used to collect samples from the vagina, anus, mouth and also blood samples, hair samples, nail scrapings and other samples considered relevant by the Clinical Forensic Examiner.

Supply of Sexual Offences Examination Kits

Sexual Offences Examination Kits are supplied by the Forensic Science Laboratory to the Rotunda Hospital, SATU and to the children's hospitals in Dublin, namely Temple Street Hospital, Crumlin Hospital and the Children's Unit in Tallaght Hospital. The Forensic Science Laboratory also supply the SATUs in Cork, Letterkenny and Waterford and the General Hospital in Tralee. The aim is to have a Sexual Offences Examination Kit readily available when a Forensic Clinical Examination is requested. For this reason in the rest of the country, they are supplied to An Garda Síochána, who bring one to the Clinical Forensic Examiner at the time of the examination.

The Sexual Offences Examination Kits have a finite lifetime and it is more desirable that they are stored in an area where there is going to be a constant throughput.

KEY POINTS

Clothing

Taken where appropriate

- From complainant
- From suspect.

Sexual Offences Kit:

- Designed for use for both complainant and suspect.

Specimens may include

- Swabs from the vagina, anus, mouth.
- Blood samples.
- Hair samples



5:4 Risk of Contamination

Risk of Contamination

The objective of the Forensic Clinical Examination from a Forensic Scientist point of view is to collect the best possible samples from the complainant, in a way that minimises the risk of contamination and to elicit the information from them that aids in the interpretation of the results obtained.

The Sexual Offences Examination Kit is designed so that it can be used by Clinical Forensic Examiners who have a lot of experience in the collection of evidence from complainants of rape/sexual assault; but also by those that have very little. With increased sensitivity in DNA techniques, it has become very important that practitioners take samples in such a way that there is no risk of contamination.

Contamination is most likely to be from epithelial cells from hands, saliva and dandruff. Hair is also a potential DNA source. Contamination between different cases is also a concern.

KEY POINTS

Risk of Contamination from Practitioners:

Most likely from epithelial cells e.g.

- **Hands.**
- **Saliva.**
- **Dandruff.**
- **Hair.**
- **Possible contamination between cases examined in the same SATU.**



5:5 Prevention of Contamination

The following are adaptations of guidelines for the prevention of contamination followed by the Staff of the Forensic Science Laboratory. These should also be considered during the Forensic Clinical Examination of the complainant in cases of alleged rape/sexual assault.

- The examination couch should be cleaned with bleach or a recommended cleaning agent before and after examinations.
- Fresh paper roll should be used under complainants.
- Chairs on which the complainant may have sat before or after the Forensic Clinical Examination should also be cleaned with bleach or a recommended cleaning agent.
- If handling wet or damp items, the practitioner should wear disposable aprons, gloves and sleeves over conventional coats.

- Gloves must be worn when handling exhibits.
- If disposable sleeves are not worn, ensure that the gloves reach the cuffs and that the wrists are not exposed.
- If coats have shrunk or the wristbands have become loose, the coats should be replaced.

KEY POINTS

Re: Prevention of Contamination



Clean with Bleach or recommended cleaning agent

- **Examination couch.**
- **Chairs on which complainant sat before or after exam.**
- **Fresh paper roll for the couch after each case.**

Handling Damp items:

- **Disposable aprons.**
- **Sleeves over coats.**

Gloves

- **Handling relevant exhibits.**
- **Gloves should reach the cuffs – wrists not exposed.**

- **Masks must be worn if:**
 - (i) You have a cold/hay fever/allergy etc.;
 - (ii) The items under examination are being discussed.
- **When not masked**, do not talk over exposed clothing or open swabs etc.
- **A log or record should be kept of cases examined on each examination couch.**

5:6 Instructions & Information Re: The Sexual Offences Examination Kit

The Clinical Forensic Examiner is advised to read carefully the guidelines contained in the Sexual Offences Examination Kit prior to starting the Forensic Clinical Examination. The following is a summary of the information/guidelines, which are included in every Sexual Offences Examination Kit.

Complainant needs to Urinate

If the complainant needs to urinate, a sample is collected in case it is required for toxicology (page 34).

Allegation of Oral Sex

If there is an allegation of oral sex, the complainant should be given the relevant container from the Sexual Offences Examination Kit and asked to spit into it, starting at the beginning of the Forensic Clinical Examination and proceeding, at intervals, during the course of the examination.

Use of Lubricants during the Forensic Clinical Examination

Lubricants, such as KY Jelly, or the sterile water provided, may be used as a lubricant during the Forensic Clinical Examination. The use of lubricant should be noted on the Sexual Offences Examination Kit form.

*NB * In the past it was felt that lubricants could interfere with DNA profiling, Recent research has suggested that lubricants do not interfere with the current techniques in DNA profiling.*

Using a Speculum or Proctoscope

When using a speculum or proctoscope, take the sample ahead of the implement and avoid contact with the sides of the implement on the way in and out, to prevent contamination.

Examination of Male Complainants and Suspects

The requirements of the Forensic Clinical Examination are the same as for female complainants, except that penile swabs are taken instead of vaginal swabs.

Prior to Completing the Case

The Clinical Forensic Examiner is requested to:

- Fill in all relevant information.
- Ensure the form is signed and dated.

(Appendix 6: Copy of the information contained in every Sexual Offences Examination Kit, page 105).

5:7 Analysing the Sexual Offences Kit for the Presence or Absence of Semen

The Forensic Science Laboratory analyses the swabs and sometimes the saliva sample for the presence of semen. The presence of semen confirms that sexual activity has taken place. Obviously, this evidence alone does not indicate whether or not a rape/sexual assault has taken place. Also the absence of semen on the swabs does not mean that penetration did not occur.

In the majority of alleged Sexual Offences, the accused agrees that sexual activity occurred and the issue is whether the complainant consented. In most of these cases DNA profiling is not required.

When the suspect denies that intercourse took place, or when the complainant has had a previous sexual partner, DNA profiling will be carried out on seminal staining on the swabs or on the clothes. In cases of "stranger rape", where the victim does not know the assailant, DNA profiling will always be carried out on any seminal staining recovered and this profile is kept on file for future reference. (Figure ?, page ?).

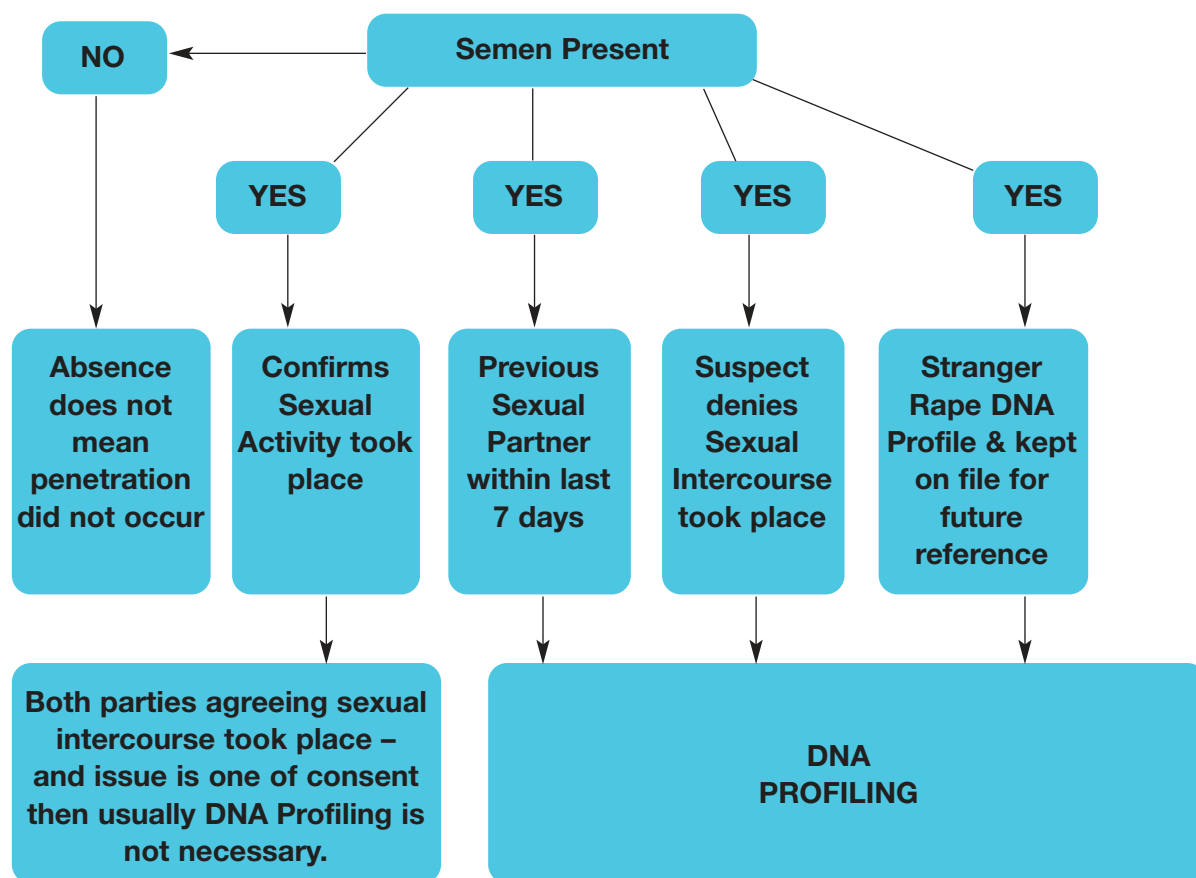


Figure 4: Indicating when DNA profiling may be carried out.

5:8 Time Frames for Detecting Semen

The persistence of semen varies between individuals and is influenced by the activity of the individual after the alleged offence (Davies and Wilson, 1974). In the experience of the Forensic Science Laboratory, semen may be detected on vaginal swabs taken up to approximately four days after intercourse. In the majority of cases however, it will not be detected on swabs taken more than forty eight hours after intercourse (Forensic Science Laboratory data 2005). There are reports in the literature of traces of seminal staining being recovered up to a week afterwards, so this is the outer limit after which the Forensic Science Laboratory will not analyse kits (Allard, 1997).

Semen will persist for much shorter periods in the rectum and in the mouth (Keating and Allard, 1994). Generally, in the laboratory, semen is not found on anal swabs taken twenty four hours after the alleged incident, but swabs are analysed up to forty eight hours afterwards. On oral swabs semen is rarely found if these are taken more than six hours after the alleged incident. However, oral swabs taken up to twenty four hours afterwards are examined, if oral sex is alleged. Liquid saliva, taken up to forty eight hours afterwards, is examined.

Semen will persist in dead bodies for a much longer period of time and in the Forensic Science Laboratory, it has been recovered on vaginal swabs taken six weeks after death. Once the swabs are taken from the person, the semen, if present, will persist indefinitely on dry swabs. Dried seminal staining on clothes will persist until the clothes are washed, this can be useful in cases which are not reported within a few days. (See table 11, page 81)

Table 11: Contamination of Evidence	
Site	Time Frame – Presence of Semen
Mouth & Rectum	Semen present for only a very short period of time. Mouth 6-9 hours. Rectum – 24 hours.
Vaginal swabs 48 hours after sexual intercourse	Majority of cases semen will not be found after this time
Vaginal swabs 4 days after sexual intercourse	Semen may be detected in a small number of cases
Vaginal swabs 1 week after sexual intercourse	Literature reports traces of semen found – Outer time limit for taking swabs.
Dead body	Semen can persist for a much longer period of time – 6 weeks.
Dried seminal staining on clothes	Semen persists until clothes are washed.
Swabs (dry)	Semen lasts indefinitely if swabs are dry.

Other Specimens

As well as analysing the Sexual Offences Examination Kit for the presence of semen, it may be necessary to carry out other analyses in cases of alleged rape/sexual assault. The clothes of the complainant will be tested for seminal staining depending on the circumstances of the case. The clothing will also be checked for damage (see section on damage) and blood staining. In some cases, the Forensic Scientist will look for hairs (see section on hair) and fibres (see section on fibres), which may have transferred between the two parties. If necessary, samples of urine and blood will be sent for toxicology (page 82). Depending on the circumstances of the case, items from the scene will also be analysed for the presence of blood and semen or fibres.

Role of the Forensic Clinical Examiner as an Investigator.

While the samples to be taken are listed and instructions on how they are to be taken are set out clearly in the Sexual Offences Examination Kit, it cannot cover every eventuality. The Laboratory views the Forensic Clinical Examiner as having an investigative role in the procedure of evidence collection, just as the gardaí do in collecting evidence at the scene of a crime. It is important that they have as complete an account from the complainant as possible, in order to guide them in the direction of potential forensic evidence. Any opportunity that the alleged assailant had to deposit DNA on the victim, or vice versa, should be considered and areas of contact should be swabbed (see pages 35 and 55). Stains, which are at odds with the account of what happened, should also be swabbed for further examination in the Forensic Science Laboratory.

5:9 Specimens for Toxicology

To have an effect, a drug has to be present in an individual's blood. A blood sample will, therefore, identify what drug is affecting an individual's behaviour at the time of sampling. Detection times for drugs in blood can be comparatively short. A delay of even two to three hours between the report of an incident and the collection of a blood sample can be significant.

Blood samples can, however, be particularly useful when examining an individual's recent drinking history, as it is possible to 'back calculate' to earlier blood alcohol concentrations. When found in combination with drugs, an accurate determination of a person's blood alcohol concentration, at the time of an incident, can be particularly useful in explaining events. Blood samples, however, have to be collected by medical staff, and this can introduce delays to sample collection, potentially losing valuable information.

Drugs and their metabolites are eliminated from the body through a variety of routes, including urine. Urine tends to concentrate drugs to a level that can be relatively easily detected and measured, thus extending the detection times.

Urine samples reflect what has been through the body rather than what is now affecting an individual's behaviour. Urine can, therefore, be particularly useful if the alleged event happened more than a few hours earlier. It is not possible, however, to carry out an alcohol back calculation from a urine sample. In addition, the extended detection time of drugs in urine can include drug use prior to an incident.

Urine samples can be collected by non-medical staff and should be collected, as soon as possible, after the incident is reported.

The most important factor in cases of suspected drug facilitated sexual assault is speed of response. The sooner the samples are collected, the more likely that a useful forensic toxicological examination can be carried out. If there is any doubt as to whether or not a particular sample should be taken, it should be collected and submitted to the laboratory for evaluation, to establish what analysis is appropriate.

Drugs can be divided into three general categories with rapid, intermediate and extended elimination times from the body (certain drug groups include drugs of each category). These elimination categories are indicative only, as some individuals have significantly different metabolisms, derived from their genetics. There is no one sample that can answer all potential toxicological questions. The combination of the amount of drug ingested and its metabolic characteristics determine the detection time of a drug in a particular sample.

Table12: Persistence of different drugs in blood / urine		
	Blood	Urine
ALCOHOL	20hrs	24hrs
SHORT DETECTION TIME DRUGS Alcohol, GHB, Solvents, LSD	4-12hrs	18hrs
MEDIUM DETECTION TIME DRUGS Tricyclic antidepressants, Cocaine, Amphetamine, Ecstasy, Opiates, Low dose benzodiazepines (e.g. Rohypnol, flunitrazepam)	12-24hrs	48-96hrs
EXTENDED DETECTION TIME DRUGS Methadone Some benzodiazepines (e.g. diazepam) Some barbiturates (e.g. phenobarbitone)	50hrs	120hrs

Sending Specimens for Toxicology Screening

- The expiry date on blood bottles should be checked before use.
- Fill in the separate toxicology form.
- Pack the form, blood sample and urine sample in the separate tamper evident bag provided.

5:10 Early Evidence Kits

In 2004 the Forensic Science Laboratory introduced an Early Evidence Kit.

Sometimes, it may not be possible for the victim of an alleged rape/sexual assault to see a Clinical Forensic Examiner immediately after reporting the crime. Some complainants have to travel long distances in order to be examined at the nearest SATU, or a Clinical Forensic Examiner may not be available until the morning, if the incident occurs late at night. With every hour that passes physical evidence may be lost or deteriorate. Because of this, an Early Evidence Kit is available to be used by An Garda Síochána in cases of rape/ sexual assault. For details relating to the use of the Early Evidence Kit see under An Garda Síochána guidelines. (Page 33)

5:11 Trace Evidence

Trace evidence includes any kind of physical evidence, which might help link a suspect to a victim or to a scene. When the Forensic Scientist looks for the transfer of materials such as paint, glass, soil, hair and fibres, they are looking for trace evidence.

If a suspect is denying any contact with a complainant, the Forensic Scientist can look for evidence of fibre transfer, between the suspect and the complainant's clothes.

Transfer of Fabric Traces on Contact

Textile fabrics are composed of mainly woven or knitted yarns and fibres. Tiny fragments of the fibres are broken off the surface of the fabric and may transfer to a second surface on contact. These fibres are generally invisible to the naked eye and have the potential to provide evidence of contact. The size of the fibres and the ability to transfer means that great care must be taken at all times to avoid contamination.

Work in the Forensic Science Laboratory involves searching for transferred foreign fibres and comparing these to suspect sources e.g. fibres from the suspect's jumper, on the clothing of the complainant and visa versa. Although fabrics are generally mass-produced the finding of large numbers of transferred fibres, especially if these involve more than one type, is a strong indicator of recent contact (Cook and Wilson, 1986).

Example

If it is suspected that John Smith attacked Mary Jones, the finding of 20 fibres matching her jumper and 15 fibres matching her trousers on John Smith's clothes certainly supports the allegation of contact. If, in addition, fibres matching John Smith's jacket were found on Mary Jones clothing, this would very strongly support the suggestion that they were in contact. This is so, notwithstanding the fact that all the garments are mass produced.

Difficult Fabrics

Some fabrics are not suitable as a source of fibres for various reasons. These include a non-shedding surface, pale colours or extreme commonness, as in the case of denim. The retention of transferred fibres is also affected by the surface of the garment and regardless of the surface type; fibres will be rapidly lost with wearing.

Hair

Hair is continuously shed from the body throughout life. The main types of hair encountered in Forensic Clinical Examinations are head and pubic hair. Samples submitted to the laboratory on which hair may be found include: balaclavas, clothing and bedclothes. Hairs are then compared in the laboratory with possible sources. (Mann, 1990) Control samples of hair from complainant and from suspects are essential for comparative work. (See page 37 and 55 on how to collect control hair samples).

Because hair is continuously growing, control samples taken more than approximately twelve weeks after the incident will generally not be of use. Microscopic comparison of hairs alone is considered to be weak evidence. If the hair has a root, and it is important to have it analysed, DNA profiling will be attempted on it

If there is an allegation that the hair was pulled out, a microscopic examination of the root can indicate if the hair was removed forcibly or fell out naturally.

Contamination of Trace Evidence

In Forensic Science terms, contamination is any transfer or deposition of material, which occurs after a crime, possibly via a third party not involved with the crime. It may also occur because of a common place of contact e.g. complainant and suspect carried sequentially in the same patrol car, or clothing from the complainant and the suspect being exposed in the same room. The danger of contamination exists with all forms of trace evidence, i.e. paint, glass, fibres, hair, soil, and body fluids. Contamination is probably the greatest problem that exists in the area of trace evidence. (See tables 13 & 14). The possibility of accidental contamination exists from the first moment of contact between the gardaí and the scene, suspect or complainant.

Table 13: Contamination of Evidence

Contamination can be due to:

Primary transfer of evidence from direct contact between items.

Secondary transfer of evidence caused, for example, by the same person handling items from different aspects of a case, or by packing items from different persons or scenes in the same room.

Table 14: Precautions to avoid contamination of evidence.

- The same car should not be used to convey the suspect and complainant, for example the complainant to the hospital and the suspect to the Garda station.
- If the suspect denies contact with the complainant or vice versa, any Garda who has had contact with the suspect should not have contact with the complainant.
- Within the Garda Station the suspect and the complainant should not be interviewed in the same room, or sit on the same seat.
- Clothing and other samples from the complainant and suspect should be taken, packed and sealed by different Gardaí in different rooms. The bags should be sealed using sellotape.
- Sealed bags should be labelled immediately to eliminate any need for reopening.
- The history of the handling and packing must be available to the Forensic Scientist.
- If the same Clinical Forensic Examiner takes samples from the complainant and the suspect, this should be done at separate locations and the examiner should ideally wear different disposable scene of crime suits and gloves for each.

5:12 Damage to Clothing

In cases of alleged sexual assault, damage to clothing is sometimes encountered. Its examination may provide valuable information about the possible implement that caused the damage, or the manner in which it was caused. Damage analysis may corroborate or refute a particular crime scenario. This can be especially important in cases of alleged sexual assault where the only issue is whether the complainant consented. In some cases, simulation experiments are used, in an attempt to reproduce the damage to a garment. The use of simulation experiments makes it vital that detailed descriptions of how the damage was allegedly caused are available to the scientist.

Damage to clothing can be separated into a number of different types:

- **Damage Due to Normal Wear and Tear.** This is to be distinguished from other forms of damage, which may be related to a crime. It may include unravelling of hems and seams, snags (especially in nylon stockings/tights), pilling and the thinning of fabric prior to hole formation.)
- **Rip.** A severance caused by breaking or unravelling of the sewing thread usually at a seam.
- **Tear.** A severance caused by the pulling apart of a material, leaving ragged or irregular edges.
- **Cut.** A severance with neat edges caused by a sharp edged instrument. Types of cuts include stab cuts, slash cuts and scissor cuts.
- **Puncture.** Penetration through material by an implement producing an irregular hole.
- **Abrasive damage.** Caused by the material rubbing against another surface (Taupin et al., 1999).



GENERAL PRACTITIONERS (GPs)/ GP CO-OPERATIVES GUIDELINES

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6:2	Contact with a General Practitioner following Evaluation in a SATU.	88

6:1 Care of A Patient Who Presents Giving a History of Rape/Sexual Assault

Information from these guidelines regarding the care of the patient giving a history of rape /sexual assault, which is relevant to the General Practitioner, is available on the ICGP website. (www.icgp.ie) This includes the referral pathways for forensic clinical examination to a SATU and information if the patient is not reporting the incident to An Garda Síochána. The website assists the GP in the immediate and follow-up care, if the patient wishes to have care only with the GP.

NB. Confidentiality

Samples and information relating to sexually transmitted infections and cervical cytology will be dealt with by health professionals and personnel outside of the forensic area. It is important that any person who comes in contact with information regarding an attendance at a SATU is aware of the confidentiality of that information and if there is a need to respond in terms of treatment and follow-up, that this will be through the SATU examining doctor. If, for any reason, this is not possible, contact with the patient will be in a sensitive and appropriate manner.

6:2 Contact with a General Practitioner following evaluation in a SATU

Following an incident, which has required attendance at a Sexual Assault Treatment Unit, it is best practice to suggest to the patient that the General Practitioner (GP) is provided with a short report regarding the incident. As the primary care giver for the patient, this would enable the General Practitioner to ensure that the appropriate follow-up services have been offered to her/him, including evaluation with regard to sexually transmitted infections and counselling with regard to the incident.

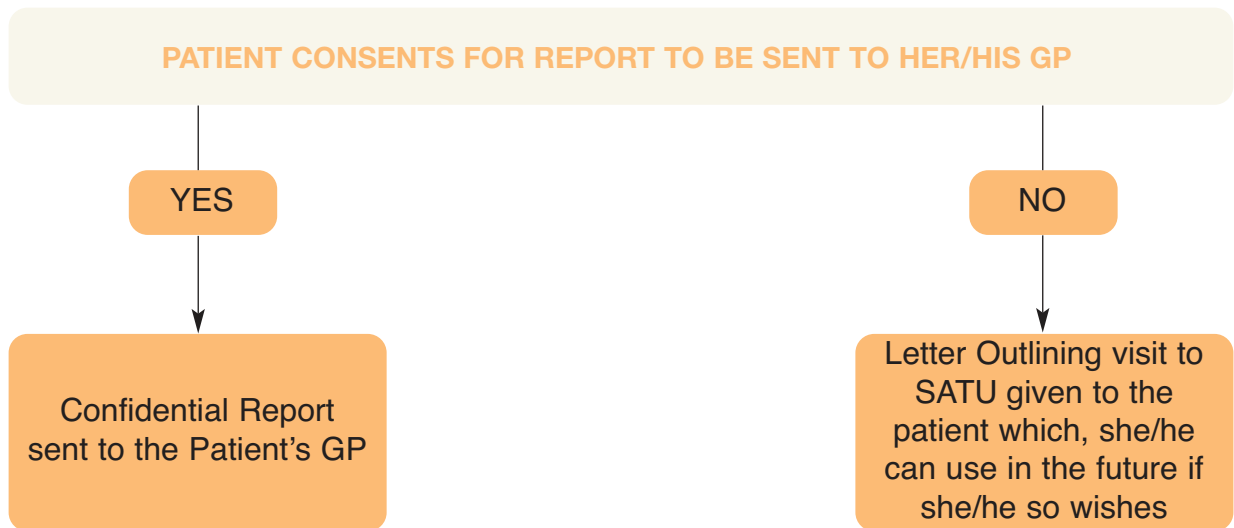
It can happen that long-term sequelae from the incident present as seemingly unrelated symptomatology and the General Practitioner's knowledge of the incident can ensure a more holistic approach, if this situation arises.

In this context, it is appropriate to ask the patient for permission to send a report to the General Practitioner, even in circumstances where the referral to the Unit has not involved the primary care doctor. In circumstances where the patient feels that it is not appropriate, at least at that time, for this contact to be made, the patient should be given a letter simply outlining that a sensitive incident requiring her/his attendance at a Sexual Assault Treatment Unit has occurred, which the patient can give to the General Practitioner some time in the future, if she/he feels that this is an appropriate step.

RE: Referral to GP

The GP is the primary care giver. There may be long-term sequelae from the incident, the patient may present to GP with seemingly unrelated symptomatology. The GP having knowledge of the incident can ensure a more holistic approach.

Flowchart 5:







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Appendix 1

The Law in Relation to Sexual Offences in Ireland

Introduction

The criminal law provides for a wide range of sexual offences and for severe penalties on conviction for these offences. Legislation enacted in 1991 created new offences and updated legislation, which up to that time merely consisted of rape and indecent assault. The law also protects children and young persons and provides anonymity to victims in sexual offence cases. The most recent legislation enacted in this jurisdiction places requirements on certain convicted sex offenders to notify An Garda Síochána of their place of residence. This section briefly outlines the relevant legislation in sexual offences.

Rape

Table 15: Criminal Law (Rape) Act, 1981.

Act	Criminal Law (Rape) Act, 1981
S 2.(1).	A man committed rape if: (a) he has sexual intercourse with a woman who at the time of the intercourse does not consent to it, and (b) at that time he knows that she does not consent to the intercourse or he is reckless as to whether she does or does not consent to it.
Penalty	Imprisonment for life.
Court Venue	Central Criminal Court

Criminal Law (Rape) Amendment Act 1990

Table 16: Criminal Law (Rape) Amendment Act, 1990.

Act	Criminal Law (Rape) Amendment Act, 1990
S.5.	Any rule of law by virtue of which a husband cannot be guilty of the rape of his wife is hereby abolished.
Penalty	Imprisonment for life.
Court Venue	Central Criminal Court

Rape Under Section 4

Table 17: Rape Under Section 4.

Act	Rape under Section 4
S.4.	Rape under section 4 means a sexual assault that includes:– (a) penetration (however slight) of the anus or mouth by the penis or (b) penetration (however slight) of the vagina by any object held or manipulated by another person.
Penalty	Imprisonment for life
Court Venue	Central Criminal Court.

Aggravated Sexual Assault

Table 18: Aggravated Sexual Assault

Act	Criminal Law (Rape) Amendment Act 1990
S.3.	Aggravated sexual assault means a sexual assault that involves serious violence or the threat of serious violence or is such as to cause injury, humiliation or degradation of a grave nature to the person assaulted.
Penalty	Imprisonment for life
Court Venue	Central Criminal Court.

Sexual Assault

Table 19: Sexual Assault

Act	Criminal Law (Rape) Amendment Act 1990
S.2.	The offence of indecent assault upon any male person and the offence of indecent assault upon any female person shall be known as sexual assault.
Penalty	Where complainant is a child – imprisonment not exceeding 14 years – any other case period not exceeding 10 years.
Court Venue	District/Circuit Criminal Court

Criminal Law (Amendment) Act 1935

Table 20: Criminal Law (Amendment) Act 1935

Act	Criminal Law Amendment Act 1935
S.14.	<p>It shall not be a defence to a charge of indecent assault upon a person under the age of 15 years to prove that such a person consented to the act alleged to constitute such indecent assault.</p> <p>Persons under 15 years cannot consent to a sexual assault.</p> <p>No statutory definition for sexual assault, but it has been defined as an assault accompanied with circumstances of indecency.</p>

Incest

Table 21: Incest

Act	Punishment of Incest Act 1908 as amended by the Criminal Law Amendment Act 1935, The Criminal Justice Act 1993, The Criminal Law (Incest Proceedings) Act 1995
S.1.	Any male person who has carnal knowledge of a female person, who is to his knowledge his grand-daughter, daughter, sister or mother.
S.2.	Any female of or above the age of 17 years who with consent permits her grandfather, father, brother or son to have carnal knowledge of her (knowing him to be her grandfather, brother or son as the case may be).
Penalty	<p>Incest by a male with a female over 15 years of age – Life imprisonment.</p> <p>Incest by a male with a female under 15 years of age – Life imprisonment.</p> <p>Incest by female over 17 years – 7 years imprisonment.</p>
Court Venue	Central / Circuit Criminal Court.

Unlawful Carnal Knowledge of Girl under 15 Years

Table 22: Unlawful Carnal Knowledge of Girl under 15 Years

Act	Criminal Law Amendment Act 1935 (as amended by Section 13 Criminal Law Act 1997)
S.1.	Any person who unlawfully and carnally knows any girl under the age of 15 years shall be guilty of an offence.
Penalty	Life imprisonment
Court Venue	Central Criminal Court.

Unlawful Carnal Knowledge of Girl Under 17 Years

Table 23: Unlawful Carnal Knowledge of Girl Under 17 Years

Act	Unlawful Carnal Knowledge of Girl Under 17 Years
S.3.	Any person who unlawfully and carnally knows any girl who is over the age of fifteen years and under the age of 17 years shall be guilty of an offence.
Penalty	1st conviction – 5 years imprisonment, 10 years for any subsequent convictions. No prosecution for an offence under Section 2 shall be commenced more than twelve months after the date on which such offence is alleged to have been committed.
Court Venue	Central Criminal Court.
NB.	Consent is immaterial – The age of consent to sexual intercourse by a female is 17 years.

Buggery with Persons under Fifteen Years

Table 24: Buggery with Persons under Fifteen Years

Act	Criminal Law (Sexual Offence) Act 1993
S.3.	A person who commits or attempts to commit an act of buggery with a person under the age of 17 years (other than a person to whom he is married or to whom he believes with reasonable cause he is married) shall be guilty of an offence.
Penalty	(a) Persons under 15 years – imprisonment for life. (b) Attempt with person under 15:– 1st conviction – imprisonment not exceeding 5 years 2nd or subsequent conviction – imprisonment not exceeding 10 years. (c) Person over 15 years and under 17 years: – 1st conviction – imprisonment not exceeding 5 years 2nd or subsequent conviction imprisonment not exceeding 10 years. (d) Attempt with person over 15 years and under the age of 17 years:– 1st conviction – imprisonment not exceeding 2 years 2nd or subsequent conviction imprisonment not exceeding 5 years.
Court Venue	Central Criminal Court.

Sexual Intercourse or Buggery with Mentally/Impaired Persons

Table 25: Sexual Intercourse or Buggery with Mentally Impaired Persons

Act	Criminal Law (Sexual Offences) Act 1993
S.5.	A person who (a) Has or attempts to have sexual intercourse or (b) Commits or attempts to commit an act of buggery with a person who is mentally impaired (other than a person to whom he is married or to whom he believes with reasonable cause he is married) shall be guilty of an offence.
Penalty	Imprisonment not exceeding 10 years. Attempt :- 1st conviction – imprisonment not exceeding 3 years 2nd or subsequent conviction imprisonment not exceeding 5 years.
Court Venue	Central Criminal Court.
NB.	Definition "Mentally impaired" "Mentally impaired" suffering from a disorder of the mind, whether through mental handicap or mental illness, which is of such a nature and degree as to render a person incapable of having an independent life or of guarding against serious exploitation.

Anonymity

Table 26: Anonymity

Act	Section 7: Criminal Law (Rape) Act, 1981 as amended by Section 17 of the 1990 Act
S.7.	After a person is charged with a sexual assault offence, no matter likely to lead members of the public to identify a person as the complainant in relation to that charge shall be published in a written publication available to the public or be broadcast except as authorised by a direction given in pursuance of this section. In certain circumstances, on application to the court, the Judge may direct that section 7 shall not apply. In a case where the complainant wishes to waive his or her anonymity the direction of the Court is required.
S.8.	After a person is charged with a rape offence, no matter likely to lead members of the public to identify him as the person against whom the charge is made shall be published in a written publication available to the public or be broadcast except:- (a) As authorised by a direction of the Court in certain circumstances, or after he has been convicted of the offence.
NB.	This section provides for the anonymity of a person accused of a rape offence but this protection is lifted if the accused is found guilty

Restriction of Public Access – In Camera Rule

Table 27: Restriction of Public Access – In Camera Rule

Act	Criminal Law (Rape) Act 1981 as substituted by Section 11 of the Criminal Law (Rape) (Amendment) Act 1990
S.6.	<p>In any proceeding for a rape offence or the offence of aggravated sexual assault or attempted aggravated sexual assault or of aiding and abetting counselling or procuring the offence of aggravated sexual assault or attempted aggravated sexual assault or of incitement to the offence of aggravated sexual assault or conspiracy to commit any of the foregoing offences, the Judge, the Justice or the court as the case may be, shall exclude from the court during the hearing all persons except officers of the Court, persons directly concerned in the proceedings, bone fide representatives of the press and such other persons if any as the Judge, the Justice or the Court as the case may be, may in his or its discretion permit to remain.</p> <p>This provides for the exclusion of the public from proceedings in a rape case but allows bone fide representatives of the press and others with the courts permission to remain. This section also provides that the verdict and sentence must be announced in public.</p> <p>There is no specific legislation restricting public access to trials of sexual assault</p>

Criminal Justice Act 1990 (Forensic Evidence)

Table 28: Criminal Justice Act 1990 (Forensic Evidence)

Act	Criminal Justice Act 1990 (Forensic Evidence)
S.2.(1)	<p>Power to take bodily samples – Subject to the provisions of subsections (4) to (8) of this section where a person is in custody under the provisions of section 30 of the Offences against the State Act, 1939, or section 4 of the Criminal Justice Act, 1984, a member of the Garda Síochána may take, or cause to be taken, from that person for the purpose of forensic testing all or any of the following samples, namely:–</p> <ul style="list-style-type: none"> (a) A sample of – <ul style="list-style-type: none"> (i) Blood. (ii) Pubic hair. (iii) Urine. (iv) Saliva. (v) Hair other than pubic hair. (vi) Nail (vii) Any material found under a nail. (b) A swab from any part of the body other than a body orifice or a genital region. (c) A swab from a body orifice or genital region. (d) A dental impression. (e) A footprint or similar impression of any part of the person's body other than a part of his hand or mouth.
NB.	Certain authorisation and consents are required in the taking of samples as outlined in Section 2 of this Act
NB.	At the time of going to press the Law reform Commission have issued a report containing details of a draft Criminal Justice (DNA Database) Bill 2005 which will amend the Criminal Justice Act 1990 (Forensic evidence). (LRC78-2005).

Appendix 2

Children First: National Guidelines for the Protection and Welfare of Children-Standard Reporting Procedure

Table 29: Children First: National Guidelines for the Protection and Welfare of Children, Standard Reporting Procedure

CHILDREN FIRST-

National Guidelines for the Protection and Welfare of Children (1999) 1.1.1.

These National Guidelines are intended to assist people in identifying and reporting child abuse. They aim, in particular to clarify and promote mutual understanding among statutory and voluntary organisations about the contributions of different disciplines and professions to child protection. They emphasise that the needs of children and families must be at the centre of childcare and child protection activity and that a partnership approach must inform the delivery of services. They also highlight the importance of consistency between policies and procedures across health boards and other statutory and voluntary organisations. They emphasise in particular that the welfare of children is of paramount importance.

Standard Reporting Procedure 4.4.1

If child abuse is suspected or alleged, the following steps should be taken by members of the public or professionals who come in contact with the children.

- (i) A report should be made to the *health board in person, by phone or in writing. Each health board area has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child protection concerns.
- (ii) It is generally most helpful if persons wishing to report child abuse concerns make personal contact with the duty social worker. This will facilitate the social worker in gathering as much information as possible about the child and his or her parents/carers.
- (iii) In the event of an emergency, or the non-availability of *health board staff, the report should be made to An Garda Síochána. This may be done at any Garda Station.

* The Health Service Executive (HSE) in 2005 replaced the former Health Boards.

Appendix 3

Sexual Assault Statistics in Ireland

The SAVI Report:

Sexual Abuse and Violence in Ireland (McGee et al, 2002)

In order to identify the prevalence of Sexual Violence in Ireland, the SAVI researchers interviewed 3,118 adults (>17 years) in 2002. The data found that:

- 20.4% of all adult women reported experiencing contact sexual assault as adults (one in five of all women).
- 6.1% of all adult women reported contact abuse which involved penetrative sex.
- One in ten men reported experiencing contact sexual abuse as adults.
- One in ten of these cases (0.9% of all adult men) involved penetrative sex.

SAVI also found 10% of women and 6% of men, who had experienced abuse at some point, reported the crimes perpetrated against them to An Garda Síochána.

RAPE CRISIS NETWORK IRELAND (RCNI) STATISTICS FOR 2004 (RCNI, 2004)

- Calls to telephone helplines (estimates) 45,000
- Face to face counselling, support and advocacy services for 2,289 victim/survivors.
- Face to face counselling, support and advocacy services for 158 supporters of victims/survivors.

These numbers include all the RCCs in the Republic of Ireland that are members of the RCNI.

- 89% of the victims/survivors were female, 11% male.
- 44% of the victims/survivors were between 18 and 29 years of age.
- 86% were settled/Irish, 7% refugees or asylum seekers, 1% Irish Travellers.
- 4.5% had a disability.
- 34% were victims/survivors of rape.
- 5% were victims/survivors of sexual assault.
- 2% were victims/survivors of drug assisted rape or sexual assault.
- 0.4% were victims/survivors of ritual abuse.
- 54% were adult victims/survivors of child sexual abuse.

The above percentages include all centres except Dublin.

Dublin Rape Crisis Centre Statistics: 2004 (DRCC, 2004)

Crisis Line

Counselling calls 11,863

(# with silent, hang-up, hoax and obscene calls are subtracted)

Table 30: Breakdown of type of calls.

Table 31: Types of Assault/Abuse

Table 32: Gender Breakdown

Sexual Assault Treatment Unit accompaniment – 205

Court Accompaniment – 3 cases

Number of Clients Receiving Counselling – 610

Table 33: Gender Breakdown of Clients Receiving Counselling.

Table 34: Breakdown of Types of Assault/Abuse Clients are being Counselling for.

In 2003, there were 2,070 sexual offences reported to An Garda Síochána.

Table 35: Breakdown of An Garda Síochána 2003 Statistics. §

• Sexual Assault	1,449
• Sexual Offence involving mentally impaired person	23
• Gross Indecency	38
• Buggery	78
• Unlawful carnal knowledge	95
• Rape under Section 4	55
• Aggravated Sexual Assault	11
• Rape of a female	315
• Incest	6

Rotunda Hospital, Sexual Assault Treatment Unit, Statistics 2004 (HSE, 2004)

- In 2004, there were 272 attendances to the SATU.
- These were made by 255 females and 17 males.
- Of 267 attendances following a recent incident, 221 were seen within 72 hours.
- The Garda were involved in 96% of these very recent cases.
- The assailant was a stranger in 49 cases.
- The unit saw 77 clients to evaluate the possibility of a sexual crime because of memory loss.
- There were abnormal results in 27% of the 147 tests for sexually transmitted diseases performed by the unit.

The Forensic Science Laboratory Statistics: 2002

In 2004, the Forensic Science Laboratory received 476 cases of alleged rape and sexual assault.

§ 2004 statistics not available at time of going to print.

Appendix 4

Continuous Professional Development

Continuous professional development and training forms part of the remit of all agencies/disciplines that form part of the Integrated Inter-Agency response to rape/sexual assault. One of the central tenets of integration is the ability of disciplines/agencies to learn with and from one another. For this reason as well as individual discipline/agency education at local, regional and national level integrated education should be fostered.

National Conference

The commencement of a biannual national conference for all disciplines/agencies will further promote this agenda. The national conference will also allow a platform for each agencies/discipline to share with colleagues from other agencies/disciplines relevant new developments in best practice.



Figure 5: Inter-Agency/Discipline Continuous Professional Team and Individual Development.

Appendix 5

Monitoring & Evaluation

From a National Perspective, Regional & Local Perspective

Ongoing monitoring, evaluation and audit should form an integral part of all agencies /disciplines involved in providing an Integrated Inter-Agency response and the disciplines/agencies that provide follow-up to rape/sexual assault. Possible areas for audit using a structure, process and outcome approach (Lazenbatt, 2002). (See table 36)

Table 36: Structure, Process and Outcome Audit.

Structure	Process	Outcome
<p>Resources:</p> <ul style="list-style-type: none"> • Staff – knowledge & skills • Buildings - physical space, refurbishment, overheads etc. • Equipment • Documentation e.g. standardised policies, protocols, guidelines etc. 	<p>Processes:</p> <ul style="list-style-type: none"> • Actions & decisions • Communication lines. • Education and Ongoing Professional Development 	<ul style="list-style-type: none"> • Quality of response from victim/survivor's perspective. • Response times to attend when rape/sexual assault occurs. • The appropriateness of the response from a staff, environment viewpoint. • Quality of forensic evidence submitted.
<p>Evaluation should take place both from an individual agency/disciplines standpoint and from the collective response stance of an Integrated Inter-Agency response using clinical audit methodologies.</p>		

Appendix 6

Sexual Assault Treatment Units (SATUs) in Ireland

Dublin SATU, Rotunda Hospital, Dublin 1

Tel: 01 8730700

The SATU of the Rotunda Hospital, Dublin opened in 1984 and was the first such service in Europe. The SATU provides an on-call service for adult victims of sexual crime.

The services provided for the person are:

- Medical Examination;
- Forensic Clinical Examination;
- Crisis Support;
- Emergency Contraception;
- Screening for Sexually Transmitted Infection;
- Telephone Support Line.

The SATU also provides:

- A range of training programmes for doctors;
- Input into training of other disciplines;
- Liaison with others working with victims of sexual crime;
- National information centre.

CARE Unit, Letterkenny General Hospital, Letterkenny, Co. Donegal.

Tel: The Emergency Department, Letterkenny General Hospital (074) 9123595

The CARE Unit was opened in 1998 under the remit of Nursing Management within the Emergency Department of Letterkenny General Hospital. The CARE Unit provides a local co-ordinated response to victims of sexual crime.

The services provided for the person are:

- Medical / Forensic Clinical Examination and Nursing support;
- Emergency Contraception;
- Referral for Sexually Transmitted Infection screening;
- Opportunity to meet a RCC support worker;
- Relevant information regarding available psychological support, etc.

The CARE Unit Team also provides:

- Study days for staff new to the CARE Unit Team;
- Input into a range of training programmes;
- Links with other relevant disciplines/agencies.

South Infirmary/ Victoria Hospital, Cork, SATU.

Tel: 021 / 4926100, Ext. 26297 Website: www.sivh.ie

The SATU of the South Infirmary / Victoria Hospital opened in October 2001.

It is a unit for acute sexual assault i.e. It sees clients both male and female up to and within seven days of an incident occurring. Children under the age of 14 years are not seen in the unit. It provides an on-call 24-hour service, 365 days of the year.

The services provided for the client are:

- Medical Examination;
- Forensic Clinical Examination;
- Crisis Support;
- Emergency Contraception;
- Screening for Sexually Transmitted Infections;
- Telephone Support Line.

The unit may refer clients to Accident and Emergency departments, Infectious Disease clinics, Obstetrics and Gynaecology specialists, where appropriate.

Waterford Regional Hospital, Waterford, SATU.

SATU Waterford Regional Hospital Telephone: 051 842157

Community Child Centre, Waterford Regional Hospital 051 842646.

The SATU Waterford Regional Hospital was opened in September 2004. The service provides a coordinated service for both male and female victims of rape and sexual assault. The service operates 24 hours a day /365 days a year. Normally clients who are less than 18 years will be seen at the Community Child Centre at Waterford Regional Hospital 9am – 5pm Monday to Friday, however out of hours clients from the age of 14 years can be seen at the SATU.

The services provided for the client include:

- Crisis support;
- Forensic screening;
- Emergency contraception;
- Hepatitis B and Tetanus prophylaxis;
- Opportunity to meet a Rape Crisis Support Worker;
- Appointment for screening for Sexually Transmitted Infections;
- Telephone Support Line.

Appendix 7

Commissioning a Sexual Assault Treatment Unit

The cost analysis should consider the following human resource expenditures:

- Clinical Forensic Examiner – on call rates for 24-hour cover 365 days a year;
- Nurse – on call rates for 24-hour cover 365 days a year;
- Clinical Forensic Examiner and Nurse remuneration per individual case;
- Staff replacement factors due to court attendance, etc.;
- Recruitment, training, supervision and call-out costs for Support Workers.
- Administration and Secretarial support;
- Domestic services;
- Budget for continuing education for staff;
- Clinical supervision or other support frameworks for staff.

Physical Space

Costing will vary depending on the individual circumstances of prospective units, e.g. whether a building is available or will have to be built/ rented/refurbished.

The ideal desirable physical space should be:

- Safe;
- Private;
- Accessible for disabled persons;
- Child friendly.

The ideal desirable physical space would contain:

- Private waiting area/room;
- Separate interview room;
- Examination room with a wash hand-basin preferably with elbow mixer taps;
- Office area;
- Kitchen/kitchenette area;
- Toilet & shower facilities;
- Staff toilet;
- Telephone lines.

storage space required for:

- Supplies;
- Replacement clothing;
- Filing cabinets for files if they are to be stored on site.

The cost analysis for individual units should reflect the following:

- Building / rental cost;
- Refurbishment in a supportive, non-clinical, gender-neutral and child friendly manner;
- Annual electrical / heating / maintenance costs;
- Anticipated service demand:
This will influence the setting up cost and should be factored into subsequent yearly budget allowance.

Table 37: Furniture, Equipment and Supplies for a Sexual Assault Treatment Unit.

Area & Description	Number (No. depending on service demand)
Reception / Waiting Area	
Comfortable Supportive Chairs (washable vinyl covering).	
Sofa	
Coffee Table	
Lamps	
Small tables for lamps and magazines	
Pictures	
Rugs	
Children's Toys/ Storage Box/ Books	
Manually operated heater	
Music system	
Electric Kettle	
Tea Pot / sugar/milk jug/ tray	
Delph	
Cutlery	
Small Fridge	
Toilet & Shower Area	
Door lock (that can be opened from outside in emergency)	
Individual toiletry packs	
Towels	
Dressing Gowns	
Non slip mats	
Hairdryer	
Linen Basket	
Chair (washable covering)	

Furniture, Equipment and Supplies

Examination Room – Equipment	
Essential – Examination Couch (standard)	
Long dressing type trolley	
Good light source which can be angle adjustable neck (gooseneck)	
Movable light source with magnifying mirror	
Screen	
Desk	
Chairs (surface that can be cleaned to prevent contamination, page 77)	
Desk Lamp	
Leaflet/Information holder	
Small filing cabinet	
Wall clock with second-hand	
Manually operated heater	
Small drug cabinet and drug fridge	
Adjustable height stool/chair with wheels	
Camera automatic focus 35mm	
Filing Cabinets with locks	
Freezer with lock (for future storage of used kits – for continuity of evidence)	
Mobile phones and land lines as required	
Computer with Internet Access and Printer	
Small photocopier	
Desirable – Electric examination couch gynaecology type with stirrups	
May be desirable in the future – Colposcope or Medscope	

Furniture, Equipment and Supplies, continued

Examination Room – Equipment	
Clinical Supplies	
Airways (oropharangeal)	
Bag-Valve-Mask (Ambubag)	
Blankets or duvet with covers	
Culture swabs	
Dressing pack for small scratches	
Disposable rulers (odontology) for wound sizing	
Disposable proctoscopes	
Disposable Masks	
Disposable plastic aprons	
Disposable long sleeves	
Dressings (various small sizes)	
Gloves varying sizes (non sterile powder free)	
Gloves varying sizes (sterile – surgical powder free)	
Gauze – sterile packs	
Height ruler	
Leardal mask	
Linen – sheets for examination couch & or paper rolls for exam couch	
Pillow cases	
Pregnancy test kits and urine containers	
Scales for weight	
Scissors – small sterile disposable	
Nail Clippers – sterile	
Sharps Containers	
Speculums – disposable (small & medium)	
Sphygmomanometer	
Stethoscope	
Stationery	
Suction – hand held or electrical	
Syringes	
Tissues	

Furniture, Equipment and Supplies Continued

Thermometer tympanic	
Thermometer covers	
IV Giving Set	
Venflons	
Haemocel/ Jelofusion	
Oxygen cylinder small	
Pharmacy Supplies	
Analgesia – Paracetamol / Ponstan	
Postcoital Contraception (individual packs)	
Zythromax	
Canesten cream/ pessaries	
Cleansing fluid for wounds	
Sachets of KY Jelly	
Replacement Clothing	
Tracksuits – small / medium / large	
Tee shirts – small / medium / large	
Pants / socks	
Shoes – different sizes	
Same as above for males	
Nightdresses / gowns	
Domestic Supplies	
Paper towel holders	
Soap dispensers for 4 sink areas	
Liquid Soap	
Paper Towels for sink areas	
Waste disposal bin	
Bags – clinical waste	
– household waste	
– linen	
Cleansing solutions containing bleach (see page 77)	

Appendix 8

Sample Consent Form

I, _____ of _____

Consent to and authorise _____ and the staff of
(Clinical Forensic Examiner)

_____ to obtain a history, to perform a physical
examination and administer treatment on _____

I further authorise the aforementioned Clinical Forensic Examiner and / or Staff of this Hospital to take all samples deemed necessary by the Forensic Clinical Examiner and / or Staff of this Hospital, including blood samples for forensic examination, to notify Gardaí of this occurrence and to turn over to the Gardaí all forensic samples and information deemed by the Gardaí to be necessary for the investigation of this occurrence.

I understand that _____ may be required to produce
(Clinical Forensic Examiner)

a report based on the examination and that details of the examination may be required to be revealed in court.

I have been advised that I may strike out any of the above before I sign, and that I may halt the examination at any time I wish.

I understand that the information recorded on this form and any photographs taken may be later required by the court.

Did the Garda accompany the patient to the Hospital YES NO

Patient and/or Parent/Guardian Signature _____

Garda's Name _____ Badge No. _____

Garda Station _____ Tel. No. _____

Witness Signature _____ Date _____ Time _____

Appendix 9

Sexual Offences Examination Kit: Copy of Kit Instructions.

Please Read Carefully Before Starting the Examination **Prior to examination:**

If the complainant needs to urinate, collect a sample in case it is required for toxicology. Do not give the complainant a drink if there is an allegation of oral sex.

1. **Please check expiry date** on outside of kit.
2. **If there is an allegation of oral sex**, the complainant should be given a container and asked to spit into it, starting at the beginning of the examination and proceeding at intervals during the course of the examination.
3. **If toxicology is required:**
 - Check expiry date on blood bottles before use.
 - Fill in the separate toxicology form.
 - Pack the form, blood sample and urine sample in the separate tamper proof bag provided.
4. **If possible, lubricants such as KY Jelly should not be used** during the examination, as these can interfere with subsequent DNA profiling of the recovered biological material. The sterile water provided can be used as a lubricant. **NB this will be changed in future forms as recent research has suggested that lubricants do not interfere with the current techniques in DNA profiling.*
5. **When using a speculum or proctoscope** take the sample ahead of the implement and avoid contact with the sides of the implement on the way in and out to prevent contamination.
6. **Examination of male complainants and suspects:** The requirements of the examination are the same as for female complainants, except that penile swabs are taken instead of vaginal swabs.
7. Please fill in all relevant information and make sure to **sign and date the form.**

General Information

Name of Subject Age Sex M F

Is the subject the complainant or suspect? Complainant Suspect

Date & time of incident: Date: / / Time: : AM / PM

Date and time of examination Date: / / Time: : AM / PM

Previous Sexual Activity:

Was the subject sexually active within previous 7 days? Yes No

If yes, specify sexual activity:

Date and time of previous sexual activity: Date / / Time : AM / PM

Contraception in previous sexual activity: Condom Spermicide Partner vasectomised

Other contraceptive (specify)

Specific Information Relating to the Alleged Offence

Penile / oral penetration (male to female)	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Penile / oral penetration (male to male)	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
• Penis in mouth of complainant	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
• Penis in mouth of suspect	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Penile / vaginal penetration	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Penile / Anal penetration	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Digital penetration	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Object penetration (specify object) <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Specify Site) <input type="text"/>
Ejaculation onto skin/hair/clothes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Specify Site) <input type="text"/>
Kissed / licked / bitten (circle relevant action)	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Specify Site) <input type="text"/>

Condom	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Lubricant	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Spermicide	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Menstrual bleeding	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	
Bleeding due to genital / anal injury	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Specify Site) <input type="text"/>
Tampon/pad in place during incident	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Circle Relevant Protection)
Tampon/pad worn after incident	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Circle Relevant Protection)
Bleeding from any other part of body at time of incident	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Yes	(Specify Site) <input type="text"/>

Check if subject had a bleeding injury at time of assault, which may not be apparent, now e.g. nose bleed.

Showered / washed / bathed / douched No Unsure Yes **(Circle Relevant Protection)**

Anal intercourse: (Frequency)
defecated since offence No Unsure Yes

Oral intercourse:
mouth cleansed since offence Drink Mouth Wash Toothbrush

Subject suffering from infectious disease Yes Unsure No (Specify Disease)

Any Additional Information:

Name of Medical Examiner (Block Capitals):

Signature of Medical Examiner:

Contact telephone No.

Kit Sealed: Yes No

Opened By:

Date: / /

Contents present as listed on form: Yes No

Exceptions to list:

Appendix 10

History and Role of Rape Crisis Network Ireland (RCNI)

The RCNI was set up in 1985. The six rape crisis centres (RCCs) in existence at the time came together to exchange information, pool expertise and unite in common goals of societal change. The RCNI first received funding, from the Department of Health and Children, in 1999 and now includes sixteen member centres. The RCNI supports member RCCs, develops and provides training for staff and volunteers, undertakes research and collects data relating to the causes, nature and extent of sexual violence in Ireland. The RCNI's vision is a society in which rape and all other forms of sexual violence no longer exist.

Individual RCCs offer support, advocacy, information and counselling to victims/survivors of any form of sexual violence or abuse, as well as information and education to the public in general. Due to the experiences of and skills gained from more than two decades of supporting victims/survivors, some of that in existing SATUs and other forensic medical examination settings, RCCs are uniquely placed to offer advocacy, support and information to victims/survivors in SATUs.

Table 38: Costs Associated with Providing Psychological Support

Recruiting of volunteers/paid staff	Recruiting expenses include advertising, the interview process and the selection process.
Initial training of volunteers/paid staff	All Support Workers require training in sexual violence and its after-effects, healing processes in general, the counselling process, rape crisis centre policies, support agencies, Forensic Clinical Examinations, the criminal justice process.
Supervision of volunteers/paid staff	Along with supervision on all of the more pragmatic issues, support workers require clinical supervision in the same way that counsellors do.
Ongoing training of volunteers/paid staff	All support workers require ongoing training in order to improve their skills and keep up-to-date.
Telephone	All support workers need to be contactable by telephone. It may make sense for support workers to share a mobile telephone.
Call-Out	Payment for call-out of support worker.
Per diem expenses	Out-of-pocket expenses for support workers including mileage, meals, child care, elder care.

Appendix 11

Support Organisations' Contact Details

All organisations are listed by the county in which they have their main office.

- All RCCs support women and men. Please see Section 3.3 for setting up a link with the closest RCC.
- All Women Refuge & Support Services Network members support women only unless otherwise indicated.
- Other organisations are listed with a description.

Table 39: All organisations by county in which main office is located.

<p>CARLOW Carlow & South Leinster RCC Helpline – 1800 727737 Business – 05991 33344</p>	<p>Carlow Women's Aid Helpline – 1800 444944 Business – 059 9130990</p>
<p>CLARE Clare Haven Services Helpline – 065 682 2435 Business – 065 684 2646</p>	
<p>CORK Sexual Violence Ireland Helpline – 1800 496496 Business – 021 4505736</p>	<p>Cuanlee Refuge Telephone – 021 421757</p>
<p>OSS Cork (also supports men) Telephone – 1800 497497</p>	<p>Mná Feasa Helpline – 021 421757 Business – 021 4212955</p>
<p>West Cork Violence against Women Project Helpline – 1800 203146 Business – 027 53847</p>	
<p>DONEGAL Donegal Rape Crisis & Sexual Abuse Centre Helpline – 1800 448844 Business – 074 28211</p>	<p>Donegal Women's Domestic Violence Service Helpline – 074 912 6267 Business – 074 9129725</p>
<p>Inishowen Women's Outreach Telephone – 077 9373232</p>	
<p>DUBLIN Dublin RCC Helpline – 1800 778888 Business – 01 661 4911</p>	<p>Aiobhneas Women's Refuge Helpline – 01 867 0701 Business – 01 867 0705</p>
<p>Dublin 12 Domestic Violence Service Telephone – 01 4563126</p>	<p>Rathmines Women's Refuge Telephone – 01 4961002</p>
<p>Saoirse Women's Group Telephone – 01 4522533</p>	<p>Women's Aid Helpline – 1800 341900 Business – 01 867 4721 Text for Deaf Women – 087 9597980</p>

<p>DUBLIN One in Four (counselling & advocacy for male & female survivors of sexual violence) Telephone – 01 662 4070</p>	
<p>GALWAY Galway RCC Helpline – 1850 355355/ 091 589495 Business – 091 583149</p>	<p>COPE – Waterside House Women’s Refuge Telephone – 091 565985</p>
<p>MASC – Male Abuse Survivor’s Centre Helpline – 091 530094 Business – 091 534594</p>	
<p>KERRY Kerry Rape & Sexual Abuse Centre Helpline – 1800 633333 Telephone – 066 7123122</p>	<p>Adapt Kerry Ltd Telephone/Helpline – 066 7129100</p>
<p>KILDARE Teach Tearmainn Helpline – 045 438461 Business - 045 449524</p>	
<p>KILKENNY Kilkenny Rape Crisis & Counselling Centre Helpline – 1800 478478 Business – 056 7751555</p>	<p>AMBER – Kilkenny Women’s Refuge Helpline – 1850 424244 Business – 056 7771404</p>
<p>LAOIS Laois Housing Association Telephone - 0502 21089</p>	
<p>LIMERICK Limerick RCC Helpline – 1800 311511 Business – 061 311511</p>	<p>Adapt House Telephone – 1800 200200504</p>
<p>Southill Domestic Abuse Project Telephone – 061 313025</p>	
<p>LONGFORD Longford Women’s Link Telephone – 043 41511</p>	
<p>LOUTH Rape Crisis & Sexual Abuse Centre NorthEast Helpline – 1800 212122 Business – 042 9339491</p>	<p>Drogheda Women’s Refuge Helpline - 041 9844550 Business – 041 9844998</p>
<p>Women’s Aid Dundalk Helpline – 042 9333244 Business – 042 9333245</p>	

<p>MAYO Mayo RCC Helpline – 1800 234900 Business – 094 9025657</p>	<p>Mayo Women’s Support Service Telephone 094 9027519</p>
<p>MEATH Meath Women’s Refuge & Support Service Telephone – 046 9022393</p>	
<p>MONAGHAN Tearmann Domestic Violence Services Helpline – 047 72311 Business – 047 72749</p>	
<p>OFFALY Tullamore Sexual Abuse & Rape Crisis Counselling Service Helpline – 1800 323232 Business – 0506 22500</p>	<p>Offaly Women in Crisis Helpline – 0506 51886 Business - 0506 51796</p>
<p>ROSCOMMON Family Life Centre – also supports men Telephone – 071 9663000</p>	
<p>SLIGO Sligo RCC Helpline – 1800330033 Business – 07191 71188</p>	<p>WAVES Telephone – 07191 41515</p>
<p>TIPPERARY Tipperary RCC Helpline – 1800340340 Business – 052 27676</p>	<p>Ascend Women’s Support Service Helpline - 0505 23999 Business – 0505 23379</p>
<p>Cuan Saor Women’s Refuge & Support Service Helpline – 1800 567567 Business – 052 27557</p>	
<p>WATERFORD Waterford Rape & Sexual Abuse Centre Helpline – 1800 296296 Business – 051 873362</p>	<p>Oasis House Refuge Helpline – 1890 264364 Business – 051 370367</p>
<p>WESTMEATH Esker House Refuge Telephone – 090 6474122</p>	<p>Mullingar Women in Crisis Helpline – 1850 214814 Business – 044 33868</p>
<p>WEXFORD Wexford Rape & Sexual Abuse Support Service Helpline – 1800 330033 Business – 053 22722</p>	<p>Wexford Women’s Refuge Helpline – 1800 220444 Business – 053 21786</p>
<p>WICKLOW Bray Women’s Refuge Telephone – 01 286 6163</p>	
<p>NORTHERN IRELAND Rape Crisis & Sexual Abuse Centre Northern Ireland Helpline – 04890 249696 Business – 04890 329001</p>	

Table 40: Contact List of RCCs throughout Ireland

<p>Athlone RCC 2 Fairview, Garden Vale, Athlone, Co. Westmeath Helpline: 1800 306 600 Business: 0902 73815</p>	<p>Cork Sexual Violence Ireland 5 Camden Place Cork Helpline: 1800 496496 Business: 021 4505736</p>	<p>Donegal Rape Crisis & Sexual Abuse Centre 13 St. Eunans Close, Convent Rd, Letterkenny, Co. Donegal Helpline: 1800-448844 Phone: 074-28211</p>	<p>Dublin RCC 70 Lower Leeson Street, Dublin 2 Helpline: 1800-778888 (24 hours) Tel: 01 6614911</p>	<p>North East Rape Crisis & Sexual Abuse Centre PO Box 72, Dundalk, Co. Louth Helpline: 1800 212122 Business: 042 9339491</p>
<p>Galway RCC 7 Claddagh Quay Galway Helpline: 1850 355355/ 091 589495 Business: 091 583149</p>	<p>Carlow & South Leinster RCC 72 Tullow Street Carlow Helpline: 1800 727737 Business: 05991 33344</p>	<p>Kilkenny Rape Crisis & Counselling Centre 1 Golf View Terrace Off Grangers Road Kilkenny Helpline: 1800 478478 Business: 056 7751555</p>	<p>Limerick RCC Rocheville House, Punch's Cross, Limerick Helpline: 1800 311511 Business: 061 311511</p>	<p>Mayo RCC Newtown, Castlebar, Co. Mayo Helpline: 1800 234900 Business: 094 9025657</p>
<p>Sligo RCC 42 Castle Street Sligo Helpline: 1800 750780 Business: 07191 71188</p>	<p>Kerry Rape & Sexual Abuse Centre 5 Greenview Terrace Princes Quay, Tralee Co. Kerry Helpline: 1800 633333 Business: 066 7123122</p>	<p>Tipperary RCC 20 Mary Street Clonmel, Co Tipperary Helpline: 1800 340340 Business: 052 27676</p>	<p>Tullamore Sexual Abuse & Rape Crisis Counselling Service 4 Harbour View, Store Street, Tullamore, Co Offaly Helpline: 1800 323232 Business: 0506 22500/01</p>	<p>Waterford Rape & Sexual Abuse Centre 2A Waterside, Waterford Helpline: 1800 296296 (24 hour) Business: 051 873362</p>
<p>Wexford Rape & Sexual Abuse Support Service Clifford St, Wexford Helpline: 1800 330033 Business: 053 22722</p>	<p>Northern Ireland Rape Crisis & Sexual Abuse Centre 29 Donegal Street, Belfast BT1 2FG Helpline: 04890 249696 Business: 04890 329001/2</p>			

Appendix 12

POSSIBLE INPUTS FOR REPORT

One of the following range of phrases could be chosen as appropriate for interpretation of the findings for the medical report:

PRECLUDES

DOES NOT PRECLUDE

CONSISTENT WITH

SUGGESTS

STRONGLY SUGGESTS

DESCRIPTIVE TERMS

BRUISE: an injury to the body manifested as a discolouration of the skin, caused by an impact or blow.

LACERATION: a full thickness open wound where the skin has been torn rather than cut.

ABRASION: damage by a force along the body surface which has not penetrated the full thickness of the skin.

INCISION: a breach of the skin surface made by a sharp object with the direction of force along the skin.

STAB: the skin is pierced by the point of a sharp object - the direction of force is thrusting into the body.

CAUTION

Some centres of international reputation advise caution when interpreting genital injury. They suggest that it not be assumed that such injury is conclusive medical evidence of sexual crime.

OUTLINE MEDICAL REPORT

A report on the Medical Examination of A..... B..... of 123 Main St. with a date of birth of 01/01/70 and therefore, 30 years of age at the time of the examination. The examination was performed on 01/04/00 at 03.00 hours at The General Hospital by Dr. C.....D..... assisted by Nurse E.....F..... in the presence of Garda G.....H.....(Reg. No. 456) of The Police Station.

This examination was required because AB..... alleged that at 31/03/00 at 23.00 hours

On examination of the head and neck

On examination of the upper limbs

On examination of the lower limbs

On examination of the chest and abdomen

On examination of the back and buttocks

On examination of the genital and anal areas

The following clothing and samples were given to the Garda for forensic evaluation

IN CONCLUSION:

A.....B..... was a 30-year-old lady who looked her age. She was tearful and distressed recounting the alleged events. The findings on general examination were consistent with the alleged events. There were no signs of recent trauma on genital examination, but the absence of genital trauma does not preclude the possibility of unconsented sexual intercourse.

Appendix 13

Critical Readers

An Garda Síochána: Commissioner Noel Conroy, Garda Headquarters, Phoenix Park, Dublin.

Ms. Noleen O'Donnell, Information Officer, Health Promotion Department, Health Service Executive, North Western Area.

Mr. Chris Fitzgerald, Principal Officer, Health Promotion Department, Department of Health & Children, Hawkins St. Dublin 2.

Ms. Paula Mullin, Assistant Principal Officer, Health Promotion Department, Department of Health & Children, Hawkins House, Dublin 2

Dr. Gouri Columb, Sexual Assault Treatment Unit, Rotunda Hospital, Parnell Sq. Dublin

Ms Kate Mulkerrins, RCNI Legal Co-ordinator, The Halls, Quay St. Galway

Sergeant Bobby Mullally, Letterkenny Garda Station, Letterkenny, Co. Donegal

Mr. Paul McGinn, Barrister, Four Courts, Dublin

Ms Sandra Delamere, Advanced Nurse Practitioner Sexual Health, GUIDE Clinic, Hospital 5, St. James Hospital, Dublin.

Ms Alna Robb, Director, Nursing Practice Development Unit, Wishaw Hospital, Wishaw, Scotland.

Dr. Maureen Smyth, DNA Section, Forensic Science Laboratory, Garda HQ Phoenix Park, Dublin 8.

Ms Ingrid Wallace, Limerick RCC, Rocheville House, Punches Cross, Limerick, Co. Limerick.

Ms Lorraine Harrison, Clinical Nurse Manager 2, Sexual Assault Treatment Unit, Waterford Regional Hospital, Waterford.

Mr Doncha O'Sullivan, Principal Officer, Department of Justice, Equality & Law Reform, Old Faculty Building, Shelbourne, Ballsbridge, Dublin 4.

Dr. Mary McKay, Consultant Paediatrician, Children's University Hospital, Temple St., Dublin 1.

Det. Sgt. Thomas G. Deegan, Domestic Violence Sexual Assault Unit, National Bureau of Criminal Investigation, Harcourt Square, Dublin 2.

Detective Garda Niamh Guckian, Domestic Violence Sexual Assault Unit, National Bureau of Criminal Investigation, Harcourt Square, Dublin 2

Dr. Louise McKenna, Deputy Director, Forensic Scientist, Forensic Science Laboratory, Garda HQ, Phoenix Park, Dublin 8.

Ms Annette Kennedy, Director of Professional Development, Irish Nurses Organisation, The Whitworth Building, North Burn, Dublin 7

Dr. Gráinne Courtney, Associate Specialist in Genitourinary Medicine, Guide Clinic, St. James Hospital, James St, Dublin 8

Garda Ann Byrne, In-Service Training, Harcourt Square, Dublin 2.

Ms. Finola Tobin, CNM 2, Sexual Assault Treatment Unit, South Infirmary / Victoria Hospital, Cork.

Ms. Georgina Farren, National Council for Nursing and Midwifery, Unit 6-7, Manor Business Park, Manor Street, Dublin 7.

Dr. Sheila Willis, Director, Forensic Science Laboratory Garda HQ, Phoenix Park, Dublin 8.

Dr. Geraldine O'Neill, Forensic Science Laboratory, Garda HQ, Phoenix Park, Dublin 8.

Dr. Seán McDermott, Biology Department, Forensic Science Laboratory.

Detective Inspector Michael O'Sullivan, Domestic Violence Sexual Assault Unit, National Bureau of Criminal Investigation, Harcourt Square, Dublin 2.

Dr. Angela Gilligan, GP, High Road, Letterkenny, County Donegal.

Ms. Alessandra Fantini, Policy Officer, The Women's Health Council, Abbey Court, Irish Life Centre, Abbey Street Lower, Dublin 1.

Appendix 14

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Dr. Sean McDermott, Head of the Biology Department, Forensic Science
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The National Council for the Professional Development of Nursing and Midwifery

Staff and volunteers from member centres in Ireland

DOHC

Ms. Paula Mullin Assistant Principal Officer, DOHC,
Mr. Joe Doyle, DOHC.

INO

Ms. Annette Kennedy, the Irish Nurses Organisation.

Rape Crisis Network Ireland

Staff and volunteers from member centres in Ireland

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