

SATU & Consent

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Declaration of Financial Interests

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I have no financial interests or relationships to disclose with regard to the subject matter of this presentation

SATU & the GP

GP may be first contact of victim of sexual assault

- <7 days since incident
- Victim considering reporting to Gardaí
- Age of victim >14 years or post pubertal
- Guardian if 14-18 years
- Gardaí Protective Services Bureau & Specialist Victim Interviewers

Victim considering reporting

- Contact Gardaí & they will liaise with SATU

Victim unsure whether to report

- Contact regional SATU +/- Rape Crisis Centre
- Encourage in both cases attendance at SATU
- Preserve evidence e.g. clothing, no toothbrushing

SATU & GARDAI

Victim Reports to Gardaí(Protective Services Bureau where possible)

- Gardaí will meet them at home or station
- Buccal swab for DNA
- Early evidence bag for clothes
- Gardaí contact SATU
- Seen within 3 hours in local SATU
- Rape Crisis Volunteer attends





What happens in SATU ?

- On arrival Forensic Midwife takes brief info & offers RCC
- Gardaí provide preliminary info to FME
- Victim interviewed in presence of Gardaí & details recorded with Consent
- If under 18 years parent/guardian/TUSLA SW must witness consent
- Details of health, Gynae & Sexual history recorded with account of incident
- Specifics of incident inform Forensic exam



- Victim is offered examination in separate room with Forensic Nurse & FME
- Urine sample for HCG
- Visual inspection records any injuries abrasions,bruises ,lacerations
- Forensic swabs collected from relevant areas
- Blood samples & urine for Toxicology
- Underwear/clothing evidence bag



Treatment in SATU

Emergency Contraception: Ullipristal, Levonorgestrel, Copper Coil (as per UKFSRH)

Azithromycin 1gm single dose given

Hepatitis B Vaccine 1st dose

HIV PEPSE Tool, BASHH, HSE HPSC Guidelines



4.3 High Risk Indicators

Table 13: The Decision to Proceed with HIV PEP: Consider the Type of Sexual Assault (Exposure Type) and the Assailant (The Source) ¹⁷ , adapted			
Exposure Type	Source		
	Source known HIV positive	HIV Status of assailant unknown but from high prevalence group/area*	HIV Status of assailant unknown but from low prevalence group/area
Receptive anal sex	Recommend	Recommend	Not Recommended
Insertive anal sex	Recommend	Consider	Not Recommended
Receptive vaginal sex	Recommend	Consider	Not Recommended
Insertive vaginal sex	Recommend	Consider	Not Recommended
Fellatio with ejaculation	Consider	Not Recommended	Not Recommended
Fellatio without ejaculation	Not Recommended	Not Recommended	Not Recommended
Splash of semen into eye	Consider	Not Recommended	Not Recommended
Cunnilingus	Not Recommended	Not Recommended	Not Recommended
Digital/Object penetration	Not Recommended	Not Recommended	Not Recommended
Unsure if assault occurred	Not Recommended	Not Recommended	Not Recommended
*High prevalence group/area = Intravenous drug users (IVDU)/Men that have sex with men (MSM)/Commercial sex worker (CSW)/Endemic country			
CONSIDER			
<ul style="list-style-type: none"> Breaches in the mucosal barrier such as: genital injury, first intercourse, mouth/genital disease, menstruation/other bleeding 'Stranger' or 'recent acquaintance'¹⁸ Multiple assailants Known presence, signs or symptoms of STI in source or the victim Multiple risk factors or cumulative risk 			



- Follow up arranged for HCG,STI screen & Hep B vaccine
 - Encouraged to attend Rape Crisis Counselling
 - Consent to inform GP – usually declined
 - Fresh clothing provided as required
-
- Forensic Medical Examiner provides report to Gardaí
 - No Forensic results on swabs or Toxicology return to SATU
 - The Choice of Charge: Office of DPP consider evidence for prosecution
 - DPP may provide explanation to victim where no prosecution (on request)





Recent Rape/ Sexual Assault:

National Guidelines on
Referral and Forensic
Clinical Examination
in Ireland

3rd edition 2014

An Garda
Siochána

Sexual Assault
Treatment Unit
SATU

Psychological
Support
Services

Sexually
Transmitted
Infections

Forensic
Science
Laboratory

General
Practitioner

Legal



Féilhmeannacht na Seirbhíse Sláinte
Health Service Executive



AN ROINN DLÍ AGUS CRT AGUS AITHCHÓIRTE DLÍ
DEPARTMENT OF JUSTICE AND LAW REFORM

Consent & the GP

- Consent to sexual activity
- Consent to Forensic Examination
- Consent to Medical Treatment



Sexual Consent

Criminal Justice(Sexual Offences) Act 2017

Definition of child changes for types of sexual act from 14yrs,15yrs,17yrs and 18yrs

Includes Consensual sexual act between 17&18 years with ‘person in authority’

Part 2 ,Section 17

Where, in proceedings for an offence under this section against a child who at the time of the alleged commission of the offence had attained the age of 15 years but was under the age of 17 years, it shall be a defence that the child consented to the sexual act of which the offence consisted where the defendant—

- (a) is younger or less than 2 years older than the child,
- (b) was not, at the time of the alleged commission of the offence, a person in authority in respect of the child, and
- (c) was not, at the time of the alleged commission of the offence, in a relationship with the child that was intimidatory or exploitative of the child.”.

Consent to Forensic examination

The Non-Fatal Offences against the Persons Act, 1997 states that persons over the age of 16 years can give consent for surgical, medical and dental procedures.

HOWEVER person aged 16 to 18 years must have parent or guardian present for Garda or Forensic Interview or exam



Consent to Medical Treatment

Teenage Contraception

It is good medical practice for doctors to provide contraceptive services to a teenager who is sexually active regardless of whether they involve their parents and regardless of what other actions the doctor may take to safeguard the teenager



Mature Minors

NUI Galway **HBSC 2014 Irish Health Behaviour in School Aged Children** reported

31% boys & 21 % girls aged 15-17 had ever had sex.

Only 35% girls reported using COCP,73%boys reported condom use.

Teenage pregnancy in Ireland rate currently ~10 per 1000 live births

No accurate statistics available on abortion in this age group





Comhairle na nDochtúirí Leighis
Medical Council

Guide to Professional Conduct and Ethics
for Registered Medical Practitioners

8th Edition 2016

Partnership

Practice

Performance



Irish Medical Council

18.5 If a young person⁸ refuses to involve a parent/guardian, you should consider the young person's rights and best interests, taking into account:

the young person's **maturity and ability** to understand the information relevant to the decision and to appreciate its potential consequences

whether **the young person's views are stable** and reflect their core values and beliefs

whether the **young person's physical or mental health**, or any other factors are affecting their ability to exercise independent judgement

the nature, purpose and usefulness of the treatment or social care intervention

the **risks and benefits** involved in the treatment or social care intervention

any other specific welfare, protection or public health considerations, covered by relevant guidance and protocols such as the 2011 Children First: National Guidelines for the Protection and Welfare of Children (or any equivalent replacement document). Where this is the case, the relevant guidance or protocols must be followed.

18.6 This assessment of maturity should be made for all young people under 16, including those who have been diagnosed with an intellectual disability.

18.7 **You should provide treatment for young people without informing their parent(s) or guardian(s)** if, having considered the factors in paragraph 18.5, you **consider that it is in the patient's best interests to do so** and the patient has sufficient maturity and understanding to make the decision.

Guidance vs Case Law

- **Medical Practitioner's Act 2007**
- **Children First 2015, Section 14(3) where 15-17yrs within 24 mths of age, consensual sex does not require reporting**
- **Criminal Law, Sexual Offences Act 2017**
Where, in proceedings for an offence under this section against a child who at the time of the alleged commission of the offence had attained the age of 15 years but was under the age of 17 years, it shall be a defence that the child consented to the sexual act of which the offence consisted where the defendant—
 - (a) is younger or less than 2 years older than the child,**

Guidance vs Case Law

HSE National Consent Policy 2017

Part 2 Children & Minors, National Consent Policy QPSD-D-026-1.2. V.1.2

- the minor has sufficient maturity to understand the information relevant to making the decision and to appreciate its potential consequences;
- the minor's views are stable and a true reflection of his or her core values and beliefs, taking into account his or her physical and mental health and any other factors that affect his or her ability to exercise independent judgement;
- the nature, purpose and usefulness of the treatment or social care intervention;
- the risks and benefits involved in the treatment or social care intervention, and
- any other specific welfare, protection or public health considerations, in respect of which relevant guidance and protocols such as the 2011 Children First: National Guidelines for the Protection and Welfare of Children (or any equivalent replacement document) must be applied.

This same assessment of maturity is relevant for all minors under 16 including those who have been diagnosed with intellectual disability.

Responsibilities to under 16s

- **Is consent freely given?**
- **Are there any concerns regarding Child Sexual abuse**
- **Mandated Reporting & Children First Act 2015**
- **Is this the best choice of contraception for this person?**

“I was a Flower of the mountain yes when I put the rose in my hair like the Andalusian girls used or shall I wear a red yes and how he kissed me under the Moorish Wall and I thought well as well him as another and then I asked him with my eyes to ask again yes and then he asked me would I yes to say yes my mountain flower and first I put my arms around him yes and drew him down to me so he could feel my breasts all perfume yes and his heart was going like mad and yes I said yes I will Yes.”