



the Rowan
Sexual Assault Referral Centre



ANNUAL REPORT
2015 - 2016





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Foreword

As part of the internal restructuring within the Trust The Rowan transferred to the Women, Children and Families Division. In my first year as Director of the service I have been impressed by the dedication, commitment and professionalism of all those working in the centre in meeting the needs of victims of sexual violence and sexual abuse.



Reflecting and living CORE values of the Northern Trust, The Rowan works, compassionately and openly with victims, treating everyone with respect. It is also an excellent example of partnership working. The model of collaborative practise with the Police Service of Northern Ireland ensures that the needs of victims of sexual abuse or violence are met in a holistic way. I commend this third annual report to you and congratulate the Rowan staff and their partners in their achievements throughout the year.

Mrs Marie Roulston

*Director of Women, Children & Families Services
Executive Director of Social Work
Northern Health & Social Care Trust*

As police officers, it is our job to keep people safe, prevent harm and detect crime. Meeting the needs of those who are the victims of sexual violence and sexual abuse and seeking to bring to justice those who have committed



such heinous crimes are key priorities for the Police Service of Northern Ireland. The Rowan helps us ensure we can do this for those who have been a victim of a sexual abuse or violence in the most appropriate and sensitive way.

The Rowan and the collaborative working arrangements in place between the partners is central to delivering this service and meeting the individual and specific needs of each and every victim. At the same time, and in line with the victim's wishes, The Rowan enables the Police and PPS to address the requirements of the Criminal Justice System.

The Rowan offers an unparalleled facility to provide support, information and clinical care to sexual crime victims who are at the core of all our activities. This report reflects what has been a very busy year for The Rowan and the agencies involved and I congratulate everyone involved in ensuring that we continue to deliver for victims.

I look forward to continuing to develop this partnership for the foreseeable future.

Mr George Clarke

*Detective Chief Superintendent
Police Service of Northern Ireland
Public Protection Branch*

Executive Summary

Welcome to The Rowan's third annual report, for the year 2015-16. The Rowan is the Sexual Assault Referral Centre for Northern Ireland, and is located on the Antrim Area Hospital site. It is a bespoke and unique service, co-funded between the Department of Health Northern Ireland and the Police Service of Northern Ireland which the Northern Health & Social Care Trust directly manages.

The Rowan has been operational since 7 May 2013, providing support, information and direct care 24/7 to anyone directly affected by sexual violence and sexual abuse whether this has occurred recently or in the past. The Rowan services include:

- 24/7 telephone helpline;
- emotional support;
- assistance in making a report to the PSNI;
- comprehensive clinical medical examination by a specially trained forensic physician; for those adults who decide not to report to the PSNI initially, they can have their forensic samples stored securely at The Rowan for a period of up to seven years, which enables a report to be made at a later date;
- risk assessment for HIV and the commencement of PEP (Post Exposure Prophylaxis) to reduce the likelihood of contracting HIV, which must be administered within 72 hours post- assault, where this is clinically indicated;
- assessment for and administration of emergency contraception;
- assessment for and referral onwards for an inter-uterine device (IUD);
- comprehensive sexual health assessment, and treatment where clinically indicated;
- referral into other acute services for specific support and intervention, such as: mental health, emergency department, safeguarding services for children and vulnerable adults;
- signposting / referral for specialist therapeutic counselling; follow-up as long as required; and
- referral into Victim Support NI for longer-term support and helping people remain engaged with the criminal justice process.

This year The Rowan team provided a range of supports and services to 784 individuals, which is an 11% increase on year 2. The needs of victims vary and so the team continue to offer an array

of supports and services to meet the specific needs of the individual seeking help, whether they are a child, young person or adult, male or female. The service does not operate any exclusion criteria.

Not only did the team witness a significant increase overall, there was also a substantive increase in the numbers of people who self-referred. This year saw a 73% increase, with over 100 people directly affected by sexual crime choosing to make contact with The Rowan themselves.

Year 3 saw the team consolidate practice in response to referrals of child sexual exploitation. Although the number remains relatively low, interagency practice developments have resulted in an increase in referrals where professionals have suspected a young person has been sexually exploited. This allows young people to access services which consider their holistic wellbeing rather than a limited focus on forensics.

Aftercare is a fundamental service offered by the team. The number of individuals choosing to return to The Rowan for aftercare support has remained very high with 82% of victims opting for continuity of care. Initially, it had been anticipated the majority of individuals seeking follow care around their sexual health would have chosen local services, but this has not been the case. Many victims and care-givers have appreciated the integration of aftercare and follow up services post-assault naming: confidentiality, continuity of care and quality of care as being reasons for their return.

The Rowan Professionals Stakeholder Group hosted an interagency conference in Foyle during the Sexual Abuse and Sexual Violence National Awareness Week in February 2016. The aim of the conference was to raise awareness of the vast array of support and services available to anyone affected by sexual crime, and how to access them. The conference was very well attended and received.

The Rowan's bespoke partnership between staff from the Northern Health & Social Care Trust and Police Service of NI was recognised when the team was presented with the NHSCT Chairman Award for Partnership working at the Leadership Conference held in November 2015.

The team continues to focus on meeting the needs of victims of sexual crime, whilst working in collaboration with other key service providers.

1 Introduction

The Rowan, Sexual Assault Referral Centre for Northern Ireland went live to referrals on 7th May 2013. This annual report speaks to the activity and developments for the service in Year 3 which covers the period: 1st April 2015 to 31st March 2016.

Our priorities as a service for Year 3 were :

- to focus on developing a service to meet the needs of children and young people who were at risk of sexual exploitation;
- to reach out further into communities to raise awareness of the support and services available to those directly impacted by sexual crime;
- to convene a regional interagency conference with key partners; and
- to continue to develop the Victims & Care-givers Group.

We achieved all our priorities in year 3.

Year 3 has seen an increase in referrals by 11% on the previous year, with The Rowan team providing support, information and/or direct care to 784 individuals this year alone. The team has developed new ways of working, particularly with our PSNI partners to promote the best interest of each individual who requires a service from The Rowan.

With this in mind, I would like to thank all members of the interprofessional Rowan team who have continued to demonstrate great resilience and commitment in delivering high quality, safe and effective care 24/7 to those who have been directly affected by sexual violence and sexual abuse. You really do make a difference each and every day.

I would also like to thank The Rowan Management Group and Rowan Management Board for their collective support and guidance throughout the year.

Karen Douglas

Service Manager

2 The Rowan Team

The interprofessional Rowan team during 2015-16 consisted of:-

Clinical Director & Lead Forensic Physician

Service Manager

Lead Rowan Nurse

Rowan Nurses (17)

Consultant Paediatricians (4)

Consultants in Genitourinary Medicine (2)

Forensic Medical Officers (10)

Administrators (2)

Rowan Management Group (RMG)

Assistant Director for Acute Services, NHSC

Assistant Director for Safeguarding Children & Family Support, NHSC

Clinical Director & Lead Forensic Physician, The Rowan, NHSC

Service Manager, The Rowan, NHSC

Manager for Custody Healthcare, PSNI

Representative from Rape Crime, PSNI

Representative from Public Protection Branch, PSNI

Biomedical Scientist, Forensic Science NI

Public Prosecutor, Public Prosecution Service

Clinical Lead for Paediatric Medicine, The Rowan, NHSC

Clinical Lead for Genitourinary Medicine, The Rowan, NHSC

Accountant, PSNI

Accountant, Health & Social Care Board

Accountant, NHSC

Manager for External Corporate Communications, NHSC

Professional Lead for Rowan Nurses, NHSC

Risk Manager for Acute Services, NHSC

Rowan Management Board (RMB)

Director of Women, Children & Families Directorate

Director of Acute Hospital Services

Chief Superintendent, PSNI

Head of Custody Healthcare

Assistant Director for Safeguarding Children, Family Support & The Rowan

Lead Commissioner, Health & Social Care Board

Head of Integrated Projects Unit, Department of Health NI

Assistant Director of Finance, NHSC

Senior Accountant, PSNI

Senior Accountant, Health & Social Care Board

Director of Mental Health & Disability Services

The inter-professional Rowan team has worked collaboratively with the Police Service of Northern Ireland, Health and Social Care, and Third Sector colleagues in attending to the individual needs of victims of sexual violence and abuse, to promote their emotional and physical recovery and wellbeing.

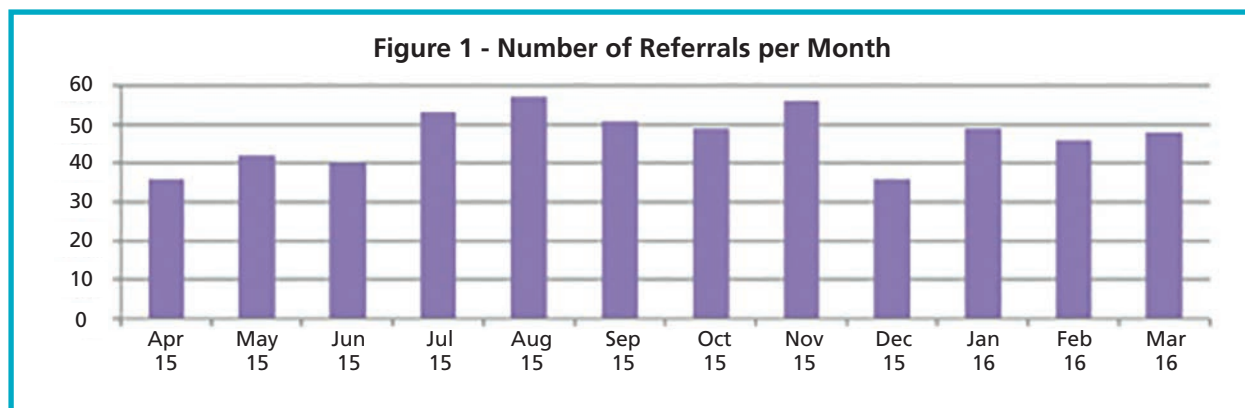


3 The Rowan Year 3 - Service Activity Data

3.1 Referral Data

3.1.1 Number of Referrals Received

In total 784 individuals contacted The Rowan for support, advice and clinical care; this is an 11% increase on year 2. 563 individuals were referred in for direct services, with a further 221 individuals making contact to seek information, support and/or signposting onwards. Figure 1 illustrates the number of referrals per month.



Unlike years 1 and 2, the highest number of referrals were received during August, followed by November, then July.

3.1.2 Timing of Reports: Acute / Non-Recent

There has been no change in the percentage split of when referrals are reported. Over the past 3 years the split has remained consistent: 75% of individuals were referred to The Rowan within a forensically acute timeframe, that being within 7 days of the assault / abuse taking place, and 25% presented outside of this timescale (i.e. 8 days + post-assault).

3.1.3 Number of Forensic Medical Examinations

451 medical examinations were conducted by the Forensic Medical Officers at the request of and with the consent from victims. This is an increase of 4% on year 2, despite having refined the internal pathways. 19% of these assessments involved younger children and were jointly conducted by Consultant Paediatricians and Forensic Medical Officers (n=85). Year 3 has seen a decrease in the number of children being referred for a joint paediatric and forensic assessment by 18%. Further analysis is required to understand the decline in the number of children referred in to The Rowan. In 98% of all paediatric referrals, a joint paediatric and forensic medical assessment was conducted. The team consider this to be the gold standard in clinically assessing for child sexual abuse. There were only two referrals where a joint medical was not possible due to non-availability of a Consultant Paediatrician.

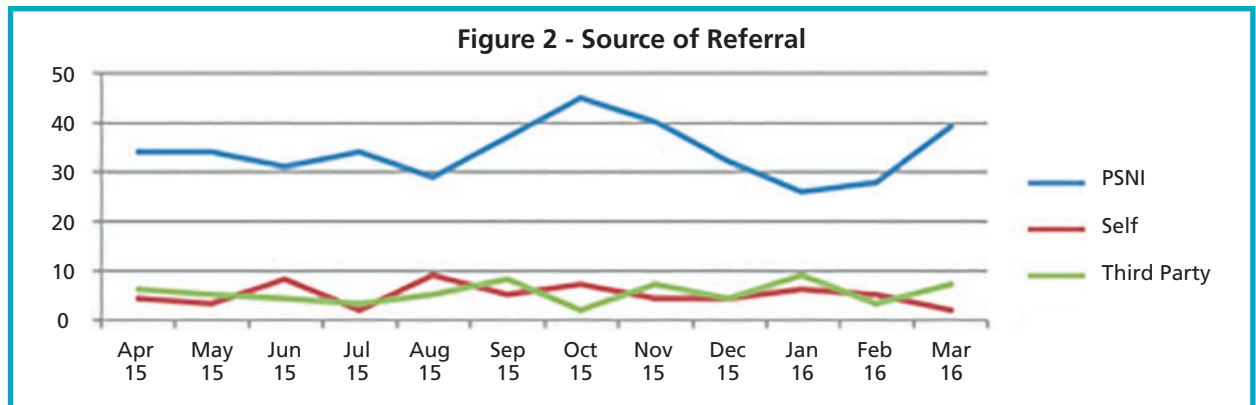
3.1.4 Forensic Medical Assessments Off-Site

There has been a very small number of circumstances (n=9) where individuals have been deemed medically unfit to travel, or there were other extenuating circumstances resulting in The Rowan team visiting the individual off-site to meet the individual's specific needs for instance: older person's residential homes; hospital wards/theatre; and secure unit and prison. This number has remained fairly consistent over the past 3 years.

3.1.5 Source of Referral

The Rowan does not operate any exclusion criteria presently. Anyone who has been directly affected by sexual violence and/or sexual abuse may wish to avail of a service from the team. With regards to referral pathways into the service, individuals can refer themselves, a friend or family member can contact the service directly, or where the person has reported to the PSNI or another agency, the agency can also refer the person in.

Figure 2 below provides a visual representation of the breakdown of the source of referral for the year.



As can be seen from Figure 2:- 69% (n=391) were PSNI referrals. This is a decrease of 4% from year 2. 19% of referrals (n=104) came from the individual directly affected by sexual violence, which is a marked increase of 76% on the previous year. Lastly, 12% were third party referrals i.e. family members, friends or other professionals who knew the person directly affected (n=68) which is an 8% increase on 2014-15. The team is greatly heartened by the number of individuals who are reaching out for support, particularly those people who self-refer, which may be reflective of the continued implementation of The Rowan communications strategy in terms of promoting the service and raising awareness. It should be noted that with the support of the team, the majority of people do go on to meet with a specially trained officer from the Public Protection Branch or to report directly, but may have required some additional support and guidance before doing so.

3.1.6 Day & Time of Referral

Referrals are received by The Rowan team at all times of day and night. Figure 3 notes the day and time of referrals received during year 3, highlighting when referrals were most frequently received. Peak referral times throughout the week are highlighted in the darker shaded areas. This data evidences a similar pattern of referrals received in previous years with Mondays being the busiest day of the week to receive a referral.

Figure 3 Day & Time Referrals Received by The Rowan Team

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Total |
|--------------|-----|------|-----|-------|-----|-----|-----|-------|
| 00:00-03:59 | 6 | 3 | 7 | 3 | 1 | 2 | 12 | 34 |
| 04:00-07:59 | 3 | 3 | 3 | 2 | 5 | 12 | 22 | 50 |
| 08:00-11:59 | 30 | 27 | 26 | 10 | 17 | 9 | 21 | 140 |
| 12:00-15:59 | 38 | 18 | 29 | 26 | 20 | 14 | 16 | 161 |
| 16:00-19:59 | 25 | 18 | 18 | 15 | 10 | 5 | 17 | 108 |
| 20:00-23:59 | 3 | 10 | 11 | 12 | 9 | 15 | 10 | 70 |
| Total | 105 | 79 | 94 | 68 | 62 | 57 | 98 | 563 |

| Key | very low | low | average | high | very high |
|-----|----------|-----|---------|------|-----------|
|-----|----------|-----|---------|------|-----------|

Whilst Figure 3 highlights the days and times when referrals are received, Figure 4 denotes the days and times when the sexual offences occurred, where this is known and reported. Quite often there is a variance between the day and time of the actual offence as to when the individual reports the matter. This can mean a delay of some hours, but more often than not a day or two. Just over half of all incidents of sexual crime reported to The Rowan occur during the weekend i.e. Friday evening to Sunday evening, but the majority of referrals are received between Sunday to Tuesday. This would

confirm what victims tell us, that it takes a few hours and/or days to realise what has happened and to come forward and seek support.

Figure 4 - Day & Time of Sexual Offence

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Total |
|--------------|-----|------|-----|-------|-----|-----|-----|-------|
| 00:00-03:59 | 17 | 7 | 12 | 9 | 17 | 37 | 58 | 157 |
| 04:00-07:59 | 7 | 1 | 4 | 3 | 1 | 13 | 18 | 47 |
| 08:00-11:59 | 1 | 2 | 1 | 3 | 1 | 4 | 3 | 15 |
| 12:00-15:59 | 2 | 5 | 6 | 3 | 2 | 5 | 4 | 27 |
| 16:00-19:59 | 5 | 9 | 3 | 5 | 8 | 17 | 12 | 59 |
| 20:00-23:59 | 10 | 15 | 17 | 25 | 42 | 58 | 19 | 186 |
| Total | 42 | 39 | 43 | 48 | 71 | 134 | 114 | 491 |

| Key | very low | low | average | high | very high |
|-----|----------|-----|---------|------|-----------|
| | | | | | |

3.1.7 Geographical Location

With regards to the geographical spread of referrals, the service has received referrals from individuals and families all across the country. Overall, the highest number of referrals 25% came from the Belfast HSC Trust locality (n=139), followed by 24% from Northern HSC Trust area (n=137), 19% from the Southern HSC Trust (n=107), then 16% from Western HSC Trust (n=89), and lastly, 15% from the South-Eastern HSC Trust area (n=84). A small number of referrals (1%) were received from individuals living outside Northern Ireland (n=7).

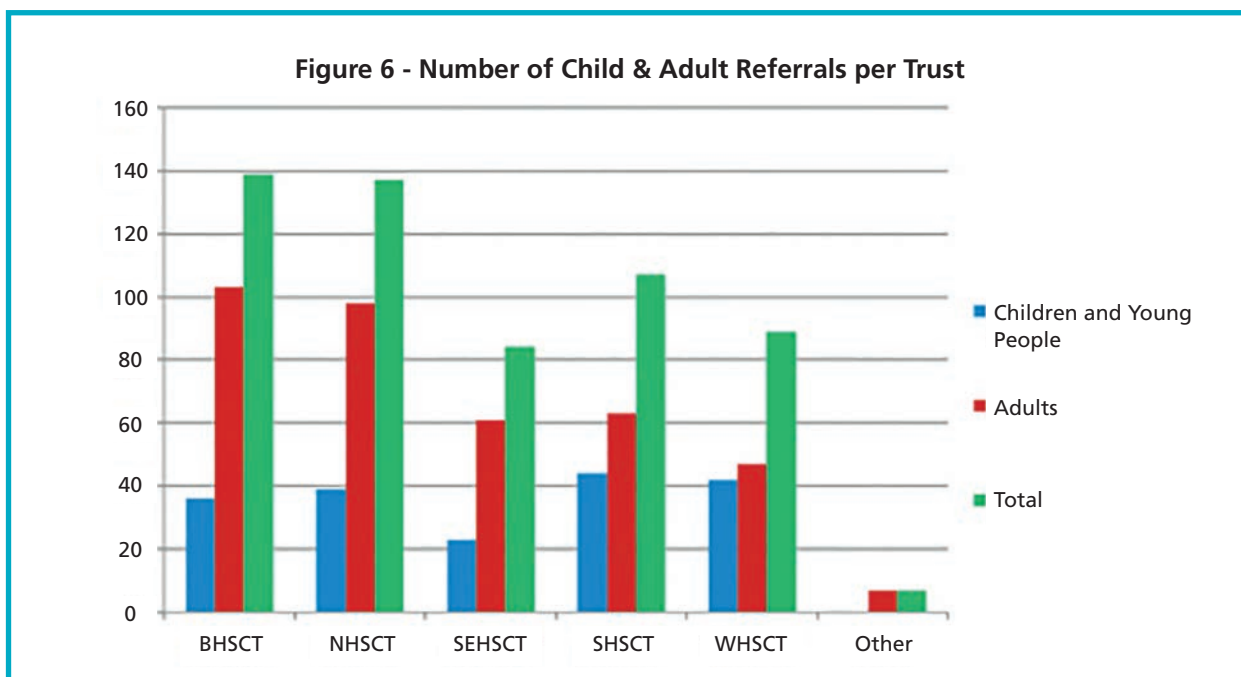
Figures 5 and 6 below set out the data in terms of numbers of referrals per Trust area against the child / adult demographic.

Figure 5 - Number of Referrals per Trust

| | BHSCT | NHSCT | SEHSCT | SHSCT | WHSCT | Other | Total |
|-----------------------------------|------------|------------|-----------|------------|-----------|----------|------------|
| Adults | 103 | 98 | 61 | 63 | 47 | 7 | 379 |
| Children & Adolescents | 36 | 39 | 23 | 44 | 42 | 0 | 184 |
| Total | 139 | 137 | 84 | 107 | 89 | 7 | 563 |

In total 379 adults were referred into The Rowan service during the year. This was an overall increase of 14% on last year's figure. The highest number of adults referred to The Rowan resided in the Belfast HSC Trust area (n=103) which has the second joint largest adult population in NI alongside the Southern Trust (www.NISRA.gov.uk). This was an increase of 12% from year 2. There was also a 36% increase in adults being referred in from the Northern Trust locality (n= 98), which has the largest adult population in NI. The Southern Trust area had a more moderate increase of 3% on last year (n=63). The South-Eastern Trust saw a 36% increase with 61 adults being referred in for services, and the number of adults from the Western Trust locality decreased by 16% (n=47). The Western Trust area has the smallest adult population, so we would expect the numbers of people to be referred in to be consistent with this demographic. A small number of adults who reside outside the jurisdiction, but were assaulted in Northern Ireland increased to seven.

With regards to children and young people, 184 were referred to The Rowan for support and services during the year. This was an overall decrease of 8% from last year. This year the highest number of children referred into the service resided in the Southern Trust (n=44) which is an increase of 76% on last year. The Southern Trust locality has the second highest child population group after the Northern. 42 children and young people in the Western Trust were referred in which was a 10% increase on year 2. This is noteworthy as the Western Trust area has the smallest child population of all the localities. There were fewer children and young people who lived in the Northern Trust who were referred in (n=39), a decrease of 38% which is surprising given it has by far the largest child populace. 36 children and young people residing in the Belfast Trust locality were referred in which was an 8% percentage decrease from last year. Belfast Trust has the second lowest child population. The South-Eastern Trust saw the lowest number of children and young people being referred in for services (n=23) despite being mid ranging for child population size. This was a decrease of 38% on year 2.



3.2 Profile of Individuals Engaging with the Rowan

3.2.1 Age & Gender Presentation

87% of individuals referred in to The Rowan were female (n=492), this was a 5% increase on the previous year. 13% of those referred were male (n=71) which was an increase of 14%. With regards to children 33% of individuals referred were under the age of 18 years (n=184). This equates to a 9% decrease from last year. Adults accounted for 67% of the referrals received (n=379) which was up 50% on last year.

The Rowan Team has provided support and care to children and adults, from infants to the very elderly. Figure 7 below notes the age and gender representation of those referred into the service.

Figure 7 - Gender Breakdown per Age Range

| | 0-7 | 8-12 | 13-17 | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66+ | Total |
|---------------|-----|------|-------|-------|-------|-------|-------|-------|-----|-------|
| Female | 51 | 13 | 97 | 136 | 91 | 61 | 30 | 5 | 8 | 492 |
| Male | 13 | 10 | 0 | 20 | 15 | 6 | 4 | 1 | 2 | 71 |
| Total | 64 | 23 | 97 | 156 | 106 | 67 | 34 | 6 | 10 | 563 |

3.2.2 Child Sexual Exploitation (CSE)

'Child sexual exploitation (CSE) is a form of sexual abuse in which a person(s) exploits, coerces and / or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and / or for the gain of the person (s) perpetrating or facilitating the abuse' (SBNI, 2014, adopted from the CSE Knowledge Transfer Partnership). This year 19 young people who were deemed to be at risk of child sexual exploitation were referred into The Rowan for support and services. This was a 90% increase in the rate of referral from last year where only 10 young people were seen at The Rowan with regards to CSE. The rate of increase can be understood by PSNI and Health and Social Care colleagues being more aware of the range of services available to young people affected by sexual exploitation and the benefits for the young people of engaging with same. This development in practice follows an interagency Reflective Case Review and the sharing of best practice to cascade the learning.

It should be noted, however, that the number of young people affected by CSE and being referred into The Rowan still remains a small number of young people accounting only for 10% of all referrals of children and young people (n=19). The young people deemed to be at risk of CSE were all females, aged between 13-17 years and came from all five Health & Social Care Trusts. The Rowan team has

continued to focus on engaging with such young people around their therapeutic health needs in the first instance where they do not wish to make a formal report at initial presentation, whilst gently encouraging engagement with the criminal justice system, where they have not already done so.

Supporting young people at risk of child sexual exploitation remains a priority for service development. The Rowan plans to co-produce a young person-friendly leaflet and narrative to be added to the service website with the aim of encouraging young people to engage with The Rowan services to promote their health and well-being. The Service Manager is a member of the Northern Trust CSE Coordinating Group and plans to progress this initiative via the group with support from the Regional CSE forum.

3.2.3 Looked After Children

A small number of children and young people (17%) were looked after by their respective Health & Social Care Trust (n=31) whilst known to The Rowan. All the children and young people were female. In terms of age range: 8 were aged between 0-7 years, 3 were aged between 8-12 years, and 20 were aged between 13-17 years. In terms of their respective placements: 12 resided in foster care, 15 were living in children’s homes, and 4 were in a kinship placement. Many of the children disclosed sexual abuse relating to a time before they were looked after, when they lived at home, in the community. The children and young people came from each of the five Trust localities.

Whilst the looked after child population seen at The Rowan remains a small number of children and young people, this year saw an increase in referral of 158%. Where 12 children and young people were referred in last year, this increased to 31 this year. Similar to the rise in CSE referrals, the growth can be partially attributed to a greater awareness of the therapeutic benefits to children and young people’s health and wellbeing.

3.2.4 Individuals with Additional and / or Complex Needs

48% of all individuals referred (n=269) presented with complex and additional needs, such as: living with chronic and enduring mental ill-health, physical ill-health and/or learning disabilities. This is an increase in percentage terms of 2% on last year, and in actual numbers (n=27). Figure 8 below highlights the share of the mental health, learning difficulties/ disabilities, and physical health conditions and disability presentations.

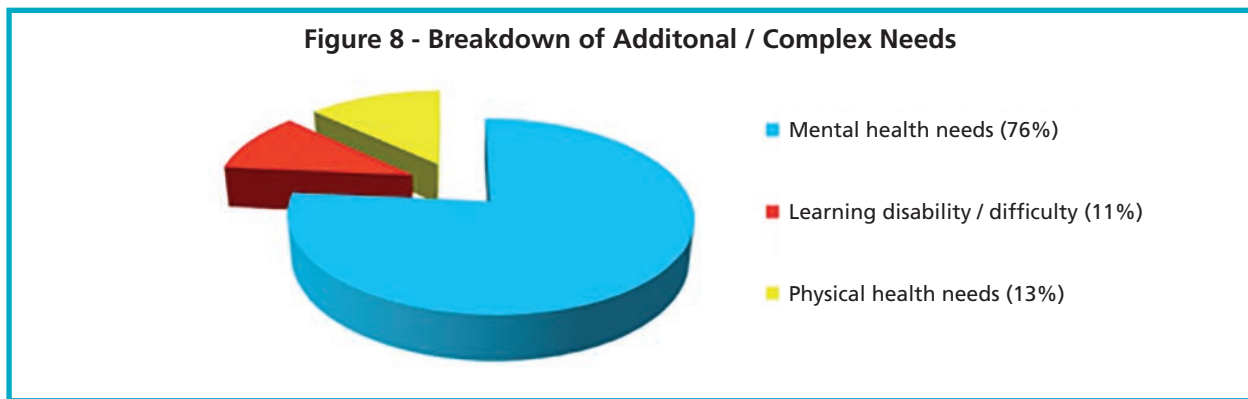


Figure 9 provides a breakdown of the data regarding adults who presented with additional and complex needs, set against gender and age. Overall, 56% of adult females presented with a mental health issue (n=186), as did 44% of the adult males who attended (n=21). The younger the age bands the higher the rate of adults affected by mental health issues. 35% of all adults disclosed self-harming behaviours (n=131).

In terms of the other additional/complex needs sub-categories, 6% of women presented with a learning difficulties/disabilities (n=21), as did 8% of men (n=4). With regards to physical health conditions, 9% of women (n=30) and 4% of men (n=2) presented with same.

Figure 9 Numbers of adults with additional needs set by gender and age

| | | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66+ |
|--------|-----------------|-------|-------|-------|-------|-------|-----|
| Female | Mental Health | 71 | 52 | 33 | 21 | 4 | 5 |
| | Learning Dis | 8 | 4 | 4 | 4 | 1 | 0 |
| | Physical Health | 7 | 5 | 7 | 5 | 1 | 5 |
| Male | Mental Health | 7 | 6 | 3 | 4 | 1 | 0 |
| | Learning Dis | 1 | 0 | 1 | 1 | 0 | 1 |
| | Physical Health | 0 | 0 | 2 | 0 | 0 | 0 |
| Total | Mental Health | 78 | 58 | 36 | 25 | 5 | 5 |
| | Learning Dis | 9 | 4 | 5 | 5 | 1 | 1 |
| | Physical Health | 7 | 5 | 9 | 5 | 1 | 5 |

With respect to children and young people, a number have presented with additional and/or complex needs. At the point of referral into The Rowan, 29% of children and young people (< 18 years of age) have reported having mental health needs (n=60). This is a percentage increase on last year of 3%. See Figure 10 below for an overview of same. 23% of those < 18 years of age also reported having self-harmed (n=42). This is a percentage increase of 6% from last year. The vast majority of those who reported self-harm tended to be in the older age range, between 13 and 17 years. Please refer to Table 10 for a profile of the children and young people who had mental health presentations.

Figure 10 Profile of Children & Young People who have a Mental Health Presentation

| | Male | | | | Female | | | |
|--------------|--------|---------|----------|-------|--------|---------|----------|-------|
| | 0-7yrs | 8-12yrs | 13-17yrs | Total | 0-7yrs | 8-12yrs | 13-17yrs | Total |
| BHSCT | 2 | 0 | 0 | 2 | 0 | 0 | 12 | 12 |
| NHSCT | 1 | 0 | 0 | 1 | 0 | 0 | 11 | 11 |
| SEHSCT | 0 | 0 | 0 | 0 | 2 | 1 | 10 | 13 |
| SHSCT | 1 | 2 | 0 | 3 | 1 | 1 | 7 | 9 |
| WHSCT | 0 | 0 | 0 | 0 | 0 | 1 | 14 | 15 |
| Total | 4 | 2 | 0 | 6 | 3 | 3 | 54 | 60 |

A very small number of children presented with learning difficulties/disabilities (n=9). 5 were male children and were aged between 0-17 years. With the remaining 4 children being female and all aged between 13-17 years.

Similarly, a small number of children who were referred into The Rowan presented with physical health conditions (n=14). 6 male children aged between 0-12 years, and 8 female children who were aged between 0-17 years.

In 27% of cases involving children and young people they disclosed that the person who displayed the sexually harmful behaviour was also a child or young person (n=50). This is a decrease in percentage terms of 6% from last year of known cases. Of this group, 98% were male (n=44), with the majority being in the older age bracket (8-17 years). 2% female (n=1), who was in the youngest age bracket (8-12 years).

See Figure 11 below for an overview of the gender, age and Trust locality from the information available.

Figure 11 Profile of Children & Young People who have Displayed Sexually Harmful Behaviours

| | Male | | | | Female | | | |
|--------------|--------|---------|----------|-------|--------|---------|----------|-------|
| | 0-7yrs | 8-12yrs | 13-17yrs | Total | 0-7yrs | 8-12yrs | 13-17yrs | Total |
| BHSCT | 0 | 4 | 3 | 7 | 0 | 0 | 0 | 0 |
| NHSCT | 0 | 0 | 11 | 11 | 0 | 0 | 0 | 0 |
| SEHSCT | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| SHSCT | 0 | 6 | 10 | 16 | 0 | 1 | 0 | 1 |
| WHSCT | 0 | 1 | 8 | 9 | 0 | 0 | 0 | 0 |
| Total | 0 | 11 | 33 | 44 | 0 | 1 | 0 | 1 |

Whilst The Rowan does not provide a service to those children who display sexually harmful behaviours, unless they have also been a victim of a sexual crime, partner agencies will offer appropriate support services to the respective children, young people and their families in this regard.

3.2.5 Repeat Presenters

A small number of individuals (n=15) have represented to The Rowan with further, separate incidents of sexual violence within the year.

3.2.6 Trafficking

A very small number of individuals were reported to be trafficked or suspected of being trafficked for sexual exploitation. These incidents relate to both international trafficking and being trafficked within Northern Ireland.

3.2.7 Intimate Partner Violence

For 69 individuals, their report of sexual violence was related to either their current intimate partner or a recent ex-partner (12%). This number has remained fairly consistent.

3.2.8 Substance-Related Factors

41% of individuals reported having consumed alcohol prior to the sexual assault (n=229), with approximately 8% of victims attending The Rowan queried being subjected to drug-facilitated sexual assault (DFSA) (n=43).

3.2.9 Ethnic Diversity

In terms of ethnic diversity 5% of individuals referred in to The Rowan were Black, Asian or minority ethnic (BAME) (n=29). For a number of these individuals and families who engaged with the service English was their second language. Languages other than English spoken included: Arabic; Czech; Hindi; Hungarian; Latvian; Lithuanian; Mandarin; Polish; Portuguese; Romanian; Russian; and Rwandan. Interpreting services were employed as required to assist and support the individuals and families to engage fully with the services offered.



3.2.10 Self-Referrers

As noted above, The Rowan does not operate any exclusion criteria, any individual directly affected by sexual violence or sexual abuse can contact the service and discuss what services might assist them. There is a range of referral pathways into the service. Individuals can report the matter to the PSNI in the first instance, which the majority of people do. Alternatively, another professional or family member or friend might refer the person with their consent. The victim can also self-refer to The Rowan. Anyone under the age of 18 years who contacts the service directly will be advised that the PSNI and Social Services will have to be notified of the crime as it is a safeguarding matter. However, adults who self-refer, who have capacity and are not at immediate risk can decide whether or not to report the matter to the PSNI. This year, 66% of those individuals who have self-referred (n=69) and 66% of third party referrals (n=45) either accepted the offer to meet with a specially trained Police Officer in the area of rape crime or child sexual abuse to discuss their options regarding engaging with the criminal justice process, to make a formal complaint, or to share anonymous information or to make a formal complaint to the PSNI, all with the support of The Rowan team.

With regards to self-referrers who have been assaulted within 7 days of contacting The Rowan team and did not wish to make a formal complaint to the PSNI at the time of contact, many have gone on to formalise a complaint at a later stage with the support of the team. At the end of the year, The Rowan has stored the forensic exhibits of a very small number of adults (n=25, 6%), who may still go on to report to the PSNI into the future. Forensic samples and exhibits can be securely stored at the centre for up to seven years which affords individuals time to consider all their options. This forensic storage facility gives victims a choice which otherwise they would not have had.

3.3 The Rowan Sexual Health Clinic

The Rowan offers a holistic sexual health assessment to all victims of sexual violence. This year 82% of victims chose to engage with The Rowan for their sexual health needs. This has remained fairly consistent over the past 2 years. All children and young people <13 years were offered review appointments with the Consultant Paediatricians regarding their sexual health needs at The Rowan. For those adolescents and adults who opted to attend their local genitourinary medicine clinic or receive testing via their GP practice: 29% were referred into local Belfast Trust services; 27% were referred to Western Trust services; 18% to the Southern Trust, 14% to the Northern Trust; 6% to South-Eastern Trust; and 6% to local clinics outside of Northern Ireland where the victim resided.

The Rowan Sexual Health Clinic has seen a very high level of engagement. 96% of children and young people (< 13 years) were brought to their paediatric sexual health appointments. 59% of individuals aged 13 years+ offered appointments attended their appointments, with 23% cancelling and 27% not attending their scheduled appointment. The adult clinic has seen personnel and practice changes which are currently under review. The engagement rate will continue to be monitored as new systems are introduced.

4 Public and Personal Involvement (PPI)

4.1 Service-User Feedback

For those who exit the service, postal surveys are sent out to ascertain victim experiences (children, young people, adults and parents / carers where applicable). The Rowan has received 65 postal survey returns to date (17% response rate). The general descriptors noted were:- staff were welcoming; caring; courteous; respectful; listened; took time; and made individuals feel safe; at ease; reassured; and comfortable. The feedback from those victims who have attended and where applicable their respective care-givers is reported formally in an annual service-user feedback report where an action plan is drawn up in order to take on board victims and carers' responses and enhance the service. The feedback is too vast to detail in this report, so below are a number of quotes to illustrate what victims and carers thought about the service received.

'Staff made my child and I feel comfortable and explained everything.'

'Staff were kind, caring and patient.'

'The staff listened to me and helped me understand what happened was not my fault. They put me at ease.'

'Thank-you for taking some of the stress from me on that difficult day. I felt safe at The Rowan.'

'The staff listened to me and helped me understand what happened was not my fault. They put me at ease.'

'I appreciated the calls to check how I was and if I needed anything. I'm very thankful for the care they showed to me.'

4.2 Victims & Carers Group

The Rowan has continued to proactively seek feedback from those individuals who engage with the service, and where applicable their care-givers. One aspect of The Rowan's personal and public involvement is the recruitment of attendees onto The Rowan Victims and Caregivers Group. So far 44 individuals have registered an interest and joined the group. Individuals have a choice of how they wish to be engaged, namely by: phone, letter, email, face to face either one-to-one or within a group setting. The initial consultation for this year looked at what additional communications could be provided. Work is underway to produce a leaflet and podcast explaining what is a children's medical assessment to assist and support children and their care-givers in advance of attending The Rowan.

Feedback from adults focused on the nature of therapy and the importance of being able to deal with the symptoms of trauma such as: panic attacks, intrusive thoughts, and over-thinking. This feedback was shared with providers of therapy who contribute to The Rowan Professionals Stakeholder Forum to cascade to others as well as to consider providing such coping skills alongside the counselling rather than afterwards.

It is expected members of the group will be invited by Victim Support Northern Ireland to contribute to the development of the Independent Sexual Violence Advocate (ISVA) role in due course.

4.3 The Rowan Professionals Stakeholder Forum

This year saw the evolution of The Rowan Professionals Stakeholder Forum. A number of key partner Third Sector agencies were invited to join the forum with a view to: sharing best practice, providing critical feedback on The Rowan service, where the opportunity arises to work / deliver training together, and to identify gaps and solutions to meet the needs of victims and caregivers.

Contributors to date included:

- Contact NI,
- Barnardos,
- The Rainbow Project,
- Victim Support NI,
- Women's Aid,
- Men's Advisory Project (MAP),
- Nexus NI,
- NSPCC NI,
- Men's Action Network (MAN), and
- 24 Hour Domestic & Sexual Violence Helpline.

Within its inaugural year, the group delivered an interagency Regional Conference alongside PSNI and Public Prosecution Service colleagues to the community in Derry to mark the Sexual Abuse and Sexual Violence National Awareness week (February 2016) and to support the #itsnotokay campaign. Derry and Strabane Policing & Community Safety Partnership (PCSP) very kindly agreed to sponsor the event in Derry, providing the community venue with lunch and refreshments throughout the day. The focus of the Conference was to raise awareness of the various support services available to victims, how they operated, the services offered and how to refer in. Minister Ford (Department of Justice NI) opened proceedings. The audience consisted of victims and survivors, professionals who worked in various sectors: health, social care, third sector counselling, community organisations, academia, local government, and criminal justice agencies. The evaluations received by attendees was very positive.



(l-r, back row: Sharon Haugh, NSPCC; Orlagh Conway, Women's Aid Omagh; Michael Lynch, Men's Action Network; Helena Bracken, Nexus NI; Mairead Lavery, PPS; D/Sup John McCaughan, PSNI; front row: Sonya McMullan, 24Hr Domestic & Sexual Violence Helpline; Minister Ford, DoJ; Dr Olive Buckley, The Rowan; Dermott Harrigan, Omagh & Strabane PCSP).

5 Engagement with Professional Stakeholders

During the year, The Rowan has hosted many visitors, and the Team has formally presented to a variety of groups both on and off-site to raise awareness of the service. The Rowan continues to meet and present to a wide range of stakeholders including: health professionals, social workers, counsellors, Youth Justice personnel, students, foster carers, Gardai, local Councils, community groups, schools, youth groups and voluntary groups.

On 15th March 2016, Minister Ford, Department of Justice and Minister Hamilton, Department of Health launched the regional inter-departmental strategy 'Stopping Domestic and Sexual Violence and Abuse in Northern Ireland' at The Rowan. The strategy highlights the importance of prevention, early intervention, delivering change through responsive services working together, providing arrange of supports to meet the needs of victims whilst holding perpetrators to account through the justice system.



(l-r: Karen Douglas, Manager, The Rowan; Minister Hamilton; Minister Ford; Detective Chief Inspector Stephen Wilson, PSNI).

6 Chairman's Award for Partnership

The Rowan was awarded the Northern Health and Social Care Trust Chairman's Award for Partnership as a result of the bespoke partnership between the Northern Health and Social Care Trust and the Police Service of Northern Ireland in delivering a high quality and effective 24/7 acute service to victims of sexual violence and abuse. The award was accepted by The Rowan team and colleagues from the Police Service at the Trust's Leadership Conference in November, who were delighted to receive the recognition from the Trust.



(l-r) Claire Galloway, Lead Nurse, NHST; Emma Donnelly, Rowan Nurse; D/S Kerry Brennan, PSNI; D/I Lynne Knox, PSNI; Dr Alison Livingstone, Clinical Lead for Paediatric Medicine; Richard Pengelly, DHSSPSNI; D/Sup Rachel Shields, PSNI; Dr Olive Buckley, Clinical Director; D/I Stephen Wilson, PSNI; Tanya Copeland, Rowan Nurse; Margaret Gordon, Rowan Nurse; Bob McCann, NHST Chairman; Karen Douglas, Service Manager.

7 Overview from Clinical Leads

7.1 Clinical Director Overview

As our third year draws to an end, I am pleased to report that The Rowan service continues to mature and grow, building on the commitment to place the victims needs at the heart of the service.

In November 2015 The Rowan was recognised with the Northern Trust Chairman Partnership award for the bespoke partnership between the Trust and the PSNI. Credit goes to The Rowan Team and our colleagues in the PSNI who endeavour on a daily basis to continue to improve the service.

This year a podcast outlining the services was produced by the students at Northern Regional College and can be found on the website. This is a useful aid for those using the services and the general public.

Once again in Year 3 there has been an increase in the number of people accessing the support and services of the Rowan and attending for forensic medical examinations and returning for follow up.

During the forensic examination the specially trained Forensic Medical Officer (FMO) retrieves, when appropriate, the forensic evidence and attends to the victim's medical needs. Medical needs include a mental health assessment, the assessment and dispensing of emergency contraception, assessment for sexually transmitted diseases and prophylactic medication in the prevention of blood borne viruses such as: Syphilis, Hepatitis B and HIV. Clinical data has been collected in year and we look forward to analysing the results and reporting back in year 4.

The Rowan has a dedicated team of ten very experienced Forensic Medical Officers (FMOs) and 17 highly skilled nurses who are on call 24/7. Due to the demand for the service we are looking in year 4 to recruit additional Forensic Medical Officers.

The National Service Guidelines recommend as one of the key Minimum Elements to offer a choice of gender of doctor when possible. Some sexual assault referral centres choose to employ female doctors only. At The Rowan we have both male and female forensic medical officers, paediatricians and consultants in genitourinary medicine.

Our feedback and experience is that what matters is the attitude of the doctor, not the gender. Helping people recover from sexual trauma takes a special person. I am immensely proud of The Rowan Team.

Our four consultant paediatricians provide regular weekly clinics as well as an on-call service. It has been an outstanding achievement that 98% of our paediatric forensic medical examinations have been joint examinations, improving care with the combination of skills of a forensic medical officer and a consultant paediatrician.

The nursing team consists of a dedicated team of core and on-call nurses. They are very skilled and act as an advocate for the victim from the moment contact is made. They continue to support the victim throughout the examination, providing the victim with a care plan, information regarding follow up and information on how to access the right help if needed. They are very experienced and extremely motivated nurses who are managed by our lead nurse, Gail Jackson.

Underpinning every examination is the focus to do what is right for the victim. No two victims present the same or no two victims have the same needs. It is an abhorrent statistic that in year 3, 48% of those who attended already had complex or additional needs at the time of the crime.

Together the doctors and nurses skilfully identify the needs of the victim, putting the victim at ease, offering choices and ensuring the victim remains in control of the process and helping the victim achieve the best outcomes for themselves.

Feedback from victims reflects relief that their medical needs were met. Victims report benefit especially in this early stage both from the support of The Rowan staff and police. Many report leaving more empowered and in better emotional state than on arrival. It is also encouraging that two-thirds of the third party and self-referrers went on to engage with the PSNI after their engagement with The Rowan team.

The day time team are diligent in arranging whatever follow up is required and continue to provide support for as long as is required. The consultant led and nurse led sexual health clinics have quickly become an invaluable part of the service. The feedback from these clinics is outstanding.

Rowan doctors meet regularly for training, reflective case discussion and peer review and contribute

towards research. Workshops have taken place this year with all of the Public Protection Branch units. All undergraduate medical students in QUB now receive teaching in their preparatory week just prior to starting their first medical post. All of the second year doctors and dentists in NI also have attended training in year 3 and workshops have taken place for more experienced doctors and other professionals.

We maintain close links with our colleagues nationally and in the south of Ireland. We benefit from sharing experiences and supporting and learning from each other. This is invaluable as we continue to face the challenges of sexual violence especially as we seek to develop our services for victims of child sexual exploitation (CSE) and female genital mutilation (FGM).

In closing, thank you, to the members of the Rowan Management Group and Rowan Management Board, our colleagues in the PSNI, to all the inter-professional teams and to the third party sector for their input and support.

A special mention should be made of Service Manager, Karen Douglas, who manages the service effectively and efficiently in an ever challenging landscape to deliver the highest standard of care whilst promoting the awareness of the service locally and nationally. She is committed to ensuring that all victims and where applicable, their care-givers who have experienced the horror of sexual violence are treated with respect and dignity and are able to assert their choice and control over the engagement with services.

And finally a big thank you to all the victims who helped shape and continue to shape the service.

Dr Olive Buckley (OBE)

Clinical Director & Lead Forensic Physician

7.2 Paediatric Overview

The team of four consultant paediatricians continue to provide input to Joint Paediatric Forensic Medical Assessments (along with FMO colleagues) in cases involving children below 13 years and those 13 years and above in whom there are vulnerability factors felt to require paediatric input.

In the past year a clinical database has been established to gather information on type and frequency of clinical findings in child sexual abuse with the aim of contributing to much needed research and an evidence base going forward which may assist decision-making in family and criminal proceedings. This database will also gather information on co-morbidity both in victims and perpetrators. The Clinical Lead for Paediatric Medicine has also contributed to QUB Research on "Children as 'Risk': CSE and Abuse by Children and Young People."

New challenges this year included addressing queries about medical assessment of female genital mutilation (FGM) in children and it is hoped this experience coupled with liaising with medical colleagues in England will enable The Rowan Paediatricians to contribute to guidance issued by the Safeguarding Board for Northern Ireland (SBNI) sub-committee on female genital mutilation on the appropriate medical response.

The Rowan medical staff have been instrumental in devising written Northern Trust guidance on the management of ano-genital bleeding in children which will be referenced by Safeguarding Board for Northern Ireland in their upcoming revised policy and procedures. This guidance is already used as a source of advice regionally to paediatricians dealing with such cases - as is the Rowan service itself.

The Rowan Paediatric and Forensic Medical Officers contribute to a wide range of safeguarding training including all second year doctors, Public Protection Branch officers, medical students and paediatric trainees. The Rowan is the focal point for the Regional Child Protection Special Interest Group held three monthly at The Rowan (a group of senior paediatricians from all five Trusts with a role in child protection).

The Rowan Paediatricians and Forensic Medical Officers link directly with colleagues nationally via St Mary's Sexual Assault Referral Centre Manchester, Royal College of Paediatricians and Child Health Child Protection Committee and Galway Child and Adolescent Sexual Assault Treatment unit.

Dr Alison Livingstone

Clinical Lead for Paediatric Medicine

7.3 Sexual Health Clinic Overview

The small Rowan Sexual Health Team consists of two consultant physicians and a specialist lead nurse backed up by a number of highly trained Rowan nurses and administrative staff.

The medical staff have supported the most vulnerable groups including those under 16 years of age and victims with complex needs such as: those who live with enduring mental health presentations, cognitive impairments and multifaceted physical health conditions.

In addition there is a significant workload in managing the post-exposure prophylaxis for sexual exposure (PEPSE). These are anti-viral drugs administered within 72 hours post-assault which aim to prevent the development of HIV infection.

As a further preventative measure, all victims are offered Hepatitis B vaccination, of which there is a very high uptake.

As sexually transmitted infections have a window period, a number of checks are offered within three months. The majority of these are conducted by the specialist lead nurse.

The Rowan Sexual Health Service also provides an opportunity for individuals to talk about how they are feeling post assault, to discuss the need for onward referrals to counselling and other support services, and/or to enable the clinicians to liaise with existing advocates or professionals so the victim does not have to continue to repeat their account of what has happened. Appointment times are protected to ensure the victim receives the help and care they need.

Some victims choose to have their follow up care at their local Genitourinary Medicine Clinic or with their GP, but this remains a low number, only 18% selected this option this year. The vast majority of individuals have chosen to return to The Rowan for post-assault care (82%).

Expert advice is frequently provided by phone to other professionals who make contact with The Rowan seeking guidance on complex genitourinary medicine matters.

The issue of receiving a positive result for a sexually transmitted infection is of significant concern for victims who are already trying to cope with many issues arising from a serious sexual assault. Prior to The Rowan opening, victims would have sought help for their GP or local Genitourinary Medicine Clinic, if at all. The integrated Sexual Health Service within The Rowan this has been of great comfort to many of the hundreds of individuals who have chosen to attend over the past three years.

Before The Rowan opened it was difficult to know the nature and extent of sexually transmitted infections post-assault across Northern Ireland. This data is now recorded and can help inform policy and practice. Just less than 2% of those attending The Rowan have tested positive for a sexually transmitted infection and received the appropriate treatment and follow-up care.

Safeguarding has been a challenge for many health care professionals, so the ready availability of advice from The Rowan team has been of great benefit in ensuring both child and adult safeguarding matters are attended to.

The Rowan Sexual Health Team is also involved in teaching across various fora to raise the awareness of the nature and extent of sexually transmitted infections in the context of sexual assault and the importance of individuals receiving testing and treatment in this regard.

The Team continues to build on the success of previous years in ensuring victims of sexual assault receive the best care they require.

Professor Wallace Dinsmore

Consultant in Genitourinary Medicine

8 Final Reflections

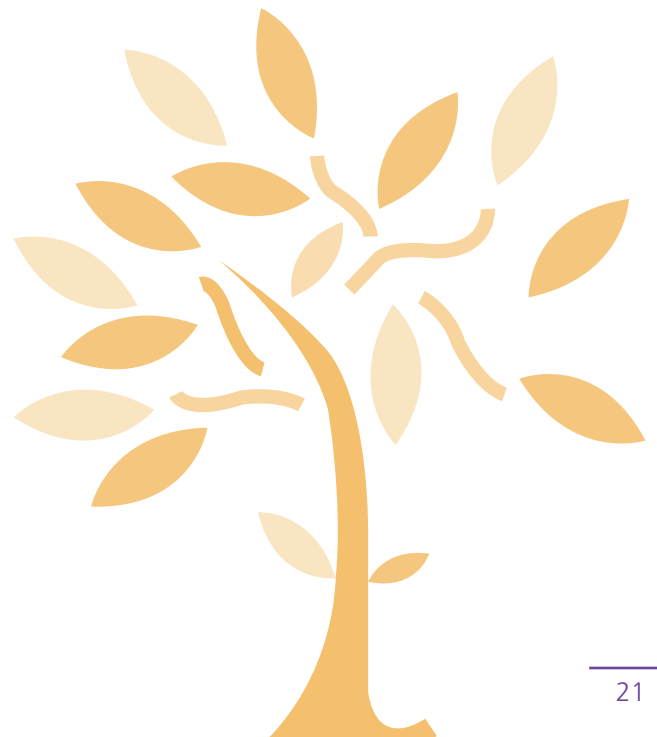


Year 3 has seen The Rowan growing from strength to strength. More people have become aware of the support and services available, and reached out to avail of them.

The work established in year 2 regarding child sexual exploitation was developed further this year with more young people choosing to engage with the forensic and therapeutic services at The Rowan. However, as a team we believe we can do more to reach out to young people to inform them of the services available to promote their health and wellbeing. Looking ahead, year four will see a Rowan initiative seek to co-produce a young person friendly leaflet and information to our website to encourage young people to come forward and engage with health and therapeutic services. In addition to keeping parents and caregivers up-to-date with developments, so they know there are specialist services available in this regard.

We know there continue to be challenges ahead. Female genital mutilation (FGM) is a relatively new issue for the team, so we will look to develop our knowledge in this regard so an effective and quality service can be provided to any child or adult female who has been directly impacted.

With such challenges in society, we know we cannot realise our goals alone. We look forward to enhancing our relationship with specialist officers and chiefs in the Police Service of Northern Ireland and our many Third sector partners with whom we rely on to provide a seamless services to those who need it. Most importantly, we will continue to engage with those individuals who have attended our services and who can help us to keep the service moving in a direction which is impactful in making a positive difference to those whom we meet.





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