



A Day in the Life of a Forensic Physician Sexual Offences Medicine

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

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

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

Witness statements are required for some of the cases I've seen and, very occasionally, attendance at Crown Court to explain examination findings in simple terms to a lay jury.

I enjoy the monthly SARC Peer Review meetings, which usually feature some healthy discussion of any interesting or problem cases, and is a great opportunity to catch up socially with the rest of the team.

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

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

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

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

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

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

I made mental health and G.U.M. follow-up arrangements, and checked there were no other cases in the pipeline before leaving the centre just after midnight.

On my drive home I reflected that the 23-year-old appeared much calmer and less tearful on leaving the SARC, than when she had arrived 3 hours earlier.

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

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

Dr Sarah Redvers

On behalf of the Academic Committee of the Faculty of Forensic and Legal Medicine