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Original Communication

Preferred choice of gender of staff providing care to victims of sexual assault in Sexual Assault Referral Centres (SARCs)

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Abstract

Background: A Sexual Assault Referral Centre (SARC) is a model of service developed in the UK to provide immediate medical care, forensic and after care services for the victims of serious sexual assault. National guidelines recommend female medical staff for victims of serious sexual assault, although there has been few studies specifically undertaken to ask victims themselves about their choice of gender of staff in a SARC.
Objective: To collect feedback from victims about their preferences for staff gender within SARCs as a means of informing recruitment policy.
Methods: Three SARCs participated in the study; two in London and one in Manchester. Clients over the age of 16 years (with no vulnerability) were asked to complete a questionnaire about their preference for gender of staff providing forensic examination and care.
Results: Most victims (76.8%, male and female) preferred SARC staff to be female. Almost 100% of victims would continue with the examination if carried out by a female doctor, whereas 43.5% of victims said they would not if the doctor were male.
Conclusion: SARCs should continue to consider female staff as the primary gender of staff providing services, as part of their recruitment policy, within the realms of employment law.

Keywords: SARC; Gender; Staff; Sexual offences; Forensic medical examination

1. Introduction

A Sexual Assault Referral Centre (SARC) is a 'one stop' location where victims of sexual assault can receive a forensic medical examination to assist with police investigations and aftercare support such as counselling.[1] The medical needs of victims may include treatment of minor injuries, medical assessment and prevention of sexually transmitted infections including HIV, emergency contraception and psychosocial support. Victims attending most SARCs are given the choice to have a forensic examination with or without reporting to the police, typically if the incident occurred less than seven days ago. Some SARCs are only

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open to police-referrals. A forensic medical examination, including taking intimate samples, is crucial if assailants are to be prosecuted and convicted. Sensitive, non-judgemental, professional and sympathetic care during and after the examination is essential in enabling the victim to gain control as part of the recovery process. Access to services may be hindered if SARC staff members lack the appropriate knowledge, skills and attitudes.

Previous studies suggest that both female and male victims prefer female staff caring for them following sexual assault,[2–4] whilst some female victims have experienced forensic examination by a male doctor as unsympathetic, judgemental and humiliating.[5] There may also be cultural issues biasing personal preferences, e.g., for some women examination by a male doctor could be against their religion and traditional values.[4] In addition, because the perpetrators/assailants are mostly male, victims do not want to be intimately examined by a male doctor soon after the event.[5]

The National Service Guidelines for SARCs and elsewhere recommended that forensic medical staff should be female[1,6] in large part as an attempt to improve the poor conviction rate for rapes reported to the police (5.6% in England and Wales[7]). This has led to the justification and substantiation of a female only recruitment policy in the Manchester and London based SARCs. However, limited specific research has been done to ask victims of sexual assault about their preference of staff gender. This study was, therefore, carried out to explore the views of both male and female victims.

2. Method

The research was carried out from April to September 2005 in three SARCs: The Haven – Camberwell; The Haven – Paddington (both of the latter in London); and St. Mary's Centre (Manchester). Ethical approval was obtained from South Manchester Research Ethics Committee and the relevant departments of the individual NHS Trusts. Clients attending a SARC for a forensic medical examination were invited to participate in the study. The forensic physician or crisis worker would explain the study in full, obtain consent and give the information pack, including a questionnaire for completion either on site or to be taken away for completion at their convenience (prepaid envelopes were enclosed in the packs to encourage return of the questionnaires). In order to maximise recruitment, for those who were initially unsure about participation, the study was also discussed with victims at follow-up visits. Frequency and non-parametric statistics were calculated.

The total number of clients at the three sites during the study was 1125, of whom 859 were eligible to participate in the study. From these, 177 completed questionnaires were returned, giving a response rate of 20.6%. Most respondents were recruited by the Haven at Paddington (108, 61.0%), followed by the Haven at Camberwell (38, 21.5%) and St. Mary's at Manchester (31, 17.5%). There were 168 (94.9%) female respondents and 9 (5.1%) male. Most respondents who gave their age (132, 75%) were between 18 and 34 years, see Table 1 for details. A majority of respondents who cited their ethnicity (103, 58.5%) defined this as 'White British', see Table 2 for details.

Table 1
Age groups of respondents, excluding unknowns ($n = 176$)

Age	n	%
16–17	14	8.0
18–24	71	40.3
25–34	61	34.7
35–44	20	11.4
45–54	8	4.5
55+	2	1.2

Table 2
Ethnicity of respondents, excluding unknowns ($n = 176$)

Ethnic group	n	%
White British	103	58.5
White Other	28	15.9
Mixed White Black Caribbean	1	.6
Mixed White Asian	3	1.7
Mixed Other	5	2.8
Asian Indian	1	.6
Asian Pakistani	4	2.3
Asian Bangladeshi	2	1.1
Asian Other	7	4.0
Black Caribbean	10	5.7
Black African	5	2.8
Black Other	5	2.8
Other Ethnic Group	2	1.1

3. Results

3.1. What would victims prefer?

Overall, 138 of the respondents (78.4%) indicated a preference for female forensic physicians, and 132 (74.6%) for female crisis workers. These figures were roughly the same for female respondents, since the number of male respondents was so small. A majority of males expressed no preference for forensic physician gender, although a third would have preferred a female. This difference between the two participant groups was sufficiently large to be statistically significant ($p < 0.05$) in a Pearson Chi Square Test ($p = 0.00$, two-tailed). Conversely, over half of males expressed a greater preference for female crisis workers, reflecting their female counterparts. No-one expressed an active preference for a male crisis worker and only one respondent, a male, expressed a preference for a male forensic physician. The rest claimed to have no preference for the gender of the service provider. See Table 3 for details.

3.2. What if there was no choice?

When asked if they would still have a forensic medical examination if they had to see a female forensic physician,