



Addressing sexual violence disclosure amongst patients during MHSU health assessments & screening

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MHSU & DP (Direct Provision)

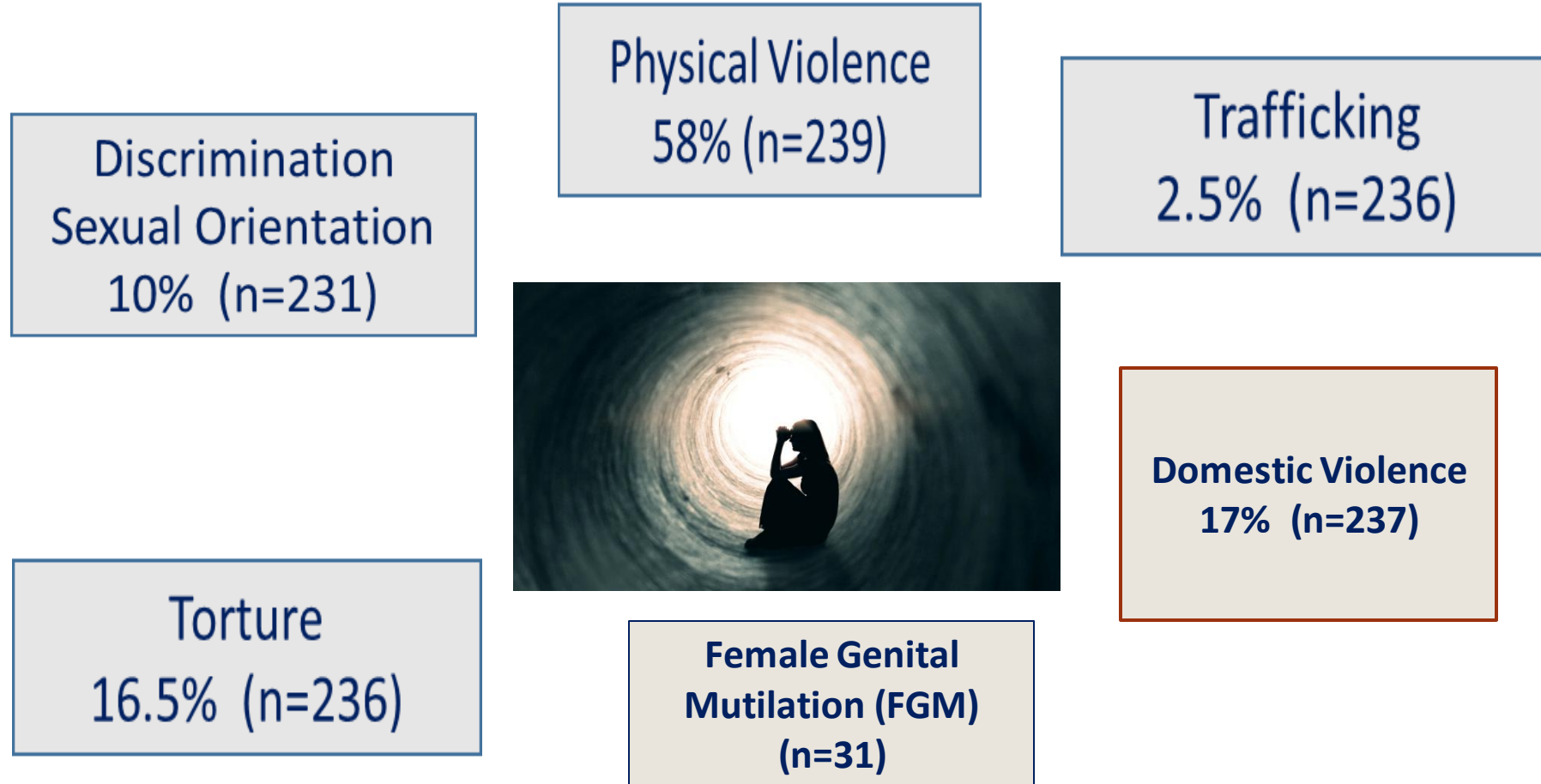
- 36% increase Asylum seekers to Ireland this year (Reception & Integration Agency)
- 6,056 reside in 38 DP centres
- 1,250 more temporarily reside in 33 emergency accommodation centres nationwide (Sept 2019)
- MHSU carry out health assessments, infectious diseases & vulnerability screening
- To date , 1 in 5 patients (19%), n = 237 have disclosed exposure to sexual violence

What Happens in Their Country of Origin

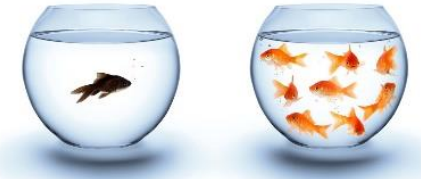


- Repeated episodes sexual violence
- Multiple perpetrators
- Strangers ,family members, people in authority (Military, police ,gov. officials, community elders)
- Political reasons, sexuality, family, traditional
- Little or no options to report to police
- No access to SATU's
- Unplanned pregnancies, terminations, children
- Acquisition high rates of STI's
- No counselling
- Other associated trauma

Issues compounded by other Traumas & Gender Based Violence



What happens in Ireland



- Disclosure to us , might not have told anyone else
- Reporting multiple issues, nightmares, insomnia, fear, inability to concentrate , forgetful, anxiety, headaches
 - “incident repeated in my dreams”* *“above the law”* *“I wake at midnight, that’s when it happened”*
- Multiple challenges to recovery here in Ireland
 - Separated from family, friends, female partners ,little support
 - No private space in hotel or B&B , shared room with strangers
 - Limited money, Reduced freedom to travel, No GP’s
 - Language
 - Lack of Knowledge what's available to them service/support wise
 - Uncertain future and risk of loss to follow up if relocated
 - May be unable to employ strategies to improve mental health e.g. walking, healthy food, ability to cook own food, engage local community
 - Unable to distract with work , education, social activities

What happens in MHSU



- GP sees all patients referred to him for physical symptom management
- Patients referred by the team to other services based on their disclosures *Spirasi, Ruhama*, FGM clinic, RCC (Rape Crisis Centre) , Counselling Services, Women's Aid, *Tusla*.
- Diagnose, Treat or Onward referral of Sexually Transmitted Infections.

- Set up Nurse Led ANP clinic
 - ✓ It's a Sexual Health Clinic (treatment by a nurse prescriber, informing positive results, breaking bad news ,health promotion, partner notification, referral to local services)
 - ✓ It's a Sexual Violence Advocacy Clinic (for the most needy)

Findings of Sexual Violence Advocacy clinic



- Some DP patients are especially vulnerable
- Need time and help to navigate the system with multiple referrals and language barriers
- We encourage patients to self refer but doesn't always happen – Some RCC require self referral
- Additional barriers identified :
 - ✓ DP patients spread around the country
 - ✓ Some RCC outside of Dublin do not have funding for translators
 - ✓ If rape or sexual assault > 6 months ago, waiting time for RCC can be many months
 - ✓ Services overstretched and under resourced.
 - ✓ Need to investigate other free sexual violence support services and engage with Tusla to highlight translation issue.



Benefits

- Patients had time to talk , were grateful for the interaction, this in itself is a therapeutic intervention
- Opportunity for me to explain patient challenges to RCC
- One RCC now weekly call back to patients until seen for assessment
- Patient has RCC number now in their phone, also have DRCC 24 hr. number in phone, might help at night, both free phones
- Patient can now inform if relocated , RCC will refer to most local RCC
- If language issue, this interaction is useful
- Patients were aware that in one instance the RCC service was located in a general counselling building to maintain confidentiality.
- Helps MHSU with updating our patient records to say patient now linked in , also other services ...one patient could tell me she had her syphilis treated and had received a letter from *Spirasi* with an appointment date.