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CLINICAL AUDIT

Feedback for Sheffield Children's Hospital Sexual Assault Referral Centre: are we getting it right?

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ABSTRACT

Introduction: The Sexual Assault Referral Centre (SARC) at Sheffield Children's Hospital is a relatively new service for children who have been victims of sexual assault or rape. Assessment of these children involves taking a full history of the assault as well as a medical and sexual history, and is followed by both a general and intimate examination. Feedback is essential to improve the services the SARC offers to victims and their families at such a traumatic time.

Aims: To assess user satisfaction and suggest improvements to the existing SARC service.

Method/Results: Completed questionnaires from SARC users were collected over a period of 13 months and the data analysed. Analysis of the 38 returned questionnaires demonstrated that the majority of feedback from users was positive. There were only four responses that could be interpreted as neutral. There were numerous positive and few negative comments in the free-text boxes.

Conclusion: Child sexual abuse victims use the service at a difficult time. After such a traumatic experience one would expect at least some negative feedback. However, the analysis of the small numbers giving feedback demonstrated that the majority of them found the experience to be positive or very positive.

Learning points: Patient feedback is a valuable tool in service evaluation and improvement. It can be used for quality improvement in a SARC setting.

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Introduction

Sexual assault in children is an important issue in today's healthcare system and an area that both healthcare professionals and the public are becoming increasingly aware of, especially due to the high profile media coverage concerning sexual abuse of children and young people in recent years.[1,2]

The UK government produced a document entitled *Working Together to Safeguard Children*, which offers the following definition for sexual abuse of a child: child sexual abuse "involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)".[3]

A recent report from the NSPCC states that there has been an increase in sexual offences against children in the UK of between 12% and 39% in 2013/14, as reported by the police.[1] As these figures only comprise the numbers actually recorded by the police, the actual figures of sexual offences against children are certainly much higher. Whether this indicates an increase in prevalence or just simply an increased tendency for victims or their guardians to report such incidents, due to increased awareness generated by the media, is not entirely clear.[1] A report by Radford *et al*. also demonstrates the prevalence of child sexual abuse, in which household interviews were performed asking directly about experiences of sexual abuse; results showed that 4.8% of 11–17 year olds reported contact sexual abuse.[4] It is clear that there should be dedicated services within the secondary care setting with the capability of assessing victims of child or young person sexual assault and organizing ongoing support for the victim, whether that be medical or psychological support.

The Sexual Assault Referral Centre (SARC) at Sheffield Children's Hospital is a relatively new service, set up in April 2013, exclusively for 0–16 year olds (and 17–18 year olds with vulnerabilities) from across South Yorkshire and Bassetlaw who have been victims of acute sexual assault or rape needing forensic examination and urgent assessment. Prior to this, the service was performed by sexual offences examiners (SOEs) alone, rather than by paediatricians trained in safeguarding and in the forensic skills needed in acute sexual assault.

Police and healthcare professionals are able to refer all children and young people who have reported an acute sexual assault within a seven-day period to the SARC for assessment and examination. Those who have experienced a sexual assault more than seven days ago are referred to their local safeguarding team. Acute sexual assaults include oral sexual assault (both by the perpetrator and on the perpetrator), digital penetration of the vagina or anus, or penile penetration of the vagina or anus. The sexual assaults seen can be intra-familial or extra-familial, including assaults by strangers. The urgency of the timing of the assessment depends on the nature and timing of the assault and the pubertal stage of the child. The aim is to ensure that children are seen within the appropriate forensic window, in accordance with the latest Faculty of Forensic and Legal Medicine guidelines[5] but within child-friendly hours. For example, children are not assessed in the middle of the night. The actual assessment is performed by a Child Protection consultant and involves taking a history of the sexual assault and a full medical and sexual history. This is followed by a general examination, an intimate examination, and, if appropriate, a speculum examination. Investigations to detect sexually transmitted disease can be performed if necessary. For all of these examinations the caregiver, or the child if deemed competent, must give their consent.

Due to the service being in its infancy, feedback is essential in order to understand how to improve the services that are offered to victims and their parents or carers at such a traumatic time. Current guidance supports this view and some guidance specifically relates to child protection and sexual assault services:

- *Public Health Functions to be Exercised by NHS England*[6] stresses the importance of "taking into account users' views" and "victim's experience and satisfaction with access, healthcare, ancillary forensic medical examination and follow up".

- *Equality and Excellence: Liberating the NHS*[7] indicates that patient experience surveys are not used widely enough and that increased use of such surveys can help to improve health services.
- *Understanding What Matters: A Guide to Using Patient Feedback to Transform Care*[8] proposes that patient experience feedback is a driving force for transforming health services.
- Guidance from the General Medical Council states that it is "important to listen to patients, ask for and respect their views, respond to their concerns and preferences".[9]
- *Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children*[3] stresses the "duty to ascertain the child's wishes and feelings regarding the provision of services".[3]

In summary, gaining feedback on patients' experiences is an essential part of service improvement and development and patients' views should be taken into consideration. In light of this information and for the development of this new service, it was thought essential to perform an initial service evaluation in the form of patient feedback questionnaires.

Aims

To assess user satisfaction from SARC users, including patients, their parents/carers, and other professionals, such as the police and social workers, and suggest recommendations in order to make improvements to the existing service.

Methods

A universal feedback questionnaire form was given to patients, parents/carers, and other professionals. Forms were given to users by Child Protection nurses at the end of the assessment in order to maximize the response rate. Other ways of gaining patient feedback, such as sending or emailing out questionnaires, is not likely to be successful as previous surveys carried out in the Child Assessment Unit (of which SARC is part) for the general safeguarding of patients found a very poor response rate to postal questionnaires. In addition, giving questionnaires at a later time might be a reminder of a difficult experience. It was therefore deemed best to hand out questionnaires immediately after the assessment. The decision to give the questionnaire was made by the nurses, as there was no specific protocol. The questionnaire method was chosen as it was thought to be a simple and efficient way of gaining user feedback. This was found by Hiidenhovi *et al.* in their study which used patient feedback questionnaires to assess service quality and gain information to improve services.[10] The forms required the users to enter their status (e.g. patient, parent/carer, police, social worker) and the staff they saw during the assessment. Users were asked to enter responses to six key questions by means of a scale of "smiley faces". There were a further two questions with space for free text comments about things that were done well and things that could have been done better. (See appendix for questionnaire).

The Child Assessment Unit team, the audit department, and the Patient Advice and Liaison Service at Sheffield Children's Hospital designed the questionnaire. The questionnaires were handled confidentially and required no identifiable information to be supplied about the user. The forms were given out after assessment and the user was left in a quiet room to complete the form and then place it in a sealed box.

The sealed box was opened after a period of 13 months and the data was analysed. The scaled response of "smiley faces" was equated to the following responses: Yes definitely; Yes mostly; Yes and no; Not really; No.

Results

During the time period between October 2013 and November 2014, a total of 65 SARC assessments in children between the ages of 2 and 16 years took place, during which some of the victims, parents, police, and social workers involved in each assessment were given the opportunity to complete a feedback questionnaire. 38 questionnaires were recovered from the sealed box and the data analysed. 76% of the questionnaires were fully completed, including comments in free text section, 24% were partially completed and did not leave any comments in the free text section.

Questionnaires were completed by parents/carers (n = 14), patients (n = 12), police (n = 9), and social workers (n = 3). The age range of the 12 patients that took the questionnaire was 13–16 years. Of the total 65 cases assessed during this period, 40 were in the age range of 13–16 years

Results to key questions

The results to the six key questions are shown in tables 1–6 and illustrated graphically in figures 1–6.

Q1 "Did you know why you were coming?" – over 83% of users did know.

Table 1. Answers to Q1: "Did you know why you were coming?"						
	Yes definitely	Yes mostly	Yes and no	Not really	No	N/A
Parent/carer (n=14)	86%	7%	7%	0%	0%	0%
Patient (n=12)	75%	8%	17%	0%	0%	0%
Police (n=9)	100%	0%	0%	0%	0%	0%
Social worker (n=3)	67%	33%	0%	0%	0%	0%

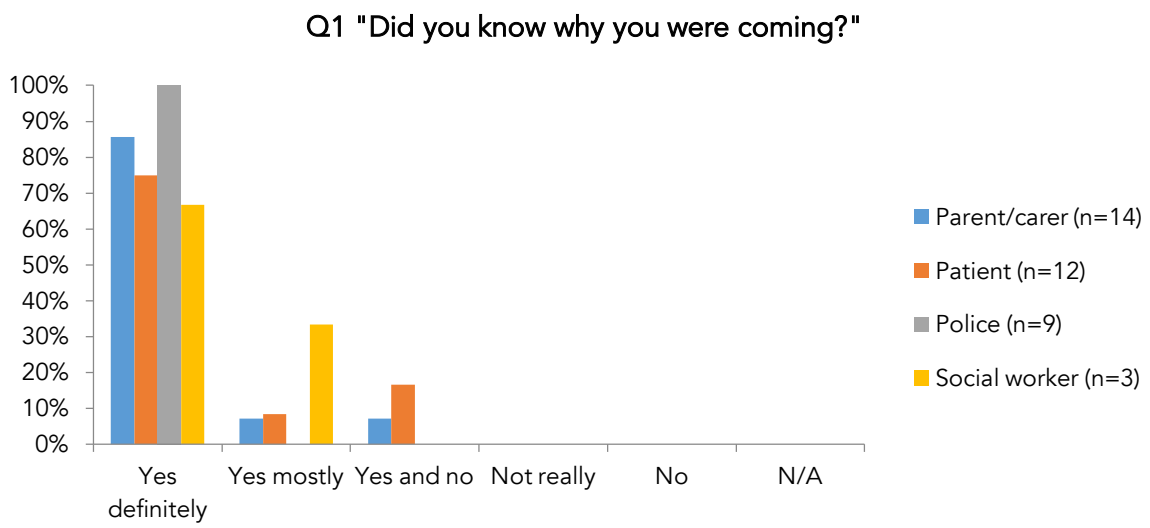

Figure 1. Responses to Q1: "Did you know why you were coming?"

Q2 "When you arrived did staff make you feel welcome?" – 100% of users did feel welcome.

Table 2. Responses to Q2: "When you arrived, did the staff make you feel welcome?"						
	Yes definitely	Yes mostly	Yes and no	Not really	No	N/A
Parent/carer (n=14)	79%	21%	0%	0%	0%	0%
Patient (n=12)	92%	8%	0%	0%	0%	0%
Police (n=9)	100%	0%	0%	0%	0%	0%
Social worker (n=3)	100%	0%	0%	0%	0%	0%

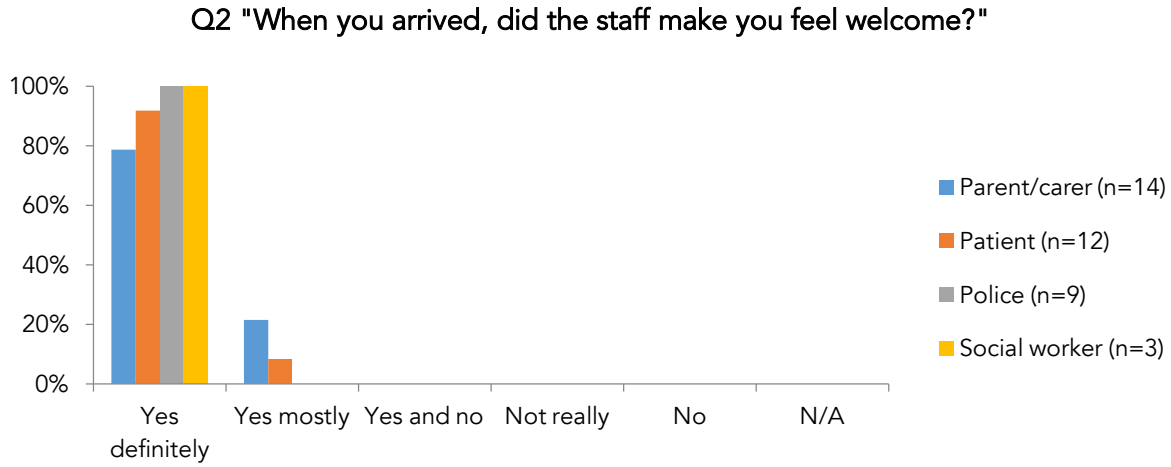

Figure 2. Responses to Q2: "When you arrived, did the staff make you feel welcome?"

Q3 "Were the support staff helpful? E.g. Nurses, support workers, play specialists and secretaries." – 100% of users thought the support staff were helpful.

Table 3. Responses to Q3: "Were the support staff helpful?"						
	Yes definitely	Yes mostly	Yes and no	Not really	No	N/A
Parent/carer (n=14)	86%	14%	0%	0%	0%	0%
Patient (n=12)	92%	8%	0%	0%	0%	0%
Police (n=9)	100%	0%	0%	0%	0%	0%
Social worker (n=3)	100%	0%	0%	0%	0%	0%

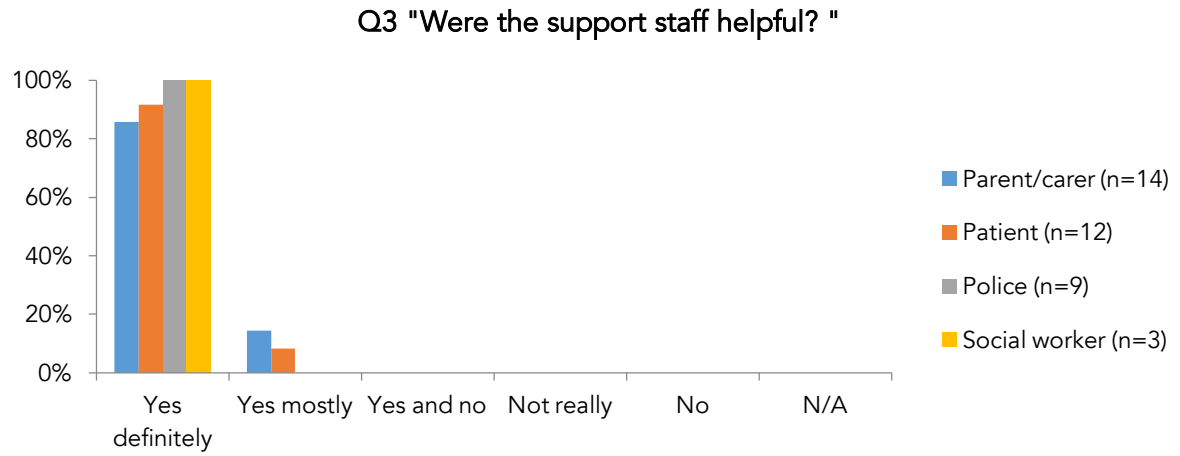

Figure 3. Responses to Q3: "Were the support staff helpful?"

Q4 "Did the staff explain what would happen today?" – 100% of users agreed that staff gave an explanation of what would happen.

Table 4. Responses to Q4: "Did the staff explain what would happen today?"						
	Yes definitely	Yes mostly	Yes and no	Not really	No	N/A
Parent/carer (n=14)	86%	14%	0%	0%	0%	0%
Patient (n=12)	92%	8%	0%	0%	0%	0%
Police (n=9)	100%	0%	0%	0%	0%	0%
Social worker (n=3)	100%	0%	0%	0%	0%	0%

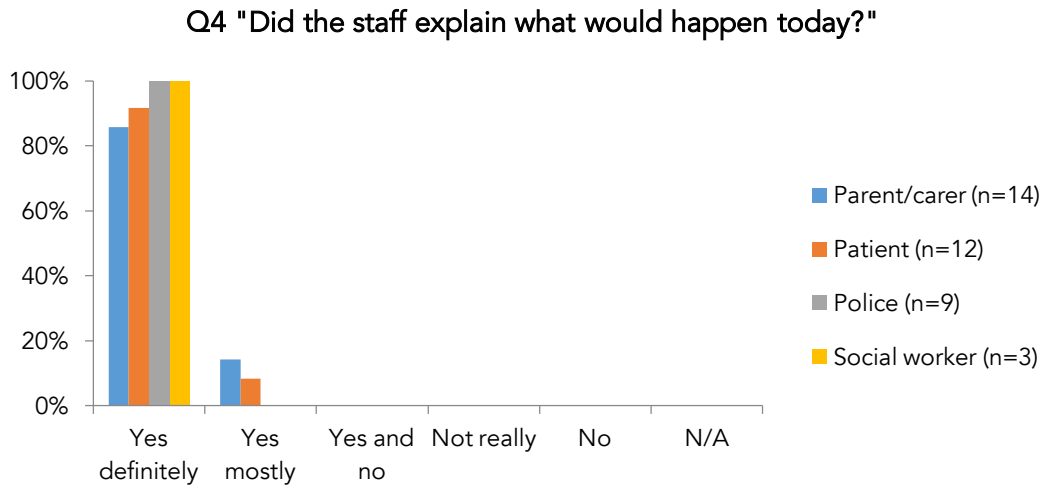

Figure 4. Responses to Q4: "Did the staff explain what would happen today?"

Q5 "Did the staff listen to what you had to say?" – 100% of users agreed staff listened to what they had to say.

Table 5. Responses to Q5: "Did the staff listen to what you had to say?"						
	Yes definitely	Yes mostly	Yes and no	Not really	No	N/A
Parent/carer (n=14)	86%	14%	0%	0%	0%	0%
Patient (n=12)	92%	8%	0%	0%	0%	0%
Police (n=9)	100%	0%	0%	0%	0%	0%
Social worker (n=3)	100%	0%	0%	0%	0%	0%

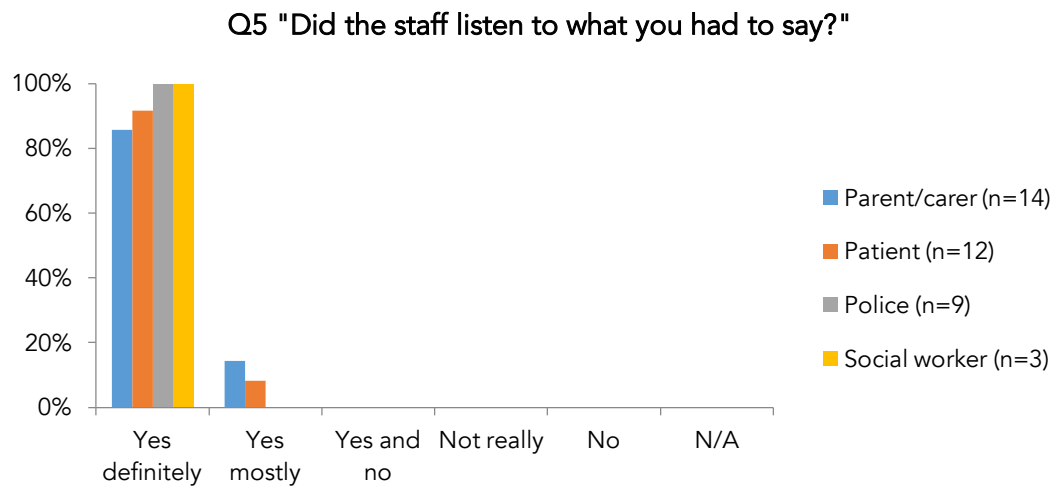

Figure 5. Responses to Q5: "Did the staff listen to what you had to say?"

Q6 "If there was an examination, was this done sensitively?" – more than 91% of users thought the examination was done sensitively.

Table 6. Responses to Q6: "If there was an examination, was this done sensitively?"						
	Yes definitely	Yes mostly	Yes and no	Not really	No	N/A
Parent/carer (n=14)	71%	29%	0%	0%	0%	0%
Patient (n=12)	83%	8%	8%	0%	0%	0%
Police (n=9)	100%	0%	0%	0%	0%	0%
Social worker (n=3)	67%	0%	0%	0%	0%	33%

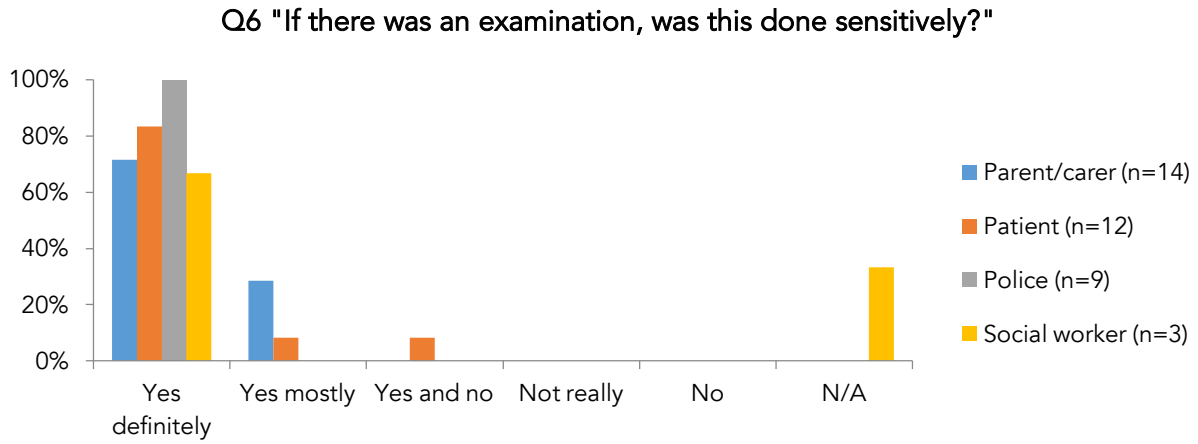

Figure 6. Responses to Q6: "If there was an examination, was this done sensitively?"

Overall comments about the service (based on free text comments)

The themes of the comments in the free texts boxes are shown in table 7 and table 8.

"Is there anything we did well?"

Table 7. Themes of responses to the question: "Is there anything we did well?"				
Theme of comments	Parents/carers	Patients	Police	Social workers
Put child/parent at ease	2			1
Organised/efficient/co-ordinated	1		1	
Supportive/empathetic/caring/sensitive	2	2	2	
Polite staff	1			
Victim centred/excellent victim care			4	
Friendly/welcoming	1		1	2
Helpful	2		1	1
Good explanation of process	1			
Professional			2	
Brilliant/lovely staff	2			
Brilliant facilities	1			
Refreshments provided		1	2	
Thorough		1		
Advice			1	
I don't know		1		
Everything	2		2	1

"Is there anything we could do better?"

Table 8. Themes of responses to the question: "Is there anything we could do better?"				
Theme of comments	Parents/carers	Patients	Police	Social workers
Swabs should be taken quicker	1			
Patients should not be asked to fill in questionnaires	1			
Air conditioning	1			
Parking facilities			2	1
No/nothing could be done better	3	4	5	

Analysis of the data showed that the majority of feedback from users was positive or very positive. There were only four responses that could be interpreted as neutral in the graded response questions; the remainder of the responses were positive. There were numerous positive comments and few negative comments received in the free text boxes.

Discussion

The results of the patient survey questionnaires were overwhelmingly positive. There were only four responses that could be interpreted as neutral. Three of these were in response to the question *"Did you know why you were coming?"*, to which one parent/carer and two patients gave this response. This could be because they may not have been able to comprehend all of the information given to them after such traumatic experience. The only other neutral response was to the question *"If there was an examination, was this done sensitively?"*, to which one patient gave this response. None of those individuals returning a neutral response opted to elaborate further on why this was the chosen response in the free text boxes. There were numerous positive comments in the free text boxes about what the service did well. There were only six negative comments in the free text boxes, one of which related to the examination, one to the use of questionnaires, one to the need for air conditioning, and three comments suggesting that the parking facilities were inadequate. These negative comments, in particular the comments related to the examination itself and the use of questionnaires, could be used to improve the service in the future.

There are a number of limitations to the design of this patient feedback survey. Firstly, the number of questionnaires offered to but rejected by SARC users is unknown. It is also unknown under what circumstances forms were offered or not offered and to whom the feedback forms were offered to as there was no specific protocol in place for the distribution of questionnaires. There could be duplicates of data as it is unknown if questionnaires relating to one assessment had been filled out by more than one user, e.g. both a parent and patient could have filled in a questionnaire, so the results could have reflected only 14 assessments. A possible source of bias is that staff may have only offered feedback forms when experience of the service had been positive; if the experience had been excessively distressing and traumatic for a patient then it is possible that the staff may have made a judgement not to obtain feedback as this may be perceived as insensitive by SARC users, so it would be important to know what the non-responders felt.

In light of this survey, a number of possible suggestions for future feedback surveys can be offered. There could be tailored questionnaires for parents, children, and professionals. The definitions for the scaled response questions could be clarified by using definitions as well as smiley/sad faces to make the interpretation of the responses less ambiguous. It could also be suggested feedback questionnaires be included as part of the assessment pro forma, with the option to record if the form is offered, to whom it was offered, whether it was accepted or refused, or if it was thought inappropriate to offer a form. This would assist in future analysis of service evaluation data and give an accurate figure of the numbers of users who have had the opportunity to give feedback. A final suggestion is that questionnaires relating to one assessment (e.g. forms filled out by a patient, parent, and the police) could be put in a single envelope, so that all the questionnaires related to a single assessment can be easily accessed.

Despite the limitations of this study, the overwhelmingly positive results clearly show that the SARC at Sheffield Children's Hospital *is* "getting it right".

Recommendations for service improvement

- Endeavour to ensure that all users understand why an intimate examination is required, exactly what the examination involves, and that the examination will only be performed if consent is given.
- Future design of an assessment pro forma should incorporate a section regarding the questionnaire – for example, clarifying if the questionnaire was offered or not, with a reason if not offered, and whether the questionnaire was accepted or declined.
- Endeavour to ensure a clear explanation of why a questionnaire is being offered to users, and that they have the right to decline the questionnaire.

Conclusion

Children and young people up to the age of 18 years old who have been the victim of sexual abuse were referred to the SARC at Sheffield Children's hospital and have undergone an assessment which may last up to four hours, including an intimate physical examination. This is obviously a difficult time for the victims after having alleged acute sexual assault and then being subjected to further examinations. It is known that child sexual assault may lead to distress and other long-term psychological disorders such as anxiety, depression, and post-traumatic stress disorder.[11] Hence, some negative feedback in light of the given circumstances may have been expected.

However, in the analysis of the collected feedback, data demonstrated that the users who answered had a positive or very positive experience, showing that the is "getting it right". In order to continually improve the service, more refined methods of obtaining feedback will be implemented in the future.

What is known already:	What this study adds/ highlights:
• Sexual assault of children and young people is an important issue that has had much attention from the media in recent years. • Sexual assault referral centres are now in place for the specialist assessment of victims of sexual assault. • Victims may find intimate examination traumatic, especially after the event of sexual assault. • Service evaluation using patient feedback questionnaires can assist with service improvement.	• Even at a Sexual Assault Referral Centre, positive feedback can be achieved despite the traumatic event experienced by victims. These preliminary results show that the services offered are positively received by those patients, parents, and professionals who participated. • In future, patient feedback can be used to improve existing service guidelines and departmental protocols. • The results from this service evaluation have helped to reassure staff working within the service that they are doing a good job despite the service being in its infancy.

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Appendix 1

The Sheffield Childrens Hospital
Child Assessment Unit
Feedback Form

Please could you help us, and take the time to fill out a feedback form?
It is our aim to ensure that the best possible care and support is provided at The Child Assessment Unit. We want to provide the best service for you.
This feedback is anonymous.

Please could you help by answering a few questions…

Who are you?

Parent/ Carer	
Patient	
Age	
Social Worker	
Police	
Other	

Who did you see today?

Doctor	
Psychologist	
Nurse	
Support Worker	
Police	

Please tick as appropriate						N/A
	Yes	Yes mostly	Yes and No	Not much	No	
Did you know why you were coming?						
When you arrived, did the staff make you feel welcome?						
Were the support staff helpful? E.g. Nurses, Support workers, Play specialists & Secretaries.						
Did the staff explain what would happen today?						
Did the staff listen to what you had to say?						
If there was an examination, was this done sensitively/with care?						

Is there anything we did well?	
Is there anything we could do better?	

Thank you very much for your time. Please fold paper and place in the RED box situated in the Play Room.