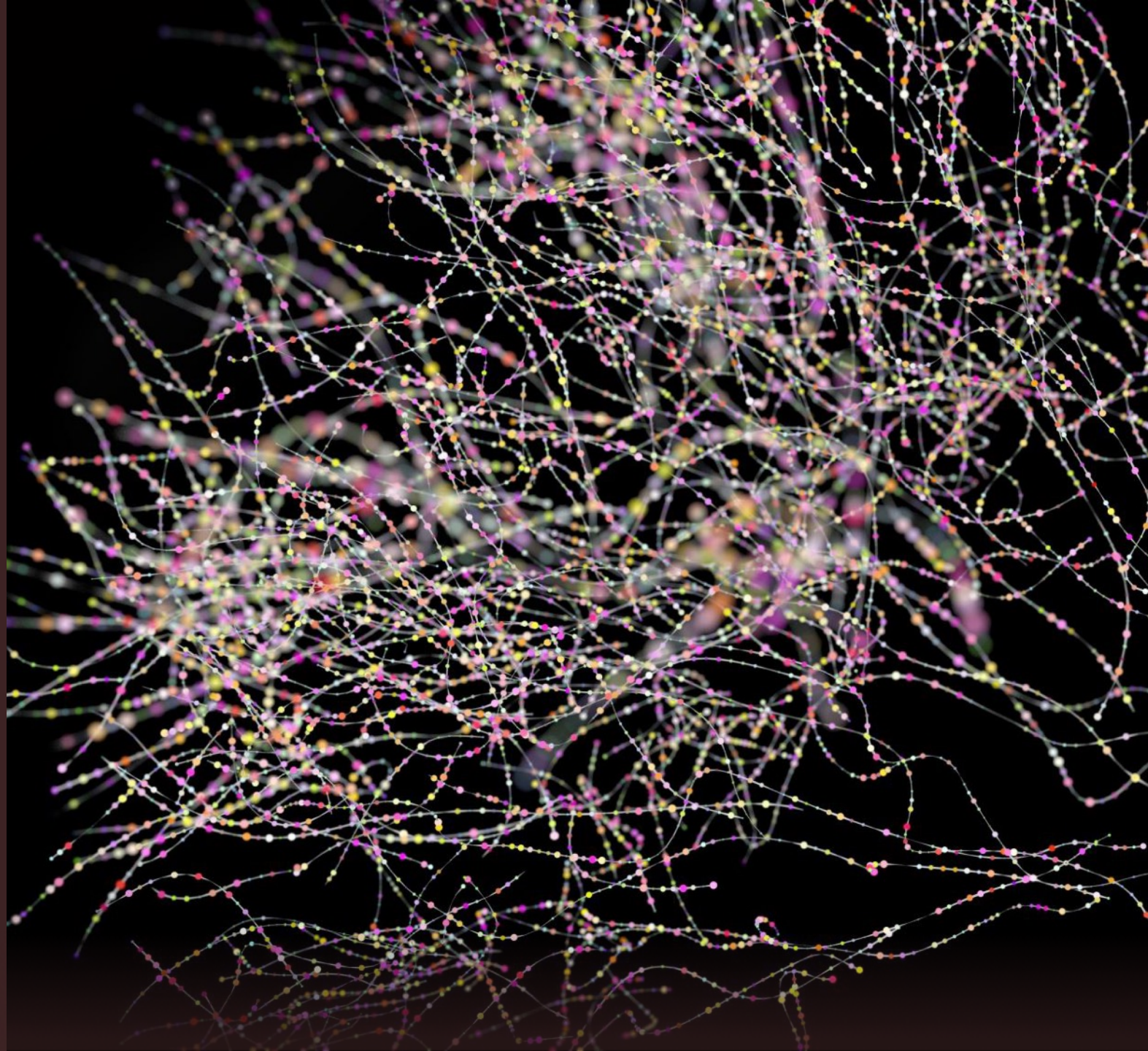


Our Medical Response to a Sexual Assault Victim

Forensic Nursing Development Initiative

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“There is no typical experience or survivor response. So, if a survivor presents to the Emergency Departments for care, it is imperative for healing that the response is stabilizing, coordinated, and compassionate.”¹

- **The General Approach and Management of the Patient Who Discloses a Sexual Assault**

Sexual Assault



Defining Sexual Violence



Sexual violence refers to any type of unwanted sexual behavior or contact that occurs without freely given consent. Sexual violence can take the form of many behaviors, including but not limited to:

- Rape (sexual penetration against a person's will)
- Attempted rape
- Incest (sexual penetration or contact between family members)
- Unwanted sexual touching or fondling
- Sex with someone who is unconscious or incapacitated by alcohol or drugs
- Unwanted sexual advances
- Sexual contact with a minor (child sexual abuse)
- Using status or power to coerce someone into sex
- Removing condom or other forms of protection without partner's consent

Intimate Partner Sexual Assault



- Self-blame and desire to protect the attacker are common, particularly when the attacker is known to the victim, and especially in cases of domestic violence and sexual abuse.
- In about 4 of 5 of all sexual assaults, the victim knows the perpetrator.

- It's estimated a sexual assault occurs in the United States every 107 seconds, with 1:6 of the victims being women and 1:33 victims being men. For every 100 sexual assaults, there are only 32 that lead to police reports. Of those reports, there are only two felony convictions with as few as two rapists spending just a single day in prison.





- The long-term effects of sexual assault include high rates of depression and post-traumatic stress disorder. Rape victims are also 13 times more likely to abuse alcohol and four times more likely to contemplate suicide. Emotional recovery and cooperation with the judicial process are vastly improved when positive social services and emotional support are provided as early as possible following the traumatic event.

- EMS providers are often one of the first people to contact a victim, and their actions play an important role, whether or not an immediate life threat is present.
- Sexual assault is a violent act to humiliate, terrorize and degrade the victim, with survivors feeling fear of rejection, humiliation, shame and degradation as part of a host of emotions they experience.
- Fear of being judged or being seen as liars
- A sexual assault patient will need frequent reassurance that their privacy and confidentiality will be protected.



When you are called for a Sexual Assault....

- Scene safety
- What do you see?
- How is the victim interacting with EMS?
- What do you hear?
- Is this patient a Trauma Patient?




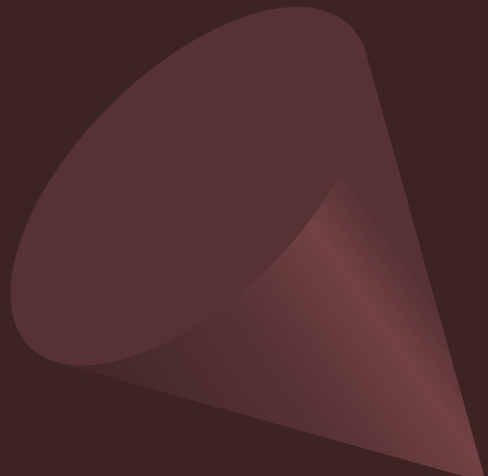
How do I care for a “Forensic Patient” in the field?

- Listen and hear what they are saying
- Assess and Treat as appropriate
- Was the patient Strangled?
- Be mindful of possibility of Evidence
- Medical care always trumps Forensic care !!
- You should only ask pertinent questions related to their emergency medical care, but should the patient choose to share their story with you, listen carefully. Be certain to document patient statements as accurately as possible using quotations whenever applicable.





Role of EMTs and Paramedics

- Patient may be more candid with you than with law enforcement
 - You may be the only witness to the scene/environment
 - Assess and document injuries: **Identification of IPV can be the first step in interrupting the progression of violence**
 - You can empower the your patient with support to promote healing, reassure privacy & confidentiality, educational information, and community-based resources.
- 
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Language Matters

- Please chose your words carefully.
 - *This is a "no judgement zone".*
-
- Patient Care
 - Victim Interviews
 - Documentation
 - Testimony



Don't say it!

- •“ALLEGED...”
- •“ALLEGED...”
- •“ALLEGED...”
- •“It all sounds suspicious...”
- • “Victim can't get their story straight...”
- • “It sounds like the victim is making it up...”
- • “Victim didn't scream, fight, or run away...”
- • “No obvious signs of injury...”
- • “Victim isn't acting the way I would expect...”
- Questions to avoid:
- Why did you...?
- Why didn't you...?



Supporting Survivors: What NOT to Say

“That does not sound like rape to me...”

“Remember this is an alleged assault.”

“How late were you out?”

•“What were you wearing?”

•“What did you expect would happen after drinking so much alcohol or taking drugs?”

•“You should call the police.”

•“You are definitely in an abusive relationship.”

•“Your partner is crazy, you need to break up with them.”

•“What did you do to set them off?”

•“So what happened after that, and what happened after that?”

Routinely Screen & Ask Privately...

“We often see people with injuries such as yours, which are caused by someone they know. Could this be happening to you?”

“You seem frightened and anxious. Has someone hit you or tried to injure you in any way?”

“Do you ever feel unsafe at home?” “I am concerned for your safety.”

Is there a partner from a previous relationship who is making you feel unsafe?”

Reassure and empower with consistent and supportive messages.

EVIDENCE PRESERVATION

- Minimize the number of EMS providers entering the scene
- Avoid touching or disturbing any objects.
- Don't walk through other footprints, tire marks or blood stains.
- When cutting clothes, stay at least six inches away from holes, tears and soiled areas.
- Avoid excessive handling of articles that contain body fluids.
- Retain all equipment and supplies used in the treatment of your patient including bandages, sheets and body fluids such as emesis or tissues that may contain mucous.
 - If police are on scene, the evidence should be immediately put in police custody.



Upon arrival...

- Triage~ brief history of event including LOC, lapse of memory, bleeding, injury, etc.
- ESI level 2
- Move from lobby to a private room, assess for personal safety
- Provide for safety, confidentiality, and emotional support
- Keep patient informed
- ED MD notified of patient. Medical Screening Exam to be completed. Further treatment, as necessary.

TRAUMA RESPONSE IN RELATIONSHIPS

FIGHT "I must win this argument to assert my point and maintain control in our relationship."

FLIGHT "I should avoid this conflict or discussion; it's better to disengage than confront issues."

FREEZE "I'm too overwhelmed to respond or communicate effectively in this situation."

FAWN "If I just keep my partner happy and avoid conflict, our relationship will be fine."

FLOCK "We should rely on our family or friends' advice and support to resolve our issues."

FLOP "This is hopeless; there's nothing I can do to improve our relationship."

Instructions prior to a Forensic Exam


- Ask patient to not eat, drink, smoke, use restroom or clean without informing staff.

REMEMBER~ The patient may not present with a medical emergency, but the quality of care, the amount of empathy given and speed of treatment will make a dramatic impact on the what may be the worst time of their life.



What is a SANE/FNE?

A Sexual Assault Nurse Examiner is an RN who has been specifically trained to :

- Provide comprehensive care to sexual assault and strangulation patients
 - Show compassion and sensitivity to survivors of sexual assault
 - Demonstrate competency in conducting a medical forensic examination to include evaluation for evidence collection
 - Have the expertise to provide effective courtroom testimony
- 

SANE Training

*Training is designated into two different options: Adult/
Adolescent and Pediatrics*

Components of training:

- History-taking Skills
- Documentation
- Survivor Symptomology
- Trauma Centered Assessment Skills
- Collection of Forensic Evidence
- Use of a Sexual Assault Evidence Collection Kit
- Courtroom Testimony





Best Practice

- Better collaboration Law Enforcement
- Higher reporting rates
- Shortened examination times
- Better forensic evidence collection
- Maintaining Chain of Evidence
- More complete documentation
- Improved prosecution

Violence Against Women Act VAWA



- Adult victims of Sexual Assault have the right to a medical forensic exam at no cost to them regardless of whether they report to Law Enforcement.
- VAWA Kit
- Three options as a Sexual Assault victim
 - Medical care with medication to prevent infections and pregnancy and advocacy. No medical forensic exam. Law Enforcement is not notified.
 - Medical care, medical forensic exam, medication to prevent infections and pregnancy, and advocacy. Medical forensic exam and kit completed. Patient is considered a Non-reporting victim or a VAWA case. Law Enforcement will hold kit for at least 1 year per Arizona Sexual Assault Evidence Collection Kit Task Force guidelines.
 - Medical care, medical forensic exam, medication to prevent infections and pregnancy, and advocacy. Medical forensic exam and kit completed. Law Enforcement is contacted for a full investigation.

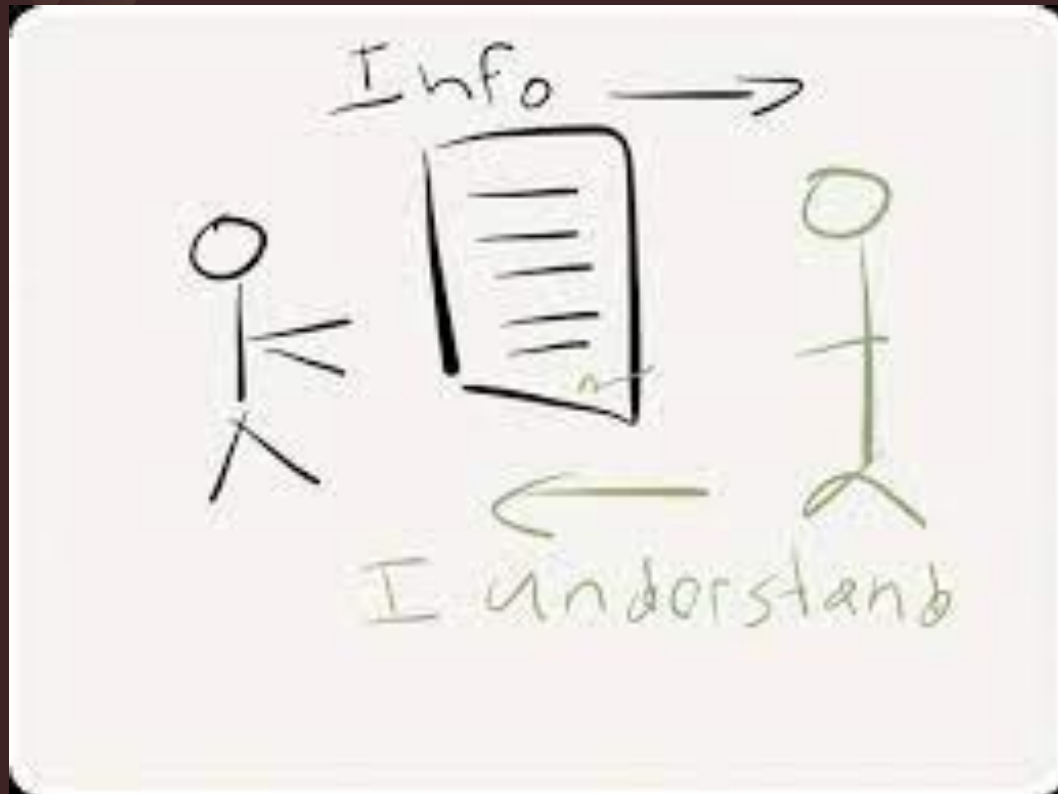
HIPPA

The Health Insurance Portability and Accountability Act

- Ensures the privacy and security of a patient's medical information and data
- Patients must give written authorization for a release for a release of health information to non-healthcare providers
- Consents
- Detective Copies



Informed Consent



Consent is essential for both the Medical Evaluation, Treatment, Evidence Collection and Release of records.

No coercion.

Education.

Ability to provide consent

- Assess patient's ability and legal capacity to provide consent.
- Be aware of the ability of specific populations to provide consent
- Under the influence, injury, age, mental function



Timeframe for Examination

- An examination should be completed within 120 hours, 5 days, after a sexual assault.
- The likelihood of collecting viable physical evidence decreases significantly after 120 hours.
- Exceptions can be made.



- Used in cases where a patient reports an SA and consents to a medical forensic exam
- To document the patient's medical history, complaint, physical examination and injuries
- Fact-based~ DFSA
- Entered into Track-Kit
- Held under the Chain of evidence until obtained by LE

Sex Crimes Evidence Kit

What is a Sexual Assault Medical Forensic Exam?

- A Sexual Assault Medical Forensic examination is performed by specially trained medical professionals for the purpose of evaluation and treatment of trauma, treatment of possible exposure to infections, referral to counseling and follow-up with medical care, and for the collection of evidence following a report of a sexual assault by the victim.
- This is a comprehensive evaluation where examiners should remain objective and not speculate about the nature of injuries.
- The medical well-being of the patient is the primary objective of the FNE at all times during the exam.
- Medical will always trump forensics!



During an exam....

- Privacy, Power, Control
- Triage (Injuries, Mental Health Emergencies)
- Once consent is obtained from the patient, a medical history is taken by the FNE to determine injuries and appropriate medical treatment for the patient
- A head-to-toe examination, including the genital area.
- Documentation of any trauma or injury
- Collection of forensic evidence and completion of the Sexual Assault Kit
- Photographs of injury, evidence
- Law Enforcement is not to be present for the exam



Drug Facilitated Sexual Assault

- Intoxicated victims may have no recollection of the sexual assault, but may have an unexplained loss of time, or may note evidence such as soiling of clothing, injuries or discomfort, all suggestive of sexual assault.
- These victims often require greater reassurance that the assault wasn't their fault.
- What is the number one drug used in a DFSA?



Common DFSA Drugs

- •Alcohol
- •Benzodiazepines
- •Flunitrazepam(Rohypnol®)
- •Diazepam (Valium®)
- •Alprazolam (Xanax®)
- •Barbiturates
- •Anti-depressants
- •GHB-Gamma Hydroxybutyrate
- •Over the counter (OTC) Drugs (Zzzzquil)



Will the Medical Forensic Exam “prove” a Sexual Assault occurred?

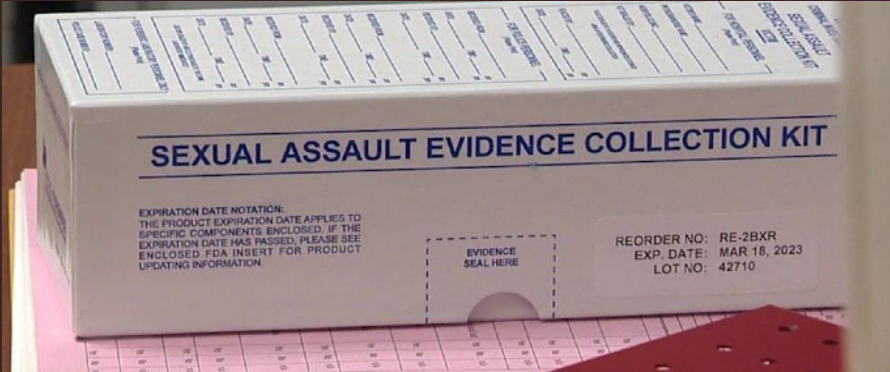


- The presence or absence of physical evidence or injury does not prove whether a person has been sexually assaulted. Rather, the examination may provide supportive evidence to be used during the legal proceedings.
- Most exams are “normal”.
- A Medical Forensic Exam is one piece of information in a community effort by healthcare, advocates, Law Enforcement, and Prosecutors to investigate and prosecute a reported case of Sexual Assault.
- Compliance does not mean **CONSENT!!!** They are surviving. This is a survival mechanism.

The importance of a Medical Screening Exam



- Encourage victims to seek medical attention if they decline a Medical Forensic Exam.
- Treatment of injuries
- Prophylactic treatment for STD/STIs
- Piece of mind
- Advocacy
- Counseling



When would a Sexual Assault Evidence Collection Kit not be used?

- If it is determined that the assault took place more than 120 hours or 5 days prior to the examination, the use of the kit may not be necessary.
- It is unlikely that evidence would still be present on the survivor.
- Evidence may still be gathered by documenting any findings obtained during the medical examination (such as bruises or lacerations), photographs, and securing statements made by the survivor about the assault.
- Strangulation exams



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