

Medical Professionals Sexual Assault Response Guidelines

INTRODUCTION

Sexual assault is one of the most serious violent crimes, surpassed only by murder. Medical personnel are an essential component of response to this crime on many levels. First, the manner in which the medical services are performed is of extreme importance to the well being of the victim, as it can contribute either to further distress or to progress in healing. Therefore, it is essential that the victim sense non-judgmental support from those who treat her/him in the medical setting. Furthermore, while rape is a legal term and not a medical diagnosis, medical findings are of extreme importance in rape and sexual assault cases. Using SBI Sexual Assault Evidence Collection Kits (SAECK), medical personnel provide essential data that is accurate, objective, and nonjudgmental.

Sexual Assault Nurse Examiners (SANE's)/Forensic Nurse Examiners (FNE's) are specially trained in evidence collection and working with victims of sexual assault. Thus, evidence collected by SANEs/FNEs tends to be more thorough and useful. Therefore, sexual assault examinations should be conducted by SANEs/FNEs whenever possible. Whether conducted by a Physician or a SANE/FNE, the sexual assault examination serves a vital role in response to sexual assault victims. The purpose of the exam is to assess the extent of the victim's injuries, provide necessary treatment and information regarding follow-up, and collect evidence in an environment of safety, empathy, and confidentiality. This protocol was designed to facilitate this purpose.

Development of cooperative relationships with sexual assault advocates also facilitates attempts to respond to sexual assault in the most appropriate manner. Medical personnel should explain the benefits of having a sexual assault advocate respond and provided direct services to the victim. UNC Emergency Department and Campus Health Services must maintain strict adherence to institutional policies on patient confidentiality and is required to obtain written consent from the victim prior to contacting the rape crisis advocate. However, it will be the practice of the staff at UNC Emergency Department to fully explain and offer the services of the rape crisis advocate to each victim.

The value of cooperation between medical personnel, sexual assault advocates, law enforcement, and prosecutors is well understood. This protocol was developed to encourage such cooperation. It is intended to aid medical professionals in meeting the needs of the victim, effectively collecting objective data, and ultimately providing the optimum response to sexual assault victims.

Primary Care Concerns

1. **Priority:** The patient should be given high priority as an emergency case. As time elapses, evidence may deteriorate; for example, drugs used to facilitate rape may quickly metabolize. Furthermore, victims should not urinate, eat, drink, smoke, etc. before evidence is collected. Thus, extended waiting times may further traumatize the victim.

2. **Options for Care:** Options for the medico-legal exam will be explained to the patient. The patient may choose which option to follow. The patient may change his/her mind at any point in the exam process. The options for care include:
- To have a medical and evidentiary exam and turn all evidence over to the jurisdictional law enforcement agency.
 - To have a medical and evidentiary exam and withhold turning over any evidence collected to the jurisdictional law enforcement agency pending further decision-making by the patient.
 - To receive only medical care and decline or defer evidentiary collection.

***All patients will be offered STI, HIV Post Exposure Prophylaxis(PEP),Hepatitis, Pregnancy PEP, Crisis, and or Social Work services if applicable.**

3. **Privacy:** Patients will be given as much privacy as possible and assurance of safety. Patients entering into the UNC Emergency Department will be coded as a “7273”. The patient will receive confidential care as maintained in accordance with the UNC Healthcare Systems and Campus Health Services policy on patient confidentiality.

3. **Examination Personnel:** Sexual assault exams should be conducted by SANEs/FNEs whenever possible. SANEs/FNEs are specially trained in evidence collection and working with survivors of sexual assault.

4. **Sexual Assault Advocates:** Advocates provide support to the victim during the examination process. If the patient desires, the advocate or another supportive person may remain with the patient throughout the procedure.

5. **Facilities:** The UNC Emergency Department and Campus Health Services maintain a special room dedicated to the care of patients requiring care for sexual assault. This room is equipped with specialized technology and supplies which are used in the medico-legal exam.

6. **Sexual Assault Evidence Collection Kits (SAECK):** SBI Kits include containers and materials necessary for collecting physical evidence from the patient during an examination. These kits are pre-packaged and available free of charge from the SBI’s Molecular Genetics Section. SBI Kits should be used for both male and female patients, using the instruction sheet included. The patient/legal guardian is given several options for disposition of the kit. The kits are legal evidence and are to be turned over to investigating officers/UNC Hospitals Police who will sign it to ensure the chain of custody.

7. Timing considerations for SBI Kit: The need to collect evidence will be determined by the timing of the assault. Evidence may be collected up to 5 days. There may be circumstances where the kit may be collected beyond the 5 day period (i.e. incapacitated victim, uncertainty of timing of event).

8. Identity considerations for SBI Kit: SBI Kits should be completed regardless of whether the perpetrators identity is known or unknown.

9. Always conduct physical exam: Regardless of time elapsed since the assault; physical exams should be performed in all cases of sexual assault. Even after 5 days, some evidence may be gathered through a physical by documentation of bruises, lacerations or other findings, photographs, and statements about the assault made by the survivor.

10. Reporting to Law Enforcement:

Discuss law enforcement notification with the patient early in the examination process. If there is evidence of use of a lethal weapon or severe bodily harm (gunshot wound, etc.), law enforcement notification is mandated by state law. This should be explained to the patient. If there is no evidence of the above, the patient should be allowed to choose whether to file a report. Discuss full and blind reporting (where available).

Inform the patient that a blind report must be filed within 72hours of the incident in order to be eligible for coverage of medical, ambulance, and counseling costs under the Rape Victims Assistance Program (See Appendix). Offer to contact law enforcement officials, but allow the patient to decide. A special fund from student fees governed by Student Government is available to eligible students at UNC Chapel Hill to offset medical expenses.

The patient may elect not to file a report, but have the evidence collected and chain of custody maintained by the hospital for up to 90 days. Evidence kits will be stored in a secure area by UNC Hospital's Police. If the victim does not request release of evidence to the police within 90 days, evidence is appropriately destroyed by UNC Hospital Police.

11. Reporting to Department of Social Services:

North Carolina law requires reporting of any known or suspected case of child abuse or neglect to the local Department of Social Services within 24 hours. Report any assault where the victim is under 18 years old and the assault was committed, facilitated, or allowed by a parent, guardian, custodian, or caretaker.

Reporting is also required where there is “reasonable cause to believe that a disabled adult is in need of protection.” A disabled adult is any person 18 years of age or older who is physically or mentally handicapped for a number of

| reasons, including advanced age.

12. **Consent:**

As with all medical procedures, written consent must be obtained before beginning examination, evidence collection, photography, or treatment, unless conditions warrant immediate medical care. If the patient does not wish to grant consent for a portion of the procedure, that portion is stricken and initialed by the person giving the consent. While written consent is obtained before beginning the process, informed consent should continue throughout the examination. If the patient expresses resistance at any point, discontinue that portion of the process and go back to it later, if the patient agrees. Remember that regaining control is an essential part of the healing process.

If the patient is under age 18, a parent or guardian must give written consent for medical care. However, a minor may give effective consent for services for the prevention, diagnosis, and treatment of sexually transmitted diseases, pregnancy, abuse of controlled substance or alcohol, and emotional disturbance (See Appendix, NCGS § 90-21.5.)

Consent may be a particularly difficult issue if parents bring in their teenage daughter requesting a sexual assault examination to determine if she is sexually active. Talk to the parents and the daughter separately. Provide information about statutory rape laws and their purpose where appropriate. Keep in mind that the purpose of the sexual assault examination is to provide treatment and evidence collection after a crime. The determination of sexual activity is a separate issue; sexual assault examination is not appropriate solely for this purpose.

13. Child Victim: Examinations of child victims should be conducted in accordance with Child Sexual Abuse Guidelines, available from the North Carolina Attorney General's Office and those outlined by the American Academy of Pediatrics.

If there is cause to suspect that abuse has occurred within a 72 hour time-frame, or the child is experiencing genital bleeding, pain, or discharge, the child should be transported to the UNC Emergency Department as soon as possible for care. Special attention should be directed at collecting the child's clothing, blankets, and bed linens, as these frequently will be the location where physical evidence is found.

If the time-frame of suspected abuse is >72 hours and the child has no genital bleeding, pain, or discharge, then the agency (Law Enforcement or DSS) may elect to arrange for the child to be seen in the UNC Child Medical Evaluation Clinic. An appointment may be arranged by calling the Beacon Program at 919-966-9314.

If it is not clear as to what action should be taken for securing an evaluation (<72 hours or > 72 hours), the Beacon Child Protection Team member may be consulted by calling the Beacon Program, 919-966-9314, during the hours of 0800-1700 or by calling the hospital operator at 919-966-4131, and asking for the on-call Beacon Child Protection Team member to be paged.

14. **Initial EMS Contact:** The initial response of EMS personnel is vitally important. It is essential that the patient senses non-judgmental support and receive appropriate medical care. Only ask questions necessary for medical treatment. Do not remove the patient's clothing, unless medically necessary. Clothing should be removed only by the SANE/FNE or doctor performing the sexual assault exam.

15. **Initial Telephone Contact:** When responding to a call from a victim of sexual assault, it is very important to express a supportive attitude. Because the victim is in crisis, she may still be in a dangerous place. First, ask if she is in a safe place and arrange for assistance if necessary. Explain the purpose of the sexual assault examination. Caution the victim not to bath, brush her teeth, urinate, douche, change clothes, gargle, clean up, or touch anything from which evidence might be collected. Explain that the clothes she is wearing may contain evidence and will be collected. Ask her to bring additional clothing, a limited change of clothes is available at UNC Emergency Department and at Campus Health Services. Where appropriate, discuss reporting options mandatory reporting, advocacy services, and the Rape Victims Assistance Program.

If possible, keep the victim on the line until help arrives, as an open line may provide her a valuable feeling of security. If the caller requests professional advice but seems unwilling to go to the emergency room or Campus Health Services, recommend that he or she immediately see their physician or other appropriate resource. However, sometimes reluctant victims seek medical care after receiving sensitive support and understanding from the individuals who help them through the process.

16. **Assistance and Compensation Funds:** In order to access Rape Victims Assistance Funds or Crime Victims Compensation funds, the victim must report the crime to law enforcement within 72 hours (See Appendix). Rape Victims Assistance Funds can pay up to \$1000 of immediate and short-term medical expenses, ambulance services, and mental health services. For this program, a victim may meet the reporting requirement by filing a blind report (See Appendix). In order to access Crime Victims Compensation Funds, a victim must file a full report and cooperate with investigative and prosecutorial efforts. The Crime Victims Compensation Fund makes awards up to \$30,000 for medical care, therapy, lost wages, or other expenses. UNC Chapel Hill has a designated special student supported fund available to offset medical expenses for students.

17. **Minimizing Cost to Victim:** Medical facilities should conduct procedures with the goal of minimizing costs to patients. Evaluate charges for services provided to patients. Provide sample medications when possible. Develop systems to directly bill insurance companies and Rape Victims Assistance Funds where appropriate.

Examination Procedures

1. **Components:** A complete sexual assault examination includes five components:
 - Care and documentation (written, photography) of injuries

- Collection of evidence utilizing the SBI Sexual Assault Evidence Collection Kit.
- STI, HIV, Hepatitis risk evaluation and prophylactic treatment
- Pregnancy risk evaluation and prophylactic treatment
- Crisis intervention and follow-up referrals

2. Assess victim's priorities: It is incumbent upon the SANE/FNE to help the patient to feel reasonably comfortable during the exam. Reassure him/her of your concern for him/her; always be non-judgmental and objective. Though a great deal of information is provided about evidence collection, many patients are only interested in treatment for injuries and prevention of pregnancy or disease. While evidence collection may be encouraged, medical personnel should provide information about all options of care and the patient will determine what options to pursue.

3. Integrate procedures: Physical assessment and evidence collection procedures should be completely integrated to maximize efficiency and minimize trauma to the victim. For example, drawing blood for medical and evidentiary purposes at the same time.

4. Explain the procedures: Before beginning medical procedures, clearly describe each procedure and its purpose. Remember that some of the procedures are uncomfortable and painful, especially considering the nature of the trauma the patient has just experienced. The time and courtesy extended will help the patient to relax, making the process easier for all.

5. Collaborative interviewing: Though various professionals responding to sexual assault will need different information, collaborative interviewing may occur upon the request of the patient. Law enforcement interviews and the interview provided by the SANE/FNE should be separate whenever feasible. Discuss collaborative interviewing with the patient, and determine the interview team size based on his/her comfort with multiple parties.

6. Collection and Handling of Evidence:

- SBI Kits should be used for both male and female victims. Do not leave any open SBI kit unattended until it is completed and sealed and appropriately chain of custody.
- Follow instructions included with the SBI Kit (See Appendix). Change gloves between each evidence step.
- All evidence must be individually packaged, sealed, and labeled with the date and time of collection and the initials of all clinicians that collected or handled the evidence.
- Though most containers are provided, evidence may be secured in additional, containers as necessary.
- Each item in the kit should be submitted to the SBI for analysis and none should be retained by the Hospital or Campus Health Services.
- Place items in the kit and seal with evidence seal. Include additional items in the kit if size permits. Outer clothing, other large items in paper bags, and urine samples should not be placed in the kit, but properly sealed, labeled, and returned along with the kit.

- Kits should be turned over to a law enforcement officer, who will sign to ensure chain of custody. Do not mail kits directly to the SBI Lab.

Post Examination Concerns

1. **Court Appearances:** Documentation provided in medical records may be essential for prosecution of sexual assault cases. If subpoenaed to appear in court, ensure that your Risk Management Team is aware and that HIPPA is maintained, contact the District Attorney in advance to discuss the time and purpose of the court appearance.

2. **Public Education:** It is important for medical personnel to participate in the training of rape crisis volunteers and law enforcement officers, to give presentations to school students and to participate in community programs about rape. An informed community is an essential ingredient in the improved treatment of victims and the prevention of rape.