

SECTION 4

MEDICAL RESPONSE AND RESOURCES

MEDICAL RESPONSE AND RESOURCES

INTRODUCTION

After experiencing sexual violence, a survivor has many decisions to make. One of those decisions is whether or not to seek medical care.

Although advocates do not try to convince callers to make particular choices, advocates do encourage survivors to seek medical attention. The most important reason is to assess the survivor's physical well-being, including treatment of injuries, and for sexually transmitted infections (STIs), as well as pregnancy prophylaxis (prevention). Survivors may have obvious physical injuries, or they may be unaware of injuries. Emergency department (ED) health care providers will assess for both external and internal injuries and ED staff will address all of these medical concerns. For many survivors, seeking medical care can be frightening and embarrassing. Medical care also can be a powerful first step in reclaiming control of one's body and life.

MEDICAL OPTIONS

Typically, a survivor of sexual violence has three options for health care including the local ED, a health clinic such as Planned Parenthood, or a primary care physician. A survivor may not feel comfortable going to the emergency department for a variety of reasons. They may feel intimidated by the space, or they may be afraid that the police will be called. As previously discussed, survivors are encouraged to seek medical attention; however, individuals must be in control of their decision. If the sexual assault occurred on a weekend, delay in getting care, i.e. waiting for Planned Parenthood or a primary care physician, could complicate health outcomes. This information is important for the survivor to know so that they can make an informed decision regarding their health and health care.

If the survivor chooses to receive care in an emergency department, options regarding the medical and forensic examination, including forensic evidence collection and making a report to law enforcement, will be discussed.

Considerations for Advocates

If the survivor chooses to seek medical attention, the on-call advocate will offer to have an advocate meet the caller at a specific medical care location. To make it easier to recognize the advocate providing the accompaniment, the on-call can set a clear meeting place and exchange personal descriptions.

An advocate may need to explore transportation options with callers, as advocates do not provide transportation. Refer to specific center policies concerning transportation options.

Under Maine law, a minor can consent to a medical/forensic examination without parental/guardian notification (22 Maine Revised Statute Chapter 260, Section 1507).

The following information will focus on the survivor receiving medical care and participating in forensic evidence collection at an emergency department. Other medical options need to be handled on an individual basis and protocols may vary significantly from center to center.

EMERGENCY DEPARTMENT (ED)

There are several advantages to going to an ED. EDs are open 24 hours a day, providing immediate care. In addition, forensic evidence is collected only in hospital emergency departments in Maine. This evidence may be used in the investigation and possible prosecution of the crime. Many EDs have Sexual Assault Forensic Examiners (SAFEs) trained in providing specialized care for survivors of sexual violence. SAFEs, most of whom are Registered Nurses, often have conducted numerous medical/forensic examinations, and have a heightened level of understanding and thoroughness. If specialized examiners are not available, other providers in the ED are also able to conduct a medical/forensic examination.

Prior to Arriving at the ED

When an advocate speaks directly with a survivor before going to the ED there are several important things to consider.

- Advocates can explain that medical care is important and that if the survivor is considering making a report to law enforcement in the future, undergoing a

forensic examination now will preserve this evidence. Survivors interested in this option should be aware that the evidence deteriorates rapidly, or may be lost altogether. Therefore, it is best to have the medical/forensic examination as soon as possible. Regardless of timing, advocates encourage all survivors to see a health care provider. A modified medical/forensic examination, which may include vaginal and/or cervical swabs (depending on the patient history) and a known blood sample/buccal (cheek) swab only, may be done in appropriate cases up to 5 to 14 days after the assault.

- Forensic evidence is collected using a Maine Sex Crimes Kit. The kit has all the items needed to collect and store the evidence. Once completed, the kit is turned over to law enforcement for storage and/or possible transport to the Maine State Police Crime Lab for analysis. The process of forensic evidence collection is discussed in detail below.
- If a kit is used during the medical/forensic examination, there is no charge to the survivor for the medical/forensic examination, including pregnancy prophylaxis and STI treatment. Additional financial considerations are discussed at length below.
- Collection of evidence can be done at the same time a report is made to law enforcement, or may be done



Considerations for Advocates

It is helpful for the advocate to call the emergency department and let them know that a survivor and an advocate will be arriving at the hospital within a specified amount of time. This call is a professional courtesy and allows the hospital staff to prepare and be ready for the survivor. It is important for the advocate to ask for the survivor's permission before making the call and also to ask permission to provide the survivor's first name to the hospital. The advocate must follow center protocol as this practice varies.

SECTION 4: MEDICAL RESPONSE AND RESOURCES

“anonymously”, meaning that there is no personal or identifying information on the kit, and a report to law enforcement is not made. In the latter case, the survivor will be given a kit tracking number. Should the survivor decide to make a report in the future, this tracking number can be given to law enforcement, which may begin an investigation and possibly transport the kit to the Maine State Police Crime Lab. In anonymous cases, the law enforcement agency in the town or county where the ED is located is required to hold the kit for at least 90 days. Additional information about reporting to law enforcement while at the ED is provided at the end of this section and can also be found in the Legal Response and Resources section of this manual.

- Advocates can inform the survivor that during the medical examination and forensic evidence collection process they have the right to take a break at any time, to choose to decline any of the steps of the process, or to stop the process completely.

Evidence may be found on the survivor’s body and/or on the clothes that the survivor was wearing at the time the sexual violence occurred. There may still be evidence on the clothing even if it has been removed. If the survivor is still wearing these clothes, it is best not to change. The advocate can encourage the survivor to bring a change of clothes with them to the ED, if possible, since the clothing they are wearing may be kept as evidence. If the survivor has already changed clothing, the advocate can ask the survivor to bring the original clothes they were wearing during the assault with them to the



Considerations for Advocates

It is recommended that advocates explain additional steps survivors can take to help preserve evidence. These steps include:

- **Refraining from showering or bathing**
- **Not douching**
- **Refraining from urinating or defecating if possible**
- **Not removing a tampon or pad**
- **Avoiding eating or drinking**
- **Refraining from brushing teeth or gargling**
- **Avoiding disturbing the scene where the sexual violence occurred**

The desire to do any of these things is natural and understandable. The survivor may have done some of these things before calling, either as a reaction to the violence or as part of their daily routine. They may or may not have been aware of the effect their actions might have on evidence collection. When talking to someone who has potentially disrupted evidence, provide emotional support and validation for their actions and do not assume that no evidence remains.



Considerations for Advocates

The advocate's role at the ED is to work with medical personnel as part of a response team to ensure the physical and emotional well being of the survivor throughout the process. When meeting the survivor for the first time, the advocate explains their role to the survivor and the options available. The advocate can:

- **Stay with the survivor for the entire ED visit.**
- **Step out of the room for a period of time and return upon the survivor's request.**
- **Sit with concerned others in the waiting room.**
- **Provide information and sexual assault support center materials before leaving.**

ED, if possible. Ideally, the survivor would place the clothing in a clean paper bag (plastic breaks down evidence and does not allow it to breathe) and bring it to the ED with the survivor. The clothing should be brought regardless of whether it has been shaken out, washed, or tossed in a hamper with other clothing. At some hospitals, sexual assault support centers provide sweat suits in case the survivor arrives at the hospital without a change of clothing.

The Advocate's Role at the Emergency Department

How an advocate proceeds when arriving at the ED will depend upon whether the request came from the survivor during a crisis and support line call, or if law enforcement or the ED requested the advocate directly. When following up on a request for accompaniment by the survivor, the advocate will:

- Meet the survivor at the agreed upon location
- Introduce self to the survivor
- Briefly explain the next steps
- Accompany the survivor into the ED

If the accompaniment is in direct response to a law enforcement or ED request, the advocate may need to take a moment when introduced to the survivor to briefly explain the role of an advocate and inform the survivor of their right to make choices that feel best for them. Advocates must keep in mind, however, that if the survivor is a minor or an adult in guardianship, they may not have complete control over what happens.

While the SAFE or other health care provider is attending to the survivor's physical health, the advocate can focus on the survivor's emotional well-being. This may include sharing basic knowledge about the evidence collection process if known, clarifying terminology if known, or seeing that the survivor understands medical procedures by asking the health care provider for clarification. In this role, the advocate helps the survivor make informed decisions and assists them in regaining a sense of control over their body and the situation.

In most Maine hospitals, survivors of sexual violence are given priority, second only to those patients with life-threatening injuries. When the survivor arrives at the ED and tells the intake nurse, referred to as a triage nurse, that the survivor has experienced sexual violence, the survivor will be attended to promptly. The triage nurse will take the survivor's vital signs (pulse, blood pressure, and respiratory rate) and assess for any physical injuries that need immediate attention, record the date and time of the sexual assault, and whether law enforcement has been notified

Considerations for Advocates

Sexual Assault Forensic Examiners (SAFEs) are health care providers (primarily Registered Nurses) who have been specially trained to provide comprehensive care for the sexual assault patient, who demonstrate competency in conducting a forensic examination, and have the ability to be expert or fact witnesses in court. Registered Nurses, Physician Assistants, and physicians may also participate in the training.

or if the patient wants law enforcement to be notified. Following triage, most survivors are taken to a private waiting room or directly to the examination room.

If the survivor is not brought to a private room, the advocate may ask the triage nurse if one is available. Hospitals may have differing protocols; therefore, it is helpful to be familiar with hospital protocols in a particular service area.

Medical Examination and Forensic Evidence Collection

The survivor and the advocate, if the survivor chooses, will be escorted to the examination room and the SAFE or health care provider assigned to the survivor will explain the medical/forensic examination process.

Forensic evidence is collected using the Maine Sex Crimes Kit, which includes detailed instructions and materials that have been standardized throughout the state. Forensic evidence collection can be done by a state certified Sexual Assault Forensic Examiner (SAFE) or a SAFE-in-Training, a Medical Doctor (MD), a Doctor of Osteopathy (DO), a Physician's Assistant (PA), or a Nurse Practitioner (NP). A Registered Nurse (RN) can perform most of the medical/forensic examination; however, an advanced practice provider will perform the vaginal examination and collect vaginal and cervical swabs.

The SAFE Program is housed in the Maine Office of the Attorney General. The program is directed by a Registered Nurse and trainings offered are based on a national model. To become a

SAFE, the health care provider must complete an extensive training program that includes classroom and clinical work. The Sexual Assault Response Teams (SARTs) include SAFEs as team members along with representatives from law enforcement, prosecution, and advocacy. Refer to the Legal Response and Resources section of this manual for more information about SARTs.

Advantages of Sexual Assault Forensic Examiners

There are many reasons why having a SAFE conduct the medical/forensic examination is beneficial for the survivor. One of the most important reasons is that the two primary people who care for the survivor – the SAFE and the advocate – have specialized training to assist the survivor. Other advantages of having a SAFE include:

For Patients/Survivors

- Provider understands the patient is a trauma patient
- Offers prompt, compassionate care
- Provides a quality medical/forensic examination
- Documents details of sexual violence thoroughly

For Emergency Departments

- Provides patient with timely care
- Allows ED staff to focus on other responsibilities
- Ensures efficient forensic evidence collection

For Advocates

- Allows focus to be fully on survivor
- Creates confidence that survivor will receive the best care
- Builds assurance that the “system” understands sexual violence

For Law Enforcement

- Allows focus to be to completely on taking a report
- Builds assurance that options regarding the legal system will be discussed
- Creates relationship among officer and nurses
- Assists with safety planning
- Is able to perform suspect exams
- Understands importance of chain of custody

For Prosecutors

- Presents as credible witness
- Cooperative and available on short notice
- Aids in the evaluation of helpful medical and forensic evidence

Refer to the Additional Materials at the end of this section for a complete SAFE Program description.

Maine Sex Crimes Kit

The survivor of sexual violence has recently experienced a loss of control over their body; therefore, it is important that everyone involved allow the survivor as many choices as possible. The advocate and the health care provider can work together to facilitate choice and control by explaining medical and evidence collection procedures before they are performed, including how and why procedures are done, and where on the survivor’s body evidence collection will take place.

Once the sex crimes kit is opened, the SAFE or other health care provider must stay with the kit and any collected evidence at all times. This is to verify that the evidence given to law enforcement is the same evidence taken from the survivor, and that no opportunity existed for evidence tampering.

The Advocate’s Role During Evidence Collection

The advocate is present to provide support, education, and empowerment to the survivor. Although the SAFE or other health care provider is the lead person during all medical care and evidence collection, the advocate may assist the examiner, within appropriate boundaries, in order to provide care and comfort for the survivor. For example, if the survivor would like something to drink or eat and the SAFE or other health care provider has approved this, the advocate can leave the room to get this for the survivor. The



Considerations for Advocates

Advocates can talk with survivors and concerned others in general terms about medical procedures. It is important that specific questions are referred to, and answered by, a health care provider. Advocates do not assist with medical procedures or the collection of evidence.

SECTION 4: MEDICAL RESPONSE AND RESOURCES

advocate may also assist the survivor in finding a restroom or telephone, seeking non-medical supplies such as sheets or blankets, or giving messages to other hospital staff on behalf of the examiner.

Another role for the advocate is to observe whether the provider is clearly explaining procedures. If the advocate has a concern or question they can ask the examiner for clarification in a polite and respectful manner. If information seems unclear, the advocate can ask the survivor directly if they have any questions or would like clarification.

The advocate may want to remind the survivor that the exam can be stopped at any time. If the survivor becomes upset, the advocate will work with the health care provider to offer support and discuss the options of completing the exam, taking a break, or ending the process.



Considerations for Advocates

Advocates must remain aware that touching a survivor may startle them or cause other discomfort, and should always ask permission before taking a hand or giving a hug.

The Medical/Forensic History

Part of the medical and forensic examination includes a detailed history taken for the purposes of medical diagnosis and treatment. This will include past medical history, as well as details of the sexual violence. If the survivor requests the presence of a friend and/or family member, these requests will be honored if possible. However, it is best that potential drawbacks are discussed privately with the survivor. These drawbacks include the potential risk of cross contamination of the evidence in a crowded room, the survivor feeling unable to speak freely regarding details of the sexual assault, and the risk that the friend/family member could be called as a witness should the case go to trial.

Considerations for Advocates

It is important that concerned others are provided with support and answers to their questions. It may be appropriate for the advocate to talk to them about myths and provide them with information that will help them in responding to the survivor as well as begin their own healing.

If the advocate knows that there will be a number of people with the survivor in the ED, it might be helpful to call in another advocate. This will help ensure that support is given to friends and family, while the other advocate is providing individualized advocacy to the survivor. Advocates can refer to specific center policy about calling in additional advocates.

Advocates can suggest that the friend/family member wait outside the examination room during the history-taking. The advocate can play a key role in supporting the friend/family member in waiting until this part of the examination is finished. A second advocate can be called in if necessary.

Steps of Forensic Evidence Collection

Following the history, a physical assessment for injury is done, forensic photographs may be taken, clothing is collected, and the physical evidence collection process takes place. A “Q-tip”, referred to as a swab, is used in many of the steps. All moist samples are air dried before being sealed in containers, and all samples are identified with a tracking number. Swabs are taken for potential DNA of the suspect, and other evidence is collected for comparison purposes. The steps are briefly outlined below:

1. Oral Swabs: Swabs are used to take samples from the inside of the mouth.
2. Nasal Swab: A swab is moistened with sterile water and the inside of each nostril is swabbed. Oral and nasal swabs are collected in most cases, and especially in cases of forced oral penetration.
3. & 4. Fingernail Clippings: Fingernails are (preferably) clipped and collected from each hand separately; if the survivor does not want their nails clipped then a moistened swab will be used under the nails.
5. Known Blood Collection: A lancet is used to prick the survivor’s finger and a blood sample is collected. This step is being

replaced with a buccal (cheek) swab in the newer sex crimes kits. This provides the Crime Lab a sample of the survivor’s DNA.

6. Known Head Hair Sample: 10-12 full-lengths of hair including the root are gently collected from various scalp locations. If the survivor prefers to do this, the SAFE or other health care provider will show the survivor how. This provides the lab specimens of the survivor’s hair for comparison purposes.
7. Foreign Material Collection: A bed sheet is placed on the floor and a paper sheet from the kit is placed on top of the bed sheet. The survivor stands in the center of the paper sheet and carefully removes each item of clothing. Each item is placed in a paper bag; the paper sheet is bagged as well. Foreign material such as dirt, leaves, fibers, etc., may be used as comparison by the forensic scientists.

Once the survivor’s clothing is removed, a head to toe assessment is made for external injuries, bite or sucking marks, or for debris or dried secretions such as saliva, blood, or semen. Sometimes overhead lights are turned off and a UV lamp is used to view the surface of the survivor’s body. The UV light makes it easier to find dried secretions on the survivor’s body. Forensic photographs of injuries may be taken.



Considerations for Advocates

During the collection of the clothing the advocate needs to provide the survivor with as much privacy as possible. An advocate may assist the provider by holding a blanket up to provide a “screen” for the survivor while they remove clothing, or it may be best to wait outside of the area. The advocate can ask the survivor what they would prefer.

Also, it is important for the advocate to explain that typically, clothing collected for evidence will not be returned to the survivor.



Considerations for Advocates

During the following steps, it is important for advocates to be seated in a position that provides privacy to the survivor. Advocates need to face the survivor and be available to the survivor should they want to talk, want comfort, or have a question. If possible, advocates can place a chair beside the survivor facing away from the lower half of the survivor's body.

After this examination process the forensic evidence collection continues.

8. **Debris Collection:** Debris such as dirt, hair, leaves, fibers, etc. is collected from the survivor's body and placed in a bindle (an envelope of folded paper) and then into the proper envelope.
9. **Dried Secretions:** Dried secretions are collected with both moistened and dry swabs.
10. **Pubic Combing:** A sheet of paper is placed under the survivor's buttocks and the pubic hair is combed to collect any debris or loose hair. These will be used for comparison purposes.
11. **Known Pubic Hair Sample:** 3-5 full-length hairs including the root are collected from various regions of the pubic area. If the survivor prefers to do this the provider will show them how.

Considerations for Advocates

When in the exam room with a patient, it is important for the advocate to stay clear of the evidence. To avoid contamination, advocates avoid talking over, leaning over, or in any way touching the evidence.

12. **Genital/Penile Swabs:** Moistened swabs are used to swab the external genitalia.
13. **Anal Swabs:** Moistened swabs are used to take samples from the anus.

Considerations for Advocates

It is not uncommon for a survivor to have a difficult time with this portion of the exam. For example, the survivor may have flashbacks of the sexual violence. If the survivor becomes upset at any point in the exam, the examiner will stop the exam until the survivor is prepared to proceed.

14. & 15. **Vaginal and Cervical Swabs:** Dry swabs are used to take samples from inside the vagina and from the cervix. The provider will look for injury. This step will not be done if the patient's age or condition prohibits it.
16. & 17. **Miscellaneous and Additional Swabs.**
18. & 19. **Blood and/or Urine Specimens:** If the survivor or provider suspects that a drug(s) was used to facilitate the sexual violence or if there are obvious signs of being drugged, such as drowsiness, memory loss, impaired motor skills, etc., the SAFE or other health care provider will ask permission to take blood and/or urine specimens. Blood and urine is collected if suspected

Considerations for Advocates

In cases of suspected drug-induced sexual assault, the examiner will ask the survivor questions about when they think drug(s) may have been given to them and if they have voluntarily taken any drugs in the last several days. These questions are asked to plan for the care of the survivor and to assist the laboratory in analyzing the blood and/or urine samples. It does not mean that the health care provider does not believe the survivor.

ingestion is within 24 hours; urine only if more than 24 hours but fewer than 96 hours (4 days) have passed. Both specimens will be placed on ice for transport by law enforcement.

(Maine State Sex Crimes Evidence Collection Kit, n.d.)

Once the medical/forensic examination is complete, the evidence will be labeled and stored according to the instructions in the sex crimes kit. Law enforcement will come to the hospital to collect the kit.

Medications

Medications to prevent pregnancy and treat sexually transmitted infections are offered to the survivor and are referred to as prophylactic treatment. If medications are not offered or discussed by the health care provider, the advocate can ask them to discuss these options

with the survivor. Follow-up medical care options including testing for sexually transmitted infections would be included in the patient's discharge plan.

Pregnancy

The fear of pregnancy resulting from sexual violence is often a major motivator for the survivor to seek medical care. The availability of pregnancy prophylaxis should be discussed with each patient of child-bearing capacity and treatment should be offered. A pregnancy test is done on all patients of childbearing age.

If it is within 120 hours of the sexual assault, individuals can take emergency contraception to prevent pregnancy. Emergency contraception is also known as emergency birth control, backup birth control, the morning after pill, and by the brand names Plan B, One-Step, and Next Choice (Planned Parenthood, 2010).



Considerations for Advocates

In the State of Maine, minors have the right to pregnancy prevention without parental consent.

Plan B is not an abortion pill.

A survivor who has learned that she is pregnant as a result of sexual violence may call the crisis and support line. It is important for advocates to make sure the caller understands the options available to her. If she is unsure of what decision is right for her, it may be most helpful to refer her to an organization that recognizes all options and can provide more specific information.

If the hospital does not have emergency contraception available and the survivor is 17 or older, they can get the medication at a drugstore or health center without a prescription. If the survivor is under 17, the medical provider can write a prescription (Planned Parenthood, 2010).

Sexually Transmitted Infections

It is possible for sexually transmitted infections (STIs) to be contracted during any unprotected sexual contact. The medical provider will discuss the level of risk involved, offer prophylactic (preventive) medications, and provide information on baseline testing and follow-up care.

Refer to the Additional Materials at the end of this section for a list of STIs.

Financial Considerations

Under Maine law, the Victim Compensation Board reimburses hospitals for medical/forensic examinations. The survivor is not required to report the sexual assault to law enforcement, nor can the survivor be billed for the medical/forensic exam if the sex crimes kit is used. This law, 5 Maine Revised Statutes (M.R.S.) §3360-M(3), includes payment for “all services directly related to the gathering of forensic evidence [the kit] and related testing and treatment for pregnancy and sexually transmitted [infections]” (5 M.R.S. §3360-M(2)). The forensic examination must be performed by a hospital or licensed health care practitioner (5 M.R.S. §3360-M(2-3)). The law requires the hospital or licensed health care practitioner to bill the Maine Crime Victim’s Compensation Board directly for the cost of the forensic examination, rather than the survivor or the survivor’s insurance company (5 M.R.S. §3360-M(3)). The forensic examination kit includes an application to the Maine Crime Victims’ Compensation Fund for the survivor, in case there are additional medical expenses not covered as part of the medical/forensic examination.

Should the survivor suffer injuries requiring treatment such as a broken bone or surgery, the survivor (or the survivor’s insurance) will be billed by the hospital for that treatment. However, if the survivor has no insurance (or if insurance doesn’t cover all of their costs) they can then apply directly to the Maine Crime Victims’ Compensation Board for financial assistance (5 M.R.S. §3360-D) in paying the hospital bill. Applying for assistance does require reporting to, and ongoing cooperation with, law enforcement (5 M.R.S. §3360-C(1-2)). This program does not hinge on whether a medical/forensic examination was done, but rather,



Considerations for Advocates

It is important for survivors to consider the possibility of transmitting a disease that they acquired from sexual violence to their sexual partner(s). It is appropriate for an advocate to suggest to the survivor that they participate only in protected sexual contact until they are sure they have not contracted an STI.

The advocate’s role surrounding STIs is to be able to provide resources to the survivor so that they can make informed decisions about follow-up testing, taking medications as prescribed, and protecting their own health and that of their sexual partner(s).

Advocates can refer to their specific center’s resources and referrals.



Considerations for Advocates

Advocates are encouraged to provide general information about financial considerations, while avoiding making promises or guarantees to survivors about medical costs. Advocates cannot tell survivors or concerned others they will not receive a bill from the hospital. Additional costs not covered under the forensic examination may occur.

In addition, advocates cannot promise that charges will not be made to a person's medical insurance. With the potential for additional costs and the reality of medical billing errors, advocates need to be cautious when talking with individuals about financial considerations.

on the survivor's report to, and ongoing cooperation with, law enforcement.

Maine law also requires the district attorney's office to pay for the "analysis of a drug or alcohol test performed as part of a forensic examination...when the purpose of the analysis is to obtain evidence for the prosecution" (5 M.R.S. §287(2-A)). The decision to collect urine and/or blood samples is made by the provider, and specimens are then delivered by law enforcement to the Health and Environmental Testing Lab in Augusta, where they are stored. At some point after this, the investigator and DA's Office will make the decision about whether to send the specimens for testing.

All requests for compensation are subject to Maine Crime Victim's Compensation Board review and approval.

For more information about Victims' Compensation and reporting sexual violence to law enforcement, please refer to the Legal Response and Resources section of this manual.

Law Enforcement at the Emergency Department

A survivor can choose to make a report to law enforcement at any time in their life. The survivor may have gone directly to the police station, made a report there, and then a police officer may have transported them to the ED; the survivor may have gone directly to the ED without calling the crisis and support line first, and decided to have medical personnel call law enforcement to come to the ED to take a statement; the survivor may have arranged to meet the advocate at the ED and then asked to make a police report. The advocate may arrive at the ED at any time during the reporting process, or the law enforcement officer may arrive at the hospital at any point during the medical/forensic examination process.

Generally, the initial law enforcement representative will be a uniformed patrol officer. To begin the interview, the officer will ask the survivor for general information such as full name and date of birth, and then will proceed to questions about the act of sexual violence. The initial statement documents the incident and determines how law enforcement will proceed with their investigation. Depending upon the size of the law enforcement agency, the case may be turned over to a detective for full investigation.

During the interview, the advocate can typically stay in the room if the survivor wishes. However, it is important for advocates to

SECTION 4: MEDICAL RESPONSE AND RESOURCES

be familiar with the law enforcement protocols in their area. The advocate's role during the interview process is to provide emotional support and to inform the survivor about their choices and rights. Refer to the Legal Response and Resources section of this manual for additional information about reporting.

Leaving the ED

Medical accompaniment calls may be several hours long. Depending on the advocate's schedule, it may be necessary to request another advocate to come to the ED to be with the survivor. If this situation occurs, the advocate should clearly communicate with the survivor and any concerned others they may be talking with. It is best to stay until the new advocate and the survivor can meet one another. Advocates must make sure to involve the survivor in this process and refer to specific center protocols.

Considerations for Advocates

Advocates can assist survivors by ensuring that their privacy and dignity is protected. For example, the law enforcement officer should not be present for the collection of forensic evidence, and an advocate can request that the officer wait until the survivor is dressed prior to taking a statement.

There may be a short wait between the time the examination is complete and the hospital discharge occurs. If a shower is available, the patient could bathe at this time. This is often a time for the advocate to provide or review any materials that the center has available for the survivor to take with them. Additionally, it is the advocate's role to discuss what else the survivor may need, such as:

- A follow-up call from a crisis and support line advocate.
- A referral to a therapist or other social service providers.
- An explanation of how to access the statewide sexual assault crisis and support line and how it works.

Considerations for Advocates

The advocate will work with the health care provider regarding discharge to a safe place. If the survivor does not have a concerned other waiting for them, the advocate can explore transportation options.

Self-care is highly important. The advocate can seek out someone from the center to debrief with, do lots of deep breathing, and explore ways to reward themselves for their advocacy work.

ADDITIONAL MATERIALS

The Sexual Assault Forensic Examiner (SAFE) Program provides training and technical assistance for healthcare providers, primarily Registered Nurses, in the care of patients who have suffered sexual assault, and in the use of the Maine sex crimes kit for collection of evidence. This national model utilizes an interdisciplinary, community-based approach for the dignified and compassionate care and treatment of sexual assault patients.

What is a Forensic Examiner?

A Sexual Assault Forensic Examiner (SAFE) is a health care provider (primarily Registered Nurses) who has been specially trained to provide comprehensive care for the sexual assault patient, who demonstrates competency in conducting a forensic exam, and has the ability to be an expert or fact witness in court. Registered nurses, physician assistants, and physicians may participate in the training.

Community Based Response

The Sexual Assault Forensic Examiner Program is an essential component of the Sexual Assault Response Team (SART). Each county-based team includes local law enforcement, the district attorney's office, SAFEs, and sexual assault support center advocates. Members of the SART share the common goal of creating a seamless, community-based response to the needs of survivors of sexual assault/abuse. As more is learned about the prevalence of sexual assault/abuse and the related low reporting rate, there is increased responsibility to improve the systems charged with responding to these crimes, and to provide a uniform, integrated, informed response to sexual assault/abuse. The key systems are healthcare providers, law enforcement, sexual assault support centers, and prosecutors. Each SAFE is an integral component of the SART responding to this need.

Benefits of the SAFE Program

Health care providers are often the first responders

for survivors of sexual assault. Because of the time needed to assess and treat injuries and collect forensic evidence, it is cost-effective to have a cadre of SAFEs on call to provide this care. By ensuring that trained health care providers are available to perform the medical-forensic exam, trauma from the assault is reduced, the needs of the patient are attended to, and evidence is collected in a manner that meets state standards and promotes successful prosecution.

Training Requirements

Training requirements for state SAFE certification are rigorous. Completion of the training requires commitment and time, taking up to a year to complete. The first step is completion of 40 hours of didactic content developed using educational guidelines established by the International Association of Forensic Nurses (IAFN), 8 hours of clinical work, followed by an additional set of clinical components to gain proficiency in performing the sexual assault forensic exam. The requirements are consistent with standards created by the IAFN and adopted by the American Nurses Association.

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Sexually Transmitted Infections Information

Chlamydia. This is a bacterial infection which can exist for many months without signs or symptoms. Women may experience urethra or vaginal discharge, painful or frequent urination, lower abdominal pain, or acute Pelvic Inflammatory Disease (PID) which may result in infertility. Its presence can be detected by a pelvic exam one to three weeks after the sexual violence, and is treatable with antibiotics. A pregnant woman with chlamydial infection can transmit the disease to

SECTION 4: MEDICAL RESPONSE AND RESOURCES

her newborn during childbirth. Men may have no symptoms, or mild discomfort with urination, and/or discharge from the penis. Chlamydia is curable with appropriate treatment (ASHA, n.d.).

Genital Herpes. This viral infection is characterized by local pain, itching, burning, and pain with urination that can precede a rash on the skin. The rash consists of a reddened patch, dotted by small painful lesions resembling blisters that appear one to three weeks after infection. It takes about 10 days to heal. Asymptomatic shedding of the virus is common and may represent the most common way in which the virus is transmitted (Venes, 2001). These lesions may appear spontaneously in the future at different frequencies for different patients. Herpes can have serious consequences to the health of a fetus during pregnancy. Some types are associated with changes in the cells of the cervix. Herpes can be treated, but cannot be cured.

Gonorrhea. This bacterial infection may cause an abnormal discharge from the vagina, penis, or rectum and pain during urination in women; men have these symptoms 98% of the time. Like chlamydia, gonorrhea can travel into the urethra, cervix, uterus and fallopian tubes, prostate, rectum, and/or pharynx, and can cause Pelvic Inflammatory Disease (PID). Gonorrhea can also spread to the joints and skin. It can be detected by pelvic exam one to three weeks after it has been contracted and is treatable. Gonorrhea can be cured with appropriate treatment (ASHA, n.d.).

Hepatitis B. Hepatitis B is a virus that causes inflammation of the liver. Chronic (long-lasting) hepatitis B can cause liver cell damage, which can lead to cirrhosis (scarring of the liver) and cancer. It is estimated that 5,000 people die each year in the United States because of the complications of cirrhosis and liver cancer as a result of HBV (ASHA, n.d.). If a patient has not been vaccinated, the first step in the series should be started at the time of the medical/forensic examination. A vaccine is available that provides active immunity. Hepatitis B immune globulin provides passive immunity for those who have not been vaccinated, and can be given after exposure to the virus. There is no drug treatment available that controls acute infection.

Human Immunodeficiency Virus (HIV). “HIV is a viral infection that may be passed through sexual contact with an infected person, and/or by sharing needles and/or syringes (primarily for drug injection) with someone who is infected” (USCDC, 2007, as cited in NSVRC, 2008). “Like other sexually transmitted infections, evidence shows that HIV may be transmitted during a sexual assault. However, contracting HIV through sexual assault is thought to occur infrequently” (USCDC, 2006, as cited in NSVRC, 2008). The CDC estimates the likelihood of contracting HIV from a known positive person through consensual vaginal intercourse at 0.1%–0.2% and through consensual receptive rectal intercourse at 0.5%–3% (USCDC, 2006, as cited in NSVRC, 2008). It is possible that the threat of HIV transmission is greater in nonconsensual intercourse, or sexual assault, because of potential injuries sustained by the survivor. This is especially true for child survivors who may suffer repeated abuse and more severe genital and rectal injuries (USCDC, 2006, as cited by NSVRC, 2008).

Given the profound consequences of HIV infection, it is not surprising that potential exposure to HIV is a source of concern in patients presenting with a history of sexual assault. The local epidemiology of HIV would also influence the relative risk. (For example, an assault in prison is more apt to be high risk than one in the community at large. In addition, the rate of HIV varies from one area of the country to another.) Unfortunately, Post Exposure Prophylaxis (HIV PEP) following sexual assault is not as simple or straight-forward as prophylaxis of GC or Chlamydia.

Even if HIV PEP is not used, the patient should still have HIV testing at baseline, with follow up testing at 3 and 6 months from the time of assault. The patient’s discharge plan should include referral for testing to a local testing sight.

These factors may increase the risk of HIV transmission from a sexual assault when the offender(s) is/are HIV positive (USCDC, 2005, as cited in NSVRC, 2008):

- Bite injuries
- Multiple offenders

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- Unprotected vaginal and/or anal penetration especially by persons at risk or known to be HIV positive
- Oral sex involving exposure to seminal or vaginal secretions from sources that are HIV infected or at risk of HIV infection
- Genital trauma and/or vaginal or anal tears
- The presence of sperm or semen in/around the vagina or anus
- Offender(s) who are injection drug user(s)
- Offenders who have spent time in jail or prison
- Offenders with tattoos
- Offender who is known HIV positive
- Offender with known multiple sexual partners
- Offender with history of sexually transmitted infection
- Offender with known engagement in male-male sex
- Offender with history of IV drug use or trading of sex for money or drugs

HIV is treated with a medication protocol. Treatment must be started within 72 hours of possible exposure, and if the survivor is not already HIV infected. HIV PEP would generally not be necessary for sexual acts that did not involve vaginal or anal penetration, or oral receipt of seminal or vaginal fluids or human blood.

Vaginitis. Vaginitis can be caused by a variety of sexually transmitted organisms such as bacterial vaginosis and trichomoniasis. Symptoms include vaginal irritation, redness, itching, and discharge. Although there are no serious complications associated with vaginitis, it may cause gland infections in women. It is easily treated. (ASHA, n.d.)

Syphilis. This bacterial infection is typically passed by direct contact with skin or mucous membranes, the genitals being the most common. Syphilis has three stages. The first stage emerges within 4-6

weeks of exposure and is indicated by a painless sore. The second stage comes 6 weeks later and lasts 2-6 weeks. Symptoms of this stage include a rash, fatigue, loss of hair, and swollen glands. If untreated, the disease can cause multiple organ system changes years later. In the tertiary stage, tissue destruction in the aorta, central nervous system, bones, and skin occurs. The consequences are serious and can include damage to the aorta, brain or spinal cord, blindness, or death. Syphilis can be cured with antibiotic treatment. (ASHA, n.d.)

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