“Quality” Care after sexual assault: Fact or Fiction?
Diane Daiber, BSN, RN, SANE-A, SANE-P
Christina Presenti

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After completing this training, you’ll be able to:

- Recognize the obligation of healthcare facilities to provide care to survivors of sexual assault
- List the standards that define the survivor’s healthcare needs after sexual assault
- Employ tools and practice crafting your argument for the best healthcare response for survivors living in your community

Objectives
EMTALA

- Emergency Medical Treatment and labor Act
- Ensure access to emergency care regardless of ability to pay
- Medical Screening Exam (MSE) on all patients requesting care
- Emergency Medical Conditions (EMC) require stabilization or transfer if hospital unable.

Medical Forensic Care Options

- Hospital Based Programs
- Community Based Programs
- Mobile type programs
- Other Options?
Discussion: What are the standards that define the survivor’s health needs after sexual assault?

U.S. National protocols for responding to sexual assault/abuse

Standards that define the survivor’s healthcare needs after a sexual assault?

- U.S. Department of Justice’s National SAFE Training Standards
- World Health Organization-Medicolegal care of the sexual assault victim
- Office of Victims of Crime-SANE Development Guide
• American College of Emergency Physician’s sexual Assault e-book
• International Association of Forensic Nurses SANE Education Guidelines
• CDC Sexually transmitted infection guidelines

Are survivors in your community receiving the standard of care needed?

Quality Assurance
• Medical Director
• Trained Examiners
• Peer review
  – Forensic Nursing Team
  – Community partners
• SART case review
Post Exposure Prophylaxis for HIV exposure

- Risk assessment and screening
- Initiating nPEP
- Access
- Cost
- Referral
- Follow Up

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STI and Pediatric Population

- Testing rather than prophylaxis
- Use of most sensitive and specific testing source
- STIs can be diagnostic of sexual abuse in prepubescent patient
- Vaccination

<table>
<thead>
<tr>
<th>STI/A confirmed</th>
<th>Evidence for sexual abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Syphilis*</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>HIV*</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Chlamydia trachomatis*</td>
<td>Diagnostic</td>
</tr>
</tbody>
</table>

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Other STI's

- Adolescent Adult prophylaxis
- Expedited Partner Therapy
- Vaccination
- Testing
Development of a protocol requires at least one person who has the authority to move the process forward. Who has the authority?

- Advocacy Agency, Executive director
- Systems based advocacy
- School administrator
- Licensed social worker
- Public Health Department
- Behavior health organization
- EMS
- Law Enforcement

What can you use to “craft the argument” for the best response for survivors?
Right now, patients who have been sexually assaulted are being turned away from hospitals with no Sexual Assault Nurse Examiner (SANE).

• It is the hospital's duty to properly care for the patient.
• Strengthen your facility's ability to provide the highest level of care to sexual assault and abuse patients.
• Training and support is available through IAFN.
SARTs can use the Toolkit

- To maintain momentum
- To learn more about a specific topic
- When there is a pressing need
- To find agenda topics
- To connect with experts

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Contact IAFN/SAFEta for Assistance and Resources

Visit: www.safeta.org or www.iafn.org or www.kidsta.org
Email: info@safeta.org
Phone: 877-819-SART (7278)
OTHER National Resources
- Tribal Forensic Healthcare
- OVCTTAC
- NHTTAC
- National Children’s Alliance
- FORGE
- VERA
- PREA Resource Center

State resources
- Coalitions
- Attorney General Office
- State Board of Nursing

THANK YOU!