

APRIL 2013  
A National Protocol for  
Sexual Assault Medical  
Forensic Examinations  
AAFP/Advocates  
Second Edition



# SAFE Protocol

## Are YOU up to date??

**SAFEta.org**  
The Ultimate Source for Sexual Assault Forensic Examiner Technical Assistance

National Sexual Assault Conference 2014  
Kim Day, RN, SANE-A, SANE-P



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# Welcome!

The SAFEta project is supported by Grant No. 2011-AX-K021, awarded by the Office on Violence Against Women, US Department of Justice. The opinions, findings, conclusions and recommendations expressed in this presentation are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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# WHO ARE YOU??



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### Purposes of the Protocol

- To address the needs of victims while promoting the criminal justice response
- To promote high quality, sensitive and supportive examinations for victims
- To promote timely, high quality evidence collection



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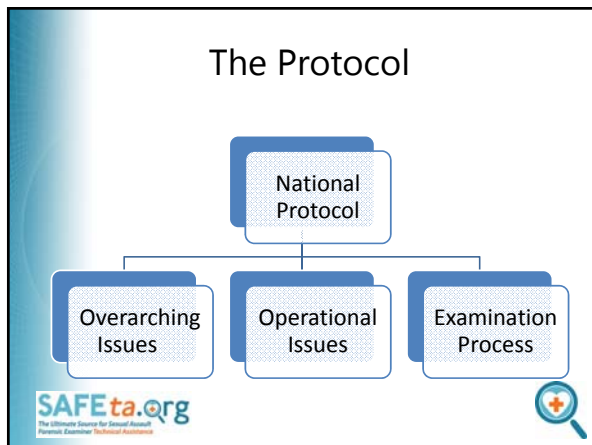
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### Summary of changes

- Definitions
- One Exam
- QA/MSE
- Patient Options
- Documentation
- Treatment Updates
- Updates on Timing and techniques
- Confidentiality
- Caring for special populations
- DFSA



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## Overarching issues changes

- o The Exam
- o Quality assurance
- o Medical screening exams
- o Victims with special needs
- o Civil attorneys
- o Confidentiality
- o Reporting to law enforcement
- o Exam payment
- o Victim centered care



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## The medical forensic exam is:

**100%  
SINGLE**

Purpose: Address the healthcare needs and collect evidence when appropriate



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## Quality Assurance

Review of active and resolved cases provides opportunities for improvement of:  
-Individuals  
-Teams as a whole



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How many of you are doing routine quality assurance?



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Recommendations- victim centered care

- Medical screening exam
- Victims with disabilities and older victims
- Civil attorneys



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Medical screening exam



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### Victims with disabilities

- o Special considerations- perpetrators
- o Older patients
- o Evidence may speak for the patient when they are unable
- o Respect patient choices for accompaniment by support persons
- o Make exam adaptations as needed, including time considerations



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### Victims with limited English proficiency

- o Assure exam access
- o Develop policies and train responders to identify LEP and primary language
- o Use demonstrable bilingual examiners and/or qualified interpreters
- o Train interpreters in exam process/ethics/confidentiality
- o U-Visa information



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### American Indian and Alaska native victims

- o Be aware of tribal culture, heritage
- o Develop MOU or coordinate with tribal agencies for sexual assault care
- o Understand jurisdictional issues
- o Incorporate culture, tradition in exam protocol, process
- o Coordinate with tribe for advocacy, referrals for follow-up



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## LGBTQ

- Include transgender or intersex options on forms
- Always refer to patients by their name not using a pronoun, even when speaking to others
- Sexual orientation and gender identity are protected health information- subject to all confidentiality and privacy rules



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## Civil Attorneys role

- Privacy
- Safety
- Immigration
- Education
- Housing
- Employment
- Financial



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## Recommendations- confidentiality

- Confidentiality Details
- Military Exams



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## Confidentiality

- Advising patients of communication confidentiality limitations
- Awareness of limitations of community based and systems based advocacy responses



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## HIPAA

Permits hospitals and healthcare providers to alert advocacy agencies



"According to your HIPAA release form I can't share anything with you."



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## Military exams, confidentiality and reporting

- Reporting Options for Military victims
- Be aware of circumstances that may void restricted reporting
- MOU with civilian facilities



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### Polygraphs



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### Alternative reporting options

- o Anonymous reporting
- o Confidential reporting

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### Payment of the Exam and Access

- o Exam access cannot be tied to participation in criminal justice system
- o Conditions for STOP funds to pay for exams
- o No requirement for insurance reimbursement
- o Inform the patient of required reporting
- o Tricare may cover exam costs for military victims

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### VAWA 2013

CAN bill insurance  
but NOT the patient  
at all- NO COPAY,  
NO VICTIM Bills-  
process needs to be  
reviewed, and  
*changed* if the bill  
normally gets to the  
patient



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### Recommendations: Evidence Integrity

- Timeframes
- Advances in the laboratory
- Storage of Evidence



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### Recommendations: Examination process

- o Documentation
- o The Medical Forensic History
- o Photography
- o A/DFSA
- o Exam and Evidence Collection
- o Pregnancy
- o STI
- o HIV
- o Discharge and Follow-up



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### Documentation

- o The Medical Forensic Record
- o Documentation of care provided
- o Record follows standardized approach
- o Entire record can be used in justice proceedings as a component of the "case"
- o Confidential storage of records



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### The medical forensic history

- o Routinely include questions for possible A/DFSA
- o Routinely ask about voluntary ingestion of alcohol and drugs



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## Photography



- Forensic Examiners should be the ones taking intimate photographs
- Photos should be primarily be considered as a part of the medical forensic record and should not be *automatically* turned over to law enforcement.

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## Alcohol AND Drug facilitated sexual assault

- Recognition of #1 drug of incapacitated rape
- Allow victims access to toxicology results



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## Evidence collection

- Follow the Medical Forensic History
- Purposes
- Techniques



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### Pregnancy evaluation and care

- o Discuss the probability of pregnancy with the patient
- o Administer a baseline pregnancy test for all patients with reproductive capability
- o Discuss **treatment options** with patients
- o **Administer pregnancy prophylaxis as requested by the patient.**



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### STI evaluation and care

- o Offer patients information about risks of STI (including HIV), treatment options, testing and follow-up care and referral
- o Consider testing for STI on a routine basis
- o Encourage patients to accept prophylaxis against STI's at the time of the exam.
- o Encourage and facilitate follow-up STI examinations, testing, immunizations and treatment.
- o Offer post exposure prophylaxis against HIV to patients at high risk for exposure.



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### Basic recommendations re: HIV



- Specialist consultation if HIV exposure was possible and PEP is being considered
- The sooner started, the better
- **If it is started, recommend 3-5 day supply of meds followed by counseling session**



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### HIV PEP within 72 hours

- Assess for assailant risk
- Evaluate assault characteristics for risk
- **Consult with specialist if PEP is being considered**
- IF at risk, discuss PEP, including toxicity and lack of proven benefit
- **If start PEP, provide enough meds till f/u**
- CBC, Serum chemistry if PEP is chosen
- HIV testing then 6 weeks, 3mo, and 6mo



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### Discharge and follow-up



- Ensure that patients have information about post exam care.
- Include referrals to other professionals to make sure medical and mental health needs are met
- Advocates and law enforcement officials should coordinate with the examiners to discuss their issues for follow-up.
- Who Holds the Key if there is no LE report??**



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### New!! Appendix C

Impact of *Crawford v. Washington*,  
*Davis v. Washington* and *Giles v. California*



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**Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents***

U.S. Department of Justice  
Office on Violence Against Women

August 2013

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Technical Assistance is available!

**Helpline: 1-877-819-SART**  
**kimday@ForensicNurses.org**  
**www.safeta.org**

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