



Starting the Healing Process:
Providing Comprehensive
Examinations to Individuals Who Have
Been Sexually Assaulted
Satellite Broadcast
April 14, 2005



This Satellite Broadcast is Presented by the

New York State Department of Health
Bureau of Women's Health

in association with the

School of Public Health
University at Albany

Viewer Call-In

Phone: 800-452-0662

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Evaluation

Please visit
www.albany.edu/sph/coned/healing.htm
The evaluation link will be on the right side
of the web page.

Thank you!

For Additional Information

- Contact University at Albany School of Public Health at: 518-402-0330
E-mail: coned@albany.edu
or
- Log on to our website:
www.albany.edu/sph/coned/healing.htm

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Purposes of the Protocol

- Provides a guide for standard of care for sexual assault patients
- Helps delivery of consistent, competent and compassionate treatment
- Addresses medical, forensic, mental health issues
- Incorporates legal requirements and state health regulations

Philosophy of Care

“The initial response of a health care provider to a patient reporting sexual assault can have a profound influence on the psychological and physical recovery process.”

NYS Department of Health “Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault,” November 2004

Philosophy Of Care

- Team approach
- All acute services provided “on-site
- Transition to follow-up services
- Good evidence collection and injury documentation
- Criminal justice process

General Responsibilities of All Hospitals

- Current Protocols
- Staff training
- Evidence collection and preservation
- Provide trained rape victim advocates
- Medical care & CQI
- Prompt provision of services

Special Requirements of DOH-designated SAFE Hospitals

- Goals of program
- Sexual Assault Forensic Examiners (SAFE) -- specially trained medical professionals
- Responsibilities of SAFE-designated hospitals exceed the “standard of care” required of all hospitals

Patient Considerations

- Treated with dignity and sensitivity
- Emotional support
- Private exam environment
- Right to consent to or refuse treatment

Informed Consent

- Medical care, HIV testing, HIV PEP
- Evidence collection, photography
- Release of information and evidence to law enforcement agency
- If not collecting evidence, signed waiver required

Patient Encounter

Interviewing the Patient

- Past medical history, medications, allergies, tetanus (Td) immunization status
- Details of the assault
- Examples of patient activities after assault
- Time elapsed between assault and exam

Documentation of Interview

- Record in patient's own words
- Appropriate language/Language to avoid
- Mechanism of injuries as stated by patient
- Types of violations perpetrated

General Physical Exam

- Vital signs
- General medical assessment
- Head-to-toe exam for injuries:
 - Proof of force (injuries can be subtle)
 - Common sites of injury
 - "Pattern injuries"
 - Site, size, type, shape

Injuries: Bite Marks

- Can help to identify perpetrator:
 - Take close-up photographs
 - Swab wound for DNA from saliva
- Examine common sites: breasts & thighs of victim

Injuries: Genital Examination

- Types and locations of injuries
- Anal injuries
- Colposcopy as an aid to identifying and documenting genital and anal injuries

Documentation of Injuries

- Written text description
- Body diagrams
- Photography

Photography

- Conventional 35mm camera
- Digital camera (in consultation with the local District Attorney's office)
- Polaroid camera

Evidence Collection

DNA

- Skin, blood, hair, semen, saliva
- Need only trace biological material
- Typically recovered from victim's body and clothing/bedding
- DNA Database legislation
 - Local → State → National

Benefits of Evidence Collection Kit

- Standardization
- All-inclusive
- Up-to-date
- Accepted by the legal community
- Available at no cost

NYS Evidence Collection Kit

- **96-hour window**
- **Bio-degradation**
 - **Paper only; no plastic**
 - **Air dry all specimens**
- **Change gloves at every step**
- **Additional evidence in sealed, labeled bags**
- **Patient may refuse any step at any point**
- **Complete all information on all specimen envelopes**

Steps in Evidence Collection Kit

1. **Oral swabs and smears**
2. **Trace evidence (on clothing)**
3. **Clothing and underwear**
4. **Debris collection (foreign materials on clothing or body)**

Steps in Evidence Collection Kit

5. **Dried secretions and/or bite marks**
6. **Fingernail scrapings**
7. **Pulled head hairs (optional)**
8. **Pubic hair combings**

Steps in Evidence Collection Kit

9. **Pulled pubic hair (optional)**
10. **Anal swab & smears**
11. **Vaginal/penile swabs and smears**
12. **Buccal specimen (patient's DNA)**

Drug-Facilitated Sexual Assault (DFSA)

- **Definition**
- **Common drugs**
- **Typical scenarios**
- **DFSA Evidence Collection Kit**
- **Written consent**

Chain of Custody Definition

'Chain of custody' is a legal term describing movement, location, and succession of people responsible for evidence.

Chain of Custody

- Each piece of evidence labeled with:
 - Initials of all persons handling evidence
 - Date, time collected, and time moved from one person to another
 - Description and source of specimens
 - Identifying information about patient
- Never leave evidence unattended

Release of Evidence to Law Enforcement

- Patient must sign consent to release evidence
- Evidence that is not released to police must be vouchered to hospital
- Hospital must maintain evidence in secure location for at least 30 days

Release of Evidence to Law enforcement

- Each item must be signed off by receiving agency at time of release
- No mandatory reporting of sexual assault in NYS

Medical Interventions

Wounds and Other Injuries

- ED staff responsible for treatment of wounds/soft tissue injuries and for appropriate consultations
- Each wound photographed prior to cleaning the area
- Td immunization as indicated
- Consider mental health interventions

Emergency Contraception (EC)

- Must provide written information about EC, including the NYSDOH brochure
- Explain risks and benefits of EC

Emergency Contraception

- EC must be provided to the patient on request
- EC should be taken within 72 hours after assault (can be given up to 120 hours after assault, with diminishing effectiveness over time)

HIV Counseling & Testing

- Patient must be offered testing for HIV
- Written consent
- Pre- and post-test counseling should be provided in compliance with NYS HIV Confidentiality Law (Article 27-F)

HIV PEP

- Recommend HIV post-exposure prophylaxis (PEP) if direct contact of vagina, anus, or mouth with semen or blood of perpetrator
- Ideally PEP should be offered within 1 hour and not more than 36 hours post assault
- Obtain baseline labs relating to side effects of drugs

HIV PEP

- Recommended regimen:
 - Combivir (Lamivudine plus Zidovudine) one twice daily
 - PLUS
 - Viread (Tenofovir) 300mg one daily
 - * Should be taken with food

HIV Follow-up

- Prompt follow-up with HIV specialist for ongoing care and monitoring of drug Rx
- Serial HIV tests at 1 month, 3 months, 6 months
- Refer to NYS DOH HIV Guidelines Website under Clinical Guidelines, HIV Post Exposure Prophylaxis Guidelines
www.hivguidelines.org

Sexually Transmitted Infections

- Gonorrhea
- Chlamydia
- Trichomonas
- Bacterial vaginosis

Sexually Transmitted Infections

Standard antibiotic prophylaxis:

- Ceftriaxone 125 mg IM in a single dose
AND
- Azithromycin 1 g orally single dose or
Doxycycline 100mg twice a day for 7 days
AND
- Metronidazole 2 g orally in a single dose

Sexually Transmitted Infections

- Alternatives to ceftriaxone 125 mg IM:
 - Cefixime 400 mg orally single dose
or
 - Ciprofloxacin 500 mg orally single dose
or
 - Ofloxacin 400 mg orally in a single dose
- Medical follow-up for STI evaluation in 2-3 weeks

Hepatitis B and C

- Hep B may not be detectable until 12 weeks post exposure
- Hep C may not be detectable until 8-9 weeks post exposure
- Baseline testing: Anti-HBs and Hep C antibody

Hepatitis B and C

- Previously vaccinated against Hep B: no treatment
- Not previously vaccinated against Hep B: initiate vaccination series
- Advise safe consensual sex until results of serial hepatitis antibody and HIV test results are known

Diagnostic Tests

- Pregnancy Test
- RPR/ Treponal Ab
- HIV Test
- Baseline Labs for HIV PEP
- HBsAb and Hep C Antibody
- GC/ Chlamydia DNA probe not necessary if prophylaxis given

Timeframes

- Evidence Collection – 96 hours
- DFSA Evidence collection – 96 hours
- Emergency Contraception
 - Should be taken within 72 hours
 - Can be taken up to 120 hours but efficacy drops significantly
- HIV PEP – within 1 hour but not more than 36 hours

Patient Discharge

Patient Discharge

After all health care needs have been addressed and the collection of evidence has been completed:

- Allow patient to shower and brush teeth if desired
- Provide replacement clothing and shoes, as needed
- Arrange safe discharge
- Arrange medical transfer, if necessary

Patient Discharge

Provide patient with:

- Medical follow-up
- Mental health follow-up
- Written documentation of care and medication information

Discharge Checklist

- Documentation of history and physical findings
- Photographs
- Diagnostic tests
- Medications given
- Consents
- Evidence collected
- Patient education materials given
- Follow-up appointments/ referrals

Further Considerations

Special Populations

- Consider the implications of treating patients of different race, culture, ethnicity, religion, gender, age, and physical or mental disability and their impact on care
- Interpreters may be needed

Domestic Violence and Sexual Assault

- Co-existence of domestic violence and sexual assault
- Provide routine screening in private area for all patients (not in presence of abuser/partner)
- Convey attitude of concern and respect
- Assure confidentiality

Domestic Violence and Sexual Assault

- Identify community resources
- Offer to contact local shelters
- Support patient regardless of her choices

Examiner Testimony at Grand Jury or Trial

- 'Fact' witness vs. 'expert' witness
- Explanation of medical exam, evidence collection, interpretation of findings
- Expert status is facilitated by NYSAFE designation
- Importance of objective demeanor, straightforward language
- Good documentation of exam helpful in court, particularly with time delay

Forensic Payment Act

- Effective April 1, 2005
- Direct reimbursement by CVB to providers of forensic exam services
- Fee of \$800 covers examiner's services, facility costs, lab tests, meds
 - Exception: Follow-up HIV PEP costs and other long-term meds reimbursed according to previously established CVB procedure

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For Additional Information

NYSDOH Rape Crisis Program

518-474-3664

Crime Victims Board

1-800-247-8035

Web Addresses

- www.health.state.ny.us
for information about:
 - Protocol for the Acute Care of Adult Patient Reporting Sexual Assault
 - Sexual Assault Forensic Examiner (SAFE) Standards
 - Rape Crisis Centers
 - EC brochure (available in 8 languages)

Web Addresses

- www.CVBinfo@cvb.state.ny.us
for information about reimbursement for forensic examinations

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