SEXUAL COERCION / ASSAULT PROTOCOL

I. Introduction

This protocol is to be used for any woman who has been sexually assaulted, abused, or coerced. Our role as practitioners is to:

1. provide or facilitate the appropriate medical care whether that be through the patient's visit at . or referral to a local official sexual assault care facility and to stress the importance of referral to collect evidence;

2. offer a list of community resources for support and/or counseling;

3. report all sexual assault cases that fall within the boundaries of the mandatory reporting laws;

4. provide counseling to minors when they are subject to attempts at sexual coercion.

While this protocol sets out guidelines to be followed in the care and treatment of patients who have been sexually assaulted or abused, it is important that practitioners use their individual judgment in the psychosocial aspect of care because of the many complex and difficult issues involved in the area of sexual assault and abuse. Again, patients should be strongly encouraged to be seen at facilities where evidence can be collected by trained health providers, such as the ER to see a SANE (sexual assault nurse examiner).

II. Patient Visit and Exam Protocol

A. Subjective

A description of the incident - as detailed as needed for complete medical care. Include questions of penile penetration of vagina, anus and/or oral cavity. Use patient guides when possible.

How long ago incident happened. If the incident occurred less than 72 hours ago, encourage patient to seek care at a designated sexual assault facility because the present protocol does not evaluate and collect evidence for legal prosecution coitus since incident.

Determine: gravida, para, abortus, last menstrual period, length and duration of cycle, regularity of cycles, first coitus, and patient age.

Type of contraception, if any, patient usually uses; any contraception during incident; specifically any condom use.

Significant medical illness.

Any known allergies.

Current medications.

B. Objective

General appearance; to include evidence of trauma - lacerations, bruises, semen, bloody areas, fractures, foreign bodies, soiled or torn clothes.

Throat and mouth - to be examined for signs of trauma, semen.

Pelvic exam - to include external genitalia, urethra, vagina, cervix, uterus, adnexa, perineum, buttocks, rectal.

GC/Chlamydia testing. Also draw blood for syphilis, HIV, and Hepatitis B if not protected.

Counseling regarding future testing for HIV, Hepatitis B & C, and Syphilis.

Wet drop - trichomonas, BV, monilia, sperm.

Sensitive pregnancy test routinely.

C. Counseling Assessment

Support System: assess level of isolation. Help client identify at least 1 to 2 safe adults to talk with.

Client Safety Concerns: assessment of immediate risks to personal safety and children's safety.

Self-Perception and General Adjustment: attempt to assess amount of blame, guilt, low self- esteem and trauma.

Counseling Referral

Risk factors include: nightmares, flashbacks, compulsions and addictions, confusion and denial; terrors and phobias; cutting or body self-mutilation; persistent self-blame, guilt and hate; sleep disturbance; insomnia, early morning awakening or excess sleep; eating disorders.

Mandatory Reporting of Minors

Assess need for reporting. See individual state laws.

D. Plan

Refer to local doctor or emergency room if non-GYN related injuries.
Refer to local sexual assault facility if incident occurred within 72 hours. Make patient aware that visit and exam at may not be medico-legally valid.

If patient presents with memory loss for the event, or there is suspicion of Rohypnol use, special collection of blood and/or urine should be encouraged to test for drug ingestion. This must be done at a designated sexual assault facility to ensure the chain of custody of evidence for legal prosecution.

STI Prophylaxis: Refer tc s Medical Protocol, Section IX, Part H, General STI Standards: Management and Prevention Therapy of Potential STI exposure from Unprotected Sex for CDC current guidelines for treatment of possible STIs.

Note: Hepatitis B immunization should be started if not previously vaccinated.

Pregnancy Prophylaxis – offer and follow emergency contraception protocol, if appropriate.

Return to health center:

- If new symptoms develop
- If no preventive treatment was given and:
  - The timing of the initial visit was too early to detect newly acquired infection **or**
  - Gonorrhea and Chlamydia tests were obtained less than 10 days after the sexual contact.
- When required for serologic testing. If initial test is negative:
  - Syphilis: repeat RPR in 6 weeks, 3 months and 6 months
  - HIV: repeat in 6 weeks, 3 months and 6 months
- For repeat pregnancy test if no menses within expected time

Document all phone calls/contacts.