

CREATING AN ENVIRONMENT OF CARE

FORENSIC HEALTHCARE PROGRAM

ENVIRONMENT OF CARE

Dear Colleague:

The Forensic Healthcare Program of the New York City Alliance Against Sexual Assault is pleased to present two publications "Creating an Environment of Care" and "Comprehensive Sexual Assault Treatment Programs: A Hospital Based Model" which were developed to provide technical assistance to hospitals interested in developing a Sexual Assault Examiner program. These documents provide a strategy for readying an institution for program implementation, the specific details of what a SAE program entails and recommendations for the combination of a rape crisis program and a sexual assault examiner program as the highest, most comprehensive level of care.

The Forensic Healthcare Program is also available to provide additional technical assistance and support to hospitals developing programs. FHP currently facilitates several committees to address a range of related programmatic issues. Information about upcoming meetings and events is also found on the Alliance's website www.nycagainstrape.org on the FHP page in the Research and Programs section.

Special acknowledgment must be made of the hospitals who have developed sexual assault examiner programs, contributing to raising the standard of care for survivors of sexual assault and for assisting in the development of this information, and to the New York City Council who has provided funding for the development of these publications.

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Sincerely,

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INTRODUCTION

Survivors of sexual assault have experienced a frightening and traumatic event. They often present to hospital Emergency Departments (ED) with special physical and psychological needs. These needs include medical, forensic and legal concerns. It is important to understand that unlike other emergency department patients, a sexual assault survivor's ordeal continues when they enter the ED. They are not only medical patients but are victims of a violent crime and must undergo extensive, intrusive exams. Quality health care with thorough evidence collection and maintenance of the sexual assault evidence collection kit is essential. If evidence is not collected properly, the chance of prosecuting the perpetrator is negatively affected.

While all hospital EDs strive to provide the best medical treatment to rape survivors, there are aspects of emergency care that may inadvertently hinder a sexual assault patient's recovery. First, the triage system by necessity must rate patients by serious health complications. In most cases of sexual assault there are no life threatening injuries. This means that the sexual assault survivor is triaged as a low priority and may spend countless hours waiting for medical/forensic care. Second, space in EDs is often at a premium and there are few private patient areas. Privacy and confidentiality are paramount to rape survivors, who are often humiliated and embarrassed about what has been done to them. Third, most EDs utilize residents to treat rape survivors who are also responsible for seeing multiple patients. Therefore, sexual assault survivors may have to wait a long time before the treating physician is free to see them, in which case valuable evidence and time-sensitive treatment options (such as HIV post exposure prophylaxis) may be lost. Fourth, the emotional/psychological trauma is often severe after a rape. This means that hospital procedures are seen through the lens of trauma and can be interpreted to mean disregard, disrespect and disbelief.

The ED experience should be an opportunity to begin the healing process, as well as to provide quality medical care and evidence collection. The sexual assault survivor should be given top priority status. This means the survivor should be given prompt, compassionate care upon arrival. Medical care should be explained and be conducted in a private, emotionally supportive atmosphere. Options

regarding medical treatment and legal outcomes should be explained. Finally, appropriate referrals for follow-up medical care, counseling and legal advocacy should be offered.

One example of how the culture of the ED can be changed is the experience of hospital Rape Crisis Programs. These programs have dramatically altered the general approach to the rape survivor in EDs by providing face-to-face crisis intervention, emotional support and advocacy for the survivor of sexual assault. Hospitals that have Rape Crisis Programs experience both a higher rate of reporting to law enforcement than the national average of 1 in 10, and have developed a more patient focused sexual assault protocol.

Starting a Sexual Assault Examiner (SAE) Program is the next step forward in improving the quality of care in emergency departments. SAE Programs are committed to systematically providing the best medical/forensic care to the survivor of sexual assault. Ideally, the best institution in which to found a Sexual Assault Examiner Program is a hospital that already has or works closely with a Rape Crisis Program. Rape crisis advocates provide the emotional support to the victim that frees the SAE to remain objective. Maintaining the treatment professional's objectivity is crucial in a court case. This division of labor between rape advocates and SAEs has worked well for programs in NYC. The combination of a Rape Crisis Program and a Sexual Assault Examiner Program is referred to as a Comprehensive Sexual Assault Treatment (CSAT) Program and is believed to provide the highest level of care for the victim of sexual assault.

CREATING A STRATEGY

At a time when resources are limited it is important to develop a strategy that will highlight the many benefits created by a Sexual Assault Examiner Program in order to garner support from key department personnel.

For example, Sexual Assault Examiner Programs assist a hospital in their overall goal to provide the best possible care to the community it serves. They do so not only by providing greater access to a range of services and treatment options when community members are victims of sexual assault, but demonstrate the hospital's commitment to the community's most basic needs. The increased community relations impact results from the way these programs work with community agencies such as counseling units, police precincts, community boards and Rape Crisis Programs. This relationship raises the profile of the hospital within the larger community and increases the visibility of hospital leadership to a host of new groups.

In addition, hospitals developing SAE programs show commitment to meeting the needs of many diverse populations, as Sexual Assault Examiners are trained to be culturally sensitive as well as experts in the area of trauma. This commitment demonstrates that the hospital cares about the population in their surrounding community. These factors reinforce the hospital's status in the community, and can bring in new patients.

Because SAE Programs are often grant funded, they operate with little to no cost to the administration. Further, with the Sexual Assault Reform Act of 2001, rape victims are no longer required to report the rape to law enforcement to be eligible for compensation. Survivors who receive a medical/forensic exam at a hospital are thereby eligible to receive third party reimbursement from the NYS Crime Victims Board. This ensures payment for medical treatment if the patient completes the application. This may be particularly important for hospitals in communities in which many residents are medically uninsured or underinsured.

The implementation of a SAE Program has many benefits for an Emergency Department. When a SAE is able to complete the medical/forensic exam, the ED staff is free to take care of other patients without sacrificing the care of the victim of

sexual assault. The exam may take several hours to complete and the examiner will not be rushed with other general emergency patients who also require care. Being able to complete the exam at a pace comfortable for the victim may help to reduce some of his or her anxiety and fears.

Since SAEs can be MDs, nurses, and physician assistants, there is a positive impact on the ED staff in terms of a democratizing of the hierarchical system. This facilitates and strengthens inter-disciplinary team behavior, with an increased focus on patient care. This is in part because, while working with victims of trauma, an increased sensitivity to the needs of patients is developed. As many SAEs are recruited from the Emergency Department this sensitivity is often generalized to other patient populations, creating a patient-centered environment.

Sexual Assault Examiners can also contribute to the training needs of many departments including Emergency, OB/GYN and Nursing. In teaching hospitals, most ED and OB/GYN residency programs require their residents to become competent in the performance of rape exams. Yet most residents receive only a cursory training on sexual assault and they are often alone when they perform their first forensic exam on a rape survivor. Hospitals that have SAE Programs have developed many creative ways to positively impact the training of these residents.

One way is to offer a SAE-driven, comprehensive training for all incoming residents. Recruitment of interested residents to become Sexual Assault Examiners will enhance their training and establish an expertise in the area of forensic sexual assault exams. Another way is for a resident to conduct the medical/forensic exam with the more experienced Sexual Assault Examiner. This provides “on the job” training for that resident. Additionally, when the ED staff has either been trained by a Sexual Assault Examiner or are examiners themselves, the overall standard of care has been raised for incoming staff when there is turnover. Therefore, both a high level of care for sexual assault patients and a patient-focused sexual assault protocol become part of the fabric of the ED.

BUILDING A FOUNDATION

The key ingredient to the successful establishment of a SAE Program is the commitment of the institution's leadership. When top hospital leadership supports the establishment of a program the effect is a powerful one. Lack of coordination from different departments and systems disappear when the message trickles down from the top. Various funding sources of SAE programs now require letters of commitment from top hospital administrators because they recognize that a high level of institutional leadership determines the success of a SAE program.

An additional, essential element in the development of a SAE Program is a supportive ED administration. Without this support, the program may experience a difficult time being assimilated into existing hospital protocols and procedures. Important ingredients of a successful SAE program include accessibility and consistency. The ED must be committed to utilizing the examiners and to provide a private examination room and the necessary equipment. Staff must understand the sexual assault protocol, and how and when to contact a Sexual Assault Examiner. Moreover, ED staff in conjunction with Sexual Assault Examiners must institute quality assurance measures in order to ensure the best possible treatment.

Another key element is support from the Nursing Department. Nursing support is necessary for several reasons. First, many nurses are recruited to be SAEs. In fact, nurses began the Sexual Assault Nurse Examiner (SANE) movement over twenty years ago. Second, nurses are on the frontlines of patient care and may function in an assisting capacity during the sexual assault exam. Third, they are often the first medical provider to see a patient. Fourth, nurses are required to perform many of the patient care duties in the ED. Relieving them of the primary care of the sexual assault survivor by providing a Sexual Assault Examiner will make the nursing staff better able to handle the myriad of tasks required of them with other ED patients on a day-to-day basis.

Social work support is also important to aid in the holistic care of the patients and to ensure that the patient's complex psychological and legal needs are met. Social workers are able to provide support, assist the victim in linking with appropriate

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resources and provide follow up care. In New York City many social work departments started Rape Crisis Programs because they recognized the special needs of victims of sexual assault.

In fact, the most desirable environment in which to base a hospital based SAE Program is in a hospital with an established Rape Crisis Program. This has proven to be the case with many successful New York City SAE Programs. Rape crisis advocates and social workers who are trained to work with sexual assault survivors are the best-trained personnel to meet the complex needs and address the many concerns sexual assault survivors experience at the Emergency Department. Rape Crisis Programs provide volunteer rape crisis advocates, follow-up counseling, legal advocacy and assistance with Crime Victims Board Compensation, among other services.

TAKING THE NEXT STEPS

Once essential hospital and ED administration support is garnered, the following are the necessary steps towards implementing a SAE Program: the creation of an internal steering/advisory committee who make decisions about the treatment model, a review of current sexual assault procedures and protocols including the existence of, or plan to develop, a Rape Crisis Program, an evaluation of equipment needs and creation of a structure for the recruitment, training and precepting of Sexual Assault Examiners and the maintenance of a SAE program.

The internal steering/advisory committee should consist of hospital leadership including representatives from the Emergency Department, Obstetrics and Gynecology, Nursing, Social Work and/or the Rape Crisis Program. This steering committee will establish an infrastructure that will ensure that the best possible environment for a sexual assault survivor in the emergency department continues over time. They will tackle such issues as quality assurance, data collection, improving protocols, internal medical credentialing and general oversight and troubleshooting.

For example, sexual assault procedures and protocols need to be reviewed and updated to reflect the best practice standards promulgated by the NYS Department of Health. Quality assurance measures should be instituted to ensure care, accessibility and consistency and to identify system breakdowns.

Equipment needs of a SAE program include but are not limited to:

- **A colposcope for vaginal examinations**
- **A camera (Polaroid, 35 MM, or video monitor) to document injuries**
- **Film for the camera**
- **An alternative light source**
- **Anoscopes for anal examinations**
- **Fiber-optic speculums**
- **A Woods lamp**
- **Toluidine Blue dye, etc. for improved injury identification.**

The space/privacy needs of the survivor need to be evaluated as well. A private room with access to a shower and bathroom facilities is ideal. All too often in NYC Emergency Departments, private rooms that ensure confidentiality and privacy are at a premium. We strongly recommend that hospitals with SAE Programs establish space for private rooms with access to bathrooms and shower facilities.

There are three sets of decisions about the SAE Program that will need to be made. The first is the type of medical providers to be utilized as SAEs. SAE Programs fall into two broad categories, those that utilize only nurses, or Sexual Assault Nurse Examiners (SANE) or a multi-disciplinary Sexual Assault Examiner Program. This decision will often reflect the department that is spearheading the development of the program, as well as if the hospital is a teaching hospital. If the hospital is a teaching hospital, ED residents will be required to perform sexual assault exams in order to reach competency for completion of their residency. Therefore, a multi-disciplinary program might be the best choice for such a hospital so that residents can be included in the training and recruitment of Sexual Assault Examiners, thereby acquiring the proper training to meet their residency requirements

The second set of decisions is in reference to how the examiners will be contacted. The most common model is the existence of an on-call system. That means that a calendar of trained examiners is constructed each month that can be “called in” when a rape victim presents to the Emergency Department. Another model consists of training enough ED staff as examiners so that they will perform the forensic examinations while working their regular clinical shift. In some cases, this has been done as an interim step before the ability to maintain an adequate on-call calendar. A third model is a “hybrid” program that consists of both on-call Sexual Assault Examiners and “trained” staff that are working their regular clinical shift to perform the forensic exam.

Sometimes the “hybrid” is utilized to fill in the gaps of an on-call calendar if staffing does not allow for 100% coverage. An additional benefit in the hybrid model is the increased level of training provided to those other staff that may provide the medical/forensic examination. Each institution will have to assess the needs of their own hospital and community, in order to make these determinations.

The third decision that must be made is the method of reimbursement for the services of the SAEs. Some institutions may apply for funds that are used to

compensate examiners, while others may implement a “comp time” system. This will have to be worked out individually within each institution.

Sexual Assault Examiner Programs require dedicated staff to manage the program. Staffing should consist of a Program Coordinator and Medical Director (if the Coordinator is a non-medical professional). Ideally, the coordinator will be employed full time. The function of these two individuals includes: recruitment of staff SAEs, training, precepting and on-going supervision of SAEs, establishment and maintenance of appropriate procedures and protocols, maintenance of the on-call system, acquiring and maintaining necessary equipment and data collection, among others.

Recruitment of interested and committed staff to be Sexual Assault Examiners is an essential aspect of founding and maintaining a vital SAE program. Interested staff will be required to participate in a DOH approved curriculum entitled “The Assessment and Evaluation of the Adult Sexual Assault Survivor”. All disciplines are required to precept to demonstrate competency in the performance of pelvic and sexual assault exams. We recommend further exposure to the criminal justice system and law enforcement investigation process. Programs handle this in various ways either by formal didactic workshops or by visiting a precinct/courtroom that is involved with rape case(s).

For quality assurance purposes, establishing a mentoring system whereby a more experienced SAE mentors a less experienced SAE is advantageous. By working with a mentor, a continuity of care is established, protocols are assured and consistency in procedures established. Additionally, SAEs are provided “on the job training” in a very complex area of forensic medicine.

Lastly, the establishment of an external interdisciplinary “task force” is recommended to foster the collaboration between various systems including SAE Program staff, Rape Crisis Programs, hospital representatives, and members of the law enforcement and criminal justice communities. The SAE Program Coordinator and/or Medical Director must work collaboratively with Rape Crisis Programs, law enforcement and criminal justice entities in order to provide the best possible care to the victim of sexual assault. Collaboration on such issues as the education of Sexual Assault Examiners and law enforcement officials, the investigation and prosecution of sexual assault cases, and follow-up for survivors of sexual assault is an essential ingredient to the overall success of a Sexual Assault Examiner Program.

CHALLENGES

While there are many benefits to establishing a Sexual Assault Examiner program there are challenges that should be mentioned. Such challenges include a decrease in funding for programs and a global healthcare crisis in which hospitals face cutbacks and fiscal crises on a day-to-day basis. Sexual Assault Examiner programs take a long time to develop and require a commitment on the part of the institution. Because of the decrease in funding, hospitals already feeling these pressures may have to shoulder a great deal of the burden in establishing programs.

The success of any Sexual Assault Examiner program is only as good as the interdepartmental teamwork and participation that goes into it. Doing something innovative during a time of financial “belt tightening” requires a great deal of preparation and dedication on the part of the hospital and the community.

Finally, the impact that legislation and Department of Health regulations have on ED protocols and Sexual Assault Examiner programs cannot be overlooked; every SAE program will be required to follow DOH guidelines. These guidelines may put a strain on an already taxed emergency department. However, Sexual Assault Examiners are ideally suited to relieve the strain, as they are a complementary service to the emergency department.

CONCLUSION

While there are challenges, the benefits of Sexual Assault Examiner Programs to victims of sexual violence are profound. When one talks about the best practice model in any area of healthcare, one is describing the most innovative and comprehensive approach to treatment. For all the reasons mentioned, especially in the compassionate, expert care provided, Sexual Assault Examiner Programs are the most innovative and best-trained practitioners in forensic healthcare for victims of sexual assault.

Both this document and “Comprehensive Sexual Assault Treatment Programs: A Hospital Based Model” have been created to provide technical assistance to hospitals interested in increasing the level and quality of their sexual assault services. It is the goal of the Forensic Healthcare Program of the New York City Alliance Against Sexual Assault to assist hospitals in developing these programs and to ensure that services are equally available to all victims across New York City.

ACKNOWLEDGEMENT

The Forensic Healthcare Program would like to acknowledge the contributions of the Crime Victims Treatment Center of St. Luke's - Roosevelt Hospital to the development of this document and, along with the other New York City Sexual Assault Examiner programs, for raising the standard of care available to victims of sexual assault.

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