

# COMPREHENSIVE SEXUAL ASSAULT TREATMENT PROGRAMS

**A HOSPITAL BASED MODEL**

**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](http://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.

For additional information please contact Suzanne Towns, CSW, Forensic Healthcare Program Coordinator at 212-523-5164 or via email at [stowns@nycagainstrape.org](mailto:stowns@nycagainstrape.org).

Sincerely,

Suzanne Towns, CSW  
Forensic Healthcare Program Coordinator

# TABLE OF CONTENTS

■ INTRODUCTION .....	3
■ SEXUAL ASSAULT EXAMINERS .....	5
■ RAPE CRISIS ADVOCATES .....	6
■ TRAINING .....	8
■ CSAT PROGRAM ADMINISTRATION .....	10
■ SITE OF PROGRAM .....	11
■ ADDITIONAL SUPPORT .....	11
■ FOLLOW-UP SERVICES/CONTINUUM OF CARE .....	12
■ EDUCATION AND PREVENTION .....	13
■ LINKAGES WITH CRIMINAL JUSTICE .....	13
■ CONCLUSION .....	14
■ ACKNOWLEDGMENT .....	14



## INTRODUCTION

Hospital emergency rooms are the primary sites where victims of sexual assault, especially those who choose to report within 72 hours of the crime, come to be treated. New York State has recognized the preeminence of hospitals in this medical emergency. A New York State law requires hospitals to contact a local rape crisis or victim assistance organization, to establish coordination of services and to request the presence of an advocate if the victim agrees. The Sexual Assault Reform Act of 2001 goes even further by requiring the accessibility of specialized Sexual Assault Examiner Programs throughout the state.

Although outstanding treatment programs for sexual assault survivors already exist in New York City, their availability is not evenly distributed throughout the five boroughs. While Brooklyn had the highest incidence of first-degree rape in 1997, only one hospital emergency room offers a comprehensive treatment program. The Bronx had the second highest incidence of first-degree rape in 1997 but only one hospital emergency room has initiated a comprehensive treatment program.

A broad coalition of organizations representing rape victim advocates, survivors, victim assistance, health and criminal justice professionals has formed to promote a model for Comprehensive Sexual Assault Treatment (CSAT) Programs, which it feels best serves the needs of survivors of such assaults. This model combines the services of Rape Crisis and Sexual Assault Examiner Programs for the highest, most comprehensive level of care for sexual assault victims. A fundamental premise of this model is that the treatment program must protect the survivor from further psychological or medical injury while providing care.

The critical elements of this model are:

- A team of forensically trained sexual assault examiners available and on-call
- A team of volunteer rape crisis advocates to provide 24 hour on-call coverage
- A project coordinator to manage the program and recruit and train examiners and/or advocates
- Alert and sensitive emergency room personnel
- A private place to wait and to be examined in or near the emergency room
- Clothing and transportation for survivors
- No-expense follow-up medical examinations and counseling for survivors, including STD, HIV and pregnancy prophylaxis
- Adequate training for all constituencies participating in the program
- Continuum of care after the Emergency Department visit
- Ongoing quality assurance
- Collection of data
- Linkages with law enforcement and the criminal justice system

These elements are described below. They have been shaped by the extensive experience of the coalition members and in many areas are coincident with the Sexual Assault Nurse Examiners (SANE) model so successfully developed in Oklahoma. While they focus on those victims who report on an emergency basis within 72 hours of an incident, these basic services should be provided to all victims of sexual assault.

The Forensic Healthcare Program (FHP) is prepared to offer technical assistance to hospitals interested in implementing this model and has developed a complementary document “Creating an Environment of Care”, which details steps leading to the development of a Sexual Assault Examiner Program.

## SEXUAL ASSAULT EXAMINERS

Sexual Assault Examiners are medical professionals who have been trained to examine victims of sexual assault. These individuals have acquired a higher level of training to provide expert medical/forensic and psychological care to the sexual assault survivor. Their role is key in the treatment of victims. The most fundamental requirement of a Comprehensive Sexual Assault Treatment Program is a comprehensive, timely and sensitive medical /forensic examination that includes the presence of an advocate for the emotional well-being and support of the victim.

The survivor must receive prompt, effective medical care, managed in a way that will promote the likelihood of successful prosecution - if that is the course chosen. At a minimum, hospitals should have adequate numbers of forensically trained medical personnel to ensure timely coverage when a survivor of sexual assault presents at an emergency room. Trained personnel can be recruited from a range of professionals including physicians (possibly from such departments as internal medicine; ob/gyn; surgery, emergency), nurse practitioners, registered nurses, physician assistants and medical residents.

These examinations are time consuming and sometimes complicated because both the psychological and medical condition of the survivor must be attended to. In addition to the trained practitioner described above, an assistant is also needed during the forensic exam, to facilitate the examination and help ensure its effectiveness. Clearly, training in forensic examination is a critical requirement for the assistant as well. This model of staffing is even more effective if the responding medical team is not working but on-call so that a quick response to the victim would be assured.

Medical personnel should participate in the 5-Day NYS Department of Health approved Sexual Assault Examiner Training and have demonstrated competency through a preceptorship system developed in each program. This training includes sensitivity to the survivor, psychological trauma, issues relating to diversity and disabilities, an orientation to the examiner's role in the legal procedures and court presentation of rape cases.

## **RAPE CRISIS ADVOCATES**

Most survivors of sexual assault spend at least several hours in the hospital. To effectively manage the experience of the survivor and their significant others before, during and after the forensic examination, the presence of a trained volunteer advocate is critical. Advocates are community members who volunteer to provide emotional and other support to the survivor of sexual assault.

For example, the advocate may act as a facilitator or buffer between the victim of sexual assault and the criminal justice system, possibly playing a supportive role in the police interview. The advocate also plays a key role in providing linkages between the survivor and medical and psychological follow-up, which will need to be coordinated to support the survivor. In addition, volunteers can participate in public education and fundraising initiatives as well as direct work with survivors of sexual assault.

Rape Crisis Programs include:

- **An adequate number of volunteers to ensure 24-hour coverage.**
- **Advocates on-call for a 12-hour shift.**
- **A two-day per month commitment by advocates to the program to ensure a level of involvement that will engage but not burn-out the volunteer.**
- **A one-year commitment by advocates to the program.**
- **Dedicated staff to coordinate the program.**
- **Thirty hours of New York State Department of Health approved training with additional training annually.**
- **Transportation for advocates between their homes and the Emergency Department.**

Advocates should be selected through an aggressive screening program, which includes an application, a pre-training interview and continued assessment through a pre-service training program. The screening program should assess a prospective volunteer's maturity, motivation for joining the program, and ability to work independently as well as with a range of different people. Once an advocate

is selected, the program should offer the support of a yearly evaluation. Disciplinary procedures should also be made clear by the Coordinator to reinforce the expectations of and responsibilities to the program.

As required by the New York State Department of Health, all volunteers must have 30 hours of training approved by the Department of Health before undertaking their first assignment. In addition, they must receive 10 additional hours of training each year. Issues of cultural sensitivity should be a critical component of such training. Scheduled times for additional training, supervision and peer supervision for advocates with program staff is an enhancement to the program.

Programs must have an established protocol to provide access to professional staff at all times should an advocate require additional assistance. In addition, Advocacy programs should have formal reporting procedures for each case handled.

The ratio of Advocates to staff should not exceed 30 - 1, so that as the number of Advocates increase, the number of part or full time staff should as well. Added staff will also be necessary to provide follow up psychological services and for the development of a SAE program.

Volunteers must have transportation provided for them—a car or cab service—and be able to arrive at the hospital within 20 minutes of notification. A petty cash fund should be available to support food or phone call requirements of the volunteers during their 12-hour shift.

Rape Crisis Programs benefit significantly from assigning advocates in pairs to a shift. Advocates can support each other and work with significant others as well as the survivor. Shifts of 8 rather than 12 hours is another option to consider. If possible, a program should strive to recruit the additional volunteers to implement these options. Finally, the New York State Department of Health requires volunteers to undergo an annual physical exam, with appropriate testing for hepatitis b, rubella and tuberculosis.

## **TRAINING**

Training is a crucial element in the model, as is evident from the discussion above. Four basic training programs must be available in an effective Comprehensive Sexual Assault Treatment Program:

- **The 5-Day New York State Department of Health approved Sexual Assault Examiner training for every member of the medical team that will examine the survivor and assist with the examination. This should include complete familiarity with the sexual offense evidence collection kit and all 17 steps required to collect evidence. It should also include sensitivity training, which discusses emotional and practical issues faced by survivors, an overview of necessary data collection and quality assurance measures, and an orientation to the legal procedures in case they are called to testify.**
- **Training of other medical personnel, such as OB-GYN residents, who may treat rape victims. Such training offers an orientation to the physical and psychological issues of rape. In the best cases, such training would become a part of the hospital's routine professional training program, in-service training opportunities or discussed during rounds.**
- **Advocate training - 30 hours of New York State approved preliminary training and 10 hours of continuing training annually.**
- **General staff training for all non-medical emergency department personnel from security guards to receptionists that covers the psychological and practical problems with which survivors of sexual assault may struggle.**

The Program Coordinator for the Comprehensive Sexual Assault Treatment Program is responsible for assuring that these training programs are available, either by providing the training directly or by taking advantage of other personnel who can deliver or augment the training offered by the program.

The 5-day New York State Department of Health approved SAE training is the first step for all sexual assault examiners. Subsequently, precepting in the pelvic exam and rape exam will determine individual competencies and readiness to provide the highest standard of care.

For medical personnel that fill in when a sexual assault examiner may not be available, we recommend a training program that includes information about psychological trauma, care of and sensitivity to the rape victim, all facets of the NYS Sexual Evidence Kit, medical chart documentation, use of records in a criminal justice proceeding and program policies and procedures including date rape drug testing, HIV, STD and pregnancy prophylaxis.

For other personnel, depending upon the level of direct involvement with victims of sexual assault, training should be conducted that includes confidentiality, and basic care of and sensitivity to the survivor.

## **CSAT PROGRAM ADMINISTRATION**

A Comprehensive Sexual Assault Treatment Program requires a full time Coordinator who will be responsible for:

- Overall administration of the program
- Overseeing the precepting and competency of examiners (if the Coordinator is a non-medical professional a medical or nursing director may be necessary)
- Recruiting, screening and supervising personnel
- Ensuring effective training for all program participants
- Existence of structured precepting system on-site
- Ensuring medical and counseling follow-up initiatives
- Developing education and prevention programs
- Quality assurance
- Data collection
- Integration of related policies and procedures into every department that affects care of this population.
- Method of reimbursement for examiners on call

These programs can be part of a hospital department, such as Social Work or the Emergency Department, or an independent program reporting directly to a senior hospital administrator.

## SITE OF PROGRAM

Comprehensive Sexual Assault Treatment Programs should, at a minimum, be emergency room based. No survivor should be required to wait in the general waiting room, but should be taken to an examining room within minutes of arrival. Providing private space with a door is essential.

A special suite, or examining room, connected with the emergency room would best meet the privacy needs of survivors of sexual assault while ensuring that a range of trained medical personnel are potentially available if the injuries to the survivor require additional medical intervention. In addition, having a shower available to the survivor is an additional service that can be provided by the treating facility.

Space will need to be provided for the storage of the Evidence Kits. Public Health Law requires a minimum of 30 days storage although a longer time period allows the victim additional time to decide whether to proceed with prosecution.

## ADDITIONAL SUPPORT

A Comprehensive Sexual Assault Treatment Program must provide clothing, particularly underwear, for survivors whose clothing has been collected for evidence.

Safe transportation home from the hospital is also necessary. This should be provided at no cost to the victim.

## **FOLLOW-UP SERVICES/CONTINUUM OF CARE**

Both psychological counseling and medical follow-up should be made available to survivors of sexual assault in such a manner that will encourage use.

During the emergency visit, reasons for medical follow-up must be explained, and the follow-up visit scheduled with an appropriate medical professional so that waiting time is minimal. Protocols established for STD, HIV and pregnancy prophylaxis should be an important part of the medical follow-up process. The survivor should not be expected to pay for the follow-up visits.

An appointment for an assessment and referral for professional individual and/or group counseling must be an integral part of the treatment for sexual assault. The Program Coordinator and/or appropriate clinical personnel in the hospital should be responsible for assessment and referral. This assessment should be available without requiring insurance coverage. Survivors should not have to go through an additional intake, and they should be assured that the counseling records are not part of the medical records.

A Comprehensive Sexual Assault Treatment Program should have personnel available to provide the aforementioned services for free and provide outreach to all survivors seen in the Emergency Department. The only exception is for those survivors who clearly state that they do not want to be contacted after the emergency visit.

---

## EDUCATION AND PREVENTION

All Comprehensive Sexual Assault Treatment Programs should develop education and training programs for targeted audiences throughout the community. Audiences targeted for such outreach might include school children, adolescents, teachers, guidance counselors, immigrants, street workers, non-profit professionals and police officers from local precincts. Such programs should serve to publicize the programs' resources as well, so that survivors are aware of and will make use of the resources available. The Program Coordinator(s) should develop such programs in collaboration with community groups and with the assistance of volunteer advocates whenever possible.

Programs should also provide education about possible financial assistance that may be available through the Crime Victims Board, which allows for compensation of some medical and other expenses incurred by victims of crime.

## LINKAGES WITH CRIMINAL JUSTICE

All Comprehensive Sexual Assault Treatment Programs should create linkages with local law enforcement and the criminal justice system. Sexual Assault Examiner Programs, more specifically, are intended to maximize the care of the survivor of sexual assault and the utilization of the criminal justice system through better evidence collection and improved criminal justice outcomes when the survivor reports the crime to authorities.

Cross training with law enforcement, the District Attorney's office and Family Court personnel should occur in order to increase understanding of each other's roles and responsibilities and the needs of all systems.

Participation in a city or jurisdiction-wide Task Force is recommended. This Task Force should have a clear understanding of its goals. These should include discussion of common issues, identification of areas that need additional services, and group problem solving.

## **CONCLUSION**

The implementation of a best practice model for the comprehensive treatment of victims of sexual assault takes a commitment on all levels of a healthcare institution. It also requires individuals who are willing to make substantive changes to the way medical care is practiced. Both this document and “Creating an Environment of Care”, which discusses how to best prepare a hospital for the successful implementation of a Sexual Assault Examiner Program, have been created to provide technical assistance in this process.

The Alliance applauds all of the individuals and institutions interested in improving care for this population and is committed to working with them to ensure that all rape survivors have access to these centers of excellence.

## **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 model and, along with the other New York City Sexual Assault Examiner programs, for raising the standard of care available to victims of sexual assault.*

For more information or additional copies of this report, please contact us:

**NYC Alliance Against Sexual Assault**  
411 West 114 St, Suite 6D  
New York, NY 10025

**Tel 212.523.4344 • Fax 212.523.4429**



For more information or additional copies of this report, please contact us:

**NYC Alliance Against Sexual Assault**  
411 West 114 St, Suite 6D  
New York, NY 10025  
Tel 212.523.4344 • Fax 212.523.4429